San Luis Obispo County
Behavioral Health Department
Mental Health Services Act

Annual Update to the
Three-Year Program and Expenditure Plan
Fiscal Year 2012-13

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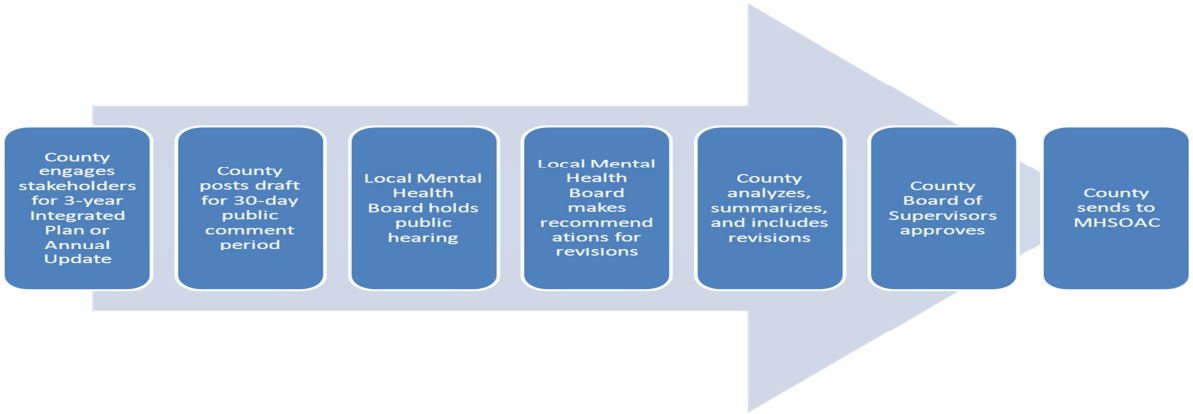
The Annual Update for San Luis Obispo County's Mental Health Services Act (MHSA) programs is an overview of the work plans and projects being implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. The passage of the MHSA provided San Luis Obispo County increased funding, personnel and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults and families. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that supports the County's public mental health system.

This Update was produced by the San Luis Obispo County Behavioral Health Department and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. This report includes descriptions of programs and services, as well as results from 2010-2011, for the work plans of the following MHSA components:

- Community Services and Supports, including Housing (CSS, implemented 2005)
- Prevention & Early Intervention (PEI, implemented 2008)
- Workforce Education and Training (WET, implemented 2009)
- Capital Facilities and Technological Needs (CFTN, implemented 2009)
- Innovation (INN, implemented 2011)

The local 2012-2013 MHSA Annual Update which details the programs being proposed or administered, their operating budget, and results of past implementation will be submitted to the San Luis Obispo County Board of Supervisors for approval. California Assembly Bill (A.B.) 100, passed in 2011, significantly amended the MHSA to streamline the approval process of programs developed. Among other changes, A.B. 100 deleted the requirement that the three-year plan and updates be approved by the Department of Mental Health after review and comment by the Oversight and Accountability Commission. In light of this change, the goal of the annual update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures. This year's annual plan will look different from previous annual updates in that redundancies have been eliminated and the format has been streamlined. The flowchart below was developed by the California Mental Health Director's Association (CMHDA) to illustrate the new Annual Update process.



A key value for the County's MHSA presence is the maintenance of quality partnerships: between County and community providers, staff, stakeholders, consumer, family members, and the organizations which support wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet

changing needs, and communicate directly with the public in order to maintain a stakeholder presence throughout the MHSA programs.

In preparing for the Annual Update and to review program progress a summit of CSS project providers was held in February, 2012. This meeting provided updates on each work plan, its current staffing, program results, and what changes had taken place since the launch of the County's CSS Plan five years previous. At this meeting, attended by County staff and community partners, the 2012-2013 MHSA budget was discussed. In preparation for projected additional funds in CSS, staff and providers discussed needs to be addressed in future planning as well as projects unfunded or underfunded from previous discussions.

Following the CSS meeting, the County reassembled the PEI Stakeholder Committee to provide an update on the PEI Plan as it approached the end of its third year. The stakeholders were provided reports on each project's success and outcomes, many of which are detailed further in this Annual update. The PEI component will be reducing funding in the coming year, and the group provided input and support for the County to maintain each of the Plan's core projects, albeit with some minor funding reductions.

San Luis Obispo County's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met on February 29, 2012. Stakeholders were provided the same information discussed at the CSS and PEI meetings, including budget forecasts, and much of the information included herein regarding Workforce Education and Training (WET), Housing, Capital Facilities and Information Technology (CFTN), and Innovation. This group then took part in a prioritization exercise, identifying key needs and areas to address with projected revenue increases in CSS. That prioritization process led to the proposed new CSS programs discussed within the Annual Update (page 19):

1. Homeless Programming: Creation of a Full Service Partnership
2. Wellness and Recovery Integration in Core Services
3. Expand Spanish Language Treatment
4. Expand Services for the 0-5 population
5. Expanded services for Hotline

No changes to the existing CSS programs will take place in 2012-2013. The County continues to integrate FSP teams and program staff within clinics and develop further program collaborations. The FSP Behavioral Health Treatment Court team, for instance, is working with a federal Adult Treatment Court Collaborative grant and its agency partners from Drug & Alcohol Services and the courts. This collaboration, which also includes staff assigned to prison realignment (A.B.109) programs, allows greater opportunities to assist clients with dual diagnoses engaged in the criminal justice system. Additionally, the county continues to work towards more thorough evaluation of CSS – including the use of logic models, evaluation plans, data collection tools, and standardized procedures for data analysis. County staff members are participating in statewide evaluation workgroups being conducted by researchers at UCLA.

As the county's three-year PEI plan comes to a close, staff evaluators have begun analyzing the vast data which was required of each program. Most significant are the school-based wellness programs which yield, on average, an 80% improvement rate for youth measured on key school indicators – such as attendance, grades, and the reduction of disciplinary actions (page 27). The county's popular "SLOtheStigma" campaign has been used as a model for other counties, as well as the statewide stigma reduction work being done through

CalMHSA (California multi-county collaborative). Parenting and family programs have been extremely popular with rates as high as 98% of participants feeling the PEI services were making a significant impact on their lives (page 30).

All Workforce Education and Training (WET) programs have been implemented. As WET funding is no longer being distributed to the County, some workplans will begin to decrease in future years. In 2012-2013 the County will transition the role of its WET Coordinator into a training lead for its electronic health records project – part of its approved Capital Facilities and Technological Component Plan. The County will continue the popular scholarships, internships, critical incident training, and e-learning projects which are funded through the WET component.

The Innovation component of MHSA is the most unique. Innovation projects must be novel, new, and creative, and not duplicated in another community. Projects and practices that have previously demonstrated their effectiveness in other mental health settings do not add to the learning process and are not eligible for funding under Innovation. The development of the Innovation plan was overseen by local MHSA stakeholders, responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The Board of Supervisors approved funding for eight local Innovation projects in June 2011. Six of the eight projects have been implemented, with the last two to launch in 2012-2013.

The San Luis Obispo County Annual Update for 2012-2013 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 21 through June 20, 2012. A Public Notice (Appendix C) was posted in the San Luis Obispo Tribune, and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Mental Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update was recommended for approval by the San Luis Obispo County Mental Health Board at a Public Hearing held on June 20, 2012 (Appendix A).

The Annual Update was submitted to the County Board of Supervisors and approved on Tuesday, July 17, 2012.

COUNTY CERTIFICATION

Exhibit A

County: **San Luis Obispo**

County Mental Health Director	Project Lead
Name: Karen Baylor Telephone Number: (805) 781-4719 E-mail: kbaylor@co.slo.ca.us	Name: Frank Warren Telephone Number: (805) 788-2055 E-mail: fwarren@co.slo.ca.us
Mailing Address: San Luis Obispo County Behavioral Health Dept. 2180 Johnson Ave. San Luis Obispo, CA 93401	

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. 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 Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

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 2012/13 annual update are true and correct.

Karen Baylor
Mental Health Director/Designee (PRINT)

Karen Baylor
Signature

County: San Luis Obispo

Date: 5/20/2012

SAN LUIS OBISPO COUNTY HEALTH AGENCY

BEHAVIORAL HEALTH

2180 Johnson Avenue
San Luis Obispo, California 93401
805-781-4719 ▪ FAX 805-781-1273

Jeff Hamm
Health Agency Director

Karen Baylor, Ph.D.
Behavioral Health Administrator

Certification for Fiscal Accountability

This document serves as the certification for fiscal accountability as required in the Welfare and Institution Code 5847 b(9). The certification acknowledges that the County complies with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.

Certification by the County Mental Health Director

I hereby certify under penalty of perjury that I am the official responsible for the administration of the programs under the Mental Health Services Act; that I am authorized to sign this certification on behalf of the County.

Date: 8-31-12 Signature: Karen Baylor

Karen Baylor, PhD, LMFT
Serves as County Mental Health Director

Certification by the County Auditor-Controller

I hereby certify under penalty of perjury that I am the official responsible for the fiscal accountability for the County expenditures, including the Mental Health Services Act; that I am authorized to sign this certification on behalf of the County.

Date: 8-28-12 Signature:

The Annual Update for San Luis Obispo County's Mental Health Services Act (MHSA) programs is an overview of the work plans and projects being implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. The passage of the MHSA provided San Luis Obispo County increased funding, personnel and other resources to support mental health programs for children, transitional age youth (TAY), adults, older adults and families. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that supports the County's public mental health system.

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In preparing this Annual Update for the Mental Health Services Act (MHSA) in San Luis Obispo County, the spirit of community collaboration which designed the programs was again in place to review their progress and success. A key value for the County's MHSA presence is the maintenance of quality partnerships: between County and community providers, staff, stakeholders, consumer, family members, and the organizations which support wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet changing needs, and communicate directly with the public in order to maintain a stakeholder presence throughout the MHSA programs.

The major activities of the past year, including the launch of Innovation projects and the hosting of a State Department of Mental Health (DMH) Town Hall Meeting, gave the County excellent opportunities to communicate with the public and the MHSA stakeholder community. In June of 2011, the County's Behavioral Health Department (SLOBHD) presented the Innovation projects along with an update of all MHSA programs, to its Board of Supervisors. Subsequent media included an Op-Ed in the local newspaper which was distributed statewide (San Luis Obispo Tribune, July 12, 2011). In September of 2011, the County hosted a "Summer Stakeholder Meeting" for DMH attended by over 100 local stakeholders. This event was preceded by an annual PEI Providers meeting and training. This event provided the staff and leadership of PEI, Innovation, WET, and CSS programs an opportunity to learn about data collection and reporting, while also preparing local stakeholders for the State's discussion. PEI provider agencies meet with the County as a "network" on a monthly basis to share resources and collaborate on strategies.

