Solano County Health & Social Services

Solano Mental Health Division • MHSA

Mental Health Services Act Fiscal Year 2010-11 Annual Update to the Three Year Program and Expenditure Plan

DRAFT

March 26, 2010

Table of Contents

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:	*Solano County*																			
										Exhibits										
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****
For each annual update/update:		☐	☐	☐	☐			☐													
Component	**Previously Approved** / **New**																				
☑ CSS	$ 6,913,183 / $ 896,750				☐	☐	☐		☐					☐	☐					☐	☐
☐ WET	$ / $				☐	☐	☐			☐				☐	☐						
☐ CF	$ / $						☐				☐			☐		☐					
☑ TN	/ $ 2,098,529						☐				☐			☐				☐			
☑ PEI	$2,966,128 / $407,614				☐	☐	☐					☐		☐					☑		
☑ INN	$1,149,785 / $					☐	☐						☐	☐					☐		
Total	######### / $ 3,402,893																				

Dates of 30-day public review comment period:	March 26, 2010 - April 25, 2010
Date of Public Hearing***:**	Tuesday, April 27, 2010
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	**Friday, February 26, 2010**

*Exhibit D1 is only required for program/project elimination.

**Exhibit F - F5 is only required for new programs/projects.

*****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: Solano County

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

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

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 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 of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[1]

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

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

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

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

All documents in the attached FY 2010/11 annual update/update are true and correct.

   Michael Oprendek   _____
Mental Health Director/Designee (PRINT)   Signature   Date

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[1] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

County: ___**Solano County**_____

Date: _____**March 26, 2010**_____

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

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

Community Program Planning
1. **Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.**

In Fiscal Year (FY) 2008-09, Solano County Mental Health embarked on a six month long community planning process to revisit Solano County's Mental Health Services Act (MHSA), Community Services and Support (CSS) Strategic Plan. This decision was precipitated by two factors: 1.) The original MHSA CSS Strategic Plan was five years old and needed to be updated; and 2.) MHSA funds are projected to decrease the next three Fiscal Years (FY) and an updated MHSA CSS Strategic Plan would be a useful tool to guide decision-making about MHSA CSS program design.

Solano County Mental Health would like to thank and acknowledge the consumers, family members, agencies, organizations and public that participated in the community planning process for the for the MHSA, CSS Strategic 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 meeting on June 30, 2009, and at this meeting Solano County Mental Health staff provided an overview of MHSA and Steering Committee objectives.[2] At the July 22, 2009 meeting the MHSA Steering Committee decided to form four population specific workgroups, including children, transition age youth, adults and older adults, as well as a workgroup focusing on full service partnerships. These workgroups each met on at least three occasions and were open to the public to attend in order to develop recommendations specific to their target population. All workgroup meetings were publicized through the MHSA electronic mailing list of 500 recipients and posted publicly. Additionally, some workgroup meetings were held at sites where consumers and family members receive services, including Seneca Inc. and Neighborhood of Dreams (Crestwood, Inc).

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

Additionally, the DRAFT MHSA, CSS Strategic Plan was presented at a community forum and MHSA Stakeholder meeting on December 3, 2009 at the Ulatis Community Center in Vacaville, CA and at the Local Mental Health Board meeting on December 15, 2009 at 2101 Courage Drive, Fairfield, CA.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Solano County Mental Health is pleased to report that an estimated 220 people were involved in the community planning process and at least 30 meetings were held with community members (see table 1 below and 2).

Table 1: 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
Local Mental Health Board	January 19, 2010

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.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

July 22: **Description of the questions guiding the Strategic Planning Process; update on MHSA funding; analysis of current programs**. The outside, contracted 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:
- Reviewing the recommendations from all subcommittees
- Identifying common elements where applicable
- Developing consolidated draft recommendations
- Assessing which recommendations could be funded outside of MHSA, CSS (See Appendix E)
- Weighing (prioritizing) recommendations based on power, cost and feasibility
- Developing final recommendations
- 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.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

December 15: Local Mental Health Board—The DRAFT Strategic Plan was presented to the Board for input and discussion.

February 9, 2010: Solano County Maternal, Child & Advisory Board—The DRAFT Strategic Plan was presented to the Board for input and discussion.

March 15, 2010: Final MHSA CSS Strategic Plan is posted on the Solano County Mental Health web site and distributed to stakeholders.

Solano County Mental Health posted the MHSA, CSS Strategic Plan on the Solano County Mental Health web site for public viewing and comments. Additionally, the Strategic Plan guides development of this MHSA Annual Update.

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2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

Solano County had a diverse group of participants participating in Solano County's community program planning process. Solano County Mental Health is pleased to report that at least one out of four participants in the community planning process were consumers or family members. Additionally, all levels of Solano County Mental Health staff were involved in the planning process, including managers, supervisors, clinicians, and administrative staff (35%). Finally, contractors, community agencies and organizations represented the largest group involved with the process (37%). (Please see Table 2 below for additional information).

Table 2: 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[3]	**139**

Furthermore, the Solano County MHSA Steering Committee r a diverse group of community members, representing Solano County racial and ethnic groups; geographic areas of the County; and consumers and family members. Solano County MHSA Steering Committee met on numerous occasions for the community planning process for the MHSA CSS Strategic Plan. The names of these individuals are below:

Solano County Health & Social Services

Solano County Mental Health Services Act

Steering Committee

Araminta Blackwelder, Rio Vista CARE Inc.

Chris Cammisa, Partnership HealthPlan of California

Michelle Chargualaf, Local Mental Health Board

Debbi Davis, Children's Nurturing Project

Sher Deron, Neighborhood of Dreams

Norman Filley, Neighborhood of Dreams

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Solano County Mental Health Services Act

Steering Committee, cont'd

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

Tony Ubalde, Retired Clergy/Professor

Rosalia Velazquez, Solano Coalition for Better Health

Erin Vines, Solano Community College

Pam Watson, National Alliance on Mental Illness

Solano County would also like to thank the following community members for participating in the community planning process. Solano County Mental Health appreciates your recommendations, support, and input. We look forward to continuing this fruitful partnership.

Community Members Involved in Community Planning Program Process

Laurie Andres, Children's Nurturing Project
Ron Austin, Solano County Health & Social Services
Elaine Bath, Solano County Health & Social Services
Abel Bermudez, Dream Catchers
Araminta Blackwelder, Rio Vista CARE Inc.
Tracy Blunt, Solano County Health & Social Services
Kay Bosick, Youth and Family Services
Chris Cammisa, Partnership HealthPlan of California

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS
Community Members Involved in Community Planning Program Process, cont'd

Michelle Chargualaf, Local Mental Health Board
Travis Curran, Crestwood Neighborhood of Dreams
Sher Daron, Consumer, Neighborhood of Dreams
Debbi Davis, Children's Nurturing Project
Terri Deits, Area Agency on Aging
Lynn DeLapp, Davis Consultant Network
Diane Dimond, Community Member
Kristina Feil, Solano County Health & Social Services
Nancy Fernandez, California Hispanic Commission
Norman Filley, Consumer, Crestwood Neighborhood of Dreams
Rachel Ford, Solano County Health & Social Services
Susie Frank, Circle of Friends
Robert Fuentes, Faith in Action
Marta Guzman, Solano County Health & Social Services
Nadine Harris, Partnership HealthPlan of California
Everette Hicks, Dream Catchers
E.J. Hullana, Dream Catchers
Cecilia Jungkeit, Solano Parent Network
Kellie Kekki, Solano County Health & Social Services
Allyson Klein, Solano County Health & Social Services
Susan Labrecque, Solano County Office of Education
Vu Le, United States Air Force, Travis Air Force Base
Rachel Long, Transition Age Youth
Marge Litsinger, Community Member
Amber Livingston, Solano County Health & Social Services
Jack Malan, Solano County Health & Social Services
Sanjida Mazid, Solano County Health & Social Services
Larry McCown, Solano County Senior Coalition
Martin Messina, Local Mental Health Board
Joyce Montgomery, Vallejo Unified School District
Parivash Mottaghian, Caminar Inc.
Kristin Neal, Solano County Health & Social Services
Sam Neustadt, Special Education Local Plan Area, Local Mental Health Board
Sonja New, Solano County Health & Social Services
Elaine Norinsky, First 5 Solano Children & Families Commission
Michael Oprendek, Solano County Health & Social Services
Pamela Paseka, National Alliance on Mental Illness
Roxanne Paterno, Solano County Health & Social Services
Carolyn Patton, Vacaville Unified School District
Bill Reardon, Solano County Veterans Services
John Rayfield, Local Mental Health Board
Sue Rayfield, Community Member
Jayleen Richards, Solano County Health & Social Services
Megan Richards, Solano County Health & Social Services
Andre Robertson, Solano Coalition for Better Health
Donna Robinson, Solano County Probation
Joseph Robinson, Solano County Health & Social Services
Dena Roche, Solano County Health & Social Services
Spencer Rundberg, Local Mental Health Board

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Community Members Involved in Community Planning Program Process, cont'd
Leticia Salas-Padilla, Solano County Health & Social Services Chris Shipman, First 5 Solano Candice Simonds, Seneca Center Monique Sims, More Excellent Way & La Clinica Lisa Singh, Solano County Health & Social Services Juanita Smith, Local Mental Health Board Larry Stentzel, Solano County Health & Social Services Daniel Stephens, Dream Catchers Robert Sullens, Solano County Health & Social Services Maeve Sullivan, Community Clinic Consortium Wanda Taylor, Community Member Norma Thigpen, Solano County Health & Social Services Diana Tolentino, Solano County Health & Social Services Anna Mary Toth, Solano County Health & Social Services Tony Ubalde, Retired Clergy/Professor Rosalia Velazquez, Solano Coalition Erin Vines, Solano Community College Pam Watson, National Alliance on Mental Illness Bonnie Weidel, Benicia Unified School District Rosemarie Wilson, California Department of Rehabilitation

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

Local Review Process
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.
The MHSA FY 2010-11 Annual Update was posted for 30 day public comment period from March 26, 2010 to April 25, 2010. The Annual Update was e-mailed to MHSA Stakeholders, the Local Mental Health Board (LMHB), the MHSA Steering Committee, Solano County Mental Health Staff, Solano County Mental Health contractors, Solano County Health & Social Services Executive Team, and Solano County Libraries. The Annual Update was posted on the Solano County Mental Health web site. A flyer was developed to announce the posting of the Annual Update and posted at community centers, Solano County Mental Health clinics, Solano County Family Health Services clinics, libraries, Network of Care website, and distributed at community meetings. The flyer provided information about how to view the Annual Update and submit comments, questions, and input about the Annual Update. A press release was also issued announcing the 30 day public comment period and the public hearing at the Solano County LMHB on April 27, 2010. Finally, the public hearing announcement was posted at least 72 hours prior to the meeting and information was submitted to announce in local newspapers' community calendars.

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

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Complete after 30-day public posting.

IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES

County: **Solano County**

Date: **March 26, 2010**

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI
1. **Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.** **[√] Please check box if PEI component not implemented in FY 08/09.**
During FY 2008-09, MHSA activities proceeded as described in Solano County's approved plan. As reported in Exhibit C, Solano County identified that the future, projected decrease in MHSA funds as a challenge, and therefore, Solano County Mental Health initiated a community planning program process to revisit and develop an updated MHSA, CSS Strategic Plan. The MHSA, CSS Strategic Plan provides recommendations to Solano County Mental Health in regards to current and future program planning. Solano County's PEI Plan was approved in September 2008 and Solano began implementation activities shortly thereafter. In January 2009, the PEI Coordinator was hired and a Memorandum of Understanding was signed with First 5 Solano documenting the joint funding relationship for the early childhood mental health work plan. Four Request for Proposals (RFP) were issued November 2008-June 2009 to solicit for services in all four PEI projects (early childhood, school age youth, transition age youth, and older adult). Contracts for services under the early childhood mental health work plan began May 2009. Direct services did not begin until FY 09/10. Activities are generally proceeding as described in Solano's approved PEI plan. Solano County's Workforce, Education and Training (WET) component was approved late FY 2008-09. Solano County began implementation activities in FY 2009-10.
2. **Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.**
Solano County MHSA programs and projects continue to serve unserved and underserved populations, decreasing mental health service disparities in Solano County. More than half of the Solano County residents served by MHSA programs (51.6%) were non-white consumers, including African American (25.4%), Asian/Pacific Islander (5.6%), Latino (17.5%) and other racial and ethnic groups (3%). Additionally, nearly a quarter of the services (23.4%) were provided to children; half of the services to adults (50.1%); one out of six to transition age youth (16%); and one out of ten were to older adults (10.6%). Most consumers were provided services in the City of Fairfield (88.2%); followed by Vallejo (8.5%) and Vacaville (3.3%). Through the community program planning process for the Innovation Plan, the community developed and identified a strategy to address the geographic disparities in Solano County mental health services. A mobile mental health unit, CARE (Community Access to Resources and Education), will identify strategies to support community based organizations in communities traditionally underserved by Solano County Mental Health to provide mental health services in these communities and/or provide consultation to community based organizations providing mental health services in these communities. Solano County Mental Health looks forward to sharing information about this Innovative project with California Department of Mental Health in the future.

IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES

3. Provide the following information on the number of individuals served:

Age Group	CSS # of individuals	PEI # of individuals (for universal prevention, use estimated #)	WET Funding Category	# of individuals
Child and Youth (0-17)	**179**	**NA**	Workforce Staff Support	**NA**
Transition Age Youth (18-25)	**110**	**NA**	Training/Technical Assist.	**NA**
Adult (26-59)	**427**	**NA**	MH Career Pathway	**NA**
Older Adult (60+)	**70**	**NA**	Residency & Internship	**NA**
Race/Ethnicity			Financial Incentive	**NA**
White	352	**NA**		
African American	216	**NA**	[√] WET not implemented in FY 08/09	
Asian	60*	**NA**		
Pacific Islander		**NA**	***Number includes Asian/Pacific Islander**	
Native American	9	**NA**		
Hispanic	130	**NA**		
Multi	1	**NA**		
Other	18	**NA**		
Unknown	0	**NA**		
Other Cultural Groups				
LGBTQ	**NA**	**NA**		
Other	**NA**	**NA**		
Primary Language				
English	735	**NA**		
Spanish	39	**NA**		
Vietnamese	2	**NA**		
Cantonese	2	**NA**		
Mandarin	1	**NA**		
Tagalog	2	**NA**		
Cambodian	0	**NA**		
Hmong	2	**NA**		
Russian	0	**NA**		
Farsi	0	**NA**		
Arabic	0	**NA**		
Other	3	**NA**		

PEI

4. Please provide the following information for each PEI Project in short narrative fashion:
   a) The problems and needs addressed by the Project.
   b) The type of services provided.
   c) Any outcomes data, if available. (Optional)
   d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

a. **Early Childhood Mental Health Project**
   The Early Childhood Mental Health Project addresses the mental and developmental health needs of children ages 0-5 and their families, focusing on stressed families who have one or more risk factors for social, emotional, and developmental delays. Services include:
   - Parent and Caregiver Education: Workshops for parents and caregivers 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.
   - Outreach, Provider Education and Training: Workshops on early mental health prevention, evidence-based screening and assessment, and early intervention to public and private providers.

- Screening, Assessment, and Referral: Screening, assessment and referral for mental and developmental health needs at home visits and community health centers for at-risk infants and young children and their parents.
- Parent Coaching: Early intervention parent coaching to improve the parent-child relationship for parents and children including individual and group sessions.

Outcome data for this project is not available for FY 08/09. The Early Childhood Mental Health Project is funding through a partnership with First 5 Solano and Solano County Mental Health. In FY 08/09, First 5 Solano provided in kind staffing by coordinating the Request for Proposals process, negotiating five contracts, and implementing a data collection system.

b. **School Age Youth Project**
The School Age Youth Project targets students in grades 4-8 who have been identified as at risk of school failure due to social/emotional issues and secondary students in grades 9-12 who are at risk of or who have had a first contact with the juvenile justice system. Services include:

- School-Based Targeted Student Assistance Program: 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.
- 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.
- Screening, Assessment, and Referral: This strategy will screen, assess, and refer school age youth who are accessing health services at community health centers for mental health needs and connect youth to community resources and mental health services, as needed.

Outcome data for this project is not available for FY 08/09. Schools who are receiving School-Based Targeted Student Assistance are expected to provide In-kind contributions of space for groups, referrals to the program, and office equipment, such as computers and file cabinets for staff. In addition, participating schools must have in place school-wide evidence-based prevention services for social skills training and to promote character development for all students.

c. **Education, Employment and Family Support for At-Risk Transition Age Youth**
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 furthering their education or gaining work experience. Services include:

- Community College-Based Supported Education and Employment: Supported education and employment for youth at risk for or who have experienced a First Break. This strategy includes outreach to underserved populations, individual educational, employment, and empowerment plans, and job coaching and placement.
- Parent/Caregiver Education and Support: This strategy will offer workshops covering risk for mental health illness, how to access early intervention and treatment services, empowering youth, and community resources.
- Screening, Assessment, and Referral: This strategy will screen, assess, and refer transitional age youth who are accessing health services at community health centers for mental health needs and connect youth to community resources and mental health services, as needed.

Outcome data for this project is not available for FY 08/09. In-kind resources include accessing student resources at Solano Community College, such as appropriate courses for transition age youth with psychological disabilities and financial aid, and working with appropriate worksites.

d. **Older Adult Identification and Linkage Project**
The Older Adult Identification and Linkage Project serves older adults ages 65 and over who are isolated or in residential facilities, targeting underserved communities, including Filipino, African American, and Latino populations and Veterans. Services include:

- Gatekeeper Program: Training for 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.
- Navigator Program: This strategy will provide risk assessment, 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.
- Health Provider Education: Mental health training to primary care providers and other geriatric health providers on geriatric mental health screening, assessment, illness, and treatment.
- Screening, Assessment, and Referral: Screen, assess, and refer older adults who are accessing health services at community clinics for mental health needs and connect older adults to community resources and mental health services, as needed

Outcome data for this project is not available for FY 08/09. In-kind contributions include Gatekeepers time for

IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES

participating in training and screening older adults.

PREVIOUSLY APPROVED PROGRAM

County: __Solano County__

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

Date: __March 26, 2010__

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
843,226	466,500	81%

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.			
See Exhibit F1.				

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1

PREVIOUSLY APPROVED PROGRAM

3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Solano County**

Program Number/Name: **#2: Foster Family/Bilingual Support**

Date: **March 26, 2010**

Select one:

☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

CSS and WET			
Previously Approved			
No.	**Question**	**Yes**	**No**
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
877,085	400,000	1.19%

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.			

See Exhibit F1.

Existing Programs to be Consolidated			
No.	**Question**	**Yes**	**No**
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1

PREVIOUSLY APPROVED PROGRAM

3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.				

PREVIOUSLY APPROVED PROGRAM

County: Solano County

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

Date: March 26, 2010

Select one:

☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

In FY 2010-11, the Young Adult Full Service Partnership program will serve at least 22 male and female young adults ages 18-25 years of age. All racial and ethnic populations will be served, and services provided in consumer's primary language.

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

- Medication management: provision of or plan for medication management services, including health education topics such as medication, chronic disease, and etc.
- Mental health therapy: Short-term, goal focused individual mental health therapy will be offered with the goal of transitioning consumers to group therapy. Short-term, goal-focused group mental health therapy should be transitional, supporting consumers until they are ready to

PREVIOUSLY APPROVED PROGRAM

transition to other appropriate services.	
• Case management: Short-term, intensive wrap-around case management will be offered to mitigate crisis situations and consumers should have access to services 24 hours per day. Also, transitional case management will be provided, focusing on ensuring that consumers are linked to appropriate services. As appropriate, services should be provided in a consumer's natural environment, including home and school.	
• Wellness and recovery skills building: provision of and/or plan for linkage to wellness and recovery skills and services to support return to everyday life. All consumers should be supported to develop and monitor a Wellness and Recovery Action Plan (WRAP).	
Furthermore, the full spectrum of services will be provided in culturally and linguistically appropriate manner, and will collaborate with organizations and agencies to provide a continuum of care to the target population. The spectrum of services may also include: behavioral health and primary care collaboration; supported vocational and educational services; supported housing and other services. Also, the Young Adult Full Service Partnership services are anticipated to be provided by a contract agency this year.	

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

Program Number/Name: #4: Forensic Assessment Community Treatment Full Service Partnership—Adult Community Treatment Team

Date: March 26, 2010

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

In FY 2010-11, the Forensic Assessment Community Treatment Full Service Partnership—Adult Community Treatment Team will serve 90 male and female adults primarily ages 18-59 at risk for incarceration or recently incarcerated. All racial and ethnic populations will be served, and services provided in consumer's primary language. Additionally, GLBT population (gay, lesbian, bisexual, and transgender) and veterans will be served by this program.

The Full Service Partnership provides a continuum of services through a collaborative relationship between the consumer and care provider (coordinated by a Primary Service Coordinator), through which the client has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services includes:
- Medication management: provision of or plan for medication management services, including health education topics such as medication,

PREVIOUSLY APPROVED PROGRAM

chronic disease, and etc.

- Mental health therapy: Short-term, goal focused individual mental health therapy will be offered with the goal of transitioning consumers to group therapy. Short-term, goal-focused group mental health therapy should be transitional, supporting consumers until they are ready to transition to other appropriate services.
- Case management: Short-term, intensive wrap-around case management will be offered to mitigate crisis situations and consumers should have access to services 24 hours per day. Also, transitional case management will be provided, focusing on ensuring that consumers are linked to appropriate services.
- Wellness and recovery skills building: provision of and/or plan for linkage to wellness and recovery skills and services to support return to everyday life. All consumers should be supported to develop and monitor a Wellness and Recovery Action Plan (WRAP).

