

# San Luis Obispo County Mental Health Services Act

## Three-Year Program and Expenditure Plan Fiscal Years

2023-2024

2024-2025

2025-2026



## Three-Year Program and Expenditure Plan

### Introduction

The County of San Luis Obispo Behavioral Health Department (SLOBHD) is pleased to present the following Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2023–2026 (FY23-FY26). The County's current Three-Year Plan (FY 2020-2023) is in its final year at the time of this publication.

This section, which accompanies the Annual Update to the Three-Year Plan for FY 20-22, outlines the planned and projected expenditures for the existing local MHSA work plan over the coming years. Per Welfare and Institutions Code (W&I Code) Section 5847 (a) and (b), counties must prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates (Update) for MHSA programs and expenditures to Mental Health Services Oversight and Accountability Commission (MHSOAC) and Department of Health Care Services (DHCS).

MHSA funding has granted the County of San Luis Obispo the capacity to make substantial improvements in the type, scope, and availability of behavioral health services, including services for people with the most serious mental health needs and to expand the reach of behavioral health services through prevention and early intervention at various community settings, including schools, community centers, and at home. MHSA funding has also provided the community with the opportunity to launch innovative attempts to solve difficult problems in addressing behavioral health challenges.

As described in the Annual Update section above, this Three-Year Expenditure Plan has been constructed and proposed in collaboration with stakeholders across the community's behavioral health system. Consumers, family members, providers, schools, law enforcement, seniors, young people, and those representing marginalized communities have been engaged to provide input and feedback to ensure MHSA dollars are best used in San Luis Obispo County.

The format of the Three-Year Expenditure Plan follows the component layout of the Annual Update, and includes projected expenses, outputs, and outcomes, along with a brief narrative description of the programs and any assumed changes to expect at this time. Program projections include an annual cost of living adjustment (projected at a 4% cap) which is based on a variable Consumer Price Index for Southern California. All financial assumptions are based on projections provided by the California Behavioral Health Directors Association (CBHDA).

For more details on the revenue and expenditures of the San Luis Obispo County MHSa Plan, please see the Fiscal Section of the Annual Update.

The County of San Luis Obispo’s Annual Update to fiscal year 2021-2022, and Three-Year Plan for FY 2023-2026, was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 18 through November 16, 2022. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update and Three-Year Plan was also posted on the County of San Luis Obispo’s Behavioral Health Department website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Behavioral Health services clinic and all county libraries.

The county’s Board of Supervisors received a staff report and presentation on January 24, 2023, and unanimously approved (5-0) the Annual Update and Three-Year Expenditure Plan for FY 2023-2026.

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### Community Services and Supports (CSS)

The Mental Health Services Act (MHSA) provides funding for counties to help people and families with mental health needs. Funds are allocated within five “components” which address the continuum of care necessary to transform the public mental health system. To access these funds, the County of San Luis Obispo has developed plans for each component; the first is Community Services and Supports (CSS).

The county’s CSS plan focuses on children and families, transitional aged youth (TAY), adults, and older adults with the most severe and persistent mental illnesses or serious emotional disturbances. This includes those at risk of homelessness, incarceration, or other institutionalization because of their mental illness. The plan also provides for underserved communities who have difficulty getting the help they need for themselves or their families when they have a serious mental health issue.

Most CSS component funding is directed towards Full Service Partnerships (FSP). Full Service Partnerships provide comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services or may not have used these services to avoid incurring high costs related to acute hospitalization or long-term care.

#### 1.1 Children and Youth Full Service Partnership (FSP)

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	30	\$1,118,988	\$37,300
Projection FY 24-25	30	\$1,163,748	\$38,792
Projection FY 25-26	30	\$1,210,298	\$40,343

#### **Program Description:**

Family Care Network, Inc. (FCNI) administers the Children and Youth FSP. The Children and Youth FSP program honors the family, instills hope and optimism, and achieves positive experiences in the home, school, and community. This program increases access and provides age-specific, culturally competent interventions for the participants. This program serves young people (ages 0-15) of all cultural, racial, and ethnic backgrounds. Specifically, children with severe emotional disturbances/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 Wrap Around services because they are neither wards nor dependents of the court. The services include individual and family therapy; rehabilitation services focusing on activities for daily living, social skill development, and vocational/job skills (for caregivers); case management; crisis services; and medication support. The family’s desired outcomes drive the method of service delivery. The services are provided in the home, school, and community in a strength-based, culturally competent manner and in an integrated fashion.

**Program Goals:**

- Reduce subjective suffering from severe mental illness or emotional disorders for children and youth.
- Increase in self-help and consumer/family involvement.
- Reduce the frequency of emergency room visits and unnecessary hospitalizations.

**Expected Outcomes:**

- Decreased hospitalizations.
- Decreased juvenile justice involvement.
- Increased number of partners living with family.
- Reduced number of partners/families who are homeless.

**2.1: Transitional Age Youth (TAY) Full Service Partnership (FSP)**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	30	\$941,498	\$31,383
Projection FY 24-25	30	\$979,158	\$32,639
Projection FY 25-26	30	\$1,018,324	\$33,944

**Program Description:**

Family Care Network, Inc. (FCNI) administers the Transitional Aged Youth Full Service Partnership (TAY FSP). TAY FSP provides wraparound-like services. It includes intensive case management, housing, and employment linkages and supports,

independent living skill development, crisis response, 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. TAY FSP provides services for young adults (ages 16 to 25) of all cultural, racial, and ethnic backgrounds. Those served include individuals with severe emotional disturbances/serious mental illnesses with a chronic history of psychiatric hospitalizations, law enforcement involvement, co-occurring disorders, and/or foster youth with multiple placements, or those aging out of the Children's System of Care.

Each participant meets with the team to design their personal service plan. This 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 support when needed, case management, crisis services, therapy, and psycho-education services to make informed decisions regarding their own treatment. This facilitates client-centered, culturally competent treatment and empowerment and promotes optimism and recovery for the future

### **Program Goals:**

- Reduce subjective suffering from severe mental illness for adults and severe emotional disorders for children and youth.
- Increase in self-help and consumer/family involvement.
- Reduce the frequency of emergency room visits and unnecessary hospitalizations.
- 

### **Expected Outcomes:**

- Decrease in hospitalizations.
- Decrease in juvenile justice/jail involvement.
- Increase number of partners living with family or independently, or independently with support.
- Reduced number of partners/families who are homeless.

### 3.1: Adult Full Service Partnership (FSP)

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	50	\$2,407,048	\$48,141
Projection FY 24-25	50	\$2,503,330	\$50,067
Projection FY 25-26	50	\$2,603,463	\$52,069

#### **Program Description:**

Transitions-Mental Health Association (TMHA) administers the Adult Full Service Partnership (FSP). The program serves adults 26-59 years of age with serious mental illness. Adult FSP participants are at risk of institutional care because their needs are greater than most outpatient services can typically provide. The individual may be homeless, a frequent consumer of the Psychiatric Health Facility (PHF) or hospital emergency department services, involved with the justice system, or suffering from a co-occurring substance use disorder. The overall goal of Adult FSP is to divert adults with severe and persistent mental illness from acute or long-term institutionalization and, instead, maintain recovery in the community as independently as possible.

