Solano County Mental Health

Mental Health Services Act
Annual Update for Fiscal Year 2013-14 &
Three-Year Integrated Plan for Fiscal Years 2014/15 through 2016/17

Solano County Mental Health Services Act

Table of Contents

Table of Contents

FY 2013-2014 Annual Update

ATTESTATION PAGE: 13/14 ANNUAL UPDATE

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Solano

Local Mental Health Director	Program Lead
Name: Halsey Simmons, LMFT	Name: Mary Roy
Telephone Number: 707-784-8041	Telephone Number: 707-784-8472
E-mail: HSimmons@solanocounty.com	E-mail: MERoy@solanocounty.com
County Mental Health Mailing Address: 275 Beck Avenue, MS 5-250 Fairfield, CA 94533	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on March 26, 2014.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Halsey Simmons		March 19, 2014
Local Mental Health Director/Designee (PRINT)	Signature	Date

County: Solano

Date: March 19, 2014

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Solano

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Halsey Simmons		March 19, 2014
Local Mental Health Director/Designee (PRINT)	Signature	Date

County: Solano

Date: March 19, 2014

FISCAL ATTESTATION PAGE: 13/14 ANNUAL UPDATE

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Solano

- ☐ Three-Year Program and Expenditure Plan
- ☒ Annual Update
- ☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Halsey Simmons, MFT	Name: Simona Padilla-Scholtens, CPA
Telephone Number: 707-784-8041	Telephone Number: 707-784-6280
E-mail: hsimmons@solanocounty.com	E-mail: SPadilla@solanocounty.com
Local Mental Health Mailing Address: 275 Beck Ave., MS 5-250 Fairfield, CA 94533	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Halsey Simmons, MFT — Local Mental Health Director (PRINT)

Signature — March 19, 2014 — Date

I hereby certify that for the fiscal year ended June 30, 2013, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/30/2014 for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2013, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Simona Padilla-Scholtens, CPA — County Auditor Controller / City Financial Officer (PRINT)

Signature — 4/8/15 — Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Fiscal Attestation Page: 3-Year Plan

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Solano

☒ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Halsey Simmons, MFT	Name: Simona Padilla-Scholtens, CPA
Telephone Number: 707-784-8041	Telephone Number: 707-784-6280
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Halsey Simmons, MFT
Local Mental Health Director (PRINT)

Signature

March 19, 2014
Date

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I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Simona Padilla-Scholtens, CPA
County Auditor Controller / City Financial Officer (PRINT)

Signature

3/18/15
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

SOLANO COUNTY BOARD OF SUPERVISOR APPROVAL

Solano County

Board of Supervisors

Minute Order

March 25, 2014

File Reference No. 14-0193

RE: Consider approval of the Mental Health Services Act Annual Update for Fiscal Year 2013/14 and Three Year Integrated Plan for Fiscal Years 2014/15 through 2016/17

Approved

Message from the Behavioral Health Director

It is my great pleasure to be able to introduce Solano County's 3-year integrated Plan, a plan which is the culmination of the work of many dedicated individuals committed to making the vision of the Mental Health Services Act come true. That vision-- of transformation through inclusion, of efficiency through clinical creativity and fiscal leveraging, of the empowerment of individuals to take ownership of their own care so that they can make substantial and measurable progress in their recovery from mental illness—that vision is alive and well here in Solano County and this document is living proof of it. It is also reflective of considerable self-scrutiny, fiscal and programmatic, and differs from our last plan insofar as our understanding of our system of care's needs have evolved, and interpretation of the Proposition has laid a renewed emphasis on accountable programming with measurable outcomes that directly benefit those most at risk of developing serious mental health problems.

Special gratitude is owed the Stakeholders who participated on multiple occasions to help inform this plan and keep it on a course that is consistent, responsive to our systems of care and the current strengths and weaknesses, and reflective of the recent work done by the Mental Health Services Oversight and Accountability Commission to ensure the implementation of the Act is as true as possible to its original intent.

Solano County Mental Health, the Department of Health and Social Services, and the Community as well, are coming out of a nightmarish series of economic setbacks that have laid waste to critical infrastructure. In the last 18 months or so, we have experienced some respite from that trend, as the national and local economy begin to pick up. With this, our mental health system has moved from being in 'survival' mode, in which it struggled to maintain basic functions, to 'recovery' mode, in which basic systems are being restored and we can begin to focus on how well these systems and services are meeting the needs of our community. Examples of MHSA milestones characteristic of our 'recovery' as a system include the inauguration of our 23-hour Crisis Stabilization Unit in October of 2012, and the implementation of our Electronic Health Record, now in its second year of implementation, the opening of permanent supported housing in Fairfield and Dixon, as well as the expansion of full service partnership services to better serve individuals of all ages.

Part of the challenge that the MHSA planning process brings with it is that not only must the community identify its priorities for expenditure of the funds, it must do so while understanding the critical needs of the mental health system of care. This implies that the mental health system has taken careful stock of its strengths and weaknesses. I'm happy to say that while that process is never completed, this plan reflects an ongoing conversation between those that work inside the system of care and those that benefit from it, or could, and that this conversation itself reflects our best and most current understanding of where our system most urgently needs improvement and where it must go to remain viable and promote recovery effectively and for as many as possible.

Message from the Behavioral Health Director

Without describing all of priority goals and objectives that shaped this planning process, it is worth mentioning a few that have shaped this plan:

Goal: Assure that groups that are un-served or underserved receive mental health services in an equitable manner that are effective, and linguistically and culturally appropriate. Objective: address patterns of underservice or culturally inappropriate service to Latinos, Filipinos/API, Lesbian/Gay/Bisexual/Transgender/Questioning (LGTBQ) communities, and African Americans.

Goal: Improve our focus on wellness and recovery through greater employment of Peers helping each other. Objective: train and employ a unit staffed by Peers to ensure that individuals recently in crisis or about to go into crisis have an alternative and can speak to someone who is able to intimately understand where they are in the recovery process and using that understanding, to promote alternatives to hospitalization and incarceration.

Goal: Target at an earlier phase those individuals who are most at risk and most vulnerable to chronic mental illness and some of its more serious consequences: removal from the community, removal of civil liberties, suicide, homicide, and so on. Objective(s): fund services that properly identify individuals most at-risk and treat and link those individuals to appropriate services to prevent deterioration. Depending on the type of mental illness, ensure those services result in connection and follow-through as necessary and promote continuity, and employ an evaluative framework that is adequate to measure the success or failure of each of these programs based on outcomes directly related to the mental well-being of the individual being served.

Goal: Successful and full implementation of our Electronic Health Record to assure that our data collection and analysis and dissemination are equal to our evaluation goals, and to promote consumer access and opportunities for more data driven decision-making that can track the dynamic changes in our community and continuum of care.

Goal: For the whole mental health system, to ensure that our funds leverage the greatest amount of services. Objectives: thoughtful partnerships with community contractors; strong utilization management; a commitment to excellence as borne out by the dissemination and requirement of evidence-based practice; careful oversight of high cost services that deplete the more proactive aspects of our system of care using 'outside-of-the box' thinking.

Goal: Nourish a workforce that reflects the community, is informed by lived experience, and prepared with the right skill sets to be of greatest assistance to the individuals we serve.

These are just some of the very important topics and themes that resounded through our collaborative planning process. I believe this plan reflects the thoughtful inquiry, open-mindedness, and commitment to fairness and reason that characterized the many conversations held regarding our three year plan; conversations that embraced change while sounding perennial themes and needs that are described in this document.

Message from the Behavioral Health Director

Special acknowledgement must be made to Mary Roy, who within six months of her arrival at Solano has infused vitality into a process that could have been business as usual, and who brought with her the enthusiasms of a lifetime of helping others with mental health services; Niccore Tyler, who toiled greatly to fill at least three roles at once from the moment she arrived; Robert Sullens who planned and managed our electronic data and capital/housing projects to fruition, and Lisa Singh, who despite changing leadership and challenging resource deficits, has provided much of the support to this project.

As you may be aware, the approval of this plan will be followed by a Request for Proposals, and shortly thereafter, contracting with new or existing agencies for programs and services which everyone who has participated in this planning process has every right to celebrate as their accomplishment. Congratulations!

Halsey Simmons, MFT

Behavioral Health Deputy Director

Introduction

Mental illness affects over two million Californians each year, causing devastating personal suffering among individuals and their families, and imposing huge financial burdens on taxpayers and state and county services. Unrecognized, untreated, or inadequately treated mental illness results in staggering public costs for health care, psychiatric hospitalization, incarceration, homeless services, and other public services.

In November 2004 California voters passed Proposition 63, the landmark Mental Health Services Act (MHSA). Written in partnership with individuals and their families whose lives are affected by mental illness and community leaders, MHSA calls for each county to create a continuum of care to serve all age groups from birth to the end of life, funded by a one-percent tax on Californians with incomes over one million dollars.

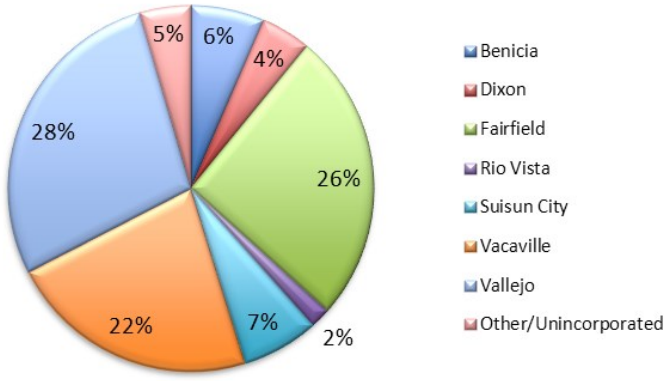
During the first six years of the Mental Health Service Act, Solano County wrote and implemented separate plans for each of the five components. Prevention and Early Intervention Services addresses the identification of the precursors to mental illness and intervention before problems become severe and disabling. Community Services and Supports funds very intensive services for those whose illnesses are most difficult to treat, as well as recovery services for those whose illnesses are longstanding. Workforce, Education and Training addresses improvements to the public mental health workforce, and the Capital Facilities and Technology Needs component funds housing for those with mental illness, and technologies to provide services more efficiently. The Innovation component provides opportunities to try out new mental health approaches.

This plan represents a transition to a new paradigm for MHSA, one which addresses the Goals outlined above. Part One presents Solano's 2014-17 Mental Health Services Act Integrated Plan. Part Two, which incorporates the 2013-14 Annual Update, looks back at our efforts during the 2012-2013 fiscal year to address the mental health needs of our residents, reports the results of program evaluations in 2012-13, and describes program changes and new programs implemented in 2013-14.

Solano County Demographics

Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area.

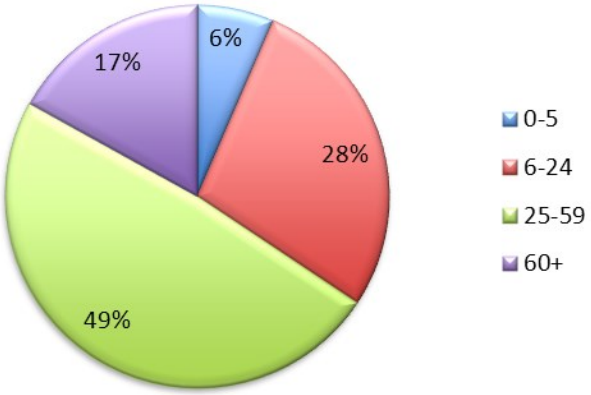
Cities



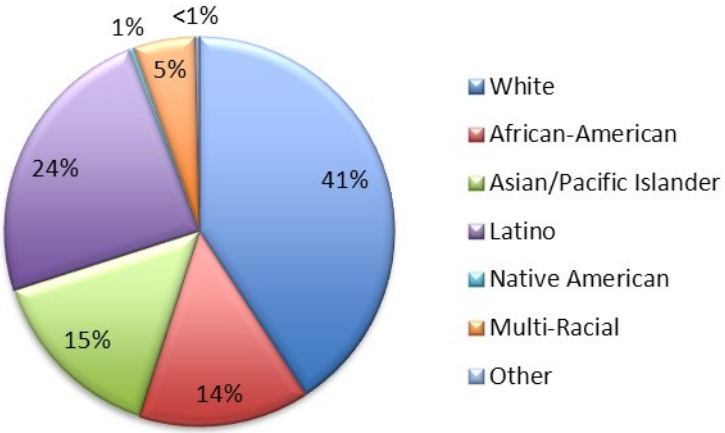
Solano County Mental Health Division serves seven jurisdictions – Benicia, Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, Vallejo, and unincorporated areas

Age Groups & Gender

In 2010, the United States Census Bureau reported that Solano County has a total population of 413,344 residents, and of this amount half are female (50.1%) and half are male (49.9%). Additionally, about a quarter (24.6%) of residents are under age 18 (101,535), roughly two -thirds (64.1%) are between the ages of 18 and 64 (264,962), and more than one out of ten (11.3%) residents are 65 years of age or older (46,847).



Race & Ethnicity and Language



More than half (59%) of the residents in Solano County represent a racial/ethnic group other than White. More than two out of five residents are White (41%), followed by more than one out of five residents (24%) that are Latino/Hispanic, one out of seven are Asian/Pacific Islander (15%) or African American (14%); and the remaining populations are multiracial/ other (5%) and American Indian/Alaskan Native (<1%). Spanish is the threshold language in Solano County, although among cities, Tagalog is more prevalent in Vallejo.

Community Planning Process

Stakeholder/Community Planning Meetings

Community Planning for the Three-Year Integrated Plan and the 2013-14 Update to the Annual Plan was conducted over fifteen months, from December 2012 to February 2014, and included ten stakeholder community planning meetings, eight Steering Committee meetings, and nine Subcommittee meetings.

These meetings were advertised through e-mail announcements to several hundred contacts, articles and advertisements in local newspapers in Solano County's major cities, the Solano County website, and announcements at public meetings.

Each community planning session included a short presentation about the demographics of MHSA consumers, an overview of current MHSA programs, and small-group discussion.

Community Planning Meetings

Meeting	Provider Participants	Community Member Participants*	Total Participants
Filipino Senior Stakeholders	1	30	31
Consumer & Family Advisory Committee	2	41	43
Bipolar/Depression Support Group	0	32	32
TAY Collaborative	13	0	13
School-Age Providers	25	0	25
Early Childhood Providers	16	0	16
Solano County Senior Coalition	11	14	25
Vallejo Intertribal Council	0	7	7
Community-wide Meeting	22	5	27
TOTAL	**90**	**129**	**219**

Steering Committee

A Steering Committee composed of representatives of mental health consumers, family members, and providers from diverse parts of Solano County met eight times between March 2013 and February 2014 to review the data collected and make recommendations to the Mental Health Director on revisions to the Community Services & Supports and Prevention & Early Intervention components, and on Innovation programs for the development of both the 13/14 Annual Update and the Three-Year Integrated MHSA Plan. In addition to general training on the Community Planning process offered to all steering committee members at the first Steering Committee meeting, a special training session was offered on March 19, 2013 to clients and family member participants. This session provided an overview of MHSA and addressed the role of clients and family members in the community planning and the steering committee, and answered participants' questions on the Mental Health Services Act.

* Community member participants included community-based health, substance abuse, education, social services, faith-based organizations, consumers and family members, representatives of law enforcement, veterans, state and local policy makers, and other community leaders

Steering Committee (cont.)

In addition, subcommittees were formed to provide input into the refinement of Prevention and Early Intervention Programs, and develop Innovation ideas. These subgroups were formed to cover each age group and another was formed to explore increasing access to Latino and Asian Pacific Islander populations. The subcommittees were tasked with providing input to the plan specific to their population. Their input was incorporated into the development of our Three-Year Integrated MHSA Plan.

	County MH Provider	County MH Administrator	Probation/Law Enforcement	Social Services	Community-Based MH Provider	Consumer	Local Mental Health Board	Family or NAMI Member	Education	Peer Provider
Steering Committee Meetings										
March 19, 2013: CSS/PEI	2	2	1		2				2	1
April 9, 2013: Innovation Pt. 1	2	1	1		1				1	
April 15, 2013: Innovation Pt. 2	1	1	1		1				3	
August 29, 2013	2	3	1		3	1		2	2	2
September 9, 2013	4	4			5	1	2	1	3	
October 17, 2013	2	3			5			1	3	1
November 5, 2013	1	3		1	5			1	3	1
February 10, 2014	5	1	1	2	5			1	2	
Subcommittee Meetings										
September 26, 2013: Early Childhood	5				2	1		1		
September 27, 2013: Adults	1				2	2				
September 30, 2013: School-Age	3				2	1		1	4	
October 2, 2013: Older Adults	1	1			3	1		1		
October 3, 2013: TAY	2				2	2		2	1	
October 8, 2013: Older Adults	2				4	1		2		
October 10, 2013: Latino/API						2				
TBD: Innovation										

Consumers, family members, providers, and community organizations will continue to be involved in the implementation and evaluation process through discussions of updates and evaluation reports with relevant groups such as the MHSA Stakeholders, MHSA Steering Committee, Local Mental Health Board, Consumer and Family Advisory Committee, the National Alliance for Mental Illness, and the Solano County Board of Supervisors.

- February 13, 2014:
  Public posting of draft Annual Update on http://www.solanocounty.com/depts/mhs/involvement.asp – see Appendix for announcement and public review comments
- March 18, 2014:
  Public Hearing convened by Solano County Local Mental Health Board. See Appendix for minutes, comments, questions and recommendations
- February 13, 2014 – March 15, 2014:
  Stakeholder review and Public Comment Period. See Appendix for comments received
- March 25, 2014
  Solano County Board of Supervisors meeting

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3-Year Integrated Plan

Fiscal Years 2014/15 through 2016/17

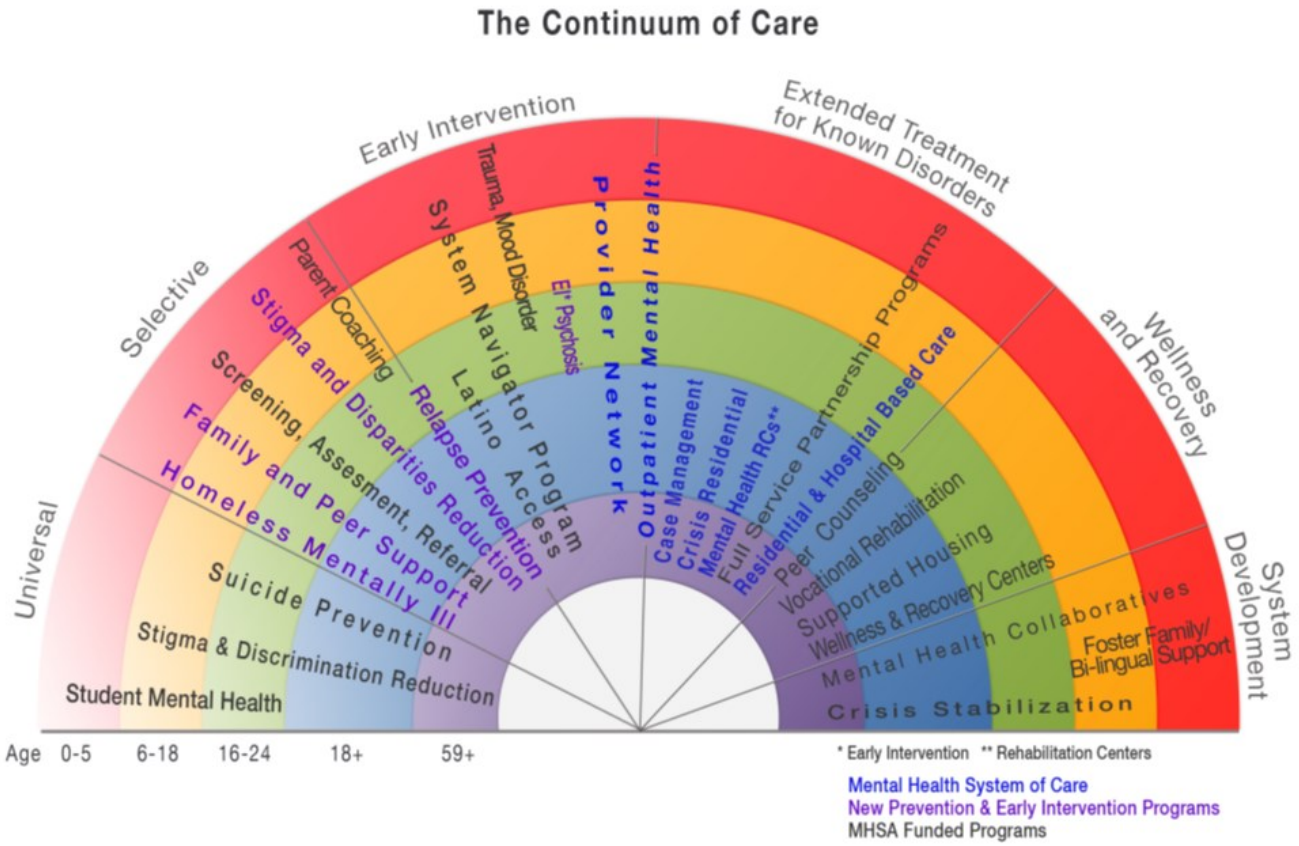
MHSA Three-Year Integrated Plan

The 2014-17, Three-Year Integrated MHSA plan describes a new vision for mental health services in Solano County, characterized by increased integration and clearer linkages not only among MHSA programs but with all publicly-funded, county mental health programs. The 2014-17 Integrated Plan also emphasizes Solano's commitment to:

- Expanding services to underserved communities, especially Latino, Filipino, and Asian/Pacific Islander communities.
- Providing treatment services that have been shown to work, so that we are offering the most effective mental health services.
- Transparent and accountable services, including collecting data, using validated tools, and reporting the outcomes for clients receiving services in our systems.
- Leveraging MHSA dollars. Many mental health consumers have public health benefits, such as Medi-Cal, which when matched with federal dollars allow us to serve more residents. We will assist those with private insurance to link to services covered by their insurance.
- Collaborating with public and private agencies across systems, so that clients and families experience an integrated services experience.
- Providing services that are client and family-centered, and which emphasize recovery and resiliency.

In the following pages, we describe the programs for each age group funded by MHSA, included in each "slice" of our continuum: prevention, early intervention, intensive treatment, and recovery services, as well as systems development activities.

The aim of Solano County Mental Health is to provide services which span the continuum of care and which vary in intensity and duration based on client need. Represented by the diagram below, services cover the life spans of our clients, from early childhood through the older adult years, and traces a continuum of services including prevention activities, early intervention services, treatment, and recovery oriented services.



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Prevention & Early Intervention

Prevention & Early Intervention

Prevention and Early Intervention (PEI) strategies are designed to prevent mental illness from becoming severe and disabling, and to improve timely access to services including outreach to underserved populations. They include; community-wide, or primary prevention services, which provide education about and access to mental health services; targeted prevention services, which target individuals who are showing early signs of mental illness; and early intervention services, which provide short-term interventions to lessen the severity and duration of mental illness. Twenty percent of MHSA funds are directed to PEI programs, with at least fifty-one percent of those funds dedicated to children and youth under age twenty-five.

Community-Wide (Primary) Prevention Strategies

Community-wide, or universal, prevention activities reach out to families, schools, ethnic communities, health care providers, and the broader community to educate the public about the signs of mental illness. They also identify resources available to identify and treat mental illness and fight the stigma and discrimination related to mental illness. During 2014-17, Solano County will continue to coordinate local community-wide prevention efforts in the areas of suicide prevention, stigma and discrimination, and student mental health with the overall statewide efforts funded through MHSA statewide projects and administered by the California Mental Health Services Authority (CalMHSA). These include:

- **Suicide Prevention**
  The statewide effort has developed the "Know the Signs" Suicide Prevention campaign and website, as well as a training curriculum to improve the capacity of communities to recognize the signs of suicide and intervene when they encounter suicidal individuals. (See www.suicideispreventable.org). In September 2013 Solano County hosted, a "Question, Persuade, Refer" training to educate the community about suicide and increase their capacity to identify and support individuals at risk for suicide. In November 2013 we conducted an Applied Suicide Intervention Skills Training (ASIST), which is an evidence-based model for suicide intervention. The "MY3" free suicide prevention mobile app, which allows individuals to identify three supports and helpful activities as well as linkage to the National Suicide Prevention Lifeline (1-800-273-TALK/8255), was also developed by CalMHSA and is being promoted locally.

- **Stigma and Discrimination Reduction**
  Stigma and discrimination against mental illness often prevent or delay people from seeking mental health services. The "Each Mind Matters" campaign provides information to children ages 9-13 through the "Walk in Our Shoes program", teens and young adults through the www.ReachOutHere.com, and adults through the "A New State of Mind" documentary and Community Dialogues.

