Solano County Health & Social Services
Solano County Mental Health
Mental Health Services Act
Community Services and Supports
Strategic Plan
Fiscal Year 2010-11 – 2012-13

DRAFT
For Public Comment

November 30, 2009

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Introduction

This 2010-2012 Strategic Plan for Solano County's Mental Health Services Act (MHSA), Community Services and Supports (CSS) Plan provides recommendations to guide MHSA CSS services over the next three to five years and provides a framework for development for future Requests for Proposals. In reading it, you will see it recommends a shift in how Solano County Mental Health designs and delivers mental health services to children, adults and families with serious mental illness or severe emotional disturbance.

This Strategic Plan was developed over six months by a community-wide steering committee and a community planning process. It was propelled by a realization that despite funding for MHSA and other mental health services will significantly reduce over the next few years, our community must continue serving those in need of mental health services, and may be able to maintain and perhaps even improve our services by changing how services are delivered.

In addition to the Solano County principles and guidelines outlined on the next page, this Strategic Plan reflects and is committed to the following essential elements of the Mental Health Services Act:

- Community collaboration
- Cultural competency
- Client driven mental health system
- Family driven mental health system
- Wellness, recovery and resilience focus
- Integrated service experience
- Outreach to unserved and underserved populations
- Utilize best practices and evidence based strategies to deliver mental health services.

Solano County's Continuum of Care

This strategic plan is designed to reorganize county and community mental health services, including full service partnerships into continua of care for each of four age groups: children and youth, transition-age-youth, adults, and older adults.

Within each of these age groups, two target populations are served:

- *Un-served* Solano County residents who are seriously mentally ill or emotionally disturbed residents who are not currently receiving services.
- *Underserved* and *At Risk* Solano County residents who are currently receiving services, but are at risk for homelessness, institutionalization, jail, hospitalization, out of home placement, due to inadequate community services and supports.

As defined by California Code of Regulations Title 9, Section 3200. 130, a full service partnership is a collaborative relationship between the consumer and the county, and when appropriate the client's family, through which the county plans for and provides a full spectrum of community services so that the client can achieve the identified goals stated in an Individual Service Plan.

A full service partnership includes a range of services and supports to ensure the following outcomes are achieved:

- *Meaningful use of time and capabilities*
- *Safe housing*
- *A network of supportive relationships*
- *Access to help in a crisis*
- *Reduction in incarceration*
- *Reduction in involuntary services.*

Composition of Mental Health Services Act Steering Committee and Community Involvement

Solano County Mental Health would like to thank and acknowledge the consumers, family members, agencies, and organizations that participated in the community planning process for the strategic planning process for the MHSA, CSS Plan. MHSA is a community driven process and we appreciate the time, effort, and input provided by all those who participated.

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

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

Additionally, the DRAFT MHSA, CSS Strategic Plan was presented at a community forum and MHSA Stakeholder Meeting on December 3, 2009 at the Ulatis Community Center in Vacaville, CA and at the Solano County Local Mental Health Board meeting on December 15, 2009.

Solano County Mental Health is pleased to report that an estimated 134 people were involved in the community planning process and at least 30 meetings were held with community members (see table 1 below and 2).

Table 1: MHSA, CSS Strategic Planning Process—A Community Driven Process

Community Member Groups	Number Participated (estimated)
Consumers and Family Members	35
Solano County Employees	48
Community Agencies & Organizations	52
Community Members (unidentified)	4
Total Participation[1]	**134**

Table 2: MHSA, CSS Steering Committee, Workgroups, and Planning Committee

MHSA Committee Meeting	Meeting Date
MHSA Steering Committee	June 30, 2009 July 22, 2009 August 26, 2009 September 30, 2009 November 18, 2009
Children's Workgroup	August 24, 2009 September 4, 2009 September 24, 2009
Transition Age Youth Workgroup	August 21, 2009 September 11, 2009 September 21, 2009 September 23, 2009
Adults Workgroup	August 21, 2009 August 28, 2009 September 11, 2009 September 29, 2009
Older Adults Workgroup	August 21, 2009 August 28, 2009 September 10, 2009 September 24, 2009
Full Service Partnership Workgroup	August 19, 2009 September 1, 2009 September 15, 2009 October 20, 2009
Planning Committee	October 20, 2009 October 23, 2009 November 2, 2009 November 9, 2009 November 16, 2009
MHSA Stakeholders Group, Community Forum	December 3, 2009
Local Mental Health Board	December 15, 2009

[1] Numbers provided in this table are estimated based on sign-in sheets at meetings. Some figures may be duplicate.

