PREVENTION AND EARLY INTERVENTION
2019 PEI Summit

WELCOME
How much do you know?
What do you think is the most important issue for the County to address through MHSA PEI?

- Increase Access to Services for All: 50%
- Increase Access to Underserved Groups: 21.43%
- Increase the Quality of Services: 14.29%
- Promote Interagency collaboration: 7.14%
- Cultural Competence: 7.14%
Other than staff, what do you think is the greatest strength of the PEI plan?

- The various programs and services countywide: 28.57%
- Expanded Services to Underserved Populations: 21.43%
- Programs and Services dedicated to Youth and Families: 50%
- Documented Objectives and Outcomes: 0%
- Partnership between County and CBOs: 0%
What area (pick up to 3) would you like to see improved in PEI planning and operations?

- More staff in various programs/services: 64%
- More communication amongst PEI (and other MH/MHSA) programs: 57.14%
- Increased access and services to underserved populations: 57.14%
- Opportunity for new community partnerships to expand services: 50%
- Better system to provide data to the County: 42.86%
Please choose what you would like to see from MHSA in the coming year (select all that apply):

- All-MHSA Provider Collaboration Conference: 42.86%
- More Trainings related to each PEI Component: 42.86%
- Outcomes Reporting: 35.71%
- MHSA PEI Meetings: 28.57%
- Greater Web Presence: 14.29%
What are the gaps in PEI Services/Programs?

• “SAFE in North County”
• “I think that we need more early intervention services for adults outside the scope of the county system”
• “More information and collaboration between PEI providers and various program providers in community these programs serve”
• “Communication with PEI Stakeholders”
• “There needs to be more parent education in the county. There is a limited amount and families are requesting more in different parts of the counties”
• “More programs and services for the TAY populations”
• “In certain programs, the expectations are always clear on what the stakeholders want from the program, what supervisors expect, and the congruency between the two”
MHSA
Overview
5 Fundamental Concepts
Must be embedded and continuously addressed throughout the Programs

• Client/Family-Driven Mental Health System
• Cultural Competence
• Collaboration with Community Services
• Integrated Service Experience for Clients
• Wellness Focus (which includes Recovery & Resilience)
COUNTY OF SAN LUIS OBISPO
MENTAL HEALTH SERVICES ACT

FUNDING FACTS

TAX ON CA RESIDENTS THAT GROSS $1,000,000 OR MORE ANNUALLY

1%

ESTIMATED 2019-20 MHSA CA REVENUE: $2,261,200,000

2019-20 MHSA COUNTY OF SAN LUIS OBISPO REVENUE: $15,687,257

BEHAVIORAL HEALTH MHSA FUNDED PROGRAMS INCLUDE:

COMMUNITY SERVICES AND SUPPORTS (CSS) 76%
- FULL SERVICE PARTNERSHIPS
- HOUSING
- CRISIS STABILIZATION UNIT
- MENTAL HEALTH EVALUATION TEAM
- SCHOOL AND FAMILY EMPOWERMENT
- PEER SUPPORT, EDUCATION, AND WELLNESS CENTERS
- FAMILY EDUCATION
- LATINO OUTREACH PROGRAM
- SUPPORTIVE EMPLOYMENT/VOCATIONAL TRAINING

CO-OCCURRING DISORDERS TREATMENT
- FORENSIC SERVICES INCLUDING VETERANS TREATMENT AND THE COMMUNITY ACTION TEAM

PREVENTION AND EARLY INTERVENTION (PEI) 19%
- FAMILY EDUCATION, TRAINING, AND SUPPORT
- MIDDLE SCHOOL STUDENT ASSISTANCE
- IN-HOME PARENT EDUCATOR
- CUESTA COLLEGE SUCCESSFUL LAUNCH
- COLLEGE WELLNESS PROGRAM AT CAL POLY AND CUESTA COLLEGE
- PERINATAL MOOD ANXIETY DISORDER PROGRAM
- VETERANS OUTREACH
- SUICIDE PREVENTION
- COMMUNITY OUTREACH AND STIGMA REDUCTION
- POSITIVE DEVELOPMENT
- INTEGRATED COMMUNITY WELLNESS
- OLDER ADULT MENTAL HEALTH INITIATIVE