  Specific campaigns are being developed to reach Latino, African American, Native American, Asian/ Pacific Islander, and Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) communities. Part of the statewide Stigma and Discrimination Reduction effort is a Mental Health and Spirituality Initiative. In August 2013, an initiative was launched in Solano County to develop a partnership with the African American faith community to increase understanding, collaboration, and recognition of the important role that spirituality can take in a recovery process. The goal of this project is to create mental health friendly faith communities, which are informed and welcoming to those who have experienced mental illness.

  A Speakers Bureau, composed of individuals who have lived with mental illness, is in development. These speakers will offer messages of hope and recovery through the most effective stigma reduction strategy, exposure to a peer who has experienced mental illness.

- **Student Mental Health**
  In Solano County**,** training is offered to K-12 students and staff on topics such as bullying prevention. In addition, students are trained as peer health educators. The ReachOutHere online forum reached 660 Solano County youth in English and 30 in Spanish. The Question, Persuade, Refer (QPR) suicide prevention training reached 31 students at the California Maritime Academy in April-June, 2013.

During the next three years we will continue to promote and disseminate resources, coordinating our local efforts in suicide prevention, stigma and discrimination, and student mental health with the statewide resources and capacity building efforts which were developed through the statewide projects.

Targeted Prevention and Early Intervention

During 2014-17, Solano County's Prevention and Early Intervention strategies will shift focus from broad prevention efforts to identifying and assessing individuals showing early signs of mental illness, providing services to prevent illness from becoming severe and disabling, and providing links to medically necessary care as early as possible.

PEI Programs strive to:

- Serve low-income and/or underserved groups including the Latino/Spanish speaking and Filipino/ Pacific Islander populations. Programs should be culturally sensitive and representative of those they serve.
- Provide services which are accessible to communities; in schools, in the home, or in settings where people congregate, such as childcare settings, churches, or senior centers.
- Address mental health targets identified through the community planning process and analyze existing data on mental health needs.
- Identify and assess individuals showing signs of mental illness, using validated assessment tools.
- Use evidence-based practices, when available, to provide short-term early intervention treatment.
- Use standardized protocols to report each quarter on consumer age, gender, ethnicity, city of residence, and outcomes of assessments and mental health treatments using validated instruments to measure their effectiveness, whenever possible.
- Ensure consumers who need more intensive treatment have access to and are linked to those services.
- Leverage funding to stretch PEI dollars and serve more individuals. Programs will identify consumers who are eligible for coverage by Medi-Cal, Medicare and Early Periodic Diagnosis Screening and Treatment (EPSDT), and seek to maximize federal and private payment for those individuals. Providers will make every effort to educate privately insured individuals regarding the importance of early intervention and link them to needed care. Providers must be, or be eligible to become, certified Medi-Cal or EPSDT providers, or have an inter-agency agreement for the provision of services with a certified provider.

In the following pages, we provide additional details on the six programs to be funded with Prevention and Early Intervention funds in the 2014-17 fiscal years.

EARLY CHILDHOOD

The Early Childhood program, which will be operated by community-based organizations, will provide home-based or center-based prevention and early intervention services to children ages 0-5 and their families. The program will targets families living in low-income, high-risk neighborhoods, including Spanish/Tagalog- speaking parents, children in the child welfare system, and those in families struggling with parental mental illness, domestic violence, substance abuse, or parental depression. The program will continue to be funded jointly by MHSA and First 5 Solano.

Mental health treatment for this program will focus on the parent/child dyad and will address **child and/or parental trauma**, **depression**, lack of **attachment**, and **mood or sensory dysregulation**.

Prevention Strategies (25% of program funds) include:

- **Parent, provider and caregiver education, training, and consultation** on child development, the early identification of children at risk of emotional disturbance, the use of the Ages and Stages Questionnaire (ASQ) and the ASQ Social Emotional (ASQ-SE) Questionnaire, and accessing community resources.
- **Screening and Assessment**: Assessment of the child's personal-social domain (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people).

Early Intervention Treatment Services (50% of program funds) include:

- **Short term treatment:** Limited treatment for children and their families which address child and/or parental trauma, depression, lack of attachment, and mood or sensory dysregulation.
- **Inter-disciplinary team evaluation:** Evaluation of a small number of children with more challenging issues and recommendations for intervention, including public program.
- **Parent coaching:** Nine to fifteen weeks of center- and home-based coaching utilizing evidence-based approaches on coping with difficult behaviors for high-needs children and those with significant family stress.
- It is anticipated that 60% of the children and families served will be eligible for the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Treatment services will be provided by a Medi-Cal/EPSDT certified provider, and billed to Medi-Cal to maximize funding and serve a greater number of children.

Linkages (25% of program funds) include:

- Providing referrals and linkage for children and parents to public and private long-term treatment or community services to support the child's healthy development, or the parent's mental health. Families with private insurance will also be educated about the importance of early intervention and linked to services covered by their private insurance.

Early Childhood Collaborative:

- MHSA Funds the collaboration of 0-5 providers to increase coordination and collaboration of 0-5 services.

Target number of children to receive prevention services: 750
Cost per child: $400
Target number of children + parents/guardians to receive early intervention treatment services: 400
Cost per person: $750

Revised: School-Age Youth

The School-Age program will serve children and youth in grades K-12. The program may be administered by either a Local Education Agency (LEA) or a community-based organization in cooperation with the LEA, and would be primarily school-based. Services should be provided in schools in low-income areas and those with the highest percentage of Latino, Filipino and Pacific Islander families, and English language learners.

Targeted Prevention Strategies (15% of program funds) will consist of referral and screening or assessment of students showing early signs of mental illness.

Early Intervention Mental Health Treatment (75% of program funds) will be targeted to students with **mood disorders** (depression/bi-polar disorder) and **trauma**. Services will also be targeted to at-risk Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) youth who are at much greater risk of attempted suicide due to stigma and bullying. The services will be provided utilizing an evidence-based practice. It is projected that 50% of the children served will be eligible for the Medi-Cal EPSDT Program, and billed to Medi-Cal to maximize funding and serve a greater number of children. It is anticipated that some percentage of children may be uninsurable, and they will be provided short term treatment and linkage when indicated.

Linkages (10% of program funds) The program will also create and maintain linkages with other programs and ensure that youth who need more intensive or longer treatment will receive appropriate services. Families and caregivers of children identified through the screening process who have other insurance will be educated about the importance of early intervention, and will be supported in accessing indicated care.

Projected number of Students Receiving Prevention Services: 500
Projected cost per individual: $300
Projected Number of Students Receiving Early Intervention Treatment: 144
Cost per student: $3,125

New Program: Early Intervention in Psychosis/Transition-Age Youth

Early Intervention in Psychosis/Transition-Age Youth
The Transition-Age Youth program will be redesigned in fiscal year 2014 and broadened to serve youth ages 12-25, who are either exhibiting signs of the early development of psychosis or have had a first episode of psychosis and are early in the development of a major mental illness. The ages have been expanded to include those ages during which youth are most likely to begin to experience psychosis. The program will be provided in collaboration with a research and training institution which has a demonstrated record of success in providing training and support in program implementation in early intervention in psychosis programming. This program will include:

- **Outreach and Education** in the identification of youth who are exhibiting the early warning signs of a developing psychotic disorder.
- **Assessments**, using the state of the art in early identification, and evidence-based interventions including:
    - **Family Assisted Assertive Community Treatment**
    - **Multi-Family Group** and **Individual Therapy**
    - **Supported Education and Employment**
    - **Targeted Medication Management**

Targeted Prevention Strategies (15% of program funds) will include outreach to schools, colleges, health professionals, and others who serve youth to identify youth showing early signs of mental illness, followed by screening and assessment.

Early Intervention in Psychosis Treatment (80% of program funds) will be targeted to youth exhibiting signs of early onset psychosis. It is anticipated that 60% of the youth served will be eligible for the Medi-Cal or EPSDT Program, treatment services provided by a Medi-Cal/EPSDT certified provider, and billed to Medi-Cal to maximize funding and provide effective treatment to a greater number of youth.

Linkages (5% of program funds)
The program will also create and maintain linkages with other programs to ensure that youth who are not in need of these services will be linked to appropriate services.

Evaluation of program effectiveness will be measured through validated instruments including symptom severity, engagement in social relationships, and rates of employment, graduation, homelessness, hospitalization, and out of home placement.

Program staff will include peer providers to ensure that individuals with lived experience can provide support, demonstrate recovery principles, and promote active participation in the recovery process.

Projected number of youth to receive prevention activities: 200
Projected cost per student: $600
Projected Number of Students to receive Early Intervention Treatment: 40
Cost per student: $12,000*

* Note that lifetime costs to public support systems of caring for schizophrenics can reach $10,000,000. Intervening early and intensively has been shown to significantly decrease the severity of the condition over time.

Revised: Behavioral Health/Primary Care Integration

The Behavioral Health/Primary Care Integration Prevention & Early Intervention program was designed to increase access to mental health services in local primary care clinics, especially to underserved populations, including Latinos. In fiscal year 2014-2015, the efforts to increase access to underserved cultural communities will be redoubled in a more targeted way, specifically aimed at Latinos and Filipinos through the proposed Innovation Program. The services funded through MHSA Prevention and Early Intervention funds will be focused on the Integrated Care Clinics (ICC), promoting access to medication support in the adult system of care. Services provided will include assessment, linkage, and short-term case management.

Projected number of individuals to be served: 2,265
Cost per person: $115

Revised: Older Adult

The Older Adult program will provide **community education** on the identification of mental illness in the older adult population and **assessment** of older adults who may have experienced loss and are exhibiting signs of **depression, anxiety**, or who live with a **mental illness** and need support to continue to maintain their independence in the community. For those identified as experiencing depression or anxiety, **short term treatment, case management**, or **peer support** will be provided. Support and linkage will be provided for clients in need of on-going or more intensive treatment services. Services will be provided by one or more community-based organizations. The program will serve all older adults, ages 60 and over, and will emphasize identifying and treating underserved consumers from low-income communities, particularly those from Latino and Filipino communities.

Prevention Services (40% of program funds)
Includes outreach and education to raise community awareness regarding mental illness and the signs which may indicate that an individual is in need of mental health care and support. Assessment of depression and/or anxiety, and the dissemination of information and resources to the community and to older adults who may be in need of these services and supports will also be included.

Early Intervention Treatment Services: (50% of program funds)
It is anticipated that many of the target population will be eligible for Medi-Cal or Medicare, and treatment services may be maximized through joint funding to leverage resources and serve a greater number of older adults with care proven to be effective.

Linkages (10% of program funds) will be made to primary care, mental health services, and other needed community services. Thresholds for referral for more urgent or intensive services will be established through the use of a validated screening instrument. The program will create and maintain linkages with other programs to ensure that older adults who need more intensive, urgent, or longer-term treatment will receive appropriate and timely care. Program staff will include peer providers to ensure that individuals in crisis can speak to someone who can better understand what they are experiencing and promote participation in their care.

The effectiveness of intervention will be measured through the use of a validated instrument and improvement will be reported annually. Successful linkages for clients who need additional treatment will be tracked and reported to ensure continuity of care.

Number of older adults projected to receive prevention services: 1500
Projected cost per client: $200
Number of Older Adults projected to receive early intervention services: 150
Projected Cost per client: $2000

Four populations in the Solano County community were identified as underserved or poorly served and/or demonstrated difficulty in accessing services due to language, cultural, or stigma factors: Latinos, Asian/Pacific Islanders, Lesbian/Gay/ Bisexual/Transgendered/Questioning (LGBTQ) individuals, and African Americans. Because of ongoing challenges and demonstrated underutilization and access, as well as higher levels of stigma, two of these communities (Latinos and Asian Pacific Islanders) will be the subject of an Innovation proposal and are not included here.

Community-Wide Prevention

African American Faith Initiative

This grant will focus on creating alliances and awareness in the African American faith community to decrease stigma, empower volunteers to assist in advocating for mentally ill consumers in their community, and capitalize on the resources and community respect of local ministries to achieve these aims. These efforts will build upon the work already done in 2013/14 with a consortium of churches and ministries sponsored by CalMHSA, a statewide organization, and hosted by Solano County faith communities and Solano County itself.

LGBTQ Welcoming Project

This grant will focus on educating and raising awareness around the special challenges faced by LGBTQ community members that are intrinsic to their mental well-being, helping organizations to decrease barriers to care and service for this population, and promoting tolerant and welcoming policies and practices through training and education, while also providing specific targeted group support in a variety of venues to individuals known to be at higher risk for mental illness, especially depression and suicide as a result of their gender or sexual preferences.

Projected number of individuals to be served: 150
Cost per person: $1,333

New Program: Family & Peer Support

The National Alliance on Mental Illness (NAMI) of Solano provides support and advocacy to individuals with mental illness and their family members. This funding would pay for two or more ongoing NAMI programs to be offered in the Solano community:

- Family to Family, a program designed to orient and support family members as they navigate the challenging and complex world of mental health rehabilitation and treatment resources.
- Peer-to-Peer, a recovery focused program for adults who wish to establish and maintain wellness in response to mental health challenges.

Targeted Prevention (70% of funds):
Peer-to-Peer programs feature 10 two-hour sessions free of charge to individuals navigating their own mental health challenges for the first time, or who need ongoing support to stay on track with their wellness and recovery goals.

Family-to-Family participants will meet for 12 sessions to learn critical information and strategies related to caregiving and advocating for their loved ones. This program was designated an evidence-based practice in 2013 by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Mental Health Promotion (30% of funds):
Mental Health Promotion funds will be used to support the development and strengthening of the local chapter of NAMI in Solano to provide more public awareness campaigns, advocacy for the rights of the mentally ill, and to obtain 'train-the-trainer' training to administer the two programs described above.

Number of group participants annually: 100
Cost per participant: $500
Primary Prevention/Advocacy: $15,000

New Program: Homeless Mentally Ill (HMI) Services

Homeless Mentally Ill (HMI) services will consist of working with the homeless mentally ill consumer in shelter, encampments, or other venues to promote engagement in treatment, linkage to transitional and permanent housing, and reduced rates of incarceration and hospitalization for this population.

Prevention Strategies (25% of funds):
A HMI Coordinator will work with a variety of agencies including homeless shelters, law enforcement, hospitals, County Health and Social Services departments, and housing agencies to promote collaboration and collective problem solving to better address the needs of the homeless mentally ill. This coordinator will spearhead coordination and cooperation among different stakeholders to promote improved response to the needs of this population, while also providing oversight of the treatment and engagement services described below. Outreach will also be a major responsibility of the HMI Coordinator.

Early Intervention Mental Health Treatment (50% of funds):
Individuals will be identified through colocation with shelters, street and encampment outreach, law enforcement referrals, and other means. Once identified, mental health workers will work to engage clients in necessary treatment, facilitate linkage to treatment, and ensure follow-up through regular contact using flexible, field-oriented approaches. Brief individual and group treatment will be provided as well as SSI advocacy, and linkage to health and other services. Special attention will be given to individuals with co-occurring disorders (mental health and substance disorders) who comprise a large portion of the homeless mentally ill. Families with children in which the sole caregiver is mentally ill and both child and parent are homeless, individuals with severe comorbid physical diseases that are life threatening, and individuals at high risk of harm to self or others or risk of incarceration will receive priority attention.

Linkages (25% of funds):
Outreach workers and treatment staff will work to ensure that individuals willing to receive help are identified and enrolled in needed and available services including veterans services, transportation, advocacy, and general psychosocial support in the interests of promoting engagement and recovery.

Projected number of individuals to receive prevention services: 200
Projected cost per person: $2,100
Projected number of individuals to receive early intervention services: 40
Projected cost per person: $4,500

New Program: Relapse Prevention/Aftercare

The Relapse Prevention/Aftercare program will serve adults age 18 to 60 who have suffered an episode of acute mental illness or hospitalization in the past 90 days, or who are considered at great risk for relapse based on recent utilization of crisis services. This program will feature a combination of peer-provided and professional services that may include 1:1 peer support, structured wellness and recovery skills training, brief individual and group counseling, medication monitoring, field outreach and transportation, telephone check-in or follow-up, crisis prevention planning, mentorship, and other proven strategies to support individuals new to their recovery or needing a period of more intensive peer and professional support.

Early Intervention Treatment (40% of funds):
Professional mental health staff will assist individuals who are not currently engaged in treatment that is designed to promote continued stability within the community. Mental health staff will also assist these individuals in acquiring or strengthening their skills and supports to prevent relapse and hospitalization.

Early Intervention (50% of funds):
Peer Support Services will be provided by trained peer support specialists that promote self-management skills, emotional self-regulation, activities of daily living, medication acclimation, group support, mentorship, transportation to needed appointments, and more.

Linkages (10% of funds):
Linkage to and retention in other services such as psychiatry, primary care, and vocational programs will be a strong emphasis of the activity of all staff, peer, and professional providers to ensure that after involvement in this short-term program, individuals are able to obtain needed supports that will assure they progress in their recovery and stay in the community at the least restrictive level of care.

Program staff will include one licensed professional, trained peer support specialists, trained mentors, and possibly nursing staff.

Projected number of individuals to receive prevention services: 120
Projected cost per person: $2,500
Projected number of individuals to receive early intervention services: 90
Projected cost per person: $3,333

PEI Funding Summary

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: SOLANO Date: 2/13/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Early Childhood	300,000	300,000				
2. School-Age Youth	150,000	150,000				
3. Early Onset Psychosis/TAY	120,000	120,000				
4. Behavioral/Primary Care Integration	260,700	260,700				
5. Older Adult	300,000	300,000				
6. MH Stigma & Disparities Reduction	200,000	200,000				
7. Family & Peer Support	50,000	50,000				
8. Homelessness/Mentally Il	420,000	420,000				
9. Relapse Prevention/Aftercare	300,000	300,000				
10.	0					
PEI Programs - Early Intervention						
11. Early Childhood	300,000	300,000				
12. School-Age Youth	450,000	450,000				
13. Early Onset Psychosis	480,000	480,000				
14. Older Adult	300,000	300,000				
15. Homelessness/Mentally Ill	180,000	180,000				
16. Relapse Prevention/Aftercare	300,000	300,000				
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	216,741	216,040	701			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	4,327,441	4,326,740	701	0	0	0

PEI Funding Summary (cont.)

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Early Childhood	300,000	300,000				
2. School-Age Youth	150,000	150,000				
3. Early Onset Psychosis/TAY	120,000	120,000				
4. Behavioral/Primary Care Integration	260,700	260,700				
5. Older Adult	300,000	300,000				
6. MH Stigma & Disparities Reduction	200,000	200,000				
7. Family & Peer Support	50,000	50,000				
8. Homelessness/Mentally Il	420,000	420,000				
9. Relapse Prevention/Aftercare	300,000	300,000				
10.	0					
PEI Programs - Early Intervention						
11. Early Childhood	300,000	300,000				
12. School-Age Youth	450,000	450,000				
13. Early Onset Psychosis	480,000	480,000				
14. Older Adult	300,000	300,000				
15. Homelessness/Mentally Ill	180,000	180,000				
16. Relapse Prevention/Aftercare	300,000	300,000				
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	216,741	216,040	701			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	4,327,441	4,326,740	701	0	0	0

PEI Funding Summary (cont.)

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Early Childhood	300,000	300,000				
2. School-Age Youth	150,000	150,000				
3. Early Onset Psychosis/TAY	120,000	120,000				
4. Behavioral/Primary Care Integration	260,700	260,700				
5. Older Adult	300,000	300,000				
6. MH Stigma & Disparities Reduction	200,000	200,000				
7. Family & Peer Support	50,000	50,000				
8. Homelessness/Mentally Il	420,000	420,000				
9. Relapse Prevention/Aftercare	300,000	300,000				
10.	0					
PEI Programs - Early Intervention						
11. Early Childhood	300,000	300,000				
12. School-Age Youth	450,000	450,000				
13. Early Onset Psychosis	480,000	480,000				
14. Older Adult	300,000	300,000				
15. Homelessness/Mentally Ill	180,000	180,000				
16. Relapse Prevention/Aftercare	300,000	300,000				
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	216,741	216,040	701			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	4,327,441	4,326,740	701	0	0	0

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Community Services & Supports

Community Services & Supports

Community Services and Supports (CSS) provides treatment and recovery services to adults who are severely and persistently mentally ill and to children who have serious emotional disturbance. Approximately 80% of all MHSA funds are directed to these services, which encompass two types of strategies as well as efforts to improve the overall MHSA system.

Full Service Partnerships

At least 51% of CSS funds must be directed to Full Service Partnerships (FSP). FSPs offer comprehensive 24/7 services to support the recovery, development, and resiliency of children with severe emotional disturbance, and adults who are severely mentally ill.

Each FSP Plan is designed to address the individual strengths, needs, and culture of each consumer. Each consumer (and his/her family if the consumer is a child) works with a Personal Service Coordinator to develop an individualized treatment plan. Services, which must be culturally and linguistically appropriate, may include medication management, individual and/or group therapy, case management, wellness and recovery skills building, and referral and linkage to community resources. Driven by a "whatever it takes" philosophy, FSPs collaborate with a wide variety of community agencies and organizations to ensure a full array of services and to meet housing, social/recreational, vocational, medical, and educational needs. All FSPs must report data on client hospitalizations, use of emergency mental health services, homelessness, incarceration, and out-of-home placements.

Wellness and Recovery

In addition to Full Service Partnerships, CSS funds recovery and resiliency strategies to support the recovery of consumers who are receiving mental health treatment services. In Solano County, these strategies include wellness and recovery centers, peer support programs, and the Cooperative Employment program.

General Systems Development

Systems Development Strategies include new programs which have been developed within the past year, as well as strategies which are not full-fledged programs but provide support to the overall mental health system.

Full Service Partnerships

Children's Full Service Partnerships

In 2014-17, Solano County will continue to provide the four Full Service Partnership programs described below:

Children's Full Service Partnership
The Multi-Disciplinary Intensive Services program for children, operated by Solano County Mental Health, provides a continuum of services to children from birth through age 17 and their families. Wraparound services involve the child and family, his or her Personal Services Coordinator (PSC), mental health clinician, mental health specialists, and a psychiatrist (when indicated) in developing an Individual Service Plan and tracking the progress to assist the child and family in successfully meeting their treatment goals. These services will continue to be the most intensive community-based services offered which serve the highest-need children with serious emotional disturbance and their families or caregivers.

A subset of clients served by the Children's FSP team are placed in residential treatment facilities located outside of Solano County. The goal in partnership with the primary placement agency (Probation or Child Welfare Services) is to return these young people to their own homes or to the least restrictive residential home-like setting as possible. They are served by the FSP team to ensure a successful transition back into the community.

Projected number of clients to be served: 150
Projected cost per person: $17,747

Transition Age Youth Full Service Partnership
The Transition-Age Youth (TAY) FSP Program provides intensive community mental health services to youth ages 18-25, and support to high-need and high-risk Severely Emotionally Disturbed (SED) and Severely and Persistently Mentally Ill youth. This program will be administered by a community-based agency. The TAY FSP Program is built on a collaborative relationship between the client, and the client's family when appropriate, to develop an Individual Service Plan which will support their successful transition to adulthood.

The TAY FSP Program will place an emphasis on recovery and wellness, while providing an array of community and social integration services to assist individuals with developing skill-sets that support self-sufficiency. The TAY FSP Program should also assist individuals with accessing mental health services and supports (e.g. a full range of mental health treatment, housing, vocational, peer counseling, employment, education, and independent living skills). As this program continues to evolve, step-down services for TAY who need support at a less intensive level will be developed, which will allow more services to be available to youth in need of intensive mental health treatment.

A TAY Collaborative has also been developed to enhance accessibility, link the elements of the continuum of care, and improve the quality of services to youth.

Projected number of clients to be served: 15
Projected cost per person: $33,161

Adult Full Service Partnerships

Community Provider FSP

Solano County's community-based Full Service Partnership is an Assertive Community Treatment (ACT) model program serving adults who have a serious mental health diagnosis. The program goal is to support clients in their efforts to live as independently as possible as members of the community and in a setting of their choice. Services are designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the emergency room and the police. The program strives to provide services in a culturally relevant manner, and is welcoming to all ethnic and cultural groups, including the Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) community. Program participants are seen in the community and in the program office. Services are provided seven days per week, twenty-four hours per day, including a warm line to provide after-hours access to program staff to address emerging and urgent client matters.

Continuing training on Full Service Partnerships and peer support will be made available to staff using MHSA Workforce Education and Training (WET) funds.

Projected number of clients to be served: 24
Projected cost per person: $24,907

Regional Teams

The Adult Full Service Partnership Regional Teams, established in October 2012 and operated by Solano County Mental Health, are located in Vallejo, Fairfield and Vacaville. The Regional Teams serve seriously mentally ill adults that have historically been the most difficult to effectively engage in treatment. The teams focus is on supporting mental health clients who have been placed in more restrictive out of county treatment facilities in returning to a less restrictive level of care in Solano County. By moving clients out of institutions and back into community settings, the teams improve their clients' quality of life, support their recovery process, and work to address their needs on a local level. This also provides substantial economic savings to the county. Within the first 6 months of operation, 11 individuals who were in out of county placements were successfully supported in their return to Solano County and a lower level of care. The Regional Teams also assist clients in finding meaningful roles in the community such as work, school, or social activities. The program has higher staff to client ratios in order to provide high-intensity, community-based services with the goal of reducing adverse events such as repeat hospitalizations, criminalization, out-of-county placements, and reliance on emergency systems for care.