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

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

Program Number/Name: #5: Older Adult Full Service Partnership

Date: March 26, 2010

Select one:
- ☒ **CSS**
- ☐ **WET**
- ☐ **PEI**
- ☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

In FY 2010-11, the Forensic Assessment Community Treatment Full Service Partnership—Adult Community Treatment Team will serve 90 male and female adults primarily ages 18-59 at risk for incarceration or recently incarcerated. All racial and ethnic populations will be served, and services provided in consumer's primary language. Additionally, GLBT population (gay, lesbian, bisexual, and transgender) and veterans will be served by this program.

The Full Service Partnership provides a continuum of services through a collaborative relationship between the consumer and care provider (coordinated by a Primary Service Coordinator), through which the client has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services includes:
- Medication management: provision of or plan for medication management services, including health education topics such as medication, chronic disease, and etc.

PREVIOUSLY APPROVED PROGRAM

- Mental health therapy: Short-term, goal focused individual mental health therapy will be offered with the goal of transitioning consumers to group therapy. Short-term, goal-focused group mental health therapy should be transitional, supporting consumers until they are ready to transition to other appropriate services.
- Case management: Short-term, intensive wrap-around case management will be offered to mitigate crisis situations and consumers should have access to services 24 hours per day. Also, transitional case management will be provided, focusing on ensuring that consumers are linked to appropriate services. As appropriate, services should be provided in a consumer's natural environment, including home and school.
- Wellness and recovery skills building: provision of and/or plan for linkage to wellness and recovery skills and services to support return to everyday life. All consumers should be supported to develop and monitor a Wellness and Recovery Action Plan (WRAP).

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

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

Program Number/Name: #6: Mobile Crisis

Date: March 26, 2010

Select one:

☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

In FY 2010-11, Mobile Crisis unit will provide services to at least 500 consumers in Solano County. Mobile Crisis serves children, transition age youth, adults and older adults from various racial and ethnic backgrounds, as well as provides services in a consumer's primary language. The Mobile Crisis unit is an integral component to the continuum of care in public mental health services. Mobile Crisis provides intervention services; collaborates with agencies and community based organizations; and conducts outreach, education and training to partner agencies. Additionally, Mobile Crisis supports full service partnerships by providing support and intervention services to consumers during non-traditional working hours (5:00 PM – 8 AM).

Furthermore, Mobile Crisis is a community safety team that offers support and interventions through a team of mental health professionals, including health professionals, mental health clinicians, case managers and peers. Mobile Crisis services include:

PREVIOUSLY APPROVED PROGRAM

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

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

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Solano County**   Select one:

                                                                                            ☒ **CSS**
Program Number/Name: **#7: Wellness & Recovery/Consumer Operated Recovery**   ☐ **WET**
                                                                                            ☐ **PEI**
Date: **March 26, 2010**   ☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☒	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

The Wellness & Recovery/Consumer Operated Recovery program is directed toward the goal of preventing early mental illness from progressing and helping individuals to recover from mental illness. This includes the reduction of symptoms, acquisition of skills for coping with the effects of mental illness, successful fulfillment of constructive roles in the community, and the development of supports, which in combination with will permit maximum independence and quality of life. The program will serve at least 150 consumers, including transition age youth, adults, and older adults and both female and male consumers will receive services. Additionally, all ethnic and racial groups will receive services, including African Americans, Asians, Latinos, Native Americans and Caucasians and services will be provided in the consumers' primary language. The program will collaborate and partner with agencies and organizations participating in the mental health services continuum of care to provide wellness and recovery services to mental health consumers.

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

PREVIOUSLY APPROVED PROGRAM

- <u>Support Groups</u>: structured, time-limited support groups led by paraprofessionals, mental health consumers, or other appropriate staff will be offered to consumers and families. Groups may be offered on such topics as readjusting to the community after First Break or hospitalization, anxiety, depression, bipolar disorder, co-occurring issues and etc. Groups may be targeted to gender or cultural groups, as appropriate, and offered in partnership with community based organizations, National Alliance for Mental Illness (NAMI), faith based or health care organizations, or other public or private agencies.
- <u>Wellness and Recovery Skill Development</u>: wellness and recovery skills development services and strategies will be structured, realistic, client-centered and client/family driven. They will include development of Wellness and Recovery Actions Plans (WRAPs), daily living skills, and assistance in helping consumers develop their purpose and passion. Services will be offered in partnership with schools, colleges, worksites, and the Department of Rehabilitation, as appropriate.
- <u>Peer Mentoring</u>: mental health consumers and family members will have the opportunity to participate as mentors for one-to-one interactions with consumers and families. Examples of appropriate roles may include:
    - Peer/family greeters to offer support to consumers and families at initial intake and assessment for mental health services
    - System guides to help clients and families understand and navigate the mental health system
    - Ombudsman, a safe place to bring concerns about the system.
- <u>Consumer Employment</u>: in collaboration with Solano County's Workforce Education and Training, Solano will offer competitive employment for consumers and family members. Examples of employment may include consumer and family advocates and peer to peer support. All work opportunities must have adequate training and supervision.
- <u>Wellness and Recovery Evaluation Plan</u>: Solano County Mental Health will create a comprehensive evaluation plan to measure outcomes for Solano County mental health consumers. These indicators will be used to monitor and measure *system* and *consumer* outcome measurements. These data will be used to inform decision-making and program planning within Solano County Mental Health. System and consumer outcomes measurements include:
    <u>Consumer Outcomes (will vary by age)</u>
    - % showing improvement in diagnosis
    - % showing improvement as reported by both clinician & consumer
    - % with emergency room visits for medical, mental health visits
    - % hospitalized, % re-hospitalized
    - % of clients able to maintain stable housing/rate of residency change
    - % able to obtain/maintain education/employment
    - % able to live independently/least restrictive living situation
    - % with strong connections to family (as defined by consumer), community
    - % not incarcerated, % not re-incarcerated.

    <u>System Outcomes</u>
    - % consumers receiving recommended services
    - Rate of participation/attendance by consumers
    - % of clients satisfied with services

- % of staff with appropriate training
- % of staff demonstrating cultural competence, customer service and sensitivity
- Hours of service per client
- Degree to which services and referrals are coordinated and seamless
  o With county services, i.e. Mobile Crisis
  o With community partners such as hospitals, law enforcement, private providers and networks
  o Between medical and mental health—to allow flow to different levels of service
  o With other MHSA plans and services.

- Outreach and Education: Solano County Mental Health will conduct outreach and education about Solano County Mental Health services, including increasing awareness about how to access public mental health services. Outreach efforts will reach at least 500 community members, providers, and stakeholders. Additionally, outreach and education efforts will also develop working agreements (or Memorandums of Understanding) with partner agencies about services and referrals.

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

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Solano County**

Program Number/Name: #8: Outreach & Engagement

Date: **March 26, 2010**

Select one:

☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

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

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

The overall program goal for Outreach and Engagement is to increase awareness community mental health services and reduce stigma and

PREVIOUSLY APPROVED PROGRAM

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

Furthermore, the Outreach and Engagement program will work closely with consumers and family members to conduct outreach, education and training efforts. The program aims to reach at least 500 community members, providers, and stakeholders in FY 2010-11.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

Program Number/Name: #1 Workforce Staffing and Support

Date: March 26, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

No.	Question	Yes	No	
	CSS and WET			
	Previously Approved			
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

No.	Question
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

Workforce Staffing and Support program oversees the following:

- Hire staff to plan, develop and implement the workforce education and training objectives outlined in the WET plan.
- Develop and issue a WET Request for Proposal (RFP) to implement portions of the WET component.
- Manage and provide oversight of WET Component and contracts.
- Establish training committee and coordinate with training committee to identify and implement training needs.
- Coordinate trainings and ensure trainings are evidenced based, culturally sensitive and consumer/family member focused.
- Develop evaluation plan to collect and measure objectives and outcomes stated in WET Plan and report annually to stakeholders.

PREVIOUSLY APPROVED PROGRAM

No.	Question	Yes	No	
Existing Programs to be Consolidated				
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

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

Date: March 26, 2010

Select one:
☐ **CSS**
☒ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. <table><tr><td>FY 09/10 funding</td><td>FY 10/11 funding</td><td>Percent Change</td></tr><tr><td></td><td></td><td></td></tr></table>
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.				

Improve Mental Health Workforce Clinical and Administrative Competence program will include the following:

- Conduct needs assessment with Solano County Mental Health staff, contract providers, consumers, family members and community stakeholders to identify priority training needs related to clinical and administrative competencies.
- Develop and deliver workforce, education and training to Solano County Mental Health staff, contract providers, consumers, family members and community stakeholders in order to build capacity of clinical and administrative competence.
- Provide technical assistance to Solano County Mental Health staff, contract providers, consumers, family members and community stakeholders in order to build capacity of clinical and administrative competence.
- Identify and develop evidence based, best practices, or model training programs to implement within Solano County to build clinical and administrative competencies.
- Build capacity of Solano County Mental Health to sustain evidence based, best practices, or model training programs within Solano County

PREVIOUSLY APPROVED PROGRAM

Mental Health by developing trainers within the system.
- Conduct continuous quality improvement efforts to evaluate, monitor and modify training programs in order to build clinical and administrative competencies.
- Develop and maintain a resource library; compile with training and conferences information.
- Develop and maintain and on-line resource tool to increase awareness of upcoming trainings and conferences that Solano County Mental Health has deemed an evidence based, best practice models to implement within the public mental health system.
- Create orientation plan and checklist for new and existing employees in order to build clinical and administrative competencies.

In order to build clinical and administrative competencies, Solano County Mental Health may provide training programs focusing on:
- Wellness, recovery, and resiliency mental health services.
- Mental health and primary care services integration.
- Cultural competency, e.g. CBMCS.
- Consumer and family member employment, training and education.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: __Solano County__

Select one:
☐ CSS
☒ WET
☐ PEI
☐ INN

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

Date: __March 26, 2010__

CSS and WET			
Previously Approved			
No.	**Question**	**Yes** / **No**	
1.	Is this an existing program with no changes?	☒ ☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐ ☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐ ☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐ ☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐ ☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

Develop Recruitment, Retention and Training Plans for Specific Underserved Populations Program

Throughout the community program planning process for the WET component Filipino, Latino, and Lesbian, Gay Bisexual Transgender (LGBT) populations were identified both as underserved and underrepresented in the Solano County Mental Health system. Additionally, during the MHSA, CSS Strategic Planning process additional training needs were identified for the Mobile Crisis in order to better serve children and older adults. The program plans to do the following:

- Research and identify successful strategies to reach out to identified underserved populations, including conducting focus groups, surveys, and etc.
- Identify and develop curricula to train mental health staff, contractors, consumers/family members, and other stakeholders to address the needs of identified unserved and underserved populations, including Filipino, Latino, and LBGT.
- Develop plan to increase recruitment and retention of staff within the public mental health system from each identified unserved/underserved

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population.
- Create learning collaboratives for staff and contractors to discuss best practices and strategies to effectively provide mental health services to unserved and underserved populations.
- Increase capacity of mental health system, specifically the Mobile Crisis Unit, to provide mental health services to children and older adults.