INNOVATION (INN) 5%
- LATE LIFE EMPOWERMENT AFFIRMATION PROGRAM
- TRANSITION ASSISTANCE AND RELAPSE PREVENTION
- CREATING OPPORTUNITIES FOR LATINAS TOACHIEVE GOAL ACHIEVEMENT
- CUSTOMER AWARENESS RESPONSE EFFORT
- AFFIRMING CULTURAL COMPETENCE EDUCATION AND PROVIDER TRAINING
- 2XI DEVELOPMENTAL SCREENING PARTNERSHIP BETWEEN PARENTS AND PEDIATRIC PRACTICES

VISIT COUNTY OF SAN LUIS OBISPO MENTAL HEALTH SERVICES ACT ONLINE:
https://www.slocounty.ca.gov/mhsa.aspx

COUNTY OF SAN LUIS OBISPO SELECT MHSA PROGRAMS

Full Service Partnerships (FSP) provides comprehensive, intensive, community-based services to individuals who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services. A principle of FSP is doing ‘whatever it takes’ to help individuals in their path to recovery and wellness. The County supports several community-based FSP teams, including two for children and transitional-aged youth (TAY) Family Care Network, Inc., four aimed at adults including special forensics and homeless populations (Transitions - Mental Health Assoc. TMHA) and older adults (Wilshire Community Services). Housing is also made available in some programs.

Client and Family Wellness Programs include partnerships with TMHA to provide family and peer education, supportive employment and vocational training (e.g. Growing Grounds), Service Enhancement Programs to assist new patients, and Wellness Centers across the county. The Behavioral Health Department also offers an array of treatment for those with co-occurring disorders.

The Latino Outreach Program (LOP) provides bilingual and bicultural therapists to offer culturally appropriate treatment services offered in both community and clinic settings. The target population is the underserved and underserved Latino community, particularly those in identified pockets of poverty in the north and south county areas and rural residents.

The Enhanced Crisis Response and Aftercare work plan features the Mental Health Evaluation Team (Sierra Mental Wellness) and the Department’s Crisis Resolution Team to increase the county’s capacity to meet the needs of individuals requiring specialized, critical intervention and aftercare. The Crisis Stabilization Unit is in place for crisis intervention, assessment, evaluation, collateral, medication support services, therapy, peer support, etc. to avoid unnecessary hospitalization and incarceration while improving wellness for individuals with mental health disorders and their families.

School and Family Empowerment programs reflect the Department’s partnership with local school districts to provide mental health services to seriously emotionally disturbed youth, engaging students and their families in services that enable them to stay in school.

Forensic Mental Health Services are aimed at engaging those caught in the judicial system due to behavioral health issues, and include a Forensic Coordinated Therapist, Behavioral Health Treatment Court, Veterans Treatment Court, the Community Action Team (SLOPRET/ TMHA), and Forensic Re-Entry Services (TMHA). Programs seek to reduce recidivism and provide a bridge to treatment and recovery.

Prevention Programs include Family Education, Training and Support (Center for Family Strengthening) which includes classes and coaching countywide. In-home Parent Education (CAPSO), Cuesta College’s “Successful Launch” to assist TAY in navigating services, and transition training. CARPLOS “Positive Development” program for pre-school children and Student Assistance Programs (SAP). The County (with the Link) supports six middle school programs which aim to engage youth at early signs of risk and emotional disturbance. The approach includes counseling, youth development activities, and family advocacy.

Early Intervention Programs include free and low-cost counseling provided by Community Counseling Center. System navigation is offered for community consumers by TMHA.

The Perinatal Mood Anxiety Disorder program (PMAD), led by Public Health, offers outreach for parents recognized with early signs of mental illness.

Wilshire Community Services provides multi-level services for seniors at risk for mental illness. Services include, Caring Callers for isolated older adults, clinically supervised Senior Peer Counseling, and short term, solution focused therapy. Wilshire also conducts depression screenings and provides older adult specific mental health education throughout the county.

Suicide prevention and Stigma reduction efforts, including a Social Marketing Strategy and Community Outreach & Engagement include public advocacy work (TMHA), as well as College Wellness Program and Suicide Prevention coordination and education efforts.

The Veterans Outreach Program leverages resources by embedding a mental health therapist within local rehabilitative activities for veterans and their families. The program offers monthly events and opportunities for veterans to stay active, meet others, and engage with community resources.