Training on Full Service Partnerships and peer support will be made available to staff using MHSA WET funds.

Projected number of clients to be served: 76
Projected cost per person: $30,204

Forensic Assessment Community Treatment (FACT)

The Forensic Assessment Community Treatment (FACT) is operated by the Solano County Mental Health Adult Community Treatment Team. This program serves non-violent adults and transition -age youth with serious and persistent mental illness who have been released from incarceration. The goal of the program is to support clients in creating a stable life, prevent recidivism, and promote wellness through independence, hope, personal empowerment, and resilience. Services include comprehensive assessments, case management and mental health services, referrals to vocational services through a partnership with the MH/Department of Rehabilitation (DOR) Cooperative Employment, referrals to residential and intensive outpatient substance abuse treatment, Moral Reconation Therapy, and the Helping Women Recover: Anger Management and Wellness & Recovery Action Plan groups.

A Jail Liaison Clinician, who is stationed at the jail, assists with brokerage/placement, linkage to after-care, and referrals for sixty-one mentally ill offenders in the jail.

Projected number of clients to be served: 110
Projected cost per person: $18,515

Older Adult Full Service Partnership

The Older Adult Full Service Partnership, operated by a community provider, offers adults over age 60, a full spectrum of services through a collaborative relationship between the client and care provider. Utilizing the Assertive Community Treatment Model, Individual Service Plans are developed for each client with specific goals and services. Coordinated by a Primary Service Coordinator, available services include:

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

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

Projected number of clients to be served: 19
Projected cost per person: $27,907

General Systems Development

General Systems Development

In 2014-17, Systems Development strategies which will continue to be funded by Community Services and Supports include the Crisis Stabilization Unit, the Wellness and Recovery Unit within Solano County Mental Health, Bi-lingual Services for Children and Youth, Foster Child and Family Services and the Mental Health Collaborative.

Crisis Stabilization Unit

The Crisis Stabilization Unit (CSU) will continue to be operated by a community-based organization within a county facility. The CSU opened late in 2012, replacing the Psychiatric Emergency Team. The goal of CSU service is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU provides a safe environment for individuals in a psychiatric emergency, assessment and emergency treatment and when their crisis has abated, and linkage to the least restrictive services and supports. The service aims to reduce the incidence of suicide, re-hospitalization, and incarceration due to untreated mental illness. The CSU is open 24 hours a day, and consumers may stay in the unit for up to 23 hours. Services will include assessment of individual needs, referrals to appropriate services and resources, medication evaluation, support in accessing benefits and resources, and linkage to other services as needed.

Projected number of clients to be served: 1473
Projected cost per person: $2,305

Wellness and Recovery Services

Wellness and Recovery services plan for each consumer's individual needs and promote hope, personal empowerment, respect, social connections, self-responsibility, self- determination, and other concepts key to the recovery of consumers with mental illness. In 2014-17, they will include two wellness and recovery centers, the Cooperative Employment Program, and Supportive Housing

Wellness & Recovery Unit

In April 2013 SCMH established a Wellness and Recovery Unit to support, educate, and enhance recovery-oriented principles and practices and incorporate them into the existing mental health system of care. This unit now consists of a Mental Health Manager, Consumer Affairs Liaison, and a Mental Health Specialist I. To promote system and community Wellness & Recovery efforts, a Solano County Office of Consumer Affairs was started under the direction of the Consumer Affairs Liaison. The Wellness & Recovery Unit:

- Provides direction for wellness and recovery activities in the County.
- Monitors the wellness and recovery activities of community based providers.
- Develops housing resources to support Seriously Mentally Ill (SMI) individuals in finding and keeping safe housing within the community.
- Acts as liaison and ombudsman for individuals with SMI as advocates, and provides regular consumer-run groups and meetings along with annual events and educational presentations to consumers, staff, and community providers.
- Provides the consumer voice and perspective to MHSA planning and evaluation activities.

Projected number of clients to be served: 288
Projected cost per person: $2,070

Wellness and Recovery Centers
Wellness and recovery drop-in centers provide a safe and welcoming place for consumers who have a known mental illness. Staff at the Wellness and Recovery Centers, many of whom have lived experience, apply the principles of recovery to exemplify and promote hope, commitment, and action. They support clients, building on their strengths, to identify and reach quality of life goals. Services include development of Wellness and Recovery Action Plans, one-on-one counseling, support groups, 12-step support, peer counseling and mentoring, employment preparation, workshops on self-management, health and life skills, substance abuse, relapse prevention, and other topics. Warm lunches, community outings, and computer access are also provided.

Moving forward, greater emphasis will be placed on peer provided services, developing peer mentors, community engagement, opportunities for employment, and involvement in the Speakers Bureau. Services to meet the needs of younger adults will also be developed.

Projected number of clients to be served: 390
Projected cost per person: $1,795

Cooperative Employment Program
Solano County Mental Health and the Greater East Bay District of the Department of Rehabilitation combine staff and resources to provide employment services to individuals with severe and persistent psychiatric disabilities. The goal of this cooperative program is for clients to obtain and maintain employment in a manner that the stigma attached to their disability is either neutralized or minimized. Services include a collaborative assessment, development of an Individual Plan for Employment, mental health treatment services and supports, employment intake, employment preparation, job development and placement, follow-up, and retention. The program works with a community network including community-based providers, the Solano County Office of Education, Independent Living Resource centers, and the Department of Social Services.

Projected number of clients to be served: 135
Projected cost per person: $1,760

Supported Housing
Permanent, safe, and affordable housing is critical to recovery from mental health conditions. The Supported Housing Program will be administered by a community-based organization and will assist individuals who have been diagnosed with mental illness and are homeless or at risk of homelessness to live independently in the community of their choice. Housing options range from 30-day transitional programs to long-term, permanent supportive housing. Participants will pay a portion of their income towards their rent while the remainder will be offset by a subsidy. Recovery-oriented housing case management and support services will be offered on-site. The services will be designed to strengthen and develop skills in a range of areas, including, but not limited to shopping, cooking skills, caring for the home environment, self-help skills for disability management, medication and treatment options, relationship and communication skills, community resource development, and support services for co-occurring disorders. The program will work closely with Solano County Mental Health, and other community-based organizations such as homeless shelters and churches, to identify un-served and underserved mentally ill consumers who are homeless or at risk of homelessness.

Projected number of clients to be served: 40
Projected cost per person: $9,750

General Systems Development

Bi-Lingual Services for Children and Youth

Bi-Lingual Services, administered by Solano County Mental Health, will continue to improve mental health access to Latino and monolingual Spanish-speaking children and youth by supporting two bi-lingual mental health clinicians, one each assigned to the Fairfield Children's Outpatient Clinic and to the Vacaville Children's Outpatient Clinic. The clinicians will maintain full caseloads of monolingual, bilingual, and bicultural clients, and provide support tailored to meet the needs of Latino clients and families.

Children are rated utilizing the validated Child and Adolescent Needs and Strengths Assessment (CANS) at six-month intervals. Culturally informed care is designed to address the mental health needs of these children and youth.

The program creates and maintains linkages with other programs to ensure that Latino children and their families who need more intensive or longer treatment will receive appropriate services.

Quarterly reports will include demographic information (age, gender, ethnicity, city of residence), client outcomes for treatment, including CANS scores pre- and post-intervention and reports of completed linkages for clients who need additional treatment.

Projected number of clients to be served: 45
Projected cost per person: $8,432

Foster Child and Family Services

The goal of the Foster Child and Family Services program is to allow children in the child welfare system who have mental health issues, to remain in their homes when possible, or to support their success and stability in foster care placement. A joint venture of Solano County Child Welfare Services and Solano County Mental Health, the program consists of two mental health staff co-located with Child Welfare Services.

- *Targeted prevention services* (40% of program funds)
  Children referred to this program by Child Welfare will receive a comprehensive mental health assessment, including the validated Child and Adolescent Needs and Strengths Assessment (CANS). The assessment is repeated at six-month intervals.
- *Early intervention treatment* (50% of program funds)
  Services typically addressing abuse, neglect, and trauma are offered both in the home and in the community. Treatment is designed to meet the individual needs of each child and family.
- *Linkages* (10% of program funds)
  Creates and maintains linkages with other programs to ensure that foster children and their families who need more intensive or longer treatment will receive appropriate services.

Projected number of clients to be served: 20
Projected cost per person: $8,432

Mental Health Collaborative

The Mental Health Collaborative (MHC) is a coalition of Solano County Mental Health and our community based mental health providers. The Collaborative's mission is for mental health providers to work together to eliminate or reduce system barriers to individuals who receive mental health services in Solano County. The MHC meets quarterly to provide opportunities for networking, educate and deepen providers' understanding of available services, create a directory of mental health services and resources, hear presentations on mental health topics, and find creative and collaborative ways to address barriers that individuals receiving mental health services may encounter in Solano County. MHC has a website where the group's provider directory is posted, and where events can be posted on a calendar. The website is www.caminar-solano-mhc.org and is also posted on the Solano County MHSA website.

Electronic Health Record

The next phases of implementation of the comprehensive Electronic Health Record system will be funded through General Systems Development. Phase Three implementation will include the electronic submission of laboratory orders and receipt of results, Consumer Portal to provider client access to information about their treatment, and a Health Information Exchange (HIE) to provide data sharing with other County and medical records systems. This will improve care, coordination, access to necessary medical information, and will create a data-informed clinical delivery system that improves client care and health outcomes.

CSS Funding Summary

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: SOLANO Date: 2/13/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	2,662,111	569,476	1,298,659		793,160	816
2. Transitional Age Youth	497,420	415,634	35,702		46,084	
3. Adult, Community-based	669,768	556,452	109,705			3,611
4. Adult, Regional Teams	2,295,507	1,907,137	375,993			12,377
5. Forensic Assertive Community Treat	2,036,691	1,800,916	235,091			684
6. Older Adult, Community-based	530,232	440,524	86,849			2,859
7. Older Adult, Regional Teams	362,448	301,127	59,367			1,954
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Crisis Stabilization Unit	3,394,726	2,734,481	631,059			29,186
2. Wellness & Recovery Unit	598,417	598,417				
3. Wellness & Recovery Centers	700,000	700,000				
4. Cooperative Employment Program	237,622	162,235	75,387			
5. Supported Housing	390,000	390,000				
6. Bilingual Services Child & Youth	379,428	361,095	18,333			
7. Foster Child & Family Services	168,635	160,487	8,148			
8. Mental Health Collaborative	25,000	25,000				
9. E.H.R. (fm CFTN to CSS-GSD)	346,610	150,626	195,984			
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	618,125	523,373	94,752			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	15,912,740	11,796,980	3,225,029	0	839,244	51,487
FSP Programs as Percent of Total	76.7%					

CSS Funding Summary (cont.)

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	2,662,111	569,476	1,298,659		793,160	816
2. Transitional Age Youth	497,420	415,634	35,702		46,084	
3. Adult, Community-based	669,768	556,452	109,705			3,611
4. Adult, Regional Teams	2,295,507	1,907,137	375,993			12,377
5. Forensic Assertive Community Treat	2,036,691	1,800,916	235,091			684
6. Older Adult, Community-based	530,232	440,524	86,849			2,859
7. Older Adult, Regional Teams	362,448	301,127	59,367			1,954
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Crisis Stabilization Unit	3,394,726	2,734,481	631,059			29,186
2. Wellness & Recovery Unit	598,417	598,417				
3. Wellness & Recovery Centers	700,000	700,000				
4. Cooperative Employment Program	237,622	162,235	75,387			
5. Supported Housing	390,000	390,000				
6. Bilingual Services Child & Youth	379,428	361,095	18,333			
7. Foster Child & Family Services	168,635	160,487	8,148			
8. Mental Health Collaborative	25,000	25,000				
9. E.H.R. (fm CFTN to CSS-GSD)	567,295	246,529	320,766			
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	618,125	523,373	94,752			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	16,133,425	11,892,883	3,349,811	0	839,244	51,487
FSP Programs as Percent of Total	76.1%					

CSS Funding Summary (cont.)

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	2,662,111	569,476	1,298,659		793,160	816
2. Transitional Age Youth	497,420	415,634	35,702		46,084	
3. Adult, Community-based	669,768	556,452	109,705			3,611
4. Adult, Regional Teams	2,295,507	1,907,137	375,993			12,377
5. Forensic Assertive Community Treat	2,036,691	1,800,916	235,091			684
6. Older Adult, Community-based	530,232	440,524	86,849			2,859
7. Older Adult, Regional Teams	362,448	301,127	59,367			1,954
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Crisis Stabilization Unit	3,394,726	2,734,481	631,059			29,186
2. Wellness & Recovery Unit	598,417	598,417				
3. Wellness & Recovery Centers	700,000	700,000				
4. Cooperative Employment Program	237,622	162,235	75,387			
5. Supported Housing	390,000	390,000				
6. Bilingual Services Child & Youth	379,428	361,095	18,333			
7. Foster Child & Family Services	168,635	160,487	8,148			
8. Mental Health Collaborative	25,000	25,000				
9. E.H.R. (fm CFTN to CSS-GSD)	567,295	246,529	320,766			
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	618,125	523,373	94,752			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	16,133,425	11,892,883	3,349,811	0	839,244	51,487
FSP Programs as Percent of Total	76.1%					

Workforce Education & Training

Workforce Education & Training

The Solano County MHSA Workforce Education and Training Plan seeks to identify the workforce development priorities in creating a Public Mental Health System that is prepared to meet the needs of those we serve and ensure that it is culturally competent, consumer/family driven, and promotes the transformation of mental health services using a strength based approach that is inclusive of recovery, resilience, and wellness principles. Training needs include ensuring that the services we provide are proven to be effective in meeting client needs. These tenets are the cornerstone of MHSA. The Plan provides opportunities to recruit, train, and re-train public mental health staff to meet those mandates.

For Solano County, personnel shortages remain a constant concern, and the needs far outweigh the positions available. Areas include:

- Bilingual and bicultural personnel to provide services to underserved populations
- Peer providers
- Providers trained in evidence-based practices.
- Cultural Humility Training and Cultural Responsive Treatment Approaches
- Community training including Crisis Intervention Training to support effective partnership with local law enforcement agencies when addressing individuals with Mental Illness.

The 2014-17 Workforce Education and Training Plan will include:

Improve Mental Health Workforce Clinical & Administrative Competence

The overall goal of the training plan is to increase overall and specific workforce competencies in staff throughout the public mental health workforce by developing trainings that will strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system.

In 2014-17, we will provide training for both county and community clinicians and program administrators in:

- Implementation of Cognitive Behavioral Therapy for trauma, depression and anxiety
- The Theory and Practice of Assertive Community Treatment in Full Service Partnerships
- Training in the treatment of co-occurring mental health and substance abuse disorders
- Motivational Interviewing
- Leadership Training to improve the ability and effectiveness of the management team

Expand Cultural Competence Training

Since 2010, Solano County has worked with the California Institute of Mental Health (CIMH) to design and implement a train-the-trainer approach to the California Brief Multicultural Competency Scale (CBMCS) Training Program. CBMCS is a well-regarded cultural competence assessment training curriculum originally funded by the California Department of Mental Health in collaboration with the California Institute for Mental Health, Tri-City Mental Health Center in California, and the University of La Verne Multicultural Research Team. The goal of CBMCS is to increase the awareness and responsiveness of mental health practitioners to the broad range of ethnic communities in California and in Solano County so that people of various ethnic backgrounds will have access to and feel comfortable utilizing mental health resources. The program also assists clinicians with supporting their clients in their recovery plan and process.

Expand Cultural Competence Training (cont.)

The program has been implemented by California County Mental Health Organizations, community based organizations, and by multiple systems of care communities nationwide.

The next stage of implementation will involve culturally specific trainings to allow greater knowledge and ability to work effectively with underserved cultural communities. These training efforts will better prepare staff to work effectively with Lesbian/Gay/Bisexual/Transgender/ Questioning (LGBTQ) individuals, Asian Americans, Filipinos, and Latinos. This will include our effort to build on the work with the African American Faith Community to build mental health friendly faith communities. Additional goals include increasing staff and training for staff to recognize and build on the support which faith can provide in the recovery process.

Crisis Intervention Training

A two-day crisis intervention team (CIT) training, conducted by CIMH, was designed for law enforcement at the request of both Vacaville Police Department and Solano County Sheriff. The training is designed to increase first responders' knowledge and understanding about mental illness, and to help them develop skills and strategies to interact and intervene with individuals with mental illness. The training includes sessions on Welfare and Institutions Code 5150, County policies and procedures for involuntary hospitalization, cultural diversity, and on how to de-escalate individuals in order to establish safety without physical intervention in a mental health crisis. It also includes sections on the types of mental illness, post-traumatic stress disorder, recognizing signs and symptoms of mental disorders among returning veterans, and on how to maintain officer safety in crisis situations. Finally, it features a consumer and family panel to provide insight from the consumer's point of view. Multiple cycles of this training have been and will continue to be offered.

Mental Health Loan Assumption Program (MHLAP)

In 2012-13, Solano County contracted with the CIMH to participate in the statewide loan assumption program. The program repays mental health professionals a portion of the costs of educational loans through an innovative partnership between Solano County, the Office of Statewide Health Planning and Development, and the Health Professions Education Foundation. MHLAP is targeted to mental health professionals who commit to work in un-served and underserved communities. As a condition of the award, recipients must commit to a twelve-month service obligation. In 2014/15 and subsequent years this will specifically focus on minority recruitment and comprehensive internship programs with the goal of building an on-going relationship with institutions of higher learning to build a culturally and linguistically competent workforce.

WET Funding Summary

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: SOLANO Date: 2/13/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Improve Clinical & Admin Competence	217,500	217,500				
2. Expand Cultural Competence Training	39,000	39,000				
3. Crisis Intervention Training	13,000	13,000				
4. Loan Assumption/Scholarship Program	100,000	100,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	29,858	29,858				
Total WET Program Estimated Expenditures	399,358	399,358	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Improve Clinical & Admin Competence	217,500	217,500				
2. Expand Cultural Competence Training	39,000	39,000				
3. Crisis Intervention Training	13,000	13,000				
4. Loan Assumption/Scholarship Program	100,000	100,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	29,858	29,858				
Total WET Program Estimated Expenditures	399,358	399,358	0	0	0	0

WET Funding Summary (cont.)

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Improve Clinical & Admin Competence	141,967	141,967				
2. Expand Cultural Competence Training	39,000	39,000				
3. Crisis Intervention Training	13,000	13,000				
4. Loan Assumption/Scholarship Program	0	0				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	29,858	29,858				
Total WET Program Estimated Expenditures	223,825	223,825	0	0	0	0

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Capital Facilities & Technology Needs

Capital Facilities & Technology Needs

The Capital Improvement and Information Technology Plan provides the infrastructure for MHSA services.

MHSA Housing

The MHSA housing program provides long-term, low interest loans administered by the California Housing Finance Agency (CalHFA) to developers who create permanent supported housing. The housing will continue to serve adults who are seriously mentally ill, and children with severe emotional disorders and their families. In order to qualify, a household must also be homeless or at risk of becoming homeless, as defined by the MHSA regulations. In addition to the loan, CalHFA sets aside a portion of the MHSA funding in an operating reserve account to ensure that the project can operate for 20 years while maintaining affordable rental rates.

Solano County has completed two MHSA permanent supported housing projects:

- **Signature** at Fairfield is a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes 7 two-bedroom units reserved for families in which one member qualifies for MHSA Community Services & Supports, and 3 two-bedroom apartments shared by two unrelated adults who qualify for MHSA services.
- **The Heritage Commons** project in Dixon is a 65-apartment older adult project. Seven units are reserved for consumers 55 years old or older who qualify for MHSA services through Community Services & Supports. The project began accepting applications in July 2013.

Mental Health Services Act (MHSA) Housing Projects

Project	Target Population	Total Units	MHSA Units	Number Housed	MHSA Loan	MHSA Operating Subsidy	Total MHSA Cost
Signature at Fairfield	Families & single adults	92	7 family 3 shared	13	$1,200,000	$740,000	$1,940,000
Heritage Commons	Older adults	60	7	7	$908,100	$404,300	$1,312,400
Uncommitted							$616,000
TOTALS		157	25	25	$2,108,100	$1,144,300	$3,868,400

Solano County received $3,868,400 from The MHSA Housing Fund. Approximately $616,000 remains uncommitted. The county will seek to develop a small shared housing project to which these remaining funds could be dedicated.

Capital Facilities & Technology Needs

Solano County is in the process of implementing the MYAvatar Electronic Health Record (EHR) system provided by Netsmart Technologies.

- **Phase One** of MYAvatar went live on July 1, 2013, and included: Practice Management (admissions, diagnosis, discharge records), progress notes, financial management, appointment scheduling, and Managed Services to authorize and pay for services provided by contractors.
- **Phase Two**, scheduled for FY 13/14, will consist of implementing Clinician Workstation, which includes: assessments and treatment plans, Addiction Severity Index, electronic prescribing and medication management, point-of-service document imaging and scanning, and mobile access to system
- **Phase Three** implementation, scheduled for September 2014 through December 2014, will consist of: electronic submission of laboratory orders and receipt of results, Consumer Portal to provide consumers with access to information about their treatment, a Health Information Exchange (HIE) to provide data sharing with other County and medical records systems.

These services will allow greater accountability, increased availability of medical information, and improved coordination of care. In Phase Three, clients will have greater access to their medical records and ability to actively participate in their care.

CFTN Funding Summary

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: SOLANO Date: 2/13/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. E.H.R. Phase I (Admin Below=$220,685)	0					
12. E.H.R. Phase II (to CSS-GSD=$346,610)	0	0	0			
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	220,685	95,903	124,782			
Total CFTN Program Estimated Expenditures	220,685	95,903	124,782	0	0	0

CFTN Funding Summary (cont.)

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. E.H.R. Phase I (Admin Below=$220,685)	0					
12. E.H.R. Phase II (to CSS-GSD=$346,610)	0	0	0			
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

CFTN Funding Summary (cont.)

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. E.H.R. Phase I (Admin Below=$220,685)	0					
12. E.H.R. Phase II (to CSS-GSD=$346,610)	0	0	0			
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Innovation

Innovation

Solano County is in the process of developing a new Innovation Project focused on implementing a systemic approach to increasing cultural competence, aimed specifically at Latino and Filipino communities. This will encompass strategies including workforce development, identifying and collaborating with cultural community leaders, creation of Latino and API/Filipino specific cultural competence committees, and assessing the needs of Solano County residents in the Latino and Filipino Communities. The efforts of successful cultural competence programs throughout the state will provide the framework for developing an approach, which has been proven to be effective and specifically designed to meet the needs of Solano County Residents aimed at:

- Increasing access to mental health care for the Latino and Filipino communities.
- Improving the outcomes of care by increasing timely access through stigma reduction for individuals experiencing mental health concerns.
- The creation of mental health friendly community alliances with faith and other community partners.
- Supporting Latino and Filipino families, which provide a safety net for their mentally ill family members.

This plan will be submitted separately for both local approval and the approval of the Mental Health Services Oversight and Accountability Commission.

INN Funding Summary

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: SOLANO Date: 2/13/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Systemic Approach Cultural Integration	1,140,000	1,140,000				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	56,143	56,143				
Total INN Program Estimated Expenditures	1,196,143	1,196,143	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Systemic Approach Cultural Integration	1,140,000	1,140,000				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	56,143	56,143				
Total INN Program Estimated Expenditures	1,196,143	1,196,143	0	0	0	0

INN Funding Summary (cont.)

