

# **County of Solano Health & Social Services: Looking into the Future**

October 2018



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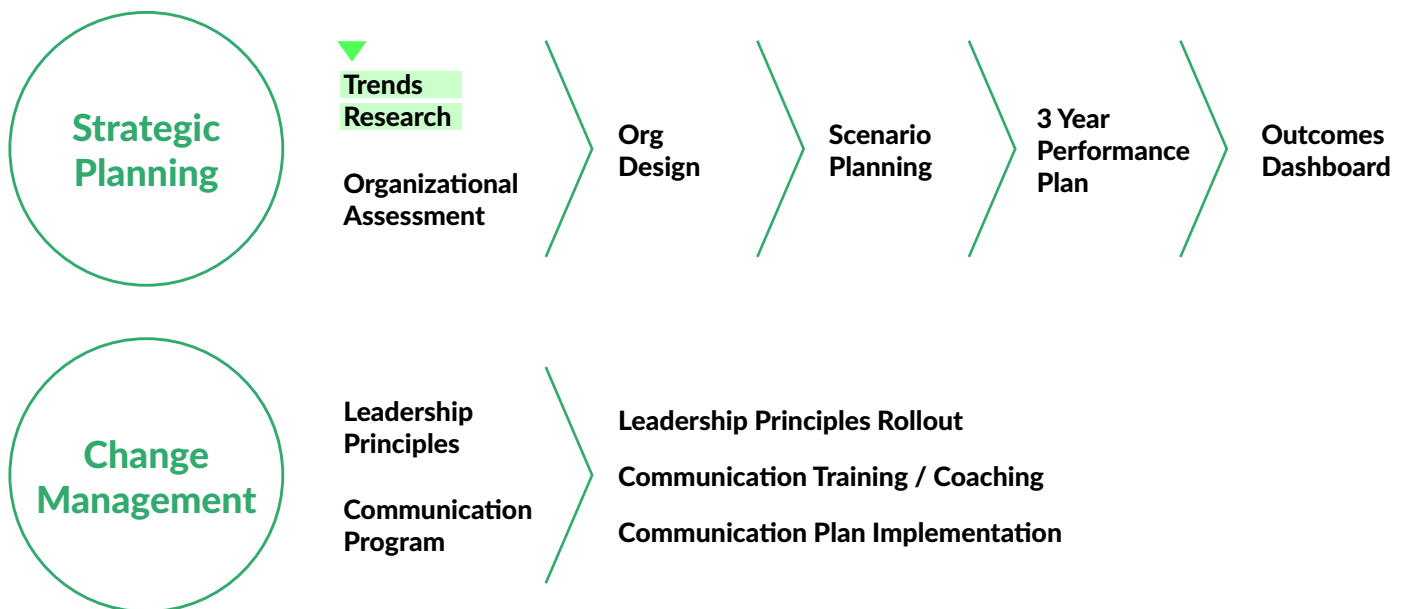
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## Project Context

The work that Performance Works is doing with H&SS is designed to accelerate department performance, develop leadership capacity, shape an adaptive culture and provide tools to keep employees engaged and informed, all with the explicit goal of delivering services and programs to better support the Solano County community. The project is anchored in two parallel and related tracks: Strategic Planning and Change Management, and is comprised of a number of individual components, each building on and informing one another. This research paper provides the foundation for future planning by highlighting issues and trends impacting and driving services for Solano County with a specific focus on community needs and opportunities for impact.



# Understanding the Landscape

Building an effective **plan for the future requires strategies anchored in a deep understanding of the factors driving change.** The Health & Social Services Agency's purpose is to serve the community of Solano by providing services, resources and tools to help the residents live healthy, safe and productive lives. This research paper identifies a roster of emerging trends that will influence the design and delivery of services to accomplish that mission. Looking outward at national, state and local factors provide agency leadership with the insights and information needed to **develop solutions that will have a positive and sustainable impact on those who live and work in the county.**

This paper identifies key trends impacting the health and well-being of people in the nation and the state of California and links those trends to life for the residents of Solano County. We leveraged census data for broad demographic and economic trends while also referring to county specific reports (i.e. Kaiser Community Health Needs Assessment, H&SS Recommended Budget) and speaking with service providers in Solano to have a better understanding of what's happening on the ground in the county. We studied nationally respected organizations including APHSA and IAF, and spoke with the deputy directors of H&SS. We also revisited other previously studied California county agencies to track their internal service delivery and organizational performance initiatives.