Strategic Planning Process

Monthly meetings:

- **June 30**: Overview steering committee, orientation and training, expectations of steering committee, discussion of MHSA funding, small group discussions of goals, target populations, services, service delivery (see appendix B)

- **July 22**: Description of the questions guiding the Strategic Planning Process; update on MHSA funding; analysis of current programs. The facilitator outlined the process that would be used to develop recommendations for changes to the CSS Plan.

Strategic Planning Questions

1. Why are we here? What is our purpose? What are we trying to accomplish? Who are our customers, clients, people we serve?
2. What are our primary strategies and activities? Should we change them?
3. How can we measure if our clients/customers are better off?
4. How can we measure if we are delivering service well?
5. How are we doing on the most important of these measures? (baselines)
6. Who are the potential partners to help improve our measures?
7. What could work to improve the measure?
8. What should we do?

The Steering Committee broke into five workgroups, four to analyze the range of county mental health strategies and programs by age group, and one to analyze Solano County's full service partnerships. All workgroups were asked to provide recommendations for improving current services, and to recommend outcome measures. Each workgroup met three to four times to complete the task. (See Appendix C for Analysis Form)

- **August 26**: Workgroups reported on the progress of their analyses.

- **September 30**: Workgroup Reports. Each workgroup reported their findings, including their five top recommendations to the CSS plan. (Appendix D.) Each workgroup then appointed members to serve on a Planning Committee to consolidate and prioritize recommendations, and to identify outcome measures. The team included representatives of each age group, consumers and family members, service providers and one representative of Solano County Mental Health.

- **October 1-November 17**: The planning team met five times. Their process included:
    1. Reviewing the recommendations from all subcommittees
    2. Identifying common elements where applicable

3. Developing consolidated draft recommendations
4. Assessing which recommendations could be funded outside of MHSA, CSS (See Appendix E)
5. Weighing (prioritizing) recommendations based on power, cost, and feasibility
6. Developing final recommendations
7. Identifying program (outcome) measures for recommended programs, including both consumer impact measures and system/quality measures.

- **November 18**: The planning team reported their recommendations to the Steering Committee, which discussed and approved the recommendations with minor revisions. MHSA funding projections were also discussed.

- **December 3**: **MHSA Stakeholders meeting and Community Forum**: The draft Strategic Plan was presented to the MHSA Stakeholders group for input and discussion.

- **December 15: Local Mental Health Board**: The draft Strategic Plan was presented to the Board for input and discussion.

Solano County Mental Health will post the MHSA, CSS Strategic Plan on the Solano County Mental Health web site for public viewing and comments. Additionally, the Strategic Plan will be used as a guide to develop the annual MHSA Plan Update submitted to the California Department of Mental Health (DMH) for review and approval annually.

Steering Committee Strategic Planning Recommendations for 2010-2011 Community Services and Supports Plan

Type	Priority	Recommendations	Performance Measures
Services	**Required**	**1. Coordinated, seamless continuum of care for all age groups (Birth to Older Adults)** <u>Required elements</u> • Full Service Partnership • Intensive services • Outpatient MH services • Individualized -personal/family-centered services • In-home/in-school services (Older Adults/Children) • Wellness & Recovery Services to support return to everyday life • Peer support & mentoring • Training for consumers • Discovering purpose and passion • Employment & Education • Linkages to families and community. • Collaborative relationship among all partners, including goal setting, and program design and operation to encourage customers to flow: • Among county programs, such as Mobile Crisis, FSPs, inpatient and outpatient services. (e.g. Impact model)	**Consumer Impact Measures** (Vary by age of consumer) 1. % showing improvement in diagnosis 2. % showing improvement as reported by both clinician & consumer 3. % with ER visits for medical, mental health visits 4. % hospitalized, % re-hospitalized 5. % of clients able to maintain stable housing/rate of residency change 6. % able to obtain/maintain education/employment 7. % able to live independently/least restrictive living situation 8. % with strong connections to family/ community 9. % not incarcerated, % not re-incarcerated.

