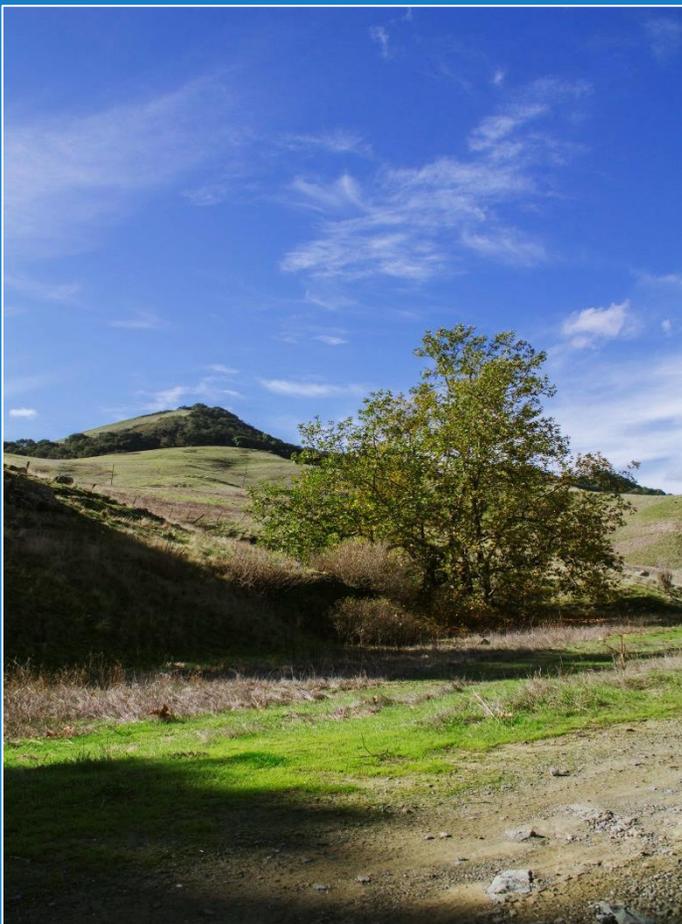


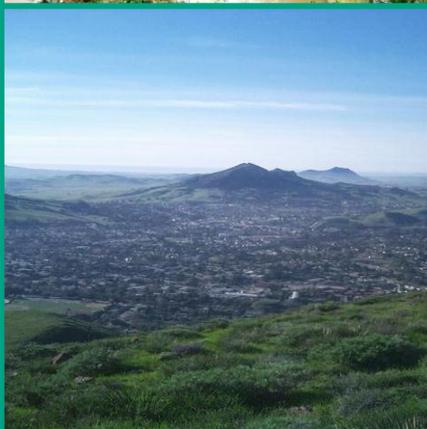
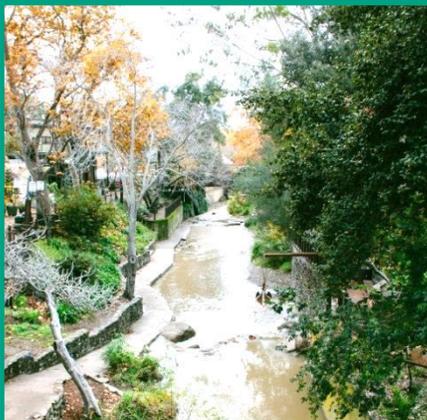
Annual Update to the
Three-Year Program
and Expenditure Plan
Fiscal Year 2013-14

Draft for 30-Day
Review



San Luis Obispo County
Behavioral Health
Department
Mental Health Services Act

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Overview and Executive Summary



The Annual Update for San Luis Obispo County's Mental Health Services Act (MHSA) programs is an overview of the work plans and projects being implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. The passage of the MHSA provided San Luis Obispo County increased funding, personnel and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults and families. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that supports the County's public mental health system.

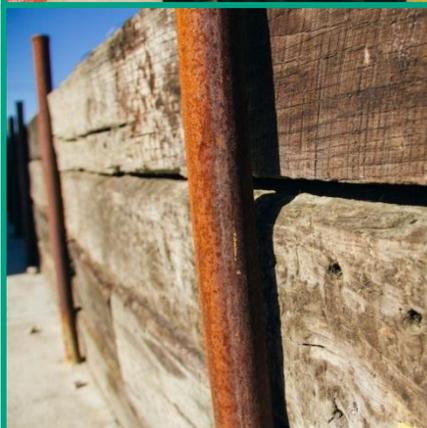
This Update was produced by the San Luis Obispo County Behavioral Health Department and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. This report includes descriptions of programs and services, as well as results from 2011-2012, for the work plans of the following MHSA components:

- Community Services and Supports, including Housing (CSS, implemented 2005)
- Prevention & Early Intervention (PEI, implemented 2008)
- Workforce Education and Training (WET, implemented 2009)
- Capital Facilities and Technological Needs (CFTN, implemented 2009)
- Innovation (INN, implemented 2011)

The 2013-2014 MHSA Annual Update details the programs being administered, their operating budget, and results of past implementation. Proposed program adaptations and other changes to the original component plans and past Updates will be outlined herein. This plan Update will be submitted to the San Luis Obispo County Board of Supervisors for approval. California Assembly Bill (A.B.) 100, passed in 2011, significantly amended the MHSA to streamline the approval process of programs developed. Among other changes, A.B. 100 deleted the requirement that the three-year plan and updates be approved by the Department of Mental Health after review and comment by the Oversight and Accountability Commission. Additionally, A.B. 1467 (passed in June 2012), amended the Act again to state the three-year program and expenditure plan and annual updates must be adopted by the County Board of Supervisors and then submitted to the MHSOAC within 30 days of adoption. In light of this change, the goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

A key value for the County's MHSA presence is the maintenance of quality partnerships: between County and community providers, staff, stakeholders, consumer, family members, and the organizations which support wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet changing needs, and communicate directly with the public in order to maintain a stakeholder presence throughout the MHSA

Overview and Executive Summary



programs.

In preparing for the Annual Update and to review program progress a summit of Full Service Partnership (FSP) providers was held in January, 2013. This meeting provided updates on each FSP work plan, its current staffing and funding, program results, and what changes had taken place since the launch of the County's CSS Plan six years previous. At this meeting, attended by County staff and community partners, the focus was on data collection and reporting, changes to the State's FSP data collection process, and the impact of FSP teams having been integrated into many of the outpatient clinic sites in the 2011-2012 fiscal year.

In March and April, 2013 the PEI Stakeholder Committee convened to be given a preview of the PEI Evaluation (Appendix B) and receive an update on the PEI Plan which was approved to continue for a fourth year in 2012-2013. The stakeholders were provided with reports on each project's success and outcomes, many of which are detailed further in this Annual Update. The PEI Stakeholders were also presented with, and approved, recommendations for reductions in program funding. This includes a reduction in PEI funding for the Latino Outreach Program (which was expanded through CSS in 2012-2013) and the transfer of PEI Technical Assistance and Capacity Building (TTACB) funds into the Prudent Reserve. The stakeholders also discussed and approved two key projects to be funded with TTACB dollars, including a local *Mental Health First Aid* training of trainers, and the support of contract evaluators to build sustainability plans with the PEI programs which were not part of the required evaluation.

San Luis Obispo County's MHA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met on March 27; and again on May 1, 2013. Stakeholders were provided fiscal information, which had been updated since the FSP and PEI meetings, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHA projects were operating in the community. Updates were given on Innovation programs which will enter their final year in 2013-2014, as well as the Capital Facilities and Technology Needs project which is funding the county's conversion to Electronic Health Records.

Community Services and Supports (CSS) programs continue to serve a wide array of severely mentally ill individuals in all parts of the county. Details found in this Annual Update include personal success stories, outcome reporting which reveals positive changes in meaningful measures such as employment, hospitalizations, education, and quality of life amongst various program participants. Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, "whatever-it-takes" model. Unique designs like the Latino Outreach Program provide culturally competent care and treatment in neighborhood settings. Forensic

Overview and Executive Summary



coordination efforts have been critical since the state's adoption of jail realignment (through the passing of Assembly Bill 109) has provided an opportunity for behavioral health providers to engage inmates upon release.

New CSS programs were launched in 2012-2013 and have demonstrated excellent signs of initial success. The addition of a Mental Health Therapist in the county's child assessment center, "Martha's Place," has increased capacity at the center by an additional 48 clients this year, approximately half being Spanish-speaking, while reducing wait times for anxious parents and caregivers. The Homeless Outreach Team, launched in partnership with Transitions Mental Health Association (TMHA) has already engaged 131 hard-to-serve, mentally ill homeless individuals and 16 have begun being served in this new FSP program. An additional therapist was added to the Latino Outreach Program team, also reducing the wait list by over 50% and increasing capacity by 40 participants. Additionally the Stakeholders in 2011-2012 approved the development of studio apartments on Nipomo Street in San Luis Obispo in expanding the housing capacity provided by Transitions Mental Health Association. These units are set to open at the onset of the 2013-2014 year.

The only significant change being proposed to CSS programs in 2013-2014 will move the Behavioral Health Treatment Court (BHTC) program out of the Adult FSP work plan (CSS-3), and into a new work plan focused on Forensic Mental Health Services. This new work plan (CSS-11) will combine the existing efforts of the BHTC and Forensic Re-entry Services (currently in CSS-7, Enhanced Crisis and Aftercare).

The original decision to move the BHTC (formerly Mentally Ill Probationers in the original CSS Plan) into an FSP was based on the similarities in service delivery and severity of clientele. However, after examining the program over the past two years, staff and stakeholders agree it is a different type of program, and its outputs and outcomes are not aligned with other adult FSP data. The program will not change *in structure or practices, it will merely be reported in future Updates under a new work plan.*

As Workforce Education and Training (WET) funding is no longer being distributed to the County, and all programs have been implemented, work plans will continue to decrease over the next few years. In 2013-2014 the County and its other MHSA programs will assume the responsibilities for all Cultural Competence training and leadership. The County will continue offer scholarships, internships, Crisis Intervention Training, and electronic learning projects which are funded through the WET component.

The Innovation component of MHSA has provided an array of exciting developments to the local mental health system. Local Innovation projects have proven to be novel, new, and creative, and the County has already seen opportunities for projects to be replicated in other communities across

Overview and Executive Summary

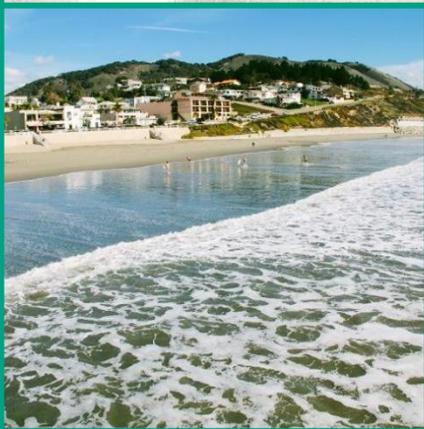
the state. Some of the highlights include the Atascadero (High School) Student Wellness Career Project, which has engaged youth in the continuum of behavioral health vocations while reducing stigma and increasing mental health factors on campus; the Service Enhancement Program has adapted a cancer “conciierge” model to create a warm reception and full-support point of entry for new mental health patients entering County Mental Health Services in the north county, and initial data collection demonstrates increase client satisfaction, and reduced attrition; and, finally, the Wellness Arts 101 course being offered by Cuesta College invites students with diagnoses to enroll in a core academic course which features recovery supports and tailored learning to have an overall positive impact on school success. Based on its first year of success, and its demand, the school has increased its accessibility and students are reporting strong academic and social success.

In preparation for projected additional MHSA funding, stakeholders, staff and providers discussed specific needs which could be met in the coming fiscal year. County staff presented several key recommendations to the Advisory group for approval and budget preparation. The stakeholders approved the following new expenditures:

- Infrastructure improvements, including the addition of a Program Supervisor for County Prevention and Outreach programs. In the past few years, as Innovation and CSS programs have expanded, the County has seen the need increase for staff development, supervision, and program monitoring. New programs have been observed over the past three years and staff and stakeholders alike agree there are needs for support items, such as vehicles, and computers, in order to best serve the growing scope of MHSA services.
- A reallocation of funds currently budgeted in Full Service Partnership programs will be used to create an Outreach and Engagement work plan (CSS-10). This funding source will mirror the “Flex Fund” established as part of the FSP work plan. The small fund (\$5,000 in 2013-2014) will allow staff to engage with potential clients in non-FSP programs, or community programs in an effort to move them into MHSA services. This includes coffee, small meals, transportation, and other incentives which assist clients in being able to take advantage of care services throughout the county.



Overview and Executive Summary



- The County will fund a Veterans Services Therapist (.5FTE) to be co-located in the County Veterans Services Office. This will create a culturally competent environment for existing and returning veterans to engage in mental health services. Currently the “Operation Coastal Care” project funded through Innovation is seeking new, creative ways of engaging veterans, and the success of that program led the County’s Board of Supervisors to explore expanding treatment opportunities in the veteran community. The County is currently establishing a Veterans Treatment Court which will be served by this Therapist who is both a licensed clinician and military veteran. This project will fall under the new Forensic Mental Health Services work plan (CSS).

