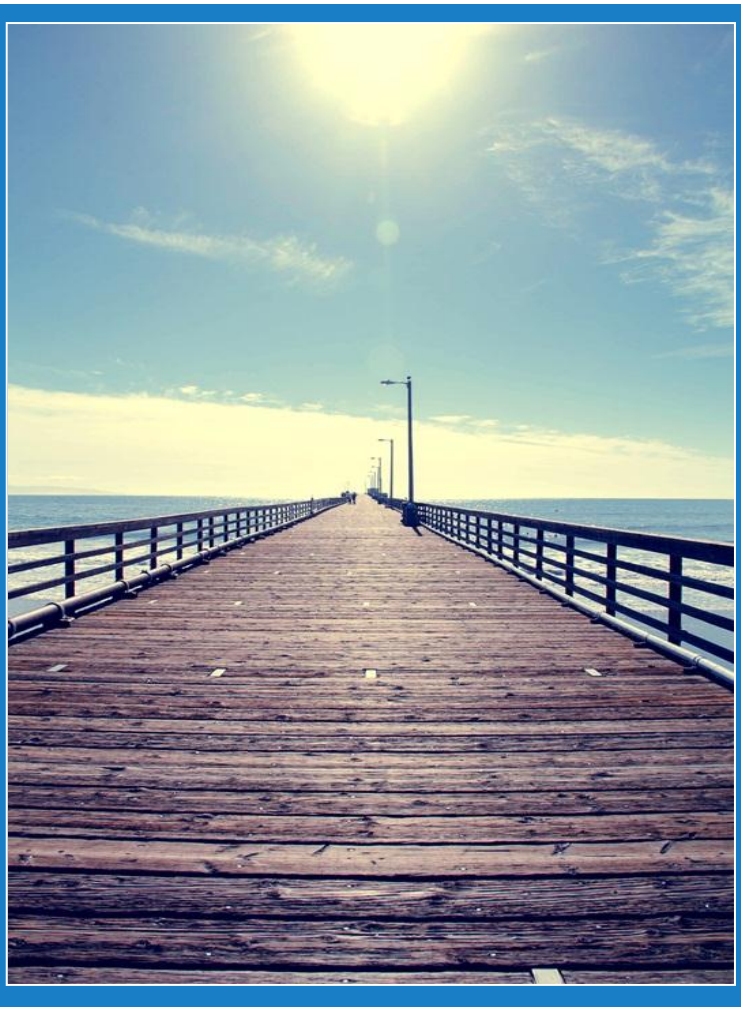
Mental Health Services Act (MHSA)

Annual Update to the Three-Year Program and Expenditure Plan Fiscal Year 2013-14



San Luis Obispo County
Behavioral Health Department

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act (MHSA): Annual Update to the

Three-Year Program and Expenditure Plan 2013-2014

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Overview and Executive Summary

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 2011-2012, 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 2013-2014 MHSA Annual Update details the programs being administered, their operating budget, and results of past implementation. Proposed program adaptations and other changes to the original component plans and past Updates will be outlined herein. This plan Update 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 (MHSOAC). Additionally, A.B. 1467 (passed in June 2012), amended the Act again to state the three-year program and expenditure plan and annual updates must be adopted by the County Board of Supervisors and then submitted to the MHSOAC within 30 days of adoption. 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.

The maintenance of quality partnerships is a key value for MHSA locally: between County and community providers, staff, stakeholders, consumer, family members, and the organizations which support wellness and recovery. Several opportunities are made throughout the year to address concerns,

Overview and Executive Summary

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 Full Service Partnership (FSP) providers was held in January, 2013. This meeting provided updates on each FSP work plan, its current staffing and funding, program results, and what changes had taken place since the launch of the County's CSS Plan six years previous. At this meeting, attended by County staff and community partners, the focus was on data collection and reporting, changes to the State's FSP data collection process, and the impact of FSP teams having been integrated into many of the outpatient clinic sites in the 2011-2012 fiscal year.

In March and April, 2013 the PEI Stakeholder Committee convened to be given a preview of the PEI Evaluation (Appendix B) and receive an update on the PEI Plan which was approved to continue for a fourth year in 2012-2013. The stakeholders were provided with reports on each project's success and outcomes, many of which are detailed further in this Annual Update. The PEI Stakeholders were also presented with, and approved, recommendations for reductions in program funding. This includes a reduction in PEI funding for the Latino Outreach Program (which was expanded through CSS in 2012-2013) and the transfer of PEI Technical Assistance and Capacity Building (TTACB) funds into the Prudent Reserve. The stakeholders also discussed and approved two key projects to be funded with TTACB dollars, including a local *Mental Health First Aid* training of trainers, and the support of contract evaluators to build sustainability plans with the PEI programs which were not part of the required evaluation.

San Luis Obispo County's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met on March 27; and again on May 1, 2013. Stakeholders were provided fiscal information, which had been updated since the FSP and PEI meetings, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHSA projects were operating in the community. Updates were given on Innovation programs which will enter their final year in 2013-2014, as well as the Capital Facilities and Technology Needs project which is funding the county's conversion to Electronic Health Records.

Community Services and Supports (CSS) programs continue to serve a wide array of severely mentally ill individuals in all parts of the county. Details found in this Annual Update include personal success stories, outcome reporting which reveals positive changes in meaningful measures such as employment, hospitalizations, education, and quality of life amongst various program participants. Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, "whatever-it-takes" model. Unique designs like the Latino Outreach Program provide culturally competent

Overview and Executive Summary

care and treatment in neighborhood settings. Forensic coordination efforts have been critical since the state's adoption of jail realignment (through the passing of Assembly Bill 109) has provided an opportunity for behavioral health providers to engage inmates upon release.

New CSS programs were launched in 2012-2013 and have demonstrated excellent signs of initial success. The addition of a Mental Health Therapist in the county's child assessment center, "Martha's Place," has increased capacity at the center by an additional 48 clients this year, approximately half being Spanish-speaking, while reducing wait times for anxious parents and caregivers. The Homeless Outreach Team, launched in partnership with Transitions Mental Health Association (TMHA) has already engaged 131 hard-to-serve, mentally ill homeless individuals and 16 have begun being served in this new FSP program. An additional therapist was added to the Latino Outreach Program team, also reducing the wait list by over 50% and increasing capacity by 40 participants. Additionally the Stakeholders in 2011-2012 approved the development of studio apartments on Nipomo Street in San Luis Obispo in expanding the housing capacity provided by Transitions Mental Health Association. These units are set to open at the onset of the 2013-2014 year.

The only significant change being proposed to CSS programs in 2013-2014 will move the Behavioral Health Treatment Court (BHTC) program out of the Adult FSP work plan (CSS-3), and into a new work plan focused on Forensic Mental Health Services. This new work plan (CSS-11) will combine the existing efforts of the BHTC and Forensic Re-entry Services (currently in CSS-7, Enhanced Crisis and Aftercare).

The original decision to move the BHTC (formerly Mentally Ill Probationers in the original CSS Plan) into an FSP was based on the similarities in service delivery and severity of clientele. However, after examining the program over the past two years, staff and stakeholders agree it is a different type of program, and its outputs and outcomes are not aligned with other adult FSP data. The program will not change *in structure or practices, it will merely be reported in future Updates under a new work plan.*

As Workforce Education and Training (WET) funding is no longer being distributed to the County, and all programs have been implemented, work plans will continue to decrease over the next few years. In 2013-2014 the County and its other MHSA programs will assume the responsibilities for all Cultural Competence training and leadership. The County will continue offer scholarships, internships, Crisis Intervention Training, and electronic learning projects which are funded through the WET component.

The Innovation component of MHSA has provided an array of exciting developments to the local mental health system. Local Innovation projects have proven to be novel, new, and creative, and the County has already seen

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opportunities for projects to be replicated in other communities across the state. Some of the highlights include the Atascadero (High School) Student Wellness Career Project, which has engaged youth in the continuum of behavioral health vocations while reducing stigma and increasing mental health factors on campus; the Service Enhancement Program has adapted a cancer "concierge" model to create a warm reception and full-support point of entry for new mental health patients entering County Mental Health Services in the north county, and initial data collection demonstrates increase client satisfaction, and reduced attrition; and, finally, the Wellness Arts 101 course being offered by Cuesta College invites students with diagnoses to enroll in a core academic course which features recovery supports and tailored learning to have an overall positive impact on school success. Based on its first year of success, and its demand, the school has increased its accessibility and students are reporting strong academic and social success.

In preparation for projected additional MHSA funding, stakeholders, staff and providers discussed specific needs which could be met in the coming fiscal year. County staff presented several key recommendations to the Advisory group for approval and budget preparation. The stakeholders approved the following new expenditures:

- Infrastructure improvements, including the addition of a Program Supervisor for County Prevention and Outreach programs. In the past few years, as Innovation and CSS programs have expanded, the County has seen the need increase for staff development, supervision, and program monitoring. New programs have been observed over the past three years and staff and stakeholders alike agree there are needs for support items, such as vehicles, and computers, in order to best serve the growing scope of MHSA services.
- A reallocation of funds currently budgeted in Full Service Partnership programs will be used to create an Outreach and Engagement work plan (CSS-10). This funding source will mirror the "Flex Fund" established as part of the FSP work plan. The small fund ($5,000 in 2013-2014) will allow staff to engage with potential clients in non-FSP programs, or community programs in an effort to move them into MHSA services. This includes coffee, small meals, transportation, and other incentives which assist clients in being able to take advantage of care services throughout the county.
- The County will fund a Veterans Services Therapist (.5FTE) to be co-located in the County Veterans Services Office. This will create a culturally competent environment for existing and returning veterans to engage in mental health services. Currently the "Operation Coastal Care" project funded through Innovation is seeking new, creative ways of engaging veterans, and the success of that program led the County's Board of Supervisors to explore expanding

Overview and Executive Summary

treatment opportunities in the veteran community. The County is currently establishing a Veterans Treatment Court which will be served by this Therapist who is both a licensed clinician and military veteran. This project will fall under the new Forensic Mental Health Services work plan (CSS).

- New MHSA funding will also allow a community rehabilitation program to reconfigure as a Wellness and Recovery center. The San Luis Obispo Wellness Center, Hope House, will provide person-centered, recovery based services designed for life enrichment, personal development, peer support, community resources, recovery education, and social skill enhancement for adults with mental illness who would otherwise remain withdrawn and isolated, or otherwise disconnected from their community. Center activities will include educational classes, support groups, physical health and wellness instruction and activities, wellness and recovery action planning, and self-advocacy and system advocacy training and support.
- Additional new CSS dollars will be placed in reserves for future year expenses.

The San Luis Obispo County Annual Update for 2013-2014 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, June 17 through July 17, 2013. A Public Notice (Appendix A) 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 30-day public review concluded with a Public Hearing on July 18, 2013 as part of the monthly Behavioral Health Board Meeting. At the Public Hearing community members were invited to provide input to the Update.

The Annual Update was approved by the Behavioral Health Board and was submitted to the County Board of Supervisors where it was approved on Tuesday, July 23, 2013.

County Certification – Exhibit A

County: **San Luis Obispo**

County Mental Health Director	**Program 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 and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 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. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 9, 2013.

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.

All documents in the attached annual update are true and correct.

Karen Baylor
Mental Health Director/Designee (PRINT)

Karen Baylor
Signature

County: San Luis Obispo

Date: 6/17/2013

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: San Luis Obispo

- ☐ Three-Year Program and Expenditure Plan
- ☑ Annual Update
- ☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Karen Baylor, Ph.D., LMFT	Name: James P. Erb
Telephone Number: (805) 781-4719	Telephone Number: 805-788-2964
E-mail: kbaylor@co.slo.ca.us	E-mail: jerb@co.slo.ca.us

Local Mental Health Mailing Address:
San Luis Obispo County Behavioral Health Dept.
2180 Johnson Avenue
San Luis Obispo, CA 93401

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Karen Baylor, Ph.D., L.M.F.T.
Local Mental Health Director (PRINT)

Karen Baylor 4/19/13
Signature Date

I hereby certify that for the fiscal year ended June 30, 2012, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 2/27/2013 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

JAMES P. ERB
County Auditor Controller / City Financial Officer (PRINT)

J. P. Erb 4-16-2013
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

Stakeholder Planning Process

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 continued as stakeholders reviewed their progress and success. A key value for the County's Behavioral Health Department (SLOBHD) 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 a new Homeless Outreach Full Service Partnership (FSP) program, and the hosting of an Oversight and Accountability Community (OAC) Forum, gave the County excellent opportunities to communicate with the public and the MHSA stakeholder community. In July of 2012, the SLOBHD presented new CSS programs and expansions along with an update of all MHSA programs, to its Board of Supervisors. A major focus of 2012 was the reconfiguration of the County's Mental Health and Drug & Alcohol Advisory Boards into a "Behavioral Health Board" which now serves as the advisory body for the whole of the Department. As MHSA programs and issues, such as co-occurring disorder treatment, have brought these divisional interests together, the county's key stakeholder group now addresses the entire continuum of behavioral health care.

The Behavioral Health Board for San Luis Obispo County is made up of agency leaders, consumers, family members, advocates, and concerned community members. The Board monitors MHSA programs on a monthly basis, and meets the California Welfare and Institutions Code (§5604) requirement for the County. The Board acts as an advisory body for the Department as well as a communication avenue for sharing MHSA information. The Board 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" forum, consumer art shows, and veterans outreach events are outlined. Each activity is promoted within the Behavioral Health Board and with all local stakeholders to ensure public understanding of MHSA endeavors.

Another major stakeholder outreach took place in 2012 in the planning for the local college responses to statewide PEI opportunities. County staff, providers, consumers and family members were engaged with personnel from California Polytechnic State University (Cal Poly) and Cuesta College to shape the campus programs which would be funded through MHSA. The County continues to work with personnel and students from the local

Stakeholder Planning Process

colleges in implementing best practices and engaging new populations through MHSA principles. In November 2012 the County hosted a MHSA Community Forum for the OAC attended by over 100 local stakeholders, including college students launching new and exciting programming in one of the community's most high-risk populations.

In preparing for the Annual Update and to review program progress a summit of FSP providers was held in January, 2013. This meeting provided updates on each FSP work plan, its current staffing and funding, program results, and what changes had taken place since the launch of the County's CSS Plan six years previous. At this meeting, attended by County staff and community partners, the focus was on data collection and reporting, changes to the State's FSP data collection process, and the impact of FSP teams having been integrated into many of the outpatient clinic sites in the 2011-2012 fiscal year.

In Spring, the PEI Stakeholder Committee convened twice to be given a preview of the PEI Evaluation (Appendix B) and receive an update on the PEI Plan which was approved to continue for a fourth year in 2012-2013. The stakeholders were provided with reports on each project's success and outcomes, many of which are detailed further in this Annual Update. The PEI Stakeholders were also presented with, and approved, recommendations for reductions in program funding. This includes a reduction in PEI funding for the Latino Outreach Program (which was expanded through CSS in 2012-2013) and the transfer of PEI Technical Assistance and Capacity Building (TTACB) funds into the Prudent Reserve. The stakeholders also discussed and approved two key projects to be funded with TTACB dollars, including a local Mental Health First Aid training of trainers, and the support of contract evaluators to build sustainability plans with PEI programs which were not part of the required evaluation.

San Luis Obispo County's MHSA Advisory Committee (MAC, Appendix B) is comprised of community stakeholders, including service partners, consumers, providers, and SLOBHD staff. 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. National Alliance for the Mentally Ill, the Peer Advisory and Advocacy Team), and the Behavioral Health Board. The MAC met on March 27; and again on May 1, 2013. Stakeholders were provided fiscal information, which had been updated since the FSP and PEI meetings, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHSA projects were operating in the community. Updates were given on Innovation programs which will enter their final year in 2013-2014, as well as the Capital Facilities and Technology Needs project which is funding the county's

Stakeholder Planning Process

conversion to Electronic Health Records. In preparation for projected additional MHSA funding, stakeholders, staff and providers discussed specific needs which could be met in the coming fiscal year. County staff presented several key recommendations to the Advisory group for approval and budget preparation.

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- A reallocation of funds currently budgeted in Full Service Partnership programs will be used to create an Outreach and Engagement work plan (CSS-10). This funding source will mirror the "Flex Fund" established as part of the FSP work plan. The small fund ($5,000 in 2013-2014) will allow staff to engage with potential clients in non-FSP programs, or community programs in an effort to move them into MHSA services. This includes coffee, small meals, transportation, and other incentives which assist clients in being able to take advantage of care services throughout the county.
- The County will fund a Veterans Services Therapist (.5FTE) to be co-located in the County Veterans Services Office. This will create a culturally competent environment for existing and returning veterans to engage in mental health services. Currently the "Operation Coastal Care" project funded through Innovation is seeking new, creative ways of engaging veterans, and the success of that program led the County's Board of Supervisors to explore expanding treatment opportunities in the veteran community. The County is currently establishing a Veterans Treatment Court which will be served by this Therapist who is both a licensed clinician and military

Stakeholder Planning Process

veteran. This project will fall under the new Forensic Mental Health Services work plan (CSS).

- New MHSA funding will also allow a community rehabilitation program to reconfigure as a Wellness and Recovery center. The San Luis Obispo Wellness Center, Hope House, will provide person-centered, recovery based services designed for life enrichment, personal development, peer support, community resources, recovery education, and social skill enhancement for adults with mental illness who would otherwise remain withdrawn and isolated, or otherwise disconnected from their community. Center activities will include educational classes, support groups, physical health and wellness instruction and activities, wellness and recovery action planning, and self-advocacy and system advocacy training and support.
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The Annual Update 30-day public review concluded with a Public Hearing on July 18, 2013 as part of the monthly Behavioral Health Board Meeting. At the Public Hearing community members were invited to provide input to the Update. No substantive changes were recommended. However, comments included suggestions for clarifying various phrases and graphs to present more detailed information. Such changes have been made, including additional finance detail in narrative sections of the CSS programs.

The Annual Update was approved by the Behavioral Health Board and was submitted to the County Board of Supervisors where it was approved on Tuesday, July 23, 2013.

Community Services & Supports (CSS)

Children & Youth Full Service Partnership

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 2011-2012, clients in the FSP programs yielded the following results:

- A 25% reduction homelessness
- A 45% reduction in emergency room visits and psychiatric hospitalizations
- A 65% reduction in jail days

On the following pages the CSS programs will include a chart to outline funding amounts for the reported fiscal year (2011-2012), projected expenses in the current year, and budgeted amounts in the coming year. Budgeted amounts assume programs are operating at full capacity, such as no vacancies and maximum contractual spending. Any variance between the three fiscal years is largely due to staff vacancies, lower contractual spending, and start-up issues of new programs.

CSS Work Plan 1: Children and Youth FSP	**Funding:**
Actual number served in FY 2011-2012: 93 (40 newly served)	Actual cost in FY 2011-2012: $792,517
Projected number to be served in FY 2012-2013: 95	Projected cost in FY 2012-2013: $815,000
Estimated number to be served in FY 2013-2014: 95	Budgeted funds for FY 2013-2014: $842,295
Actual Cost per Client in FY 2011-2012: $8,170	

Children & Youth Full Service Partnership

The Children and Youth Full Service Partnership (FSP) program serves children and youth (ages 0-15) of all races and ethnicities. Children served are those with severe emotional disturbance/serious mental illnesses who are high-end users of the Children's System of Care; youth at risk of out of home care; youth with multiple placements or those who are ineligible for SB163 Wrap Around because they are neither wards nor dependents of the court.

Designed as an integrated service partnership, 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.

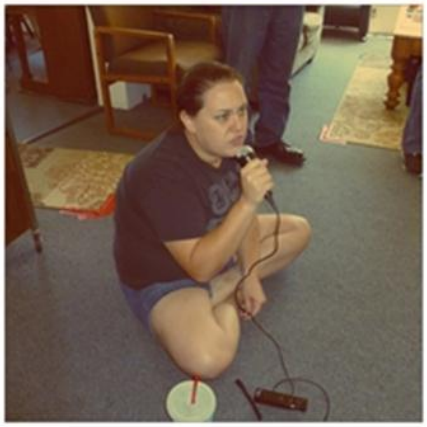
This program increases access and, provides age-specific, culturally competent needs for the participants. Collaboration with Spanish speaking therapists from the Latino Outreach Program remains successful in providing mental health treatment to identified youth as needed. Interpreters are available 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 93 youth during Fiscal Year 2011-12.

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. Coordinated graduation to a lower level of care is an important element of the FSP with discharge planning beginning at the onset of enrollment.

There were three Children and Youth FSP teams in 2011-2012. The core team includes the child and family, a County Mental Health Therapist, and

Children & Youth Full Service Partnership

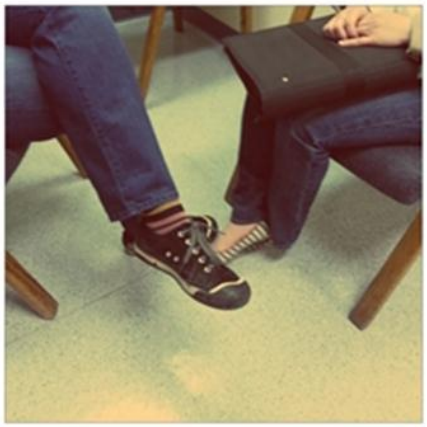


a community-provided Personal Services Specialist. The team also includes a psychiatrist, and program supervisor. Additional team members include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change.

San Luis Obispo County's Behavioral Health Department partners with local community mental health providers to enhance the services outlined herein. In the Children and Youth FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families' services provider. Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 17. In 2011-2012 FCN provided services to 29 clients in the Children and Youth FSP Program. Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2011-2012, CAPSLO provided a full-time Family Advocate offering resource supports for 31 clients in the Children and Youth FSP.

As a result of services rendered through the Full Service Partnership (FSP) program in South County I have witnessed many clients progress toward wellness, recovery, and resiliency. Through the diligent work of our staff psychiatrist, medication managers, and mental health therapists, I am proud to say that a high school aged female client who was struggling in early 2011 with severe chronic mental health concerns leading to hospitalizations is now quite stable on her medications, has completed her relapse prevention plan, and will be attending university in Los Angeles county in the Fall of 2013. She and her family's consistent involvement in services have made all the difference in her emotional and behavioral stability. -Amber Trigueros, LMFT, SLO Behavioral Health Department.

Transitional Aged Youth Full Service Partnership



CSS Work Plan 2: Transitional Age Youth FSP	**Funding:**
Actual number served in FY 2011-2012: **51 (21 newly served)**	Actual cost in FY 2011-2012: $593,498
Projected number to be served in FY 2012-2013: **52**	Projected cost in FY 2012-2013: $565,000
Estimated number to be served in FY 2013-2014: **45**	Budgeted funds for FY 2013-2014: $626,579
Actual Cost per Client in FY 2011-2012: $14,476	

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. Young adults served include those with serious emotional disturbances/serious mental illness and a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements or those who are aging out of the Children's System of Care.

TAY FSP provides wrap-like services and includes 24/7 crisis 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. Forty-one TAY received FSP services during 2011-2012.

Collaborations with Spanish speaking therapists from the Latino Outreach Program are also available (Interpreters are also available for those who speak other languages) 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. The priority issues for TAY have been identified by local stakeholders as: substance abuse, inability to be in a regular school environment, involvement in the legal system/ jail, inability to work, and homelessness.

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,

Transitional Aged Youth Full Service Partnership

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 2011-2012. 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.

In the TAY FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families' services provider. Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 17. In 2011-2012 FCN provided services to 29 clients in the TAY FSP Program. Additionally, FCN provides housing support for TAY transitioning independently into adulthood. In 2011-2012 FCN provided 794 bed days for TAY FSP participants.

Initially, David was homeless with his father, suicidal, and on a lot of medication. He weighed 320 pounds and was in poor health. He was moved to a residential facility for 3 years. In the last two years, working with the FSP team, he has been stable, with no hospitalizations or suicidal ideation.

David has reduced his medications and has become independent. He lost over 100 pounds, going from a size 50 pant, to a 34, and a 3x shirt to a Large. He has taught himself to cook and bake, has joined the YMCA and is leading an active, healthy lifestyle. David manages his own bank account, and has maintained a busy community college schedule. He has spoken on several panels in the community regarding mental health, and is a certified NAMI presenter. David's social life is full and active as he continues to nurture wellness. Sarah Leon, LMFT, SLO County Behavioral Health Department

Adult Full Service Partnership

CSS Work Plan 3: Adult FSP	Funding:
Actual number served in FY 2011-2012: 55 (21 newly served)	Actual cost in FY 2011-2012: $2,040,129
Projected number to be served in FY 2012-2013: 64	Projected cost in FY 2012-2013: $2,170,000
Estimated number to be served in FY 2013-2014: 65	Budgeted funds for FY 2013-2014: $2,392,563
Actual Cost per Client in FY 2011-2012: $35,175	

The Adult Full Service Partnership (FSP) program targets adults 26-59 years of age with serious mental illness. The Adult FSP participants are usually unserved, inappropriately served or underserved and are at risk of institutional care because their needs are difficult to meet using traditional methods. 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 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, consistent with the philosophy of the MHSA.

The Adult FSP program provides a 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, as well as a 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 2011-2012. The core FSP team includes a County Mental Health Therapist and a community-provided Personal Services Specialist (PSS). 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.

San Luis Obispo County's Behavioral Health Department partners with local community mental health providers to enhance the services outlined herein. In the Adult FSP the PSS are provided by Transitions Mental Health

Adult Full Service Partnership

Association (TMHA). The PSS are involved in day to day client skills-building and resource support to include: dress, grooming, hygiene, budgeting, family/social interactions, coping with symptoms, managing stress, managing illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other providers. In 2011-2012, TMHA served 55 Adult FSP clients; with 100% of those surveyed agreeing the program had improved their quality of life and helped them deal more effectively with daily problems.

Behavioral Health Treatment Court (BHTC) serves adults, 18 and older, with a serious and persistent mental illness, on formal probation for a minimum of two years, and who have had chronic use of mental health treatment observed as a factor in their legal difficulties. BHTC clients volunteer for the program forming a contractual agreement as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital. BHTC clients, in many cases, have little insight or understanding about having a mental illness or how enhanced collaborative services could meet their needs. In 2011-2012, BHTC served 23 clients each quarter, with eight unduplicated and newly enrolled.

In 2013-2014, the Department, with Stakeholder consensus as described earlier in this Annual Update, will create a new Work Plan called Forensic Mental Health Services. This new work plan (CSS-11) will combine the existing efforts of the BHTC and Forensic Re-entry Services (currently in CSS-7, Enhanced Crisis and Aftercare). The original decision to move the BHTC (formerly Mentally Ill Probationers in the original CSS Plan) into an FSP was based on the similarities in service delivery and severity of clientele. However, after examining the program over the past two years, staff and stakeholders agree it is a different type of program, and its outputs and outcomes are not aligned with other adult FSP data. The program will not change in structure or practices, it will merely be reported in future Updates under a new work plan.

BHTC is a collaborative program sharing daily communication between cross-trained Therapists, Probation Officers, Judges, Case Managers, Medication Managers, Psychiatrists, and support of a Transitions Mental Health Association's Personal Services Specialist. Treatment services have been expanded from traditional therapy models, into a modern approach which weaves the evidence based therapeutic process of all agencies directly into the client's lives and goals as they reside in their community. Graduates are stable, and live full/meaningful lives navigating both inside and outside of clinical settings as self-advocates of their unique potentials. Damon Maggiore, LMFT, LPT, Psy.D. Candidate, SLO County Behavioral Health Department.

Older Adult Full Service Partnership

CSS Work Plan 4: Older Adult FSP	Funding:
Actual number served in FY 11/12: 12 (7 newly served)	Actual cost in FY 11/12: $341,727
Projected number to be served in FY 12/13: 20	Projected cost in FY 12/13: $310,000
Estimated number to be served in FY 13/14: 12	Budgeted funds for FY 13/14: $315,656
Actual Cost per Client in FY 11/12: $28,477	

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. 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, 55 to 59 years old, are also served by this team if the service needs extend into older adulthood.

