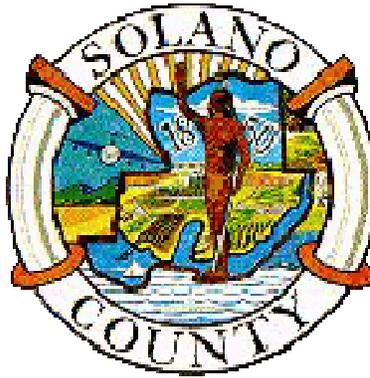


# **Solano County Health & Social Services**

## **Solano Mental Health Division • MHSA**



# **Mental Health Services Act Fiscal Year 2009-10 Annual Update to the Three Year Program and Expenditure Plan**

**Draft for Public Comment**

**April 17, 2009**



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**EXHIBIT A  
 COUNTY CERTIFICATION  
 MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Solano County

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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Deputy Director, Mental Health  
 Local Mental Health Director/Designee

**EXHIBIT B**  
**Description of Community Program Planning and Local Review Processes**  
**MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Solano County

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

**1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

Solano County Mental Health Division obtained stakeholder input into the Community Program Planning Process through multiple strategic strategies, including:

- Providing a presentation about Solano County's Mental Health Services Act (MHSA) at the quarterly MHSA Stakeholders meeting on Tuesday, March 3, 2009. Each MHSA Plan and work plan was presented to Stakeholders to provide an update about MHSA activities, as well as seek input from the community.
- Providing an overview of Solano County's MHSA Plans and work plans to the Solano County's Local Mental Health Board (LMHB) on February 17, 2009: sought input and questions about the plans. Also, Solano County Mental Health Division is scheduled to present to the LMHB the MHSA Fiscal Year (FY) 2009-10 Annual Update on April 21, 2009, providing an overview and seeking approval of the plan.
- Posting the Power Point update and overview of Solano County's MHSA Plans and work plans on Solano County's MHSA web page and solicited community feedback on the site.
- Emailing MHSA Stakeholders and notified them that an update and overview of Solano County's MHSA Plans and work plans was posted on the web site.
- Posting notices about MHSA Stakeholder meeting and the LMHB meeting at community sites, including community centers and libraries.

**2. Identify the stakeholder entities involved in the Community Program Planning Process.**

- MHSA Stakeholders Group: A quarterly meeting of agencies, organizations, consumers and individuals is held in order to provide updates about MHSA Plans and solicit feedback from the community. The Group meets March, May, August, and November 2009.
- MHSA Steering Committee: is a diverse group representing the cultural, ethnic and geographic diversity of Solano County. The Committee meets up to six times a year and is charged with drafting the Five Year Integrated Strategic Plan; developing policy recommendations about Solano County's MHSA Plans; and providing feedback and approval of Annual Updates.
- Solano Local Mental Health Board: This Board is active in the MHSA planning process and receives periodic updates about MHSA implementation. The Boards' membership includes representation from

the general public, consumers and family members, the Board of Supervisors, organizations, agencies, and etc.

- Consumer and Family Advisory Group: A monthly meeting of consumers and family members is held to provide information and solicit feedback.
- Solano County Health & Social Services Executive Staff: Executive staff include the deputy directors of each division within Solano County Health & Social Services. These staff are briefed on Solano MHSA activities bi-monthly and feedback is solicited from this group.
- Solano Early Child Mental/Development Health Collaborative: This Collaborative represents agencies, organizations, consumers, providers, and family members interested in early child mental/development health issues. This group receives occasional updates about the MHSA implementation process (as requested).
- Cultural Competency/Diversity Committee: This committee is a component of the H&SS Mental Health Quality Improvement Committee. Participants include H&SS Mental Health Directors, Mental supervisors, managers and line staff. The mission of the committee is to fulfill the objectives of the cultural competency plan, which covers organizational, workforce development, consumer services, community outreach and provider education.
- First 5 Solano Children & Families Commission: This Commission provides oversight to the local First 5 Solano efforts and includes community members, Board of Supervisors, Solano Health & Social Services staff, and representatives from each Solano city. This Commission receives periodic updates about the MHSA implementation process (as requested).
- Transitional Age Youth (TAY) Collaborative: The TAY Collaborative was recently formed under the leadership of Solano Child Welfare Services. MHSA Prevention & Early Intervention TAY contractors will be required to attend monthly meetings. Additionally, Solano MHSA will provide updates to the Collaborative on a regular basis (as requested).
- Solano County Board of Supervisors: The Solano County Board of Supervisors receives updates from the Solano Mental Health Board, including updates about Solano MHSA Plans, Plan Updates, and other MHSA activities. Additionally, the Solano County Health & Social Services Director and/or Solano Mental Health Deputy Director provide updates to the Board and Health & Social Services subcommittee as requested (at least annually).