Type	Priority	Recommendations	Performance Measures
Services, continued	**Required, continued**	**1. Coordinated, seamless continuum of care for all age groups (Birth to Older Adults), continued.** • Between Medical and mental health services- to allow flow to different levels of service • Among county and community partners such as hospitals, law enforcement, private providers and networks. • Clear and seamless referral process among all partners.	**System/ Quality Measures** 1. Degree to which services and referrals are coordinated and seamless: • With county services, i.e. Mobile Crisis • With community partners such as hospitals, law enforcement, private providers and networks • Between medical and mental health- to allow flow to different levels of service • With other MHSA plans and services. 2. % of consumers receiving recommended services 3. Rate of participation by consumers 4. % of consumers satisfied with services 5. % of public/partner staff with appropriate training 6. % of public/partner staff 7. demonstrating cultural competency, customer service and sensitivity 8. Hours of service per consumer.

Type	Priority	Recommendations	Performance Measures
Services	Optional/ Highly Desirable	**2. Continuum of care for all age groups** <u>Optional, highly desirable elements</u> • Structured, follow-up care • Increased, specialized staff (children, older adults) • Increased medical staff (older adults) • Housing.	Same as above
System Improvement	Required	**3. Training for County Staff and Partners (including contractors)** • Best practices (especially children and geriatric) • Customer service and cultural sensitivity.	Same as above
	Required	**4. Increase outreach and information about mental health services and access to services (may include resource guide/provider and service matrix, website, e-mail, etc.) to:** • Schools • Families with children • County staff • Consumers/community • Current networks	Same as above
	Optional/ Highly Desirable	**5. Additional, specialized staff for Mobile Crisis**.	Same as above

Explanation of Recommendations

Changing the Way Mental Health Services are provided in Solano County:
A Seamless, Coordinated Continuum of Care

Continuum of Care

The MHSA Steering Committee recommends restructuring mental health services in Solano County, starting with services funded by the Community Services and Supports Plan for individuals with severe mental illness or severe emotional disturbance. The purpose of this restructuring is to better serve consumers while addressing significant funding reductions. The committee recommends that specific elements be required in a mental health continuum of care for each age group (children, transition-age youth, adults and older adults). All services should be individualized and consumer, and when appropriate, family centered. The elements include:

- A full service partnership makes available a full spectrum of community services for targeted populations, and provides them as appropriate based on the Individual Service Plan
- Intensive case management services
- Outpatient mental health services
- Wellness and recovery strategies and principles to support return to everyday life
- Peer support and mentoring
- Maintenance and promotion of linkages to family members (as defined by the consumer) and the community
- Training for consumers to discover their purpose and passion as well as to meet educational and employment goals
- Mental health services provided in settings where the consumer is comfortable—for older adults and children, home- or school-based services should be emphasized.

The continuum of services could be provided by a single agency, but the Steering Committee believes that a collaborative, coordinated effort by multiple agencies and organizations may provide a better range of services to consumers. The Steering Committee recognizes that the mix of services and how the services are delivered will vary by age group and consumer circumstances.

Optional, highly desirable elements of the *continuum of care* are also outlined above. Optional elements include follow-up care after hospitalization, additional staff with expertise in pediatric and geriatric mental health, and additional medical staff for the mobile crisis unit and to serve older adults. While the Steering Committee felt that these elements were very important to include in a continuum of care, they are also costly. Budget considerations precluded them from the required list of elements. The final optional element was housing for mental health consumers. Although some funds for housing are available through MHSA, efforts to date to increase housing to serve mental health clients have not been fruitful due to MHSA Housing application requirements that hinder many local community based organizations from participating in the program.

Seamless Coordinated Services

The Steering Committee strongly recommends collaborative, coordinated planning to ensure that mental health services are seamless from the point of view of consumers. Instead of separate

programs and "silos," the committee envisions a system where Solano County Mental Health, other public and private mental health and health providers, and community partners such as hospitals, law enforcement, schools and others work together to: design a shared referral and consultation system through which consumers smoothly "flow" from one service to another; work closely with the consumer to address their mental and physical health needs; and promote shared decision-making and problem-solving. Through collaborative planning, the Steering Committee believes that service gaps and duplication can be reduced, and a more efficient, streamlined system may be created.

To promote collaborative planning and service delivery and to unify the services and agencies participating in a continuum of care, a *coordination function* will be necessary. This coordination function could be carried out by a number of ways, including a mental health clinician and/or health services manager with expertise in supervision, project management and mental health practice for one or more age groups, and supported by an administrative assistant. The coordination function would interface with all elements of the continuum of care.