The Adult FSP programs provide a full range of services. Participants are empowered to select from various services and supports to move them towards achieving greater independence. An individualized service plan, and a Wellness and Recovery Plan, are developed with each participant to address the type of services and specific actions desired, each are guided by an assessment of each individual's strengths and resources.

#### **Program Goals:**

- Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with the greatest level of independence possible.
- Reduce subjective suffering from severe mental illness for adults.

#### **Expected Outcomes:**



- Decrease in hospitalizations.
- Decrease in jail days.
- Decrease in homelessness.

### 3.2 Homeless Outreach Team Full Service Partnership (FSP)

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	35	\$1,187,477	\$33,928
Projection FY 24-25	35	\$1,234,976	\$35,285
Projection FY 25-26	35	\$1,284,375	\$36,696

#### Program Description:

Transitions-Mental Health Association (TMHA) administers the Homeless Outreach Team (HOT). HOT FSP teams include two therapists, two case managers, and a peer support staff member. Additional supports include a nurse, access to a psychiatrist, medication management, and program supervision. The team focuses on homeless individuals and screens them to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders. In recent years, TMHA expanded its Homeless Outreach FSP to include the second team, which ultimately increased HOT's capacity to serve 30 partners. The expansion included a mobile outreach unit with assessment and treatment capacity to effectively serve the community. The teams now use the van for homeless outreach and service delivery. The van has access to a nurse practitioner via telepsychiatry.

#### Program Goals:

- Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with the greatest level of independence possible.
- Reduce subjective suffering from severe mental illness for adults.

#### Expected Outcomes:

- Decrease in hospitalizations.
- Decrease in jail days.
- Decrease in homelessness.



### 3.3: Forensic Adult Full Service Partnership (FSP)

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	15	\$1,067,873	\$71,192
Projection FY 24-25	15	\$1,110,588	\$74,039
Projection FY 25-26	15	\$1,155,012	\$77,001

#### **Program Description:**

County of San Luis Obispo Behavioral Health Dept. (SLOBHD) administers Forensic Full Service Partnership (FSP). Forensic FSP (FFSP) assists in navigating the criminal justice system, maintaining compliance with criminal justice mandates, and addressing criminogenic risk and needs to prevent future incarceration. FFSP staff specialize in criminal justice treatment which include best practices in cognitive therapies, trauma-informed care, and harm reduction. As well as understanding court processes, staff collaborate with probation officers and work with justice system incentives and sanctions when needed to motivate client behaviors. FFSP will serve individuals who are currently involved with the criminal justice system or are at risk of involvement with law enforcement who also meet the criteria for FSP including severe mental illness, homelessness, at risk of homelessness, involvement or at risk of involvement with the criminal justice system, at risk of institutionalization, frequent hospital users and/or emergency room treatment for mental health care.

#### **Program Goals:**

- Assist partners who are currently involved with the criminal justice system or are at risk of involvement with law enforcement.
- Provide the support necessary to prevent future incarceration and increase long-term mental health recovery success rates.

#### **Expected Outcomes:**

- Decrease in emergency room visits.
- Decrease in jail days.
- Decrease in homelessness.

- Decrease in psychiatric health facility days.
- Increase in utilization of community behavioral health support systems

### 3.4: Transition Assistance and Relapse Program (TARP/FSP)

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	25	\$128,827	\$5,153
Projection FY 24-25	25	\$133,980	\$5,359
Projection FY 25-26	25	\$139,339	\$5,574

#### Program Description:

Transitions-Mental Health Association (TMHA) administers the **Transition Assistance and Relapse Prevention Program (TARP)**. TARP provides peer mentors as an on-going support and connection to Full Service Partnership (FSP) graduates. When FSP client cases are closed, and the partnership with the FSP team ends, the client is usually transferred to an outpatient clinic for ongoing general services. The community examined (via an MHSA-funded Innovation project) that graduates may still meet medical necessity for services. Still, because of their success in recovery, they may no longer access the level of supportive services they had received in FSP. Peer mentors in TARP extend that continued connection to the team beyond FSP. This includes providing access to resources and activities to which graduates have not had access to previously. TARP ensures continuity of care for FSP partners as they transition to non-intensive mental health services and create the opportunity to rely on peer-led services and supports rather than acute mental health care. It also alleviates the demand for FSP services from partners showing signs of improvement, allowing others in more need of the wraparound program to enroll. Additionally, the presence of a TARP mentor can signal hope that recovery can and does occur, serving as a guidepost for new FSP partners.

#### Program Goals:

- Assist partners who are in transition out of intensive FSP services into a more traditional self-supported system of care.
- Provide coaching and assistance necessary to increase success rates in long-term recovery.

**Expected Outcomes:**

- Reduce relapse and recidivism rates among partners.
- Partners deferred from using an acute treatment setting.
- Increase engagement in community-based services.
- Demonstrate preparedness to manage long-term recovery.

**4: Older Adult Full Service Partnership (FSP)**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	20	\$817,815	\$40,891
Projection FY 24-25	20	\$850,528	\$42,526
Projection FY 25-26	20	\$884,549	\$44,227

**Program Description:**

Wilshire Community Services, Inc. administers the Older Adult Full Service Partnership (OA FSP). OA FSP offers intensive interventions through various services and supports based on each individual's needs. An individualized service plan and a Wellness and Recovery Plan are developed with each participant to address the type of services and specific actions desired. These plans are guided by assessing each individual's strengths and resources. Priority populations are individuals who are 60 years of age or older; all cultural, racial, and ethnic backgrounds; individuals 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 their service needs extend into older adulthood.

The OA FSP serves adults over 60 years of age with serious mental illness who are at risk of institutional care because their needs are higher than behavioral health outpatient services typically provide. The individual may be unhoused, a frequent consumer of the Psychiatric Health Facility or hospital emergency department services, involved with the justice system, or suffering from a co-occurring substance use disorder. Another goal of OA FSP is to divert those with severe and persistent

mental illness from acute or long-term institutionalization and, instead, maintain recovery in the community as independently as possible.

**Program Goals:**

- Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible.
- Reduce the subjective suffering from serious mental illness for adults.
- 

**Expected Outcomes:**

- Decrease in hospitalizations.
- Decrease in jail days.
- Decrease in homelessness.

CSS Housing

MHSA Housing is funded by state sources which are not received by the County or reported as part of the Three-Year Plan and Expenditure Report.