- New MHSA funding will also allow a community rehabilitation program to reconfigure as a Wellness and Recovery center. The San Luis Obispo Wellness Center, Hope House, will provide person-centered, recovery based services designed for life enrichment, personal development, peer support, community resources, recovery education, and social skill enhancement for adults with mental illness who would otherwise remain withdrawn and isolated, or otherwise disconnected from their community. Center activities will include educational classes, support groups, physical health and wellness instruction and activities, wellness and recovery action planning, and self-advocacy and system advocacy training and support.

- Additional new CSS dollars will be placed in reserves for future year expenses.

The San Luis Obispo County Annual Update for 2013-2014 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, June 17 through July 17, 2013. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune, and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Mental Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review will conclude with a Public Hearing on July 18, 2013 as part of the monthly Behavioral Health Board Meeting.

Once approved, the Annual Update will be submitted to the County Board of Supervisors and for approval on Tuesday, July 23, 2013.

County Certification – Exhibit A

County: **San Luis Obispo**

County Mental Health Director	Program Lead
Name: Karen Baylor	Name: Frank Warren
Telephone Number: (805) 781-4719	Telephone Number: (805) 788-2055
E-mail: kbaylor@co.slo.ca.us	E-mail: fwarren@co.slo.ca.us
Mailing Address: San Luis Obispo County Behavioral Health Dept. 2180 Johnson Ave. San Luis Obispo, CA 93401	

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 and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 9, 2013.

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.

All documents in the attached annual update are true and correct.

Karen Baylor
Mental Health Director/Designee (PRINT)


Signature

County: San Luis Obispo

Date: 6/17/2013

MHSA County Fiscal Accountability Certification – Exhibit B

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Luis Obispo

- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Karen Baylor, Ph.D., LMFT	Name: James P. Erb
Telephone Number: (805) 781-4719	Telephone Number: 805-788-2964
E-mail: kbaylor@co.slo.ca.us	E-mail: jerb@co.slo.ca.us
Local Mental Health Mailing Address: San Luis Obispo County Behavioral Health Dept. 2180 Johnson Avenue San Luis Obispo, CA 93401	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Karen Baylor, Ph.D., L.M.F.T.
Local Mental Health Director (PRINT)

Karen Baylor 4/19/13
Signature Date

I hereby certify that for the fiscal year ended June 30, 2012, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/27/2012 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

James P. Erb
County Auditor Controller / City Financial Officer (PRINT)

J. P. Erb 4-16-2013
Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

Stakeholder Planning Process

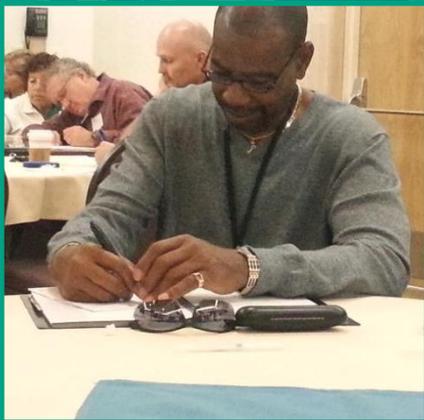
In preparing this Annual Update for the Mental Health Services Act (MHSA) in San Luis Obispo County, the spirit of community collaboration which designed the programs continued as stakeholders reviewed their progress and success. A key value for the County's Behavioral Health Department (SLOBHD) MHSA presence is the maintenance of quality partnerships: between County and community providers, staff, stakeholders, consumer, family members, and the organizations which support wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet changing needs, and communicate directly with the public in order to maintain a stakeholder presence throughout the MHSA programs.



The major activities of the past year, including the launch of a new Homeless Outreach FSP program, and the hosting of an Oversight and Accountability Community (OAC) Forum, gave the County excellent opportunities to communicate with the public and the MHSA stakeholder community. In July of 2012, the SLOBHD presented new CSS programs and expansions along with an update of all MHSA programs, to its Board of Supervisors. A major focus of 2012 was the reconfiguration of the County's Mental Health and Drug & Alcohol Advisory Boards into a "Behavioral Health Board" which now serves as the advisory body for the whole of the Department. As MHSA programs and issues, such as co-occurring disorder treatment, have brought these divisional interests together, the county's key stakeholder group now addresses the entire continuum of behavioral health care.



The Behavioral Health Board for San Luis Obispo County is made up of agency leaders, consumers, family members, advocates, and concerned community members. The Board monitors MHSA programs on a monthly basis, and meets the California Welfare and Institutions Code (§5604) requirement for the County. The Board acts as an advisory body for the Department as well as a communication avenue for sharing MHSA information. The Board was engaged in several discussions regarding the projects being implemented in MHSA. Board members take part in MHSA-related stakeholder meetings as well as trainings and other program activities throughout the community. In the following report many activities with large public profiles, including the "Journey of Hope" forum, consumer art shows, and veterans outreach events are outlined. Each activity is promoted within the Behavioral Health Board and with all local stakeholders to ensure public understanding of MHSA endeavors.



Another major community stakeholder outreach took place in 2012 in the planning for the local college responses to statewide PEI opportunities. County staff, providers, consumers and family members were engaged with personnel from California Polytechnic State University (Cal Poly) and Cuesta College to shape the campus programs which would be funded through MHSA. The County continues to work with personnel and students from the local colleges in implementing best practices and engaging new populations through MHSA principles. In November 2012 the County hosted a MHSA Community Forum for the OAC attended by over 100 local stakeholders, including college students

Stakeholder Planning Process

launching new and exciting programming in one of the community's most high-risk populations.

In preparing for the Annual Update and to review program progress a summit of Full Service Partnership (FSP) providers was held in January,

2013. This meeting provided updates on each FSP work plan, its current staffing and funding, program results, and what changes had taken place since the launch of the County's CSS Plan six years previous. At this meeting, attended by County staff and community partners, the focus was on data collection and reporting, changes to the State's FSP data collection process, and the impact of FSP teams having been integrated into many of the outpatient clinic sites in the 2011-2012 fiscal year.

In March and April, 2013 the PEI Stakeholder Committee convened to be given a preview of the PEI Evaluation (Appendix B) and receive an update on the PEI Plan which was approved to continue for a fourth year in 2012-2013. The stakeholders were provided with reports on each project's success and outcomes, many of which are detailed further in this Annual Update. The PEI Stakeholders were also presented with, and approved, recommendations for reductions in program funding. This includes a reduction in PEI funding for the Latino Outreach Program (which was expanded through CSS in 2012-2013) and the transfer of PEI Technical Assistance and Capacity Building (TTACB) funds into the Prudent Reserve. The stakeholders also discussed and approved two key projects to be funded with TTACB dollars, including a local Mental Health First Aid training of trainers, and the support of contract evaluators to build sustainability plans with the PEI programs which were not part of the required evaluation.

San Luis Obispo County's MHSA Advisory Committee (MAC) is comprised of community stakeholders, including service partners, consumers, providers, and SLOBHD staff. The MAC group has been in existence since planning for CSS began in 2004. The individual members of the MAC also participate in MHSA stakeholder groups (i.e. Innovation Planning Team), various public mental health system groups (i.e. NAMI, the Peer Advisory and Advocacy Team), and the Behavioral Health Board. The MAC met on March 27; and again on May 1, 2013. Stakeholders were provided fiscal information, which had been updated since the FSP and PEI meetings, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHSA projects were operating in the community. Updates were given on Innovation programs which will enter their final year in 2013-2014, as well as the Capital Facilities and Technology Needs project which is funding the county's conversion to Electronic Health Records. In preparation for projected additional MHSA funding, stakeholders, staff and providers discussed specific needs which could be met in the coming fiscal year. County staff presented several key recommendations to the Advisory group for approval and budget preparation.



Stakeholder Planning Process



San Luis Obispo County MHSa Advisory Committee (MAC)			
Name	Affiliation	Name	Affiliation
Karen Baylor	Director, Behavioral Health Dept.	Lisa Fraser	SLOCAP
Mary Bianchi	MOCPOC	Matthew Green	Cuesta College
Jill Bolster-White	Transitions Mental Health Association	Joyce Heddleson	Family Member/BH Board
Tyler Brown	Family Member/BH Board	Henry Herrera	TMHA
John Byers	Peer Advisory/Advocacy Team	Kelly Kenitz	Sheriff's Dept.
Dan Cano	The LINK	John Nibbio	Family Care Network
Linda Connolly	Community Counseling Center	David Riester	Behavioral Health Board
Darryl Elliot	NAMI	Jim Salio	Chief of Probation
Christine Enyart-Elfers	County Office of Education	Sarah Whipple	Consumer/Family Member

In preparation for projected additional MHSa funding, stakeholders, staff and providers discussed specific needs which could be met in the coming fiscal year. County staff presented several key recommendations to the Advisory group for approval and budget preparation. The stakeholders approved the following new expenditures:

- Infrastructure improvements, including the addition of a Program Supervisor for County Prevention and Outreach programs. In the past few years, as Innovation and CSS programs have expanded, the County has seen the need increase for staff development, supervision, and program monitoring. New programs have been observed over the past three years and staff and stakeholders alike agree there are needs for support items, such as vehicles, and computers, in order to best serve the growing scope of MHSa services.
- A reallocation of funds currently budgeted in Full Service Partnership programs will be used to create an Outreach and Engagement work plan (CSS-10). This funding source will mirror the "Flex Fund" established as part of the FSP work plan. The small fund (\$5,000 in 2013-2014) will allow staff to engage with potential clients in non-FSP programs, or community programs in an effort to move them into MHSa services. This includes coffee, small meals, transportation, and other incentives which assist clients in being able to take

Stakeholder Planning Process

advantage of care services throughout the county.

- The County will fund a Veterans Services Therapist (.5FTE) to be co-located in the County Veterans Services Office. This will create a culturally competent environment for existing and returning veterans to engage in mental health services. Currently the “Operation Coastal Care” project funded through Innovation is seeking new, creative ways of engaging veterans, and the success of that program led the County’s Board of Supervisors to explore expanding treatment opportunities in the veteran community. The County is currently establishing a Veterans Treatment Court which will be served by this Therapist who is both a licensed clinician and military veteran. This project will fall under the new Forensic Mental Health Services work plan (CSS).

- New MHS funding will also allow a community rehabilitation program to reconfigure as a Wellness and Recovery center. The San Luis Obispo Wellness Center, Hope House, will provide person-centered, recovery based services designed for life enrichment, personal development, peer support, community resources, recovery education, and social skill enhancement for adults with mental illness who would otherwise remain withdrawn and isolated, or otherwise disconnected from their community. Center activities will include educational classes, support groups, physical health and wellness instruction and activities, wellness and recovery action planning, and self-advocacy and system advocacy training and support.

- Additional new CSS dollars will be placed in reserves for future year expenses.

The San Luis Obispo County Annual Update for 2013-2014 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, June 17 through July 17, 2013. A Public Notice (Appendix C) was posted in the San Luis Obispo Tribune, and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Mental Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review will conclude with a Public Hearing on July 18, 2013 as part of the monthly Behavioral Health Board Meeting.

Once approved, the Annual Update will be submitted to the County Board of Supervisors and for approval on Tuesday, July 23, 2013.



Community Services and Supports (CSS)

Full Service Partnerships

The majority of Community Services and Supports component funding is directed towards Full Service Partnerships. The key principle of a Full Service Partnership (FSP) is doing “whatever it takes” to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client driven services and supports with each client choosing services based on individual needs. Key variables to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

San Luis Obispo County MHSA programs include four distinct FSP programs based on client age groups. Collectively, in 2011-2012, clients in the FSP programs yielded the following results:

- A 25% reduction homelessness
- A 45% reduction in emergency room visits and psychiatric hospitalizations
- A 65% reduction in jail days



Children and Youth Full Service Partnership



CSS Work Plan 1: Children and Youth Full Service Partnership (FSP)	Funding:
Actual number served in FY 2011-2012: 93 (40 newly served)	Actual cost in FY 2011-2012: \$792,517
Projected number to be served in FY 2012-2013: 95	Projected cost in FY 2012-2013: \$815,000
Estimated number to be served in FY 2013-2014: 95	Budgeted funds for FY 2013-2014: \$842,295
Actual Cost per Client in FY 2011-2012: \$8,170	

The Children and Youth Full Service Partnership (FSP) program serves children and youth (ages 0-15) of all races and ethnicities. Children served are those with severe emotional disturbance/serious mental illnesses who are high-end users of the Children’s System of Care; youth at risk of out of home care; youth with multiple placements or those who are ineligible for SB163 Wrap Around because they are neither wards nor dependents of the court.