VISIT COUNTY OF SAN LUIS OBISPO MENTAL HEALTH SERVICES ACT ONLINE:
https://www.slocounty.ca.gov/mhsa.aspx
Stakeholder Meetings

• What are stakeholder meetings?
• When do they occur?
• Who is involved?
PEI Journey

• Opportunity to fund services geared toward people who are not seriously mentally ill yet
• Use and implementation of EBP
• Adopting a Prevention Framework
  • New services
  • New partnership opportunities
    • Community
    • Public Health
• Focus on younger population, screening, risk factor
• Statewide/multi-county work
  • CalMHSA PEI Statewide Projects
  • Common messaging for mental health
PEI Overview: From the Regulations

- Regulations released in October 2015
- New Regulations released on July 1, 2018
- PEI is 19% of a county’s overall MHSA allocation
- At least 50% of a county’s PEI expenditures shall be services delivered to children and TAY
- Counties are responsible for submitting annual PEI program and evaluation report by June 30th for the previous fiscal year
- Demographics
Reduce 7 Negative Outcomes

• Suicide
• Incarcerations
• School failure or dropout
• Unemployment
• Prolonged suffering
• Homelessness
• Removal of children from their homes
PEI Program Types

- Prevention Programs
- Early Intervention Programs
- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Access and Linkage to Treatment Program
- Stigma and Discrimination Reduction Program
- Improve Timely Access to Service for Underserved Populations Program
- Suicide Prevention Program
PEI Strategies

• Access and Linkage to Treatment
• Improve Timely Access to Services for Underserved Populations
• Strategies that are Non-Stigmatizing and Non-Discriminatory
• Outreach for Increasing Recognition of Early Signs of Mental Illness
<table>
<thead>
<tr>
<th>Program Type</th>
<th>Outcome Data Collection Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td>• Reduction in risk factors, indicators, or increased protective factors</td>
</tr>
<tr>
<td>• A set of related activities to reduce risk factors and increase protective factors.</td>
<td></td>
</tr>
<tr>
<td>• The goal is to bring about mental health including reduction of the applicable negative outcomes for individuals and members of groups/populations whose risk of developing a SMI is greater than average and, as applicable, their parents, caregivers, and other family members.</td>
<td></td>
</tr>
<tr>
<td><strong>Early Intervention</strong></td>
<td>• Reduction in prolonged suffering</td>
</tr>
<tr>
<td>• Treatment and other services and interventions</td>
<td></td>
</tr>
<tr>
<td>• Includes relapse prevention</td>
<td></td>
</tr>
<tr>
<td>• Address and promote recovery and related functional outcomes for a mental illness early in its emergence</td>
<td></td>
</tr>
<tr>
<td>• Shall not exceed 18 months unless the program focuses on FEP</td>
<td></td>
</tr>
<tr>
<td>Program Type</td>
<td>Outcome Data Collection Requirements</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Outreach for Increasing Recognition of Early Signs of Mental Illness Program</strong></td>
<td>• Number of potential responders outreached to</td>
</tr>
<tr>
<td>• Engaging, encouraging, educating, and/or training, and learning from potential responders</td>
<td>• The setting(s) in which the potential responders were engaged</td>
</tr>
<tr>
<td>• Ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness</td>
<td>• The types of potential responders engaged in each setting (i.e. nurses, principles, parents, etc.)</td>
</tr>
<tr>
<td><strong>Access and Linkage to Treatment Program</strong></td>
<td>• Number of individuals with SMI/SED referred to non-PEI services and the type of services</td>
</tr>
<tr>
<td>• Activities to connect children with serious emotional disturbances to medically necessary treatment</td>
<td>• Number who followed through on the referral and engaged in treatment</td>
</tr>
<tr>
<td>• Activities to connect adults with serious mental illness to medically necessary treatment</td>
<td>• Average duration of untreated mental illness</td>
</tr>
<tr>
<td></td>
<td>• Average interval between referral and participation in treatment</td>
</tr>
<tr>
<td>Program Type</td>
<td>Outcome Data Collection Requirements</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Stigma and Discrimination Reduction Program</strong></td>
<td>• Changes in attitudes, knowledge and/or behavior related to mental illness or to the seeking of mental health services</td>
</tr>
<tr>
<td>• Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to bring diagnosed with mental illness, having a mental illness, or seeking services to increase acceptance, dignity, inclusion, and equity.</td>
<td></td>
</tr>
<tr>
<td><strong>Improve Timely Access to Service for Underserved Populations Program</strong></td>
<td>• Number of referrals of underserved populations to Prevention, EI, or treatment programs.</td>
</tr>
<tr>
<td>• Organized activities and engagements to improve and increase access to services for underserved populations</td>
<td></td>
</tr>
<tr>
<td><strong>Suicide Prevention Program</strong></td>
<td>• Changes in attitudes, knowledge, and/or behavior regarding suicide</td>
</tr>
<tr>
<td>• Organized activities that the County undertakes to prevent suicide as a consequence of mental illness</td>
<td></td>
</tr>
</tbody>
</table>
Program Sharing