There was one Older Adult FSP team in 2011-2012. The Older Adult FSP core team consists of a County Mental Health Therapist and a community-provided Personal Services Specialist. 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.

In the original local Community Planning process for CSS programs, 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.

Older Adult Full Service Partnership

In the Older Adult FSP (including BHTC described above) the Personal Services Specialists are provided by Transitions Mental Health Association (TMHA). The Personal Services Specialists are involved in day to day client skills-building and resource support to include: dress, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers. In 2011-2012, TMHA served 13 Older Adult FSP clients, with 100% of those surveyed agreeing the program had improved their overall quality of life and helped them in dealing more effectively with daily problems.

Client & Family Wellness

CSS Work Plan 5: Client and Family Wellness	**Funding:**
Actual number served in FY 2011-2012: 1430	Actual cost in FY 2011-2012: $1,260,327
Projected number to be served in FY 2012-2013: 1500	Projected cost in FY 2012-2013: $1,389,740
Estimated number to be served in FY 2013-2014: 1400	Budgeted funds for FY 2013-2014: $1,430,925

Individuals and family members are able to access any of the following services through participation in one of the county's CSS Client and Family Wellness 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.

Transitions Mental Health Association (TMHA) is the community provider for many innovative MHSA programs. In 2011-2012 TMHA made over 5,000 contacts through various Client and Family Wellness programs, including:

Client & Family Wellness

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." Partners liaison with family members, care givers, consumers, County Mental Health Staff, local NAMI groups, and other service providers. These Partners assist in orientation of families entering the mental health 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. 100% of the 164 participants surveyed agreed that the quality of life for their family has improved as a direct result of Client & Family Partner services. TMHA conducted 14 parenting classes in 2011-2012, exceeding the target of four. Client and family-run support, mentoring and educational groups are conducted through the following programs overseen by TMHA:

Peer to Peer is an education course on recovery that is free to any person with a mental illness, and serves approximately 50 consumers annually. It is taught by a team of peer teachers who are experienced at wellness and recovery. Participants receive education from peers and reference materials that help to improve and maintain their mental health wellness. Participants improve their knowledge of the different types of mental illnesses, develop their own advance directives, and develop their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills. Wellness Recovery Action Plan (WRAP) components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. In 2011-2012 TMHA served 57 consumers, with 85% reporting an increase in satisfaction with quality of life due to their involvement with the class.

Family to Family, which is coupled in this work plan with TMHA's Family Orientation Class, was developed by the National Alliance on Mental Illness (NAMI) and is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, their causes and treatments, as well as help and coping tools for family members who are also caregivers for over 125 individuals annually. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorders; the clinical treatment of these illnesses, and teaches the knowledge and skills that family members need to cope more effectively. The TMHA Family Orientation Class provides information regarding the services available in our community including housing and supported employment, Special Needs Trusts, promoting self-care and help with navigating through the mental health system. TMHA served 156 attendees, well over the target of 70, in 2011-2012, with 99% of those surveyed (92) reporting they feel more comfortable and confident dealing with their family member who has a mental illness as a result of taking the class.

Client & Family Wellness

A robust vocational Training and Supported Employment Program has been a stakeholder favorite since the launch of MHSA programs in San Luis Obispo County. TMHA provides vocational counseling and assessment, work adjustment, job preparation and interview skills training, job development and coaching, transitional employment opportunities and basic job skills training to assist consumers in gaining competitive employment within the community. The provider links mental health consumers to the Department of Rehabilitation and other vocational resources, serves as a liaison with employers, and provides benefits counseling and follow-up with employed individuals. 198 consumers were served in 2011-2012, exceeding the target of 150, with 96% of those agreeing that the overall quality of their lives had improved since engaging in the program.

The People Empowering People (PEP) Center, is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored educational activities were conducted at the PEP Center to over 200 clients in 2011-2012. The PEP Center (which in 2012-2013 was renamed The Lifehouse) is made available to MHSA program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space.

MHSA funded programs receive priority in utilization of this support center. 94% of clients surveyed agreed that the services provided at the facility have helped them to better deal with crisis situations and deal more effectively with their daily problems.

Additionally the San Luis Obispo County Behavioral Health Department has increased capacity to serve clients and their families through the following:

- Caseload reduction therapists have been established in the Adult outpatient clinics. These therapists allow clinic staff to spend more time with outpatient clients, providing more resources and referrals, as well as groups, system navigation and wellness activities within the traditional structure of mental health services. In 2011-2012 two full-time therapists were utilized to increase capacity by 1,173 client contacts.
- A Co-occurring Specialist provides an Integrated Dual Disorders Treatment program. The Co-occurring Specialist provides intervention, intense treatment and education. Individualized case plans are specific to each client's needs. In 2011-2012 the Dual Disorders Treatment program served 73 consumers.

Latino Outreach Program

CSS Work Plan 6: Latino Outreach Program	**Funding:**
Actual number served in FY 11/12: **119 (52 newly served)**	Actual cost in FY 11/12: $464,294
Projected number to be served in FY 12/13: **175**	Projected cost in FY 12/13: $518,790
Estimated number to be served in FY 13/14: **175**	Budgeted funds for FY 13/14: $621,106

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 most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the local Community 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 in consultation and partnership with Dr. Silvia Ortiz, a local psychologist, community leader and expert in clinical care for Latino mental health consumers and families. 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.

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. Clients are monolingual Spanish or limited English speakers and range in age from

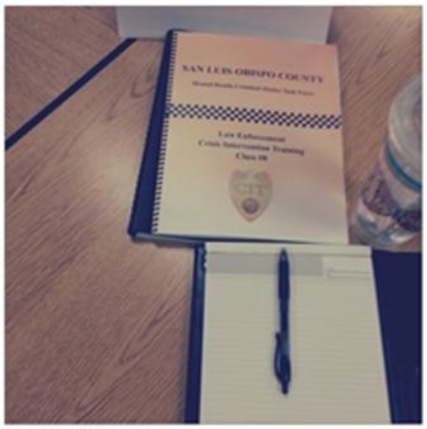
Latino Outreach Program

birth to over 60. All (100%) of the 175 clients served annually by Latino Outreach clinicians indicate that they would recommend these services to others. Ninety-five percent (95%) 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. 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.

As a Therapist in the Latino Outreach Program, I feel I was given much flexibility to work with a 12 year old female client receiving services due to depression and child-parent conflict. Through therapy we were able to address her parent relationship issues and her mom was able to express feeling more positive and receptive to treatment as her therapist was Latino and could relate culturally. My client was hesitant as she felt uncomfortable working with a male, but over time the walls came down and we were able to do some really good work at a community resource location, which allowed itself for more informal therapy. We were able to sit on the floor and talk, draw and collage, which led to building her feelings of self-worth; and through doing the family work she and her mother were able to recognize that their goals were in alignment. She was able to recognize her mother's love for her and her own ability to succeed and use her skills and intelligence to move forward. She is now on track to go to college and participates in a college readiness program. Her mother has recognized the benefit of therapy and has shown desire to use services for herself and has taken advantage of services for her son who has benefitted from therapy both emotionally and educationally. Mom believes the work her son has done in therapy has helped to build his feelings of self-worth and his school reports improvement in his behavior and ability to manage his emotions. The family is able to recognize how therapy has helped them and they serve as advocates for therapy in their community. Conrad Mendoza, M.S., MFT San Luis Obispo County Behavioral Health Department

Enhanced Crisis & Aftercare

CSS Work Plan 7: Enhanced Crisis and Aftercare	Funding:
Actual number served in FY 11/12: 575	Actual cost in FY 11/12: $906,735
Projected number to be served in FY 12/13: 760	Projected cost in FY 12/13: $930,000
Estimated number to be served in FY 13/14: 1000	Budgeted funds for FY 13/14: $833,919



The Enhanced Crisis Response and Aftercare Program combines the efforts of the Mobile Crisis team, an Aftercare specialist, and Forensic Reentry Services to increase the county's capacity to meet the needs of individuals needing specialized, critical intervention and aftercare. The program provides increased access to emergency care, prevents further exacerbation of mental illness, and is available to all county residents, across all age, ethnic and language groups. A key to this work plan is the coordinated efforts which have been built between emergency rooms, law enforcement, jails, the psychiatric hospital and the crisis and aftercare specialists. Collaborative, coordinated responses result in better communication between all parties involved and better community health outcomes, like fewer hospital and psychiatric inpatient admissions.

Enhanced crisis and response capacity remains a top priority among local stakeholder focus groups, and with the Behavioral Health Department. Stakeholder input helped develop the original specific strategies to enhance crisis capacity components, to improve the overall service system and to improve outcomes for individuals and provide supports for clients and their families.

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. All crisis workers receive training in culture specific issues related to working

Enhanced Crisis & Aftercare

with veterans, homeless, Latino and other ethnic groups, as well as training related to issues specific to sexual orientation and gender sensitivity.
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 (PSS) provides a "reach-in" strategy in the County Jail, adding capacity for providing aftercare needs for persons exiting from incarceration. The Forensic PSS is provided in partnership with TMHA, and is responsible for providing a "bridge" for individuals leaving the jail in the form of assessment and referral to all appropriate health and community services and supports in addition to "short-term case management" during this transition. In 2011-2012 there were 113 clients served in FRS and 90% of those surveyed reported their overall quality of life had improved due to their participation in the program.

The FRS Team continues to meet the demand to assist law enforcement with difficult, mental illness-related cases. In 2011-2012, the team served 126 clients (some duplicated). 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.

In 2013-2014, the Department, with Stakeholder consensus as described earlier in this Annual Update, will create a new Work Plan called Forensic Mental Health Services. This new work plan (CSS-11) will combine the existing efforts of the BHTC (currently in CSS-3, Adult FSP). The FRS program will not change in structure or practices, it will merely be reported in future Updates under a new work plan more consistent with monitoring the efficacy of forensic outreach and treatment.

Community School Mental Health Services

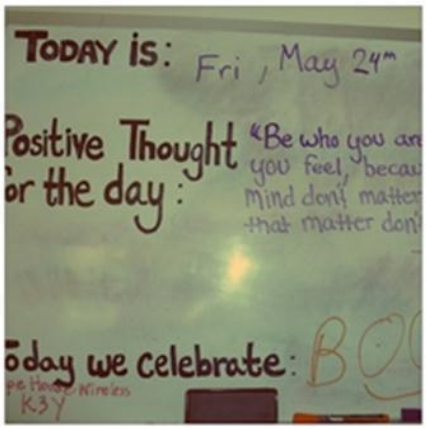
CSS Work Plan 8: Community School Mental Health Services	Funding:
Actual number served in FY 2011-2012: 132 (104 newly served)	Actual cost in FY 2011-2012: $308,148
Projected number to be served in FY 2012-2013: 60	Projected cost in FY 2012-2013: $356,475
Estimated number to be served in FY 2013-2014: 60	Budgeted funds for FY 2013-2014: $437,200

Community School, provided by San Luis Obispo County's Office of Education (SLOCOE), is one of the Alternative Education options available for students who have been expelled from their home school district. 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 an array of mental health services that may include: crisis intervention, individual, family and group therapy; individual and group rehabilitation focusing on life skill development, anger management and problem solving skills. 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.

This program identifies and serves seriously emotionally disturbed (SED) youth ages 12 to 18 that are placed at Community School for behavioral issues and or have been involved in the juvenile justice system. Some of these youth are qualified under Special Education and have an Individualized Education Plan (IEP). Community School youth are at great risk for school drop-out, further justice system involvement, psychiatric hospitalizations, and child welfare involvement.

SED youth and their families are engaged in services that enable them to stay in school and return to their home school district. 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



Transition Mental Health Association (TMHA) coordinated the Housing program of 34 units for MHSA and MHSA-eligible clients in 2011-2012. The vacancy rate was 11%. 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 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 and Atascadero. The 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.

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 individual's to attain their highest level of independence possible.

Additionally, CSS funding supported the addition of five units in the city of Arroyo Grande (Nelson Street). These studio apartments were developed in order to increase housing capacity for MHSA-eligible clients. In 2011-2012 all five units were occupied. In subsequent years the studios have become self-sufficient and MHSA funds are no longer utilized for rent at this location.

Housing Development Projects:	Other Housing Facilities Funded:
FY 11-12 CSS One-Time Funding Arroyo Grande: Total Units Built - 5/Total Units Occupied - 5	**FY 11-12** CSS Funded Housing FSP Intensive Residential: Atascadero: Units Funded - 12/Units Occupied - 12 San Luis Obispo: Units Funded - 17/Units Occupied - 17
FY 12-13 CSS One-Time Funding Arroyo Grande: Total Units Built - 5/Total Units Occupied - 5	**FY 12-13** CSS Funded Housing FSP Intensive Residential (total 29 units): Atascadero - Units Funded - 12/Units Occupied - 12 San Luis Obispo: Units Funded - 17/ Units Occupied – 17
CalHFA Funded (to be completed July 1, 2013) San Luis Obispo: Total Units Built - 8/Total Units Occupied - 0	

Workforce Education & Training (WET)

San Luis Obispo County's Workforce Education and Training (WET) program includes work plans which encourage and enhance employee development and community capacity building within the field of behavioral health. The following projects continued in 2011-12 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 meet 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.

PAAT met 24 times in 2011-2012, and members conducted six presentations for 188 attendees. Additionally, the PAAT conducted two popular forums on stigma reduction with over 700 attendees. PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement, and the County's Behavioral Health Board.

Surveys of PAAT and forum participants yielded the following results in 2011-2012:

96% (25/26) of PAAT participants surveyed agreed that the PAAT team has made a significant positive impact on the mental health system.

94% (68/72) of forum audience participants surveyed reported that they are more aware of mental health stigma and the tools necessary to reduce it.

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. In the 2011-2012 fiscal year 2788 hours of training were completed electronically. 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. The Department also expects to demonstrate a reduction in lost productivity.

In the 2011-2012 year the Department assigned a cultural competence curriculum to all employees which featured an overview on cultural issues

Workforce Education & Training (WET)

in behavioral health, and a course specific to Post-Traumatic Stress Disorder. Staff course completion was near 80%.

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 activities and trainings in 2011-2012:

- 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 2011-2012 the Committee chose to focus on veterans services and selected 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 June of 2012 a group of Master's level counseling students at California Polytechnic State University (Cal Poly) San Luis Obispo were engaged to create a newsletter focusing on mental health issues surrounding college students and environments. The newsletter was a popular download from the County's website with over 500 views and downloads.
- In May of 2012, the CCC produced a community-wide forum on "The Culture of Poverty" and clinical engagement with impoverished clients. This was attended by 300 community providers, counseling students, and County Behavioral Health staff. The workshop featured a presentation by Marc Stevenson from St. Vincent de Paul Village and Project 25 in San Diego County.

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 2011-2012 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 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

Workforce Education & Training (WET)

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 2011-2012, the Scholarship Task Force awarded nearly $50,000 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 4 individuals with scholarships averaging $1,200. The County also awarded upper division (bachelor and masters) students by distributing $45,000 (total) to nine behavioral health learners.

Prevention & Early Intervention (PEI)

Mental Health Awareness & Stigma Reduction

PEI Program 1: Mental Health Awareness and Stigma Reduction – Social Marketing Strategy	**Funding**
Actual number served in FY 11/12: 1,534 (does not incl. media contacts)	Actual cost in FY 11/12: $229,370

The Mental Health Awareness and Stigma Reduction Program *SLO the Stigma* media campaign, concluded at the end of the previous fiscal year. At the center of the campaign is a powerful documentary, where local consumers share their stories of recovery and hope. Although the MHSA funding for the campaign officially ended, SLOtheStigma remains a powerful tool and has received continued support and attention statewide. California State Assembly Member, Katcho Achadjian sponsored a premiere viewing at the Capitol Theater on May 9, 2012, with San Luis Obispo County Behavioral Health Administrator, Karen Baylor delivering the keynote address.

Outreach to Veteran's during 2011-2012 expanded and Transitions Mental Health Association (TMHA) hosted a Veteran's Health and Wellness Fair in September of 2011. The forum was held for service providers and the general public about Veterans in our community and the challenges they face. During the Veteran's Day, 2011, Farmer's Market event, over 40 volunteers delivered stigma and discrimination messages to thousands of members of the community. As a result of connections made at the Veteran Health and Wellness Forum, a Central Coast Veteran's Committee was formed. The mission of the Central Coast Veterans Committee is: *Working together to serve our Central Coast Veterans Community*.

In addition to sustaining the SLOtheStigma component, TMHA provided 44 stigma reduction presentations to underserved and at-risk populations such as college students, LGBTQ, and the homeless during Fiscal Year 2011-2012. Mental health education and training were also delivered to community providers and the general public. In addition to SLOtheStigma, TMHA utilized stigma reduction and awareness tools such Stamp Out Stigma, The Shaken Tree, and In Our Own Voice to reach 1,534 individuals.

98% of presentation participants surveyed agreed that they have an increased awareness of wellness and recovery tools related to mental health.

School-Based Wellness

PEI Program 2: **School Based Student Wellness**	Funding: **Actual Costs in FY 11/12 $691,266**
2.1 Positive Development Program Actual number served in FY 11/12: 402 Children/190 Parents	
2.2a Middle School Comprehensive Program – Student Support Counselors Actual number served in FY 11/12: 284	
2.2b Middle School Comprehensive Program – Family Advocates Actual number served in FY 11/12: 590	
2.2c Middle School Comprehensive Program – Youth Development Actual number served in FY 11/12: 2,800	
2.3b Student Wellness Strategy – Middle School Initiative Actual number served in FY 11/12: 2,400	
2.4 Sober School Enrichment Actual number served in FY 11/12: 10	

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 (2.1). CCRC stakeholders 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 50 child care programs are served annually. CAP-SLO increased outreach and education to parents in order to reinforce the skills and messages learned while the children were at daycare. Parent surveys indicated that 100% of parents saw an improvement in their parenting skills upon receiving the additional education about the program.

"Being a single mother, it is not always easy to show your children how to handle situations. I have noticed an

School-Based Wellness

improvement in my parenting and my children." **– Parent, *PEI Survey Response***

Both CCRC and the SLOBHD received Thank You emails and cards from providers and parents throughout the year. The following letter was sent to program staff by a parent, and translated from Spanish:

"*My son has been attending Garden of Angels Day Care for almost a year. In the beginning he was shy and little to know communication skills. Since he started the I Can Problem Solve program, he has become more social toward others and is communicating more. The activities and the attention that this program has offered have helped my son learn adaptive skills*."

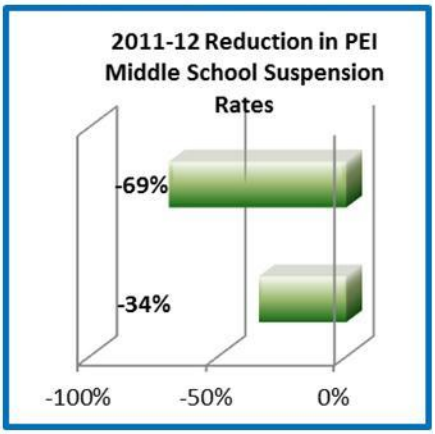
78% of children initially assessed as "impulsive" had a notable decrease in their impulsive behavior scores (Overt/Physical Aggression and Impatience/Over-emotionality, *I Can Problem Solve post-assessment*)

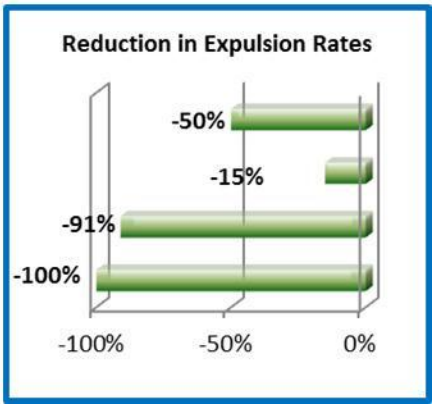
The Middle School Comprehensive project is an integrated collaboration between schools, San Luis Obispo County Behavioral Health staff, and community based organizations. Six Middle Schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson) were selected to participate in the Middle School 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

School-Based Wellness





community specific issues, the Student Support Counselors and Family Advocates carved out a unique service delivery for each location. Forward Program at Flamson Middle School, which continued in FY 2011-12. 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. In 2011-2012 students participated and worked as volunteers at the Children's Resource Network. During the next school year, The LINK plans to expand the existing program at Flamson as well as implement Latina Step Forward at Judkins Middle School.

During the summer of 2011-2012, The Link worked in conjunction with the Behavioral Health Department to develop more in-depth data collection tools. A family survey was conducted and 100% of families Surveyed indicated that their advocate introduced them to new services and that they were confident in their ability to access them independently in the future.

County staff work closely with school counselors and Family Advocates to address changing school climate and community specific emotional and behavioral health needs. Issues such as self-harm, depression, bullying, violence, substance use, and suicidal ideation are some of the topics addressed in group or individual counseling.

At the end of the second year, preliminary data indicated 96% of students showed improvement in one or more of the key areas of focus: grades, attendance and disciplinary referrals. A significant (P=<.05) reduction in risk factors and increase in protective factors among program participants. The County has selected its School-based Wellness programs for evaluation with the State; therefore more data is included in the attached PEI Evaluation.

"I am so happy to have you as my counselor. Thank you for always being there and helping me out. You have really taught me how to stay out of trouble and not do bad stuff. I also want to thank you for helping me get my self-confidence back. The counseling groups help me deal with things in a healthy way." **-Mesa Middle School Student Letter to PEI Student Assistance Program Counselor**

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 2,800 students are exposed to Youth Development

School-Based Wellness

programming annually, with an average of seven prevention activities occurring per student.

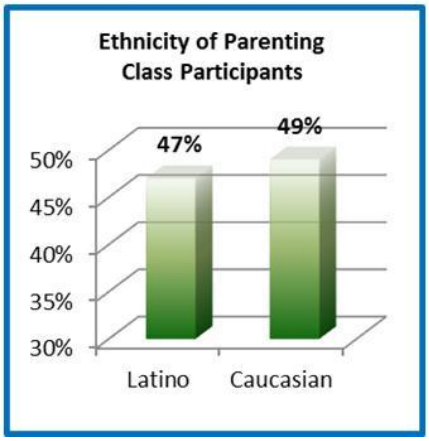
79% of Youth Development Participants agree that the program has taught them problem solving skills

79% of Youth Development Participants agree that "because of my program, I know what to do if my peers are teasing or harassing others ***(SLO Co. Youth Development Survey, Youth Leadership Inst.)***

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. San Luis Obispo County's Sober School was featured in the June 2013 California Teachers Association Educator Magazine.

"I would really like if we could keep doing group because I have been feeling really depressed lately and group really helps me. The people in my group are the only ones who I can really tell all of my problems too. I have had a problem with relapse before but since this group I have done a lot better. I am inspired to be a counselor when I grow up, and keep this group going so that I can help other kids in the group."**- Sober School Participant**

Family Education, Training, & Support Program



PEI Program 3:	Funding:
Family Education, Training and Support	Actual Costs in FY 11/12 $129,905
3.1 Coordination of the County's Parenting Programs Actual number served in FY 11/12: 9,456	
3.2 Parent Educator (Parenting Classes) Actual number served in FY 11/12: 425	
3.3 Coaching for Parents/Caregivers Actual number served in FY 11/12: 381	

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 serves as a central clearinghouse to disseminate information on parenting classes, and family support programs and services. In 2011-2012 the site continued to grow and received over 9,400 unique visitors annually accessing an average of 4.34 pages per visit. The site was busiest during the hours of 8am and 4pm and used by schools, pediatricians, and childcare centers. The site 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 available throughout the site.

Increased exposure, including an interview with Parent Coach Bill Spencer, in the January 3, 2012 edition of the Paso Robles Press, led to a 55% increase in classes offered and average class size over 2010-201. Based on community input additional classes were offered which addressed specific needs of underserved populations including parents in recovery, teen parents, homeless families, foster parents, single fathers, and women's jail classes. Eighty-eight percent (88%) of parents participating in classes indicated reduced behavioral problems in their children, and 99% indicated improved parenting skills.

The Parent Helpline number was also advertised on www.sloparents.org. This warmline provided support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bicultural staff answer the warmline, and provide supportive and skill building coaching services on the phone or in person when requested. The service expanded to include support groups for: widowed fathers, homeless parents, and incarcerated parents – to prepare them for the parenting challenges they face when rejoining their families.

Early Care & Support for Underserved Populations

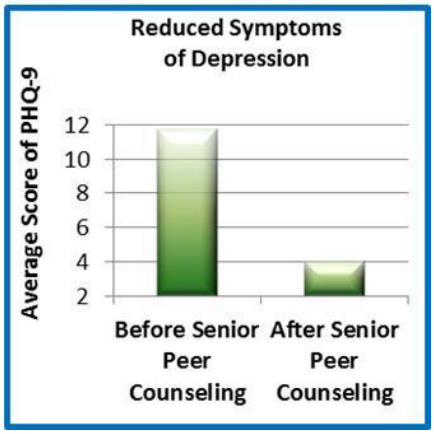
PEI Program 4:	Funding:
Early Care and Support for Underserved Populations	Actual Costs in FY 11/12 $437,864
4.1 Successful Launch Program for at risk Transitional Aged Youth (TAY) Actual number served in FY 11/12: 265	
4.2 Older Adult Mental Health Initiative Actual number served in FY 11/12: 2,327	
4.3 Latino Outreach and Engagement Actual number served in FY 11/12: 1,000	

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 provides 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. In 2011-2012 services included vocational training, job shadowing, and volunteer opportunities, work readiness, academic support, linkages to other community resources (housing, transportation, etc.), and life skill development. Sixteen business provided opportunities for work, job shadowing and vocational training. Over 80 youth receive case management services annually, with hundreds more receiving linkage to other programs. Outcomes indicate 83% of participants demonstrate self-sufficiency, and 68% of program participants demonstrate a decrease in destructive behaviors (substance abuse, self-harm, gambling, etc). A Successful Launch Caseworker shared the story below:

A young woman from North County was a recovering addict and living on the streets. When she made the decision to get her life back on track, she found Successful Launch through her community school. Since working with the case worker, she has been at school every day and won an attendance award when she graduated from school. She completed Drivers Education, and began volunteering at the Danish Care Facility. She has now completed the work readiness curriculum and is currently seeking paid employment, while attending Cuesta College. She is accountable, motivated and has embraced the service Successful Launch has offered.

Early Care & Support for Underserved Populations



The **Older Adult Mental Health Initiative**, was administered by Wilshire Community Services, community-based prevention and early intervention non-profit serving seniors countywide. Wilshire provides an intensive continuum of mental heal prevention and early intervention services for Older Adults, which consists of Outreach and Education, Depression Screenings, The Caring Callers Program, Senior Peer Counseling and Older Adult Transitional Therapy. The transitional therapy portion was originally funded through project five, but as it is an integral link and part of the umbrella of services provided by Wilshire, it is being realigned with the Older Adult Mental Health Initiative.

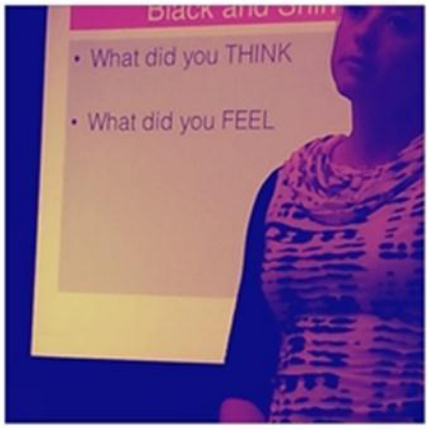
Over 1,900 depression screenings were conducted in 2011-2012. Clients who are referred to the Wilshire Programs are assessed to determine which program(s) would be most appropriate for their needs. Caring Callers, a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation, and Senior Peer Counseling, a peer led, yet clinically supervised, mental health program providing no cost counseling services to individuals over age 65.