The Mental Health Board for San Luis Obispo County is made up of agency leaders, consumers, family members, advocates, and concerned community members. The Board acts as an advisory body for the Department as well as a communication avenue for sharing MHSA information. The Board is updated on a regular basis and in the past year was engaged in several discussions regarding the projects being implemented in MHSA. Board members take part in MHSA-related stakeholder meetings as well as trainings and other program activities throughout the community. In the following report many activities with large public profiles, including the "Journey of Hope" forums, consumer art shows, and school-based events are outlined. Each activity is promoted within the Mental Health Board and with all local stakeholders to ensure public understanding of MHSA endeavors.

In preparing for the Annual Update and to review program progress a summit of CSS project providers was held in February, 2012. This meeting provided updates on each work plan, its current staffing, program results, and what changes had taken place since the launch of the County's CSS Plan five years previous. At this meeting, attended by County staff and community partners, the 2012-2013 MHSA budget was discussed. In preparation for projected additional funds in CSS, staff and providers discussed needs to be addressed in future planning as well as projects unfunded or underfunded from previous discussions. An exercise was held to prioritize values and needs important to these stakeholders, as well as to generate projects to be considered with future funding opportunities. The County employed a ranking system using remote "clickers." This process allowed each member of the stakeholder group to "score"" each proposed MHSA program development or expansion anonymously, based on the merits of the project's declared need, goals, and potential for beneficial community outcomes.

Following the CSS meeting, the County reassembled the PEI Stakeholder Committee to provide an update on the PEI Plan as it approached the end of its third year. The stakeholders were provided reports on each project's success and outcomes, many of which are detailed further in this Annual update. The PEI component will be reducing funding in the coming year, and the group provided input and support for the County to maintain each of the Plan's core projects, albeit with some minor funding reductions.

San Luis Obispo County's MHSA Advisory Committee (MAC) is comprised of community stakeholders, including service partners, consumers, providers, and SLOBHD staff. Also participating are members of the advisory Mental Health Board, which monitors MHSA programs on a monthly basis, and meets the California Welfare and Institutions Code (§5604) requirement for the County. The MAC 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. NAMI, the Peer Advisory and Advocacy Team), and the Mental Health Board. At the annual MAC meeting (February 29, 2012) stakeholders were provided the same information discussed at the CSS and PEI meetings, including budget forecasts, and much of the information included herein regarding Workforce Education and Training (WET), Housing, Capital Facilities and Information Technology (CFTN), and Innovation. This group then took part in a prioritization exercise, identifying key needs and areas to address with projected revenue increases in CSS.

County MHSA Staff took the identified priorities and proposals to gather further feedback from system consumers. Focus groups were held at Transitions Mental Health Association (TMHA), Community Counseling Center, and The Link, with clients representing both County services (e.g. Full Service Partnerships), and community programs. Key informant interviews were also held with consumers individually by County staff in a variety of programs. Consumers were asked their opinions regarding effective strategies, communication tools, and underserved needs and populations. Additionally,

consumers were asked to provide feedback on the priorities identified in earlier venues. This information provided the County with a ranked list of stakeholder priorities. From there, the County determined costs for each proposal and developed a plan for introducing new or expanded programming based on the priorities outlined in the stakeholder process. Descriptions of these new programs can be found in the CSS section of this Annual Update.

The projects prioritized by the community for exploration and possible expansion were:

1. Homeless Programming: Creation of a Full Service Partnership
2. Wellness and Recovery Integration in Core Services
3. Expand Spanish Language Treatment
4. Expand Services for the 0-5 population
5. Expanded services for Hotline

The MAC, and other MHSA stakeholder groups contributing to the Community Planning Process (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 is a representative sampling of the approximate 100 stakeholders involved in this Annual Update's CPP over the past year:

Name	Affiliation
Llanee A	College Student
Shelley Benson	School Counselor
Jill Bolster White	Transitions Mental Health Association
Kathy Buehler-Lipsey	School Counselor
John B	Consumer
Tyler Brown	Mental Health Board/Family Member
Gayne C	Consumer
Pam Dudley	Public Health
Christin Enyart-Elfers	County Office of Education
Janice Fong Wolf	Community Foundation
Amy Gilman	Board of Supervisors
Mark Haas	Department of Social Services
Linda Hogoboom	Nurse
Barry Johnson	TMHA Supported Employment
Kelly Kenitz	Sheriff's Dept.
Ian Parkinson	Sheriff
Amy S	Consumer
Jim Salio	Chief Probation Officer
Dee Torres	CAPSLO, Homeless Advocate
Gail Tutino	Community Health Clinics
Jason Wells	First 5 Commission
Sara W	Consumer

Public Review and Approval

The San Luis Obispo County Annual Update for 2012-2013 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 21 through June 20, 2012. A Public Notice (Appendix C) was posted in the San Luis Obispo Tribune, and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Mental Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update was recommended for approval by the San Luis Obispo County Mental Health Board at a Public Hearing held on June 20, 2012 (Appendix A).

One substantive comment was received, via an emailed memo to the Department. It is included as Appendix B to this document. The memorandum included requests for further information, concerns regarding program funding, recommendations for future planning, and appreciation for several local MHSA projects. The comments were reviewed at the Public Hearing. Department staff reported which aspects of the stakeholder's concerns would be addressed in the final Annual Update going forward for approval by the Board of Supervisors. These items include:

- This current Annual Update includes a funding narrative (page 38), not included in the 30-day Review Draft, to address questions regarding allocation distribution, transfers of CSS funds to WET and CFTN, and the differences between the Annual Update budget form and the Department's County-approved budget.
- Information regarding new programs (page 19) funded through the increased CSS allocation has been updated to better detail the scope of work being projected.

Additionally, the comments received included requests for moving the Annual Update approval process earlier in the fiscal year so that there is no overlap with the County budget hearings. Also, the comments requested more comparative detail between the Annual Updates reflecting year-to-year progress. The Department's MHSA administrative staff reported to the Mental Health Board that these recommendations were feasible and improvements would be made for the 2013-2014 Annual Update.

The Annual Update was submitted to the County Board of Supervisors and approved on Tuesday, July 17, 2012.

Full Service Partnerships

The majority of Community Services and Supports component funding is directed towards Full Service Partnerships. The key principle of a Full Service Partnership (FSP) is doing "whatever it takes" to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client driven services and supports with each client choosing services based on individual needs. Key variables to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

San Luis Obispo County MHSA programs include four distinct FSP programs based on client age groups. Collectively, in 2010-2011, clients in the FSP programs yielded the following results:

- A 93% reduction homelessness
- An 86% reduction in emergency room visits and psychiatric hospitalizations
- A 64% reduction in jail days

Children and Youth Full Service Partnership

The target populations for the Children and Youth Full Service Partnership (FSP) program are male and female children and youth (ages 0-15) of all races and ethnicities, with severe emotional disturbance/serious mental illness 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 nor dependents of the court.

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 increases access and, provides age-specific, culturally competent needs for the participants. 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.

San Luis Obispo County's Behavioral Health Department (SLOBHD) has been a longtime leader in the Children's System of Care and has initiated multi-agency partnerships for service delivery to youth. The Behavioral Health Department 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, serving 96 youth during Fiscal Year 2010-11.

The Children and Youth FSP program services include: individual and family therapy; rehabilitation services focusing on activities for daily living, social skill development and vocational/job skills (for caregivers); case management; crisis services; and medication 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. There were three Children and Youth FSP teams in 2010-2011. The core team includes the child and family, a County Mental Health Therapist, and a community-provided Personal Services Specialist. The team also includes a psychiatrist, and program supervisor. Additional team members 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.

"Ashley" was living with her mother and sister in the homeless shelter. Ashley was failing at school and acting violently toward her sister. While enrolled in FSP, Ashley received treatment for her mental health issues, academic assistance, and her mom received assistance finding housing. Today Ashley is doing better in school and no longer acting out in anger. Without Ashley's participation in FSP, the family would have not have found safety and stability.

Transitional Aged Youth Full Service Partnership

The Transitional Aged Youth Full Service Partnership (TAY FSP) provides services for both males and females (ages 16 to 25) of all races and ethnicities, with serious emotional disturbances/serious mental illness 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 as needed, and address 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. The priority issues for TAY were identified as: substance abuse, inability to be in a regular school environment, involvement in the legal system/ jail, inability to work, and homelessness.

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. Over 65 TAY received FSP services during Fiscal Year 2010/11.

Each participant meets with the team to design his or her 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 supports, 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. There were two TAY FSP teams in 2010-2011. The core FSP team includes a County Mental Health Therapist and a community-provided 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.

Prior to the TAY FSP program, "Paul" never dreamed he would be able to graduate from high school, let alone attend college. Through the support of his FSP team, Paul received independent living skills and keys to becoming a successful student. As a result, he received his high school diploma earlier than anticipated and attended his first semester at Cuesta College.

Adult Full Service Partnership

Adults 26-59 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.

The overall goal of Adult Full Service Partnership Program (Adult FSP) 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 supports, housing, and integrated vocational services to an average of 55 adults annually. Participants are empowered to 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. There were four Adult FSP teams in 2010-2011. The core FSP team includes a County Mental Health Therapist and a community-provided 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. Interpreters are available for those who speak other languages.

Behavioral Health Treatment Court (BHTC) serves adults, ages 18 and older, 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. 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.

"Joe" was homeless and plagued with legal issues. After finishing with BHTC he got the assistance he needed to go to truck driving school, graduated and is now living his dream driving trucks cross country.

Older Adult Full Service Partnership

Stakeholders identified Older Adults to be 70% underserved. The priority issues for Older Adults were identified as: isolation, homelessness, hospitalization, and substance abuse. The goals of this program are a.) reduced hospitalizations and institutionalizations; b.) decreased substance abuse; c.) reduced isolation; and, d.) homelessness.

Priority populations are individuals who are 60 years of age 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.

"I haven't been a situation in which there was so much variety in experiences. There are art classes, cooking classes, movies, etc. Working with (the FSP team) really helps. You feel like someone cares. Someone smiles when they see you - glad to have you around. Those are very important things."

– Older Adult FSP Client

Art Project created by Older Adult FSP Client

The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions ensuring participants remain in the least restrictive setting possible through a range of services and supports based on each individual's needs. There was one Older Adult FSP team in 2010-2011. The Older Adult FSP core team consists of a County Mental Health Therapist and a community-provided Personal Services Specialist. As in all other FSP teams, participants have access to the core team 24/7. 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.

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. Interpreters are available for those who speak other languages.

Client and Family Wellness Supports

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.

- Supportive employment and vocational training is provided through employment readiness classes and job placement.
- 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 an education course on recovery that is free to any person with a mental illness, and serves approximately 65 consumers annually. It is taught by a team of peer teachers who are experienced at wellness and recovery. 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 for over 125 individuals annually.
- 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 National Alliance on Mental Illness (NAMI) – sponsored educational activities are conducted at the PEP Center to over 200 clients annually.
- 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. 98% of the 985 participants surveyed agreed that the quality of life for their family has improved as a direct result of Client & Family Partner services.

NAMI Beautiful Minds Walk

- Caseload reduction therapists have been established in the Adult outpatient clinics.
- A Co-occurring Specialist provides an Integrated Dual Disorders Treatment program, developed by SAMHSA. The Co-occurring Specialist provides intervention, intense treatment and education. Individualized case plans are specific to each client's needs.