Consumer Impact and System Quality Measures

Underpinning the *continuum of care* must be outcomes promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. The Steering Committee recommends a common set of outcomes, recognizing that they will vary among age groups (i.e. very young children and the elderly are less likely to be employed or incarcerated). System quality measures will be used to assess program efficiency, quality, and consumer satisfaction.

System Improvement Recommendations

The MHSA Steering Committee recommends three system improvements during the next three to five years, including:

Training

The Steering Committee strongly recommends additional training in two areas. Training for County, community partner and contractor staff in best practices for providing mental health services to children and older adults is needed to enhance the quality of services to these populations. Training in customer service and cultural sensitivity was also strongly recommended for County, community partner and contractor staff. MHSA Workforce, Education and Training Plan funds have been identified as a funding source for this training.

Information and Outreach about Mental Health Services

The Steering Committee reported that additional public, provider, and consumer information and outreach is needed to improve access to mental health services. Outreach funding from the MHSA Prevention and Early Intervention (PEI) Plan should be utilized in part in first identifying what outreach and information is already available in the community, through various community organizations, and then coordinating and linking the information sources on-line (e.g. Network of

Care). After identifying and providing information on existing resources, CSS funding should be used to fill gaps in information and resources to specific underserved communities or age groups.

Additional, Specialized Staff for the Mobile Crisis Unit (Optional, Highly Desirable)

The MHSA Steering Committee was concerned about potential under-staffing of the Mobile Crisis Unit. Recommendations included adding additional staff to permit more home-based crisis response, training and employing mental health consumers to accompany Mobile Crisis staff, and adding staff specifically trained in geriatric and pediatric mental health services. Due to the high cost of these recommendations, the Steering Committee was unable to recommend a funding source for these recommendations.

MHSA, CSS
Draft Program Budget

Solano County Mental Health is currently developing its budget, including the MHSA budget, for Fiscal Year 2010-11. This budget is reviewed and approved by Solano County Health & Social Services, County Administrator's Office and Solano County Board of Supervisors. This process is estimated to be completed June 2010.

At this time, for MHSA, CSS budget planning purposes, Solano County Mental Health is planning to budget an estimated $6.9 million in FY 2010-11; $6.5 million in FY 2011-12; and $6.0 million in FY 2012-13 (estimated figures, see table 3). This reflects a significant decrease in funds when compared to MHSA CSS FY 2009-10 funding levels—funds will decrease by an estimated $2.2 million in FY 2010-11 and by $500,000 each year for two years in FY 2011-12 and FY 2012-13 (estimated figures).

Table 3: MHSA, CSS Estimated Budget for FY 2010-11 through 2012-13

Fiscal Year	Estimated Budget
2009-10	$9.1 million
2010-11	$6.9 million
2011-12	$6.5 million
2012-13	$6.0 million

MHSA CSS budget forecasting projects that MHSA, CSS funds may *level off* at $6.0 to $6.5 million in the long term (an estimated five years), so Solano County Mental Health division is planning to budget to this long term sustainable level.[2]

Pending the release of the guidelines by the California Department of Mental Health (DMH), Solano County Mental Health will submit a MHSA Plan Update for FY 2010-11 by March 1, 2010 for review and approval by DMH. Prior to submitting to DMH, Solano County Mental Health will post the Plan Update, including the budget, for 30 days for public comment and hold a public hearing soon afterwards. We encourage community feedback and input about the MHSA Plan Update and budget during the public comment period.

[2] MHSA, CSS projections were provided by California Institute for Mental Health and California Mental Health Directors Association.

MHSA, CSS Strategic Plan

Implementation Plan[3]

Timeline	Implementation Process
June 2009-December 2009	MHSA, CSS Strategic Planning Process
November/December 2009	Draft County Budgets for Board of Supervisors Approval
December 3, 2009	Community Forum Presenting MHSA, CSS Strategic Plan Ulatis Community Center, Vacaville, CA
December 3, 2009	Post MHSA, CSS Strategic Plan on Solano MHSA web site for public comment
December 15, 2009	Present MHSA, CSS Strategic Plan to Local Mental Health Board Solano County Office of Education, Fairfield, CA
January 8, 2010	Issue MHSA, CSS Request for Proposals for FY 2010-11 through 2012-13
February 2010	Post MHSA Plan Update for FY 2010-11 for public comment
February/March 2010	Hold Public Hearing about MHSA Plan Update for FY 2010-11
March 2010	Submit MHSA Plan Update for FY 2010-11 to DMH
June 2010	Receive DMH approval for MHSA Plan Update for FY 2010-11
June 2010	Solano County Board of Supervisors approves Solano County Health & Social Services, Solano County Mental Health budget
June/July 2010	Solano County Board of Supervisors approves MHSA, CSS contracts for FY 2010-11 through 2012-13.