For clients who need a deeper level of care, Transitional Therapy is available. The transitional therapist works with the client in both individual and group counseling to address any issues such as grief, loss, mild to moderate depression, anxiety, and other mental health issues related to aging. After 4-8 sessions, the client is either transitioned back to Senior Peer Counseling, or if further services are needed, the Transitional therapist coordinates treatment with County Mental Health or a private provider. Transitional Therapy is available in home and non-clinic settings. One of the goals of Caring callers is to help clients remain independent and active throughout the aging process. Participants reported a 69% increase in their activity levels.

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 1000 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, as an additional therapist was added to the CSS Latino Outreach therapy.

Integrated Community Wellness



PEI Program 5: **Integrated Community Wellness**	Funding: Actual Costs in FY 11/12 $380,552
5.1 Community Based Therapeutic Services Actual number served in FY 11/12: 300	
5.2 Wellness Advocates Actual number served in FY 11/12: 700	
5.3 Enhanced Crisis Response Actual number served in FY 11/12: 600	

Integrated Community Wellness maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services. 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 Based Therapeutic Services provides an average of 3,000 low or no cost counseling hours annually to approximately 300 individuals. In 2011/12 Services were provided by Community Counseling Center (CCC), Wilshire Community Services (moving forward as part of project 4), annd San Luis Obispo County Behavioral Health.

In January 2012, Community Counseling Center exemplified the spirit of MHSA collaboration by bringing together multiple agencies from multiple MHSA projects for a day of volunteer service activities. CCC staff, clients from Wellness Centers (CSS Project 5) and Atascadero Student Wellness Center Youth (Innovation Project 3). Planted a garden at Community Counseling Center. This team building activity broke down barriers between clients and staff, and engaged Wellness Center youth in one of their first stigma reduction projects. The event received exceptional media coverage that included a spot on the KSBY evening news and a front page article in the Local section of the Tribune newspaper entitled, “Advancements in Mental Health.”

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.

Integrated Community Wellness

Community Wellness Advocates make one-on-one contact to over 700 individuals annually. An average of 300 individuals and families receive extended services and supports such as: food, clothing, health care, housing, employment, and legal assistance.

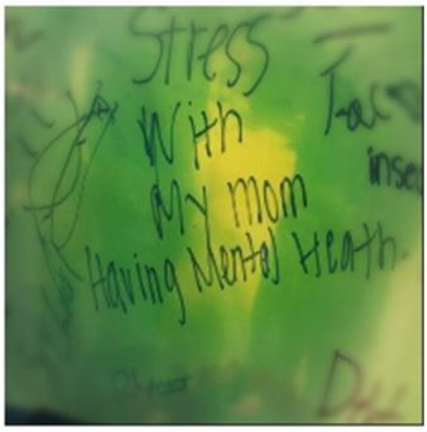
96% of family members surveyed reported an improved quality of life as a result of engagement in extended services.
(Pre-post survey results, TMHA)

An example of the spirit of collaboration demonstrated by the PEI project 5 programs is illustrated by the story below:

After John was suddenly widowed and became a single father, he turned to drugs to cope with his grief and loss. When he began having severe mood swings and thoughts of suicide, John sought help at the Community Counseling Center. John was diagnosed with bipolar disorder and was referred to a psychiatrist for treatment and a Wellness Advocate to provide other key support. These providers worked together as a team to help John overcome his grief, become sober, and manage his bipolar disorder. Today John says he is "more centered than I have ever been," and is pursuing a degree in computer engineering while being an active father. John's psychiatrist attributes his dramatic recovery to the early intervention received at the first onset of his illness.

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".*

Innovation



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, and project development began in July 2011.

Because the individual projects are diverse and each project operates on a unique timeline, implementation of each project was staggered as a result of various factors including project scope, staffing requirements, and other unexpected barriers to implementation. Behavioral Health staff provided extensive technical assistance to community and in-house providers in areas such as: project development, measuring learning, and data collection and developed an Innovation Learning Collaborative as a way for providers to share common themes among the projects and help one another overcome common barriers to implementation.

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. Due to the intensive training surrounding implementation of Anasazi, this project was postponed for testing until FY 2012-13.

In February of 2012, the **Atascadero Student Wellness Center** opened its doors on the Atascadero High School Campus with the intention of creating 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 intervention tools; this wellness project is unique to other known models. Preliminary

Innovation

baseline data was collected in order to measure awareness and stigma surrounding mental health issues, but also the interest of students in pursuing careers in the Mental Health field.

Behavioral Health selected Wilshire Community Services to conduct the **Older Adult Family Facilitation** project which aims to create forward-looking solutions that enhance choice, safety, comfort, support, and well-being for older adults. This two-year pilot project intends to fill service gaps between existing MHSA Early Intervention Older Adult programs. Through Wilshire Community Services' Innovation Project, a community-based multidisciplinary Care Team is formed to address the critical issues in a client's life. This early intervention approach is client-centered which ensures that the client is actively involved in their wellness plan and that their definition of a quality life is respected and maintained. The objective of the project is to stimulate health and wellness in older adults by focusing on the unique circumstances of each situation and viewing the issues from a holistic perspective rather than a singular diagnosis or issue. The Care Team consists of the client, professionals from traditional and non-traditional disciplines, and individuals who are chosen by the client to take part in their wellness plan.

Wilshire Community Services' Innovation project works to address caregiver needs and other important issues by having Care Team meetings which are facilitated by a professional mediator. This allows for an unbiased third party to be present and maintains a productive and balanced approach to developing a plan. Each care plan that is developed considers the six recognized dimensions of wellness: emotional, intellectual, purposeful, physical, social, and spiritual. The project started with a beta test sample of 10 core clients, with an additional 20 family members served in conjunctions with their loved ones. This enabled the plan to be tested and modifications made before providing services to a larger number of clients.

Each client reported improvement to their overall situation and during evaluations exhibited decreased symptoms associated with depression and anxiety. When family and non-family caregivers were surveyed, all individuals reported satisfaction with the progress that was made through the Care Team meetings. Areas for improvement were identified in the initial test sample of clients. Wilshire works to identify these gaps and further refine the model during FY 2012-2013.

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,

Innovation

conflict, and/or difficulties communicating. San Luis Obispo County selected United Way to conduct this pilot project and early project development and recruitment of project staff occurred during FY 2011-2012.

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 is offered partnership with Cuesta College and combines academics with the opportunity to develop social and life skills while participating in a therapeutic activity.

A licensed Marriage and Family Therapist acts as program coordinator and beta tested one semester of the project during spring 2011-2012. Key activities included development of the curriculum and teaching approach, refinement of class structure, and the referral process. Cuesta College developed a curriculum which uses a combination of lecture and lab components and utilizes a team teaching approach in order to properly keep students engaged and meet the variety of emotional and educational needs in the classroom.

Individual meetings between the students and program coordinator are used to evaluate both their current emotional functioning as well as their reflections about the course, and progress in school. These meetings serve not only as a check in, but also a way to refer students to additional supportive services that they may need. In addition, Cuesta College learned that engaging higher functioning to act as mentors to those who are not as far along in their recovery, improves overall success for all participating students. This unexpected approach has become a key component of class success.

Service Enhancement Program (formerly Warm Reception and Family Guidance) adapts 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. San Luis Obispo County Behavioral Health, in partnership with Transitions Mental Health Association launched this program in February of 2012 placing peer support and system navigation services in the lobby of the North County Mental Health Clinic. Initial key activities include selection of key staff, enhancements to the lobby, customer service training for clerical staff, and outreach to north county community providers.

Innovation

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. San Luis Obispo County Behavioral Health conducted an extensive recruitment in 2011-12 to find a therapist who could provide services unique to this population in a cultural competent, non-traditional manner, resulting in the hiring of a former Army Colonel and therapist to work as project lead. An unexpected unique opportunity arose when the San Luis Obispo County Veteran's Services Office offered office space at the Vet's Hall for the Coastal Care Counselor, adding another non-traditional, yet culturally competent setting for the counselor to identify potential veterans in need of services.

The Multi-Modal Play Therapy Outreach Trial pilots a parent-led, multi-modal, attachment-focused play therapy delivered in home and community settings. The Behavioral Health Department selected community provider Community Action Partnership (CAPSLO) to administer this project in 2011-2012. CAPSLO provided outreach to families currently not engaged by the public mental health system, with emphasis on providing bilingual and bicultural 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 do not identify the first modality or its progression until parents have had the opportunity to experience multiple models and provide input to their child's treatment plan. The therapist provided therapy to 25 children and their families in rural areas such as: Nipomo, Oceano, Templeton, Atascadero, Paso Robles and San Miguel. Services were offered in homes, pre-schools, family resource centers, and elementary schools. At the end of FY 2011-12, no cases had yet been closed, and fully evaluated, however early findings indicate to following:

Young single parents who were raised in non-nurturing home environments have reported they recognize the importance of touch, and are now physically bonding with their child for the first time.

Some children without a male/father figure in the home, are gaining the support of a male therapist and are developing a positive relationship with a male for the first time.

Families who would not be able to schedule time for therapy services are receiving them in an existing safe environment without the added stress of transporting their child to a clinic setting.

Capital Facilities & Technology

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.

A contract with Anasazi Software, Inc. was approved by the Board of Supervisors in May 2010, and Key Project benchmarks for 2011-2012 included:

- Trained all Clinical Staff on Use of Scheduler, Clinician's Homepage and Progress Noting
- Implemented Treatment Plans with California Wizard supplied Plan Problem, Goals, Objectives and Interventions (PGOIs)
- Trained all Clinical Staff on Treatment Plans
- Completely replaced California Wizard PGOIs with staff recommended structure
- Enabled notifications (Client Action Schedules) to be sent to staff for Assessments and Treatment Plans coming due
- Developed 53 form mock-ups submitted to Anasazi for custom development

MHSA Funding Summary

County:	San Luis Obispo					Date:	6/6/2013

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$3,274,468	$405,754	$253,472	$1,104,885	$1,144,465	
2. Estimated New FY 2013/14 Funding	$6,376,072			$1,594,018	$419,478	
3. Transfer in FY 2013/14[a/]	($885,764)		$885,764			
4. Access Local Prudent Reserve in FY 2013/14				$35,000		($35,000)
5. Estimated Available Funding for FY 2013/14	$8,764,776	$405,754	$1,139,236	$2,733,903	$1,563,943	
B. Estimated FY 2013/14 Expenditures	$6,396,245	$255,446	$1,139,236	$2,015,091	$876,218	
C. Estimated FY 2013/14 Contingency Funding	$2,368,531	$150,308	$0	$718,812	$687,725	

[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, 2013	
Community Services and Supports Prudent Reserve	$2,745,458
Prevention and Early Intervention Prudent Reserve	$67,608
Total Estimated Local Prudent Reserve Balance on June 30, 2013	**$2,813,066**
2. Contributions to the Local Prudent Reserve in FY 2013/14	**$0**
3. Distributions from Local Prudent Reserve in FY 2013/14	
Community Services and Supports Prudent Reserve	$0
Prevention and Early Intervention Prudent Reserve	-$35,000
Total Distributions from Local Prudent Reserve in FY 2013/14	**-$35,000**
4. Estimated Local Prudent Reserve Balance on June 30, 2014	**$2,778,066**

MHSA Funding Summary 2013-2014

Revenue for the Mental Health Services Act (MHSA), also known as Proposition 63, is generated from a 1% personal income tax on income in excess of $1 million. Prior to Fiscal Year (FY) 2012-13, Counties were given an allocation based on their State approved Plan. Due to recent legislative changes, Counties are now given a monthly allocation based on unreserved and unspent revenue received in the State's Mental Health Trust Fund for the MHSA. The methodology of the distribution to each County is determined by the Department of Health Care Services and is reviewed annually.

Additionally, Counties are now responsible for the allocation of the MHSA funds by component. Pursuant to Welfare and Institutions Code 5892 (a) and (b), the distribution of funds by MHSA component is as 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 balance. 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 Capital Facilities and Technological Needs (CFTN).

As a result of the new revenue distribution of MHSA funds, the County is projecting to receive 15% more revenue in FY 2012-13 than budgeted. The MHSA Stakeholder group determined a portion of the new revenue should be used to expand services in CSS, with the remaining to be placed in Prudent Reserve for future years. Revenue received from personal income tax can fluctuate considerably and is dependent on the State's economy. The County is using information received from a consultant with the California Mental Health Directors Association as the basis for future projections and is estimating MHSA revenue will decrease by approximately 9% in FY 2013-14.

For FY 2013-14, the total amount budgeted for MHSA services is $13 million with MHSA funds accounting for $10.6 million and the remaining $2.4 million by non-MHSA sources (i.e., Medi-Cal, Early Periodic Screening, Diagnosis and Treatment (EPSDT), grants and private insurance).

Community Services and Supports (CSS): In FY 2012-13 the County anticipated transferring funds from CSS to the CFTN and WET components in the amount of $1,160,809; however, actual costs came in lower in those components than expected and the transfer was not needed. The County is expecting to transfer funds to the CFTN component in FY 2013-14, as detailed below.

MHSA Funding Summary 2013-2014

The FY 2013-14 budget for CSS includes $6.4 million in MHSA funds and $2.1 million in non-MHSA funds. A transfer in the amount of $885,764 will be distributed to the CFTN component to fund the final phase of the Behavioral Health Electronic Health Record (BHEHR). The amount to be transferred meets the guidelines of Welfare and Institutions Code 5892 (b).

New in FY 2013-2014

As detailed in the Executive Summary, the CSS budget for FY 2013-14 includes the addition of a .50 full-time equivalent (FTE) Veterans Services Therapist and additional support for the Wellness and Recovery Center in the new San Luis Obispo location. Stakeholders also approved the addition of a 1.0 FTE Mental Health Program Supervisor. This new position will be submitted to the Board of Supervisors for final approval with the Annual Update. The additional cost associated with these new positions and services is $251,971.

The chart below summarizes the overall budget for CSS for FY 2013-2014:

Community Services and Supports	FY 2013-2014 Budget
Full Service Partnership	
Youth FSP	$ 852,215
TAY FSP	635,499
Adult FSP	2,393,813
Older Adult FSP	315,656
Subtotal FSP	**$ 4,197,183**
General System Development	
Wellness and Recovery	$ 1,388,182
Latino Services	619,228
Crisis Enhancement & Aftercare	833,919
Community Schools	436,574
Forensic Mental Health	673,249
Subtotal GSD	**$ 3,951,152**
Outreach and Engagement	**$ 5,000**
Administration	**$ 342,019**
Total FY 2013-2014 CSS Budget	**$ 8,495,354**

Prevention and Early Intervention (PEI): The PEI Three-Year Expenditure Plan ended in FY 2011-12. Since that time, the MHSA Stakeholders recommended that FY 2012-13 and FY 2013-14 be considered interim years, as the County awaits the new Integrated Plan detail from the Mental Health Services Oversight and Accountability Commission. Most programs within PEI were kept at status quo or slightly reduced. The PEI component had unspent revenue that was carried forward from year to year, as allowed per Welfare and Institutions Code 5892 (h), due to slow program implementation. The carryover amount has been spent and PEI programs must now be aligned with current year revenue allocations. County staff, providers, and stakeholders have met to determine the appropriate service

MHSA Funding Summary 2013-2014

level reductions in order to maintain the integrity of the projects. Over the next several years, programs will be reduced to meet revenue levels.

The FY 2013-14 budget for PEI consists of $2 million in MHSA revenue and the balance funded by non-MHSA revenue. In FY 2012-13, the MHSA Stakeholders approved moving $67,608 in PEI Statewide Training, Technical Assistance and Capacity Building (TTACB) funding into Prudent Reserve, which otherwise would have reverted back to the State at the end of FY 2012-13. A portion of the PEI TTACB funds ($35,000) in Prudent Reserve will be used in FY 2013-14 to fund training in Mental Health First Aid.

The chart below summarizes the overall budget for PEI for FY 2013-2014:

Prevention and Early Intervention Programs	FY 2013-2014 Budget
Mental Health Awareness & Stigma Reduction	$ 162,006
School-Based Wellness	778,174
Family, Education, Training and Support	99,000
Early Care and Support for Underserved	410,220
Integrated Community Wellness	400,564
Administration	221,077
Total FY 2013-2014 PEI Budget	**$ 2,071,041**

Innovation: The FY 2013-2014 budget for Innovation is fully funded by MHSA revenue. Many of the Innovation programs will be ending during this fiscal year. The Community Planning Process will begin for the next round of Innovation programs this September and will end around December 2013.
The chart below summarizes the overall budget for Innovation for FY 2013-2014:

Innovation Projects	FY 2013-2014 Budget
System Empowerment	$ 82,057
Atascadero Student Wellness	116,247
Older Adult Family Facilitation	23,125
Nonviolent Communication	108,593
Wellness Arts	78,850
Service Enhancements	144,151
Operation Coastal Care	110,313
Play Therapy	73,968
Administration	138,913
Total FY 2013-2014 Innovation Budget	**$ 876,217**

Workforce, Education and Training (WET): In FY 2012-2013 WET did not require a transfer from CSS, as the WET interns generated more Medi-Cal and EPSDT revenue than expected. The initial WET allocation came from 10% of MHSA funds in FY 2005-06 to 2007-08. After that, the County can

MHSA Funding Summary 2013-2014

request a transfer from CSS to WET to fund programs under that component.

The FY 2013-2014 budget for WET is $314,560 with $255,466 from MHSA revenue and the remaining $59,114 from non-MHSA revenue. The County is projecting that the initial WET allocation will be depleted by FY 2014-15. The chart below summarizes the FY 2013-2014 WET Budget:

Workforce, Education and Training Programs	FY 2013-2014 Budget
Peer Advisory Team	$ 25,000
E-Learning	16,000
Crisis Intervention Training	7,250
Cultural Competence	10,700
Co-Occurring Training	25,544
CA Association of Social Rehabilitation Agencies	9,600
Internship Program	87,340
Stipends and Scholarships	58,000
Administration	75,126
Total FY 2013-2014 WET Budget	**$ 314,560**

Capital Facilities and Technological Needs (CFTN): In FY 2012-2013, CFTN did not require a transfer from CSS due to costs being lower than projected. However, a transfer will be needed in FY 2013-2014 from CSS in the amount of $885,764 to fund the completion of the Behavioral Health Electronic Health Record. The completion date has also been moved from June 30, 2013 to January 2014. The CFTN Budget for FY 2013-2014 is $1,139,236. Future on-going maintenance costs for the system, such as updates, annual renewals, training, and technical support will be shared with other divisions in the Behavioral Health Department.

Local Prudent Reserve: Pursuant to Welfare and Institutions Code 5847(b)(7), 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 and PEI programs. The reserve should be used 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. In FY 2012-2013, the MHSA Stakeholder Committee approved the transfer of $736,000 in CSS revenue to the Prudent Reserve. Additionally, the Committee approved $67,608 in PEI Statewide Training, Technical Assistance and Capacity Building revenue to the Prudent Reserve, which otherwise would have reverted back to the State at the end of FY 2012-2013. As explained under the PEI section, a portion of the PEI funds ($35,000) in Prudent Reserve will be used in FY 2013-2014. The balance at the end of FY 2013-2014 is estimated to be $2,778,066.

Appendix A

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 2013-14, is available for a 30-day public review and comment from June 17 through July 17, 2013.

HOW: To review the proposed plan or submit comments,

Visit: http://www.slocounty.ca.gov/health/mentalhealthservices.htm

Call: (805) 788-2055

Email: fwarren@co.slo.ca.us

Comments must be received no later than July 17, 2013.

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, July 17, 2013, 3:00 p.m. – 4:00 p.m.

WHERE: Behavioral Health Campus, Conference Room, 2180 Johnson Ave, SLO.

FOR FURTHER INFORMATION:
Please contact Frank Warren, (805) 788-2055, fwarren@co.slo.ca.us

Appendix B

2013 San Luis Obispo County MHSA Advisory Committee (MAC)

Name	Affiliation
Karen Baylor	Director, Behavioral Health Dept.
Mary Bianchi	MOCPOC
Jill Bolster-White	Transitions Mental Health Association (TMHA)
Tyler Brown	Family Member/BH Board
John Byers	Peer Advisory/Advocacy Team
Dan Cano	The LINK
Linda Connolly	Community Counseling Center
Darryl Elliot	NAMI
Christine Enyart-Elfers	County Office of Education
Lisa Fraser	SLO Child Abuse Prevention (SLOCAP)
Matthew Green	Cuesta College
Joyce Heddleson	Family Member/BH Board
Henry Herrera	TMHA Family Advocate
Janice Holmes	Family Member/Advocate
Kelly Kenitz	Sheriff's Dept.
Grace McIntosh	Community Action Partnership (CAPSLO)
Traci Mello	Wilshire Community Services
Martin Meltz	Community Homeless Services Advocate
John Nibbio	Family Care Network
David Riester	Chair, Behavioral Health Board
Jim Salio	Chief of Probation
Art Tackett	Community Schools
Sarah Whipple	Consumer/Family Member

Appendix C

The Prevention and Early Intervention 3-Year Evaluation for San Luis Obispo County's Mental Health Services Act (MHSA)

The Prevention and Early Intervention 3-Year Evaluation for San Luis Obispo County's Mental Health Services Act (MHSA) programs fulfills the requirement (DMH Information Notice 07-19, Enclosure 1) stated in the guidelines put forth by the Department of Mental Health (DMH) and the Mental Health Oversight and Accountability Commission (MHSOAC) in 2007.

The report following this page presents summary and analysis of the five projects put forth in the county's plan, dated December 24, 2008.

Mental Health Services Act (MHSA)

Prevention and Early Intervention (PEI)

Three-Year Evaluation

2009-2012

San Luis Obispo County
Behavioral Health Department

WELLNESS · RECOVERY · RESILIENCE

Table of Contents

The Prevention and Early Intervention 3-Year Evaluation for San Luis Obispo County's Mental Health Services Act (MHSA) programs fulfills the requirement (DMH Information Notice 07-19, Enclosure 1) stated in the guidelines put forth by the Department of Mental Health (DMH) and the Mental Health Oversight and Accountability Commission (MHSOAC) in 2007. This report presents summary and analysis of the five projects put forth in the county's plan, dated December 24, 2008.

Twenty-percent (20%) of MHSA funding is dedicated to Prevention and Early Intervention (PEI). Prevention programs should include: outreach and education, efforts to increase access to underserved populations, improved access to linkage and referrals at the earliest possible onset of mental illness, reduction of stigma and discrimination. Early Intervention programs are intended to prevent mental illness from becoming severe, and reduce the duration of untreated severe mental illness, allowing people to live fulfilling, productive lives. Prevention of mental illness involves increasing protective factors and diminishing an individual's risk factors for developing mental illness.

The Center for Disease Control and Prevention (CDC) defines risk factors as "individual or environmental characteristics, conditions, or behaviors that increase the likelihood that a negative outcome will occur."(CDC, 2009) On the other hand, protective factors are "individual or environmental characteristics, conditions, or behaviors that reduce /the effects of stressful life events; increase an individual's ability to avoid risks or hazards; and promote social and emotional competence to thrive in all aspects of life now and in the future" (CDC, 2009). By minimizing and helping individuals cope with risk factors, and by teaching them and helping them develop stronger protective factors, individuals' day to day lives and mental and physical wellness are improved.

San Luis Obispo County conducted surveys and held several stakeholder meetings over a one-and-a-half year period between 2007 and 2008 to construct its PEI Plan. Following statewide guidelines (DMH Info Notice 07-19, Enclosure 1) the large stakeholder group considered areas of need, current practices available locally, and strategies which would propel the county's underserved populations towards resiliency and wellness. The following five Projects were crafted and put forth to the community in November of 2008:

- Mental Health Awareness and Stigma Reduction Project (page 5). A county-wide universal and selective prevention project for all ages that includes education for school-aged youth, teachers, and parents, a media campaign, as well as targeted outreach to underserved cultural populations. Components included Media Advocacy, and Community Outreach and Engagement.
- School-based Wellness Project (page 7). A prevention and early intervention project to build wellness and resiliency, and reduce risk factors and stressors among elementary, middle and high school students. Components included the Positive Development Project for 0-5, Middle School Comprehensive Project, School-Based Wellness, and Sober School Enrichment.
- Family Education and Support Project (page 34). This prevention and early intervention project includes parenting classes and resources, and "on demand"

coaching for parents facing specific challenges. Components included Coordination of County Parent Programs, Parent Educators, and Parent Coaches.

- Early Care and Support for Underserved Populations (page 37). This selective prevention and early intervention project provides self-sufficiency supports for high-risk transition-aged youth, depression screening and supports for older adults, and outreach and engagement services to low-acculturated Latino communities. Components included Successful Launch for Transitional Aged Youth, the Older Adult Mental Health Initiative, and expansion of the Latino Outreach Program.
- Community Wellness Project (page 42). Resource Specialists and Community-based brief or short-term therapeutic services will be provided in this prevention and early intervention project. Components included Community Based Therapeutic Services, and an increase in Resource Specialists support.

The Mental Health Oversight and Accountability Commission required San Luis Obispo County's Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. Program Two, *School Based Student Wellness* was selected by stakeholders during the PEI planning process. Details of this in-depth evaluation are found on pages 6-28.

The SLOBHD elected to conduct evaluation activities for each of the PEI programs, as included herein. As PEI rolled out in San Luis Obispo County, many concepts surrounding prevention (resilience, risk and protective factors, etc.) were more familiar to substance abuse prevention programs than they were to mental health system providers. With leadership from the Department's Drug and Alcohol Services, each PEI project was constructed with an outcome-driven design. This process began with a "PEI Kickoff" in 2009 where providers received training on general prevention concepts, cultural competence, outcomes-based program design, and an "Evaluation 101."

Over the next three years, SLOBHD provided hands-on intensive technical assistance, training, and program support to all in-house staff and PEI contract providers in order to establish an outcomes-based culture. Many providers had not conducted any evaluation or participated in data collection activities until PEI programming began. Program evaluation was designed to be fluid and ongoing, allowing SLOBHD to correct program-drift, build upon successes, and adapt quickly to ever-changing community need.

SLOBHD is a leader in evaluating both qualitative and quantitative data in prevention programs. The Department's MHSA Division Manager, Frank Warren, was called to speak and provide training at the state level regarding outcome measurement. In 2013 SLOBHD was showcased in a statewide PEI brochure acknowledging the large amount of data that has been collected. A summary of results for the first three years of data was presented to stakeholders in May of 2013. The chart that was presented, comparing the anticipated PEI outcomes versus actual outcomes for all programs, is included in this document, at the beginning of each section, and as tables throughout. More detailed information is included for PEI project 2.

Program #1 - Mental Health Awareness and Stigma Reduction Project		
Component	**Provider**	**2009-12 Outputs**
1.1a Social Marketing Strategy – Media Advocacy	Transitions Mental Health Association	8,706 reached through direct email 46,254 visits to all the pages of site ***SLOtheStigma*** documentary presented at over 50 outreach events Over 4 million media impressions
1.1b Social Marketing Strategy - Community Outreach and Engagement	Transitions Mental Health Association	1,828 served by presentations of *In Our Own Voice* and *Stamp Out Stigma*

As the National Institute of Mental Health (NIMH) states on their website, "An estimated 26.2 percent of Americans ages 18 and older - about one in four adults - suffer from a diagnosable mental disorder in a given year. […] this figure translates to 57.7 million people." (NIMH, 2013). It is evident from these numbers that mental illness can affect anyone at any time in their lives and often the stigma associated with mental illness prevents people from seeking help. The PEI Mental Health Awareness and Stigma Reduction Project, administered by Transitions Mental Health Association (TMHA), focused on showing the community how family and friends can offer support to people living with mental illness, dispelled myths and reduced stigma surrounding mental illness, and encouraged those in need to seek help.

At the core of this project was a moving and powerful documentary, *SLO the Stigma*, featuring local consumers telling their stories of struggle, recovery, and hope. Paired with the film, a website (www.SLOtheStigma.com) was created that served as a resource for families, friends, those suffering with mental illness, and the general public to explore and find information such as a comprehensive guide to services. The target audience for this documentary, and the SLOtheStigma website, was the community at large, but there was an emphasis on outreach to target specific population groups, such as second language learners (the documentary was available in English and Spanish), veterans, the LGBTQ community, homeless populations, and college students.