**3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.**

As mentioned above, the following venues were opportunities to provide DMH information and information about the implementation of the CSS components:

- Solano MHSA Stakeholders Meeting: Provided a presentation about Solano County's Mental Health Services Act (MHSA) at the quarterly MHSA Stakeholders meeting on Tuesday, March 3, 2009. Each MHSA Plan and work plan was presented by county staff or contractors to Stakeholders to provide an update about MHSA activities, as well as seek input from the community.

- Solano County's Local Mental Health Board: Provided an overview of Solano County's MHSA Plans and work plans to the Solano County's Local Mental Health Board (LMHB) on February 17, 2009: sought input and questions about the plans. Also, Solano County Mental Health Division is scheduled to present to the LMHB the MHSA Fiscal Year (FY) 2009-10 Annual Update on April 21, 2009, providing an overview and seeking approval of the plan.
- Solano County's MHSA web page: Posted the Power Point update and overview of Solano County's MHSA Plans and work plans on Solano County's MHSA web page and solicited community feedback on the site.
- Electronic Mail Lists: Emailed MHSA Stakeholders and notified them that an update and overview of Solano County's MHSA Plans and work plans was posted on the web site.
- Community Postings: Posted notices about MHSA Stakeholder meeting and the LMHB meeting at community sites, including community centers and libraries.

**4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.**

MHSA CSS Comments and Questions

- Integrated Mental Health Primary Care Services: one comment from a local agency noted that zero CSS funds were dedicated to integration of Mental Health and Primary Care Services. Solano County's original MHSA Plan included a work plan to Ingrate Mental Health and Primary Health Care Services. Solano County thanked the agency for their response and urged their participation in the MHSA Steering Committee so that the agency could be involved with the development and oversight of the Five Year Integrated MHSA Strategic Plan, as well as the MHSA Annual Updates.
- Foster Family and Bilingual Support Work Plan: one written comment supported the work of the Foster Family and Bilingual Support Work Plan and also supported efforts to reach out to unserved and underserved populations in the community. Solano County thanked the community member for her response. Also, Solano County notified the community member that the CSS Plan also includes funds expand the Outreach & Engagement work plan in order to increase outreach and engagement activities to unserved and underserved populations in Solano County.
- Mobile Crisis Unit Work Plan: Solano County received multiple comments about the expansion of the Mobile Crisis unit in Solano County, including questions about referral processes, response times, number of staff in the unit, consumers in the unit, and whether the unit travels to Rio Vista. The supervisor and manager of the Mobile Crisis unit provided the phone number (707-428-1131 or 800-547-0495) for referrals (24 hour answering); stated that response time is usually about an hour; stated that the Unit had not been deployed to Rio Vista yet; and stated that a consumer was part of the Unit. Also, a question was asked about how success will be evaluated—the Unit is surveying clients receiving Mobile Crisis services and meeting regularly with law enforcement and hospitals. Additionally, questions were asked about Mobile Crisis response for children and how does the unit work with Kaiser Permanente: protocols are in place for Mobile Crisis response for children and the Unit works closely with Children's Mental Health; and the Unit is working with Kaiser Permanente to develop protocols and working

agreements. Finally, a written question was received asking “How does the mobile crisis unit/services work with minors detained at the juvenile detention facility? Would a person call the general number, 428-1131?” Yes, the Mobile Crisis Unit works with minors detained at the juvenile detention, and people can reach Mobile Crisis by calling 707-428-1131 or 800-547-0495. Solano County will continue to provide regular updates and information to the community about Mobile Crisis expansion in the coming months.

- Children’s Full Service Partnership: a questions was asked about how much Children’s Full Service Partnership (FSP) worked with children in foster care. Solano County responded that some children in the Children’s FSP are in foster care.
- Wellness and Recovery Work Plan: a community member asked if Wellness and Recovery services are provided to Rio Vista citizens. The response was yes services may be provided to Rio Vista citizens. Questions were also asked about how jobs are identified for clients and is there a social time for clients: each client is assessed, a care plan is developed, and clients are linked to appropriate services, including job placement and prevocational services; and yes, social activities are provided to clients in Wellness and Recovery.
- Capital Facilities Work Plan: stakeholders asked if Capital Facilities funds will go through a Request for a Proposal (RFP). Yes, the RFP or Request for Qualifications will be issued after Prevention and Early Intervention proposals are awarded.