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Systemic Approach Cultural Integration	1,140,000	1,140,000				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	56,143	56,143				
Total INN Program Estimated Expenditures	1,196,143	1,196,143	0	0	0	0

MHSA Funding Summary FY 14/15—16/17

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: SOLANO Date: 2/13/14

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	9,647,541	4,711,285	1,593,480	1,022,541	95,903	
2. Estimated New FY2014/15 Funding	10,986,484	2,746,115	722,715			
3. Transfer in FY2014/15[a/]	0					
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	20,634,025	7,457,400	2,316,195	1,022,541	95,903	
B. Estimated FY2014/15 MHSA Expenditures	11,796,980	4,326,740	1,196,143	399,358	95,903	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,837,045	3,130,660	1,120,052	623,183	0	
2. Estimated New FY2015/16 Funding	10,787,079	2,696,517	709,556			
3. Transfer in FY2015/16[a/]	0					
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	19,624,124	5,827,177	1,829,608	623,183	0	
D. Estimated FY2015/16 Expenditures	11,892,883	4,326,740	1,196,143	399,358	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,731,241	1,500,437	633,465	223,825	0	
2. Estimated New FY2016/17 Funding	12,123,191	3,030,545	797,618			
3. Transfer in FY2016/17[a/]	0					
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	19,854,432	4,530,982	1,431,083	223,825	0	
F. Estimated FY2016/17 Expenditures	11,892,883	4,326,740	1,196,143	223,825	0	
G. Estimated FY2016/17 Unspent Fund Balance	7,961,549	204,242	234,940	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	2,725,427
2. Contributions to the Local Prudent Reserve in FY 2014/15	15,297
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	2,740,724
5. Contributions to the Local Prudent Reserve in FY 2015/16	15,382
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	2,756,106
8. Contributions to the Local Prudent Reserve in FY 2016/17	15,469
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	2,771,575

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

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Annual Update

Fiscal Year 2013/14

Part Two of this plan looks back at Solano County's MHSA plans in 2012-13. In this section, we will briefly describe the programs included in each of the five MHSA plans (Prevention and Early Intervention, Community Services and Supports, Workforce, Education and Training, Capital Facilities and Technology Needs, and Innovation). Program Highlights and Achievements, including the results of program evaluations, demographic Information, and program changes for 2013-14, will be reported for each program.

Prevention & Early Intervention

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Prevention & Early Intervention

In the 2012-2013 fiscal year, Solano County funded six PEI programs, encompassing six strategies listed as follows:

Program	Service Providers	Strategy	Prevention/Early Intervention
1. Early Childhood Mental Health Initiative/ Partnership for Early Access for Kids (PEAK)	PEAK Collaborative This includes lead agency, four funded partner agencies, and five subcontract agencies, as well as many community partnerships	1.1 Parent and Caregiver Education on child development and mental health	Prevention
		1.2 Provider and caregiver education and training on screening, utilizing the Ages and Stages Questionnaire (ASQ) and the ASQ Social Emotional assessment tool, early identification and resource and referral services	Prevention
		1.3 Screening, Assessment, Referral and Treatment	Prevention/Early Intervention
		1.4 Parent coaching	Prevention/Early Intervention
2. School-Age	• Solano County Office of Education • Vacaville Unified School District	2.1 Direct Targeted Services	Prevention/Early Intervention
	Solano County Office of Education	2.2 Youth Engagement Program	Prevention
3. Transition-Age Youth	Solano County Office of Education	3.1. Supported Education and Employment	Prevention
		3.2 Stigma Education	Prevention
4. Behavioral Health/Primary Care Integration	• La Clínica de la Raza • Solano County Integrated Care Clinics • Community Medical Center	4.1 Behavioral Health/Primary Care Integration	Prevention/Early Intervention
5. Older Adult/ Prevention and Early Access for Seniors (PEAS)	Napa-Solano Area Agency on Aging	5.1 Gatekeepers	Prevention
		5.2 Navigators	Prevention/Early Intervention
6. Peer Counseling for Homebound Seniors	Faith in Action	6.1 Training Peer Counselors	Prevention
		6.2 Individual and Group Counseling	Prevention/Early Intervention

Early Childhood

The Early Childhood PEI program provides home-based or center-based prevention and early intervention services to children ages 0-5 and their families. Operated by community organizations, the program conducts outreach and education and engages homeless, monolingual-Spanish and/or undocumented in the Foster Care System. The program targets stressed families living in high-risk neighborhoods, including Spanish/Tagalog- speaking parents. The program is jointly funded by MHSA and First 5 Solano.

Prevention Strategies

Includes parent and caregiver education on child development; provider and caregiver education and training on the Ages and Stages (ASQ) and ASQ Social Emotional (ASQ-SE) Questionnaire and screening and assessment related to the personal-social domain.

Early Intervention Strategies

Intensive case management provides referrals and linkage to community services, inter-disciplinary team evaluation for a small number of children with more challenging issues, short-term treatment for non-MediCal eligible children with serious social/emotional concerns, and nine to fifteen weeks of center- and home-based parent coaching on coping with difficult behaviors

Linkage

The program also links children and families requiring longer term treatment, to the Early and Periodic Screening, Diagnosis, and Treatment Program.

Highlights and Achievements

- 1,384 children received ASQ 3 and ASQ-SE developmental screenings or consultations.
- 135 children also received the Developmental Profile 3 screening
- 41 parents participated in the evidence based Nurturing Parenting Program.
- 41 children received short-term mental health treatment services.
- 10 children received a comprehensive team evaluation. Teams included a physical therapist, speech and language therapist, family advocate, and a mental health clinician.
- 22 children and their parents received Parent Child Interactive Therapy
- 34 Children and their parents or caregivers participated in Incredible Years parenting class and children's social skills group.
- 116 Parents received parent coaching.

Outcomes

- 98% of providers trained demonstrated increased knowledge of developmental milestones of children 0-5
- 80% of parents served in parent coaching showed improvement in the parent child relationships via improved scores at discharge.

Challenges and Barriers

Parents with at-risk children often have limited resources and unreliable transportation. In addition, many cycle in and out of crisis situations and require additional support to parent more effectively. The staff that work with these clients have handled these challenges by providing more home visits.

Changes for 2013-14

Improved efforts at collecting specific assessment, treatment and outcome information will be implemented in 2013-14.

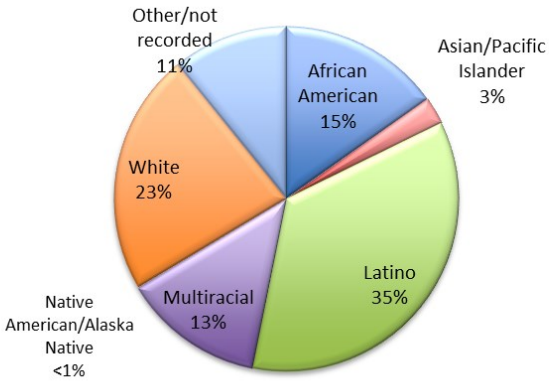
Early Childhood: Demographics

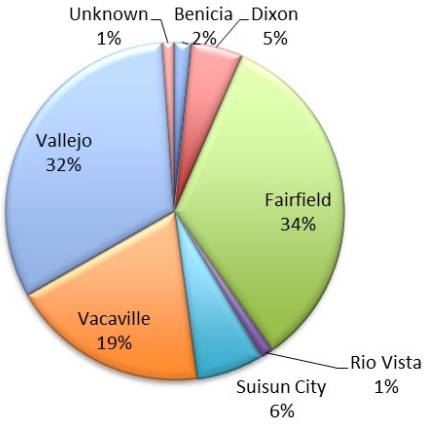
Gender, Age and Primary Language of Participants

Among the 1,355 children served, 54% were male and 46% were female. 92% of the children were ages three to five, and 8% were under three years old. 71% of children and their families spoke English as their primary language, 28% spoke Spanish, and 1% spoke Cantonese or Vietnamese.

Race/Ethnicity

Slightly over one-third of the children served were Latino and almost a quarter were white. African American children comprised 15% of the total, multi-racial 13%, and Asian/Pacific Islanders 3%.





City of Residence

The majority of consumers served in the Children's FSP resided in Fairfield (34%) and Vallejo (32%). One-fifth of consumers resided in Vacaville (19%), with the remainder living in Suisun City (6%), Dixon (5%), Benicia (2%), Rio Vista (1%), and with 1% residing in an unknown area.

Number of Children Receiving Prevention Services: 849
Cost per child: $515.62
Number of Children + Parents/Guardians receiving early intervention treatment services: 38
Cost per person $480.00

School-Age Youth

In 2012-13, the School-Age Prevention & Early Intervention program served children and youth in grades K-12 in two school-based targeted prevention and early intervention programs.

The Direct Targeted Services Program is operated in Vacaville by the Vacaville Unified School District and in the remainder of the county by Solano County Office of Education. The programs target students in grades K-12 at risk of school failure due to social and emotional issues or experiencing stressors such as loss of a parent, exposure to substance abuse or domestic violence, parental divorce, lack of social skills or emotional resiliency. Student Study Teams refer these students to clinician–led groups, small group counseling, and individual counseling. Sessions cover anger management, handling stress, problem solving, anxiety, depression, conflict resolution, peer pressure, bullying and response to rumors, grief counseling, divorce, and social skills. Parents and teachers participate in groups or individual meetings and workshops to reinforce behaviors learned by their children.

The Youth Engagement Program (YEP) serves students in grades 9-12 who have not been successful in school. Participants are referred by Student Study Teams based on risk factors including homelessness, foster care dependency, first contact with the juvenile justice system, poor coping skills, school delinquency behaviors, and social and emotional issues that could lead to substance abuse, anxiety, eating disorders, self-mutilation, depression, and suicide. The YEP re-engages students by identifying appropriate educational settings, linking them to youth services and counseling, and monitoring their attendance, behavior, school-related activities, and academic progress to attain high school graduation. All YEP students are expected to participate in the *Why Try* curriculum to receive solution-focused brief therapy.

In 2012-13, school-age service providers engaged in outreach and training on mental health issues (particularly bullying) to all school districts, parent groups, a church group, a parent webinar, elementary and high schools, and mental health providers.

Highlights and Achievements

- 686 students received counseling and anger management services through Direct Targeted Assistance; forty-one participated in the Youth Engagement Program
- 141 parents and 286 teachers received individual consultation and training.

Outcomes

In cooperation with local education agencies, Solano County was successful in implementing two school-based strategies:

Direct Targeted Assistance Program

- Anger management/conflict resolution Groups showed a:
    - 30% decrease in the incidence of office referrals
    - 24% decrease in the incidence of absences
- Small Group Skill-Based Counseling
    - 33% decrease in the incidence of office referrals
    - 2% decrease in the incidence of absences
- Individual Skill-Based Counseling
    - 11% decrease in the incidence of office referrals
    - 8% decrease in the incidence of absences

Youth Engagement Program/MSAP

- 50% decrease in office referrals

Challenges and Barriers

In 2012-13, implementation of the Youth Engagement Program was delayed due to schools' reluctance to schedule individual student meetings during class time and a lack of meeting space at some schools.

One of the local education agencies reported increases in the number of office referrals, absences, and suspensions among students in their Direct Targeted Assistance program.

Significant Changes for 2013-14

Providers report that they expect program costs to rise significantly in 2013-14, due to increased clinician health benefit costs required by the Affordable Care Act.

A Success Story

A sixth-grade male student at David Weir had major anger issues that were preventing him from achieving his potential. At the beginning of the year, he was referred to the office on a weekly basis. His family background contributed to much of his anger as his mother had remarried and his father was not available. The student was living with his aunt. He had repeated episodes of insomnia and often came to school with no sleep. His nightmares were so disturbing that some nights he was afraid to sleep. These nightmares included his father kidnapping him from his aunt.

Through repeated relaxation therapy and guided imagery, he was able to sleep and his anger subsided. After being placed in an anger management group, he not only became a leader in his class, he was voted student of the month. He will be attending the Public Safety Academy in the Fall.

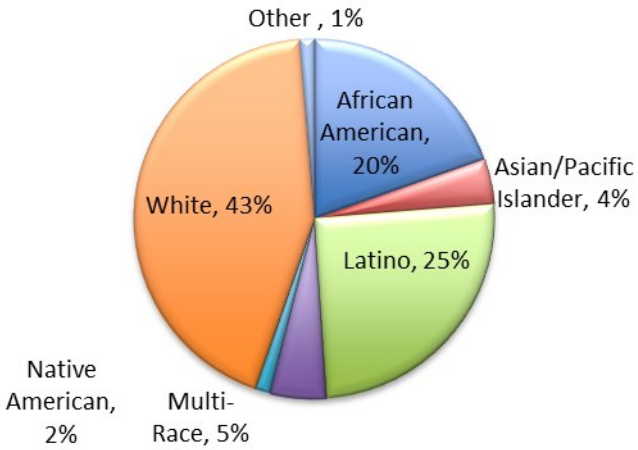
School-Age Youth: Demographics

Gender and Primary Language

Among the 744 students served in School-Age PEI Plan, almost half (49%) were female and half (51%) male. Nearly nine out of ten (86%) reported English as their primary language, and 12% reported Spanish. Three students reported Tagalog as their primary language, and seven reported other primary languages.

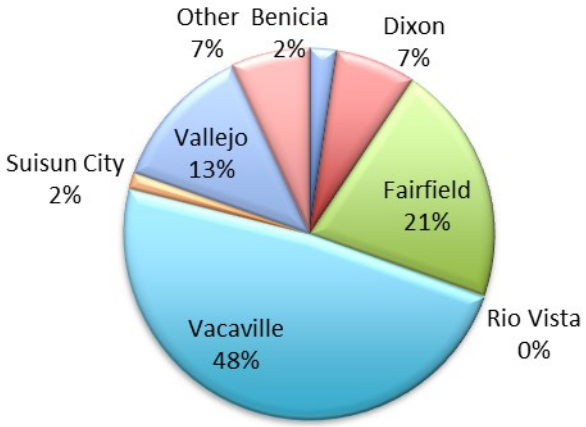
Race and Ethnicity

African American children comprised one-fifth, and Latinos one-fourth of all students participating in the Direct Targeted Assistance Program; White students comprised the largest proportion (43%). The remaining 12% of students were multi-racial, Asian/Pacific Islander, Native American, and Other.



City of Residence

Almost half (51%) of students lived in Vacaville, and slightly over one fifth (21%) lived in Fairfield. 13% were from Vallejo, Dixon accounted for 7%, and Benicia and Suisun City 2% each. One student lived in Rio Vista, and 7% were from "other" areas.



Number of Children Receiving Prevention Services: 490
Cost per Child: $489.09
Number of Children + Parents/Guardians receiving early intervention treatment: 623
Cost per Person: $490.00

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Transition-Age Youth

In 2012-13, the Transition-Age Youth (TAY) Prevention & Early Intervention program included two strategies; Supported Education and Employment, and Stigma Education.

The Supported Education and Employment program provides prevention services that assist youth between the ages of sixteen and twenty-five to reach their educational and employment goals. To be eligible students must either be experiencing mental illness or identified as at risk for mental illness, with risk factors such as homelessness, substance use, teen parenthood, or other issues. The program works one-on-one with youth to develop Education and Employment Empowerment Plans, provide enrollment assistance at Solano Community College or other post-secondary academic or job training programs, and to monitor their academic progress and to provide employment support for TAY to obtain and retain employment. Staff assists students in developing resources and support including transportation, financial resources or financial aid, and in identifying healthy activities for peer support and socialization. Most referrals to the program typically come directly from community agencies serving youth, as well as from the students themselves.

Stigma education is a primary prevention program that seeks to reduce the stigma of mental illnesses among high school students. It includes presentations of the American Foundation for Suicide Prevention *More Than Sad* curriculum, and sponsorship of CalMHSA *Directing Change* contest and the "Out of the Darkness Campus Walk".
Extensive outreach and program information was conducted in 2012-13 to all Solano County high schools, adult schools, Solano Community College, the Workforce Investment Board, Solano County Probation and Office of Family Violence Prevention, all libraries, the Interfaith Council, Family Resource Centers, and many community non-profit organizations serving youth.

Highlights and Achievements

- Of the 108 students served during FY 2012-13, 51 completed empowerment plans and 52 enrolled in the education program.
- Among new *and continuing* students, 69 attended vocational or career classes consistently, not missing more than two days of class per month, and
- 449 students and 103 school staff throughout Solano County high schools participated at least one of 27 activities, such as the *More Than Sad* presentations/curriculum, to reduce stigma of mental health illnesses, surpassing the targets of 300 students and 20 activities.
- The program sponsored the Out of Darkness Campus Walk to Solano Community College, which drew 834 participants. In addition 28 Partners/Sponsors provided resources and raised $31,000.

Outcomes

Fifteen participants completed the Supported Education and Employment program receiving a GED, certificate or degree.

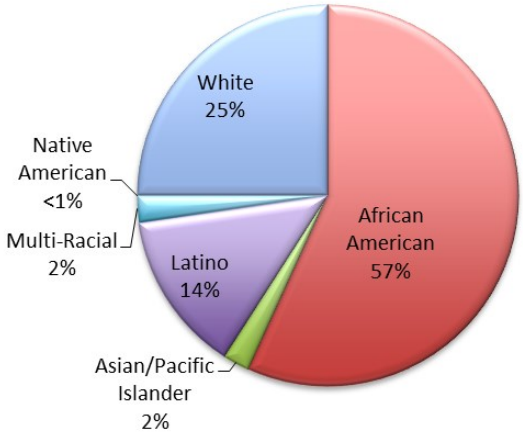
Challenges and Barriers

In addition to barriers/challenges common with many TAY in the general population, the program has identified challenges that are specific to working with youth experiencing or at risk of mental illness. The most significant is the lack of mental health care available to youth in Solano County. Many participants also lack basic resources such as transportation, family support, stable housing, and healthcare. Through the TAY Collaborative and Mental Health Collaborative, we have been able to leverage resources from other agencies to address some of these needs.

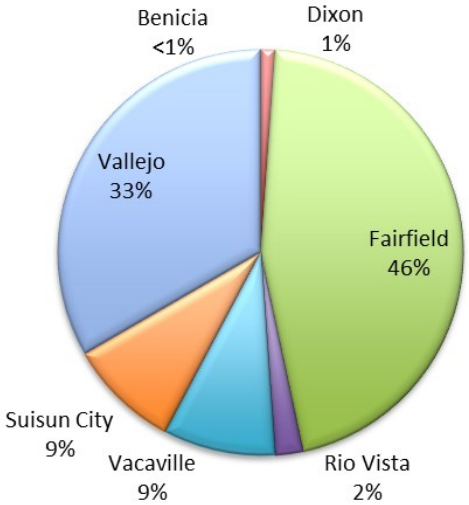
Transition-Age Youth: Demographics

Gender and Primary Language
Among 108 participants, 48% of participants were female and 52% were male. 81% of participants spoke English as a primary language.

Race and Ethnicity
Over half (57%) of participants in the program were African American, one-fourth were white, and 14% were Latino. Only two Asian/Pacific Islanders and no Native Americans were served.



City of Residence
Almost 80% of participants lived in either Fairfield (46%) or Vallejo (33%), with the remainder from other areas of the county.



Number of youth receiving prevention services: 108
Cost per youth: $2,616.00

This program was funded as a Prevention program

Behavioral Health-Primary Care Integration

One of the goals of the Behavioral Health/Primary Care Integration prevention and early intervention program was to increase access to mental health services by making mental health services easily available to consumers in local primary care clinics. The program was designed to reach out to underserved populations, including Latinos, African-Americans, and Filipinos in a non-stigmatizing manner. Primary Care Providers referred consumers to be screened or assessed for early warning signs or risk factors for mental illness. If indicated, consumers could also receive psycho-education, individual and group counseling, and support groups for low-to-moderate level mental health issues at the clinic. The program was operated by a community-based provider in two primary care settings in Vallejo. Data from the two Solano County Integrated Care Clinics in Fairfield and Vallejo was not available, but will be collected through the Electronic Health Record (EHR) in fiscal year 2013-2014.

Highlights and Achievements

- In FY 2012-13, 1,766 brief mental health screenings were completed resulting in 946 visits with Behavioral Health Clinicians and 423 support visits with social workers.
- This licensed approach reaches underserved ethnic groups; Latinos comprised almost 40% of all consumers, African-American over 20% and Asian/Pacific Islanders 14%.

Outcomes

During FY 2012-2013, over half of children screened, and over three-quarters of adults screened for mental health and substance abuse issues indicated concerns.

- Among 88 consumers who met with social workers for three or more one-on-one sessions, 81% demonstrated improvement on standard symptom measures. The measures used were either the Public Health Questionnaire-9 or Generalized Anxiety Disorder Scale-7.
- Among consumers who completed pre- and post-surveys for groups, 92% demonstrated improvement. Group measures are taken at the first and last group in the series. The depression and anxiety group uses the PhQ-9 and GAD-7 measures. The Evidence-Based Practice (EBP) *Los Niños Bien Educados*, which has a pre-post test as part of the EBP, is used for the parenting group.

Challenges and Barriers

Demographic, linkage, and outcome data was not collected for mental health consumers at the Integrated Care Clinics and Community Medical Centers. It will be collected for the 2013-14 fiscal year.

Gender and Primary Language

Among the 1,766 consumers for whom data on behavioral health screening were available, 46% were male and 54% female. 71% percent reported their primary language as English, 25% Spanish, and 2% Tagalog.

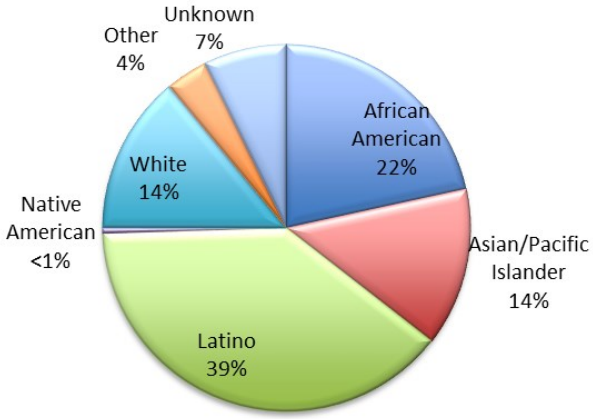
Age

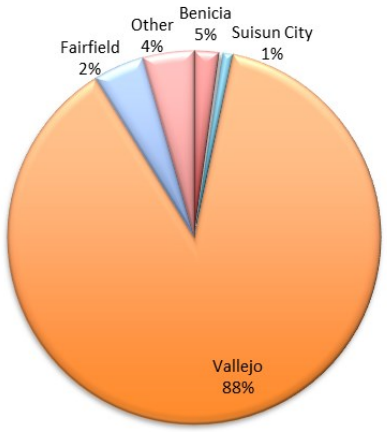
During the first three quarters of the 2012-13 fiscal year, the contractor provided mental health services only to children and youth under 18 and adults over 60. Adult mental health services were added in the fourth quarter.

- Slightly over 40% of behavioral health clinician and social worker visits were with consumers over 60, and 30% were with youth 16-24. 27% percent of clinician visits and 20% of social worker visits were with children 0-15. 7% of social worker visits and no clinician visits were with Adults 26-29.
- During the fourth quarter of FY 2012-13, 695 adult consumers were screened, 205 were assessed, and 223 received individual and group counseling.

Race/Ethnicity

Almost 40% of consumers were Latino, over 20% were African American and 14% each were Asian/Pacific Islander and white.





City of Residence

88% percent of all consumers lived in Vallejo and 5% in Benicia, with the rest from other areas of the county.

Number of individuals receiving prevention services: 1,271
Cost per person: $52.86
Number of individuals receiving early intervention treatment: 495
Cost per Person: $52.78

Older Adult

The Older Adult Prevention & Early Intervention program is operated by a community-based provider

- *Gatekeepers, a prevention strategy,* is a community education program which informs residents about the early signs that a senior may be at risk of experiencing a mental health challenge and what to do about it. Separate workshops for health providers cover unique geriatric mental health issues, differentiation of dementia from other mental illnesses, and local referral options.
- The *Navigator* program screens and case manages seniors referred by Gatekeepers and others. It includes a comprehensive assessment to help pinpoint specific issues, referrals to primary care and mental health services, and short term counseling. These activities range from prevention to early intervention. All clients are assessed either in their homes, the Area Agency on Aging office, or other community-based locations.

During the past year, the new Gatekeeper Volunteer Train-the-Trainer Program has recruited Gatekeeper volunteers within specific ethnic communities, including the Filipino Chamber of Commerce, Hispanic/Latino individuals and groups, churches, and housing complexes. A short depression screen (Public Health Questionnaire-2) is used during outreach events to connect individuals with mental health issues to resources. Outreach is also conducted through a support group for Grandparents Raising Grandchildren.

Highlights and Achievements

- During 2012-13, 919 individuals were recruited as gatekeepers.
- 474 seniors were referred to the Navigator program, 53% from community providers, 38% from trained Gatekeepers, and 9% from the seniors themselves.

Outcomes

- Among the 711 who completed Gatekeeper training evaluations, 95% demonstrated an increased knowledge of older adult mental health concerns including:
    - Early warning signs of depression and anxiety
    - Grief and loss
    - Suicide prevention
    - Caregiving support
- 100% of seniors referred to the Navigator program were assessed and connected to community resources.
- 90 case managed clients at initial assessment with the CORE_10/AIDIT C tool and showing moderate to high levels of depression or anxiety, showed improvement in high to moderate anxiety and/or depression.
- 85% of seniors who met with case managers met at least one treatment goal.
- Among the 76 individuals exiting the Navigator Case Management program 97% reported increased feelings of support.