Details of the www.SLOtheStigma.com traffic from January 1, 2010 – June 30, 2011 include: 16,552 total visits, with 13,097 absolute unique visitors. Fifty-five percent (55%) arrived at the site by typing in the URL directly which demonstrated the direct effectiveness of the campaign. Thirty-five percent (35%) arrived via a search engine (Google, Yahoo, etc) and 10% of visitors arrived via partnering referring sites. Based on all visitor traffic, the most popular pages visited were the *Homepage* and the *Seeking Help* page. Two hundred twenty-seven (227) pages were viewed a total of 46,254 times, illustrating the frequent use of *SLOtheStigma* as a resource.

The campaign was a great success, in large part to the efficient and consistent information dissemination that occurred with this project. Facebook, Twitter, email blasts, billboards, television commercials on nine networks, newspaper ads in six local newspapers, and radio ads were just some of the tools used to promote and highlight SLOtheStigma. TMHA also held information booths at various community venues to reach broader audiences through events such as the Health and Fitness Expo, the Farmer's Market, Pride at the Plaza, and others.

SLOtheStigma was an essential component in preserving San Luis Obispo County's suicide prevention efforts. In December of 2010, when funding for the existing 211 Hotline had expired, TMHA was able to leverage resources and use the momentum of the SLOtheStigma website and resource line to take over the suicide prevention efforts of 211.

TMHA also expanded other stigma reduction and awareness activities such as the National Alliance on Mental Illness' (NAMI) *In Our Own Voice*, *Stamp out Stigma*, and TMHA's suicide prevention documentary, "The Shaken Tree." Even though project funding concluded (as planned), SLOtheStigma is still active as a valuable tool for stigma reduction and education while continuing to gain support and statewide attention. SLOTheStigma is now a continuing part of the menu of stigma reducing programs and presentations given by TMHA. Surveys conducted online and at outreach events indicate PEI planned outcome measures were met (Table 1).

PEI Plan Anticipated Outcomes	2009-12 Actual Outcomes
Increased knowledge of signs and symptoms of mental health problems and the experiences of those living with mental illness.	94% of all participants surveyed agreed that they have an increased awareness of the risks facing their target population, including suicide, drug and alcohol abuse, and homelessness.
Increased knowledge of risk and protective factors amongst target populations	98% of participants surveyed agreed that they have an increased awareness of the protective skills available to people with mental illness and family members, including wellness and recovery tools, peer counseling, and education.
Enhanced resilience and protective factors	97% of participants surveyed agreed that they or their family member are better able to deal more effectively with mental health related problems.
Increased feelings of hope and empowerment	99% of outreach forum attendees found the information regarding recovery encouraging and hopeful.
Increased knowledge of local mental health resources	97% of participants surveyed agreed that their knowledge of local mental health resources has increased.
Increased number of clients will more readily utilize mental health services	69% of service providers surveyed said that they had seen an increase in people accessing mental health services during the ***SLOtheStigma*** campaign.
Community members will be more likely to assist persons experiencing mental health issues in accessing mental health and other services	91% of website survey participants indicated that they would use the resources on the ***SLOtheStigma*** website to help a friend.

Table 1

Program #2 – School Based Student Wellness		
Component	**Provider**	**2009-12 Outputs**
2.1 Positive Development Project	Community Action Partnership (CAP-SLO)	1,264 Children 648 Parents 220 Staff
2.2a Middle School Comprehensive Project – Student Support Counselors	County Behavioral Health	1,100 Students enrolled in Student Assistance Program
2.2b Middle School Comprehensive Project – Family Advocates	The Link	772 families if middle school students received case management services
2.2c Middle School Comprehensive Project - Youth Development	County Behavioral Health	Over 2,800 students served annually
2.3 Student Wellness Strategy – 5th Grade Initiative	County Behavioral Health	300 students served
2.4 Sober School Enrichment	County Behavioral Health	40 students served

School Based Wellness, is a comprehensive, multi-age approach to building resilience among all pre-school and school-aged youth recipients. This program responds to the universal population of children and youth, and youth who exhibit risk factors for mental illness with the following projects: the Positive Development Program serves pre-kindergarten-aged children; the Middle School Comprehensive program focuses on universal and selective prevention in higher risk schools; Student Wellness Programming was designed for 5th grade youth transitioning to adolescence, and Sober School Enrichment for higher risk teens.

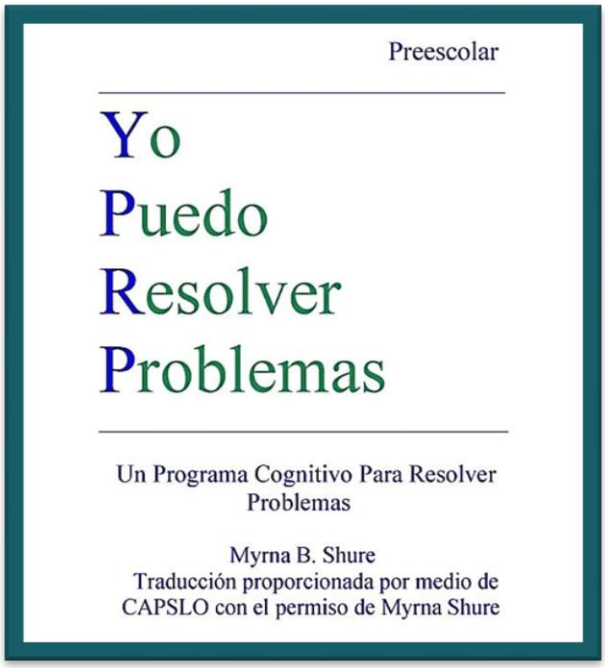
In 2009, stakeholders selected PEI Program Two, School Based Student Wellness, to be the program evaluated and reported to the MHSOAC by the County. Table 2, demonstrates the individual, family, and system level outcomes that were hypothesized in the original PEI plan, and the anticipated tools of measurement to be used. Since many of the projects included new and innovative approaches to mental health wellness and recovery, and only a handful were selected from best practice curricula, SLOBHD needed to develop tools and systems in order to collect data from various sources. This included the need to provide continued training and technical support to partner agencies and staff.

In order to keep administrative costs at minimum while still conducting a robust evaluation, SLOBHD partnered with California Polytechnic State University's (Cal Poly) Master's in Public Policy (MPP) program, and provided internship opportunities to students during the evaluation timeframe. Interns provided clerical and analytical support, assisted focus groups and interviews, and site visit observational studies. Interns also provided ongoing technical support to community providers, not only in PEI Program 2, throughout other PEI and MHSA programs.

Individual/Family Outcomes	Measurements	Measurement Tools
Increased knowledge of social, emotional, and behavioral issues amongst target populations, and improved behavior	• Scale of knowledge of issues including communication, self-worth, feelings, etc. • Scale of concern based on key risk indicators including self-esteem, anger, peer relations, and self-control	• Pre/post surveys • School and SAP Staff observation
Decreased risk factors amongst target populations	• Reported and demonstrated improvements including reduced anxiety, reduced negative peer associations, reduced anger, etc.	• Pre/post surveys including • School and SAP staff observation
Enhanced resilience and increased protective factors, including social and life skills competencies	• Reported and demonstrated improvements including increased happiness, family and school bonding, grades, etc.	• Pre/post surveys • School and SAP staff observation
Increased successful follow through on linkages and referrals	• Demonstrated improvements in access to community resources	• Family Advocate observation • Service recipient self-reports
Improved parenting skills	• Demonstrated improvements in understanding developmental stages of children: discipline, communication, etc.	• Child Development staff observation • Service recipient self-reports (Positive Development Program and SAP Families)
Reduction in number of suspensions/expulsions	• Decrease in suspension rate amongst school and youth engaged in services	• District and school site data
Increased attendance rate	• Increased attendance rates in each school and with individual participants	• District and school site data • Pre/post surveys • School and SAP staff observation
Improved coping with emotional, behavioral or social problems through voluntary counseling	• Demonstrated increase in capacities involving self-sufficiency, esteem, communication, family and peer relations.	• Pre/post surveys • School and SAP staff observation
Individual/Family Outcomes	**Measurements**	**Measurement Tools**
Increase in number of PEI programs in schools and pre-schools	• Number of PEI supported programs adopted on countywide school campuses	• Measured rate of school prevention and early intervention programs reported annually
Increased number of students who will more readily utilize mental health and other needed services, and increase in school-based assessment and response systems.	• Number of students engaged by PEI programs engaged in behavioral health services and supports • Number of schools reporting developed, integrated, and utilized SAP teams	• Measured rate of service participation reports by Family Advocates • School and SAP staff reports
Increase in number of individuals and families identified who need and receive PEI services.	• Number of individuals and families tracked in this project	• Rosters and tracking documentation of participants

Table 2

Positive Development Program



Community Action Partnership of San Luis Obispo's (CAPSLO) Child Care Resource Connection (CCRC) administers the **Positive Development** project. The CCRC partners with private child care providers to build problem solving skills, self-esteem, social, emotional, and behavioral health competencies for children ages 3-5. The CCRC provides facilitation of the *I Can Problem Solve (ICPS)* curriculum, considered an Exemplary Mental Health Program by NASP (National Association of School Psychologists). *ICPS* is also included in the Substance Abuse and Mental Health Administration's (SAMSHA) National Registry of Evidence-Based Programs and Practices (NREPP), the registry that identifies scientifically based approaches to prevention and treatment of mental illness and/or substance abuse. The CCRC combines *ICPS* with other exemplary tools, and training to private child care providers in both English and Spanish including the Ages and Stages Questionnaire (ASQ) (Appendix A), and Behavior Rating Scale (Appendix B). Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles.

Table 3, below, illustrates a summary of findings for the children of participating providers who were assessed using these tools. Not only did children initially assessed with behavior and social-emotional issues show improvement, but children without those issues strengthened their skill sets after participating in the program.

Aggregate Child Assessment Results n=325
78% of children initially assesses as impulsive experienced a decrease in their impulsive behavior scores (Overt Physical Aggression and Impatience /Over-emotionality)
71% of children initially assessed as emotionally aggressive experienced a decrease in their emotionally aggressive behavior scores.
55% of children initially assessed as "socially competent" experienced an increase in their socially competent behavior scores.

Table 3

Upon hearing about the program Myrna Shure, the author of the *I Can Problem Solve* curriculum, granted CCRC permission to have the curriculum translated into Spanish. In addition, Myrna gave permission for staff to utilize assessment tools which accompany the curriculum: The Behavior Rating Scale, provided CCRC with evaluation technical assistance, and connected staff with ICPS

trainer Mary Kate Land. This immediately increased the capacity for CCRC to reach more Spanish Speaking providers (Fig. 1) than initially anticipated by the PEI plan.

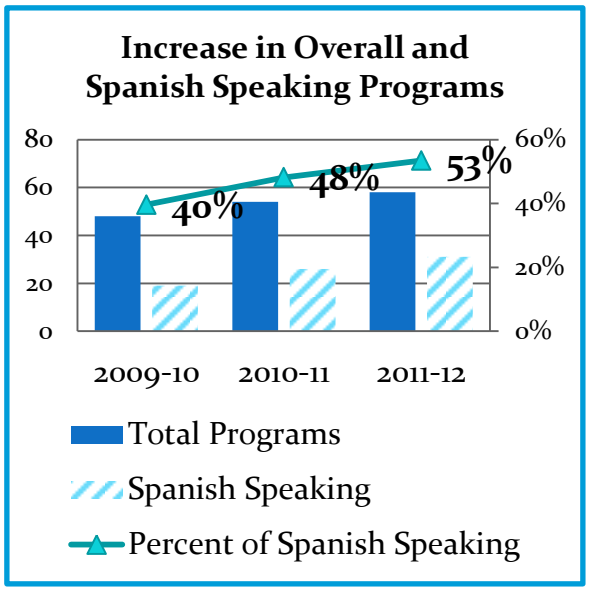


Figure 1

The struggling economy impacted this project almost immediately as increased job loss and loss of child care funding affected the child care community. A number of programs closed, and others significantly reduced classroom size. This resulted in a lower than expected retention rate as well as a lesser number of children participating in centers. CCRC had to increase outreach and provide more technical assistance to childcare providers than initially anticipated. In addition, already stressed parents were difficult to engage, and CCRC had to increase its efforts on parent training of *ICPS*, and at-home reinforcement of the program surveys (Appendix C) conducted by CCRC, knowledge of their child's social-emotional development improved their parenting skills and, as a result, their child's behavior at home (Table 4).

Ongoing evaluation allowed the CCRC to improve parent engagement via evening group sessions, take home flyers, parent newsletters, and meet-and-greet information booths in the morning when parents dropped their children off. In addition, the CCRC expanded the program to include *I Can Problem Solve Kindergarten*, a curriculum created for children 5 years of age, who are preparing to enter kindergarten. Child care providers were very pleased as children who had grown with the program were ready for new challenges.

Parent Survey Results n=231
98% of parents indicated that they were more understanding of their child's social-emotional development.
95% of parents surveyed found the activity summaries and take home information was helpful in continuing the program at home.
100% of parents indicated that their child's social, emotional, and behavior skills improved.

Table 4

Middle School Comprehensive Project

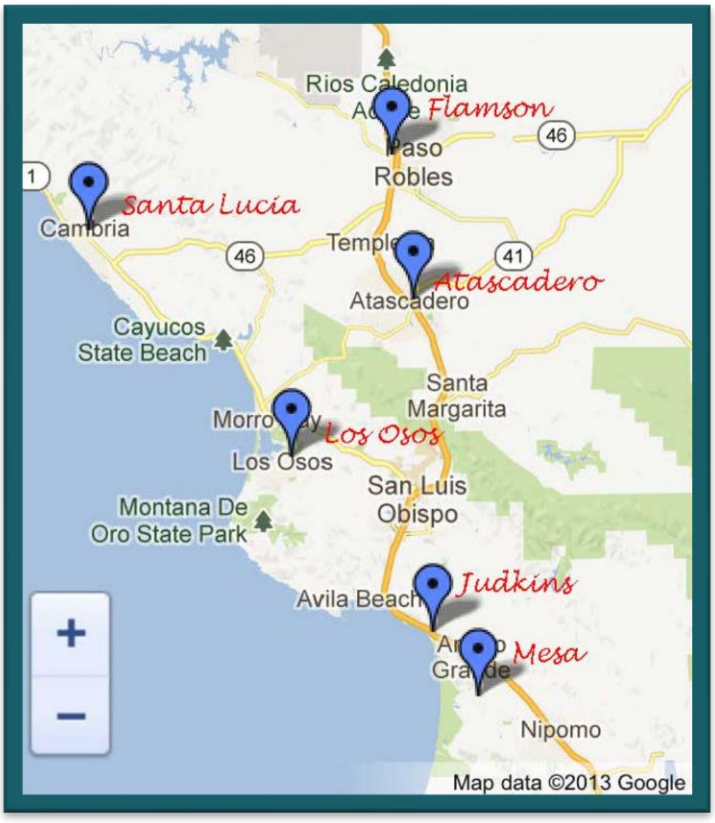
Program Description and Demographic Information

In 2011, SAMHSA published a strategic plan to make prevention of Substance Abuse and Mental Health disorders a number one priority. This report indicated that half of all lifetime cases of

behavioral health disorders begin by age 14. Symptoms signaling the likelihood of future behavior disorders, such as substance abuse, adolescent depression, and conduct disorders, often manifest two to four years before a full-blown disorder is actually present. If communities and families had opportunities to intervene earlier in an individual's life—before behavioral health disorders are typically diagnosed—future disorders could be prevented or, at least, the symptoms could be mitigated. In order to successfully reach at risk youth, there needs to be multiple, consistent interventions in place through different systems with which these children and youth come in contact (SAMHSA, *Leading Change*, 2011).

The Middle School Comprehensive Project is an integrated collaboration between schools, San Luis Obispo County Behavioral Health Department (SLOBHD) staff, and community based organizations; and one with a goal to provide consistent, multiple interventions to reduce the risk and symptoms of behavioral health issues. Six middle schools in the county operate a Student Assistance Program (SAP) on campus. The Center for Prevention Research and Development (CPRD) indicates that SAPs reduce risk factors, such as reduced school violence and substance use, and increases protective factors, such as improved school attendance, academic performance, and access to supportive services (CPRD, 2005).

Students are referred to the program when identified as at-risk based on poor attendance, academic failure, disciplinary referrals, or if the student exhibits other signs of behavioral health issues. Each program contains three key team members: The Student Support Counselor, The Family Advocate, and the Youth Development Specialist. Because of the various campus cultures, administrative styles, and community specific issues, this integrated team carves out a unique niche of service delivery for each location.



The Student Support Counselor provides individual and group counseling to the students as well as identification and referrals for more intensive behavioral health services when appropriate. The Student Support Counselor also works as a team leader to ensure all prevention and mental wellness activities are integrated, as well as meeting the needs of each specific population. The Family Advocate coordinates extended case management 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 Youth Development specialist provides evidenced based youth development opportunities on campus, a key in building resiliency which

reduces the risk of mental health issues. This team provides information outreach to the schools and parents regarding behavioral and emotional health issues, including participating in "Back to School" nights, "Open Houses," and providing a staff orientation early in the school year.

Six Middle Schools were selected to participate in the Middle School Comprehensive Project through a competitive process. In their applications the schools had to demonstrate need for the services, cultural and geographic diversity, and the capacity to support this innovative and cohesive approach. The selected schools, Atascadero Junior High, George H. Flamson Middle School, Judkins Middle School, Los Osos Middle School, Mesa Middle School, and Santa Lucia Middle School, span the entire county, from Paso Robles to the Nipomo Mesa to the coast. Schools were given a choice of youth development strategies to implement – ranging from Friday Night Live's "Club Live" to programs from agencies such as YMCA and 4-H. All Schools selected Friday Night Live's "Club Live" (a SLOBHD program) as their Youth Development component.

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 (Latino) Family Advocates. San Luis Obispo County Behavioral Health Department provided the three Student Support Counselors and one Youth Development Specialist.

Once the staff was in place, the program was launched with an all-day staff training attended by PEI and middle school administrative staff, school counselors, PEI Student Support Counselors, Family Advocates, Youth Development Specialists, and other support staff. Participants received training in MHSA components and guiding principles, prevention concepts, and the Student Assistance Program model.

In addition, participants received technical assistance regarding data collection and evaluation techniques, qualitative versus quantitative data, outcomes versus outputs, and proper administration of data collection tools. Technical assistance was ongoing, as new school, non-profit, and county staff required training and orientation upon hire, and existing staff received supportive training throughout the year.

During the 2009-10 through 2011-12 school years, over 1,100 students were enrolled in the SAPs and an additional 775 family members of those students received extended services and supports. The majority of the students enrolled in the program were in 8th grade (Fig. 2) and females engaged in services at a slightly higher level than males (Fig. 3). The SAP serves a more diverse population than the county average with more students identifying as Latino and Multiracial than countywide 2011 Census data of 21% and 3.2 % respectively (Fig. 4). An additional 2,800 youth were engaged in Club Live (the PEI plan also funded Club Live youth development activities in the middle schools which were not selected to pilot SAPs).

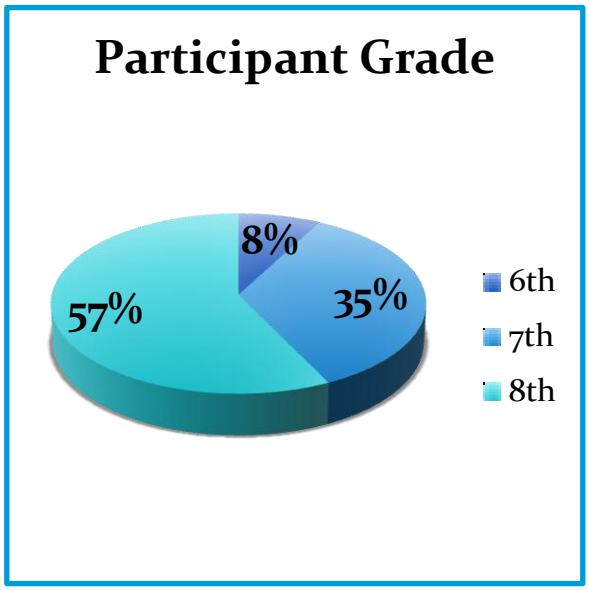
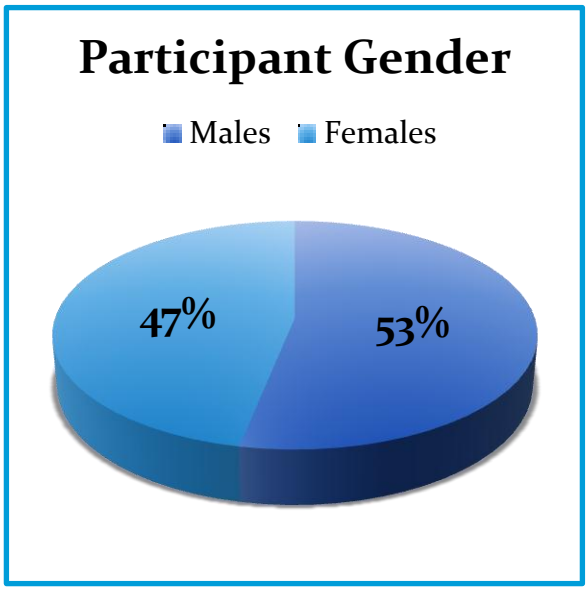


Figure 2



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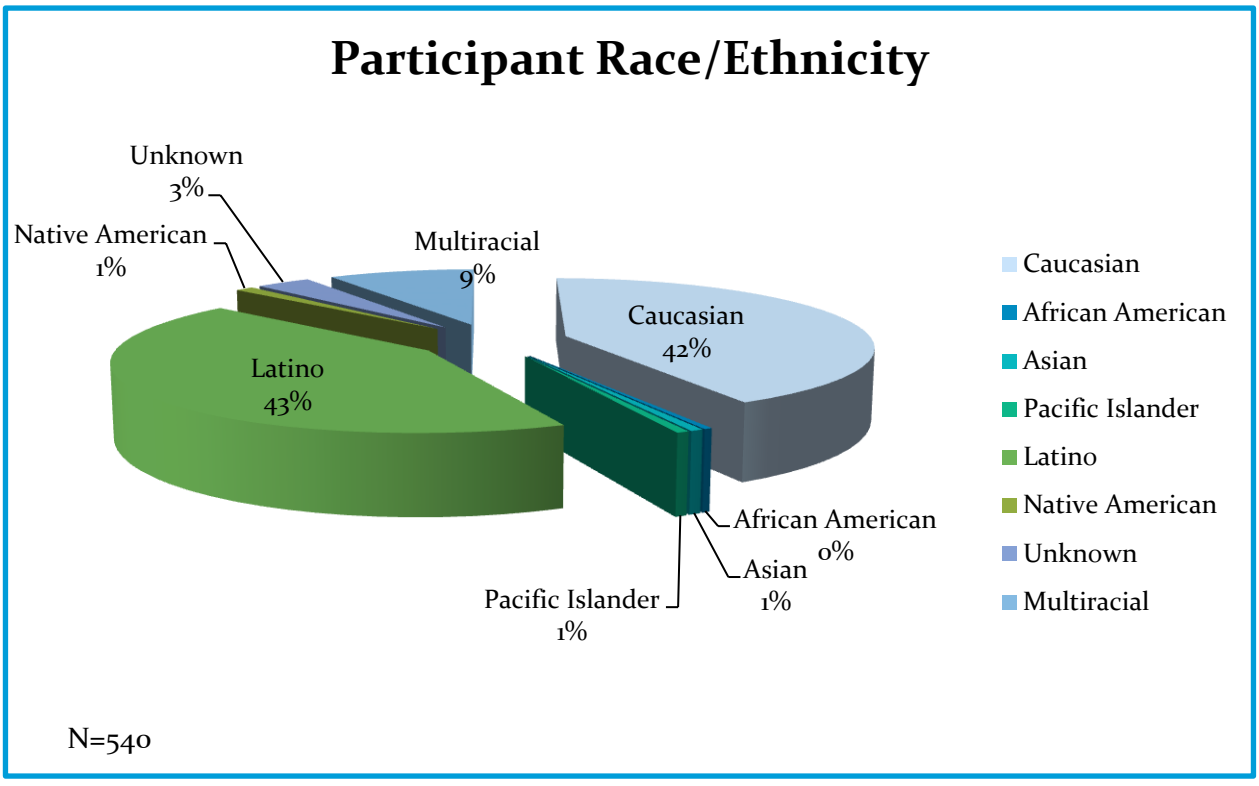


Figure 4

Evaluation Areas of Focus and Methodologies

Due to the various campus cultures and administrative styles, each school site offered unique challenges for the program. The first site visit for the purposes of evaluation took place in February 2010, six months after the program launched at each school. The site visit intended to assess the common challenges and strengths of each program and to make recommendations for program improvement and refinement.

During these site visits, it was observed that campuses which had had fully integrated the PEI counselors and advocates into their school staff and held regular SAP team meetings showed the most successful program implementation. Communication among PEI and school staff was integral in developing criteria for referral to the program, maintaining confidentiality, and defining roles and expectations of support staff. One site even utilized the school nurse in their meetings, who provided a great deal of background surrounding the students and their families.

During the application process the SAP training staff identified three key indicators of student success: grades, attendance, and referrals. Research indicates that middle school students who exhibit one or more of these risk factors: 1) failing grade, especially in English or math, 2) poor attendance, and 3) unsatisfactory behavior scores, have a less than 25% chance of graduating high school (Balfranz, 2009).

School connectedness (the belief by students that adults and peers in the school care about their learning as well as themselves as individuals) increases protective factors and reduces risk of behavioral health issues (CDC, 2009). The Middle School Comprehensive project is designed to reduce the key risk factors, improve protective factors, and aims to increase and promote school connectedness and school environment.

At the end of the 2009-10 school year, principals and school counselors submitted a report to SLOBHD indicating improvement or decline in the areas of grades, attendance, and referrals for each participating SAP student. This measurement tool (Appendix D), developed by consensus with school administration, gives SLOBHD access to difficult-to-obtain data points only available through student records, while maintaining student anonymity. This basic measurement activity began in 2009-10 and continues today. At the conclusion of 2011-12, 96% of students showed improvement in one of those key areas, with only 4% showing no improvement, but also showing no decline, indicating stabilization (Fig. 5).

This information is valuable and meets the stated objectives of the County's PEI evaluation, but it is merely a bird's eye view of the great work that is happening within the program. Staff developed a more intensive tool that is unique to the program, in order to look at specific risk and protective factors, analyze trends in emotional and behavioral health issues amongst target populations, and identify more serious issues among participants.

