

The seal of San Luis Obispo County, California, is a circular emblem. It features a central figure, likely a Native American, surrounded by a wreath. The text "COUNTY OF SAN LUIS OBISPO CALIFORNIA" is inscribed around the perimeter, and "1850" is visible in the center. The seal is rendered in a light gray, semi-transparent style.

**San Luis Obispo County
Mental Health Services Act**

***Implementation Progress Report
for Community Services and
Supports***

Approved by the Board of Supervisors
December 20, 2005
Approved by the Department of Mental Health
April 26, 2006

INTRODUCTION

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

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

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

The services proposed in the Community Services and Supports plan also incorporate the fundamental concepts needed to ensure system transformation:

- Community collaboration
- Cultural competence
- Client and family driven systems and services
- Wellness focus, including recovery and resiliency programming that assists individuals in leading a fulfilling and productive life with optimism and hope
- Integrated services that are coordinated between agencies

MHSA funds are available for three types of system programming:

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

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

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

San Luis Obispo County Behavioral Health Services is excited and encouraged with the unprecedented opportunity the Mental Health Services Act has created for system transformation and for improving the lives of our community's most un-served and in need residents.

San Luis Obispo County's Behavioral Health Services Department (BHS) Community Services and Support (CSS) Plan was approved by the Board of Supervisors on December 20, 2005. BHS then submitted the CSS plan to the State Department of Mental Health on December 22, 2005. On February 17, 2006 San Luis Obispo County BHS representatives met with the Department of Mental Health review team. Based on their feedback, revisions were made and the CSS plan was re-submitted to the state for approval. On April 28, 2006 BHS

received formal notification that the CSS plan was approved for program start-up beginning April 1, 2006.

This report represents the implementation of the Community Services and Support Plan for San Luis Obispo County from April 1, 2006 through December 31, 2006. The report follows the outline provided by the Department of Mental Health Information Notice No. 07-07 dated January 23, 2007.

1. PROGRAM/SERVICES IMPLEMENTATION

a) The County is to briefly report by each service category (i.e., Full service Partnerships, General System Development and Outreach and Engagement) on how the implementation of the approved programs/services is proceeding.

- **Report on whether the implementation activities are generally proceeding as described in the county approved plan and subsequently adopted in the MHP Performance Contract. If not, please identify the key differences.**
- **Describe the major implementation challenges that the County has encountered.**

The following is a description of how each of these components are being implemented in San Luis Obispo County.

Full Service Partnership Programs (FSP)

The CSS Plan developed a FSP program for children, transitional age youth, adults and older adults. Full Service Partnerships was recruiting staff during this report period. The Full Service Partnership teams were designed as a dyad with County Mental Health staff as the therapist and a Community Based Organization staff as the resource specialist. The timelines in the CSS plan for hiring FSP staff were not met. The CSS plan indicated that staff for the Child Team, TAY team and the Adult Team would occur during June through August 2006. These positions were posted by June 2006. However, one of the barriers we encountered was the length of time it took to hire new staff. The department had been under a hiring freeze which was lifted in May 2006. At the same time the CSS plan was approved and we were recruiting for MHP. This created a high number of vacant positions for the County's Human Resource department to recruit which took longer than expected. The priority for hiring was for the FSP Program Supervisor first and then the Child and TAY FSP Teams. The FSP Program Supervisor was hired in October, 2006 and the MHP Coordinator was hired in November, 2006. Two of the FSP staff were hired before the end of the year. The Community Based Organizations had FSP Resource Specialists staff hired before the end of the year.

The major implementation challenges for this county has been the hiring process has taken longer than expected and there has been difficulty in recruiting bilingual and bicultural staff. One key position that has been difficult to recruit for is the psychiatrist. In San Luis Obispo County, there is also Atascadero State Hospital and a prison. The prison pays substantially more than the county does. We have had two psychiatrists resign in order to work at the prison. This has impacted our recruiting efforts significantly. We have contacted two head hunting agencies and have had to advertise nationally.

General System Development

General System Development consists of the following programs: Client and Family Wellness and Recovery, Enhanced Crisis Response and Aftercare, Latino Outreach Services, Mentally Ill Probation Program and School-based Services. Each of these programs has a number of components with an update on the progress for each component.