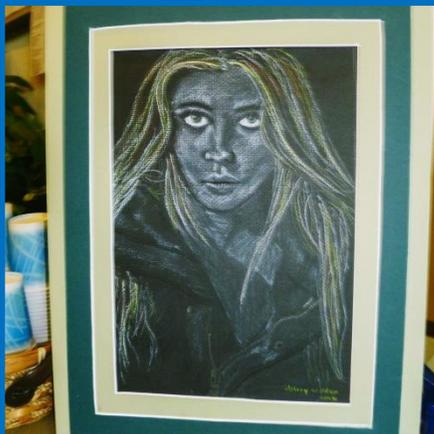
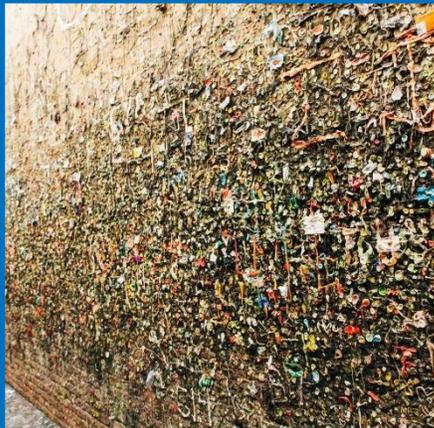
Designed as an integrated service partnership, the Children and Youth FSP honors the family, instills hope and optimism, and achieves positive experiences in the home, in the school, and in the community. The Community Planning Process identified youth overall to be underserved, with one-half of the underserved population being Latino.

This program increases access and, provides age-specific, culturally competent needs for the participants. Collaboration with Spanish speaking therapists from the Latino Outreach Program remains successful in providing mental health treatment to identified youth as needed. Interpreters are available for those who speak other languages.

San Luis Obispo County’s Behavioral Health Department (SLOBHD) has been a longtime leader in the Children’s System of Care and has initiated multi-agency partnerships for service delivery to youth. The Behavioral Health Department has integrated service delivery via community collaborations. Because of its capacity and local leadership, San Luis Obispo County has consistently served more children and youth than originally projected, serving 93 youth during Fiscal Year 2011-12.

The Children and Youth FSP program services include: individual and family

Children and Youth Full Service Partnership



therapy; rehabilitation services focusing on activities for daily living, social skill development and vocational/job skills (for caregivers); case management; crisis services; and medication supports. The method of service delivery is driven by the family's desired outcomes. The services are provided in the home, school, and in the community. The services are provided in a strength-based, culturally competent manner and in an integrated and coordinated fashion. Coordinated graduation to a lower level of care is an important element of the FSP with discharge planning beginning at the onset of enrollment.

There were three Children and Youth FSP teams in 2011-2012. The core team includes the child and family, a County Mental Health Therapist, and a community-provided Personal Services Specialist. The team also includes a psychiatrist, and program supervisor. Additional team members include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change.

San Luis Obispo County's Behavioral Health Department partners with local community mental health providers to enhance the services outlined herein. In the Children and Youth FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families' services provider. Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 17. In 2011-2012 FCN provided services to 29 clients in the Children and Youth FSP Program. Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2011-2012, CAPSLO provided a full-time Family Advocate offering resource supports for 31 clients in the Children and Youth FSP.

As a result of services rendered through the Full Service Partnership (FSP) program in South County I have witnessed many clients progress toward wellness, recovery, and resiliency. Through the diligent work of our staff psychiatrist, medication managers, and mental health therapists, I am proud to say that a high school aged female client who was struggling in early 2011 with severe chronic mental health concerns leading to hospitalizations is now quite stable on her medications, has completed her relapse prevention plan, and will be attending university in Los Angeles county in the Fall of 2013. She and her family's consistent involvement in services have made all the difference in her emotional and behavioral stability. -Amber Trigueros, LMFT, SLO Behavioral Health Department.

Transitional Aged Youth (TAY) Full Service Partnership



CSS Work Plan 2: Transitional Age Youth FSP	Funding:
Actual number served in FY 2011-2012: 51 (21 newly served)	Actual cost in FY 2011-2012: \$593,498
Projected number to be served in FY 2012-2013: 52	Projected cost in FY 2012-2013: \$565,000
Estimated number to be served in FY 2013-2014: 45	Budgeted funds for FY 2013-2014: \$626,579
Actual Cost per Client in FY 2011-2012: \$14,476	

The Transitional Aged Youth Full Service Partnership (TAY FSP) provides services for both males and females (ages 16 to 25) of all races and ethnicities. Young adults served include those with serious emotional disturbances/serious mental illness and a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements or those who are aging out of the Children’s System of Care.

TAY FSP provides wrap-like services and includes 24/7 availability, intensive case management, housing and employment linkages and supports, independent living skill development and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and incarcerations while providing a bridge to individual self-sufficiency and independence. Forty-one TAY received FSP services during 2011-2012.

Collaborations with Spanish speaking therapists from the Latino Outreach Program are also available (Interpreters are also available for those who speak other languages) to assist in providing mental health treatment as needed, and address the provision of services to the secondary language threshold identified in the County of San Luis Obispo. The priority issues for TAY have been identified by local stakeholders as: substance abuse, inability to be in a regular school environment, involvement in the legal system/ jail, inability to work, and homelessness.

Each participant meets with the team to design his or her own personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, and financial and legal counseling. Each participant receives medication supports, case management, crisis services, therapy, and psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered,

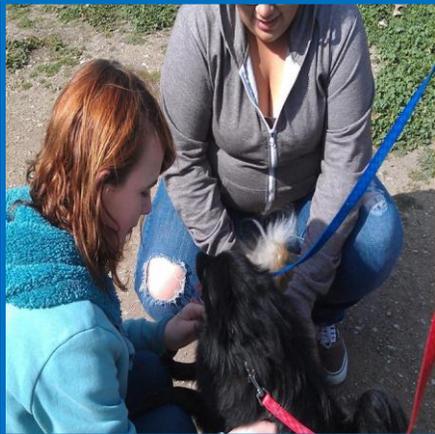
Transitional Aged Youth (TAY) Full Service Partnership

culturally competent treatment and empowerment, and promotes optimism and recovery for the future. There were two TAY FSP teams in 2011-2012. The core FSP team includes a County Mental Health Therapist and a community-provided Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs.

In the TAY FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families' services provider. Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 17. In 2011-2012 FCN provided services to 29 clients in the TAY FSP Program. Additionally, FCN provides housing support for TAY transitioning independently into adulthood. In 2011-2012 FCN provided 794 bed days for TAY FSP participants.

Initially, David was homeless with his father, suicidal, and on a lot of medication. He weighed 320 pounds and was in poor health. He was moved to a residential facility for 3 years. In the last two years, working with the FSP team, he has been stable, with no hospitalizations or suicidal ideation.

David has reduced his medications and has become independent. He lost over 100 pounds, going from a size 50 pant, to a 34, and a 3x shirt to a Large. He has taught himself to cook and bake, has joined the YMCA and is leading an active, healthy lifestyle. David manages his own bank account, and has maintained a busy community college schedule. He has spoken on several panels in the community regarding mental health, and is a certified NAMI presenter. David's social life is full and active as he continues to nurture wellness. Sarah Leon, LMFT, SLO County Behavioral Health Department



Adult Full Service Partnership



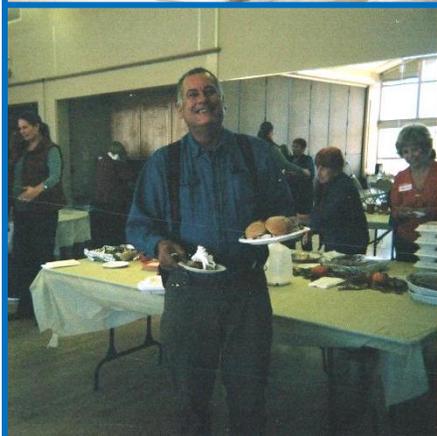
CSS Work Plan 3: Adult Full Service Partnership (FSP)	Funding:
Actual number served in FY 2011-2012: 55 (21 newly served)	Actual cost in FY 2011-2012: \$2,040,129
Projected number to be served in FY 2012-2013: 64	Projected cost in FY 2012-2013: \$2,170,000
Estimated number to be served in FY 2013-2014: 65	Budgeted funds for FY 2013-2014: \$2,392,563
Actual Cost per Client in FY 2011-2012: \$35,175	

The Adult Full Service Partnership (FSP) program targets adults 26-59 years of age with serious mental illness. The Adult FSP participants are usually unserved, inappropriately served or underserved and are at risk of institutional care because their needs are difficult to meet using traditional methods. They may be homeless, frequent users of hospital or emergency room services, involved with the justice system or suffering with a co-occurring substance abuse disorder. The overall goal of Adult FSP is to divert adults with serious and persistent mental illness from acute or long term institutionalization and, instead, to succeed in the community with sufficient structure and support, consistent with the philosophy of the MHSA.

The Adult FSP program provides a full range of services including assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication supports, housing, and integrated vocational services to an average of 55 adults annually. Participants are empowered to select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan, as well as a Wellness and Recovery Plan, has been developed with each participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources.

There were four Adult FSP teams in 2011-2012. The core FSP team includes a County Mental Health Therapist and a community-provided Personal Services Specialist (PSS). Additionally, the team includes a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available in this program to assist in providing mental health treatment.

Adult Full Service Partnership



CSS Work Plan 4: Older Adult Full Service Partnership (FSP)	Funding:
Actual number served in FY 11/12: 12 (7 newly served)	Actual cost in FY 11/12: \$341,727
Projected number to be served in FY 12/13: 20	Projected cost in FY 12/13: \$310,000
Estimated number to be served in FY 13/14: 12	Budgeted funds for FY 13/14: \$315,656
Actual Cost per Client in FY 11/12: \$28,477	

San Luis Obispo County's Behavioral Health Department partners with local community mental health providers to enhance the services outlined herein. In the Adult FSP the PSS are provided by Transitions Mental Health Association (TMHA). The PSS are involved in day to day client skills-building and resource support to include: dress, grooming, hygiene, budgeting, family/social interactions, coping with symptoms, managing stress, managing illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other providers. In 2011-2012, TMHA served 55 Adult FSP clients, with 100% of those surveyed agreeing the program had improved their quality of life and helped them deal more effectively with daily problems.

Behavioral Health Treatment Court (BHTC) serves adults, ages 18 and older, with a serious and persistent mental illness, on formal probation for a minimum of two years, and who have had chronic use of mental health treatment observed as a factor in their legal difficulties. BHTC clients volunteer for the program forming a contractual agreement as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital. BHTC clients, in many cases, have little insight or understanding about having a mental illness or how enhanced collaborative services could meet their needs. In 2011-2012, BHTC served 23 clients each quarter, with eight unduplicated and newly enrolled.

In 2013-2014, the Department, with Stakeholder consensus as described earlier in this Annual Update, will create a new Work Plan called Forensic Mental Health Services. This new work plan (CSS-11) will combine the existing efforts of the BHTC and Forensic Re-entry Services (currently in CSS-7, Enhanced Crisis and Aftercare). The original decision to move the BHTC (formerly Mentally Ill Probationers in the original CSS Plan) into an FSP was based on the similarities in service delivery and severity of clientele. However, after examining the program over the past two years, staff and stakeholders agree it is a different type of program, and its outputs and outcomes are not aligned with other adult

Older Adult Full Service Partnership

FSP data. The program will not change in structure or practices, it will merely be reported in future Updates under a new work plan.

BHTC is a collaborative program sharing daily communication between cross-trained Therapists, Probation Officers, Judges, Case Managers, Medication Managers, Psychiatrists, and support of a Transitions Mental Health Association's Personal Services Specialist. Treatment services have been expanded from traditional therapy models, into a modern approach which weaves the evidence based therapeutic process of all agencies directly into the client's lives and goals as they reside in their community. Graduates are stable, and live full/meaningful lives navigating both inside and outside of clinical settings as self-advocates of their unique potentials. Damon Maggiore, LMFT, LPT, Psy.D. Candidate, SLO County Behavioral Health Department.

The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions ensuring participants remain in the least restrictive setting possible through a range of services and supports based on each individual's needs. Priority populations are individuals who are 60 years of age or older of all races and ethnicities who are unserved or underserved by the current system, have high risk conditions such as co-occurring, medical or drug and alcohol issues, suicidal thoughts, suffer from isolation or homelessness, and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults, 55 to 59 years old, are also served by this team if the service needs extend into older adulthood.

There was one Older Adult FSP team in 2011-2012. The Older Adult FSP core team consists of a County Mental Health Therapist and a community-provided Personal Services Specialist. As in all other FSP teams, participants have access to the core team 24/7. The services and supports are driven by recovery principles and encourage independence and meaningful activity utilizing natural supports for each participant. Participants are empowered to make their own decisions regarding treatment. Hope and optimism are important concepts throughout the recovery process. The goal is for recovery and a better quality of life.

Additionally, the team includes a drug and alcohol specialist, psychiatrist, and a program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available through the Adult FSP program, to assist in providing mental health treatment to this population as needed. Interpreters are available for those who speak other languages.

In the original local Community Planning process for CSS programs, stakeholders identified Older Adults to be 70% underserved. The priority issues for Older Adults were identified as: isolation, homelessness, hospitalization, and substance abuse. The goals of this program are a.) reduced hospitalizations and institutionalizations; b.) decreased substance abuse; c.) reduced isolation; and, d.) homelessness.



