

**MHSA Advisory Committee (MAC)
Wednesday, October 30, 2019
Veterans Hall, San Luis Obispo
4:00pm – 5:30pm**

SAN LUIS OBISPO COUNTY
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE

- **Welcome, Introductions, and Goals for meeting**
 - Frank Warren, SLOBHD
- **CSS Work Plan**
 - Kristin Ventresca, SLOBHD
 - Presentation by Jennifer Newman & Rita Turner-McCurdy: MHSA Case Managers
- **PEI Work Plan**
 - Nestor Veloz-Passalacqua, SLOBHD
 - Presentation by Dr. Jay Bettergarcia: LGBTQ+ Needs Assessment Results
- **INN Work Plan Review & Updates**
- **Fiscal Update**
 - Jalpa Shinglot, SLOBHD
- **Old Business: Request for New or Additional Funding**
 - Adult FSP Expansion (TMHA)
 - Veteran's Outreach Coordinator (BHS) to all PEI
- Older Adult FSP Psychiatry (Wilshire)
- **New Business for 2018-19; 2019-20**
 - Family Advocate Expansion – PEI (TMHA)
 - Parent Connection Expansion – PEI (CFS)
 - FY 2019/20 Annual Update Draft Posted for 30 Day Review
- **Updates**
 - Justice Division DM
 - No Place Like Home
 - Youth Crisis Triage Grant
 - Clinician at 40 Prado Homeless Center
 - Prudent Reserve Money
- **Next Meetings:**
 - MAC: January 29, 2020
- **Conclusion**



The MHSA provides San Luis Obispo County:

- Funding, personnel, and other resources
- Supportive programs for underserved populations
- Best practices and innovative approaches
- Prevention, early intervention, treatment, and recovery
- Community partnerships and stakeholder engagement



MHSA Advisory Committee

- **MHSA Advisory Committee Introductions**
- **Staff Introductions**



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- This is a somewhat informal meeting with all attendees welcome to comment, ask questions, make suggestions, etc.
- MHSA planning requires stakeholder involvement to guide and advise plans.
- Today's meeting will update the MHSA oversight group (including original and new members) as to the implementation of the most current work plan.
- We will also provide information on work plan changes, and introduce new funding initiatives, for discussion and approval.
- We will use consensus-based decision making.



Community Services and Supports (CSS)

- 1. Child & Youth Full Service Partnership** (FCN & SLOBHD)
- 2. Transitional Age Youth FSP** (FCN & SLOBHD)
- 3. Adult FSP** (TMHA & SLOBHD)
- 4. Older Adult FSP** (Wilshire CS & SLOBHD)
- 5. Client & Family Wellness** (TMHA, CAPSLO & SLOBHD)
- 6. Latino Outreach Program** (SLOBHD)
- 7. Enhanced Crisis & Aftercare** (Sierra Wellness & SLOBHD)
- 8. Schools and Family Empowerment** (SLOBHD & CAPSLO)
- 9. Forensic Mental Health Services** (TMHA & SLOBHD)



Community Services and Supports (CSS)