The purpose of the this paper is to give a peek into the future. And **by understanding the changing nature of the economy, demographic trends, health and social services issues, we can translate and interpret specific data points into priorities for action.**

And to make the information “come alive” so that it is relevant to department employees, we crafted fictional personas of Solano residents or ‘archetypes’ based on county-specific data to illustrate how the various pieces of information might manifest in a client, giving a glimpse into how someone might interact with H&SS and where there may be gaps in service. Additionally, these archetypes will also be used in a series of scenario planning exercises designed to help the department explore a variety of possible future conditions. The **goal is to create a multi-year performance plan to build organizational capacity to achieve the desired outcomes and community impact** in accordance with the department's mission, values and guiding principles.

The power of this information is that it provides insights to help plan for the future. And, for an organization that aspires to build a culture with excellence, agility and accountability at the core, having a glimpse into the challenges facing the community will empower H&SS to start planning today to be ready for what comes next.



# Aging

Across the developed world, aging populations are starting to have profound effects on countries' healthcare systems and the U.S. is no different. In 2016 the population of **Americans over the age of 65 was 49.2 million**, an increase of 12 million in just a decade - meaning **roughly 1 in every 7 Americans is over 65**.

That number is projected to double by 2060. Many of these older Americans are unable to meet their daily expenses and are falling into poverty. **Currently 9.3% are below the poverty line and 28% live alone**, making access to sufficient aid especially difficult. As life expectancy and healthcare costs continue to rise, the need and cost of providing extensive care giving and health support also rise. Despite Medicare covering almost 93% of people over 65, these older Americans are spending on average **13.1% of their income on medical needs**, as compared to 8% for the rest of the population. Due to these rising costs and insufficient retirement savings, Americans are putting off retirement and working later into their lives.

Local governments will need to think about how they can make specific adaptations to their communities for older residents. For example, Arlington County, Virginia decided to focus efforts around transportation and urban planning, such as ensuring buses sit low enough to allow riders to board easily and modifying sidewalks to better accommodate walkers and wheelchairs.

That said, older Americans can also act as an important resource as a caregiver themselves to younger family members. Historically, retirees often moved to Florida or Texas, but today, they're maintaining closer ties to the communities they've resided in and many expect to remain where they've lived. Intergenerational efforts have become important initiatives in cultivating more connection and experience sharing between older and younger populations. With additional transportation support, older Americans can make a profound impact as employees, volunteers and resources to the rest of the community.

Although rising health care costs seem daunting, the full effects that an aging population will have on the economy and communities are not yet known - careful planning and higher rates of savings can reduce the financial burden, but engaging with these residents and learning what they can offer will have long lasting effects that will help strengthen the community.

# Aging



## State Trends

The population of aged 60 and older is expected to grow by 112% from 1990 to 2020. The oldest population, 85 years and older, will grow by 143%, with 11 counties seeing increases of over 300%.

These seniors will make up 26% of the state population in 2035, up from 19% today, with the non-white share of seniors increasing to 55% from 41%.

Between 1999 and 2014, the number of impoverished residents 65 and older increased at more than double the rate of population growth among the elderly.

Every 4 years CA releases a statewide Plan on Aging to address unmet needs and impending changes and challenges. The most recent report focused on:

- Access to care and support services
- More widespread information about available programs and services
- Expanded opportunities for civic engagement
- Strengthen infrastructure for home and community-based needs
- Prevent abuse



## Solano County Snapshot

The aging situation in Solano is similar to what's happening in the rest of California:

- Median age is 37.5 years, up 2.7% since 2010 (slightly higher than CA)
- About 20% of the population is 60 or over (slightly higher than CA)

Outer areas such as Rio Vista and Green Valley have much higher percentages of population over 60, but the majority of such people live in the urban core.

The number of requests for In-Home Supportive Services provided by the county increased 8% over the prior period.

The county recognized the need for seniors to have better access to information about the services available and created SolanoCares4Seniors.org in 2017.

# Behavioral Health

Though mental illness is neither new nor novel, there is a newfound commitment and de-stigmatization in the way Americans talk about and approach mental health. One likely reason for this is that the problem is, in fact, getting worse. **18% of adults (over 43 million) live with a mental illness and 56% of those adults did not receive treatment.** Furthermore, nearly half of these patients also struggle with a co-occurring substance abuse disorder. **Youth with severe depression increased from 5.9% in 2012 to 8.2% in 2015,** and 1.7 million of those patients got little or no treatment. Exacerbating the problem is the lack of appropriate housing for those affected by mental illness - sadly, jails end up housing many.