• What is the program?
• What population does it serve?
• Specific success story from this past year
Fiscal Update
MHSA Budget Distribution

- CSS: 78%
- PEI: 19%
- INN: 5%
- WET/CSS: 4%
- CFTN/CSS: 1%

COUNTY OF SAN LUIS OBISPO | PREVENTION AND EARLY INTERVENTION
MHSA Component Funding

MHSA Revenue and Expenses FY 17/18 – Projected FY 19/20

- CFTN Expense (CSS)
- WET Expense (CSS)
- Innovation Expense
- PEI Expense
- CSS Expense
- Other Revenue
- MHSA Revenue & Interest
MHSA CONTRACTORS - REQUEST FOR A BUDGET INCREASE

Mental Health Services Act (MHSA) funding is contingent on availability and stakeholder approval. Requests for under 3% of current contracted single programs may be approved by the Behavioral Health Department.

- A separate form should be completed for each program an increase of funding is requested
- Total submitted request should be no more than 4 pages

I. ORGANIZATION

II. PROGRAM NAME

III. AMOUNT OF FUNDING INCREASE/NEW FUNDING REQUESTED

A. Provide the current program funding along with the increase requested (both dollar amount and percentage of increase)

<table>
<thead>
<tr>
<th>Staff/Other</th>
<th>Current FTE</th>
<th>New FTE</th>
<th>Current Budget</th>
<th>Requested Budget</th>
<th>Total Increase</th>
<th>Total % Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>

IV. JUSTIFICATION FOR ADDITIONAL FUNDING/NEW FUNDING

A. Provide how the program is performing to date, and why additional/new funding is needed

V. WHAT THE ADDITIONAL FUNDING/NEW FUNDING WILL BE USED FOR

A. Provide a detailed explanation of the staff that will be affected, additional staff, equipment, etc. requested, and data outcomes that will be maintained or increased due to the increase of funding

VI. EXPLAIN THE IMPACT IF ADDITIONAL FUNDS ARE NOT GRANTED

VII. ONCE COMPLETE, PLEASE SUBMIT DOCUMENTATION TO CORRESPONDING COUNTY MHSA PROGRAM COORDINATOR

A. PEI: Nestor Veloz-Passalicqua at nvelozpassalicqua@co.slo.ca.us

B. CSS: Kristin Ventresca at kventresca@co.slo.ca.us

VIII. AFTER THE COUNTY MHSA PROGRAM COORDINATOR HAS REVIEWED AND IF THE REQUEST IS OVER THE 3% THRESHOLD, THE MHSA PROGRAM COORDINATOR WILL SCHEDULE A PRESENTATION AT A FUTURE MHSA ADVISORY COMMITTEE MEETING.

https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/MHSA-Fiscal.aspx
Contract Promotions Guidelines

I. PURPOSE

The purpose of these guidelines is to standardize the process to create, approve, and release promotional material for community partners who receive funding from the County of San Luis Obispo to provide programming as part of the Mental Health Services Act (MHSA) workplan.

II. SCOPE

These guidelines are applicable to all community health care providers who receive funding from the County of San Luis Obispo to provide programming as part of the Mental Health Services Act (MHSA) workplan.

III. DEFINITIONS

The County of San Luis Obispo requires acknowledgment of public financial support for programs and services provided by contracted entities.

Promotional material refers to:

Any information printed, aired, or published online. This includes (but is not limited to) press releases, brochures, social media announcements, educational materials, exhibition signage, promotional items, use of County and MHSA logos, etc., that promotes, informs, provides outreach, or implements a service or program which the County of San Luis Obispo has funded as part of the Mental Health Services Act (MHSA) workplan.