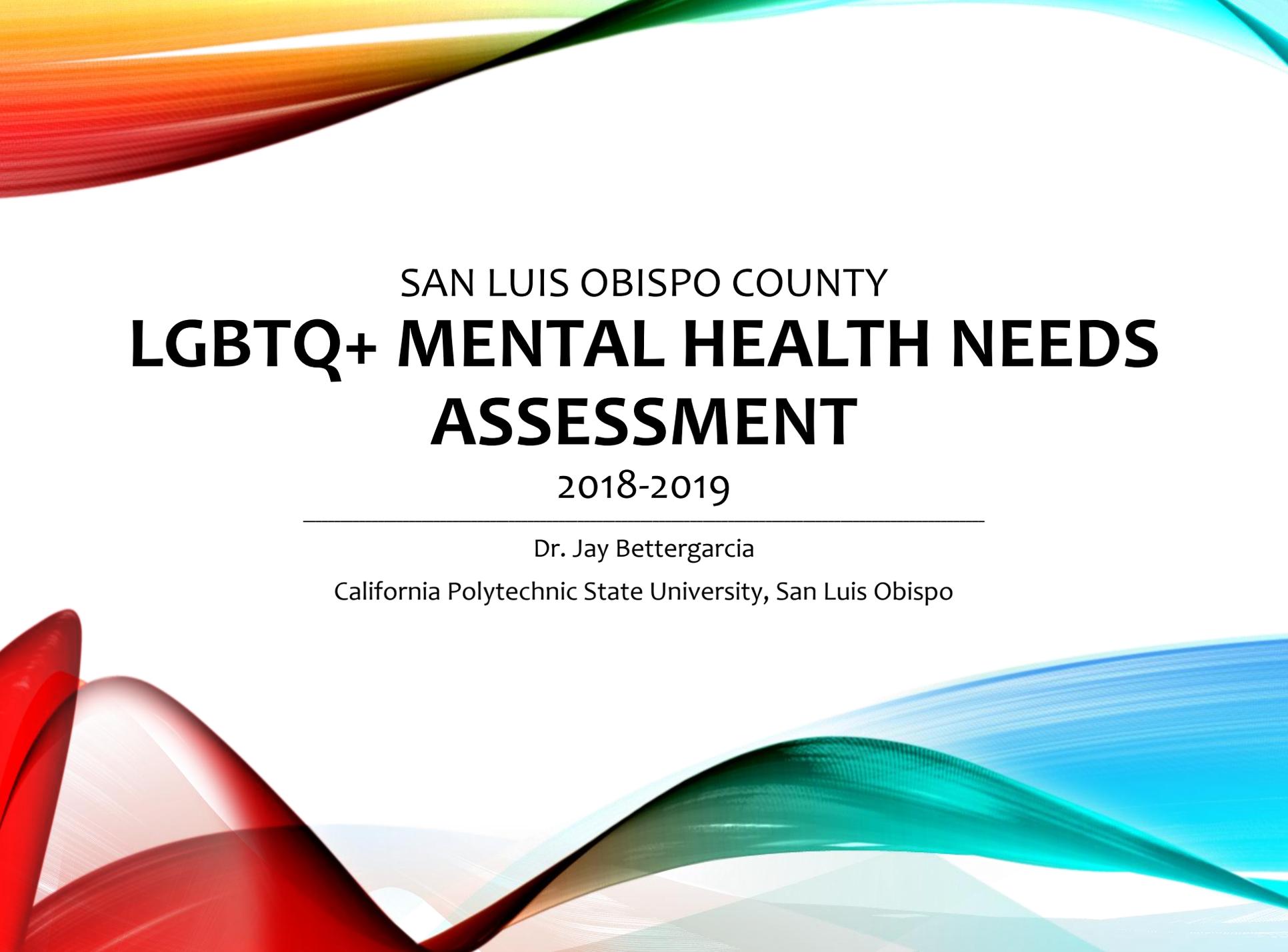
Integrated Access Case Managers



Prevention & Early Intervention (PEI)

- 1. Prevention Program** (SLOBHD/The Link, Center for Family Strengthening (CFS), CAPSLO, Cuesta College)
- 2. Early Intervention Program** (Community Counseling Center, TMHA, SLOBHD)
- 3. Outreach for Increasing Recognition of Early Signs of Mental Illness** (Public Health)
- 4. Access and Linkage to Treatment Program** (Wilshire)
- 5. Stigma and Discrimination Reduction Program** (SLOBHD, TMHA)
- 6. Improve Timely Access to Services for Underserved Populations Program** (SLOBHD)
- 7. Suicide Prevention Program** (SLOBHD)





SAN LUIS OBISPO COUNTY
**LGBTQ+ MENTAL HEALTH NEEDS
ASSESSMENT**

2018-2019

Dr. Jay Bettergarcia

California Polytechnic State University, San Luis Obispo

OVERVIEW

Queer Community Action, Research, Education & Support

- Goals of QCARES to use research to facilitate policy, action, and change
- Needs assessment report is not the result (not the output)
- Report is the starting point for next steps (this is the input)