- a) Client and Family Wellness and Recovery consists of the following components:
 - i. Vocational training and supportive employment services are provided by a local community based organization. Vocational services had been provided to 43 individuals.
 - ii. Expanded housing for TAY and Adults was in process and not implemented by December 2006.
 - iii. Co-occurring substance abuse care provides mental health services in collaboration with Drug and Alcohol Services. A staff was hired but because the FSP program was not implemented as yet, this staff had not begun delivering services.
 - iv. Expanded *Peer-to-Peer* client-led mentoring and support program provided through NAMI. By the end of December 2006, twenty-one individuals had participated in this program.
 - v. Expanded *Family- to- Family* mentoring and support program provided through NAMI. By the end of December 2006, 41 families had participated in this program.
 - vi. Client & Family Partners provide system navigation to assist in linking to resources and to provide support. Staffing was increased through a community-based organization. By the end of December 2006, 244 families were served.
 - vii. Added one new SAFE case manager in SLO. Recruitment for this position took longer than expected and had not been implemented by December 2006.
 - viii. Increase adult case management and reduce caseloads in the South County outpatient clinic. Recruitment for this position took longer than expected and had not been implemented by December 2006.
 - ix. Outreach and care to un-served seniors has not been implemented because we have not hired the geriatric specialist yet.
 - x. *Network of Care* web based information and referral service was implemented.

Overall, implementation of the above programs is proceeding as outline in the CSS plan. The only major implementation challenge was that the hiring of the staff took longer than expected. The Board of Supervisors approved amended contracts with Community Based Organizations on May 16, 2006. This allowed for immediate implementation of the Peer-to-Peer and Family-to-Family programs.

One exciting opportunity was developed during this time regarding the vocational training and supportive employment services. A cooperative agreement was developed with the Department of Rehabilitation. Using MHSA funds allowed us to leverage those dollars with the Department of Rehabilitation in order to provide more intensive and expanded services to the clients we both serve. This cooperative agreement became effective in January, 2007.

- b) Latino Outreach and Services consists of the following programs:
 - i. Focused outreach efforts to un-served Latino populations. By the end of December 2006, 696 people had been served.
 - ii. Enhance capacity to provide culturally-appropriate mental health services and coordinate with Latino community. Two bilingual interns were hired in order to expand services to this community.
 - iii. Bilingual/bicultural psychiatrist and medication manager. Recruitment is on-going for these positions. It has been difficult to recruit bilingual/bicultural staff.
 - iv. Expanded bilingual community-based therapy. By the end of December, 2006, 27 client were served.
 - v. Create bilingual support groups. By the end of December 2006, 104 clients have been served.
 - vi. Intensive marketing campaign to the Latino community. This has not been implemented yet. This campaign will be combined with the Outreach and Education Campaign outlined in Work Plan 10 in the CSS plan.

The Board of Supervisors approved amended contracts with this provider on May 16, 2006. The outreach effort was led by a bilingual/bicultural clinician and coordinated with existing Latino interest groups. While this program is still early in implementation, there has been an increase in demand for these services. The services have been primarily focused in the southern and northern part of the county. There is currently a wait list for services. The clients on the wait list are contacted weekly and offered additional resources. The clients have stated that they wish to wait for these services. The major challenge for implementation has been recruitment of bilingual and bicultural staff. Flyers were developed and distributed in the Latino community and position announcements were placed in the Latino newspaper with no results. The plan is to use the additional MHSA CSS growth money to expand the bilingual medication manager to a full time position.

- c) Enhanced Crisis Response and Aftercare consists of the following programs:
 - i. Expanded staffing for mobile crisis unit so that there are two regionalized responders on call 24/7.

- ii. Provide next day follow up to individuals that were not hospitalized at the PHF and assist in linking to resources.
- iii. Aftercare Specialist to assist individuals and their families when released from the PHF to provide support and linkage to resources and/or the outpatient clinic.
- iv. Sponsor Crisis Intervention Training (CIT) for law enforcement and other field responders and sponsor planning coordination to create multidisciplinary response team.

The first CIT training occurred in San Luis Obispo from January 23 through January 27, 2006 and seven law enforcement agencies participated. It was very successful in educating law enforcement on mental health issues.

The Board of Supervisors approved amended contracts with the current provider of mobile crisis services on May 16, 2006. This allowed for an expansion of services so that there are two regional responders on call 24/7. This has dramatically impacted the mental health system. During the input process for the CSS plan, there were a high number of complaints regarding the mobile crisis unit. Expanding the service to two responders has provided a more efficient level of service and decreased response time. The mobile crisis unit is able to stay with a family or client for a longer period of time. They also conduct follow up telephone contact with the client or family the next day if the client was not hospitalized. This contact enables additional support and assistance in following through with appointments or referrals. At a Law Enforcement Forum conducted on November 29, 2006, many compliments were received regarding the expansion of mobile crisis services.

