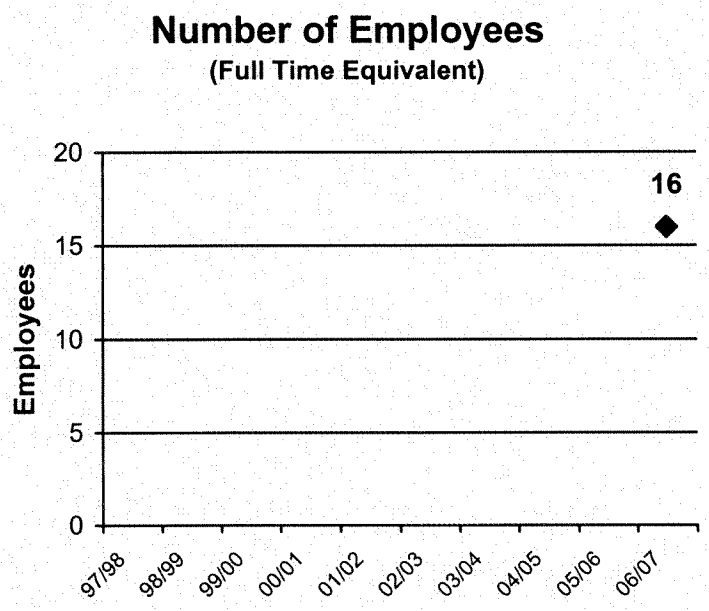
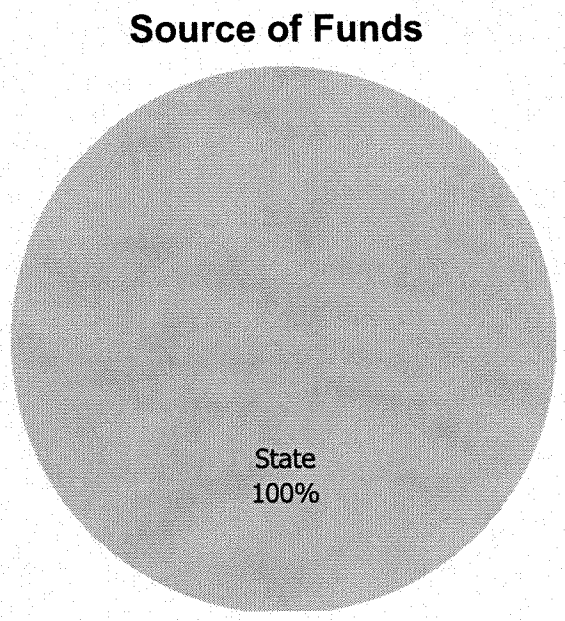
MISSION STATEMENT

The Mental Health Services Act was designed to create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.

Financial Summary	2005-06 Budget	2005-06 Projected	2006-07 Requested	2006-07 Recommended	Change From 2005-06
Revenues	$ 0	$ 0	$ 3,616,981	$ 3,376,075	$ 3,376,075
Salary and Benefits	0	0	1,716,985	1,626,149	1,626,149
Services and Supplies	0	0	1,899,996	1,749,926	1,749,926
**Gross Expenditures	$ 0	$ 0	$ 3,616,981	$ 3,376,075	$ 3,376,075
General Fund Support (G.F.S.)	$ 0	$ 0	$ 0	$ 0	$ 0





SERVICE PROGRAMS

Full Service Partnership

Full Service Partnerships provide wraparound-like services and intensive services to targeted populations of children, transitional age youth, adults and older adults with severe mental illness. Services will be provided in the community and in the client's home with an emphasis on "whatever it takes" to keep the client in their home and community.

Total Expenditures: $2,025,347 Total Staffing (FTE): 11.50

Client and Family Wellness and Recovery

These programs provide an array of services designed to facilitate and support wellness, recovery and resiliency for persons with severe mental illness. These services will improve the quality of life and will be offered in the community. The services provided include: supportive vocational training, housing, family-led mentoring and education, co-occurring substance abuse treatment, Client & Family Partners, Case management, MIPS and community mental health school services.

Total Expenditures: $698,570 Total Staffing (FTE): 3.50

Latino Outreach and Engagement Services

Coordinated outreach services will be provided to the un-served and under-served Latino community. A culturally appropriate system to facilitate and expand access to services will be developed.

Total Expenditures: $200,560 Total Staffing (FTE): 0.00

Enhanced Crisis Response and Aftercare

The mobile crisis program will expand to double the number of responders and regionalize care resulting in a decrease in response time. Wellness-focused interventions such as in-home crisis stabilization and next day follow up to person and family if not transported to the Psychiatric Health Facility (PHF). Aftercare services will be provided to clients discharged from the PHF.

Total Expenditures: $451,598 Total Staffing (FTE): 1.00

DEPARTMENT COMMENTS

The Mental Health Services Act (MHSA) was enacted into law January 1, 2005. This followed the passage of Proposition 63 in November 2004, which proposed a 1% tax on adjusted annual income over $1,000,000. This new stream of funding is dedicated to transforming the public mental health system and seeks to reduce the long-term adverse impact from untreated serious mental illness.

San Luis Obispo County's Behavioral Health Services Department (BHS) is slated to receive an additional $2.3 million annually as a result of the MHSA. This reflects an approximately 10% increase to its current annual budget.

To access the MHSA funds, counties are required to develop a three-year work plan to carry out the goals and objectives of the MHSA. This plan must be created in collaboration with clients, family members, providers, and other community stakeholders and circulated for public comment prior to being submitted to the California Department of Mental Health.