**Program Description:**

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, **provided 90 units of housing for MHSA and MHSA-eligible clients in 2021-2022** (62 units in San Luis Obispo, 23 units in Atascadero, 5 units in Arroyo Grande). The services at the residential sites include vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, rehabilitative mental health services, and regular appointments with psychiatrists and other physicians. In 2019-2020, TMHA added 33 units of housing in San Luis Obispo at the Bishop Street Studios Housing Project which is included in the total of 90 units

### 5.1: Client & Family Wellness | Adult Family Advocates and Youth Family Partners

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	900	\$367,248	\$408
Projection FY 24-25	900	\$381,938	\$424
Projection FY 25-26	900	\$397,216	\$441

#### **Program Description:**

Transitions-Mental Health Association (TMHA) administer Adult Family Advocates and Youth Family Partners. The program provides day-to-day hands-on assistance, link people to resources, provide support, and help clients to “navigate the system.” Partners liaison with family members, care givers, consumers, County Behavioral Health staff, local National Alliance on Mental Illness (NAMI) groups, and other service providers. Partners assist in orientation of families entering the mental health system. This includes a flexible fund that can be utilized for individual and family needs such as uncovered healthcare, food, short-term housing, transportation, education, and support services.

#### **Program Goals:**

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery

#### **Expected Outcomes:**

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

## 5.2: Client & Family Wellness | Co-Occurring Disorders

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	100	\$60,696	\$607
Projection FY 24-25	100	\$63,124	\$631
Projection FY 25-26	100	\$65,649	\$656

### Program Description:

The County of San Luis Obispo Behavioral Health Dept. (SLOBHD) administers the Co-Occurring disorders program. A Co-occurring Specialist provides an Integrated Co-occurring Treatment program developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), including intervention, intense treatment, and education. Individualized case plans are specific to each client's needs.

### Program Goals:

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery

### Expected Outcomes:

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

### 5.3: Client & Family Wellness | Family Education Program

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	130	\$18,832	\$145
Projection FY 24-25	130	\$19,585	\$151
Projection FY 25-26	130	\$20,368	\$157

#### **Program Description:**

Transitions-Mental Health Association (TMHA) administers the Family Education Program, 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 clinical treatments, as well as help and provide effective coping tools for family members who are also caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and obsessive-compulsive disorder. The TMHA Family Orientation Class provides information regarding services available in the community, including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system.

#### **Program Goals:**

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery

#### **Expected Outcomes:**

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.



- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

**5.4: Client & Family Wellness | Service Enhancement Program**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	350	\$189,562	\$542
Projection FY 24-25	350	\$197,144	\$563
Projection FY 25-26	350	\$205,030	\$586

**Program Description:**

Transitions-Mental Health Association (TMHA) and Community Action Partnership of San Luis Obispo (CAPSLO) administer The Service Enhancement Program. The program was initially funded as an Innovation trial and adopted a well-regarded cancer treatment center’s warm reception and navigation program. A Peer Navigator provides this service from TMHA. The program helps clients entering County outpatient mental health services, their families, loved ones, and caregivers navigate the first steps of receiving services, help assess needs, and engage services for necessities within the clinic setting. This Peer Navigator increases the chances of families accessing and remaining engaged in services, which increases the health and well-being of children in the county.

**Program Goals:**

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

**Expected Outcomes:**

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.

- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

#### 5.5: Client & Family Wellness | Peer Support and Education Program

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	150	\$47,166	\$314
Projection FY 24-25	150	\$49,053	\$327
Projection FY 25-26	150	\$51,015	\$340

#### Program Description:

Transitions-Mental Health Association (TMHA) administers The Peer Support and Education Program. The program provides a free course on recovery to anyone with a mental illness. A team of experienced peer mentors teaches it at wellness and recovery. Participants receive education and reference materials from peers that help improve and maintain their mental health. Participants enhance their knowledge of the different types of mental illnesses, develop their own advance directives, and create their 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. Program 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. Clients and community members also receive training to provide Mental Health First Aid (MHFA), a public education program that helps individuals identify, understand, and respond to signs of mental illnesses, substance use disorders, and suicidal ideation.

#### Program Goals:

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery

#### Expected Outcomes:

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

**5.6: Client & Family Wellness | Vocational Training and Supported Employment Program**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	200	\$302,079	\$1,510
Projection FY 24-25	200	\$314,162	\$1,571
Projection FY 25-26	200	\$326,728	\$1,634

**Program Description:**

Transitions-Mental Health Association (TMHA) administers the Vocational Training and Supported Employment Program. The program provides vocational counseling and assessment, work adjustment, job preparation and interview skills training, job development and coaching, transitional employment opportunities, and essential job skills training. These resources help assist clients 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.

**Program Goals:**

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

**Expected Outcomes:**

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes

**5.7: Client & Family Wellness | Integrated Access Therapists**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	950	\$836,793	\$881
Projection FY 24-25	950	\$870,265	\$916
Projection FY 25-26	950	\$905,076	\$953

**Program Description:**

County of San Luis Obispo Behavioral Health Dept. (SLOBHD) and Transitions Mental Health Association (TMHA) administer the Integrated Access Therapist sub-workplan. The goal of the program is to help clinic and community clients move to lower levels of care, and toward integrated physical healthcare. Licensed Psychiatric Technicians (LPT/medication managers) located in the adult outpatient mental health clinics provide ongoing support to psychiatrists and clinicians to increase access and maintenance of treatment plans. The medication managers help patients plan and maintain treatment schedules, administer medication, and support the overall physical and emotional health of each client to provide care between therapy sessions.

The case managers (Behavioral Health Specialists) meet with clients linking them to resources and assist with Medi-Cal eligibility. Additionally, they provide support, education, information, referral, and community outreach. The case managers also assist in orientation of families and clients entering the mental health system. The overall goal for the case managers is to provide navigation for various systems, advocacy, and support for loved ones and family members of mental health consumers. The Martha’s Place position (Behavioral Health Clinician) will continue to

serve the community, to increase access and triage those clients with needs outside of the child's assessment center.

The Bishop Street Case Manager assists in the development of the client's treatment plans. This includes developing problem-solving skills related to daily living, housing, managing chronic symptoms of illness, decreasing psychiatric hospitalizations and employment. The case manager assists residents with cooking, cleaning, conflict resolution, budgeting, socialization and community integration.

**Expected Changes:** The SLOBD plans to reconfigure this sub-work-plan by changing the name from "Integrated Access Therapists" to a name more inclusive of the case managers and medication managers providing services within this program.

**Program Goals:**

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

**Expected Outcomes:**

- Program participants will demonstrate.
- Improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

### 5.8: Client & Family Wellness | Wellness Centers

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	550	\$841,735	\$1,530
Projection FY 24-25	550	\$875,404	\$1,592
Projection FY 25-26	550	\$910,420	\$1,655

#### **Program Description:**

Transitions-Mental Health Association (TMHA) administers Wellness Centers. All three Wellness Centers are consumer driven socialization and recovery sites in each region of the county. The MHSA Wellness Centers provide person-centered, trauma informed, recovery-based services designed for life enrichment, personal development, peer support, community resources, recovery education, social skill development and social rehabilitation workshops for individuals with mental illness who would otherwise remain withdrawn and isolated. Services are gauged for multiple age groups and various cultures with focus on recovery, independence, wellness, and empowerment.