The Aftercare Specialist was hired on December 18, 2006. This position is to assist with individuals and their families after release from the Psychiatric Health Facility. This position also provides support and linkage to resources and/or the outpatient clinic. The staff that was hired was from a Community Based Organization and worked in the AB 2034 Homeless Outreach Program. The staff has extensive knowledge about the availability of resources in the county and is trained in outreach and engagement. While this program is new, it has already had an impact on the mental health system. On the first day of the job, this staff was able to locate housing for one of the clients being discharged.

- d) Mentally Ill Probationers Program (MIPS) was expanded to an additional Mental Health Therapist. Recruitment for this position took longer than expected and had not been implemented by December 2006.
- e) School-based Services consisted of the following programs:
 - i. Full-time on-campus mental health services for teens at Chalk Mountain Community School. One full-time mental health therapist

was hired in November, 2006. She is providing services to 25 youngsters, ages 12 through 18. There have been no major challenges with implementation. Although this is a new program, the school has been very appreciative of having a therapist in the classroom. The school has been very welcoming and has provided the office space and necessary tools to perform the job. The therapist has already had an impact on the system in that she is able to connect these youth with a psychiatrist in the clinic and is able to provide the follow up care. The therapist also consults with the school staff on specific cases and provides education on dealing with these youth.

- ii. Depression screening for all eighth grade students at three middle schools is schedule for implementation in fiscal year 2007 through 2008.

Outreach and Engagement

Outreach and Engagement has three components in the plan. The first is to conduct a promotional campaign to un-served populations and underserved communities with coordination with the Latino Outreach campaign. Another component is to outreach to the community at large to educate about mental illness and reduce stigma. These two components will begin in fiscal year 2007 to 2008. Since the new and expanded programs have taken longer than anticipated to begin, the result is that these two components have delayed implementation. The third component was to expand *In Our Own Voice* which is a client-led educational presentation on living with and the realities of mental illness. By December 2006 a total 383 people participated in this client-led presentation.

b) Highlight the key transformational activity/activities in any of the five essential elements:

- **Community collaboration**
- **Cultural Competence**
- **Client/family driven mental health system**
- **Wellness/recovery/resiliency focus**
- **Integrated services for clients and families**

Community Collaboration

Community collaboration occurred through our MHSA stakeholder workgroup which is discussed further in the stakeholder involvement section of this report.

Cultural Competence

Since the Full Service Partnerships were not implemented until January 2007, the transformational activities were limited. While services were not being provided during this time, interview questions for potential employees included knowledge of cultural competency issues, client and family driven services, wellness/recovery/resiliency focused treatment and integration of services for clients and families. Interview questions were tailored to ensure that the staff hired were in alignment with MHSA's vision and guiding principles. Cultural competency training was held for all staff on September 12, 2006. A Resource Specialist has been hired by a Community Based Organization for the Adult FSP and is bilingual and bicultural.

Consumer and Family Member Driven Services

This method of service delivery is a key component in transforming the mental health system. Consumer and family members were included in the stakeholder process and continue to participate in the steering committee. Consumer and family members are now participating in a number of other mental health committees such as the Performance Improvement Project (PIP) and the Quality Management Committee. Staff at all levels of the mental health system are being trained in this approach. Since the Full Service Partnership teams were not implemented until January 2007, interviews for potential employees included this component. The staff in the Homeless Outreach Program (AB 2034) are experienced in this method of service delivery and the mental health system plans on building on that teams success.

Wellness/recovery/resiliency focus

Staff had an initial training on wellness, recovery and resiliency on May 2006. Additional in-depth training on SAMHSA's Illness Management and Recovery Model is tentatively planned for February 2008. Wellness, recovery and resiliency are concepts that are discussed in team meetings, staff meetings and supervision.

Integrated services for clients and families

The services currently provided for children and youth already function in a SAFE System of Care (SOC) program. SAFE SOC is a multi-agency, co-located program in the north and south regions of the county. The Full Service Partnerships will build on the success of this program. Another aspect of this service delivery is with the co-occurring disorders population. Clients with issues of mental illness and substance abuse will have a focus of integrated services. The main clinic in San Luis Obispo is piloting the SAMHSA's Integrated Dual Disorders Treatment (IDDT) program.

c) For the Full Service Partnership category only: If the county has not implemented the SB 163 Wraparound (Welfare and Institutions Code,

Section 18250) and has agreed to work with the County Department of Social Services and the California Department of Social Services toward the implementation of the SB 163 Wraparound, please describe the progress that has been made, identify any barriers encountered, and outline the next steps anticipated.