One major factor of this uphill battle is the shortage of providers. In the **states with the lowest workforce, there is up to 6 times the number of individuals requiring treatment for one mental health professional,** including psychiatrists, psychologists, social workers, counselors and psychiatric nurses, combined.

Some locales are also making concerted efforts to reduce the stigma associated with mental illness in an effort to encourage residents to seek help before an emergency arises (ThriveNYC) while others focus on housing first (Colorado Coalition for the Homeless).

There is some hope. With healthcare reform and in states that increased medicaid expansion, **rates of uninsured adults with mental illness have decreased** as well as an **improvement in youth coverage.** Health professionals recognize the importance of the continuum of care tied to an individual's need and are introducing more holistic and personalized approaches.

# Behavioral Health



## State Trends

The number of facilities and beds for acute psychiatric care decreased 30% from 1995 to 2014. Because of population increases, the bed to population rate fell 43% during that time.

Although the supply of acute psychiatric beds stabilized recently, emergency department visits resulting in an inpatient psychiatric admission increased by 30% between 2010 and 2015.

Given current trends, it is projected that California will have 41 percent fewer psychiatrists than needed, and 11 percent fewer psychologists than needed by 2028.

## Additional Relevant Data Points

1 in 6 adults in CA have mental health needs while 1 in 20 suffer from a serious mental health illness that makes it difficult to carry out major life activities. 1 in 13 children suffers from mental illness that limits daily participation.

About  $\frac{1}{3}$  of adults with a mental illness and  $\frac{1}{3}$  of adolescents with major depressive episodes did not get treatment.

In May of 2018, Governor Jerry Brown proposed allocating millions of dollars in the state's budget specifically to the repayment of Children's Mental Health

Mandates (\$254 million), augmenting homeless mentally ill outreach and treatment (\$50 million), increasing mental health graduate medical education (\$55 million), send the No Place Like Home initiative to the 2018 ballot and building stronger mental health capacity at the Department of the Health Care services (\$6.7 million).



## Solano County Snapshot

The unmet need for mental health and substance abuse services is leading to much higher rates of emergency department visits and hospitalizations compared to state benchmarks: 75% higher for mental health issues and 84% higher for substance abuse issues.

Community survey results show Alcohol/ Drug Abuse repeatedly as a top concern among community members.

Providing mental health services in outlying areas such as Vallejo and Fairfield will continue to be difficult unless low cost interventions can be developed.



# Children, Youth and Family

A 2017 Adoption and Foster Care Analysis reported almost **440,000 children in the foster care system with increases annually from the five years prior**. On average, the children are 7.8 years old and spent 12.7 months in foster care. 55% of these children were reunified with their parents or primary guardians and 22% were adopted. The primary reasons for children being placed in the foster care system was neglect and drug abuse by a parent. **A 2018 report estimated that about 30 million children in America would be exposed to some type of family-based violence by the age of 17.**

The rate of single parent households has been rising for years from 32% in 2007 to 35% in 2016. These families tend to come from lower socioeconomic backgrounds, putting these children at particular risk of being raised in poverty and homeless. This can have carryover effects to poor school performance. Although high school graduation rates are at or near all time highs, the cost of not completing high school can be devastating. This group faces a lifetime of low wages (30% below high school graduates) and high unemployment rate (almost 50% higher).

Unaccompanied **children and youth made up 14.3% of the homeless population**, representing the largest increase in homelessness. One study reports **at least 1 in 10 young adults (18-25) and 1 in 30 (13-17) experienced unaccompanied homelessness within a 12-month period**, putting over 4 million young people at risk of violence, the development of serious mental health and addiction problems, and being forced to trade unsafe sexual favors for basic needs. **The average homeless youth spends two years living on the street and 53% were unable to access shelters** because they were full. Finding safe shelter, access to education and employment, and basic supports like transportation, clothing and laundry facilities were reported as the most essential needs for young people living on the street.

# Children, Youth and Family



## State Trends

Despite the improving economy, families are struggling—since 2016, there has been a 38% increase in unaccompanied children and youth homelessness and a 5% increase in family homelessness.

The percentage of single parent households has increased from 30% in 2011 to 32% in 2016.

The percentage of children under 18 that live in poverty has increased slightly from 19% in 2011 to 20% in 2016.

The high school graduation rate has improved significantly in recent years—up from 71% in 2011 to 82% in 2016.