#### **Program Goals**

- Provide person-centered, trauma informed, recovery-based services for individuals with mental illness who would otherwise remain withdrawn and isolated.
- Provide services for multiple age groups and various cultures with focus on recovery, independence, wellness and empowerment.

#### **Expected Outcomes**

- Program participants will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education.
- Clients will use learned coping skills to help them better manage their mental health symptoms.

## 6: Latino Outreach Program

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	120	\$998,315	\$8,319
Projection FY 24-25	120	\$1,038,248	\$8,652
Projection FY 25-26	120	\$1,079,778	\$8,998

### Program Description:

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

LOP clients often have different needs for mental health treatment and are often underserved because of language and cultural barriers. Some clients have recently immigrated to the US and require support navigating multiple systems that impact their mental health and ability to access mental health services (e.g., immigration, housing, healthcare, education, stereotypes). Some adults served in LOP do not qualify for Medi-Cal and need support in finding and accessing alternative resources to pay for medication and meet other medical and mental health needs. Individual and group therapy is provided to children, TAYs, and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60. The services help clients understand and resolve mental health needs, gain internal strength, and feel better about life.

### Program Goals:

- Increase access to mental health care for monolingual and/or low-aculturated Latinos.
- Eliminate the stigma associated with mental illness and treatment amongst Latino/x population.



**Expected Outcomes:**

- The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the State’s for Latino/x clients.
- Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs.
- Clients upon program completion will demonstrate improved coping skills to improve resiliency and recovery.

**7.1: Enhanced Crisis & Aftercare | Mental Health Evaluation Team**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	1650	\$1,350,746	\$819
Projection FY 24-25	1650	\$1,404,776	\$851
Projection FY 25-26	1650	\$1,460,967	\$885

**Program Description:**

Sierra Mental Wellness Group, Inc. operates the Mental Health Evaluation Team to provide mobile crisis services. The team intervenes when mental health crises occur in the field (including hospital emergency departments, schools, etc.) and after clinic hours, 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 at the forefront and prevent movement to higher levels of care, and half do not result in hospitalization. Interventions are client 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.

**Program Goals:**

- Provide immediate care and relief for those individuals suffering from psychiatric emergencies.

- Improve mental health outcomes and access to services for those individuals involved in criminal justice system.

**Expected Outcomes:**

- MHET services will respond within 45 minutes of initial crisis calls.
- A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization.

**7.2: Enhanced Crisis & Aftercare | Crisis Stabilization Unit**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	365	\$2,386,868	\$6,539
Projection FY 24-25	365	\$2,482,343	\$6,801
Projection FY 25-26	365	\$2,581,637	\$7,073

**Program Description:**

Sierra Mental Wellness Group (SMWG) administers the Crises Stabilization Unit. Crisis stabilization is a direct service that provides individuals in severe distress urgent care associated with a mental health disorder for up to 23 hours. The primary objectives of this service are prompt assessments, stabilization, and/or a determination of the appropriate level of care. The CSU gives individuals in crisis who do not meet the criteria for involuntary treatment in the Psychiatric Health Facility (PHF) an alternative for stabilization and provides an alternative to those who meet the criteria but are better served by a short-term crisis stabilization facility. The CSU also serves as an evaluation point to determine if an individual requires ongoing inpatient treatment. The CSU is expected to reduce certain PHF admissions and re-admissions, facilitate transfer from emergency departments for individuals in psychiatric crisis, and increase successful engagement for individuals presenting in crisis to ongoing outpatient care.

**Expected Changes:** In FY 22-23, grant funds have been made available to build a crisis center for youth in San Luis Obispo County. While the grants have not yet been awarded, it is assumed that the MHSA stakeholders will be asked to support the

staffing and operations of the crisis center. The current CSU is for adults, and a facility for minors is desperately needed in the County. The SLOBHD has projected an additional expense relative to the current expenditures assigned to the CSU.

**Program Goals:**

- Provide immediate care and relief for those individuals suffering from psychiatric emergencies.
- Improve mental health outcomes and access to services for those individuals involved in criminal justice system.

**Expected Outcomes:**

- Mobile Crisis services will respond within 45 minutes of initial crisis calls.
- A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization.
- A majority of individuals receiving Forensic Re-entry Services will access BH system of care.

**7.3: Enhanced Crisis & Aftercare | Central Coast Hotline Suicide Prevention and Crisis Intervention**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	10,000	\$255,733	\$26
Projection FY 24-25	10,000	\$265,962	\$27
Projection FY 25-26	10,000	\$276,600	\$28

**Program Description:**

Transitions-Mental Health Association (TMHA) administers the Central Coast Hotline. This service provides a 24-hour, free, confidential call center serving the entire County. These one-on-one engagements deliver key information regarding the signs, symptoms, and care options related to mental illness for underserved populations. Central Coast Hotline provides support, crisis, and/or suicide intervention. Central Coast Hotline invites callers to participate in a follow-up survey administered within two weeks of the initial call.

**Program Goals**

- Provide a 24-hour, free and confidential call center, Central Coast Hotline, serving the entire county.
- Provide one-to-one engagements to deliver psychoeducation and referral options related to mental health concerns for underserved populations.
- Provide support, crisis and/or suicide intervention as a means of immediate support to callers.

**Expected Outcomes**

- People calling with high or imminent suicidal risk will decrease their level of intent.
- Community members attending suicide intervention training will increase their confidence that they can help a person at-risk of suicide.

**8: School and Family Empowerment**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	200	\$1,027,473	\$5,137
Projection FY 24-25	200	\$1,068,572	\$5,343
Projection FY 25-26	200	\$1,111,315	\$5,557

**Program Description:**

The County of San Luis Obispo Behavioral Health Dept. (SLOBHD) and Community Action Partnership of San Luis Obispo (CAPSLO) administers school and family empowerment program. The School and Family Empowerment work plan offers two distinct programs to reduce poor academic experiences and outcomes based on students dealing with mental health issues. The first is an effort to provide immediate responses to youth on community school campuses. The other focuses on the county's largest school district and provides more intense screening, assessment, and treatment for youth to keep students engaged and in school. Seriously emotionally disturbed (SED) youth and their families are involved in services that enable them to stay in school and return to their home school district. The work plan is designed to create a more efficient continuum of care and to assist youth to remain in less restrictive school settings.

The programs function as a fully integrated component of the schools, with Behavioral Health Clinicians 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.

**Expected Changes:** In FY 22-23 this work plan will reduce its Community School program and convert its therapists’ positions to other MHSA work plan positions. The local Community School system has acquired its own cadre of therapists in recent years, as well as having closed campuses.

**Program Goals:**

- Strengthen academic growth and community success for community school students who are significantly impacted by symptoms of serious mental illness/serious emotional disturbance.
- 

**Expected Outcomes:**

- Client students will demonstrate improvements in grades, attendance, and disciplinary actions.
- Client students will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce truancy and drop-out rates for students with serious mental illness/serious emotional disturbance.