#### MHSA General Comments and Questions

- Consumer Staff/Personnel: Solano County received multiple comments and questions about inclusion of consumer staff and personnel within each MHSA Plan and work plan. Solano County identified the MHSA Plans and work plans (existing and proposed MHSA Plans) that include consumer personnel, e.g. Neighborhood of Dreams, Mobile Crisis, and Workforce Education and Training. Additionally, Solano County will provide monthly updates about MHSA at the Consumer and Family Advisory Committee meeting and solicit feedback about MHSA at these meetings.
- Proposition 1E: Solano County received multiple questions about which MHSA Plans or work plans were identified to be reduced if Proposition 1E passed. We notified the community that MHSA Plans and work plans have not been identified for reduction if 1E passed on May 19, 2009.
- MHSA Steering Committee: committee members asked how a person may be nominated to the MHSA Steering Committee, and they were advised to contact Jayleen Richards, MHSA Coordinator, at 707-784-8320 or [jmrichards@solanocounty.com](mailto:jmrichards@solanocounty.com). Only one nomination was received.
- MHSA Revenues: a written question was submitted: “How much more will be cut in each program?” The question does not clarify whether they are asking about possible reductions in MHSA funds due to 1E or due to the decline in MHSA revenue. Currently, the Mental Health Division does not know where DMH will make reductions within MHSA if Proposition 1E passes. Solano County has notified stakeholders and contractors that in the FY 2010-11 MHSA funds will decline: all CSS contracts are reduced in 2009-10 FY to prepare for the dip in funds, and additional reductions will occur in the 2010-11 FY. The Five Year Integrated

Strategic Planning process is an opportunity to address the projected decline in MHSA revenue.

- Contact Information: a written question was asked if contact names and phone numbers of county staff and contractors that presented the MHSA Plans and work plans at the Stakeholders meeting on March 3 could be provided to the public. Solano County will provide this information at the next MHSA Stakeholders meeting on May 21, 2009.

**5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The MHSA FY 2009-10 Annual Update public comment period is Friday, April 10 to May 10, 2009. The Annual Update is posted on Solano County's MHSA web site and emailed to stakeholders and directions on how to submit questions and comments were provided. The Annual Update will be presented to the LMHB meeting on Tuesday, April 21, 2009, and stakeholders will be invited to the meeting.

**Add Questions and Comments**

-Continued on Next Page-

## Exhibit C

### Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: Solano County

**Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)**

Solano County's CSS Plan includes strategies to address disparities within Solano Mental Health and reach out to unserved and underserved populations in Solano County in order to screen, identify and address potential mental health issues. For example:

- Spanish Language Support work plan offers services to families in North Solano County who are monolingual Spanish speakers. The program funds a bilingual Mental Health Specialists and a bilingual Mental Health Clinician. Staff conduct outreach, engagement and treatment services to Spanish speaking families in Vacaville and Dixon enabling them to access care and maintaining services. The program strengthens the overall system by expanding services to previously un-served residents, and by increasing cultural competency.
- Wellness & Recovery work plan includes an outreach and engagement component to reach out to unserved and underserved communities and individuals. Neighborhood of Dreams, a community based organization, conducts ongoing outreach activities to screen, identify and link clients to appropriate community resources and/or mental health services. Additionally, Neighborhood of Dreams provides services in a geographic area that previously had less mental health services than other areas of the county.
- Cultural Competency is a unit within the Mental Health Division and cultural competency is integrated throughout the division, including CSS work plans, providing appropriate resources, information and training to Mental Health staff. Additionally, a collaborative group of Mental Health staff and contractors hold a regular meeting to discuss emerging cultural competency issues within Mental Health and Solano County.
- The make-up of the Mental Health Division reflects the diversity of the racial and ethnic culture we serve, providing mental health services that are linguistically and culturally appropriate for unserved and underserved populations.

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Adult Community Treatment Team—Forensic Assessment & Community Treatment FSP

**Population to Be Served**

Adult Community Treatment Team—Forensic Assessment & Community Treatment FSP provides services to adults at risk for or associated with the criminal justice system.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1000 Universal Prevention

**Work Plan Description**

Forensic Assessment Community Treatment (FACT) Full Service Partnership (FSP) (formerly known as Adult Community Treatment Team) expands its services from 60 clients in the 2008-09 FY to 120 clients in FY 2009-10. Expanding FACT FSP services helps Solano County achieve a majority of CSS funds dedicated to FSPs. In previous years, Solano County FACT was funded by County General Fund, and realignment funds (the expansion of FACT FSP was funded by MHSA). Since County General Fund dollars and realignment funds have significantly decreased, Solano County is closing the county funded portion of FACT and reopening all FACT services under MHSA. FACT is a jail diversion for adults with severe and persistent mental illness, as well as nonviolent and misdemeanor offenders (who may have history of violent felonies). The project provides intensive outpatient treatment and supervision; following the principles of FSP to aid individuals develop their individual strengths, self management, network of care, crisis response, illness management, vocational goals, and living situation. Additionally, STRIDES (Steps Towards Recovery Independence Dignity Empowerment and Success) serves clients with severe and persistent mental illness with co-occurring conditions who may be homeless and/or associated with the criminal justice system. STRIDES services also include the FSP principles.

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Children’s Multi-Disciplinary Intensive Services (Children’s FSP)

**Population to Be Served**

The Children’s Multi-Disciplinary Intensive Services (Children’s FSP) serves seriously emotionally disturbed children ages newborn to nineteen.