"[PEP] is focused on recovery and more social. In groups I notice people that are engaged in the group recover more readily. When I'm in the peer to peer group I try to keep people engaged, where each person is engaged."

- ***PEP Center Member***

Latino Outreach and Engagement


Art piece from Latino Outreach Program training event

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.

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 them 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.

The primary objective of the Latino Outreach and Engagement Program is for bilingual/bicultural therapists to provide culturally appropriate treatment services 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 clients range from 0 to 60+ and are monolingual Spanish or limited English speakers. 100% of the 188 clients served by Latino Outreach clinicians indicate that they would recommend these services to others. 98% of clients reported improvements in coping and internal strength after program participation. All participants agreed the services were culturally considerate and helped clients resolve problems.

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.

Enhanced Crisis and Aftercare

Enhanced crisis and response capacity was a top priority arising from the original local 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 program provided increased access to emergency care, and prevented further exacerbation of mental illness, and 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. This resulted in fewer hospital and psychiatric inpatient admissions.

Two responders are available 24/7 and serve over 1,000 clients annually to intervene when mental health crisis situations occur in the field and after clinic hours, as well as assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and half of the interventions do not result in hospitalization. Interventions are client oriented and wellness and recovery centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments.

The Aftercare 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, time management, and coordination with treatment) to implement their plans, and assures that they do not "fall through the cracks."

The Crisis Mental Health Therapist provides after hours crisis intervention services, coordinating with the Mobile Crisis Unit regarding community requests for on-site intervention. The Therapist assists in communication with law enforcement, emergency rooms, 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.

A Forensic Re-entry Services (FRS) team, comprised of County Mental Health Therapist and a community-provided Personal Services Specialist provides a "reach-in" strategy in the County Jail, adding capacity for providing aftercare needs for persons exiting from incarceration. 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. In its first year, the FRS Team served 79 clients, with only three returning to jail.

The FRS Team continues to meet the demand to assist law enforcement with difficult, mental illness-related cases. In 2010/11, the team served 67 clients, exceeding the target of 40. The team 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.

Community School Mental Health Services

The County Office of Education supports "Alternative Education," including Court and Community Schools, for students needing additional academic, social and emotional supports. Many students at the Community Schools are unidentified or unserved because the traditional school setting cannot accommodate their needs. A County 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 and serves seriously emotionally disturbed (SED) youth ages 12 to 18 that *are not* receiving Individualized Education Plans (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. Over 75 students 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.

San Luis Obispo County Behavioral Health Department and the County Office of Education have partnered with all of the Community Schools in the county to provide mental health services to 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.

Housing

The Full Service Partnership (FSP) Intensive Residential Program provides intensive community-based wrap around services to help people in recovery live independently in variety of community housing and apartment rentals throughout San Luis Obispo, Atascadero, and Arroyo Grande. Program services and activities are provided in residents' homes and within the immediate community. Residents are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each individual to attain their highest level of independence possible. Services include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, and rehabilitative mental health services, regular appointments with psychiatrists and other physicians.

The FSP Intensive Residential Program focuses on encouraging each consumer's recovery and pursuit of a full, productive life by working with the whole person, rather than focusing on alleviating symptoms. Services and staff teams are fully integrated to give each member a range of choices, empowering the consumer as the main decision-maker in their own recovery process.

New Programs for 2012-13

As described in the first section of the Annual update, the County held a stakeholder process to determine future planning direction in anticipation of increased funding through Community Services and Supports. Staff providing services across the mental health system, along with consumers, family members, and interested advocates came together to identify areas-of-need to be addressed in the updated County MHSA plan. The County is planning to add the following projects and services to the existing CSS Plan:

Homeless Full-Service Partnership (FSP): This full-service partnership (FSPs) will provide outreach to the most underserved, difficult-to-reach population of homeless adults and engage clients in health care, mental health treatment, and housing. The County's current FSP and other MHSA programs serve homeless individuals with mental illness. Often, these individuals have proven stable enough to access services, or have underrepresented their homelessness at intake, and therefore underreported in system data. Community advocates and staff in Prevention & Early Intervention (PEI) programs have identified a population of homeless adults with severe mental illness needing intensive outreach, assessment, and follow-up services not currently accessing the public mental health system. These chronically homeless adults are heavy users of costly inpatient and emergency psychiatric services. Like other Full Service Partnerships, this program is designed to do 'whatever it takes' to improve residential stability and mental health outcomes for homeless persons with serious mental illness. Unlike "housing first" models, this program's focus will be on outreach, engagement, and services with stability and housing being amongst improved client outcomes.

The program will be conducted in partnership with Transitions Mental Health Association, which has tremendous experience in serving this special population, including the execution of the County's Homeless Outreach Program under AB 2034 funding through 2006. The team will consist of outreach workers to penetrate encampments, shelters, and street culture in order to engage those homeless individuals with severe mental illness and move them when possible to health care and treatment services; a psychiatric nurse to provide physical assessments, health education and counseling, and medication management for those clients entering treatment; a mental health therapist to provide behavioral health assessment and treatment for mental illness, chemical dependency, or co-occurring disorders; and a case manager to provide clients with system resources, including housing when available and appropriate.

Full Service Partnerships project the following client outcomes:

- A greater than 50% reduction in homelessness
- A greater than 50% reduction in E.R. visits and psychiatric hospitalizations
- A greater than 50% reduction in jail days

The County will establish a contract to provide the following services:

- 1.5 FTE Outreach Workers to meet and engage 150 local homeless individuals (30 individuals will be referred to Nurse Practitioner, with 10 individuals screened to participate in FSP)
- 1.0 FTE Housing/Case Manager to lead FSP Team, and facilitate housing when available for 10 FSP participants
- .5 FTE Peer Driver/Support Worker to assist FSP participants

The County will provide the following new positions to the proposed project:

- .5 FTE Nurse Practitioner to provide medical and psychological assessment, screening, education, and treatment services for 30 individuals annually
- .5 FTE Mental Health Therapist III to provide engagement, assessment, counseling, and therapy for 10 FSP participants

Wellness and Recovery Integration to Core Services: The Mental Health Services Act has provided the County and the public mental health system in San Luis Obispo County with a solid foundation in wellness and recovery principles and standards. In the 2011-2012 fiscal year, the County began moving the original CSS programs which were launched in a satellite facility, into the core clinics. This has begun an exciting integration process. To continue this effort, stakeholders recommended the County look to other wellness and recovery best practices to continue to improve access and enhance services. Currently the County's Innovation plan has a project being conducted to test a new reception and intake model with a wellness focus. This Wellness and Recovery Integration project will focus on clinical interventions.

In this project the County will partner with a wellness and recovery organization (with peer involvement) to conduct an assessment of its clinics – including offices, common areas, and regular practices (e.g. central access lines, electronic health documentation, etc.). This assessment should examine the County outpatient clinics' use of wellness and recovery language, practices, and principles in its physical settings and service delivery. This assessment will result in recommendations for implementation. County staff attended a MHSA-sponsored workshop earlier this year ("Improving Quality in the Face of Financial Crisis: Regional Training for MHSA Coordinators & County Teams"), presented by CiMH, which outlined several models of wellness and recovery practices for clinics, as well as models for improved facility space and environments. Consumers, as part of the stakeholder process, have given great support to this integration project.

The County will establish a contract with an appropriate provider, and support recommended infrastructure and facility environment improvements. The County projects the following outcomes associated with this program:

- 50% of clients will develop stronger wellness and recovery goals in treatment plans with Mental Health Therapists
- 50% of clients will report greater attendance and satisfaction when implementing wellness and recovery-based treatment plans with Mental Health Therapists

Latino Outreach Program Expansion: The County established the Latino Outreach Program (LOP) in its original CSS Plan (2005). This targeted approach to working with monolingual and low-acculturated Latinos in the county has been tremendously successful. The program consists of 3.5 full-time employees (FTE) who provide services both in the County's Mental Health Services clinics as well as community Family Resource Centers. The bilingual/bicultural staff are clinically supervised in a modality which yields specific, culturally appropriate services to this underserved population. Outreach programs have generated a great deal of interest in the program, which has resulted in a wait-list that has consistently averaged over 30 individuals who wait on an average of 5.8 weeks to receive services. Spanish is the county's only threshold language, so providing services to monolingual residents meets the County's Cultural Competence Plan, and will continue to improve penetration rates amongst Medi-Cal eligible individuals.

The County will provide the following new position to the proposed project:

- 1.0 FTE Mental Health Therapist III/IV (Bilingual Required) to conduct outreach, assessments and treatment for youth, adults, and families seeking Latino focused services. The Therapist will provide services for 80 individuals annually.

The addition of a therapist to the LOP will reduce the current wait list by at least 80%, and have a significant impact on the reduction of wait times for individuals awaiting treatment. 90% of clients will report improvements in internal strengths, coping, and problem resolving skills.

Expanded Services for 0-5 Population: San Luis Obispo County has developed a successful assessment and treatment center for children over the past decade. "Martha's Place," established in 2007, is a busy clinic providing a full

slate of services for children aged 0-5. The center has experienced a significant increase in referrals for those children with severe issues needing complex behavioral health care. The current wait time for initial assessments is approximately three weeks. This expansion seeks to eliminate the wait-list for families seeking services while providing more intensive interventions for children throughout the county.

Early identification of behavioral health issues followed by appropriate interventions not only benefits the children receiving services (and their families) but Martha's Place is an important community resource. Martha's Place, as an early intervention model, reduces the impact on schools and social services, as well as long-term cost and impacts on the mental health system, probation, public health and safety. Martha's Place receives an average of 17 referrals per month for a Mental Health Assessment and Specialty Mental Health Services. Most of these children also receive a pediatric assessment as part of the center's services. The demand for assessments and mental health services continues to increase as the community and agencies identify more children (0-5) that score in the clinically significant range on standardized measures (e.g. Ages and Stages Questionnaire). Private therapists and other service providers have become more familiar the value of services at Martha's Place. As the demand for services increase, so does the need to expand therapist capacity and specialty expertise in the provision of services to this population.

The County will provide the following new position to the proposed project:

- 1.0 FTE Mental Health Therapist IV to conduct intake, assessments and treatment for children and families in "Martha's Place," the County's Children's Assessment Center. The Therapist will provide services for 15 children, aged 0-5 annually; and supervision for one additional MFT intern.

This expansion will result in the following outcomes:

- A 60% increase in monthly assessments provided at Martha's Place
- An additional 20 children would receive outpatient mental health services (based on capacity of new supervised intern)

The new Therapist IV will develop a training module at Martha's Place for trainees and interns. This will increase overall expertise and capacity in the treatment of birth-to-5-year-olds in both the public and private sector county-wide.