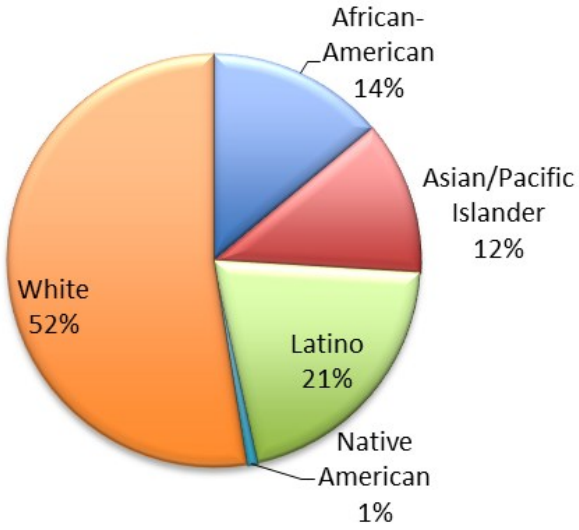
Significant Changes for 2013-14

Improved efforts at collecting specific assessment, treatment, and outcome information will be implemented.

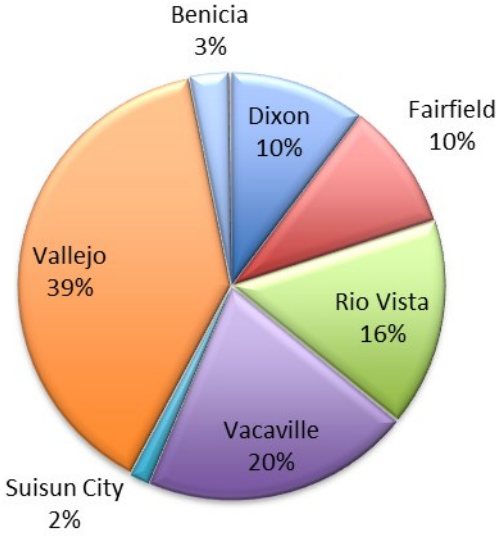
Older Adult: Demographics

Gender, Age and Primary Language
Among the 474 individuals referred to the Navigator Program, 74% were female and 26% were male. 80% were sixty years or older and 20% were ages 50-59, 81% percent spoke English as their primary language, 17% Spanish and 2% Tagalog.

Ethnicity/Race
Slightly over 50% of participants were white, 21% Latino, 14% African American, and 12% Asian/ Pacific Islander. 1% were Native American.



City of Residence
Approximately 39% of participants lived in Vallejo, 20% in Vacaville, and the remainder live throughout Solano County.



Peer Counseling for Homebound Seniors

The Prevention & Early Intervention peer counseling for homebound seniors program, operated by a community non-profit agency, recruits and trains community volunteers to provide peer counseling for older adults throughout the county who are living with mental health issues. One-on-one and small group counseling is provided, as well as referrals for other services.

Highlights and Achievements

- A total of 23 Peer Volunteers participate in the program. The six new peer counselor volunteers recruited and trained in FY 2012-13 demonstrated an increase in knowledge of mental health and preparedness to serve as peer counselors.

Outcomes

- The program successfully addressed the needs of underserved populations. Among the 77 receiving counseling, 9 were at least 85 years old, 1 was (non-English) monolingual, and all lived in underserved areas of the county.
- 68 participants received group counseling
- Among the participants evaluated, 29 demonstrated a decrease in their level of depression, anxiety or stress, an increase in their ability to cope with targeted issues and satisfaction with services.

Demographics

Gender
Among the 23 Peer Volunteers, 21 were female and 2 were male. They served 77 Care participants, including 60 females and 17 males.

Primary Language
All Peer Volunteers spoke English as their primary language. All except two participants spoke English as their primary language; one spoke Spanish.

Age
30% of the participants were between 60 and 69, 47% between 70 and 79, and 23% were over 80, including 12% over 85.

Race/Ethnicity
In FY 2012-13, 43 % of peer counselors were White, and 35% were African-American. Latinos represented 9% and Asian/Pacific Islanders 13%. Participants were 64% white, 27% African American, and 9% Latino. No recipients were Asian/Pacific Islanders. Native Americans did not participate as care recipients.

City of Residence
The 23 peer counselors were drawn from throughout Solano County. Nine (39%) lived in Vacaville, six (26%) lived in Fairfield, five (22%) in Vallejo and three (13%) in Rio Vista. The 77 care recipients were much less dispersed, with 34 (44%) in Vallejo, 33 (42%) in Fairfield, six (8%) in Vacaville, four (5%) in Dixon and one in Suisun City.

Combined Older Adult Strategies
Number of individuals receiving prevention services: 1,378
Cost per person: $231.97
Number of individuals receiving early intervention services: 89
Cost per person: $36.28

Community Services & Supports

Community Services & Supports

In FY 2012-13, Solano County provided Full Service Partnership programs both through county owned and operated services and in partnership with community based providers. County-run services include the Multi-disciplinary Intensive Services Program for Children, the Adult Regional Teams for adults, and the Forensic Assessment Community Treatment (FACT) for mentally ill adults who have had criminal justice involvement. Through community based organizations we provide FSP services for adults, older adults, and transition-age youth.

In addition to Full Service Partnerships, CSS funds recovery and resiliency strategies to support the recovery of consumers who are receiving mental health treatment services. In Solano County, these strategies include wellness and recovery centers, peer support programs, and the Cooperative Employment Program.

Systems Development Strategies include programs which have been developed to support the mental health system, culturally specific programs, and programs which increase client access to the mental health system. In FY 2012-13, programs included the Crisis Stabilization Unit, Foster Child and Family Support, Bi-lingual Support, and the county's Wellness and Recovery Unit.

In this Update, we provide FY 2012-13 highlights and achievements, outcomes, challenges and barriers, specific changes for FY 2013-14, and the demographics of consumers served.

Detailed outcome data for Full Service Partnerships is included in the Appendix.

Full Service Partnerships

Children's Full Service Partnership

The Multi-Disciplinary Intensive Services Program for children operated by Solano County Mental Health provides a continuum of services to children from birth through age 17 and their families. Wraparound Services involve the child and family, his or her Personal Services Coordinator, mental health clinician, mental health specialists, and a psychiatrist (when indicated) in developing and tracking the progress of an Individual Services Plan to assist the child and family in successfully meeting their treatment goals.

Highlights and Achievements

The Children's FSP Team actively involves community partners to broaden available services and "out of the box" activities for consumers. A second FSP team was formed in March 2012. Partners include the KROC Community Center, Yippie Yogurt, and the Solano County Family Justice Center.

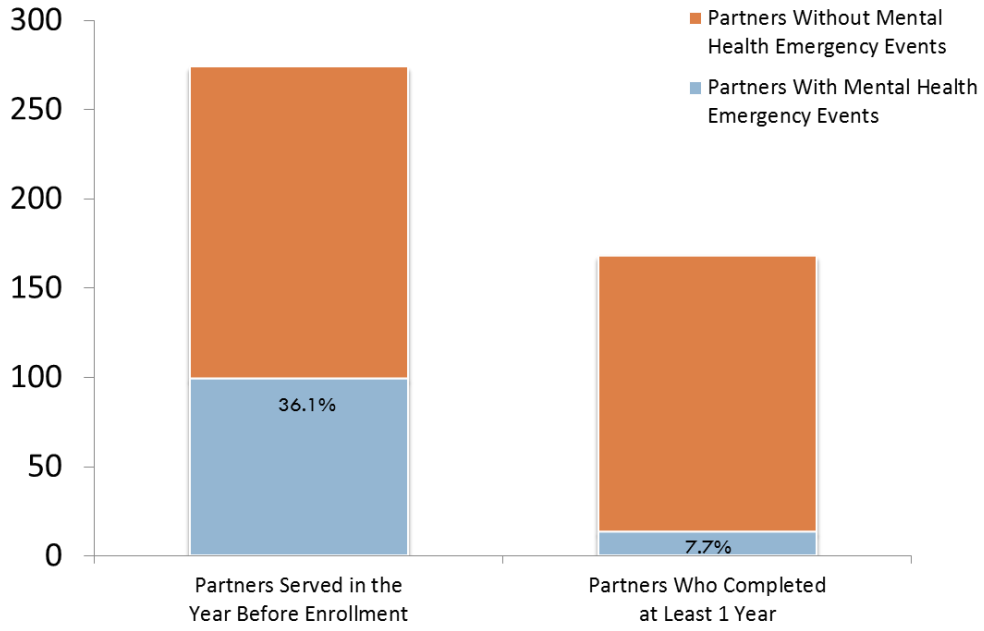
Challenges and Barriers

In FY 2012-13, the program lost both its Parent Partner and its Spanish-speaking staff person. Health Specialists have taken on the Parent Partner duties. Parent Partners have/had children or family members who have received services through the mental health system, enabling them to relate to and work with the parents and caregivers in a way that our Mental Health Specialists cannot. We have used interpreters and Spanish-speaking staff from other clinical programs to mitigate the loss of our Spanish-speaking staff member.

One other challenge has been working to return those children who require residential placement. These children are placed by either Probation, Child Welfare Services, or by the parent through Aid to Adopted Parents. Because of the diverse disciplines, the management of these cases in terms of the course of the residential treatment and ultimate return to the community is at times challenging.

Outcomes

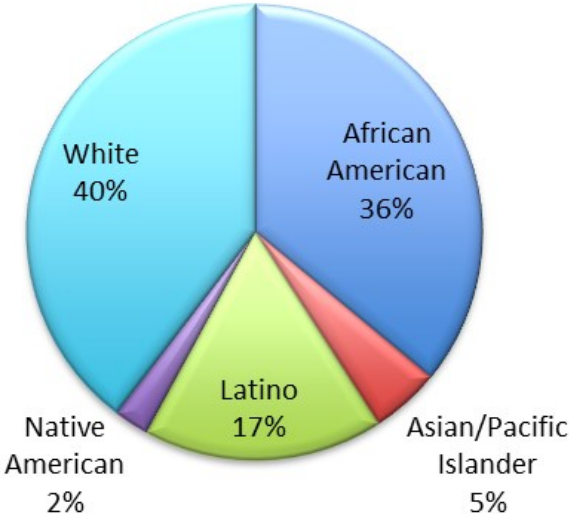
Mental Health Emergency Events Report for Child Partners Served up to 5 Years



Demographics

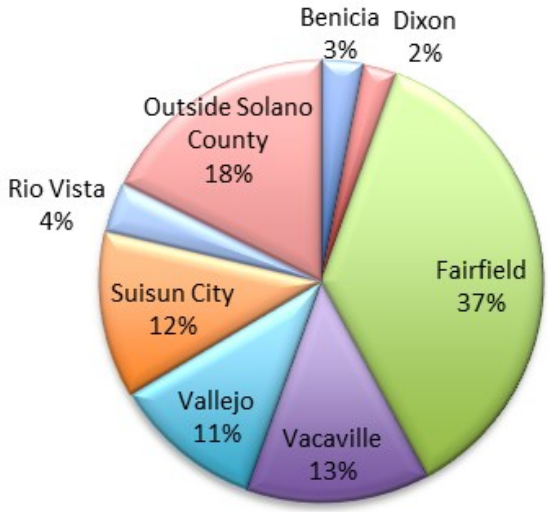
Race/Ethnicity

40% of consumers were White, 36% were African American and 17% were Latino with 5% identified as Asian/Pacific Islander and 2% as Native American.



City of Residence

The children served by the FSP came from throughout the county, as well as from outside Solano County.



Transition-Age Youth Full Service Partnership

Transition Age Youth (TAY) FSP program, administered by a community-based agency, delivers intensive mental health services and support to high-need and high-risk Severely Emotionally Disturbed (SED) and Severely and Persistently Mentally Ill TAY ages 18 –25. TAY FSP programs place an emphasis on recovery and wellness while providing an array of community and social integration services to assist individuals with developing skill-sets that support self-sufficiency. The TAY FSP program also assists individuals in accessing mental health services and supports (e.g. housing, vocational, peer counseling, employment, education and treatment services, and independent living skills, step-down services, and if feasible, the development of peer support activities). A TAY Collaborative has also been developed to enhance accessibility, link the elements of the continuum of care.

Highlights and Achievements

- Of the 14 youth served in the FSP during FY 2012-13, 50% are employed, 83% are either enrolled in post-secondary school or have achieved a high school diploma or General Education Diploma, and 17% are first year students in post-secondary school.
- In FY 2012-13, 11 of the TAY FSP youth received housing and housing supports within the community

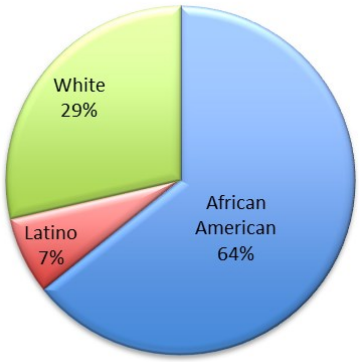
Demographics

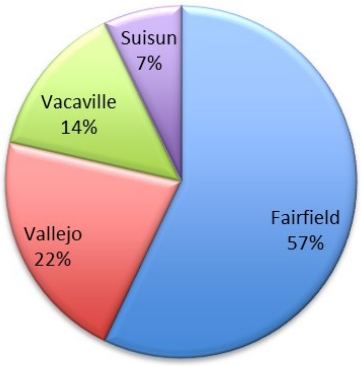
Gender and Primary Language

The TAY FSP served 14 youth in 2012-13, half male and half female. All spoke English as their primary language.

Race/Ethnicity

Nine (64%) of the youth were African American, four (29%) were white and one (7%) was Latino. No other racial/ethnic groups were served in the FSP.





City of Residence

Eight youth (57%) lived in Fairfield, three (21%) in Vallejo, two (14%) in Vacaville and one (7%) in Suisun City.

Adult Full Service Partnership: Community Provider

Solano County's community-based FSP is an Assertive Community Treatment (ACT) model program serving adults who have a serious mental health diagnosis. The program goal is to support clients in their efforts to live as independently as possible as members of the community and in a setting of their choice. Services are designed to enhance each person's quality of life, teach self-management skills to reduce the impact of psychiatric symptoms, assist in the development of social connections in the community, and reduce dependence on community safety net services such as the emergency room and the police.

Highlights and Achievements

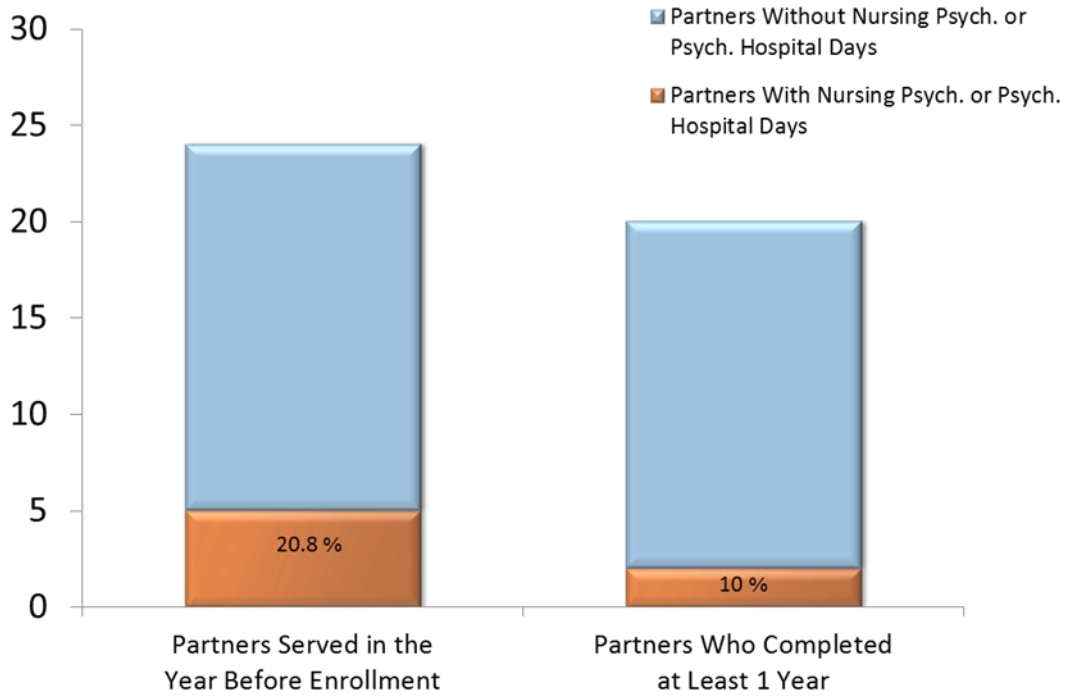
The FSP exceeded all participation and outcome targets. Among fifty-three consumers served, twenty -nine consumers were enrolled in Medication Management, and thirty-three complied with daily medication. Sixty-eight percent of consumers experienced a reduction of psychiatric symptoms, and seventy-two percent were engaged in a Meaningful Life activity.

Challenges and Barriers

The greatest challenge faced by the Adult FSP was the lack of access to the Data Collection and Recordkeeping (DCR) database in the Information Technology Web Services System. Despite collaborative attempts by both the provider and Solano County Administration, the process for correcting this system's deficiencies had been protracted. The community-based provider has had access to an internal system which resembles the DCR. Relevant data has been collected and will be exported to the DCR database once the program is recognized in that system and access is granted.

Outcomes

Psychiatric Hospital Days for Adult FSP Partners Served up to 5 Years



Adult FSP Demographics: Community Provider

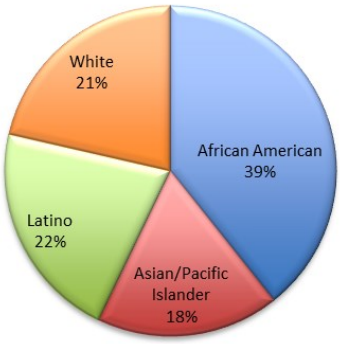
Demographics

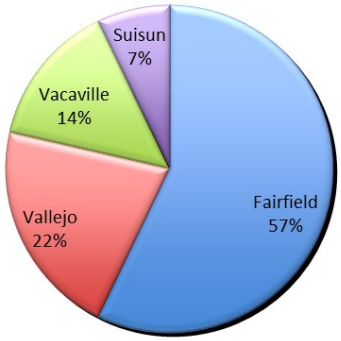
Age, Gender and Primary Language

In 2012-13, among the 27 adults served in this Adult FSP Program, five (19%) were aged 18- 25 and twenty-two (81%) 26-59. Eighteen (67%) were men and nine (33%) were women. All reported their primary language as English.

Race/Ethnicity

African Americans and Latinos comprised over 50% of the total consumers served. Asian/ Pacific Islanders and White individuals comprised approximately 40%.





City of Residence

The largest proportion of these FSP consumers lived in Vallejo, followed by Fairfield, and then Vacaville and Dixon.

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Adult Full Service Partnership: Regional Teams

The Adult FSP Regional Teams, established October 2012 and operated by Solano County Mental Health, are located in Vallejo, Fairfield, and Vacaville. The Regional Teams serve seriously mentally ill adults that have historically been the most difficult to effectively engage in treatment. The team's initial focus was on supporting mental health clients who have been placed in more restrictive out-of-county treatment facilities in their return to a less restrictive level of care in Solano County. By moving clients out of institutions and back into community settings, the teams improve their clients' quality of life, support their recovery process, and work to address their needs on a local level. Outcome data reported are not for a full year (see Appendix for available data).

Highlights and Achievements

Many FSP clients who were placed in more restrictive out of county treatment facilities were effectively supported in achieving their goal to return to a less restrictive level of care in Solano County. In the first six months of operation, the FSP team helped eleven clients move out of institutions and back into community settings, thus improving their quality of life, supporting their recovery process, and working to address their needs on a local level. This also provides substantial economic savings to the county.

Adult Regional Team Slogan

The FSP Team adopted their slogan from Margaret Meade:

"*Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has*"

The team adheres to this slogan and is committee to enhancing the lives of their clients.

A Success Story

One of the clients receiving services from the regional teams was a 34-year old male client who spent most of the last 10 years without successfully engaging in treatment. He was frequently hospitalized, but after his hospitalizations he would not access follow-up treatment services, would use substances, and go off of his medications prematurely which would inevitably lead to his being hospitalized again. Following a psychotic episode and subsequent hospitalization, he stabilized on his medication with the help of the Regional Team in Vallejo. He was able to step down to a locked, sub-acute facility where he continued his recovery. During this time, he developed a relationship with Primary Service Coordinators, and because of his successful engagement with them was able to gain some insight into the need to stay on his medications. These staff also worked on developing a closer relationship with his family, and together they reached a mutual goal of keeping him stable. After six months, he was able to progress from the sub-acute setting to an augmented Board & Care, where he has been for the last several months. He has moved through different levels of increasing independence in this program and is now a Peer Leader. He is able to serve as a role model to other clients, and has much more insight into his own illness than he has ever had.

Adult FSP: Forensic Assessment Community Treatment

The Forensic Assessment Community Treatment (FACT) is run by the Solano County Mental Health Assertive Community Treatment Team. This program serves non-violent adults and transition-age youth with serious and persistent mental illness who have been released from incarceration. The goal of the program is to support clients in creating a stable life, prevent recidivism, and promote wellness through independence, hope, personal empowerment, and resilience. Services include comprehensive assessments, case management and mental health services, referrals to vocational services through a partnership with Solano County Mental Health (SCMH) and the Department of Rehabilitation, referrals to residential and intensive outpatient substance abuse treatment, Moral Reconation Therapy, and the Helping Women Recover, Anger Management and Wellness & Recovery Action Plan groups.

Highlights and Achievements

The FACT Program Full Service Partnership completed and accomplished the following during fiscal year 2012-2013:

- Ninety-nine comprehensive assessments were completed.
- Nineteen clients of the program were referred to the SCMH/DOR Cooperative for vocational services.
- Seventeen clients were referred to residential and intensive outpatient substance abuse treatment.
- The Helping Women Recover Group became operational in March 2013.
- Moral Reconation Therapy, Anger Management Group, and Wellness & Recovery Action Plan groups were provided.
- 142 clients were provided case management and mental health services.
- A new Jail Liaison Clinician position was added. The Jail Liaison Clinician is stationed at the jail to assist with brokerage/placement, linkage, and referrals for mentally ill offenders in the jail.

Challenges & Barriers

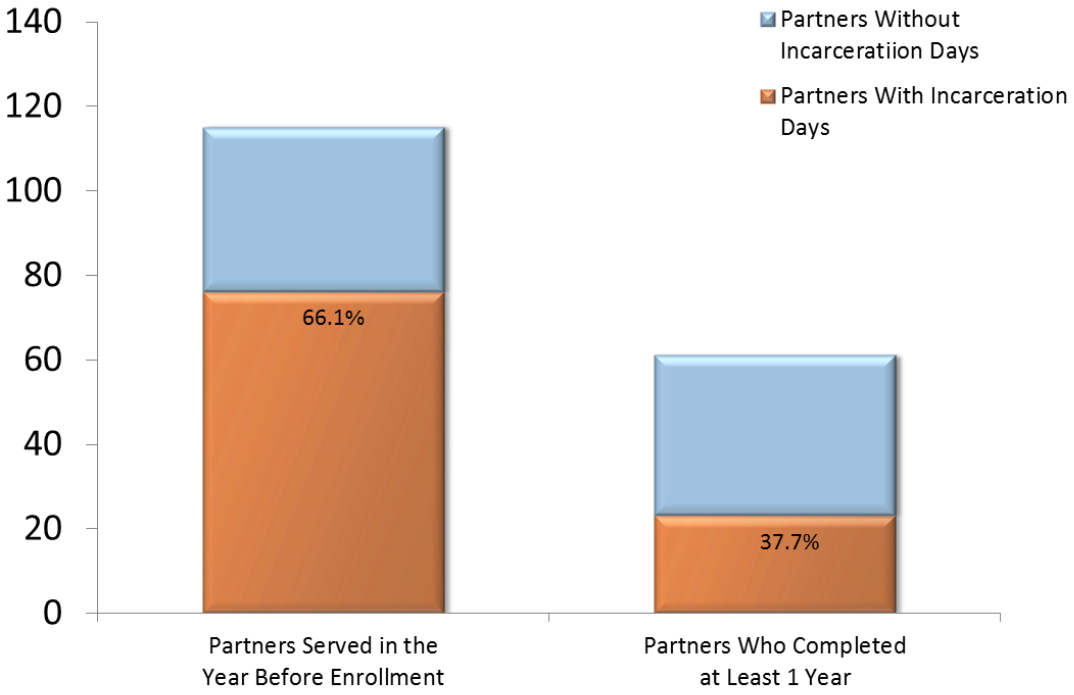
The FACT program experienced multiple position vacancies throughout the year. These vacancies impacted the program's ability to serve clients. In addition, the significant lack of Board & Care homes and beds in Solano County was an ongoing challenge, especially considering the high rates of homelessness and the distinct mental health needs of this population.