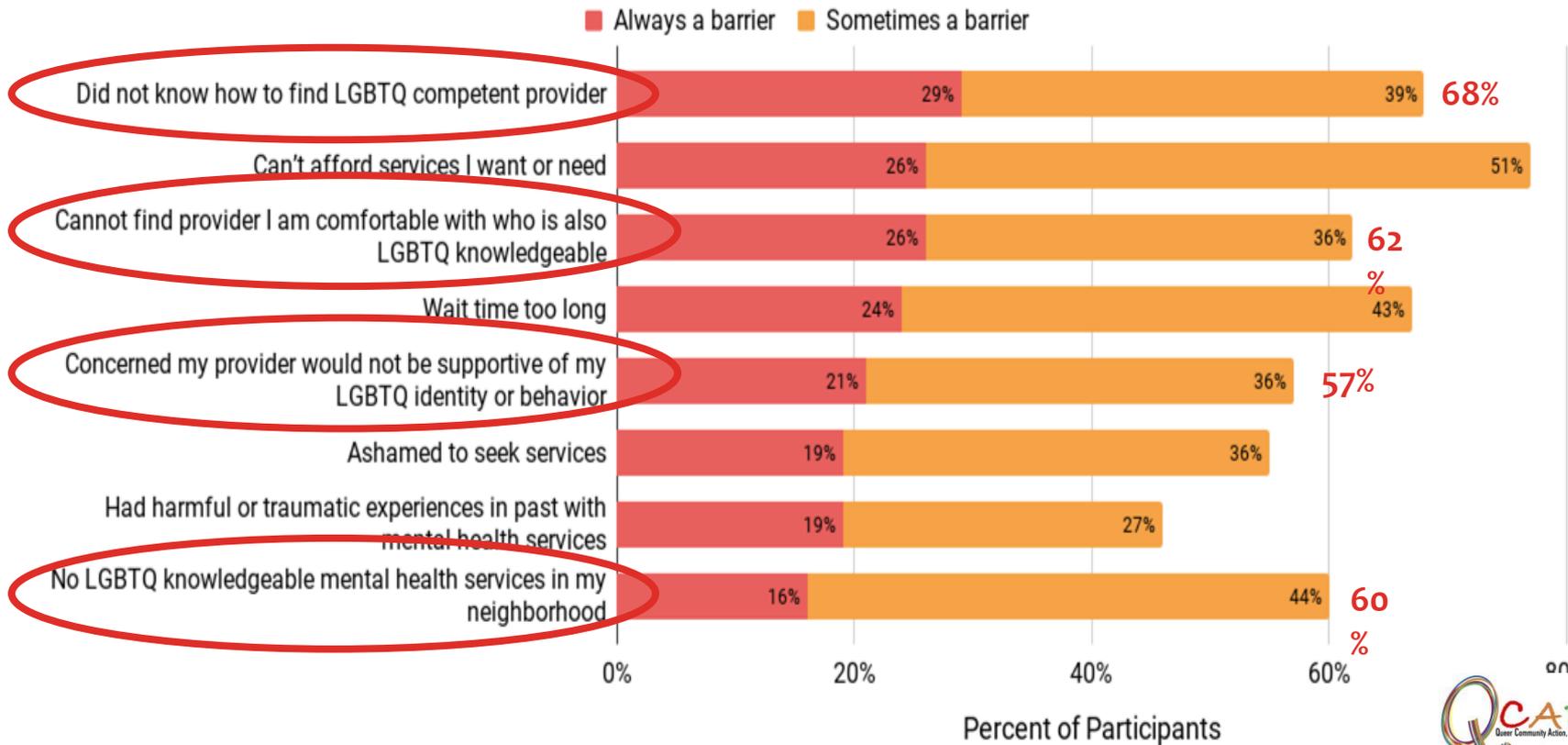


METHOD

- Mixed-method LGBTQ+ mental health needs assessment study included an online survey and six focus groups held across San Luis Obispo County.
- Participants included:
 - LGBTQ+ youth (14-17 years old) and adults (18+ years old)
 - San Luis Obispo County residents (some from Santa Maria)
- Data collection occurred between Spring of 2018 and Spring of 2019.

