

**2018-2019**

**Mental Health Services Act (MHSA)**

**Annual Update to the**

**Three –Year Program &**

**Expenditure Plan for**

**Fiscal Years 2017-2018 thru 2019-2020**



**COUNTY  
of SAN LUIS  
OBISPO**



**Approved by  
County of San Luis Obispo  
Board of Supervisors  
January 15, 2019**



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## Overview and Executive Summary

San Luis Obispo County's Mental Health Services Act (MHSA) Fiscal Year 2018-2019 Annual Update to the Three-Year Program and Expenditure Plan provides 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 MHSA provided San Luis Obispo County with increased funding, personnel, and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults, and families. MHSA programs address a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements that support the County's public mental health system.

This Update was produced by the County of San Luis Obispo's Behavioral Health Department (SLOBHD) and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. In past years, the County has provided an Annual Update which reported results of programs one fiscal year prior to publication. To streamline the Annual Update with the Three-Year Expenditure Plan, Prevention & Early Intervention Evaluation, and Innovation Planning, the County now reports on the fiscal year immediately preceding the publication date each December. **This report includes descriptions of programs and services, as well as results from the 2017-2018 fiscal year**, for the following MHSA components and work plans:

- 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 2018-2019 MHSA Annual Update details the programs being administered, their operating budgets, and results of past implementation. In accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), this report includes an update to the Three-Year Program and Expenditure Plan for the fiscal years 2017-2020. The various work plans outlined herein include: proposed program adaptations; any changes to the original component plans or past updates; actual expenses for 2017-2018; projected planning and budgeting for the fiscal years (FY) 2018-2019 through 2019-2020.

This Update was submitted to the County of San Luis Obispo's Board of Supervisors for approval on January 15, 2019. California Assembly Bill 100 (passed in 2011) 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 Health Care Services (DHCS) after review and comment by the Oversight and Accountability Commission. Additionally, A.B. 1467 (passed in June 2012), amended the Act to require the three-year program and expenditure plan, and annual updates, be adopted by each County’s Board of Supervisors and then submitted to the MHSOAC within 30 days. The goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

In the past year, San Luis Obispo County’s MHSA programs have continued to produce excellent results and meet objectives. The SLOBHD continues to put forth increased efforts to collect data, track results, and revisit programs to monitor efficacy. The MHSOAC’s 2013 audit of MHSA programs across the state, and subsequent report, helped SLO County develop new strategies to update program goals and objectives with staff and partner providers. In 2015-2016 the County of San Luis Obispo’s Auditors office conducted an internal review of the SLOBHD’s MHSA fiscal management, state reporting, and community planning processes. These quality improvement opportunities have led to better definitions of some programs herein, and informed contract language in the current fiscal year.



In this Annual Update, SLOBHD has again included descriptions of Program Goals, Key Objectives, Key Outcomes, and Measures at the front of each CSS and PEI work plan. The County is committed to improved outcome reporting and system accountability. This is an ongoing process and the County will continue to develop strategies and tools to collect, analyze, and report on its many programs.

A key value for the County's MHSA program is the maintenance of quality partnerships between the Department and community providers, staff, stakeholders, consumers, 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 to maintain a stakeholder presence throughout the MHSA programs.

In January 2019, Frank Warren, the Division Manager of Prevention & Outreach for SLOBHD, and the County's MHSA Coordinator, will present the Annual Update of MHSA programs and plans to the County of San Luis Obispo's Board of Supervisors. This broadcasted public presentation allows community members to hear about MHSA programs, objectives, and outcomes, thus beginning the public dialogue for each new fiscal year. County MHSA leadership takes part in several panels and community meetings during the summer and fall months, which help craft the plans for the Community Planning Process.

In 2017-2018, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met five times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. In addition, the Prevention & Early Intervention (PEI) and Innovation (INN) stakeholder committees met and conferred over the course of the year. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plans and operations beginning in 2017-2018:

- The MAC, as well as the PEI stakeholder group, approved funding up to \$102,000 for a specialist to provide coordination of the suicide prevention efforts and programs.
- Stakeholders approved an expense of \$115,000 to fund a clinical-intern level therapist/social worker to provide field assistance to San Luis Obispo Police Department's Community Action Team (CAT). The CAT is a small team which focuses on homeless and other hard-to-serve individuals throughout the city. The team strives to move individuals into proper resources and the addition of a clinical support to the team will ensure homeless and others struggling with mental illness and addiction can get assistance in the field. This project also aims to prevent ongoing law enforcement engagement, justice system involvement, and lower recidivism for those already in the system.
- Both the PEI stakeholder group and the MAC supported a one-time contract with California Polytechnic State University, San Luis Obispo (Cal Poly), and researcher Dr. Jay Bettergarcia, to conduct the "SLO County LGBTQ+ Mental Health Needs Assessment." This project will take place in 2018-2019 and will include surveys and focus groups with the community to assess the current state of service and care for those in the LGBTQ+ community.

- The MAC approved \$120,000 to be moved from CSS funds to the Workforce Education and Development (WET) component to maintain programs which would no longer be funded in 2018-2019 (due to the end of the WET funding plan). The projects are described in the Update.
- Briana Hansen, Accountant III, and the County's MHSAs fiscal lead, worked with stakeholders to address issues of reversion. In Fiscal Year 2017-18 the Department of Health Care Services (DHCS) determined SLOBHD had \$505,421 subject to reversion (\$429,296 in INN funding and \$76,125 in WET funding). SLOBHD presented a plan to spend these funds on existing projects in long-term financial projections. The Spending Plan was provided to MHSAs Stakeholders and the public for review May 16, 2018, approved by the Behavioral Health Board June 20, 2018, and approved by the County Board of Supervisors August 7, 2018.
- Stakeholders approved expending \$154,000 in CSS to establish a new case management program within the County's adult outpatient clinics.
- Innovation stakeholders, as well as the MAC, were provided with four proposals for new INN projects. The groups ranked the projects in order of preference, and the top two were chosen for funding. The "3x3: Developmental Screening Partnership" and "SLO ACCEPTance" projects were approved and moved forward to the Behavioral Health Board in May, 2018, approved by the Board of Supervisors in June, 2018, and were presented to and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on August 23, 2018.

In addition to the initiatives discussed and passed by the stakeholder groups, the MAC was provided with information about several actions and decisions the SLOBHD and its MHSAs Leadership Team had made in support of the work plan. This included communication with local press institutions seeking information about the county's MHSAs plans.

After attending the "MHSAs Boot Camp" statewide coordination meeting in April 2018, the MHSAs Leadership Team introduced a few key objectives in working with community partner providers going forward. Those included:

- A comprehensive publicity requirement for contractors to provide the public with accurate information attributing funding from the MHSAs work plan. This includes use of County logos, issuing of press releases, and language for print and public engagement. This will launch in 2018-2019.
- The Team has developed a formalized process for funding requests to be presented to the MAC or the component stakeholder groups. This will launch in 2018-2019.

The most significant activity of the past year, 2017-2018, was the opening of the county's first Crisis Stabilization Unit (CSU), which is largely funded with MHSAs revenue. In its first quarter the CSU admitted 74 unduplicated patients. An initial survey of CSU clients

demonstrated a 12% increase in symptoms and wellness scores between intake and discharge. Other highlights include the development and approval of two new Innovation projects, the recruitment and hiring of a Suicide Prevention Coordinator, and the launch of a research project to determine the experience of local LGBTQ+ individuals in the community mental health system.



**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 and 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 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) and have provided an opportunity for behavioral health providers to engage inmates before and upon release.

In early 2018, the County selected Sierra Mental Wellness Group, Inc. to be the provider for the new Crisis Stabilization Unit (CSU), which was built as part of a California Health



Facilities Financing Authority, with funding from statewide Mental Health Services Act (MHSA) dollars (SB 82). The four-bed CSU can serve over 1,000 individuals annually and will reduce the demand placed on the County's 16-bed Psychiatric Health Facility. The CSU opened on April 1, 2018 and has already provided a tremendous benefit for the community.

In 2018 the County elected to transfer its Children/Youth and Transitional Aged Youth (TAY) Full Service Partnership (FSP) therapeutic services to a community provider. After a competitive Request for Proposals, Family Care Network, Inc. was selected to provide FSP therapeutic and rehabilitative services for all youth FSP programs. The Department assessed that youth FSP programs will be more effective and seamless for the clients if the clinical and rehabilitative services are provided by one agency. Family Care Network, Inc. took over the provision of services at the onset of 2018-2019.

**Prevention and Early Intervention (PEI)** projects remain strong and popular amongst community stakeholders, providers, and program participants. A [three-year evaluation report](#), examining the outcomes of each PEI program for the fiscal years 2014-2017 was made available with last year's Annual Update and Three Year Plan.

**New MHSOAC PEI Regulations:** In Fall 2016, after receiving input from a number of community stakeholders statewide, the Mental Health Services Oversight and Accountability Commission (MHSOAC) voted to approve a new set of regulations governing PEI programs. In general, the regulations define and delineate the following:

- PEI reporting requirements, including expenditure reports, PEI program and evaluation reports to be submitted to the MHSOAC, etc.
- Component general requirements, including the minimum number and type of PEI programs that each County shall include in its plan, etc.
- General requirements for services, including the age ranges to be served, minimum percent funding allocated to programs serving children and TAY, etc.
- Strategies for program design and implementation, including the following program types: Prevention (P), Early Intervention (EI), Outreach (O), Access and Linkage (AL), Stigma & Discrimination Reduction (SDR), Improve Timely Access (ITA), or Suicide Prevention (SP) program. Within each program is a key strategy as labeled in the sections below.
- Use of effective methods in bringing about intended program outcomes, including evidence-based practices, promising practices, and/or community- and/or practice-based standards, etc.
- Program evaluation guidelines, including that evaluations are culturally competent and, depending on the type of program, measure one or more of the following: reduction in prolonged suffering; changes in attitudes, knowledge or behaviors; number of referrals and linkages; duration of untreated mental illness; timeliness of care, etc.

- Reporting guidelines for program changes, including descriptions of the original program, the change(s), stakeholder involvement in the changes, etc.

SLOBHD staff worked to bring current PEI data collection and program reporting into alignment with the new regulation. In the PEI section (p.71) readers will see how programs are now organized in alignment with the new regulations and labelled as Prevention (P), Early Intervention (EI), Outreach (O), Access and Linkage (AL), Stigma & Discrimination Reduction (SDR), Improve Timely Access (ITA), or Suicide Prevention (SP) program.

Stakeholders approved the creation of a Suicide Prevention Coordinator at the end of 2016-2017. That position was finally recruited for and filled in 2017-2018. The Suicide Prevention Coordinator position will focus on educating the community about resources available throughout the county for those experiencing thoughts of suicide, or other mental health issues that indicate somebody might be at risk of suicide.



PEI stakeholders also saw a need for research to examine the LGBTQ community's experience in the community mental health system and make recommendations for improved access and linkage to services. The project was discussed in 2016-2017 and approved by stakeholders in early 2017-2018. SLOBHD established a one-time contract with California Polytechnic State University, San Luis Obispo (Cal Poly), and researcher Dr. Jay Bettergarcia, to conduct the "SLO County LGBTQ+ Mental Health Needs Assessment."

**Workforce Education and Training (WET)** funding is no longer being distributed to the County, and all programs have been implemented. Stakeholders agreed to use CSS funding, beginning in 2017-2018, to maintain the current activities within the WET work plan. Going forward the County will continue to offer internships, support the Peer Advisory and

Advocacy Team, Crisis Intervention Training, and electronic learning projects which are funded through the WET component.

In 2017-2018 training in cultural competence continued across the community mental health system. The Peer Advisory and Advocacy Team (PAAT) continues to be a successful and recognized community partner for developing peer employment and volunteerism. PAAT hosts the annual “Journey of Hope,” a large community forum on mental health and wellness, each January. In 2017-2018, the Department hosted, co-sponsored, and supported training from community organizations related to working with consumers in recovery, children with co-occurring disorders, the LGBTQ population, veterans, and healthcare language interpretation services. Some of these trainings included: Trans-Training 101 held in March 2018 and July 2018; Using a Trauma Informed Lens held throughout the year in August 2017, December 2017, and March 2018.

The **Capital Facilities and Technological Needs** work plan involves the development of the county’s electronic health record (using Cerner/Anasazi programs). In 2017-2018 the project met several milestones and training was completed for nearly every provider within the county. This expansive project continues to move the county’s mental health system forward and will continue to build bridges between substance use treatment, and physical health care in the coming years.

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 opportunities for projects to be replicated in other communities across the state. In this Update, the current four projects are described, as well as the planning and approval of two projects launching in 2018-2019:

- 3-by-3: Developmental Screening Partnership between Parents and Pediatric Practices is a project to connect more young children with important screenings and test three behavioral health screening methods for children 0-3 years of age.
- Affirming Cultural Competence Education and Provider Training: Offering Innovative Solutions to Increase LGBTQ Health Care Access (SLO ACCEPtance) will test a new curriculum for preparing behavioral health care providers to be more confident and skilled when providing LGBTQ-affirming services.

The County of San Luis Obispo’s 2018-2019 Annual Update to the Three-Year Expenditure Plan for 2017-2020 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 23 through November 21, 2018. 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 County of San Luis Obispo’s Behavioral Health

Department website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Behavioral Health services clinic and all County libraries.



The Annual Update 30-day public review concluded with a Public Hearing on November 21, 2018 as part of the monthly Behavioral Health Board Meeting. At that meeting Frank Warren, MHSA Coordinator and Division Manager (Prevention & Outreach) presented highlights of the Update and Plan, review the Community Planning Process, and shared substantive comments received during the 30-day public review. Those comments are detailed here in the Community Planning Process section of the Update.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update to the Three-Year Plan be submitted to the County Board of Supervisors for approval. On January 15, 2019, the Board received a presentation on the Annual Update and voted to approve the Update to the Three Year Plan.

## Community Planning Process

In preparing this Annual Update to the Three-Year Expenditure Plan for the Mental Health Services Act (MHSA) in San Luis Obispo County, the spirit of community collaboration which is at the foundation of each project continues as stakeholders reviewed the progress and success of each component. A key value for the Behavioral Health Department's (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 to maintain a stakeholder presence within the MHSA programs.

Throughout the year the SLOBHD team, under the leadership of the County's MHSA Coordinator, Frank Warren (Prevention & Outreach Division Manager), meets regularly with stakeholder groups, individuals, and organizations to maintain an open dialogue regarding MHSA plans and programming. The primary stakeholder groups include the oversight body: the MHSA Advisory Committee (MAC) which stems from the original CSS workgroup; as well as the component-driven PEI and Innovation workgroups, and the county's Behavioral Health Board.



The component stakeholder workgroups are made up of providers, staff, consumers, family members, and individuals who have deep interest in wellness and recovery in the community. This includes teachers, law enforcement, social service providers, elected officials, business leaders, students, laborers, and behavioral health clinicians and specialists. The MAC membership is the most broad as that group focuses on the entire MHSA plan and makes recommendations to the Behavioral Health Board, the Department, the County's Board of Supervisors, and, ultimately, the state via the Mental Health Services Oversight and Accountability Commission (MHSOAC).

San Luis Obispo County's Behavioral Health Board (BHB) is made up of agency leaders, consumers, family members, advocates, and concerned community members. The Board's roles include: monitoring MHSAs programs on a monthly basis, meeting the California Welfare and Institutions Code (§5604) requirement for the County, acting as an advisory body for the Department as well as a communication avenue for sharing MHSAs information, and engaging in several discussions regarding the projects being implemented in MHSAs.

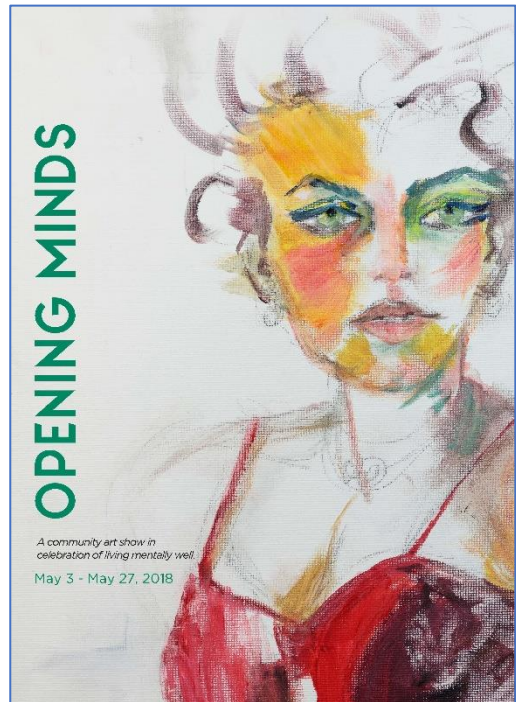
Board members take part in MHSAs-related stakeholder meetings as well as trainings and other program activities throughout the community. The Annual Update outlines many activities with large public profiles, including the "Journey of Hope" forum, consumer art shows, and veterans outreach events. Each activity is promoted within the BHB and with all local stakeholders to ensure public understanding of MHSAs endeavors.

In 2017-2018, the county's MHSAs Advisory Committee (MAC), made up of a wide variety of local stakeholders, met five times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. In addition, the Prevention & Early Intervention (PEI) and Innovation (INN) stakeholder committees met and conferred over the course of the year. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSAs Plans and operations beginning in 2017-2018:

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In preparing for the 2018-2019 Annual Update to the Three-Year Plan, and to review program progress, the MAC first convened on August 17, 2017. At that meeting the CSS, PEI, and new Innovation work plans were reviewed, and updates provided. Briana Hansen, the chief accountant assigned to MHSA, provided detailed revenue and expense reports, as well as updates to projections based on the potential of the “No Place Like Home” initiative – and its impact on MHSA revenues. Presentations at that meeting included an update on the new Adolescent Co-Occurring Disorders Program, and the new Service Enhancement Program at the County’s childhood assessment center (Martha’s Place).

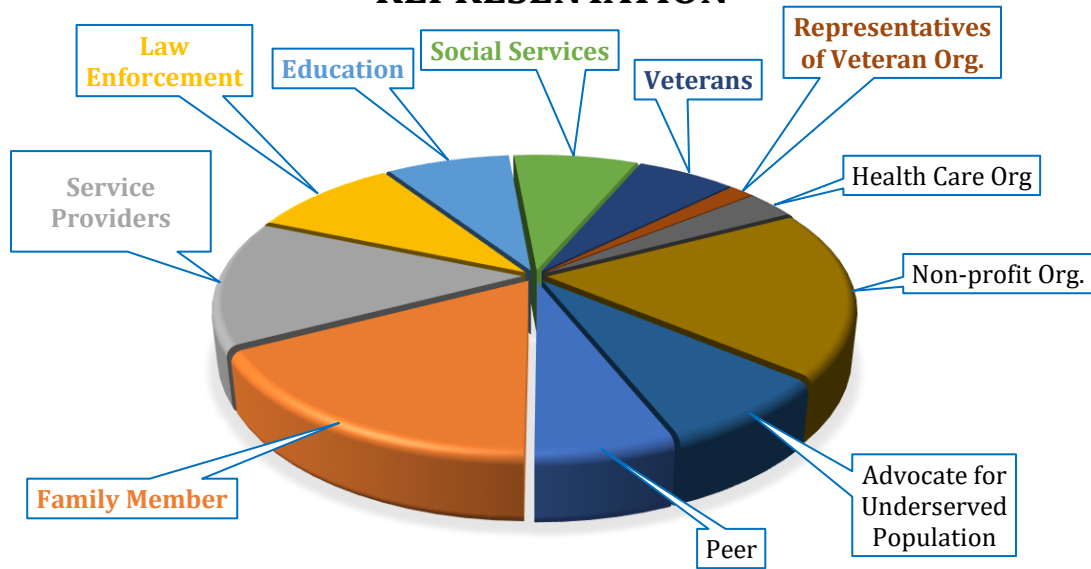


The PEI stakeholder group also met on August 17, 2017 and were provided with an update on the new (2017-2018) In-Home Parent Education and Advocacy Program by Melinda Sokolowski the Family & Community Support Services Division Director from the Community Action Partnership of San Luis Obispo County (CAPSLO). Stakeholders also discussed a prior-approved Student Services Needs Assessment slated to be conducted in

2018-2019. PEI stakeholders approved funding up to \$102,000 for a specialist to provide coordination of the suicide prevention efforts and programs.

The MAC met again on September 21, 2017 to review the 2017-2018 Annual Update, program budgets, CSS program updates, and hear a presentation on the Mental Health Evaluation Team (CSS). The stakeholder group approved continuing to move CSS funds to WET to maintain established programs. The MAC also approved funding the LGBTQ+ assessment study. The County also announced the retirement of longtime CSS administrator Luise Pietryzk-Jimenez’s retirement as of December 28, 2017 – thanking her for her years of service including being an original staff member of the 2004-2005 MHSA work plan.

### 2017-2018 MHSA ADVISORY COMMITTEE REPRESENTATION



The Innovation stakeholder group also met on September 21, 2017. Updates were provided on the current four projects and Nestor Veloz-Passalacqua (Innovation & PEI Coordinator) provided information on the budget and next round of Innovation development.

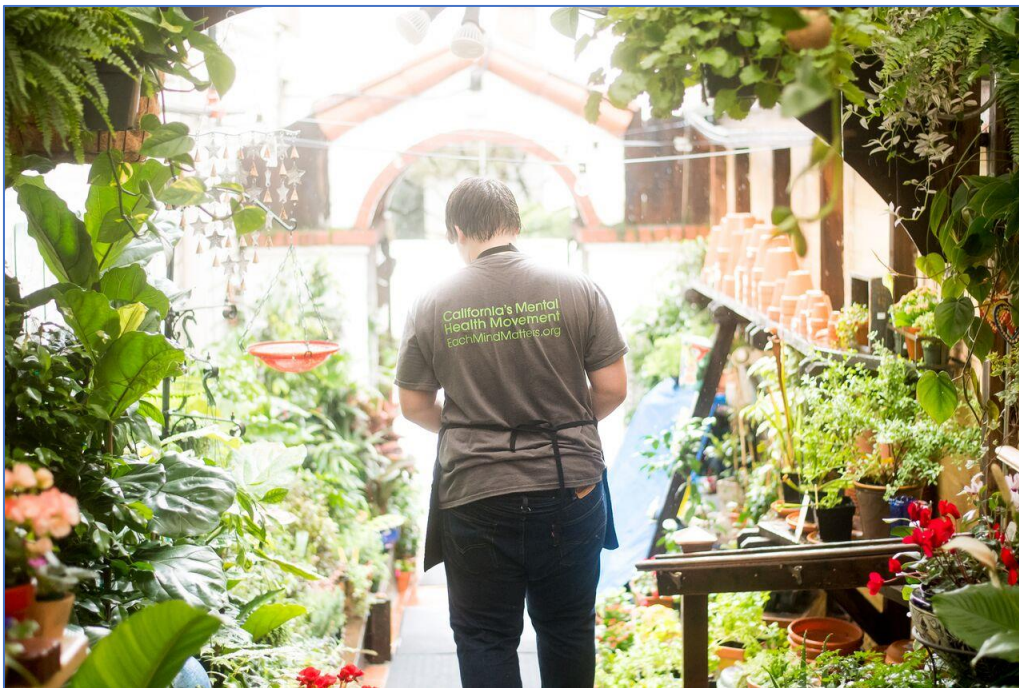
At the February 27, 2018 MAC meeting, stakeholders received a report on the MHSA grant received by the Veterans Services Office from CalVets; as well as a presentation on certification for Peer mentors. The County made a recommendation, which was approved by the stakeholder group, to establish a case management program in the adult outpatient clinics to improve client outcomes (CSS). Briana Hansen reported on information the County had received regarding establishing a spending plan for any dollars eligible for reversion. The



MAC agreed to a plan which would involve spending down the interest earned in 2017-2018 before spending new revenue.

The Innovation stakeholder committee met once more to hear proposals for the new round of funding. Four proposals were made and the stakeholders were tasked with ranking the projects in order of interest and preference – regardless of cost. The County’s Innovation practice is to first select the programs and then determine what funding will allow. Once the Innovation stakeholders had made their selections, the recommendations would then go to the MAC, and eventually to the approval process.

The MAC met on April 24, 2018 and received an update on adult FSP programs, as well as information on the WET-funded Promotores project. A proposal was made by Transitions Mental Health Association to expand its Mental Health Advocacy staff. Frank Warren discussed recent news articles across the state which were criticizing counties for not having spent MHSA funds. Frank detailed an interview the Department had given with local media to outline the County’s practice of holding a one-year reserve, while all funds are approved (by stakeholders) and budgeted to be spent within three years to avoid reversion. The County has successfully spent all its revenue within the state-approved guidelines. The County also announced it would be making the youth-based Full Service Partnership programs available to a community provider through a Request for Proposals program in May, 2018. The Innovation stakeholder recommendation of two projects (“3x3;” and “SLO ACCEPTance”) was also discussed and further approved by the MAC.



The MAC met once more, June 26, 2018. County staff discussed contract changes being made in FSP programs – including the requirement of 24/7 services by known staff and 5150 designations being part of FSP staff training. A presentation by Sierra Mental Wellness updated the stakeholders on the CSU and MHET programs. Briana Hansen presented the proposed spending plan in response to the AB 114 ruling to return any reverted funds to the county with an approved spending plan. This impacted a small amount of local Innovation and WET funds. The spending plan was posted for 30 days and approved by the Behavioral Health Board and Board of Supervisors in June and July 2018. Stakeholders also agreed to support moving the MAC meetings around the county to encourage more regional participation. It was decided to hold the first MAC of 2018-2019 in Nipomo – at the southern end of the county.

In addition to the initiatives discussed and passed by the stakeholder groups, the MAC was provided with information about several actions and decisions the SLOBHD and its MHSA Leadership Team had made in support of the work plan. This included communication with local press institutions seeking information about the county's MHSA plans.

In February 2018, the California State Auditor released a report on MHSA spending amongst counties. The report concluded “that the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission could better ensure that the 59\* county and local mental health agencies effectively use the MHSA funds they receive.” On March 1, the Tribune (the largest local daily newspaper) reprinted an article from the Sacramento Bee which reviewed that audit. The article, titled “SLO County among governments slow to spend millionaires’ money on mental health,” accurately reports that the State has not provided consistent guidance to counties for the use of MHSA funds. This generated questions from the public, including local lawmakers and other stakeholders. The Department responded to all media requests and provided those responses to the MAC.

As reported, at the end of FY 2015-2016, the County had \$14.7M in the County's MHSA trust account. The revenue in the account is part of the community stakeholder-approved spending plan, which adheres to State regulations and statutes. MHSA revenue is required to be spent or placed in a Prudent Reserve within three years of receipt or the funds will go back to the State. The SLOBHD manages its MHSA spending to ensure long-term program sustainability, as well as allowing for new or expanded programs and/or one-time projects as additional revenue is available. The County works with stakeholders to ensure there is a plan to spend each dollar so that it is not returned to the State. A response to the Tribune's written questions (unpublished to date) is included in the appendix.

*\*Tri-City Mental Health Authority covers the cities of Pomona, Claremont, and Laverne, and is considered a separate mental health agency from Los Angeles County.*

After attending the “MHSA Boot Camp” statewide coordination meeting in April 2018, the MHSA Leadership Team introduced a few key objectives in working with community partner providers going forward. Those included:

- A comprehensive publicity requirement for contractors to provide the public with accurate information attributing funding from the MHSA work plan. This includes use of County logos, issuing of press releases, and language for print and public engagement. This will launch in 2018-2019.
- The Team has developed a formalized process for funding requests to be presented to the MAC or the component stakeholder groups. This will launch in 2018-2019.

<b>San Luis Obispo County</b>			
<b>2017-2018 MHSA Advisory Committee (MAC)</b>			
<b>Name</b>	<b>Affiliation</b>	<b>Name</b>	<b>Affiliation</b>
<b>John Aparicio</b>	<b>Veterans Services</b>	<b>Joe Madsen</b>	<b>TMHA</b>
<b>Cynthia Barnett</b>	<b>Family Care Network, Inc.</b>	<b>Marcy Paric</b>	<b>PAAT</b>
<b>Meghan Boaz-Alvarez</b>	<b>Transitions Mental Health Association (TMHA)</b>	<b>Geneva Reynaga-Abiko</b>	<b>Cal Poly</b>
<b>Katie Cruse</b>	<b>Family Care Network, Inc.</b>	<b>David Riester</b>	<b>NAMI</b>
<b>Tonya Derosé</b>	<b>SAFE</b>	<b>Jeff Smith</b>	<b>SLOPD</b>
<b>Lisa Fraser</b>	<b>Center for Family Strengthening</b>	<b>Melinda Sokolowski</b>	<b>CAPSLO</b>
<b>Matthew Green</b>	<b>Cuesta College</b>	<b>Ellen Sturtz</b>	<b>LGBTQ Advocate</b>
<b>Joyce Heddleson</b>	<b>Family Member/BH Board</b>	<b>Bonita Thomas</b>	<b>PAAT</b>
<b>Genie Kim</b>	<b>Cal Poly</b>	<b>Clint Weirick</b>	<b>BH Board</b>
<b>Joseph Kurtzman</b>	<b>PAAT</b>	<b>Mike Young</b>	<b>SLO Vet’s Center</b>
<b>Tonya Leonard</b>	<b>Cuesta College</b>	<b>Pam Zweifel</b>	<b>NAMI</b>

## Public Review and Approval

The Annual Update 30-day public review concluded with a Public Hearing on November 21, 2018 as part of the monthly Behavioral Health Board Meeting. At that meeting Frank Warren, MHSA Coordinator and Division Manager (Prevention & Outreach) presented highlights of the Update and Plan, review the Community Planning Process, and shared substantive comments received during the 30-day public review. Those comments are detailed here in the Community Planning Process section of the Update.

Several substantive comments were received during the public review period and hearing. These comments ranged from recommendations for content, future planning, and corrections to Update content. The comments, in summary:

- A suggestion to use “Latinx” in place of Latino/Latina: This will be discussed by the department’s Cultural Competence Committee.
- Recommendation to add “Queer” under the definition of “LGBTQ”: This was added to the final draft of the Update.
- A comment concluded that the number of unduplicated parent contacts (388,944) in the Family Education, Training, and Support program seemed extremely high: An additional description was added to the final draft to denote how these counts are impacted by website visits.
- A recommendation for the MHSA stakeholders and County to address the lack of bilingual therapists and offer a plan for new resources.
- “Extremely impressive document that covers a lot of territory! Hoping for more specific data on LGBTQ in the future.”
- Recommendations for additional LGBTQ service evaluation and eventual addition of specialty programs, likened to Veterans and Latino Outreach programs; as well as additional LGBTQ specialty added to FSP teams: This will be addressed upon the conclusion of the current LGBTQ Needs Assessment and SLO ACCEPTance training programs.

Staff have recorded each of the comments made and will work with the Community Planning Process stakeholders to incorporate these requests and recommendations, when possible, over the next two years.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update to the Three-Year Plan be submitted to the County Board of Supervisors for approval. On January 15, 2019, the Board received a presentation on the Annual Update and voted to approve the Update to the Three Year Plan.

## Community Services and Supports (CSS)

In November 2004 California voters passed Proposition 63, the Mental Health Services Act (MHSA). The Act provides funding for counties to help people and families who have mental health needs. Funds were established within components which would address the continuum of care necessary to transform the public mental health system. To access these funds, the County of San Luis Obispo developed five different component plans; the first of which is the Community Services and Supports (CSS) plan.

The State requires that each county's CSS plan focus on children and families, transitional aged youth (TAY), adults, and older adults who have the most severe and persistent mental illnesses or serious emotional disturbances. This includes those who are at risk of homelessness, jail, or other institutionalization because of their mental illness. The plan must also provide help to underserved communities who have difficulty getting the help they need for themselves or their families when they have a serious mental health issue.

The majority of CSS component funding is directed towards Full Service Partnerships (FSP). Full Service Partnerships provide comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services, or may not have used these services to avoid incurring high costs related to acute hospitalization or long term care. The intent of these services is to help clients and families increase their ability to function at optimal levels and independently, where appropriate. A principle of FSP is doing "whatever it takes" to help individuals on their path to recovery and wellness. FSP embraces client driven services and supports with each client choosing services based on individual needs. These individuals and their families often have co-existing difficulties, such as substance abuse, homelessness, and involvement with the judicial and/or child welfare systems. Key variables to FSP programs are a low staff to client ratio, crisis availability, and a team approach.

San Luis Obispo County CSS programs include four distinct FSP programs based on focal age groups. Collectively, in 2017-2018, there were 142 client "partners" enrolled in FSP programs. In that year, enrolled clients yielded the following results: (1) A 55% reduction in homeless days; (2) an 48% reduction in emergency room visits; (3) a 96% reduction in jail days; and (4) a 75% reduction of days in the County's Psychiatric Health Facility (PHF). On the following pages the various work plans within the County's CSS plan will be described. At the head of each work plan section is a table outlining the budget and actual costs of each work plan, as well as projected costs for the next two fiscal years. In addition, a table outlining each CSS program's stated goals, objectives, and measurable outcomes can be found at the front of each work plan's section. County staff and stakeholders are currently reviewing each program's goals, objectives, and measures to continually ensure the programs are meeting the needs of the community.

**COMMUNITY SERVICES AND SUPPORTS (CSS)**

**Children & Youth Full Service Partnership**

<b>CSS Work Plan 1: Children &amp; Youth FSP</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>20*</b>	<b>\$633,983</b>	<b>\$31,699</b>
<b>Projection for FY 2018-2019</b>	<b>24</b>	<b>\$836,804</b>	<b>\$34,867</b>
<b>Projection for FY 2019-2020</b>	<b>24</b>	<b>\$853,540</b>	<b>\$35,564</b>

\*5 of the 20 unduplicated clients were served in both Child and TAY FSP programs

<b>Program Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Reduce the subjective suffering from serious mental illness or emotional disorders for children and youth</li> <li>• Increase in self-help and consumer/family involvement</li> <li>• Reduce the frequency of emergency room visits and unnecessary hospitalizations</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce out-of-home placement and institutional living arrangements (including hospitalization, incarceration)</li> <li>• Increase positive changes in educational level and status</li> <li>• Decrease legal encounters</li> <li>• Decrease crisis involvement</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Decreased hospitalizations</li> <li>• Decreased juvenile justice involvement</li> <li>• Increased number of clients living with family</li> <li>• Reduced number of clients/families who are homeless</li> </ul>	<ul style="list-style-type: none"> <li>• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP</li> <li>• Data elements collected are based on regulation</li> </ul>

Designed as an integrated service partnership, the **Children and Youth FSP** program honors the family, instills hope and optimism, and achieves positive experiences in the home, school, and the community. The original CSS Community Planning Process identified youth in San Luis Obispo County to be underserved. This program increases access and provides age-specific, culturally competent interventions for the participants.

The Children and Youth FSP serves young people (ages 0-15) of all races and ethnicities. Children served are those with severe emotional disturbances/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.

The County of San Luis Obispo’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. SLOBHD has integrated service delivery via community collaborations.

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 in a strength-based, culturally competent manner and in an integrated 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.

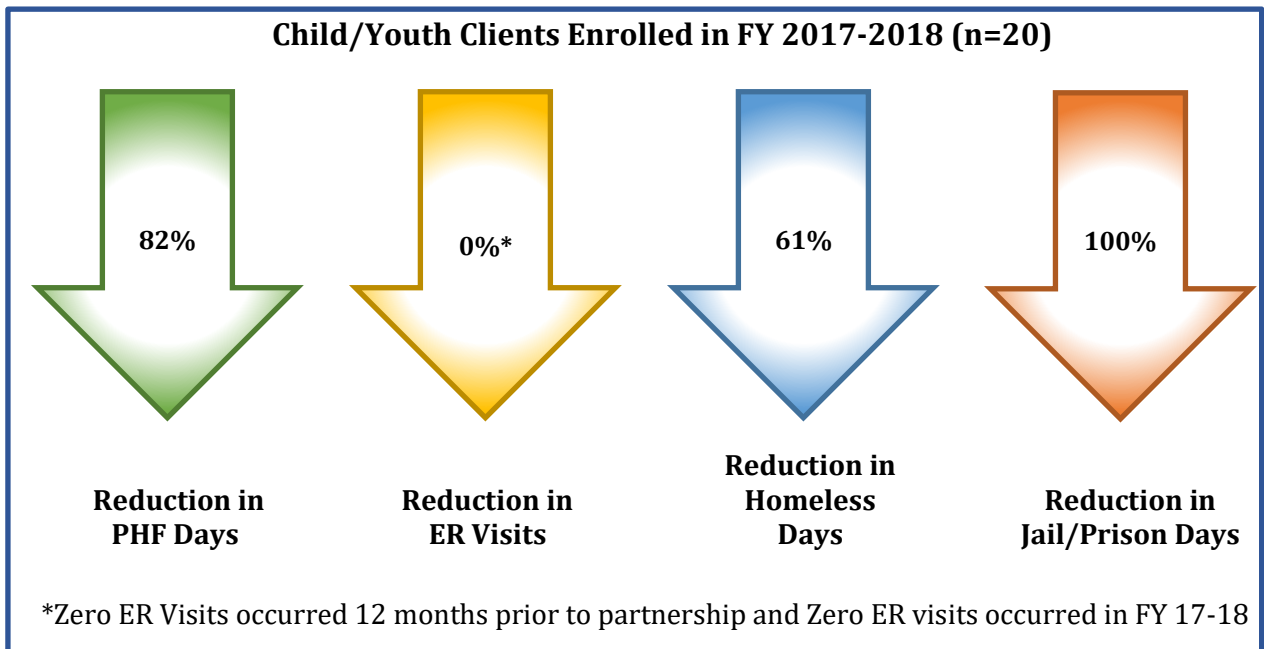
**Figure 1: Team Members for Child and Youth Clients**



There were two Children and Youth FSP teams in 2017-2018. FSP teams included the child and family, a County Behavioral Health Clinician, and a community-provided Personal Services Specialist. The team also includes access to a psychiatrist and program supervisor support. Additional partners include appropriate agency personnel, family members, friends, community supports (i.e. faith community) and others as identified by the team. Individualized services can change in intensity as the client and family change.

SLOBHD partners with local agencies to enhance programs, including FSP. In the Children and Youth FSP the Personal Services Specialists are provided by Family Care Network, Inc. (FCNI), a nonprofit children and families' services provider. In 2017-2018, FCN provided services to 20 clients in the Children and Youth FSP Program, with the target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 2 represents reductions in areas of consequence. These figures are calculated by comparing the 12 months prior to FSP enrollment to the occurrences during 2017-2018. Compared to the 12 months prior to FSP enrollment, Child and Youth FSP participants demonstrated an approximate 82% decrease in days spent in psychiatric health facilities, a 61% reduction in days when they are considered homeless, and a 100% decrease in total days spent in justice facilities. Figure 3 below displays the improvement in school attendance, grades, and stable housing throughout the year.