San Luis Obispo is a county that has implemented SB 163 Wraparound.

d) For the General System Development category only: Describe how the implementation of the General System Development programs has strengthened the County's overall public mental health service system. If implementation has not yet occurred or is an early stage of development, simply indicate that this is the situation and no other response is needed.

The General System Development category is comprised of the following programs in the County of San Luis Obispo:

- a. Client and Family Wellness
- b. Latino Outreach
- c. Enhanced Crisis Response
- d. Mentally Ill Probationers Program (MIPS)
- e. School-based Services

Each of the above programs are in various stages of implementation. However, there have been two significant changes in the mental health system already since implementation. The first major change is in the Latino Outreach program. This program has reached capacity already since implementation and has a wait list for services. This wait list will be addressed with the additional MHSA growth funds. This program was developed due to the stakeholder surveys and other data that indicated that this was an un-served and underserved population. Initial results of implementation support the need for this program which is serving a population who previously did not have mental health services.

The second major change is in the Enhanced Crisis Response. Adding an additional responder to the county has been well received. The department has received positive feedback from other community partners and law enforcement on the success of this expansion. The response time has decreased and the crisis staff is able to spend more time with the client in order to resolve the crisis and offer additional support. In addition, the Aftercare Specialist has had an impact with providing support and linkages to the clients discharged from the Psychiatric Health Facility. This has created a great continuity of care for the clients and has provided better linkage to the outpatient clinics.

2. EFFORTS TO ADDRESS DISPARITIES

- a) Describe current efforts/strategies to address disparities in access and quality of care among underserved populations. Highlight successes and address any barriers or challenges that have been encountered.

The current CSS plan identified the Latino community as a population that was un-served and underserved. Since the program is already at capacity, the plan is to expand the program using the additional MHSA growth funds. The major barrier continues to be in recruiting bilingual and bicultural staff. This barrier is to be addressed with the MHSA Workforce and Education component.

- b) Describe outreach efforts and the progress made to date to involve the underserved populations that are specifically targeted in the CSS plan. Identify strategies and approaches employed.

The underserved population that was specifically targeted in the CSS plan is the Latino community. This has been addressed with the implementation of the Latino Outreach Program. Another population identified was transitional age youth which will be addressed with the implementation of two Full Service Partnership teams specifically for this age group. Outreach and engagement activities have also been provided through one of the community based organizations in an effort to address service disparities. This community-based organization has consumers as at least half of its workforce. The MHSA steering committee includes consumers, family members and representation from the Latino community.

- c) Describe steps towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities.

This has been the largest barrier to providing services. Recruitment for bi-lingual/bi-cultural staff have not been successful. Recruitment announcements have been expanded to include the Latino community. In discussions with other community-based organizations, the same difficulty exists. One possible solution will be to examine the Workforce and Education component for MHSA in order to “grow our own” staff. The county does have a Cultural Competency Plan and a Cultural Competency committee.

- d) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under MHSA.

The County of San Luis Obispo does not have any Native American organizations, tribes or rancherias located here. There are currently no Native American organizations to fund in San Luis Obispo County.

- e) List any policy or system improvements specific to reducing disparities, such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts.

All of the contracts with community providers require that provider meet the requirements of the County's Cultural Competency Plan. All new contracts with Behavioral Health will include the five fundamental concepts of MHSA.

3. STAKEHOLDER INVOLVEMENT

Provide a summary description of the involvement of clients, family members, and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or unserved communities, in the ongoing planning and implementation of the Initial CSS Three-Year Program and Expenditure Plan.

The regular stakeholder meeting was held on May 8, 2006. The stakeholder group is comprised of family members, clients, community leaders, community based organizations, education, law enforcement, social services, probation, public health and NAMI. The agenda for this meeting was to provide an update on current status and to review implementation timelines.

4. PUBLIC REVIEW AND HEARING

Provide a brief description of how the County circulated this Implementation Progress Report for a 30-day public comment and review period including the public hearing. The statute requires that the update be circulated to stakeholders and anyone who has requested a copy.

- a) The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission.
- b) The methods used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested party.
- c) A summary and analysis of any substantive recommendation or revisions.

5. TECHNICAL ASSISTANCE AND OTHER SUPPORT

As a means for guiding the state level efforts to provide technical assistance to the Counties, the following information is requested:

- a) Identify the technical assistance needs in the County for supporting its continued implementation of the Initial CSS Three-Year Program and Expenditure Plan.

b) Identify if there are any issues that need further policy development or program clarification.

Documentation that meets medical standards and is wellness, recovery, resiliency based.