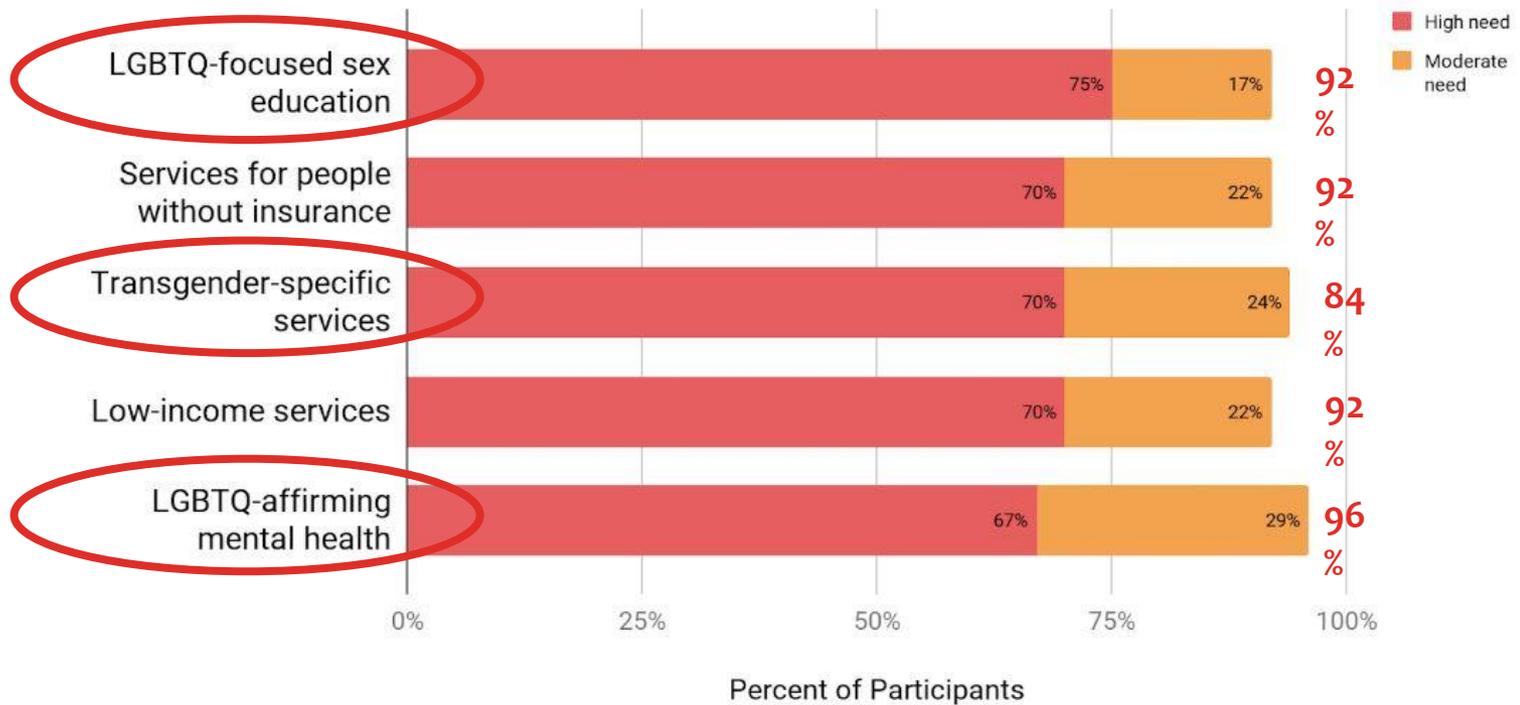


EXPERIENCES: BARRIERS TO SEEKING SERVICES



SUPPORT SERVICES NEEDED

What support services are most needed to better serve the LGBTQ+ community?



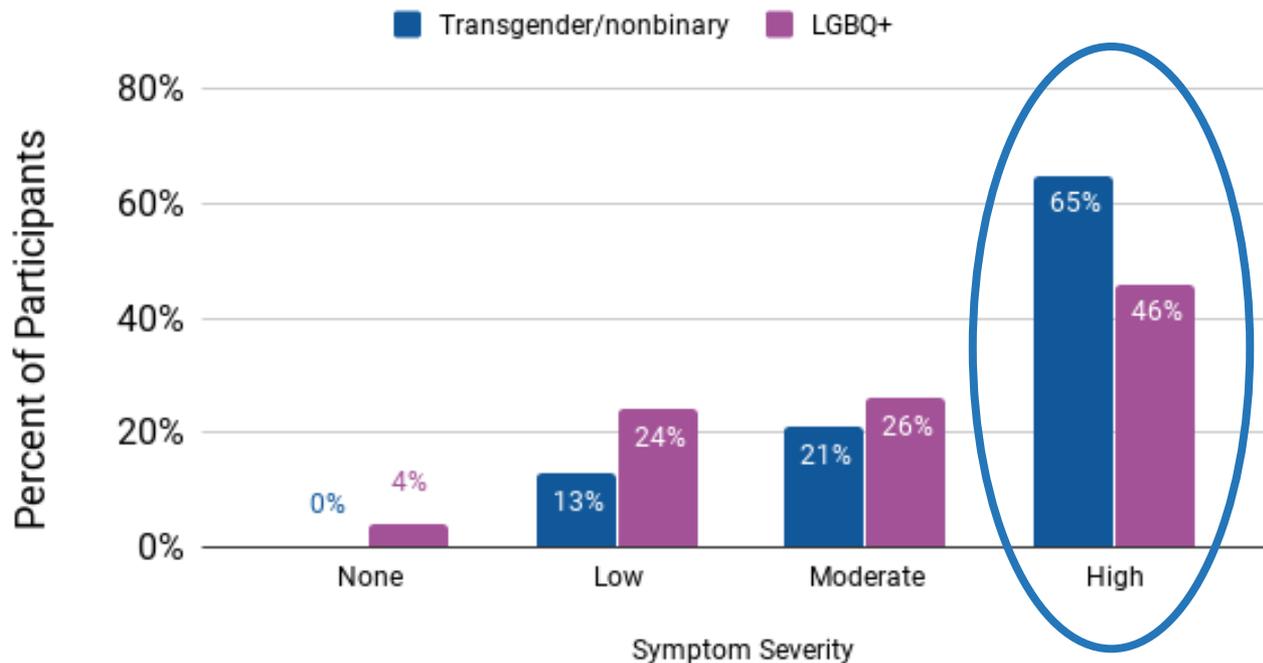
DISTRESS: PAST 30 DAYS

Percent of participants who felt _____ most of the time or all the time in the past 30 days		
Participants responding <i>most of the time</i> or <i>all of the time</i> to the following statements	Approximate %	
	Transgender/ nonbinary	LGBQ+
Nervous?	59% (<i>n</i> = 53)	38% (<i>n</i> = 128)
Hopeless?	23% (<i>n</i> = 21)	15% (<i>n</i> = 51)
Restless or fidgety?	48% (<i>n</i> = 43)	35% (<i>n</i> = 120)
So depressed that nothing could cheer you up?	24% (<i>n</i> = 22)	14% (<i>n</i> = 47)
That everything was an effort?	53% (<i>n</i> = 47)	30% (<i>n</i> = 101)
Worthless?	30% (<i>n</i> = 27)	17% (<i>n</i> = 60)

