

*San Luis Obispo County
Mental Health Services Act*



**Annual Update to the
Three -Year
Program and Expenditure
Plan
Fiscal Year 2011-2012**

Submitted for Public Review
March 15, 2011

Submitted to CA
Department of Mental
Health
April 15, 2011

**San Luis Obispo County
Behavioral Health
Department
2180 Johnson Ave.
San Luis Obispo, CA 93401**



**San Luis Obispo County
Behavioral Health Department**

Mental Health Services Act Annual Update FY 11/12

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COUNTY SUMMARY SHEET

This document is for the County's use only and is intended to provide direction regarding the exhibits that should be included based on the type of request being submitted (i.e. annual update, update, etc.). This enclosure does not need to be included in an annual update/update request.

	Exhibits																							
	A	B	C ¹	D ²	D1	D2	D3	D4	E	E1	E2	E3	E4	E5	F1 ³	F2 ³	F3 ³	F4 ³	F5 ³	F6 ³	G ⁴	H ⁵	I ⁶	
For each annual update/update:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>															
Component																								
<input checked="" type="checkbox"/> CSS					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> WET						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input type="checkbox"/>								
<input checked="" type="checkbox"/> PEI							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/> INN								<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input type="checkbox"/>						
<input checked="" type="checkbox"/> CF														<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> TN														<input checked="" type="checkbox"/>						<input type="checkbox"/>				

¹Exhibit C is only required when submitting an annual update.
²Exhibit D is only required for program/project elimination.
³Exhibit F1 - F6 is only required for new programs/projects.
⁴Exhibit G is only required for assigning funds to the Local Prudent Reserve.
⁵Exhibit H is only required for assigning funds to the MHSA Housing Program.
⁶Exhibit I is only required for requesting PEI Training, Technical Assistance and Capacity Building funds.

COUNTY CERTIFICATION

Components Included:

County: San Luis Obispo

- CSS
- CF
- PEI
- WET
- TN
- INN

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Karen Baylor, PhD., LMFT
Mental Health Director/Designee (PRINT)

Karen Baylor 4/18/11
Signature Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Luis Obispo

30-day Public Comment period dates: 3/15/11 – 4/14/11

Date: March 15, 2011

Date of Public Hearing (Annual update only): 4/14/11

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>San Luis Obispo County’s MHSa Advisory Committee (MAC) is comprised of community stakeholders, including members of the advisory Mental Health Board, service partners, consumers, providers, and San Luis Obispo County Behavioral Health Department (SLOBHD) staff. This group has been in existence since planning for CSS began in 2004. The individual members of the MAC also participate in MHSa stakeholder groups (i.e. Innovation Planning Team), various public mental health system groups (i.e. the Peer Advisory and Advocacy Team), and the Mental Health Board. In this past year the County assigned a new Manager to coordinate MHSa programs (Frank Warren) and he has worked with each MAC participant via these ongoing stakeholder processes in developing this year’s Annual Update. The agendas of these meetings have included an overview of Community Services and Supports, reports of the Prevention and Early Intervention programs, the status report of Workforce Education and Training, Housing, Capital Facilities and Information Technology, and discussion regarding the Innovation Plan, which was put forth and approved during the Annual Update development period.</p> <p>A “MHSa Summit” was held December 10, 2010 which gathered MAC members, county staff, community providers, and consumers working in each of the MHSa components. The main focus of this meeting was to outline the plans and progress of each MHSa work plan, and to discuss any changes and needs in preparation for the 2011-2012 Update. Critical reductions in CSS and PEI funding amounts and the projections of allocations for future MHSa funds were discussed and members had the opportunity to ask questions and provide valuable input. The Behavioral Health Chief Fiscal Officer provided an overview of the county’s budget issues and an update on the state budget. In light of the fiscal challenges and the reality of having to reduce or discontinue services in future years, the MHSa Division Manger presented objectives for tracking outcomes and documenting program progress. Summit participants provided a review of the current operating status, progress and efficacy of each Work Plan, CSS, WET and PEI data and community needs, and assessments of how the County is meeting the needs of the most unserved - or underserved populations.</p> <p>As part of the Summit’s goals, surveys were conducted amongst stakeholders to gather input on satisfaction and perceived success rates amongst the various MHSa programs. Consumers attending public MHSa events were engaged to provide feedback on a wide array of MHSa services ranging from stigma reduction campaigns to Innovation proposals, to County performance and quality improvement monitoring polices.</p> <p>Since several meetings have been held with PEI, INN, WET and CSS stakeholder groups both formally and informally over the past year, the MAC will now meet during the Annual Update 30-day review process (March 24, 2011) to review the update and plan, and discuss any recommendations for changes not already reflected within the document.</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

The MAC, and other MHSA stakeholder groups contributing to the CPP, is comprised of all MHSA required and recommended stakeholder groups. The Committee includes the following agencies/communities: consumers, family members, contract providers of public mental health services, representatives from diverse communities, law enforcement, probation, education, health care, social services, San Luis Obispo County Board of Supervisors, and SLOBHD staff. The following list includes a representative sampling of the approximate 100 stakeholders involved in this Annual Update's CPP over the past year:

First	Last	Agency Affiliation	Population Represented	Age	Race/Ethnicity	Client/Family Member Affiliation	Primary Language Spoken
Karen	Baylor	SLOBHD	All	Adult	White		English
Scott	Black	Dept. of Rehabilitation	Adults	Adult	White		English
Jill	Bolster-White	TMHA	Adults	Adult	White	C/F Programs	English
Tyler	Brown	MH Board	All	Adult	White		English
Tracey	Buckingham	DSS	All	Adult	White		English
John	Byers	PAAT	Adults	Adult	White	C/F Programs	English
Darryl Ian & Lauri	Elliott Fenwick	PAAT NAMI	Adults All	Adult	White	C/F Programs	English
Roger Jackie	Gambs Garza	NAMI TMHA	All All	Adult	White Latina	C/F Programs	English Spanish
Joyce	Heddleson	MH Board	All	Adult	White	C/F Programs	English
Henry Jill	Hererra Heuer	TMHA COE	Adults Youth	Adult	Latino White	C/F Programs	Spanish English
Norma	Hoffman	MH Board	All	Adult	White	C/F Programs	English
Janice Reggie Ron	Holmes Holmes Huxley	TMHA Homeless Outreach Kinship Center	Adults All Youth	Adult	White African American White	C/F Programs	English English English
Barry Deborah Jan Silvia Ian David Jim Carly Jesse	Johnson Linden Maitzen Ortiz Parkinson Riestter Salio Smoot Sostrin	TMHA SLOPD Link Latino Outreach Sheriff MH Board Probation Friday Night Live Wilshire Cmnty Svcs	All All Youth All All All All Seniors	Adult	White White White White White White White	C/F Programs	English English English Spanish English English English English
Lex	Sotelo	Family Care Net	Youth	TAY	White	C/F Programs	English

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

No programs are being consolidated or eliminated in this Annual Update.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The MHSA FY2011/12 ANNUAL UPDATE was circulated using the following methods:

- An electronic copy was posted on the County’s MHSA website:
<http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm>
- Paper copies were sent to San Luis Obispo County Public Library resource desks throughout the County.
- Electronic notification was sent to all SLOBHD staff and provider locations with a link to the website announcing the posting of this Update.
- Mental Health Services Act Advisory Committee, Mental Health Board members, and other stakeholders were sent notice informing them of the start of the 30-day review, and how to obtain a copy of the annual update.
- An informational meeting was held at the Mental Health Board meeting of March 16, 2011.
- A public hearing was conducted at the San Luis Obispo County Health Agency Campus on April 14, 2011.

The public was notified by:

- Public notice posted at each SLOBHD location, as well as each County Library, directing citizens to the County Mental Health website to obtain the Update, or to the front desk reception at each location.
- Public Notices were also placed in the major daily newspaper, the San Luis Obispo Tribune. The notice included reference to county website and a phone number for requesting a copy of the annual update.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

The public were invited, along with staff and partners within the public mental health system, to provide feedback and comments regarding the Annual Update. San Luis Obispo County’s Behavioral Health Department received one written response to this request. A public hearing was held on April 14, 2011 on the Health Agency Campus in San Luis Obispo. Two individuals from the community attended, and no substantive comments were made or received on written comment sheets provided by the County.

The written feedback was provided by a community homeless services advocate, representing the Homeless Services Oversight Council. This feedback included a concern that the Update does not include “information regarding the number of high utilizers that have been served or those with co-occurring disorders” in CSS programs. Additionally, the advocate expressed concern that the Annual Update does not include descriptions of how the programs are reaching target populations. The community stakeholder recommends the County use the Update to make a “reference to program procedures in place to ensure that members of all of the target populations are served.” Furthermore, the County should “maintain accessible local data of the number of individuals served in each of the target populations.”

Although no substantive changes were made to the Annual Update, the County will continue to develop data collection and reporting systems beyond the requirements of the Annual Update in order to keep our public well-informed of MHSA program progress. Stakeholders providing feedback to MHSA plans and reports are invited to participate in community planning and advisory processes.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

County: San Luis Obispo
Date: March 15, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County’s implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County’s approved Plan, any key differences, and any major challenges.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- WET
- PEI
- INN

All CSS, PEI, and WET component plans were launched during or prior to FY 09/10. All programs are proceeding in accordance to the original plan, with changes or differences reported herein. The Community Planning Process for Innovation was launched in FY09/10, and the Plan was approved in FY 10/11, with most parts of the plan to be started in FY 11/12.

Community Services and Supports:

CSS Programs continue to expand and enhance the County’s mental health system, as designed in the original approved plan. Programs are being monitored and adjusted as part of ongoing performance and quality improvement. CSS providers, both County and community-based organizations, are committed to strategies which enhance the wellness and recovery for the county’s most severely mentally ill and underserved populations. Some key successes include:

- The Department served 210 individuals (exceeding its target of 136) in 09-10 through child, transitional-age-youth, adult, and older adult Full Service Partnership..
- One Adult FSP is included as part of the Behavioral Health Treatment Court (BHTC); serving adults, ages 18 to 60, with a serious and persistent mental illness, on probation, and who have had mental health treatment as part of their probation requirements. Diane, a client in the Department’s Behavioral Health Treatment Court Full Service Partnership, recently addressed a letter to her peers and future consumers, in which she writes:

“When I started the program I had the same attitude that a lot of those who are newcomers may have. I thought that the doctors were somewhat “QUACKS.” I thought I’m only going to do this to get off probation and then never take the meds again. Let me just say if these sort of thoughts are running through your head, it’s pretty common. Be honest of these of thoughts and feelings with the team, your judge and your doctor. They will help you sort through these things. With meds, hard work and a lot of support, as time went on I became much more healthy mentally and physically. With HEALTH came AMBITIONS and GOALS like, STAY SOBER, OBTAIN HOUSING, earning my G.E.D. and further my EDUCATION, JOB TRAINING for better EMPLOYMENT, CUSTODY of my son, ESTABLISH FAMILY RELATIONSHIPS, GRADUATE the program, TERMINATE PROBATION, FIX CRIMINAL BACKGROUND, LOSE WEIGHT that I gained from sobriety and meds. Believe it or not I reached every one of these goals and many more. It was not easy, it is very hard but life is hard and if you learn how to be honest with yourself and the team all the help and support you will ever need is surrounding you within this program. Which I owe a HUGE THANK YOU to and I DEDICATE everything to the team, probation and the judges who believed in me even when I fell. Thank you for not knocking me back down. “

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

- Reflective of the efforts of CSS strategies, such as the Latino Outreach Program, County penetration rates continue to improve. The County moved up in its EQRO penetration rate ranking amongst other counties in FY09/10.

Prevention and Early Intervention:

The PEI launch kicked off in September 2009 with a community training and networking event to introduce the new programs, connect providers, and build the capacity of the entire community around prevention and early intervention in mental health services. The County's PEI goal is to increase resiliency by addressing risk, and building protective factors which promote positive mental health - reducing the negative impact of mental illness. MHSA funds are being used for projects which address youth, parents, older adults and systems which impact the mental health and well-being of the community. The implementation of PEI programming represents a significant shift in mental health programming for San Luis Obispo County. Successes include:

- In its first year SLOtheStigma (www.SLOtheStigma.org) was created as the signature campaign of all PEI programs in the county. The stunning documentary and highly-viewed website have become synonymous with mental health activities throughout the county. In its first year the campaign made nearly 6 million media impressions (combing press, billboards, ads, websites, live events, etc.).
- The Student Assistance Programs launched as part of the School-Based Student Wellness project made tremendous impacts on middle schools and children in important developmental transitions throughout the county. One of the middle school principals wrote the following:

"This year, the addition of a prevention counselor, family advocate, and youth development programmer has helped to positively change the environment of the school. Within a matter of weeks, all of these people were fully incorporated into our daily activities here at the school as a part of our staff. Teachers were quick to appreciate the support they received with students they felt were at risk. The prevention counselor was able to serve a large percentage of our student population through the facilitation of groups within the school day. In addition, she worked with students individually and met with teachers and parents to educate, mediate, and provide aide to students and families. Our family...worked tirelessly to develop relationships with families and to identify with those students and families who most needed her services. Teachers were often the first to express concern about a student, and were greatly relieved when they knew that students were getting help not only at school, but outside as well. The youth development program was effective in drawing in those students who were "flying under the radar". These were the students who weren't involved in many activities and were often "drifting" through middle school. "

- Through its Early Care and Support for Underserved Populations project, the county's PEI program provides self-sufficiency supports for high-risk transition-aged youth, depression screening and supports for older adults, and outreach and engagement services to Latino communities. 85% of participants surveyed (averaged amongst all programs) indicate improved quality of life, increased coping skills, and an increased sense of well being through participation in services.

Workforce, Education and Training:

WET activities were launched in FY 09/10 and immediately began providing support and opportunities to develop a stronger, more culturally competent workforce in the county's public mental health system. The component's three-year plan included efforts to build new learning opportunities at the local community college, develop a scholarship to support behavioral health learners, and efforts to increase cultural training amongst the entire community. Some successes included:

- The launch of the Peer Advisory, and Advocacy Team (PAAT) in FY 09/10 provided the county with a consumer advisory council of mental health stakeholders. These consumers met throughout the year and held public forums to engage the community around stigma reduction and consumer capacity. PAAT members engaged in activities to enhance the mental health system, developing and implementing plans for: educating the community about mental health and recovery; eliminating or reducing stigma; advocating throughout the mental health system; educating individuals served and family members; and promoting the concept of wellness versus illness and focus attention on personal

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

responsibility and a balanced life, grounded in wholeness.