**Work Plan Description**

The Children’s Multi-Disciplinary Intensive Services (Children’s FSP) serves seriously emotionally disturbed children, including children: placed out of home; at risk of out of home placement in residential, foster, or institutional care; experiencing their first hospitalization; exiting the Juvenile Hall or other placement(s); or with co-occurring substance use. Children’s FSP services follow the MHSA principles for a FSP and include: child and family engagement, comprehensive assessment, and flexible treatment response and support. Services also include working with family to accomplish treatment goals; and providing support and assistance at home, school and/or work. The Children’s FSP services also may include support for safe housing, clothing, food, recreation, school, vocational training and nontraditional supports. There are no significant changes in this Work Plan description and the description provided in the FY 2008-09 Plan Update.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Annual Number to Be Served

1,475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1,000 Universal Prevention

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Older Adult Treatment Team, FSP

**Population to Be Served**

The Older Adult Treatment Team serves older adults 65 years of age or older.

**Work Plan Description**

The Older Adult Community Treatment Team serves older adults with severe and persistent mental illness at risk of deteriorating health and functioning abilities, as well as at risk of losing housing, independence or placement in restrictive settings. Older adults FSP services may also face cultural, language and/or geographical impediments to needed resources. Older Adult FSP services include consumer engagement, co-management of care with primary care physician, support and assistance provided at home and/or work, and consumer and family support, including funds for safe housing, clothing, food, recreation, school, vocational training and other non-traditional supports. Some case management services that reduce or resolve mental health symptoms are not traditionally reimbursable, but are vital to meeting the consumer's needs, including assistance picking up prescriptions; providing education and support about medical issues; accompaniment to and assistance with medical appointments; and assistance and support with rent subsidy applications. The MHSA and FSP principles allow for Solano County to provide these essential services. This Work Plan description does not differ significantly from the CSS FY 2008-09 Plan Update.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Annual Number to Be Served

1475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1000 Universal Prevention

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Young Adult (Transition Age Youth) FSP

**Population to Be Served**

1. Severely emotionally disturbed transition age youth (TAY) at risk for homelessness and not completing education.
2. TAY in justice system (any arrest, placement, and incarceration).
3. Youth 16-25 years old leaving home, foster care, placement, residential care and at risk for homelessness.
4. Dually diagnosed youth, including all co-occurring diagnosis.

**Work Plan Description**

Young Adult Intensive Services is designed to serve seriously emotionally disturbed or mentally ill transition age youth who are homeless or at risk of homelessness because they are leaving home, foster care, placement, residential care, incarceration and/or develop illness late in adolescence. Young Adult Intensive Services include comprehensive assessment, substance abuse treatment, consumer family engagement, supported housing, supported education, flexible treatment response and support, as well as a single person responsible for working with the consumer and family to accomplish treatment goals. Seneca, Inc. is the contractor that provides services to the TAY population in Solano County. In FY 2009-10, the contract will be reduced by 15 percent, resulting in a slight reduction in clients being served.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1000 Universal Prevention

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Foster Family and Bilingual Support Work Plan

**Population to Be Served**

Foster Family services include mental health services to consumers involved in Child Welfare Services and children in foster care. Bilingual Support services are targeted to monolingual Spanish speakers in North Solano County area.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1000 Universal Prevention

**Work Plan Description**

There are no significant differences between the description of Foster Family and Bilingual Support Services project between the Three Year Plan and this Work Plan. The Foster Family Support services includes two clinician/therapists: one to case manage Child Welfare Services consumers who need mental health services and are placed in high end residential treatment facilities, and one to assess and treat foster children who are entering the foster care system. Staff also monitors child hospitalizations and discharge planning aimed at shortening hospital stays, improvising discharge planning and reducing report admittances. Implementation successes include significant improvements in treatment and discharge planning, as well as cost reductions. The programs strengthen the overall system by formalizing partnerships between mental health and child welfare services. Bilingual Support offers services to families in North Solano County who are monolingual Spanish speakers. The program funds a bilingual Mental Health Specialists and a bilingual Mental Health Clinician. Staff conduct outreach, engagement and treatment services to Spanish speaking families in Vacaville and Dixon enabling them to access care and stay connected to services. The program strengthens the overall system by expanding services to previously unserved residents, and by increasing cultural competency.

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Wellness & Recovery Centers/Consumer Operated Recovery

**Population to Be Served**

Wellness and Recovery Centers serve transition age youth ages 18-25, adults, and older adults 65 to 85 years of age.

**Work Plan Description**

This Annual Update includes a decrease in funds for the Wellness & Recovery work plan. As mentioned above (see FACT FSP), in order to meet the target rate of 51 percent of MHSA CSS funds directed towards FSPs, Solano County expanded Adult FSP services. In order to expand FSP services in Solano County, Wellness & Recovery funds were decreased. Wellness and Recovery Centers are operated by consumers in three Solano communities, including Dixon, Fairfield, and Vallejo. The Centers serve transition age youth and adults with severe mental illness who want life skills support, vocational training, supported education, work opportunities, and peer support. They also serve families who need education, group support and family advocacy to help them keep their children at home. The Centers operate on the principle of "work first" and offer curriculum-based life skills and illness management, education, supported education opportunities, and vocational training and placement.