**Figure 2: Child and Youth FSP Clients Enrolled in FY 2017-2018 (n=20)**





*Figure 3: Child & Youth FSP Client Results for Housing and School (n=20)*

**90%** of clients had stable housing all year

**86%** of clients had the same or improved attendance in school

**86%** of clients had the same or improved grades in school



**COMMUNITY SERVICES AND SUPPORTS (CSS)**

**Transitional Aged Youth (TAY) Full Service Partnership**

<b>CSS Work Plan 2: Transitional Aged Youth FSP</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>28*</b>	<b>\$676,468</b>	<b>\$24,160</b>
<b>Projection for FY 2018-2019</b>	<b>30</b>	<b>\$937,195</b>	<b>\$31,240</b>
<b>Projection for FY 2019-2020</b>	<b>30</b>	<b>\$955,939</b>	<b>\$31,865</b>

\*5 of the 28 unduplicated clients were served in both the Child and TAY FSP, 1 of the 28 unduplicated clients was served in both the TAY and Adult FSP

<b>Program Goals</b>	<b>Key Objectives</b>
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- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth</li> <li>• Increase in self-help and Consumer/family involvement</li> <li>• Reduce the frequency of emergency room visits and unnecessary hospitalizations</li> </ul> | <ul style="list-style-type: none"> <li>• Reduce out-of-home placement and in institutional living arrangements (including hospitalization, incarceration)</li> <li>• Positive changes in educational level and status</li> <li>• Decrease in legal encounters</li> <li>• Decrease crisis involvement</li> </ul> |
|--|---|

<b>Key Outcomes</b>	<b>Method of Measurement</b>
---------------------	------------------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Decrease in hospitalizations</li> <li>• Decrease in juvenile justice/jail involvement</li> <li>• Increase number of clients living with family or independently, or independently with support</li> <li>• Reduced number of clients/families who are being homeless</li> </ul> | <ul style="list-style-type: none"> <li>• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP</li> <li>• Data elements collected are based on regulation</li> </ul> |
|---|---|

**Transitional Aged Youth Full Service Partnership (TAY FSP)**

The Transitional Aged Youth Full Service Partnership (TAY FSP) provides wraparound-like services and includes intensive case management, housing and employment linkages and supports, independent living skill development, crisis response, 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. Twenty-eight (28) TAY received FSP services in 2017-2018.

TAY FSP provides services for young adults (ages 16 to 25) of all races and ethnicities. Those served include individuals with severe emotional disturbances/serious mental illnesses who

## COMMUNITY SERVICES AND SUPPORTS (CSS)

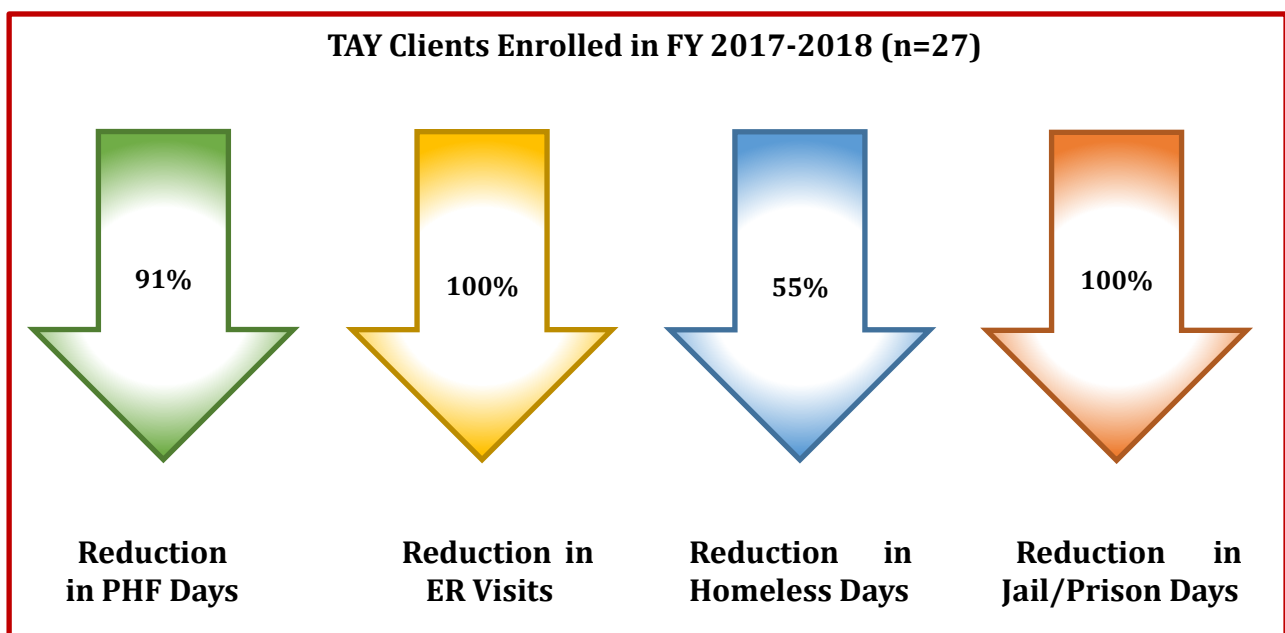
have a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements, or those who are aging out of the Children's System of Care. The priority issues for TAY have been identified by local stakeholders as substance abuse, 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 their own personal service plan. This may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, and financial and legal counseling. Each participant receives medication supports, case management, crisis services, therapy, and psycho-education services in 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 2017-2018. The core FSP team includes a County Behavioral Health Clinician and a community-provided Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, and access to a psychiatrist and program supervisor that serve participants in all of the FSP age group programs.

Twenty-eight (28) TAY FSP clients were enrolled in 2017-2018. Figure 4 represents reductions in areas of consequence. These figures are calculated by comparing the baseline information gathered from the clients for 12 months prior to their start date into the program to the occurrences during FY 2017-2018.

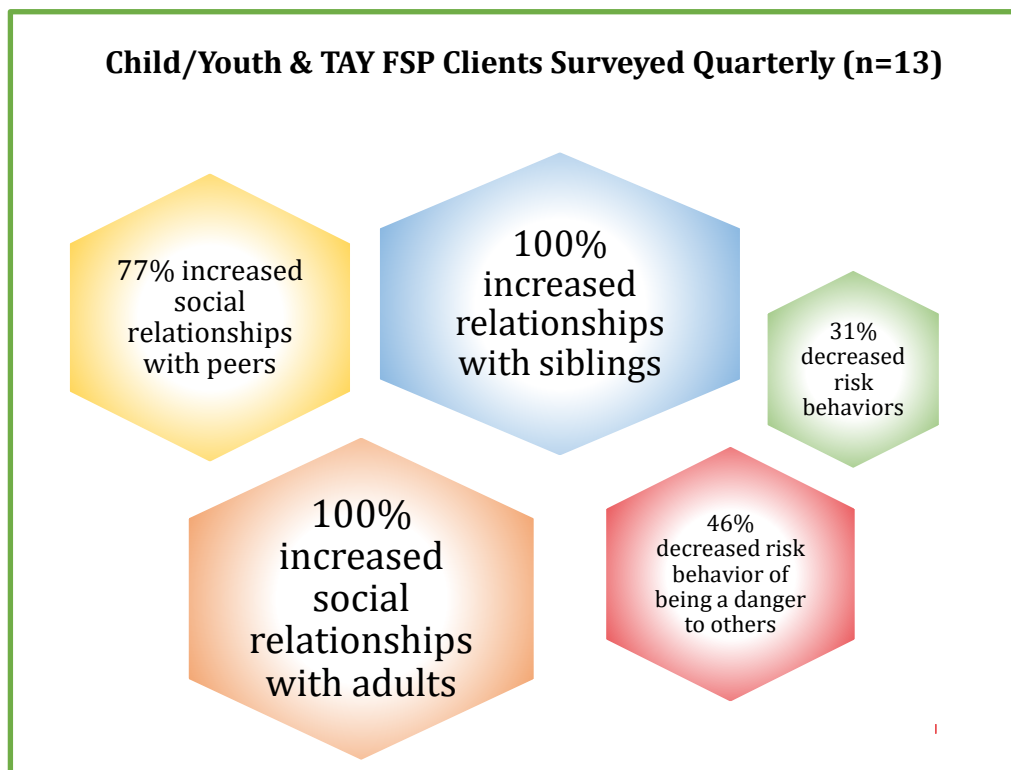
**Figure 4: TAY FSP Clients Enrolled in FY 2017-2018 (n=27)**



The Personal Services Specialists for TAY FSP are provided by Family Care Network, Inc. (FCNI). FCNI was 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. FCNI offers FSP support for children from birth to age 25. In 2017-2018, FCNI provided services to 28 clients in the TAY FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior).

In 2017-2018, 13 of Child and Youth and TAY clients were observed by team providers over several months in order to compare key outcomes. Figure 5 below demonstrates a significant increase in social relationships with peers and adults, as well as siblings. Thirty one percent (31%) of Child and TAY clients observed demonstrated a decrease in risk behaviors such as delinquency, fire setting, and being a runaway, among others. Forty six percent (46%) decreased their risk of being a danger to others.

**Figure 5: Child/Youth & TAY FSP Clients Survey Results for Social Behaviors (n=13)**



**COMMUNITY SERVICES AND SUPPORTS (CSS)**

**Adult Full Service Partnership**

<b>CSS Work Plan 3: Adult FSP</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>79*</b>	<b>\$2,800,863</b>	<b>\$34,454</b>
<b>Projection for FY 2018-2019</b>	<b>80</b>	<b>\$3,470,906</b>	<b>\$43,386</b>
<b>Projection for FY 2019-2020</b>	<b>80</b>	<b>\$3,519,770</b>	<b>\$43,997</b>

\*1 of the 79 unduplicated clients was served in both the TAY and Adult FSP, 1 of the 79 unduplicated clients were served in both the Adult & Homeless FSP, 1 of the 79 unduplicated clients was served in both the Adult & Older Adult FSP

<b>Program Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible</li> <li>• Reduce the subjective suffering from serious mental illness for adults</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce homelessness/maintain suitable housing</li> <li>• Reduce or eliminate need for crisis services</li> <li>• Reduce or eliminate acute psychiatric and/or medical hospitalizations</li> <li>• Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Decrease in hospitalizations</li> <li>• Decrease in jail days</li> <li>• Decrease in homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP</li> <li>• Data elements collected are based on regulation</li> </ul>

**Adult Full Service Partnership (FSP)**

The Adult Full Service Partnership (FSP) programs target adults 26-59 years of age with serious mental illness. The Adult FSP participants are at risk of institutional care because their needs are greater than behavioral health outpatient services typically provide. The individual may be homeless, a frequent consumer of the Psychiatric Health Facility (PHF) or hospital emergency department services, involved with the justice system, or suffering with a co-occurring substance use 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, maintain recovery in the community as independently as possible.

The Adult FSP programs provide a full range of services. 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, are developed with each participant to address the type of services and specific actions desired, and are guided by a community based assessment of each individual's strengths and resources. Services include:

- Assessment
- Individualized treatment planning
- Case management
- Integrated co-occurring treatment
- Medication supports
- Housing
- Vocational services

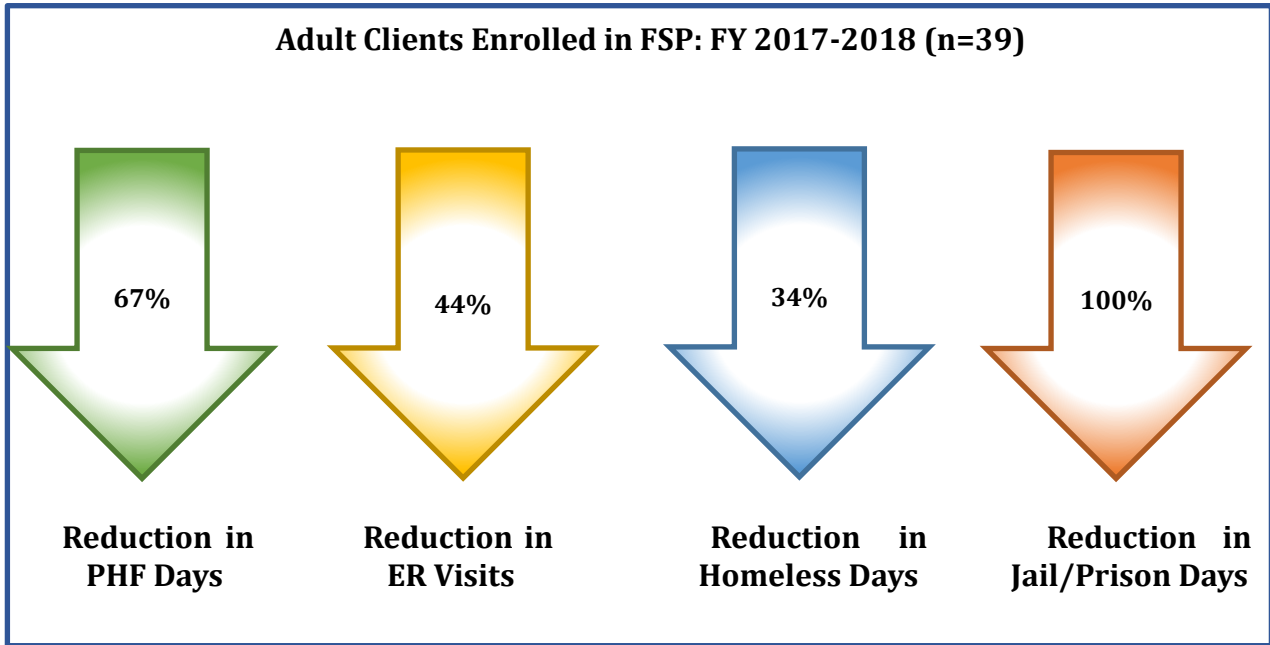
In 2015 the County elected to transfer its original Adult and Older Adult Full Service Partnership (FSP) therapeutic services to community providers. Transitions-Mental Health Association (TMHA) and Wilshire Community Services were selected to provide therapeutic and rehabilitative services for Adult and Older Adult FSP programs, respectively. The Department assessed that adult FSP programs will be more effective and seamless for the clients if the clinical and rehabilitative services were provided by one agency.

There were two core Adult FSP teams in 2017-2018, serving a combined total of 79 clients. The core FSP teams include a TMHA Clinical Therapist and a Personal Services Specialist (PSS) also provided by Transitions-Mental Health Association (TMHA). In addition, available to the team is a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in the transitional age youth, adult and older adult FSP age group programs.

The PSS is involved in day to day client skills-building and resource support to include: dressing, 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 2017-2018, TMHA served 78 FSP clients as part of the Adult program and the Homeless Outreach Team. A survey of participants showed an average increase of 41% in their use of learned coping skills to help them better manage their mental health symptoms. Clients also surveyed demonstrated a 36% increase in their use of skills learned from therapeutic interventions in order to deal better with stress-related triggers.

Thirty-nine (39) Adult FSP clients were enrolled in 2017-2018. Figure 6 represents the baseline information gathered from the clients for 12 months prior to their start date into the program to the occurrences during 2017-2018.

**Figure 6: Adult FSP Clients Enrolled in FY 2017-2018 (n=39)**

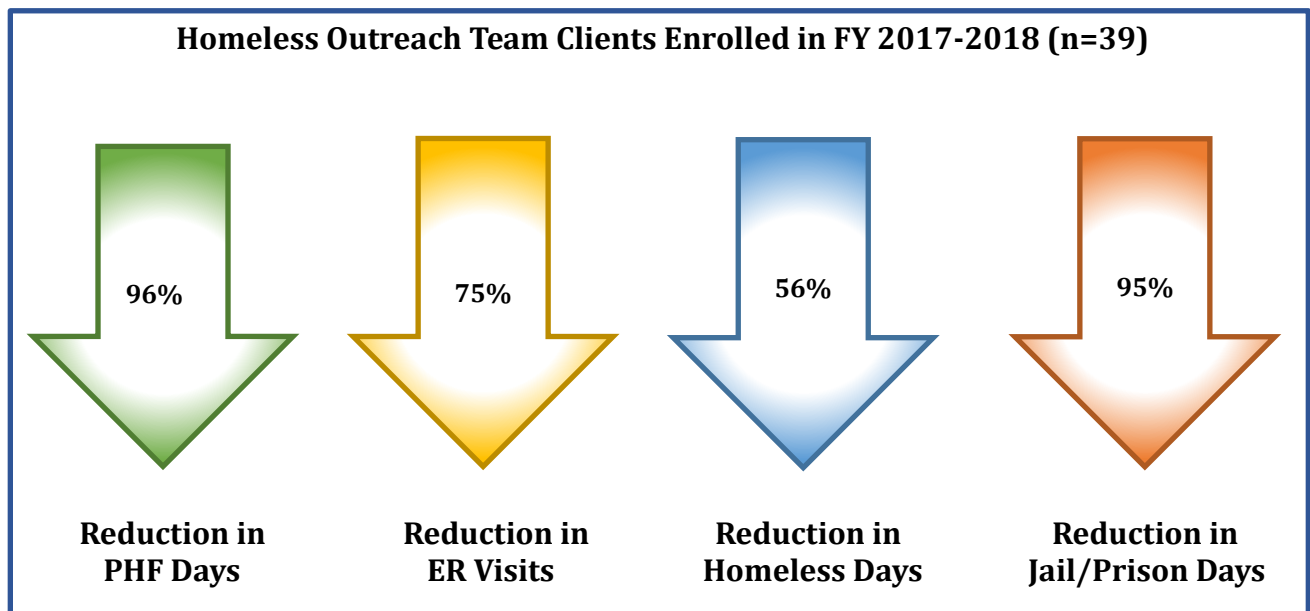


*“J” is in her early thirties with paranoid schizophrenia. She was working with us for several months in early 2017. During that time, her paranoia was increasing; she had several hospitalizations, and finally had a lengthy psychiatric inpatient stay in fall of 2017. Upon release, J decided she would rather be homeless (her previous greatest fear) than go back to living with her parents whom she believed were harming her. The team worked to get her an emergency placement at the homeless shelter, where she lived for four months while waiting for housing. While at the shelter, she agreed to see Dr. Remy for her medications and come to the TMHA offices twice a day to take her prescribed medications. For several months J would walk from the shelter to TMHA offices, sit with staff, and take her medications. The entire TMHA community worked to make her feel at ease. She eventually got a housing placement and moved in. Since early 2018, she has re-embraced healthy cooking and makes healthy meals for the house when it is her turn to cook. She obtained a part time job and is working with her therapist and case manager to take raw-food cooking classes and a music class. This client embodies what we work for as the FSP team.*

In 2012-2013, an FSP focusing on homeless individuals was launched. Modeled after the AB 2034 Homeless Outreach Program which ended in 2007, the FSP team works to identify chronically homeless, severely mentally ill individuals who are unlikely to seek or enroll in mental health services on their own. In 2016–2017 FSP Homeless Outreach team transferred the County Mental Health Therapist and the Medication Manager positions over to TMHA, who also provides a Case Manager and two Outreach Workers from TMHA. Additional supports include a part-time Public Health Nurse, access to a psychiatrist, and program supervision. In 2017-2018, the program team met and engaged 203 local homeless individuals. Fifty (50) were screened in 2017-2018 to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders.

Thirty-nine (39) FSP clients were enrolled in Homeless Team FSP Services 2017-2018. Of the 39 enrolled HOT clients, 3 were TAY, 32 adults, and 4 older adults. Figure 7 represents the baseline information gathered from the clients for 12 months prior to their start date into the program and compares it to the occurrences during 2017-2018.

**Figure 7: Homeless Outreach Team FSP Clients Enrolled in FY 2017-2018 (n=39)**



In 2017-2018, 100% of the 39 clients engaged accessed support services, such as substance abuse treatment, vocational training, emotional support and benefits eligibility. Sixteen, or 40% of the 39 clients served had secured housing as of the fourth quarter. Additionally, eleven clients secured housing that were in referral and engagement.



Stakeholders approved a 2015-2016 expansion of the County Mental Health Therapist assigned to the Homeless Outreach FSP from .50 FTE to 1.0 FTE. This allowed for 10-15 additional clients annually. In 2016-2017 this position, along with the County Medication Manager was transferred to TMHA.

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*“Oscar” was first opened to HOT in May of 2016. He was sleeping in his father’s driveway in a car, not allowed to stay in the house due to his odd behavior and the disturbing comments that he made. At that time, though he had an open mental health case and assistance from HOT, he was not participating in treatment or taking his medication regularly. Sometimes he would use drugs and alcohol to cope with his symptoms and would be arrested for probation violations that frequently disrupted progress with obtaining his SSI benefits. Eventually, he was closed to HOT when he failed to show to appointments. Oscar became incarcerated, and FRS began to assist him with basic needs and applying for SSI—but Oscar was still not able to maintain his appointments or stay in compliance with treatment. He was then referred to Assisted Outpatient Treatment (AOT) and ultimately ended up in the psychiatric hospital. At that point, he was catatonic, had stopped eating and had even created an alter ego version of himself that existed outside of his body. After going to court and being ordered by Probation to participate in treatment, he began to take it more seriously. Once he was ready to accept voluntary services, Oscar transferred to HOT FSP. Since working with HOT, Oscar has obtained SSI for the first time, following multiple attempts where his application was not finished due to his erratic attendance. He is now in Adult Treatment Program (ATP) housing, doing well, attending support groups and activities at the Hope House and regularly taking his medication. His charming, funny personality has returned and he has re-established a relationship with his daughter. He is currently undergoing therapy with HOT and is making progress in how he functions in his daily life.*

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A new collaborative FSP for Adults in Assisted Outpatient Treatment (AOT) was established in 2016. This collaboration includes AOT outreach and treatment services provided by a FSP team comprised of TMHA staff. SLOBHD staff provide assessment, program support and coordination with the court. In 2017-2018, 39 clients were served in referral and engagement.

Of the 39 clients in referral and engagement, 31% entered into voluntary mental health services. Additionally, three clients obtained employment during the fiscal year. Services offered to AOT clients include:

## COMMUNITY SERVICES AND SUPPORTS (CSS)

- Co-Occurring treatment to address both mental health and substance use disorder needs.
- Rehabilitation services to assist clients in learning and utilizing skills to improve self-care, social support system, and health.
- Intensive case management to support clients in accessing housing, financial, vocational, health care, and social support services, including voluntary mental health services.

The AOT FSP team uses a field-based, “whatever it takes” approach to engage with clients to create their own individualized treatment plan. Supportive FSP housing can be available as part of the client’s treatment plan.



**COMMUNITY SERVICES AND SUPPORTS (CSS)**

**Older Adult Full Service Partnership**

<b>CSS Work Plan 4: Older Adult FSP</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>23*</b>	<b>\$438,758</b>	<b>\$19,076</b>
<b>Projection for FY 2018-2019</b>	<b>25</b>	<b>\$590,996</b>	<b>\$23,640</b>
<b>Projection for FY 2019-2020</b>	<b>25</b>	<b>\$602,816</b>	<b>\$24,113</b>

\*1 of the 23 unduplicated clients was served in both the Adult and Older Adult FSP

<b>Program Goals</b>	<b>Key Objectives</b>
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- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible</li> <li>• Reduce the subjective suffering from serious mental illness for adults</li> </ul> | <ul style="list-style-type: none"> <li>• Reduce homelessness/maintain suitable housing</li> <li>• Reduce or eliminate need for crisis services</li> <li>• Reduce or eliminate acute psychiatric and/or medical hospitalizations</li> <li>• Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community</li> </ul> |
|---|--|

<b>Key Outcomes</b>	<b>Method of Measurement</b>
---------------------	------------------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Decrease in hospitalizations</li> <li>• Decrease in jail days</li> <li>• Decrease in homelessness</li> </ul> | <ul style="list-style-type: none"> <li>• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP</li> <li>• Data elements collected are based on regulation</li> </ul> |
|---|---|

**Older Adult Full Service Partnership (OA FSP)**

The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions through a range of services and supports based on each individual’s needs. An individualized service plan and a Wellness and Recovery Plan are developed with each participant to address the type of services and specific actions desired. These plans are guided by a community-based assessment of each individual’s strengths and resources. Priority populations are individuals who are 60 years of age or older; 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.

The OA FSP targets adults over 60 years of age with serious mental illness and are at risk of institutional care because their needs are higher than behavioral health outpatient services typically provide. The individual may be homeless, or a frequent consumer of the Psychiatric Health Facility or hospital emergency department services, involved with the justice system, or suffering with a co-occurring substance abuse disorder. Another goal of OA FSP is to divert those with serious and persistent mental illness from acute or long-term institutionalization and, instead, maintain recovery in the community as independently as possible.

There were two OA FSP teams in 2017-2018. The core FSP team includes a Wilshire Community Services or WCS Mental Health Therapist and a Personal Services Specialist (PSS) provided by WCS. Additionally, a co-occurring disorders specialist, psychiatrist, and a WCS program supervisor are available to serve participants in all of the occasional adult and older adult FSP age group programs. In 2017-2018 the OA FSP teams served a total of 23 partners.

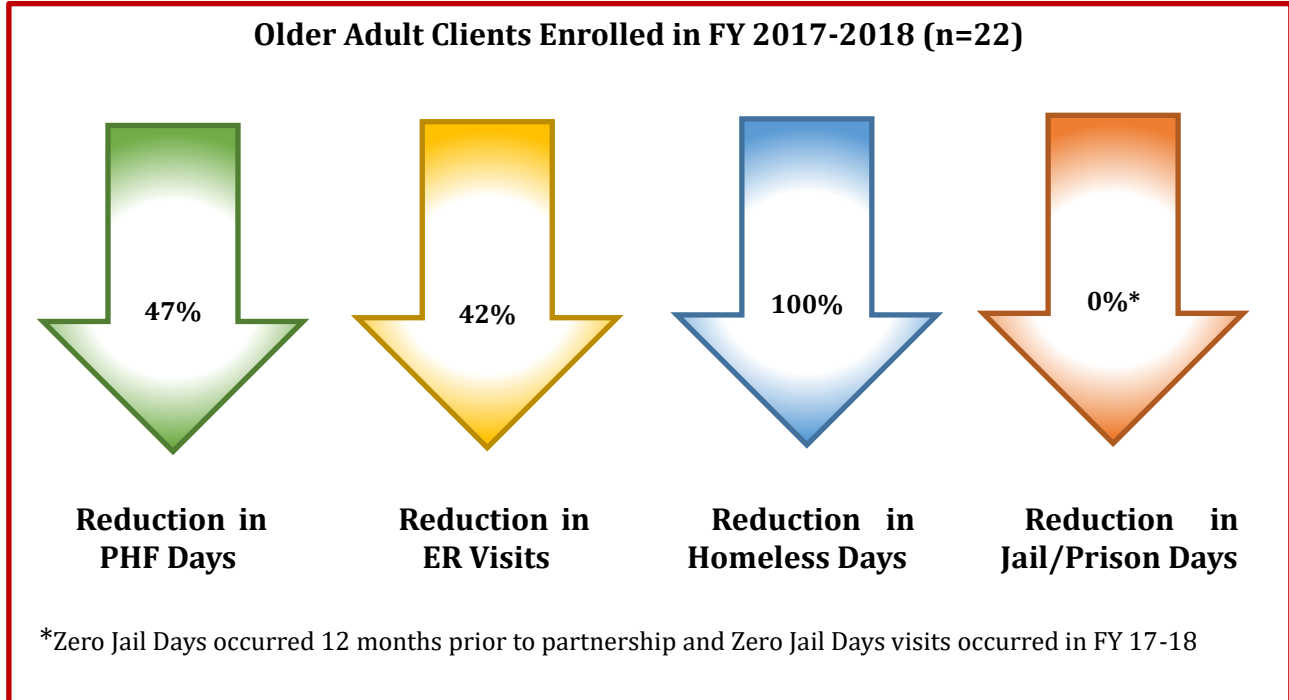
The OA FSP programs provide a full range of services. Participants are empowered to select from a variety of services and supports to move them towards achieving greater independence. Services include: assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication supports, housing, and vocational services are available if appropriate.

The PSS is involved in day to day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers. In 2016-2017, 20 Older Adult clients were served and in 2017-2018, 23 Older Adult clients were served.

During 2017-2018 only one client reached the six-month mark and, through self-reporting, survey results show a 54% reduction in the presentation of symptoms. Also, four clients reached the one-year mark and self-reporting survey results show a 79% reduction in the presentation of symptoms.

Twenty-three (23) Older Adult FSP clients were served in 2017-2018. Figure 8 presents results regarding a comparison of the baseline information gathered from these clients for 365 days prior to their start date into the program, to the end of the fiscal year.

Figure 8: Older Adult FSP Clients Enrolled in FY 2017-2018 (n=22)



Collectively, in 2017-2018, the Full Service Partnership programs had 71 clients disenroll from services. Disenrollment can be either an interruption or a discontinuation of service. A discontinuation of service is a situation in which the client is not expected to return to FSP services for more than twelve months from the time of disenrollment. The reason for disenrollment are as follows:

- Target population criteria are not met
- Client decided to discontinue Full Service Partnership participation after partnership established
- Client moved to another county/service area
- After repeated attempts to contact client, s/he cannot be located
- Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate
- Client is deceased

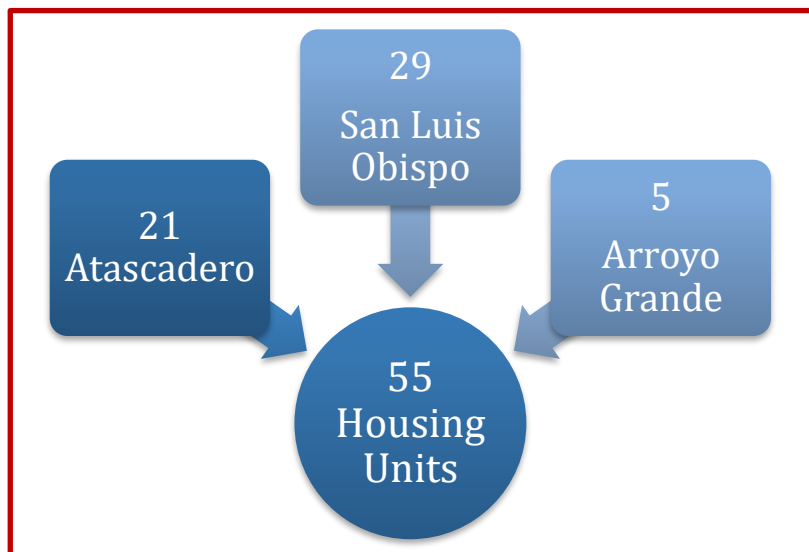
Housing

Housing

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, provided 55 units of housing for MHA and MHA-eligible clients in 2017-2018 (29 units in San Luis Obispo, 21 units in Atascadero, 5 units in Arroyo Grande). The services at the residential sites may include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, rehabilitative mental health services, and regular appointments with psychiatrists and other physicians. During Fiscal Year 2017-2018, the Housing Program had an overall occupancy rate of 92%. In 2017-2018, TMHA added another three units of housing in Atascadero for the Assisted Outpatient Treatment Full Service Partnership Team which is included in the total of 55 units.

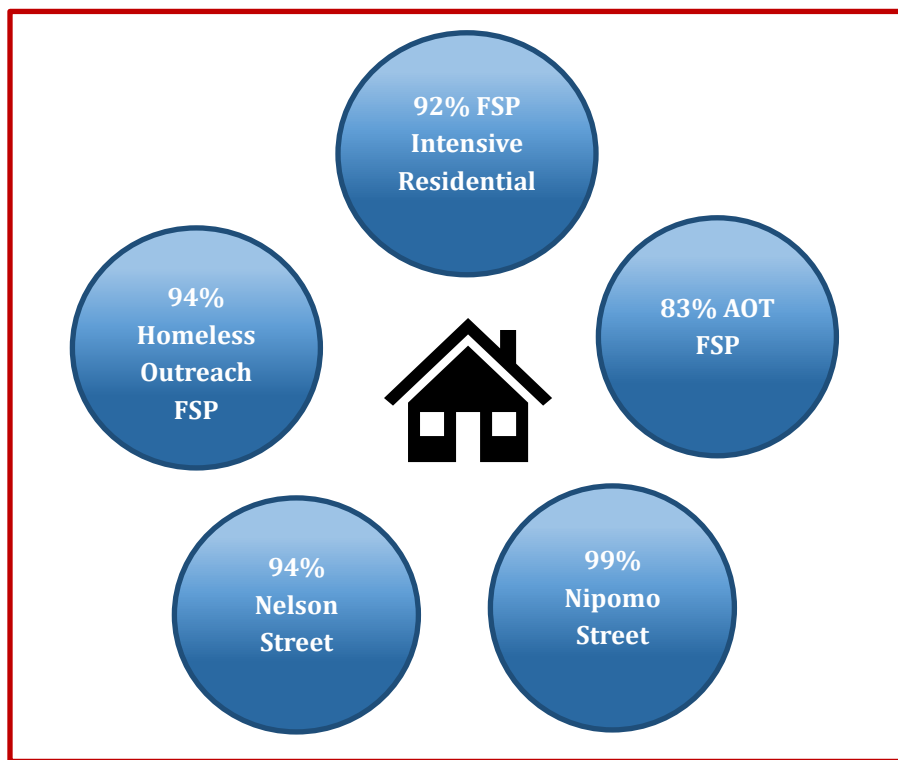
The Adult Placement Committee began meeting in the Spring of 2017 and holds monthly meetings. The group has reviewed several of the housing program practices; such as referral processing, communication with staff, and prioritization for placement when vacancies occur. TMHA has implemented the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) in order to prioritize referrals and gauge them on the intensity and need of the client for housing, rather than simply by the date of the referral.

**Figure 9: Number of Housing Units Provided for MHA clients in FY 2017-2018**



<b>Housing Facilities - CSS Funded</b>	
<b>FY 2017-2018</b>	<b>Full Service Partnership (FSP) Intensive Residential</b> <ul style="list-style-type: none"> <li>Atascadero/San Luis Obispo - Total = 43 clients (92%) Occupancy</li> </ul>
	<b>Homeless Outreach FSP Housing</b> <ul style="list-style-type: none"> <li>San Luis Obispo - Total = 6 clients (94%) Occupancy</li> </ul>
	<b>Assisted Outpatient Treatment FSP Housing</b> <ul style="list-style-type: none"> <li>Atascadero - Total = 5 clients (83%) Occupancy</li> <li>New housing - 2 beds May 2017, 3 beds September 2017</li> </ul>
<b>FY 2018-2019</b>	Projected occupancy rate of 90%
<b>FY 2019-2020</b>	Projected occupancy rate of 90%

**Figure 10: Occupancy Rate by Housing Type in FY 2017-2018**



The **Full Service Partnership (FSP) Intensive Residential Program** provides intensive community-based wrap around services to help people in recovery live independently in 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 exclusively 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.

The **Homeless Outreach FSP Housing Program** was started in FY 2015-16. It provides stable, supportive housing dedicated to homeless individuals participating in the FSP program. By providing more permanent supportive housing for this population of clients, it will be possible to assist clients in utilizing community behavioral health support systems which are often not accessed by those community members living on the streets, or in other difficult environments.

The **Assisted Outpatient Treatment FSP Housing Program** was started in FY 2016-17. It provides supported housing with intensive residential case management services for adults with mental illness and operates in conjunction with Adult Assisted Outpatient Treatment Full Service Partnership Team.

Program services and activities are provided in residents' homes and within the immediate community. Residents are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each individual to attain their highest level of independence possible. FY 2017-2018 began with 2 available beds of housing; however, an additional three were added by the end of September 2017 for a total of 5 available. The program has been at full capacity since November 1<sup>st</sup>, 2017.

The **Nelson Street Project** was given one-time General System Development CSS funding to develop a five-unit studio apartment building. It has the primary purpose to serve the South County public by providing necessary housing to MHS-eligible clients and also includes access to a Wellness Center.



<b>Completed Housing Development Projects</b>	
<b>FY 2017-2018</b>	<b>Nelson Street, Arroyo Grande</b> - Total = 6 clients (94%) Occupancy <i>CSS One-Time Funding</i>
	<b>Nipomo Street, San Luis Obispo</b> - Total = 9 clients (99%) Occupancy <i>CalHFA Funded</i>
<b>FY 2018-2019</b>	Projected occupancy rate of 90%
<b>FY 2019-2020</b>	Projected occupancy rate of 90%

Additionally, the County and TMHA jointly accessed MHSA Housing Funds through the California Housing Finance Authority (CalHFA) to build an eight unit studio apartment building for MHSA and MHSA-eligible clients. The **Nipomo Street Project**, in the City of San Luis Obispo, and also includes a Wellness Center for the residents and community to utilize. The department has priority for all eight units at this site for behavioral health clients.

A new project developed by TMHA was reported and approved in FY 2016-2017. The project included CSS one-time funding of \$300K and CalHFA funding of \$134K. The **Bishop Street Project** will consist of 34 studios and one-bedroom units. TMHA is renovating the abandoned Sunny Acres building above Johnson Avenue in San Luis Obispo and building three new buildings to create a total of 33 units of supportive housing for adults with mental illness, plus an apartment for a Resident Manager. The project will include a community room for support groups and wellness workshops, and an office for meetings with case managers and employment staff. This housing is in an extremely convenient location for clients, within easy walking distance of Behavioral Health facilities, grocery and drug stores, as well as public transportation on Johnson Avenue. The County does not expect occupancy to take place until 2019.

**COMMUNITY SERVICES AND SUPPORTS (CSS)**

**Client & Family Wellness**

<b>CSS Work Plan 5: Client &amp; Family Wellness</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>2,116</b>	<b>\$1,728,157</b>	<b>\$817</b>
<i>5.1 Adult Family Advocates and Youth Family Partners</i>	796	\$328,758	\$413
<i>5.2 Dual Diagnosis (served)</i>	123	\$480,194	\$3,904
<i>5.3 Family Education Program</i>	96	\$11,589	\$121
<i>5.4 Service Enhancement Program</i>	243	\$143,263	\$590
<i>5.5 Peer to Peer Program (served)</i>	248	\$38,046	\$153
<i>5.6 Voc Train &amp; Sup Employ Program</i>	252	\$317,203	\$1,259
<i>5.7 Integrated Case Mgt (served)</i>	358	\$409,104	\$1,143
<b>Projection for FY 2018-2019</b>	<b>2,100</b>	<b>\$2,006,409</b>	<b>\$955</b>
<b>Projection for FY 2019-2020</b>	<b>2,100</b>	<b>\$2,132,379</b>	<b>\$1,015</b>



## COMMUNITY SERVICES AND SUPPORTS (CSS)

Program Goals	Key Objectives
<ul style="list-style-type: none"> <li>• Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible</li> <li>• Integrate families into the process of wellness and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Provide culturally competent community-based support services for those seeking mental health care</li> <li>• Reduce stigma by educating families and the public</li> <li>• Strengthen treatment outcomes by enhancing wellness and recovery efforts</li> <li>• Reduce co-occurring disorder symptoms to strengthen options for recovery</li> </ul>
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>• Program participants will demonstrate Improvements in quality of life as a result of intervention</li> <li>• Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones</li> <li>• Outpatient program participants will demonstrate improved wellness and recovery outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• A variety of pre-post tests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan</li> </ul>

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency the projection number for clients served has been lowered to reflect the unduplicated number served*

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 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. Figure 11 displays different programs offered in work plan 5.