[3] This is an estimated Implementation Plan: All dates stated are subject to change.

Appendix A
Solano County Health & Social Services
Solano County Mental Health Services Act
Steering Committee

Araminta Blackwelder, Rio Vista CARE Inc.

Chris Cammisa, Partnership HealthPlan of California

Michelle Chargualaf, Local Mental Health Board

Debbi Davis, Children's Nurturing Project

Sher Daron, Consumer, Neighborhood of Dreams

Nancy Fernandez, California Hispanic Commission

Rachel Ford, Solano County Health & Social Services

Susie Frank, Circle of Friends

Robert Fuentes, Faith in Action

Nadine Harris, Partnership HealthPlan of California

Everette Hicks, Consumer, Neighborhood of Dreams

Vu Le, United States Air Force, Travis Air Force Base

Martin Messina, Local Mental Health Board

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

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

Elaine Norinsky, First 5 Solano Children & Families Commission

Michael Oprendek, Solano County Health & Social Services

Carolyn Patton, Vacaville Unified School District

Bill Reardon, Solano County Veterans Services

Spencer Rundberg, Local Mental Health Board

Monique Sims, More Excellent Way & La Clinica de La Raza

Juanita Smith, Local Mental Health Board

Norma Thigpen, Solano County Health & Social Services

Rosalia Velazquez, Solano Coalition for Better Health

Erin Vines, Solano Community College

Pam Watson, National Alliance on Mental Illness

Appendix B
Summary of Small Group Discussion
MHSA Steering Committee 6/30/09

What would be the most important client outcomes?

- ✓ Achieve individual "best" potential
- ✓ Maintain in least restrictive environments
- ✓ Increased employment
- ✓ Reduced incarceration
- ✓ Consumer and family stability

Who would be served?

- ✓ Birth to school age to adult
- ✓ Emotionally disturbed children
- ✓ Children
- ✓ Adults 25-55
- ✓ Clients without other mental health coverage for intensive services
- ✓ First Break
- ✓ General mental health clients who are severely and persistently mentally ill
- ✓ Un-served – undocumented, homeless, incarcerated, transitional youth
- ✓ Recently incarcerated

What would the system look like?

- ✓ Convenient
- ✓ Community awareness of how to access services
- ✓ Services available; resources available
- ✓ Move beyond mental health services, engage in community supports
- ✓ Least restrictive environment
- ✓ Natural supports
- ✓ Services must be researched
- ✓ School-based services
- ✓ Through Network of Care and O &E
- ✓ Seamless network of services through collaboration, linkages
- ✓ A safety net in the community; "safety net" for catching early symptoms
- ✓ Supported work/living in natural environments; supported/independent community living

What would the services include?

- ✓ Timely screening and assessment (mobile van ready client)
- ✓ Screening for many, targeted supports for some, case management/wraparound for few
- ✓ Education- peer to peer such as NAMI, family to family
- ✓ Education of law enforcement for "cops on beat"
- ✓ Array of full service partnership services based on individual plan with family
- ✓ Look at everything in full service partnerships and add more community services such as social integration, peer support, lower level case management

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- ✓ Education of consumers on daily living skills, community resources, parenting skills
- ✓ Daily living skills as suitable to customer; basic needs, life skills
- ✓ Referrals to psychiatrists
- ✓ Stress and anger management
- ✓ Job resources

What partnerships could be developed to leverage/extend resources, services?

- ✓ Operated as integrated system versus screening to access other components
- ✓ Linking with other (different) mental health services and funding streams
- ✓ Develop partnership with community-based programs; CBOs, FRCs, support groups, etc.
- ✓ Leverage/match dollars
- ✓ First 5, Education, community providers, NAMI, including provider class
- ✓ Primary care physicians- more integration of clinics with mental health assessment process; doc to doc peer education
- ✓ Mobile crisis

Where would you cut costs?