Note: Total transgender/nonbinary participants (*n* = 89-90) and total LGBQ+ participants (*n* = 340-343)

DISTRESS: SEVERITY OF DISTRESS

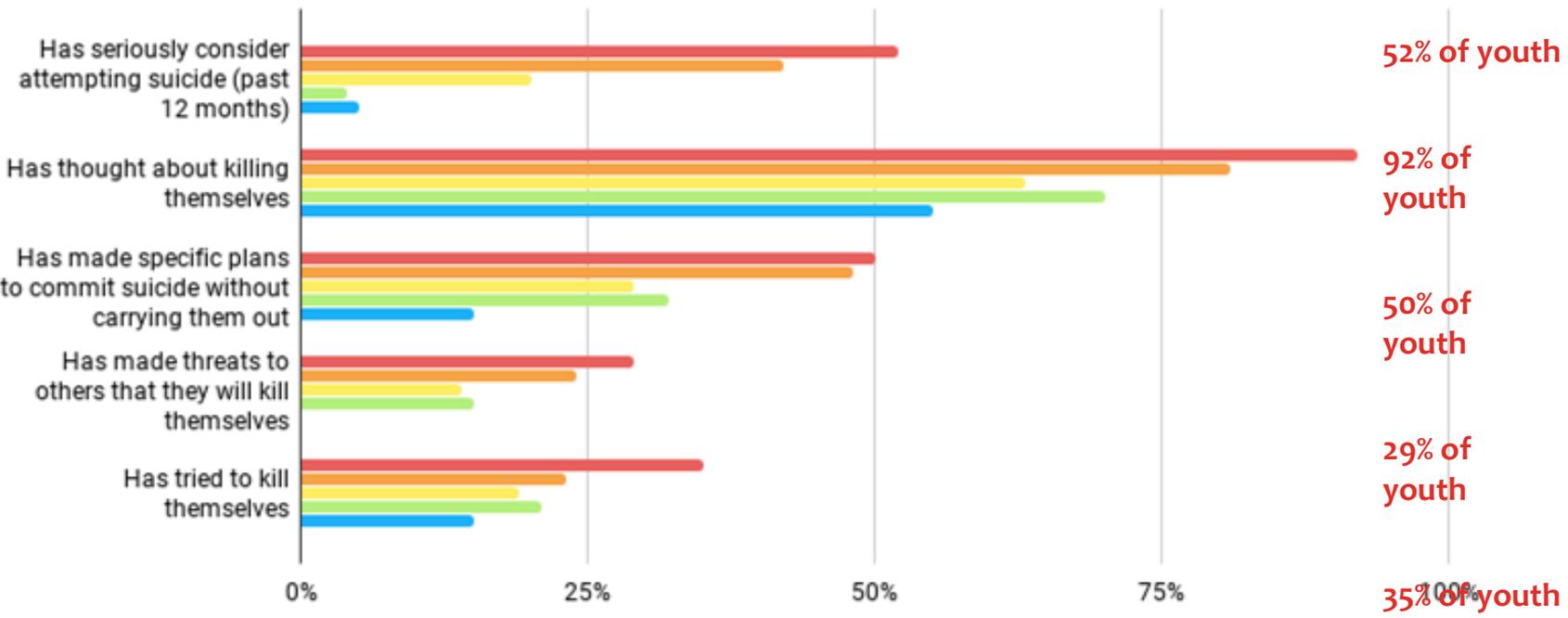
Prevalence of Psychological Distress



Note: Total transgender/nonbinary participants ($n = 89$) and total LGBTQ+ participants ($n = 329$)

DISTRESS: SUICIDALITY BY AGE

■ Ages 14-17
 ■ Ages 18-24
 ■ Ages 25-40
 ■ Ages 41-64
 ■ Ages 65+



Percent of Participants

Note: n = 296-297



COMMUNITY CONNECTEDNESS: GENERAL

General Community Connectedness		
Participants responding <i>somewhat agree</i> or <i>strongly agree</i> to the following statements <i>In my community...</i>	Approximate %	
	Transgender/ nonbinary	LGBQ+
There are people I can ask for help when I need it.	59% (<i>n</i> = 51)	74% (<i>n</i> = 243)
Most people try to make this a good place to live.	59% (<i>n</i> = 51)	69% (<i>n</i> = 228)
People trust each other.	35% (<i>n</i> = 30)	46% (<i>n</i> = 153)
Most LGBTQ people feel safe.	29% (<i>n</i> = 25)	29% (<i>n</i> = 94)
In general, people from my town work to solve our problems.	22% (<i>n</i> = 19)	40% (<i>n</i> = 130)
In general, I have found that people pull together to help each other.	45% (<i>n</i> = 39)	58% (<i>n</i> = 192)
When someone moves here, people make them feel welcome regardless of their identities.	26% (<i>n</i> = 23)	35% (<i>n</i> = 114)
You can meet others of different sexual orientations/gender minorities.	59% (<i>n</i> = 51)	56% (<i>n</i> = 183)