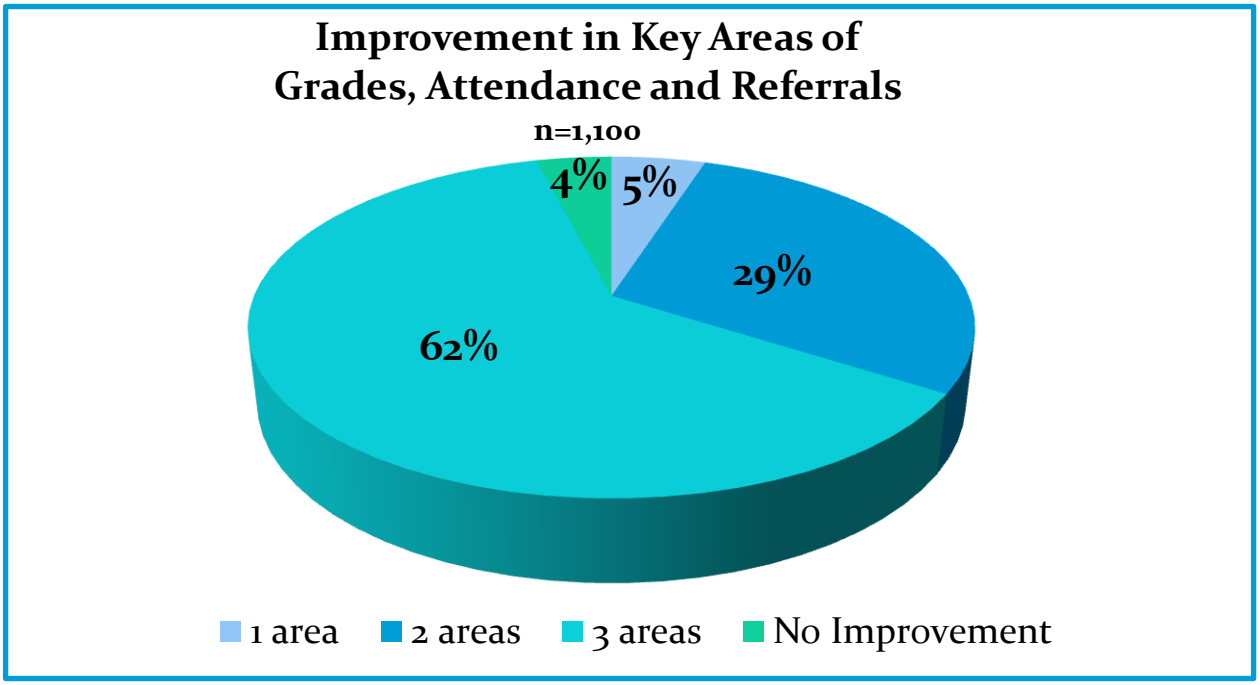


Figure 5

Student Support Counselors met regularly during 2009-10 to develop a retrospective, pre-post survey. Prior to the PEI SAP, SLOBHD school counseling staff used a pre survey at intake, followed by a post survey at exit, but found the answers to be skewed and less honest. Students who had not yet developed a relationship with counseling staff were afraid to answer honestly upon intake, for fear of discipline. The results of this retrospective survey, (Appendix E) administered to 540 students enrolled in SAP during the 2010-11 and 2011-12 school years, drive much of this evaluation and allowed SLOBHD to look at the program beyond the school campus.

Data was analyzed from several angles to measure cultural competence, compare outcomes between schools, and continually make recommendations and adapt the program to meet ever-changing community needs. In addition, SLOBHD was fortunate to be able to compare results to another school in a participating district which is equipped with part time counselors on site, but not receiving the full benefit of the SAP. The Youth Development Institute of Marin, in partnership with SLOBHD's Friday Night Live programs, administers Youth Development Surveys (Appendix F) annually to Middle Schools across the county, in order to measure the impact of the increased PEI Club Live programming.

In addition to data being collected by SLOBHD, gaps in information collected by the Family Advocates at The Link were identified early. In December of 2010 an evaluation meeting was held which included all SAP counselors and advocates to learn exactly what was being captured and how systems could be improved for collecting information regarding the families of students receiving services. Shortly afterward, SLOBHD provided technical assistance and worked in partnership with The Link administration and staff to develop new methods of tracking referrals by frequency and type (Appendix G), as well as instituting a family survey (Appendix H). Information

received from these tools allowed the Family Advocates to streamline processes and target efforts to community and family-specific needs.

During project implementation, evaluation was not only seen as a tool to observe the program, but became part of the program itself. Administrators, Counselors, Advocates, and Club Live staff embraced each aspect and a collaborative, outcomes-based culture was developed. Because of the trust in SAP Counselors and the relationships built with the Paso Robles School District, SLOBHD was fortunate enough to be able to hold a focus group (Appendix I) with 9th graders at Paso Robles High School who had been previously part of SAP for two years at Flamson Middle School. Another focus group was held with monolingual SAP families at The Link using an interpreter (Appendix I). Evaluation not only allowed SLOBHD to monitor and improve program success, but provided data which contributed to program sustainability.

The analysis of the aggregated responses of the retrospective, self-report survey (n=540) indicated statistically significant results at SAP schools (p=<.05) for all survey questions. Each of these questions will be detailed herein. The non-SAP comparison school aggregate responses indicated results that were not significant (p=>.05) and a sample of those results are presented in this report. The retrospective charts contain both primary and secondary vertical (y) axes, the left y axis indicate the student's mean score indicated by before and after columns on the horizontal (x) axis, and the right (y) axis indicates the rate of change indicated by a + or – marker within the chart.

Improvement in Grades

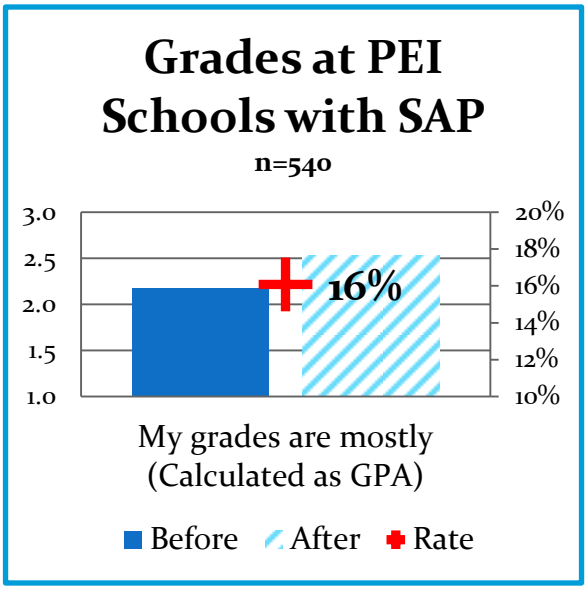


Figure 6

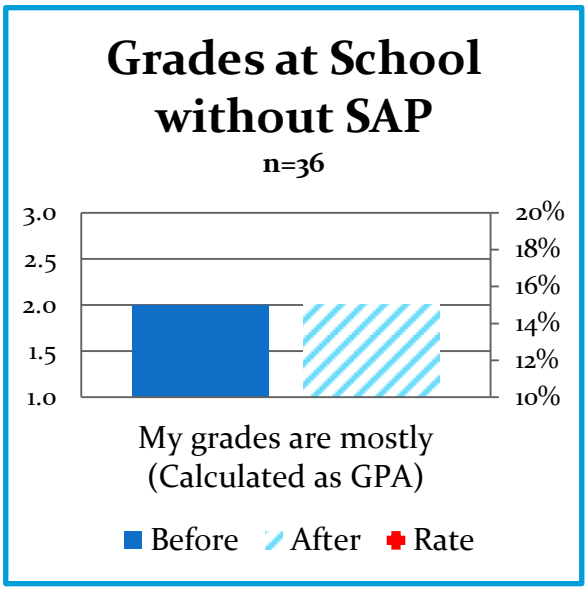


Figure 7

Failing grades in junior high are an indicator of risk for dropping out of high school, with 22% of boys and 33% of girls who drop out of high school developing depression (McCarty et al., 2008).

Although the SAP is not an academic program, grades are an important protective factor and SAP participants showed a 16% improvement in grades (Fig. 6).

The middle school years matter tremendously for a student's future, and those who have trouble academically in the middle grades need programs to help support their wellness and success. In the middle grades there is still time to close achievement gaps and send youth on a path to graduation (Balfraz, 2009). The SAP team provides supports to help close achievement gaps and strengthen the family, student, and school triangle. In 2011-12, Family Advocates provided tutoring to 292 students. This extra support from the SAP might suggest the reason why students and the comparative school did not indicate any improvement in grades (Fig. 7).

Attendance

School districts with high dropout rates usually have chronic and often unrecognized absenteeism in the middle school grades. When middle school students become part of a larger student body, they test boundaries and learn that they can miss a few days of school with little consequence. Without continued, positive adult support, students can become habitually truant. A recent study of Illinois prison inmates showed a link between school truancy and crime. Out of 182 inmates at a medium security youth prison, 135 used to miss so much school that they were considered chronically truant (Jackson and Marx, 2013).

In addition, transportation barriers are increased as students generally commute further from home. This is especially difficult for families in rural areas with limited transportation options. In 2011-12, 208 students received transportation either directly or indirectly (carpool, bus passes, etc.) from the SAP team. These efforts coincide with the 21% reduction in reported student absenteeism (Fig. 8).

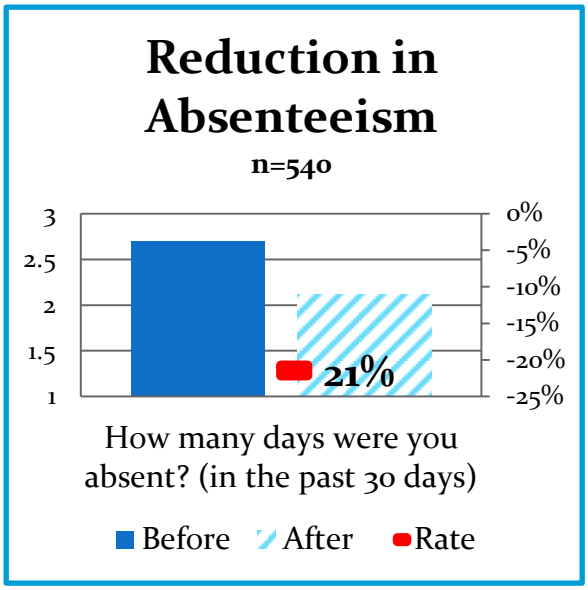
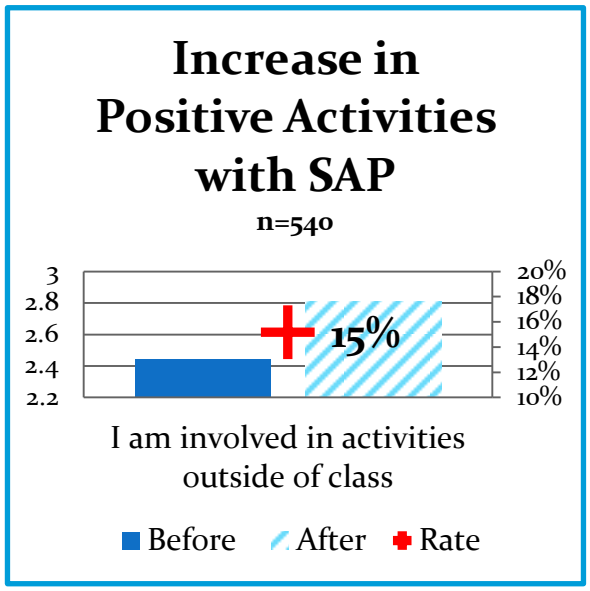


Figure 8

Students who are committed to learning and involved in school activities are less likely to be absent. The SAP supports the emotional, mental, and social development of middle school students, enhancing school connectedness, and the student's commitment to all aspects of their education. Students who participated in the SAP recorded a 15% increase in positive activities outside of class (Fig. 9). Students without the full support of the SAP showed only a slight increase in involvement in activities outside of class (Fig. 10). Focus group interviews of 9th grade students who previously received SAP services indicated that they continued to seek out positive activities on their own once they reached high school. Participants indicated involvement in community based leadership programs, like Youth In Action (a Local teen

leadership group), school and community based sports, faith based programs, service clubs, and music.



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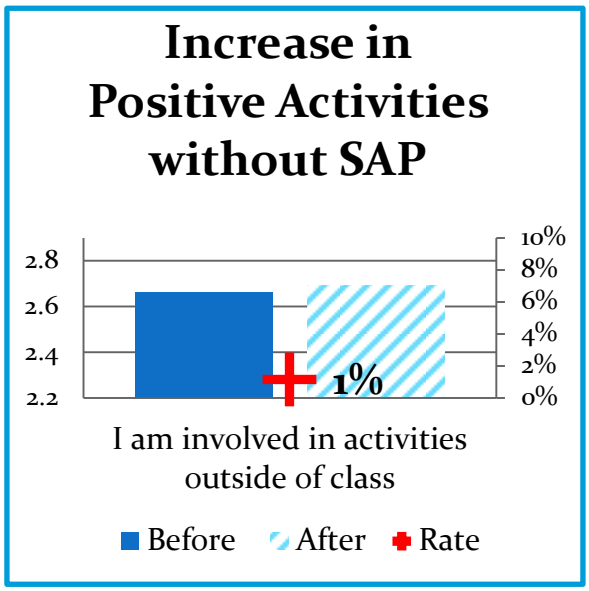


Figure 10

Referrals

A key indicator of underlying, or being at risk of developing, mental health issues are behavioral or disruptive conduct issues in school (Balftanz, 2009). According to the California Healthy Kids Survey, 24% of San Luis Obispo County 7th graders report having been in a physical fight in the past 12 months, and 27% are afraid of being beaten up. In addition to teaching conflict resolution in individual sessions, SAP staff offered anger management groups. Focus group participants indicated that anger management was a key skill taught by SAP staff and that the skill extended beyond the school campus into family dynamics. While some schools demonstrated a decrease in suspensions or expulsions, Flamson Middle School showed a steady decline of both suspensions (Fig. 11) and expulsions (Fig. 12) as compared to the 2008-09 pre-SAP baseline year (Appendix J).

> ***"Josh (SAP Counselor) is such a great asset to our school. I cannot begin to express what a successful program PEI has been and how effective I believe Josh is as a part of that program. Since implementation of the PEI program, we have had a 12% decrease in our suspensions for fights; a 76% decrease in suspensions for harassment, threats or intimidation; a decrease of 89% in our suspensions for drugs and alcohol; and an 86% decrease in our suspensions for classroom disruptions. While all of this cannot be solely attributed to the work Josh does through SAP, I believe that a great deal of it can be."***
>
> ***-Flamson Middle School Principal, Gene Miller***

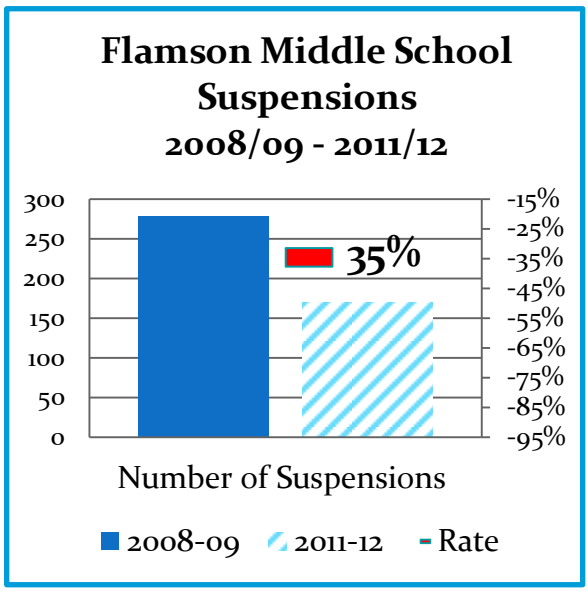


Figure 11

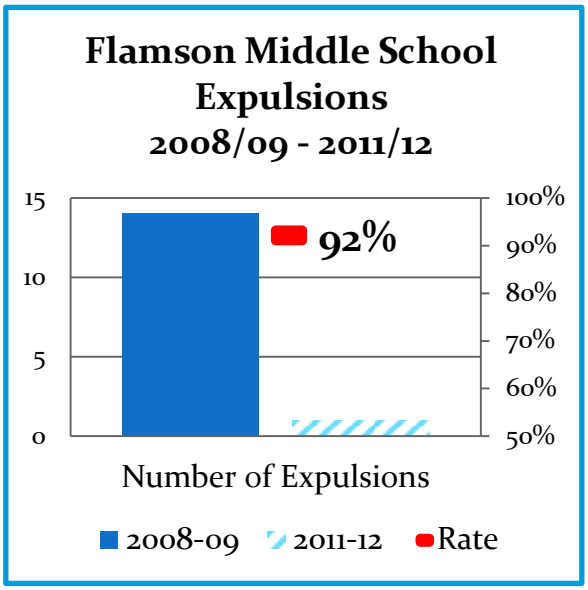
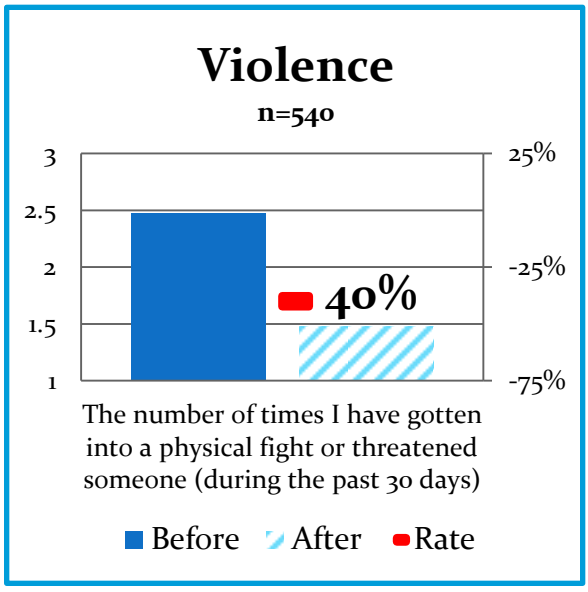


Figure 12

When asked what skills they learned from SAP that they use most today (Appendix I), focus group students unanimously agreed that anger management and conflict resolution were the most important. These skills extended beyond school campus and helped students in their home and peer relationships as well. Students reported a 40% reduction in violence and threats of violence on and off campus (Fig. 13), and a 30% improvement in impulse control (Fig. 14).



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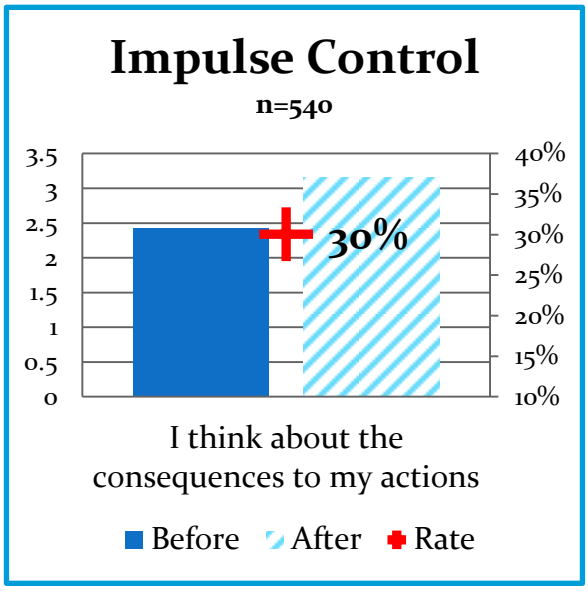


Figure 14

Anecdotally, focus group participants supported the survey data when sharing the following:

"SAP helped control my anger. One kid always wanted to fight. The skills I was taught help me calm down so I don't hit the (other) kid."

"I learned how to respond to serious family situations and instead of fighting, talk it out."

"I shared skills I learned with friends. When they get in arguments, I don't get worked up and help them deal with problems."

"Dear Ms. Rebecca,

Thank you for being the best counselor I could ever have. You have helped me with everything and now I know that I should think about things before I do them). You have helped me improve upon everything especially my anger and I haven't gotten into a fight with anyone in two months. You have kept me out of much trouble."

–Thank You note from Mesa Middle School SAP participant

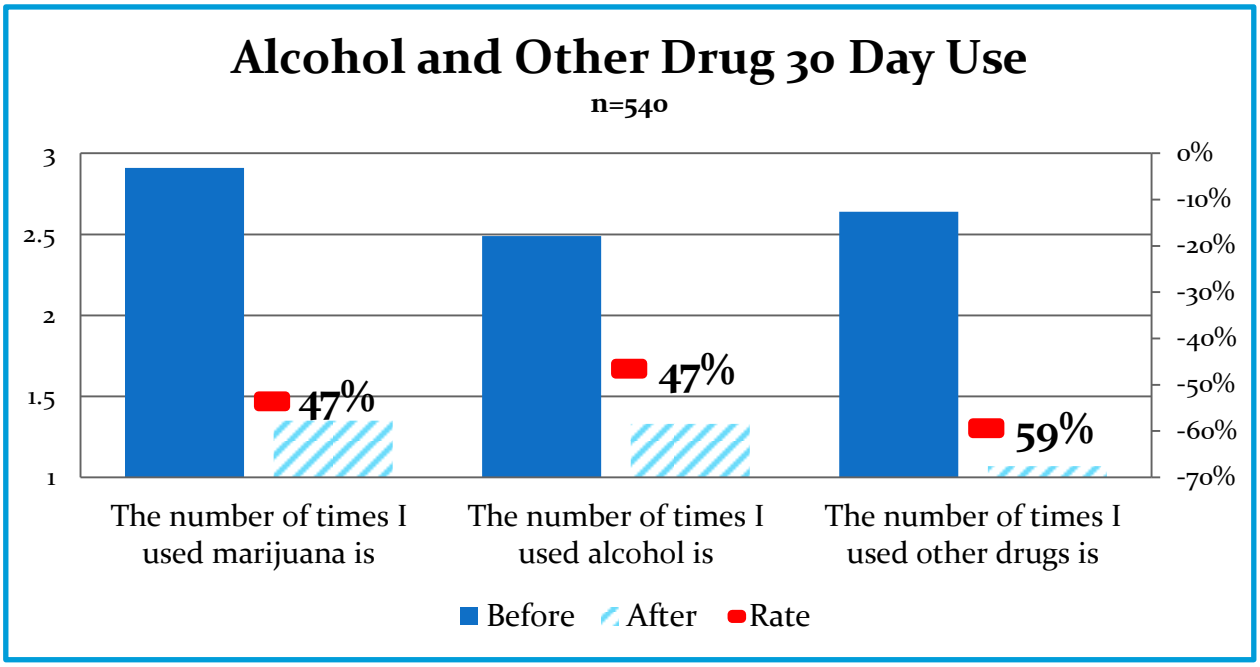


Figure 15

In addition to being at risk for school suspension and expulsion, alcohol and drug use among adolescents is a key indicator of future dependence and mental health issues. Adults who began drinking before 21 are more likely to develop alcohol dependence or abuse than those who had their first drink after 21. Among youths 12-17 who had a major depressive episode, 29.3% report that they initiated alcohol use as a form of self-medication (CDC, 2009). The SAP team provides drug and alcohol prevention education, as well as referral to treatment for both youth and their families if needed. The Link referred 48 SAP family members to drug and alcohol treatment services in 2011-12 and 101 family members were engaged in family counseling as a result of SAP (Appendix G) . Students demonstrated a significant (47%) reduction in marijuana and alcohol use, and a 59% reduction in other drug use (Fig. 15).

School Connectedness

Students are more likely to engage in healthy behaviors and are at a lower risk of developing behavioral health issues when they feel connected to school. School connectedness was found to be the strongest protective factor for both boys and girls to decrease substance abuse and school absenteeism. In the same study, school connectedness was found to be second in importance as a protective factor against emotional disturbances, eating disorders, and suicidal ideation and attempts (CDC, 2009). Factors that increase school connectedness are: adult support, belonging to a positive peer group,

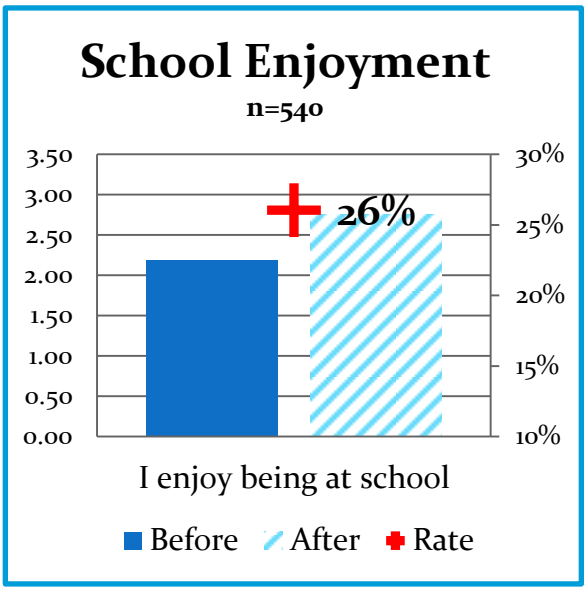
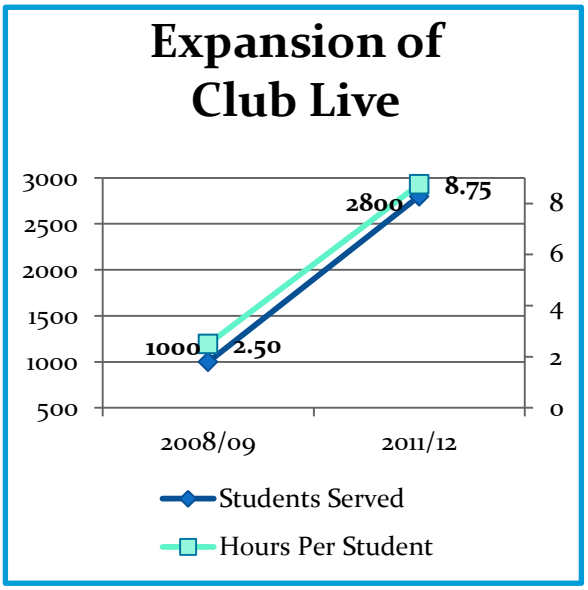


Figure 16

commitment to education, and school environment (CDC, 2009). Students participating in SAP indicated that overall school enjoyment increased 26% as a result (Fig.16).

Research indicates that positive youth development programming, such as Club Live, reduces risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, improving the quality of peer relationships, improving academic performance, and enhancing commitment to school (Weisz, 2005). The Club Live Youth Development component provides prevention opportunities for the general population at all of the SAP schools. During the evaluation period, students receiving services increased. The average number of services per student also increased as students received (on average) 8.75 hours of hours of service per student, 350% more than in years prior to PEI (Fig.17). SLOBHD also increased access to underserved populations as more low income students were engaged in Club Live activities over the 2008-09 baseline year (Fig 18).



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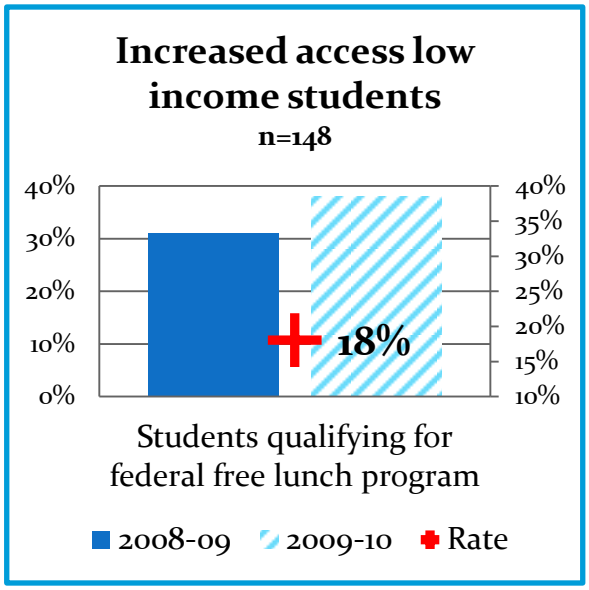


Figure 18

Santa Lucia Middle School's principal, John Calandro, attributed the youth development program to improved school performance:

> ***"[By] drawing in students who were 'flying under the radar', not involved in many activities, and drifting in middle school. The concern for these students is that lack of motivation leads to school failure and an increase in harmful behaviors, including drug and alcohol use. Club Live helps to galvanize these students and develop a sense of belonging and pride… by bringing productive and inspirational projects to school***."

Club Live integrates a youth development approach into the work of its programs and chapters. Youth Development engages youth in building the skills, attitudes, knowledge, and experiences

that prepare them for the present and the future. These skills provide youth the capacity to create effective prevention activities for their peers and communities. Club Live students participate regularly in a variety of trainings and presentations related to substance use, abuse, bullying, violence, and mental health related issues. Club Live students also educate others about the topic. Some of these projects include anti-bullying campaigns, "No Place for Hate," drug and alcohol awareness campaigns, Red Ribbon Week, and service opportunities.