- Cultural Competence training was expanded throughout the county in FY 09/10 due to the WET goals and capacity to coordinate more extensive training. The most popular trainings included those focused on gender issues in sexual trauma, cultural issues in co-occurring disorder treatment, and working with military families.
- The introduction of scholarships for local learners in behavioral health fields was met with great enthusiasm. Ten awards, ranging from part time students receiving \$1200 to full time master's program candidates receiving \$5,000 were presented in FY 09/10.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

The following age-based issues were selected to be the targeted engagement criteria for all CSS programs:

1. Children, 0 to 17 years old that have one or more of the following characteristics:

- "High Utilizers" of the system - chronic history of 5150, psychiatric hospitalizations, ER visits, law enforcement involvement.
- Foster youth with multiple placements
- Risk of out-of-home placement
- In juvenile justice system

Three Full Service Partnership (FSP) teams work countywide conducting assessment, individual and family therapy, rehabilitation services focusing on activities of daily living, social skill development and vocational/job skills, case management, crisis services, medication evaluation and ongoing medication support. PEI funds support pre-school programs which support parents, engage children experiencing onset of issues, and school-aged youth throughout the county. These programs work in partnership with CSS providers to provide the county a continuum of care.

2. For Transition Age Youth, targeted age of 16 to 21, that have one or more of the following characteristics:

- "High Utilizers" of the system - chronic history of psychiatric hospitalizations, ER visits, law enforcement involvement, and/or group home/residence placement.
- Dually diagnosed with substance abuse
- Foster Youth with multiple placements, or aging out/have aged out
- Recently diagnosed (could come from identification via juvenile justice system)

Two FSP teams work countywide conducting assessment, individual, group and family therapy, vocational supports including skill building and job readiness, housing supports, financial and legal counseling, integrated co-occurring drug and alcohol services, case management, crisis services, medication evaluation and ongoing medication supports. Additionally, TAY clients are seen in community schools and are provided concentrated supports related to improving school outcomes and socialization. PEI funds support targeted efforts to engage TAY wards of the court and community school students experiencing early onset of mental health issues, providing counseling and job training.

For Adults, 18 to 59:

- At risk of involuntary institutionalization (jail, IMD placement), and include:
 - "High Utilizers" of the system - chronic history of psychiatric hospitalizations, ER visits, law enforcement involvement.
 - Dually diagnosed with substance abuse
 - Homeless

Three FSP teams countywide, along with other CSS programs, provide assessment, individual and group

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

therapy, housing supports, integrated vocational services, peer supports, integrated co-occurring drug and alcohol services, case management, crisis services, medication evaluation and ongoing medication supports. Services also include the Behavioral Health Treatment Court for clients on probation. PEI funds support outreach to homeless individuals and provide accessible counseling for those experiencing the onset of problems. WET funding supports system improvements to increase services for the dually diagnosed.

For Older Adults, ages 60+, that have one or more of the following characteristics:

- “High Utilizers” of the system - chronic history of psychiatric and medical hospitalizations, ER visits, law enforcement involvement.
- Homebound – unserved, not identified
- Homeless
- Presenting with mental health issues at their primary care provider

One FSP team conducts countywide assessment, individual and group therapy, integrated vocational supports, integrated co-occurring drug and alcohol services, case management, housing supports, medication evaluation and ongoing medication supports. PEI funds support outreach to older adults who are homeless, and services to several hundred older adults through expanded depression screening and peer counseling.

Individuals who are monolingual Spanish (or limited English) within each of these “situational characteristics” groups and/or individuals that are escalating in severity are given additional priority for enrollment. CSS and PEI funds support bilingual services throughout the continuum of care, and WET funds target several strategies for enhancing linguistic and cultural competency across the public mental health system.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	3597	White	6,234	English	6,880	LGBTQ	17,070
Transition Age Youth (16-25)	34,707	African American	9	Spanish	1,520	Veteran	7,510
Adult (18-59)	202,584	Asian	9	Vietnamese		Other	
Older Adult (60+)	15,606	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	2,330	Tagalog			
		Multi		Cambodian			
		Unknown	247,884	Hmong			
		Other	28	Russian			
				Farsi			
				Other	820		
				Unknown	247,274		

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

2. Provide the name of the PEI program selected for the local evaluation¹. N/A

PEI #2: School Based Wellness Project

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

Activity Name; Brief Description; Estimated Funding Amount²

Target Audience/Participants³

San Luis Obispo County has assigned PEI TTACB funds to CalMHSA, a Joint Powers Authority (JPA); joining cohort of other Counties to participating in a Learning Collaborative Project. This project seeks to address building of capacity to conduct effective evaluation of PEI Program services.

The goal is to learn effective skills for designing and implementing evaluations that achieve measurement of PEI outcomes. The methods learned will be shared with other counties and their community partners. Though Counties will be evaluating different types of projects, a common evaluation framework will be utilized and evaluation tools will be replicable in other counties not participating in this learning collaborative.

Estimated funding amount \$38,000.
Amount spent \$38,000.

The target audience for this technical assistance is the County's internal PEI coordination and evaluation team, led by Frank Warren (MHSA Manager/Coordinator) and Darci Rourke (PEI Administrative/Evaluation). This learning is shared with community partners and reported to the Mental Health Board taking part in PEI activities locally including:

- Middle schools participating in Student Assistance Programs
- Pre-school curriculum provider (Community Action Partnership of SLO County)
- Community LINK resource specialists
- Transitions Mental Health Association

¹ Note that very small counties (population less than 100,000) are exempt from this requirement.

² Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

³ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #1 Children and Youth Full Service Partnership

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	74			\$3,865
TAY	0			
Adults	0			
Older Adults	0			
Total	74			\$3,865
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			74	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	53	English	74	LGBTQ	
African American	2	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese		Unknown	74
Native American		Mandarin			
Hispanic	11	Tagalog			
Multi	6	Cambodian			
Unknown	1	Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>The target populations for the Children and Youth Full Service Partnership (FSP) program are male and female children and youth (ages 0 to 17) of all races and ethnicities, with severe emotional disturbance/serious mental illness (SED/SMI) 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 are ineligible for SB163 Wrap Around because they are not wards or dependents of the court.</p> <p>An integrated service partnership with the family, the Children and Youth FSP honors the family, instills hope and optimism, and achieves positive experiences in the home, in the school, and in the community. The Community Planning Process identified youth overall to be underserved, with one-half of the underserved population being Latino. This program increased access in 2009/10, provided age specific, culturally competent needs for the participants, and increased community collaboration. Collaboration with Spanish speaking therapists from the Latino Outreach Program remains successful in providing mental health treatment to identified youth as needed. Interpreters are available for those who speak other languages.</p> <p>San Luis Obispo County Behavioral Health has been a long time leader in the Children's System of Care and has initiated multi-agency partnerships for service delivery to youth. San Luis Obispo County Behavioral Health has integrated service delivery via community collaborations. Because of its capacity and local leadership, San Luis Obispo County has consistently served more children and youth than originally projected in the CSS plan.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no identified differences in the original scope, population or programming within the Children and Youth FSP. Additionally, there have yet to be any serious challenges as a result of the fluctuation in MHSA funding and overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:							
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <th style="width:33%;">FY 10/11 funding</th> <th style="width:33%;">FY 11/12 funding</th> <th style="width:33%;">Percent Change</th> </tr> <tr> <td>\$476,537</td> <td>\$634,415</td> <td>33%</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$476,537	\$634,415	33%	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$476,537	\$634,415	33%					
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

The funding change requested in FY 11/12 (+33%) is an accounting adjustment to correct a personnel shift that was not reflected in the last Annual Update due to the timing of the submission and a change in the classification of the staffing. This adjustment does not have any impact on scope of services; population served; or projected outcomes. Staff were moved between FSP programs over the past two years and the adjustment for the increase in salary and administrative costs based on personnel classification, and a change in Medi-Cal/EPSTD revenue projections, were not known in time for the adjustment to last year's update.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	55			\$11,535
TAY				
Adults				
Older Adults				
Total				\$11,535
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 55				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>The Children and Youth Full Service Partnership (FSP) program is modeled and built upon the strengths and success of the current Children's System of Care (SOC) program and the SB163 Wrap-Around Program. Services for participants 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 supports. The method of service delivery is driven by the family's desired outcomes. The services are provided in the home, school, and in the community. The services are provided in a strength-based, culturally competent manner and in an integrated and coordinated fashion. The core team includes the child and family, a mental health therapist, and a personal services specialist. The team also includes a psychiatrist, and program supervisor. Additional team members will include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change. Coordinated discharge planning to a lower level of care is an important element with discharge planning beginning upon admission.</p> <p>The target populations are male and female children and youth (ages 0 to 17) of all races and ethnicities, with severe emotional disturbance/serious mental illness (SED/SMI) 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 are ineligible for SB163 Wrap Around because they are not wards or dependents of the court. Collaboration with Spanish speaking therapists from the Latino Outreach Program has been successful in providing mental health treatment to identified youth as needed. Interpreters will be available for those who speak other languages.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A - This is not a consolidation of two or more programs.</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A - There is a funding request for FY 11/12.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #2 Transitional Aged Youth Full Service Partnership

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	56			\$2,079
Adults				
Older Adults				
Total	56			\$2,079
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			56	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	38	English	55	LGBTQ	
African American	4	Spanish	1	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese		Unknown	56
Native American		Mandarin			
Hispanic	8	Tagalog			
Multi	6	Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>The Community Planning Process identified TAY to be 62% underserved. The TAY FSP has advanced the goals of MHSA by expanding and increasing access to services that are age specific at this critical developmental stage. Each program participant meets with his or her own team to design a personal service plan which includes goals and objectives that address improving family relationships, securing housing, job readiness, educational success, independent skill building, increased knowledge and understanding of community resources, financial and legal counseling, as well as traditional mental health services. The increased collaboration has fostered self sufficiency, resiliency, and independent living.</p>
<p>The Transitional Aged Youth Full Service Partnership (TAY FSP) provides services for both males and females (ages 16 to 21) of all races and ethnicities, with serious emotional disturbances/serious mental illness (SED/SMI) with a chronic history of psychiatric hospitalizations, law enforcement involvement, co-occurring disorders and/or foster youth with multiple placements or are aging out of the Children’s System of Care. Collaborations with Spanish speaking therapists from the Latino Outreach Program are also available to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters are also available for those who speak other languages.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>The only significant difference in the program is a higher caseload than originally projected. In the original CSS Plan, the County projected a total of 20 clients per year within the TAY FSP. That number has increased to a projected 30 clients, and in FY09/10 that figure was at 56 TAY clients. This is partly due to the nature of the clients themselves: some of whom have left the area for work or school, or other reasons; some who have demonstrated less inclination to remain in services; and some who have been moved into recovery and support programs at a higher rate than other FSP age populations. There are no identified differences in the population or programming within the TAY FSP. Additionally, there have yet to be any serious challenges as a result of the fluctuation in MHSA funding and overall mental health funding.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$419,631</td> <td>\$410,812</td> <td>-2%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$419,631	\$410,812	-2%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$419,631		\$410,812	-2%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	30			\$13,694
Adults				
Older Adults				
Total				\$13,694

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **30**

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The priority issues for TAY were identified as: substance abuse, inability to be in a regular school environment, involvement in the legal system/ jail, and inability to work, and homelessness. The expected outcomes of this program are: increased school attendance and participation, reduced arrests and incarceration, increased success in home, work and school, and reduced substance abuse.</p> <p>Transitional Aged Youth (TAY) FSP provides wrap-like services and includes 24/7 availability, intensive case management, housing and employment linkages and supports, independent living skill development and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and incarcerations while providing a bridge to individual self-sufficiency and independence. Each participant meets with the team to design their own personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, and financial and legal counseling. Each participant receives medication support, case management, crisis services, therapy, and psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered, culturally competent treatment and empowerment, and promotes optimism and recovery for the future. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs.</p> <p>This TAY FSP is transformative and advances the goals of the MHSA by enhancing and expanding services that are relevant to TAY at this critical developmental stage. Each program participant meets with his/her team to design his/her personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, financial/legal counseling as well as traditional mental health services such as medication supports, crisis services, case management and therapy.</p>
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A - This is not a consolidation of two or more programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A - There is a funding request for FY 11/12.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #3 Adult Full Service Partnership

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0			
TAY	0			
Adults	64			\$23,998
Older Adults	0			
Total				\$23,998
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			64	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	60	English	64	LGBTQ	
African American	1	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese		Unknown	64
Native American		Mandarin			
Hispanic	3	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Adults 18-60 years of age with serious mental illness who are unserved, inappropriately served or underserved are at risk of institutional care because the traditional mental health system is not effective in engaging them or meeting their needs. They may be homeless, frequent users of hospital or emergency room services, involved with the justice system or suffering with a co-occurring substance abuse disorder. Priority populations are those individuals at risk of entering an IMD or jail who may also be dually diagnosed with substance abuse, homeless, frequent users of emergency room or hospital services or in frequent contact with law enforcement. Outreach and engagement strategies are used in a non-coercive way to offer intensive services to enable the individual to remain in the community. An individualized service plan (ISP) and Wellness and Recovery Plan is developed with every participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources. A Spanish speaking therapist is available in this program to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters are available for those who speak other languages.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. The only significant difference in the program is a higher caseload than originally projected. In the original CSS Plan, the County projected a total of 55 clients per year within the Adult FSP. In FY09/10 the actual number served was 64 Adult clients. This is partly due to the nature of the clients themselves: some of whom leave the area for work or other reasons; some who have demonstrated less inclination to remain in services; and some who have been moved into recovery and support programs. Additionally, in FY09/10 the County moved its Behavioral Health Treatment Court program within the Adult FSP teams resulting in a significant increase in the number of clients served. There are no identified differences in the population or programming within the TAY FSP. Additionally, there have yet to be any serious challenges as a result of the fluctuation in MHSA funding and overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,742,665</td> <td>\$1,700,144</td> <td>-2%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,742,665	\$1,700,144	-2%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$1,742,665		\$1,700,144	-2%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	55			\$30,912
Older Adults				
Total	55			\$30,912
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The first part of this project, the Adult FSP program, is based on the AB 2034 model and assertive community treatment approach to engage persons at risk. Outreach and engagement strategies have been used in a non-coercive way to offer intensive services to enable the individual to remain in the community. The overall goal of the program is to divert adults with serious and persistent mental illness from acute or long term institutionalization and instead, to succeed in the community with sufficient structure and support, which is consistent with the philosophy of the MHSA. The Adult FSP program provides the full range of services including assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication services, housing, and integrated vocational services. Participants can select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan and Wellness and Recovery Plan has been developed with each participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Participants will have access to the core team 24/7. Additionally, the team includes a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available in this program to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be available for those who speak other languages.</p> <p>The second part of this project, Behavioral Health Treatment Court (BHTC), serves adults, ages 18 to 60, with a serious and persistent mental illness, on probation, and who have had mental health treatment as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective engagement or in meeting their needs. They often have a co-occurring disorder, are homeless and have had multiple incarcerations through the criminal justice system. With the success of the full service partnership model, the treatment modality was transformed into a BHTC. The Mental Health Therapist forms a dyad with a Personal Services Specialist to provide the services in the community, outside of clinic settings. The Therapist and Personal Services Specialist enhance collaboration between the client, family members, and law enforcement.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A - This is not a consolidation of two or more programs.</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A - There is a funding request for FY 11/12.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #4 Older Adult Full Service Partnership