- ✓ Cuts made possible through early intervention
- ✓ Individualize service plans with client to meet individualized needs, instead of getting full array of full service partnership services
- ✓ Collaborate on services and funding with CBOs, non-profits and county
- ✓ Hospitalizations
- ✓ Forensic services
- ✓ Reserves seem excessive (50%)
- ✓ County should be payer of last resort
- ✓ Kids, veterans – other services are available

Programs Serving Adults (ages 25-65) with Serious Mental Illness
Which program are you analyzing?
___ Full Service Partnership – Adult Community Treatment Team
___ Clinics
___ Consumer Operated Recovery
___ Mobile Crisis
___ Outreach and Engagement
___ Other (please identify)

Appendix C: Sample Analysis of Programs[4]
Analysis of Current Programs – Adults 18-65

Please use one sheet for each program serving Adults. Analyze the program only in terms of adults. Each group should be ready to present its finding at the Sept.30 Steering Committee.

1. What is its Scope?

2. What problem(s) does it address?

3. What activities are included?

4. What is its Scale?
    a. What is appropriate—the existing level of effort? More? Less?

    b. How many individuals/families does it serve? How many should it serve?

    c. How much of each activity is provided? Are there varying levels of activity?

    d. Who does it serve? Any target populations (age, geography, ethnicity, level of need, etc.)

5. Does it work? Is it evidence-based?

6. Is it efficient/cost-effective to implement? (non-financial resources - time, staff, etc.)

7. How is it funded? Is it financially feasible to continue/expand?

8. Does it have political support?

9. Please list any recommendations for changing the program

Please List Group Members:

[4] Each sub-committee was given the same questions to analyze programs serving their particular age group. The Full Service Partnership group analyzed only those programs.

Appendix D
MHSA Strategic Planning Workgroup Recommendations

Children's Workgroup

- Identify additional funding (MHSA, leveraged funding, grants/foundation, etc.) to appropriately staff mobile crisis to increase in-home/in-school response for crisis de-escalation and crisis treatment planning.
- Provide all children's services in the child's natural environment, including at home and in school, as appropriate.
- Train mental health staff and providers on evidence based practices related to children, including training all mobile crisis responders on best practices for responding to children's psychiatric emergencies.
- Provide training to school administrators, teachers, etc., on children's mental health services offered by Solano County, including foster care support and mobile crisis, and the most effective way to access these services.
- Increase outreach efforts to families with children, including developing a resource guide of children's mental health services and utilizing existing networks for distribution.

Transition Age Youth Workgroup

- Develop a Peer Mentoring Program.
- Explore the idea of utilizing a local psychiatrist in a TAY FSP.
- Develop ways to increase availability of housing opportunities for TAY.
- Create matrix showing links between providers and services in the community.
- Increase coordination with Mobile Crisis Unit to more effectively assist TAY, and reduce perception that Mobile Crisis Unit is hesitant to help TAY.

Adult Workgroup

- Implement customer service training with a focus on respecting the dignity of the individual.
- Increase integration/collaboration with community partners (law enforcement,
- hospitals).
- Increased educational training & employment opportunities for consumers and family members throughout MHP and Mobile Crisis
- Disperse educational resource information throughout the community, County via resource guides, e-mail and website.
- **Create a structured outpatient follow-up**.

Older Adults Workgroup

- Provide senior peer counselors and peer support groups (in FSP, community, and county outpatient clinics).
- Retrain and strengthen Older Adult FSP:
    1. Return to 1.0 FTE Supervisor/Clinician
    2. Dedicate RN to program.

- Revisit program design to address needs on a continuum between out-patient clinic and FSP (investigate IMPACT model).
- **Provide Mobile Crisis intervention in home**
- Provide additional staff for Mobile Crisis – training in Geriatric Mental Health.
- Increase availability of affordable housing using MHSA Housing and other available funding sources.