Bullying

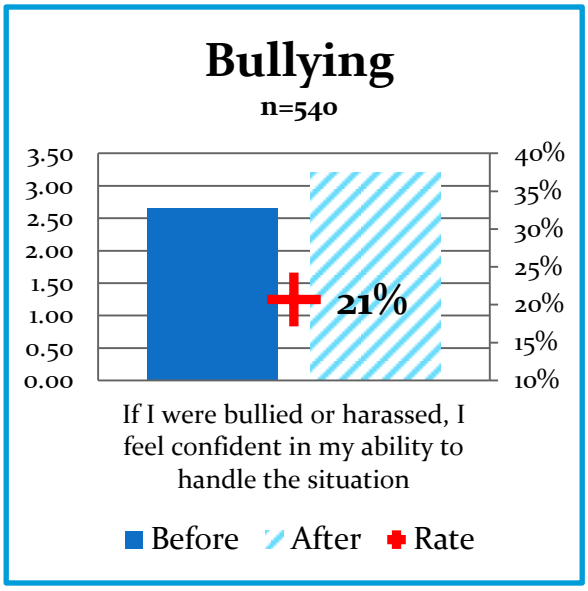


Figure 19

Nationwide, 20% of students report being bullied on school property, and 16% report being bullied electronically (CDC, YRBS, 2011). Club Live students participate regularly in a variety of trainings and presentations related to substance use, abuse, bullying, violence, and its related issues. The MHSOAC considers bullying a public health issue. "Mental health problems, especially anxiety and depression, are risk factors for both bullying and being bullied. Children with mental health disorders are three times more likely to engage in bullying, and bullies are likely to have a diagnosis of ADHD, opposition defiant disorder, or conduct disorder (Lee and Feldman, 2013)."

Children at risk of being bullied include students with a physical or mental disability, low income, and those who are physically unable to defend themselves. The SAP team works to lessen the negative impact of bullying by teaching coping skills to students, increasing education and awareness to teachers, and acting as advocates for students being bullied. Students reported a 21% greater confidence level in their ability to handle situations of bullying (Fig. 19).

During a focus group with parents of students participating in SAP, one mother shared that her son was a victim of bullying, and the entire SAP team worked together to make sure that interventions and safeguards were in place for her son on campus - both in the classroom and on the

playground. Because he felt more secure in school, he attended more often and his grades improved.

The Family Connection

Strengthening the family strengthens the student. The CDC indicates that providing education and opportunities to enable families to be actively involved in their child's life is a key to increasing protective factors for youth. Family advocates reduce barriers to parent involvement, such as providing child care, transportation, food, housing, employment resources, and health care. Positive family and peer relationships are the second most important protective factor in reducing emotional distress, disordered eating, and suicidal ideation and attempts (CDC, 2009).

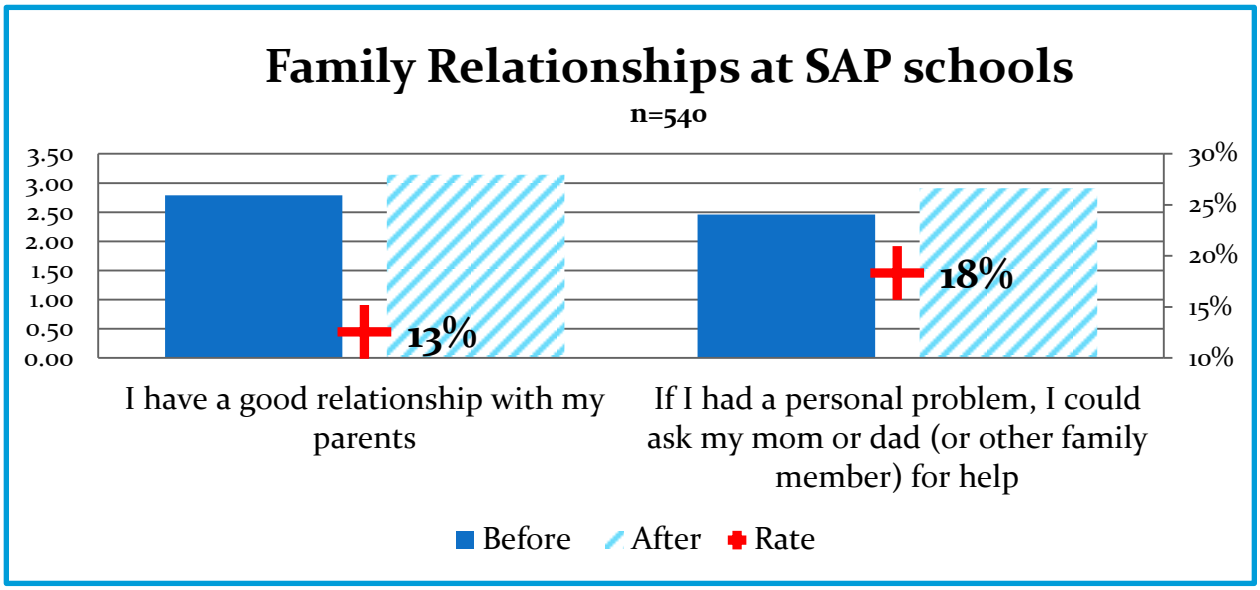


Figure 20

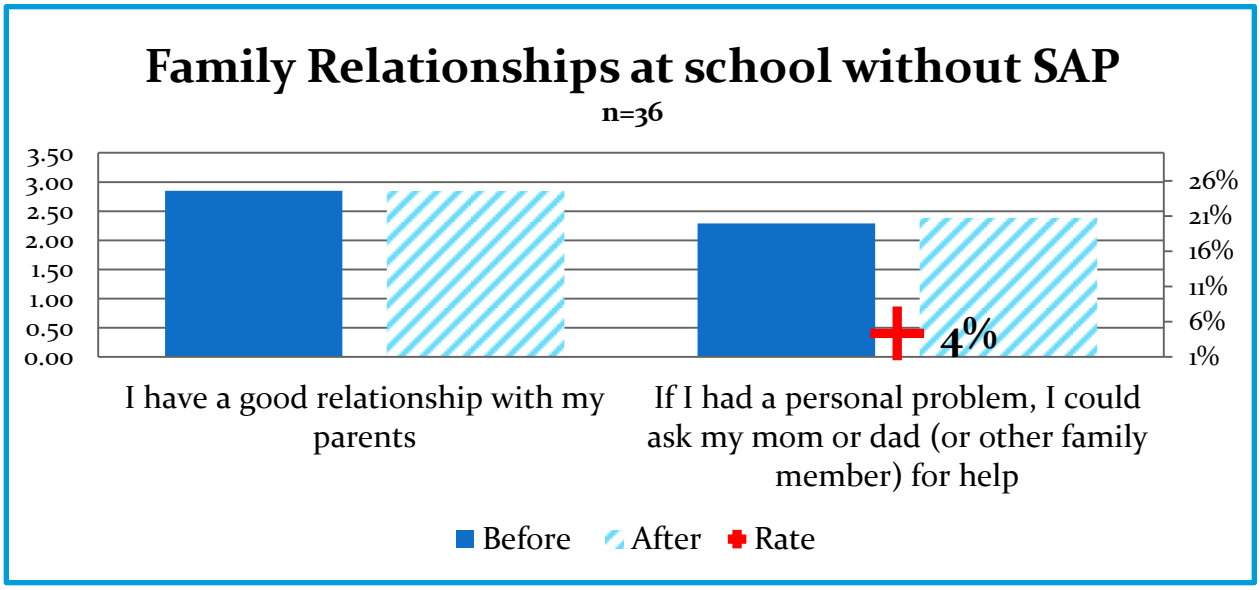


Figure 21

Youth focus group participants indicated that the second most important outcome of the SAP was improved family and peer relationships, which supports SAP survey findings of a 13% improvement in relationships with parents and an 18% improvement in family communication (Fig. 20). Participants shared how they were able to share everything that they learned with their family and friends:

> ***"I would get mad at my mom and yell at her a lot. Now she is my best friend. She is a huge support system for me and I open up to her a lot more now. My mom and I are both able to help my friends as well."***

The SAP is designed to assist the entire family. Data suggests that without the full benefit of SAP, family relationships show little to no improvement (Fig 21).

Early Intervention of Mental Health Issues

According to SAMHSA, schools can offer non-clinical interventions that may be sufficient to meet the needs of many students with moderate mental health challenges. In 2006, about half of students struggled with mental health challenges, as identified by a national voluntary middle school screening program, and could be appropriately served by an early intervention SAP and not require a higher level of care (SAMHSA, *Identifying Mental Health*, 2011).

School based programs also reduce stigma as they offer a place to receive services without being singled out as having a mental health related issue. SAP counselors address all mental health related issues in group and individual sessions, and Family Advocates provide support for the families of students at risk. Students indicated a 26% improvement in coping skills (Fig. 22) and a 15% average improvement in self-esteem (Fig. 23) as a result of SAP. In 2011-12 The Link referred 40 individuals to a deeper level of care to County Mental Health Services or with private clinicians.

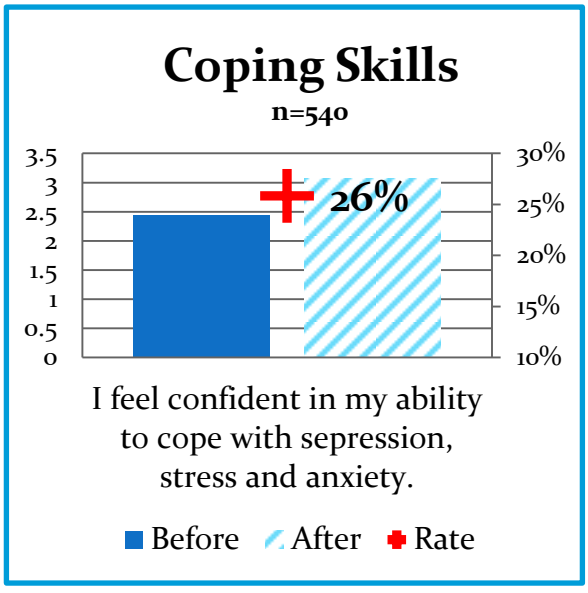


Figure 22

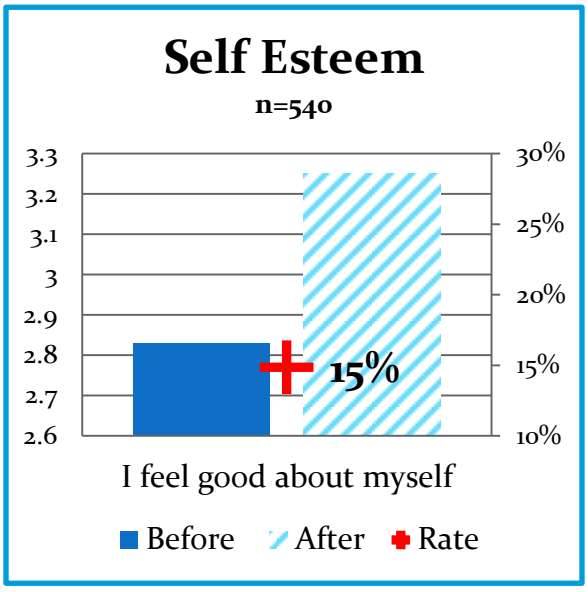


Figure 23

"After SAP counseling my whole attitude about myself changed. Why would I care when other kids make fun of me if I know how great I am? I can comfortable being myself now." – Student Focus Group Participant

Self-Harm and Suicide Prevention

Self-harm is a relevant topic for junior high aged youth, as www.kidsdata.org reports, "Approximately 149,000 young people ages 10-24 are treated for self-inflicted injuries at U.S. emergency department every year." Furthermore, in 2010, California had 3,135 hospitalizations from self-inflicted injuries in this same age group. In comparison with adults, junior high students are at a higher risk for self-injurious behavior, and though these behaviors are often ways to cope with extreme psychological trauma and mental health issues, at times self-harm is a gateway to more serious, fatal suicide attempts (www.kidsdata.org, 2013).

It is important to focus on awareness around these issues for the junior high-aged group, where peer pressure and new life stressors run high, offering support so students can learn healthy ways to cope with stress and trauma instead of turning to dangerous behaviors. SAP teams address issues of self-harm through education to staff, families, parents, and school-wide learning activities. In addition, SAP counselors provide self-harm prevention and recovery groups and, as a result, students demonstrated a 53% decrease in self-harm behaviors (Fig. 24).

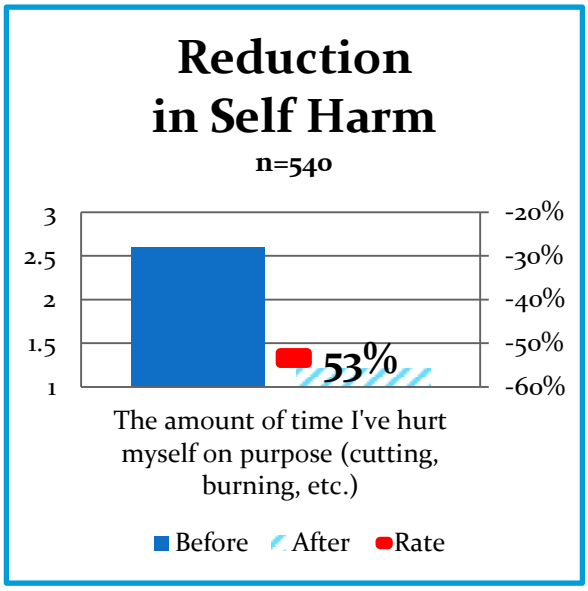


Figure 24

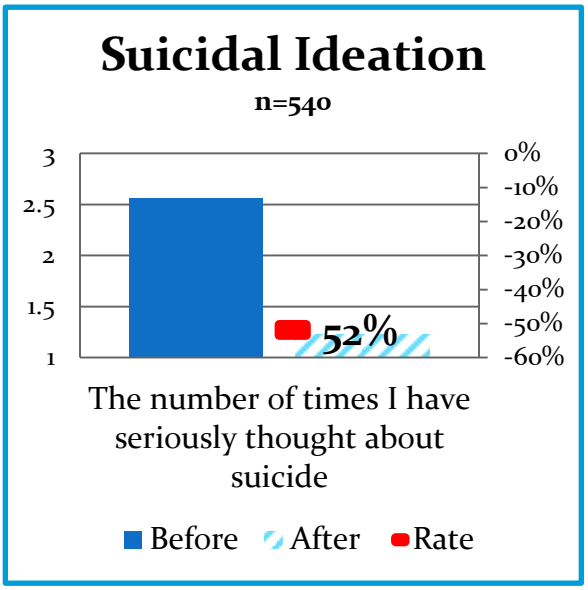


Figure 25

"Thank you for letting me open up to you and if it wasn't for you I still would have been cutting myself. You have really helped me out a lot. You made me feel like someone actually cares how I feel, and gave me ideas for talking to my family in a good way. I stopped cutting myself because when you said I'm already hurt enough I'm just hurting myself more. That was really true and after thinking about what you said - I stopped cutting. I'm thankful that I met you, and thank you." - Letter to SAP Counselor

Nationwide, 15% of students indicate they had seriously considered suicide in the past 12 months. (CDC YRBS, 2011) San Luis Obispo County ranks higher than the national average with 18% of 9th graders reporting suicidal ideation over the past year (CHKS, 2011). More youth die from suicide than from combined rates for cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, and MHSOAC recommends an SAP team as a best practice in preventing suicide (Lee and Feldman, 2013). The County's PEI SAP teams employ several recommended approaches to suicide prevention including suicide awareness and education programs, increasing recognition of at-risk behavior among youth, faculty and parents, promotion of protective factors, reduction of peer and family conflict ,supportive counseling and treatment for youth with early suicide risk factors. Students demonstrated a 52% reduction in suicidal thoughts after their participation SAP (Fig. 25). A parent focus group participant shared the following story:

> ***"My son is a great kid and sweet, but because of his disability he said we wanted to die and would come home from school crying because of what other people would say. Because of SAP, he is getting stronger. He is more active now, he has friends over, and we play board games at night and Sonya (The Family Advocate) doesn't leave you behind, she is a hard worker and does a lot for our family."***

Cultural Competence

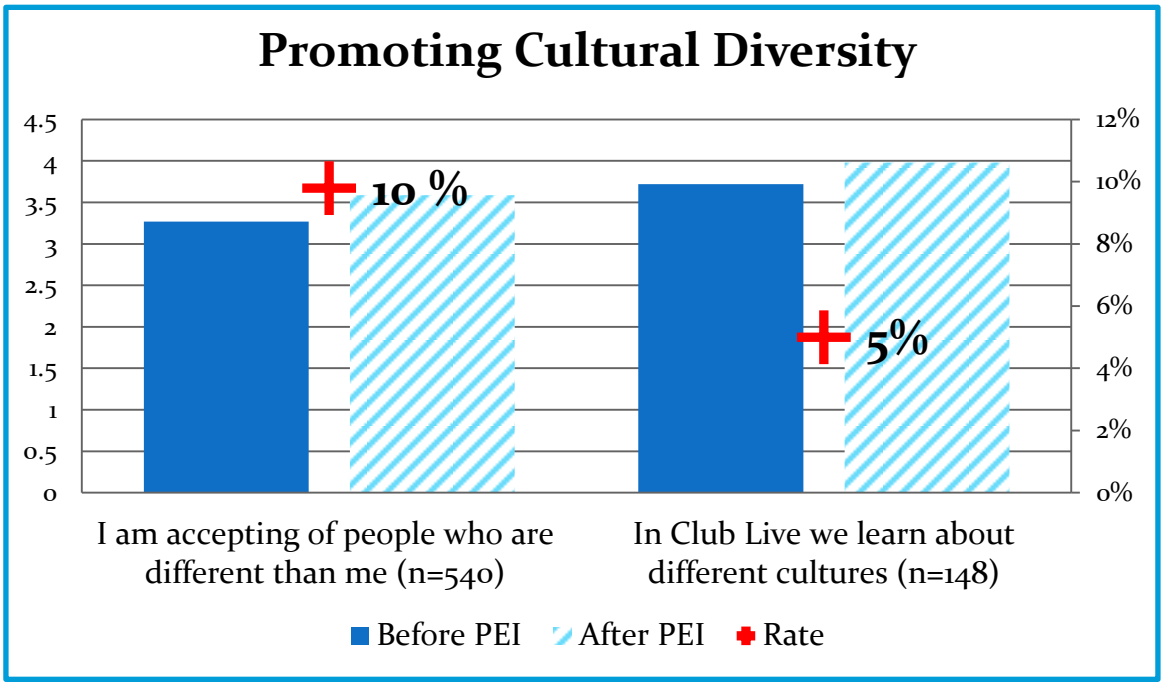


Figure 26

San Luis Obispo County's Behavioral Health Department is committed to providing culturally appropriate services in all MHSA programs, and all SAP participants receive bilingual and bicultural services. Club Live staff promotes cultural and ethnic diversity through events on

campus and in the community such as the Day of the Child (an event for monolingual Spanish speaking families). SAP retrospective survey results indicate a 10% increase in acceptance of different cultures, and Youth Development survey results indicated a 5% increase in opportunities for students to learn about cultures different than theirs over the 2008-09 baseline year (Fig. 26).

An example of one such opportunity is the "Latina Step Forward Program" at Flamson Middle School, in which eight SAP students were chosen to participate. The focus of the program was to target Latino female students who were at risk for gang involvement, struggling with academics and disciplinary problems, and who could benefit from receiving mentoring from positive role models. The project was overseen by the Vice Principal and The Link Family Advocate. The project specifically promoted the following: Importance of succeeding in school and keeping students engaged and motivated to succeed, homework and tutoring assistance, and reduction in disciplinary actions at school and participation in gang related or at risk activity outside of school.

Students met with their mentors weekly to review homework, progress reports, listen to guest speakers, and discuss issues that they may be struggling with. The students also had the opportunity to participate in different field trips and community services. The results exceeded expectations. At the end of the 3rd quarter of the first year, the eight participating students showed improvements in their academics and in their behavior in and out of class, and five of those students received a GPA of 3.0 or higher. All students avoided expulsion and demonstrated improved classroom behavior and attendance.

Latina Step Forward continues today and has expanded to include more service projects and educational opportunities outside of the school setting. Graduates of the program continue to serve as mentors to the middle school students. The program is planned to be replicated in the other SAP schools beginning in 2013-14.

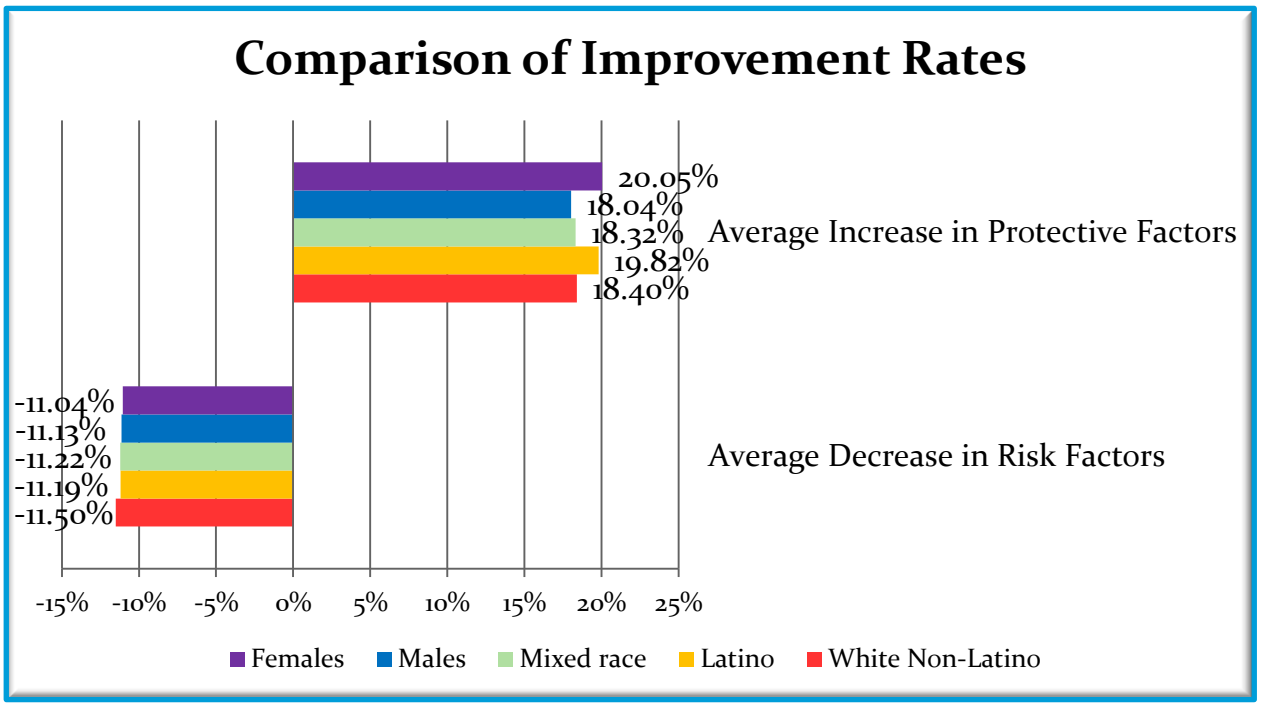


Figure 27

SLOBHD analyzed survey outcomes and ran comparisons to determine if there was difference in improvement rates between the three largest ethnic groups: Latino, White Non-Latino, and Mixed Race. Comparisons among genders were made as well. After running a test for significance, no significant differences between improvement rates among various ethnic groups were discovered. This finding would suggest that the SAP delivers culturally competent services and adapts services to deliver and meet student needs (Fig 27).

The same comparison was done between outcomes of male and female participants. Overall, there was a slightly higher average rate of improvement in protective factors among girls, but the difference was in alignment with national averages indicating boys have higher rates of aggression and girls tend to have higher rates of depression (Gourley, 2009). SLOBHD actively worked to improve engagement of male students in prevention activities. The chart below shows an increase in the percentage of males as compared to females engaged in Club Live since the PEI program expansion (Fig. 28).

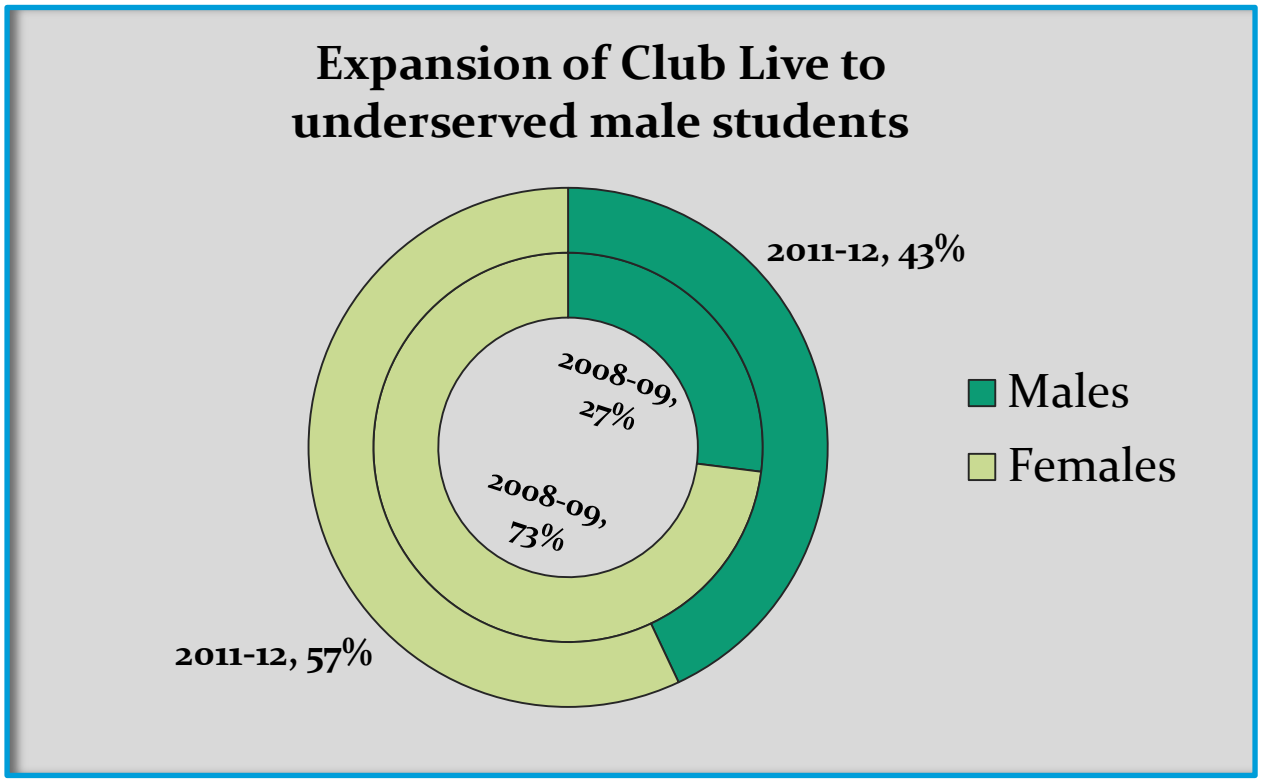


Figure 28

Although confidentiality prevented SLOBHD from capturing direct links between students and juvenile justice involvement, available juvenile justice data, as well as anecdotal focus group information, pointed to a correlation between the PEI programs and an overall reduction in referrals to probation.

Since the launch of PEI Programs, juvenile referrals to probation have decreased (Fig. 29). While many factors can play a role in the reduction of referrals, this continued reduction coincides with,

and adds validity to, other data including: self-report surveys from the PEI Middle School Comprehensive Project (Appendix E), interviews from parenting program participants, as well as parent and student focus group data (Appendix I). There an overall reduction in juvenile referrals to probation, as well as a decrease in "status" referrals to probation (i.e. truancy, curfew, runaway, etc.). This is an indicator that the programs are achieving major goals such as keeping kids safe, at home, in school, and out of trouble.