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0			
TAY	0			
Adults	0			
Older Adults	16			\$11,715
Total	16			\$11,715
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			16	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	15	English	16	LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown	1	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The Community Planning Process identified Older Adults (OA) to be 70% underserved.</p> <p>This OA FSP advances the goals of MHSA by expanding and increasing access to services that are age specific to OA. The services and supports are driven by recovery principles and encourage independence and meaningful activity utilizing natural supports for each participant. Participants are empowered to make their own decisions regarding treatment. Hope and optimism are important concepts throughout the recovery process. The goal is for recovery and a better quality of life. The priority issues for OA were identified as: isolation, homelessness, hospitalization, institutionalization, and substance abuse. The expected outcomes of this program are reduced hospitalizations and institutionalizations, decreased substance abuse, reduced isolation and homelessness.</p> <p>Priority populations are those individuals, male and females, that are 60 years or older of all races and ethnicities who are unserved or underserved by the current system, have high risk conditions such as co-occurring, medical or drug and alcohol issues, suicidal thoughts, suffer from isolation or homelessness, and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults, ages 55 to 59 years, are also served by this team if the service needs extend into older adulthood.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>There are no identified differences in the original scope, population or programming within the Older Adult FSP. Additionally, there have yet to be any serious challenges as a result of the fluctuation in MHSA funding and overall mental health funding.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$280,971</td> <td>\$337,863</td> <td>20%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$280,971	\$337,863	20%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$280,971		\$337,863	20%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	12			\$28,155
Total				\$28,155

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 12

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions to ensure that participants remain in the least restrictive setting possible through a range of services and supports based on each individual's needs. An intensive team provides outreach and engagement to OAs who are at risk of inappropriate or premature out-of-home placement due to a serious mental illness and, in many instances, co-occurring medical conditions that impact their ability to remain in home/community environments. The OA FSP core team consists of a Mental Health Therapist, and a Personal Services Specialist, who is medically licensed to better link with health care services. As in all other FSP teams, participants have access to the core team 24/7. Additionally, the team includes a drug and alcohol specialist, psychiatrist, and a program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available through the Adult FSP program, to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters are available for those who speak other languages.</p> <p>Because the older adult population is currently underrepresented in the treatment system, the team has been focusing on a foundation for improved services to elders. This team is a presence in the older adult service community and has established relationships with a variety of providers including primary care, Department of Social Services, board and care, non-profit services agencies, day health care, recreational services, acute care facilities and families who take an active role in care giving. The Personal Services Specialist collaborates with other community providers to outreach into the senior community to identify elders at risk.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A - This is not a consolidation of two or more programs.</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A - There is a funding request for FY 11/12.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #5 Client and Family Wellness Supports

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		20		
Adults		1053		
Older Adults		96		
Total		1169		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1169	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	986	English	1049	LGBTQ	16
African American	5	Spanish	3	Veteran	10
Asian	2	Vietnamese		Other	7
Pacific Islander	2	Cantonese			
Native American	3	Mandarin			
Hispanic	63	Tagalog			
Multi	0	Cambodian			
Unknown	108	Hmong			
Other	0	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
This work plan provides an array of services designed to facilitate and support wellness, recovery, and resiliency. Individuals using these services are men and women of all ages in the general SMI/SED population; and of all races and ethnicities who may be unserved or underserved by the system. Spanish speaking service providers employed through the contracted agencies, are available to assist in maintaining a continuity of care to participants in need. Interpreters for other languages are made available as needed.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no key differences or major challenges to report.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$878,483</td> <td>\$1,109,568</td> <td>26%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$878,483	\$1,109,568	26%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$878,483		\$1,109,568	26%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY			18	
Adults			994	
Older Adults			88	
Total				

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1100

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>Individuals and family members are able to access any of the following services through participation in one of the county CSS programs. The client-centered services are coordinated and integrated through individualized treatment plans which are wellness-focused, strength based and which support recovery, resiliency, and self-sufficiency. Individuals may utilize one or several of the components, dependent upon their concerns and goals.</p> <ul style="list-style-type: none"> o Housing activities include community and supportive housing for TAY and adult clients. Available to both FSP participants and others in general population. Supportive housing includes social worker/therapist, residential behavioral counselors, and case management. o Supportive employment and vocational training is provided through employment readiness classes and job placement. o Client and family-run support, mentoring and educational groups are conducted through the following programs overseen by a community-based organization: Peer to Peer is a 9-week experiential education course on recovery that is free to any person with a mental illness. It is taught by a team of 3 to 4 peer teachers who are experienced at living well with mental illness; Family to Family is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, their causes and treatments, as well as help and coping tools for family members who are also caregivers. A team of 2 family members teach the class. o The People Empowering People (PEP) Center is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI –sponsored educational activities are conducted here. o Client & Family Partners act as advocates, to provide day-to-day, hands on assistance, link people to resources, provide support and help to “navigate the system.” This strategy also includes a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services. o Caseload reduction therapists have been established two of the the Adult outpatient clinics. o A Co-occurring disorders Specialist provides an Integrated Dual Disorders Treatment program, developed by SAMHSA. The program endorses the “no wrong door” approach and ensures that every participant receives appropriate services regardless of how they enter the system. The Co-occurring Specialist provides intervention, intense treatment and education. Individualized case plans are specific to each client’s needs. o Network of Care for Mental Health is an online service that provides free access to a comprehensive service directory, updates on health, disease prevention treatment and well-being resources in an easy to access format.
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A - This is not a consolidation of two or more programs.</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A - There is a funding request for FY 11/12.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #6 Latino Outreach and Engagement

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		47		
TAY		92	2	
Adults		55	8	
Older Adults		2		
Total		196	10	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			206	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish	206	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	206	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the public planning process, is the under representation of Latino individuals. Latinos are 18% of the total county population, but they represent a total of 28% of the poverty population. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in our county reside in rural areas, thus exacerbating access, transportation, and information distribution difficulties associated with serving minority groups.</p> <p>Culturally appropriate services were developed and offered in collaborative community settings. Services are offered at schools, churches and other community gathering areas. The outreach efforts are coordinated with existing Latino interest groups, allies, and advocates that are trusted by the community. The individuals and families are encouraged and supported in developing a knowledge and resource base to help adapt to bicultural living; thus encouraging the development of coping skills to improve resiliency and recovery. Outreach services target all age groups in the Latino community.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no identified differences in the original scope, population or programming within the Latino Outreach Program. Additionally, there have yet to be any serious challenges as a result of the fluctuation in MHSA funding and overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$448,463</td> <td>\$441,574</td> <td>-2%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$448,463	\$441,574	-2%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$448,463		\$441,574	-2%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		44		
TAY		70	6	
Adults		46	2	
Older Adults		4		
Total		164	8	

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 172

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The primary objective of the Latino Outreach and Engagement Program is for bilingual/bicultural therapists to provide culturally appropriate treatment services offered in community settings. The targeted population is the unserved and underserved Latino community, particularly those in identified pockets of poverty in the north and south county areas, and rural residents. The ages of these male and female clients range from 0 to 60+ and are monolingual Spanish speaking or limited English speakers.</p> <p>Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY's and adults. The Latino Outreach Program has been successful in providing culturally sensitive services to the monolingual Spanish-speaking consumers in the County of San Luis Obispo. The program provides services to difficult-to-engage individuals and families. At all steps in the engagement process individuals, are encouraged and supported in developing knowledge and a resource base to help adapt to living among two cultures.</p> <p>Culturally appropriate services were developed and offered in collaborative, community settings. Services are offered at schools, churches and other community gathering areas. The outreach efforts are coordinated with existing Latino interest groups, allies, and advocates that are trusted by the community. The individuals and families are encouraged and supported in developing a knowledge and resource base to help adapt to bicultural living; thus encouraging the development of coping skills to improve resiliency and recovery. Outreach services target all age groups in the Latino community.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A - This is not a consolidation of two or more programs.</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A - There is a funding request for FY 11/12.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #7 Enhanced Crisis and Aftercare

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		92		
TAY		601		
Adults		629		
Older Adults		108		
Total		1430		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1430	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown	1430	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other	1430		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Enhanced crisis and response capacity was a top priority arising from stakeholder focus groups, surveys, public forums, interviews, and steering committee meetings. Stakeholder input helped develop the specific strategies to enhance crisis capacity components, to improve the overall service system and to improve outcomes for individuals and support the clients' families.
The Enhanced Crisis Response and Aftercare Program increased capacity to meet the needs of bilingual/bicultural individuals, increased access to rural areas, and made appropriate referrals to providers sensitive to sexual orientation and gender specific issues. All crisis workers received trainings in culture specific issues related to working with the Latino ethnic group, as well as training related to issues specific to sexual orientation and gender sensitivity. Collaborative, coordinated response resulted in better communication between all parties involved. The Enhanced Crisis Response Program provided increased access to emergency care, and prevented further exacerbation of mental illness. This resulted in fewer hospital and psychiatric inpatient admissions.
This program is available to all county residents, across all age, ethnic and language groups. Language needs are accommodated with Spanish speaking therapists or interpreters as necessary.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no identified differences in the original scope, population or programming within the Enhanced Crisis Response project. Additionally, there have yet to be any serious challenges as a result of the fluctuation in MHSA funding and overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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FY 10/11 funding		FY 11/12 funding	Percent Change				
\$690,086		\$884,981	28%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		92		
TAY		601		
Adults		629		
Older Adults		108		
Total		1430		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1430

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>Two responders are available 24/7 to intervene when mental health crisis situations occur in the field and after clinic hours. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care. Interventions are client-oriented and asset-centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response will be supplemented with a next day follow-up visit or phone call to continue support and provide assistance in following through with referrals and appointments.</p> <p>Aftercare Specialist: This specialist meets clients at discharge from inpatient hospitalization and works to ensure that clients and families are familiar with coping and relapse prevention strategies, system and family supports and that a comprehensive follow up plan is in place for clients returning to independent living or family settings. The Aftercare Specialist assists clients in the necessary supports (transportation, housing, planning, and time management) to implement their plans, and assures that they do not “fall through the cracks.” The Aftercare Specialist is a resource for family and support persons involved to make a successful transition from the hospital back into the community.</p> <p>Crisis Mental Health Therapist: This therapist provides after hours crisis intervention services. This therapist coordinates with the Mobile Crisis Unit regarding community requests for on-site intervention, assists in communication with law enforcement, ER doctors, and other agencies. In addition, this therapist provides crisis intervention services over the telephone to the entire county after business hours in order to successfully resolve crises in the community.</p> <p>Forensic Reentry Services (FRS): This part of the work plan began in 09-10 and adds capacity for providing aftercare needs for persons exiting from jail who have a primary mental health diagnosis and/or a co-occurring substance use disorder. The goal of FRS is to provide a bridge service to help connect individuals with appropriate and necessary community services. FRS staff meet with willing individuals to developed an individualized “Release Plan” which specifies goals and services to be addressed upon release from jail. The FRS staff assist the person in acquiring needed services, such as medical care, mental health services, income benefits, drug and alcohol services, and temporary housing.</p> <p>The Forensic Coordination Team (FCT) funds a full-time Mental Health Therapist to meet the demand to assist law enforcement with difficult, mental illness-related cases. In an effort to promote the system wide change of moving law enforcement from crisis management to long term intervention facilitators, this therapist works closely with all local law enforcement and court personnel in training and case management issues to reduce crises Improving crisis response and assistance to mentally ill adults involved in the criminal justice system is a community priority.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A This is not a consolidation of two or more programs.</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A This program is being funded in FY 11/12.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: #8 Community School Mental Health Services

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		91		
Adults				
Older Adults				
Total		91		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	48	English	90	LGBTQ	
African American	2	Spanish	1	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese		Unknown	
Native American		Mandarin			
Hispanic	24	Tagalog			
Multi	16	Cambodian			
Unknown		Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Many students at the community schools are unidentified, unserved or placed out-of-county because the school setting cannot accommodate their needs. A Mental Health Therapist is located at each school and provides individual, group and family therapy, life skill development, anger management and problem solving skills, crisis intervention and assists in stabilizing the student. This program identifies unserved SED youth at Community Schools that are not receiving Education Related Mental Health Services (formerly known as AB3632) or other mental health services. They and their families are engaged in services that enable them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports. This program identifies and serves SED youth ages 12 to 18 that <i>are not</i> receiving 26.5 (Individualized Education Plan – IEP) or other mental health services, are placed at community school for behavioral issues, and are/have been involved in the juvenile justice system. These youth are at great risk for school drop out, further justice system involvement, psychiatric hospitalizations, and child welfare involvement.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no identified differences in the original scope, population or programming within the Community School Mental Health Services project. Additionally, there have yet to be any serious challenges as a result of the fluctuation in MHSA funding and overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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FY 10/11 funding		FY 11/12 funding	Percent Change				
\$295,578		\$300,235	2%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		50		
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 50				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>San Luis Obispo County Behavioral Health Department and the County Office of Education have partnered with the community schools in the county to provide mental health services to seriously emotionally disturbed (SED) youth. SED youth and their families are engaged in services that enable them to stay in school. The program is designed to create a more efficient continuum of care and to assist the youth to remain in a less restrictive school setting. The program functions as a fully integrated component of the school with the Mental Health Therapist partnering with teachers, aides, probation officers, the family and other appropriate community members to create a team that responds to the identified SED student's individual needs and desires. This program serves SED youth, both males and females, ages 12 to 18 that are not receiving Education Related Mental Health Services (formerly known as AB3632) or other mental health services; are placed at community school for behavioral issues; and are or have been involved in the juvenile justice system. Services are delivered in a culturally competent manner and accommodations for language preference are made. These youth are at risk for dropping out of school, further justice system involvement, psychiatric hospitalizations and child welfare involvement.</p> <p>This program was selected based on the number of unserved and underserved youth in the county and the desire to create a better continuum of care for these school-aged youth and to assist them to remain in the least restrictive school setting as possible. The need for this program is pressing as many students at community schools currently go unidentified, unserved or placed out of county because the school setting cannot accommodate their needs.</p> <p>The program functions as a fully integrated component of the school with the mental health therapist partnering with teachers, aides, probation officers, the family, and other appropriate community members to create a team that responds to identified SED student's individual needs and desires.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs. <p>N/A - This is not a consolidation of two or more programs.</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p> <p>N/A - There is a funding request for FY 11/12.</p>

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Luis Obispo

No funding is being requested for this program.

Program Number/Name: Workforce Education and Training Plan

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The County's WET Plan was launched fully in FY 09/10. The following projects were implemented and progress has been noted where possible:

1: Workforce Education and Training Coordination: Assigned staff assisted employees, community providers and volunteers to meet training and licensing requirements. The County's WET Coordinator led efforts to launch various components of the Plan, and created tools to track training objectives and improve communication across the public mental health system.

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

Surveys of PAAT participants, and forum participants, yielded the following results:

- 100% (17/17) of PAAT participants surveyed agree that the PAAT team has made a significant positive impact on the mental health system.
- 99% (103/104) of forum audience participants surveyed report that they are more aware of mental health stigma and the tools necessary to reduce it.
- 94% (50/53) of presentation audience participants surveyed agree that they have an increased awareness of the protective skills available for people with mental illness.