**Figure 11: Programs Offered in CSS Work Plan 5: Client & Family Wellness**

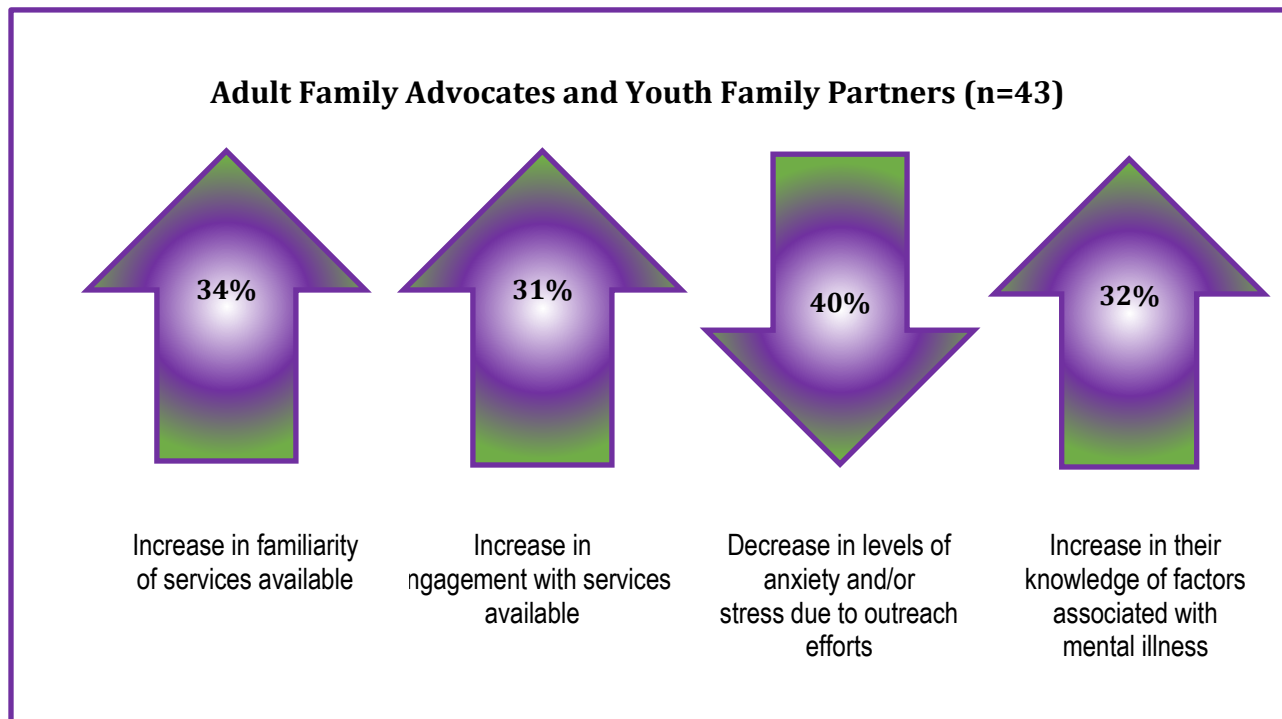


**Adult Family Advocates and Youth Family Partners**

Adult Family Advocates and Youth 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 Behavioral Health staff, local National Alliance on Mental Illness (NAMI) groups, and other service providers. Partners assist in orientation of families entering the mental health system. This 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. Figure 12 below represents the results of family members surveyed in the Adult Family Advocates and Youth Family Partners Program. In 2017-2018, of the 43 participants surveyed, family members demonstrated a 34% increase in their familiarity of services available in our community, such as education, information and referral, and community outreach. A 31% increase of family member engagement, with services available in the community, in order to support and assist their loved one with mental illness or emotional disturbance was also reported. Additionally, there was a 32% increase in their knowledge of the conditions and factors associated with their loved one’s mental illness. Lastly, there was

a 40% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation among others.

**Figure 12: Family Members Surveyed in Adult Family Advocates and Youth Family Partners Program (n=43)**



**Peer Support and Education Program**

The Peer Support and Education Program provides a course on recovery that is free to any person with a mental illness, and serves approximately 100 consumers annually. It is taught by a team of peer mentors who are experienced at wellness and recovery. Participants receive education and reference materials from peers 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 create 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. Program 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 2017-2018, TMHA served 248 consumers. Figure 13 below represents the results of the 46 surveyed. There was a 32% increase in their knowledge of the tools and resources available for improving their mental health as indicated in pre and post class surveys. Additionally, there was a 27% improvement in their involvement with their mental health recovery. Lastly, those that attended Mental Health First Aid and were

surveyed (138), had a 9% improvement in understanding the steps associated with suicide assessment.

**Figure 13: Participants' Surveyed who Received Peer Support and Education Program Services**

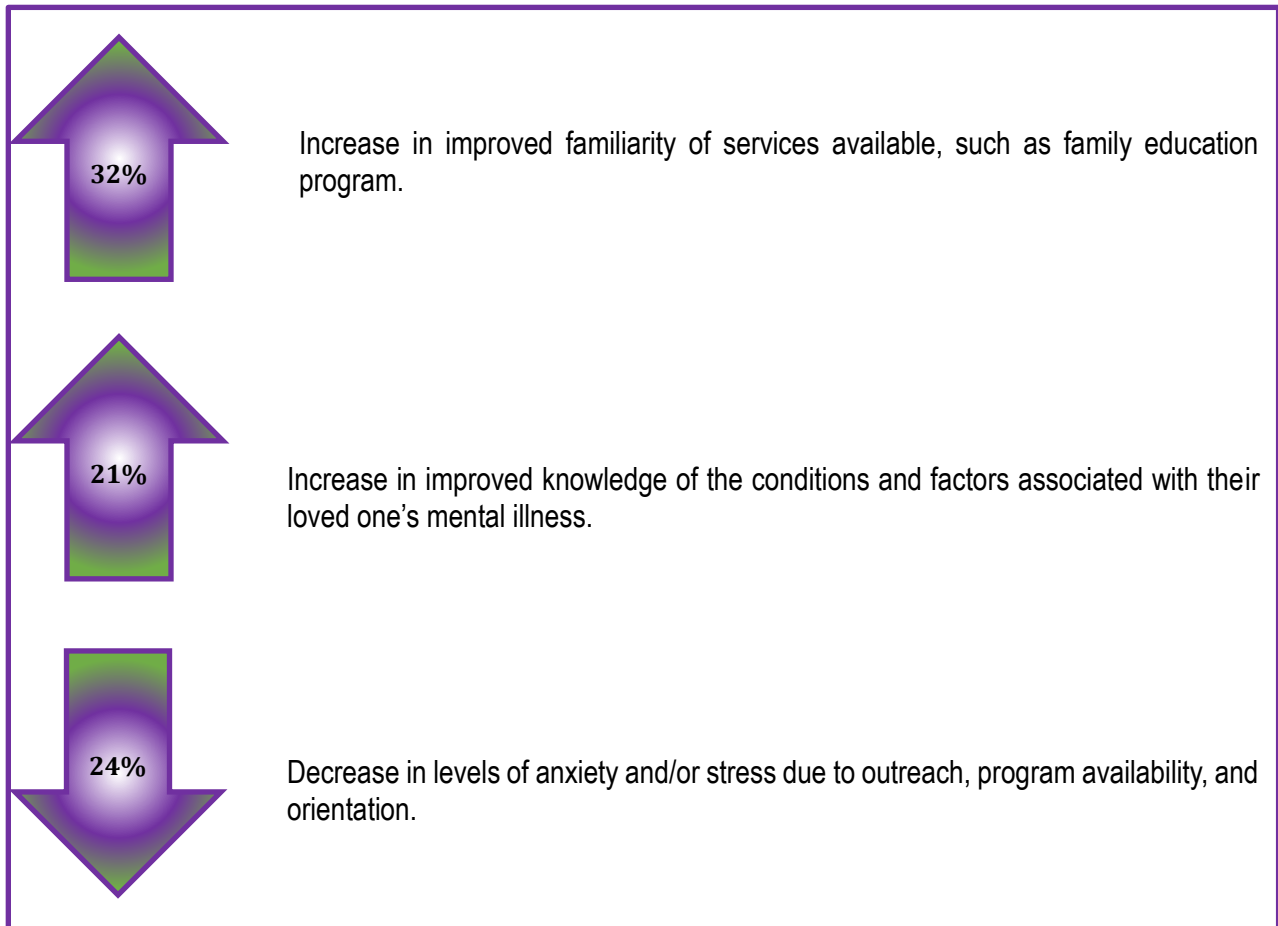


### Family Education Program

The Family Education Program, which is coupled in this work plan with TMHA’s **Family Orientation Class**, was developed by 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 clinical treatments, as well as help and effective coping tools for family members who are also caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and obsessive-compulsive disorder. The TMHA Family Orientation Class provides information regarding services available in our community including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system. TMHA served 96 attendees in 2017-2018. Figure 14 below summarizes the results of those surveyed (n=46). A 32% increase in improved familiarity of services available was reported, as well as a 24% decrease in their levels of anxiety and/or stress due to outreach, program

availability, and orientation among others. Additionally, a 21% increase in improved knowledge of the conditions and factors associated with their loved one’s mental illness was reported.

**Figure 14: Survey Results of Participants’ Enrolled in Family Orientation Class (n=46)**



### **Vocational Training and Supported Employment Program**

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,
- basic job skills training

These resources help 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. In 2017-2018, 261 consumers were served, with 49 mental health clients gaining employment as a result of their participation in the program. Of those 49 that gained employment, 38 clients maintained that employment for at least 90 days. Additionally, clients surveyed (n=55) demonstrated a 12% increase in their use of learned practices, as well as the understanding of conditions and requirements in order to obtain and maintain employment.

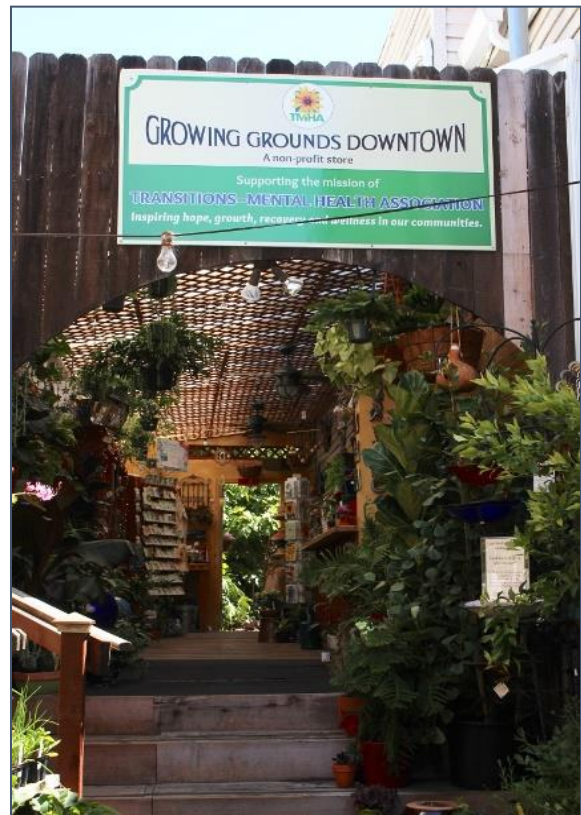
**19%** of mental health clients gained employment as a result of their participation in the program

**Growing Grounds Retail Vocational Program** is a part of the Vocational Training and Supported Employment Program. In fiscal year 2017-2018, 24 clients were served. Of those 24, 10 consumers went into job development. Of those 10 consumers, six (6) gained employment after going through the program.

**60%** of mental health consumers who went into job development gained employment after going through the program.

### Wellness Centers

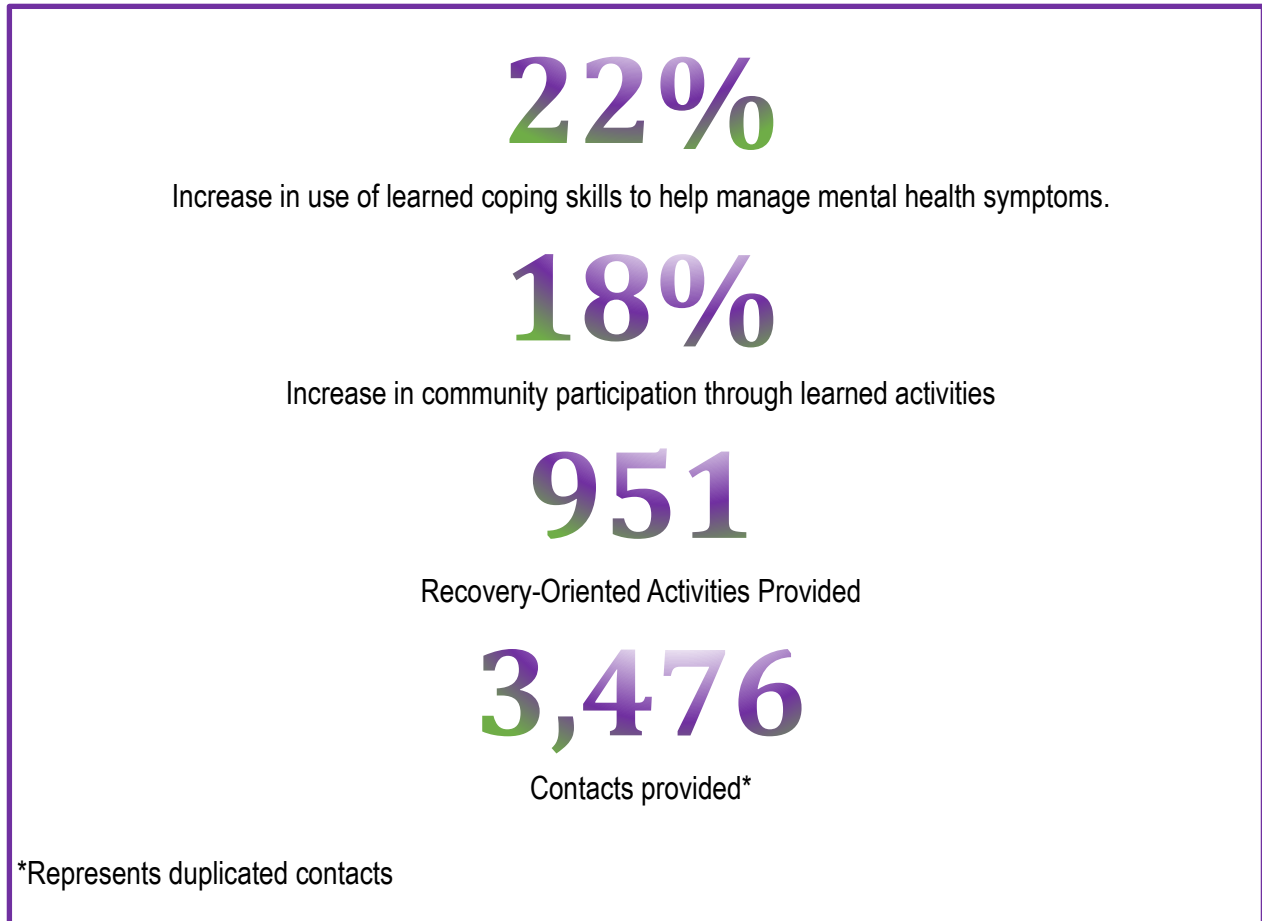
**Life House** is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored educational activities were provided to over 315 clients in 2017-2018. The Life House is made available to MHSA program staff, consumers, and 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. Of the clients surveyed in 2017-2018 (n=44), an increase of 22% was reported in their use of learned coping skills to help them better manage their mental health symptoms and an increase of 18% was reported regarding community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others. A total of 951 recovery-oriented activities were provided throughout the fiscal year. Additionally, 3,476 duplicated clients were contacted.

**Figure 15: Wellness Center Clients Surveyed in FY 2017-2018 (n=44)**



### **Integrated Access Therapists**

This work plan includes three full-time equivalent positions, named “Integrated Access Therapists” (renamed from “Caseload Reduction Therapists”). In 2017-2018, two full-time clinicians in the adult system of care provided 320 unduplicated client contacts, and one clinician at Martha’s Place (the county’s child assessment center) served an additional 38 unduplicated clients. These clinicians allow clinic staff to spend more time with outpatient clients, providing more resources and referrals, groups, system navigation, and wellness activities within the traditional structure of mental health services

The goal of the program is to help clinic clients move to lower levels of care, and toward integrated physical health care. The Martha's Place position will continue to serve the community, to increase access and triage those clients with needs outside of the child's assessment center. This renaming and assignment of clear objectives will allow for improved data collection and outcome reporting.

Additionally, at the February 27, 2018 MAC meeting, the request to hire three case managers in the County's adult outpatient clinics was presented and approved by stakeholders. The case managers will help clients navigate the mental health system.

**Co-Occurring Disorders**

A Co-occurring Specialist provides an Integrated Dual Disorders Treatment program, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which includes intervention, intense treatment, and education. Individualized case plans are specific to each client's needs. In 2017-2018 the Integrated Dual Disorders Treatment program served 123 unduplicated consumers.



The flyer for the Walking Group is divided into several sections. At the top left, a green box contains the text "WALKING GROUP" in large white letters, with "A gentle-paced walking group" in smaller white text below it. To the right of this box is a photograph of a person's feet in athletic shoes, one foot is being laced. Below the green box is a row of four smaller photographs showing various people walking outdoors. The bottom section of the flyer is a large blue box with white text that reads: "WALKING GROUP", "Starts July 19, Thursday", "& Every Thursday 11:00 -11:30 am", "Leaves from So Co Adult clinic", and "Tony Clementi, Facilitator".

**Service Enhancement Program**

The Service Enhancement Program, originally funded as an Innovation trial, adopted a well-regarded cancer treatment center's warm reception and navigation program. It is maintained in CSS by the SLOBHD's Quality Support Division, operating within its Managed Care program. This includes a 1.0 FTE Administrative Services Officer I and a 1.0 FTE Peer Navigator. The program helps clients, their families, loved ones, and caregivers navigate through the first steps of receiving services, help assess needs, and engage services for basic necessities within the clinic setting. The program resulted in 243 unduplicated clients served and 651 services provided. Additionally, CAPSLO, in partnership with the County, provides a service enhancement program for Martha's Place. In FY 17-18, 150 unique families were served and of 2,500 client contacts were made.

**COMMUNITY SERVICES AND SUPPORTS (CSS)**

<b>Latino Outreach Program</b>			
<b>CSS Work Plan 6: Latino Outreach Program</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>162</b>	<b>\$715,440</b>	<b>\$4,416</b>
<b>Projection for FY 2018-2019</b>	<b>120</b>	<b>\$749,469</b>	<b>\$6,246</b>
<b>Projection for FY 2019-2020</b>	<b>120</b>	<b>\$764,458</b>	<b>\$6,370</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Increase access to mental health care for monolingual and/or low-aculturated Latinos</li> <li>• Eliminate the stigma associated with mental illness and treatment amongst Latino population</li> </ul>	<ul style="list-style-type: none"> <li>• Bilingual/bicultural therapists will provide culturally appropriate treatment services in community settings.</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the State’s for Latino clients</li> <li>• Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs</li> <li>• Clients upon program completion will demonstrate improved coping skills to improve resiliency and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Clients participating in the Latino Outreach Program are invited to complete a satisfaction survey and a retrospective pre-post test to determine improvements in recovery.</li> <li>• All client treatment plans and goals are monitored using the electronic health record software</li> </ul>

**Latino Outreach Program (LOP)**

The primary objective of the Latino Outreach Program (LOP) is for bilingual/bicultural therapists to provide culturally appropriate treatment services in community settings. The targeted population is the 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 original local CSS Community Planning Process, is the

under-representation of Latino individuals. Latinos comprise 22% of the total county population, but they represent 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 issues of access, transportation, and information distribution difficulties associated with serving minority groups.

In 2016-2017 the County eliminated the contract for clinical supervision for the LOP team and elected to fund an additional .5 FTE therapist to meet capacity demands. Clinical supervision is now provided within the Department. This also allowed the Department to use MHSA funds to introduce Promotores services to provide medication-management translation and system supports for LOP clients across the county. This has resulted in more time for the LOP therapeutic staff to meet with and engage new clients.

Funding for the LOP was originally fully contained within the CSS component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention (PEI) budget. Part of the LOP objective was to outreach and engage potential clients, reduce stigma, and increase access to clinic services. County stakeholders

**Services**

- Increase access to other community services / Acceso a otros servicios comunitarios.
- Services available at clinics, schools, and community resource centers / Los servicios están disponibles en clínicas, escuelas, y centros de recursos comunitarios.
- Services will help you improve your coping and social skills / Los servicios te ayudarán a mejorar tus habilidades sociales y para enfrentar problemas.

**Mental Health Services Act  
Ley de Servicios de Salud Mental**

The services provide culturally competent behavioral health services. Funding for this program is provided by Community Services and Supports, and Prevention and Early Intervention.

Los servicios proveen servicios de salud conductual culturalmente competentes. El financiamiento para este programa es proporcionado por Servicios Comunitarios y Apoyos, y Prevención e Intervención Temprana.

**Latino Outreach Program**

COUNTY OF SAN LUIS OBISPO  
BEHAVIORAL HEALTH DEPARTMENT

EMOTIONAL WELLNESS SERVICES FOR THE LATINO COMMUNITY  
SERVICIOS DE BIENESTAR EMOCIONAL PARA LA COMUNIDAD LATINA

TELEPHONE  
TELÉFONO  
1-800-838-1381

have recognized that the demand for services has increased and more efforts need to be placed in treating those Latinos who are now more comfortable with seeking clinical care. The County and its stakeholders agree that it is best tracked and reported within the CSS plan. Stakeholders approved the plan to move the entirety of the LOP budget moved back to CSS in 2014-2015.

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 birth to over 60. The program served 162 unduplicated clients in 2017-2018. Of the clients surveyed (n=19), 79% said the services provided helped understand and resolve their mental health needs and 74% stated the services provided helped them gain internal strength and feel better about life. Additionally 79% learned coping skills, 68% are now familiar with mental health resources. Lastly, 79% said their resilience and positive outlook in life has improved and 74% stated that the services provided helped them improve when they feel nervous, anxious, or scared.

---

*A client stated:*

*I've learned so much. I've learned some breathing exercises I didn't even know. I also learned activities I can do at home when I'm feeling down. Also, I've learned how to talk to people without being afraid. I do recommend this program who is going through similar things that I'm going through. They help a lot.*

---

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*Another client stated:*

*I learned coping skills to help when I felt the need to cut. I also have learned to deal with my mood swings and activities to help when I'm nervous or anxious. I learned that life has a meaning to it when you focus on the good stuff and not let one little sad thing bring you down.*

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Figure 16: Results of LOP Clients Surveyed in FY 2017-2018 (n=19)



**COMMUNITY SERVICES AND SUPPORTS (CSS)**

<b>Enhanced Crisis &amp; Aftercare</b>			
<b>CSS Work Plan 7: Enhanced Crisis and Aftercare</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>2,220</b>	<b>\$3,048,638</b>	<b>\$1,373</b>
<b>Projection for FY 2018-2019</b>	<b>2,050</b>	<b>\$3,306,563</b>	<b>\$1,613</b>
<i>7.1 Mental Health Evaluation Team/Crisis Resolution Team</i>	<i>1,800</i>	<i>\$1,718,833</i>	<i>\$955</i>
<i>7.2 Crisis Stabilization Unit</i>	<i>250</i>	<i>\$1,587,730</i>	<i>\$6,351</i>
<b>Projection for FY 2019-2020</b>	<b>2,050</b>	<b>\$3,504,055</b>	<b>\$1,709</b>

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency the projection number for clients served has been lowered to reflect unduplicated number served.*

<b>Program Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Provide immediate care and relief for those individuals suffering from psychiatric emergencies</li> <li>• Improve mental health outcomes and access to services for those individuals involved in criminal justice system</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to emergency care</li> <li>• Increase access to outpatient care for those individuals utilizing crisis services and those involved in criminal justice system</li> <li>• Reduce admissions to psychiatric health facility</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Mobile Crisis services will respond within 45 minutes of initial crisis calls</li> <li>• A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization</li> <li>• A majority of individuals receiving Forensic Re-entry Services will access BH system of care</li> </ul>	<ul style="list-style-type: none"> <li>• Sources referring to Mobile Crisis are provided a feedback survey to track satisfaction and response times</li> <li>• Electronic health record data is used to track client access to outpatient care</li> </ul>

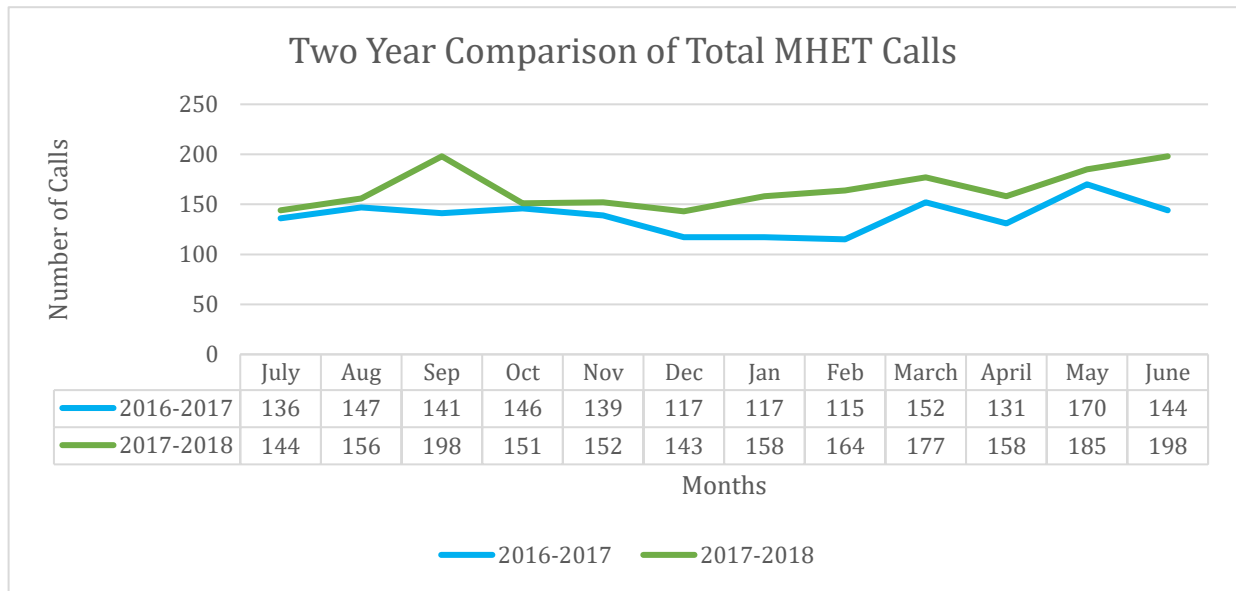
The Enhanced Crisis Response and Aftercare work plan combines the efforts of the Mental Health Evaluation Team (MHET), formally known as “Mobile Crisis;” and a Crisis Resolution Team to increase the County’s capacity to meet the needs of individuals requiring specialized, critical intervention and aftercare. In 2017-2018 the County opened its Crisis Stabilization Unit (CSU). The goal and objectives of the work plan include the aim to increase access to emergency care, prevent further exacerbation of mental illness, and be available to all county residents, across all ages, ethnicities and language groups. A key to this work plan is the coordinated efforts which have been built between emergency rooms, law enforcement, jails, the SLOBHD Psychiatric Health Facility (PHF), and the crisis and aftercare specialists. Collaborative networking results in better communication between all parties involved, and improves community health outcomes, such as fewer hospital and psychiatric inpatient admissions.

### **Mental Health Evaluation Team**

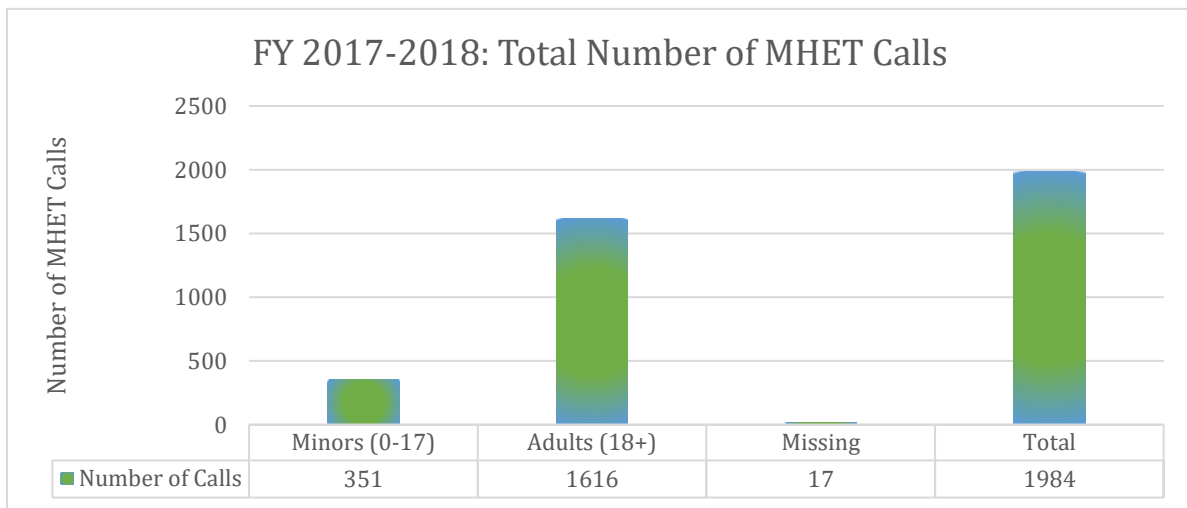
The Mental Health Evaluation Team was established in 2015-2016 with a contract awarded to Sierra Mental Wellness Group, Inc. to provide mobile crisis services. Two responders were available 24/7 and the team served 1,984 individuals in 2017-2018. The team intervenes when mental health crisis situations 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. Compared to FY 2016-2017, the total number of MHET calls increased by 329 calls (16.6%). A comparison of the two years is represented in Figure 17. Figure 18 breaks down the total number of MHET calls received in FY 2017-2018 by Minors (0-17) and adults (18+). Of the total number of calls, 81.4% calls were for adult clients while 17.7% of the total number of calls were for clients who were minors.



**Figure 17: Comparison of FY 2016-17 to FY 2017-18 Total MHET Calls Received**



**Figure 18: FY 2017-2018: Total Number of MHET Calls**

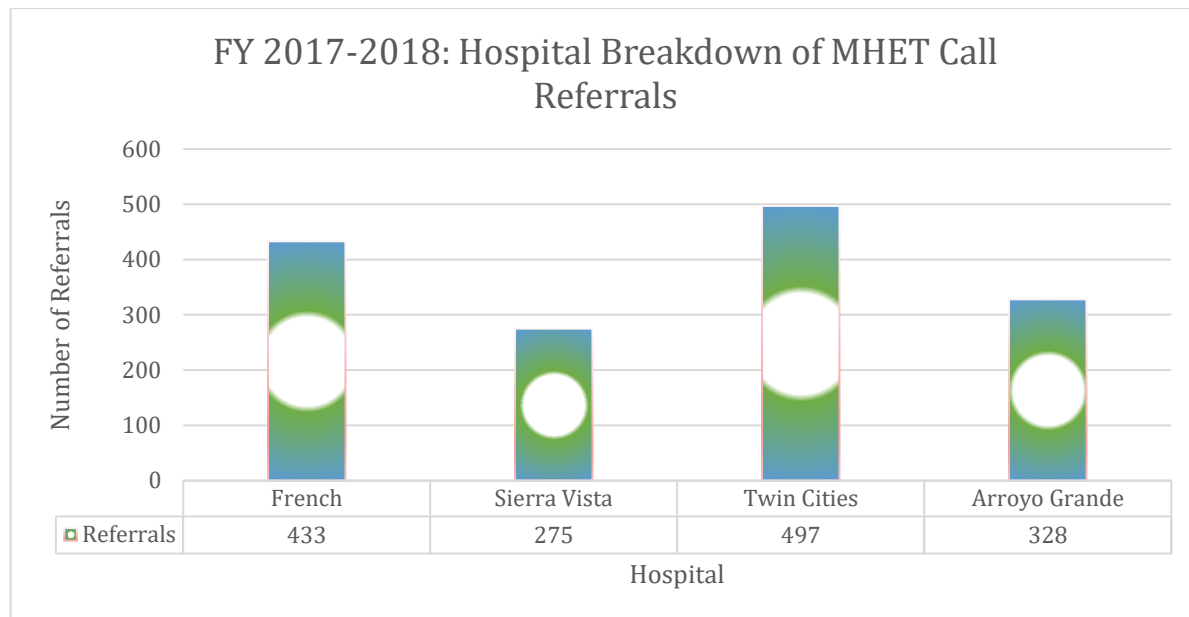


In FY 2017-2018, of the 1,984 calls, September and June yielded the highest number of calls with 198 in each month. Additionally, minors (ages 0-17) had the highest number of calls in April, followed by September and then May. Adults (ages 18+) had the highest volume of calls in June, followed by September. When looking at the total number of MHET calls by

time of day broken into three-hour increments, the busiest time of day, for both minors and adults fell in the 4:00pm-7:00pm time frame.

Of the 1,984 calls received by MHET in 2017-2018, 1,533 (77%) were referred by a hospital in the County. Figure 20 below displays the breakdown of referrals by hospital.

**Figure 19: Breakdown of Referrals by Hospital**



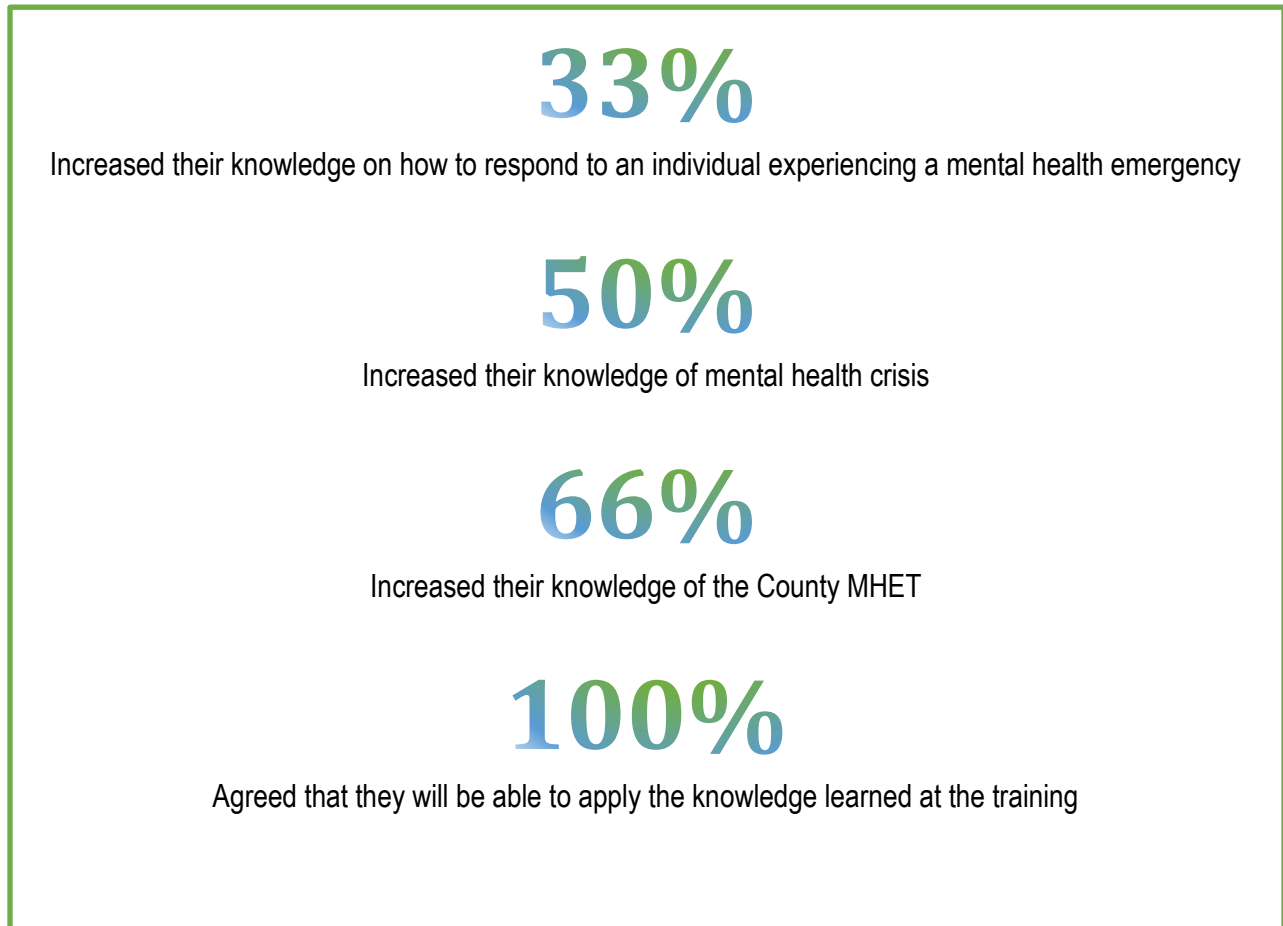
In 2015-2016, The County moved towards promoting the use of the SLO Hotline to be the community’s phone response. This has significantly reduced the number of calls being tracked as “crisis” calls, which is reflected in service counts going forward.

In 2017-18, the Mental Health Evaluation Team received 1,984 calls. Of these calls, 46% were put on 5150 or 5585 holds. Of the 906 that were put on holds, 157 (17%) were minors of 0-17 years of age and 748 (83%) were adults 18+.

The Mental Health Evaluation Team also provides 5150 training and crisis intervention training for law enforcement and first responders as well as to staff and the community. In FY 2017-2018, MHET provided 17 trainings. Figure 20 below represents the results of those surveyed (n=12), 33% increased knowledge on how to respond to an individual experiencing a mental health emergency, 50% had increased knowledge of mental health crisis, 66% increased knowledge of County MHET, 92% agreed that the training provided

good information regarding ways to respond to a mental health crisis and lastly, 100% agreed they would be able to apply the knowledge learned at the training.