> ***"My friends and I have a lot of problems with our kids and had to call the police a lot. We try to be good mothers. With each problem, the Family Advocates help us learn to do better. When we do better, our kids do better. I am so happy." – Parent focus group participant***

Seventy five percent (75%) of youth focus group participants and 50% of parent focus group participants indicated that they or their family had been involved with law enforcement over the past year. Focus group participants shared the following:

> ***"Without SAP I would definitely be expelled and probably be locked up by now, I used to blow up at school and at my family. The cops have not come to my house in a long time." - Youth focus group participant***

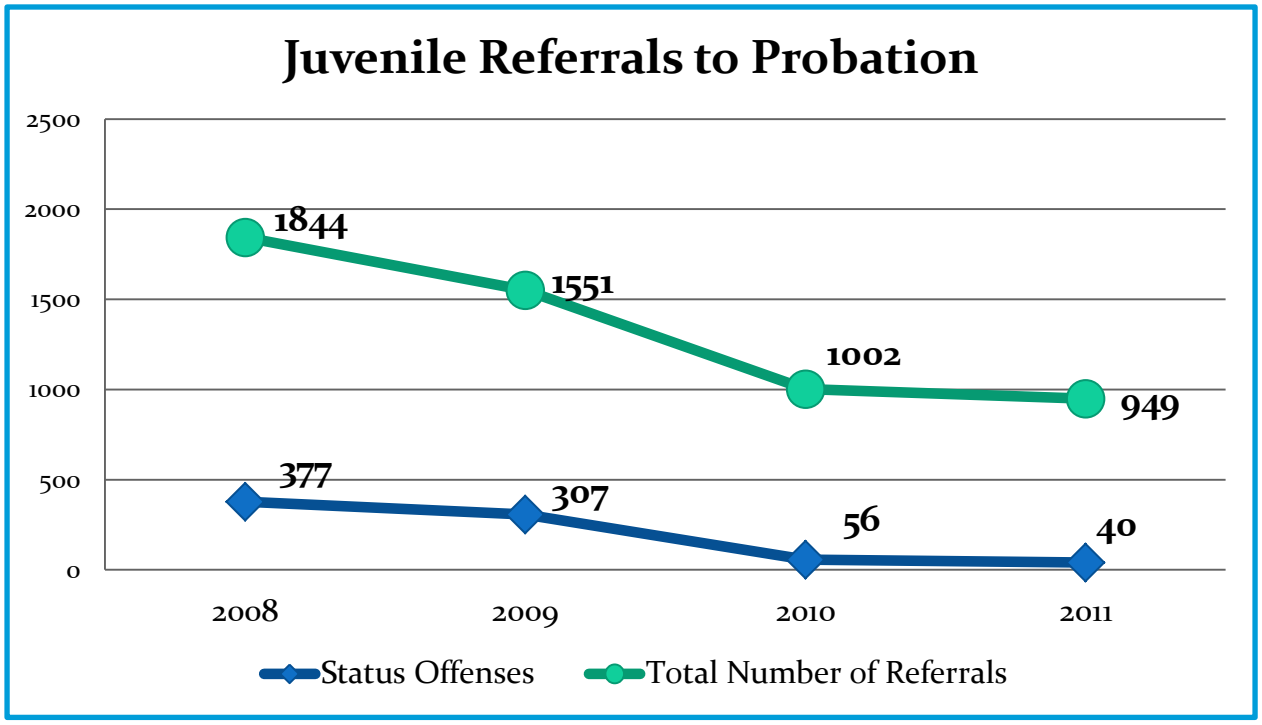


Figure 29

Feedback from Teachers

In preparing this report, SLOBHD conducted a survey of SAP school teaching staff in order to capture overall awareness and general feedback of the PEI Middle School Comprehensive Program. Eighty-three (83) staff responded to the survey (Appendix K).

Ninety-two percent (92%) of respondents indicated that they were aware of the SAP staff and 75% of responding staff have referred a student to the program. Staff verbatims include:

- ***Thank you for the opportunity to provide what students need before I can teach them. This is the biggest difference between my teaching experience in another county. I am glad I am not alone in helping my students.***
- ***The team is very helpful and a great asset to the campus.***
- ***We need more.***
- ***A wonderful addition to the campus and helping our kids out.***
- ***We appreciate being able to provide these extra services to our students and families. Thank you for the support.***
- ***They are much needed and it is great thay they are here.***
- ***It would be helpful if the services were available more often. They really do utilize the help.***
- ***We are so lucky to catch mental health issues early.***
- ***Thank you for the additional resources.***
- ***The support services are extrememly valuable and greatly needed.***

Student Wellness Initiative

The Student Wellness Intitiative included expansion of Club Live programming, as discussed in the previous section of this evaluation, but was also designed to include delivery of Botvin's Life Skills Curriculum (a SAMHSA-recognized best practice) to 5th grade classes throughout the county.

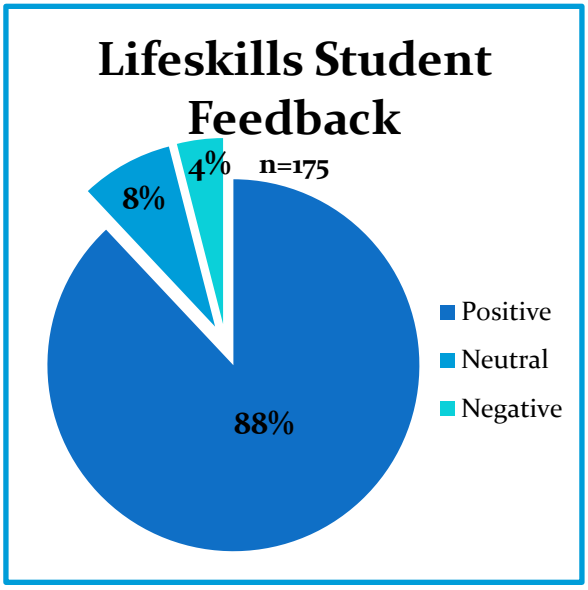
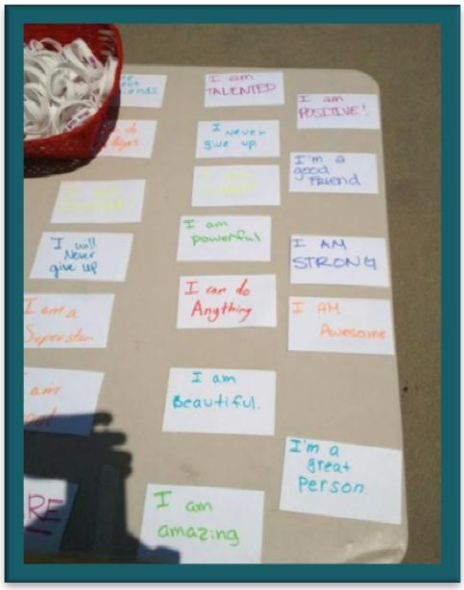


Figure 30

Despite positive feedback from teachers and students, this program never receieved the necessary momentum of support from districts and schools. SLOBHD tried multiple approaches to engage schools to participate in this program and delivered services throughout the county, however school interest dissipated in light of ever-increasing standards and limited classroom time availability. As indicated by the success of SAPs outlined above, school based programs require commitment and support from school and district admininistration.

In its first year, the curriculum was presented to approximately 175 of students in five elementary schools. Despite 88% of participants providing positive feedback (Fig. 30), and 100% of teachers providing positive feedback, the number of schools willing to support the classroom time needed for Botvin's Life Skills reduced to two. After a second year of trying to build a successful network of 5th grade classes, the MHSA stakeholders agreed the project needed to be reevaluated. No courses were offered in the third year of PEI, and resources were redistributed to other projects for the fiscal year.

Sober School Enrichment



San Luis Obispo County's Office of Education launched a Sober School for students ages 14-18 who struggled with drug and alcohol abuse and were committed to remaining sober. SLOBHD was able to support these efforts by providing a Student Support Counselor to address students' co-occurring issues of mental illness and addiction. 40 students have been served since 2009. Students apply to the program voluntarily and, once accepted, they enter a school environment that provides a comprehensive academic program that is paired with the extra support that this high-risk population requires - including a group run by the PEI Student Support Counselor specializing in substance abuse and dependence as well as some short-term, individual interventions if necessary.

SAMHSA has included sober high schools as a best practice (SAMHSA, 2011). The County's sober school program alligns with that designation. The effectiveness of the program is evident in the reactions of students who have been a part of sober schools.

> ***"This school saved my life. I have grown a lot as a person and learned that I don't need drugs or alcohol to lead a happy and successful life. I can be clean and sober—and still have fun."***
> ***- San Luis Obispo Sober School Student (California Educator, 2012)***

Students in the Sober School environment avoid some of the triggers that might occur at a regular high school, such as more access to drugs around campus, party culture, and negative peer associations. Greg Murphy, the lead teacher at San Luis Obispo County's Sober School, described the student population in a recent scholarly journal:

> ***"These kids take responsibility for their own difficulties in a way that most adults never have the courage to do. They throw themselves in, open themselves up, and discuss the kinds of things we all run from. They are highly intelligent and very motivated. They are an inspiration."***
> **(California Educator, 2012)**

Program #3 – Family Education, Training and Support		
Component	**Provider**	**2009-2012 Outputs**
3.1 Coordination of the County's Parenting Programs	San Luis Obispo Child Abuse Prevention Council (SLO-CAP)	See Table 3 Below
3.2 Parent Educator	SLO-CAP	83 classes delivered
3.3 Coaching for Parents/Caregivers	SLO-CAP	Over 500 families served

Family Education, Training and Support

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 overall 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.

SLO-CAP expanded the "Partnership for Excellence in Family Support" and launched a bilingual website www.sloparents.org which serves as a central clearinghouse to disseminate information on parenting classes, family support programs, and services. All promotional materials are available in English and Spanish. In addition to promoting parent education classes funded by PEI, the website also advertises course offerings from 18 agencies, resulting in a comprehensive calendar of parent education classes in the county. Seventy-nine additional resources are listed, including family resource centers, agency and private therapist support groups, online parenting information, and resources for parents with mental illness or addiction. Information topics for parents and professionals range from child development articles to autism, gang involvement, and asset-building. Listings are grouped by region for the convenience of viewers searching for local support. The parenting website exceeded all expectations, and has now become fully sustainable without MHSA funding. Table 5 shows website traffic during fiscal years 2010-11 and 2011-12. Prior to 2010, the site was hosted on a different server which captured data in a different method, and that information would not be comparable to other years.

Year	Average # Unique Visitors per Month	Number of Visits	Average # of Visits per Month	Total Pages Viewed	Av. # Pages Viewed per Month
2010-11	531	9,912	826	61,752	5,146
2011-12	788	9,460	1,407	72,128	6,011

Table 5

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 (Fig. 31), and Spanish language translation is available throughout the site. Spanish classes are offered throughout the county.

Classes are offered specifically for parents of children in certain age groups in addition to special topics for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, and teen parents (Fig. 32). In the first three years of the County PEI Plan, SLO-CAP exceeded its projected number of offered classes, as well as the number of Spanish speaking classes delivered (Fig. 33). In addition, SLO-CAP focused the location of class delivery on underserved rural areas of the northern and southern portions of the county. As a result of this focus, average class size grew as transportation barriers were reduced (Fig. 34).

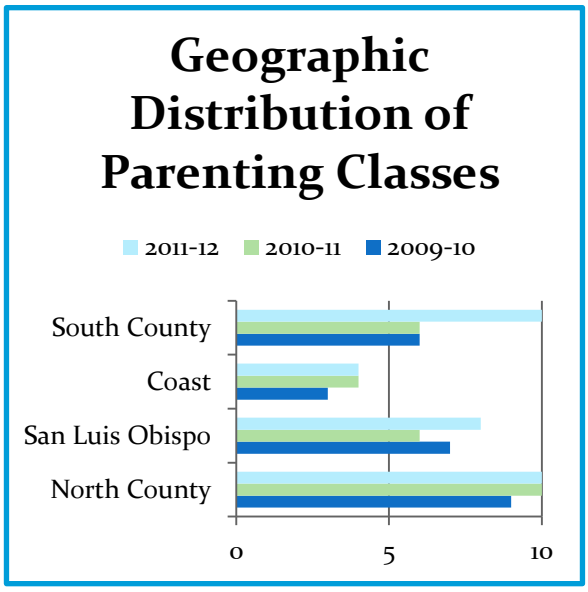


Figure31

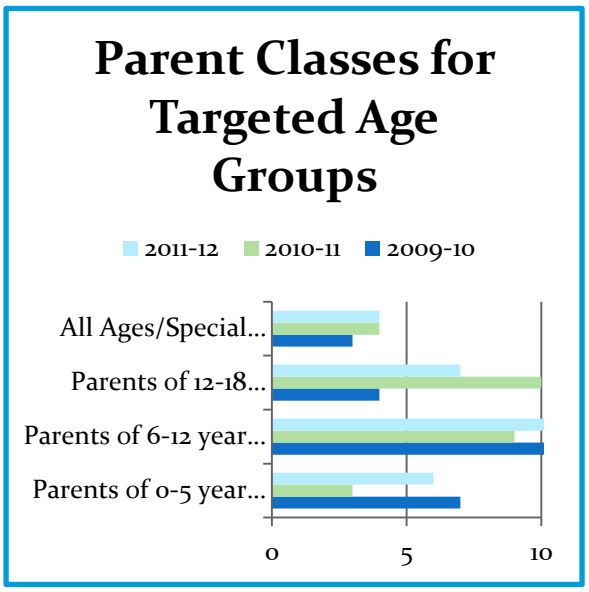


Figure 32

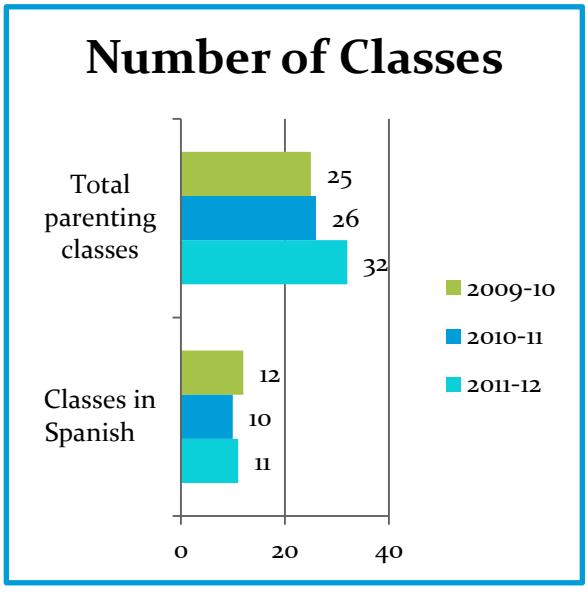


Figure 33

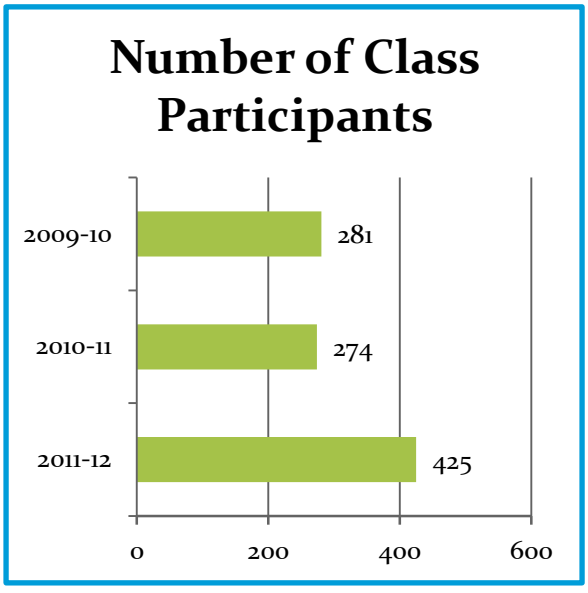


Figure 34

The Coaching component (Project 3.2) was originally subcontracted to a statewide warmline provider, but after difficulties in meeting target expectations, SLO-CAP determined that this component would be better managed internally to increase effectiveness. The Coaching Helpline was re-launched in 2010-11, and has served 513 families. Probation, Child Welfare Services, and local police departments routinely refer parents to the Helpline. In addition to offering one-on-one parent coaching and support, the parent coaches developed support groups based upon community need. Approximately 50% of coaching recipients receive two or more coaching sessions. Support groups included widowed fathers, homeless parents, teen parents, and fathers at the County Jail Honor Farm. Due to the success of the Honor Farm Program, SLO-CAP partnered with the Women's Jail to offer a parenting class to incarcerated women as well.

SLO-CAP employed an external program evaluator and those evaluation activities (surveys, interviews, rosters, follow up phone calls, and focus groups) and information were integral to program development, sustainability, and expansion. SLO-CAP collected more information than required through their County contract, allowing them to make internal program improvements and adjustments to serve community needs in real time. When funding was no longer available for evaluation, SLO-CAP enlisted Americorps workers to sustain some of the evaluation activities, but at a less intense level. Table 6 lists some of the information collected by the SLO-CAP evaluation.

PEI Plan Anticipated Outcomes – Project 3	2009-12 Actual Outcomes
Parent and caregiver participants will demonstrate improved skills in responding to the social, emotional and behavioral health issues	97% of participants reported improved parenting skills 85% of parents reported their relationship with their child improved as a result or parenting classes or coaching.
Families will demonstrate improved communication and listening skills	97% of participating families reported improved communication.
Families will demonstrate improved safe and effective discipline	95% of participating families reported improved safe and effective discipline.
Parents will report increased self esteem	86% of participating parents reported increased self esteem
Families will report reduced stressors and trauma	87% of participating parents reported a decreased level of stress.
Parents and caregiver participants will demonstrate increased successful follow through on linkages/referrals.	Year 2: 115% Increase from 2009/10 baseline year Year 3: 86% Increase from 2011/12
Children of participants will demonstrate increased school attendance	79% of participants' children demonstrated increased school attendance.
Children of participants will demonstrate improved behavior	84% of participants' children demonstrated improved behavior
Parents and caregivers will report decreased contact with juvenile justice system and child welfare system.	Parents who reported children were "out of control" reported a 39% decrease in escalations requiring outside intervention.
Increased number of parenting and caregiver resources including training and education throughout the county.	40% Increase in available classes 175% increase in listed agencies over baseline (2009/10) year.
Increased number of families who will more readily utilize community supports	95% of parents surveyed reported an increase in awareness of resources available throughout the County 86% said they were likely to use those resources
Increased number of parents and caregivers seeking universal and selective prevention programming.	51% Increase in participation of parenting classes 40% Increase in average class size

Table 6

Program #4– Early Care and Supports for Underserved Populations		
Component	**Provider**	**2009-2012 Outputs**
4.1 Successful Launch Program for at risk Transitional Aged Youth (TAY)	Cuesta College	490 youth provided referral and assistance 223 youth enrolled in the program (case managed)
4.2 Older Adult Mental Health Initiative	Wilshire Community Services	Over 5,000 Depression Screenings 11,000 of Senior Peer Counseling Hours 12,000 Caring Caller Hours
4.3 Latino Outreach and Engagement	Latino Outreach Program	Over 3,000 community members provided information and referral to services

Successful Launch Program for at-risk Transitional Aged Youth (TAY)

The National Alliance on Mental Illness (NAMI) indicates that the transition period from adolescence into adulthood is a time of increased risk for the onset of new psychiatric illnesses. Transitional Aged Youth (TAY) who are wards of the court, involved in juvenile justice, community school participants, dropouts, or homeless are at an elevated level of risk. Research suggests that transitional aged youth require significant support and effective services throughout the transition period (NAMI, 2006). These supports include: educational, vocational and housing support, service coordination, mental health and substance abuse treatment. Without these supports, vulnerable, at-risk TAY are only half as likely as their counterparts to obtain a high school diploma or GED. At-risk TAY are four times less likely to be engaged in employment, college or obtain self-sufficiency prior to 30 (NAMI, 2006).

While the Department of Social Services' Independent Living Program (ILP) was available for local Foster Youth, it did not extend services to other at-risk TAY. The Successful Launch program, developed and provided by Cuesta (community) College extended the supportive services to include TAY who would not otherwise qualify for ILP. Not only did Cuesta succeed in expanding services to TAY overall, but also expanded services to Latinos (Fig. 35).

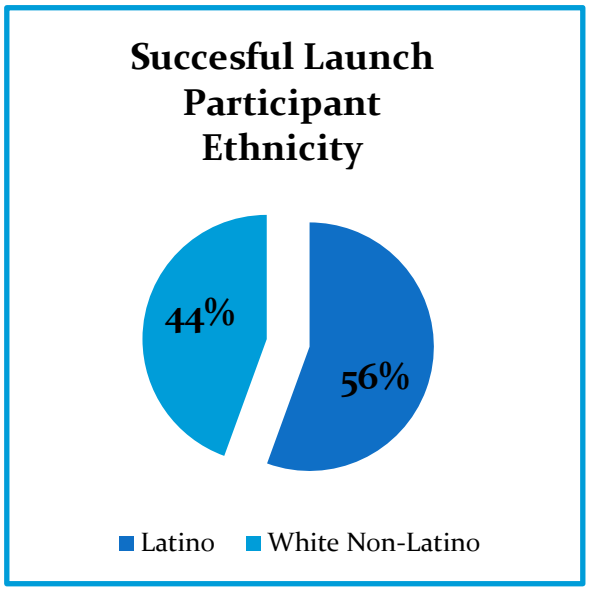


Figure 35

According to assessments by case managers of Successful Launch participants, the program was successful in meeting and exceeding the anticipated PEI outcomes (Table 7). Cuesta College continually evaluated program efficiency and worked toward sustainability. Cuesta successfully leveraged

additional resources with increased collaboration amongst existing programs such as Workforce Investment Act (WIA) to increase supported employment services, and John Muir Charter School to increase the ability of TAY to obtain a high school diploma – even though some participants had been dropouts for over five years.

When one-time funding ended for Successful Launch, the budget was reduced by 30%. As a result of the increased collaboration and partnerships, Successful Launch continues to serve youth without compromising quality of services. In 2013 Successful Launch began partnering with the newly-formed MHSA Homeless Outreach Team to increase services available to homeless TAY. A Successful Launch case manager shared the following story:

> ***One youth began Successful Launch in the fall and did not believe he could graduate, as he was very behind in credits. His behavior was also keeping him from succeeding and moving back to the district from which he was expelled. As the term progressed, his behavior and attitude had improved so much he was accepted back to the district and welcomed into continuation school. He was able to secure a seasonal part time job, he entered the program's virtual academy and was able to make up his math credits, while being tutored by his Successful Launch caseworker. He was able to complete his training and obtain his driver's license. By June of the same year he was not only able to graduate but, because of his job, driver's license, and independent living skills class, he was able to move out, find housing and enroll in Cuesta College.***

PEI Plan Anticipated Outcomes – Project 4.1	2009-12 Actual Outcomes
TAYs will have housing and demonstrate self-sufficiency after they have left foster care or begin living independently	83% of participating TAYs demonstrated self-sufficiency upon completion of the program. 89% of participating TAYs obtained stability of housing upon completion of the program.
TAYs will be enrolled in post-secondary education or retain employment	61% of participating TAYs obtained employment or a pursued post-secondary education upon completion of the program.
TAYs demonstrate a decrease in destructive and unhealthy behaviors	85% of participating TAYs demonstrated a decrease in destructive behaviors upon completion of the program.

Table 7

Older Adult Mental Health Initiative

The Older Adult Mental Health Initiative, administered by Wilshire Community Services provides a continuum of services for Older Adults at risk for isolation, depression, or other mental health challenges. The PEI Older Adult Mental Health Initiative includes several tiers of service for Older Adults, including Outreach, Depression Screening, the Caring Callers Program, and Senior Peer Counseling. Wilshire was able to expand and improve all of their services for Older Adults, and in the case of Depression Screenings, Wilshire exceeded PEI planned outcomes.

Caring Callers is a preventive social enrichment program targeted at older adults at risk for depression and other mental health issues due to isolation and loneliness. The volunteer Caring

Callers program stimulates, expands and enhances the social activities of older adults. In the course of services they provide critical social support and referral to other resources when needed, thus decreasing the potential for mental health problems associated with isolated seniors.

The Senior Peer Counseling Program provides emotional and psychological counseling and supportive services to older adults who are experiencing emotional distress involving such issues as health problems, grief, care-giving, depression, anxiety, loss, or family difficulties. Professionally trained senior peer volunteers (age 55+) offer these services in the client's residence.

Initially, Wilshire was anticipated to provide depression screenings at regular health fairs, mobile home parks, churches, and senior centers. Wilshire partnered with other agencies (i.e. Hospice, Primary Care Physicians, etc.) and expanded depression screenings to all of their clients and caregivers. As a result, Wilshire conducted over 1,800 depression screenings annually.

All clients received pre-post and mid-point assessments by a trained clinician or volunteer under supervision of a trained clinician. Standardized instruments, such as the the Patient Health Questionnaire version 9 (PHQ – 9), life satisfaction and activity surveys, as well as clinician progress notes provided information for the summary of outcomes in Table 8 below. As Wilshire collects more information via these tools than required by the original PEI plan, SLOBHD intends to work with Wilshire in 2013-14 in order to seek to discover more meaningful data regarding the needs of Older Adults in our community.

PEI Plan Anticipated Outcomes – Project 4.2	2009-12 Actual Outcomes
Older Adults receive early identification for depression and assistance with accessing care	85% of Older Adults screened showed mild to moderate symptoms of depression 69% decrease in symptoms of depression from those who received Senior Peer Counseling Services. 73% decrease in feelings of loneliness of clients who received Caring Callers or Senior Peer Counseling Services.
Older Adults remain healthy and happy in their homes due to visitors and counseling, and demonstrate improved protective factors	90% of Older Adults receiving Caring Caller services reported an increase in their activity levels with an average increase of 69%.
Decreased in the number of Older Adults seeking intensive mental health treatment due to early identification and intervention of depression and mitigation of risk factors.	Due to an increase in depression screenings and peer counseling services, more Older Adults were referred to and sought mental health treatment and more intensive case management services. Innovation project 3 addresses the needs of Older Adults who are too high need for PEI programs, but do not qualify for Older Adult FSP.

Table 8

Through evaluation and technical assistance provided by the County, Wilshire was able to identify areas in which the programs were most successful and what areas needed improvement. Wilshire discovered that when compounding issues existed, such as difficulty with transportation or difficulty maintaining activities of daily living, clients experienced less overall improvement. This realization inspired Wilshire to start the Good Neighbor Program in 2010. The Good Neighbor Program provides volunteers to help with essential tasks of daily living for clients. Clients are more able to focus on aspects of mental wellness and appear to show more improvement in depression scores and overall wellbeing when involved with Good Neighbor. Although the Good Neighbor Program is not funded by MHSA it, and other advancements, would not have happened without information provided through PEI programs.

PEI funding allowed Wilshire to make improvements to the ways in which services are delivered. The approach to service delivery at Wilshire is more effective than in previous years. Details of how services have improved and therefore increased access to the underserved Older Adult population are outlined in Table 9, below.

Quality of Services Prior to PEI Funding	Quality of Services After PEI Funding
No Volunteer Training for Caring Callers	Volunteers are required to attend a training prior to being matched with clients. Trainings are offered once a month and cover topics including; maintaining appropriate boundaries, reporting suspected abuse, and red flags (i.e. signs of depressed mood, suicidal ideation, etc) to report to staff for follow up.
Assessments were short and focused only on requested service. Assessments were performed by volunteers who did not necessarily have clinical backgrounds and/or experience.	All Wilshire clients receive an assessment by a trained clinician. Assessments are designed to identify areas of need as well as strengths and existing resources. Every assessment includes a tool designed to identify symptoms of depression (Ph-Q 9).
Once assessed clients were matched with a volunteer, no reassessment or follow up was ever completed.	Case Managers are assigned to clients and work to link them to appropriate services within Wilshire Community Services as well as other community resources. Reassessments are performed annually. If the client presents with compounding issues requiring more frequent reassessments, Case Managers are available to follow up more frequently.
Evaluations of services were based primarily on clients' experience.	Evaluations include client's thoughts regarding their experience, a clinical assessment of mental health, and before and after depression screening scores.
Caring Caller volunteers did not have on-going support or opportunities for further education.	Monthly volunteer support meetings are conducted to provide an opportunity for educational presentations, case review, and monitoring of volunteer performance.