3: E-Learning: In FY 09/10 a relationship was created with Essential Learning to provide electronic access to a Behavioral Health library of curricula for 500 San Luis Obispo County mental health providers, consumers, and family members.

4: Law Enforcement, First Responders and Crisis Intervention Training (CIT): Trainings were held in partnership with local law enforcement agencies, parks and recreation departments, and Cal Poly to develop skills in handling crisis situations involving individuals with severe mental illness.

5: Integrating Cultural Competency in the Public Mental Health System and Increasing Linguistic Competency of Staff: The Cultural Competency Committee

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

produced the State-required Cultural Competence Plan in June of 2009 and held the following trainings:

- PEI Cultural Competence Training (Dr. Rocco Cheng) September, 2009
- Cultural Clashes in Co-Occurring Disorders: Clinical Dilemmas in Assessment and Treatment (Dr. David Mee Lee) December, 2009, June 2010
- Beyond Competence: Serving Queer and Trans Youth within a Social Justice Framework Beyond Competence (Harris/Tillery) February 2010
- Helping those who Serve: Treating Military Families (Kimberly Evans, LMFT Military Specialist) March 2010
- Male Sexual Abuse: Helping Clients Emerge from Boyhood Shadows (Braveman/McDaniel) April 2010

Additionally, the project calls for Internships to be developed within the County’s Mental Health department. In FY 09/10 three bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the Plan, the County has utilized the internship program to develop permanent staffing, and has hired one of the original three interns as a Mental Health Therapist in a permanent position.

6: All Workforce Training in Co-Occurring Disorders: A committee made up of staff representing the County’s Mental Health and Drug and Alcohol Services divisions, the Mental Health Board, Drug and Alcohol Advisory Board and community mental health providers, was active in FY 09/10 in crafting protocol to provide training in treating individuals with co-occurring mental health and substance abuse disorders in a culturally competent manner. This ad hoc committee also developed pilot models in the County mental health and AOD clinic sites in order to provide integrated services. Training included the following:

- Cultural Clashes in Co-Occurring Disorders: Clinical Dilemmas in Assessment and Treatment (Dr. David Mee Lee) December, 2009, June 2010
- Change Agents Developing Recovery Excellence in Co-occurring Disorders (Dr. Graber) March and April 2010
- A three-video series on Change issues related to co-occurring disorders (Dr. Mee Lee) March – June 2010

7: Psychosocial Rehabilitation Certification Program: To increase consumer education opportunities and certification support for Behavioral Health careers, the WET Coordinator worked in partnership with the local community college (Cuesta) and university (Cal Poly). The WET Coordinator assisted in developing entry level coursework and curricula to support Certificates of Specialization in Addiction Studies, Human Services, Cultural Competency, Family Studies and Human Development which included internship/volunteer opportunities for reentry or new students.

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

The County’s WET Scholarship launched in 2009-2010 with great reception from the community. A scholarship task force was created amongst staff, community college and university staff, community providers, consumers, and family members. The scholarship was created to support current and new students seeking education, licensing, and career development in the Behavioral Health field. The initial applications yielded 10 awards, ranging from part time students receiving \$1200 to full time master’s program candidates receiving \$5,000.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2) Do the activities and strategies remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes No

Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input checked="" type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A

There have been no changes to this program within the scope of what was originally proposed.
N/A

2. If this is a consolidation of two or more previously approved programs, provide the following information:
 a) Name of the programs.
 b) The rationale for the decision to consolidate programs.
 c) How the objectives identified in the previously approved programs will be achieved.

This is not a consolidation of two or more previously approved programs.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Luis Obispo

Program Number/Name: #1 Mental Health Awareness and Stigma Reduction Project

Please check box if this program was selected for the local evaluation

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10							
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.							

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	589	English	613	LGBTQ	16,910
Transition Age Youth (16-25)	33,600	African American		Spanish		Veteran	7,318
Adult (18-59)	192,620	Asian		Vietnamese		Other	
Older Adult (60+)	14,400	Pacific Islander		Cantonese		Homeless	
		Native American		Mandarin			
		Hispanic	25	Tagalog			
		Multi		Cambodian			
		Unknown	240,006	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Unknown	240,007		

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B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The cornerstone of the Mental Health Awareness and Stigma Reduction Program is the **SLOtheStigma** media campaign. Transitions Mental Health Association, in partnership with 20/20 Creative Group, created the comprehensive and multi faceted campaign, which was launched in January of 2010. The **SLOtheStigma** campaign is scheduled to run for two-years. At the center of the campaign is a very powerful documentary, where local consumers share their stories of recovery and hope. All of the print ads, billboards, t-shirts, and guerilla marketing techniques drove community members to www.slothestigma.org to watch the documentary. The site also served as a clearinghouse of information: a comprehensive guide of services and supports (both MHSA and non-MHSA funded) appear on the site. The **SLOtheStigma** campaign moved beyond the primary purpose of stigma reduction and awareness and increased community collaboration on all fronts. The campaign is supported with social marketing (Facebook, Twitter), and the entire website, including the documentary can be viewed in Spanish.. The campaign has been embraced by San Luis Obispo County Behavioral Health staff, consumers, family members, military services, community providers, and faith based organizations. The SLOtheStigma t-shirt has become more than an article of clothing, it is a symbol of solidarity and hope.

In addition to the Media Advocacy component, Transitions Mental Health Association provided personal outreach and engagement to underserved and at-risk populations such as LGBTQ and Veterans. Mental health education and training were also delivered to community providers and the general public. Transitions Mental Health Association provided educational forums, and presentations of *Stamp Out Stigma*: a consumer-driven advocacy and educational outreach program designed to make positive changes in the public perception of mental illness and inform the community about challenges faced by people living with mental illness. Presenters shared their experiences of living with mental illness, relating their own experiences of stigma and how they have worked to change negative societal perceptions.

The Mental Health Awareness and Stigma Reduction Program components 1.2 and 1.3 (The Campus Initiative – Student and Mental Health Education): This part of the program was never launched due to a lack of sufficient RFP responses and an interest by local stakeholders in using the funding to support other PEI programs which had the opportunity to provide mental health education using other means than originally proposed. As an alternative, SLOtheStigma is being developed into an educational tool during FY 2011/12

2. Please provide any available data on program outcomes.

The PEI plan estimated 400,000 media impressions annually. Nearly 6 million media impressions have been generated from the SLOtheStigma campaign, as outlined in section two below. The estimated number of County residents served is based upon media impressions, county population, and survey respondents. The media impression breakdown is listed below:

Social Media

- Facebook - 180 Friends/Fan, 23 posts
- Twitter – 64 followers, 23 tweets

Email Blasts

2, 205 emails sent to community based organizations and county mental health providers.

- 822 to LBGQTQ
- 38 To Veterans

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Website

- 8,540 total visits
- 6,845 absolute unique visitors

Online Survey

- 443 completed surveys

Print Advertising

- 4,535,177 total viewership from The Tribune, Tribune Online, New Times, The SLO City News, The Coast News, The Bay News, Paso Robles Press, and Atascadero News
- Targeted Print Advertising:
 - Tolosa Press targeting Seniors
 - Mustang Daily targeting Transitional Aged Youth

Television Advertising

- 1,389,679 total view impressions from Charter Media and KSBY/CW5

Billboard Advertising

- One billboard up for 18 months to rotate every 8 weeks throughout the County of San Luis Obispo

Public Relations Activities

SLOthe Stigma booths and presentations were ongoing throughout the year. Over 15,347 individuals were exposed to SLOtheStigma through grassroots community based events.

- San Luis Health and Fitness Expo
- Government Center Press Reception
- Journey of Hope
- Mental Health Awareness Month
- Art After Dark
- Cal Poly
- SLO Chamber Good Morning Breakfast
- Forward for Frances Memorial Walk

Participant survey results indicate the following:

- 88% of participants surveyed agreed that they have an increased awareness of the risk factors for their target population including suicide, drug and alcohol abuse, and homelessness
- 96% of participants surveyed agreed that they have an increased awareness of the protective skills available for their target population, including wellness and recovery education tools, peer counseling, and psycho education
- 99% of participants surveyed agreed that they or their family member are better equipped to deal more effectively with daily problems, and have more hope

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in their lives.

- 97% of participants surveyed agree that their knowledge and access to local mental health resources has significantly increased
- 73% of participants surveyed agreed that SLOtheStigma impacted their understanding of people with mental illness positively

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SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$259,534</td> <td style="padding: 2px;">\$167,236</td> <td style="padding: 2px;">-36%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$259,534	\$167,236	-36%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$259,534	\$167,236	-36%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

The PEI program was originally designed to include an educational initiative: providing mental health education to parents, teachers, and students throughout the county's school system. This part of the program was never launched due to a lack of sufficient RFP responses and an interest by local stakeholders in using the funding to support other PEI programs which had the opportunity to provide mental health education using other means than originally proposed.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A - This is not a consolidation of two or more programs.

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Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	400,500	
Total Families:	44,000	100

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Luis Obispo County

Program Number/Name: #2 School Based Wellness Project Please check box if this program was selected for the local evaluation

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	3561	White	2900	English	2719	LGBTQ	
Transition Age Youth (16-25)	10	African American		Spanish	366	Veteran	
Adult (18-59)	326	Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	978	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other	19	Russian			
				Farsi			
				Arabic			
				Other	812		

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B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Program 2, School Based Wellness, is San Luis Obispo County's selected PEI evaluation program. School Based Wellness Program is a comprehensive, multi age approach to building resiliency among all service recipients. This Program responds to the universal population of children and youth, and youth who exhibit risk factors for mental illness by utilizing the following projects implemented in fiscal year 2009/10: Project 2.1, Positive Development Program serves pre-kindergarten aged children; Project 2.2, The Middle School Comprehensive program for higher risk schools; Project 2.3 Student Wellness Programming, and Project 2.4 Sober School Enrichment.

Community Action Partnership's Child Care Resource Connection (CCRC) was selected through RFP to administer the The Positive Development Program. CCRC delivered the *I Can Problem Solve* curriculum, and Ages and Stages Questionnaire (ASQ) training to private child care providers. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles. This project, which served the youngest population in our county was one of the most inspiring.

Upon hearing about the project, the Author of the *I Can Problem Solve* curriculum, Myrna Shure, offered a generous outpouring of support to CCRC staff. She provided CCRC with evaluation tools to measure change, and granted permission to translate the entire curriculum into Spanish. CCRC hired bilingual and bicultural staff to deliver all services. The program was met with enthusiasm by providers and outcomes exceeded expectations.

During implementation, CCRC staff successfully adapted the program to the changing needs of the community. As a result of the economic downturn, changes in child care provider staffing and enrollment were ongoing. The demands of the curriculum and the level of assistance required by family child care providers to coordinate parent training and complete assessments were more extensive than anticipated. CCRC delivered double the provider trainings and parent meetings than was originally anticipated.

Both CCRC and the San Luis Obispo County PEI Coordinator received Thank You emails and cards from providers and parents throughout the year. One provider initially enrolled in the project because she had some concerns about a particular child. After reading the description of the project on one of the CCRC recruitment flyers she thought (and hoped) that it would help her to help this child. She shared that she was concerned with the child's behavior because he had a difficult time following directions, had a short attention span, was impulsive, and very aggressive toward other children. After the provider participated in the Positive Development Program, she saw great improvement in the child's behavior. He began sharing and taking turns. Today, whenever he starts getting anxious or seems to be displaying troublesome behaviors she shows him some of the feeling pictures (from the book) that he himself colored and the provider asks him "How do you think your attitude is making your friend feel?" She says that the child changes his attitude as soon as he recognizes the pictures and starts sharing about how his attitude is affecting the other children.

The Middle School Comprehensive program (project 2.2) is an integrated collaboration between schools, San Luis Obispo County Behavioral Health staff, and community based organizations. Six Middle Schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson) were selected to participate in the Middle School Comprehensive program through a competitive RFA. In their applications, the schools had to demonstrate the need for the services, cultural and geographic diversity, and the capacity to support this innovative and integrated approach. The LINK, a local non-profit with expertise in serving families in the rural north county, was selected through a competitive RFP to provide the project's three bilingual and bicultural Family Advocates. San Luis Obispo County Behavioral Health Department provided three Student Support Counselors and one Prevention (Youth Development) Specialist.

The Middle School Comprehensive program began with an all-day kickoff and Student Assistance Program (SAP) training. PEI and middle school administrative staff, school counselors, Student Support Counselors, Family Advocates, the Health Educator and other support staff attended the training, participated in team

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building exercises, and enthusiastically launched the program on all six campuses. Because of the various campus cultures, administrative styles, and community specific issues, the Student Support Counselors and Family Advocates carved out a unique service delivery for each location. At the end of the first year, preliminary data indicated that 77% of participants showed improvement in grades, attendance, and reduced disciplinary referrals. “Amber”, a 13 year old girl was referred to the MHSA SAP Program because of gang affiliation and fighting on campus. Not surprisingly, she was also failing most of her classes. Amber was placed in group, referred to an after school mentoring program and received support services from Family Advocates. On her own accord, she began spending most of her nutrition breaks and lunches in the SAP classroom, because she felt safe. Today, Amber has not received any disciplinary actions. She has made new friends and is no longer affiliating with gang members. Amber has raised her grades so significantly that she recently received an Honor Roll award.

In addition to the SAP program, each of the participating schools received Youth Development programming provided by the County’s Friday Night Live staff. Youth Development, an evidence-based strategy for building resiliency reduces the risk of mental illness by engaging young people as leaders and resources in the community, and providing opportunities to build skills which strengthen bonds to school and improve overall wellness. Over 2,400 students were exposed to Youth Development programming:

- San Luis Obispo County middle schools that did not participate in the Middle School Comprehensive program, were given the opportunity to apply for Youth Development programming at their school through project 5.3, Student Wellness Strategy. Eight middle schools received universal prevention by infusing evidenced based practices, and this allowed the remaining campuses to have some level of formal, consistent, prevention programming.

Local Youth Development surveys, administered by the Youth Leadership Institute in Marin, yielded results including:

- 74% of Youth Development program participants strongly believe the program has given them the opportunity to build leadership skills
- 69% feel they are given opportunities to practice those skills
- More than 85% of participants list group communication, plan making, community issue assessment, and problem solving as the skills the YD program has built.
- 65% of youth know more about the dangers of substance use
- 73% demonstrate knowledge of alternatives to substance use and other dangerous activities

Project 2.3 engaged 5th grade students by delivering Botvin’s *Lifeskills* curriculum. Launching this program was difficult and required many more layers of marketing to school administration and 5th grade teachers than was originally anticipated. Schools did not initially see this program as a priority, were hesitant to commit to the entire duration of the program. Once it did achieve momentum, the teachers and students who participated in the project were enthusiastic to see it continue, agreeing unanimously that *Lifeskills* should be taught in all 5th grade classrooms.