Note: Total transgender/nonbinary participants (*n* = 86-87) and total LGBQ+ participants (*n* = 327-330)

MINORITY STRESS: VIGILANCE & VICARIOUS TRAUMA

Vigilance		
Participants responding <i>somewhat applicable to me or applies to me a lot to the following statements</i>	Approximate %	
	Transgender/ nonbinary	LGBQ+
Watching what you say and do around heterosexual people.	79% (n = 67)	62% (n = 201)
Pretending that you are heterosexual.	31% (n = 26)	35% (n = 112)
Hiding your relationship from other people.	31% (n = 27)	29% (n = 94)
Avoiding talking about your current or past relationships when you are at work.	42% (n = 36)	42% (n = 136)
Hiding part of your life from other people.	64% (n = 56)	60% (n = 195)

Vicarious Trauma		
Participants responding <i>somewhat applicable to me or applies to me a lot to the following statements</i>	Approximate %	
	Transgender/ nonbinary	LGBQ+
Hearing about LGBT people I know being treated unfairly.	84% (n = 73)	68% (n = 216)
Hearing about LGBT people I don't know being treated unfairly.	89%(n = 77)	82% (n = 260)
Hearing about hate crimes (e.g. vandalism, physical or sexual assault) that happened to LGBT people you don't know.	89%(n = 77)	83% (n = 263)
Hearing other people being called names such as "dyke" or "fag".	70% (n = 61)	59% (n = 186)
Hearing politicians say negative things about LGBT people.	91% (n = 79)	88% (n = 276)
Hearing someone make jokes about LGBT people.	94% (n = 82)	82% (n = 260)

Note: Total transgender/nonbinary participants (n = 84-87) and total LGBQ+ participants (n = 313-335)

RECOMMENDATIONS

Organizations and agencies should attempt to identify areas for growth and change to help support LGBTQ+ mental health and wellness

- **Routine process of self-assessment** to understand climate and needs of those they serve & their employees
- Implementation of **policies & practices** that are inclusive of LGBTQ+ individuals to ensure equity and compliance with local, state, and federal law.
- Identified **liaison(s) to ensure oversight** of these policies, practices, and efforts

RECOMMENDATIONS

Trainings to promote LGBTQ+ affirming practices for mental health providers, agencies, and community organizations

- Providers also need to develop an **increased awareness** of their own beliefs and biases about sexual orientations and gender identities, including heterosexist, binary, and cisgender norms.
- Being LGBTQ+ friendly and supportive is important, however, providers and agencies need to have the **knowledge, awareness, and skills** to work with LGBTQ+ people.

RECOMMENDATIONS

Transgender and nonbinary community members are in need of more affirming mental health support

- Providers rated as **less knowledgeable and affirming**.
- TGNB participants report more **negative mental health outcomes**.
 - Higher psychological distress, depression & anxiety, suicidality, minority stress, internalized stigma & less community connectedness.
- Trainings need to include emphasis on transgender and nonbinary identities



RECOMMENDATIONS

Suicide prevention efforts need to purposefully include LGBTQ+ community members

- **LGBTQ+ specific crisis services** are integral to suicide prevention efforts (Goldbach, Rhoades, Green, Fulginiti, & Marshal, 2019).
- Outreach and crisis services should be **tailored and targeted** toward LGBTQ+ communities.
- Suicidal prevention trainings should include a **specific LGBTQ+ component**.

RECOMMENDATIONS

Increased support services for LGBTQ+ youth are necessary

- An increased focus on **LGBTQ+ youth services** is needed in San Luis Obispo County
- Approximately **52% of LGBTQ+ youth** report having seriously considered attempting suicide.
- **LGBTQ+ affirming support groups and safe spaces** are needed to support connection with peers, particularly at school and in their communities.

RECOMMENDATIONS

LGBTQ+ affirming community spaces are needed to increase feelings of safety and community connectedness

- **Community connectedness serves as a buffer** between perceived stigma, depression, and suicidal behavior (Kaniuka et al., 2019)
- **Funding, resources, and staffing** are needed for local LGBTQ+ organizations and for agencies that disproportionately serve LGBTQ+ individuals. Resources are also needed to **support LGBTQ+ initiatives** across agencies and organizations
- **Support for the LGBTQ+ community should be displayed prominently** and meaningfully in public and private spaces to increase feelings of safety, belonging, and connection.