## Solano County Snapshot

Single parent households have increased to 37% (2016) from 30% (2011).

Non-whites make up majority of younger population at 70%.

Despite the population increasing, many schools are experiencing decreasing attendance, putting future funding at risk.

High school graduation rates are hovering 84% (2016).

Reports of domestic violence 65% higher than the average for California.

School suspensions used to be 3x higher than the state average, but the county has taken steps that have reduced this rate significantly in recent years.

Community survey results show Alcohol/Drug Abuse repeatedly as a top concern among community members.

Providing mental health services in outlying areas such as Vallejo and Fairfield will continue to be difficult unless low cost interventions can be developed.

# Housing

Nationally, as the economy has improved, so has homelessness, **decreasing 14.4% since 2007**; however, the country saw a **0.7% uptick from 2016-2017 with California reporting the largest increase**. Residents, especially renters, are dealing with rising housing costs by doubling and tripling up to avoid displacement. More than ever before, there is a lack of affordable housing for low income populations who do not earn enough to pay for food, clothing, and transportation in addition to a place to call home.

Health and homelessness are inextricably linked. Acute physical and behavioral health issue can lead to homelessness, while homelessness itself can exacerbate chronic illnesses without proper care. **Rates of diabetes, heart disease and HIV/AIDS are high amongst homeless populations**, while people living in shelters are twice as likely to have a disability compared to the general population. **Substance use disorders are known risk factors** for homelessness, and substance abuse and overdose incidents are disproportionately present in the homeless community. **Housing stability is a key contributor to long-term recovery and reduces relapse for people who are homeless.**

**Higher housing costs** also leads to residents moving further away from their jobs, **increasing commute times**, which can have negative cascading effects on things like health, parental involvement, day care needs, and community transportation needs.

It seems obvious that the solution to homelessness is housing, but it worth stressing its importance. Providing housing and services to those experiencing homelessness gives them a platform from which they can address other areas that may have contributed to their homelessness, such as employment, health, and substance abuse.

Communities across the country have responded with a variety of housing and service programs, including emergency shelters, transitional housing, rapid re-housing and permanent supportive housing. However, over the last decade, greater emphasis has been placed on more permanent housing solutions and less on transitional housing programs.

Most communities have Federally Qualified Health Centers and more specifically, Health Care for the Homeless Clinics, which provide some basic health services without substantial cost. The advent of the Affordable Care Act has also opened up options by allowing states to expand their Medicaid programs to cover people with very low incomes.

# Housing



## State Trends

The homeless rate jumped 17% from 2016 to 2017.

Median rents increased by 13% from 2011 to 2016.

California ranks 49th among US states for housing units per capita and it's estimated that California needs 2 million more housing units to meet current demand, increasing to 3.5 million by 2025.

## Additional Relevant Data Points

California saw the largest increase in permanent supportive housing capacity and Rapid Re-Housing Inventories.

New York and California saw the largest increases in emergency shelter capacity and the largest decrease in transitional housing.

28% of households have at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

Californians spend over 20% of their incomes on rent, 6th highest rate in the country.



## Solano County Snapshot

Home ownership down to 58% from 67% in 2009.

Number of homeless individuals up 14 percent since 2015\*

- 62% say they have a disabling condition such as physical disability, mental illness, alcohol or drug abuse, etc.

23% of households have at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

*\*This increase may be due to a more thorough survey rather than an actual increase in the number of homeless individuals.*

# Employment and Income

Employment provides the backbone for financial and physical security for citizens and their families. High unemployment correlates strongly with requests for income assistance/public aid as well as negative mental and physical health outcomes. **Unemployment has steadily fallen over the last 10 years**, now reaching lows not seen since 2000. In the short-term, the economy is expected to continue growing, but it is important to be ready for a reversal given the cyclical nature of the economy and employment.

Given the connection between employment and public assistance, it is not surprising that the percentage of individuals receiving SNAP assistance has been falling since 2013.

Similarly, **the poverty rate has steadily fallen in recent years. As of 2017, 12.3% of the American population was living in poverty**, a rate comparable to that in 2007 before the most recent recession, but still higher than lows experienced in 2000 of 11.3%. This is likely due to wages not keeping up with living expenses.



# Employment and Income



## State Trends

These state trends mirror the nation as a whole.

The unemployment rate of 4.3% is the lowest in decades.

The poverty rate of 14% has declined since 2012 from 17%, but it still above pre-financial crisis levels.

Although the decline started later, SNAP benefits have also begun to decrease in recent years.