The final component of the School-Based Student Wellness Program was the placement of a Student Support Counselor at San Luis Obispo County’s Sober School. The Student Support Counselor conducted selective prevention groups for youth with co-occurring disorders, as well as indicated short-term individual interventions with youth experiencing crises, trauma, or other difficulties.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
 - a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

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- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program’s implementation, if any, and the reason(s) for the changes

Person/Family Level Outcomes – All Components

- Increased knowledge of social, emotional, and behavioral issues amongst target populations, and improved behavior (i.e. self-control, peer relations, anger, compliance)
- Decreased risk factors amongst target populations
- Enhanced resilience and increased protective factors, including social and life skills competencies

System and Program Outcomes – All Components

- Increase in number of prevention programs and early intervention activities in schools.
- Increased number of students who will more readily utilize mental health and other needed services due to the reduction of personal stigma, as well as the increase in school-based assessment and response systems (i.e. procedures to improve access for referred individuals and families).
- Increase in number of individuals and families identified as needing early intervention services.
- Increase in number of individuals and families identified who receive prevention programs and early intervention services.

Project	Project Outcomes	Preliminary Results (a)	Outputs (b)
2.1 Positive Development Program	<ul style="list-style-type: none"> • Improved parenting skills (Positive Development Program) 	<ul style="list-style-type: none"> • 85% of children originally assessed as impulsive had a significant decrease in their impulsive behavioral scores (Overt Physical Aggression and Impatience/Over Emotionality) • 69% of children originally assessed as “emotionally aggressive” had a significant decrease in their aggression scores • 68% of children initially assessed as socially competent had a notable continued improvement in their socially competent behavioral scores. • 44% of children initially identified as impulsive by their child care providers demonstrated reduced impulsivity 	48 Programs received delivery of the <i>I Can Problem Solve</i> Curriculum 31 Family Day Care Homes 19 Spanish speaking programs 17 Center – based programs 455 Child Participants (Ages 3-5) 231 Parent Participants 39% Latino families & primary Spanish speaking 95 Staff 5 Spanish Speaking Programs
2.2 Middle School Comprehensive Program 2.3 Student Wellness Strategy	<ul style="list-style-type: none"> • Reduction in number of suspensions (Middle School and Sober School programs) • Improved coping with emotional, behavioral or social problems through voluntary counseling (Middle School 	<ul style="list-style-type: none"> • 77% of all students improved grades, attendance, and reduced disciplinary referrals. • Students in middle school and Sober School program counseling report significantly increased feelings of 	2.2 488 Youth (0-17) Participants 58% Latino 11% Primary Spanish speaking 2.3

**PREVIOUSLY APPROVED PROGRAM
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<p>2.4 Sober School Enrichment</p>	<p>and Sober School programs)</p> <ul style="list-style-type: none"> • Increased successful follow through on linkages and referrals (Sober School Enrichment) 	<p>happiness and self-esteem.</p> <ul style="list-style-type: none"> • These same students report increased skills in making friends, communicating with peers, achieving goals, and school bonding. • Counseling participants report decreases in key variables, including feelings of suicide and depression. • 74% of Youth Development program participants strongly believe the program has given them the opportunity to build leadership skills • 69% feel they are given opportunities to practice those skills • More than 85% of participants list group communication, plan making, community issue assessment, and problem solving as the skills the YD program has built. • 65% of youth know more about the dangers of substance use • 73% demonstrate knowledge of alternatives to substance use and other dangerous activities 	<p>2618 Youth (0-17) Participants 2400 – Youth Development (Friday Night Live)</p> <p>FNL YD Survey results indicate 15% of participants consider themselves Latino 31% list another language other than English is spoken at home.</p> <p>218 5th Grade Lifeskills</p> <p>2.4 10 TAY Participants 20% Latino</p>
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Methods and Measures (c)

A variety of tools is used in each PEI program to measure progress, document participant attitudes and behaviors, and reflect satisfaction when possible. All tools used in the PEI program evaluation are made available in Spanish to assure maximum response rates. Program providers assess each survey environment to assure participant comfort, and appropriate skill level (i.e. some surveys need to be read to participants, some online surveys are adapted to pencil and paper). The measures and methods used in this evaluation include:

- Scale of knowledge of issues including communication, self-worth, feelings, etc.
- Scale of concern based on key risk indicators including self-esteem, anger, peer relations, and self-control
- Pre/post surveys including teacher/staff assessment tools reported after intervention
- Teacher/staff observation reported after intervention
- Measured rate of baseline school prevention and early intervention programs reported annually
- Measured rate of service participation versus baseline reports by local providers as reported by Resource Specialists annually
- Measured rate of participants assessed for need of early intervention, reported by program staff annually
- Rosters and tracking documentation of participants reported quarterly.
- Measured rate of universal prevention program participants engaging in early intervention, reported by program staff annually.

Measures

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- Reported and demonstrated improvements including reduced anxiety, reduced negative peer associations, reduced anger, etc.
- Reported and demonstrated improvements including increased happiness, family and school bonding, grades, positive peer associations, etc.
- Demonstrated improvements in access to community resources
- Demonstrated improvements in understanding developmental stages of child, discipline, communication, etc.
- Number of PEI supported programs adopted on countywide school campuses including pre-K
- Number of students engaged by PEI programs engaged in mental health or other social and behavioral health services and supports
- Number of schools reporting developed, integrated, and utilized referral, assessment and delivery services
- Number of individuals and families tracked in this project who are assessed and referred to early intervention services
- Number of individuals and families in prevention-only components of this project who access early intervention.

Strategies to Assure Appropriateness for Diverse Participants (d)

In the School-Based Student Wellness Program participant comfort and safety is of prime concern to assure all members of the target population have ample access to the prevention and early intervention services being offered. Key to this initiative are strategies which increase linguistic opportunities amongst program providers. Each project within the program has bilingual and, in many cases, bicultural staffing to present a diverse array of providers. All materials are made available in Spanish, especially documents aimed at parents. School wellness also includes attention to those disenfranchised populations who are often left out of the services due to stigma. LGBTQ youth are engaged as active participants by staff well trained and reflective of the communities they are serving. Youth in recovery are treated with great respect and engaged as leaders through various opportunities, including the Sober School youth who are given the chance to help other peers.

Changes and Modifications (e)

The most significant change and modification made during the launch of the evaluation project was in designing a retrospective pre/post for our middle school and high school age programs. Initial post testing yielded higher-than-expected reflections of negative behaviors (i.e. substance use). Focus groups held mid-way through the year with counseling staff and youth identified trust issues which inhibited young participants from honestly assessing those behaviors at the onset of their program. However, once trust was built, upon exiting, they were far more honest about their behaviors and subsequently reported accurate use. Because they downplayed initial assessments, the data became skewed.

Some data has yet to be thoroughly collected and analyzed as of the FY 09/10. After the first year of programming the County worked with providers and statewide PEI Technical Assistance to prepare for data collection in FY 10/11.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. a) Complete the table below:		

**PREVIOUSLY APPROVED PROGRAM
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<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width:33%;">FY 10/11 funding</th> <th style="width:33%;">FY 11/12 funding</th> <th style="width:33%;">Percent Change</th> </tr> <tr> <td align="center">\$801,157</td> <td align="center">\$828,266</td> <td align="center">3%</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$801,157	\$828,266	3%	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$801,157	\$828,266	3%					

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A – There are no proposed changes to this PEI program.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A – This is not a consolidation of previously approved programs.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	3500	150
Total Families:	320	

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County: San Luis Obispo

Program Number/Name: #3 Family Education and Support Please check box if this program was selected for the local evaluation

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	138	English	297	LGBTQ	
Transition Age Youth (16-25)		African American		Spanish	94	Veteran	
Adult (18-59)	6228	Asian	3	Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese		Parents in Recovery	9
		Native American		Mandarin		Fathers	25
		Hispanic	247	Tagalog		Teen Parents	10
		Multi		Cambodian			
		Unknown	5837	Hmong			
		Other	3	Russian			
				Farsi			
				Arabic			
				Other			
				Unknown	5837		

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B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

“ One day (after the class) I played with my son... like we almost never do, and I realized how important he was to me”

“I am more patient and loving with my kids”

“I learned how to communicate with them , listen to them... respect them, and coexist with them”

- Post-Survey Comments from Parent Education Participants

In 2009, the San Luis Obispo County Child Abuse Prevention Council (SLO-CAP) was selected through a competitive RFP process to administer the Family Education, Training and Support Program. This Program includes the following three projects: Project 3.1, Coordination of County’s Parenting Programs (including a parenting website), Project 3.2, Parent Education, and Project 3.3, Coaching to Parents/Caregivers.

The first goal of Project 3.1 was to expand the efforts of a professional network “Partnership for Excellence and Family Support” (PEFS) to include countywide representation and a shared vision of coordinated family support, emphasizing parent education in San Luis Obispo County. Strengthening these community partnerships created a strong foundation and provided formalized direction and oversight needed for the successful implementation of the Family Education, Training and Support Program. PEFS grew to include more than 21 agencies and a formal governance structure was established. Participating agencies included school districts, family resource centers, faith based and community based organizations representing various geographical areas and serving many diverse populations in throughout the county.

As a result of continued PEFS planning, a bilingual website www.sloparents.org was launched in July of 2009 and continues to serve as a central clearinghouse to disseminate information on parenting classes, and family support programs and services. This website was put into place rapidly and goals were exceeded within the first few months. Over 5,000 magnets, business cards and posters were distributed and displayed at schools, family resource centers, government agencies (County Mental Health, Family Court, Probation), churches, and child care providers. All promotion materials were created in both English and Spanish. In 2009/10, www.sloparents.org, still in its infancy, received an average of 2,052 visits a month. The site was actively used as a resource by community based organizations, Child Welfare Services, Social Services, law enforcement, child care centers, and private therapists.

The website included a comprehensive listing of the parenting classes offered in the county, including those funded by Project 3.2, Parent Education. Classes were listed by geographic location, and Spanish language translation was visible, where applicable, throughout the site. Over 30 Parent educators were trained to deliver the Active Parenting curriculum. Active Parenting was chosen because of its evidence based approach and availability of Spanish language materials. In addition, prior to any service delivery, all of the Parent Educators participated in a cultural competency training entitled “Enhancing Parenting Skills: What Culture Has to Do With It”.

Over 25 parenting classes were offered during 2009/10 using PEI funding. Of those classes, 11 of them were provided in Spanish. Based on community input and evolving community needs, additional classes were offered which addressed specific needs of underserved populations including parents in recovery, fathers, and teen parents. The majority (70%) of participants in PEI parent education classes identified themselves as Latino, and 48% of Latino participants spoke Spanish as their primary language. Most of the PEI parenting class participants were low income with limited education. Sixty-five percent (65%) of participants reported an income below poverty level. PEI funding made it possible for low income families in the outlying rural areas of the county to receive services that were previously inaccessible due to cost, geography, language, and cultural barriers.

The Parent Helpline number was also advertised on www.sloparents.org. This warmline was launched in March of 2010 to provide support to families which are experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. The start up process was more lengthy than anticipated,

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and was met with technical difficulties such as personnel recruitment and training, and lack of reception on the Helpline cell phone. SLO-CAP held several strategic planning sessions with PEFS, and The Helpline was restructured at the end of 2010. A new coordinator and cell phone provider were selected, and the implementation plan was revised. The Helpline was re-launched in 2011. Of the 110 calls that did come in over the Help Line, 45% identified themselves as Latino.

Overall, project three was met with success. The marketing materials and website were highly effective: visible, appealing, and easy to understand. The creation and formalization of the Partnership for Excellence in Family Support fostered the MHSa guiding principles throughout every phase of implementation. Parent Education classes performed well, achieved good outcomes and engaged low income and Spanish-speaking families. Although the coaching component struggled to emerge, preliminary 2010/11 data indicate that efforts to change administration and infrastructure of this component will prove successful.

2. Please provide any available data on program outcomes.

Outcomes below were collected via pre-post surveys, and follow up phone calls. Surveys were conducted by SLO-CAP and reported to San Luis Obispo County Behavioral Health.

- 85% of participating parents/caregivers participating in education classes reported improved parenting skills
- 96% of participating parents/caregivers reported improved communication skills
- 94% of participating parents/caregivers reported improved discipline
- 88% of participating parents/caregivers reported increased self esteem
- 91% of participating parents/caregivers reported a decrease in stress
- 93% of participants children demonstrated reduced behavioral problems
- 81% of participants children demonstrated increased school attendance

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$130,000	\$130,000	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an

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explanation below.		
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3. N/A		
A. Answer the following questions about this program.		
1. Please include a description of any additional proposed changes to this PEI program, if applicable. N/A – There are no proposed changes to this PEI program.		
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) N/A – This is not a consolidation of previously approved programs.		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	3012	
Total Families:	712	

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County: San Luis Obispo

Program Number/Name: #4 Early Care and Support for Underserved Populations

Please check box if this program was selected for the local evaluation

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	928	English	1342	LGBTQ	18
Transition Age Youth (16-25)	168	African American	4	Spanish	1054	Veteran	97
Adult (18-59)	1349	Asian		Vietnamese		Other	
Older Adult (60+)	879	Pacific Islander		Cantonese		Unknown	
		Native American		Mandarin			
		Hispanic	1072	Tagalog			
		Multi		Cambodian			
		Unknown	392	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

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B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

PEI Program 4, The Early Care and Support for Underserved Populations program was one of the first programs to be launched in early 2009, as the providers were selected during the planning process as being the sole-source experts to deliver services to the selected populations. Program 4 contains three projects, the Successful Launch Program for At-Risk TAY's, the Older Adult Mental Health Initiative, and Latino Outreach and Engagement. The need for these programs was so great, that all three have exceeded expectations, and in some instances, such as Successful Launch, caseload capacity.

Project 4.1 Successful Launch Program was administered by Cuesta College. Successful Launch provided services to at-risk TAY youth with the goal of increasing self sufficiency and success of TAYs who are former Wards of the Court, or graduating from Community School. Emphasis was placed on providing development opportunities and support to ensure that these high risk youth obtained stable housing, gained momentum for post secondary education, work, and were able to adequately cope with life's challenging demands. In 2009/10 services included but were not limited to: vocational training and work readiness, academic support, linkages to other community resources (housing, transportation, etc.), and life skill development.

Cuesta College hired and recruited two case managers, and recruited over 20 businesses to provide job shadowing opportunities. Outreach and engagement was provided to over 200 youth resulting in 101 youth being successfully recruited into the Successful Launch Program. Eighty of those youth were provided case management services, which exceeded the goals of the original PEI plan. The program reached capacity only months after implementation. The Successful Launch team has since increased capacity in early 2010/11 by increasing community partnerships and engaging in creative collaborations.

An example of a Successful Launch success story includes an 18 year old young man, who was homeless and living under the freeway in San Luis Obispo County for over six months. Seeking help at Cuesta College, he said he was in need of "a new sweatshirt and some food". The Cuesta employee was aware of the brand new MHSA program Successful Launch and introduced him to a case manager. Today, the young man not only received a new sweatshirt, but has now secured housing, is enrolled in school, and has a part time job. This young man is an example of someone who would have not been able to receive services and would have "fallen through the cracks" prior to MHSA.