Outcomes

Incarceration Report for FACT Program Partners Served up to 5 Years

Outcomes

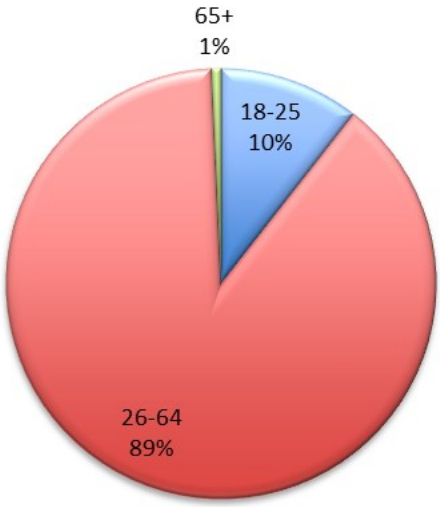
Incarceration Report for FACT Program Partners Served up to 5 Years



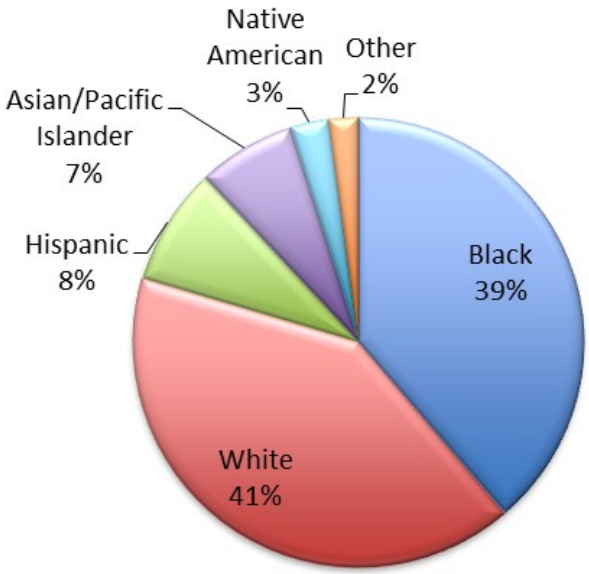
Demographics

Age

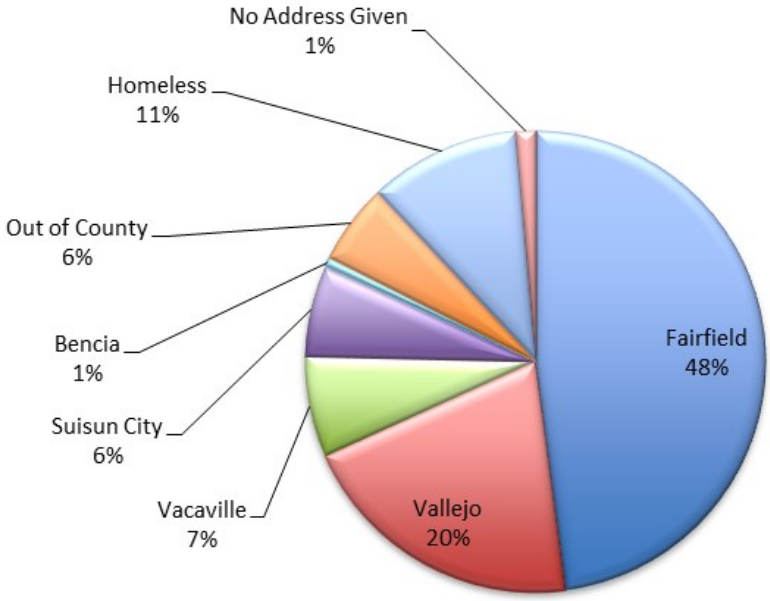
In FY 2012-13, 89% of individuals who participated in FACT were adults between the ages of 26 and 64, 10% were Transition-Age Youth ages 18-25, less than 1% were over 65 years old. 68% of those served were male and 32% were female.



Race & Ethnicity



City of Residence



Older Adult Full Service Partnership

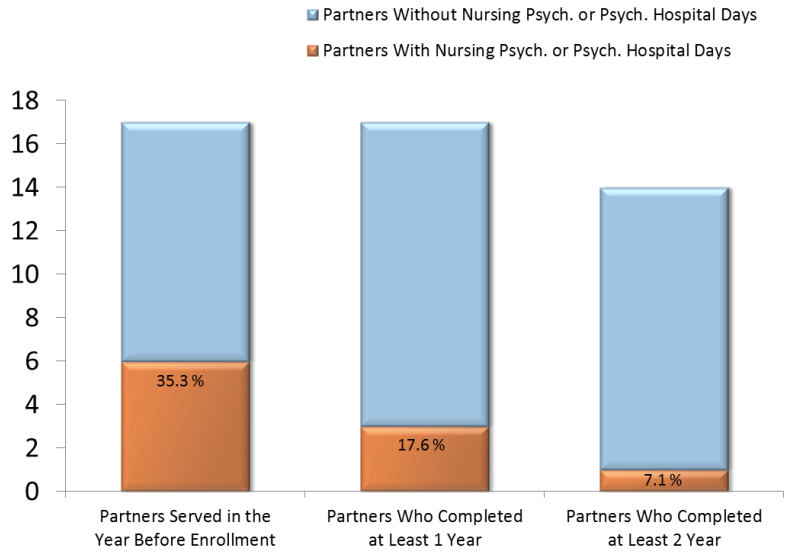
The Older Adult Full Service Partnership, operated by a community provider, offers adults over age 60, a full spectrum of services through a collaborative relationship between the client and care provider. Utilizing the Assertive Community Treatment Model, Individual Service Plans are developed for each client. Services include medication management, health education, short-term therapy, intensive case management, wellness and recovery skills-building and linkages to community organizations.

Challenges and Barriers

The greatest challenge faced by the Older Adult FSP was the lack of access to the Data Collection and Recordkeeping (DCR) database in the Information Technology Web Services System.

Outcomes

Psychiatric Hospital Days for Older Adults FSP Partners Served up to 5 Years



Demographics

Gender and Primary Language

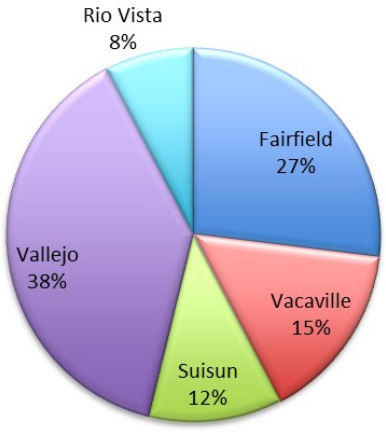
Twenty-six older adults age 60 and older were served, with 24% men and 76% women. All consumers spoke English as their primary language.

Race/Ethnicity

58% of older adult consumers were White, 38% were African American, and 3% were Pacific Islander. No Latino, Native Americans, or other Asian individuals were served.

City of Residency

Among the Older Adults, ten (38%) lived in Vallejo, seven (27%) in Fairfield, four (15%) in Vacaville, three in Suisun City (12%) and two (8%) in Rio Vista.



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General Systems Development

Wellness & Recovery Centers

Wellness and recovery drop-in centers provide a safe and welcoming place for consumers who have a known mental illness. Services include development of Wellness and Recovery Action Plans, one-on-one counseling, support groups, 12-step support, peer counseling and mentoring, employment preparation, and workshops on self-management, health and life skills, substance abuse, relapse prevention, and other topics.

Highlights and Achievements

- The Wellness and Recovery Centers served 385 consumers, far exceeding their target of 120.
- At the Wellness and Recovery Center in Vallejo, over 200 consumers participated in educational and support groups, and ninety participated in pre-employment groups.
- 36% of consumers participating in the support groups reported improvement in their symptoms and 33% reported greater connection with community institutions and resources.
- At the two client-run centers in Vacaville, all consumers were enrolled in Wellness and Recovery Action Plan Services.
- Sixty-two consumers received employment counseling. 510 consumers attended 293 workshops, with some participants attending more than one. Thirteen consumers were employed.

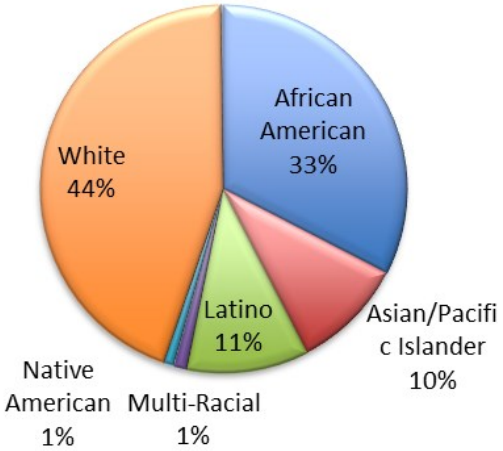
Demographics

Gender, Primary Language, and Age

56% of consumers at the Wellness and Recovery Centers were male and 44% female. All except two clients spoke English as their primary language; one each spoke Spanish and Tagalog. Approximately 75% of clients were adults age 26-59, with those 18-25 and adults over 60 comprising about 25% of the total consumers served.

Race and Ethnicity

Overall, White consumers comprised the largest ethnic group (44%) among Wellness and Recovery Center consumers, followed by African-Americans (33%), Latinos (11%), Asian/Pacific Islanders (10%), and multi-racial and Native Americans (each 1%).



City of Residence

The majority of Wellness & Recovery participants resided in Vallejo. 31% of participants lived in Fairfield and the remaining 11% resided in other areas of Solano County.

Cooperative Employment Program

Solano County Mental Health (SCMH) and the Greater East Bay District of the Department of Rehabilitation (DOR) combine staff and resources to provide employment services to individuals with severe and persistent psychiatric disabilities. The goal is for clients to obtain and maintain employment in a manner that the stigma attached to their disability is either neutralized or minimized. Services include a collaborative assessment, development of an Individual Plan for Employment (IPE), mental health treatment services and supports, employment intake, employment preparation, job development and placement, follow-up, and retention. The program works with a community network including community-based providers, the Solano County Office of Education, Independent Living Resource centers, and the Department of Social Services.

Highlights & Achievements

During FY 2012-13, 35 participants were successfully employed for over 90 days. Job development and placement services were provided for 39 participants. These outcomes exceeded annual targets for successful job placement.

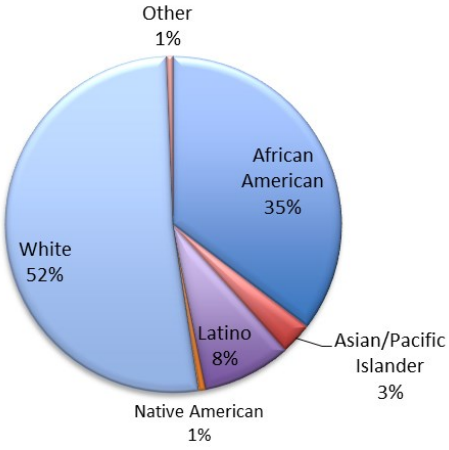
Demographics

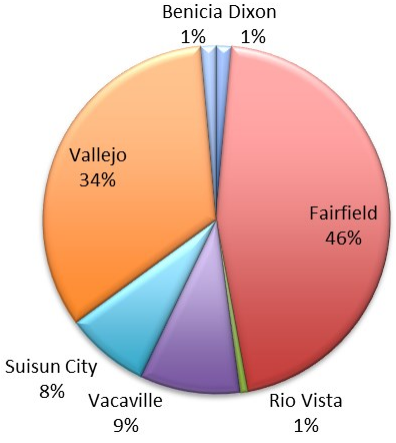
Gender and Primary Language

Among the 133 clients, half were male and half female. 97% of participants spoke English as their primary language; the remaining 3% reported Spanish and Tagalog as their primary language.

Race and Ethnicity

Slightly over half (52%) of the participants were white, and over a third (35%) were African American. Latinos comprised 8%, Asian-Pacific Islanders 3% and Native Americans 1%





City of Residence

Most clients lived in Fairfield (46%) or Vallejo (34%), followed by Vacaville, and Suisun City. A total of 3% came from Benicia, Dixon, and Rio Vista.

Supported Housing

The Supported Housing Program, administered by a community organization, assists individuals who have been diagnosed with mental illness and are homeless or at risk of homelessness to live independently in the community of their choice. Recovery-oriented housing case management and support services are typically offered on-site. Services are designed to strengthen and develop skills in shopping, cooking, caring for the home environment, self-help skills for disability management, medication and treatment options, relationship and communication skills, community resource development, and support services for co-occurring disorders.

Highlights and Achievements
In FY 2012-13, 36 residents were successfully supported by MHSA housing.

Challenges & Barriers
The need for housing for mentally ill far outstrips the availability of resources. This is such a critical element in the recovery process that this lack of sufficient housing resources can affect the clients' stability and recovery process.

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Crisis Stabilization Unit

The Crisis Stabilization Unit (CSU), which opened late in 2012, was established in response to community needs for short-term, intensive crisis services. It is operated by a community based organization within a county facility. The goal of the CSU is to facilitate rapid resolution of mental health crises for consumers ages 5 and up. The CSU strives to offer a safe environment for individuals in a psychiatric emergency, providing assessment and emergency treatment and when their crisis has abated, and linking those individuals to the least restrictive services and supports.

Highlights and Achievements

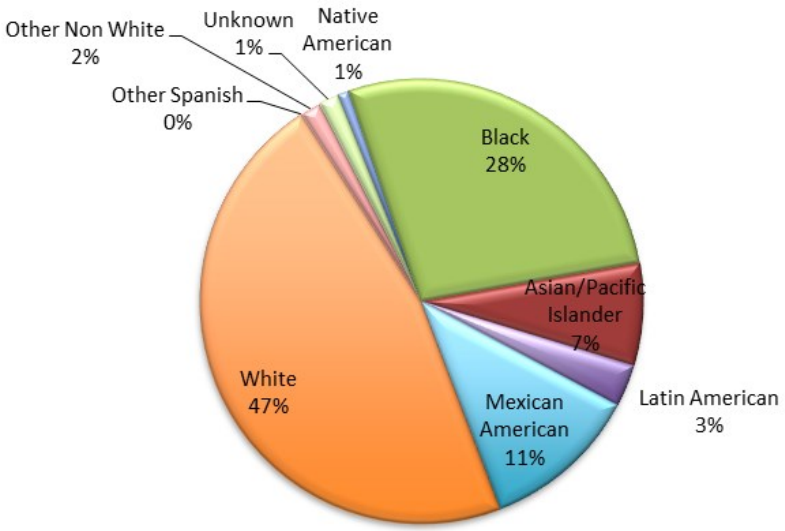
Since November 2012, 1,434 people have been assessed and linked to further services or stabilized and discharged to the community. Some individual were hospitalized on more than one occasion.

Demographics

Gender and Primary Language Spoken

During FY 2012-13, 95% of those served reported English as their primary language. 47% of those served were male and 53% female.

Race & Ethnicity



New Program: Wellness & Recovery Services

In April 2013, Solano County Mental Health (SCMH) established a Wellness and Recovery unit to support, educate, and enhance the recovery-oriented principles and practices into the existing mental health system of care. This unit now consists of a Mental Health Manager, Consumer Affairs Liaison, and a Mental Health Specialist I. To aid the Wellness & Recovery efforts, a Solano County Office of Consumer Affairs was started under the direction of the Consumer Affairs Liaison. The Wellness & Recovery Unit:

- Provides direction for wellness and recovery activities in the county
- Monitors wellness and recovery activities of community based providers
- Develops housing resources to support Seriously Mentally Ill (SMI) individuals in finding and keeping safe housing within the community
- Acts as liaison and ombudsman for individuals with SMI as advocates, and provides regular consumer-run groups and meetings along with annual events and educational presentations to consumers, staff, and community providers
- Provides the consumer voice and perspective to MHSA planning and evaluation activities

A Success Story

A Black/Native-American/Spanish, lesbian woman with schizophrenia, had been homeless for the past five years, living in Solano County and Los Angeles County and a few places in between, called one Friday to say she was back in Solano County. She had just returned from Lancaster. She left everything behind and came up North, 'to get things in order.' Over lunch she stated her biggest problem with homelessness was the stigma she faced at having to have a payee. The way others looked at her and talked to her and talked about her as though she wasn't even there made her feel ashamed. She talked about being physically and emotionally abused by her landlord and how, when she sought out assistance, the Social Worker assigned to the case thought the best answer was for her to leave the home. When leaving the home, she left she left everything she owned and wandered back to Solano County. From her story, a quick call was made to the MHSA Housing Coordinator and arrangements made to take her to see a Room and Board where she could possibly live. She loved the Room & Board, and moved in that very afternoon. In addition, she re-connected with a psychiatrist at SCMH and is stable on her medication. She has begun the process for a live-scan and assists with the Schizophrenia Support Group, with the ultimate goal of becoming the group facilitator. Another important milestone is she will become a member of the Speaker's Bureau following appropriate training. This way she can tell her story of life on the street and settling into suburbia. She is a phenomenal artist and she has sold many Picasso-style and Impressionistic paintings, which have prevented her from starving and allowed her to share her vision of beauty with the world. It is an honor and delight to know her and share her story with you.

Bi-Lingual Services for Children & Youth

Bi-Lingual Services, administered by Solano County Mental Health, improves mental health access to Latino and monolingual Spanish-speaking children and youth by supporting two bi-lingual mental health clinicians. The clinicians maintain full caseloads of monolingual, bilingual, and bicultural clients, and provide support tailored to meet the needs of Latino children and families. The program creates and maintains linkages with other programs to ensure that Latino children and their families who need more intensive or longer treatment will receive appropriate services.

Challenges and Barriers

There is a pronounced need for bilingual Spanish-speaking staff. The need for these services in monolingual Spanish-speaking communities exceeds the capacity of the available bilingual staff and results in Spanish-speaking children and their families having longer wait-list times for service.

Significant Changes for 2013-14

In the coming fiscal year children will be rated utilizing the validated Child and Adolescent Needs and Strengths Assessment at six-month intervals.

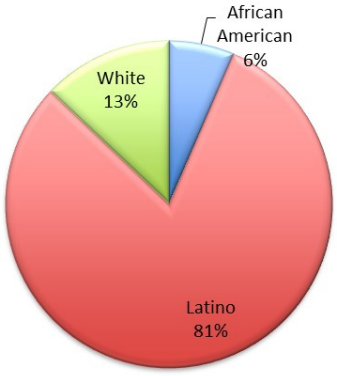
Demographics

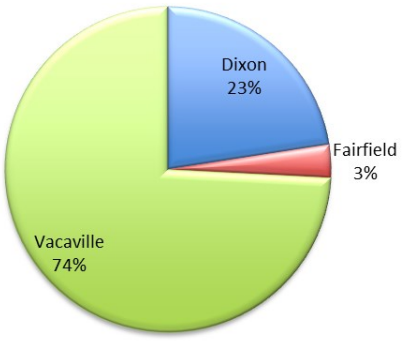
Gender and Age

Among the 45 clients who received bilingual support services, 58% were male, and 42% were female. 77% were under eighteen years old and 23% were between the ages of eighteen and twenty-five.

Race/Ethnicity

81% of clients receiving bi-lingual Services were Latino, 13% were white, and 6% were African-American.





City of Residence

74% of clients lived in Vacaville, 23% in Dixon, and 3% in Fairfield.

Foster Child & Family Services

The goal of the Foster Child and Family Services program is to allow children in the child welfare system who have mental health issues to remain in their homes when possible, or to support their success and stability in foster care placement. A joint venture of Solano County Child Welfare Services and Solano County Mental Health, the program consists of two mental health staff co-located with Child Welfare Services. Children referred to this program by Child Welfare receive a comprehensive mental health assessment, including the validated Child and Adolescent Needs and Strengths Assessment (CANS). Early intervention treatment typically addresses abuse, neglect and trauma. The program also creates and maintains linkages with other programs to ensure that foster children and their families who need more intensive or longer treatment will receive appropriate services.

Challenges and Barriers

The demand for these services far outstretches the capacity of the team to meet all of the need. This necessitates referral to the county Children's Outpatient Clinic or the Provider Network for assessment and treatment. Staff turnover and interview process resulted in significant decrease in the number of children served in FY 2012-13.

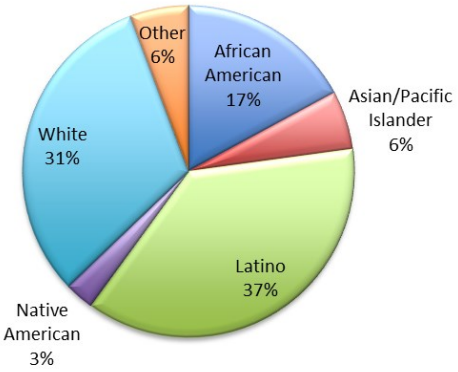
Significant Changes for 2013-14

In the coming fiscal year children will be assessed utilizing the validated Child and Adolescent Needs and Strengths (CANS) Assessment at six-month intervals.

Demographics

Gender and Age

In FY 2012-13, 74% of clients served were male and 26% were female. 91% were under eighteen years old, and 9% were between the ages of eighteen and twenty-five.

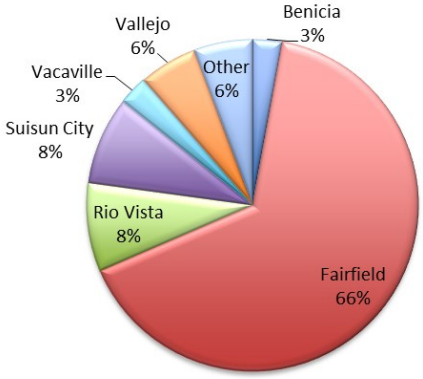


Race/Ethnicity

The Foster Family Support program served 37% Latinos and 31% White. 17% were African American, 6% Asian Pacific Islander, and 3% Native American were also served.

City of Residence

66% of clients lived in Fairfield, 8% each in Suisun City and Rio Vista, and 26% in other areas.



Mental Health Collaborative

The Mental Health Collaborative (MHC) is a coalition of Solano County Mental Health and community based mental health providers. The Collaborative's mission is for mental health providers to work together and eliminate or reduce system barriers to individuals who receive mental health services in Solano County. The MHC meets to provide opportunities for networking, deepen providers' understanding of available services, create a directory of mental health services and resources, and find creative and collaborative ways to address barriers that individuals receiving mental health services may encounter in Solano County. This is accomplished through quarterly meetings, which include resource sharing, learning opportunities and information sharing.

Workforce Education & Training

Workforce Education & Training

The Solano County MHSA approved Workforce Education and Training (WET) Plan was designed to address the most pressing needs to recruit, train, and re-train public mental health staff and to more effectively meet the needs of those we serve. The programs included in the WET Plan included workforce staffing and support, improvements to the mental health workforce clinical & administrative competence, expansion of cultural competence training, English as a Second Language (ESL), Spanish and Tagalog linguistic development, crisis intervention training, mental health loan assumption program, and technical assistance to review primary care and behavioral health integration efforts.

As noted in the following pages, several of these programs were limited or postponed due to severe staffing cutbacks resulting from California's economic crisis.

Workforce Staffing & Support

The goals outlined in the original Workforce Education and Training Plan continue to be addressed and refined. Offering training which will increase the ability of the workforce to provide evidence-based and culturally competent care that meets the needs of those we serve is the primary focus of our training efforts going forward.

Solano County contracts with the California Institute for Mental Health (CIMH) to assist in developing and implementing a training plan and a strategy to recruit and retain staff. They work closely with the Training Advisory Committee, a core group of Solano County trainers formed to identify training needs and development. Solano County, in collaboration with CIMH, has implemented cultural training through the California Brief Multicultural Competence Scale (CBMCS) and Crisis Intervention Training for local police and other first responders to better understand and respond to individuals in psychiatric emergency situations.

Highlights and Achievements

In FY 2012-13, 23 Solano County Mental Health staff were trained in CBMCS. In FY 2013-14, Solano County will conduct four Crisis Intervention Trainings and four CBMCS trainings.

Challenges and Barriers

- Difficulties in recruiting psychiatry and bi-lingual staff
- The absence of career ladders for family and peer providers
- Peer providers insurance requirements which create a barrier to employment
- Limited access to relevant and effective training
- Lack of resources for supervision of internship staff
- Financing systems that place enormous burdens on the workforce to meet high levels of demand with inadequate resources

Improve Mental Health Workforce Clinical & Administrative Competence

One of the goals of the WET Plan is to increase overall and specific workforce competencies in staff throughout the public mental health workforce by developing trainings that strengthen and expand the knowledge, skills, and abilities necessary to work in roles across the system. Since 2011, Solano County has implemented and conducted training in Depression Treatment Quality Improvement (DTQI), which is an evidence-based practice (EBP) for children. DTQI is a clinic-based, cognitive behavioral intervention that employs quality improvement processes to guide the provision of services to adolescents who have depression. The effort has been guided by CIMH. Implementation began with an orientation call in October 2011. Over the next six months, eight Solano county staff attended three on-site training sessions. Ten consultation calls continued through Fall 2012. Subsequently, the County's Quality Improvement leadership has committed to supporting DTQI in the future by coordinating phone calls and organizing quarterly meetings.