Objectives include:
- Develop and implement specific plans that meet the unique service needs of each underserved group.
- Decrease disparity of mental health services provided to underserved groups.
- Increase recruitment and retention of identified groups within the public mental health system staff.
- Consumers and care givers from unserved/underserved populations report improved cultural competency of mental health system.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Solano County**

Select one:
☐ **CSS**
☒ **WET**
☐ **PEI**
☐ **INN**

Program Number/Name: #4 Expand Cultural Competence Training

Date: March 26, 2010

	CSS and WET			
	Previously Approved			
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. <table><tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr><tr><td></td><td></td><td></td></tr></table>
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.			

Expand Cultural Competence Training program will include the following:

- Identify and recruit at least ten trainers within Solano County public mental health system to become component in providing California Brief MultiCultural Scale (CBMCS) training.
- Provide CBMCS training to Solano County Mental Health staff, contractors, and stakeholders.
- Assess, evaluate, and report cultural competency of Solano County Mental Health staff and contractors on an annual basis.
- Provide on-going training about how to utilize translation services and provide mental health services using interpreter services.
- Expand consumer and family member panels to Solano County Health & Social Services staff to increase awareness and understanding about working with mental health consumers.

Expand Cultural Competence Training program objectives include:

PREVIOUSLY APPROVED PROGRAM

- CBMCS trainers are developed and staff are trained using the curriculum.
- Unserved and underserved populations report improvement in mental health services provided in culturally component manner.
- Staff report an increased understanding about how to use translation services and provide mental health services using an interpreter.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

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

Date: March 26, 2010

Select one:
☐ **CSS**
☒ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. **FY 09/10 funding** / **FY 10/11 funding** / **Percent Change**
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.			

English as a Second Language, Spanish and Tagalog Linguistic Development Program includes the following:
- Conduct needs assessment about how to increase capacity of Solano County Mental Health services to provide mental health services to monolingual and bicultural consumers and care givers.
- Identify evidence based, best practice, and promising practices to provide mental health services to monolingual and bilingual consumers and care givers.
- Increase capacity of bilingual and bicultural staff and contractors to provide mental health services.
- Increase capacity of staff and contractors to use interpreter services to provide mental health services.
- Increase capacity of staff and contractors to use translation services to provide mental health services.

English as a Second Language, Spanish and Tagalog Linguistic Development Program objectives include:
- Staff report and demonstrate increased skills, knowledge and abilities in providing mental health services to monolingual and

PREVIOUSLY APPROVED PROGRAM

bilingual consumers and caregivers.
- Monolingual and bilingual consumers and caregivers report increased cultural competency within Solano County Mental Health.
- Bilingual and bicultural staff report increased knowledge, skills and abilities providing services to monolingual and bilingual consumers and care givers.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

Program Number/Name: #6 Training for Law Enforcement (CIT) Personnel Participating in CSS Mobile Crisis Response Program

Date: March 26, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

The Crisis Intervention Training (CIT) program will:
- Develop training curriculum and the Peace Officers Standards & Training (POST) Instructor Resumes and Course Goals & Objectives.
- Work in collaboration with law enforcement to provide CIT county-wide.
- Work in collaboration with consumers and family members to provide CIT to law enforcement county-wide, and provide stipends to consumers and family members participating in the CIT.
- Work in collaboration with contractors and other stakeholders to provide CIT to law enforcement county-wide.

CIT will achieve the following objectives:
- Law enforcement personnel report and demonstrate increased knowledge, skills and abilities when working with mental health consumers and care givers.

PREVIOUSLY APPROVED PROGRAM

- Mental health staff and consumers report increased awareness about law enforcement policies, procedures and practices.
- Improve safe, effective, and least restrictive interventions for consumers and care givers when encountering mental health crisis.
- Law enforcement personnel report increased awareness about mental health consumers, illnesses, and family members.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

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

Date: March 26, 2010

Select one:
☐ **CSS**
☒ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

Expansion of Funding for Education and Training Activities Proposed in the PEI program will include:
- Identifying and addressing training needs for each of the PEI Initiatives, including Early Childhood (children 0-5), School-age Youth, Transition Age Youth/First Break, and Older Adults.
- Identifing and securing evidence based or best practice model trainin curriculuum to PEI Initiatives.
- Partnering with PEI Initiative contract agencies to provide training to staff, consumers and stakeholders.
- Developing an Evaluation Plan to measure effectiveness of trainings

Expansion of Funding for Education and Training Activities Proposed in the PEI program objectives will include:
- PEI Initiatives' staff reporting increased knowledge, skills and abilities in providing prevention and early intervention services to target populations.

2010/11 ANNUAL UPDATE

EXHIBIT D

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

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PREVIOUSLY APPROVED PROGRAM

County: Solano County

Program Number/Name: # 8 Mental Health Career Pathway

Date: March 26, 2010

Select one:
☐ **CSS**
☒ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

Mental Health Career Pathway program will include:
- Providing peer training and education to consumers, staff and contractors.
- Providing family member training and education to consumers, family members, staff and contractors.
- Securing employment within the Solano County Mental Health system for additional consumers and family members.
- Creating speaker opportunities for consumers and family members.
- Providing stipends to consumers and family members participating in trainings, volunteer activities, and community program planning.

The objectives for this program include:
- Increased number of employed consumers and family members within Solano County Mental Health system.
- Increased awareness about wellness, recovery and resiliency principles and practices.
- Decreased stigma within mental health system about mental health consumers, family members and the illness.

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

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

Date: March 26, 2010

Select one:
☐ **CSS**
☒ **WET**
☐ **PEI**
☐ **INN**

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

Expand Internship and Supervision program includes:
- Creating memorandums of understanding with universities and colleges to secure interns for Solano County Mental Health.
- Recruiting bilingual and bicultural interns to provide services within Solano County Mental Health.
- Conducting outreach and education at universities and colleges to secure interns for Solano County Mental Health.
- Providing training and education to supervisors on how to effectively train mental health interns.
- Creating orientation plan and checklist for all new interns.
- Creating educational series for interns in order to increase awareness Solano County Mental Health and MHSA principles.
- Building capacity of Solano County Mental Health to accept additional interns.

The objectives include:
- Increased bilingual and bicultural staff within Solano County Mental Health system.

PREVIOUSLY APPROVED PROGRAM

- Supervisors report increased knowledge, skills and abilities in providing supervision to interns.
- Interns report increased knowledge, skills and abilities in providing mental health services.
- Interns report a welcoming atmosphere working within Solano County Mental Health.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Solano County**

Program Number/Name: # 10 Loan Assumption Program

Date: **March 26, 2010**

Select one:
☐ CSS
☒ WET
☐ PEI
☐ INN

	CSS and WET			
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☒	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.

The Loan Assumption Program includes:
- Developing, launching and managing the Solano County Loan Assumption program, a financial incentive strategy to recruit and retain individuals into hard to fill mental health positions, including bilingual and bicultural positions.
- Conducting outreach, education and technical assistance to interested individuals in order to participate in Solano County Loan Assumption program.
- Reaching out to unserved and underserved populations to increase awareness of the Solano County Loan Assumption Program.
- Providing applicant workshops, conference calls and etc. to interested individuals.

The objectives include:
- Increasing the number of bilingual and bicultural mental health staff within system.
- Increasing awareness about Solano County Loan Assumption program.

PREVIOUSLY APPROVED PROGRAM

- Increasing the number of successful applications to the Solano County Loan Assumption program.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: Solano County

Program Number/Name: 1. Early Childhood Mental Health Project

Date: March 26, 2010

	Prevention and Early Intervention			
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
	Small decrease in funding amount due to decrease in PEI funds.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _1200_____ Total Families: _____			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:	400	700	350
	Total Families:			

	Existing Programs to be Consolidated			
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve	☐	☐	If yes, answer question #4; If no, complete Exh. F4

PREVIOUSLY APPROVED PROGRAM

	the same estimated number of individuals?

4.	Description of Previously Approved Programs to be consolidated. Include in your description:
	    a) The names of Previously Approved programs to be consolidated,
	    b) How the Previously approved programs will be consolidated; and
	    c) Provide the rationale for consolidation

PREVIOUSLY APPROVED PROGRAM

Select one:
☐ **CSS**
☐ **WET**
☒ **PEI**
☐ **INN**

County: Solano County

Program Number/Name: 2 School Age-Project

Date: March 26, 2010

No.	Question	Yes	No	
	**Prevention and Early Intervention**			
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

Small decrease in funding amount due to decrease in PEI funds.

5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve	☐	☐	If yes, answer question #4; If no, complete Exh. F4

PREVIOUSLY APPROVED PROGRAM

	the same estimated number of individuals?			
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Select one:
☐ CSS
☐ WET
☒ PEI
☐ INN

County: <u>Solano County</u>

Program Number/Name: <u>3 Education, Employment, and Family Support for Transition Age Youth</u>

Date: <u>March 26, 2010</u>

No.	Question	Yes	No	
	**Prevention and Early Intervention**			
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

Small decrease in funding amount due to decrease in PEI funds.

5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____		

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve	☐	☐	If yes, answer question #4; If no, complete Exh. F4

PREVIOUSLY APPROVED PROGRAM

	the same estimated number of individuals?			
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: <u>Solano County</u>

Program Number/Name: <u>4 Older Adult Project</u>

Date: <u>March 26, 2010</u>

No.	Prevention and Early Intervention			
	Question	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
	Small decrease in funding amount due to decrease in PEI funds.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

No.	Existing Programs to be Consolidated			
	Question	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve	☐	☐	If yes, answer question #4; If no, complete Exh. F4

PREVIOUSLY APPROVED PROGRAM

	the same estimated number of individuals?			
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Select one:

☐ CSS
☐ WET
☐ PEI
☒ INN

County: <u>Solano County</u>

Program Number/Name: <u>1 Community Access to Resources and Education</u>

Date: <u>March 26, 2010</u>

No.	Innovation			
	Question	Yes	No	
1.	Is this an existing program with no changes	☐	☒	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	☐	☒	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	☐	☒	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	☐	☒	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☒	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

Small increase in funding due to increase in planning estimate.