**9.1: Forensic Mental Health Services | Behavioral Health Treatment Court (BHTC)**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	20	\$393,326	\$19,666
Projection FY 24-25	20	\$409,059	\$20,453
Projection FY 25-26	20	\$425,421	\$21,271

**Program Description:**

The County of San Luis Obispo Behavioral Health Department administers the Behavioral Health Treatment Court (BHTC). BHTC serves adults, ages 18 and older, with a severe and persistent mental illness, who are 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. These individuals have been previously underserved or inappropriately served because of a lack of effective identification by all systems and may be newly diagnosed or missed upon discharge from jail or Atascadero State Hospital.

**Program Goals:**

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.
- 

**Expected Outcomes:**

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

**9.2: Forensic Mental Health Services | Forensic Re-entry Services (FRS)**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	150	\$218,004	\$1,453
Projection FY 24-25	150	\$226,724	\$1,511
Projection FY 25-26	150	\$235,793	\$1,572

**Program Description:**

Transitions-Mental Health Association (TMHA) administers Forensic Re-entry Services (FRS). The FRS team, comprised of two Personal Services Specialists (PSS), provided a “reach-in” strategy in the County Jail, adding capacity for delivering aftercare needs for persons exiting from incarceration. The Forensic PSSs are provided by TMHA and are responsible for building a “bridge” for individuals leaving the jail. This comes 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.

**Program Goals:**

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

**Expected Outcomes:**

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

**9.3 a/b: Forensic Mental Health Services | a. Veterans Treatment Court / b. Veterans Outreach**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	100	\$331,633	\$3,316
Projection FY 24-25	100	\$344,898	\$3,449
Projection FY 25-26	100	\$358,694	\$3,587

**Program Description:**



The County of San Luis Obispo Behavioral Health Dept. (SLOBHD) administers the Veterans Treatment Court (VTC) and Veteran Outreach. The Veterans Treatment Court (VTC) was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health treatment services, and support, as well as finding appropriate dispositions to their criminal charges by considering the defendant's treatment needs and the seriousness of the offense.

The Behavioral Health Clinician funded by MHSa is assigned as the treatment provider for VTC participants. The therapist administers initial assessments of veterans involved in the criminal justice system and determines eligibility based on diagnosis, mental health history associated with military service, and motivation for participation. Additionally, the therapist links veterans with VA services and/or additional mental health supports in the community.

The SLOBHD Clinician assigned to the Veterans Treatment Court also provides outreach and clinical services for community veterans.

**Program Goals:**

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

**Expected Outcomes:**

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

**9.4: Forensic Mental Health Services | Mental Health Diversion Court (MHDC)**

Three Year Plan	Persons Served	Total Funding	Cost per Client
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Projection FY 23-24	10	\$195,439	\$19,544
Projection FY 24-25	10	\$203,257	\$20,326
Projection FY 25-26	10	\$211,387	\$21,139

**Program Description:**

The County of San Luis Obispo Behavioral Health Dept. (SLOBHD) administers the Mental Health Diversion Court (MHDC) is a pre-trial diversion program. MHSA funds a Behavioral Health Specialist to work directly with clients participating in the court program. Along with court coordination, assisting system partners with navigating the community behavioral health system, the Specialist carries a caseload of ten (10) clients.

This court sets up a procedure of diversion for defendants with mental disorders for a period no longer than two years, to allow the defendant to undergo mental health treatment. Weekly medication management groups are provided along with individual sessions to clients that are being diverted from the legal system through the MHDC program. Coordination with jail psychiatric services to have medications started in custody and to ensure medications are ready for discharge also occurs. Additionally, case management for these clients is imperative to have resources ready when clients are released from custody. This program compliments the MHSA-funded Behavioral Health Treatment Court.

**Program Goals:**

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

**Expected Outcomes:**

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.

- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

**9.5: Forensic Mental Health Services | Community Action Team**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	400	\$326,856	\$817
Projection FY 24-25	400	\$339,930	\$850
Projection FY 25-26	400	\$353,527	\$884

**Program Description:**

Transitions-Mental Health Association (TMHA) administers the Community Action Team (CAT). The CAT program with the San Luis Obispo Police Department continues to benefit from the partnership of a behavioral health care provider on the patrol team, which focuses on engaging unhoused and other individuals in the city. The MHSA-funded CAT consists of a clinical social worker embedded within the municipal police department to respond directly to individuals experiencing behavioral health crises who need outreach and engagement. Individuals may receive treatment for mental illness, substance use, or co-occurring disorders. Additionally, individuals are provided with support services such as employment, education, or housing services.

**Program Goals:**

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

**Expected Outcomes:**

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.

- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

**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 will continue to be funded in FY 2023-2026:

**1. Peer Advisory and Advocacy Team (PAAT) (TMHA):**

**Program Description:**

PAAT members meet bi-monthly to enhance the mental health system and develop and implement 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 by focusing attention on personal responsibility and a balanced life grounded in self-fulfillment.

Three Year Plan	Total Funding
Projection FY 23-24	\$31,195
Projection FY 24-25	\$32,443
Projection FY 25-26	\$33,741

**2. E-Learning (SLOBHD)**

**Program Description:**

SLOBHD contracts with Relias Learning to provide electronic access to a Behavioral Health library of curricula for over 500 San Luis Obispo County behavioral health providers, consumers, and family members.

Three Year Plan	Total Funding
Projection FY 23-24	\$15,912

Projection FY 24-25	\$16,548
Projection FY 25-26	\$17,210

### 3. Diversity, Equity, & Inclusion (DEI)

#### Program Description:

A DEI Committee meets every other month to go over DEI practices and to develop and monitor strategies related to trainings, policies, and procedures. As part of this work plan, the MHSA Advisory Committee approved the addition of a Program Manager for Diversity, Equity, and Inclusion in FY 2020-2021, which will be moved to workplan 7 going forward.

Three Year Plan	Total Funding
Projection FY 23-24	\$33,680
Projection FY 24-25	\$35,027
Projection FY 25-26	\$36,428

### 4. Promotores Interpretation Services

#### Program Description:

The WET work plan also includes cultural competence-based workforce development and training. Using WET funds with stakeholder approval, the Department partnered with the Center for Family Strengthening (CFS) to establish a contract for Promotores services.

Three Year Plan	Total Funding
Projection FY 23-24	\$82,410
Projection FY 24-25	\$85,706
Projection FY 25-26	\$89,134

### 5. Internships (SLOBHD)

#### Program Description:

The County’s WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department.

**Expected Changes:** The County has opted-in to the Southern California Regional (WET) Partnership to take advantage of workforce development grants (e.g. loan repayment, graduate stipends). An annual contribution to the program has been added to this work plan’s three-year projection.

Three Year Plan	Total Funding
Projection FY 23-24	\$16,938
Projection FY 24-25	\$17,616
Projection FY 25-26	\$18,321

## 6. Public Information Specialist (SLOBHD)

### Program Description:

This position serves as the lead communications coordinator for MHSA and the Behavioral Health Department and oversees activities to ensure community-wide training for the behavioral health system.

**Expected Changes:** An additional Public Information Specialist, specifically for Spanish Language communication, was approved in FY 2022-2023.