*Figure 20: Clients surveyed (12) who attended a MHET training in FY 2017-2018*



**Crisis Resolution Team**

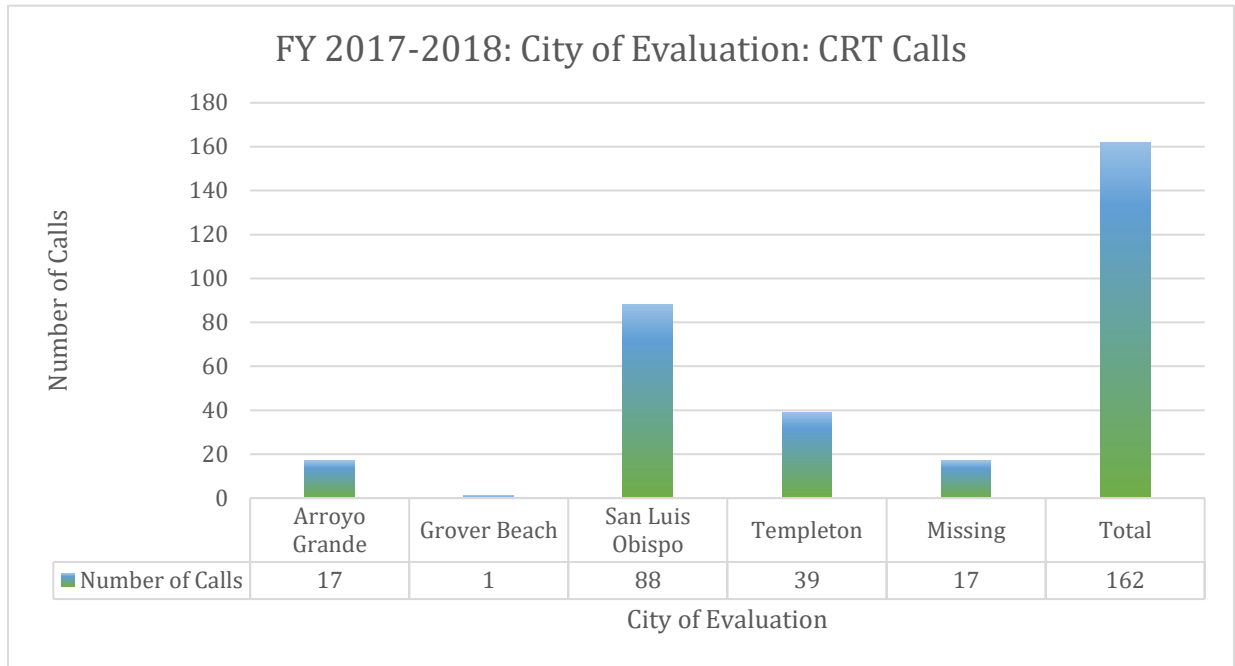
In 2013-2014 the County was awarded a grant from the California Health Facilities Financing Authority (CHFFA) to increase mobile crisis services to emergency rooms in San Luis Obispo. This grant allowed the County to expand capacity with additional equipment. To meet the grant’s obligations, the Department reassigned three positions currently funded by MHSa and created a Crisis Resolution Team in 2014-2015. This team focuses on the four emergency room departments across the county. The team assists medical and law enforcement personnel in reducing crises and moving individuals into the least restrictive care possible. This includes a Placement Coordinator. This position assists crisis clients in accessing the most appropriate level of care (including out-of-county facilities). This service

## COMMUNITY SERVICES AND SUPPORTS (CSS)

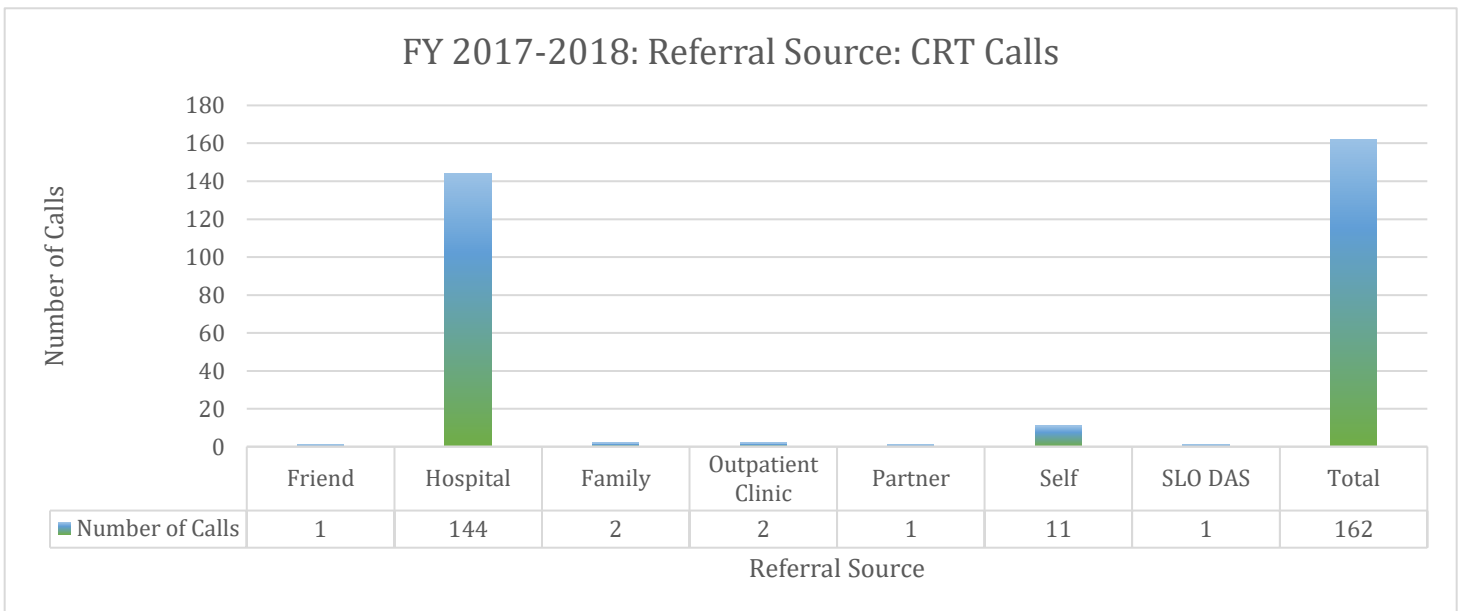
had not existed in San Luis Obispo yet has been critically needed. In 2017-2018 the Crisis Resolution Team served 162 clients. Of the 162 calls, 45 were put on 5150 or 5585 holds (26%). Figure 22 & 23 represent a summary of FY 2017-2018 CRT calls received regarding city of evaluation and referral source.



**Figure 21: FY 2017-2018: City of Evaluation: CRT calls**



**Figure 22: FY 2017-2018: Referral Source: CRT Calls**



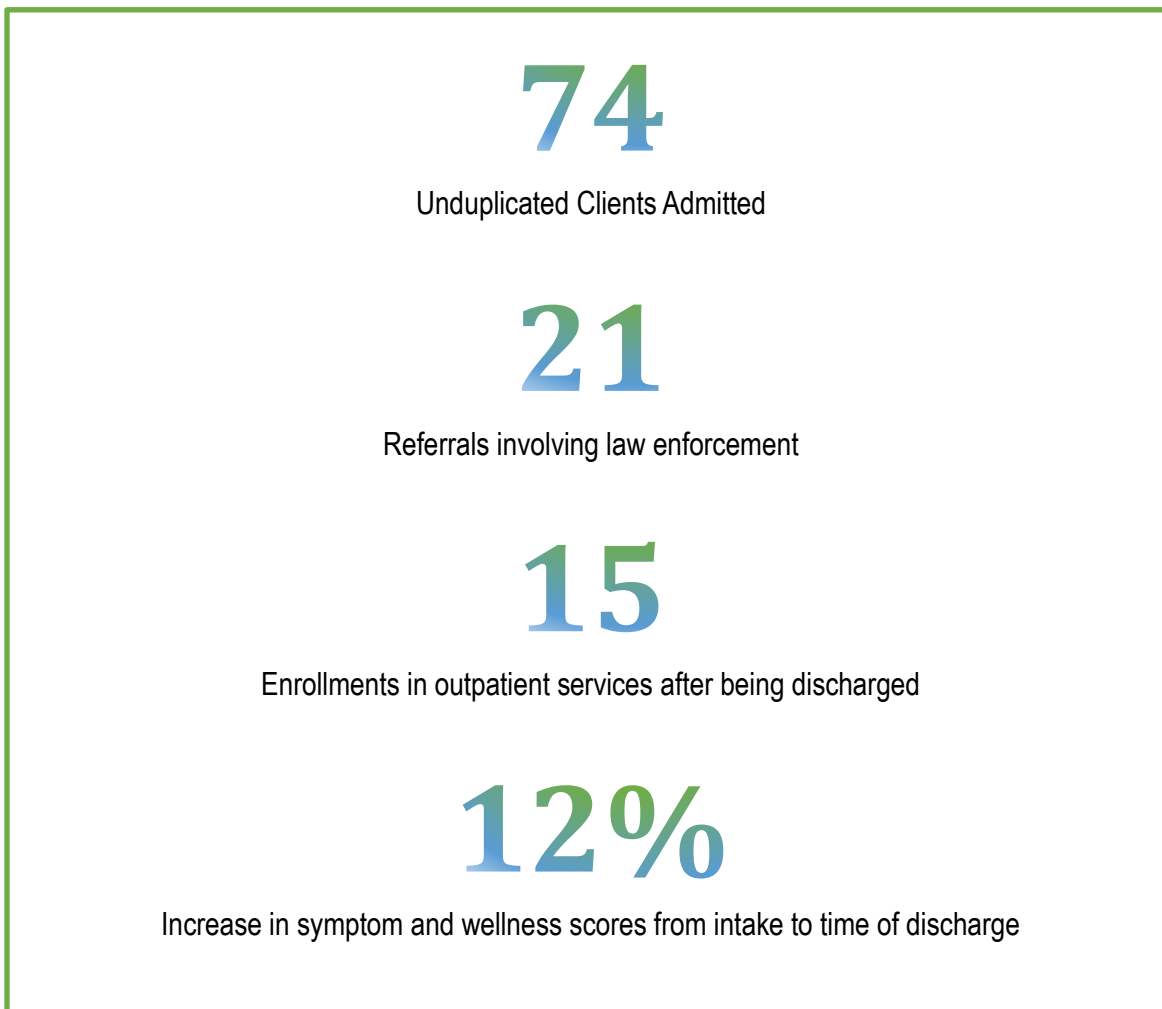
### Crisis Stabilization Unit

On December 3, 2015, the California Health Facilities Financing Authority CHFFA awarded the County with one-time funds in the amount of \$971,070 for the construction of a four-bed crisis stabilization unit (CSU) at the Health Agency Campus. Crisis stabilization is a direct service that provides individuals in severe distress urgent care associated with a mental health disorder for up to 23 hours. The primary objectives of this service are prompt assessments, stabilization, and/or a determination of the appropriate level of care. The CSU will give individuals in crisis who do not meet the criteria for involuntary treatment on the Psychiatric Health Facility (PHF) an alternative for stabilization, as well as providing an alternative to those who meet the criteria but are better served by a short-term crisis stabilization facility. A CSU may also serve as an evaluation point to determine if an individual requires ongoing inpatient treatment. If so, the individual would be transferred to the PHF or another inpatient facility prior to the end of the 23-hour period. An operational CSU is expected to reduce certain PHF admissions and re-admissions, facilitate transfer from emergency departments for individuals in psychiatric crisis, and increase successful engagement for individuals presenting in crisis to on-going outpatient care.



The Crisis Stabilization Unit had its official opening and began seeing clients on April 1, 2018. Figure 23 displays the results for the quarter the CSU was open and operating in FY 2017-2018.

*Figure 23: CSU Client Data for April 1, 2018-June 30, 2018*



**SLO Hotline – Suicide Prevention and Crisis Intervention Services**

The SLO Hotline provides a 24-hour, free and confidential call center that serves the entire County. These one-on-one engagements deliver key information regarding the signs, symptoms and care options related to mental illness for underserved populations. SLO Hotline provides support, crisis and/or suicide intervention. A summary of the services provided, and results yielded are represented in Figure 24 below. In 2017-2018, 5,315 calls were received, and 9 suicide intervention trainings were provided to community groups.

## COMMUNITY SERVICES AND SUPPORTS (CSS)

Of the 58 people who called with high or imminent suicidal risk, their level of intent decreased by 11% based on self-rated assessment at the beginning and end of the call. Additionally, of the callers surveyed (n=37), 31 (84%) agreed that the support and early intervention that they received from SLO Hotline contributed to improved mental wellness, 37 (100%) agreed that they would use SLO Hotline again in the future, if needed, or refer someone else to Hotline, and 30 (81%) agreed that they received an increased knowledge of local mental health resources. Community members surveyed (n=146) who attended suicide intervention training reported a 23% increase in their confidence that they can help a person at-risk of suicide.





Figure 24: SLO Hotline Services Provided and Results Yielded



**COMMUNITY SERVICES AND SUPPORTS (CSS)**

**School and Family Empowerment**

<b>CSS Work Plan 8: School and Family Empowerment</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>206</b>	<b>\$911,327</b>	<b>\$4,424</b>
<b>Projection for FY 2018-2019</b>	<b>200</b>	<b>\$969,402</b>	<b>\$4,847</b>
<b>Projection for FY 2019-2020</b>	<b>200</b>	<b>\$988,790</b>	<b>\$4,944</b>

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency the projection number for clients served has been lowered to reflect the unduplicated number served.*

**Project Goals**

- Strengthen academic growth and community success for community school students who are significantly impacted by symptoms of serious mental illness/serious emotional disturbance

**Key Objectives**

- Provide on campus mental health support to increase access to services
- Increase student attendance in school and promote re-entry to mainstream education settings
- Reduce symptoms of serious mental illness/serious emotional disturbance impacting student academic success

**Key Outcomes**

- Client students will demonstrate improvements in grades, attendance, and disciplinary actions
- Client students will demonstrate a reduction in substance use/suicidal ideations/levels of depression
- Reduce truancy and drop-out rates for students with serious mental illness/serious emotional disturbance

**Method of Measurement**

- The County is developing a pre-post survey to administer for students which will track health, wellness, and academic progress
- Electronic health record data is used to track some client outcomes

**School and Family Empowerment**

As of 2014-2015, the School and Family Empowerment work plan offered two distinct programs aimed at reducing poor academic experiences and outcomes based on students dealing with mental health issues. The first was an effort to provide express responses to youth on community school campuses. The other focused on the county's largest school district and provides more intense screening, assessment, and treatment for youth with the aim of keeping students engaged and in school. Approximately 409 students and their families were engaged in services in 2017-2018 that enabled them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.

Seriously emotionally disturbed (SED) youth and their families are engaged in services that enable them to stay in school and return to their home school district. The work plan is designed to create a more efficient continuum of care and to assist youth to remain in less restrictive school settings. The programs function as a fully integrated components of the schools with Mental Health Therapists 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.

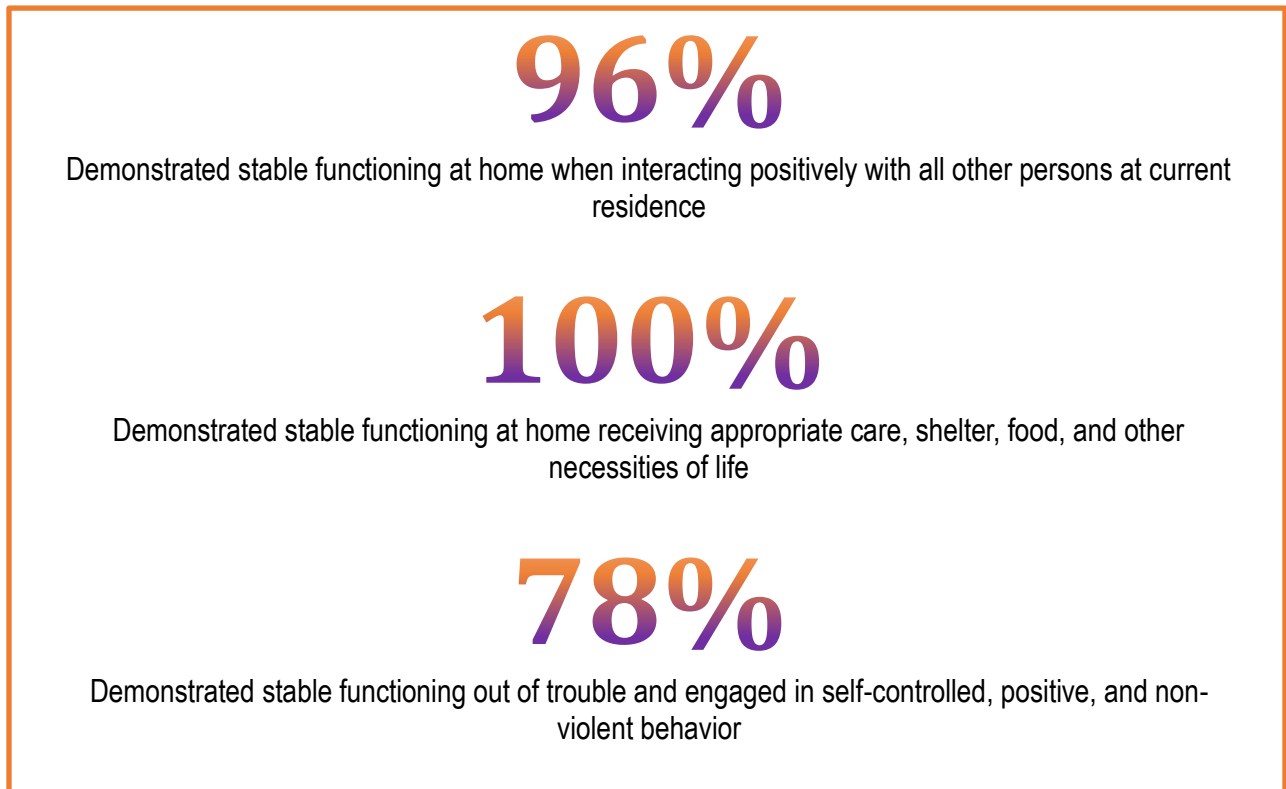
Community School, provided by San Luis Obispo County's Office of Education (SLOCOE), is one of the Alternative Education options available for students who have been expelled from their home school district. Many students at the Community Schools are unidentified or unserved because the traditional school setting cannot accommodate their needs. This program identifies and serves seriously emotionally disturbed (SED) youth ages 12 to 18 who 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.

A County Behavioral Health Clinician is located at each campus 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; and anger management and problem solving skills. In 2015-2016, SLOBHD therapists were assigned to three Community Schools in each region of the county. In 2017-2018, the three schools condensed to one, with two staff staying at the expanded site, and the third staff offers services to two continuation schools. In 2017-2018 108 received mental health services on campus.

Another team concentrates on students within the county’s largest school district (Lucia Mar Unified) in the diverse, southern region of the county. This team provides an intense-but-brief engagement, focusing on family, school, and socialization outcomes. This team served an average of 68 unduplicated youth in 2017-2018.

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2017-2018, CAPSLO provided a full-time Family Advocate offering resource supports for 30 clients in the Lucia Mar Unified School District. Results for CAPSLO clients (both FSP and non-FSP clients) are represented in Figure 25 below and include 96% of clients (25/26) demonstrated stable functioning at home when interacting positively with all other persons at current residence. 100% of clients (26/26) demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life. 78% of clients (11/14) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.

**Figure 25: Survey Results for Clients Enrolled in Family Advocate Services**



**COMMUNITY SERVICES AND SUPPORTS (CSS)**

**Forensic Mental Health Services**

<b>CSS Work Plan 9: Forensic Mental Health Services</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2017-2018</b>	<b>371</b>	<b>\$1,195,464</b>	<b>\$3,223</b>
<i>9.1 Behavioral Health Treatment Court</i>	<i>39</i>	<i>\$642,589</i>	<i>\$16,477</i>
<i>9.2 Forensic Re-entry Services</i>	<i>152</i>	<i>\$172,362</i>	<i>\$1,134</i>
<i>9.3a Veterans Treatment Court</i>	<i>91</i>	<i>\$203,771</i>	<i>\$2,239</i>
<i>9.3b Veterans Outreach</i>			
<i>9.4 Forensic Coordination Therapist</i>	<i>89</i>	<i>\$176,802</i>	<i>\$1,987</i>
<b>Projection for FY 2018-2019</b>	<b>332</b>	<b>\$1,313,433</b>	<b>\$3,956</b>
<b>Projection for FY 2019-2020</b>	<b>332</b>	<b>\$1,339,702</b>	<b>\$4,035</b>

*\*Increase in projections as a result of additional Community Action Team program in FY 2018-2019 and FY 2019-2020.*

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency the projection number for clients served has been lowered to reflect unduplicated number served.*



## COMMUNITY SERVICES AND SUPPORTS (CSS)

Project Goals	Key Objectives
<ul style="list-style-type: none"><li>• Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system</li><li>• Improve mental health outcomes and access to service for those individuals involved in the criminal justice system</li></ul>	<ul style="list-style-type: none"><li>• Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue</li><li>• Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration</li><li>• Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles</li></ul>
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"><li>• A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness</li><li>• Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression</li><li>• Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue</li></ul>	<ul style="list-style-type: none"><li>• The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post tests and health scales</li><li>• Electronic health record data is used to track some client outcomes</li></ul>

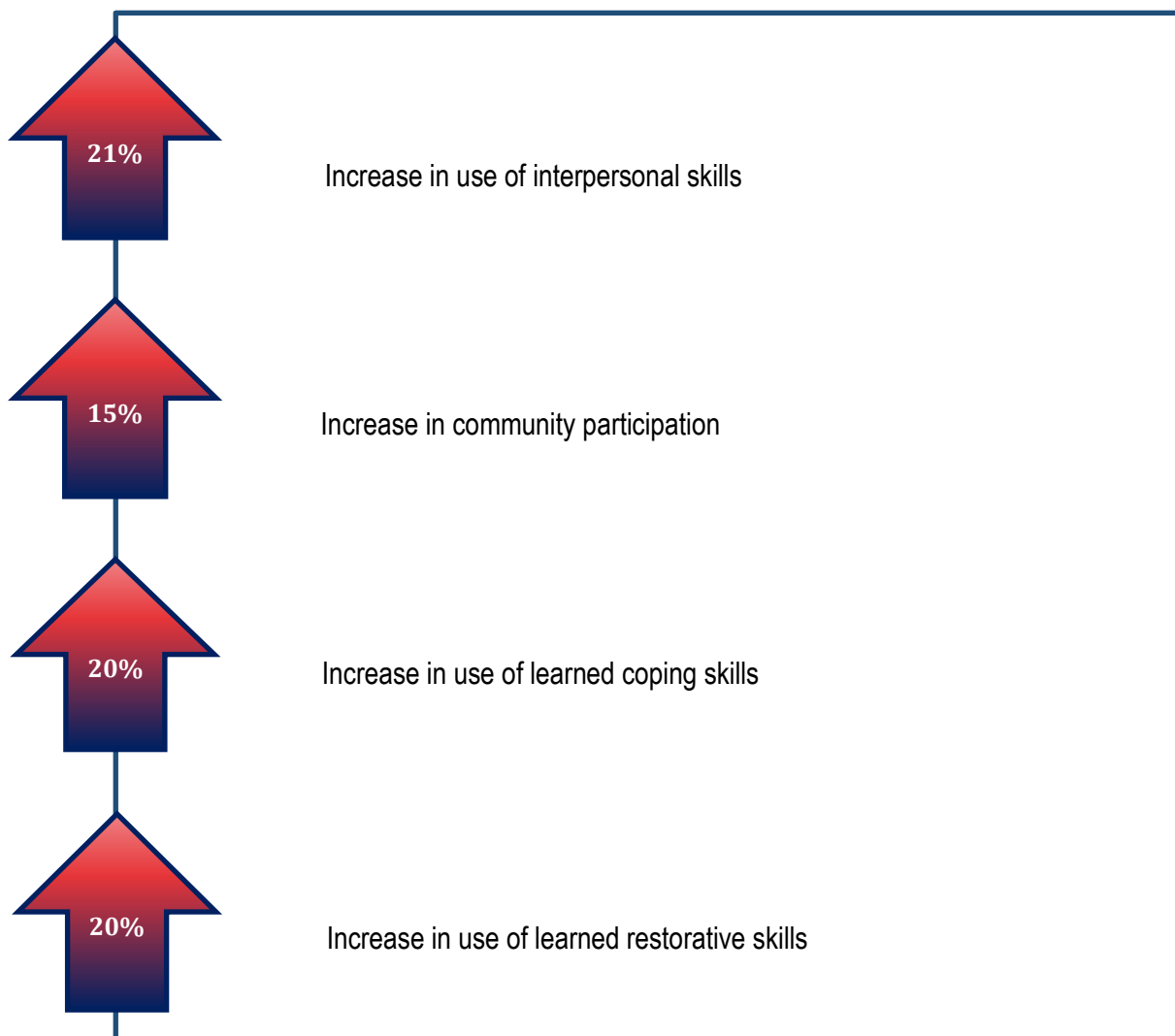
This work plan includes the Behavioral Health Treatment Court, Forensic Re-entry Services, the Forensic Coordination Therapist, and the services performed as part of the Veterans Treatment Court. This work plan allows the County to report services more focused on the criminal justice system, while crisis services are maintained and reported as such.

### Behavioral Health Treatment Court (BHTC)

The Behavioral Health Treatment Court (BHTC) serves adults, ages 18 and older, with a serious and persistent mental illness, who are 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. 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. In 2017-2018, BHTC served 39 unduplicated clients. Figure 26 below displays the results of the clients surveyed (n=9). These clients reported a 21% increase in their use of

interpersonal skills, such as verbal communication, listening skills, problem solving, and decision-making skills, to deal with stress-related triggers. A 15% increase was reported in community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education. Additionally, clients reported a 20% increase in their use of learned coping skills to help them better manage their mental health symptoms. Lastly, a 20% increase was reported in the use of learned restorative skills, such as recognition of harm done to self and others, accountability for past criminal activities, and engagement in reparation.

**Figure 26: Clients Surveyed Through BHTC**



**Forensic Re-entry Services (FRS)**

A Forensic Re-entry Services (FRS) team, comprised of two Personal Services Specialists (PSS) provided a “reach-in” strategy in the County Jail, adding capacity for delivering aftercare needs for persons exiting from incarceration. The Forensic PSSs are provided by TMHA and are responsible for providing a “bridge” for individuals leaving the jail. This comes 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.

Stakeholders in 2013-2014 engaged in discussions regarding the need for more outreach and system navigation support, rather than treatment capacity within the FRS team. In 2014-2015 and going forward the County re-allocated the Mental Health Therapist position originally assigned to FRS to the newly formed Crisis Resolution Team, as described above. In November 2014, the county expanded its contract with TMHA to add an additional PSS to the FRS team and increased the projected output from 65 to 150 unique client contacts annually. In 2017-2018 there were 152 unduplicated clients served in FRS. Of the clients surveyed (n=36), a 40% increase was reported in the use of learned applicable interpersonal skills, such as verbal communication, listening and skills, problem solving, and decision-making skills among others. Of those referred to Behavioral Health Services, 97 attended a service within 45 days (66%). Of the 152 clients, only three were re-incarcerated in FY 17-18.

**Forensic Coordination Therapist (FCT)**

The Forensic Coordination Therapist (FCT), in partnership with a Sheriff’s Deputy assigned to the team, continued to meet the demand to assist law enforcement with difficult, mental illness-related cases. The team works closely with all local law enforcement and court personnel in training and case management issues to reduce crises.

In 2017-2018, the FCT cared for 29 individuals when requested by the SLO PD Community Action Team (CAT) or while doing outreach with the team. These individuals are often seriously mentally ill, and sometimes in the process of committing an offense. The FCT served approximately 60 inmates through 1368/1370 court processes - starting at the arraignment, through hospitalization, and release from custody. In 2017-2018 the number of contacts served was 89 individuals.

A Forensic Coordination Team, comprised of nearly every law enforcement jurisdiction in the county, along with service providers, meets periodically to review frequent arrestees, inmates that required attention to address MH needs, aftercare planning/ suggestion and follow-up that could be provided for inmates or individuals with serious MH issues.

**Veterans Treatment Court**



The Veterans Treatment Court (VTC) was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health treatment services and supports, as well as finding appropriate dispositions to their criminal charges by considering the defendant's treatment needs and the seriousness of the offense. The Behavioral Health Clinician funded by MHSA (.5 FTE INN/.5 FTE CSS in 2014-2015, and 1.0 in CSS as of 2015-2016) is assigned as the treatment provider for VTC participants. The therapist administers initial assessments of veterans involved in the criminal justice system and determines eligibility based on diagnosis, mental health history associated with military service, and motivation for participation. Additionally, the therapist links veteran with VA services, County Behavioral Health services, and/or additional mental health supports in the community. The MHSA provider works closely with the Veterans Justice Outreach Social Worker with the VA to develop treatment plans for participants who are VA eligible; as well as working separately on treatment plans for those veterans who are not VA eligible. The therapist provides individual, couple, family and group treatment services to veterans and their families during participation in the program as well as monitors progress with other treatment providers.

### **Veteran's Outreach**

As part of the Innovation project ("Operation Coastal Care") which was maintained in CSS in 2015-2016, the SLOBHD Therapist is co-located within the County's Behavioral Health Prevention and Outreach office. The Therapist attends "Veterans Outreach" events (PEI) and engages local veterans and their family members. This portion (.5 FTE) is being reported in CSS-9. In 2016-2017, there were 54 participants in veterans' treatment programs, and 91 in 2017-2018.

### **Community Action Team**

Lastly, at the August 2017 stakeholder meeting, the stakeholders unanimously agreed on implementing the community action team (CAT). CAT consists of a behavioral health care professional embedded within a municipal police department to respond directly to individuals experiencing behavioral health crises who are in need of outreach and engagement. The behavioral health professional (CAT Community Liaison) works closely with highly trained officers establishing a new behavioral health unit within the SLO police department (SLOPD) focused on homeless, transient, and other high-risk individuals. The County is expecting 100 unduplicated individuals to be engaged in CAT and SLOPD field operations and 20 unduplicated individuals to be treated for mental illness, substance use, or co-occurring disorders. The CAT Community Liaison recruitment occurred late in the fiscal year and will begin providing services in FY 2018-2019.

## Workforce Education and 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 2017-2018 as part of the WET Plan:

**Peer Advisory and Advocacy Team (PAAT):** The consumer advisory council of mental health stakeholders met throughout the year and held public forums to engage the community around 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 by focusing attention on personal responsibility and a balanced life, grounded in self-fulfillment. In 2017-2018, 67% (6/9) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.)

PAAT held 31 meetings in 2017-2018, and members conducted three forums on stigma reduction for over 1,307 attendees. One of those events, Journey of Hope, is an annual community-wide forum on living mentally well. Journey of Hope offers an opportunity to interact with mental health and community leaders, learn about local resources and, best of all, to celebrate hope. In January, 2017, the featured keynote speaker was Jennifer Storm. The speaker presented a powerful story of one woman's journey to recover from addiction, trauma, and adversity. Storm identified key components of what can help a person turn their lives around by understanding the complexities to biological and emotional responses to trauma, sexual assault, and the effects of substance abuse and recovery. Storm has chronicled her story of victimization and recovery in her memoir *Blackout Girl: Growing up and Drying out in America*.

**Journey of Hope**  
A COMMUNITY FORUM ON LIVING MENTALLY WELL  
**WEDNESDAY, JAN. 24, 2018**  
*Presented by* Transitions-Mental Health Association

*Featuring Keynote:*  
**JENNIFER STORM** | Author & appointed Pennsylvania Victim Advocate

Jennifer presents one woman's recovery from addiction, trauma and adversity and identifies key components of what can help a person turn their lives around. She speaks firsthand about the complexities of biological and emotional responses of trauma, sexual assault, and the effects of substance abuse and recovery. Jennifer is the ultimate survivor, turned thrifter, having recently chronicled her own story of victimization and recovery in her critically acclaimed memoir, *Blackout Girl: Growing up and Drying out in America*. Check out her 2014 TEDxTalk at Muncy State Prison to find out more about Jennifer's work.

**6-8PM • FREE TO ATTEND • NO RSVPs**  
NEW LIFE COMMUNITY CHURCH 990 JAMES WAY, PISMO BEACH  
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PAAT  
CenCal HEALTH  
Local, Quality, Healthcare.  
B-HIP Behavioral Health Integration Project  
San Luis Obispo County, California

In 2017-2018 PAAT welcomed a total of 32 new meeting 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. PAAT exceeded its goal of new members (32) in 2017-2018.

**Surveys of PAAT and forum participants yielded the following results 2017-2018:**

Of PAAT members surveyed 30% reported an increase in their level of confidence in affecting positive change within the behavioral health system (n=4).

Of PAAT members surveyed 40% reported an increase in their knowledge and understanding of community planning processes (n=4).

Journey of Hope attendees surveyed reported a 7% increase in their awareness of the discrimination experienced by people with mental illness (n=136).

Of PAAT members surveyed, 67% (6/9) work within the Behavioral Health System as of the 4<sup>th</sup>

**E-Learning:** SLOBHD contracts with Relias Learning to provide electronic access to a Behavioral Health library of curricula for over 500 San Luis Obispo County behavioral health providers, consumers, and family members. In 2017-2018 4,719 hours of training were completed electronically. The capacity to be trained online has resulted in a significant 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 2017-2018 the Cultural Competence Committee selected training courses for Behavioral Health staff focused on multicultural care and issues of abuse. The Department assigned a cultural competence curriculum to all employees that featured an overview training titled "Groundwork for Multicultural Care." Providers of adult-focused services were also assigned "Identifying and Preventing Dependent Adult Abuse and Neglect." Providers of youth-focused services were assigned "Identifying And Preventing Child Abuse And Neglect." Staff course completion was 93%, with 546 employees (including temporary and volunteer staff) completing the curriculum.

**Cultural Competence:** The Cultural Competence Committee (CCC) meets quarterly 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 accomplishments for 2017-2018 include:

- In the Fall of 2017, the CCC collaborated with a Statistics class from California Polytechnic State University (Cal Poly) to conduct a staff cultural competence survey. Results from the survey were used to impact the different training activities for the upcoming year.

- In 2017-2018, the Department hosted, co-sponsored, and supported training from community organizations related to working with consumers in recovery, children with co-occurring disorders, the LGBTQ population, veterans, and healthcare language interpretation services. Some of these trainings include: Trans-Training 101 held in March 2018 and July 2018; Using a Trauma Informed Lens held throughout the year in August 2017, December 2017, and March 30th.
- In 2017-2018, the Department, in collaboration with stakeholders and the community, held a Mental Health Services Act Innovation Component round. Two projects were approved by the Oversight and Accountability Commission (OAC). One specific project is dedicated to creating and adapting a new training plan/curriculum for mental health professionals to become cultural competent and LGBTQ-affirming therapists/clinicians. The Department collaborated with the Gay and Lesbian Alliance (GALA) of the Central Coast, Community Counseling Center, and California Polytechnic State University to begin developing the first ideas of the project.
- The Committee produces quarterly newsletters focused on cultural topics in relation to mental health issues. In 2017-2018, the CCC has released a total of three newsletters along with information on local resources, and articles highlighting the various topics related to the mental health field.

The Cultural Competence work plan also includes cultural competence-based workforce development and training. Using WET funds and stakeholder approval, the Department introduced **Promotores** services to provide medication-management translation and system supports for Latino Outreach Program (LOP) clients across the county. The goal of the Promotores Collaborative, part of the Center for Family Strengthening organization, is to develop a sustainable, diverse, and comprehensive culture that promotes equal access to community resources and services among all members of the Hispanic community in San Luis Obispo County.

In 2017-2018 the Department utilized WET funding to increase and expand the reach of Promotores services countywide. Promotores have provided interpretation and translation services to over 180 clients countywide amounting to 308 service hour sessions, which included individual meetings, clinic appointments, intake appointments, follow-through, presentations, and community engagement.

**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 2017-2018, two of the three (budgeted) bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the plan, the County continues to utilize the internship program to develop permanent staffing and promote hiring.

## Prevention & Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs receive 20% of MHSA funding. Prevention programs include outreach and education; efforts to increase access to underserved populations; improved linkage and referrals at the earliest possible onset of mental illness; and the reduction of stigma and discrimination. Prevention involves increasing protective factors and diminishing an individual's risk factors for developing mental illness. Mental health and wellness are improved by helping individuals cope with risk factors and develop stronger protective factors. 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.

The County of San Luis Obispo conducted surveys and held several stakeholder meetings over a one-and-a-half year period between 2007 and 2008 to construct its PEI Plan. The following five projects were crafted and put forth to the community in November of 2008:

- Mental Health Awareness and Stigma Reduction Program
- School-based Wellness Program
- Family Education and Support Program
- Early Care and Support for Underserved Populations
- Integrated Community Wellness Program

The Mental Health Oversight and Accountability Commission (MHSOAC) originally required the County's Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. School Based Student Wellness was selected by stakeholders during the PEI planning process. SLOBHD also elected to conduct evaluation activities for each of the PEI programs, but at a less intensive level due to limitations from funding and infrastructure. The first PEI program evaluation was published in July of 2013 and covers the fiscal years 2009-2010 through 2011-2012.

Program evaluation is fluid and ongoing, allowing SLOBHD to build upon successes and adapt quickly to ever-changing community needs. Interim evaluation results were presented to the PEI stakeholder group, and pending any regulation changes, emphasis remains on sustaining existing PEI programs. Data collection and outcome measurement tools will continue to be refined as new amendments to the PEI regulations are provided. The MHSOAC provided a potential tool for data collection, and the County is in the process to determine its feasibility based on our current programing, funding, and infrastructure. The County continues to collect and store data reports from all providers.

Individuals receiving Prevention and Early Intervention services are currently not tracked through electronic health records and all services are voluntary. As a result, demographic data collection can be difficult and time consuming. To address this issue, SLOBHD developed a centralized web-based quarterly reporting tool for PEI providers. SLOBHD

continues to work in collaboration with all providers in testing and refining this tool. The goal is to use this tool to provide more details about the demographics of individuals served that will have the potential to be tracked over time. Demographic detail for 2017-2018 indicates that under race Whites represent about 45% of served clients. Under ethnicities, Mexican/Mexican American represent 21% and European about 20%. Males make up about 30%, and females make up about 57%. For detailed information please refer to Appendix D.

### **PEI Updates for 2018-2019**

Each PEI program is identified in this Annual Update to the Three Year Plan as a Prevention (P), Early Intervention (EI), Outreach (O), Access and Linkage (AL), Stigma & Discrimination Reduction (SDR), Improve Timely Access (ITA), or Suicide Prevention (SP) program in each subproject heading, as required by the MHSOAC.

Beginning FY 2017-2018, the County now has a Suicide Prevention Coordinator, which aligns with suicide prevention efforts. Data and outcomes for the Suicide Prevention Coordination will be presented next fiscal year. This year, the SLOBHD also established a partnership with California Polytechnic State University, San Luis Obispo for a countywide LGBTQ Needs Assessment. Results of the project will be available in June 2019. Additionally, future Updates, beginning next fiscal year, will include a detailed strategy reporting template to ensure the County is meeting State regulations.

The total cost of each project is indicated in the tables below. For all programs, the cost per person served is intended to be an estimate; although every effort is made to take as accurate accounts as possible, individuals served are unique clients.

**Mental Health Awareness & Stigma Reduction**

<b>PEI Program 1: 1.1 Social Marketing Strategy</b>	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>SDR</b>	<b>3,027</b>	<b>\$126,127</b>	<b>\$42</b>
<b>Projection for FY 2018- 2019</b>	<b>SDR</b>	<b>2,000</b>	<b>\$119,303</b>	<b>\$60</b>
<b>Projection for FY 2019- 2020</b>	<b>SDR</b>	<b>2,000</b>	<b>\$121,689</b>	<b>\$61</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Mental Health awareness and education</li> <li>• Stigma reduction</li> </ul>	<ul style="list-style-type: none"> <li>• Community outreach</li> <li>• Targeted presentations</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Increased awareness of risk and protective factors</li> <li>• Reduced stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation participant surveys</li> <li>• Rosters</li> <li>• Consumer presenter surveys</li> </ul>

The Mental Health Awareness and Stigma Reduction project is carried out by the County Behavioral Health Department (SLOBHD) and Transitions-Mental Health Association (TMHA). This project aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and externalized discrimination towards those in need of services. This is done by creating awareness of mental illness: its signs, symptoms, and treatments and educating those populations most at risk for mental illness. The project addresses disparities in access to services by providing outreach to underserved and trauma-exposed high-risk groups, as well as gatekeepers in schools, civic groups, faith-based organizations, and other agencies in the helping field.