Also, under Wellness & Recovery, clients in Board & Care Facilities will continue to receive enhanced MHSA services, including case management services by the Mobile Crisis team, which includes assessment, referral and linkage to appropriate community resources and levels of care.

Additionally, through Vocational Services and Supported Education project, clients receive vocational education and employment services in partnership with the State Department of Rehabilitation and other community based organizations. Furthermore, through the partnership with Caminar, Inc. clients receive supported housing services for new consumers; prioritizing clients in the unserved and underserved populations who are not living independently.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1,475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1,000 Universal Prevention

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Mobile Crisis

**Population to Be Served**

Mobile Crisis serves clients (children to older adults) and their families confronted with emerging or evident psychiatric crisis at home or in the community.

**Work Plan Description**

Mobile Crisis will continue to carry out the services as first described in Solano’s original Three Year Plan. Mobile Crisis was designed to serve clients and their families confronted with an emerging or evident psychiatric crisis at home or in the community, including individuals and their families in community support placements, such as residential care facilities and individuals recently discharged from institutional care services.

Mobile Crisis services include:

- Field interventions and linkage to appropriate community resources and/or mental health services in order to avoid hospitalization or involuntary services
- A community safety team that offers support and interventions by a peer or a team (team includes peer and allied health professionals)
- Education and training with law enforcement and service providers to ensure appropriate services during crises
- Integrated services among mental health, hospitals and jails.

In the 2008-09 FY, Solano reduced the operating hours of its 24 hour Crisis Unit and the Mobile Crisis unit expanded its role in serving clients that have traditionally been served by the 24 hour Crisis Unit. Solano County is following best practice models set by other communities in the state. The Mobile Crisis unit operations follows the MHSA principles and is a community based approach to providing clients with mental health services. In order to successfully expand Mobile Crisis and to monitor the expansion, Mental Health meets regularly with other agencies, including law enforcement, hospitals, community based organizations, and policy makers. All partners are supportive and encouraging about the enhanced services for clients through the expanded Mobile Crisis unit.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



Solano County

Work Plan Title

Outreach and Engagement

Population to Be Served

Target populations are unserved and underserved, including monolingual speakers, English as a second language population, Latinos, African Americans, Native Americans, and Filipino Americans. Additionally, target populations include very young children (0-5), school age children, transition age youth, older adults, GLBT population (gay, lesbian, bisexual, and transgender), veterans, and adults associated with the criminal justice system, as well as residents in north Solano County and rural areas.

Work Plan Description

**Outreach & Engagement Work Plan:** The Outreach and Engagement Work Plan was formerly integrated within the Wellness & Recovery Work Plan. In the CSS FY 2008-09 Plan Update, Solano County pulled out Outreach & Engagement as a stand alone Work Plan and expanded Outreach and Engagement efforts in Solano County. This expansion is a result of feedback and comments received from the community, making the Work Plan intentional and strategic around Outreach and Engagement activities.

The Outreach and Engagement unit is charged with facilitating a community driven process to develop a Strategic Outreach Action plan to identify and link unserved and underserved populations to community resources and/or mental health services in Solano County. This unit will expand and deepen outreach and engagement efforts to reach unserved and underserved populations in Solano County. The Strategic Outreach Action Plan will also identify a continuum of community and mental health resources available in the Solano County. Additionally, the unit will develop culturally appropriate outreach resources, materials, and training curriculum.

Target populations for outreach and engagement efforts include monolingual speakers, English as a second language population, Latinos, African Americans, Native Americans, and Filipino Americans. Additionally, target populations include very young children (0-5), school age children, transition age youth, older adults, GLBT population (gay, lesbian, bisexual, and transgender), veterans, and adults associated with the criminal justice system, as well as residents in north Solano County regions and rural areas.

Furthermore, Outreach and Engagement will hire and utilize consumers to conduct some outreach efforts, link identified people to community resources and/or mental health services, help people navigate systems and provide appropriate peer counseling (under the supervision of licensed clinician).

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1000 Universal Prevention

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Early Childhood Developmental Health Services

**Population to Be Served**

This work plan targets families with children ages 0-5, including both the child and the caregiver (parent, foster parent, or kin caregiver). Indicated intervention services focus on stressed families who have one or more risk factors for social, emotional, and developmental delays. Priority is given to children ages 0-3.

**Work Plan Description**

This work plan has four prevention and early intervention strategies to provide early childhood developmental health services.

**Strategy 1: Parent and Caregiver Education**

This universal prevention strategy provides workshops for parents and caregivers of children 0-5 addressing social and emotional health and development, positive self esteem and asset building, parent-child relationship building, and the importance of nurturing relationships to both the child's and parent/caregiver's mental health.

**Strategy 2: Outreach, Provider Education and Training**

This strategy provides workshops on early mental health prevention, screening and assessment, and early intervention to public and private providers of services for children ages 0-5.