RECOMMENDATIONS

A database of LGBTQ+ affirming services and providers is needed to reduce barriers to seeking care

- Many participants noted the **difficulty of finding affirming providers** as a barrier to accessing mental health care.
- **Well-organized, searchable, up-to-date directory** is needed to increase access to mental health care.
- Careful **monitoring, vetting, and screening** will be needed to ensure robust database.

THANK YOU !

Community Liaisons

Anne Robin
Barry Johnson
Danielle Friedrich
Doug Heumann
Ellen Sturtz
Erica Andrade
Erika Duran
Frank Warren
Hilary Lawson
James Statler
Jane Lehr
Joe Stewart
John Elfers
Julie Baker
Kayla Wilburn
Meghan Madsen
Michelle Call
Nancy Sutton
Nestor Veloz-Passalacqua
Rob Diaz
Samuel Byrd
Susan Gairan
Trista Ochoa

Amanda Shrewsbury, B.S.

Lab Manager

Bailey Arthur, B.S.

Research Assistant

Hayley Rostek

Research Assistant

Emma Wedell, B.S.

Lab Manager

Karen Shoriz, B.S.

Research Assistant &
Previous Lab Manager

Bonnie Rose Thomson

Research Assistant

Elissa Feld, M.P.P.

Project Coordinator

Sophia Renteria, B.S.

Research Assistant

Hannah Finn

Research Assistant

*Thank you to the many QCARES alumni who have graduated but
contributed extensively*

Community Organizations

Access Support Network
Allan Hancock College
Cal Poly Pride Center
Central Coast Coalition for Inclusive Schools
Community Counseling Center
Community Action Partnership of San Luis Obispo
Cuesta College
Gay and Lesbian Alliance
House of Pride & Equality
LGBTQ+ High School Clubs
Peer Advisory and Advocacy Team
The Queer Crowd
Queer SLO
RISE
San Luis Obispo County Behavioral Health
Sierra Vista Regional Medical Center
SLO Bike Kitchen
SLOQueerdos
Transitions-Mental Health Association
Twin Cities Community Hospital
Tranz Central Coast
5 Cities Hope
#Out4MentalHealth Task Force

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- Access the full report:

[http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHSA\)/Prevention-and-Early-Intervention-\(PEI\)/FY-18-19.aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/Prevention-and-Early-Intervention-(PEI)/FY-18-19.aspx)

Innovation (INN)

Fiscal Year 16-20

- **COLEGA** (Stand Strong/Women's Shelter)
- **Late Life Empowerment & Affirmation Project** (Wilshire)
- **Transition Assistance & Relapse Prevention** (TMHA)
- **Not for Ourselves Alone: Trauma Informed County** (SLOBHD)



Fiscal Year 19-23 (Proposed to the State)

- **Holistic Adolescent Health**
- **SLO Threat Assessment Program**

Fiscal Year 18-22

- **3-by-3** (First 5)
- **SLO ACCEPTance** (Cal Poly)