MHSA SUMMARY FUNDING REQUEST

County: _____ **Solano County** _____   Date: __**3/19/2010**__

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	$7,960,500			$2,156,500	$1,210,300	
2. Transfers						
3. Adjusted Planning Estimates	$7,960,500					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	$7,840,183		$2,413,308	$3,373,742	$1,149,785	
2. Requested Funding for CPP	$120,317			$107,825	$60,515	
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds[a/]		$267,139				
c. Unexpended FY 2008/09 Funds	$2,139,227			$1,985,333	$179,948	
d. Adjustment for FY 2009/2010	$2,139,227	$267,139		$1,985,333	$179,948	
e. Total Net Available Unexpended Funds	$0	$0	$0	$0	$0	
4. Total FY 2010/11 Funding Request	**$7,960,500**	**$0**	**$2,413,308**	**$3,481,567**	**$1,210,300**	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						

MHSA SUMMARY FUNDING REQUEST

	Col 1	Col 2	Col 3	Col 4	Col 5
b. Unapproved FY 07/08 Planning Estimates[a/]					
c. Unapproved FY 08/09 Planning Estimates					
d. Unapproved FY 09/10 Planning Estimates				$1,325,067	
e. Unapproved FY10/11 Planning Estimates	$7,063,750			$1,748,886	$1,210,300
Sub-total	**$7,063,750**	**$0**		**$3,073,953**	**$1,210,300**
f. Local Prudent Reserve					
2. New Programs/Projects					
a. Unapproved FY 06/07 Planning Estimates					
b. Unapproved FY 07/08 Planning Estimates[a/]			$2,413,308		
c. Unapproved FY 08/09 Planning Estimates					
d. Unapproved FY 09/10 Planning Estimates					
e. Unapproved FY10/11 Planning Estimates	$896,750			$407,614	
Sub-total	**$896,750**	**$0**	**$2,413,308**	**$407,614**	**$0**
f. Local Prudent Reserve					
3. FY 2010/11 Total Allocation [b/]	**$7,960,500**	**$0**	**$2,413,308**	**$3,481,567**	**$1,210,300**

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

* Amounts listed in Section B-3 are projections based on 3 quarters of expenditures

CSS BUDGET SUMMARY

County: Solano County   **Date:** 3/19/2010

	No.	Name	FY 10/11 Requested MHSA Funding	Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
		CSS Programs		**Estimated MHSA Funds by Service Category**				**Estimated MHSA Funds by Age Group**				
		Previously Approved Programs										
1.		Young Adult (Transition Age Youth)	$450,000.00	$450,000.00					$450,000			
2.		Adult Community Treatment Team- Forensic Assessment Community Treatment	$900,000.00	$900,000.00						$900,000		
3.		Older Adult Treatment Team	$730,000.00	$730,000.00							$730,000	
4.		Mobile Crisis	$1,700,000.00	$578,000.00	$1,122,000.00			$185,300	$282,200	$1,111,800	$219,300	
5.		Wellness & Recovery/Consumer Operated Recovery	$1,848,183.00	$462,045.75	$1,386,137.25				$462,046	$1,201,319	$184,818	
6.		Outreach & Engagement	$100,000.00	$10,000.00		$90,000		$25,000	$25,000	$25,000	$25,000	
7.												
8.												
9.			$0.00									
10.			$0.00									
11.			$0.00									
12.			$0.00									
13.			$0.00									
14.			$0.00									
15.			$0.00									
16.		Subtotal: Programs [a/]	$5,728,183.00	$3,130,045.75	$2,508,137.25	$90,000	$0	$210,300	$1,219,246	$3,238,119	$1,159,118	Percentage
17.		Plus up to 15% County Administration	$790,000.00									14%
18.		Plus up to 10% Operating Reserve	$395,000.00									6.1%
19.		Subtotal: Previously Approved Programs/County Admin./Operating Reserve	$6,913,183.00									

CSS BUDGET SUMMARY

	New Programs										
1.	Children's Multi-Disciplinary Intensive Services	$466,500	$466,500				$466,500				
2.	Foster Family Billingual Support	$400,000	$100,000	$300,000			$400,000				
3.		$0									
4.		$0									
5.		$0									
6.	Subtotal: Programs[a/]	$866,500	$566,500	$300,000	$0	$0	$866,500	$0	$0	$0	Percentage
7.	Plus up to 15% County Administration										#VALUE!
8.	Plus up to 10% Operating Reserve	$30,250									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve	$896,750									
10.	**Total MHSA Funds Requested for CSS**	$7,840,183									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)).
Percent of Funds directed towards FSPs=   56.10%

Additional funding sources for FSP requirement:
County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs
Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	56%

CFTN BUDGET SUMMARY

County: Solano County

Date: March 26, 2010

Capital Facilities and Technological Needs Work Plans/Projects			TOTAL FY 10/11 Required MHSA Funding	Type of Project	
No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs
1.	Electronic Health Record Acquisition and Implementation	(N)	$2,098,529		$2,098,529
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					Percentage
26.	Subtotal: Work Plans/Projects		$2,098,529	$0	$2,098,529

CFTN BUDGET SUMMARY

27.	Plus up to 15% County Administration	$314,779			15.0%
28.	Plus up to 10% Operating Reserve				#VALUE!
29.	Total MHSA Funds Requested	$2,413,308			

PEI BUDGET SUMMARY

County: Solano County   **Date:** March 26, 2010

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs								
1.	1	Early Childhood Mental Health	$663,356	$331,678	$331,678	$470,983		$192,373		
2.	2	School-Age Project	$759,436	$189,859	$569,577	$759,436				
3.	3	Education, Employment, and Family Support for Transition Age Youth	$503,996	$176,399	$327,597		$503,996			
4.	4	Older Adult Project	$557,556	$371,704	$185,852				$557,556	
5.			$0							
6.			$0							
7.			$0							
8.			$0							
9.			$0							
10.			$0							
11.			$0							
12.			$0							
13.			$0							
14.			$0							
15.			$0							
16.	Subtotal: Programs*		$2,484,344	$1,069,640	$1,414,704	$1,230,419	$503,996	$192,373	$557,556	Percentage
17.	Plus up to 15% County Administration		$212,136							9%
18.	Plus up to 10% Operating Reserve		$269,648							10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$2,966,128							

PEI BUDGET SUMMARY

		New Programs									
1.	5	Early Intervention Wellness Services	$340,689		$340,689		$113,563	$113,563	$113,563	
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$340,689	$0	$340,689	$0	$113,563	$113,563	$113,563	Percentage
7.	Plus up to 15% County Administration		$29,869							8.8%
8.	Plus up to 10% Operating Reserve		$37,056							10.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		$407,614							
10.	**Total MHSA Funds Requested for PEI**		$3,373,742							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years =   65%

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

INN BUDGET SUMMARY

County: Solano County   **Date:** 18-Mar-10

INN Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Age Group (if applicable)				
	No.	Name		Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs						
1.	1	Community Access for Resources and Education	$934,358	$233,590	$233,590	$233,590	$233,590	
2.			$0					
3.			$0					
4.			$0					
5.			$0					
6.			$0					
7.			$0					
8.			$0					
9.			$0					
10.			$0					
11.			$0					
12.			$0					
13.			$0					
14.			$0					
15.			$0					
16.	Subtotal: Programs		$934,358	$233,590	$233,590	$233,590	$233,590	Percentage
17.	Plus up to 15% County Administration		$110,901					12%
18.	Plus up to 10% Operating Reserve		$104,526					10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$1,149,785					

INN BUDGET SUMMARY

	New Programs							
1.			$0					
2.			$0					
3.			$0					
4.			$0					
5.			$0					
6.	Subtotal: Programs		$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% County Administration							#VALUE!
8.	Plus up to 10% Operating Reserve							#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		$0					
10.	**Total MHSA Funds Requested for INN**		$1,149,785					

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New.

NEW PROGRAM / PROJECT BUDGET DETAIL / NARRATIVE

County: _____Solano County_____   Date: _____March 26, 2010_____

Program/Project Name and #: _____#1: Children's Intensive Multi-Disciplinary Intensive Services_____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	$5,000			$5,000
b. Other Supports	$18,325			$18,325
2. General System Development Housing				$0
3. Personnel Expenditures	$419,850			$419,850
4. Operating Expenditures	$23,325			$23,325
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	$466,500	$0	$0	$466,500
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	$0	$0	$0	$0
C. TOTAL FUNDING REQUESTED	$466,500	$0	$0	$466,500

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification: _____

Please include your budget narrative on a separate page.

Prepared by: _____Jayleen Richards_____
Telephone Number: _____707-784-8320_____

NEW PROGRAM / PROJECT BUDGET DETAIL / NARRATIVE

County: Solano County   Date: March 26, 2010

Program/Project Name and #:   #2: Foster Family/Bilingual Support

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	$3,000			$3,000
b. Other Supports	$7,000			$7,000
2. General System Development Housing				$0
3. Personnel Expenditures	$380,000			$380,000
4. Operating Expenditures	$10,000			$10,000
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$400,000**	**$0**	**$0**	**$400,000**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$400,000**	**$0**	**$0**	**$400,000**

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Jayleen Richards
Telephone Number: 707-784-8320

NEW PROGRAM / PROJECT BUDGET DETAIL / NARRATIVE

County: Solano County   Date: March 26, 2010

Program/Project Name: EHR Acquisition and Implementation # SL-02

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Technological Needs				
1. Personnel	$236,115	$211,714		$447,829
2. Hardware	$60,000			$60,000
3. Software	$1,000,000			$1,000,000
4. Contract Services	$586,800			$586,800
5. Other Expenditures*	$3,900			$3,900
6. Total Proposed Expenditures	**$1,886,815**	**$211,714**	**$0**	**$2,098,529**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$1,886,815**	**$211,714**	**$0**	**$2,098,529**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: Travel to CiMH Technology Conference, County Treatment Plan Coalition, and to other counties to gain insight on

Please include your budget narrative on a separate page.

Prepared by: Robert Sullens

Telephone Number: 707-784-8374

NEW PROGRAM / PROJECT BUDGET DETAIL / NARRATIVE
Solano County—Technological Needs Project
Budget Narrative

Electronic Health Record Acquisition and Implementation Project # SL-02

1. Personnel   **$447,829**

Personnel cost for 2010/11 fall into 2 categories.

$236,114 is requested for the cost of one FTE for a dedicated Project Manager in the Mental Health Division to lead the project, a clinical Systems Implementation Analyst beginning in October 2010, and a ½ time Office Assistant to provide administrative support for the project.

$211,714 is requested for the cost of a full time IT Project Manager beginning in July 2010 and one IT analyst beginning in October 2010.

This represents a minimum staff for a project of this size.

2. Hardware   **$60,000**

A portion of the hardware cost to support the Solano County EHR system will depend on the service model selected. If a locally hosted option is selected, additional servers will be required at an estimated cost of $30,000.

Some costs will be incurred regardless of the service model selected. These hardware costs include Infrastructure upgrades of $15,000.

Solano County already has a robust information technology infrastructure in place. Implementation of an EHR system will require only minor upgrades which may include new cabling to support additional workstations and router upgrades to increase communications capacity.

The request includes $15,000 for digital signature pads.

3. Software   **$1,000,000**

The projected software cost will vary with the service model selected. $1,000,000 is the projected need to purchase software for a locally hosted system based on the cost of similar systems in other counties. If an Application Service Provider Model is selected the cost would be approximately $400,000 per year based on a vendor provided estimate.

4. Contract Services   **$586,800**

The contracted services amount requested includes:

$500,000 is requested vendor implementation and customization. This amount is based a vendor provided estimate.

$86,800 is requested for consulting services to support vendor selection and implementation.

5. Other Expenditures*   **$3,900**

$3,900 is requested to support travel by the implementation team to participate in conferences, user group meets, and visits with other counties to share best practices.