Older Adult Full Service Partnership

In the Older Adult FSP (including BHTC described above) the Personal Services Specialists are provided by Transitions Mental Health Association (TMHA). The Personal Services Specialists are involved in day to day client skills-building and resource support to include: dress, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers. In 2011-2012, TMHA served 13 Older Adult FSP clients, with 100% of those surveyed agreeing the program had improved their overall quality of life and helped them in dealing more effectively with daily problems.

Client and Family Wellness

CSS Work Plan 5: Client and Family Wellness	Funding:
Actual number served in FY 2011-2012: 1430	Actual cost in FY 2011-2012: \$1,260,327
Projected number to be served in FY 2012-2013: 1500	Projected cost in FY 2012-2013: \$1,389,740
Estimated number to be served in FY 2013-2014: 1400	Budgeted funds for FY 2013-2014: \$1,430,925

Individuals and family members are able to access any of the following services through participation in one of the county's CSS Client and Family Wellness programs. The client-centered services are coordinated and integrated through individualized treatment plans which are wellness-focused, strength based and which support recovery, resiliency, and self-sufficiency. Individuals may utilize one or several of the components, dependent upon their concerns and goals.

Transitions Mental Health Association (TMHA) is the community provider for many innovative MHA programs. In 2011-2012 TMHA made over 5,000 contacts through various Client and Family Wellness programs, including:



Client and Family Wellness

Client & Family Partners act as advocates, to provide day-to-day hands-on assistance, link people to resources, provide support and help to “navigate the system.” Partners liaison with family members, care givers, consumers, County Mental Health Staff, local NAMI groups, and other service providers. An important asset, these Partners assist in orientation of families entering the mental health system. This strategy also includes a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services. 100% of the 164 participants surveyed agreed that the quality of life for their family has improved as a direct result of Client & Family Partner services. TMHA conducted 14 parenting classes in 2011-2012, exceeding the target of four. Client and family-run support, mentoring and educational groups are conducted through the following programs overseen by TMHA:

Peer to Peer is an education course on recovery that is free to any person with a mental illness, and serves approximately 50 consumers annually. It is taught by a team of peer teachers who are experienced at wellness and recovery. Participants receive education from peers and reference materials that help to improve and maintain their mental health wellness. Participants improve their knowledge of the different types of mental illnesses, develop their own advance directives, and develop their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills. WRAP components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. In 2011-2012 TMHA served 57 consumers, with 85% reporting an increase in satisfaction with quality of life due to their involvement with the class.

Family to Family, which is coupled in this work plan with TMHA’s Family Orientation Class, was developed by the National Alliance on Mental Illness (NAMI) and is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, their causes and treatments, as well as help and coping tools for family members who are also caregivers for over 125 individuals annually. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and OCD; as well as the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively. The TMHA Family Orientation Class provides information regarding the services available in our community including housing and supported employment, SSD and Special Needs Trusts, promoting self-care and help with navigating through the mental health system. TMHA served 156 attendees, well over the target of 70, in 2011-2012, with 99% of those surveyed (92) reporting they feel more comfortable and confident dealing with their family member who has a mental illness as a result of taking the class.

A robust vocational Training and Supported Employment Program has been a



Client and Family Wellness



stakeholder favorite since the launch of MHSAs programs in San Luis Obispo County. TMHA provides vocational counseling and assessment, work adjustment, job preparation and interview skills training, job development and coaching, transitional employment opportunities and basic job skills training to assist consumers in gaining competitive employment within the community. The provider links mental health consumers to the Department of Rehabilitation and other vocational resources, serves as a liaison with employers, and provides benefits counseling and follow-up with employed individuals. 198 consumers were served in 2011-2012, exceeding the target of 150, with 96% of those agreeing that the overall quality of their lives had improved since engaging in the program.

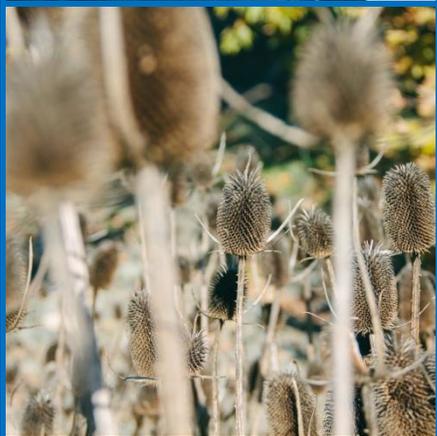
The People Empowering People (PEP) Center, is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored educational activities were conducted at the PEP Center to over 200 clients in 2011-2012. The PEP Center (which in 2012-2013 was renamed The Lifehouse) is made available to MHSAs program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space.

MHSAs funded programs receive priority in utilization of this support center. 94% of clients surveyed agreed that the services provided at the facility have helped them to better deal with crisis situations and deal more effectively with their daily problems.

Additionally the San Luis Obispo County Behavioral Health Department has increased capacity to serve clients and their families through the following:

- Caseload reduction therapists have been established in the Adult outpatient clinics. These therapists allow clinic staff to spend more time with
- outpatient clients, providing more resources and referrals, as well as groups, system navigation and wellness activities within the traditional structure of mental health services. In 2011-2012 two full-time therapists were utilized to increase capacity by 1,173 client contacts.
- A Co-occurring Specialist provides an Integrated Dual Disorders Treatment program, developed by SAMHSA. The Co-occurring Specialist provides intervention, intense treatment and education. Individualized case plans are specific to each client's needs. In 2011-2012 the Dual Disorders Treatment program served 73 consumers.

Latino Outreach Program



CSS Work Plan 6: Latino Outreach Program	Funding:
Actual number served in FY 11/12: 119 (52 newly served)	Actual cost in FY 11/12: \$464,294
Projected number to be served in FY 12/13: 175	Projected cost in FY 12/13: \$518,790
Estimated number to be served in FY 13/14: 175	Budgeted funds for FY 13/14: \$621,106

The primary objective of the Latino Outreach and Engagement Program is for bilingual/bicultural therapists to provide culturally appropriate treatment services in community settings. The targeted population is the unserved and underserved Latino community, particularly those in identified pockets of poverty in the north and south county areas, and rural residents.

The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the local Community Planning Process, is the under-representation of Latino individuals. Latinos are 18% of the total county population, but they represent a total of 28% of the poverty population. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in our county reside in rural areas, thus exacerbating access, transportation, and information distribution difficulties associated with serving minority groups.

Culturally appropriate services were developed in consultation and partnership with Dr. Silvia Ortiz, a local psychologist, community leader and expert in clinical care for Latino mental health consumers and families. The outreach efforts are coordinated with existing Latino interest groups, allies, and advocates that are trusted by the community. The individuals and families are encouraged and supported in developing a knowledge and resource base to help them adapt to bicultural living - thus encouraging the development of coping skills to improve resiliency and recovery. Outreach services target all age groups in the Latino community.

Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY's and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60. 100% of the 175 clients served annually by Latino Outreach clinicians indicate that they would recommend these services to others. 95% of clients reported improvements in coping and internal strength after program participation. All participants agreed the services were culturally considerate and helped clients resolve problems. At all steps in the

Latino Outreach Program

engagement process individuals, are encouraged and supported in developing knowledge and a resource base to help adapt to living among two cultures.

As a Therapist in the Latino Outreach Program, I feel I was given much flexibility to work with a 12 year old female client receiving services due to depression and child-parent conflict. Through therapy we were able to address her parent relationship issues and her mom was able to express feeling more positive and receptive to treatment as her therapist was Latino and could relate culturally. My client was hesitant as she felt uncomfortable working with a male, but over time the walls came down and we were able to do some really good work at a community resource location, which allowed itself for more informal therapy. We were able to sit on the floor and talk, draw and collage, which led to building her feelings of self-worth; and through doing the family work she and her mother were able to recognize that their goals were in alignment. She was able to recognize her mother's love for her and her own ability to succeed and use her skills and intelligence to move forward. She is now on track to go to college and participates in a college readiness program. Her mother has recognized the benefit of therapy and has shown desire to use services for herself and has taken advantage of services for her son who has benefitted from therapy both emotionally and educationally. Mom believes the work her son has done in therapy has helped to build his feelings of self-worth and his school reports improvement in his behavior and ability to manage his emotions. The family is able to recognize how therapy has helped them and they serve as advocates for therapy in their community. Conrad Mendoza, M.S., MFT San Luis Obispo County Behavioral Health Department



Enhanced Crisis and Aftercare

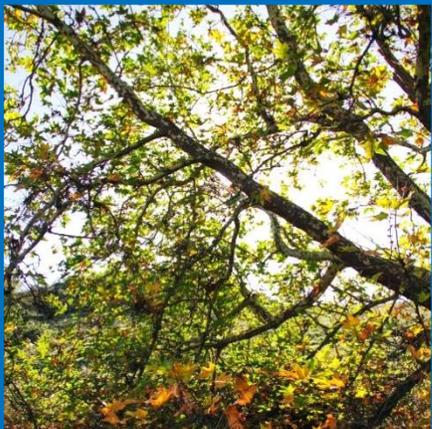
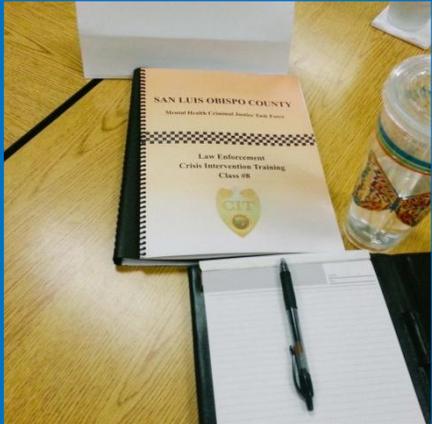
CSS Work Plan 7: Enhanced Crisis and Aftercare	Funding:
Actual number served in FY 11/12: 575	Actual cost in FY 11/12: \$906,735
Projected number to be served in FY 12/13: 760	Projected cost in FY 12/13: \$930,000
Estimated number to be served in FY 13/14: 1000	Budgeted funds for FY 13/14: \$833,919

The Enhanced Crisis Response and Aftercare Program combines the efforts of the Mobile Crisis team, an Aftercare specialist, and Forensic Reentry Services to increase the county's capacity to meet the needs of individuals needing specialized, critical intervention and aftercare. The program provides increased access to emergency care, prevents further exacerbation of mental illness, and is available to all county residents, across all age, ethnic and language groups. A key to this work plan is the coordinated efforts which have been built between emergency rooms, law enforcement, jails, the psychiatric hospital and the crisis and aftercare specialists. Collaborative, coordinated responses result in better communication between all parties involved and better community health outcomes, like fewer hospital and psychiatric inpatient admissions.

Enhanced crisis and response capacity remains a top priority among local stakeholder focus groups, and with the Behavioral Health Department. Stakeholder input helped develop the original specific strategies to enhance crisis capacity components, to improve the overall service system and to improve outcomes for individuals and provide supports for clients and their families.

Two responders are available 24/7 and serve over 1,000 clients annually to intervene when mental health crisis situations occur in the field and after clinic hours, as well as assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and half of the interventions do not result in hospitalization. Interventions are client oriented and wellness and recovery centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments. All crisis workers receive training in culture specific issues related to working with veterans, homeless, Latino and other ethnic groups, as well as training related to issues specific to sexual orientation and gender sensitivity.

The Aftercare Specialist meets clients at discharge from inpatient hospitalization and works to ensure that clients and families are familiar with coping and relapse



Enhanced Crisis and Aftercare

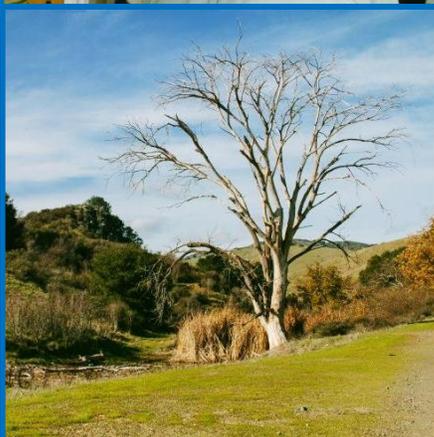
prevention strategies, system and family supports and that a comprehensive follow up plan is in place for clients returning to independent living or family settings. The Aftercare Specialist assists clients in the necessary supports (transportation, housing, planning, time management, and coordination with treatment) to implement their plans, and assures that they do not “fall through the cracks.”

The Crisis Mental Health Therapist provides after hours crisis intervention services, coordinating with the Mobile Crisis Unit regarding community requests for on-site intervention. The Therapist assists in communication with law enforcement, emergency rooms, and other agencies. In addition, this therapist provides crisis intervention services over the telephone to the entire county after business hours in order to successfully resolve crises in the community.