## Solano County Snapshot

Unemployment rate 3.9% (Aug 2018).

Median Household Income \$73K (in 2016).

Per capita income \$46K (in 2016).

Poverty Rate = 11.4% in 2016. Down from peak in 2012 (14.2%), but above historical rates. (9% in 2008, 8% in 2002).

Healthcare and retail are largest employers but manufacturing has an outsized economic impact.

Most jobs are in admin, sales, and management.

Agriculture is relatively small and less than CA overall.

As of May 2018, 24.5% of the County population was receiving public assistance benefits, up from 19.2% five years earlier.

## Medical Services / Access

Access to healthcare impacts one's overall physical, social and mental health status and quality of life. The high cost of care, lack of insurance coverage, lack of availability of services and lack of culturally competent care are all too common barriers to accessing health services in America. These barriers are made worse by the significant disparities in access to care by sex, age, race, ethnicity, education, and family income.

Despite gains in health insurance coverage due to the ACA, currently, around 28 million people live without health insurance coverage. **Hispanic communities had the highest uninsured rate at 16.1%, followed by African Americans at 10.6% and Asians at 7.3%.**

One of the largest national initiatives monitoring progress and setting health improvement benchmarks is the **Healthy People 2020 project which has identified specific issues to monitor and reform decade by decade.** With a focus on increasing and expanding insurance coverage and access to the entire care continuum, addressing disparities that affect access, determining new health care workforce needs as new models for care delivery become more prevalent and monitor the increasing use of telehealth as an avenue for delivering care, the project encourages collaborations across communities and sectors.

Many of the elements that traditionally fall under the umbrella of medical services have already been touched on in other sections, so in this section, the focus is on a few outstanding piece of information that reflect the condition of the country, state and county's health status.

# Medical Services / Access



## State Trends

While the percentage of heart disease mortalities has declined, the percentage of diabetes and drug-related deaths have increased. Heart disease, stroke, cancer and alzheimer's continue to be the leading causes of death in CA.

Medi-Cal provides coverage to nearly 14 million people in CA, up almost 100% since 2012, now covering over 1/3 of the population.

Although the overall uninsurance rate is comparable to rest of the U.S., rates for minority communities are much lower - Hispanics at 11.6% and African Americans at 5.7%.



## Solano County Snapshot

Inadequate access likely leading to higher rates of emergency department visits and poor treatment of chronic conditions

- ED visits due to diabetes 60% higher than CA
- ED visits due to hypertension 55% higher than CA
- Asthma rates are ~2x CA rate

While the uninsured rate for 2009-2013 in Solano (12.5%) was lower than California (17.8%), areas with high rates of uninsured residents could be found in rural as well as urban areas.

# Priorities for Action

This research is intended to provide a foundation from which to plan. By painting the landscape of issues impacting people living and working in Solano County, the department will have the ability to better equip itself to serve. Positive community outcomes is the goal. Knowing where the pain points are is step one.... and a plan to solve them is step two.

Working from the outside in, there are three key areas that need to be part of the equation:

## Housing and Homelessness

The situation continues to be a problem and is cited as an ongoing challenge by CBOs, sparking a domino of health issues. Ultimately, a political solution may be required, but in the meantime the agency can work with others in the county to show the true cost of housing issues and homelessness and its impact going forward. What does this mean for Solano County H&SS? What are effects on health outcomes, educational attainment, employment, etc. **Are there actions the county can take today to mitigate this situation from worsening?**

## Awareness and Access

Providing services is not enough. When seeking help, residents need to know where to go, the ability to get there, and the confidence that they will be served with respect and dignity. This responsibility can be shared among agencies, CBOs, and family members, but active collaboration and sharing of data and resources. **How can we better reach people? How do we engage residents in a dialogue about their lives? How can we be more present?**

## Quality of Care

Community needs consistently outpace the services offered and this will only be exacerbated in an economic downturn. It is vital that an agency has the mental space to be proactive and forward thinking to anticipate changing community needs. **How can we find the time to be more innovative? What are new service methods and technologies we can adopt? How can we work more effectively with community partners?**

Achieving the deeply desired positive community impact will require incorporating this information in a plan anchored by shared goals and concrete objectives. Solving complex family and socioeconomic challenges takes **vigilance and resources, and the commitment of leadership** to do the daily work of making change happen.