Total Proposed Expenditures	**$2,098,529**
Overhead 15%	**$314,779**
Total Request	**$2,413,308**

CSS and WET NEW PROGRAM DESCRIPTION

County: **Solano County**

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

Date: **March 26, 2010**

Check boxes that apply:
☒ CSS   ☐ New
☐ WET   ☐ Consolidation
        ☐ Expansion
        ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	**General System Development**	**Outreach & Engagement**	
CY	35			$13,329
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):		35		

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

In FY 2009-10 MHSA Annual Update, Solano County proposed a budget of $843,226 for the Children's Intensive Multi-Disciplinary Intensive Services; however, the program did not grow to this capacity and remained near FY 2008-09 funding amount. So, the proposed budget of $466,500 maintains the program near the actual spending amount for FY 2009-10 (as will be reported in the FY 2009-10 Revenue and Expenditure Report next year). The program will function at a capacity similar to prior Fiscal Years.

In FY 2010-11, the Children's Intensive Multi-Disciplinary Intensive Services program will serve at least 35 male and female children birth to age eighteen. All racial and ethnic populations will be served, and services will be provided in a consumer's primary language.

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

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

As reported earlier, Solano County Mental Health conducted a six month long community program planning process to revisit, revise, and update the MHSA CSS Strategic Plan. The paradigm shift in this Plan is to provide Solano County mental health consumers with a continuum of services by collaborating with partner agencies to offer a full spectrum of services to consumers and families. The Plan also recommends that mental health services be provided in an integrated and coordinated fashion.

Furthermore, the community program planning process followed the frame work of Results-Based Accountability (Mark Friedman). The Plan identified and developed system and consumer outcome measures to evaluate the public mental health services continuum of care.

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

As mentioned above, Children's Intensive Multi-Disciplinary Intensive Services includes collaborating with partner agencies and organizations to provide a spectrum of services in a culturally competent manner, including providing culturally and linguistically appropriate services. Additionally, the Full Service Partnership provides a continuum of services through a collaborative relationship between the consumer (and family members if appropriate) and care provider (coordinated by a Primary Service Coordinator), through which the consumer has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan, focusing on wellness, recovery and resilience. Services will be provided in integrated and coordinated fashion.

CSS and WET NEW PROGRAM DESCRIPTION

CSS Only
1. **Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.**

In FY 2010-11, the Children's Intensive Multi-Disciplinary Intensive Services program will serve at least 35 male and female children birth to age eighteen. All racial and ethnic populations will be served, and services provided in consumer's primary language.

The Full Service Partnership provides a continuum of services through a collaborative relationship between the consumer (and family members if appropriate) and care provider (coordinated by a Primary Service Coordinator), through which the consumer has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services may include (but is not limited to): medication management, mental health therapy, case management, and wellness and recovery skills building. Additionally, the full spectrum of services will be provided in culturally and linguistically appropriate manner, and will collaborate with organizations and agencies to provide a continuum of care to the target population. The spectrum of services may also include: behavioral health and primary care collaboration; supported vocational and educational services; supported housing and other services. The Children's Intensive Multi-Disciplinary Intensive Services program will continue to be operated by Solano County Mental Health staff, and will partner with agencies and organizations to provide a range of services.

2. **Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).**

The Children's Intensive Multi-Disciplinary Intensive Services program will maintain the same number of Solano County Mental Health staff as in FY 2009-10 to provide services to at least 35 children birth to age eighteen. The team will include a supervisor, mental health clinicians, case managers, peer workers and administrative staff.

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

CSS and WET NEW PROGRAM DESCRIPTION

County: **Solano County**

Program Number/Name: #2: Foster Family/Bilingual Support

Date: **March 26, 2010**

Check boxes that apply:
☒ CSS   ☐ New
☐ WET   ☐ Consolidation
              ☐ Expansion
              ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	**General System Development**	**Outreach & Engagement**	
CY		20		$8,000
TAY		10		$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):		30		

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

The Foster Family/Bilingual Support program builds system capacity to serve children birth to age 21 that may be at risk for or part of the foster care system, and children birth to age 21 that may live in monolingual or bilingual households, providing mental health services in the consumers or family member's preferred language. This program is reduced by more than half in FY 2010-11 due to the declines in MHSA CSS planning estimates; hence, services will decrease proportionality. Additionally, the Foster Family/Bilingual Support program will be integrated throughout children's mental health services instead of functioning as its own unit in order to provide coordinated services to this vulnerable population.

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

As reported earlier, Solano County Mental Health conducted a six month long community program planning process to revisit, revise, and update the MHSA CSS Strategic Plan. The paradigm shift in this Plan is to provide Solano County mental health consumers with a continuum of services by collaborating with partner agencies to offer a full spectrum of services to consumers and families. The Plan also recommends that mental health services be provided in an integrated and coordinated fashion.

Furthermore, the community program planning process followed the frame work of Results-Based Accountability (Mark Friedman). The Plan identified and developed system and consumer outcome measures to evaluate the public mental health services continuum of care.

3. **Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**
The Foster Family/Bilingual Support program includes collaborating with partner agencies and organizations to provide a spectrum of services in a culturally competent manner, including providing culturally and linguistically appropriate services. Additionally, the consumer (and family members) partner with the care provider so the consumer may achieve identified goals stated in the Individual Service Plan, focusing on wellness, recovery and resilience. Services will be provided in integrated and coordinated fashion.
CSS Only
1. **Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.**
The Foster Family/Bilingual Support program builds system capacity to serve 30 children birth to age 21 that may be at risk for or part of the foster care system, and children birth to age 21 that may live in monolingual or bilingual households, providing mental health services in the consumers or family member's preferred language. This program is reduced by more than half in FY 2010-11 due to the declines in MHSA CSS planning estimates; hence, services will decrease proportionality. Additionally, the Foster Family/Bilingual Support program will be integrated throughout children's mental health services instead of functioning as its own unit in order to provide coordinated services to this vulnerable population.
2. **Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).**
Solano County mental health will maintain at least four full time equivalent staff under this program, including mental health clinicians, case managers and/or administrative staff. Management and supervision of the program will be provided by other funding streams within Solano County Mental Health.
3. **For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

TECHNOLOGICAL NEEDS NEW AND EXISTING PROJECT DESCRIPTION

County: _Solano County_   **Select one:**
                                                                      ☒ **New**

Project Number/Name: SL-02 EHR Acquisition and Implementation   ☐ **Existing**

Date: _March 26, 2010_

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSA Technological Needs Project

☒ New system
☐ Increases the number of users of an existing system
☐ Extends the functionality of an existing system
☒ Supports goal of modernization/transformation
☐ Supports goal of client and family empowerment

Indicate the type of MHSA Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

☒ Infrastructure, security, and privacy
☒ Practice Management
☒ Clinical Data Management
☒ Computerized Provider Order Entry
☒ Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other
    counties, contract providers, labs or pharmacies)

Client and family empowerment projects

☐ Client/Family access to computing resources projects
☐ Personal Health Record (PHR) system projects
☐ Online information resource projects (expansion/leveraging information-sharing services)

Other technological needs projects that support MHSA operations

☐ Telemedicine and other rural/underserved service access methods
☐ Pilot projects to monitor new programs and service outcome improvement
☐ Data Warehousing projects/decision support
☐ Imaging/Paper conversion projects
☐ Other

Indicate the Technological Needs Project implementation approach

☐ Custom application: Name of Consultant or Vendor (If applicable)
  _N/A_
☒ Commercial Off-The-Shelf (COTS) System: Name of Vendor _To Be Determined by RFP_
☒ Product Installation: Name of Consultant and/or Vendor (If Applicable) _To Be Determined by RFP_
☒ Software Installation: Name of Vendor _To Be Determined by RFP_

Technological Needs New Project Description

1. Provide a summary of the TN Project:

This project will provide staff, software, hardware, and contract services to acquire and implement an electronic health record system for Solano County Mental Health Division.

The project budget includes a Project Manager, Office Assistant, systems implementation support from the Department of Information Technology (DOIT), the software vendor, and consultants.

2. Describe how this project is critical for accomplishing the County's and Department's MHSA goals and objectives.

All MHSA programs included in the Three-year Plan are information dependent. Adequate information systems are required to:

- ❖ Provide effective administrative support systems that enable provision of services to consumers;
- ❖ Provide data that can be used to monitor and report outcomes of MHSA programs;
- ❖ Provide effective billing mechanisms that maximize revenues from the services provided.

The Electronic Health Record Implementation and Acquisition Project will provide the basic tools for the effective management and transformation of the Solano County Mental Health services delivery system.

Solano County has just completed an update of the MHSA Community Services and Supports Strategic Plan. The MHSA Steering Committee recommended re-structuring mental health services in Solano County, starting with services funded by the Community Services and Supports Plan for individuals with severe mental illness or severe emotional disturbance. The purpose of this re-structuring is proposed to better serve consumers while addressing significant funding reductions. Two key elements of the proposed restructuring are:

- ❖ Seamless coordinated services
- ❖ Consumer impact and system quality measures

Coordination of services is hindered by current clinical and business operations that rely on labor intensive, paper-based, manual processes.

The administrative, program monitoring, and client/family needs of existing MHSA Community Services and Supports (CSS) Programs have created new requirements for collection of data for customer impact and quality measures.

In addition to the work of the MHSA Steering Committee, Solano County Mental Health management and key stakeholders have been engaged in an effort to transform the way that all mental health services in the County are delivered. This transformation effort will create a redesigned process for connecting individuals with the appropriate services. The County will provide services to some consumers through the County's Federally Qualified Health Centers where appropriate. The County sees increasing integration of mental health and primary care as critical to make efficient use of resources in these lean budget years as well as addressing the physical health needs of mental health consumers.

The Electronic Health Record Acquisition and Implementation Project will facilitate accomplishing our goal of transforming the Solano County Mental Health system in the following ways:

- ❖ Improving care for mental health consumers by providing clinicians with tools that will improve efficiency and quality of care.
- ❖ Promoting coordination and integration of mental health and primary care services by providing a standards-based information exchange between SCMH and contract providers of mental health services and County primary care facilities.
- ❖ Improving the capture and reporting of consumer outcomes and system quality data for monitoring the effectiveness of MHSA programs

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

The proposed EHR system will replace obsolete existing systems and provide consistent tools for all Mental Heath Division offices. The information exchange features that we are requesting will allow data to be exchanged with other Solano County clinics and the County's contract service providers..

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

Solano County intends to issue a Request for Proposals (RFP) for the purchase and implementation of an EHR system in early summer of 2010.

The RFP will permit prospective vendors to propose either an Application Service Provider (ASP) model or a county hosted system. The system will be selected based on best value to the County.

Actual software costs and hardware requirements cannot be determined until the vendor is selected.

The proposed system will include the following software components:

- ❖ Practice Management,
- ❖ Clinician workstations, (Approximately 200 licenses.)
- ❖ Electronic prescription and laboratory service ordering
- ❖ software to facilitate exchanging data with Public Health Electronic Health Record Systems and community partners
- ❖ Personal Health Record capability (Optional)

The proposed system will include some additional hardware purchases:

- ❖ additional servers will be required if the County hosts the system locally
- ❖ 40 electronic signature pads to implement electronic signatures

5. Attach a detailed project plan for this project.
 Anticipated Start Date: [07/01/2010]   Anticipated End Date: [06/30/2012]

See attached implementation plan at end of Annual Update.

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.