A Forensic Re-entry Services (FRS) team, comprised of County Mental Health Therapist and a community-provided Personal Services Specialist (PSS) provides a “reach-in” strategy in the County Jail, adding capacity for providing aftercare needs for persons exiting from incarceration. The Forensic PSS is provided in partnership with TMHA, and is responsible for providing a “bridge” for individuals leaving the jail in the form of assessment and referral to all appropriate health and community services and supports in addition to “short-term case management” during this transition. In 2011-2012 there were 113 clients served in FRS and 90% of those surveyed reported their overall quality of life had improved due to their participation in the program.

The FRS Team continues to meet the demand to assist law enforcement with difficult, mental illness-related cases. In 2011-2012, the team served 126 clients (some duplicated). The team works closely with all local law enforcement and court personnel in training and case management issues to reduce crises. Improving crisis response and assistance to mentally ill adults involved in the criminal justice system is a community priority.

In 2013-2014, the Department, with Stakeholder consensus as described earlier in this Annual Update, will create a new Work Plan called Forensic Mental Health Services. This new work plan (CSS-11) will combine the existing efforts of the BHTC (currently in CSS-3, Adult FSP). The FRS program will not change in structure or practices, it will merely be reported in future Updates under a new work plan more consistent with monitoring the efficacy of forensic outreach and treatment.



Community School Mental Health Services

CSS Work Plan 8: Community School Mental Health Services	Funding:
Actual number served in FY 2011-2012: 132 (104 newly served)	Actual cost in FY 2011-2012: \$308,148
Projected number to be served in FY 2012-2013: 60	Projected cost in FY 2012-2013: \$356,475
Estimated number to be served in FY 2013-2014: 60	Budgeted funds for FY 2013-2014: \$437,200

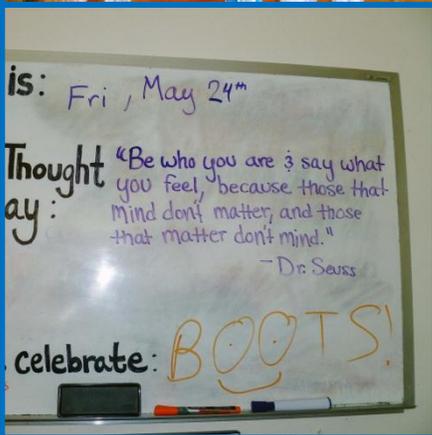


Community School, provided by San Luis Obispo County's Office of Education (SLOCOE), is one of the Alternative Education options available for students who have been expelled from their home school district. Many students at the Community Schools are unidentified or unserved because the traditional school setting cannot accommodate their needs. A County Mental Health Therapist is located at each school and provides an array of mental health services that may include: crisis intervention, individual, family and group therapy; individual and group rehabilitation focusing on life skill development, anger management and problem solving skills. Over 75 students and their families are engaged in services that enable them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.

This program identifies and serves seriously emotionally disturbed (SED) youth ages 12 to 18 that are placed at Community School for behavioral issues and or have been involved in the juvenile justice system. Some of these youth are qualified under Special Education and have an Individualized Education Plan (IEP). Community School youth are at great risk for school drop-out, further justice system involvement, psychiatric hospitalizations, and child welfare involvement.

SED youth and their families are engaged in services that enable them to stay in school and return to their home school district. The program is designed to create a more efficient continuum of care and to assist the youth to remain in a less restrictive school setting. The program functions as a fully integrated component of the school with the Mental Health Therapist partnering with teachers, aides, probation officers, the family and other appropriate community members to create a team that responds to the identified SED student's individual needs and desires.

Housing



Housing Development Projects:	Other Housing Facilities Funded:
FY 11-12 CSS One-Time Funding Nelson Street - Total Units Built - 5/Total Units Occupied - 5	FY 11-12 CSS Funded Housing Full Service Partnership Intensive Residential: Atascadero - Total Units Funded - 12/Total Units Occupied - 12 San Luis Obispo - Total Units Funded - 17/Total Units Occupied - 17
FY 12-13 CSS One-Time Funding Nelson Street - Total Units Built - 5/Total Units Occupied - 5	FY 12-13 CSS Funded Housing Full Service Partnership Intensive Residential (total 29 units): Atascadero - Total Units Funded - 12/Total Units Occupied - 12 San Luis Obispo - Total Units Funded - 17/Total Units Occupied - 17
CalHFA Funded (to be completed July 1, 2013) Nipomo Street - Total Units Built - 8/Total Units Occupied - 0	

Transition Mental Health Association (TMHA) coordinates the Housing program providing 34 units for MHSA and MHSA-eligible clients in 2011-2012. The vacancy rate for 2011-2012 was 11%. Services include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, and rehabilitative mental health services, regular appointments with psychiatrists and other physicians.

The Full Service Partnership (FSP) Intensive Residential Program provides intensive community-based wrap around services to help people in recovery live independently in variety of community housing and apartment rentals throughout San Luis Obispo and Atascadero. The program focuses on encouraging each consumer's recovery and pursuit of a full, productive life by working with the whole person, rather than focusing on alleviating symptoms. Services and staff teams are fully integrated to give each member a range of choices, empowering the consumer as the main decision-maker in their own recovery process.

Program services and activities are provided in residents' homes and within the immediate community. Residents are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each

Housing

individual to attain their highest level of independence possible.

Additionally, CSS funding supported the addition of five units in the city of Arroyo Grande (Nelson Street). These studio apartments were developed in order to increase housing capacity for MHSA-eligible clients. In 2011-2012 all five units were occupied. In subsequent years the studios have become self-sufficient and MHSA funds are no longer utilized for rent at this location.



Workforce Education and Training (WET)

San Luis Obispo County's Workforce Education and Training (WET) program includes work plans which encourage and enhance employee development and community capacity building within the field of behavioral health. The following projects continued in 2011-12 as part of the WET Plan:

Peer Advisory, Mentoring, and Advocacy Team (PAAT): The consumer advisory council of mental health stakeholders met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. PAAT members meet bi-monthly to enhance the mental health system, developing and implementing plans to: advocate and educate the community about mental health and recovery; eliminate stigma; advocate and provide education within the mental health system; and promote the concept of wellness versus illness and focus attention on personal responsibility and a balanced life, grounded in self-fulfillment.

PAAT met 24 times in 2011-2012, and members conducted six presentations for 188 attendees. Additionally, the PAAT conducted two popular forums on stigma reduction with over 700 attendees. PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement, and the County's Behavioral Health Board.

Surveys of PAAT and forum participants yielded the following results in 2011-2012:

96% (25/26) of PAAT participants surveyed agreed that the PAAT team has made a significant positive impact on the mental health system.

94% (68/72) of forum audience participants surveyed reported that they are more aware of mental health stigma and the tools necessary to reduce it.

E-Learning: Essential Learning went live in January 2011 to provide electronic access to a Behavioral Health library of curricula for 500 San Luis Obispo County mental health providers, consumers, and family members. In the 2011-2012 fiscal year 2788 hours of training were completed electronically. The capacity to be trained online has resulted in a 30% decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also expects to demonstrate a reduction in lost productivity.

In the 2011-2012 year the Department assigned a cultural competence curriculum to all employees which featured an overview on cultural issues in behavioral health, and a course specific to Post-Traumatic Stress Disorder. Staff course completion was near 80%.

Cultural Competence: The Cultural Competence Committee (CCC) meets



Workforce Education and Training (WET)

regularly to monitor the training, policies, and procedures of the public mental health system and their relative enhancements of cultural competence in serving consumers and families. The primary objective of the group is to coordinate training to improve engagement with underserved populations. The CCC coordinated the following activities and trainings in 2011-2012:

- The establishment of a Cultural Competence curriculum within the County's E-Learning system. All 500 participants (County and community) are required to enroll in a course selected by the committee. In 2011-2012 the Committee chose to focus on veterans services and selected a series on the effects and treatment of Post-Traumatic Stress Disorder as its E-Learning focus.

- The Committee produces quarterly newsletters focused on cultural topics in relation to mental health issues. In June of 2012 a group of Master's level counseling students at California Polytechnic State University (Cal Poly) San Luis Obispo were engaged to create a newsletter focusing on mental health issues surrounding college students and environments. The newsletter was a popular download from the County's website with over 500 views and downloads.

- In May of 2012, the CCC produced a community-wide forum on "The Culture of Poverty" and clinical engagement with impoverished clients. This was attended by 300 community providers, counseling students, and County Behavioral Health staff. The workshop featured a presentation by Marc Stevenson from St. Vincent de Paul Village and Project 25 in San Diego County.

Internships: The County's WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department. In Fiscal Year 2011-2012 three bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the Plan, the County has utilized the internship program to develop permanent staffing, and has hired one of the three Interns as a Mental Health Therapist in a permanent position, while a second was recently hired by a system provider.

Stipends & Scholarship Program: The County WET Plan has generated a great deal of excitement and support for its scholarship and stipend opportunities. In coordinating the State's Mental Health Loan Assumption Program for local staff, the WET Coordination team has taken the opportunity to engage providers across the public mental health system in recognizing the need for expanded cultural competency, language skills, and the importance of supporting those in hard-to-fill/retain positions.

The County's WET Scholarship program has been tremendously popular with local students, peers, and organizations seeking further development in behavioral health careers. A scholarship task force comprised of staff, community college and university staff, community providers, consumers, and family members meets during the year to plan the scholarship program and review



applications. The scholarship supports current and new students seeking education, licensing, and career development in the Behavioral Health field.

Workforce Education and Training (WET)

In 2011-2012, the Scholarship Task Force awarded nearly \$50,000 in educational incentives. Through the WET plan's project to build capacity through the California Association of Social Rehabilitation Agencies (CASRA) certification programs at Cuesta College, the County awarded 4 individuals with scholarships averaging \$1200. The County also awarded upper division (bachelor and masters) students by distributing \$45,000 (total) to nine behavioral health learners.



Prevention and Early Intervention (PEI)

Mental Health Awareness and Stigma Reduction



PEI Program 1: Mental Health Awareness and Stigma Reduction – Social Marketing Strategy	Funding
Actual number served in FY 11/12: 1,534	Actual cost in FY 11/12: \$299,370

The Mental Health Awareness and Stigma Reduction Program *SLO the Stigma* media campaign, concluded at the end of the previous fiscal year. At the center of the campaign is a powerful documentary, where local consumers share their stories of recovery and hope. Although the MHSA funding for the campaign officially ended, SLOtheStigma remains a powerful tool and has received continued support and attention statewide. California State Assembly Member, Katcho Achadjian sponsored a premiere viewing at the Capitol Theater on May 9, 2012, with San Luis Obispo County Behavioral Health Administrator, Karen Baylor delivering the keynote address.

Outreach to Veteran’s during 2011-2012 expanded and Transitions Mental Health Association (TMHA) hosted a Veteran’s Health and Wellness Fair in September of 2011. The forum was held for service providers and the general public about Veterans in our community and the challenges they face. During the Veteran’s Day, 2011, Farmer’s Market event, over 40 volunteers delivered stigma and discrimination messages to thousands of members of the community. As a result of connections made at the Veteran Health and Wellness Forum, a Central Coast Veteran’s Committee was formed. The mission of the Central Coast Veterans Committee is: *Working together to serve our Central Coast Veterans Community.*

In addition to sustaining the SLOtheStigma component, TMHA provided 44 stigma reduction presentations to underserved and at-risk populations such as college students, LGBTQ, and the homeless during Fiscal Year 2011-2012. Mental health education and training were also delivered to community providers and the general public. In addition to SLOtheStigma, TMHA utilized stigma reduction and awareness tools such Stamp Out Stigma, The Shaken Tree, and In Our Own Voice to reach 1,534 individuals.

98% of presentation participants surveyed agreed that they have an increased awareness of wellness and recovery tools related to mental health.

School Based Wellness



PEI Program 2: School Based Student Wellness	Funding: Actual Costs in FY 11/12 \$691,266
2.1 Positive Development Program Actual number served in FY 11/12: 402 Children/190 Parents	
2.2a Middle School Comprehensive Program – Student Support Counselors Actual number served in FY 11/12: 284	
2.2b Middle School Comprehensive Program – Family Advocates Actual number served in FY 11/12: 590	
2.2c Middle School Comprehensive Program – Youth Development Actual number served in FY 11/12: 2,800	
2.3b Student Wellness Strategy – Middle School Initiative Actual number served in FY 11/12: 2,400	
2.4 Sober School Enrichment Actual number served in FY 11/12: 10	

School Based Wellness, is a comprehensive, multi age approach to building resilience among all service recipients. This program responds to the universal population of children and youth, and youth who exhibit risk factors for mental illness by utilizing the following projects: Positive Development Program serves pre-kindergarten aged children; The Middle School Comprehensive program for higher risk schools; Student Wellness Programming, and Sober School Enrichment.