Support of SLO Hotline Services: The County will use new CSS funding to support "SLO Hotline" services. SLO Hotline is a suicide prevention and mental health crisis line that is staffed 24 hours a day, seven days a week. SLO Hotline launched as a new program of Transitions-Mental Health Association, a community-based nonprofit, in 2009. It began as a local crisis support and resources referral hotline and continues its service to the community now with a new stigma-reduction and mental health recovery mission.

The County will provide funding to SLO Hotline to increase its capacity to serve the community, including providing support to callers who reach the County's inpatient unit after-business-hours phone line. This evening and overnight line is often used by community members, agencies, and law enforcement in lieu of Crisis lines, other emergency services, or general informational needs. This will create an efficiency, as well as bilingual capacity, for the community by having Hotline provide information and referrals to individuals not needing immediate crisis services.

The County's contract with TMHA currently supports a small portion of Hotline services. The additional CSS funds will support 12 additional crisis or high-need calls to Hotline per day, supervision and training for volunteer responders, and ongoing coordination with the inpatient unit and law enforcement.

San Luis Obispo County's Workforce Education and Training (WET) program includes workplans which encourage and enhance employee development and community capacity building within the field of behavioral health. The following projects continued in 2010-11 as part of the WET Plan:

Peer Advisory, Mentoring, 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 wellness, recovery, and stigma reduction. 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 provide education within the mental health system; and promote the concept of wellness versus illness and focus attention on personal responsibility and a balanced life, grounded in self-fulfillment.

Surveys of PAAT and forum participants yielded the following results:

- 95% of forum audience participants surveyed report that they are more aware of mental health stigma and the tools necessary to reduce it.
- 91% of presentation audience participants surveyed agree that they have an increased awareness of the protective skills available for people with mental illness.

2011 Journey of Hope Forum had a record turnout of over 500 attendees

E-Learning: Essential Learning went live in January 2011 to provide electronic access to a Behavioral Health library of curricula for 500 San Luis Obispo County mental health providers, consumers, and family members.

Cultural Competence: The Cultural Competence Committee (CCC) meets regularly to monitor the training, policies, and procedures of the public mental health system and their relative enhancements of cultural competence in serving consumers and families. The primary objective of the group is to coordinate training to improve engagement with underserved populations. The CCC coordinated the following trainings:

- The establishment of a Cultural Competence curriculum within the County's E-Learning system. All 500 participants (County and community) are required to enroll in a course selected by the committee. In 2011 the

Committee chose a series on the effects and treatment of Post-Traumatic Stress Disorder as its E-Learning focus.

- The Committee produces quarterly newsletters focused on cultural topics in relation to mental health issues.
- In March of 2011, the CCC produced a community-wide forum on gang issues and clinical engagement with gang participants and associates. This was attended by 300 community providers, counseling students, and County staff. The workshop featured a presentation by Homeboy Industries, and its workforce development model. This has led to community projects including the development of a bakery for at-risk teens.

Internships: The County's WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department. In Fiscal Year 2010/11 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, while a second was recently hired by a system provider.

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 program has been tremendously popular with local students, peers, and organizations seeking further development in behavioral health careers. A scholarship task force comprised of staff, community college and university staff, community providers, consumers, and family members meets during the year to plan the scholarship program and review applications. The scholarship supports current and new students seeking education, licensing, and career development in the Behavioral Health field.

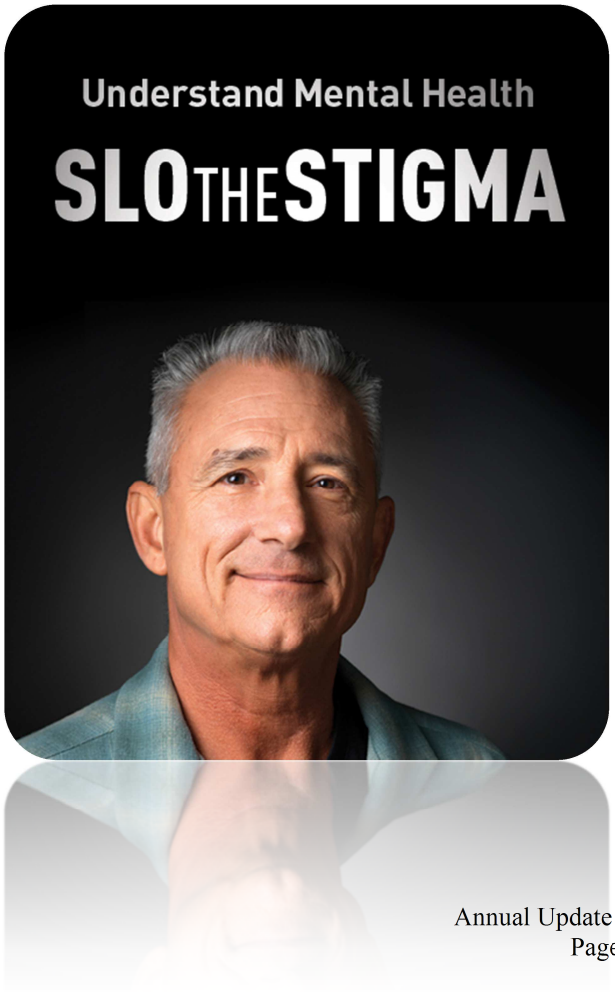
In 2010-2011, the Scholarship Task Force awarded over $100,000 in educational incentives. Through the WET plan's project to build capacity through the California Association of Social Rehabilitation Agencies (CASRA) certification programs at Cuesta College, the County awarded 35 individuals with scholarships averaging $1200. The County also awarded upper division (bachelor and masters) students by distributing $60,000 (total) to twelve behavioral health learners.

Renowned suicide prevention advocate Kevin Hines at the 2011 Journey of Hope Forum

Mental Health Awareness and Stigma Reduction

The cornerstone of the Mental Health Awareness and Stigma Reduction Program is the **SLOtheStigma** media campaign, which concluded the second year of the planned two-year campaign during Fiscal Year 2010-11. At the center of the campaign is a powerful documentary, where local consumers share their stories of recovery and hope. 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.

In addition to the **Media Advocacy** component, Transitions Mental Health Association (TMHA) provided over 30 targeted viewings of the documentary to underserved and at-risk populations such as GLBTQ, veterans, and homeless during Fiscal Year 2010-11. Mental health education and training were also delivered to community providers and the general public. Working with California Polytechnic State University's (Cal Poly) Orientation Programs, TMHA assisted the student leaders in producing a college-focused short film on suicide and depression aimed at the student population. The film will be shown to all incoming freshmen and has been used in several student organizational trainings. TMHA 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.



'It has been a great conversation starter and support for those who are wondering about [mental illness], I hope that this trend continues…, to talk and share our experience on a level playing field – and empower each other to embrace wellness." – SlotheStigma presentation attendee

89% of residents surveyed indicated that SLOtheStigma positively impacted their understanding of mental illness.

97% of In Our Own Voice or Stamp Out Stigma attendees found the information regarding recovery hopeful.

SLOtheStigma campaign yielded over four million media impressions during the two-year run.

School Based Wellness

School Based Wellness, is a comprehensive, multi age approach to building resilience 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: Positive Development Program serves pre-kindergarten aged children; The Middle School Comprehensive program for higher risk schools; Student Wellness Programming, and Sober School Enrichment.

Community Action Partnership's Child Care Resource Connection (CCRC) administers the **Positive Development** project. CCRC delivered the stakeholder selected *I Can Problem Solve* curriculum, and Ages and Stages Questionnaire (ASQ) training to private child care providers in both English and Spanish. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles.

The CCRC staff has continually adapted the program to the changing needs of the community. Over fifty percent of all child care programs served are primarily Spanish speaking centers, and over 500 children and parents are served annually.

Both CCRC and the San Luis Obispo County Behavioral Health Department received Thank You emails and cards from providers and parents throughout the year.

> *"We have been using the I Can Problem Solve Curriculum for the past two years. We think very highly of the program. We have incorporated the concepts from it to a point that it has become so much a part of my every day interaction with children that it is difficult to know where it begins and where it stops. The parents are excited about it and the changes they have seen in their children. One boy enrolled in the program had some speech delays as well as sensory processing integration difficulties. We shared the concepts with his mother and she has used many of the ICPS concepts at home as well. His communication has improved as well as his processing."*

74% of children initially assessed "impulsive" had a notable decrease in their impulsive behavior scores (Overt/Physical Aggression and Impatience/Over-emotionality)

60% of children initially assessed "emotionally aggressive" had a notable decrease in their emotionally aggressive behavior scores

61% of children initially assessed "socially competent" had a notable increase in their socially competent behavior scores

The Middle School Comprehensive project 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 project, based on a Student Assistance program (SAP) model, through a competitive request for application. 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 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.

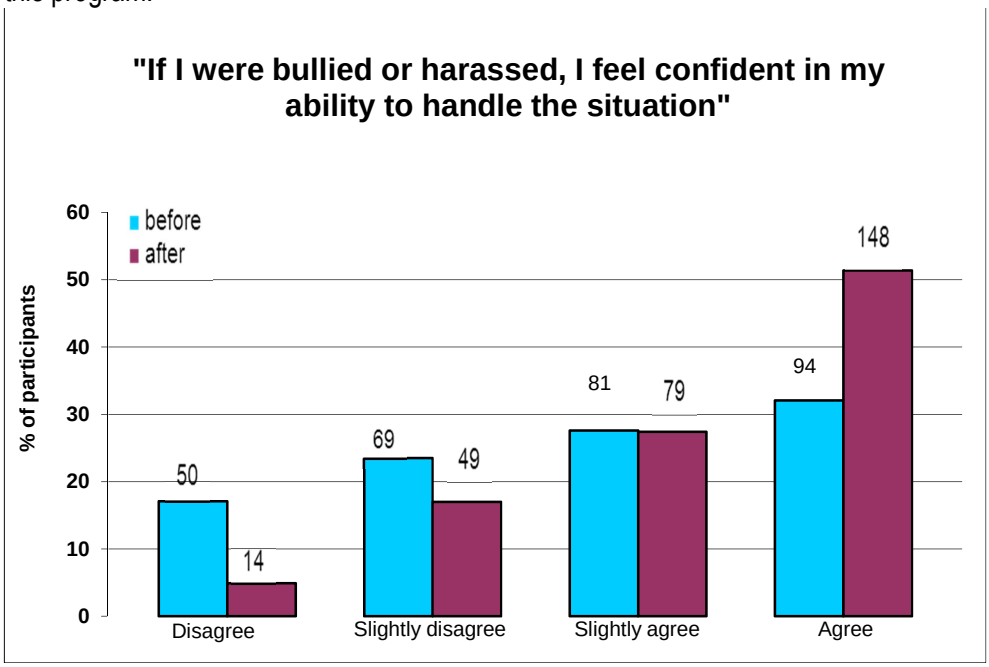
Students are identified as at-risk because of poor attendance, academic failure, and disciplinary referrals. The Family Advocates coordinate case management, referral services, and intervention services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Family Advocates provide information outreach to the schools including participating in "Back to School" nights, "Open Houses", and providing a staff orientation early in the school year.