The Older Adult Mental Health Initiative (Project 4.2) was administered by Wilshire Community Services, a proven community-based prevention and early intervention non-profit serving seniors countywide. A Depression Screening and Resource Specialist, provided depression screenings and referrals to over 1000 seniors. More than 350 physicians and other elder professional contacts were engaged via outreach and educational forums. In addition, two peer-led Older Adult programs, Caring Callers, and Senior Peer Counseling expanded significantly in FY 2009/10, as service hours more than doubled. Caring Callers is a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation. Senior Peer Counseling is peer led a mental health program providing no cost counseling services to individuals over age 65.

Marie, a 76 year old woman living in the rural north coast of the county recently lost her spouse of 45 years to cancer. Living alone, she was struggling with feelings of depression and grief. She had sought help but was unable to access services either due to a lack of eligibility or her inability to drive. At an MHSA funded Senior Health Screening in, Marie expressed feelings of hopelessness; she stated "I feel like I am wasting air and I just want to die". The MHSA Senior Counselor started seeing Marie weekly in her home. With each session, Marie was challenged to reengage with life and to start to move forward in a positive way. Today, Marie reports feeling happy and hopeful. She states that she wants to honor the memory of her spouse by never taking life for granted. She volunteers at the Wildlife Reserve, and is preparing for a trip to France with friends. Because of MHSA's programs, Marie is now living a full and healthy life.

Project 4.3, Latino Outreach and Engagement, was originally solely funded by the San Luis Obispo County CSS plan. The PEI planning process further defined the program, and San Luis Obispo County transferred the awareness and outreach elements of this program to PEI as required per DMH Notice 08-23. This program

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provided targeted outreach to populations in underserved Latino communities, particularly to indentified pockets of poverty in the north and south areas of the county, and rural residents in Shandon, San Miguel, Oceano, and Nipomo. Outreach and engagement efforts targeted monolingual Spanish speakers, individuals experiencing trauma, and heightened risk factors such as violence and abuse. Executed by Dr. Silvia Ortiz and Associates, over 1,000 community members were provided education about mental wellness, healthy living, increased awareness of signs and symptoms of mental illness, and highlighted the availability of services.

2. Please provide any available data on program outcomes.

4.1 Successful Launch

80% of active participants and graduates possess stability of housing
 62% of active participants and graduates demonstrate increased self sufficiency
 60% of active participants and graduates are actively pursuing a post secondary education or employment / job training.
 60% of active participants and graduates demonstrate a decrease in destructive and unhealthy behaviors.

4.2 Older Adult Mental Health Initiative

90% of participants surveyed agreed that they received early identification of mental health issues and assistance with accessing appropriate services
 90% of participants surveyed indicated improved quality of life, increased coping skills, and an increased sense of well being through participation in services.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$405,777	\$476,140	17%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

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<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.</p>		
<p>A. Answer the following questions about this program.</p>		
<p>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</p>		
<p>N/A – There are no proposed changes to this PEI program.</p>		
<p>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</p>		
<p>a. Names of the programs being consolidated</p>		
<p>b. The rationale for consolidation</p>		
<p>c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)</p>		
<p>N/A – This is not a consolidation of previously approved programs.</p>		
<p>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</p>		
	Prevention	Early Intervention
Total Individuals:	2080	
Total Families:	750	

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County: San Luis Obispo

Program Number/Name: #5 Community Wellness Project Please check box if this program was selected for the local evaluation

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10	
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.	

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	147	White	1725	English	2011	LGBTQ	142
Transition Age Youth (16-25)	929	African American	5	Spanish	15	Veteran	95
Adult (18-59)	2061	Asian	6	Vietnamese		Other	
Older Adult (60+)	327	Pacific Islander		Cantonese		Unknown	
		Native American		Mandarin			
		Hispanic	73	Tagalog			
		Multi		Cambodian			
		Unknown	1649	Hmong			
		Other	6	Russian			
				Farsi			
				Arabic			
				Other	8		

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B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The Integrated Community Wellness Program maximized opportunities for underserved populations in the community to access prevention and early intervention mental health services. During the PEI planning process, community input from consumers and families ranked an increase in early accessible counseling as a priority. Project 5.1, Community Based Therapeutic Services, provided no cost and low cost counseling rooted in principles of wellness and resilience.

During the RFP process, respondents indicated that the definition of services to be provided, and the estimated of number of individuals served needed further refinement. Early Intervention individual counseling services were subsequently more clearly defined as low intensity, brief interventions; between 6-8 sessions per individual served. In addition, providers would be expected to provide outreach and engagement to priority populations, collaborate with other agencies, and increase access to services.

Two providers were selected to administer the Community Based Therapeutic Services due to their expertise with specific populations. Community Counseling Center (CCC) demonstrated capacity to be able to properly serve primarily the adult population and families. CCC expanded their operation to the underserved rural areas, and now have offices in Atascadero, Paso Robles, and Cambria. Volunteer therapist staff was expanded to include ten new therapists, including two bilingual therapists. CCC added group therapy to their menu of services, and group topics included anger management, job and housing loss. Two groups serving high risk transitional aged youth were held at Grizzly Youth Academy.

A major challenge during implementation was getting the volunteer cadre of therapists to conceptualize and understand Prevention and Early Intervention counseling. San Luis Obispo County Behavioral Health provided a training for CCC staff to educate them regarding the Mental Health Services Act as a whole, and the PEI component and priority populations. The staff training, facilitated by the San Luis Obispo County Behavioral Health PEI Coordinator included: the CCC program director, the members of the board, counselors and interns. Overall the training provided a positive outcome in identifying PEI priority populations and allowed CCC to develop their capacity to serve these populations.

Previously selected to administer the PEI Older Adult Initiative, Wilshire Community Services seemed the most logical fit to provide no cost, community based counseling for the underserved senior population of San Luis Obispo County. A Transitional Therapist was added to Wilshire's scope of service. This enabled the contractor to provide a direct link between their other senior programs to ensure appropriate interventions and referrals for clients in need. This more complete cycle of service allowed for a more comprehensive resolution of issues facing seniors. 60% of the clients served reported no prior exposure to counseling services, indicating that the project was successful in reaching underserved populations who would most likely not have received services otherwise.

During 2009/10 Wilshire Community Services provided over 300 hours of individual therapy, and 125 hours of group therapy for the underserved older adult population in San Luis Obispo County. However, the main concern Wilshire Community Services presented was identifying and reaching the older adult Latino population in San Luis Obispo County. In an effort to identify gaps and more effectively serve the Latino population, Wilshire Community Services has developed a strategic planning committee with various community based organizations in San Luis Obispo County, and in FY 2010-11 is currently seeking to identify ways to offset the deficit.

No community based organizations were identified during the RFP process with the capacity or willingness to serve the Transitional Aged Youth (TAY) population. The PEI planning team determined that this population would be best served by San Luis Obispo County Behavioral Health Staff. SLOBHD has longstanding expertise with this population, and has been providing counseling services in schools for twenty years. The Young Adult Counseling Program was implemented to provide free one-on-one and small group services for TAY exhibiting early signs of mental health issues, or seeking help or support for feelings of depression,

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anxiety, or associated risk behaviors, including substance use. Counselors provided no-cost services countywide.

In FY 09/10 a decision was made by local stakeholders to move the funds originally proposed in Projects 1.2 and 1.3, the Mental Health Educational Initiative, into programs which were more equipped to launch prevention and early intervention strategies. The Project 1.2 and 1.3 activities were spread amongst other PEI programs in lieu of an insufficient RFP response. In doing so, the County elected to direct first-year funding to the child and family assessment center, known as Martha's Place. This facility engages families of children aged 0 to 5 who are experiencing early onset of mental illness, needs for skills and strategies to prevent mental illness, and provides assessment and early intervention. In funding Martha's Place in the first year of PEI, the County was able to build capacity amongst providers in early childhood services around brief interventions, cultural competency for child providers, and establish baseline understanding of the need for wellness services amongst the youngest population. Funding was limited to FY 09/10 so that the funds originally planned for Project 1.B could be used to infuse other PEI programs in subsequent years.

Transitions Mental Health Association (TMHA) was selected to administer Project 5.2, Resource Specialists. TMHA's Integrated Community Wellness Advocates collaborated with providers from other PEI programs, to deliver system navigation services and wellness supports. The Wellness Advocates provided assistance and referrals toward securing basic needs such as food, clothing, housing, health care, employment, and education. The Wellness Advocates focused on minimizing stress, supporting resilience, and increasing individuals' self efficacy.

Project 5.3, Crisis Response was originally funded through San Luis Obispo County's CSS plan. As the Prevention and Early Intervention Component was developed, San Luis Obispo County transferred a portion of this program to PEI as required per DMH notice 08-23. Over 50% of individuals served by Crisis Response were not seriously mentally ill, and were provided stabilization and early intervention services through PEI.

2. Please provide any available data on program outcomes.

90% of clients receiving PEI Community Based Therapeutic Services reported moderate to major improvement in mental health issues following brief interventions.

Clients agreed with the following:

74% - "As a result of services provided, I (or my family member) do better in social situations

81% - "As a result of services provided, I (or my family member) deal more effectively with daily problems."

91% - "My quality of life (or my family's) has improved as a direct result of the services received."

96% - "The services provided have given me a sense of control and empowerment toward my (or my family's) well being."

83% - "The information and referrals provided were effective and helpful"

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes

No

2. Is there a change in the type of PEI activities to be provided?

Yes

No

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3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$396,667	\$396,667	0%

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes No

Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.
N/A

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A – There are no proposed changes to this PEI program.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A – This is not a consolidation of previously approved programs.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	1200	2000
Total Families:		850

PREVIOUSLY APPROVED PROGRAM
Innovation

County: San Luis Obispo

Program Number/Name: INNnovation Plan

Date: March 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The Innovation Planning and Stakeholder Process was launched in FY09/10. Due to staff resource limitations, and a focus on the State-required Cultural Competence Plan, the final community recommendations, proposal, and submission of the Plan occurred in FY 10/11.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
- d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.		
3. Please include a description of any additional proposed changes to this INN program, if applicable.		
The INNovation Plan was approved in February 2011 and will be implemented in FY 10/11.		

¹ The term “essential purpose” has been replaced with the term “primary purpose” for INN.
Page 2 of 2

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$5,101,800			\$1,209,200	\$331,900	
2. Transfer from FY 11/12 ^{a/}	\$294,950		\$294,950			
3. Adjusted Component Allocation	\$4,806,850					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$6,624,314	\$0	\$294,950	\$2,347,893	\$0	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$3,097,160			\$2,176,178		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$1,279,696			\$1,037,485		
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$1,817,464	\$0		\$1,138,693	\$0	
4. Total FY 2011/12 Funding Request	\$4,806,850	\$0	\$294,950	\$1,209,200	\$0	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}						
5. Unapproved FY 10/11 Component Allocations ^{b/}						
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$4,806,850		\$294,950	\$1,209,200		
Sub-total	\$4,806,850	\$0	\$294,950	\$1,209,200	\$0	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{c/}	\$4,806,850	\$0	\$294,950	\$1,209,200	\$0	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

^{a/}Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

^{b/}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

^{c/} Must equal line B.4. for each component.

County: San Luis Obispo

Date: _____

CSS Programs			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group				
No.	Name			Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.	1	Children's Full Service Partnership	\$634,415	\$634,415								
2.	2	Transitional Age Youth Full Service Partnership	\$410,812	\$410,812								
3.	3	Adult Full Service Partnership	\$1,700,144	\$1,700,144								
4.	4	Older Adult Full Service Partnership	\$337,863	\$337,863								
5.	6	Latino Outreach and Therapy Services	\$441,574		\$441,574							
6.	8	Community School Mental Health Services	\$300,235		\$300,235							
7.			\$0									
8.			\$0									
9.			\$0									
10.			\$0									
11.			\$0									
12.			\$0									
13.			\$0									
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$3,825,043	\$3,083,234	\$741,809	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$133,105									4%
18.	Plus up to 10% Operating Reserve		\$395,815									10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$4,353,963									
New Programs/Revised Previously Approved Programs												
1.	5	Client Family Wellness and Recovery	\$1,109,568		\$1,109,568							
2.	7	Enhanced Crisis Response and Aftercare	\$884,981		\$884,981							
3.												
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$1,994,549	\$0	\$1,994,549	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs		\$69,407									3.5%
8.	Plus up to 10% Operating Reserve		\$206,396									10.0%
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$2,270,352									
10.	Total MHA Funds Requested for CSS		\$6,624,314									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=

53.00%

Additional funding sources for FSP requirement:

County must provide the majority of MHA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$3,083,234	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,083,234	53%

WET FUNDING REQUEST

County: San Luis Obispo

Date: _____

Workforce Education and Training			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category					
No.	Name	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive		
Previously Approved Programs									
1.	1	WET Coordination	\$0						
2.	2	Peer Advisory	\$0						
3.	3	E-Learning	\$0						
4.	4	Crisis Intervention Training	\$0						
5.	5	Cultural Competency Training	\$0						
6.	6	Co-Occurring Disorders Training	\$0						
7.	7	Psychosocial Rehab Certification	\$0						
8.	8	Internships	\$0						
9.	9	Stipends and Scholarships	\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs ^{al}		\$0	\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs								#VALUE!
18.	Plus up to 10% Operating Reserve								#VALUE!
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0						
New Programs									
1.			\$0						
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: WET New Programs ^{al}		\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs								#VALUE!
8.	Plus up to 10% Operating Reserve								#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested		\$0						

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

PEI FUNDING REQUEST

County: San Luis Obispo

Date: 3/15/2011

PEI Programs		FY 11/12 Requested MHSAs Funding	Estimated MHSAs Funds by Type of Intervention		Estimated MHSAs Funds by Age Group				
No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs									
1.	2	School-based Student Wellness	\$828,266	\$795,135	\$33,131	\$828,266			
2.	3	Family Education, Training and Support	\$130,000	\$130,000		\$85,800	\$44,200		
3.	4	Early Care and Support for Underserved Populations	\$476,140	\$476,140		\$39,667	\$39,667	\$277,667	
4.	5	Integrated Community Wellness	\$396,667	\$396,667		\$99,167	\$99,167	\$99,167	
5.			\$0						
6.			\$0						
7.			\$0						
8.			\$0						
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$1,831,073	\$1,797,942	\$33,131	\$1,052,899	\$138,833	\$183,033	\$376,834
17.	Plus up to 15% Indirect Administrative Costs		\$124,746						
18.	Plus up to 10% Operating Reserve		\$195,582						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$2,151,401						
New/Revised Previously Approved Programs									
1.	1	Mental Health Awareness and Stigma Reduction	\$167,236	\$167,236		\$41,809	\$41,809	\$41,809	\$41,809
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$167,236	\$167,236	\$0	\$41,809	\$41,809	\$41,809	\$41,809
7.	Plus up to 15% Indirect Administrative Costs		\$11,393						
8.	Plus up to 10% Operating Reserve		\$17,863						
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$196,492						
10.	Total MHSAs Funds Requested for PEI		\$2,347,893						