The following Community Services and Supports (CSS) Plan is a result of ten months of extensive stakeholder involvement. It represents new and expanded programming in order to improve the quality of life of persons most in need of care and will facilitate the following outcomes:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities
- Safe and adequate housing and reduction in homelessness
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction in incarceration
- Reduction in involuntary services, institutionalization, and out-of-home placements

MHSA funds are available for three types of system programming:

1) *Full Service Partnership Funds* provide for "whatever it takes" intensive services to a small focal population of persons with severe mental illness. (MHSA requires that at least 51% of the funds be used for FSP programming.)
2) *General System Development Funds* improve programs, services and supports for individuals in full service partnerships as well as the entire population of persons with severe and persistent mental illness.
3) *Outreach and Engagement Funds* provide for special activities needed to reach un-served populations.

MHSA funds will be used to implement the following new, improved or expanded programs and initiatives over the next three years, beginning in Spring 2006. They were selected based on the integration of MHSA required outcomes and approved strategies, funding criteria and our community's input and priorities. Their implementation will serve as a catalyst for significant shifts in service culture and system changes:

- Four *Full Service Partnership* programs will provide a broad range of mental health services and intensive supports to targeted populations of children, transition age youth, adults and older adults.
- *Client and Family Wellness Supports* will provide an array of recovery-centered services to help individuals improve their quality of life, feel better and be more satisfied with their lives. Support will include: vocational training and job placement; community and supportive housing; increase day to day assistance for individuals and families in accessing care and managing their lives; expand client and family-led education and support programs; outreach to un-served seniors; expand services for persons with co-occurring substance abuse; double the capacity of the Mentally Ill Probationers Services (MIPS) program; and expand intensive, daily school-based mental health services for un-served students with serious emotional disturbances at a selected community school.
- *Enhanced Crisis Response and Aftercare* will increase the number of mobile responders and add follow up services to individuals not admitted to the psychiatric health facility as well as to those discharged from the facility.
- *Latino Outreach & Services* program will reach un-served and underserved limited-English speakers and provide community-based, culturally appropriate treatment and support.
- A *County-wide Outreach and Education Campaign* will promote awareness of mental illness and stigma reduction and provide education about services available and how to access care.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

As noted above, new programs for mental health clients in the community will be available due to the enactment of the Mental Health Services Act. The County has submitted its program plans and budget to the State for approval. The initial submittal was well received, however, some minor modifications were required and final approval from the State has not yet been received as of the time of the publication of this document. As such, some modifications to this budget may be required.

The County has been allocated just over $2.3 million of MHSA funds. In this budget, the County is planning to leverage this money in order to receive an additional $1 million of MediCal and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) revenue.

The MHSA legislation contains stringent restrictions with respect to the use of these funds. The MHSA funds cannot be used for existing programs or services and cannot be used to supplant other funding sources. As such, this new fund center was created in order to segregate these funds and corresponding expenses from other Mental Health funds. Additionally, there is not any General Fund support for this budget as these programs are to be funded solely with MHSA and the corresponding leveraged funds. This budget contains 16.0 County employees and contracts with various community-based organizations will provide for an additional 10.5 staff and other services.

The performance measures for these programs are under construction at this time. Counties throughout the State are working with the State in order to finalize the measures. As soon as they are complete, they will be tracked and reported on a regular basis.

GOALS AND PERFORMANCE MEASURES

Department Goal: To help mentally ill individuals be as functional and productive as possible in the least restrictive and least costly environments. Since MHSA is a new program, the State determines the outcome measures. The Department will work closely with the state to implement the required outcome measures.

Community-wide Result Link: A healthy community. A prosperous community.

1. Performance Measure: FSP clients will remain in their own homes and in their community.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target

What: Full Service Partnership programs were designed to provided services to the clients with severe mental illness. The goal of the program is to maintain the client in their own home thus avoiding more costly residential or inpatient placements. Some of the areas that the state request data are as follows: referral source, general living arrangements, education, employment, sources of financial support, legal issues health status, and substance abuse.

Why: MHSA is a new program and outcome measures will be reported to the state. The state will establish the outcome measures for the program.

How are we doing? This is a new program. The program is to be implemented in fiscal year 2006 through 2007.

2. Performance Measure: Increase safe and adequate housing in the community.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target

What: MHSA programs were designed to provided services to the clients with severe mental illness. A state established outcome for the Community Services and Supports program includes safe and adequate housing which includes safe living environments with family for children and youth and a reduction in homelessness. Since this is a new program, baseline data will be collected from enrollees on current living situation at the beginning of services. That data will be compared to the living situation at the end of services. The baseline data will be used in future years as a comparable to the outcome measure of reducing homelessness.

Why: MHSA is a new program and outcome measures will be reported to the state. The state will establish the outcome measures for the program.

How are we doing? This is a new program. The program is to be implemented in fiscal year 2006 through 2007.

3. Performance Measure: Mobile crisis response time will decrease.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target

What: Currently, the mobile crisis unit has one responder for the entire county. The intent of the MHSA was to increase access to services. Through the MHSA, another responder will be added to the mobile crisis unit. Baseline data will be collected at the beginning of the program and will be compared at the end of the fiscal year.

Why: MHSA is a new program and outcome measures will be reported to the state. The state will establish the outcome measures for the program.

How are we doing? This is a new program. The program is to be implemented in fiscal year 2006 through 2007.