Three Year Plan	Total Funding
Projection FY 23-24	\$247,725
Projection FY 24-25	\$257,634
Projection FY 25-26	\$267,939

## 7. Program Manager for Diversity, Equity & Inclusion

### Program Description:

As part of this work plan, the MHA Advisory Committee approved the addition of a Program Manager for Diversity, Equity, and Inclusion in FY 2020-2021, which will be moved to workplan 7 going forward.

Three Year Plan	Total Funding
Projection FY 23-24	\$161,434
Projection FY 24-25	\$167,891
Projection FY 25-26	\$174,607

## 8. Crisis Intervention Training (CIT)

### Program Description:

The WET Work Plan sponsors training for local law enforcement agencies to receive training on best practices in responding to mental health crises.

Three Year Plan	Total Funding
Projection FY 23-24	\$7,107
Projection FY 24-25	\$7,391
Projection FY 25-26	\$7,687

### Prevention and Early Intervention (PEI)

#### 1.1 PEI Prevention Program: CAPSLO | Positive Development

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	400	\$103,689	\$259
Projection FY 24-25	400	\$107,837	\$270
Projection FY 25-26	400	\$112,150	\$280

**Program Description:** Community Action Partnership of San Luis Obispo’s (CAPSLO) Child Care Resource Connection (CCRC) administers the Positive Development Project. The project centers on delivery of the “I Can Problem Solve” curriculum as well as the accompanying “Early Childhood Behavior” (ECB) and “Ages and Stages Questionnaire” (ASQ) training to private childcare providers located throughout San



Luis Obispo County. Emphasis is placed upon providers in underserved areas from Nipomo in the south, to San Miguel in the north. Materials and trainings are provided in both English and Spanish. The program will continue to emphasize increasing provider participation and data analysis to refine training and materials.

**Program Goals:**

- Build the capacity for identifying early behavioral health issues in underserved children, ages 2-6.
- Increase participation in the program through outreach and referral efforts.
- Provide behavioral health related training and education to private childcare providers.
- Provide support to parents and childcare providers.
- Provide children access to tools for mental and emotional well-being.
- 

**Expected Outcomes:**

- Fifty percent (50%) of children assessed shall demonstrate improved social competence and improved skills in responding to the social, emotional, and behavioral issues related to mental health.
- Fifty percent (50%) of children initially assessed as impulsive or emotionally aggressive shall demonstrate a decrease in impulsivity or emotional aggression.
- Eighty percent (80%) of parents surveyed shall indicate an improvement in their parenting skills based on an increase in training and support of social, emotional, and behavioral health issues related to their child.
- Eighty percent (80%) of participating programs surveyed shall improve their skills in building children's behavioral, social, emotional, and problem-solving skills.

**1.2 PEI Prevention Program: Center for Family Strengthening | Family Education, Training & Support**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	800	\$176,931	\$221

Projection FY 24-25	800	\$184,008	\$230
Projection FY 25-26	800	\$191,368	\$239

**Program Description:** The Center for Family Strengthening’s “Parent Connection” is the center of the Family Education, Training, and Support Program (FETS). This program uses a multi-level approach to reduce risk factors and increase protective factors for all parents and caregivers through the website, classes, trainings, and one-on-one coaching. Target populations include parents and caregivers exposed to domestic violence or in stressed families, living with or at high risk for mental illness, substance use, or trauma, monolingual Spanish speaking parents, or parents in rural areas of the county. FETS anticipates future year over year growth on the website, which acts as a navigator to the county’s wide range of services and is committed to growing capacity through engagement and class offerings for the Latino community.

**Program Goals:**

- Build competencies and skills in parents and caregivers.
- Decrease the impact of trauma in families.
- Respond to the urgent needs in families at risk for abuse.
- Increases access to services for parents and caregivers.

**Expected Outcomes:**

- Ninety percent (90%) of parents and caregivers shall report increased confidence in their parenting skills.
- Ninety percent (90%) of parents and caregivers shall report increased knowledge of family strengthening resources available to families in San Luis Obispo County.
- Ninety percent (90%) of parents and caregivers shall report improved knowledge of communication skills with their children.
- Ninety percent (90%) of parents and caregivers shall report an increase in their knowledge of safe and effective discipline strategies.
- Ninety percent (90%) of parents and caregivers shall report an increase in peer connection and support.
- Ninety percent (90%) of parents and caregivers shall report an increase in their knowledge of what social and emotional competency in children is.

1.3 PEI Prevention Program: SLO Behavioral Health & The Link | Middle School Comprehensive Program

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	800	\$977,902	\$1,222
Projection FY 24-25	800	\$1,867,022	\$2,334
Projection FY 25-26	800	\$1,941,707	\$2,427

**Program Description:** The Middle School Comprehensive Program is an integrated collaboration between schools, SLOBHD staff, and community-based organizations. SLOBHD provides three Student Support Counselors and one Youth Development Specialist to serve six middle schools using the evidence-based Student Assistance Program (SAP) model.

The LINK, a local non-profit with expertise in serving families in the rural north county, provides the project’s three bilingual and bicultural Family Advocates with lived experience, and SAFE coordinators for case management, training, and outreach. The SLO Behavioral Health counseling staff works closely with other school counselors and the Family Advocates to address the ever-changing school climate and community specific emotional and behavioral health needs. Issues such as self-harm, depression, bullying, violence, substance use, family changes, homelessness, and suicidal ideation are some of many key topics addressed in group or individual counseling. The program also establishes Club Live Youth Development programs with each school.

**Program Goals:**

- Identify mental health issues of at-risk middle school youth and their families.
- Provide services intent on building resiliency and a healthy lifestyle for the students and support for their families.
- 

**Program Expected Outcomes:**

**SLO BHD**

- Thirty percent (30%) overall increase in protective factors such as ability to cope with stress, anxiety, and depression.

- Thirty percent (30%) overall decrease in risk factors such as suicidal ideation and self-harm.

**The Link**

- Forty percent (40%) of contacts will engage in intensive services and support.
- Seventy-five percent (75%) of managed cases will show progress in attendance and behavior of the family’s children in school.
- One hundred percent (100%) of managed cases will show progress measured on a scale of one (1) to five (5) in the integral components of SAFE assessed on entry, at three (3) month intervals, and at closing.

**1.4 PEI Prevention Program: CAPSLO | In-Home Parent Educator**

<b>Three Year Plan</b>	<b>Persons Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
Projection FY 23-24	50	\$95,216	\$1,904
Projection FY 24-25	50	\$99,025	\$1,981
Projection FY 25-26	50	\$102,986	\$2,060

**Program Description:** The Community Action Partnership of San Luis Obispo (CAPSLO) administers the In-Home Parent Educator Program. The program provides parent education services to families at their house or at other specified locations, using an evidence-based curriculum and assessments of families to identify immediate needs to be met to stabilize the family unit. The Educator utilizes county approved evidence-based programs as curriculums for parent training and education. CAPSLO recently onboarded a new In-Home Parent Educator and has the expectation of growing the program’s capacity in the next 3 years.