Table 9

Latino Outreach Program

The Latino Outreach and Engagement program, originally funded under the Community Services and Supports (CSS) component of MHSA, was partially transferred to PEI in 2009. The goal in moving the outreach activities of the program into PEI was to increase awareness and knowledge of mental health services with the monolingual, low-acculturated Spanish-speaking population of the county, including those in rural, hard-to-serve locations. In the three years measured herein, the Latino Outreach Program made 3,000 contacts in the community specifically to increase awareness of services. Increased awareness through PEI led to increased access to mental health services with an average of 185 Latino clients being served in the program annually. In the first year of PEI support for the Latino Outreach Program, 196 clients were served, versus 161 in the year previous. The average number of clients served during the PEI evaluation period was 185. Surveys conducted to measure audience awareness of available mental health services were collected at outreach events, and the results are found in Table 10.

PEI Plan Anticipated Outcomes – Project 4.3	2009-12 Actual Outcomes
Latino individuals and families increase knowledge of risk and protective factors related to mental health issues and demonstrate increased knowledge of community services and supports.	100% of Latino Outreach program participants indicate increased knowledge of community services and supports resulting in an expansion of the Latino Outreach Therapy program.
Increased number of Latino families who will more readily utilize mental health PEI and other needed services	100% of Latino Families surveyed indicate they will refer their friends and families to services.

Table 10

Program #5 – Integrated Community Wellness		
Component	**Provider**	**2009-12 Outputs**
5.1 Community Based Therapeutic Services	Community Counseling Center Wilshire Community Services County Behavioral Health	Over 5,000 hours of brief, low intensity therapy provided
5.2 Resource Specialists	Transitions Mental Health	2,100 individuals served

Community Based Therapuetic Services

San Luis Obispo County's Behavioral Health Department (SLOBHD), Wilshire Community Services, and Community Counseling Center of San Luis Obispo provide brief (under 10 sessions), low intensity, solution-focused therapy to individuals and families throughout San Luis Obispo County. SLOBHD provides counseling services to Transitional Aged Youth. Community Counseling Center focuses on the adult population and Wilshire targets its counseling to older adults. Based on therapist assessments from all providers, interviews and focus groups the expectations of the PEI plan were met and wellness of the community members was increased (Table 11).

Access to therapy has increased to all underserved populations throughout San Luis Obispo County. Not only did Community Counseling Center expand locations to include Paso Robles and Grover Beach, but they now offer extended hours, weekend appointments, and collaborate with other agencies and family resource centers to offer counseling along the coast and rural areas. Wilshire Community Services provides Older Adult Transitional Therapy throughout the County in non-traditional settings, including the clients' homes, community and senior centers, churches, and partner agencies. SLOBHD provides services to students in non-traditoinal settings as well, including community schools and Cuesta College, Generation Next Teen Resource Center, family resource centers, such as The Link, and other convenient locations as requested by the clients when appropriate. All providers have improved service delivery with increasing Spanish language services and bulding infastructure to improve quality.

During a focus group of Commmuntiy Counseling Center participants, 100% of individuals indicated that prior to counseling they struggled with one or more of the following: suicidal ideation, depression, relationships, and lack of coping skills. Sixty percent (60%) of clients struggled with co-occurring substance use issues. In addition, all clients shared that they lacked stability of housing and spent time "couch surfing" or at intermittent residences. Every participaint interviewed atrributed the coping skills they learned in couseling as helping them find stability in their lives including employment and housing. One participant shared:

> ***"One of the things I struggled with was suicidal thoughts. Before coming here, my friends called Mobile Crisis because I said I felt suicidal. Mobile Crisis helped me make the call to Community Counseling Center. Before counseling my default thinking was "I am broke, I am homeless, I have no job, I am angry, and I should kill myself". Now that doesn't happen as much. I am a published***

writer, I have a home, and I am in a healthy and stable relationship. I have stopped drinking, and I volunteer and am more active in my community."

PEI Plan Anticipated Outcomes – Project 5.1	2009-12 Actual Outcomes
Participants will demonstrate improved skills in responding to the social, emotional and behavioral issues related to mental health.	100% of counseling participants indicate improved coping skills.
Individuals will report improved health and wellness following brief interventions.	Older Adult therapy participants showed a 60% decrease in symptoms of depression.
Participants will demonstrate increased successful follow through on linkages/referrals.	92% of community based counseling participants access other supportive services
Adult counseling participants will demonstrate improved protective factors such as increased work attendance, and improved coping skills and behaviors,	Adult counseling participants show an average improvement rate of 83% in areas appropriate for each client
Youth counseling participants will demonstrate increased school attendance; reduced behavioral problems; decreased risk factors.	100% of Transitional Aged Youth counseling participants show an improvement in areas appropriate for each client (See detailed chart below).

Table 11

In 2011-12, SLOBHD conducted a survey among TAY Counseling Participants; similar to the survey delivered to students as part of PEI Project 2 (Appendix E) . All results, when measured between the times of intake and exit elicited a statistically significant (p=<.05) response. Table 12 shows an improvement rate in protective factors (green) and a decrease in risk factors (red).

Young Adult Counseling Survey n= 47	Average Before	Average After	Rate of Change
If I had a personal problem, I could ask a family member for help	1.57	2.14	36%
I have a good relationship with my parents	1.79	2.43	36%
I feel good about myself	2.07	3.08	49%
I think about the consequences to my actions	2.36	3.21	36%
I'm accepting of people who are different than me	3	3.57	19%
It is easy for me to talk to people I don't know very well.	2.5	3.21	28%
If I were bullied or harassed, I feel confident in my ability to handle the situation	2.43	3.21	32%
I feel confident in my ability to cope with stress, depression and anxiety	1.86	2.57	38%
The number of times I got into a physical fight or threatened someone is	3	1.36	-54%
The number of times I used marijuana is	3.63	1.64	-55%
The number of times I used alcohol is	3.25	2.14	-34%
The number of times I used other drugs (cocaine, ecstasy, meth, pills, etc.) is	4	1.43	-64%
The amount of time I've hurt myself on purpose (cutting, burning, etc.)	3	1.23	-59%
The number of times I have seriously thought about suicide is	2.8	1.79	-36%

Table 12

Resource Specialists

Transitions Mental Health Association (TMHA) provides Community Wellness Advocates (labeled Resource Specialists in the PEI plan) to provide extended services and supports to clients being referred via the SLOtheStigma campaign, Project 4's increased outreach and screening activities, and PEI Community Based Therapeutic Services. Wellness Advocates not only have knowledge of available resources and expertise in system navigation, but have the added expertise that comes from lived experience as either a client or a family member. Satisfaction surveys conducted by TMHA Advocates suggest the PEI anticipated outcomes were met (Table 13). The story below illustrates how this benefits the cients, as well as those providing the service.

> ***"Every once in a while, you get the chance as a Wellness Advocate to really feel the impact you are having on the people we work with. For me, this happened when I sat down with 'Sarah,' who was now struggling with depression and several other life stressors. Sarah described herself as "completely without hope anymore," as she sat in front of me in tears.***
>
> ***I asked her to share her story with me, to let me know what was bothering her most. She hesitantly shared the basic details of her story, but she seemed rather uncomfortable with the whole idea of disclosing such personal information with a relative stranger. To help her along, I shared a little information about myself, including the fact that I am also a peer who suffers from depression. I further disclosed that she was only the second person I had met who shared that they suffered from the same "weird" anxiety issue as I do – one that prevents us from regularly checking the mail, often for months at a time. With that one small revelation, the entire mood of the meeting changed.***
>
> ***We were able to bond over this, each of us remarking how silly it seemed and how no one else really understands why we can't do something that most people don't think twice about. After that, Sarah was able to look at herself in a different light. She saw herself in me and realized that if I was able to recover from my depression and continue to be a high-functioning member of society, then there was finally some hope for her, too. Before she left, she thanked me repeatedly and commented on how hopeful she now felt!"***
>
> ***-Jessica Wellness Advocate***

PEI Plan Anticipated Outcomes – Project 5.2	2009-2012 Actual Outcomes
Participants will increase engagement with support services for alcohol and drug abuse, domestic violence, child abuse, sexual assault/abuse, and reduced engagement with law enforcement.	95% of clients surveyed indicated they accessed services and that they were helpful. 98% of clients who accessed supportive services agreed that their quality of life improved as a result.
Increased number of individuals and families who utilize community supports, because of assistance in accessing resources and systems.	98% of clients surveyed agreed that access to services was improved due to the Resource Specialists

Table 13

The completed Evaluation Report was disseminated to stakeholders and the public in July, 2013. This report establishes both a quantitative baseline expectation of the programs outlined as part of the county's prevention initiatives and will be useful in further program measurement in future years. Qualitative results, including those which detail program expansion, adjustment, and anecdotal successes are also beneficial to local stakeholders and will be used to construct future indicators and measures.

Additionally this report serves as a both a conclusive short-term evaluation of programs launched, for the most part, from "scratch" and will act to guide expectations for the county's PEI stakeholders. Also, the baseline figures produced herein will provide future study of long-term measures (i.e. overall community wellness, reduction in school-based mental health referrals, increased community awareness and stigma reduction, etc.) a strong platform for evaluation.

All information, statistics, interviews, photographs and anecdotal material in this report have been made available by PEI project partners as part of this evaluation project. Behavioral Health would like to thank Community Action Partnership, Community Counseling Center, The Link, San Luis Obispo Child Abuse Prevention Council, Transitions Mental Health Association, Wilshire Community Services, Silvia Ortiz, and Cuesta College. SLOBHD is also very grateful to the staff and administration of the schools participating in the Middle School Comprehensive Project: Atascadero Junior High School, Flamson Middle School, Judkins Middle School, Los Osos Middle School, Mesa Middle School, and Santa Lucia Middle School.

Credit and appreciation is due to clients and families, who participated in the programs, took time answer surveys, and those who participated in interviews and focus groups. Without their willingness to share their experiences, this effort would not be possible.

San Luis Obispo County Behavioral Health Department's evaluation efforts were assisted greatly by interns employed through California Polytechnic State University's (Cal Poly) Master's In Public Policy (MPP) program. MPP interns not only received valuable education in the public sector, but without their hard work and dedication, this report would not be possible. SLOBHD is proud to thank all of the MHSA interns who have worked in the project since PEI began in 2009 for their contributions, not only to this report, but to the success of PEI programs.

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	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked?	☐ z	☐ v	☐ x	○
19. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ v	☐ z	○
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	☐ z	☐ v	☐ x	○
21. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	☐ x	☐ v	☐ z	○
22. Does your child hurt himself on purpose?	☐ x	☐ v	☐ z	○
23. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ v	☐ x	○
24. Does your child destroy or damage things on purpose?	☐ x	☐ v	☐ z	○
25. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	☐ z	☐ v	☐ x	○

TOTAL POINTS ON PAGE ___

Childs Name_____ **Provider Name**_____
Childs Age_____

Date_____

Pre Behavior Rating Scale □ **Post Behavior Rating Scale** □

Please rate the student on each of the following items; using the nine-point scale to indicate the degree to which each statement is true of the child (please check the appropriate box). Consider each statement separately.

To what extent is each item true of the child?

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
1) Says or does nice things for other kids.									
2) Verbally threatens to physically harm a peer in order to get what he/she wants.									
3) Hurts other children by pinching them.									
4) Is kind to peers.									
5) Is teased, picked on, threatened, or otherwise bullied.									

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
6) Tells a peer that she/he won't play with a peer, or be that peers friend, unless he/she does what this child asks.									
7) Tries to get others to dislike a peer (e.g., by whispering mean things behind the peers back.									
8) Is overly inhibited: child withdraws; is overly timid or shy; watches others, and/or avoids joining others in play.									
9) When mad at a peer this child keeps that peer from being in the play group.									
10) Is helpful to peers.									
11) Kicks or hits others.									
12) Is good at sharing and taking turns.									
13) Gives up or gives in too easily with peers and/or adults.									

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
14) Verbally threatens to keep a peer out of the play group if the peer doesn't do what the child asks.									
15) Pushes or shoves other children.									
16) Tells others not to play with or be a peer's friend.									
17) Verbally threatens to hit or beat up other children									
18) Ruins peer's things when he/she is upset.									
19) Tells a peer that they won't be invited to his/her birthday party unless he/she does what this child wants.									
20) Easily upset by peers or adults when things don't go his/her way.									
21) Can't wait, grab toys, generally impatient.									
22) Completes activities, overcomes obstacles by him/herself.									

Nombre del niño_____ **Nombre de Proveedor**_____
Edad del niño_____

Fecha_____

Escala de Comportamiento de Antemano □ **Escala de Comportamiento Prefijo** □

Por favor califique el estudiante en cada uno de los siguientes puntos; usando una escala de nueve puntos para indicar el punto en que cada frase es verdadera del niño (por favor marque la caja indicada). Considere cada frase por separado.

Hasta que punto es cada una de las cada frases verdaderas sobre el niño?

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
1) Dice o hace cosas buenas para otros niños.									
2) Amenaza verbalmente con dañar físicamente a un compañero(a) para conseguir lo que quiere.									
3) Lastima a otros niños al pellizcarlos.									
4) Es amable con sus compañeros.									
5) Se burlan de el, lo amenazan o se burlan de ellos.									

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
6) Le dice a un compañero que no va a jugar con el/ella, o ser su amigo, a menos que el/ella haga lo que el niño diga.									
7) Trata de hacer que otros no quieran a su compañero (e.j., susurrando cosas malas a espaldas de su compañero)									
8) Es demasiado cohibido: niño se retira; es demasiado tímido o vergonzoso; mira a otros, y/o evita jugar con otros niños.									
9) Cuando esta enojado con un compañero el niño mantiene a ese compañero fuera del grupo de juego.									
10) Es útil a sus compañeros.									
11) Patea o pega a otros.									
12) Es bueno en compartir y tomar turnos.									
13) Cede o se da por vencido muy fácilmente con sus compañeros y/o adultos.									

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
14) Verbalmente amenaza con mantener a un compañero fuera del juego si el compañero no hace lo que el niño dice.									
15) Empuja otros niños.									
16) Dice a otros no jugar o ser amigos de un compañero.									
17) Verbalmente amenaza con pegar a otros niños.									
18) Arruina las cosas de su compañero cuando esta enojado(a).									
19) Le dice a un compañero(s) que no serán invitados a su fiesta de cumpleaños si no hacen lo que el/ella quiere.									
20) Se enoja muy fácilmente con sus compañeros o adultos cuando las cosas no van como el/ella quiere.									
21) No se puede esperar, agarra juguetes, generalmente impaciente.									
22) Termina actividades, vence obstáculos por si mismo.									

Child _____
Program_____

The Early Childhood Behavior (ECB) Rating Scale
Myrna B. Shure, Ph.D

Pre Test

Forming the Factors:

Factor 1: Overt/Physical Aggression Items: 2, 3, 11, 15, 17, 18

Factor 2: Impatience/Over-emotionality Items: 20, 21

Factor 3: Relational (Emotional Aggression) Items: 6, 7, 9, 14, 16, 19

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

Factor 7: Prosocial/Social Competence Items: 1, 4, 10, 12

The Early Childhood Behavior (ECB) Rating Scale
Myrna B. Shure, Ph.D

Post Test

Forming the Factors:

Factor 1: Overt/Physical Aggression Items: 2, 3, 11, 15, 17, 18

Factor 2: Impatience/Over-emotionality Items: 20, 21

Factor 3: Relational (Emotional Aggression) Items: 6, 7, 9, 14, 16, 19

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

Factor 7: Prosocial/Social Competence Items: 1, 4, 10, 12

Prevention & Early Intervention Program Survey

1. Have the parent newsletters helped you better understand your child's social-emotional development?
   Yes No
   Comments:_____
   _____
   _____

2. Are the activity summaries and lesson extension activities helpful?

3. During this past year, have your child's social emotional and behavioral skills improved?
   Yes No
   Comments:_____
   _____
   _____

Please return to your child care provider and thank you for your time.

Programa de Prevención e Intervención Temprana Encuesta

1. ¿Cree que los boletines de noticias para los padres le han ayudado a entender mejor el desarrollo social-emocional de su hijo?
   Si No
   Comentarios:_____
   _____
   _____

2. ¿Son los resúmenes de las actividades de extensión y actividades de la lección útiles?

3. ¿Durante este último año han mejorado sus habilidades de comportamientos sociales y emocionales de su hijo?
   Si No
   Comentarios:_____
   _____
   _____

Por favor regrese la encuesta a su proveedor y gracias por su tiempo

Student Assistance Program Outcomes

Please circle the appropriate mark for each student based on the following key:
- - If the performance in this area DECLINED **after being engaged in the SAP**
- = If the performance in this area has REMAINED THE SAME…
- + If the performance in this area has IMPROVED…

**Please indicate any observations regarding the student's participation, motivation, or attitude towards school in the notes section. Use extra space if necessary.

First Initial	Last Name	Reason for SAP Referral	GRADES	ATTENDANCE	REFERRALS	NOTES

Student Assistance Program Questionnaire

Looking back at your time in counseling, please answer the following questions. Your answers are kept confidential and your honesty is appreciated.

Gender: _____ Race/Ethnicity:_____

Age: _____ School: _____

Grade:_____

Before Starting program					After program			
A's	B's	C's	D's& F's	**My grades are mostly…**	A's	B's	C's	D's& F's
Disagree 1	2	3	Agree 4	**I am involved in activities outside of class.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**If I had a personal problem, I could ask my mom or dad (or other family member) for help.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I have a good relationship with my parents.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I feel good about myself.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I think about the consequences to my actions.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I'm accepting of people who are different than me.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**It is easy for me to talk to people I don't know very well.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**If I were bullied or harassed I feel more confident in my ability to handle the situation.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I feel confident in my ability cope with stress, depression and anxiety.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I enjoy being at school.**	Disagree 1	2	3	Agree 4

Student Assistance Program Questionnaire

30 days before starting program					After program			
0	1-3	4-6	7 +	**The number of times I have gotten into a physical fight or threatened someone is...**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have used Marijuana is…**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have used alcohol is…**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have used other drugs (cocaine, ecstasy, meth, pills etc) is…**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The amount of times I've hurt myself on purpose (cutting, burning, etc) is….**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have seriously thought about suicide is…**	0	1-3	4-6	7 +
0	1-4	5-8	9 +	**How many days have you been absent?**	0	1-4	5-8	9 +
0	1-3	4-6	7+	**Of your closest friends, how many have ever used alcohol or other drugs?**	0	1-3	4-6	7+

What do you feel has been the most useful part of this program for you?

_____
_____
_____

What areas in your life do you feel have improved the most?

_____
_____
_____

The following questions are about your participation in your program.
(please circle *one response* for each statement)

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
12. Adult staff make sure that youth in my program have the chance to be a leader (For example, planning activities, leading meetings, etc.).	1	2	3	4	5	6
13. In my program young people really get to work together with adults.	1	2	3	4	5	6
14. We actively let people in the community know about our program.	1	2	3	4	5	6
15. Because of being in the program, I want to take action in my community.	1	2	3	4	5	6
16. I feel like I can say what I am feeling without being put down.	1	2	3	4	5	6
17. In my program we talk about the different cultures we are a part of.	1	2	3	4	5	6
18. My program has helped to make things better in our community.	1	2	3	4	5	6
19. I have met new friends in my program.	1	2	3	4	5	6
20. Members of the community ask us to talk about our program with other groups.	1	2	3	4	5	6
21. I would feel okay about asking a staff person for help in an emergency.	1	2	3	4	5	6
22. I feel like other people in my program like me and care about me.	1	2	3	4	5	6
23. I feel safe in my program and don't think that I will ever get hurt there.	1	2	3	4	5	6

5:04 PM

Accrual Basis

2011/12 Linkages and Referrals
Services by Type
July 1 - June 30th 2012

	Jun '11 - Jun 12			
	Qty	Amount	% of Sales	Avg Price
Service				
Community Service				
After School Activities	337	337.00	5.2%	1.00
Asst with Guardianship	9	9.00	0.1%	1.00
Clothing	242	242.00	3.8%	1.00
Counseling	359	359.00	5.6%	1.00
CWS - Child Welfare Servics	51	51.00	0.8%	1.00
Drug & Alcohol Services	48	48.00	0.7%	1.00
Employment	24	24.00	0.4%	1.00
Food Support	484	484.00	7.5%	1.00
Health	109	109.00	1.7%	1.00
Health Insurance	52	52.00	0.8%	1.00
Housing	91	91.00	1.4%	1.00
IEP/Special Education	38	38.00	0.6%	1.00
Legal	28	28.00	0.4%	1.00
Mentoring	454	454.00	7.0%	1.00
Probation	6	6.00	0.1%	1.00
SARB	10	10.00	0.2%	1.00
School Advocacy	750	750.00	11.6%	1.00
Translation	238	238.00	3.7%	1.00
Transportation	208	208.00	3.2%	1.00
Tutoring	292	292.00	4.5%	1.00
Total Community Service	3,830.00	3,830.00	59.4%	1.00
Family Reunification				
Counseling	32	32.00	0.5%	1.00
Domestic Violence Svs	4	4.00	0.1%	1.00
Total Family Reunification	36.00	36.00	0.6%	1.00
Other	1,048	1,048.00	16.3%	1.00
Prev & Support Svs				
After Care	2	2.00	0.0%	1.00
Day Care/Childcare	4	4.00	0.1%	1.00
Early Dev. Screening	1	1.00	0.0%	1.00
Family Counseling	101	101.00	1.6%	1.00
Health Services	91	91.00	1.4%	1.00
Home Visit	330	330.00	5.1%	1.00
Information Referral	613	613.00	9.5%	1.00
Multidisciplinary Team Svs	220	220.00	3.4%	1.00
Parent Education	127	127.00	2.0%	1.00
Psychiatric/Mental Health	40	40.00	0.6%	1.00
Svs to Return Child to Home	3	3.00	0.0%	1.00
Total Prev & Support Svs	1,532.00	1,532.00	23.8%	1.00
Total Service	6,446.00	6,446.00	100.0%	1.00
TOTAL	6,446	6,446.00	100.0%	1.00

Family Advocate Questionnaire

Looking at the time spent with a family advocate, please answer the following questions. Your answers are kept confidential and your honesty is appreciated.

Number of family members: _____ Race/Ethnicity:_____

The family advocate introduced me to additional resources/information.	Disagree 1	2	3	Agree 4	N/A
I was able to get help from other agencies I was referred to.	Disagree 1	2	3	Agree 4	N/A
I feel confident in my ability to access community resources.	Disagree 1	2	3	Agree 4	N/A
My family advocate followed up with me after referrals were made.	Disagree 1	2	3	Agree 4	N/A
I feel I understand what a family advocate does.	Disagree 1	2	3	Agree 4	N/A
The family advocate listened and understood my situation.	Disagree 1	2	3	Agree 4	N/A

What do you feel has been the most useful part of this program for you?

_____
_____
_____

What areas in your life do you feel have improved the most?

_____
_____
_____

Other comments.

_____
_____
_____

PEI Youth Focus Group Question Samples

1. Please share some of the skills you learned from your counselor.
2. Describe which of those skills you use the most today.
3. Describe how those skills assisted you as you transitioned into high school.
4. Did you share anything you learned from Josh with your friends or family?
5. What do you think High School would have been like if you did not learn those skills?

PEI Family Advocate Focus Group Question Samples

1. Describe how the services provided by the Family Advocate have impacted your child's experience at school.
2. Describe how the services provided by Family Advocate have impacted your child's mental health and wellness?
3. Describe how the services provided by Family Advocate have impacted your child's peer relationships?
4. Describe how the services provided by Family Advocate have affected your family relationships?
5. What community resources have you become aware of since receiving services?
6. What do you think is the most important aspect of the services your family received?

George H. Flamson Mi School - Suspension & Expulsion Information

California Department of Education
Safe & Healthy Kids Program Office
Prepared: 7/24/2013 2:54:52 PM

Year: 2008-09

George H. Flamson Mi School Expulsion, Suspension, and Truancy Information for 2008-09

School	CD Code	School Code	Enrollment*	Number of Students with Unexcused Absence or Tardy on 3 or More Days (truants)	Truancy Rate	Violence/Drug Expulsions	Violence/Drug Suspensions	Total Persistently Dangerous Expulsions	Number of Non-Student Firearm Incidents	Overall Total Expulsions	Overall Total Suspensions
George H. Flamson Middle	4075457	6101570	733	199	27.15%	13	145	2		14	279
Paso Robles Joi District			6,875	1,930	28.07%	44	518	4		62	1,096
County			34,563	10,078	29.16%	170	1,885	12		203	3,838
California State			6,246,138**	1,508,144	24.15%	16,891	332,483	2,525	3,779	20,883	782,692

* Does not include NPS data.
** Not all agencies submitted data.

Repair Needed and Action Taken or Planned	
Section Number	Comment
(B)	Room 307, stained ceiling tiles (leak has been fixed); Room 301, wall panels worn out; Room 302-5 and 601, carpet is worn out, Room 601, stained tiles (room used as storage, not occupied); Home School Classroom & Office Portable, stained ceiling tiles; Gym locker room/hallway, ceiling paint is peeling - area in need of modernization.
(G)	Classrooms 401-2, canopy needs to be replaced in the future (currently safe).

Overall Summary of School Facility Good Repair Status			
Exemplary	Good	Fair	Poor
	✔		

Rating Description
Good: The school is maintained in good repair with a number of non-critical deficiencies noted. These deficiencies are isolated, and/or result from minor wear and tear, and/or are in the process of being mitigated.

Suspensions & Expulsions			
	GFMS		
	09-10	10-11	11-12
Suspensions (#)	164	158	170
Suspensions (%)	23.50 %	22.80 %	24.89 %
Expulsions (#)	8	12	1
Expulsions (%)	1.15 %	1.73 %	0.15 %
	PRJUSD Middle Schools		
Suspensions (#)	296	458	377
Suspensions (%)	19.76 %	31.94 %	26.33 %
Expulsions (#)	15	14	4
Expulsions (%)	1.00 %	0.98 %	0.28 %

This table illustrates the total cases (not number of days) of suspensions and expulsions, and includes students with multiple instances of suspension. For example, a student suspended in one month for 2 days and then suspended a month later for three days is counted as two cases of suspension.

San Luis Obispo County Middle School Survey

***1. Please select your school.**

***2. My school has the following on campus supportive services available to students (check all that apply)**

- [ ] Family Advocates (ie: Sonia Greene, Veronica Fortner, Christina Macedo)
- [ ] District School Counseling Office
- [ ] San Luis Obispo County Friday Night Live (ie: Rachel Conrad, Lisa Lobue, Gabriel Granados, KC Chaffee)
- [ ] San Luis Obispo County Drug and Alcohol Services (ie: Deanna Franklin)
- [ ] San Luis Obispo County Behavioral Health / PEI (ie: Allison Locke, Diana Klassen, Rebecca Arce)

Other (please specify)

***3. Staff at my school receive information and education regarding mental, behavioral, and emotional health issues and challenges that affect students.**

Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
○	○	○	○	○

***4. When I am concerned about a student's mental, behavioral or emotional health, I know how to refer them to supportive services on campus.**

- ○ Yes
- ○ No

***5. I have referred a student to supportive services on campus.**

- ○ Yes
- ○ No

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San Luis Obispo County Middle School Survey

***6. I referred the student to:**

- [ ] San Luis Obispo County Drug and Alcohol Services (ie: Deanna Franklin)
- [ ] Family Advocates (ie: Sonia Greene, Veronica Fortner, Christina Macedo)
- [ ] San Luis Obispo County Friday Night Live (ie: Rachel Conrad, Lisa Lobue, Gabriel Granados, KC Chaffee)
- [ ] District School Counseling Office
- [ ] San Luis Obispo County Behavioral Health / PEI (ie: Allison Locke, Diana Klassen, Rebecca Arce)

Other (please specify)

***7. When I referred a student to supportive services, I notice an improvement in their classroom behavior.**

Never	Seldom	Sometimes	Often	Always
○	○	○	○	○

8. Thank you for completeing the survey. Is there anything else that you would like to share about the supportive services on campus?

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