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. One of the unique programs which developed as a result of the PEI program is the Latina Step Forward Program at Flamson Middle School. The focus of the program is to target Latino female students who are at risk for gang involvement, struggling with academics and disciplinary problems, and could benefit from receiving mentoring from positive role models. The project specifically promotes the importance of succeeding in school, homework, tutoring assistance, and reducing disciplinary actions at school, and gang related and at-risk activities outside of school.

Participating students meet with their mentors weekly to review homework, progress reports, listen to guest speakers, and discuss emotional or behavioral health issues that they may be struggling with. The results in the initial trial exceeded expectations. At the end of the 3rd quarter, the 8 participating students showed improvements in their academics and in their behavior in/out of class, and 5 of those students received a GPA of 3.0 or higher. All students avoided expulsion, and demonstrated improved classroom behavior and attendance. As a result, Latina Step forward has become an integrated part of the campus.

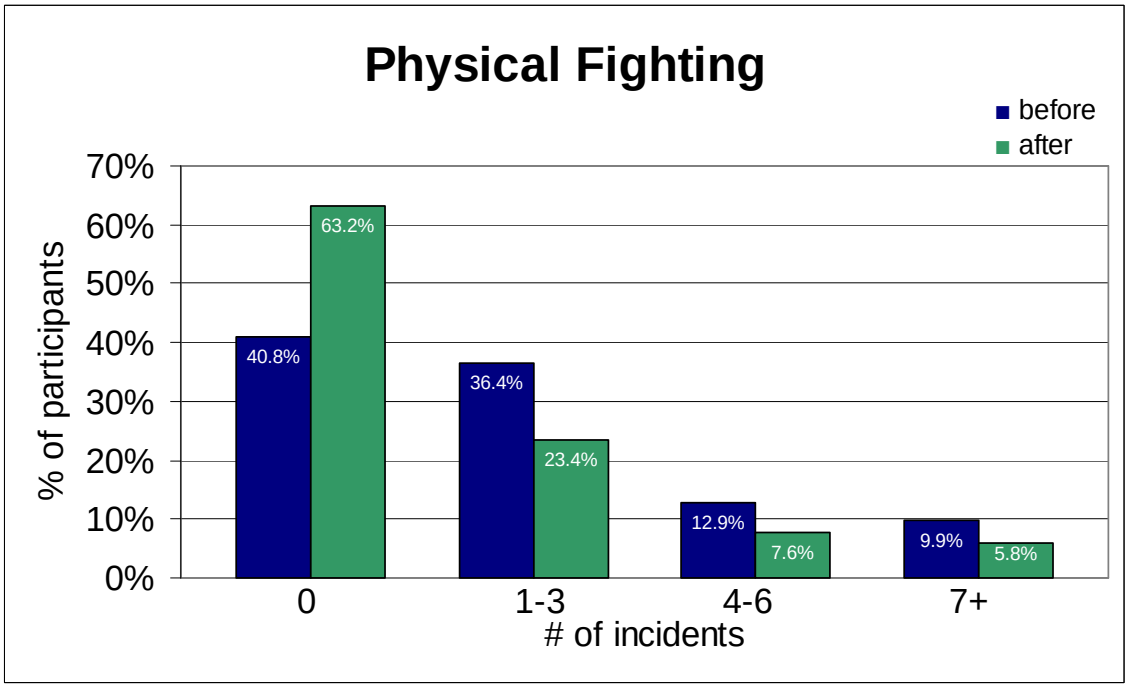
At the end of the second year, preliminary data indicated that ***80% of of the approximately 400 students participating in the Middle School Comprehensive Program showed improvement in grades, attendance, or reduced disciplinary referrals.*** The County has selected its *School-based Wellness* programs for evaluation with the State;

therefore additional data is being collected. The charts below indicate some of the extraordinary outcomes as a result of this program.

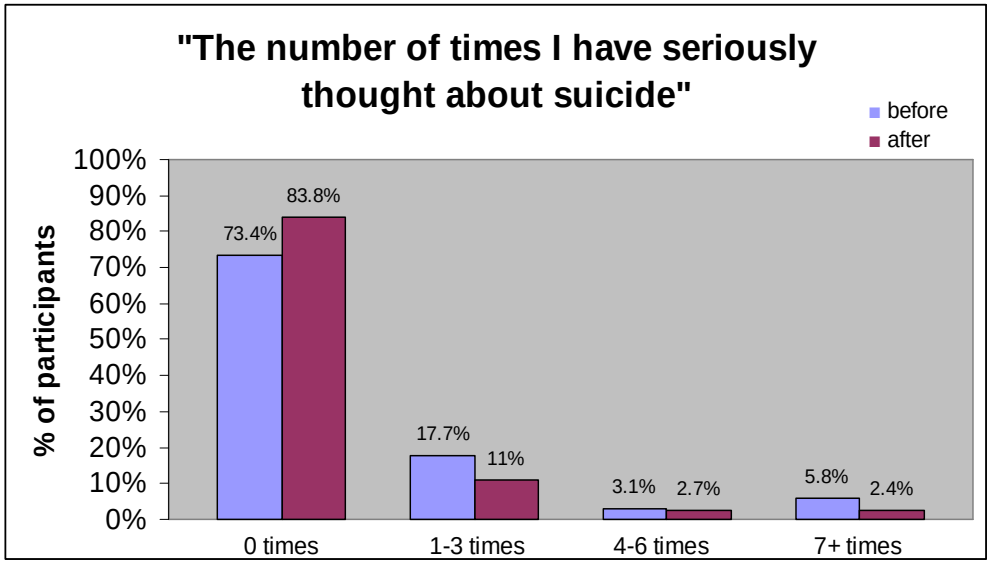


"The PEI team helped when my son was being bullied at school. Since he is no longer being bullied, his grades have improved and so has his behavior at home."

–Parent Participant



"This program has been hugely beneficial to our (Santa Lucia Middle) school. We are better able to address student issues before they become larger, school-wide problems. Our SAP group is a phenomenal team and has changed the climate of the school for the better." – John Calandro, Principal, Santa Lucia Middle School



In addition to the Student Assistance 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 are exposed to Youth Development programming annually.

During the community planning process, the children and youth workgroup (including mental health professionals, educators, and child development experts) indicated the need for universal prevention approaches that addressed key development stages. **Student Wellness Programming** engages 5th grade students by delivering the community selected Botvin's *Lifeskills* curriculum throughout the county:

"I learned how to stand up for myself, say no to peer pressure, and about my temper"
– Creston 5th grade student

"I learned how to respond in a nice way instead of a mean way and getting in trouble"
– Cambria 5th grade student

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 conducts 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. In addition, Sober School students were actively involved in the Innovation planning process.

Family Education, Training, and Support

"My 3 year old daughter can't control her tantrums. I learned how to redirect her and entertain her. Instead she started laughing and forgot all about the problem!"

The San Luis Obispo County Child Abuse Prevention Council (SLO-CAP) administers the **Family Education, Training and Support Program**, a multi-level approach to building the capacity of all county parents and other caregivers raising children. Target populations include: parents and caregivers in "stressed families" living with or at high risk for mental illness, trauma, substance abuse and domestic violence; as well as those parents/caregivers who are doing well and wishing to maintain stability.

A bilingual website www.sloparents.org (See above image) serves as a central clearinghouse to disseminate information on parenting classes, and family support programs and services. All promotion materials are available in both English and Spanish, and www.sloparents.org, receives over 9,000 unique visitors annually accessing an average of 5,000 pages per month.

The website includes a comprehensive listing of the parenting classes offered in the county, including those funded through MHSA. Classes are listed by geographic location, and Spanish language translation is visible, where applicable, throughout the site. Over 25 parenting classes are offered annually using PEI funding, with approximately 50% of attendees identify themselves as Latino, and 48% of participants have a household income below poverty level. Based on community input and evolving community needs, additional classes are offered which addressed specific needs of underserved populations including parents in recovery, teen parents, homeless families, single fathers, and parents of continuation school students. 85% of parents participating in parenting classes indicated reduced behavioral problems in their children as a result of increased parenting skills.

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. Two professional parent coaches, one bicultural and bilingual answer the warmline, and provide one on one supportive and parenting skill building services to parents countywide. Coaching services are provided on the phone or in person when requested, and expanded to include support groups for: widowed fathers, homeless parents, and incarcerated fathers – to prepare them for the parenting challenges they face when rejoining their families.

Early Care and Support for Underserved Populations

The **Early Care and Support for Underserved Populations** program is a multi-focus effort to address the mental health prevention and early intervention needs of three distinct populations identified during the PEI stakeholder process as being the most underserved in the County: High risk Transitional Aged Youth (TAYs), Older Adults (with focus on isolated seniors), and low acculturated Latino individuals and families.

The **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 2010/11 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. Over 120 youth receive services annually, and outcomes indicate 70% of program participants obtain stability of housing, and 68% of program participants demonstrate a decrease in destructive behaviors (substance abuse, self-harm, etc).

Due to the economic downturn, job training and shadowing opportunities became scarce, and Successful Launch staff had to adapt the program to meet the ever changing community need. Twelve students at Chalk Mountain School created a landscaping crew and were allowed to experience employment for the first time, gaining entrepreneurial skills and leadership opportunities. These youth worked regularly scheduled shifts, helped create documents to keep track of the hours and schedules, and worked together to resolve employee differences. The youth finished the project by creating a video as a marketing campaign.

The **Older Adult Mental Health Initiative**, was administered by Wilshire Community Services, community-based prevention and early intervention non-profit serving seniors countywide. Over 1,800 depression screenings are conducted annually. Caring Callers, a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation, and Senior Peer Counseling, a peer led mental health program providing no cost counseling services to individuals over age 65, continue to expand as, as service hours reached 7,500 annually in 2010/11. 100% of Older Adult clients reported an increase in overall life satisfaction, decreased loneliness, and reduced feelings of depression.

86 year old, Janine, has been a Caring Callers client for more than a year. Last month, unfortunately Janine fell down and required serious medical attention. Although she was able to return to her home, she required extensive after care and support. She was not sure how she would cope with "the little things." Janine's Caring Caller volunteer, Fred, heard about her accident and offered to visit three times per week to make sure somebody was checking on her and ensuring that she was okay. After her recovery, Janine told us that "…my Caring Caller has been a life saver for me."

Latino Outreach and Engagement, was originally solely funded by the San Luis Obispo County Community Services and Supports 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. This program provided targeted outreach to populations in underserved Latino communities, particularly to identified pockets of poverty in the north and south areas of the count, and rural residents in Shandon, San Miguel, Oceano, and Nipomo. Over 1200 community members are provided education about mental wellness, healthy living, increased awareness of signs and symptoms of mental illness, and given information on accessing services annually.

Increased awareness has resulted in a greater demand for Latino Outreach Program therapy services and a longer wait list to obtain MHSA-funded counseling services.