# Scenarios as a Foundation for Planning

Since none of us have a crystal ball, how do we plan for a future we can't see? And, how do we prepare ourselves for any number of eventualities? Strategic planners developed an approach called "Scenario Planning" to help organizations answer those questions. **Scenario planning is a structured way to help organizations think flexibly** about the future so that they're better equipped. Scenario planning is **built around fictional stories about how the future might unfold** and how this might affect an issue, a strategy and/or an organization. One of the most renowned organizations instrumental in pioneering scenario planning for Health and Human Services is the Institute for Alternative Futures (IAF). Using IAF Forecasting as a foundation, we'll be developing **3 hypothetical scenarios to imagine future possibilities and opportunities**. Our goal for this work is to **ensure the agency is ready for the future and will have the structure, skills and culture to support effective service delivery** in the next 3-5 years.

As part of the scenario planning work, we've created **archetypal personas representing the residents of Solano County**. These archetypes derive from the research conducted and are based on direct input from community partners. The goal is that the **personas help personify the scenarios, give purpose to the planning** activities and bring the action plan to life.



# Scenarios as a Foundation for Planning

IAF's structured scenarios are organized into 3 categories: Expectable, Challenging and Visionary. Below are brief descriptions of each scenario, which will be more specifically tailored to reflect Solano County's demographics and current state.

## Expectable: Reductions and Rebounds

Between 2015 and 2035, the US will see turbulent but overall economic growth at a rate of 1-2% per year. With a continued shift toward a gig economy and a slowly rising minimum wage, funding to social services will rebound in the 2020s. Human Services will become more efficient, integrated and collaborative with greater data integration, multi-generational strategies and partnerships with schools, businesses and community-based organizations. At the core, Human Services will take a human-centered approach bolstered by more evidence-based practices and cross-sector partnerships. There will be a move to a "Pay-For-Success" model and more customized service planning.

## Challenging: Navigating Unending Challenges

Though the country experienced overall economic growth, the federal, state and Human Services budgets were dramatically affected by the great recession of 2023, leading to an increase in poverty and inequality, as well as rising addiction, depression and suicide rates. Extreme weather and natural disasters wreaked havoc across the United States, disproportionately impacting low income communities and creating climate refugees. Communities became more self sufficient, developing systems for food production and resource trading, while Human Services will have to do more with less and allocate funds more efficiently.

## Visionary: Building Human Potential

The 2020's brought transformational policy change rooting in inclusivity and equity. Across the nation, there was an increase in low-income housing and universal access to single payer healthcare, reformed immigration and environmental protections put in place. Human Services was able to shift their focus to wellness and thriving, addressing physical, mental and emotional well being and establishing shared community visions. With the destigmatization and changing attitudes toward receiving income support, Human Services is able to channel their resources toward the challenges of aging, neglect, homelessness and developmental disabilities.

# Archetypal Personas for Scenario Planning

With the goal of providing information to help the department meet client needs more effectively and efficiently, and improve community outcomes, the following profiles offer a series of archetypal personas designed to give an identity to those served by H&SS. These archetypes will be used as part of the scenario planning workshops to personalize the planning work. They are intended to help teams within the department to envision new approaches to service delivery and stimulate discussion about internal changes needed for greater impact.

**Single and  
Struggling**

**The Challenges  
of Getting Older**

**Working to  
Support Her  
Family**

**Independence is  
Within Sight**

**Step by Step  
Moving Forward**

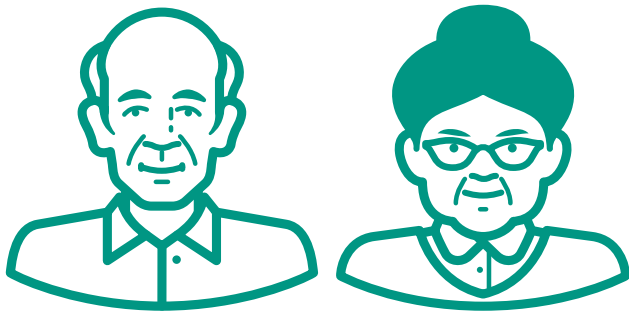


## Single and Struggling

A man approaching his 40s commutes from Vacaville to Sacramento while struggling with depression coupled with alcoholism that makes it difficult for him to function in his day to day life. Despite several attempts to get sober, he has never sought professional help and his mental health and addiction are now interfering with his ability to maintain steady work and support himself. He has worked in sales for most of his adult life though he is facing a great deal of criticism at work for his moodiness with customers and perpetual lateness. With increasing rent payments, he has increasing anxiety about being able to stay in his home. Though he could move back to Vallejo where most of his family lives, that would place him farther from work and the support network he does have.