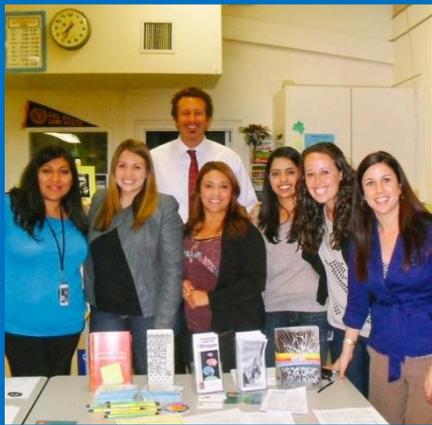
Community Action Partnership’s Child Care Resource Connection (CCRC) administers the **Positive Development** project (2.1). CCRC stakeholders selected *I Can Problem Solve* curriculum, and Ages and Stages Questionnaire (ASQ) training to private child care providers in both English and Spanish. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles.

The CCRC staff has continually adapted the program to the changing needs of the community. Over 50 child care programs are served annually. CAP-SLO increased outreach and education to parents in order to reinforce the skills and messages learned while the children were at daycare. Parent surveys indicated that 100% of parents saw an improvement in their parenting skills upon receiving the additional education about the program.

“Being a single mother, it is not always easy to show your children how to handle situations. I have noticed an improvement in my parenting and my children.” – Parent, PEI Survey Response

Both CCRC and the SLOBHD received Thank You emails and cards from providers and parents throughout the year. The following letter was sent to program staff by a parent, and translated from Spanish:

School Based Wellness



“My son has been attending Garden of Angels Day Care for almost a year. In the beginning he was shy and little to know communication skills. Since he started the I Can Problem Solve program, he has become more social toward others and is communicating more. The activities and the attention that this program has offered have helped my son learn adaptive skills.”

78% of children initially assessed “impulsive” had a notable decrease in their impulsive behavior scores (Overt/Physical Aggression and Impatience/Over-emotionality, *I Can Problem Solve* post-assessment)

The Middle School Comprehensive project is an integrated collaboration between schools, San Luis Obispo County Behavioral Health staff, and community based organizations. Six Middle Schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson) were selected to participate in the Middle School Comprehensive project, based on a Student Assistance program (SAP) model, through a competitive request for application. In their applications, the schools had to demonstrate the need for the services, cultural and geographic diversity, and the capacity to support this innovative and integrated approach. The LINK, a local non-profit with expertise in serving families in the rural north county, was selected to provide the project’s three bilingual and bicultural Family Advocates. San Luis Obispo County Behavioral Health Department provided three Student Support Counselors and one Prevention (Youth Development) Specialist.

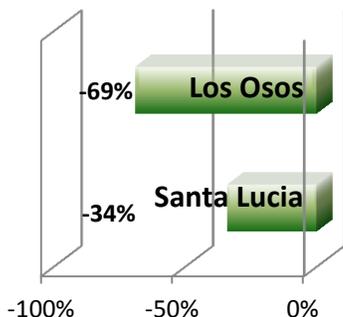
Students are identified as at-risk because of poor attendance, academic failure, and disciplinary referrals. The Family Advocates coordinate case management, referral services, and intervention services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Family Advocates provide information outreach to the schools including participating in “Back to School” nights, “Open Houses”, and providing a staff orientation early in the school year.

Because of the various campus cultures, administrative styles, and community specific issues, the Student Support Counselors and Family Advocates carved out a unique service delivery for each location. Forward Program at Flamson Middle School, which continued in FY 2011-12. The focus of the program is to target Latino female students who are at risk for gang involvement, struggling with academics and disciplinary problems, and could benefit from receiving mentoring from positive role models. The project specifically promotes the importance of succeeding in school, homework, tutoring assistance, and reducing disciplinary actions at school, and gang related and at-risk activities outside of school. In 2011-2012 students participated and worked as volunteers at the

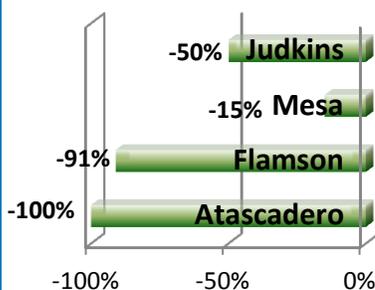
School Based Wellness



2011-12 Reduction in Suspension Rates



Reduction in Expulsion Rates



Children’s Resource Network. During the next school year, The LINK plans to expand the existing program at Flamson as well as implement Latina Step Forward at Judkins Middle School.

During the summer of 2011-2012, The Link worked in conjunction with the Behavioral Health Department to develop more in-depth data collection tools. A family survey was conducted and 100% of families Surveyed indicated that their advocate introduced them to new services and that they were confident in their ability to access them independently in the future.

County staff work closely with school counselors and Family Advocates to address changing school climate and community specific emotional and behavioral health needs. Issues such as self-harm, depression, bullying, violence, substance use, and suicidal ideation are some of the topics addressed in group or individual counseling.

At the end of the second year, preliminary data indicated 96% of students showed improvement in one or more of the key areas of focus: grades, attendance and disciplinary referrals. A significant ($P < .05$) reduction in risk factors and increase in protective factors among program participants. The County has selected its School-based Wellness programs for evaluation with the State; therefore more data is included in the attached PEI Evaluation.

“I am so happy to have you as my counselor. Thank you for always being there and helping me out. You have really taught me how to stay out of trouble and not do bad stuff. I also want to thank you for helping me get my self-confidence back. The counseling groups help me deal with things in a healthy way.”

-Mesa Middle School Student Letter to PEI Student Assistance Program Counselor

In addition to the Student Assistance Program, each of the participating schools received **Youth Development** programming provided by the County’s Friday Night Live staff. Youth Development, an evidence-based strategy for building resiliency reduces the risk of mental illness by engaging young people as leaders and resources in the community, and providing opportunities to build skills which strengthen bonds to school and improve overall wellness. Over 2,800 students are exposed to Youth Development programming annually, with an average of 7 prevention activities occurring per student.

School Based Wellness

79% of Youth Development Participants agree that the program has taught them problem solving skills

79% of Youth Development Participants agree that “because of my program, I know what to do if my peers are teasing or harassing others (SLO Co. Youth Development Survey, Youth Leadership Inst.)

The final component of the School-Based Student Wellness Program was the placement of a Student Support Counselor at San Luis Obispo County’s Sober School. The Student Support Counselor conducts selective prevention groups for youth with co-occurring disorders, as well as indicated short-term individual interventions with youth experiencing crises, trauma, or other difficulties. In addition, Sober School students were actively involved in the Innovation planning process. San Luis Obispo County’s Sober School was featured in the June 2013 California Teacher’s Association Educator Magazine.

“I would really like if we could keep doing group because I have been feeling really depressed lately and group really helps me. The people in my group are the only ones who I can really tell all of my problems too. I have had a problem with relapse before but since this group I have done a lot better. I am inspired to be a counselor when I grow up, and keep this group going so that I can help other kids in the group.”- Sober School Participant.



Family Education, Training, and Support Program

PEI Program 3: Family Education, Training and Support	Funding: Actual Costs in FY 11/12 \$129,905
3.1 Coordination of the County's Parenting Programs Actual number served in FY 11/12: 9,456	
3.2 Parent Educator (Parenting Classes) Actual number served in FY 11/12: 425	
3.3 Coaching for Parents/Caregivers Actual number served in FY 11/12: 381	

The San Luis Obispo County Child Abuse Prevention Council (SLO-CAP) administers the **Family Education, Training and Support Program**, a multi-level approach to building the capacity of all county parents and other caregivers raising children. Target populations include: parents and caregivers in "stressed families" living with or at high risk for mental illness, trauma, substance abuse and domestic violence; as well as those parents/caregivers who are doing well and wishing to maintain stability.

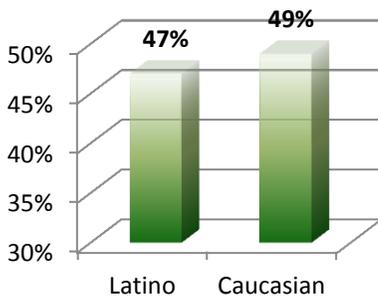
A bilingual website www.sloparents.org serves as a central clearinghouse to disseminate information on parenting classes, and family support programs and services. All promotion materials are available in both English and Spanish, and www.sloparents.org. In 2011-2012 the site continued to grow and received over 9,400 unique visitors annually accessing an average of 4.34 pages per visit. The site was busiest during the hours of 8am and 4pm and used as a reference tool by schools, pediatricians, and childcare centers.

The website includes a comprehensive listing of the parenting classes offered in the county, including those funded through MHSA. Classes are listed by geographic location, and Spanish language translation is visible, where applicable, throughout the site. Increased exposure, including an interview with Parent Coach Bill Spencer, in the January 3, 2012 edition of the Paso Robles Press, led to a 55% increase in classes offered and average class size over 2010-2011. Based on community input, additional classes were offered which addressed specific needs of underserved populations including parents in recovery, teen parents, homeless families, foster parents, single fathers, and women's jail classes. 88% of parents participating in parenting classes indicated reduced behavioral problems in their children, and 99% indicated an increased result of improved parenting skills.

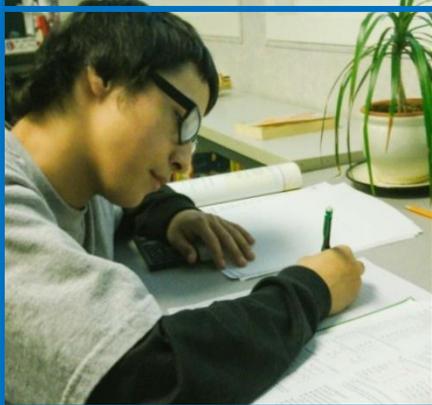
The Parent Helpline number was also advertised on www.sloparents.org. This warmline provided support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bicultural and bilingual answer the warmline, and provide one on one supportive and parenting skill building coaching services on the phone or in person when requested, and expanded to include support groups for: widowed fathers, homeless parents, and incarcerated parents – to prepare them for the parenting challenges they face when rejoining their families.



Ethnicity of Parenting Class Participants



Early Care and Support for Underserved Populations



PEI Program 4:	Funding:
Early Care and Support for Underserved Populations	Actual Costs in FY 11/12 \$437,864
4.1 Successful Launch Program for at risk Transitional Aged Youth (TAY) Actual number served in FY 11/12: 265	
4.2 Older Adult Mental Health Initiative Actual number served in FY 11/12: 2,327	
4.3 Latino Outreach and Engagement Actual number served in FY 11/12: 1,000	

The **Early Care and Support for Underserved Populations** program is a multi-focus effort to address the mental health prevention and early intervention needs of three distinct populations identified during the PEI stakeholder process as being the most underserved in the County: High risk Transitional Aged Youth (TAYs), Older Adults (with focus on isolated seniors), and low acculturated Latino individuals and families.

The **Successful Launch Program** was administered by Cuesta College. Successful Launch provides services to at-risk TAY youth with the goal of increasing self-sufficiency and success of TAYs who are former Wards of the Court or graduating from Community School. In 2011-2012 services included vocational training, job shadowing, and volunteer opportunities, work readiness, academic support, linkages to other community resources (housing, transportation, etc.), and life skill development. Sixteen business provided opportunities for work, job shadowing and vocational training. Over 80 youth receive case management services annually, with hundreds more receiving linkage to other programs. Outcomes indicate 83% of participants demonstrate self-sufficiency, and 68% of program participants demonstrate a decrease in destructive behaviors (substance abuse, self-harm, gambling, etc). A Successful Launch Caseworker shared the story below:

A young woman from North County was a recovering addict and living on the streets. When she made the decision to get her life back on track, she found Successful Launch through her community school. Since working with the case worker, she has been at school every day and won an attendance award when she graduated from school. She completed Drivers Education, and began volunteering at the Danish Care Facility. She has now completed the work readiness curriculum and is currently seeking paid employment, while attending Cuesta College. She is accountable, motivated and has embraced the service Successful Launch has offered.

Early Care and Support for Underserved Populations

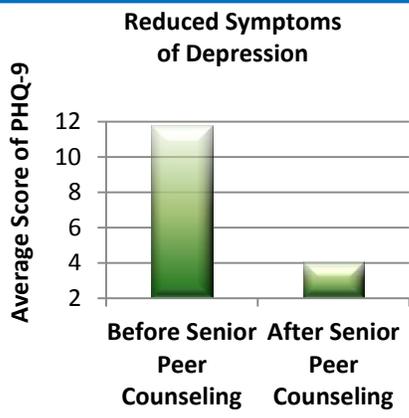
The **Older Adult Mental Health Initiative**, was administered by Wilshire Community Services, community-based prevention and early intervention non-profit serving seniors countywide. Wilshire provides an intensive continuum of mental health prevention and early intervention services for Older Adults, which consists of Outreach and Education, Depression Screenings, The Caring Callers Program, Senior Peer Counseling and Older Adult Transitional Therapy. The transitional therapy portion was originally funded through project five, but as it is an integral link and part of the umbrella of services provided by Wilshire, it is being realigned with the Older Adult Mental Health Initiative.

Over 1,900 depression screenings were conducted in 2011-2012. Clients who are referred to the Wilshire Programs are assessed to determine which program (s) would be most appropriate for their needs. Caring Callers, a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation, and Senior Peer Counseling, a peer led, yet clinically supervised, mental health program providing no cost counseling services to individuals over age 65.