The **Social Marketing Strategy** plan is implemented by TMHA, a recognized community leader in mental health awareness and engagement. TMHA provides large-scale outreach at community events, forums, and activities year-round, as well as targeted presentations and trainings such as the National Alliance on Mental Illness' (NAMI) Stamp Out Stigma, In Our Own Voice, and two local documentaries: SLOtheStigma, and The Shaken Tree. Depending on the target audience, TMHA may use the curricula in combination with additional speakers, panelists, resource fairs, and other activities.

TMHA provided 39 general presentations to a total audience of 2,053 unique individuals during 2017-18, half of which represented underserved populations. In addition, there

PREVENTION & EARLY INTERVENTION (PEI)

were eight (8) professional presentations to 157 providers of PEI services. Participants who were surveyed (581) demonstrated a 14% increase in their understanding of mental illness challenges, and a 14% increase in their knowledge of recovery and wellness concepts. Empathy toward mental health system consumers, among participants, increased by an average of 9%, after attending these events. Surveyed professionals (80) who attended the trainings also reported a 4% increase in their personal knowledge of stigmatizing and discriminating attitudes and beliefs.

<b>STIGMA AND DISCRIMINATION REDUCTION PROGRAM</b>		
1. Name of Program:	Social Marketing Strategy – Community Outreach & Engagement	
2. Unduplicated # of individuals reached	3,027	
<b>Strategy: Access &amp; Linkage to Treatment</b>		<b>Results:</b>
1. # of Individuals with SMI referred to treatment	Under implementation and reported next fiscal year	
1.a The kind of treatment individuals were referred	County Behavioral Health Programs	
2. # of individuals who followed through with referral	Under implementation and reported next fiscal year	
2.a Average duration of untreated mental illness	Under implementation and reported next fiscal year	
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year	
<b>Strategy: Improve Timely Access to Services</b>		<b>Results:</b>
1. Specific underserved population	1,564 PEI clients (youth, older adult, LGBTQ, veterans)	
2. # of referrals made to a PEI program	Under implementation and reported next fiscal year	
2.a # of individuals who followed through with referral	Under implementation and reported next fiscal year	
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year	
3. County description to encourage access and follow-through	Activities include outreach, presentation, and booths to provide information to community.	
<b>Strategy: Outreach</b>		<b>Results:</b>
1. # of potential responders	3,027	
2. Settings where potential responders were engaged	Wellness centers, community forums and presentations, outreach events, etc.	
3. Types of potential responders engaged in each setting	Health care professionals, peers, parents and primary caregivers, community members.	
<b>TOTAL</b>	<b>Administration*</b>	<b>Evaluation*</b>



PREVENTION & EARLY INTERVENTION (PEI)

PEI Funding	\$126,127	PEI Funding	\$22,692	PEI Funding	\$3,823
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

<b>PEI Program 1: 1.2 Veterans Outreach Program</b>	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>ITA</b>	<b>109</b>	<b>\$79,746</b>	<b>\$732</b>
<b>Projection for FY 2018-2019</b>	<b>ITA</b>	<b>100</b>	<b>\$74,278</b>	<b>\$743</b>
<b>Projection for FY 2019-2020</b>	<b>ITA</b>	<b>100</b>	<b>\$75,764</b>	<b>\$758</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Mental Health awareness and education</li> <li>• Stigma reduction</li> </ul>	<ul style="list-style-type: none"> <li>• Community outreach</li> <li>• Targeted presentations/activities</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Increased awareness of risk and protective factors</li> <li>• Reduced stigma</li> <li>• Improvement in mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation participant surveys</li> <li>• Rosters</li> <li>• Counseling Surveys</li> </ul>

The **Veterans Outreach Program (VOP)** was developed as an Innovation project several years ago and continues to engage local military members and their families. In this strategy a mental health therapist is embedded within local rehabilitative activities for veterans and their families. The Behavioral Health Department offers monthly events and opportunities for veterans to stay active, meet others, and engage with community resources. Activities include horseback riding, kayaking, climbing gyms, CrossFit, surfing, zip-lining, and art events. Activities are aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, culturally competent settings. The VOP’s mental health therapist assesses and responds to participants’ mental health issues such as

depression, anxiety, addiction, and post-traumatic stress disorder. These issues are assessed both on-site during program events, and through follow-up assessment and treatment in comfortable, confidential environments.

When the Innovation project ended in July of 2015, stakeholders elected to fund the program using both CSS and PEI dollars beginning in 2015-2016. A Behavioral Health coordinator (PEI) provides outreach and education, while hosting free events, for veterans and their families. The coordinator also educates the community and increases awareness surrounding mental health issues specific to veterans. The coordinator has been successful in finding a number of businesses willing to donate and host events for veterans and their families. During 2017-18 there were a total of eleven (11) events offered to veterans and their family members. A total of 660 contacts were made through presentation and outreach activities. A total of 277 duplicated contacts participated in the events, with 135 veterans and 142 family members. Fifty-nine (59) new veterans and their family members (50) participated in these events.

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*Veteran Outreach Program Coordinator note:*

*This past year we began empowering our returning participants to take leadership roles in our program. Roles included assisting in coordinating events, serving as event volunteers, participating in outreach efforts, delivering mental health messages to their peers and facilitating community support. These opportunities have increased their ownership of Veterans Outreach and expanded our capacity.*

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The program therapist (funded in the CSS work plan) is located at the County of San Luis Obispo’s Prevention & Outreach office. In 2017-2018, fifty-nine (59) veterans were engaged in intensive counseling services. In 2017-2018, thirty-one (31) veterans received initial screenings and referral efforts, and a total of 17 veterans followed through with referrals. Out of the surveyed clients, 89% (141/157) reported a reduction in stigma associated with mental illness, 57% (89/156) participants reported having attended more than one (1) event, and 78% (123/158) of participants reported feeling better informed about mental illness among veterans (Figure 27.)

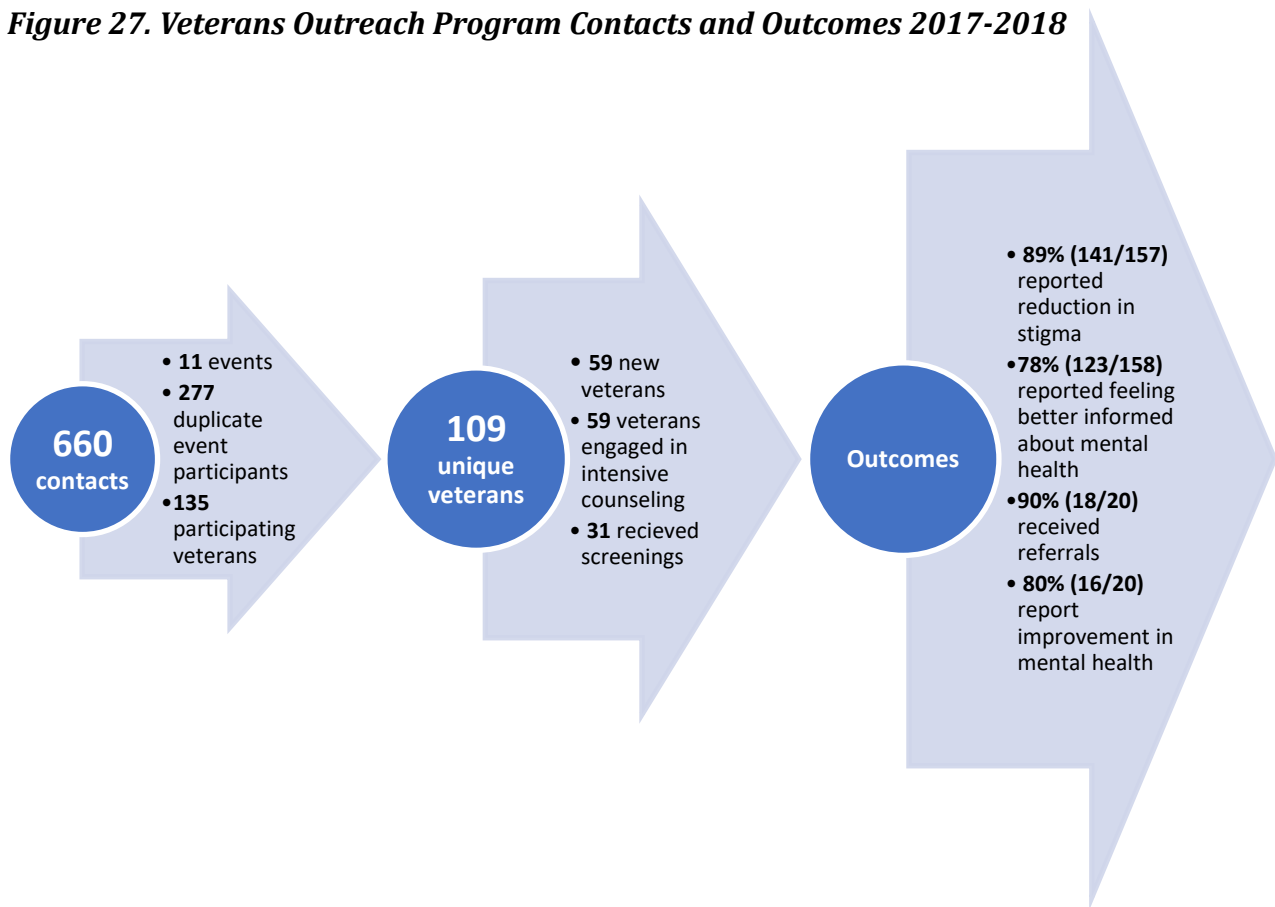
<b>IMPROVE TIMELY ACCESS TO SERVICES PROGRAM</b>	
1. Name of Program:	Veterans Outreach Program
2. Unduplicated # of individuals served	109

PREVENTION & EARLY INTERVENTION (PEI)

3. Specific underserved populations	Veterans and their families				
4. # of referrals made to a PEI program	Under implementation and reported next fiscal year				
4.a # of individuals who followed through with referral	Under implementation and reported next fiscal year				
4.b Average interval between referral and treatment	Under implementation and reported next fiscal year				
5. County description to encourage access and follow-through	Under implementation and reported next fiscal year				
<b>Strategy: Outreach</b>			<b>Results:</b>		
1. # of potential responders			660		
2. Settings where potential responders were engaged			Community forums, presentations at the library, meetings, outreach events, CIT trainings, etc.		
3. Types of potential responders engaged in each setting			Health care professionals, peers, parents and primary caregivers, community members, veterans-related employees, etc.		
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$79,746	PEI Funding	\$10,784	PEI Funding	\$1,817
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					



**Figure 27. Veterans Outreach Program Contacts and Outcomes 2017-2018**



PREVENTION & EARLY INTERVENTION (PEI)

**PEI Program 1:**

**1.3 College Wellness Program**

Sub-program	Total Served	Total Funding	Cost per Client
Actual for FY 2017 -2018	108	\$77,118	\$714
Projection for FY 2018 - 2019	100	\$112,933	\$1,129
Projection for FY 2019 - 2020	100	\$115,192	\$1,152

Project Goals	Key Objectives
---------------	----------------

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Build resiliency and identify mental health issues of at-risk middle school youth and their families</li> </ul> | <ul style="list-style-type: none"> <li>Student Assistance Programs</li> <li>Student Support Counselors</li> </ul> |
|--|---|

Key Outcomes	Method of Measurement
--------------	-----------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Reduced risk factors</li> <li>Increased protective factors</li> <li>Increased access to extended services and supports for at-risk families</li> </ul> | <ul style="list-style-type: none"> <li>Participant and staff surveys</li> <li>Participant focus groups</li> </ul> |
|---|---|

In 2014-2015, the Prevention & Early Intervention stakeholder group agreed to establish a college-focused PEI position. The Prevention & Early Intervention **College Wellness Program** started in FY 2015 – 2016. It is designed to provide mental health education, along with supports for wellness initiatives in the County’s campus communities of California Polytechnic State University, San Luis Obispo and Cuesta Community College. The County’s College Prevention and Wellness Promotion Specialist acts as a liaison between the community mental health system and the campus populations. The Specialist helps bridge the gap between community education (e.g. suicide prevention efforts, stakeholder committees, speakers and education, etc.) and on-campus activities and student organizations (e.g. Active Minds). The Specialist provides Mental Health First Aid training, coordination of the Cal Poly Friday Night Live Chapter, participation in campus policy and activity groups, plans outreach and community events, and coordinates campaigns and activities that promote student wellness.

Fiscal year 2015-2016 served as a program development period: hiring of staff, design of the program, and relationship-building with Cal Poly and Cuesta College. In 2016-2017 new activities took place and program information began to be collected. The data reported for FY 2017-2018 represents the information for all events conducted in the college community. A total of 2,286 contacts were made through presentations, information booths

or outreach activities, a total of 6 events were held. Out of the surveyed clients, 88% (99/113) reported feeling better informed about mental health, 83% (94/113) reported feeling better informed about the effects of substance use, and 96% (109/113) reported feeling better informed about the mental health and substance use services in their community (Figure 28).

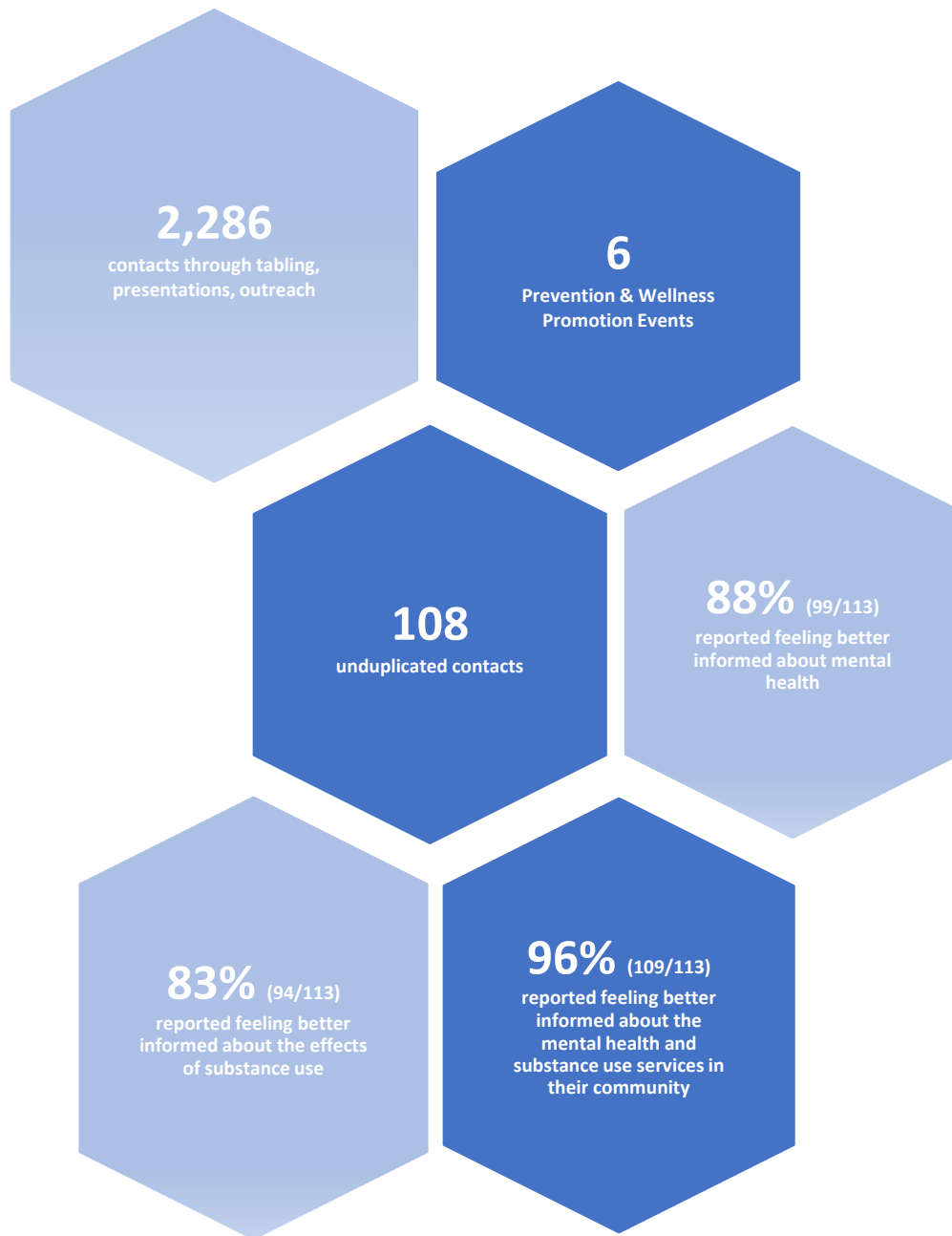


STIGMA AND DISCRIMINATION REDUCTION PROGRAM	
1. Name of Program:	College Wellness Program
2. Unduplicated # of individuals reached	108
<b>Strategy:</b> Access & Linkage to Treatment	<b>Results:</b>

PREVENTION & EARLY INTERVENTION (PEI)

1. # of Individuals with SMI referred to treatment	Under implementation and reported next fiscal year				
1.a The kind of treatment individuals were referred	County Behavioral Health				
2. # of individuals who followed through with referral	Under implementation and reported next fiscal year				
2.a Average duration of untreated mental illness	Under implementation and reported next fiscal year				
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year				
<b>Strategy: Improve Timely Access to Services</b>			<b>Results:</b>		
1. Specific underserved population	College-aged population				
2. # of referrals made to a PEI program	Under implementation and reported next fiscal year				
2.a # of individuals who followed through with referral	Under implementation and reported next fiscal year				
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year				
3. County description to encourage access and follow-through	Activities include outreach, presentation, and booths to provide information to community.				
<b>Strategy: Outreach</b>			<b>Results:</b>		
1. # of potential responders	2,286				
2. Settings where potential responders were engaged	College areas, classrooms, auditoriums, student center building, etc.				
3. Types of potential responders engaged in each setting	College-aged students, faculty, staff, and administrators.				
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$77,118	PEI Funding	\$10,429	PEI Funding	\$1,757
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Figure 28. College Wellness Program Contacts, Activities, and Outcomes 2017-2018**





**School Based Wellness**

**Program 2:**

**School Based Wellness**

**2.1 Positive Development**

**Program**

**Sub-program**

**Total Served**

**Total Funding**

**Cost per Client**

**Actual for FY 2017-2018**

**P**

**731**

**\$83,559**

**\$114**

**Projection for FY 2018-2019**

**P**

**750**

**\$91,881**

**\$123**

**Projection for FY 2019-2020**

**P**

**750**

**\$93,719**

**\$125**

**Project Goals**

- Build the capacity of and identify behavioral health issues in underserved children, ages 0-5

**Key Objectives**

- Behavioral Health related training and education to private child care providers (gatekeepers)

**Key Outcomes**

- Increased knowledge of emotional and behavioral health issues
- Reduced risk factors and increased protective factors

**Method of Measurement**

- Rosters
- Ages and Stages Questionnaire
- Behavior Rating Scale

School Based Wellness is a comprehensive, multi-age approach to building resilience among all service recipients. This program targets a universal population of children and youth, and selected youth who exhibit risk factors for mental illness via the following projects: The Positive Development Program, serving pre-kindergarten aged children; and The Middle School Comprehensive program.

Community Action Partnership of San Luis Obispo's (CAPSLO) Child Care Resource Connection (CCRC) administers the **Positive Development Project**. The project centers on delivery of the I Can Problem Solve (ICPS) curriculum as well as the accompanying Early Childhood Behavior (ECB) and Ages and Stages Questionnaire (ASQ) training to private child care providers located throughout San Luis Obispo County. Emphasis is placed upon providers in underserved areas from Nipomo in the south, to San Miguel in the north. Materials and training are provided in both English and Spanish. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles. CCRC has expanded their original program by adding a curriculum for children over five years old (but not yet enrolled full time in school), as well as adapting the

PREVENTION & EARLY INTERVENTION (PEI)

curriculum for young toddlers. CCRC included I can Problem Solve Kindergarten (ICPS K) increasing the capacity of the program.

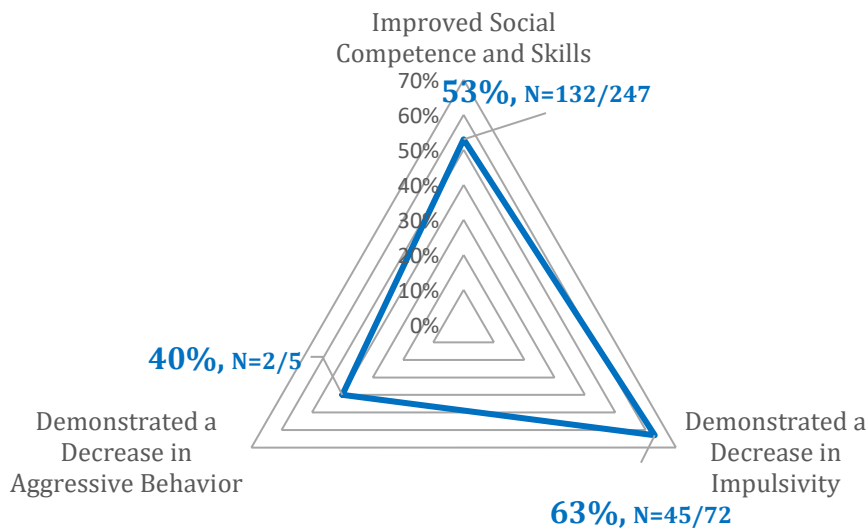
In order to increase participation in the administration of various assessment tools, the CCRC became more active participants in the Child Care Planning Council, which allows them to provide input into the training content and schedule more frequent training on assessment tools. In addition, CCRC scheduled more parent meetings to share the value of the tools, and provide assistance in completing them where appropriate. The reported data for FY 2017-2018 includes the unduplicated number of clients served (731). Eighty seven percent (87%) of parents (33/38) surveyed indicated an improvement in their parenting skills as a result of an increase in training and support in social, emotional, and behavioral issues related to their child. Pre and post ECB and ASQ assessments of children participating in the program demonstrated a 53% (132/247) social competent and skills improvement; 63% (45/72) of children initially identified as impulsive demonstrated a decrease in impulsivity, and 40% (2/5) identified as initially aggressive demonstrated a decrease in aggressive behavior. (Figure 29).

<b>PREVENTION PROGRAM</b>	
1. Name of Program:	Positive Development Program
2. Unduplicated # of individuals served:	731
3. # of Individual family members served	731
<b>Strategy: Access &amp; Linkage to Treatment</b>	<b>Results:</b>
1. # of Individuals with SMI referred to treatment	Under implementation and reported next fiscal year
1.a The kind of treatment individuals were referred	County Behavioral Health and/or Drug and Alcohol Services
2. # of individuals who followed through with referral	Under implementation and reported next fiscal year
2.a Average duration of untreated mental illness	Under implementation and reported next fiscal year
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year
<b>Strategy: Improve Timely Access to Services</b>	<b>Results:</b>
1. Specific underserved population	Children and parents all of age groups and ethnic backgrounds
2. # of referrals made to a PEI program	Under implementation and reported next fiscal year
2.a # of individuals who followed through with referral	Under implementation and reported next fiscal year

PREVENTION & EARLY INTERVENTION (PEI)

2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach, presentations, and children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.			
<b>Strategy: Outreach</b>		<b>Results:</b>			
1. # of potential responders		2,012			
2. Settings where potential responders were engaged		Childcare providers, family centers, classrooms.			
3. Types of potential responders engaged in each setting		Children and parents all of age groups and ethnic backgrounds.			
TOTAL		Administration*		Evaluation*	
PEI Funding	\$83,559	PEI Funding	\$11,300	PEI Funding	\$1,904
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

**Figure 29. College Wellness Program Participant Outcomes FY 2017-2018**



PREVENTION & EARLY INTERVENTION (PEI)

**Program 2:**

**School Based Wellness  
2.2: Middle School  
Comprehensive Program**

**Actual for FY 2017 - 2018**

	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
2.2a Student Support Counselors	P	395	\$403,390	\$1,021
2.2b Family Advocates	P	229	\$148,204	\$647
2.2c Youth Development	P	133	\$117,523	\$884

**Projection for FY 2018 - 2019**

2.2a Student Support Counselors	P	400	\$408,934	\$1,022
2.2b Family Advocates	P	350	\$151,168	\$432
2.2c Youth Development	P	160	\$113,954	\$712

**Projection for FY 2019 - 2020**

2.2a Student Support Counselors	P	400	\$417,113	\$1,043
2.2b Family Advocates	P	350	\$154,191	\$441
2.2c Youth Development	P	160	\$116,233	\$726

**Project Goals**

- Build resiliency and identify mental health issues of at-risk middle school youth and their families

**Key Objectives**

- Student Assistance Programs
- Student Support Counselors
- Family Advocates
- Youth Development Programming

**Key Outcomes**

- Reduced risk factors
- Increased protective factors
- Increased access to extended services and supports for at-risk families

**Method of Measurement**

- Rosters
- School records
- Participant and staff surveys
- Youth development surveys
- Participant focus groups

The Middle School Comprehensive project is an integrated collaboration between schools, SLOBHD staff, and community-based organizations. This project is based on the Student Assistance Program (SAP) model and involves six middle schools (Judkins, Mesa, Los Osos,

Santa Lucia, Atascadero, and Flamson). Each site was selected to participate in the project through a competitive (request for) application. In their proposals, schools had to demonstrate the need for 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. SLOBHD provided three Student Support Counselors and one Youth Development Specialist. Due to the model's success, a school in San Luis Obispo (Laguna Middle School) replicated the program in 2015-2016.

Students are identified as at-risk because of poor attendance, academic failure, and disciplinary referrals. SLOBHD Counseling 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, family changes, homelessness, and suicidal ideation are some of the topics addressed in group or individual counseling.

The Family Advocates coordinate referral 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.

Student Assistance Program survey results showed an average improvement in protective factors of 17%, and a decrease in risk factors of 9% (Appendix E).

Each participating school receives Club Live 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 3,000 students at SAP Schools are exposed to Youth Development programming annually, with an average of eight prevention activities occurring per student. For FY 2017-2018 there was a decrease in clients served as the FNL team was not fully staffed until the beginning of the second half of the fiscal year. Additionally, other reasons impacting the number of students participating included South County school sites starting later in the year than normal due to internal staff changes, most schools had changes in their FNL staff coordinator and/or advisor, and the Atascadero school schedule changed where each middle school grade received separate lunch time, and there was no capacity to serve all different lunch time periods.

Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, peer relationships,

supportive adult relationships, and offering leadership and advocacy opportunities. The Youth Development Institute, in partnership with SLOBHD's Friday Night Live programs, administers Youth Development Surveys annually to middle schools across the county, in order to measure the impact of the increased PEI Club Live programming (Figures 30, 31).

In addition to the six SAP Schools, Youth Development is present on all public middle school campuses in San Luis Obispo County. The Club Live Youth Development Programming integrates a youth development approach into the prevention 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 mental health including substance use and abuse, bullying, self-harm, violence, and body image issues. Club Live students also educate others in their community about these topics. Some of these mental health awareness projects include anti-bullying campaigns, "No Place for Hate," stigma reduction campaigns, Red Ribbon Week, and various community service opportunities.

The Student Wellness program (formerly PEI work plan 2.3), reported in previous updates, which targeted additional youth development supports to middle schools was absorbed into the current work plan 2.2.c in 2014-2015



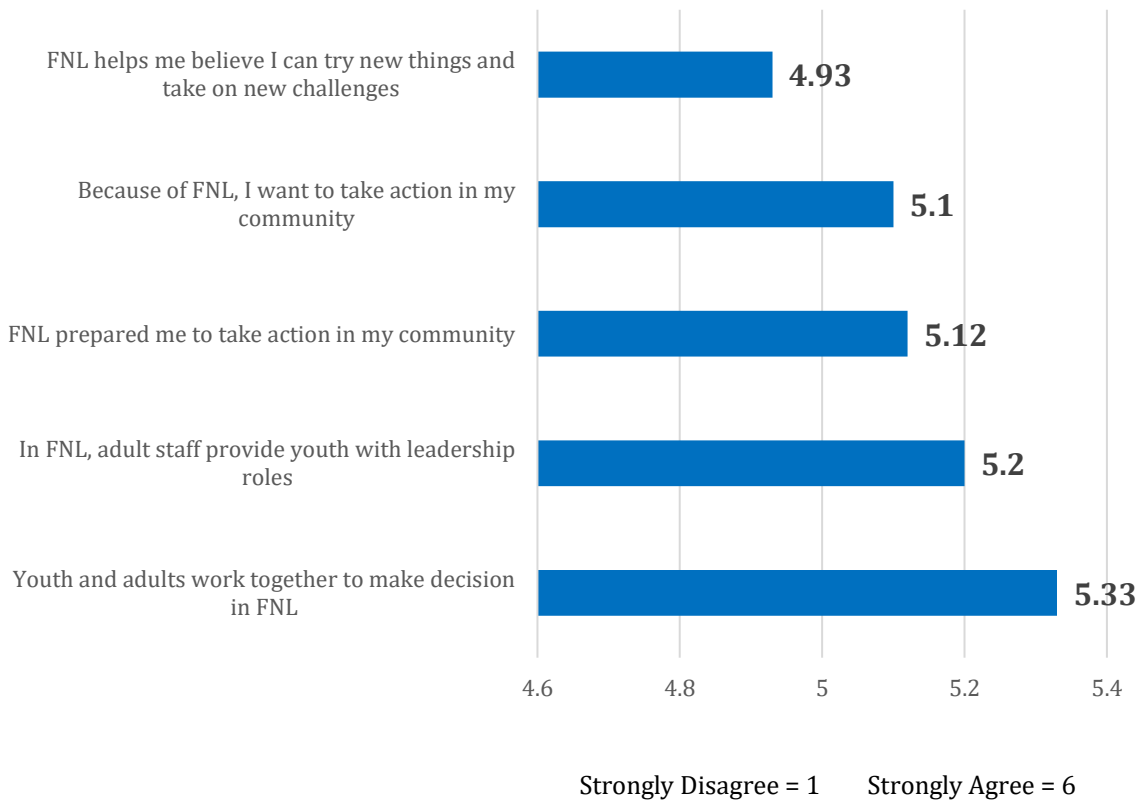
PREVENTION & EARLY INTERVENTION (PEI)

<b>PREVENTION PROGRAM</b>					
1. Name of Program:		Middle School Comprehensive Program			
2. Unduplicated # of individuals served:		757			
3. # of Individual family members served		229			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results:</b>		
1. # of Individuals with SMI referred to treatment		Under implementation and reported next fiscal year			
1.a The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.a Average duration of untreated mental illness		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results:</b>		
1. Specific underserved population		Children and parents all of age groups and ethnic backgrounds			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2.a # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach, presentations, and children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.			
<b>Strategy: Outreach</b>			<b>Results:</b>		
1. # of potential responders		2,395			
2. Settings where potential responders were engaged		School classrooms, community presentations, outreach events, family resource center fairs.			
3. Types of potential responders engaged in each setting		Children and parents all of age groups and ethnic backgrounds.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$669,117	PEI Funding	\$90,484	PEI Funding	\$15,243
Medi-Cal		Medi-Cal		Medi-Cal	

PREVENTION & EARLY INTERVENTION (PEI)

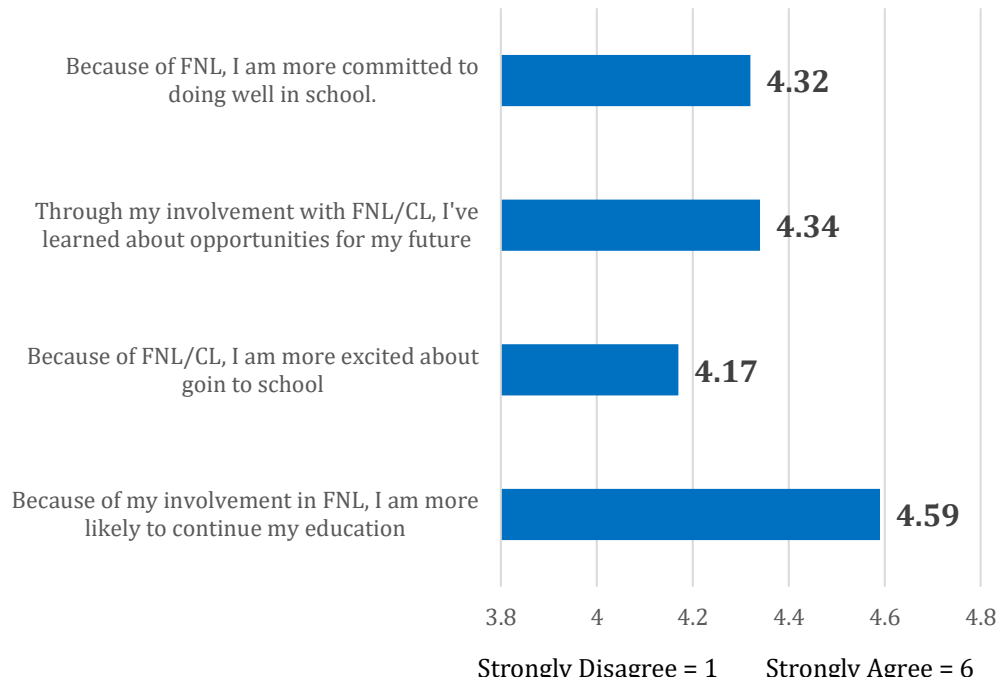
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

**Figure 30. Youth Development Survey: Impact of Club Live on Leadership & Advocacy**





**Figure 31. Youth Development Survey: Impact of Club Live on Learning and School Bonding**



PREVENTION & EARLY INTERVENTION (PEI)

Family Education, Training, and Support

Program 3:

Family Education, Training and Support

3.1 Family Education, Training & Support

Sub-program      Total Served      Total Funding      Cost per Client

Actual for FY 2017 - 2018

3.1a Coordination of County's Parenting Programs	P	388,097	\$103,197	\$0.27
3.1b Parent Education	P	476		
3.1c Coaching of Parents/Caregivers	P	371		

Projection for FY 2018 - 2019

3.1a Coordination of County's Parenting Programs	P	350,000	\$113,705	\$0.32
3.1b Parent Education	P	300		
3.1c Coaching of Parents Caregivers	P	300		

Projection for FY 2019 - 2020

3.1a Coordination of County's Parenting Programs	P	350,000	\$115,979	\$0.33
3.1b Parent Education	P	300		
3.1c Coaching of Parents Caregivers	P	300		

Project Goals

Key Objectives

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Build competencies and skills in parents and caregivers</li> <li>• Decrease the impact of trauma in families</li> <li>• Respond to the urgent needs in families at-risk for abuse</li> </ul> | <ul style="list-style-type: none"> <li>• Parent education</li> <li>• Parent coaching</li> </ul> |
|---|---|

Key Outcomes

Method of Measurement

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> <li>• Improved parenting</li> <li>• Improvements in child behaviors</li> </ul> | <ul style="list-style-type: none"> <li>• Number of website hits</li> <li>• Class rosters and call logs</li> <li>• Parent self-report surveys</li> <li>• Parent coaching assessments</li> <li>• Parent interviews</li> </ul> |
|---|---|

The Center for Family Strengthening, alongside Parent Connection administers the Family Education, Training, and Support Program. This program uses a multi-level approach to

reduce risk factors and increase protective factors for all parents and other caregivers raising children. Target populations include: parents and caregivers in stressed families living with or at high risk for mental illness and substance abuse, trauma and domestic violence exposed families, monolingual Spanish speaking parents, and parents in rural areas of the county.

A website [www.sloparents.org](http://www.sloparents.org) (with Spanish translation) serves as a clearinghouse to disseminate information on parenting classes, family support programs, and services. In addition to promoting parent education classes funded by PEI, the website lists approximately 190 parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness or addiction. Listings are grouped by region for the convenience of viewers searching for local support. In 2017-2018, a new analytic tool was in place and a total of 388,097 contacts were made, which is defined as all unique internet hits. Website hits refer to the action of requesting a server for a file, such as flyer, program information, page displaying information.

PEI-funded classes are offered specifically for parents of children in certain age groups in addition to special topic for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, homeless and teen parents. In 2017-2018 Parent Connection offered 36 classes, 42% (15) of which were in Spanish. Fifteen parent provider trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in our community.

Parent Connection also provides a parent warmline and coaching services. This warmline provides support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bilingual, bicultural staff answered over 390 calls on the warmline in 2017-2018. Parent Coaches provide supportive and skill building coaching services on the phone or in person when requested. The coaching services include support groups for specific high-risk parent groups: parents who are homeless, in recovery, teen parents, and single parents. Support groups expanded in 2015-2016 to include the women's and men's jails. Self-report surveys (Figure 32) of parents and caregivers participating in education or coaching services demonstrate how increasing protective factors and reducing risk factors in the parents have positive effects on the children of stressed and at-risk families.