Highlights and Achievements

Pre- and post-analysis indicates that there were improvements across all measures for the two-day CBMCS training. All outcome indicators were at or near significant improvement levels, showing the positive impact of CBMCS trainings. Specifically, sensitivity to consumers showed a statistically significant increase over the two days, showing the immediate effectiveness of this particular module. As we continue to provide more training to mental health practitioners, awareness will rise and spread, increasing the comfort level of people from different ethnic backgrounds in accessing and using the mental health resources at their disposal.

Expand Cultural Competence Training

Since 2010, Solano County has worked with CIMH to design and implement a train-the-trainer approach to the California Brief Multicultural Competency Scale (CBMCS) Training Program. CBMCS is a well-regarded cultural competence assessment training curriculum originally funded by the California Department of Mental Health in collaboration with the California Institute for Mental Health, Tri-City Mental Health Center in California, and the University of La Verne Multicultural Research Team. The goal of CBMCS is to increase the awareness and responsiveness of mental health practitioners to the broad range of ethnic communities in California and Solano County so that people of various ethnic backgrounds will have access to and feel comfortable utilizing mental health resources. The program also assists clinicians in supporting their clients in their recovery plan and process. The program has been implemented by California County Mental Health Organizations, community based organizations, and by multiple systems of care communities nationwide.

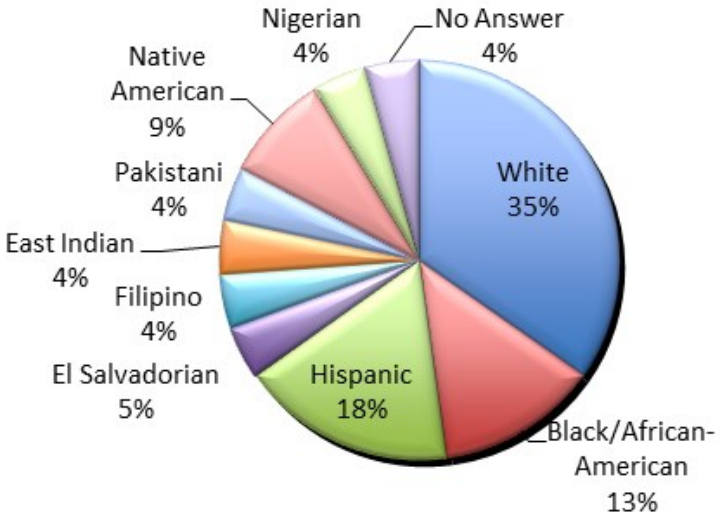
Highlights and Achievements

CIMH, in collaboration with four trainers from Solano County, conducted a sixteen-hour CBMCS course for twenty-three participants on October 29th and October 30th, 2012. The CBMCS pre/post training analysis indicates that there were improvements across all measures for the two-day trainings. Specifically, sensitivity to consumers showed a statistically significant increase over the two days.

Challenges and Barriers

The group of four Solano County CBMCS multicultural trainers needed ongoing support to maintain their level of competence. Regular monthly meetings with CIMH have provided the encouragement and ongoing training to ensure smooth implementation of countywide training next year. The group has developed a plan to share and borrow trainers from surrounding counties, but this tactic by itself will not assure the sustainability of the program.

Demographics



Crisis Intervention Training

A two-day crisis intervention training (CIT), conducted by California Institute for Mental Health (CIMH), was designed for law enforcement at the request of both Vacaville Police Department and Solano County Sheriff. The training is designed to increase first responders' knowledge and understanding about mental illness, and to help them develop skills and strategies to interact and intervene with individuals with mental illness. The training includes sessions on Welfare and Institutions Code 5150, County policies and procedures for involuntary hospitalization, cultural diversity, and on how to de-escalate individuals in order to establish safety without physical intervention in a mental health crisis. It also includes sections on types of mental illness, post-traumatic stress disorder, recognizing signs and symptoms of mental disorders among returning veterans, and on how to maintain officer safety in crisis situations. The training also features a consumer and family panel to provide insight from the consumer's view.

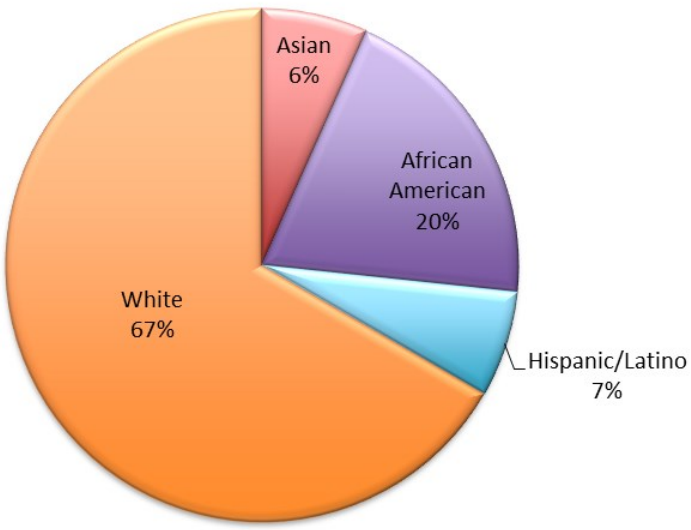
Highlights and Achievements

- The first training occurred on December 5th and 6th, 2012 for twenty-two officers. Evaluations showed that 86.7% of participants reported increased knowledge and understanding of the 5150 process and the County's policies and procedures for involuntary hold. Additionally, 60% exhibited enhanced verbal de-escalation skills to establish safety without physical intervention in a mental health crisis.
- Law enforcement received Peace Officer Standards and Training (POST) certification for the training so that law enforcement officers will receive POST credits for attendance.

Challenges and Barriers

- Budgetary constraints and reduced coverage of local police departments have resulted in challenges sending members of the police force to training. We are hoping that offering these trainings on multiple occasions will help increase the ability of first responders to attend the Crisis Intervention Trainings.

Demographics



Mental Health Loan Assumption Program

In FY 2012-13, Solano County contracted with the California Institute for Mental Health to participate in the statewide Mental Health Loan Assumption Program (MHLAP). The program repays mental health professionals a portion of the costs of educational loans through an innovative partnership between Solano County, the Office of Statewide Health Planning and Development and the Health Professions Education Foundation. MHLAP is targeted to mental health professionals who commit to work in un-served and underserved communities. As a condition of the award, recipients must commit to a twelve-month service obligation.

Technical Assistance to Review Public/Behavioral Health Integration Efforts

Solano County Health and Social Services (H&SS) leadership staff requested technical assistance from CIMH in implementing integrated mental health and primary care. On May 16, 2013, a consultant met with County staff to review H&SS Department's Integrated Care Clinic (ICC) model and to tour the ICC and the Family Health Center.

Highlights and Achievements

Four recommendations and observations regarding Solano County's approach to integrated and coordinated care for adults with serious mental illness and medical care needs were offered:

- Revisit and refresh Solano County's strategic plan for integration
- Executive sponsorship/leadership is essential. The H&SS plan to designate a manager to support ICC and serve in an "integrator" role across Public Health and Behavioral Health will allow more consistent focus and management of improvement efforts
- Ensure that foundational care coordination and care management processes are in place both within the ICC and with partnering provider organizations
- Identify and track measures of improvement

Challenges and Barriers

Solano County has had difficulty recruiting and retaining psychiatry staff. This has impacted the ability to provide timely access to care in the Integrated Care Clinic. Contracted Federally Qualified Health Centers (FQHC) have not reached the Latino target population in the numbers we had hoped. The level and depth of treatment provided in these settings and linkages to more intensive services remain areas of challenge.

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Capital Facilities & Technology Needs

MHSA Housing

The MHSA housing program provides long-term, low interest loans administered by the California Housing Finance Agency (CalHFA) to developers who create permanent supported housing. The housing will serve adults who are seriously mentally ill and children with severe emotional disorders and their families. In order to qualify, a household must also be homeless or at risk of becoming homeless, as defined by the MHSA regulations. In addition to the loan, CalHFA sets aside a portion of the MHSA funding in an operating reserve account to ensure that the project can operate for 20 years while maintaining affordable rental rates.

Solano County has completed two MHSA permanent supported housing projects:

- **Signature** at Fairfield is a 90-apartment, mixed-income project that began accepting tenants in July 2012. The project includes seven two-bedroom units reserved for families in which one member qualifies for MHSA CSS services, and three two-bedroom apartments shared by two unrelated adults who qualify for MHSA services.
- The **Heritage Commons** project in Dixon is a 65-apartment older adult project. Seven units are reserved for consumers 55 years old or older who qualify for MHSA services through Community Supports and Services. The project began accepting applications in July 2013

Mental Health Services Act (MHSA) Housing Projects

Project	Target Population	Total Units	MHSA Units	Number Housed	MHSA Loan	MHSA Operating Subsidy	Total MHSA Cost
Signature at Fairfield	Families & single adults	92	7 family 3 shared	13	$1,200,000	$740,000	$1,940,000
Heritage Commons	Older adults	60	7	7	$908,100	$404,300	$1,312,400
Uncommitted							$616,000
TOTALS		157	25	25	$2,108,100	$1,144,300	$3,868,400

Solano County received $3,868,400 from The MHSA Housing Fund. Approximately $616,000 remains uncommitted. The county is seeking a developer for a small shared housing project to which these remaining funds could be dedicated to.

Significant Changes for FY 2013-14

The implementation of the Electronic Health System has exceeded our original budgeted estimates. This has necessitated a plan revision for Capital Facilities Projects for housing. This plan amendment is proposed in this 13/14 MHSA Plan Update, and will move the unexpended Capital Facilities Funds to the next phase of the Electronic Health Record Implementation.

Information Technology

Solano County is in the process of implementing the MYAvatar Electronic Health Record (EHR) system provided by Netsmart Technologies.

- Phase One of MYAvatar went live on July 1, 2013, and included: Practice Management (admissions, diagnosis, discharge records), progress notes, financial management, appointment scheduling, and Managed Services to authorize and pay for services provided by contractors.

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Innovation

INNOVATION

Community Access to Resources and Education (CARE)
The goal of the CARE project, which was implemented in Fall 2010, is to determine whether access to mental health services for underserved groups can be increased by providing mental health services in non-traditional clinical settings. CARE uses three strategies:

- **Direct Services Provided by Mental Health Clinicians**
  Consumers received services at non-traditional sites in Fairfield, Vallejo, Vacaville, Dixon and Rio Vista. These included churches and other community friendly sites to reduce the stigma of pursuing mental health treatment.
- **System Navigators**
  CARE staff provides information to, and develops relationships with, non-mental health community organizations. These organizations then refer consumers who may need mental health services to CARE system navigators, who work with clients to obtain mental health services.
- **One-day Mental Health First Aid Training**
  Mental Health First Aid (MHFA) training was utilized to help promote awareness of mental health issues and reduce the stigma which may keep individuals from seeking needed help. This strategy also served as a vehicle to establish linkage to needed mental health services. The trainings are focused on identifying mental health issues faced by adults and youth; the Adult training is offered in Spanish and English.

CARE services will continue through June 30, 2014.

Challenges and Barriers:
There was a loss of project staff as a result of the anticipated close of the project. This limited the availability of bi-lingual treatment services in the last year of the project.

Significant Changes for FY 2013-14
The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved a one year continuance of this program to complete the evaluation of the effectiveness of the strategies employed in this Innovation Project.

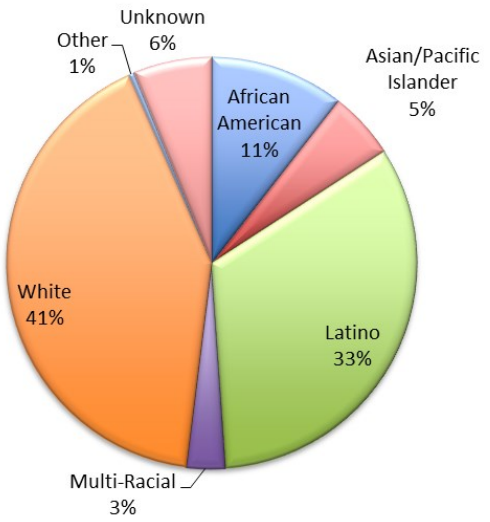
Outcomes
Co-locations in FY12-13 included, the Vacaville Family Resource Center, Berea Church in Vallejo, and Solano Community College Fairfield and Vallejo campuses. Individuals are able to obtain brief therapy and psychiatric services at these locations in the community.

A total of 18 MHFA courses were offered in FY12-13. This included the 12-hour Adult MHFA course, in both English and Spanish, and the 8-hour Youth MHFA course.

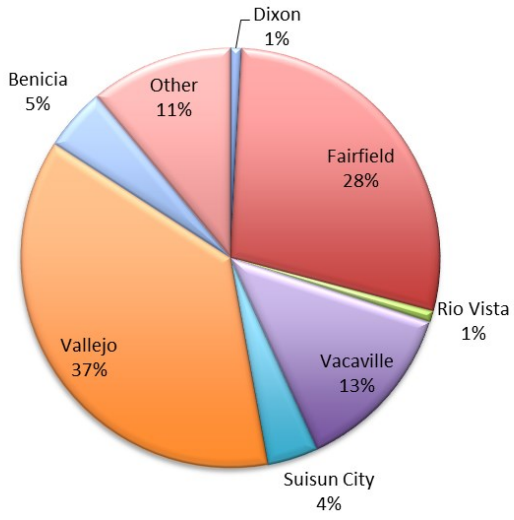
Number of Screenings: 472
Number of Individuals Receiving Brief Psychotherapy: 163
Number of Individuals Receiving Intensive Psychiatric Services: 92
Number of Individuals Receiving MHFA Training: 245

INNOVATION: DEMOGRAPHICS

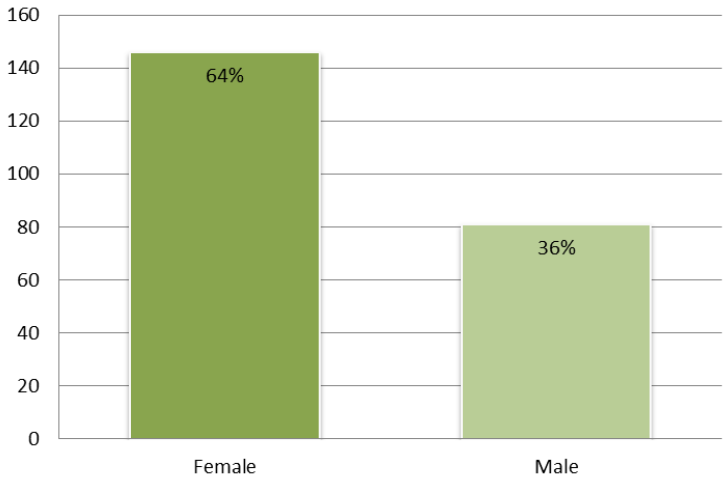
Race & Ethnicity



City of Residence



Gender



MHSA Funding Summary FY 13/14

FY 2013/14
MHSA FUNDING SUMMARY

County: SOLANO (48) Date: 2/5/2014

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$8,412,408	$1,048,664	$1,641,240	$4,256,109	$1,782,055	
2. Estimated New FY 2013/14 Funding	$9,612,920			$2,402,977	$632,629	
3. Transfer in FY 2013/14[a]						
4. Access Local Prudent Reserve in FY 2013/14						
5. Estimated Available Funding for FY 2013/14	$18,025,328	$1,048,664	$1,641,240	$6,659,086	$2,414,684	
B. Estimated FY 2013/14 Expenditures	$10,392,238	$184,197	$1,594,435	$2,552,438	$927,308	
C. Estimated FY 2013/14 Contingency Funding	$7,633,090	$864,467	$46,805	$4,106,648	$1,487,376	

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

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	$2,710,216
2. Contributions to the Local Prudent Reserve in FY 2013/14	$15,211
3. Distributions from Local Prudent Reserve in FY 2013/14	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	$2,725,427

Appendix

COMMUNITY PLANNING: PUBLIC COMMENTS

- **Very comprehensive and well developed report and plan.**

- **CSS summaries: It would be helpful to have a chart for each CSS and FSP program with numbers of clients served and cost per client. The budget pages show the amounts budgeted for the 3 year plan but do not mention the number of clients target and the cost per client, as is stated with other programs and community based services. It would be a good chart to develop going forward so that the steering committee as well as the community can assess the cost as well as outcomes of all programs.**
  We will be reporting on cost per client, numbers of clients served and program outcomes in our MHSA Annual Update once the programs outlined in the 2014/17 3 Year Integrated MHSA Plan are implemented.

- **Importance of Leveraging: It is good that the plan values and recognizes the integrated systems in place that coordinate both public and community based programs and has a goal of leveraging other funding sources to maximum amount possible in order to preserve MHSA funds as funding of last resort for clients, while helping to scaffold a robust system of care. Public sources such as MediCal and Medicare should be maximized and should be a requirement of all MHSA programs. That said, the leverage should be used to augment service capacity of providers to better meet community need and avoid wait lists.**
  Our goal is to maximize the quality, accessibility and amount of services available to each age group funded through MHSA.

- **PEI Plan- Could you please explain the calculations for projecting the target numbers and cost per client for the PEI projects? There is significant disparity in costs between age groups as presented.**
  Projected numbers to be served were calculated based on the evidence based practices anticipated to be utilized for each project and the average length of these treatments.

- **New program: Early Intervention in Psychosis/ TAY- This seems a necessary revision to target the transition age youth at highest risk. It should be noted that some of these kids will be already served by other programs, either at school or in the community, so it will be important to maximize coordination of care efforts. The cost per student appears high for this component; it would be nice to see a breakdown of how the funds will be used for 40 TAY kids.**
  The Early Intervention in Psychosis Program will be based on the evidence based EDAPT Program. The program components include: FACT; Family-aided Assertive Community Treatment. This is an evidence based model developed by the PIER Institute. This includes; community outreach and education to facilitate early identification rapid referral and assessment, consumer and family engagement, individual and family psychoeducation and treatment, medical management and supported education and employment. Although this model seems extensive, it has been shown to be cost neutral during the first years and cost saving over the long term. The outcomes for youth who are identified early and receive this comprehensive treatment are significantly better than those with treatment as usual. Community education regarding the early identification of warning signs of an early psychosis and rapid and comprehensive response for those who have a first episode of psychosis are essential to the models demonstrated success.

- **For all areas in the plan, the measures of success/outcomes need to be well developed and evaluated.**
  Each of the early intervention programs will identify validated measures to demonstrate their effectiveness.

- **WET: Excellent plan for Workforce Education and Training. However, it would seem that training for specific EBPs for 0-5 and children's services could be included; such as Neurosequential Model of Therapeutics (NMT), Infant-Parent Psychotherapy (IPP), TFCBT for children.**
  Training for the 0-5 population will be identified in collaboration with First 5 Solano.
- **It would (also) be helpful to see a side by side comparison of the demographic breakdown for clients served each year through every MHSA funded program, to compare and contrast in evaluating access and penetration rates**
  Included as required elements in the Annual Update(s) are the age, gender, race/ethnicity of all MHSA clients served. While we include this information in our plans it would be a helpful to compare it to the cultural composition of the county Medi-Cal eligible population, which is our primary target population.
- **Comments on the value of the Innovation Program, Community Access to Resources and Education (CARE) were received and hopes that the strategies employed and services provided could continue.**
  This program is in the evaluation phase of the Innovation process. Once the evaluation is complete and it is determined whether the goals outlined in the approved Innovation Plan have been met, strategies that were successful can be disseminated and employed or considered for funding in the context of our MHSA planning process.

Outcome Data: Full Service Partnerships

Solano

DCR All Clients Served Report

Partners Active Between: 7/1/2012 and 6/30/2013

Date Data Downloaded from DCR: 1/23/2014

1a. PAF Age	Serving on First Day		Admitted		Discharged		Serving on Last Day		Total Served	
Child	66	38.2 %	48	21.4 %	27	28.1 %	87	28.9 %	114	28.7 %
TAY	39	22.5 %	32	14.3 %	20	20.8 %	51	16.9 %	71	17.9 %
Adult	50	28.9 %	123	54.9 %	48	50.0 %	125	41.5 %	173	43.6 %
Older Adult	18	10.4 %	21	9.4 %	1	1.0 %	38	12.6 %	39	9.8 %
All	**173**	**100.0 %**	**224**	**100.0 %**	**96**	**100.0 %**	**301**	**100.0 %**	**397**	**100.0 %**

2. Gender	Serving on First Day		Admitted		Discharged		Serving on Last Day		Total Served	
F	64	37.0 %	81	36.2 %	32	33.3 %	113	37.5 %	145	36.5 %
M	98	56.6 %	132	58.9 %	56	58.3 %	174	57.8 %	230	57.9 %
None Listed	11	6.4 %	11	4.9 %	8	8.3 %	14	4.7 %	22	5.5 %
All	**173**	**100.0 %**	**224**	**100.0 %**	**96**	**100.0 %**	**301**	**100.0 %**	**397**	**100.0 %**

4. Race	Serving on First Day		Admitted		Discharged		Serving on Last Day		Total Served	
American Native or Alaska Native	2	1.2 %	1	0.4 %	1	1.0 %	2	0.7 %	3	0.8 %
Asian Indian	0	0.0 %	1	0.4 %	0	0.0 %	1	0.3 %	1	0.3 %
Black or African American	40	23.1 %	72	32.1 %	24	25.0 %	88	29.2 %	112	28.2 %
Chinese	0	0.0 %	1	0.4 %	0	0.0 %	1	0.3 %	1	0.3 %
Filipino	4	2.3 %	9	4.0 %	2	2.1 %	11	3.7 %	13	3.3 %
Guamanian	1	0.6 %	0	0.0 %	0	0.0 %	1	0.3 %	1	0.3 %
Laotian	0	0.0 %	1	0.4 %	0	0.0 %	1	0.3 %	1	0.3 %
Multiple	29	16.8 %	19	8.5 %	17	17.7 %	31	10.3 %	48	12.1 %
None Listed	11	6.4 %	11	4.9 %	8	8.3 %	14	4.7 %	22	5.5 %
Other	16	9.2 %	22	9.8 %	13	13.5 %	25	8.3 %	38	9.6 %
Other Asian	1	0.6 %	3	1.3 %	1	1.0 %	3	1.0 %	4	1.0 %
Unknown / Not Reported	0	0.0 %	2	0.9 %	1	1.0 %	1	0.3 %	2	0.5 %
Vietnamese	0	0.0 %	1	0.4 %	0	0.0 %	1	0.3 %	1	0.3 %
White	0	0.0 %	1	0.4 %	0	0.0 %	1	0.3 %	1	0.3 %
White or Caucasian	69	39.9 %	80	35.7 %	29	30.2 %	120	39.9 %	149	37.5 %
All	**173**	**100.0 %**	**224**	**100.0 %**	**96**	**100.0 %**	**301**	**100.0 %**	**397**	**100.0 %**

Outcome Data: Full Service Partnerships

In the year before enrollment, 36.1% of the partners in the Children's FSP reported an emergency event. No emergency events were reported during the year for partners who had completed two or more years in the program.

Mental Health Emergency Events Report for Child Partners Served up to 5 Years

	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
FSP Data Reported for Partnerss Who: Were Served Any Point During Service Period							
1 Year Before	274	99	36.1 %	200	0.73	2.02	0 Events
FSP Data Reported for Partnerss Who: Completed at Least 1 Year							
1 Year Before	168	59	35.1 %	127	0.76	2.15	0 Events
Year 1 During	168	13	7.7 %	18	0.11	1.38	-109 Events
FSP Data Reported for Partnerss Who: Completed at Least 2 Years							
1 Year Before	36	11	30.6 %	15	0.42	1.36	0 Events
Year 1 During	36	3	8.3 %	4	0.11	1.33	-11 Events
Year 2 During	36	0	0.0 %	0	0.00	0.00	-15 Events
FSP Data Reported for Partnerss Who: Completed at Least 3 Years							
1 Year Before	17	7	41.2 %	9	0.53	1.29	0 Events
Year 1 During	17	2	11.8 %	3	0.18	1.50	-6 Events
Year 2 During	17	0	0.0 %	0	0.00	0.00	-9 Events
Year 3 During	17	0	0.0 %	0	0.00	0.00	-9 Events
FSP Data Reported for Partnerss Who: Completed at Least 4 Years							
1 Year Before	9	2	22.2 %	2	0.22	1.00	0 Events
Year 1 During	9	2	22.2 %	3	0.33	1.50	1 Events
Year 2 During	9	0	0.0 %	0	0.00	0.00	-2 Events
Year 3 During	9	0	0.0 %	0	0.00	0.00	-2 Events
Year 4 During	9	0	0.0 %	0	0.00	0.00	-2 Events
FSP Data Reported for Partnerss Who: Completed at Least 5 Years							
1 Year Before	4	1	25.0 %	1	0.25	1.00	0 Events
Year 1 During	4	0	0.0 %	0	0.00	0.00	-1 Events
Year 2 During	4	0	0.0 %	0	0.00	0.00	-1 Events
Year 3 During	4	0	0.0 %	0	0.00	0.00	-1 Events
Year 4 During	4	0	0.0 %	0	0.00	0.00	-1 Events
Year 5 During	4	0	0.0 %	0	0.00	0.00	-1 Events

In the year before enrollment, 35.1% of the Partners in the Children's FSP reported hospital days. Two partners who had completed 2 or more years in the program reported hospital days during the year.