**Strategy 3: Screening, Assessment, and Referral**

This selective prevention and early intervention strategy will provide screening, assessment, brief interventions, and referral at home visits and community health clinics for infants and young children and their parents who have been identified by home visitors, pediatricians, child care providers, or others as at high risk for negative social/emotional outcomes.

**Strategy 4: Parent Coaching**

This early intervention strategy provides intensive parent coaching to improve the parent-child relationship for parents and children including individual and group sessions.

Solano County Mental Health has partnered with First 5 Solano to provide additional funding for these services. Through a Request for Proposals process, five community based organizations formed Partners for Early Access for Kids (PEAK) and were recommended for funding. Services for this work plan are scheduled to begin May 1, 2009.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1750 Total

Number of Clients By Type of Prevention

350 Early Intervention

900 Indicated/Selected Prevention

500 Universal Prevention

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

School Age Project

**Population to Be Served**

This work plan focuses on early intervention for school age youth. One strategy target students grades 4-8 who have been identified as at risk of school failure due to social/emotional issues. The second strategy targets secondary students grades 9-12 who are at risk of or who have had a first contact with the juvenile justice system. Special attention is paid to ethnic minority students.

**Work Plan Description**

This work plan has two strategies to provide prevention and early intervention services for school age youth.

**Strategy 1: School-Based Targeted Student Assistance Program**

Early intervention services are provided to students at risk for school failure due to an identified need. Targeted short term supplemental services include groups and individual counseling sessions for anger management, problem solving, conflict resolution, communication skills, grief counseling, divorce groups, and social skill building. Schools receiving funding must utilize evidence based school-wide prevention services for social skills training and to promote character development.

**Strategy 2: Educational Liaison to Juvenile Probation Multidisciplinary Teams**

This early intervention strategy provides for an educational representative to probation for students who have had their first contact with the juvenile justice system. The educational representative will incorporate academic needs and school related activities into a student's multidisciplinary plan to increase rates of high school graduation and decrease rates of future police involvement.

**Strategy 3: Screening, Assessment, and Referral**

This indicated prevention strategy will screen, assess, and refer school age youth who are accessing health services at community health clinics (including Federally Qualified Health Centers) for mental health needs, provide brief interventions and connect youth to community resources and mental health services, as needed.

A Request for Proposals has been issued for Strategies 1 and 2. Service providers will be determined based on recommendations by the review panel. Services are scheduled to begin August 1, 2009.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1400 Total

Number of Clients By Type of Prevention

1000 Early Intervention

400 Indicated/Selected Prevention

\_\_\_\_\_ Universal Prevention

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Education, Employment, and Family Support for At-Risk Transitional Age Youth

**Population to Be Served**

This work plan serves transitional age youth ages 18-25 who are at risk for or who have experienced a First Break and are eligible and interested in collage education. Transitional age youth from underserved populations, including cultural minority populations, LGBT youth and foster care, will be specifically targeted.

In addition, this work plan serves parents/caregivers of transitional age youth ages 16-25.

**Work Plan Description**

This work plan has three strategies to provide prevention and early intervention services for transitional age youth.

**Strategy 1: Community College-Based Supported Education and Employment**

This strategy provides for supported education for students at risk for or who have experienced a First Break who are pursuing community college education. It includes outreach to underserved populations and communities, transportation, individual educational, employment, and empowerment plans, and job coaching and placement.

**Strategy 2: Parent/Caregiver Education and Support**

This strategy will offer a course in “Parenting your Transitional Age Youth” at Adult Schools throughout Solano County, covering risk for mental health illness, how to access early intervention and treatment services, empowering youth, and community resources.

**Strategy 3: Screening, Assessment, and Referral**

This indicated prevention strategy will screen, assess, and refer transitional age youth who are accessing health services at community health clinics (including Federally Qualified Health Centers) for mental health needs, provide brief interventions and connect youth to community resources and mental health services, as needed.

A Request for Proposals is currently being drafted for this work plan and will be issued by June 2009 with services targeted to begin by October 2009.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

500 Total

Number of Clients By Type of Prevention

200 Early Intervention

300 Indicated/Selected

\_\_\_\_\_ Universal

**Mental Health Services Act—Work Plan Description (EXHIBIT D)**



**County Name**

Solano County

**Work Plan Title**

Older Adult Identification and Linkage Project

**Population to Be Served**

This work plan serves older adults ages 65 and over who are isolated or in residential facilities. Underserved communities, including Filipino, African American, and Latino populations and Veterans, are targeted.

**Work Plan Description**

This work plan has four strategies to provide prevention and early intervention services for older adults.

**Strategy 1: The Gatekeeper Program**

This universal prevention strategy trains those who come in contact with isolated seniors or seniors in residential facilities to recognize the signs for depression and other mental illness and connect those in need to services (through the Navigator Program—see strategy 2).

**Strategy 2: The Navigator Program**

This selective prevention and early intervention strategy will provide screening, brief intervention, referral, and case management to assist older adults identified in the Gatekeeper Program and through community referrals in accessing early intervention community resources and mental health services.