IV. GUIDELINES

A. Press Release. Contractor shall issue a press release announcing contract award within 30 days of executed contract.

1. Press release shall acknowledge the County of San Luis Obispo and the Mental Health Services Act (MHSA).

2. Press release shall use the following standard language:

   “Funding for this program is provided by the County of San Luis Obispo through the Mental Health Services Act and in collaboration with the County Behavioral Health Department.”

https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/MHSA-Publicity-Guidelines.aspx
Communication Between Programs

- Group Activity
Data Collection

- Output vs. Outcome
- SMART Objectives
SMART Objectives

• S: Specific
• M: Measurable
• A: Achievable
• R: Relevant
• T: Time-Bound
Examples of Outcome Measures

• 50% of children initially assessed as impulsive shall demonstrate a decrease in impulsivity.
• 90% of parents and caregivers shall report improvement in their child’s behavior and emotional wellbeing as measure by self-report surveys.
• 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.
• 95% of participants in outreach and education events shall demonstrate increased awareness in mental health issues related to older adults.
Data Collection

- PEI Demographics
  - Age
  - Sex Assigned at Birth
  - Gender Identity
  - Sexual Orientation
  - Primary Language
  - Race
  - Ethnicity
  - Veteran Status
  - Homelessness Status
  - Disability Status
Data Collection

- Screening & Referral
  - Did the client report having any mental/behavioral health symptoms prior to referral/contract with the PEI program?
  - If yes, has the client received previous treatment?
  - If not, what is the duration of any current untreated symptoms?
  - Are you concerned about a possible severe mental illness?

- Date of mental/behavioral health referral
- Name of program referred to
- Kind of treatment

- Substance Use referral
- Date of substance use referral
- Name of program referred to

- First Date of Service
- Mental/Behavioral Health or Substance Use
PEI Demographics - Race
FY 17-18

- White: 45%
- Asian: 1%
- African American: 1%
- American Indian or Alaskan Native: 1%
- Native Hawaiian or Other Pacific Islander: 1%
- More than one race: 5%
- Other: 4%
- Decline to state: 42%

N = 9,389

Number of Participants

<table>
<thead>
<tr>
<th>Race</th>
<th>FY 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>4,272</td>
</tr>
<tr>
<td>Asian</td>
<td>51</td>
</tr>
<tr>
<td>African American</td>
<td>101</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>26</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>14</td>
</tr>
<tr>
<td>More than one race</td>
<td>487</td>
</tr>
<tr>
<td>Other</td>
<td>433</td>
</tr>
<tr>
<td>Decline to state</td>
<td>4,005</td>
</tr>
</tbody>
</table>

Total 2017-18: 4,272
### All PEI Demographics - Ethnicity
#### FY 17-18

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican/Mexican American</td>
<td>1,198</td>
<td>21%</td>
</tr>
<tr>
<td>Chinese</td>
<td>284</td>
<td>5%</td>
</tr>
<tr>
<td>Eastern European</td>
<td>1140</td>
<td>20%</td>
</tr>
<tr>
<td>African</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Japanese</td>
<td>19</td>
<td>1%</td>
</tr>
<tr>
<td>Asian Indian/South Asian</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Central American</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>South American</td>
<td>20</td>
<td>1%</td>
</tr>
<tr>
<td>Filipino</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Korean</td>
<td>14</td>
<td>1%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Multiple Ethnicities</td>
<td>203</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>100</td>
<td>2%</td>
</tr>
<tr>
<td>Decline to State</td>
<td>2,274</td>
<td>43%</td>
</tr>
</tbody>
</table>

**Total 2017-18:** 2,374
PEI Demographics -
Gender Assigned at Birth
FY 17-18

N = 11,003

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Decline to state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2017-18</td>
<td>3,840</td>
<td>6,481</td>
<td>682</td>
</tr>
<tr>
<td>FY 17-18 Percent Distribution</td>
<td>35%</td>
<td>59%</td>
<td>6%</td>
</tr>
</tbody>
</table>

COUNTY OF SAN LUIS OBISPO | PREVENTION AND EARLY INTERVENTION
PEI Demographics - Gender Identity FY 17-18

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>2017-18 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3,044</td>
</tr>
<tr>
<td>Female</td>
<td>5,541</td>
</tr>
<tr>
<td>Genderqueer</td>
<td>2</td>
</tr>
<tr>
<td>Transgender</td>
<td>16</td>
</tr>
<tr>
<td>Another gender identity</td>
<td>9</td>
</tr>
<tr>
<td>Decline to state</td>
<td>980</td>
</tr>
</tbody>
</table>