For clients who need a deeper level of care, Transitional Therapy is available. The transitional therapist works with the client in both individual and group counseling to address any issues such as grief, loss, mild to moderate depression, anxiety, and other mental health issues related to aging. After 4-8 sessions, the client is either transitioned back to Senior Peer Counseling, or if further services are needed, the Transitional therapist coordinates treatment with County Mental Health or a private provider. Transitional Therapy is available in home and non-clinic settings. One of the goals of Caring callers is to help clients remain independent and active throughout the aging process. Participants reported a 69% increase in their activity levels.

Latino Outreach and Engagement, was originally solely funded by the San Luis Obispo County Community Services and Supports plan. The PEI planning process further defined the program, and San Luis Obispo County transferred the awareness and outreach elements of this program to PEI. This program provided targeted outreach to populations in underserved Latino communities, particularly to identified pockets of poverty in the north and south areas of the count, and rural residents in Shandon, San Miguel, Oceano, and Nipomo. Over 1000 community members are provided education about mental wellness, healthy living, increased awareness of signs and symptoms of mental illness, and given information on accessing services annually.

Increased awareness has resulted in a greater demand for Latino Outreach Program therapy services and a longer wait list to obtain MHSA-funded counseling services, as an additional therapist was added to the CSS Latino Outreach therapy.



Integrated Community Wellness

PEI Program 5: Integrated Community Wellness	Funding: Actual Costs in FY 11/12 \$380,552
5.1 Community Based Therapeutic Services Actual number served in FY 11/12: 300	
5.2 Wellness Advocates Actual number served in FY 11/12: 700	
5.3 Enhanced Crisis Response Actual number served in FY 11/12: 600	

Integrated Community Wellness maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services. PEI Program 5 improves early detection of and provides early intervention for mental health issues while increasing access to care by utilizing three programs: Community Based Therapeutic Services, Integrated Community Wellness Advocates, and Enhanced Crisis Response.

Community Based Therapeutic Services provides an average of 3,000 low or no cost counseling hours annually to approximately 300 individuals. In 2011/12 Services were provided by Community Counseling Center, Wilshire Community Services (moving forward as part of project 4), and San Luis Obispo County Behavioral Health.

In January 2012, Community Counseling center exemplified the spirit of MHA collaboration by bringing together multiple agencies from multiple MHA projects for a day of volunteer service activities. CCC staff, clients from Wellness Centers (CSS Project 5) and Atascadero Student Wellness Center Youth (Innovation Project 3). Planted a garden at Community Counseling Center. This team building activity broke down barriers between clients and staff, and engaged Wellness Center youth in one of their first stigma reduction projects. The event received exceptional media coverage that included a spot on the KSBY evening news and a front page article in the Local section of the Tribune newspaper entitled, "Advancements in Mental Health."

Transitions Mental Health Association (TMHA) continued to provide **Integrated Community Wellness Advocates**. Wellness Advocates collaborated with providers from other PEI programs, to deliver system navigation services and wellness supports. The Wellness Advocates provided assistance and referrals toward securing basic needs such as food, clothing, housing, health care, employment, and education. The Wellness Advocates focused on minimizing stress, supporting resilience, and increasing individuals' self-efficacy.

Community Wellness Advocates make one-on-one contact to over 700 individuals annually. An average of 300 individuals and families receive extended services and supports such as: food, clothing, health care, housing, employment, and legal assistance.



Integrated Community Wellness

**96% of family members surveyed reported an improved quality of life as a result of engagement in extended services.
(Pre-post survey results, TMHA)**

An example of overarching collaboration of the PEI project 5 programs can be illustrated by the story below:

After John was suddenly widowed and became a single father, he turned to drugs to cope with his grief and loss. When he began having severe mood swings and thoughts of suicide, John sought help at the Community Counseling Center. John was diagnosed with bipolar disorder and was referred to a psychiatrist for treatment and a Wellness Advocate to provide other key support. These providers worked together as a team to help John overcome his grief, become sober, and manage his bipolar disorder. Today John says he is “more centered than I have ever been,” and is pursuing a degree in computer engineering while being an active father. John’s psychiatrist attributes his dramatic recovery to the early intervention received at the first onset of his illness.

Crisis Response was originally funded through San Luis Obispo County’s CSS plan. As the Prevention and Early Intervention Component was developed, San Luis Obispo County transferred a portion of this program to PEI. Over 50% of individuals served by Crisis Response (approximately 500 annually) are not seriously mentally ill, and are provided stabilization and early intervention services through PEI. One recipient of Crisis response services shared “[Crisis response] helped me put a plan together to make my life better”.



Innovation

The Innovation component of MHSAs is the most unique. An Innovation project is one that contributes to learning, rather than providing a service. Innovation projects must be novel, new, and creative, and not duplicated in another community. Projects and practices that have previously demonstrated their effectiveness in other mental health settings do not add to the learning process and are not eligible for funding under Innovation. Innovation funding was created for the purposes of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.

The development of the Innovation plan was overseen by the local MHSAs Community Planning Team, which was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The Board of Supervisors approved funding for the following Innovation projects in June 2011, and project development began in July 2011.

Because the individual projects are diverse and each project operates on a unique timeline implementation of each project was staggered as a result of various factors including project scope, staffing requirements, and other unexpected barriers to implementation. San Luis Obispo County Behavioral Health provided extensive technical assistance to community and in-house providers in areas such as: project development, measuring learning, and data collection and developed an Innovation Learning Collaborative as a way for providers to share common themes among the projects and help one another overcome common barriers to implementation.

System Empowerment for Consumers, Families, and Providers creates an approach to mutual learning and enhanced collaboration among consumers, family members and mental health providers. Key elements of this program include a trust building retreat followed by mutual development of a core training program and curriculum for participants within the public mental health system. Behavioral Health also expects the pilot to initiate policies that enhance the training and education of mental health providers. Due to the intensive training surrounding implementation of Anasazi, this project was postponed for testing until FY 2012-13.

In February of 2012, the **Atascadero Student Wellness Center** opened its doors on the Atascadero High School Campus with the intention of creating a peer counseling model with a public health emphasis that includes a youth-directed stigma reduction campaign and exposes students to behavioral health education and careers. By placing a public mental health system provider on the Atascadero High School campus and training peer counselors to use the screening and brief interventions tools, this wellness project is unique to other known models. Preliminary baseline data was collected in order to measure awareness and stigma surrounding mental health issues, but also the interest of students in pursuing careers in the Mental Health field.



Innovation



Behavioral Health selected Wilshire Community Services to conduct the **Older Adult Family Facilitation** project which aims to create forward-looking solutions that enhance choice, safety, comfort, support, and well-being for older adults. This two-year pilot project intends to fill service gaps between existing MHSA Early Intervention Older Adult programs. Through Wilshire Community Services' Innovation Project, a community-based multidisciplinary Care Team is formed to address the critical issues in a client's life. This early intervention approach is client-centered which ensures that the client is actively involved in their wellness plan and that their definition of a quality life is respected and maintained. The objective of the project is to stimulate health and wellness in older adults by focusing on the unique circumstances of each situation and viewing the issues from a holistic perspective rather than a singular diagnosis or issue. The Care Team consists of the client, professionals from traditional and non-traditional disciplines, and individuals who are chosen by the client to take part in their wellness plan.

Wilshire Community Services' Innovation project works to address caregiver needs and other important issues by having Care Team meetings which are facilitated by a professional mediator. This allows for an unbiased third party to be present and maintains a productive and balanced approach to developing a plan. Each care plan that is developed considers the six recognized dimensions of wellness: emotional, intellectual, purposeful, physical, social, and spiritual. The project started with a beta test sample of 10 core clients, with an additional 20 family members served in conjunctions with their loved ones. This enabled the plan to be tested and modifications made before providing services to a larger number of clients.

Each client reported improvement to their overall situation and during evaluations exhibited decreased symptoms associated with depression and anxiety. When family and non-family caregivers were surveyed, all individuals reported satisfaction with the progress that was made through the Care Team meetings. Areas for improvement were identified in the initial test sample of clients. Wilshire works to identify these caps and further refine the model during FY 2012-2013.

Non-Violent Communication (NVC) Education Trial adapts a communication method now used in business, education, juvenile justice, and mediation settings, as an early intervention practice for Transition Age Youth with serious mental illness and their families. The model will include education and support groups which focus on youth identified as not amenable to treatment and challenged in recovery because of aggression, conflict, and/or difficulties communicating. San Luis Obispo County selected United Way to conduct this pilot project and early project development and recruitment of project staff occurred during FY 2011-2012.

Wellness Arts 101 was developed by and created for college students with mental illness. This program is a for-credit community college course on

Innovation

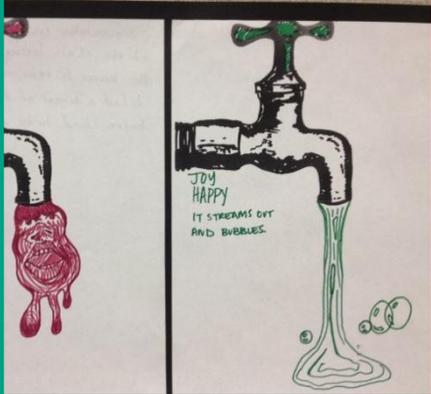
expressive art for students who have been engaged in or referred for mental health services. The course is offered partnership with Cuesta College and combines academics with the opportunity to develop social and life skills while participating in a therapeutic activity.

A licensed Marriage and Family Therapist acts as program coordinator and beta tested one semester of the project during spring 2011-2012. Key activities included development of the curriculum and teaching approach, refinement of class structure, and the referral process. Cuesta College developed a curriculum which uses a combination of lecture and lab components and utilizes a team teaching approach in order to properly keep students engaged and meet the variety of emotional and educational needs in the classroom.

Individual meetings between the students and program coordinator are used to evaluate both their current emotional functioning as well as their reflections about the course, and progress in school. These meetings serve not only as a check in, but also a way to refer students to additional supportive services that they may need. In addition, Cuesta College learned that engaging higher functioning to act as mentors to those who are not as far along in their recovery, improves overall success for all participating students. This unexpected approach has become a key component of class success.

Service Enhancement Program (formerly Warm Reception and Family Guidance) adapts Stanford's "Cancer Concierge Services" model to serve Behavioral Health clients. The intention is for clients newly referred to the mental health system and supporting family members, to feel safe, secure, informed, and supported so that they may focus on treatment and recovery. The model uses elements of peer-based system navigation, and blends new intake procedures with supportive activities. The goal of this innovation is to create a coordinated "any door" policy among key mental health ports of entry and staff, and to offer warm guidance to help link clients to the appropriate provider. San Luis Obispo County Behavioral Health, in partnership with Transitions Mental Health Association launched this program in February of **2012 placing peer support and system navigation services in the lobby of the North County Mental Health Clinic**. Initial key activities include selection of key staff, enhancements to the lobby, customer service training for clerical staff, and outreach to north county community providers.

Operation Coastal Care leverages resources by embedding a licensed mental health therapist within an existing local rehabilitation program for veterans and other high-risk individuals. The Operation Coastal Care mental health therapist will assess and respond to participants' mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder both on-site during program events and through follow-up assessment and treatment in comfortable, confidential environments. MHSA funds only support mental health aspects of the program which will also be made available to participant's family members. San Luis Obispo County Behavioral Health conducted an



Innovation



FAMILY SUPPORT SERVICES
Community Action Partnership of San Luis Obispo County, Inc.



Innovation Play Therapy



extensive recruitment in 2011-12 to find a therapist who could provide services unique to this population in a cultural competent, non-traditional manner, resulting in the hiring of a former Army Colonel and therapist to work as project lead. An unexpected unique opportunity arose when the San Luis Obispo County Veteran's Services Office offered office space at the Vet's Hall for the Coastal Care Counselor, adding another non-traditional, yet culturally competent setting for the counselor to identify potential veterans in need of services.

The Multi-Modal Play Therapy Outreach Trial pilots a parent-led, multi-modal, attachment-focused play therapy delivered in home and community settings. San Luis Obispo County Behavioral Health selected community provider Community Action Partnership (CAPSLO) to administer this project in 202011-2012. CAP-SLO provided outreach to families currently not engaged by the public mental health system, with emphasis on providing bilingual and bicultural services for families in rural and remote areas of the county. As parent and caregiver input and feedback is at the core of this approach, therapists do not identify the first modality or its progression until parents have had the opportunity to experience multiple models and provide input to their child's treatment plan. The therapist provided therapy to 25 children and their families in rural areas such as: Nipomo, Oceano, Templeton, Atascadero, Paso Robles and San Miguel. Services were offered in homes, pre-schools, family resource centers, and elementary schools. At the end of FY 2011-12, no cases had yet been closed, and fully evaluated, however early findings indicate to following:

Young single parents who were raised in non-nurturing home environments have reported they recognize the importance of touch, and are now physically bonding with their child for the first time.