Services he may be using within HSS:

- Addiction recovery support
- Psychiatric treatment
- Job training for different kinds of work
- May need to apply for public assistance

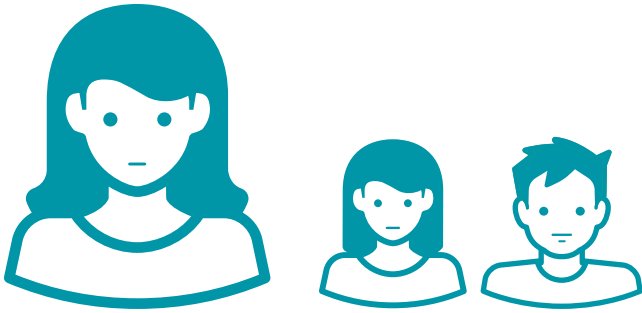


# The Challenges of Getting Older

A couple in their 70s is facing growing health problems and increasing isolation. The wife has diabetes and is going blind and therefore cannot drive, while the husband has knee and hip problems from decades of construction work, making it painful to maneuver a car. They live in Rio Vista and their children have moved to the East Bay and Sacramento. They saved enough to pay off their home decades ago, but its value has not recovered from the housing crash, so they've chosen to stay put rather than move closer to their children, which would be more expensive. Both benefit from Medicare and Social Security, but they have limited access to health care. The lack of public transportation means they often miss appointments in Fairfield when the husband is in too much pain to drive. This inability to get around also causes a greater sense of loneliness and detachment.

Services they may be using within HSS:

- Transportation to medical service centers
- Eligibility Services
- Family Health Services Clinics
- In Home Supportive Services



## Working to Support Her Family

A young, single mother recently left her husband after a history of abuse became physical. She is currently working two jobs to afford a 1-bedroom apartment for her and her 2 small children in Fairfield. She has a few semesters of community college but has not completed a degree, preventing her from getting a more stable job. Her children do very well in school, but one of them has asthma and she often has to miss a work to care for him, making it hard to hold down what work she can find. Although eligible for the past two years, she just learned how to enroll for public assistance and food stamps to help put food on the table. Finding community and emotional support is her greatest need as well as completing her degree.

Services she may be using within HSS:

- Employment training
- Psychiatric and Trauma therapy
- Affordable housing assistance
- Children's Medical Services



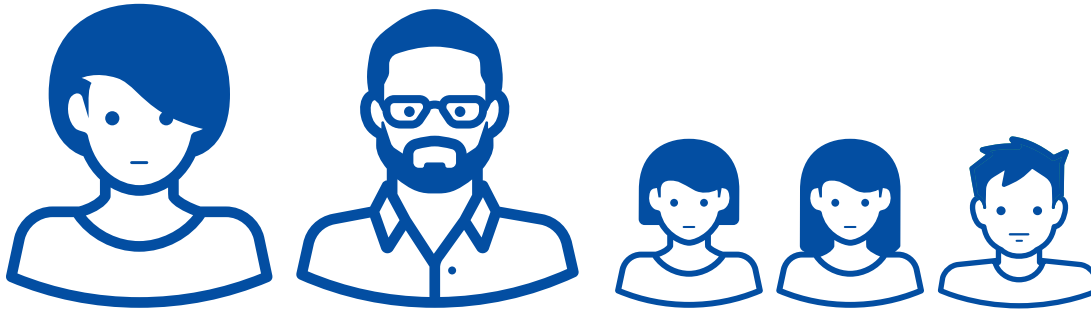


# Independence is Within Sight

A newly minted high school graduate survived a childhood full of abuse and neglect because of his sexual orientation and now faces an uncertain yet hopeful future. He has no money for college so he found a retail job Vallejo in the meantime and is sharing an apartment with some friends who have a history of drug abuse, which he's thus far avoided getting caught up in. Their dilapidated home is crowded and doesn't have fully functioning plumbing. Despite his uncertainty, he is feeling hopeful about his future with the help of HSS's counseling services who are helping him work through childhood trauma and anxiety.

Services he may use:

- Employment training
- Affordable Housing
- Counseling Services



## Step by Step Moving Forward

An immigrant family in Dixon with 3 children has experienced an improving quality of life as unemployment locally has been steadily dropping. Both parents work, though the father has high blood pressure and is recovering from a recent heart attack that has made physical activity difficult. Their 3 children are all in school and increasingly proficient in English, serve as their parents' translators. They have been helping their father get medical help and better learn how to care for his chronic illness, however, this care is made more difficult by the fact that they are uninsured, forcing them to rely on emergency care. The family would also benefit from some basic information about healthy eating and the presence of more local health food options.