Percentage
7%
10.0%

Percentage
6.8%
10.0%

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years 64%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

INN FUNDING REQUEST

County: San Luis Obispo

Date: _____

INN Programs		FY 11/12 Requested MHSA Funding
No.	Name	
Previously Approved Programs		
1.	1 System Empowerment for Consumers, Families, and Providers	
2.	2 Atascadero Student Wellness Career Project	
3.	3 Older Adult Family	
4.	4 Nonviolent Communication (NVC) Education Trial	
5.	5 Wellness Arts 101	
6.	6 Warm Reception and Family Guidance	
7.	7 Operation Coastal Care	
8.	8 Outreach Play Therapy Trial	
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	Subtotal: Programs	\$0 Percentage
17.	Plus up to 15% Indirect Administrative Costs	#DIV/0!
18.	Plus up to 10% Operating Reserve	#DIV/0!
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$0
New Programs		
1.		
2.		
3.		
4.		
5.		
6.	Subtotal: Programs	\$0 Percentage
7.	Plus up to 15% Indirect Administrative Costs	#VALUE!
8.	Plus up to 10% Operating Reserve	#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0
10.	Total MHSA Funds Requested for INN	\$0

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

CFTN FUNDING REQUEST

County: San Luis Obispo

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	3 Electronic Health Record Project	E	\$294,950		\$294,950	
2.			\$0			
3.			\$0			
4.			\$0			
5.			\$0			
6.			\$0			
7.			\$0			
8.			\$0			
9.			\$0			
10.			\$0			
11.			\$0			
12.			\$0			
13.			\$0			
14.			\$0			
15.			\$0			
16.			\$0			
17.			\$0			
18.			\$0			
19.			\$0			
20.			\$0			
21.			\$0			
22.			\$0			
23.			\$0			
24.			\$0			
25.			\$0			
26.	Subtotal: Work Plans/Projects		\$294,950	\$0	\$294,950	
27.	Plus up to 15% Indirect Administrative Costs		\$0			
28.	Plus up to 10% Operating Reserve		\$0			
29.	Total MHSA Funds Requested		\$294,950			

Percentage
0.0%
0.0%

Revised 12/29/10

**NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports**

County: San Luis Obispo

Completely New Program

Program Number/Name: #5 Client and Family Wellness Supports Revised Previously Approved Program

Date: March 15, 2011

A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth				
TAY		18		
Adults		994		
Older Adults		88		
Total		1100		

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: 1100

B. Program Narrative

1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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

- o Housing activities include: community and supportive housing for TAY and adult clients. Available to both FSP participants and others in general population. Supportive housing includes social worker/therapist, residential behavioral counselors, and case management.
- o Supportive employment and vocational training is provided through employment readiness classes and job placement.
- o Client and family-run support, mentoring and educational groups are conducted through the following programs overseen by a community-based organization: Peer to Peer is a 9-week experiential education course on recovery that is free to any person with a mental illness. It is taught by a team of 3 to 4 peer teachers who are experienced at living well with mental illness; Family to Family is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, their causes and treatments, as well as help and coping tools for family members who are also caregivers. A team of 2 family members teach the class.
- o The People Empowering People (PEP) Center is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI –sponsored educational activities are conducted here.
- o Client & Family Partners act as advocates, to provide day-to-day, hands on assistance, link people to resources, provide support and help to “navigate the system.” This strategy also includes a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services.
- o Caseload reduction therapists have been established in the Adult outpatient clinics.
- o A Co-occurring Disorders Specialist provides an Integrated Dual Disorders Treatment program, developed by SAMHSA. The program endorses the “no wrong door” approach and ensures that every participant receives appropriate services regardless of how they enter the system. The Co-occurring Specialist provides intervention, intense treatment and education. Individualized case plans are specific to each client’s needs.

Network of Care for Mental Health is an online service that provides free access to a comprehensive service directory, updates on health, disease prevention treatment and well-being resources in an easy to access format.

**NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports**

<p>2. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.</p>
<p>This program is serving the same target population, and utilizing the same strategies originally outlined in the CSS Community Planning Process. This workplan's services are designed to facilitate and support wellness, recovery and resiliency which were identified as priorities in the CPP. System-wide integrated services are implemented to improve clients' and families' quality of life and address the greatest needs of individuals. Services offered in the community are easily accessible and integrated to meet the community's stakeholders priorities for collaborative programming.</p>
<p>3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).</p>
<p>This program addresses consumers and family members by engaging them in wellness and recovery and increasing their capacity for active involvement in their own treatment. This program serves a broad and diverse group of clients, with special attention given to access for Latinos with mental illness. The Latino Outreach Program staff assist their clients in utilizing these programs, which are delivered in a culturally relevant manner. Staffing for these services includes bilingual and bicultural mental health therapists.</p> <p>All County staff and contract providers participate in cultural competency training annually and, as guided by the County's Cultural Competence Plan, Client and Family Wellness program participants participate in the development of culturally sensitive wellness services.</p> <p>Service providers rely on natural supports and environments that are comfortable and familiar to each individual served. There is a commitment to assure that services are culturally sensitive, competent and delivered in the language of the individual.</p>
<p>4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).</p>
<p>SLOBHD has a rich institutional tradition of support for Social Rehabilitation programming for adults. This includes the operation of four socialization centers, a seniors' socialization center, and a vocational program featuring a large scale nursery/farm, and a housing program including supported and community housing opportunities. SLOBHD partners with the Department of Rehabilitation, Transitions Mental Health Association, Family Care Network, NAMI, senior advocates, and SAFE to implement the described strategies as these organizations provide expertise and proven track records in implementing client and family-centered wellness programs. Collaboration maximizes the ability for unserved and underserved populations to access the services.</p>
<p>5. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</p>
<p>The original CSS Plan funded an initial launch of housing programs for TAY and adults before transferring the responsibility of housing into the MHSA Housing component. Planning and approval issues at the State level have hindered the County's ability to fulfill all of its housing plans. This project will build new, permanent housing for five clients. The project is being in done in partnership with Transitions Mental Health Association.</p>
<p>6. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) The rationale for the decision to consolidate programs. c) How existing populations and services will achieve the same outcomes as the previously approved programs.
<p>N/A This is not a consolidation of two or more programs.</p>

**NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports**

C. Provide an estimated annual program budget, utilizing the following line items.

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Client, Family Member and Caregiver Support Expenditures			1,184	\$1,184
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing			75,000	\$75,000
3.	Personnel Expenditures	358,342		403,938	\$762,280
4.	Operating Expenditures	189,158		208,657	\$397,815
5.	Non-recurring Expenditures				
6.	Other Expenditures	56,070			\$56,070
	Total Proposed Expenditures	\$603,570		\$688,779	\$1,292,349
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	118,609			\$118,609
	b. State General Funds	7,013			\$7,013
	c. Other Revenues	57,159			\$57,159
	Total Revenues	\$182,781			\$182,781
C. TOTAL FUNDING REQUESTED		\$420,789		\$688,779	\$1,109,568

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

County Mental Health Department

Personnel Expenditures - \$358,342

- 1.00 FTE Mental Health Therapist III – caseload reduction therapist for adult outpatient clinic
- 2.00 FTE Mental Health Therapist IV – 1.00 FTE caseload reduction therapist for adult outpatient clinic and 1.00 FTE co-occurring disorders therapist
- 0.25 FTE Drug and Alcohol Services Specialist III – co-occurring disorders therapist

Operating Expenditures - \$189,158

- Rent
- Co-Occurring Drug and Alcohol Services Specialist cost transfer from Drug and Alcohol Services Division
- Utilities
- Office supplies
- Travel/Transportation
- Computer and network charges
- Telephone

Other Expenditures - \$56,070

- Network of Care – web-based mental health information system

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

- Department of Rehabilitation – to provide vocational rehabilitation services to individuals with severe psychiatric disabilities
- Community Mental Health Contract Providers/CBO's**
Contract Expenditures - \$688,779
Transitions-Mental Health Association Expenditures - \$688,779
- Client and Family Partners – client and family member run support, mentoring, and educational groups
 - Vocational Training and Support Employment Program – supportive employment and vocational training including job placement
 - Growing Grounds Retail – job placement for mental health clients at Growing Grounds retail farm and store
 - Family to Family – educational course for families of individuals with severe mental illness
 - Peer to Peer – educational course on recovery taught by peers
 - North County Service Center – consumer driven wellness center in North County
 - Nelson Street Studios Project – Five studio apartments to increase mental health general system development housing
- Total Expenditures - \$1,292,349**
Revenues - \$182,781
- Medi-Cal (FFP only) - \$118,609
 - State General Funds - \$7,013
 - Other Revenues - \$57,159
- Total Funding Requested - \$1,109,568**

**NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports**

County: San Luis Obispo

Completely New Program

Program Number/Name: #7 Enhanced Crisis and Aftercare

Revised Previously Approved Program

Date: March 15, 2011

A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth		98		
TAY		630		
Adults		660		
Older Adults		112		
Total		1500		

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: 1500

B. Program Narrative

1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Enhanced Crisis and Aftercare program, specifically the Mobile Crisis Services, expands the number of responders, regionalizes care and decreases response time. Wellness-focused interventions such as in-home crisis stabilization and next day follow up to person and family if not transported to the psychiatric health facility and aftercare has been strengthened through PEI funds.

The Enhanced Crisis Response and Aftercare Program increased capacity to meet the needs of bilingual/bicultural individuals, increased access to rural areas, and will make appropriate referrals to providers sensitive to sexual orientation and gender specific issues. All crisis workers received trainings in culture specific issues related to working with the Latino ethnic group, and received training related to issues specific to sexual orientation and gender sensitivity. Collaborative, coordinated response resulted in better communication between all parties involved. The enhanced crisis response program provides increased access to emergency care, and prevented further exacerbation of mental illness. This results in fewer hospital and psychiatric inpatient admissions.

In addition to the Mobile Crisis Services, the project includes:

Aftercare Specialist: This specialist meets clients at discharge from inpatient hospitalization and works to ensure that clients and families are familiar with coping and relapse prevention strategies, system and family supports and that a comprehensive follow up plan is in place for clients returning to independent living or family settings. The Aftercare Specialist assists clients in the necessary supports (transportation, housing, planning, and time management) to implement their plans, and assures that they do not “fall through the cracks.” The Aftercare Specialist is a resource for family and support persons involved to make a successful transition from the hospital back into the community.

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

Forensic Reentry Services: This part of the work plan began in 09-10 and adds capacity for providing aftercare needs for persons exiting from jail. Originally part of a Jail-based FSP, this service better responds to the need for comprehensive follow up plans for clients returning to independent living, family or community settings.

This program is available to all county residents, across all age, ethnic and language groups. Language needs are

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

<p>accommodated with Spanish speaking therapists or interpreters as necessary.</p> <p>The Forensic Coordination Team (FCT) funds a full-time Mental Health Therapist to meet the demand to assist law enforcement with difficult, mental illness-related cases. This Therapist works closely with all local law enforcement and court personnel in training and case management issues to reduce crises. Improving crisis response and assistance to mentally ill adults involved in the criminal justice system is a community priority.</p>
<p>2. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.</p>
<p>This program is serving the same target population, and utilizing the same strategies originally outlined in the CSS Community Planning Process. Enhanced crisis and response capacity was a top priority arising from stakeholder focus groups, surveys, public forums, interviews, and steering committee meetings. Stakeholder input helped develop the specific strategies to enhanced crisis capacity components, to improve the overall service system and to improve outcomes for individuals and support the clients' families.</p>
<p>3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).</p>
<p>Enhancement of crisis capacity has, at its core, the development of client-centered, strength-based, asset-focused short-term crisis management plans. These plans promote resiliency by utilizing each individual's and family's assets in developing successful short term coping plans to work through crisis situations. This approach is applied to all age groups including adults, older adults, children and family or placement support systems. These short-term crisis management plans are integrated into the individual's overall recovery plans. Bilingual services are made available to assure citizens in crisis have access to care regardless of language capacity. All crisis workers receive training in culture specific issues related to working with the Latino ethnic group.</p>
<p>4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).</p>
<p>SLOBHD has partnered with a community provider with the capacity to manage the countywide Mobile Crisis Response Team. The County provides support in the form of administration needs, vehicles, and training. The County's professional staff and partnerships with qualified community providers are well equipped to serve the proposed population and address the scope of services.</p>
<p>5. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</p>
<p>N/A</p>
<p>6. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) The rationale for the decision to consolidate programs. c) How existing populations and services will achieve the same outcomes as the previously approved programs.
<p>N/A - This is not a consolidation of two or more programs.</p>

**NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports**

C. Provide an estimated annual program budget, utilizing the following line items.

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures	485,417		405,433	\$890,850
4.	Operating Expenditures	121,189		49,951	\$171,140
5.	Non-recurring Expenditures				
6.	Other Expenditures				
	Total Proposed Expenditures	\$606,606		\$455,384	\$1,061,990
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	80,396		60,354	\$140,750
	b. State General Funds	20,711		15,548	\$36,259
	c. Other Revenues				
	Total Revenues	\$101,107		\$75,902	\$177,009
C. TOTAL FUNDING REQUESTED		\$505,499		\$379,482	\$884,981

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

County Mental Health Department

Personnel Expenditures - \$485,417

- 0.50 FTE Mental Health Program Supervisor – supervision of forensic reentry service program
- 1.00 FTE Mental Health Therapist II – aftercare specialist to assist client transition from the inpatient hospital back into the community
- 2.00 FTE Mental Health Therapist III – 1.00 FTE crisis therapist provides after hours crisis intervention services and 1.00 FTE forensic reentry service program therapist
- 1.00 FTE Mental Health Therapist IV – forensic coordination team (FCT) therapist to assist law enforcement regarding mental health cases

Operating Expenditures - \$121,189

- Rent
- Utilities
- Office supplies
- Travel/Transportation
- Computer and network charges
- Telephone

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

Community Mental Health Contract Providers/CBO's

Contract Expenditures - \$455,384

Sanford Friedlander Expenditures - \$373,897

- Mobile crisis services to expand the number of responders, regionalizes care and decreases response time

Transitions-Mental Health Association Expenditures - \$81,487

- Forensic reentry service to provide a "bridge" or resource support and short-term case management for adult offenders who suffer from mental illness

Total Expenditures - \$1,061,990

Revenues - \$177,009

- Medi-Cal (FFP only) - \$140,750

- State General Funds - \$36,259

Total Funding Requested - \$884,981

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Luis Obispo

Completely New Program

Program Number/Name: #1 Mental Health Awareness and Stigma Reduction Project

Revised Previously Approved Program

Date: March 15, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

More than 2,200 SLO County community members participated in the PEI planning survey and "undetected mental health problems" or "problems not being identified early" ranked as the most important issue for PEI programs to address; and "difficulties accessing care due to stigma and not knowing about services" ranked as the second most important. Additionally, 27% of survey respondents stated stigma and discrimination related to mental illness is a critical problem in the county.