Integrated Community Wellness

Integrated Community Wellness maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services including short term, low intensity counseling and one-to one assistance in navigating and accessing community resources, and enhanced crisis response. PEI Program 5 improves early detection of and provides early intervention for mental health issues while increasing access to care by utilizing three programs: Community Based Therapeutic Services, Integrated Community Wellness Advocates, and Enhanced Crisis Response

Community Counseling Center Paso Robles Expansion

Community Based Therapeutic Services provides an average of 3,000 low or no cost counseling hours annually. Community Counseling Center serves primarily adults and families, Wilshire Community Services serves Older Adults, and San Luis Obispo County Behavioral Health serves Transitional Aged Youth.

A recent focus group of Community Counseling Center clients indicated that all of the individuals have struggled with homelessness prior to receiving counseling, and obtained secure housing while receiving early intervention services. In additon, participants indicated they recognized their substance use disorders as a result of their counseling. One participant shared: ***"The overall quality of life is much better for me. I've set goals and met those goals. I got my driver's license, I got a place, and flew out of state to see my daughter. I did that coming out of here, because of my counseling."***

"Dan" was dealing with his recent divorce and struggling to manage work and being a sole, single parent to three young daughters. He was underemployed and had no insurance. Eight weekly sessions at CCC helped him work through his feelings of abandonment so that he could better help his children through theirs. He learned to ask for help from his support network when chores were overwhelming. Dan's feedback indicated he "felt less overwhelmed now, was doing better at work, and as a father and more able to cope".

Transitions Mental Health Association (TMHA) continued to provide **Integrated Community Wellness Advocates**. 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.

Advocates at an Outreach Event

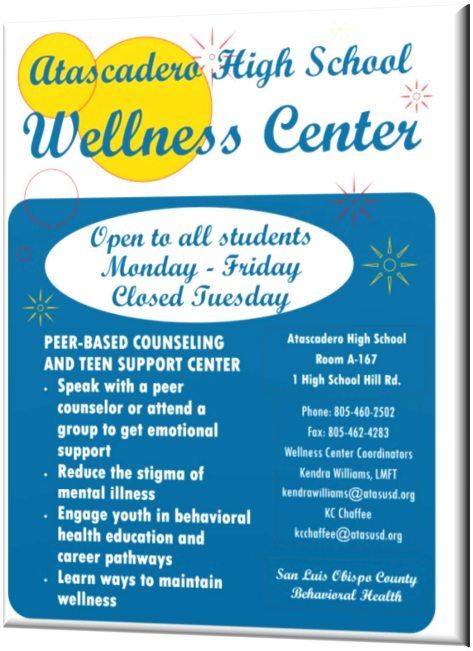
Community Wellness Advocates make one on one contact to over 2,000 individuals annually. An average of 650 individuals and families receive extended services and supports such as: food, clothing, health care, housing, employment, and legal assistance. 96% of family members surveyed reported an improved quality of life as a result of engagement in extended services.

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. Over 50% of individuals served by Crisis Response (approximately 500 annually) are not seriously mentally ill, and are provided stabilization and early intervention services through PEI. One recipient of Crisis response services shared "[Crisis response] helped me put a plan together to make my life better".

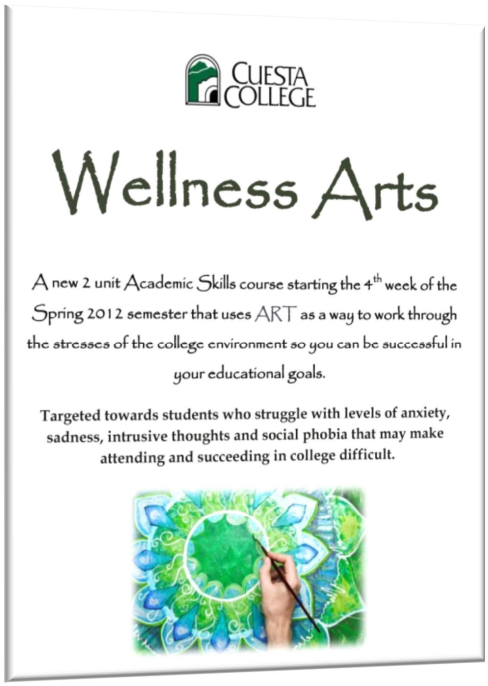
The Innovation component of MHSA is the most unique. An Innovation project is one that contributes to learning, rather than providing a service. Innovation projects must be novel, new, and creative, and not duplicated in another community. Projects and practices that have previously demonstrated their effectiveness in other mental health settings do not add to the learning process and are not eligible for funding under Innovation. Innovation funding was created for the purposes of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.

The development of the Innovation plan was overseen by the local MHSA Community Planning Team, which was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The Board of Supervisors approved funding for the following Innovation projects in June 2011:

- **System Empowerment for Consumers, Families, and Providers** creates an approach to mutual learning and enhanced collaboration among consumers, family members and mental health providers. Key elements of this program include a trust building retreat followed by mutual development of a core training program and curriculum for participants within the public mental health system. Behavioral Health also expects the pilot to initiate policies that enhance the training and education of mental health providers.
- **Atascadero Student Wellness Career Project** was initiated by San Luis Obispo County high-school students, and intends to engage high school youths' interest, capacity, and skills to provide mental health supports to peers. The Atascadero Student Wellness Career Project will create a peer counseling model with a public health emphasis that includes a youth-directed stigma reduction campaign and exposes students to behavioral health education and careers. By placing a public mental health system provider on the Atascadero High School campus and training peer counselors to use the Screening and Brief Interventions tool, this wellness project is unique to other known models.

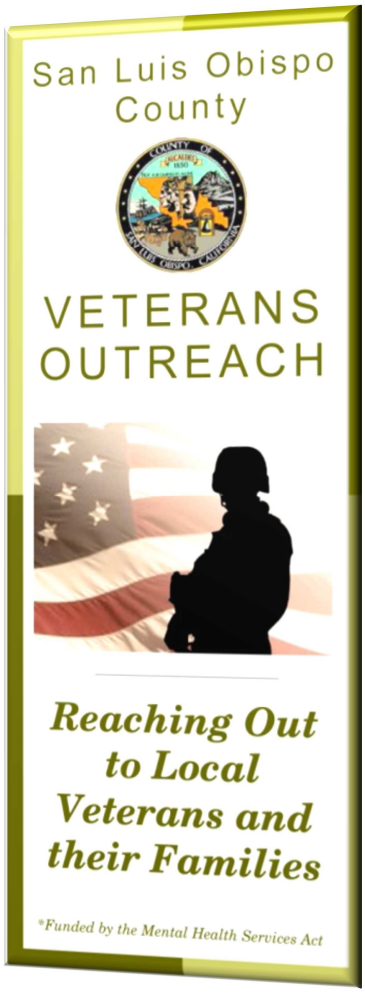


- **Older Adult Family Facilitation** aims to create forward-looking solutions that enhance choice, safety, comfort, support, and well-being for older adults. The Older Adult Family Facilitation model will combine elements from Child Welfare Services' Family Group Decision Making (FGDM) and Elder Mediation, with emphasis on creating meaningful connections to a broad range of community resources and supports for older adults and their families. This Innovation project intends to fill service gaps between existing MHSA Older Adult programs.
- **Non-Violent Communication (NVC) Education Trial** adapts a communication method, now used in business, education, juvenile justice, and mediation settings, as an early intervention practice for Transition Age Youth with serious mental illness and their families. The model will include education and support groups which focus on youth identified as not amenable to treatment and challenged in recovery because of aggression, conflict, and/or difficulties communicating.



- **Wellness Arts 101** was developed by and created for college students with mental illness. This program is a for-credit community college course on expressive art for students who have been engaged in or referred for mental health services. The course, to be offered in partnership with Cuesta College, combines academics with the opportunity to develop social and life skills while participating in a therapeutic activity.

- **System Enhancement Program** (formerly Warm Reception and Family Guidance) will adapt Stanford's "Cancer Concierge Services" model to serve Behavioral Health clients. The intention is for clients newly referred to the mental health system and supporting family members, to feel safe, secure, informed, and supported so that they may focus on treatment and recovery. The model uses elements of peer-based system navigation, and blends new intake procedures with supportive activities. The goal of this innovation is to create a coordinated "any door" policy among key mental health ports of entry and staff, and to offer warm guidance to help link clients to the appropriate provider.



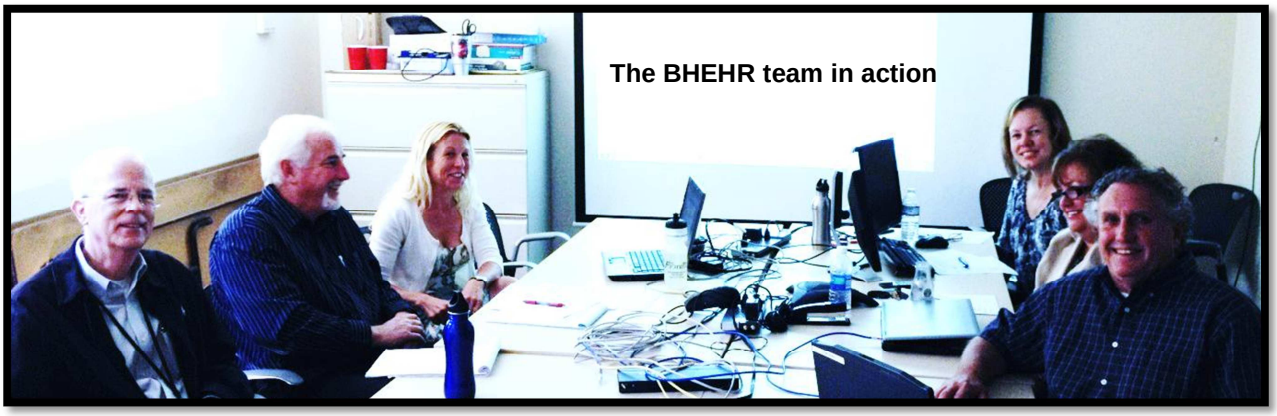
- **Operation Coastal Care** leverages resources by embedding a licensed mental health therapist within an existing local rehabilitation program for veterans and other high-risk individuals. The Operation Coastal Care mental health therapist will assess and respond to participants' mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder both on-site during program events and through follow-up assessment and treatment in comfortable, confidential environments. MHSA funds only support mental health aspects of the program which will also be made available to participant's family members.

- **Multi-Modal Play Therapy Outreach Trial** pilots a parent-led, multi-modal, attachment-focused play therapy delivered in home and community settings. The proposed program is designed for children and their parents currently not engaged by the public mental health system, with emphasis on providing services for families in rural and remote areas of the county. As parent and caregiver input and feedback is at the core of this approach, therapists will not identify the first modality or its progression until parents have had the opportunity to experience all three therapy models and provide input to their child's treatment plan.

A comprehensive integrated behavioral health system that will modernize and transform clinical and administrative information systems through a Behavioral Health Electronic Health Record (BHEHR) System allowing for a 'secure, real-time, point-of-care, client-centric information resource for service providers' and the exchange of client information according to a standards-based model of interoperability.