N = 9,592
All PEI Demographics - Sexual Orientation
FY 17-18

N = 2,747

- Gay/Lesbian: 76%
- Heterosexual/Straight: 9%
- Bisexual: 1%
- Questioning: 1%
- Queer: 1%
- Another sexual orientation: 1%
- Decline to state: 11%

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay/Lesbian</td>
<td>277</td>
</tr>
<tr>
<td>Heterosexual/Straight</td>
<td>2,107</td>
</tr>
<tr>
<td>Bisexual</td>
<td>14</td>
</tr>
<tr>
<td>Questioning</td>
<td>3</td>
</tr>
<tr>
<td>Queer</td>
<td>3</td>
</tr>
<tr>
<td>Another sexual orientation</td>
<td>4</td>
</tr>
<tr>
<td>Decline to state</td>
<td>339</td>
</tr>
</tbody>
</table>

Total 2017-18: 339
### All PEI Demographics - Age

**FY 17-18**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (0-15)</td>
<td>1,715</td>
<td>14%</td>
</tr>
<tr>
<td>TAY (16-25)</td>
<td>3,249</td>
<td>29%</td>
</tr>
<tr>
<td>Adults (26-59)</td>
<td>3,264</td>
<td>29%</td>
</tr>
<tr>
<td>Older Adults (60+)</td>
<td>2,246</td>
<td>19%</td>
</tr>
<tr>
<td>Decline to state</td>
<td>1,075</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Total 2017-18**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (0-15)</td>
<td>1,715</td>
<td></td>
</tr>
<tr>
<td>TAY (16-25)</td>
<td>3,249</td>
<td></td>
</tr>
<tr>
<td>Adults (26-59)</td>
<td>3,264</td>
<td></td>
</tr>
<tr>
<td>Older Adults (60+)</td>
<td>2,246</td>
<td></td>
</tr>
<tr>
<td>Decline to state</td>
<td>1,075</td>
<td></td>
</tr>
</tbody>
</table>

**Number of Participants**

- Children (0-15): 1,715
- TAY (16-25): 3,249
- Adults (26-59): 3,264
- Older Adults (60+): 2,246
- Decline to state: 1,075

**N = 11,549**
PEI Demographics -
Homeless and Veteran Count
FY 17-18

<table>
<thead>
<tr>
<th></th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
<td>73</td>
</tr>
<tr>
<td>Veteran</td>
<td>360</td>
</tr>
</tbody>
</table>

Total 2017-18

N = 433
PEI Demographics - Disabilities
FY 17-18

- Difficulty seeing: 418 (11%)
- Difficulty hearing: 690 (18%)
- Learning/development disability: 12 (1%)
- Physical mobility: 815
- Chronic health condition: 805
- Anxiety: 1 (1%)
- ADHD: 1 (1%)
- PTSD: 44 (1%)
- Tinnitus: 27 (1%)
- Sleep Apnea: 19 (1%)
- Other disability: 726
- None: 131 (3%)
- Decline to state: 66 (1%)

Total 2017-18: 726

N = 3,755
PEI

On the Horizon
On the Horizon

• SB 1004
  • Creates a more focused approach for PEI
  • Encourages cross-county collaboration
  • On or before January 1, 2020 the OAC shall establish priorities for the use of PEI funds. The priorities shall include, but not be limited to:
    • Childhood trauma prevention and early intervention
    • Early psychosis and mood detection
    • Youth outreach and engagement targeting secondary schools
    • Older adults

• Counties may act jointly
On the Horizon

• Universal Screening
  • Adverse Childhood Experiences (ACES)
    • The impact of untreated trauma

• The Social Determinants of Health
  • Addressing inequities in access to care

• Further identification of risk factors
  • Social, emotional, biological, environmental, societal, etc.

• Key protective factors
  • Social connectedness and having a meaningful role
On the Horizon

- Available funding for new or expansion of current programs:
  - $150k
PEI & CSS

How we work in collaboration
- Child/Youth FSP
- TAY FSP
- Adult FSP
- Older Adult FSP
- Client and Family Wellness
- Latino Outreach
- Enhanced Crisis and Aftercare
- School and Family Empowerment
- Forensic Mental Health Services
MHSA PEI

- CSS
- PEI
- INN
- CFTN
- WET

Mental Health Services Act
Thank you!

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