Furthermore, 91% of the focus groups, including persons with mental illness, family members, transitional age youth (TAYs), older adult advocates, and low-aculturated Latinos, requested that PEI funds be allocated to an awareness campaign dedicated to community education about mental illness, signs, symptoms, available local resources, wellness, and stigma reduction.

This project creates social marketing for the general population and addresses disparities in access to services by providing outreach to individuals from underserved and trauma-exposed high-risk groups identified in the Community Program Planning Process. The PEI Community Planning Team selected this as an effective strategy that would address the top ranked community needs across age and ethnic groups to impact the outcomes described above. This project includes the core components described below.

3. PEI Program Description (attach additional pages, if necessary).

This program aims to create awareness of mental illness, its signs, symptoms, and treatments, amongst the general population; address and dissolve the beliefs and attitudes which create internalized self stigmatization, and externalized discrimination towards those in need of services; and educate those populations most at risk for mental illness and those most capable of building resiliency.

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

1.1 Social Marketing Strategy: This program will increase awareness of mental health issues and resources, decrease stigma, and help people seek more effective strategies for dealing with distress.

a. Media Advocacy: Using both traditional, and innovative strategies, this program will feature media messaging, PSA's, and campaigns which promote positive mental health while providing information to the public regarding the signs, symptoms, and potential treatment of mental illness.

b. Community Outreach and Engagement: This social marketing program will also utilize both traditional and innovative approaches to provide interpersonal mental health awareness, education, and stigma reduction information to populations identified as at risk for mental illness and prioritized through the Community Program Planning Process. Community events, one-to-one engagements, and a speakers' bureau made up of consumers, family members, and other mental health advocates will be utilized to deliver key information regarding the signs, symptoms, and care options for mental illness to underserved and high-risk populations.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
1.1 a. Social Marketing Strategy – Media Advocacy	Individuals: Families:	400,000 44,000		12
1.1 b. Social Marketing Strategy Community Outreach and Engagement	Individuals: Families:	500	100	12
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:			

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

<p>5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.</p>
<p>All social marketing materials have a telephone number and website (www.SLOtheStigma.org) that links residents to further assistance, such as being connected to the community-based Resource Specialists (Project 5) who can answer questions and refer to local services, including community resource centers, NAMI, or counseling, or to more intense care through County Mental Health Services. The Community Outreach workers have expertise in connecting the target populations with appropriate services. The whole objective of the outreach effort is to help recognize problems and link those in need to existing resources.</p>
<p>6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.</p>
<p>This project is coordinated in partnership between the County and Transitions Mental Health Association (TMHA), a recognized community leader in consumer and family-driven mental health services. Critical to this project is the collaboration between the County, TMHA, and other key organizations, including Cal Poly, GALA, Pride Alliance (GLBTQ), Parents, Families and Friends of Lesbians and Gays (PFLAG), and the San Luis Obispo County Veterans Administration. Each have worked with SLOBHD in various capacities, and are critical to the success of the strategies included in this project.</p>
<p>7. Describe intended outcomes.</p>
<ul style="list-style-type: none"> • Increased knowledge of signs and symptoms of mental health problems and the experiences of those living with mental illness. • Increased knowledge of risk and protective factors amongst target populations. • Enhanced resilience and protective factors, including hope and self empowerment. • Increased knowledge of local mental health resources. • Reduced internalized/externalized stigma and discrimination, particularly among under/ inappropriately served communities, and those trained in support to those populations. • Increased number of consumers will more readily utilize mental health PEI and other needed services because of the reduction of personal stigma, as well as the reduction of community stigma and discrimination
<p>8. Describe coordination with Other MHSA Components.</p>
<p>Several CSS components have connected with this PEI project including the <i>Family to Family</i> program, which is a mentoring and support program sponsored by NAMI, and the introduction of SLO the Stigma has been a countywide training and resource tool for all CSS, WET, and (eventually) Innovation projects. The www.SLOtheStigma.org website provides information and links to community resources for all component providers, consumers, and the rest of the general public.</p> <p>In addition, through this effort, individuals from the community at large who are newly identified with varying degrees of mental illness, and are engaged by resource specialists who assure new clients, are referred to one of the many components of CSS ranging from an educational presentation, to co-occurring services, or to one of the highly intensive FSP programs.</p>
<p>9. Additional Comments (Optional).</p>
<p> </p>

10. Provide an estimated annual program budget, utilizing the following line items.

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

NEW PROGRAM BUDGET

A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	83,661		70,629	\$154,290
2.	Operating Expenditures	31,693		32,115	\$63,808
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)				
5.	Other Expenditures				
	Total Proposed Expenditures	\$115,354		\$102,744	\$218,098
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues	50,862			\$50,862
	Total Revenues	\$50,862			\$50,862
C. TOTAL FUNDING REQUESTED		\$64,492		\$102,744	\$167,236
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

County Mental Health Department

Personnel Expenditures - \$83,661

- 0.80 FTE Mental Health Therapist III – community outreach therapist targeting homeless population

Operating Expenditures - \$31,693

- Rent
- Utilities
- Office supplies
- Travel/Transportation
- Computer and network charges
- Telephone

Community Mental Health Contract Providers/CBO's

Contract Expenditures - \$102,744

Transitions-Mental Health Association Expenditures - \$102,744

- Community outreach and engagement In Our Own Voice program to present personal stories and education various groups on mental illness
- Social marketing strategy community outreach and engagement to provide interpersonal outreach regarding mental health awareness, education, and stigma reduction for underserved and at-risk populations

Total Expenditures - \$218,098

Revenues - \$50,862

- Other Revenues-McKinney Projects for Assistance in Transition from Homelessness (PATH) formula grant - \$50,862

Total Funding Requested - \$167,236

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: San Luis Obispo County

Project Name: Electronic Health Record

Project Number: SL-03

Select One:

- New
- Existing
- Completed Project (PIER)

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHA Technological Needs project category:

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHA Technological Needs Project and provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)

<input type="checkbox"/> Needs Assessment and Vendor Selection <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Vendor Selection Process	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Infrastructure, Security, and Privacy	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Practice Management <input type="checkbox"/> Electronic Registration <input type="checkbox"/> Electronic Scheduling <input type="checkbox"/> Billing Interface with State <input type="checkbox"/> Billing Interface with Contract Providers	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Assessment and Treatment Plan <input type="checkbox"/> Document Imaging <input type="checkbox"/> Clinical Notes Module	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Lab – Internal <input type="checkbox"/> Lab – External <input type="checkbox"/> Pharmacy – Internal <input type="checkbox"/> Pharmacy – External	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Interoperability Components <input type="checkbox"/> Messaging – Data transfer between different systems with different data standards. <input type="checkbox"/> Record Exchange – Data transfer between two systems that share a common structural design.	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

CLIENT AND FAMILY EMPOWERMENT PROJECTS

<input type="checkbox"/> Client/Family Access to Computing Resources	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Personal Health Record (PHR) System	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Online Information Resource (Expansion / Leveraging Information Sharing Services)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS

<input type="checkbox"/> Telemedicine and Other Rural / Underserved Service Access Methods	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Pilot Projects to Monitor New Programs and Service Outcome Improvement	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Data Warehousing /Decision Support	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Imaging/Paper Conversion	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION

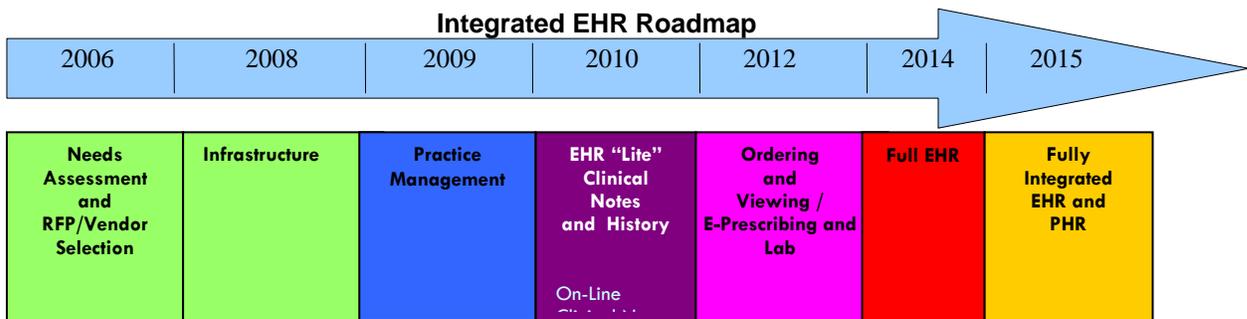
1. Provide an Executive Summary of your Project:

2. Describe how your Technological Needs Projects will meet MHSA’s goal of the Integrated Information Systems Infrastructure (IISI):

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? Yes or No

- | | |
|----------------------------------|------------------------------|
| a. Independent Project Oversight | g. Human Resource Management |
| b. Integration Management | h. Communication Management |
| c. Scope Management | i. Procurement Management |
| d. Time Management | j. Risk Assessment |
| e. Cost Management | k. Change Control Plan |
| f. Quality Management | l. Needs Assessment |

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? Yes or No

6. EHR and PHR Standards and Requirements:

If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:

Proposed Start Date: _____ Proposed End Date: _____

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

This project was approved in June 2009. A contract with Anasazi Software, Inc. for software licensure and implementation services was executed in May 2010. This FY 2011-12 Update is requesting the last of three annual CSS transfers consistent with the original project's budget.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

- | | |
|---|--|
| a. <input type="checkbox"/> Project manager performance | h. <input type="checkbox"/> Change in Vendor/Contract services cost |
| b. <input type="checkbox"/> Project staffing | i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) |
| c. <input type="checkbox"/> Requirements not completely defined | j. <input type="checkbox"/> Personnel cost increase |
| d. <input type="checkbox"/> Change in scope | k. <input type="checkbox"/> Delay in RFP process |
| e. <input type="checkbox"/> Difficulties in customizing COTS | l. <input type="checkbox"/> Insufficient management support |
| f. <input type="checkbox"/> Delay in project start date | m. <input type="checkbox"/> Training issues |
| g. <input type="checkbox"/> Completion date has lapsed | n. <input checked="" type="checkbox"/> Other |

Explanation:

No, the initial funding was sufficient. This FY 2011-12 MHA Plan Update includes a CSS transfer of \$294,950, the last of three CSS transfers required to fund this implementation project.

The original San Luis Obispo County Electronic Health Record (SL-03) project budget included two funding streams from MHA:

Technological Needs = \$2,849,200
 CSS Annual Transfers = 3 years x \$396,674 per year
 Total MHA funding from both sources = \$4,039,222

In March 2009, as the County of San Luis Obispo prepared the FY 2009-10 MHA Plan Update, the budget required for the Electronic Health Record Technology Project was revised downward by approximately \$300k. Therefore, it was determined CSS transfers included in the project budget could be reduced from \$396,674 to \$294,950, annually.

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

- | | |
|---|---|
| a. <input type="checkbox"/> Project organization | j. <input type="checkbox"/> Project phasing |
| b. <input type="checkbox"/> Project management resources | k. <input type="checkbox"/> Change management plan |
| c. <input type="checkbox"/> Support resources | l. <input type="checkbox"/> Risk management plan |
| d. <input type="checkbox"/> Development and maintenance resources | m. <input type="checkbox"/> Contract services costs |
| e. <input type="checkbox"/> Quality assurance testing resources | n. <input type="checkbox"/> Hardware costs |
| f. <input type="checkbox"/> Project plan dates (schedule) | o. <input type="checkbox"/> Software costs |
| g. <input type="checkbox"/> Project scope | p. <input type="checkbox"/> Personnel costs |
| h. <input type="checkbox"/> Project roles and responsibilities | q. <input type="checkbox"/> Other costs |
| i. <input type="checkbox"/> Project monitoring and oversight | r. <input type="checkbox"/> Training provisions |

Explanation:

The project remains unchanged from the original approved project other than reduction in the required annual CSS transfer amounts.

PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel				
2.	Hardware				
3.	Software				
4.	Contract Services				
5.	Indirect Administrative Cost				
	Total Proposed Expenditures				

B. REVENUES

2011/12 ANNUAL UPDATE**EXHIBIT F6**

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
	C. TOTAL FUNDING REQUESTED				

D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER)

Basic Information

Actual Start Date: ___/___/___ Check if different than planned start date in original project proposal
 Actual Completion Date: ___/___/___ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

- Project was completed on time
- Project was completed early
- Project was completed late

What was the final Project Budget Status?

- Project was completed within approved budget
- Project was completed over budget – Final Cost: MHPA funds - \$_____ Non-MHPA funds - \$_____
- Project was completed under budget – Final Cost: MHPA funds - \$_____ Non-MHPA funds - \$_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

- | | |
|--|---|
| a. <input type="checkbox"/> Scope (planning, defining, verifying, and controlling) | h. <input type="checkbox"/> Cost (estimating, budgeting, and control) |
| b. <input type="checkbox"/> Documentation (requirements and use cases) | i. <input type="checkbox"/> Human Resources (team acquisition, development, management, and turnover) |
| c. <input type="checkbox"/> Development (design, coding, and data) | j. <input type="checkbox"/> Communications (info distribution and reporting) |
| d. <input type="checkbox"/> Quality (assurance, control, metrics, and testing) | k. <input type="checkbox"/> Procurement (purchase, acquisitions, and contracting) |
| e. <input type="checkbox"/> Implementation (installation and deployment) | l. <input type="checkbox"/> Training (system education) |
| f. <input type="checkbox"/> Risk (identification, response, and control) | m. <input type="checkbox"/> User acceptance (sponsorship and buy-off) |
| g. <input type="checkbox"/> Time (sequencing, estimating, and scheduling) | |

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Janette D. Pell
Chief Information Officer (Print)

Janette D Pell 4-14-11
Signature Date

Azarm Ghareman, PhD.
HIPAA Privacy/Security Officer (Print)

Azarm Ghareman, PhD, MBA 4-12-2011
Signature Date

**Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Program)**

Previously approved with no changes
 New

Date:3/15/2011	County Name: San Luis Obispo
Amount Requested for FY 2011/12: \$38,400	
A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).	
<p>San Luis Obispo County will work with a contractor (as yet unidentified), that has the demonstrated ability and experience to develop projects that provide statewide training, technical assistance, and capacity building programs in partnership with local and community partners. The contractor will identify and link the County with other counties that have similar training and capacity building needs and will partner with local and community partners via sub-contracts or other arrangements in order to help assure the appropriate provision of prevention and early intervention activities in our local communities. The contractor will use training methods that have demonstrated capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.</p>	
B. The County and its contractor(s) for these services agree to comply with the following criteria:	
<ol style="list-style-type: none"> 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan. 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services. 3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892. 4) These funds may not be used to pay for any other program. 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892. 6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities. 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. 	
Certification	
I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.	
	
_____ Director, County Mental Health Program (original signature)	