This project's goal is to apply current technology to modernize and transform the delivery of service. The ultimate goal is to provide more effective and efficient service, facilitating better overall community and client outcomes. The nine identified focused areas of improvement are:

- Change Control to include Configuration Management, Requirements Management and Cultural Change Management.
- Data standardization.
- Data Entry, Access and Management.
- Process/Workflow Development, Management and Support.
- Client -centric Initiatives.
- Training: on-going needs assessment, system training, and evaluation of the quality and effectiveness of training as measured by County-developed metrics appropriate to the role of the user.
- Establishment of Business Partnerships based on Electronic Exchange of Data.
- Referrals and Automation of the Process.
- Improved Reporting for Management, Quality and Clinical Need.



The BHEHR team in action

A contract with Anasazi Software, Inc. was approved by the Board of Supervisors in May 2010, and Key Project benchmarks for 2010/11 included:

- Formation of the BHEHR Leadership Team and Project Team
- 264 tables were set up in Anasazi in preparation for the April 1, 2011 "go live."
- Thirty sub-projects were established for the Project Team to accomplish the necessary work to prepare for the go live of the administrative phase.
- 28 "Super Users" were trained by Anasazi.
- Data entry for approximately 2600 clients entered into Anasazi in preparation for "go live."
- Staff was trained on the client data and billing modules of Anasazi.
- "Go live" for the billing and client data phase was on schedule as planned on April 1, 2011.

County: San Luis Obispo Date: 3/29/2012

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$1,660,570	$394,303	$81,758	$762,170	$1,095,913	
2. Estimated New FY 2012/13 Funding	$5,585,566			$1,396,392	$367,472	
3. Transfer in FY 2012/13[a/]	($1,160,809)	$18,760	$1,142,049			
4. Access Local Pruduent Reserve in FY 2012/13	$0			$0		
5. Estimated Available Funding for FY 2012/13	$6,085,327	$413,063	$1,223,807	$2,158,562	$1,463,385	
B. Estimated FY 2012/13 Expenditures	$5,448,435	$413,063	$1,223,807	$1,983,531	$1,007,760	
C. Estimated FY 2012/13 Contingency Funding	$636,892	$0	$0	$175,031	$455,625	

[a/]Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$2,009,458
2. Contributions to the Local Prudent Reserve in FY12/13	$0
3. Distributions from Local Prudent Reserve in FY12/13	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$2,009,458

MHSA Fiscal Year 2012-2013 Funding Summary:

Beginning in FY 2012-13, Counties will be given a monthly distribution of their MHSA funds, which will provide a more even cash flow. Previously the MHSA funds were received in Fall and Spring of the fiscal year. Pursuant to Welfare and Institutions Code 5892 (a)(b), the distribution of funds per component is follows: Innovation will receive 5% of the total funding, Prevention and Early Intervention (PEI) will receive 20% of the balance, and Community and Supports Services (CSS) will receive the remaining 80%. Annually, up to 20% of the average amount of funds allocated for the past five years may be transferred from CSS to prudent reserve, Workforce, Education and Training (WET), and to support capital facilities and technological needs (CFTN).

For FY 2012-13, the total cost to provide MHSA services will be approximately $12.5 million. San Luis Obispo County is leveraging its MHSA money with other funding sources such as Medi-Cal, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), and grants. Of the total cost, approximately $10 million will be from the MHSA fund. The County is anticipating an increase in MHSA revenue for FY 2012-13 and will use the additional funding to add and enhance programs within the CSS component.

Community Services and Supports (CSS): The FY 12/13 budget for CSS is currently estimated at $7,799,629. Of that amount, $5,448,435 is funded through MHSA revenue and the remaining balance is funded through other funding sources. A transfer in the amount of $1,160,809 will be distributed to WET and CFTN to support the programs for the fiscal year. The transfer amounts distributed to each component meet the guidelines of Welfare and Institutions Code 5892 (b).

The following programs will be added or enhanced with anticipated additional funding:

- **Homeless Full-Service Partnership (FSP):** Project costs are estimated at $402,750. This program will provide outreach to the most underserved, difficult-to-reach population of homeless adults and engage clients in health care, mental health treatment, and housing. The County is requesting to add a .50 FTE Nurse Practitioner and a .50 FTE Mental Health Therapist that will work in partnership with a 1.50 FTE Outreach Worker, 1.0 FTE Housing/Case Manager, and a .50 FTE Peer Driver/Support Worker contracted through Transitions Mental Health Association. Medi-Cal revenue is expected to be generated from this program which will offset some of the costs.
- **Wellness and Recovery Integration:** Project costs are estimated at $50,000. The County will contract with an appropriate provider who will conduct an assessment of its clinics to determine the use of wellness and recovery language, practices, and principles in its physical settings and service delivery. The contractor will provide recommendations for implementation and will support recommended infrastructure and facility environment improvements.
- **Latino Outreach Program Expansion:** Project costs are estimated at $110,814. This program will expand the current Latino Outreach Program by providing an additional 1.0 FTE Mental Health Therapist to provide treatment for underserved Latinos., The project costs include salary, benefits, and office expenses related to the new position.

- **Expanded Services for 0-5 Population:** Project costs are estimated at $110,814. This program will expand the current assessment and treatment center (Martha's Place) for children aged 0-5 by adding an additional 1.0 FTE Mental Health Therapist to the program. The project costs include salary, benefits, and office expenses related to the new position.
- **Support of Hotline Services:** Project costs are estimated at $85,000. This program will support SLO Hotline, operated by Transitions Mental Health Association (TMHA), which is a 24-hour suicide prevention and mental health crisis line. The County will provide additional funding for the SLO Hotline to increase its capacity to serve the community, including providing support (including bilingual) to callers who call the County's after-hours phone line. Currently, those calls go to staff working in the inpatient unit. The SLO Hotline project will allow for more efficiency with calls being routed appropriately to crisis responders, inpatient staff, or Hotline volunteers.

The total cost for the additional programs and program enhancements is approximately $759,378. Of this amount, $697,964 will be funded through new MHSA revenue and the remaining will be funded through Medi-Cal and EPSDT. The adjusted total budget for CSS will be $8,559,007.

Workforce, Education and Training (WET): From FY 2005-06 to 2007-08, the WET component was allocated 10% of MHSA funds. In any year after that, the County can request a transfer from CSS to WET. In FY 2012-13, the WET programs will receive a transfer in the amount of $18,760. The transfer will restore funding to maintain the E-Learning system which has provided essential cultural competence, wellness and recovery training for providers and consumers throughout the county mental health system. In addition, a large number of community "e-learners" are being trained in co-occurring disorder issues and practices, as well as electronic health record training. Since its launch in 2011, County staff has accumulated 1,000 hours of continuing education credits using this e-learning instrument. The capacity to be trained online has resulted in a 30% decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training.

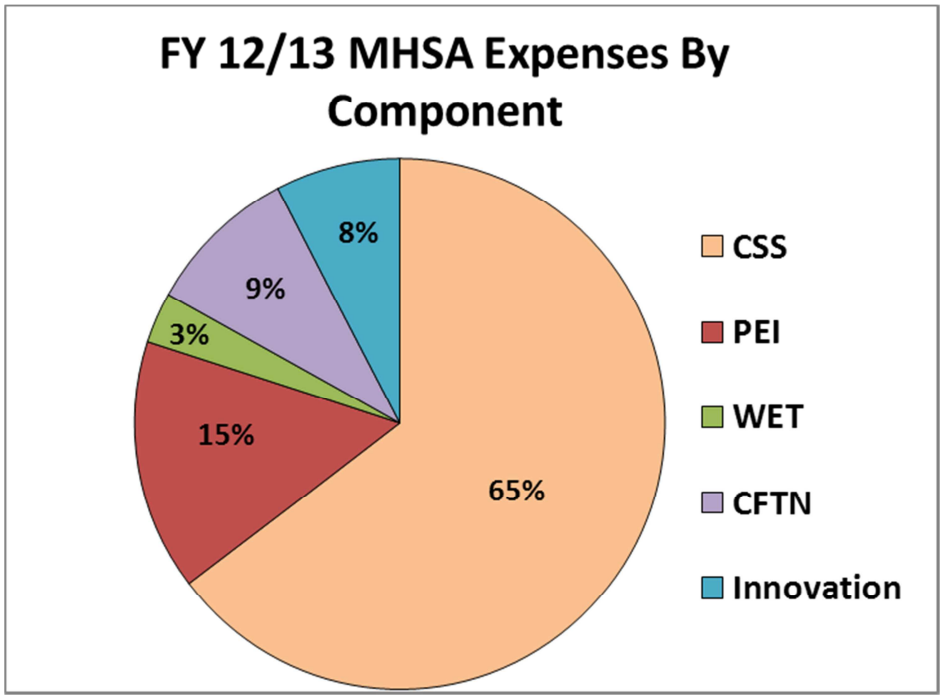
Capital Facilities and Technological Needs (CFTN): CFTN will receive a transfer from CSS in the amount of $1,142,049. The transfer is intended to be the last significant transfer for CFTN as the Electronic Health Record system is expected to be completed by June 30, 2013. The transfer will support infrastructure to maintain the system and provider capacity, which includes on-going needs assessment, system training, and evaluation of the quality and effectiveness of training as measured by County developed metrics appropriate to the role of the user. Funds being transferred from CSS will also support client-centered initiatives, such as wellness and recovery-based treatment planning forms, reports, and staff training. Any further transfers will be at a smaller amount and will be used to facilitate the requirement of an annual maintenance fee.

Prevention and Early Intervention (PEI): The Prevention and Early Intervention Three-Year Expenditure Plan will come to an end at the close of the 2011-2012 fiscal year. Due to a slow start up of PEI programs from FY 2007-08 to 2008-09, the PEI component had unspent revenue that was carried forward from year to year, as allowed per Welfare and Institutions Code 5892 (h). When the PEI programs were identified and implemented, the accumulated PEI funds were used to fund the projects for the 3 year period. With the carryover amount spent, the PEI programs must now be

aligned with current year revenue expectations. As a result, some of the PEI programs for FY 2012-13 will be adjusted to meet funding levels. Stakeholders met and recommended the County maintain the original PEI workplans with normal allocated funded levels in 2012-2013. County staff, providers, and stakeholders have met to determine the appropriate service level reductions in order to maintaining the integrity of the projects.

Innovation: The FY 2012-13 budget for Innovation is $1,007,760. Innovation projects were delayed in FY 2011-12 that created some unspent funds. The FY 2012-13 Budget will be funded 100% by the unspent funds as the carryover amount from FY 2011-12 is $1,095,913. The Innovation projects have all been implemented.

Local Prudent Reserve: The County must establish and maintain a local prudent reserve to ensure that programs will continue to serve children, adults and seniors currently being served by CSS programs. The reserve should be used for CSS services in years where the allocation of funds for services are not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year. The amount in prudent reserve is $2,009,458 and will not be used to fund programs in FY 2012-13. Current discussions are underway to determine the appropriate level for prudent reserve and if any of the funds should be allocated to either expand services further or develop additional programs to meet other needs identified through the stakeholder process.