As part of the MHSA funded Electronic Health Records Readiness Project, Fox Systems, Inc. is currently assisting Solano County Mental Health Division in preparing for the implementation of an electronic health record system by documenting existing processes, identifying gaps and areas of improvement, and developing a "to be" systems model and systems requirements. The workflow analysis will be completed by June 2010.

Fox Systems, Inc. Work Flow Assessment Plan

A   Identify and document business rules and logic controlling mental health processes and workflow for access to care and long-term care processes. Fox Systems, Inc. will develop a Business Rule Reference document that identifies, for each process and its subcomponents, the relevant business rules and logic used to control execution of the process and any related activities or sub-processes. This reference will provide the following information for each business rule.

B   Identify and document the mental health processes and related workflow including all underlying procedural components - end-to-end (as-is)

   i.   Identify and document the "as-is" Access to Care and Long-Term Care end-to-end processes and related workflow, including all underlying procedural components

   ii. Identify and document current "as-is" system functionality

C   Perform a Gap analysis that Identifies and documents superfluous, redundant and/or missing process components and mental health process gaps and overlaps.

   i.   Perform a gap analysis of all end-to-end processes, starting with the cross-functional master and drilling down to the lower levels
   ii. Perform a gap review of all system-oriented workflows to identify any missing but needed system functionality as well as all desired functionality.

D   Identify and document areas of potential consolidation and improvement in the mental health processes.

   i.   Document desired mental health processes and related workflow (to-be)

   ii. The new models will standardize the work methods and workflow used by all staff involved in each process. Specifically this task will:

      1.   Document the desired version of each process and its related workflows (to-be)

      2.   Identify and document new system functional requirements (to-be)

   iii. Develop a System Requirements Specification (SRS) that can be used for:

      1.   Procurement (RFP response),

      2.   Proposal evaluation, and

      3.   On-going implementation (e.g., design, configuration, test, and acceptance).

E   Assess the overall mental health department EMR readiness and document results and concerns, including, but not limited to technical skills, resistance to change, and perceived organizational barriers.

F   Determine key areas to assess readiness based on previous analysis (i.e., areas of improvements, gaps, business drivers, to-be process review) and discussion with and direction from Mental Health Division executive management, the EHR Readiness Project Steering Committee, and project team.

G   Organize the results of this analysis into a high-level implementation strategy consisting of a vendor Statement of Work and preliminary schedule.

7. If this project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection
☐ Needs Assessment
☒ Vendor Selection Process

Infrastructure
An interoperable EHR requires a secure network structure for sharing information
☒ Infrastructure

Practice Management (Web-Based Vendor)
Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.
☒ Electronic Registration
☒ Electronic Scheduling
☒ Billing Interface with State
☒ Billing Interface with Contract Providers

Clinical Data Management (EHR "Lite" Clinical Notes and History)
Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.
☒ Assessment and Treatment Plan
☒ Document Imaging
☒ Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)
Optimizing physician ordering of medications, laboratory tests with interactive decision support system.
☐ Lab - Internal
☐ Lab - External
☐ Pharmacy - Internal
☐ Pharmacy – External
☒ Lab and Pharmacy - Both

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:

Major Milestones Timeline
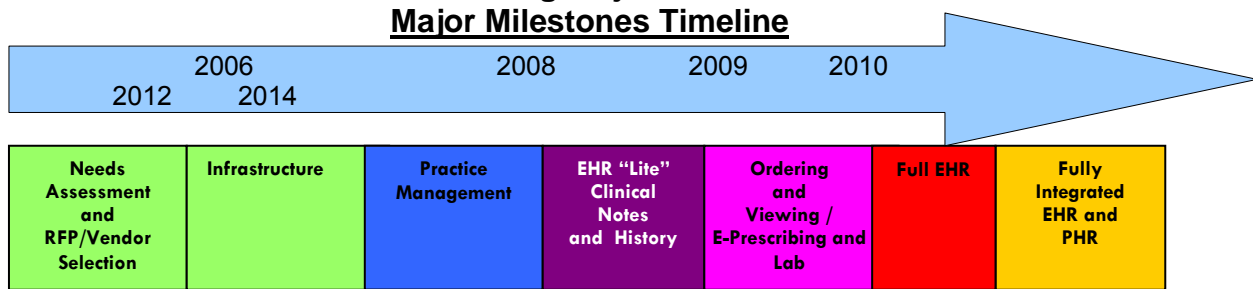
10. Assess the Project's risk rating using the following Project Risk Assessment.

Project Risk Assessment				
Category		**Factor**	**Rating**	**Score**
Estimated Cost of Project		Over $5 million	6	
		Over $3 million	4	**4**
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience Like Projects completed in a "Key Staff" Role		None	3	
		One	2	**2**
		Two or More	1	
Team Experience Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	**1**
Elements of Project Type				
	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
Hardware	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	**2**
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	**2**
		Data Center/Network Operations Center	3	

TECHNOLOGICAL NEEDS NEW AND EXISTING PROJECT DESCRIPTION

Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	**3**
	Number of users	Over 1,000	5	
		Over 100	3	3
		Over 20	2	
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	**3**

	Total Score	**Project Risk Rating**
☐	25 - 31	High
☐	16 - 24	Medium
☐	8 - 15	Low

The EHR Acquisition and Implementation Project scores 20 on the risk assessment earning a medium Project Risk Rating.

11. **If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.**

    Questions 11-12 are answered in Solano County's previously submitted MHSA Technology Needs Assessment.

TECHNOLOGICAL NEEDS NEW AND EXISTING PROJECT DESCRIPTION

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met?   Yes [_X___]   No [____]

TECHNOLOGICAL NEEDS NEW AND EXISTING PROJECT DESCRIPTION

TECHNOLOGICAL NEEDS EXISTING PROJECT
Please provide the following information when requesting additional funds for existing projects only:

1. Provide a brief summary of the TN project and its current status:

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

a. ☐ Project manager performance
b. ☐ Project staffing
c. ☐ Requirements not completely defined
d. ☐ Change in scope
e. ☐ Difficulties in customizing COTS
f. ☐ Delay in project start date
g. ☐ Completion date has lapsed
h. ☐ Change in Vendor/contract services cost

i. ☐ Change in cost of materials (hardware, software, etc.)
j. ☐ Personnel cost increase
k. ☐ Delay in RFP process
l. ☐ Insufficient management support
m. ☐ Training issues
n. ☐ Other

Explanation:

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

a. ☐ Hire additional staff or other personnel
b. ☐ Acquire new contract services (vendors)
c. ☐ Expand existing contract scope of work
d. ☐ Acquire new hardware (provide list below)
e. ☐ Expand existing infrastructure
f. ☐ Acquire new software (provide list below)

g. ☐ Expand existing software
h. ☐ Acquire other materials
i. ☐ Training costs
j. ☐ Other

Explanation:

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

a. ☐ Project organization
b. ☐ Project management resources
c. ☐ Support resources
d. ☐ Development and maintenance resources
e. ☐ Quality assurance testing resources
f. ☐ Project plan dates (schedule)
g. ☐ Project scope
h. ☐ Project roles and responsibilities
i. ☐ Project monitoring and oversight

j. ☐ Project phasing
k. ☐ Change management plan
l. ☐ Risk management plan
m. ☐ Contract services costs
n. ☐ Hardware costs
o. ☐ Software costs
p. ☐ Personnel costs
q. ☐ Other costs
r. ☐ Training provisions
s. ☐ None

Explanation:

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

This Technological Needs Project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

_ ___ _____
_____
    Chief Information Officer (Print)   Signature
       Date

_____
_____
    HIPAA Privacy/Security Officer (Print)   Signature
       Date

PEI NEW PROJECT DESCRIPTION

County: <u>Solano County</u>

Program Number/Name: <u>5 Early Intervention Wellness Services</u>

Date: <u>March 26, 2010</u>

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☐	☒	☒	☒
2. Psycho-Social Impact of Trauma	☐	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☐	☒		
4. Stigma and Discrimination	☐	☒	☒	☒
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☐	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☒	☒	☒
3. Children and Youth in Stressed Families	☐	☒		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	☐	☒	☒	☒

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

Solano County MHSA underwent a six month strategic planning process beginning in June 2009 with a diverse group of stakeholders, including consumers, family members, underrepresented cultural groups, and geographically distant populations. The community planning process was led by the MHSA Steering Committee.

PEI NEW PROJECT DESCRIPTION

The Steering Committee formed four population specific work groups, including children, transition age youth, adults and older adults, to analyze data pertaining to services that are available for mental health consumers. These workgroups each met on at least three occasions and were open to the public to attend in order to develop recommendations specific to their target population. All workgroup meetings were publicized through the MHSA electronic mailing list of 500 recipients and posted publicly (e.g. libraries, clinics, and community meetings). Additionally, some workgroup meetings were held at sites where consumers and family members may receive services, including Seneca Inc. and Neighborhood of Dreams. Data analyzed included services provided by MHSA and Solano County Mental Health, demographics (including penetration rates for underserved populations), and cost per client. The work groups made recommendations regarding services to the full MHSA Steering Committee for review.

Upon hearing the recommendations from each workgroup, the MHSA Steering Committee formed a MHSA Planning Committee, which met on five occasions, to develop final recommendations, priorities and outcome measures for the MHSA Strategic Plan.

The draft MHSA Strategic Plan was presented at the MHSA Steering Committee, a community forum and MHSA Stakeholder meeting, and at the Local Mental Health Board. Solano County Mental Health is pleased to report that an estimated 220 people were involved in the community planning process and at least 30 meetings were held with community members.

The strategic planning process focused on MHSA CSS programs, but placed them within the context of Solano's entire MHSA and mental health system and made recommendations for the entire system. The plan recommends a coordinated, seamless continuum of care for all age groups, including linking public and private mental health programs to encourage consumers to seamlessly flow through systems. The Strategic plan recommended additional early intervention services that focus on wellness and linkage to the community to prevent early mental illness from getting worse.

The Early Intervention Wellness Services Program will target outreach to unserved and underserved multicultural communities to increase access to services for these populations. In addition, some services will be targeted toward specific underserved cultural groups, such as Spanish speaking support groups.

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

The Early Intervention Wellness Services Program will link those at risk of mental illness or in early illness with community resources and peer support with the goal of preventing early mental illness from progressing. This includes learning about mental illness, acquiring skills for coping with the effects of mental illness, successful fulfillment of constructive roles in the community, and the development of supports, which in combination will permit maximum independence and quality of life.