*A Parent Coaching Success Story:*

*A woman immigrated to the United States 10 years ago. She married and had a child. She worked three different jobs for her family to be able to afford to live. Her husband was the primary caregiver to their child. The mother was referred to Parent Connection by Social Services because the child was removed from the home due to abuse. When the mother first came to Parent Connection she had a lot of fear, confusion, and anger. She felt betrayed by the system, her husband, and her child.*

*Through her time working with the Parent Coach she learned what was appropriate and inappropriate parenting choices. The Parent Coach worked with the mother, social worker, and community partners to get a collaboration of services that the Parent needed.*

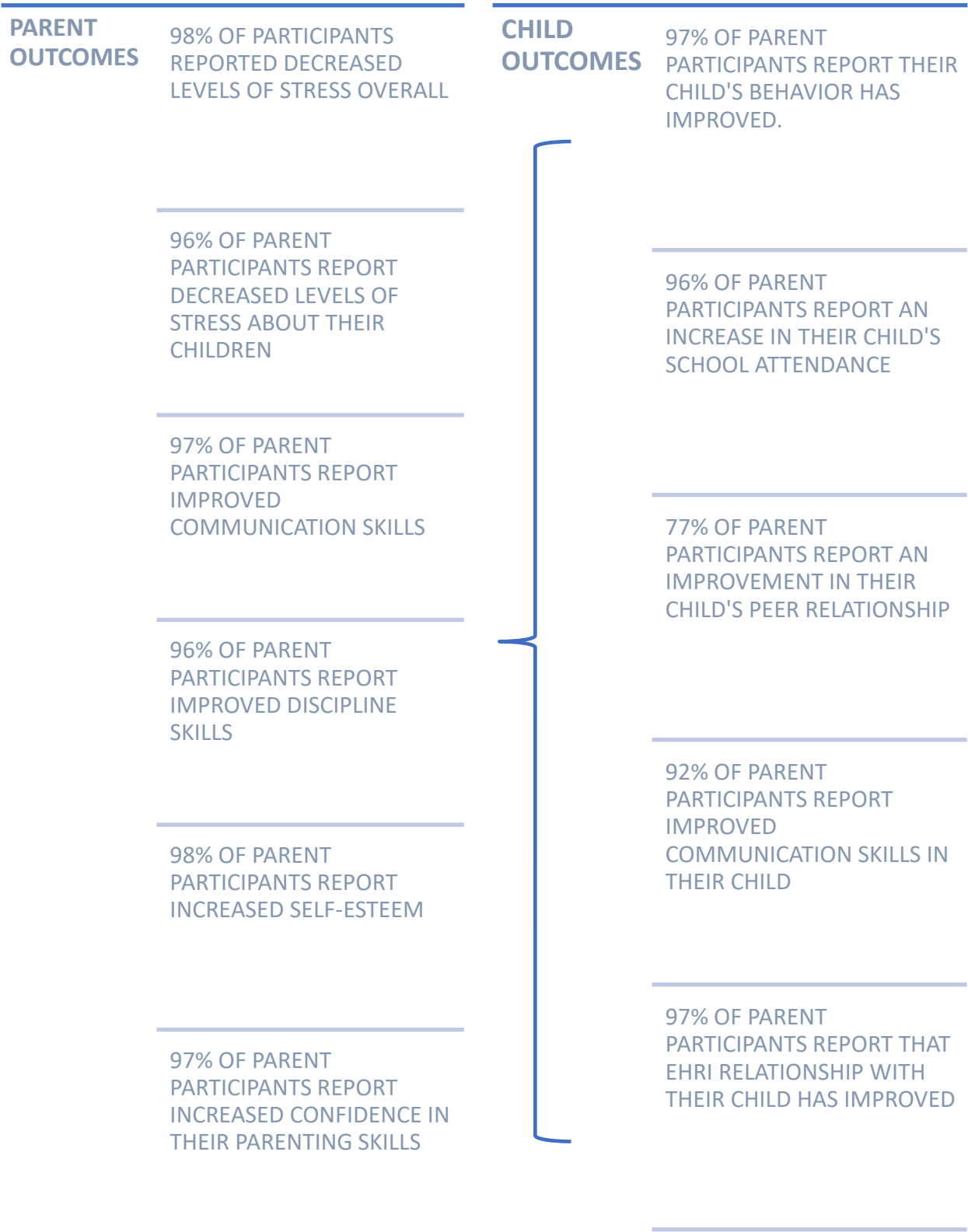
*She learned she was dealing with domestic violence and recognized she did not want her child to see or be exposed to that behavior. The mother filed for a divorce and continue to receive Parent Coaching for six months. Coaching sessions started off with general Parent Education, then moved into areas specific to the family’s situation. The parent learned about protective factors, how to discipline effectively, and how to have a positive Parent-Child Relationship. She successfully put forth a reunification plan and is having regular visitation with the child.*

PREVENTION PROGRAM	
1. Name of Program:	Family Education, Training, and Support
2. Unduplicated # of individuals served:	388,944
3. # of Individual family members served	847
Strategy: Access & Linkage to Treatment	Results:
1. # of Individuals with SMI referred to treatment	Under implementation and reported next fiscal year
1.a The kind of treatment individuals were referred	County Behavioral Health Programs
2. # of individuals who followed through with referral	Under implementation and reported next fiscal year
2.a Average duration of untreated mental illness	Under implementation and reported next fiscal year

PREVENTION & EARLY INTERVENTION (PEI)

2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>		<b>Results:</b>			
1. Specific underserved population		Children and parents all of age groups and ethnic backgrounds			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2.a # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach, presentations, and children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.			
<b>Strategy: Outreach</b>		<b>Results:</b>			
1. # of potential responders		388,944			
2. Settings where potential responders were engaged		Community presentations, childcare locations, family centers, etc.			
3. Types of potential responders engaged in each setting		Children and parents all of age groups and ethnic backgrounds.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$103,197	PEI Funding	\$13,955	PEI Funding	\$2,351
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Figure 32. Parent Outcomes FY 2017-2018**



PREVENTION & EARLY INTERVENTION (PEI)

**Program 3:**

**Family Education, Training and Support**

**3.2 In-Home Parent Educator**

	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>P</b>	<b>41</b>	<b>\$45,974</b>	<b>\$1,121</b>
<b>Projection for FY 2018-2019</b>	<b>P</b>	<b>140</b>	<b>\$82,472</b>	<b>\$589</b>
<b>Projection for FY 2019-2020</b>	<b>P</b>	<b>140</b>	<b>\$84,121</b>	<b>\$601</b>

<b>Project Goals</b>	<b>Key Objectives</b>
----------------------	-----------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Build developing parenting skills</li> <li>• Increase knowledge of appropriate expectation and age appropriate behavior</li> <li>• Increase positive discipline and attachment through positive parent/child interactions</li> </ul> | <ul style="list-style-type: none"> <li>• Parent education</li> <li>• Parent coaching</li> </ul> |
|---|---|

<b>Key Outcomes</b>	<b>Method of Measurement</b>
---------------------	------------------------------

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> <li>• Improved parenting</li> </ul> | <ul style="list-style-type: none"> <li>• Client intake form</li> <li>• Programmatic Assessment Form</li> <li>• Parent Pre and Post Surveys</li> </ul> |
|--|---|

The Community Action Partnership of San Luis Obispo (CAPSLO) administers the In-Home Parent Educator Program. The program was implemented the last quarter of 2016-2017. The program provides in-home parent education services to families at the house or at another specified location, using evidence-based curriculum, and assessments of families to identify immediate needs to be met in order to stabilize the family unit. The program aims to build parenting skills, knowledge of appropriate behaviors, increase positive discipline skills, and increase attachment through positive parent/child interactions.

2017-2018 is the first full year the program has been implemented. During this first year, a major challenge presented was staff consistency since the position needed to be filled, as well as the need of longer services that clients received, which extended the time for each client receiving services and reduced the number of unique/unduplicated clients contacted. The program began its first efforts in South County, and it has now spread countywide to ensure other areas receive services. For 2017-2018, a total of 41 unique

PREVENTION & EARLY INTERVENTION (PEI)

families were served, 30 unique families received parenting education services, a total of 146 evidence-based curriculum sessions and 491 engaged activities were provided to parents. A total of 74% (23/31) of families receiving parenting education completed all service sessions, 84% (26/31) of families received a minimum of four parenting sessions, 80% (15/17) of the families served reported improved family functioning, and 100% (17/17) of the families served reported improved mental health.

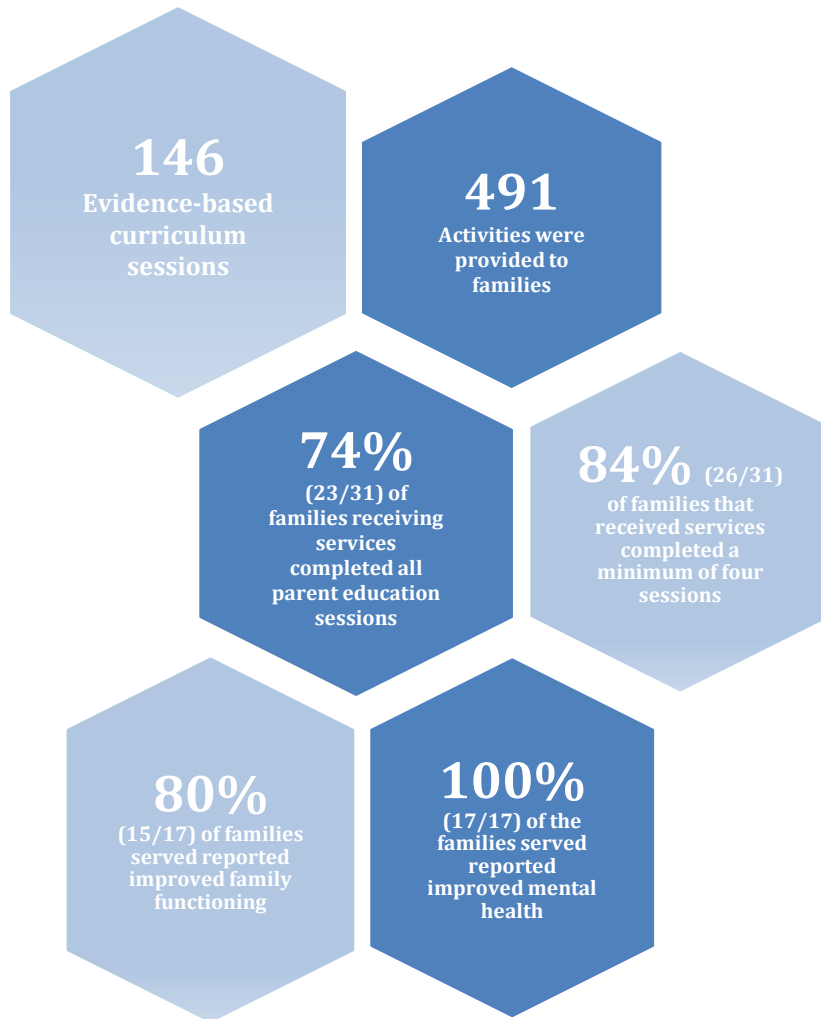
<b>PREVENTION PROGRAM</b>	
1. Name of Program:	In-Home Parent Educator
2. Unduplicated # of individuals served:	41
3. # of Individual family members served	41
<b>Strategy: Access &amp; Linkage to Treatment</b>	<b>Results:</b>
1. # of Individuals with SMI referred to treatment	Under implementation and reported next fiscal year
1.a The kind of treatment individuals were referred	County Behavioral Health Programs
2. # of individuals who followed through with referral	Under implementation and reported next fiscal year
2.a Average duration of untreated mental illness	Under implementation and reported next fiscal year
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year
<b>Strategy: Improve Timely Access to Services</b>	<b>Results:</b>
1. Specific underserved population	Children and parents all of age groups and ethnic backgrounds
2. # of referrals made to a PEI program	Under implementation and reported next fiscal year
2.a # of individuals who followed through with referral	Under implementation and reported next fiscal year
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year
3. County description to encourage access and follow-through	Activities include outreach, presentations, and children and parent activities and education.
<b>Strategy: Outreach</b>	<b>Results:</b>
1. # of potential responders	41
2. Settings where potential responders were engaged	Community presentations, childcare locations, family centers, parents/primary caregiver's home.



PREVENTION & EARLY INTERVENTION (PEI)

3. Types of potential responders engaged in each setting				Children and parents all of age groups and ethnic backgrounds.	
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$45,974	PEI Funding	\$6,217	PEI Funding	\$1,047
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

**Figure 33. In-Home Parent Educator Evidence-Based Practice Sessions, Activities, and Outcomes FY 2017-2018**



**Early Care and Support for Underserved Populations**

**Program 4:**

**Early Care and Support for Underserved Populations**

**4.1 Cuesta College Successful Launch**

	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>P</b>	<b>129</b>	<b>\$135,668</b>	<b>\$1,052</b>
<b>Projection for FY 2018-2019</b>	<b>P</b>	<b>150</b>	<b>\$149,183</b>	<b>\$995</b>
<b>Projection for FY 2019-2020</b>	<b>P</b>	<b>150</b>	<b>\$152,167</b>	<b>\$1,014</b>

**Project Goals**

**Key Objectives**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Increased self-sufficiency and resiliency of at-risk TAY</li> </ul> | <ul style="list-style-type: none"> <li>• Successful Launch Program for at-risk TAY</li> </ul> |
|--|---|

**Key Outcomes**

**Method of Measurement**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Reduced risk factors (e.g.: lack of education, work, and housing)</li> <li>• Increased protective factors (e.g.: access to extended services and supports, decrease in unhealthy behaviors)</li> </ul> | <ul style="list-style-type: none"> <li>• Staff pre and post assessments of program participants</li> <li>• Rosters</li> <li>• Completion of educational, vocational, and personal goals by program participants</li> </ul> |
|---|--|

The Early Care and Support for Underserved Populations work plan is a multi-focused effort to address the mental health prevention and early intervention needs of three distinct populations. High risk TAYs, Older Adults, and low acculturated Latino individuals and families were identified during the PEI stakeholder process as being the most underserved in the county.

The **Successful Launch** program is 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 at risk for mental health issues because they are dropouts, homeless, former Wards of the Court, or graduating from Community School. In 2017-2018 services included: vocational training, job shadowing, work readiness, academic support, connection with other extended services and supports, and life skills training.

Cuesta College continues to increase capacity of the program by extensive community collaboration. Collaboration with local businesses has increased employment opportunities for at-risk TAY and working with John Muir Charter School and local high schools has increased the ability of TAY to obtain a high school diploma. During 2017-2018,

PREVENTION & EARLY INTERVENTION (PEI)

Successful Launch continued training students using programs aimed and providing work readiness for participants. Students worked to increase their knowledge of practices such as skills of customer service with potential employers who expressed their commitment to professional growth for these students. Students have also experienced increased access to enrichment classes, exposed to college as well as familiarizing them with faculty, staff, facilities, and services, on campus (Figure 34).

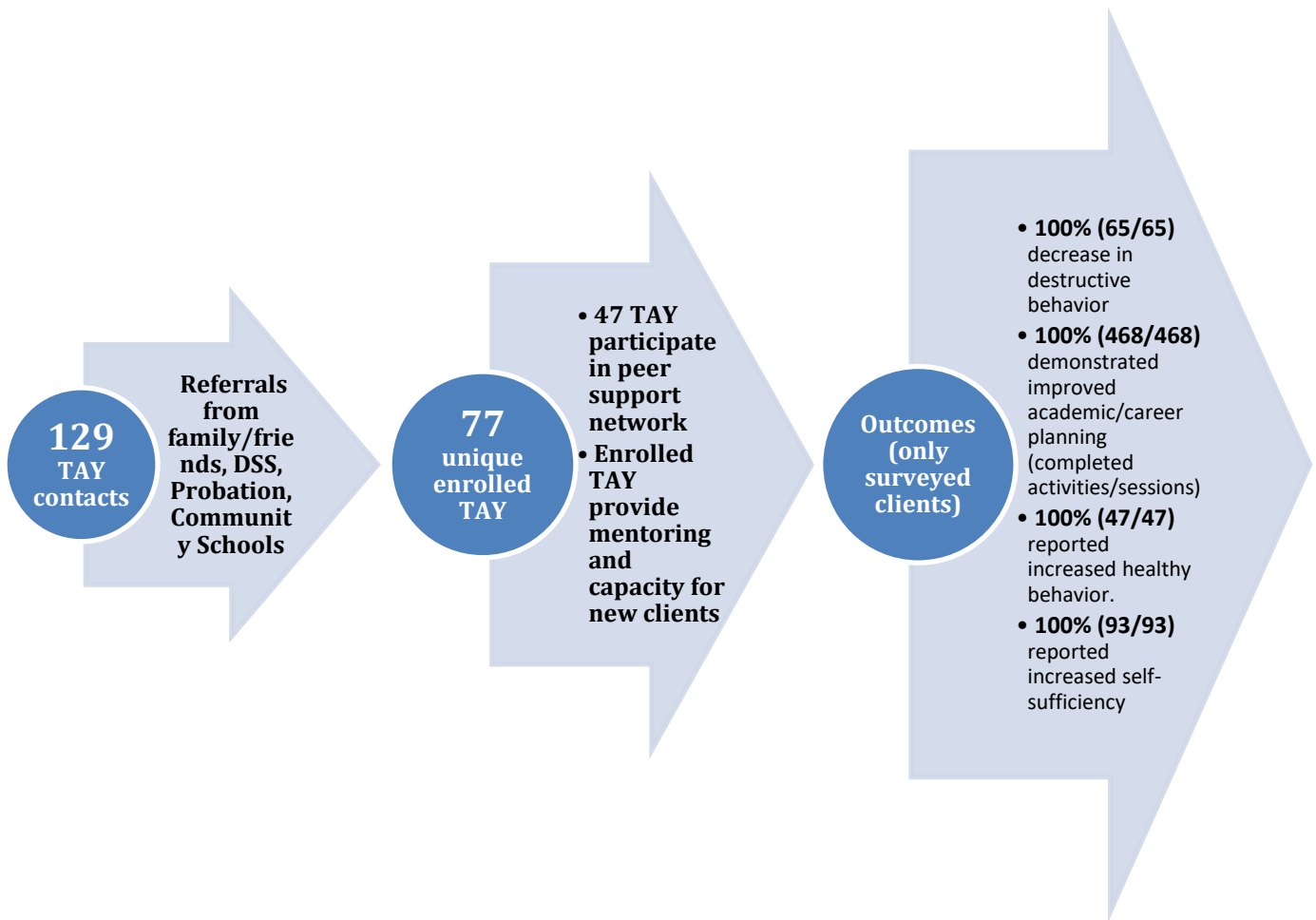
<b>PREVENTION PROGRAM</b>	
1. Name of Program:	Successful Launch
2. Unduplicated # of individuals served:	129
3. # of Individual family members served	N/A
<b>Strategy: Access &amp; Linkage to Treatment</b>	<b>Results:</b>
1. # of Individuals with SMI referred to treatment	Under implementation and reported next fiscal year
1.a The kind of treatment individuals were referred	County Behavioral Health Programs
2. # of individuals who followed through with referral	Under implementation and reported next fiscal year
2.a Average duration of untreated mental illness	Under implementation and reported next fiscal year
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year
<b>Strategy: Improve Timely Access to Services</b>	<b>Results:</b>
1. Specific underserved population	Transitional-Aged Youth of any ethnic and linguistic background
2. # of referrals made to a PEI program	Under implementation and reported next fiscal year
2.a # of individuals who followed through with referral	Under implementation and reported next fiscal year
2.b Average interval between referral and treatment	Under implementation and reported next fiscal year
3. County description to encourage access and follow-through	Activities include outreach and presentation of services.
<b>Strategy: Outreach</b>	<b>Results:</b>
1. # of potential responders	129
2. Settings where potential responders were engaged	Community presentations, community school and college classrooms.
3. Types of potential responders engaged in each setting	Transitional-Aged Youth, family members, parents/primary caregivers.

PREVENTION & EARLY INTERVENTION (PEI)

TOTAL		Administration*		Evaluation*	
PEI Funding	\$135,668	PEI Funding	\$18,346	PEI Funding	\$3,091
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

*\*The administration and evaluation funding represent all the expenditure for Prevention programs.*

**Figure 34. Successful Launch  
Transitional-Aged Youth Contacts, Enrolled Clients, and Outcomes FY 2017-2018**



PREVENTION & EARLY INTERVENTION (PEI)

**Program 4:**

**Early Care and Support for Underserved Populations  
4.2 Older Adult Mental Health Initiative**

	Sub-program	Total Served	Total Funding	Cost per Client
<b>Actual for FY 2017 – 2018</b>	AL	1,539	\$218,182	\$142
<b>Projection for FY 2018 – 2019</b>	AL	1,835	\$244,850	\$133
<b>Projection for FY 2019 – 2020</b>	AL	1,835	\$249,747	\$136

Project Goals	Key Objectives
---------------	----------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Early identification of mental health issues in older adults</li> <li>• Increased mental wellness in older adults</li> </ul> | <ul style="list-style-type: none"> <li>• Outreach and education</li> <li>• Depression screenings</li> <li>• Caring Callers</li> <li>• Senior Peer Counseling</li> <li>• Early Intervention Therapy</li> </ul> |
|---|---|

Key Outcomes	Method of Measurement
--------------	-----------------------

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Reduced risk factors (e.g.: isolation)</li> <li>• Increased protective factors</li> <li>• Decreased symptoms of depression</li> <li>• Improved quality of life</li> </ul> | <ul style="list-style-type: none"> <li>• Rosters and log</li> <li>• PHQ-9</li> <li>• Clinician Assessments</li> <li>• Self-report surveys</li> </ul> |
|--|--|

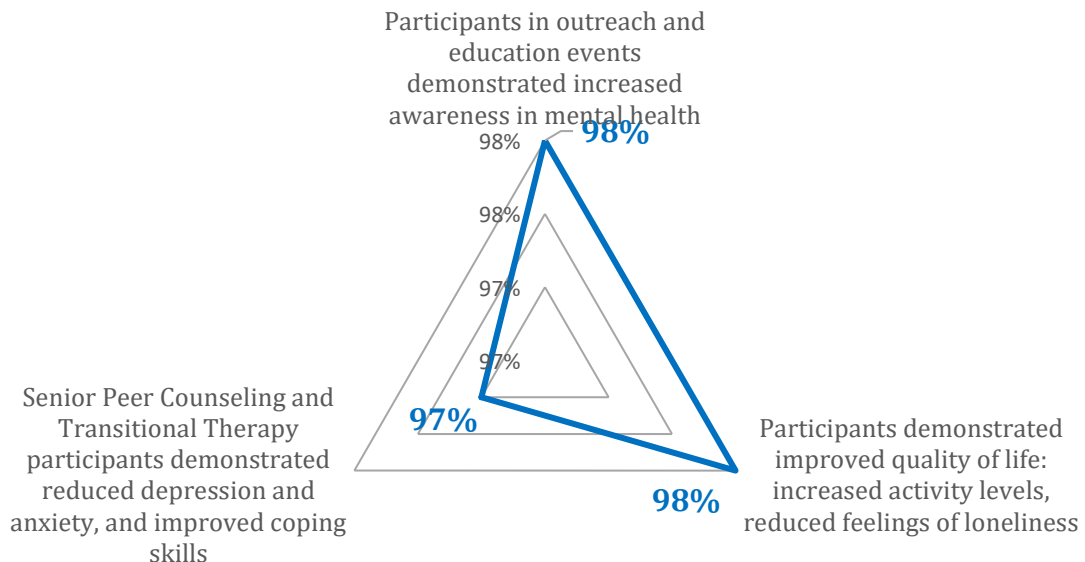
The **Older Adult Mental Health Initiative** is administered by Wilshire Community Services (WCS), a community-based prevention and early intervention non-profit serving seniors countywide. WCS provides an intensive continuum of mental health prevention and early intervention services for Older Adults, which consists of Outreach and Education, Depression Screenings, The Caring Callers Program, Senior Peer Counseling, and Older Adult Transitional Therapy.

WCS provides outreach and education regarding mental health as it relates to the Older Adult population, to the community at large and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith-based agencies, law enforcement, and retirement homes. There were 842 depression screenings conducted in 2017-2018. Clients who are referred to the WCS programs are assessed to determine first, if they are at risk for isolation, and secondly, which program(s) would be most appropriate for their needs. For 2017-2018, the low number of volunteer recruitment in North County

impacted the number of clients screened and assessed. WCS continues to identify strategies to increase volunteer recruitment and outreach.

- Caring Callers is a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation. Senior Peer Counseling is a peer led, yet clinically supervised, mental health program, providing no cost counseling services to individuals over the age of 65. Of the clients surveyed 2017-2018, 98% reported an increase in their overall satisfaction and improvement in quality of life. Through social connections supported by the program, feelings of isolation and loneliness are successfully addressed and reduced, while increasing activity levels.
- Senior Peer Counseling (SPC) is a mental health program providing no-cost counseling services to individuals age 60 or over in their place of residence. There are no income qualifications to access the service. The Program recruits volunteers age 55 and over to be peer counselors. In 2017-2018, 97% of clients who received services demonstrated a reduction in risk factors, such as depression, anxiety, and hospitalizations, and an improvement in coping skills.
- Transitional Therapy is available for clients who need a deeper level of care. 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. For those individuals who chose to receive individual therapy sessions, their symptoms are closely monitored throughout the therapeutic relationship. A total of 41 clients received individual and group therapy sessions, with a total of 36 group sessions, which includes 343 hours of service. After four to eight 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.

**Figure 35. Older Adult Mental Health Initiative Participant Outcomes FY 2017-2018**



<b>ACCESS AND LINKAGE TO TREATMENT PROGRAM</b>					
1. Name of Program:		Older Adult Mental Health Initiative			
2. # of Individuals with SMI referred to treatment		Under implementation and reported next fiscal year			
2.a The kind of treatment individuals were referred		County Behavioral Health Programs			
3. # of individuals who followed through with referral		Under implementation and reported next fiscal year			
3.a Average duration of untreated mental illness		Under implementation and reported next fiscal year			
3.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results:</b>		
1. Specific underserved population		Older adults of any ethnic or linguistic background			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2.a # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services.			
<b>Strategy: Outreach</b>			<b>Results:</b>		
1. # of potential responders		1,539			
2. Settings where potential responders were engaged		Local clinics, community forums and presentations, homeless shelters, etc.			
3. Types of potential responders engaged in each setting		Older adults of any ethnic or linguistic background			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$218,182	PEI Funding	\$29,505	PEI Funding	\$4,970
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Program 4:  
Early Care and Support for  
Underserved Populations  
4.3 Perinatal Mood Anxiety  
Disorder**

	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017 – 2018</b>	<b>0</b>	<b>44</b>	<b>\$49,917</b>	<b>\$1,134</b>
<b>Projection for FY 2018 – 2019</b>	<b>0</b>	<b>25</b>	<b>\$50,000</b>	<b>\$2,000</b>
<b>Projection for FY 2019 – 2020</b>	<b>0</b>	<b>25</b>	<b>\$51,000</b>	<b>\$2,040</b>

<b>Project Goals</b>	<b>Key Objectives</b>
----------------------	-----------------------

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Early identification of mental health issues in women who experience postpartum depression</li> <li>• Develop a universal Perinatal Mood Anxiety Disorder process system of care</li> </ul> | <ul style="list-style-type: none"> <li>• Outreach and education</li> </ul> |
|--|--|

<b>Key Outcomes</b>	<b>Method of Measurement</b>
---------------------	------------------------------

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Increase reported community linkages</li> <li>• Increased knowledge of PMAD services symptoms of depression</li> <li>• Increased knowledge to identify PMAD symptoms</li> </ul> | <ul style="list-style-type: none"> <li>• Number of presentation and outreach activities</li> <li>• Community Health Status Report</li> </ul> |
|--|--|

The **Perinatal Mood Anxiety Disorder** (PMAD) program brings together new and meaningful ways to have a positive impact on the future of healthy pregnancies, women, and children. The program was approved by the stakeholders in 2015-2016. The Perinatal Mood Anxiety Disorder program creates a comprehensive system of care based on collective engagement of public and private community partners to develop sustainable coordinated services and programs.

The program aims to decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms. The Perinatal Mood Anxiety Disorder will reduce mood disorder hospitalizations, increase community-wide knowledge of PMAD, signs, symptoms, and treatment options. The program has created a collective that emphasizes a sustainable and coordinated PMAD system of care by developing a universal PMAD screening, brief intervention, referral, and treatment process with providers, clinics and hospitals. In 2017-2018 the program held seven (7) trainings with a total of 264



PREVENTION & EARLY INTERVENTION (PEI)

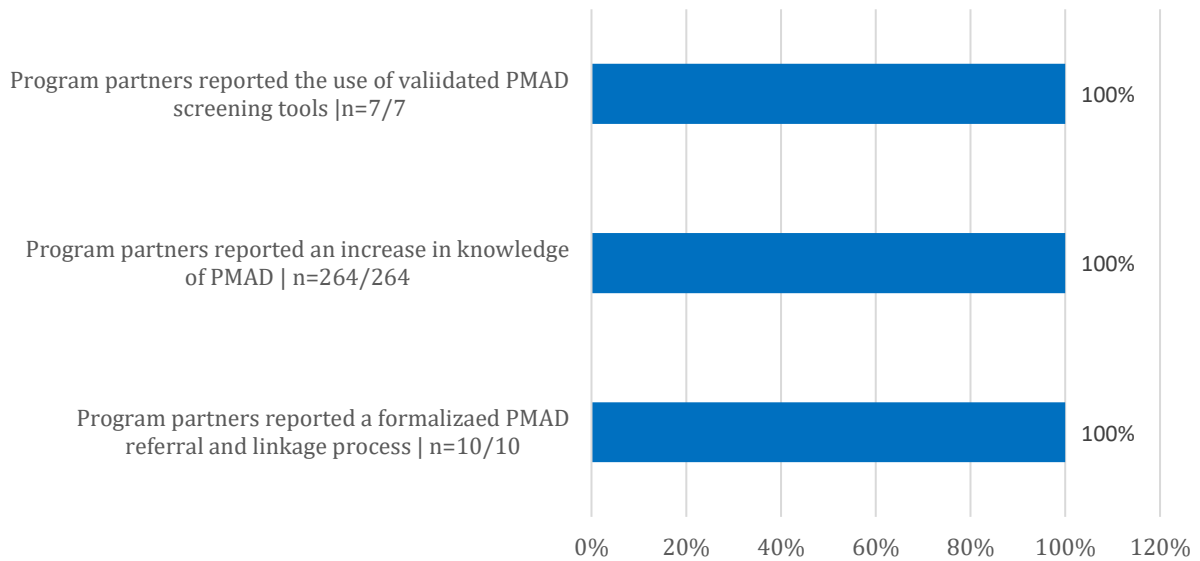
participants, which included clinical psychologists, social workers, mental health professionals, community-based organizations, hospital personnel, and clinical to primary care setting staff. A total of 44 clinical professionals completed the PMAD certificate training course. Outreach activities took place at pediatricians’ offices to screen for PMAD; the program created NavigateSLO, a searchable database of PMAD services, specialists and program providers; and expanded 24/7 multi-lingual hotline with the ability to answer and refer diverse PMAD callers to local resources and services.

<b>OUTREACH FOR INCREASING RECOGNITION FOR EARLY SIGNS OF MENTAL ILLNESS PROGRAM</b>					
1. Name of Program:		Perinatal Mood Anxiety Disorder			
2. Unduplicated # of potential responders		44			
3. Settings potential responders were engaged		Training facilities, clinics, hospitals, community			
4. Type of potential responders engaged		Physicians, nurses, mental health professionals, clerical staff.			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results:</b>		
1. # of Individuals with SMI referred to treatment		Under implementation and reported next fiscal year			
1.a The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.a Average duration of untreated mental illness		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results:</b>		
1. Specific underserved population		Staff in the Mental Health System			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2.a # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services, identification of symptoms and knowledge increase in PMAD.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$49,917	PEI Funding	\$6,750	PEI Funding	\$1,137

PREVENTION & EARLY INTERVENTION (PEI)

Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Figure 36. Perinatal Mood Anxiety Disorder Program Outcomes FY 2017-2018**



**Integrated Community Wellness**

**Program 5:**

**Integrated Community Wellness**

**5.1 Community Therapeutic Services**

	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>EI</b>	<b>418</b>	<b>\$41,430</b>	<b>\$99</b>
<b>Projection for FY 2018-2019</b>	<b>EI</b>	<b>400</b>	<b>\$45,681</b>	<b>\$114</b>
<b>Projection for FY 2019-2020</b>	<b>EI</b>	<b>400</b>	<b>\$46,595</b>	<b>\$116</b>

**Project Goals**

- Early identification of on-set of mental illness
- Increased access of therapy to underserved populations

**Key Objectives**

- Provide brief, low intensity Early Intervention counseling at low or no cost to underserved populations throughout the County

**Key Outcomes**

- Improved mental health and wellness
- Reduced risk factors
- Increased protective factors

**Method of Measurement**

- Rosters
- Clinician assessments
- Participant self-report surveys
- Participant focus groups

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 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 Young Adult Counseling.

**Community Based Therapeutic Services** provides over 1,900 low (\$5.00) or no cost counseling hours to uninsured and underinsured at-risk populations throughout the County. In 2017-2018, services were provided by Community Counseling Center (CCC), and the SLOBHD.

In 2017-2018, CCC continued services in the southern (Grover Beach) and northern areas (Paso Robles) of the county. CCC also partnered with other health care agencies. The expansion further increases access to Latino individuals in South San Luis Obispo County.

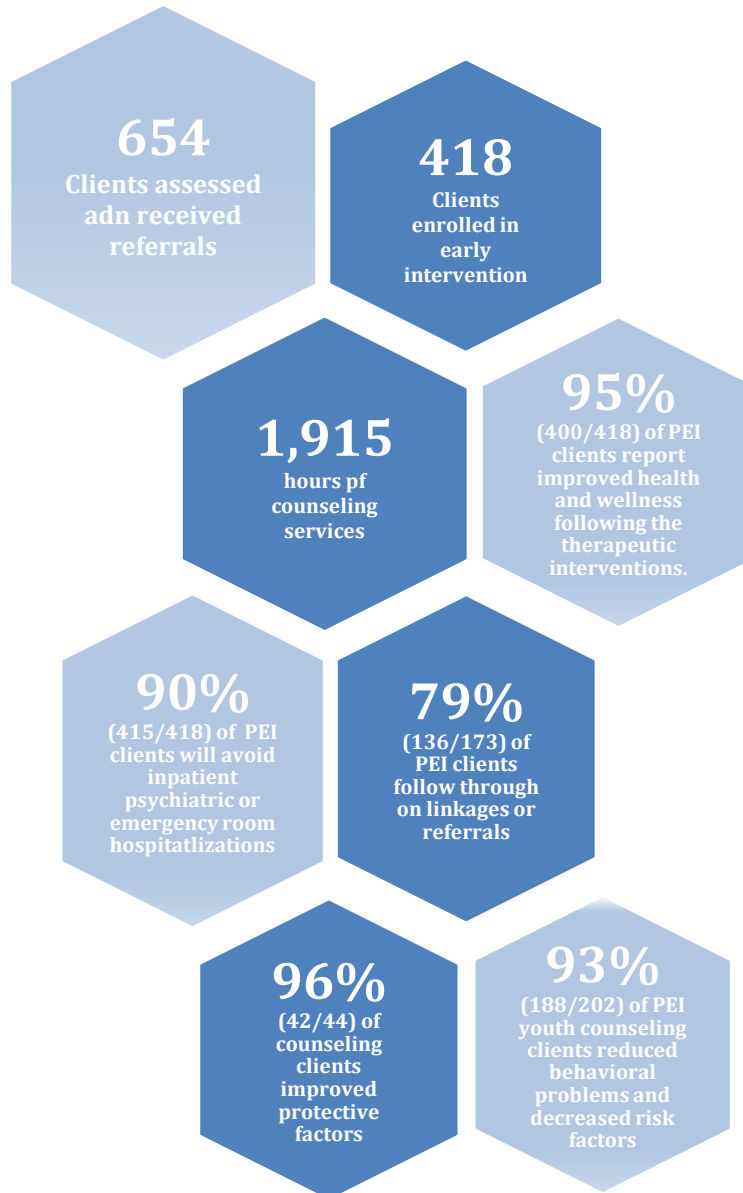
PREVENTION & EARLY INTERVENTION (PEI)

Prior to additional locations added by CCC, families in the North and South County had the longest waits to receive counseling. Clients continue to demonstrate an increase in coping skills and a reduction in suicidal ideation (Figure 37).

EARLY INTERVENTION PROGRAM					
1. Name of Program:		Community Based Therapeutic Services			
2. Unduplicated # of individuals served:		418			
3. # of Individual family members served		418			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results:</b>		
1. # of Individuals with SMI referred to treatment		173			
1.a The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		136			
2.a Average duration of untreated mental illness		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results:</b>		
1. Specific underserved population		At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2.a # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services			
<b>Strategy: Outreach</b>			<b>Results:</b>		
1. # of potential responders		418			
2. Settings where potential responders were engaged		Community Counseling Center office			
3. Types of potential responders engaged in each setting		At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$41,430	PEI Funding	\$5,603	PEI Funding	\$944

Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

**Figure 37. Community Based Therapeutic Services  
Clients Assessed, Enrolled, Hours of Counseling, and Outcomes FY 2017-2018**



**Program 5:  
Integrated Community Wellness  
5.2 Integrated Community  
Wellness – Resources Specialist,  
Transitions-Mental Health  
Association**

	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017 – 2018</b>	<b>EI</b>	<b>493</b>	<b>\$162,514</b>	<b>\$330</b>
<b>Projection for FY 2018 – 2019</b>	<b>EI</b>	<b>700</b>	<b>\$195,708</b>	<b>\$280</b>
<b>Projection for FY 2019 - 2020</b>	<b>EI</b>	<b>700</b>	<b>\$199,622</b>	<b>\$285</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Reduce barriers to treatment outcomes and improve wellness</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Wellness Advocates to individuals and families throughout the County</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Increase in protective factors and reduction in risk factors through increased access to community supports</li> </ul>	<ul style="list-style-type: none"> <li>• Rosters</li> <li>• Advocate notes</li> <li>• Surveys</li> </ul>

TMHA provides Integrated **Community Wellness Advocates**, who are individuals with lived experience as either a client or a family member. Wellness Advocates collaborate with other PEI providers to deliver system navigation services and wellness supports to individuals referred from other programs. The Wellness Advocates provide assistance and referrals toward securing basic needs such as food, clothing, housing, health care, employment, and education. They focus on minimizing stress, supporting resilience, and increasing individuals' self-efficacy.

During 2017-2018, TMHA provided over 2,100 contacts with program participants in the form of assistance and referral to services such as housing, clothing, food, transportation, mental health and/or drug and alcohol services. In 2017-2018 the number of unduplicated client decreased due to staff turnover. TMHA has deployed strategies to increase staff retention to maintain its new full team to reach all annual units and outcomes. Current outcomes show that 41% (34 surveyed clients) demonstrated an increase in their knowledge of and ability to access community-based resources, 39% (323/493) of participants received a referral. Of these, 39% (166/323) have followed through on at least

PREVENTION & EARLY INTERVENTION (PEI)

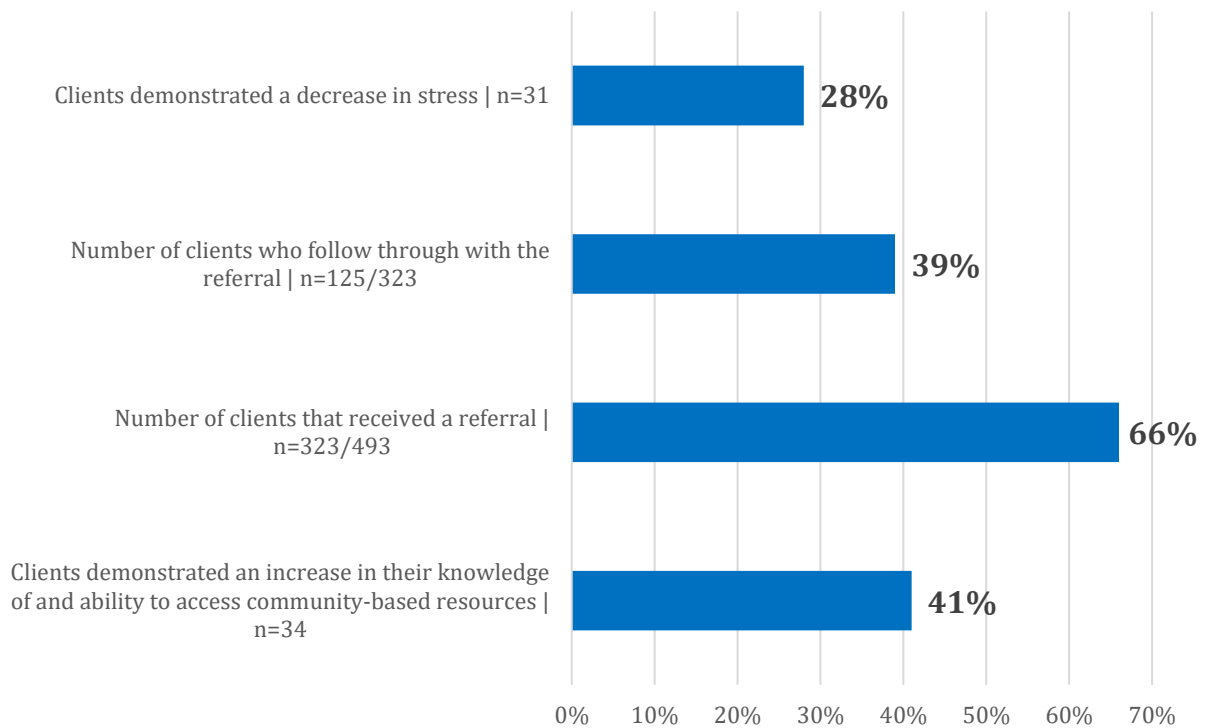
one (1) referral; and 28% (31 surveyed clients) demonstrated a reduction in stress (Figure 38).