A. Minutes of the Mental Health Board/Annual Update Public Hearing June 20, 2012

SAN LUIS OBISPO COUNTY HEALTH AGENCY

BEHAVIORAL HEALTH

2180 Johnson Avenue
San Luis Obispo, California 93401
805-781-4719 ▪ FAX 805-781-1273

Jeff Hamm
Health Agency Director

Karen Baylor, Ph.D., MFT
Behavioral Health Administrator

County of San Luis Obispo
Mental Health Board
2180 Johnson Ave.
Health Campus
San Luis Obispo, CA 93401

June 20, 2012
3:00 p.m. – 5:00 p.m.

MINUTES

The regular meeting of the San Luis Obispo Mental Health Board was held on Wednesday, June 20, 2012 at the Health Campus, 2180 Johnson Ave., San Luis Obispo, CA 93401.

During the regular meeting, a Public Hearing was held to consider the Mental Health Services Act Fiscal Year (FY) 2012/13 Annual Update. There were approximately 19 people in attendance with 7 guest speakers.

At the conclusion of the Public Hearing the Mental Health Board, with 10 members in attendance. The motion was made to send the updated MHSA annual report to the BOS for final approval on July 17th by David Odell and seconded by Lisa Kelley, and unanimously approved by the Board.

Officially Submitted by:

Jane Ahlquist

Jane Ahlquist, Mental Health Board
Secretary

Next meeting: The next Mental Health Board meeting will be Wednesday, July 18, 2012 from 3:00 p.m. – 5:00 p.m.

B. Public Comment

One substantive comment was received, via an emailed memo to the Department. The comments were reviewed at the Public Hearing. Department staff reported which aspects of the stakeholder's concerns would be addressed in the final Annual Update going forward for approval by the Board of Supervisors.

DATE: *June 11, 2012*
TO: *Dr. Karen Baylor, County Mental Health Director*
Mr. Frank Warren, County MHSA Lead
Ms. Darcy Rourke, Contact, MHSA Annual Update for FY 12/13
CC: *Mr. David Riester, Chair, SLO Co. Mental Health Advisory Board*
FROM: *Roger Gambs, Atascadero, CA*
SUBJECT: *Comments on MHSA Annual Update to Three-Year Program and Expenditure Plan for Fiscal Year 2012/13*

First, I would like to acknowledge the many significant and positive changes that have occurred in SLO Co's. System of Mental Health Care over the last 25 years. Client and Family Wellness Services and Supports, Behavioral Health Treatment Court, Latino Outreach and Engagement, and the various Full Service Partnership programs are just a few examples of these significant improvements. Please relay my sincere appreciation to all the dedicated Mental Health Department support and service providers.

As a community member who helped work on the first CSS component of the MHSA, I confess that I still have a sweet spot for the expanded Mental Health Care capacity that Prop. 63 offered to our county. I also must confess that I'm deeply concerned that decision makers will continue to pare away at the critical funding for core services under the misguided belief that funding from the MHSA will fill the void.

My opinions are intended to provide Mental Health Department staff with a concerned citizen's perspective and constructive criticism regarding the FY 2012/13 MHSA Annual Update as well as future updates, hearings and disclosures to the public. I'm certainly not asking anyone to spend precious time developing a formal response to these comments.

***A**. I believe that with the transition from State-dominated to County-dominated MHSA program determination, accountability and oversight, a stronger burden will be placed on the County Behavioral Health Department to: (a) solicit more comprehensive public and stakeholder input, (b) provide more MHSA component-specific details to the public early in the budget planning process and (c) ensure that all funded component projects meet or exceed the goals, priorities and intended outcomes of the Mental Health Service Act. This year the FY 2012/13 MHSA Public Hearing occurs AFTER the BOS completes its hearings on the County budget. If the BHD is intent upon collecting and acting on public input gathered during its Public Hearing, then it must release its Annual MHSA Update much earlier in the year and hold the Public Hearing at least a month BEFORE the BOS holds its hearings on the County Budget. At this late date, I suspect that the BHD, MHS, MHSA and D & A programs and budgets are essentially done deals.*

***B**. The update narrative is attractive and provides a nice general description, but I think the document lacks specific information on the distributions of project funding within the 5 different components of the MHSA.*

Further, I was unable to readily compare the 2012/13 update to previous years in terms of the distribution of staff positions by component projects, Comments, FY 2012-13 MHSA Annual Update p. 2 of 2 pp. proportion of services contracted out, the entities that provide contracted services, the number of clients and client hours served, the number of families served, average expenditures / client or family, etc.

***C**. Fortunately, a Homeless Outreach and FSP program is designated as a New Program for 2012/13. The Behavioral Health Department deserves special recognition for its effort in developing this desperately needed program and I congratulate the department for its strong initiative.*

***D**. Using only FY 12/13 expenditure values, the CSS component, a primary focus of Prop 63, accounts for ± 54% of the distribution of MHSA dollars. Values for contingency funding and prudent reserves appear to dilute the CSS portion to a point where it may no longer account for 50% of the dollars. Because CSS was designed to provide services directly to people with the greatest need, I believe that it should ALWAYS receive substantially more than half of the MHSA budget. I would hope that CSS is never considered to be a "slush fund" and used to excessively supplement certain other MHSA components (e.g. E, below).*

***E**. As an example of inter-component supplementation, a total of $1,160,809 is being transferred from CSS to WET and CFTN. I don't have any strong objection to the $18,760 that is transferred to WET; however, the $1,142,049 transferred to CFTN (Capital Facilities and Technology Needs) is, in my view, excessive. According to the BHD comments in the SLO Co. 2012/13 budget, the federal American Recovery and Reinvestment Act of 2009 mandates an Electronic Health Record system. Although I have not memorized the act, I find it hard to believe that the ARRA did not provide some level of funding for this mandate as it has done for other projects (e.g. local highways) in the county. I'm not saying that a highly integrated EHR system is not needed, it obviously is. What bothers me is that it looks like the lion's share of EHR implementation costs for FY 12/13 are coming from MHSA dollars. I presume that the EHR system is designed to cover all BHD cases, those receiving core services and those receiving MHSA services. I would be less disturbed if the MHSA funding for CFTN was proportional to the number of MHSA cases served. The remainder of CFTN funding should be drawn from the Core Services part of the overall BHD budget. To further complicate the EHR mandate, it is my understanding that the mega-system at the state level is not fully operable. Even if SLO Co. manages to develop a smooth EHR system for the county, there will likely be more obstacles to overcome when the county tries to tie in with the state.*

***F**. According to the SLO Co. FY 12/13 Budget, the total BHD expenditure level is $49.8 million, roughly divided up as follows:*

Mental Health expenditure = $30.3 million
MHSA expenditure = $12.5 million
D & A expenditure = 6.9 million

Regardless of how I add up the dollars in the MHSA budget summary on page 33 of the 2012/13 MHSA Update, I cannot arrive at the $12.5 million in the SLO Co. budget. Expenditures plus Contingency funding comes up about $1 million short of the $12.5 million and Expenditures plus Contingency plus Prudent Reserve comes up about $1 million over the $12.5 million.

***G**. I did not see anything in the MHSA Update about proposing to implement Laura's Law. I think the worn out excuse, "no money", is a red herring. Most folks qualifying for this law also Comments, FY 2012-13 MHSA*

Annual Update p. 3 of 3 pp. would be eligible for Federal (SSDI, SSI, MediCal and/or Medicare) and very likely State (MHSA) funds. Furthermore, Laura's Law would prevent folks from engaging in the most expensive forms of treatment: Hospitals, IMD's, Jails, or Prisons. Laura's Law is aimed at Early Intervention and is designed to stop the revolving door early, before the cumulative damage of repeated psychotic episodes have permanently damaged the brains and the records of people living with mental illnesses who also experience anosognosia.

***H**. The Enhanced Crisis and Aftercare Program including Forensic Re-entry Services are definitely valuable additions to the capacity of an extremely important service to county citizens. I assume that the present system in place to handle Crisis calls will remain intact. Although helpful, I hope that the expansion of SLO Hotline Services does not mean that when someone calls the County Mobile Crisis number for urgent and legitimate reasons, they won't wind up wasting precious time talking to someone trying to reassure them with "Warmline" conversation.*

***I**. Community School MH Services, Intensive FSP Residential Housing, Latino Outreach Expansion, and Expanded Services for the 0-5 Population are all clearly beneficial to their target populations and garner my full support.*

***J**. Although the WET component receives the fewest dollars, I believe it serves a very important purpose. I could visualize this program being used to supplement the Psych. Tech. training program at Atascadero State Hospital if that program is forced to fold or reduce its enrollment. Psych. Tech. students supported through County MHSA funds would obviously have an employment commitment with the BHD after graduating.*

***K**. I believe that the PEI programs focused on prevention and early intervention among preschool- age children, K-12-age children, TAY, and older adults provide important services to previously unmet needs within these populations.*

***L**. As I recall, MHSA-mandated Mental Health Awareness and Stigma Reduction programs were originally going to be statewide programs run by the DMH. When the state dropped the ball, these programs were shifted to the Counties. The SLO Co. BHD has worked very hard to develop good programs that increase mental illness awareness. In my view, the remaining tasks are to develop programs that actually reduce stigma and the resultant discrimination against individuals living with mental illnesses. While mental illness awareness media programs do play a role in promoting community collaboration, I think that media programs often wind up being more like "self-gratifying", "feel good" programs rather than programs that focus on eliminating the core problems of housing, employment, social, cultural and criminal justice discrimination surrounding people living with mental illnesses.*

***M**. The descriptions of promising or emerging practices outlined in the pilot programs under the Innovation component sound very encouraging. I sincerely hope that the results from these programs will, over time, elevate them to the level of evidence-based practices that have survived at least 3 independent clinical trials and, when implemented as prescribed, can be faithfully replicated to render statistically significant outcomes.*

Thank you for the opportunity to submit these comments.

C. Notice of Public Review

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
And
NOTICE OF PUBLIC HEARING

San Luis Obispo County
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO:	San Luis Obispo County Behavioral Health Department
WHAT:	The MHSA Annual Update for Fiscal Year 2012-13, is available for a 30-day public review and comment from May 21 through June 19, 2012.
HOW:	To review the proposed plan or submit comments,
	Visit: http://www.slocounty.ca.gov/health/mentalhealthservices.htm
	Call: (805) 788-2156
	Email: drourke@co.slo.ca.us
	Comments must be received no later than June 19, 2012.

NOTICE OF PUBLIC HEARING

WHO:	San Luis Obispo County Mental Health Advisory Board
WHAT:	A public hearing to receive comment regarding the Mental Health Services Act Annual Update for Fiscal Year 2012-13.
WHEN:	Wednesday, June 20, 2012, 3:00 p.m. – 4:00 p.m.
WHERE:	Behavioral Health Campus, Conference Room, 2180 Johnson Ave, SLO.

FOR FURTHER INFORMATION:
Please contact Darci Rourke, (805) 788 - 2156 or drourke@co.slo.ca.us