**Strategy 3: Health Provider Education**

This strategy provides mental health training to Primary Care Providers and other geriatric health providers on geriatric mental health screening, assessment, illness, and treatment.

**Strategy 4: Screening, Assessment, and Referral**

This indicated prevention strategy will screen, assess, and refer older adults who are accessing health services at community health clinics (including Federally Qualified Health Centers) for mental health needs, provide brief interventions and connect older adults to community resources and mental health services, as needed.

A Request for Proposals is currently being drafted for this work plan and will be issued in April 2009. Services are estimated to begin September 1, 2009. Annual numbers of older adults served reflect an implementation and training phase during Year 1.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

1,035 Total

Number of Clients By Funding Category

185 Full Service Partnerships

250 System Development

600 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1,475 Total

Number of Clients By Type of Prevention

125 Early Intervention

350 Indicated/Selected Prevention

1,000 Universal Prevention

**FY 2009/10 Mental Health Services Act  
Exhibit E Summary Funding Request**

County: SOLANO

Date: 4/16/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
<b>A. FY 2009/10 Planning Estimates</b>					
1. Published Planning Estimate <sup>a/</sup>	\$9,143,000	\$1,073,800		\$3,291,600	
2. Transfers <sup>b/</sup>					
3. Adjusted Planning Estimates	\$9,143,000	\$1,073,800	\$0	\$3,291,600	\$0
<b>B. FY 2009/10 Funding Request</b>					
1. Required Funding in FY 2009/10 <sup>c/</sup>	\$9,143,000	\$280,002	\$873,474	\$3,291,600	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds <sup>d/</sup>					
b. Adjustment for FY 2008/09 <sup>e/</sup>					
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
<b>3. Total FY 2009/10 Funding Request</b>	<b>\$9,143,000</b>	<b>\$280,002</b>	<b>\$873,474</b>	<b>\$3,291,600</b>	<b>\$0</b>
<b>C. Funding</b>					
1. Unapproved FY 06/07 Planning Estimates			\$0		
2. Unapproved FY 07/08 Planning Estimates	\$0	\$280,002	\$873,474	\$1,138,100	
3. Unapproved FY 08/09 Planning Estimates	\$0	\$0		\$2,153,500	
4. Unapproved FY 09/10 Planning Estimates	\$9,143,000				
<b>5. Total Funding<sup>f/</sup></b>	<b>\$9,143,000</b>	<b>\$280,002</b>	<b>\$873,474</b>	<b>\$3,291,600</b>	<b>\$0</b>

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

**FY 2009/10 Mental Health Services Act  
Exhibit E1 CSS Work Plan and Training Funding Request**

County: Solano

Date: 4/16/2009

**EXHIBIT E1**

CSS Workplans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	NAME	New (N) Approved Existing (E)		Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and their Families	Transition Age Youth	Adult	Older Adult
1	Children's Intensive Services	E	\$784,819	\$784,819				\$784,819			
2	Foster Family and Bilingual Support	E	\$816,333		\$816,333			\$816,333			
3	Transition Aged Youth	E	\$360,871	\$360,871					\$360,871		
4	Forensic Assessment/Community Treatment	E	\$717,795	\$717,795					\$717,795		
5	Older Adult FSP	E	\$721,191	\$721,191						\$721,191	
6	Mobile Crisis	E	\$1,796,605		\$1,796,605			\$1,796,605	\$1,796,605	\$1,796,605	
7	Wellness and Recovery	E	\$1,624,053		\$1,624,053				\$1,624,053	\$1,624,053	
8	O&E	E	\$83,294			\$83,294			\$83,294	\$83,294	
9	Voc Svcs (see W&R Ex. D)	E	\$54,916		\$54,916				\$54,916	\$54,916	
Subtotal: Work Plans			\$6,959,877	\$2,584,676	\$4,291,907	\$83,294	\$0	\$3,397,757	\$3,919,739	\$4,276,663	\$2,656,006
Plus County Administration			\$1,292,322								
Plus Optional 10% Operating Reserve			\$695,988								
Plus CSS Prudent Reserveb/			\$194,813								
Total MHSA Funds Required for Workforce Education and Training			\$9,143,000								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= 37.14%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**FY 2009/10 Mental Health Services Act  
Exhibit E2 Workforce Education and Training Funding Request**