Some children without a male/father figure in the home, are gaining the support of a male therapist and are developing a positive relationship with a male for the first time.

Families who would not be able to schedule time for therapy services are receiving them in an existing safe environment without the added stress of transporting their child to a clinic setting.

Capital Facilities and Technology

A comprehensive integrated behavioral health system that will modernize and transform clinical and administrative information systems through a Behavioral Health Electronic Health Record (BHEHR) System allowing for a 'secure, real-time, point-of-care, client-centric information resource for service providers' and the exchange of client information according to a standards-based model of interoperability.

This project's goal is to apply current technology to modernize and transform the delivery of service. The ultimate goal is to provide more effective and efficient service, facilitating better overall community and client outcomes. The nine identified focused areas of improvement are:

- Change Control to include Configuration Management, Requirements Management and Cultural Change Management.
- Data standardization.
- Data Entry, Access and Management.
- Process/Workflow Development, Management and Support.
- Client -centric Initiatives.
- Training: on-going needs assessment, system training, and evaluation of the quality and effectiveness of training as measured by County-developed metrics appropriate to the role of the user.
- Establishment of Business Partnerships based on Electronic Exchange of Data.
- Referrals and Automation of the Process.
- Improved Reporting for Management, Quality and Clinical Need.

A contract with Anasazi Software, Inc. was approved by the Board of Supervisors in May 2010, and Key Project benchmarks for 2011-2012 included:

- Trained all Clinical Staff on Use of Scheduler, Clinician's Homepage and Progress Noting
- Implemented Treatment Plans with California Wizard supplied Plan Problem, Goals, Objectives and Interventions (PGOIs)
- Trained all Clinical Staff on Treatment Plans
- Completely replaced California Wizard PGOIs with staff recommended structure
- Enabled notifications (Client Action Schedules) to be sent to staff for Assessments and Treatment Plans coming due
- Developed 53 form mock-ups submitted to Anasazi for custom development

MHSA Funding Summary

County: **San Luis Obispo** Date: **6/6/2013**

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$3,274,468	\$405,754	\$253,472	\$1,104,885	\$1,144,465	
2. Estimated New FY 2013/14 Funding	\$6,376,072			\$1,594,018	\$419,478	
3. Transfer in FY 2013/14 ^{a/}	(\$885,764)		\$885,764			
4. Access Local Prudent Reserve in FY 2013/14				\$35,000		(\$35,000)
5. Estimated Available Funding for FY 2013/14	\$8,764,776	\$405,754	\$1,139,236	\$2,733,903	\$1,563,943	
B. Estimated FY 2013/14 Expenditures	\$6,396,245	\$255,446	\$1,139,236	\$2,015,091	\$876,218	
C. Estimated FY 2013/14 Contingency Funding	\$2,368,531	\$150,308	\$0	\$718,812	\$687,725	

^{a/}Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	
Community Services and Supports Prudent Reserve	\$2,745,458
Prevention and Early Intervention Prudent Reserve	\$67,608
Total Estimated Local Prudent Reserve Balance on June 30, 2013	\$2,813,066
2. Contributions to the Local Prudent Reserve in FY 2013/14	
	\$0
3. Distributions from Local Prudent Reserve in FY 2013/14	
Community Services and Supports Prudent Reserve	\$0
Prevention and Early Intervention Prudent Reserve	-\$35,000
Total Distributions from Local Prudent Reserve in FY 2013/14	-\$35,000
4. Estimated Local Prudent Reserve Balance on June 30, 2014	\$2,778,066

MHSA Fiscal Year 2013–2014 Funding Summary

Revenue for the Mental Health Services Act (MHSA), also known as Proposition 63, is generated from a 1% personal income tax on income in excess of \$1 million. Prior to Fiscal Year (FY) 2012-13, Counties were given an allocation based on their State approved Plan. Due to recent legislative changes, Counties are now given a monthly allocation based on unreserved and unspent revenue received in the State's Mental Health Trust Fund for the MHSA. The methodology of the distribution to each County is determined by the Department of Health Care Services and is reviewed annually.

Additionally, Counties are now responsible for the allocation of the MHSA funds by component. Pursuant to Welfare and Institutions Code 5892 (a) and (b), the distribution of funds by MHSA component is as follows: Innovation will receive 5% of the total funding, Prevention and Early Intervention (PEI) will receive 20% of the balance, and Community and Supports Services (CSS) will receive the remaining balance. Annually, up to 20% of the average amount of funds allocated for the past five years may be transferred from CSS to prudent reserve, Workforce, Education and Training (WET), and Capital Facilities and Technological Needs (CFTN).

As a result of the new revenue distribution of MHSA funds, the County is projecting to receive 15% more revenue in FY 2012-13 than budgeted. The MHSA Stakeholder group determined a portion of the new revenue should be used to expand services in CSS, with the remaining to be placed in Prudent Reserve for future years. Revenue received from personal income tax can fluctuate considerably and is dependent on the State's economy. The County is using information received from a consultant with the California Mental Health Directors Association as the basis for future projections and is estimating MHSA revenue will decrease by approximately 9% in FY 2013-14.

For FY 2013-14, the total amount budgeted for MHSA services is \$13 million with MHSA funds accounting for \$10.6 million and the remaining \$2.4 million by non-MHSA sources (i.e., Medi-Cal, Early Periodic Screening, Diagnosis and Treatment (EPSDT), grants and private insurance).

Community Services and Supports (CSS): In FY 2012-13 the County anticipated transferring funds from CSS to the CFTN and WET components in the amount of \$1,160,809; however, actual costs came in lower in those components than expected and the transfer was not needed. The County is expecting to transfer funds to the CFTN component in FY 2013-14, as detailed below.

The FY 2013-14 budget for CSS includes \$6.4 million in MHSA funds and \$2.1 million in non-MHSA funds. A transfer in the amount of \$885,764 will be distributed to the CFTN component to fund the final phase of the Behavioral Health Electronic Health Record (BHEHR). The amount to be transferred meets the guidelines of Welfare and Institutions Code 5892 (b).

MHSA Fiscal Year 2013-2014 Funding Summary

New in FY 2013-2014

As detailed in the Executive Summary, the CSS budget for FY 2013-14 includes the addition of a .50 full-time equivalent (FTE) Veterans Services Therapist and additional support for the Wellness and Recovery Center in the new San Luis Obispo location. Stakeholders also approved the addition of a 1.0 FTE Mental Health Program Supervisor. This new position will be submitted to the Board of Supervisors for final approval with the Annual Update. The additional cost associated with these new positions and services is \$251,971.

The chart below summarizes the overall budget for CSS for FY 2013-2014:

Community Services and Supports	FY 2013-2014 Budget
Full Service Partnership	
Youth FSP	\$ 852,215
TAY FSP	635,499
Adult FSP	2,393,813
Older Adult FSP	315,656
Subtotal FSP	\$ 4,197,183
General System Development	
Wellness and Recovery	\$ 1,388,182
Latino Services	619,228
Crisis Enhancement & Aftercare	833,919
Community Schools	436,574
Forensic Mental Health	673,249
Subtotal GSD	\$ 3,951,152
Outreach and Engagement	\$ 5,000
Administration	\$ 342,019
Total FY 2013-2014 CSS Budget	\$ 8,495,354

Prevention and Early Intervention (PEI): The PEI Three-Year Expenditure Plan ended in FY 2011-12. Since that time, the MHSA Stakeholders recommended that FY 2012-13 and FY 2013-14 be considered interim years, as the County awaits the new Integrated Plan detail from the Mental Health Services Oversight and Accountability Commission. Most programs within PEI were kept at status quo or slightly reduced. The PEI component had unspent revenue that was carried forward from year to year, as allowed per Welfare and Institutions Code 5892 (h), due to slow program implementation. The carryover amount has been spent and PEI programs must now be aligned with current year revenue allocations. County staff, providers, and stakeholders have met to determine the appropriate service level reductions in order to maintain the integrity of the projects. Over the next several years, programs will be reduced to meet revenue levels.

MHSA Fiscal Year 2013-2014 Funding Summary

The FY 2013-14 budget for PEI consists of \$2 million in MHSA revenue and the balance funded by non-MHSA revenue. In FY 2012-13, the MHSA Stakeholders approved moving \$67,608 in PEI Statewide Training, Technical Assistance and Capacity Building (TTACB) funding into Prudent Reserve, which otherwise would have reverted back to the State at the end of FY 2012-13. A portion of the PEI TTACB funds (\$35,000) in Prudent Reserve will be used in FY 2013-14 to fund training in Mental Health First Aid.

The chart below summarizes the overall budget for PEI for FY 2013-2014:

Prevention and Early Intervention Programs	FY 2013-2014 Budget
Mental Health Awareness & Stigma Reduction	\$ 162,006
School-Based Wellness	778,174
Family, Education, Training and Support	99,000
Early Care and Support for Underserved	410,220
Integrated Community Wellness	400,564
Administration	221,077
Total FY 2013-2014 PEI Budget	\$ 2,071,041

Innovation: The FY 2013-2014 budget for Innovation is fully funded by MHSA revenue. Many of the Innovation programs will be ending during this fiscal year. The Community Planning Process will begin for the next round of Innovation programs this September and will end around December 2013.

The chart below summarizes the overall budget for Innovation for FY 2013-2014:

Innovation Projects	FY 2013-2014 Budget
System Empowerment	\$ 82,057
Atascadero Student Wellness	116,247
Older Adult Family Facilitation	23,125
Nonviolent Communication	108,593
Wellness Arts	78,850
Service Enhancements	144,151
Operation Coastal Care	110,313
Play Therapy	73,968
Administration	138,913
Total FY 2013-2014 Innovation Budget	\$ 876,217

MHSA Fiscal Year 2013-2014 Funding Summary

Workforce, Education and Training (WET): In FY 2012-2013 WET did not require a transfer from CSS, as the WET interns generated more Medi-Cal and EPSDT revenue than expected. The initial WET allocation came from 10% of MHSA funds in FY 2005-06 to 2007-08. After that, the County can request a transfer from CSS to WET to fund programs under that component.

The FY 2013-2014 budget for WET is \$314,560 with \$255,466 from MHSA revenue and the remaining \$59,114 from non-MHSA revenue. The County is projecting that the initial WET allocation will be depleted by FY

2014-15.

The chart below summarizes the FY 2013-2014 WET Budget:

Workforce, Education and Training Programs	FY 2013-2014 Budget
Peer Advisory Team	\$ 25,000
E-Learning	16,000
Crisis Intervention Training	7,250
Cultural Competence	10,700
Co-Occurring Training	25,544
CA Association of Social Rehabilitation Agencies	9,600
Internship Program	87,340
Stipends and Scholarships	58,000
Administration	75,126
Total FY 2013-2014 WET Budget	\$ 314,560

Capital Facilities and Technological Needs (CFTN): In FY 2012-2013, CFTN did not require a transfer from CSS due to costs being lower than projected. However, a transfer will be needed in FY 2013-2014 from CSS in the amount of \$885,764 to fund the completion of the Behavioral Health Electronic Health Record. The completion date has also been moved from June 30, 2013 to January 2014. The CFTN Budget for FY 2013-2014 is \$1,139,236. Future on-going maintenance costs for the system, such as updates, annual renewals, training, and technical support will be shared with other divisions in the Behavioral Health Department.

Local Prudent Reserve: Pursuant to Welfare and Institutions Code 5847(b)(7), the County must establish and maintain a local prudent reserve to ensure that programs will continue to serve children, adults and seniors currently being served by CSS and PEI programs. The reserve should be used in years where the allocation of funds for services are not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year. In FY 2012-2013, the MHSA Stakeholder Committee approved the transfer of \$736,000 in CSS revenue to the Prudent Reserve. Additionally, the Committee approved \$67,608 in PEI Statewide Training, Technical Assistance and end of FY 2012-2013. As explained under the PEI section, a portion of the PEI funds (\$35,000) in Prudent Reserve will be used in FY 2013-2014. The balance at the end of FY 2013-2014 is estimated to be \$2,778,066.

Appendix A



**NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
And
NOTICE OF PUBLIC HEARING
San Luis Obispo County
Mental Health Services Act**

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Annual Update for Fiscal Year 2013-14, is available for a 30-day public review and comment from June 17 through July 17, 2013.
- HOW: To review the proposed plan or submit comments,
Visit: <http://www.slocounty.ca.gov/health/mentalhealthservices.htm>
Call: (805) 788-2055
Email: fwarren@co.slo.ca.us

Comments must be received no later than July 17, 2013.

NOTICE OF PUBLIC HEARING

- WHO: San Luis Obispo County Mental Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual Update for Fiscal Year 2012-13.
- WHEN: Wednesday, July 17, 2013, 3:00 p.m. – 4:00 p.m.
- WHERE: Behavioral Health Campus, Conference Room, 2180 Johnson Ave, SLO.

FOR FURTHER INFORMATION:
Please contact Frank Warren, (805) 788-2055, fwarren@co.slo.ca.us

Appendix B

The Prevention and Early Intervention Evaluation will be posted as part of the final Annual Update for 2013-2014 in July, 2013.