EARLY INTERVENTION PROGRAM					
1. Name of Program:		Integrated Community Wellness			
2. Unduplicated # of individuals served:		493			
3. # of Individual family members served		2,121			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results:</b>		
1. # of Individuals with SMI referred to treatment		323			
1.a The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		166			
2.a Average duration of untreated mental illness		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results:</b>		
1. Specific underserved population		At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2.a # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services			
<b>Strategy: Outreach</b>			<b>Results:</b>		
1. # of potential responders		2,121			
2. Settings where potential responders were engaged		Clinics, wellness centers, public buildings, etc.			
3. Types of potential responders engaged in each setting		At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$162,514	PEI Funding	\$21,977	PEI Funding	\$3,702

PREVENTION & EARLY INTERVENTION (PEI)

Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

**Figure 38. Integrated Community Wellness Participant Outcomes FY 2017-2018**





PREVENTION & EARLY INTERVENTION (PEI)

**Program 5:**

**Integrated Community Wellness**

**5.3 Young Adult Counseling**

	<b>Sub-program</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017 – 2018</b>	<b>EI</b>	<b>30</b>	<b>\$97,102</b>	<b>\$3,237</b>
<b>Projection for FY 2018 – 2019</b>	<b>EI</b>	<b>15</b>	<b>\$68,520</b>	<b>\$4,568</b>
<b>Projection for FY 2019 - 2020</b>	<b>EI</b>	<b>15</b>	<b>\$69,890</b>	<b>\$4,659</b>

<b>Project Goals</b>	<b>Key Objectives</b>
----------------------	-----------------------

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Reduce barriers to treatment outcomes and improve wellness</li> </ul> | <ul style="list-style-type: none"> <li>• Provide Wellness Advocates to individuals and families throughout the County</li> </ul> |
|--|--|

<b>Key Outcomes</b>	<b>Method of Measurement</b>
---------------------	------------------------------

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Increase in protective factors and reduction in risk factors through increased access to community supports</li> <li>• Decrease level of depression, anxiety, and associated behaviors including substance use.</li> </ul> | <ul style="list-style-type: none"> <li>• Participant surveys</li> <li>• Therapist notes</li> </ul> |
|---|--|

The Behavioral Health Department provides the **Young Adult Counseling** program. The program offers free individual and/or small group counseling opportunities for Transition Aged Youth who are experiencing early signs of mental health issues or seeking help or support. Young Adult Counseling aims to address feelings of depression, anxiety, or associated risk behaviors including substance use. SLOBHD provides services to students in non-traditional 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.

The program also offers individuals sessions (up to 10) designed to include education, assessment and referral as needed. Participants are provided with opportunities to gain knowledge and skills in areas of self-esteem, relationships, communication, and trust. The program is also designed to offer mental health support to clients who would not otherwise have access to services for various reasons, such as insurance coverage or symptom levels that do not meet diagnostic criteria for other county services. This allows clients to be seen at their convenience throughout the county.

PREVENTION & EARLY INTERVENTION (PEI)

The program was developed in 2015-2016. Data for 2017-2018 reflects the total number of unique clients served (30); during this year, new surveys were implemented, and data was gathered. Most outcomes show an increase in protective factors and a decrease in risk factors (Figure 39).

EARLY INTERVENTION PROGRAM					
1. Name of Program:		Young Adult Counseling			
2. Unduplicated # of individuals served:		30			
3. # of Individual family members served		N/A			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results:</b>		
1. # of Individuals with SMI referred to treatment		3			
1.a The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		2			
2.a Average duration of untreated mental illness		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results:</b>		
1. Specific underserved population		Staff in the Mental Health System			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2.a # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2.b Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services			
<b>Strategy: Outreach</b>			<b>Results:</b>		
1. # of potential responders		30			
2. Settings where potential responders were engaged		Prevention and Outreach Division office and clinic			
3. Types of potential responders engaged in each setting		Youth and parents			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$97,102	PEI Funding	\$32,426	PEI Funding	\$5,462

PREVENTION & EARLY INTERVENTION (PEI)

Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Figure 39. Young Adult Counseling Participant Outcomes FY 2017-2018**

If applicable, clients will report an increase in healthy activities	<b>94% (16/17) increase</b>
If applicable, clients will report an increase in better communication with parents	<b>48% (8/17) increase</b>
If applicable, clients will report an increase about feeling better about themselves	<b>94% (16/17) increase</b>
If applicable, clients will report an increase in being more accepting of people's differences	<b>48% (8/17) increase</b>
If applicable, clients will report an increase in initiating conversation with new acquaintances	<b>30% (5/17) increase</b>
If applicable, clients will report an increase to better manage difficult situations	<b>76% (13/17) increase</b>
If applicable, clients will report a decrease in cannabis and alcohol use	<b>41% (7/17) decrease</b>
If applicable, clients will report a decrease in the use of other drugs	<b>18% (3/17) decrease</b>
If applicable, clients will report a decrease in the amount of times they think about hurting themselves	<b>18% (3/17) decrease</b>
If applicable, clients will report a decrease in suicide ideation	<b>41% (7/17) decrease</b>
If applicable, clients will report an increase in their ability to cope with stress, depression, and anxiety	<b>88% (15/17) increase</b>
If applicable, clients will report an increase in their ability to ask for help	<b>76% (13/17) increase</b>
If applicable, clients will report a greater self-awareness of their actions	<b>65% (11/17) increase</b>

## Innovation (INN)

The Innovation (INN) component of MHSA offers counties a unique opportunity to work with its communities and develop new, best practices. An Innovation project is designed mainly to contribute to learning, rather than simply providing a service. Innovation projects must be new and creative and have not been duplicated in another community. Innovation funding is used for the purpose 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 county's Innovation plans is overseen by an Innovation stakeholder group, which is responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the county's original plan in March of 2011. The learning curve was steep, as the concepts of Innovation had to be approved by local leadership, and policies surrounding these unique ventures had to be developed. The County's original eight Innovation projects concluded in 2014-2015.

SLOBHD applied the lessons learned during the first round of Innovation to streamline, properly plan, and better implement future projects. New projects were proposed, vetted, and prioritized by the Innovation advisory stakeholder group throughout 2014-2015. Further stakeholder collaboration and project design commenced in the Fall of 2015. A final Innovation plan was put forth to the community via a 30-day public review, and a subsequent public hearing as part of the Behavioral Health Board's calendar in February 2016. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the County's plan at their hearing on February 25, 2016.

The County began the process of launching four projects in 2016. The description and achievements of these projects are listed below.

SLOBHD presented two new projects that were approved by the Behavioral Health Board on May 16, 2018. Approval by the Board of Supervisors was obtained on June 5, 2018, and final approval from MHSOAC was received on August 23, 2018. Two new projects are underway and budgeted to expend \$1.5M through 2022. To view the current Innovation plan, or the evaluation of the San Luis Obispo County's initial Innovation plan, visit the following link: <https://www.slocounty.ca.gov/MHSA.aspx>.

SLOBHD also implemented the INN regulations for data collection, which were revised last year. New data will be available next fiscal year for every single innovation project.

**Transition Assistance & Relapse Prevention**

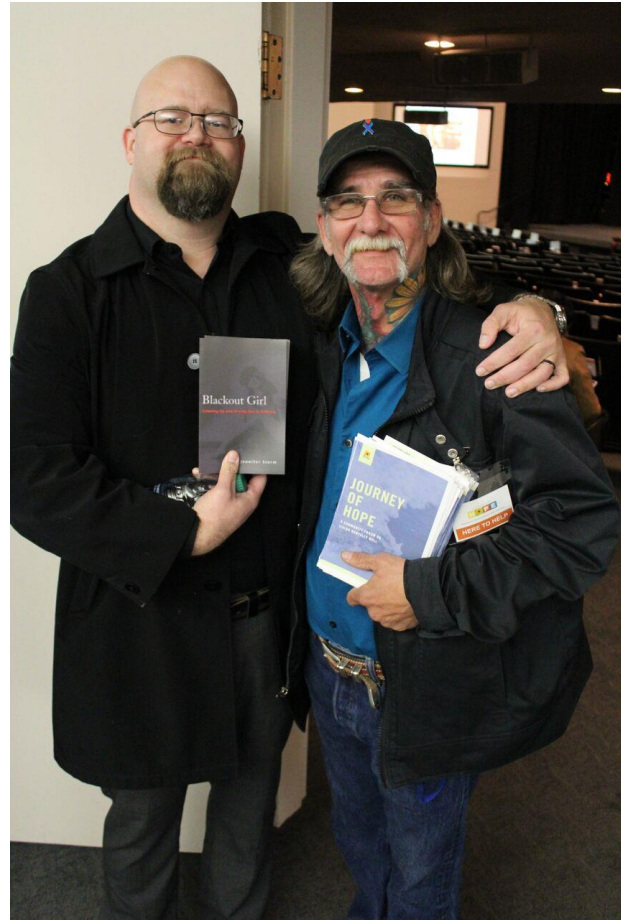
<b>Innovation Program 1</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>19</b>	<b>\$76,433</b>	<b>\$4,023</b>
<b>Projection for FY 2018-2019</b>	<b>20</b>	<b>\$90,769</b>	<b>\$4,538</b>
<b>Projection for FY 2019-2020</b>	<b>Final Project Evaluation and Development</b>		<b>\$45,385</b>

<b>Primary Purpose</b>	<b>Learning Activities</b>
<ul style="list-style-type: none"> <li>• Increase the quality of services, including better outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of a transition partner to help individuals move from intensive services to supportive recovery.</li> </ul>
<b>Learning Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Will participants demonstrate significant reductions in relapse and recidivism?</li> <li>• Will participants demonstrate significant increases in wellness and recovery when compared to non-participants?</li> </ul>	<ul style="list-style-type: none"> <li>• Participant surveys</li> <li>• Graduation rates from FSP programs</li> <li>• # of clients admitted to County's Psychiatric Health Facility</li> </ul>

The **Transition Assistance and Relapse Prevention Project (TARP)** seeks to learn if rates of recidivism and relapse are reduced by embedding peer mentors among adult Full Service Program (FSP) clients who are preparing to “graduate.” This test practice will introduce a peer mentor into the individual’s FSP team within 90 days of graduation. The peer mentor will assist the client in transitioning into a non-intensive, self-supported system of care. The County will evaluate whether the rates of recidivism and relapse among FSP clients are reduced by this bridge approach, in comparison to those traditionally graduated or transferred to lower levels of care in other parts of the mental health system.

TARP is being implemented by Transitions Mental Health Association and provides peer mentors as an on-going support and connection to Full Service Partnership (FSP) graduates. Once FSP clients’ cases are closed and the partnership with the FSP team ends as the client is transferred to the outpatient clinic for general services, graduates may still meet medical necessity for services, but their recovery progress in FSP thus reduces their access to that same level of supportive care. Over the years it has become evident that the sudden shift from intensive services to the standard, every-3-month appointment-based treatment can be very jarring for even the most successful clients. The loss of connectedness to the FSP “family” can be a significant factor that contributes to relapse.

In this project, Transition and Relapse Prevention (TARP), peer mentors extend that continuing connection to the team beyond FSP; this includes providing access to FSP resources and activities to which graduates have not had access to previously. TARP would ensure continuity of care for FSP clients as they transition to non-intensive mental health services and create the opportunity to rely on peer-led services and supports rather than acute mental health care. It also alleviates the demand for FSP services from those clients showing signs of improvement, allowing others in more need of this wraparound program to enroll. Additionally, the presence of a TARP mentor can signal hope that recovery can and does occur, lending legitimacy to the project for new FSP clients.



Transitions-Mental Health Association oversees this project. For 2017-2018, a total of 19 unduplicated participants were served, and 100% of the participants saw a reduction in relapse and recidivism as compared to non-participants from the previous year. Additionally, two peer mentors demonstrated a 31% increase in their own wellness and recovery outcomes as a result of being a TARP Mentor (Figure 40).

INNOVATION PROJECT	
1. Name of Project:	Transition Assistance Relapse Prevention
2. Changes made to the INN project and reasons:	No changes have been made to the project
3. Evaluation Data and Outcomes: 3.1 30% reduction in relapse and recidivism rates as compared to non-participants	0% (0/19) TARP participants relapse or recidivated during this fiscal year.
3.2 60% participants will engage in community-based services for 2 or more sessions	63% (12/19) participants engaged in community-based services for two or more sessions.

INNOVATION (INN)

3.3 60% of participants will report feeling better prepared to manage their long-term recovery	100% (8/8) of participants surveyed reported that they felt better prepared to manage their long-term recovery after working with the mentor.
3.4 Mentors will demonstrate a 30% increase in their own wellness and recovery outcomes	Mentors surveyed (2) demonstrated a 31% increase in their own wellness and recovery outcomes as a result of being a TARP Mentor.
3.5 Total length of reenrollment in Adult FSP will be reduced by 15%	Measure is being re-study to capture data for only current TARP clients.
4. Program information – participants served:	19
<b>Age:</b>	<b>Results:</b>
1. 0-15 (children youth)	Under implementation and reported next FY.
2. 16-25 (transition age youth)	Under implementation and reported next FY.
3. 26-59 (adult)	Under implementation and reported next FY.
4. ages 60+ (older adults)	Under implementation and reported next FY.
<b>Race (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Ethnicity (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Primary Language:</b>	<b>Results:</b>
1. English	Under implementation and reported next FY.
2. Spanish	Under implementation and reported next FY.
<b>Sexual Orientation (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Disability (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Veteran Status (as reported):</b>	<b>Results:</b>
1. Yes	Under implementation and reported next FY.
2. No	Under implementation and reported next FY.
3. Decline to answer	Under implementation and reported next FY.
<b>Gender (assigned at birth):</b>	<b>Results:</b>
Male	Under implementation and reported next FY.
Female	Under implementation and reported next FY.
Decline to answer	Under implementation and reported next FY.

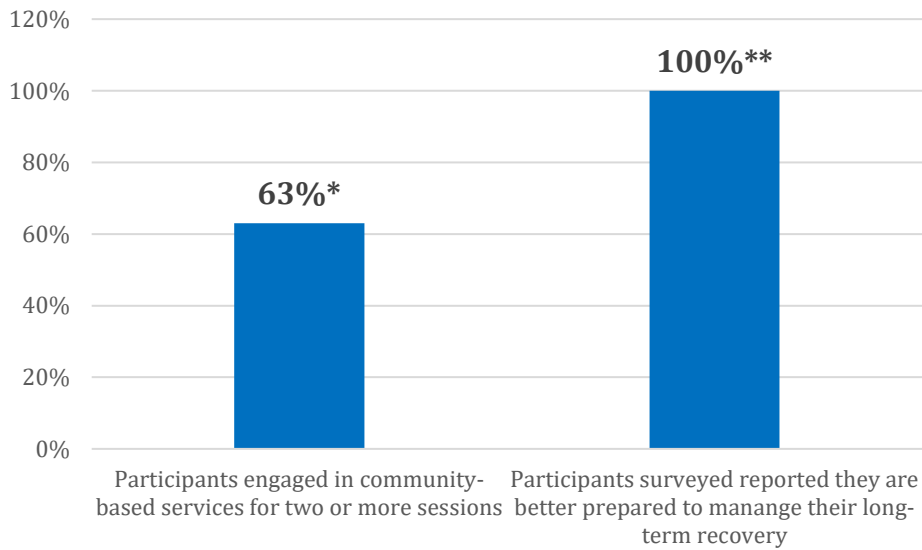
INNOVATION (INN)

<b>Current Gender Identify (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.

TOTAL		Administration*		Evaluation*	
INN Funding	\$76,433	INN Funding	\$7,623	INN Funding	\$7,359
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

\*The administration and evaluation funding represent all the expenditure for Innovation programs.

**Figure 40. Transition-Assistance Relapse Prevention Participant Outcomes FY 2017-2018, N=19\*, 8\*\***





**Late Life Empowerment & Affirmation Program**

<b>Innovation Program 2</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>34</b>	<b>\$99,767</b>	<b>\$2,934</b>
<b>Projection for FY 2018-2019</b>	<b>25</b>	<b>\$112,915</b>	<b>\$4,517</b>
<b>Projection for FY 2019-2020</b>	<b>Final Project Evaluation and Development</b>		<b>\$56,458</b>

<b>Primary Purpose</b>	<b>Learning Activities</b>
------------------------	----------------------------

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Increase the quality of services, including better outcomes</li> </ul> | <ul style="list-style-type: none"> <li>• Use of skill development approach and adapted curriculum</li> </ul> |
|---|--|

<b>Learning Goals</b>	<b>Methods of Measurement</b>
-----------------------	-------------------------------

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Will Participants demonstrate significant reductions in mental illness symptoms, including depression and anxiety rates?</li> <li>• Will participants demonstrate significant reductions in the need for long-term placements and/or mental health services?</li> <li>• Will participants demonstrate significant increase in wellness and recovery?</li> <li>• Will participants demonstrate higher awareness of elder abuse when compared to non-program participants?</li> </ul> | <ul style="list-style-type: none"> <li>• Participant surveys</li> <li>• PhQ9 screenings</li> </ul> |
|--|--|

The Late Life Empowerment and Affirmation Program (LLEAP) will test whether a curriculum developed for victims of domestic violence (DV) can be adapted to meet the needs of older adults who have lost their spouse or partner and are feeling overwhelmed by having to act as the “head of household.” The project seeks to learn whether DV curricula can be effective in the treatment of mental health issues among older adult widows, who often exhibit similar symptoms to those displayed by domestic violence victims (i.e. depression, PTSD, isolation, anxiety, etc.).

LLEAP is being implemented by Wilshire Community Services, Inc. and aims to provide older adults with mental health services and tools that will help them become the head of

their household and feel self-empowered after the loss of a spouse. The project does not focus on bereavement, as there are programs that address this already; rather, LLEAP focuses on improving mental health by providing tools that help clients feel empowered and confident, while reducing the risk factors associated with mental illness and/or severe mental illness (SMI), such as isolation and depression. The project uses a skill development approach to engage widows and widowers socially and provides a setting where they can find comfort and affirmation among peers.

The LLEAP project adapts a curriculum used with victims of domestic violence (DV) to address the mental health needs of widowed older adults. One of the most paralyzing issues for someone dealing with spousal loss is feeling incapable of managing simple tasks, a behavior often seen in domestic violence victims. LLEAP provides the tools and affirmation needed to manage all aspects of the client’s mental health. By doing so, LLEAP reduces symptomology while building resiliency, self-empowerment, and providing a lifeline for those clients who may struggle with daily tasks during this process. The project will determine if there are similarities in treatment and outcomes between widowed older adults and domestic violence victims related to mental health, in turn offering new curricula for providers of older adult mental health services. Programs and services aimed at addressing the mental health needs of widows/widowers are scarce, highlighting a need for the development of such curricula. Most research suggests that older adults with moderate or high risk of mental illness (such as widows) live better lives and report higher feelings of wellbeing when they stay socially engaged and active.

The program began with the development of outreach materials, referral forms, intake assessments, and curriculum. During FY 2017-2018, 20 outreach presentations were made to strategic community partners who were identified as most likely to refer to and utilize the LLEAP program. A total of 34 unduplicated clients were served and 157 contacts were made via one-to-one personal interfaces and group sessions including monitoring, orientation, and low-intensive referral to services. Participant outcomes have shown (Figure 41) an increase in connection to the community, ability to manage tasks, reduction in depression, and an overall increase in coping skills.

INNOVATION PROJECT	
1. Name of Project:	Late Life Empowerment and Affirmation Project
2. Changes made to the INN project and reasons:	No changes have been made to the project
3. Evaluation Data and Outcomes:	
3.1 Reduction in symptomology and lower risk of Serious Mental Illness (SMI)	72% (24/34) reduced in symptomology and lower risk on SMI
3.2 Reduction in depression rates as evidence in PhQ-9 screening	76% (26/34) reduction in depression rates as evidence in PhQ-9 screenings

INNOVATION (INN)

3.3 Reduce hospitalizations and long-term placements	65% (22/34) reduce in hospitalizations and long-term placements
3.4 Reduced need for mental health services	70% (24/34) reduce their need for mental health services
3.5 Increased capacity to manage day-to-day tasks	78% (27/34) increased capacity to manage day-to-day tasks
3.6 Increase in clients' ability to accept and cope with loss (or anticipated loss) of a spouse	65% (22/34) increase in ability to accept and cope with loss (or anticipated loss) of a spouse.
3.7 Feeling less isolated and anxious	80% (27/34) feel less isolated and anxious
4. Program information – participants served:	34
<b>Age:</b>	<b>Results:</b>
1. 0-15 (children youth)	Under implementation and reported next FY.
2. 16-25 (transition age youth)	Under implementation and reported next FY.
3. 26-59 (adult)	Under implementation and reported next FY.
4. ages 60+ (older adults)	Under implementation and reported next FY.
<b>Race (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Ethnicity (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Primary Language:</b>	<b>Results:</b>
1. English	Under implementation and reported next FY.
2. Spanish	Under implementation and reported next FY.
<b>Sexual Orientation (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Disability (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Veteran Status (as reported):</b>	<b>Results:</b>
1. Yes	Under implementation and reported next FY.
2. No	Under implementation and reported next FY.
3. Decline to answer	Under implementation and reported next FY.
<b>Gender (assigned at birth):</b>	<b>Results:</b>
Male	Under implementation and reported next FY.

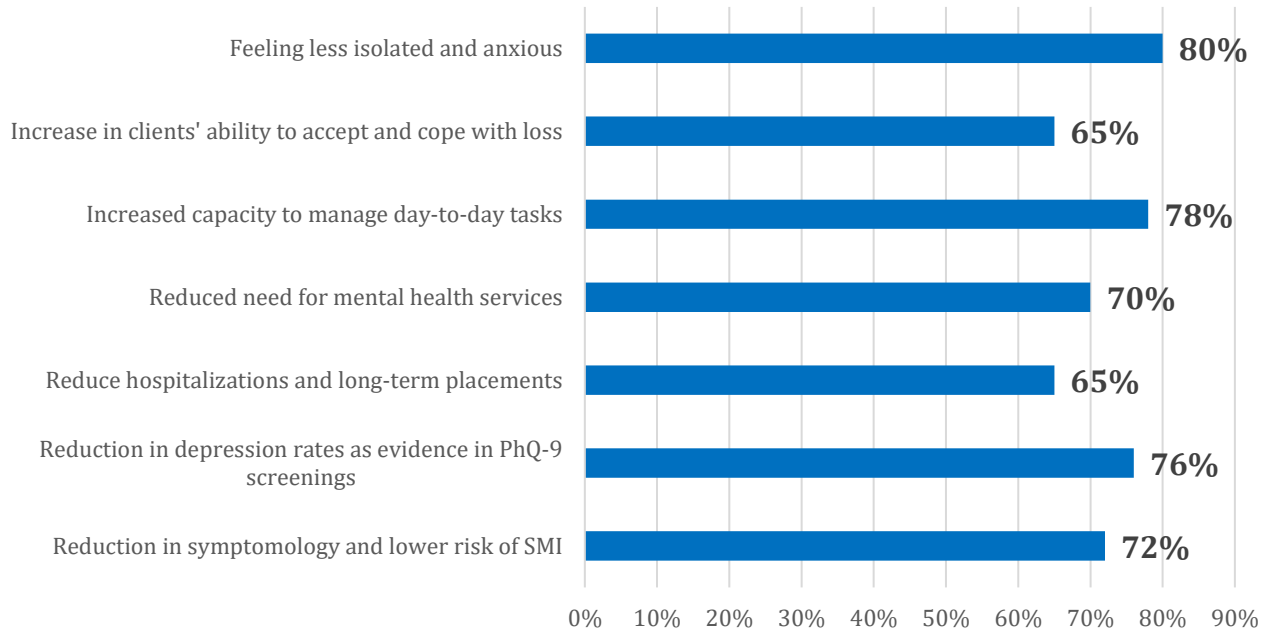
INNOVATION (INN)

Female	Under implementation and reported next FY.
Decline to answer	Under implementation and reported next FY.
<b>Current Gender Identify (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.

TOTAL		Administration*		Evaluation*	
INN Funding	\$99,767	INN Funding	\$9,950	INN Funding	\$9,606
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

*\*The administration and evaluation funding represent all the expenditure for Innovation programs.*

**Figure 41. Late Life Empowerment and Affirmation Project Participant Outcomes FY 2017-2018, N=34**



**Not for Ourselves Alone: Customer Awareness Response Effort**

<b>Innovation Program 3</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>135</b>	<b>\$172,836</b>	<b>\$1,280</b>
<b>Projection for FY 2018-2019</b>	<b>50</b>	<b>\$198,144</b>	<b>\$3,963</b>
<b>Projection for FY 2019-2020</b>	<b>Final Project Evaluation and Development</b>		<b>\$99,072</b>

<b>Primary Purpose</b>	<b>Learning Activity</b>
<ul style="list-style-type: none"> <li>Promote interagency collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Adaptation of Trauma Informed Care trainings across public agencies and programs in the County of San Luis Obispo</li> </ul>

<b>Learning Goals</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>Will mental health consumers satisfaction rates increase?</li> <li>Will participants demonstrate a decrease in stigma related to mental health consumers, and an increase in awareness of mental illness?</li> </ul>	<ul style="list-style-type: none"> <li>Participant pre/post surveys</li> <li>Participants’ organizational pre and post assessments</li> <li>Mental health consumer satisfaction rates</li> </ul>

The “Not for Ourselves Alone” innovation program, implemented by Behavioral Health Department staff, provides trauma-informed care training across public agencies and programs in the County of San Luis Obispo, with the intention of building capacity and increasing interagency collaboration to best serve the citizenry. Community members with trauma are not served by health and social service agencies alone. They are in libraries, at the tax collector’s window, in parks, in courts, using the airport, and seeking assistance from the registrar, alongside those involved with probation, jail, and the Sheriff’s Department. These organizations are relied upon to provide customer service based on traditional government models. This project asks the entire County to learn about trauma and how it may impact its constituents – including its own employees. This understanding will lead to better, more informed public engagement and aid in delivering quality customer service. Essentially, the Behavioral Health Department took a concept and practice, which has already found success within mental health services, and adapted it to work in structures outside of the public mental health system.

Taking steps to shift an organization into a Trauma-Informed Care (TIC) model changes its perceptions about the individuals that it works with, including both clients and staff. A trauma-informed system of care provides services that allow clients to feel safe, accepted, and understood at all levels of agency interaction— free from judgment and exchanges that could potentially be re-traumatizing, or that could trigger traumatic reactions. When an organization learns how to provide TIC, they educate their staff about the effects of violence, victimization and trauma on individuals. Their services allow clients to feel safe, be accepted and be understood by everyone who may come in contact with them. Employees also feel safe and supported.

The project tests the capacity of the Behavioral Health Department to build a collaborative learning community amongst non-health and social service agencies within the government structure of the County of SLO. By establishing a training course, the County of San Luis Obispo Behavioral Health Department provides TIC model training and policy development for each County agency. There will be a total of 4 different trainings, offered at quarterly intervals, required for program completion. Each one builds on the learnings from the previous class:

- 1) General TIC training, mixed audience and larger class size
- 2) Agency-specific training with smaller class size
- 3) Site-specific training to address physical aspects of trauma informed care
- 4) Site lead will offer internal update courses to colleagues and program expansion on specific concepts



**INNOVATION (INN)**

The program began in 2016-2017 with a capacity building and testing phase which included programming, training, policy development, marketing and outreach material. The term TIC was translated into language that was easy to understand to all county employees and the emphasis lied on the interaction with the consumer. The project, for outreach, marketing, and registration purposes, was presented to the county agencies as the Consumer Awareness Response Effort (CARE) training.

<b>INNOVATION PROJECT</b>	
1. Name of Project:	Not for Ourselves Alone – Customer Awareness Response Effort
2. Changes made to the INN project and reasons:	To better engage and reach out to various County departments, the trainings had to be offered in various times and dates based on the available schedule for each department.
3. Evaluation Data and Outcomes:	Mental Health consumer’s satisfaction rates increased 6.15%.
3.1 Mental health consumers’ satisfaction rates will increase by 20%	
3.2 30% of targeted County employees and agencies will receive CARE training	92.46% (135/146) of targeted County employees and agencies received CARE trainings.
3.3 30% decrease in the stigma related to mental health consumers, and increase in awareness of mental illness	There was a 10.57% decrease in the stigma related to mental health consumers and a 12.78% increase in the awareness of mental illness.
4. Program information – participants served:	A total of 135 unduplicated and 262 duplicated participants were served.
<b>Age:</b>	<b>Results:</b>
1. 0-15 (children youth)	Under implementation and reported next FY.
2. 16-25 (transition age youth)	Under implementation and reported next FY.
3. 26-59 (adult)	Under implementation and reported next FY.
4. ages 60+ (older adults)	Under implementation and reported next FY.
<b>Race (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Ethnicity (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Primary Language:</b>	<b>Results:</b>
1. English	Under implementation and reported next FY.
2. Spanish	Under implementation and reported next FY.
<b>Sexual Orientation (as reported):</b>	<b>Results:</b>

**INNOVATION (INN)**

Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Disability (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Veteran Status (as reported):</b>	<b>Results:</b>
1. Yes	Under implementation and reported next FY.
2. No	Under implementation and reported next FY.
3. Decline to answer	Under implementation and reported next FY.
<b>Gender (assigned at birth):</b>	<b>Results:</b>
Male	Under implementation and reported next FY.
Female	Under implementation and reported next FY.
Decline to answer	Under implementation and reported next FY.
<b>Current Gender Identify (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.

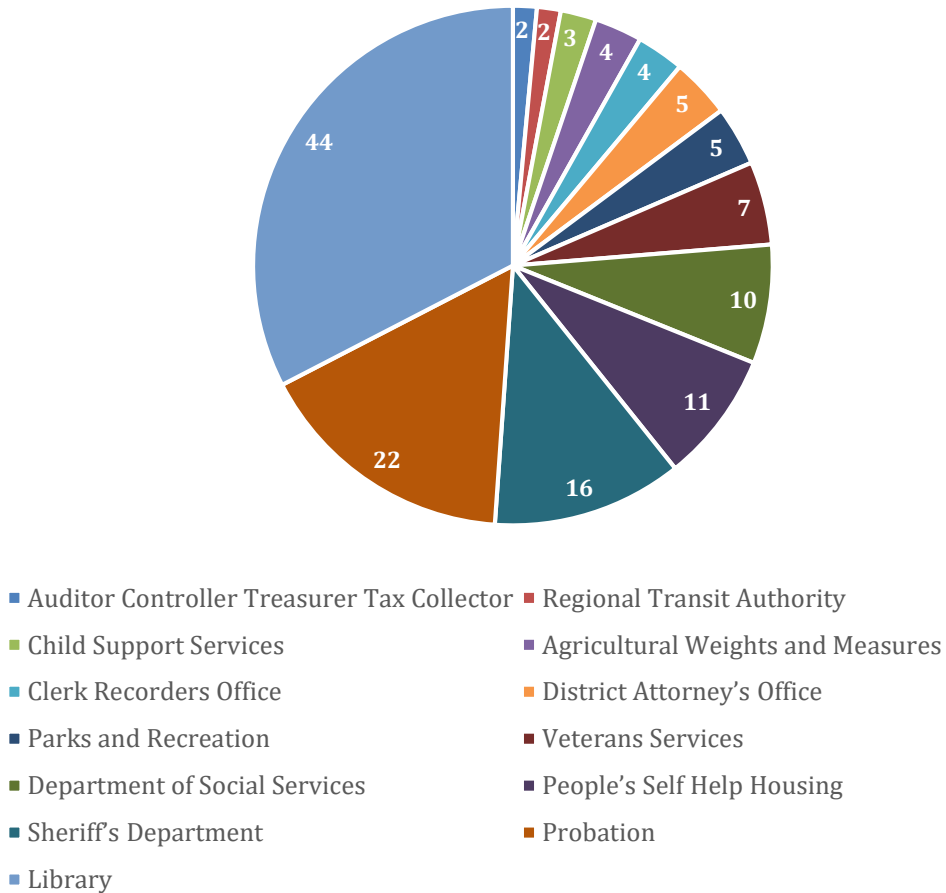
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
INN Funding	\$172,836	INN Funding	\$17,237	INN Funding	\$16,641
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

*\*The administration and evaluation funding represent all the expenditure for Innovation programs.*

By the end of 2017-2018, out of a total number of 146 targeted County employees whose work included public contact, 135 unduplicated employees received at least one CARE training for a percentage of 92.46% participation. A total of 262 duplicated employees participated in the training program during 2017-2018. (This number reflects duplicated attendees for participation in CARE 101, 102, 103 or 104 trainings.) A decision was made to open the training program to departments and agencies outside the SLO County Government. This decision was put into place to increase attendance numbers and expand the training to more customer service-facing agencies within the county that encounter mental health clients. Twelve different County departments and agencies were trained during 2017-2018 (Figure 42).



**Figure 42. Not for Ourselves Alone – Customer Awareness Response Effort Participating Departments FY 2017-2018**



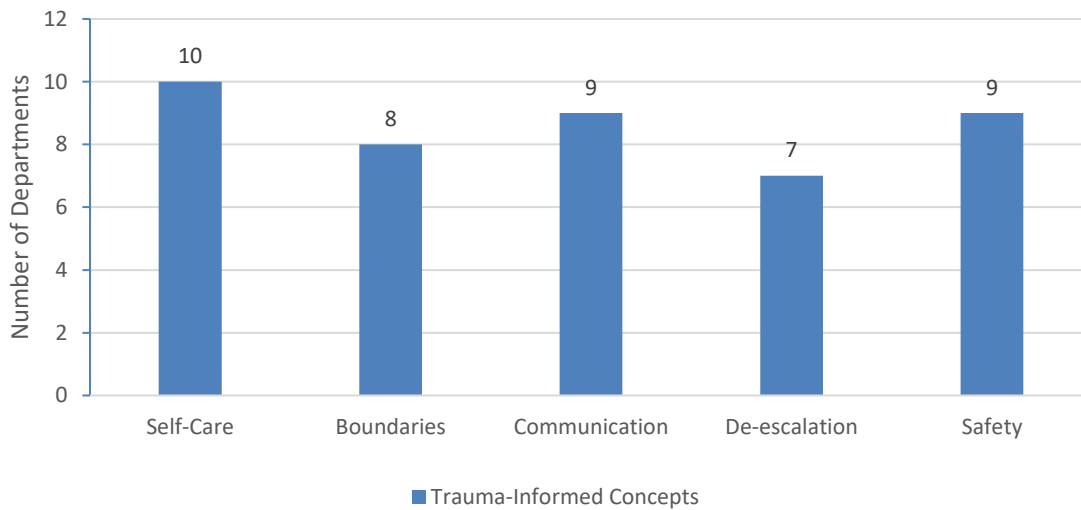
Two CARE 101 trainings occurred over the course of 2017-2018. At the 101 trainings, pre-post assessments were administered. The assessments showed consumers have reported an increase of 6.15% of satisfaction rates with the service provided by the participating county agencies. Participating agencies also reported a 10.57% decrease in the stigma related to mental health consumers, and 12.78% increase in awareness of mental illness in the community (Figure 43).

**Figure 43. Not for Ourselves Alone – Customer Awareness Response Effort Outcomes and Measurements (CARE 101) FY 2017-2018**

Key Outcomes FY 2017-2018	Target %	Actual %
Consumers’ satisfaction rates with services received will increase	20%	6.15%
Percentage of targeted County employees who have received TIC training	30%	92.46%
Decrease in stigma related to mental health consumers	30%	10.57%
Increase in awareness of mental illness in the community	30%	12.78%

A narrative analysis of each participating department in 2017-2018 showed attendees wanted to expand their knowledge on several main trauma informed concepts. These re-occurring major themes included self-care, boundaries, communication, de-escalation and safety (Figure 44).

**Figure 44. Not for Ourselves Alone – Customer Awareness Response Effort Training Themes FY 2017-2018**



In May 2017, the lead CARE trainer went on leave and two trauma-informed CARE trainers were appointed to fill the absence. A temporary CARE trainer helped facilitate trainings among remaining CARE 104 groups from the third round of CARE trainings. The second appointed trainer stepped in to facilitate the final round of CARE 101 trainings and all trainings administered thereafter.

A decision to no longer administer Organizational Self-Assessments was made during 2017-2018. This decision was reached based upon the following reasons. First, several attendees failed to complete the paper assessments as they found them tedious. In place of the paper assessments, attendees were given the option to complete the self-assessment

online through a Survey Monkey link. Results from the survey still showed minimal attendees were completing the self-assessment online. The second reason that led to the discontinuation of the self-assessment came from the lack of discussion from participants during the CARE 102 sessions. Because of the original lack of responses, CARE 102 discussions around the self-assessment showed to be unsuccessful. It is for these reasons that the self-assessment was no longer assigned to participants. Rather, it was recommended to participants that they complete the assessment on their own time in order to see how well their organization was progressing in becoming trauma-informed.

Several additional training materials were created in FY 2017-2018. They included monthly newsletters and a CARE workbook. These materials were created to help participants better retain training concepts based upon the feedback they had provided. The monthly newsletters and workbook served as consistent reminders of key concepts from the CARE 101 training. Participants can continue to learn between subsequent sessions by reviewing the monthly newsletters, reading in depth articles, and completing trauma-informed CARE worksheets. Changes to the CARE training calendar were also made in 2017-2018. Participants reported to facilitators that information from the trainings was hard to retain over the course of several months. For this reason, the original 102, 103, and 104 training schedules were changed from trainings occurring two to three months apart, to trainings being scheduled one to two months apart.