**Program Goals:**

- Build parenting skills.
- Improve knowledge of appropriate behaviors.
- Increase positive discipline skills.
- Increase attachment through positive parent/child interactions.

**Expected Outcomes:**

- 60 percent (60%) of families receiving EBP shall complete all sessions.
- Seventy percent (70%) of families receiving EBP shall complete a minimum of four (4) sessions.
- Eighty percent (80%) of families served shall report improved family functioning. Specific outcomes for participants include:
  - Improved communication skills.
  - Increased safe and effective discipline.
  - Improved caregiver/child attachment.
  - Improved coping skills.
- Seventy five percent (75%) of parents shall report improved mental health. Specific outcomes for parents/caregivers include:
  - Reduced stress and anxiety related to managing their child(ren)'s symptoms.
  - Improved parent/caregiver self-efficacy.

### 2.1 PEI Early Intervention Program | Community Therapeutic Services

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	400	\$53,457	\$134
Projection FY 24-25	400	\$55,595	\$139
Projection FY 25-26	400	\$57,819	\$145

**Program Description:** Community Based Therapeutic Services (CBTS) maximizes the opportunity for many diverse individuals to access prevention and early intervention mental health services. CBTS improves early detection and provides early intervention for mental health issues while increasing access to care. The program provides over 1,700 low or no-cost counseling hours to uninsured and underinsured at-risk populations throughout the County. The program is experiencing growth trends in recent years that are not expected to yield as services for this population are in high demand. CBTS will continue to offer services to underserved populations and expand capacity if necessary.

**Program Goals:**

- Increase access to mental health services for underserved populations.
- Increase access to mental health services for uninsured and underinsured at-risk populations.

**Expected Outcomes:**

- Eighty five percent (85%) of PEI referred clients will report improved health and wellness following brief therapeutic interventions. (e.g., improved mood, reduced depression, reduced suicidal ideation).
- Ninety percent (90%) of PEI clients will avoid inpatient psychiatric or emergency room hospitalization due to mental health crisis, and not require a higher level of care.
- Eighty five percent (85%) of PEI clients will demonstrate successful follow through on linkages/referrals.
- Eighty five percent (85%) of PEI adult counseling participants will demonstrate improved protective factors such as increased work attendance, and improved parenting skills.
- Eighty five percent (85%) of PEI youth counseling participants will demonstrate reduced behavioral problems and decreased risk factors such as reduction in self-harm behaviors.

**2.2 PEI Early Intervention Program | Integrated Community Wellness**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	1040	\$420,064	\$404
Projection FY 24-25	1040	\$436,867	\$420
Projection FY 25-26	1040	\$454,342	\$437

**Program Description:** Transitions-Mental Health Association (TMHA) provides Family Support Specialists (FSS) and Behavioral Health Navigators (BHN) — individuals with lived experience as either a participant or family member. These Specialists and Navigators collaborate with other PEI providers to deliver system navigation services towards securing basic needs such as food, clothing, housing,

healthcare, employment, and education and wellness supports focusing on minimizing stress, supporting resilience, and increasing individual's self-efficacy to individuals who self-refer or are referred from other programs. The BHNs also focus on establishing direct linkages for youth, including community-based mental health services, suicide prevention, and providing culturally competent and inclusive LGBTQ+ outreach and system navigation. Specialists and Navigators help minimize stress, support wellness and resilience, and increase an individual's ability to follow through on referrals and care. Meeting basic daily life needs removes barriers to work and life success, while reducing stressors linked to behavioral problems, violence, substance abuse, and suicide.

**Project Goals:**

- Reduce barriers to treatment outcomes and improve wellness.

**Expected Program Outcomes:**

- Increase in protective factors and reduction in risk factors through increased access to community supports.

**3.1 PEI Increasing Recognition of Early Signs of Mental Illness Program: Wilshire Community | Older Adult Mental Health Initiative**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	785	\$296,158	\$377
Projection FY 24-25	785	\$308,004	\$392
Projection FY 25-26	785	\$320,324	\$408

**Program Description:** The Older Adult Mental Health Initiative is administered by Wilshire Community Services (WCS), a community-based non-profit serving seniors countywide. WCS 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 (CC), Senior Peer Counseling (SPC), and Older Adult Transitional Therapy (TT). The initiative features outreach and education regarding mental health to the community at large as it

relates to the Older Adult population, and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith-based agencies, law enforcement, and retirement homes. Given the challenges faced by older adults due to the pandemic, WCS expects increased demand for services in the next 3 years.

**Program Goals:**

- Increase awareness of mental health issues related to older adults.
- Improve quality of life and coping skills for older adult population.
- Reduce risk of hospitalizations.

**Expected Program Outcomes:**

- Ninety-five percent (95%) of participants in outreach and education events shall demonstrate increased awareness in mental health issues related to older adults.
- Eighty-five percent (85%) of CC participants shall demonstrate improved quality of life by: increased activity levels, reduced feelings of loneliness and isolation.
- Eighty-five percent (85%) of SPC and TT participants shall demonstrate: reduced depression, reduced anxiety, improved coping skills, and reduced hospitalizations based upon therapeutic assessment tools.

**4.1 PEI Access and Linkage to Treatment Program: Veterans Outreach Program (VOP)**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	100	\$153,562	\$1,536
Projection FY 24-25	100	\$159,704	\$1,597
Projection FY 25-26	100	\$166,092	\$1,661

**Program Description:** The Veterans Outreach Program (VOP) engages local military members and their families. In this strategy, a Behavioral Health Clinician is embedded within local rehabilitative activities for veterans and their families. The Behavioral Health Department offers monthly events and opportunities for veterans to stay active, meet others, and engage with community resources. Activities are



aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, culturally competent settings. The VOP's mental health therapist assesses and responds to participants' mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder. These issues are assessed both on-site during program events and through follow-up assessment and treatment in comfortable, confidential environments. The VOP aims to grow participation from this population by adding creative and unique activities to their future schedule.

**Program Goals:**

- Encourage mental health awareness and education.
- Reduce mental health stigma.

**Expected Program Outcomes:**

- Eighty percent (80%) of participants report increased awareness of mental health risk factors.
- Eighty percent (80%) of participants report increased awareness of mental health protective factors.
- Fifty percent (50%) of participants return for more than 1 event.
- Eighty percent (80%) reduction in stigma associated with mental health stigma.

**5.1 PEI Stigma and Discrimination Reduction Program: Transitions Mental Health Association (TMHA) | Social Marketing Strategy**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	2000	\$146,346	\$73
Projection FY 24-25	2000	\$152,200	\$76
Projection FY 25-26	2000	\$158,288	\$79

**Program Description:**

The Mental Health Awareness and Stigma Reduction program is facilitated by Transitions-Mental Health Association (TMHA), a recognized community leader in mental health awareness and engagement. The program aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and externalized discrimination towards those in need of services. Program goals are accomplished by creating awareness of mental illness: its signs, symptoms, and treatments, and educating those populations most at risk for mental illness. Stigma Reduction addresses disparities in access to services by providing outreach to underserved and trauma-exposed high-risk groups, as well as gatekeepers in schools, civic groups, faith-based organizations, and other agencies in the helping field.