Full Service Partnership Workgroup

Overarching FSP Principles

- **Consumer and Family Driven:** Consumers and family members of consumers are considered equal partners to treatment providers in the treatment process.
- **Individualized Services:** The focus is on the client and client's family members' entire situation and how the mental health concerns are affecting all aspects of life (housing, relationships, school, self-care, etc…) for a "whatever it takes" approach. There are many different levels of service with an overall goal of increasing functioning, improving quality of life, and decreasing symptoms.
- **Wellness and Recovery Model:** The ultimate goal of the FSP is to move the client toward wellness & recovery. This includes providing the necessary treatment in the least restrictive environment, moving clients toward fewer interventions and lower levels of care as appropriate, and connecting clients with their community and community resources during and after treatment.
- **Cultural Competence:** Consumers are provided with cultural and linguistically appropriate services.
- **Other Key Aspects** of a FSP include:
    - Coordination of medical and mental health care
    - 7 day a week/24 hour access to mental health services;
    - Support with housing
    - Advocating for consumer needs and teaching consumers empowerment

Linkages for FSP Continuum of Care

There should be a focus on a seamless, flowing system for moving people to different levels of service depending on their changing needs (ex. FSP to Outpatient as needs become less intensive) with a clear referral process.

Appendix E
Sources of Funding for Strategic Plan Recommendations

Recommendation	Sources of Funding
1. Continuum of care for all age groups – Required elements • Full Service Partnership • Intensive services • Outpatient MH services • Individualized -personal/family-centered services • In-home/in-school services (Older Adults/Children) • Wellness & Recovery Services to support return to everyday life o Peer support & mentoring o Training for consumers ▪ Discovering purpose and passion ▪ Employment & Education o Linkages to families and community	**Is this going to be filled in?**
2. Continuum of care for all age groups – Optional, highly desirable elements • Structured, follow-up care • Increased, specialized staff (children, older adults) • Increased medical staff (older adults) • Housing	
3. Increase outreach and information about MH services and access to services (May include resource guide/provider and service matrix, website, e-mail, etc.) to: • Schools • Families with children • County staff • Consumers/community • Current networks	
4. Staff training • Best practices (especially 0-5 and geriatric) • Customer service and cultural sensitivity	
5. Increased, specialized staffing for mobile crisis	

Appendix F
Template for Establishing Priorities for Strategic Plan Recommendations

Please rate your recommendations, using the following criteria:

(1) What is the recommendation?
(2) Which populations does the recommendation concern?
(3) Which MHSA essential elements (1-Consumer/family driven, 2-individualized services, 3-wellness and recovery, 4-cultural competence) are supported by the recommendation?
(4) Is it powerful: will it have significant impact, meet an important, unmet need?
(5) Is it affordable, considering other funding sources, potential funding reductions? (Include at least one low or no-cost recommendation)
(6) Is it feasible? Consider capacity, resources, ease of implementation

In Column (7), list recommendations in priority order

(1) Recommendation	(2) Population	(3) MHSA Essential elements	(4) Power (Low, medium, high)	(5) Cost, alt. fund. (Low, medium, high)	(6) Feasibility (Low, medium, high)	(7)Overall priority (1-10)
1. Training for mental health staff including mobile crisis: • Best practices – child and geriatric • Customer service						
2. Training for Consumers • Empowerment and advocacy						
3. Outreach and Information about mental health services and access to services • Schools • Families with children • Consumers/community • Resource guide/provider and service matrix • Website, e-mail, current networks						
4. Increase staffing						

(1) Recommendation	(2) Population	(3) MHSA Essential elements	(4) Power (Low, medium, high)	(5) Cost, alt. fund. (Low, medium, high)	(6) Feasibility (Low, medium, high)	(7)Overall priority (1-10)
• Mobile crisis – for in-home, in-school response • TAY FSP – psychiatrist • OA FSP- 1.0 Clinician, dedicated RN • 24/7 access to mental health services						
5. Peer support and mentoring – multiple settings						
6. Coordination/Seamless System • Internal – between Mobile Crisis and TAY, outpatient and FSP (Impact model) • Medical and mental health- to allow flow to different levels of service • With community partners such as hospitals, law enforcement • Clear referral process						
7. Increase available housing						
8. In-home/in-school services						
9. Structured out-patient follow-up						
10. Increase education, training and employment for consumers						

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Community Feedback and Input

To provide comments, feedback or input to the MHSA, CSS Strategic Plan or any MHSA Plans or activities, please contact the MHSA Coordinator, Jayleen Richards at 707-784-8320 or SolanoMHSA@SolanoCounty.com. Also, you may attend one of the MHSA Stakeholder Quarterly meetings—please call 707-784-8320 and speak to Kristina Feil to find out the next date and time. If you need assistance with providing comments, feedback or input, please contact Rachel Ford, Community Affairs Liaison, at 707-784-8320.