PEI NEW PROJECT DESCRIPTION

Program Components:
1. Support Groups
   Structured, time-limited support groups will be led by paraprofessionals, mental health consumers, or other appropriate leaders for people at risk of mental illness, those in early stages of mental illness, and their families. Groups may be offered on such topics as anxiety, depression, bipolar disorder, co-occurring issues, etc. Some groups will be targeted to gender or cultural groups, as appropriate, and offered in partnership with community-based organizations, National Alliance for Mental Illness (NAMI), faith-based or health care organizations, or other public or private agency.
2. *Wellness Skills Development*
   Structured, realistic, client-centered and client/family driven wellness skills development services will be offered. Services will include development of Wellness and Recovery Action Plans (WRAPs), daily living skills, and assistance in helping people develop their purpose and passion. Services will be offered in partnership with schools, colleges, worksites, and the Department of Rehabilitation, as appropriate.
3. Peer Mentoring
   People at risk of or in early mental illness and family members will have the opportunity to participate as mentors or be mentored for one-to-one interactions with clients and families. Examples of appropriate roles may include:
   - Peer/family greeters to offer support to clients and families at initial intake and assessment for mental health services
   - System guides to help clients and families understand and navigate the mental health system
   - Ombudsman, a safe place to bring concerns about the system.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:		Number of months in operation through June 2011
		Prevention	Early Intervention	
Support Groups	Individuals: Families:		60	9
Wellness and Recovery Skills Development	Individuals: Families:		50	9
Peer Mentoring	Individuals: Families:		30	9
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		140	

PEI NEW PROJECT DESCRIPTION

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

PEI participants who show signs of need for additional, more intensive mental health services than are offered through the Early Intervention Wellness Services Program will be linked to appropriate resources through Solano County Mental Health. Additional services may include medication support, outpatient mental health treatment, full service partnerships, etc. Participants will receive information on how to access crisis services through Mobile Crisis. Additional needed services may be provided by Solano County Mental Health or its community partners.

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

As discussed in the Program Description, many of the services will be offered in partnership with community programs and providers to increase collaboration, introduce participants to new resources, and ensure smooth linkages between service providers. All participants will be linked to a primary care provider for health services. Community partners may be asked to dedicate in kind resources, such as space for groups to ensure services are offered at culturally and geographically appropriate locations throughout the county.

7. Describe intended outcomes.

Intended outcomes include both outcomes for participants and outcomes for the system.

Participant outcomes include:
- o Increased knowledge about mental illness, coping and wellness skills, and community resources.
- o Improvement in symptoms/life skills, as reported by the participant.
- o Increase in strong connections to family (as defined by participant) and community.
- o Increase in feeling of having a constructive role in the community.

System outcomes include:
- o Participants are satisfied with services.
- o Staff demonstrate cultural competence, customer service and sensitivity.
- o Services and referrals with other mental health, health, and community services are coordinated and seamless

8. Describe coordination with Other MHSA Components.

The Early Intervention Wellness Services Program will coordinate services with the other PEI Programs of Early Childhood Mental Health, School Age Project, Education, Employment, and Family Support for Transition Age Youth, and the Older Adult Project, as appropriate. For example, an older adult participant of the Early Intervention Wellness Services Program may need additional case management services to provide home visits, which may be provided by the Older Adult Project. Similarly, a parent may be accessing Early Intervention Wellness Services and be referred to the Early Childhood Mental Health Program for screening and assessment of their young child.

PEI NEW PROJECT DESCRIPTION

The Early Intervention Wellness Services Program will coordinate closely with the Wellness and Recovery Services offered through MHSA Community Services and Supports and vocational services offered through MHSA Workforce, Education and Training. Wellness services for those who are in early mental illness may be offered at the same time as services for those who are in recovery to increase peer support and peer to peer learning. Participants who show elevated need for services may be referred to additional services through MHSA CSS.

In addition, staff who are providing services may access training provided through the MHSA Workforce, Education and Training component.

The MHSA Stakeholders and Steering Committee will be actively involved in reviewing the program and making recommendations for program improvement.

9. **Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.**

Costs associated with the Early Intervention Wellness Services Program are as follows:

Personnel: $25,938
Project Manager: A 0.7 FTE Project Manager (the PEI Coordinator) will manage all PEI programs and will be proportionally dedicated to managing the Early Intervention Wellness Services Program.
Office Assistant: A 0.5 FTE Office Assistant will assist in coordinating all PEI programs and will be proportionally dedicated to the Early Intervention Wellness Services Program.
Costs include salaries and applicable benefits and taxes.

Operating Expenditure: $14,751
Costs for operating expenditures include usual and customary expenses, including office supplies and materials, education and training, mileage, communication services, equipment, reproduction and copying.

Contracts: $300,000
Direct services will be provided by a contractor that will be determined by a Request for Proposals process.

10. **Additional Comments (Optional)**

Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Project)
X Previously approved with no changes
☐ **New**

Date: March 26, 2010	County Name: Solano County

Amount Requested for FY 2010/11: $61,200

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

We will provide training, technical assistance, and capacity building to the providers of prevention and early intervention mental health to assist them in providing high quality coordinated and comprehensive services. We will work with local community partners to identify specific training needs and partner with providers that have the capacity to provide statewide training, technical assistance, and capacity building.

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

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

Certification

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

_____
Director, County Mental Health Program (original signature)

Solano County Mental Health
EHR Implementation Plan
Draft
3/8/2010

ID		Task Name	Duration	Start	Finish
1		**Secure Funding for EHR System**	**85 days**	**Mon 3/8/10**	**Fri 7/2/10**
2		Prepare MHSA Project Plan	15 days	Mon 3/8/10	Fri 3/26/10
3		Post for Public Comment	21 days	Mon 3/29/10	Mon 4/26/10
4		Submit to DMH	4 days	Tue 4/27/10	Fri 4/30/10
5		DMH Review	45 days	Mon 5/3/10	Fri 7/2/10
6		Create Acquisition Project Team/Steering Committee	1 day	Mon 5/3/10	Mon 5/3/10
7		**Prepare RFP for EHR**	**105 days**	**Mon 5/3/10**	**Fri 9/24/10**
8		Complete To_be System Design	20 days	Mon 5/3/10	Fri 5/28/10
9		Review Previous System requirements	20 days	Mon 5/3/10	Fri 5/28/10
10		Review DMH BH-EHR Requirements	20 days	Mon 5/3/10	Fri 5/28/10
11		Review Security standards	20 days	Mon 5/3/10	Fri 5/28/10
12		Draft RFP	20 days	Mon 5/31/10	Fri 6/25/10
13		Present RFP to Project Steering committee for review	5 days	Mon 6/28/10	Fri 7/2/10
14		Recruit additional Project Staff	60 days	Mon 7/5/10	Fri 9/24/10
15		**Issue RFP for EHR**	**97 days**	**Mon 7/5/10**	**Tue 11/16/10**
16		schedule Vendor Conference	1 day	Mon 7/5/10	Mon 7/5/10
17		Hold Vendor Conference	1 day	Tue 7/6/10	Tue 7/6/10
18		RFP Open	50 days	Wed 7/7/10	Tue 9/14/10
19		RFB Evaluation Vendor Demos	30 days	Wed 9/15/10	Tue 10/26/10
20		Evaluate proposals	15 days	Wed 10/27/10	Tue 11/16/10
21		Vendor Selection	0 days	Tue 11/16/10	Tue 11/16/10
22		Contract Negotiations	20 days	Wed 11/17/10	Tue 12/14/10
23		Propose award, prepare RFA Board Item	5 days	Wed 12/15/10	Tue 12/21/10
24		BOS Action	27 days	Wed 12/22/10	Thu 1/27/11
25		**Project Team Implemention prep and Planning**	**60 days**	**Wed 11/17/10**	**Tue 2/8/11**
26		Project Team Develops detailed Implementation Plan	20 days	Wed 11/17/10	Tue 12/14/10
27		**Identify Hardware Requirments based on RFP response**	**60 days**	**Wed 11/17/10**	**Tue 2/8/11**
28		Purchase required hardware	50 days	Wed 11/17/10	Tue 1/25/11
29		Inatall required hardware	10 days	Wed 1/26/11	Tue 2/8/11
30		**Implement Policy and Procedure changes required to support new workflows. changes**	**174 days**	**Thu 9/30/10**	**Tue 5/31/11**
31		Review Readiness Project reports to identify policies in need of update	60 days	Thu 9/30/10	Wed 12/22/10
32		Review contract and vendor proposal to identify policies and procedures needed to implement system	20 days	Wed 12/15/10	Tue 1/11/11
33		Update identified policies	80 days	Wed 1/12/11	Tue 5/3/11
34		Train staff on new policies as needed.	20 days	Wed 5/4/11	Tue 5/31/11
35		**Develop Data Conversion strategy**	**50 days**	**Fri 4/22/11**	**Thu 6/30/11**
36		ID data to be converted	20 days	Fri 4/22/11	Thu 5/19/11
37		Clean up data to be converted	25 days	Fri 5/20/11	Thu 6/23/11
38		Convert selected data	5 days	Fri 6/24/11	Thu 6/30/11
39		Vendor Implementation Planning	60 days	Fri 1/28/11	Thu 4/21/11
40		**Practice Management Implementation**	**50 days?**	**Fri 4/22/11**	**Thu 6/30/11**
41		Load and configure Practice Management Billing modules	40 days	Fri 4/22/11	Thu 6/16/11
42		Test Software	10 days	Fri 6/17/11	Thu 6/30/11
43		Test Billing interfaces	10 days	Fri 6/17/11	Thu 6/30/11
44		Install Training instance	1 day?	Fri 4/22/11	Fri 4/22/11
45		Practice Management System Training	30 days	Fri 4/22/11	Thu 6/2/11
46		Pilot Practice Management Implementation	20 days	Fri 6/3/11	Thu 6/30/11
47		Practice Management/Billing Go Live	0 days	Thu 6/30/11	Thu 6/30/11
48		Practice Management /Billing Acceptance	20 days	Fri 7/1/11	Thu 7/28/11
49		Stabilization Period	40 days	Fri 7/1/11	Thu 8/25/11
50		**Clinicians workstation Implementation**	**110 days**	**Fri 8/26/11**	**Thu 1/26/12**
51		Load and configure Clinician workstation modules	40 days	Fri 8/26/11	Thu 10/20/11
52		Test Software	10 days	Fri 10/21/11	Thu 11/3/11
53		Install Training instance	10 days	Fri 11/4/11	Thu 11/17/11
54		Clinician's Workstation Training	30 days	Fri 11/18/11	Thu 12/29/11
55		Clinicians Workstation Go Live	0 days	Thu 12/29/11	Thu 12/29/11
56		Clinicians Workstation Acceptance	20 days	Fri 12/30/11	Thu 1/26/12
57		**E-Prescribing Implementation**	**40 days**	**Fri 12/30/11**	**Thu 2/23/12**
58		Configure software	20 days	Fri 12/30/11	Thu 1/26/12
59		Test Interfaces with pharmacy	10 days	Fri 1/27/12	Thu 2/9/12
60		Load formulary data	5 days	Fri 2/10/12	Thu 2/16/12
61		Provide presriber training	5 days	Fri 2/17/12	Thu 2/23/12
62		E-Prescribe Go Live	0 days	Thu 2/23/12	Thu 2/23/12
63		E-prescribe Acceptance	20 days	Fri 12/30/11	Thu 1/26/12
64		**Data Interchange Implementation**	**320 days**	**Fri 1/28/11**	**Thu 4/19/12**
65		Develop and configure interchange software	90 days	Fri 1/28/11	Thu 6/2/11
66		Test interfaces	60 days	Fri 1/27/12	Thu 4/19/12
67		Go Live	0 days	Thu 4/19/12	Thu 4/19/12