**Program Goals:**

- Provide mental health awareness and education to the community.
- Reduction of stigma associated with mental health and those in need of services.

**Expected Program Outcomes:**

- Fifteen percent (15%) increase in understanding the challenges of mental health.
- Fifteen percent (15%) increase in knowledge of recovery and wellness concepts.
- Fifteen percent (15%) increase in mental health literacy.

5.2 PEI Stigma and Discrimination Reduction Program: SLO Behavioral Health | College Wellness Program

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	400	\$161,609	\$404
Projection FY 24-25	400	\$168,073	\$420
Projection FY 25-26	400	\$174,796	\$437

**Program Description:**

The Prevention & Early Intervention College Wellness Program (CWP) is designed to provide mental health and substance use education, along with supports for

wellness initiatives in the county’s campus communities of California Polytechnic State University San Luis Obispo (Cal Poly) and Cuesta College. The County’s College Prevention and Wellness Promotion Specialist acts as a liaison between the community mental health system and the campus populations. The Specialist helps bridge the gap between community education (e.g., suicide prevention efforts, stakeholder committees, speakers, education, etc.) and on-campus activities and through student organizations (e.g., Active Minds). A focus of the CWP in the next 3 years is to test and implement new data collection techniques to increase survey responses with the college aged population.

**Program Goals:**

- Create community linkage for mental health, wellness, and recovery initiatives with local college communities.

**Expected Program Outcomes:**

- Seventy percent (70%) increase in mental health awareness and education.
- Seventy percent (70%) increase in knowledge in suicide awareness and prevention.
- Seventy percent (70%) increase in awareness and education on the effects of substance use.

**6.1 PEI Suicide Prevention Program: SLO Behavioral Health | Suicide Prevention Coordinator**

Three Year Plan	Persons Served	Total Funding	Cost per Client
Projection FY 23-24	1200	\$459,491	\$383
Projection FY 24-25	1200	\$477,871	\$398
Projection FY 25-26	1200	\$496,986	\$414

**Program Description:**

The Suicide Prevention Coordination program (SPC) addresses risk, protective factors, and aftermath of suicide has been identified as a significant issue to be addressed in San Luis Obispo County. The SPC is a centralized county position aimed at building coalitions and collaborations with community partners that result in

education engagements, trainings, and prevention strategies. The program established a plan of implementation and networking with community providers and with the ad-hoc Suicide Prevention Council, ultimately leading to the SPC becoming the chair of the Suicide Prevention Council. The SPC meets with the council monthly, drawing participation of 10-20 community members and agency representatives. The SPC also works in collaboration with Each Mind Matters to ensure a local message and presence is reinforced by the State's approach to address suicide, culminating in the current San Luis Obispo County Suicide Prevention Strategic Plan (SPP) for fiscal year 2021–2022 through 2023–2024.

**Program Goals:**

- Suicide prevention awareness and education.
- Stigma reduction.
- Facilitate countywide trainings.

**Expected Program Outcomes:**

- Sixty percent (60%) increase in suicide awareness and prevention techniques.
- Sixty percent (60%) increase in knowledge of risk and signs of suicide.
- Sixty percent (60%) increase in capacity to respond to risk and signs of suicide.
- Sixty percent (60%) increase in tools to openly discuss suicide with others and at-risk individuals.
- Sixty percent (60%) increase in coping skills for individuals and family with lived experience.
- Eighty (80%) increase in awareness of available programs and resources that address suicide.

**Innovation (INN)**

The Innovation (INN) component of MHSA offers counties a unique opportunity to work with their communities and develop new, original, best practices. An Innovation project is designed mainly to contribute to learning, rather than simply providing a service. Innovation projects must be new and creative and have not been duplicated in another community. Innovation funding is used for the purpose 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 for assessing and evaluating their efficacy.

The fiscal expenditure assumptions for the existing Innovation projects in FYs 2023-2026:

**5.1 BHEET**

Three Year Plan	Total Funding
Projection FY 23-24	\$153,275
Projection FY 24-25	\$156,926
Projection FY 25-26	

**5.2 SoundHeal**

Three Year Plan	Total Funding
Projection FY 23-24	\$140,240
Projection FY 24-25	\$111,940
Projection FY 25-26	

FY 2023-2024 INN PLAN

**Previous Project Evaluations:**

**Holistic Adolescent Health Project | CAPSLO**

Project conclusion in FY 2022-2023. Comprehensive evaluation report will be published and submitted to the Mental Health Oversight and Accountability Commission (MHSOAC) in FY 2023-2024.

**Behavioral Health Assessment & Response Project | Holifield Psychological Services**

Project conclusion in FY 2022-2023. Comprehensive evaluation report will be published and submitted to the Mental Health Oversight and Accountability Commission (MHSOAC) in FY 2023-2024.

**Current Project Continuations:**

**Behavioral Health Education & Engagement Team (BHEET) | Transitions-Mental Health Association (TMHA)** - BHEET will be fully implemented for the first full year of operations in FY 2023-2024.

**SoundHeal | SoundHeal Inc.** - SoundHeal will be fully implemented for the first full year of operations in FY 2023-2024.

**New Innovation Projects:**

The County will conduct stakeholder process to develop future INN planning and submit to MHSOAC upon completion.

FY 2024-2025 INN PLAN

**Project Continuations:**

**Behavioral Health Education & Engagement Team (BHEET) | Transitions-Mental Health Association (TMHA)** - The BHEET project will be executing their 2<sup>nd</sup> year of testing in FY 2024-2025.

**SoundHeal | SoundHeal Inc.** - The SoundHeal project will be executing their 2<sup>nd</sup> year of testing in FY 2024-2025.

**New Innovation Projects:**

The County will conduct stakeholder process to develop future INN planning and submit to MHSOAC upon completion.

FY 2024-2025 INN PLAN

**Project Continuations:**

**Behavioral Health Education & Engagement Team (BHEET) | Transitions-Mental Health Association (TMHA)** - The BHEET project enters the final year of operations, followed by 6 months of project evaluation, and submission of the comprehensive final report to the MHSOAC.

**SoundHeal | SoundHeal Inc.** - The SoundHeal project enters the final year of operations, followed by 6 months of project evaluation, and submission of the comprehensive final report to the MHSOAC.

**New Innovation Projects:**

The County will conduct stakeholder process to develop future INN planning and submit to MHSOAC upon completion.

**Capital Facilities and Technological Needs (CFTN)**

Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental illness service delivery. San Luis Obispo County accessed its CFTN funds to build a comprehensive integrated behavioral health system. In order to modernize and transform clinical and administrative information systems, 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 was developed with stakeholder input.

Three Year Plan	Total Funding
Projection FY 23-24	\$663,679
Projection FY 24-25	\$690,226
Projection FY 25-26	\$717,835