Psychiatric Hospital Days Report for Children's FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days / Total Partners	Days / Partners with Psych Hosp Days	Days
FSP Data Reported for Partners Who: Were Served Any Point During Service Period							
1 Year Before	111	18	16.2 %	279	2.5	15.5	0 Days
FSP Data Reported for Partners Who: Completed at Least 1 Year							
1 Year Before	81	11	13.6 %	202	2.5	18.4	0 Days
Year 1 During	81	9	11.1 %	241	3.0	26.8	39 Days
FSP Data Reported for Partners Who: Completed at Least 2 Years							
1 Year Before	22	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	22	2	9.1 %	122	5.6	61.0	122 Days
Year 2 During	22	2	9.1 %	373	17.0	186.5	373 Days
FSP Data Reported for Partners Who: Completed at Least 3 Years							
1 Year Before	12	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	12	1	8.3 %	118	9.8	118.0	118 Days
Year 2 During	12	2	16.7 %	373	31.1	186.5	373 Days
Year 3 During	12	1	8.3 %	365	30.4	365.0	365 Days
FSP Data Reported for Partners Who: Completed at Least 4 Years							
1 Year Before	6	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	6	1	16.7 %	118	19.7	118.0	118 Days
Year 2 During	6	1	16.7 %	365	60.8	365.0	365 Days
Year 3 During	6	1	16.7 %	365	60.8	365.0	365 Days
Year 4 During	6	1	16.7 %	365	60.8	365.0	365 Days
FSP Data Reported for Partners Who: Completed at Least 5 Years							
1 Year Before	3	0	0.0 %	0	0.0	0.0	0 Days
Year 1 During	3	0	0.0 %	0	0.0	0.0	0 Days
Year 2 During	3	0	0.0 %	0	0.0	0.0	0 Days
Year 3 During	3	0	0.0 %	0	0.0	0.0	0 Days
Year 4 During	3	0	0.0 %	0	0.0	0.0	0 Days
Year 5 During	3	0	0.0 %	0	0.0	0.0	0 Days

Outcome Data: Full Service Partnerships

In the year before enrollment, 12.6% of the Children's FSP partners reported arrests. No arrests were reported during the year for individuals who had completed at least two or more years in the program.

Arrests Report for Children's FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Arrests		Arrests			Change in Arrests from Baseline (1 Year Before FSP)
	n	n	%	Arrests	Arrests / Total Partners	Arrests/Partners with Events	Arrests
FSP Data Reported for Partners Who: Were Served Any Point During Service Period							
1 Year Before	111	14	12.6 %	20	0.18	1.43	0 Arrests
FSP Data Reported for Partners Who: Completed at Least 1 Year							
1 Year Before	81	7	8.6 %	12	0.15	1.71	0 Arrests
Year 1 During	81	0	0.0 %	0	0.00	0.00	-12 Arrests
FSP Data Reported for Partners Who: Completed at Least 2 Years							
1 Year Before	22	2	9.1 %	4	0.18	2.00	0 Arrests
Year 1 During	22	0	0.0 %	0	0.00	0.00	-4 Arrests
Year 2 During	22	0	0.0 %	0	0.00	0.00	-4 Arrests
FSP Data Reported for Partners Who: Completed at Least 3 Years							
1 Year Before	12	1	8.3 %	2	0.17	2.00	0 Arrests
Year 1 During	12	0	0.0 %	0	0.00	0.00	-2 Arrests
Year 2 During	12	0	0.0 %	0	0.00	0.00	-2 Arrests
Year 3 During	12	0	0.0 %	0	0.00	0.00	-2 Arrests
FSP Data Reported for Partners Who: Completed at Least 4 Years							
1 Year Before	6	0	0.0 %	0	0.00	0.00	0 Arrests
Year 1 During	6	0	0.0 %	0	0.00	0.00	0 Arrests
Year 2 During	6	0	0.0 %	0	0.00	0.00	0 Arrests
Year 3 During	6	0	0.0 %	0	0.00	0.00	0 Arrests
Year 4 During	6	0	0.0 %	0	0.00	0.00	0 Arrests
FSP Data Reported for Partners Who: Completed at Least 5 Years							
1 Year Before	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 1 During	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 2 During	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 3 During	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 4 During	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 5 During	3	0	0.0 %	0	0.00	0.00	0 Arrests

In the year before enrollment, two partners reported psychiatric emergency events. No emergency events were reported during the year.

Mental Health Emergency Events Report for Community Provider TAY Partners Served up to 5 Years

	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
FSP Data Reported for Partnerss Who: Were Served Any Point During Service Period							
1 Year Before	13	2	15.4 %	2	0.15	1.00	0 Events
FSP Data Reported for Partnerss Who: Completed at Least 1 Year							
1 Year Before	10	2	20.0 %	2	0.20	1.00	0 Events
Year 1 During	10	0	0.0 %	0	0.00	0.00	-2 Events
FSP Data Reported for Partnerss Who: Completed at Least 2 Years							
1 Year Before	6	1	16.7 %	1	0.17	1.00	0 Events
Year 1 During	6	0	0.0 %	0	0.00	0.00	-1 Events
Year 2 During	6	0	0.0 %	0	0.00	0.00	-1 Events
FSP Data Reported for Partnerss Who: Completed at Least 3 Years							
1 Year Before	3	1	33.3 %	1	0.33	1.00	0 Events
Year 1 During	3	0	0.0 %	0	0.00	0.00	-1 Events
Year 2 During	3	0	0.0 %	0	0.00	0.00	-1 Events
Year 3 During	3	0	0.0 %	0	0.00	0.00	-1 Events
FSP Data Reported for Partnerss Who: Completed at Least 4 Years							
1 Year Before	1	0	0.0 %	0	0.00	0.00	0 Events
Year 1 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 2 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 3 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 4 During	1	0	0.0 %	0	0.00	0.00	0 Events
FSP Data Reported for Partnerss Who: Completed at Least 5 Years							
1 Year Before	1	0	0.0 %	0	0.00	0.00	0 Events
Year 1 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 2 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 3 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 4 During	1	0	0.0 %	0	0.00	0.00	0 Events
Year 5 During	1	0	0.0 %	0	0.00	0.00	0 Events

Outcome Data: Full Service Partnerships

In the year before enrollment, on partner in the Community Provider TAY FSP reported an arrest. No TAY partners reported arrests during the year.

Arrests Report for Community TAY FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Arrests		Arrests			Change in Arrests from Baseline (1 Year Before FSP)
	n	n	%	Arrests	Arrests / Total Partners	Arrests/Partners with Events	Arrests
FSP Data Reported for Partners Who: Were Served Any Point During Service Period							
1 Year Before	13	1	7.7 %	1	0.08	1.00	0 Arrests
FSP Data Reported for Partners Who: Completed at Least 1 Year							
1 Year Before	10	1	10.0 %	1	0.10	1.00	0 Arrests
Year 1 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
FSP Data Reported for Partners Who: Completed at Least 2 Years							
1 Year Before	6	0	0.0 %	0	0.00	0.00	0 Arrests
Year 1 During	6	0	0.0 %	0	0.00	0.00	0 Arrests
Year 2 During	6	0	0.0 %	0	0.00	0.00	0 Arrests
FSP Data Reported for Partners Who: Completed at Least 3 Years							
1 Year Before	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 1 During	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 2 During	3	0	0.0 %	0	0.00	0.00	0 Arrests
Year 3 During	3	0	0.0 %	0	0.00	0.00	0 Arrests
FSP Data Reported for Partners Who: Completed at Least 4 Years							
1 Year Before	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 1 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 2 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 3 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 4 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
FSP Data Reported for Partners Who: Completed at Least 5 Years							
1 Year Before	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 1 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 2 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 3 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 4 During	1	0	0.0 %	0	0.00	0.00	0 Arrests
Year 5 During	1	0	0.0 %	0	0.00	0.00	0 Arrests

In the year before enrollment, 7 (29.2%) of partners reported a psychiatric emergency event. No emergency events were reported during the year for partners who had completed at least 2 years of enrollment.

Mental Health Emergency Events Report for Community Adult FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
FSP Data Reported for Partnerss Who: Were Served Any Point During Service Period							
1 Year Before	24	7	29.2 %	20	0.83	2.86	0 Events
FSP Data Reported for Partnerss Who: Completed at Least 1 Year							
1 Year Before	20	5	25.0 %	18	0.90	3.60	0 Events
Year 1 During	20	1	5.0 %	2	0.10	2.00	-16 Events
FSP Data Reported for Partnerss Who: Completed at Least 2 Years							
1 Year Before	12	3	25.0 %	6	0.50	2.00	0 Events
Year 1 During	12	1	8.3 %	2	0.17	2.00	-4 Events
Year 2 During	12	0	0.0 %	0	0.00	0.00	-6 Events
FSP Data Reported for Partnerss Who: Completed at Least 3 Years							
1 Year Before	10	3	30.0 %	6	0.60	2.00	0 Events
Year 1 During	10	1	10.0 %	2	0.20	2.00	-4 Events
Year 2 During	10	0	0.0 %	0	0.00	0.00	-6 Events
Year 3 During	10	0	0.0 %	0	0.00	0.00	-6 Events
FSP Data Reported for Partnerss Who: Completed at Least 4 Years							
1 Year Before	10	3	30.0 %	6	0.60	2.00	0 Events
Year 1 During	10	1	10.0 %	2	0.20	2.00	-4 Events
Year 2 During	10	0	0.0 %	0	0.00	0.00	-6 Events
Year 3 During	10	0	0.0 %	0	0.00	0.00	-6 Events
Year 4 During	10	0	0.0 %	0	0.00	0.00	-6 Events
FSP Data Reported for Partnerss Who: Completed at Least 5 Years							
1 Year Before	8	2	25.0 %	5	0.62	2.50	0 Events
Year 1 During	8	1	12.5 %	2	0.25	2.00	-3 Events
Year 2 During	8	0	0.0 %	0	0.00	0.00	-5 Events
Year 3 During	8	0	0.0 %	0	0.00	0.00	-5 Events
Year 4 During	8	0	0.0 %	0	0.00	0.00	-5 Events
Year 5 During	8	0	0.0 %	0	0.00	0.00	-5 Events

Outcome Data: Full Service Partnerships

In the year before enrollment, 5 (20.8%) of Community Provider Adult FSP partners reported a hospital stay. No hospital days were reported during the year for any partner who had completed at least two years of enrollment.

Psychiatric Hospital Days Report for Community Adult FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days / Total Partners	Days / Partners with Psych Hosp Days	Days
FSP Data Reported for Partners Who: Were Served Any Point During Service Period							
1 Year Before	24	5	20.8 %	152	6.3	30.4	0 Days
FSP Data Reported for Partners Who: Completed at Least 1 Year							
1 Year Before	20	5	25.0 %	152	7.6	30.4	0 Days
Year 1 During	20	2	10.0 %	26	1.3	13.0	-126 Days
FSP Data Reported for Partners Who: Completed at Least 2 Years							
1 Year Before	12	3	25.0 %	50	4.2	16.7	0 Days
Year 1 During	12	2	16.7 %	26	2.2	13.0	-24 Days
Year 2 During	12	1	8.3 %	13	1.1	13.0	-37 Days
FSP Data Reported for Partners Who: Completed at Least 3 Years							
1 Year Before	10	3	30.0 %	50	5.0	16.7	0 Days
Year 1 During	10	1	10.0 %	15	1.5	15.0	-35 Days
Year 2 During	10	1	10.0 %	13	1.3	13.0	-37 Days
Year 3 During	10	0	0.0 %	0	0.0	0.0	-50 Days
FSP Data Reported for Partners Who: Completed at Least 4 Years							
1 Year Before	10	3	30.0 %	50	5.0	16.7	0 Days
Year 1 During	10	1	10.0 %	15	1.5	15.0	-35 Days
Year 2 During	10	1	10.0 %	13	1.3	13.0	-37 Days
Year 3 During	10	0	0.0 %	0	0.0	0.0	-50 Days
Year 4 During	10	0	0.0 %	0	0.0	0.0	-50 Days
FSP Data Reported for Partners Who: Completed at Least 5 Years							
1 Year Before	8	1	12.5 %	27	3.4	27.0	0 Days
Year 1 During	8	1	12.5 %	15	1.9	15.0	-12 Days
Year 2 During	8	1	12.5 %	13	1.6	13.0	-14 Days
Year 3 During	8	0	0.0 %	0	0.0	0.0	-27 Days
Year 4 During	8	0	0.0 %	0	0.0	0.0	-27 Days
Year 5 During	8	0	0.0 %	0	0.0	0.0	-27 Days

In the year before enrollment, 2 Community Provider Adult FSP partners reported an arrest. No arrests were reported during the year. No incarcerations were reported for any partner in the year before or during the year.

Arrests Report for Community Adult FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Arrests		Arrests			Change in Arrests from Baseline (1 Year Before FSP)
	n	n	%	Arrests	Arrests / Total Partners	Arrests/Partners with Events	Arrests
FSP Data Reported for Partners Who: Were Served Any Point During Service Period							
1 Year Before	24	2	8.3 %	4	0.17	2.00	0 Arrests
FSP Data Reported for Partners Who: Completed at Least 1 Year							
1 Year Before	20	2	10.0 %	4	0.20	2.00	0 Arrests
Year 1 During	20	0	0.0 %	0	0.00	0.00	-4 Arrests
FSP Data Reported for Partners Who: Completed at Least 2 Years							
1 Year Before	12	1	8.3 %	1	0.08	1.00	0 Arrests
Year 1 During	12	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 2 During	12	0	0.0 %	0	0.00	0.00	-1 Arrests
FSP Data Reported for Partners Who: Completed at Least 3 Years							
1 Year Before	10	1	10.0 %	1	0.10	1.00	0 Arrests
Year 1 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 2 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 3 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
FSP Data Reported for Partners Who: Completed at Least 4 Years							
1 Year Before	10	1	10.0 %	1	0.10	1.00	0 Arrests
Year 1 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 2 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 3 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 4 During	10	0	0.0 %	0	0.00	0.00	-1 Arrests
FSP Data Reported for Partners Who: Completed at Least 5 Years							
1 Year Before	8	1	12.5 %	1	0.12	1.00	0 Arrests
Year 1 During	8	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 2 During	8	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 3 During	8	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 4 During	8	0	0.0 %	0	0.00	0.00	-1 Arrests
Year 5 During	8	0	0.0 %	0	0.00	0.00	-1 Arrests

Outcome Data: Full Service Partnerships

In the year before enrollment, 36 (31.3%) of the FACT Program partners reported a mental health emergency. No emergency events were reported for FACT partners who had completed at least three years in the program.

Mental Health Emergency Events Report for FACT FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
FSP Data Reported for Partnerss Who: Were Served Any Point During Service Period							
1 Year Before	115	36	31.3 %	62	0.54	1.72	0 Events
FSP Data Reported for Partnerss Who: Completed at Least 1 Year							
1 Year Before	52	22	42.3 %	36	0.69	1.64	0 Events
Year 1 During	52	1	1.9 %	1	0.02	1.00	-35 Events
FSP Data Reported for Partnerss Who: Completed at Least 2 Years							
1 Year Before	26	15	57.7 %	23	0.88	1.53	0 Events
Year 1 During	26	1	3.8 %	1	0.04	1.00	-22 Events
Year 2 During	26	1	3.8 %	2	0.08	2.00	-21 Events
FSP Data Reported for Partnerss Who: Completed at Least 3 Years							
1 Year Before	21	13	61.9 %	21	1.00	1.62	0 Events
Year 1 During	21	1	4.8 %	1	0.05	1.00	-20 Events
Year 2 During	21	1	4.8 %	2	0.10	2.00	-19 Events
Year 3 During	21	0	0.0 %	0	0.00	0.00	-21 Events
FSP Data Reported for Partnerss Who: Completed at Least 4 Years							
1 Year Before	12	8	66.7 %	13	1.08	1.62	0 Events
Year 1 During	12	1	8.3 %	1	0.08	1.00	-12 Events
Year 2 During	12	1	8.3 %	2	0.17	2.00	-11 Events
Year 3 During	12	0	0.0 %	0	0.00	0.00	-13 Events
Year 4 During	12	0	0.0 %	0	0.00	0.00	-13 Events
FSP Data Reported for Partnerss Who: Completed at Least 5 Years							
1 Year Before	3	3	100.0 %	6	2.00	2.00	0 Events
Year 1 During	3	1	33.3 %	1	0.33	1.00	-5 Events
Year 2 During	3	1	33.3 %	2	0.67	2.00	-4 Events
Year 3 During	3	0	0.0 %	0	0.00	0.00	-6 Events
Year 4 During	3	0	0.0 %	0	0.00	0.00	-6 Events
Year 5 During	3	0	0.0 %	0	0.00	0.00	-6 Events

In the year before enrollment, 76 (66.1%) of FACT partners served reported incarceration days. The percentage of partners incarcerated decreased for all partners regardless of the length of enrollment in the FACT program.

Incarceration Report for FACT Program Partners Served up to 5 Years

	Total Partners Served	Partners with Incarceration Days		Baseline (1 Year Before) Days in Incarceration		Estimated Change* in Days from Baseline (1 Year Before)
	n	n	%	Average Days / Partner with Incarceration Days	Total Days	Days
FSP Data Reported for Partners Who: Were Served Any Point During Service Period						
1 Year Before	115	76	66.1 %	158.7	12,063	Days
FSP Data Reported for Partners Who: Completed at Least 1 Year or Discharged in Year 1 for Incarceration						
1 Year Before	61	35	57.4 %	151.3	5,297	Days
Year 1 During	61	23	37.7 %			-1816 Days
FSP Data Reported for Partners Who: Completed at Least 2 Years or Discharged in Year 2 for Incarceration						
1 Year Before	32	15	46.9 %	127.3	1,910	Days
Year 1 During	32	7	21.9 %			-1019 Days
Year 2 During	32	11	34.4 %			-509 Days
FSP Data Reported for Partners Who: Completed at Least 3 Years or Discharged in Year 3 for Incarceration						
1 Year Before	21	7	33.3 %	100.4	703	Days
Year 1 During	21	4	19.0 %			-301 Days
Year 2 During	21	4	19.0 %			-301 Days
Year 3 During	21	4	19.0 %			-301 Days
FSP Data Reported for Partners Who: Completed at Least 4 Years or Discharged in Year 4 for Incarceration						
1 Year Before	13	3	23.1 %	70.3	211	Days
Year 1 During	13	2	15.4 %			-70 Days
Year 2 During	13	2	15.4 %			-70 Days
Year 3 During	13	2	15.4 %			-70 Days
Year 4 During	13	3	23.1 %			0 Days
FSP Data Reported for Partners Who: Completed at Least 5 Years or Discharged in Year 5 for Incarceration						
1 Year Before	3	0	0.0 %	0.0	0	Days
Year 1 During	3	0	0.0 %			0 Days
Year 2 During	3	0	0.0 %			0 Days
Year 3 During	3	0	0.0 %			0 Days
Year 4 During	3	0	0.0 %			0 Days
Year 5 During	3	0	0.0 %			0 Days

Outcome Data: Full Service Partnerships

In the year before enrollment, 6 Older Adult FSP partners reported 11 emergency events. In the first year of enrollment, one partner reported 2 emergency events. No other emergency events were report-

Mental Health Emergency Events Report for Community Provider Older Adult FSP Partners

	Total Partners Served	Partners with Mental Health Emergency Events		Mental Health Emergency Events			Change in Events from Baseline (1 Year Before FSP)
	n	n	%	Events	Events / Total Partners	Events/Partners with Events	Events
FSP Data Reported for Partnerss Who: Were Served Any Point During Service Period							
1 Year Before	17	6	35.3 %	11	0.65	1.83	0 Events
FSP Data Reported for Partnerss Who: Completed at Least 1 Year							
1 Year Before	11	3	27.3 %	6	0.55	2.00	0 Events
Year 1 During	11	1	9.1 %	2	0.18	2.00	-4 Events
FSP Data Reported for Partnerss Who: Completed at Least 2 Years							
1 Year Before	10	3	30.0 %	6	0.60	2.00	0 Events
Year 1 During	10	1	10.0 %	2	0.20	2.00	-4 Events
Year 2 During	10	0	0.0 %	0	0.00	0.00	-6 Events
FSP Data Reported for Partnerss Who: Completed at Least 3 Years							
1 Year Before	10	3	30.0 %	6	0.60	2.00	0 Events
Year 1 During	10	1	10.0 %	2	0.20	2.00	-4 Events
Year 2 During	10	0	0.0 %	0	0.00	0.00	-6 Events
Year 3 During	10	0	0.0 %	0	0.00	0.00	-6 Events
FSP Data Reported for Partnerss Who: Completed at Least 4 Years							
1 Year Before	8	2	25.0 %	5	0.62	2.50	0 Events
Year 1 During	8	1	12.5 %	2	0.25	2.00	-3 Events
Year 2 During	8	0	0.0 %	0	0.00	0.00	-5 Events
Year 3 During	8	0	0.0 %	0	0.00	0.00	-5 Events
Year 4 During	8	0	0.0 %	0	0.00	0.00	-5 Events
FSP Data Reported for Partnerss Who: Completed at Least 5 Years							
1 Year Before	4	2	50.0 %	5	1.25	2.50	0 Events
Year 1 During	4	1	25.0 %	2	0.50	2.00	-3 Events
Year 2 During	4	0	0.0 %	0	0.00	0.00	-5 Events
Year 3 During	4	0	0.0 %	0	0.00	0.00	-5 Events
Year 4 During	4	0	0.0 %	0	0.00	0.00	-5 Events
Year 5 During	4	0	0.0 %	0	0.00	0.00	-5 Events

In the year before enrollment, four partners reported a total of 74 hospital days. No hospital days were recorded during the year for partners who had completed at least three years in the program.

Psychiatric Hospital Days Report for Community Provider Older Adult FSP Partners Served up to 5 Years

	Total Partners Served	Partners with Nursing Psych. or Psych. Hospital Days		Days in Nursing Psychiatric or Psychiatric Hospital			Change in Days from Baseline (1 Year Before FSP)
	n	n	%	Days	Days / Total Partners	Days / Partners with Psych Hosp Days	Days
FSP Data Reported for Partners Who: Were Served Any Point During Service Period							
1 Year Before	17	6	35.3 %	92	5.4	15.3	0 Days
FSP Data Reported for Partners Who: Completed at Least 1 Year							
1 Year Before	17	6	35.3 %	92	5.4	15.3	0 Days
Year 1 During	17	3	17.6 %	30	1.8	10.0	-62 Days
FSP Data Reported for Partners Who: Completed at Least 2 Years							
1 Year Before	14	5	35.7 %	78	5.6	15.6	0 Days
Year 1 During	14	2	14.3 %	26	1.9	13.0	-52 Days
Year 2 During	14	1	7.1 %	13	0.9	13.0	-65 Days
FSP Data Reported for Partners Who: Completed at Least 3 Years							
1 Year Before	12	5	41.7 %	78	6.5	15.6	0 Days
Year 1 During	12	1	8.3 %	15	1.3	15.0	-63 Days
Year 2 During	12	1	8.3 %	13	1.1	13.0	-65 Days
Year 3 During	12	1	8.3 %	4	0.3	4.0	-74 Days
FSP Data Reported for Partners Who: Completed at Least 4 Years							
1 Year Before	11	4	36.4 %	58	5.3	14.5	0 Days
Year 1 During	11	1	9.1 %	15	1.4	15.0	-43 Days
Year 2 During	11	1	9.1 %	13	1.2	13.0	-45 Days
Year 3 During	11	1	9.1 %	4	0.4	4.0	-54 Days
Year 4 During	11	1	9.1 %	324	29.5	324.0	266 Days
FSP Data Reported for Partners Who: Completed at Least 5 Years							
1 Year Before	6	2	33.3 %	42	7.0	21.0	0 Days
Year 1 During	6	1	16.7 %	15	2.5	15.0	-27 Days
Year 2 During	6	0	0.0 %	0	0.0	0.0	-42 Days
Year 3 During	6	1	16.7 %	4	0.7	4.0	-38 Days
Year 4 During	6	1	16.7 %	324	54.0	324.0	282 Days
Year 5 During	6	1	16.7 %	365	60.8	365.0	323 Days

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