County: Solano

Date: 4/16/2009

Workforce Training and Education Workplans			FY 09/10 Required MHSA Funding	Estimated Funds Requested by Funding Category				
No.	NAME	New (N) Approve d Existing (E)		Workforce Staffing	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
1	Workforce Staffing & Support	E	\$247,407	\$247,407				
2	Improve Mental Health Workforce Clinical and Administrative Competence	E	\$42,868		\$42,868			
3	Develop Recruitment Retention and Training Plans for Specific Underserved Populations	E	\$18,380		\$18,380			
4	Expand Cultural Competence Training	E	\$30,633		\$30,633			
5	ESL, Spanish and Tagalog Linguistic Development	E	\$20,830		\$20,830			
6	Training for Law Enforcement (CIT) Personnel Participating in CSS Mobile Crisis Response Program	E	\$36,759		\$36,759			
7	Expansion of Funding for Education and Training Activities Proposed in the PEI plan	E	\$24,506		\$24,506			
8	Consumer and Family Members	E	\$76,582			\$76,582		
9	Expanded Internship and Supervision Program	E	\$55,139				\$55,139	
10	Loan Assumption Program	E	\$73,519					\$73,519
	Subtotal: Work Plans		\$626,642	\$247,407	\$173,995	\$76,582	\$55,139	\$73,519
	Plus County Administration		\$184,168					
	Plus Optional 10% Operating Reserve		\$62,664					
	Total MHSA Funds Required for Workforce Education and Training		\$873,474					

**FY 2009/10 Mental Health Services Act  
 Exhibit E3 Capital Facilities and Technological Needs Funding Request**

County: SOLANO

Date: 4/16/2009

Capital Facilities and Technological Needs Work Plans				FY 09/10 Required MHSA Funding	Type of Project	
No.	Name	New (N)/ Approved Existing (E)	Capital Facilities		Technological Needs	
1.	1	Capital Facilities and Technology	E	\$275,000		\$275,000
2.						
3.						
4.						
5.						
6.						
7.						
8.						
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18.						
19.						
20.						
21.						
22.						
23.						
24.	Subtotal: Work Plans			\$275,000	\$0	\$275,000
25.	Plus County Administration			\$5,002		
26.	Plus Optional 10% Operating Reserve					
27.	Total MHSA Funds Required for Capital Facilities and Technological Needs			\$280,002		

**FY 2009/10 Mental Health Services Act  
 Exhibit 4 Prevention & Early Intervention Funding Request**

County: Solano

Date: 4/16/2009

CSS Work Plans		FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category			Estimated MHSA Funds by Age Group			
No.	NAME		Universal Preven- tion	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and their Families	Transition Age Youth	Adult	Older Adult
1	Early Childhood Mental Health	\$757,393	\$151,479	\$227,218	\$378,696	\$537,749		\$219,644	
2	School-Age Project	\$936,318		\$234,080	\$702,239	\$936,318			
3	Education, Employment and Family Support for At-Risk Transition Aged Youth (TAY)	\$500,296		\$175,104	\$325,193		\$500,296		
4	Older Adult Project	\$590,735	\$196,912	\$196,912	\$196,912				\$590,735
	Subtotal: Work Plansa/	\$2,784,743	\$348,390	\$833,313	\$1,603,040	\$1,474,067	\$500,296	\$219,644	\$590,735
	Plus County Administration	\$228,383							
	Plus Optional 10% Operating Reserve	\$278,474							
	Total MHSA Funds Required for PEI	\$3,291,600							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth .  
 Percent of Funds directed towards those under 25 years= 70.90%

**EXHIBIT G**

**Community Services and Supports Prudent Reserve Plan  
 FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

County: **SOLANO**

Date: **April 10, 2009**

**Instructions:** Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

<b>1. Requested FY 2009/10 CSS Services Funding</b>	<b>\$ 6,959,877</b>
Enter the total funds requested from Exhibit E1 – CSS line 26.	
<b>2. Less: Non-Recurring Expenditures</b>	<b>- 0</b>
Subtract any identified CSS non-recurring expenditures included in #1 above.	
<b>3. Plus: CSS Administration</b>	<b>+ 1,292,322</b>
Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.	
<b>4. Sub-total</b>	<b>\$ 8,252,199</b>
<b>5. Maximum Prudent Reserve (50%)</b>	<b>\$ 4,126 100</b>
Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.	
<b>6. Prudent Reserve Balance from Prior Approvals</b>	<b>\$ 2,075,182</b>
Enter the total amounts previously approved through Plan Updates for the local prudent reserve.	
<b>7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update</b>	<b>+ 194,813</b>
Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.	
<b>8. Prudent Reserve Balance</b>	<b>\$ 2,269,995</b>
Add lines 6 and 7.	
<b>9. Prudent Reserve Shortfall to Achieving 50%</b>	<b>\$ 1,856,105</b>

Solano County’s prudent reserve rate is 28 percent of the CSS subtotal amount (\$8,252,199) for FY 2009-10. In order for Solano County to reach a prudent reserve rate of 50 percent, Solano County would need to reduce MHSA services below those funded in FY 2007-08. As stated in California Department Mental Health Notice Number 07-25, p. 4 “Each county should maintain the 50 percent prudent reserve at the local level and fully fund the prudent reserve by July 1, 2010, *unless the county would have to reduce MHSA services below those funded in FY 2007-08...*” (emphasis added). In the future, Solano County will dedicate funds equal to increases in CSS Planning Estimates to the local prudent in order to meet the goal of a prudent reserve of 50 percent by July 1, 2010.

-END-