Services they may use:

- Emergency Medical Services
- English language support
- Employment training
- Health and Wellness training

**Executive Team Interviews**

Child Welfare Services: Aaron Crutison

Public Health: Bela Matyas

Medical Services: Michael Stacy

Employment & Eligibility: Angela Shing

Behavioral Health: Sandra Sinz

**Local CBO Interviews**

Legal Services of Northern California: Oliver Ehlinger

Global Center for Success: Richard Porter

Seneca Family of Agencies: Lauren Crutsinger

Solano County Office of Education: Nicola Parr and Victor Romualdi

**Aging**

<https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>

[https://www.aging.ca.gov/docs/Highlights/CSP\\_Plan\\_Aging/California%20State%20Plan%20on%20Aging%202017-2021.pdf](https://www.aging.ca.gov/docs/Highlights/CSP_Plan_Aging/California%20State%20Plan%20on%20Aging%202017-2021.pdf)

<https://www.sfgate.com/bayarea/article/California-seniors-have-highest-poverty-rate-5345516.php>

<https://www.sacbee.com/news/local/article68427482.html>

**Behavioral Health**

<http://www.mentalhealthamerica.net/issues/state-mental-health-america#Key>

<https://www.chcf.org/publication/mental-health-care-in-california-painting-a-picture/>

<https://www.chcf.org/publication/mental-health-in-california-for-too-many-care-not-there/>

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<https://www.ocreger.com/2017/11/11/a-look-at-the-prevalence-of-mental-illness-in-california-and-the-u-s/>

<https://www.kpbs.org/news/2018/feb/13/california-facing-major-shortage-behavioral-health/>

**Children, Youth & Family**

[https://www.acf.hhs.gov/sites/default/files/fysb/fysb\\_factsheet\\_091318\\_508.pdf](https://www.acf.hhs.gov/sites/default/files/fysb/fysb_factsheet_091318_508.pdf)

[https://www.acf.hhs.gov/sites/default/files/fysb/street\\_outreach\\_program\\_fact\\_sheet\\_jan\\_2018.pdf](https://www.acf.hhs.gov/sites/default/files/fysb/street_outreach_program_fact_sheet_jan_2018.pdf)

<http://www.countyhealthrankings.org/app/california/2018/measure/factors/24/map>

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<https://www.census.gov/library/visualizations/2017/comm/americas-education.html>

**Housing**

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<https://www.politifact.com/california/statements/2018/mar/21/gavin-newsom/true-california-ranks-49th-capita-housing-supply/>

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[http://www.bls.gov/cps/cps\\_htgm.htm](http://www.bls.gov/cps/cps_htgm.htm)

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<https://www.census.gov/library/publications/2018/demo/p60-264.html>

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<https://www.cbpp.org/research/food-assistance/chart-book-snap-helps-struggling-families-put-food-on-the-table>

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## Data Supporting our Five Personas

### #1 Single and Struggling

- Vacaville has an AA facility
- Hospitalizations due to substance abuse higher in Vacaville than rest of Solano

### #2 The Challenges of Getting Older

In Rio Vista:

- 25% of population is over 70+
- Among men, construction industry jobs are most common at 15%
- Median home price was \$341k in 2007, 10+ years later only at \$350k
- In general, Solano has much high rates of complications from diabetes vs. California. Rio Vista has higher mortality rates than Solano.

### #3 Working to Support Her Family

- Fairfield has highest domestic violence rate in Solano (50% higher)
- East Fairfield has higher rates of asthma vs. Solano overall.
- This quote from Kaiser Health Needs Assessment – “for Fairfield, what we have encountered as common among the families that we serve is asthma, especially in children”

### #4 Independence is Within Sight

- Vallejo has higher rates of ED visits due to substance abuse, over 3x the Solano rate in South/Central Vallejo
- This anecdote from Kaiser Health Needs Assessment – One community member spoke about the need for more mental health providers and counselors in all three major cities (i.e., Vacaville, Fairfield and Vallejo) who have experience and education working with LGBTQ populations.

### #5 Step by Step Moving Forward

- 39% of Dixon is Hispanic
- 20% of Dixon born outside of U.S.
- Dixon has a Migrant Community Center
- Parts of Dixon have been designated a USDA food desert