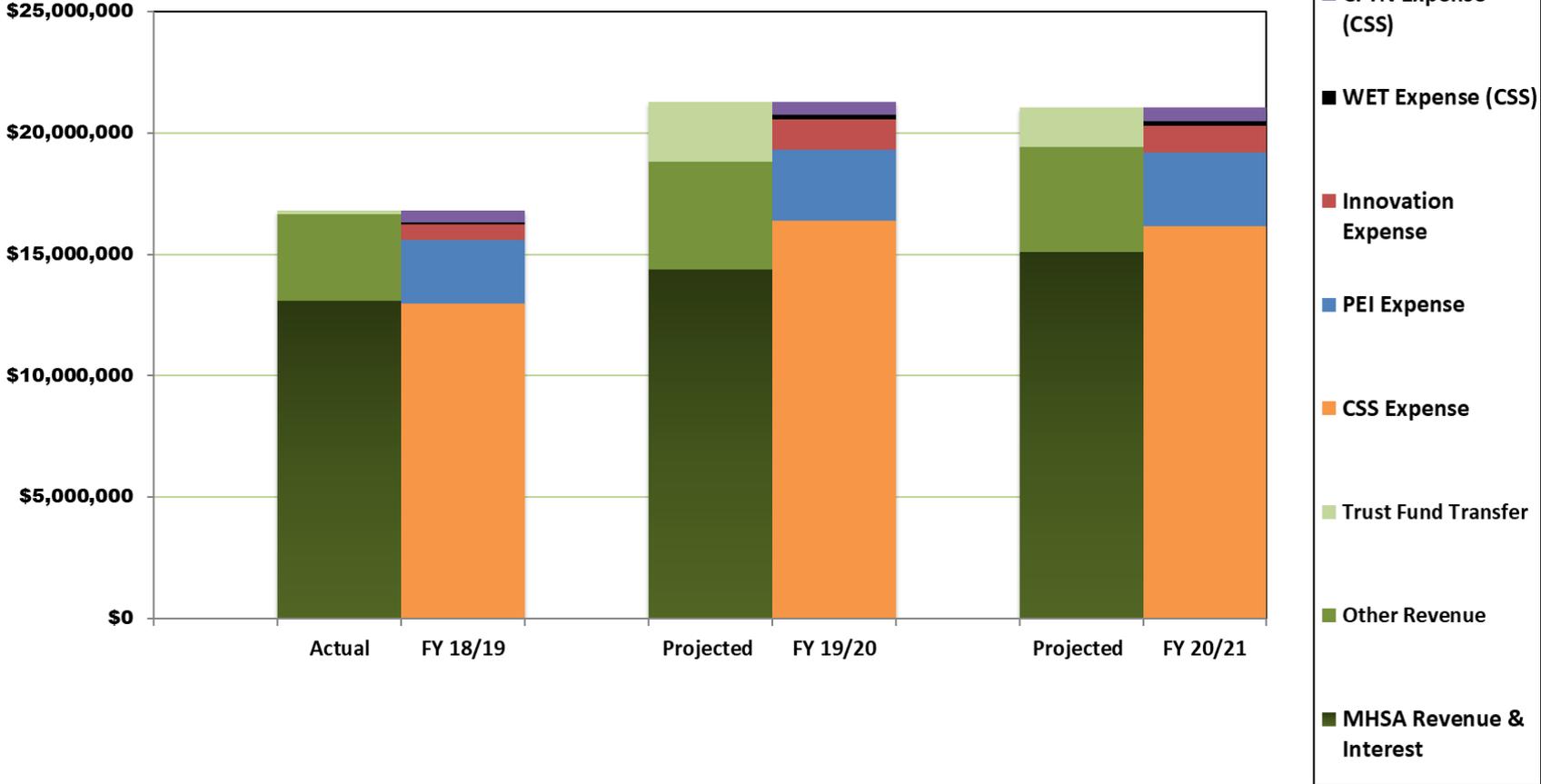
Innovation (INN)

- **Innovation Round 2019-2023**
- **Estimated budget for all four-years of INNnovation is about \$1.5M**
- **Equals roughly to \$375 per year (for all approved projects)**
 - SLO Threat Assessment Program (SLOTAP)
 - Holistic Adolescent Health



MHSA Fiscal Update

MHSA Revenue and Expenses FY 18/19 – Projected FY 20/21



MHSA Fiscal Update

- **Actual 2018-2019**
 - 16.6M in revenue; 16.8M in expense
 - Trust fund covers gap on an as-needed basis
- **FY 2019/20 Adopted Budget is \$20.3M (MHSA \$16.1M/Other Revenue \$4.2M)**
 - CSS: \$15.5M
 - PEI: \$2.9M
 - INN: \$1.27M
 - WET: \$188K
 - CFTN (Electronic Health Record Support): \$518K
- **Fund Balance 07/01/2019 (excluding PR) = \$11,456,955**
- **CSS Update:**
 - Full Service Partnership Majority of CSS Funding (51%)
 - FY 19/20 current budget approximately 43%
- **PEI Update:**
 - No additional funding is available at this time.



MHSA Fiscal Update

- **CSS Update:**

- Full Service Partnership Majority of CSS Funding (51%)

- **PEI Update:**

- \$196k of additional funding available for new or expansion of current programs.



Old Business

Request for New or Additional Funding

- **Adult FSP Expansion (TMHA)**
 - **+ .5 FTE Peer Mentor**
 - **+ .40 FTE Medication Manager**
- **+ .5FTE Veteran's Outreach Coordinator (BHS) to PEI**
- **Older Adult FSP Psychiatry (Wilshire)**

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New Business

- **Integrated Community Wellness Advocates**
 - **Family Advocate Expansion – PEI (TMHA)**
- **Family Education, Training, and Support**
 - **Parent Connection Expansion – PEI (CFS)**

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New Business



MENTAL HEALTH SERVICES ACT
FISCAL YEAR 2019/20
ANNUAL UPDATE
TO THE THREE-YEAR PLAN

Draft Posted for 30-Day Review
October 21 – November 19, 2019



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Updates

- **Justice Division DM**
- **No Place Like Home**
- **Youth Crisis Triage Grant**
- **Clinician at 40 Prado Homeless Center**
- **Prudent Reserve Money**



Upcoming Meeting

Wednesday, January 29, 2020

INNovation Stakeholders
3:00pm – 4:00 pm

MHSA Advisory (MAC)
4:00pm-5:30pm

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