**INNOVATION (INN)**

**Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA)**

<b>Innovation Program 4</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2017-2018</b>	<b>93</b>	<b>\$156,618</b>	<b>\$1,684</b>
<b>Projection for FY 2018-2019</b>	<b>96</b>	<b>\$212,678</b>	<b>\$2,215</b>
<b>Projection for FY 2019-2020</b>	<b>Final Project Evaluation and Development</b>		<b>\$106,339</b>

<b>Primary Purpose</b>	<b>Learning Activity</b>
<ul style="list-style-type: none"> <li>• Increase the quality of services, including better outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• 3 peer counselors with lived-experience to determine higher positive impact in overall mental health</li> </ul>

<b>Learning Goals</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Does a peer’s level of lived experience matter when providing a mental health support service?</li> <li>• Can overall usage of mental health services among Latinos increase by using peer services and support groups?</li> <li>• Will more clients enroll in services, and will they follow through on treatment?</li> <li>• Can the stigma of seeking help decrease among this population?</li> <li>• Can peers play a role in the reduction of stigma among Latinos?</li> <li>• Will support groups help keep the conversation around mental health going?</li> <li>• Will more Latinos see the value of seeking services, and be better informed about available resources??</li> <li>• Will there be significant differences between peer definitions among project clients, and the responses from other mental health system clients and peer organizations?</li> </ul>	<ul style="list-style-type: none"> <li>• PhQ9</li> <li>• Participant Pre/Post Surveys</li> </ul>

The Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA) project tests an innovative approach to working with Latino women who are victims of domestic

violence (DV), and who also exhibit moderate or greater mental health needs. The project attempts to determine whether a certain level of “peer status” is more beneficial than another in providing support to a treatment group. Treatment groups will be paired with one of three different “peers” (a Latina woman, a Latina with lived domestic violence experience, or a Latina with DV history who is also a mental health system consumer) in an attempt to better define “peer” as it relates to the client. The County will test whether the peer’s experience, when other variables are somewhat constant, has a greater or reduced impact on treatment outcomes.

The Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA) innovation program, being tested by Stand Strong dba Women’s Shelter Program of San Luis Obispo County, provides peer support and services for Latinas and seeks to answer what level of support is effective in improving treatment rates and outcomes. The peers provide support and services in three areas of experience:

- 1) Latino woman
- 2) Latino woman with lived mental health experience
- 3) Latino woman with a history of domestic abuse and lived mental health experience

Stigma, culture, and the lack of sufficient qualified bilingual, bicultural licensed professionals are all barriers for Latinos seeking mental health services. This project answers the questions of whether offering peer services can increase the overall volume of Latino clients seeking mental health services, whether there is a quantifiable difference in outcomes based on which peer clients work with, and if this new approach can reduce the stigma that is such a strong barrier to entry for so many. The project will focus its work on Latino Women with lived experience of domestic violence who are also consumers of the mental health system. This demographic faces strong barriers to accessing services, and would thus provide clear answers to the questions raised by this project.

The project tests an adaptation of evidence-based alcohol and drug prevention models which build an internal support group to continue past the duration of a prescribed-term group or curriculum. This part of the Innovation will test whether clients can increase their long-term wellbeing by creating social support groups, comprised of project participants with peer support.

In 2016-2017, the program began by designing and adapting the Latina Power curriculum by training new peer-counselors in group facilitation and the evaluation tool development. For 2017-2018, results indicated that 66% (40/61) completed all 12-weeks of counseling sessions and 44% (27/61) of participants joined the therapeutic art engagement group. Topics during counseling sessions included psychoeducation around intimate partner violence, mental health awareness, effective coping skills, healthy relationship education, stress management, self-care, how to build a healthy support system, positive communication, healthy family dynamics, and empowerment (Figure 45).

INNOVATION PROJECT	
1. Name of Project:	Creating Opportunities for Latinas to Experience Goal Achievement
2. Changes made to the INN project and reasons:	Outcome tool measures were updated on time to ensure proper data collection.
3. Evaluation Data and Outcomes: 3.1 50% Participants will enroll in subsequent Latina support groups. These groups shall be a part of the therapeutic art engagement group.	44% (27/61) of surveyed clients from both groups enrolled in the therapeutic art engagement group
3.2 85% of participant will complete all 12 weeks of counseling sessions.	66% (40/61) of surveyed clients completed all 12 weeks of counseling sessions
3.3 75% of participants will provide feedback on each of the peer counselors they work with and rate their experience	87% (38/40) surveyed clients provided feedback on each peer counselor.
3.4 40% of enrolled clients will join an on-going support group comprised of other project participants	51% (31/61) of surveyed clients joined an on-going support group
3.5 Participants will demonstrate an 30% reduction in depression levels at the end of the counseling compared to initial screening	28% (11/40) demonstrated a 30% or higher reduction in depression levels
3.6 Participants will demonstrate a 30% increase in resiliency and their outlook on life at the end of counseling	30% (12/40) demonstrated a 40% increase or higher in resiliency and their outlook on life.
4. Program information – participants served:	93
<b>Age:</b>	<b>Results:</b>
1. 0-15 (children youth)	Under implementation and reported next FY.
2. 16-25 (transition age youth)	Under implementation and reported next FY.
3. 26-59 (adult)	Under implementation and reported next FY.
4. ages 60+ (older adults)	Under implementation and reported next FY.
<b>Race (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Ethnicity (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Primary Language:</b>	<b>Results:</b>
1. English	Under implementation and reported next FY.

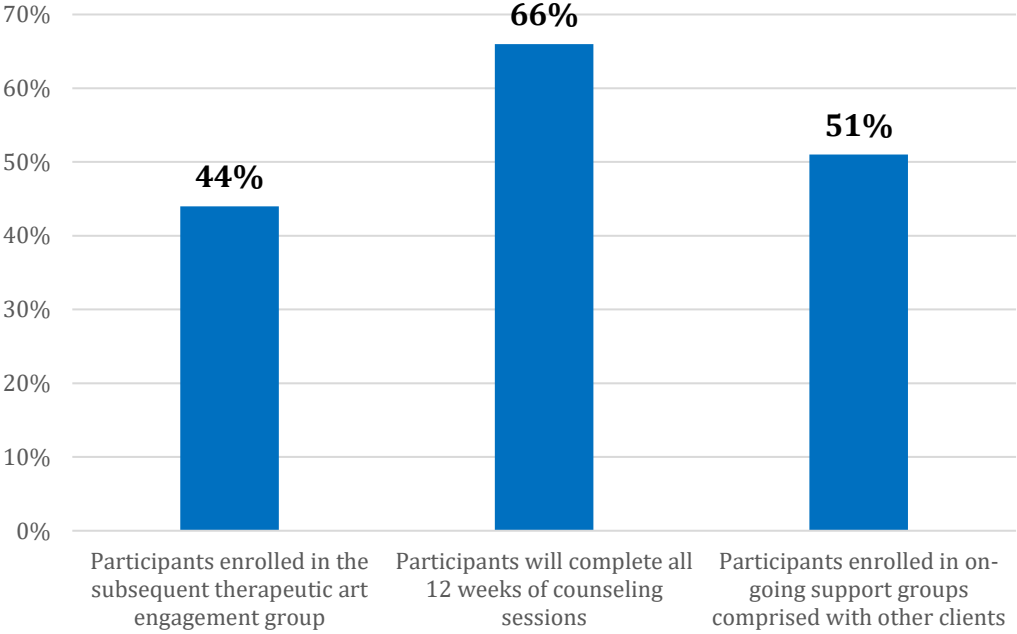
INNOVATION (INN)

2. Spanish	Under implementation and reported next FY.
<b>Sexual Orientation (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Disability (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Veteran Status (as reported):</b>	<b>Results:</b>
1. Yes	Under implementation and reported next FY.
2. No	Under implementation and reported next FY.
3. Decline to answer	Under implementation and reported next FY.
<b>Gender (assigned at birth):</b>	<b>Results:</b>
Male	Under implementation and reported next FY.
Female	Under implementation and reported next FY.
Decline to answer	Under implementation and reported next FY.
<b>Current Gender Identify (as reported):</b>	<b>Results:</b>
Under implementation and reported next FY.	Under implementation and reported next FY.

<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
INN Funding	\$156,618	INN Funding	\$15,620	INN Funding	\$15,079
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

*\*The administration and evaluation funding represent all the expenditure for Innovation programs.*

**Figure 45. Creating Opportunities for Latinas to Experience Goal Achievement  
Participant Outcomes FY 2017-2018, N=61**





## Capital Facilities and Technological Needs (CFTN)

Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental illness service delivery. San Luis Obispo County accessed its CFTN funds to build a comprehensive integrated behavioral health system. In order to modernize and transform clinical and administrative information systems, 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 was developed with stakeholder input.

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
- Business Partnerships based on Electronic Exchange of Data
- Referrals and Automation of the Process
- Improved Reporting for Management, Quality and Clinical Need

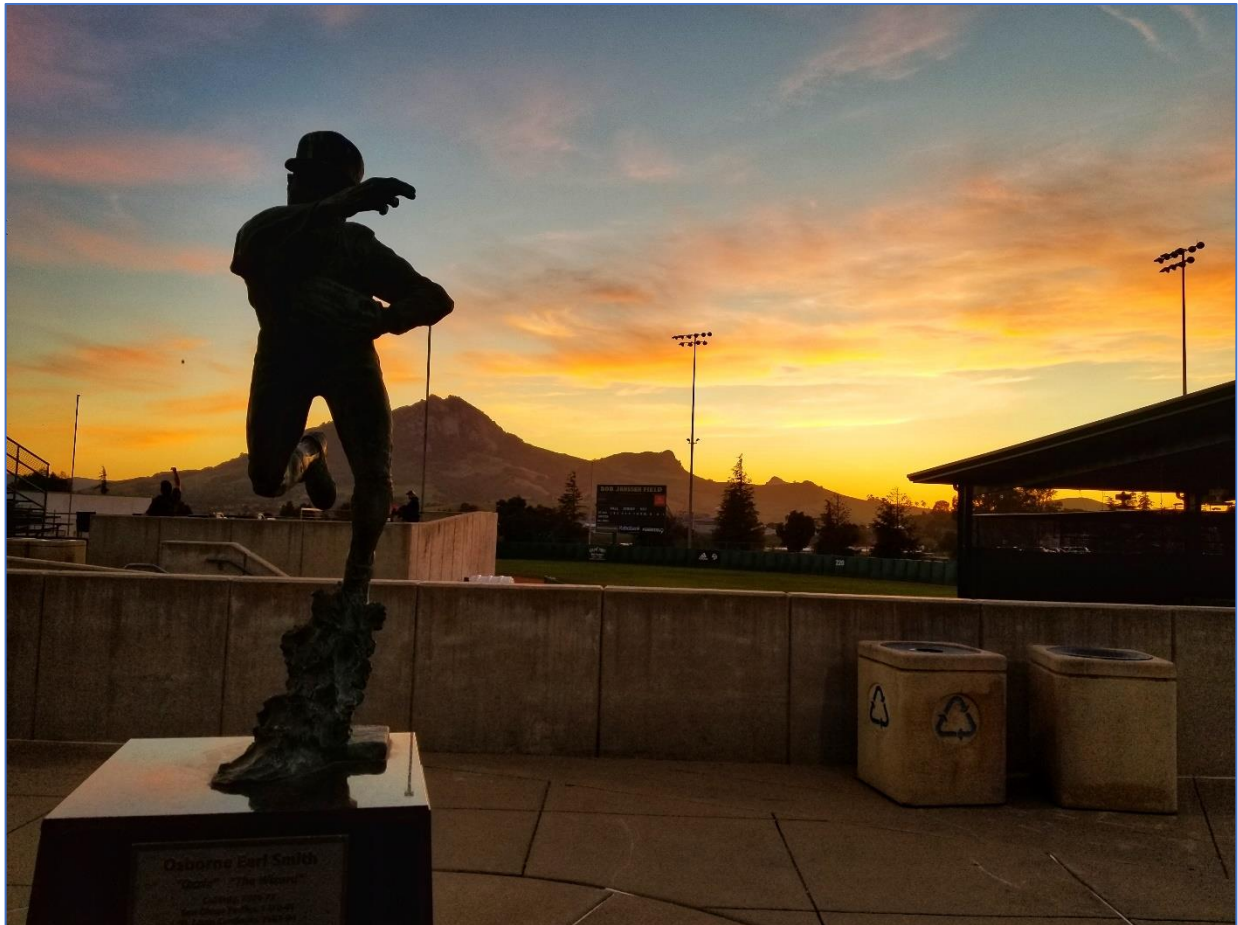
A contract with Anasazi Software, Inc. (now Cerner, Inc.) was approved by the Board of Supervisors in May 2010.

### **2017-18 Results**

- Electronic Prescribing of Controlled Substances has been implemented and has been utilized by 20 doctors.
- Implemented Cerner’s Ultra-Sensitive Exchange.
- Updated the Progress Note functionality in the EHR and provided broad staff training on the updates. The purpose of the update was to provide a broader range of Progress Note types more tailored to the services provided as well as reducing billing errors.
- Ongoing maintenance and changes to the system, including the creation of 26 new clinical assessments.

## CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

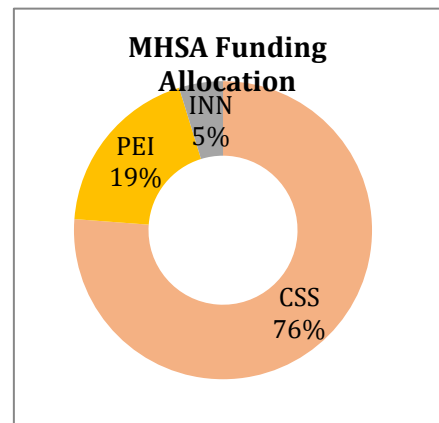
- Redesigned the CANS assessment for 0-5 and 5-17 to meet comply with changes in federal reporting requirements.
- Signed HIE contract
- Patient Portal



## Financial Report

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 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.

Counties are responsible for allocating 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 amount. 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).



In FY 2017-18, San Luis Obispo Behavioral Health Department (SLOBHD) spent a total of \$15.9 million (M) on MHSA programs with \$11.9M coming from MHSA revenue and \$2.8M from Medi-Cal Federal Financial Participation (FFP) reimbursement, and \$1.2M from grants or other revenue sources. The breakdown per program, including the cost per client, is included in the tables at the beginning of each component section.

On July 1, 2016 the Governor passed Assembly Bill (AB) 1618, also known as the “No Place Like Home” Initiative, which will create a \$2 billion revenue bond supported by MHSA funds. The Department of Housing and Community Development will administer a competitive program among counties to finance capital costs for permanent supportive housing. As a result of the Initiative, the amount of MHSA revenue distributed to each County will decrease in future years. Due to the timing of the bond issuance, the County may see a reduction in FY 2018-19. SLOBHD has made the appropriate adjustments when preparing long-term financial projections for the County’s MHSA programs, as well as informed MHSA Stakeholders of the impact. As such, the reduction in revenue will not affect current or newly added programs.



Funds deposited to the County by Proposition 63 tax revenue have three years in which they need to be spent, or placed in a Prudent Reserve (which allows a county to put a portion of its planning estimate away in case of an extreme revenue decrease). Funds not spent within three years are subject to “reversion” (being sent back to the State). The Behavioral Health Department manages its MHSA spending and savings plans so there are funds available to cover the costs and growth of each program, with efforts to avoid any reversion of MHSA revenue. In Fiscal Year 2017-18 the Department of Health Care Services (DHCS) determined SLOBHD had \$505,421 subject to reversion, \$429,296 in INN funding and \$76,125 in WET funding.

On July 10, 2017 Assembly Bill (AB) 114 became effective and provided guidance on the process for funds subject to reversion as of July 1, 2017. Funds subject to reversion were deemed to have been reverted and then reallocated to the County of origin to be used for its original purpose. Counties are required to have a plan to spend these funds by July 1, 2020. SLOBHD plans to spend these funds on existing projects and these funds were included in the long-term financial projections. The Spending Plan was provided to MHSA Stakeholders and the public for review May 16, 2018, approved by the Behavioral Health Board June 20, 2018, and approved by the County Board of Supervisors August 7, 2018. The following table outlines the funds affected by AB 114 by fiscal year:

Department of Health Care Services  
MHSA Funds Subject to Reversion by Fiscal Year by Component  
FINAL

San Luis Obispo	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ -		\$ -
FY 2007-08	\$ -	\$ -		\$ 76,125	\$ -	\$ 76,125
FY 2008-09	\$ -	\$ -	\$ 364,098			\$ 364,098
FY 2009-10	\$ -	\$ -	\$ -			\$ -
FY 2010-11	\$ -	\$ -	\$ 23,728			\$ 23,728
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ -			\$ -
FY 2013-14	\$ -	\$ -	\$ -			\$ -
FY 2014-15	\$ -	\$ -	\$ 41,470			\$ 41,470
<b>Total</b>	\$ -	\$ -	\$ 429,296	\$ 76,125	\$ -	\$ 505,421

\$ - No Funds Subject to Reversion

The approved Spending Plan may be found here: [http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHSA\)/Plans/County-of-SLO-AB-114-Spending-Plan-BOS-approved-08.aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/Plans/County-of-SLO-AB-114-Spending-Plan-BOS-approved-08.aspx)

On September 10, 2018 the Governor signed Senate Bill (SB) 192 (Chapter 38, Statutes of 2018) that amends Sections 5892 and 5892.1 of the Welfare and Institutions Code in regards to MHSA reversion and prudent reserve. Section 5892 (h)(1) states that allocated

funds that have not been spent within three years, including interest accruing on those funds, shall revert back to the state. Guidance had not been given about the use of interest before FY 2017-18. The calculation by DHCS for the AB 114 funds included interest and SB 192 codifies that interest will be subject to reversion. In February 2018 this new guidance on interest was presented to MHSAs Advisory Committee (MAC) and the stakeholders approved a policy of first spending interest funds in each new fiscal year. All interest funds, excluding those subject to AB 114, were spent in FY 2017-18. These funds were included in the long-term financial projections so there was no effect to current program funding.

SB 192 also provides new guidance on the Prudent Reserve. Section 5892(b)(2) states that the Prudent Reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. SLOBHD currently has more than 33% in the Prudent Reserve. MHSAs leadership staff and stakeholders are developing plans to move funds into CSS over the next few years to be in compliance with SB 192.

MHSAs revenue is projected to decrease in FY 2018-19 due to No Place Like Home, with an expected increase in FY 2019-20. As previously noted, MHSAs revenue is generated from personal income tax which can fluctuate considerably and is dependent on the State's economy. SLOBHD takes a conservative approach in its projections and uses information provided periodically by the California Behavioral Health Directors Association (CBHDA) as the basis.

The summary table below is the projected amount of MHSAs funds that will be spent on the County's MHSAs programs for FY 2018-19 through FY 2019-20. This summary does not include other revenues such as Medi-Cal reimbursement (Federal Financial Participation, FFP) or grants but it does include interest earned on MHSAs allocated funds and AB 114 funds. All components include a projected 2% overall increase for contracts, services and supplies, and personnel expenditures.

**FY 2018/19 Mental Health Services Act Annual Update  
Funding Summary**

County: San Luis Obispo Date: 9/27/18

		MHSA Funding					
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Actual FY 2017/18 Funding</b>							
1.	Unspent Funds from Prior Fiscal Years	8,632,006	1,786,837	1,625,848	103,347	51,075	
2.	New FY 2017/18 Funding	10,464,992	2,607,127	711,041	2,419		
3.	Transfer in FY 2017/18 <sup>a/</sup>	(1,872,854)			53,194	387,651	1,432,009
4.	Access Local Prudent Reserve in FY 2017/18	0	0				0
5.	Estimated Available Funding for FY 2017/18	17,224,144	4,393,964	2,336,889	158,960	438,726	
<b>B. Actual FY 2017/18 MHSA Expenditures</b>		8,519,141	2,217,366	604,767	77,462	438,726	
<b>C. Estimated FY 2018/19 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	8,705,003	2,176,598	1,732,122	81,498	0	
2.	Estimated New FY 2018/19 Funding	9,403,101	2,350,776	618,625			
3.	Transfer in FY 2018/19 <sup>a/</sup>	(587,990)			50,532	537,458	0
4.	Access Local Prudent Reserve in FY 2018/19 <sup>**</sup>	1,500,000	0				(1,500,000)
5.	Estimated Available Funding for FY 2018/19	19,020,114	4,527,374	2,350,747	132,030	537,458	
<b>D. Estimated FY 2018/19 Expenditures</b>		10,261,422	2,509,111	1,015,413	132,030	537,458	
<b>E. Estimated FY 2019/20 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	8,758,692	2,018,263	1,335,334	0	0	
2.	Estimated New FY 2019/20 Funding	10,076,991	2,519,248	662,960			
3.	Transfer in FY 2019/20 <sup>a/</sup>	(662,478)			134,671	527,807	0
4.	Access Local Prudent Reserve in FY 2019/20 <sup>**</sup>	1,000,000	0				(1,000,000)
5.	Estimated Available Funding for FY 2019/20	19,173,205	4,537,511	1,998,294	134,671	527,807	
<b>F. Estimated FY 2019/20 Expenditures</b>		11,173,045	2,538,140	1,058,484	134,671	527,807	
<b>G. Estimated FY 2019/20 Unspent Fund Balance</b>		8,000,160	1,999,371	939,810	0	0	
<b>H. Estimated Local Prudent Reserve Balance</b>							
1.	Actual Local Prudent Reserve Balance on June 30, 2017		4,404,155				
2.	Contributions to the Local Prudent Reserve in FY 2017/18		1,432,009				
3.	Distributions from the Local Prudent Reserve in FY 2017/18		0				
4.	Actual Local Prudent Reserve Balance on June 30, 2018		5,836,164				
5.	Contributions to the Local Prudent Reserve in FY 2018/19		0				
** 6.	Distributions from the Local Prudent Reserve in FY 2018/19		(1,500,000)				
7.	Estimated Local Prudent Reserve Balance on June 30, 2019		4,336,164				
8.	Contributions to the Local Prudent Reserve in FY 2019/20		0				
** 9.	Distributions from the Local Prudent Reserve in FY 2019/20		(1,000,000)				
10.	Estimated Local Prudent Reserve Balance on June 30, 2020		3,336,164				

a/ Pursuant to 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.

\*\*Pursuant to SB 192 the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. The County plans to bring the Prudent Reserve down to this level over a few fiscal years.

**Community Services and Supports (CSS):** Actual expenses for CSS in FY 2017-18 were \$12.3M with \$8.5M funded through MHPA revenue, \$2.8M from Medi-Cal FFP, and \$978 thousand (K) from grants or other revenues. Included for FY 2017-18 was \$197.93 from interest funding that was released from the California Housing Finance Agency (CalHFA) that was unencumbered and available to be drawn down. This funding was used to offset Full Service Partnership (FSP) housing.

A transfer to the CFTN component in the amount of \$388K was completed during FY 2017-18 to fund the on-going maintenance and support of the Behavioral Health Electronic Health Record (BHEHR). The total on-going maintenance and support expense is shared between the Drug and Alcohol Division and MHPA. A transfer to the WET component in the amount of \$53K was completed during FY 2017-18 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

As discussed in the FY 2017-18 Three Year Expenditure Plan, the County was awarded \$971,070 in SB 82 grant funds through the California Health and Facilities Financing Authority (CHFFA) to build a 4-bed Crisis Stabilization Unit (CSU) in the City of San Luis Obispo in FY 2015-16. Initial project planning and preparation began in FY 2015-16 and ground breaking was August 25, 2017. The CSU was open for services on April 1, 2018. The FY 2017-18 actual includes \$855,507 in revenue and expenses for construction project costs under the General System Development (GSD): Crisis & Aftercare program. MHPA's key stakeholder group (MAC) approved the use of MHPA CSS funding of \$150K to cover the overage for the initial project costs. This additional funding along with the savings in other MHPA CSS GSD programs was used to fund the \$245K difference between the SB 82 grant and actual expenditures through FY 2017-18. There is \$54K of MHPA funding projected to be spent in FY 2018-19 for the initial building setup costs including a security system, computer servers, and flooring.

In FY 2017-18 the MAC approved the addition of a clinician to support the San Luis Obispo Police department's Community Action Team; enhancements for the crisis and aftercare program; and the transfer of CSS funds to WET. Other changes in FY 2017-18 included the following:

- Reassignment of a SLOBHD Program Supervisor from Adult FSP to Youth FSP due to contracting out Adult FSP services.
- Reassignment of Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funding for Dual Disorder from a SLOBHD Clinician funded through MHPA program to a SLOBHD Program Supervisor to allow for additional Medi-Cal billing for clinical services.
- Reassignment of 2011 Realignment funding from Medi-Cal services provided through MHPA funded programs to Medi-Cal services provided through Mental Health Services.

Regulations state that a majority of CSS expenditures must be dedicated to Full Service Partnership (FSP) services. SLOBHD has been preparing the Annual Report and Three Year Expenditure Plan using the templates provided by the State. The Three Year Expenditure Plan template calculated the FSP majority requirement differently than the FY 2016-17 Revenue and Expenditure Report (RER) so SLOBHD was projected to exceed the FSP majority requirement. However, based on the calculation provided on the FY 2016-17 RER, the County spent 38% of the funding on FSP services.

Old Guidance:

Total FSP Mental Health Expenditures \$5,835,901 divided by Total CSS Funding \$10,261,422

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children & Youth FSP	836,804	601,522	234,682			600
2. TAY FSP	937,195	624,808	312,387			
3. Adult FSP	3,470,906	2,375,625	767,753			327,528
4. Older Adult FSP	590,996	514,230	76,766			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	2,006,409	1,504,486	501,923			
6. GSD: Latino Outreach Program	749,469	541,363	207,106			1,000
7. GSD: Enhanced Crisis & Aftercare	3,306,563	2,389,769	630,988			285,806
8. GSD: School & Family Empowerment	969,402	642,258	312,144			15,000
9. GSD: Forensic Mental Health Services	1,313,433	938,916	279,064			95,453
<b>CSS Administration</b>	139,161	128,445	10,716			
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	14,320,338	10,261,422	3,333,529	0	0	725,387
<b>FSP Programs as Percent of Total</b>	56.9%					

New Guidance:

Total FSP Mental Health Expenditures \$5,835,901 divided by Total Mental Health Expenditures minus Admin \$14,181,177



	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children & Youth FSP	836,804	601,522	234,682			600
2. TAY FSP	937,195	624,808	312,387			
3. Adult FSP	3,470,906	2,375,625	767,753			327,528
4. Older Adult FSP	590,996	514,230	76,766			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	2,006,409	1,504,486	501,923			
6. GSD: Latino Outreach Program	749,469	541,363	207,106			1,000
7. GSD: Enhanced Crisis & Aftercare	3,306,563	2,389,769	630,988			285,806
8. GSD: School & Family Empowerment	969,402	642,258	312,144			15,000
9. GSD: Forensic Mental Health Services	1,313,433	938,916	279,064			95,453
<b>CSS Administration</b>	139,161	128,445	10,716			
<b>CSS MHA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	14,320,338	10,261,422	3,333,529	0	0	725,387
<b>FSP Programs as Percent of Total excluding Admin</b>	41.2%					

With new guidance from the State, SLOBHD is making every effort to expand the FSP services in a sustainable way so that the majority requirement is met. This difference in reporting was reported to the MHA Stakeholders (MAC) in February 2018 and planning for the FSP program expansion has been started.

**New in FY 2018-19:** In FY 2018-19 the County is planning to hold a CSS Summit December 2018 and evaluate the current programs and funding. The County will continue to develop and reassess CSS programs to address FSP funding majority requirement. The following are the projected changes for FY 2018-19:

- Contract Youth FSP program services to a local community provider.
- Reassign the Youth FSP Program Supervisor to all MHA CSS programs due to the overall increase of services throughout CSS in the past four years.
- Reassign Drug and Alcohol Services division’s Dual Disorder and Adult FSP Co-Occurring position to be funded through Drug Medi-Cal and no longer MHA.
- Add FSP Coordinator to oversee the operation all FSP services.
- Expand the Adult FSP Homeless Outreach Team in conjunction with the Homeless Mentally Ill Outreach and Treatment (HMIOT) Grant to increase services and operate outreach vans.
- Add Crisis and Aftercare services through the MHSOAC Children’s Triage Grant. This will have no impact on MHA funding through FY 2019-20.
- Work on developing or expanding additional FSP programs in the area of forensic services and jail diversion.

The chart below summarizes the CSS projections for FY 2018-19 through FY 2019-20 and includes all revenue sources:

FY 2018/19 Mental Health Services Act Annual Update						
Community Services and Supports (CSS) Component Worksheet						
County:	San Luis Obispo				Date:	9/27/18
	<b>Fiscal Year 2018/19</b>					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children & Youth FSP	836,804	601,522	234,682			600
2. TAY FSP	937,195	624,808	312,387			
3. Adult FSP	3,470,906	2,375,625	767,753			327,528
4. Older Adult FSP	590,996	514,230	76,766			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	2,006,409	1,504,486	501,923			
6. GSD: Latino Outreach Program	749,469	541,363	207,106			1,000
7. GSD: Enhanced Crisis & Aftercare	3,306,563	2,389,769	630,988			285,806
8. GSD: School & Family Empowerment	969,402	642,258	312,144			15,000
9. GSD: Forensic Mental Health Services	1,313,433	938,916	279,064			95,453
<b>CSS Administration</b>	139,161	128,445	10,716			
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	14,320,338	10,261,422	3,333,529	0	0	725,387
<b>FSP Programs as Percent of Total excluding Admin</b>	41.2%					
	<b>Fiscal Year 2019/20</b>					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children & Youth FSP	853,540	613,552	239,376			612
2. TAY FSP	955,939	637,304	318,635			
3. Adult FSP	3,519,770	2,507,070	818,229			194,472
4. Older Adult FSP	602,816	524,515	78,301			
FSP Program Increase - TBD	663,575	500,000	163,575			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	2,132,379	1,591,358	541,021			
6. GSD: Latino Outreach Program	764,458	552,190	211,248			1,020
7. GSD: Enhanced Crisis & Aftercare	3,504,055	2,503,245	664,740			336,070
8. GSD: School & Family Empowerment	988,790	655,103	318,387			15,300
9. GSD: Forensic Mental Health Services	1,339,702	957,694	284,645			97,362
<b>CSS Administration</b>	131,014	131,014				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	15,456,038	11,173,045	3,638,157	0	0	644,836
<b>FSP Programs as Percent of Total excluding Admin</b>	43.0%					

**Prevention and Early Intervention (PEI):** Actual expenses for PEI in FY 2017-18 were \$2.4M with \$2.2M funded through MHSA revenue and \$200K from federal grants. The MHSA Stakeholder group approved the addition of a Suicide Prevention Coordinator and a one-time expense to assess the mental health service experience and needs of the Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (LGBTQ) population. The MHSA Stakeholder group also approved the continued allocation of 4% PEI funding to the California Mental Health Services Authority (CalMHSA) to help support Statewide PEI projects. This represented a \$35K increase for FY 2017-18 but will remain the same in FY 2018-19. A one-time expense to assess current school based mental health resources projected to be completed in 2017-18 has been carried forward to FY 2018-19 funding.

**New in FY 2018-19:** There are no anticipated changes to the PEI programs for FY 2018-19 through FY 2019-20. However, with new state regulations the programs have been re-organized under new program names.

The chart below summarizes the PEI projections for FY 2018-19 through FY 2019-20 and includes all revenue sources:

FY 2018/19 Mental Health Services Act Annual Update							
Prevention and Early Intervention (PEI) Component Worksheet							
County:	San Luis Obispo					Date:	9/27/18
Fiscal Year 2018/19							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
<b>PEI Programs</b>							
1. Prevention	1,131,510	1,131,510					
2. Early Intervention	464,731	309,909				154,822	
3. Outreach	50,000	50,000					
4. Access & Linkage	244,850	244,850					
5. Stigma & Discrimination Reduction	281,192	232,236				48,956	
6. Improve Timely Access	74,278	74,278					
7. Suicide Prevention	144,228	144,228					
<b>PEI Administration</b>	220,687	220,687					
<b>PEI Assigned Funds - CalMHSA JPA</b>	101,413	101,413					
<b>Total PEI Program Estimated Expenditures</b>	<b>2,712,889</b>	<b>2,509,111</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>203,778</b>	

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Prevention	1,135,015	1,135,015				
2. Early Intervention	470,929	316,107				154,822
3. Outreach	51,000	51,000				
4. Access & Linkage	249,747	249,747				
5. Stigma & Discrimination Reduction	285,837	236,881				48,956
6. Improve Timely Access	75,764	75,764				
7. Suicide Prevention	147,113	147,113				
<b>PEI Administration</b>	225,101	225,101				
<b>PEI Assigned Funds - CalMHSA JPA</b>	101,413	101,413				
<b>Total PEI Program Estimated Expenditures</b>	<b>2,741,918</b>	<b>2,538,140</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>203,778</b>

**Innovation:** Actual expenses for Innovation in FY 2017-18 were \$605K fully funded by MHSA. Four new projects were approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) and began in FY 2016-17. These projects will be completed in FY 2019-20. Discussions on the continuation of the projects through other funding will start in the second quarter of FY 2018-19

On December 28, 2017 the County received Information Notice 17-059 from the Department of Health Care Services (DHCS) that provided guidance about Assembly Bill (AB) 114 in regards to the reversion process for funding allocated in fiscal years 2005-2015. It was determined that the County had \$429,296 of funds that were reverted and reallocated to the County to be spent before July 1, 2020. A Spending Plan was developed as a separate update to the County's Three-Year Program and Expenditure Plan and followed the stakeholder process identified in Welfare and Institutions Code 5848. The plan was provided to MHSA Stakeholders and the public for review May 16, 2018, approved by the Behavioral Health Board June 20, 2018, approved by the County Board of Supervisors August 7, 2018, and given to DHCS and the MHSOAC August 21, 2018. AB 114 funds will be used to support current INN projects in the amount of \$136,975.

**New in FY 2018-19:** The MHSOAC approved two new projects on August 23, 2018 to begin in FY 2018-19 and be completed in FY 2021-2022. AB 114 funds will be used on these projects in the amount of \$292,321.

The Community Planning Process has begun to develop new projects to submit to the MHSOAC for approval. These projects are projected to begin in FY 2019-20.

The chart below summarizes the Innovation projections for FY 2018-19 through FY 2019-20 and includes all revenue sources:

**FY 2018/19 Mental Health Services Act Annual Update  
Innovations (INN) Component Worksheet**

County: San Luis Obispo Date: 9/27/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
<u>Round 2 Projects FY 2016-2020</u>						
1. TARP	90,769	90,769				
2. LLEAP	112,915	112,915				
3. Not for Ourselves Alone	198,144	198,144				
4. COLEGA (AB 114 \$137K)	212,678	212,678				
<u>Round 3 Projects FY 2018-2022</u>						
1. 3-by-3 (AB 114 \$170K)	169,860	169,860				
2. SLO ACCEPTance (AB 114 \$92K)	92,461	92,461				
<b>INN Evaluation (AB 114 \$30K)</b>	39,375	39,375				
<b>INN Administration</b>	99,211	99,211				
<b>Total INN Program Estimated Expenditures</b>	1,015,413	1,015,413	0	0	0	0
	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
<u>Round 2 Projects FY 2016-2020</u>						
1. TARP	45,385	45,385				
2. LLEAP	56,458	56,458				
3. Not for Ourselves Alone	99,072	99,072				
4. COLEGA	106,339	106,339				
<u>Round 3 Projects FY 2018-2022</u>						
1. 3-by-3	200,428	200,428				
2. SLO ACCEPTance	162,108	162,108				
<u>Round 4 Projects FY 2019-2023</u>						
1. Innovation Projects - TBD FY 19/20	250,000	250,000				
<b>INN Evaluation</b>	37,500	37,500				
<b>INN Administration</b>	101,195	101,195				
<b>Total INN Program Estimated Expenditures</b>	1,058,484	1,058,484	0	0	0	0

**Workforce, Education and Training (WET):** Actual expenses for WET in FY 2017-18 were \$86K with \$77K from MHPA revenue transferred from the CSS allocation, \$6K from Medi-Cal FFP, and \$3K from other sources. The MHPA Stakeholder group approved the transfer of CSS revenue to continue funding the programs under WET in September 2017. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

On December 28, 2017 the County received Information Notice 17-059 from the Department of Health Care Services (DHCS) that provided guidance about Assembly Bill (AB) 114 in regards to the reversion process for funding allocated in fiscal years 2005-2015. It was determined that the County had \$76,125 of funds that were reverted and reallocated to the County to be spent before July 1, 2020. A Spending Plan was developed as a separate update to the County's Three-Year Program and Expenditure Plan and followed the stakeholder process identified in Welfare and Institutions Code 5848. The plan was provided to MHPA Stakeholders and the public for review May 16, 2018, approved by the Behavioral Health Board June 20, 2018, approved by the County Board of Supervisors August 7, 2018, and given to DHCS and the MHPA August 21, 2018. The AB 114 funds will be used to support current WET programs.

***New in FY 2018-19:*** There are no anticipated changes to the WET programs for FY 2018-19 through FY 2019-20.

The chart below summarizes the WET projections for FY 2018-19 through FY 2019-20 and includes all revenue sources:

FY 2018/19 Mental Health Services Act Annual Update						
Workforce, Education and Training (WET) Component Worksheet						
County:	San Luis Obispo				Date:	9/27/18
	<b>Fiscal Year 2018/19</b>					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. PAAT - AB 114/CSS Transfer	25,000	25,000				
2. E-Learning - AB 114/CSS Transfer	15,954	15,954				
3. Crisis Intervention Training - AB 114/CSS Transfer	6,950	6,950				
4. Cultural Competence - AB 114/CSS Transfer	18,010	18,010				
5. Co-Occurring Training - AB 114/CSS Transfer	3,000	3,000				
6. Internship Program - AB 114/CSS Transfer	89,409	62,516	26,893		0	
<b>WET Administration - AB 114/CSS Transfer</b>	600	600				
<b>Total WET Program Estimated Expenditures</b>	158,923	132,030	26,893	0	0	0
	<b>Fiscal Year 2019/20</b>					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. PAAT - CSS Transfer	25,500	25,500				
2. E-Learning - CSS Transfer	16,273	16,273				
3. Crisis Intervention Training - CSS Transfer	7,089	7,089				
4. Cultural Competence - CSS Transfer	18,370	18,370				
5. Co-Occurring Training - CSS Transfer	3,060	3,060				
6. Internship Program - CSS Transfer	91,197	63,766	27,431		0	
<b>WET Administration</b>	612	612				
<b>Total WET Program Estimated Expenditures</b>	162,101	134,671	27,431	0	0	0

**Capital Facilities and Technological Needs (CFTN):** Actual expenses for CFTN in FY 2017-18 were \$569K with \$439K funded with MHSA revenue, and \$130K funded by the Drug and Alcohol Services division (internal transfer). The final enhancements to the BHEHR system were not completed as projected for FY 2017-18 but are estimated to be completed by December 31, 2018. The on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between divisions in Behavioral Health and is based on number of users. MHSA Stakeholders approved the continued transfer of CSS revenue to CFTN to fund the annual support costs, as well as the final phase of the Behavioral Health Electronic Health Record (BHEHR) system development. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

**New in FY 2018-19:** As system and reporting requirements for SLOBHD’s Electronic Health Record have been changing there has been initial work to determine the most appropriate

system to meet all the mandatory requirements. When the project is determined it will be presented to MHSA Stakeholders along with any effect it may have to MHSA funding.

The chart below summarizes the CFTN projections for FY 2018-19 through FY 2019-20 and includes all revenue sources:

FY 2018/19 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Component Worksheet						
County: San Luis Obispo						Date: 9/27/18
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>	0					
<b>CFTN Programs - Technological Needs Projects</b>						
1. EHR On-Going Support - CSS Transfer	670,887	517,458				153,429
2. EHR Project Enhancements - CSS Transfer	20,000	20,000				
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	690,887	537,458	0	0	0	153,429
	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>	0					
<b>CFTN Programs - Technological Needs Projects</b>						
1. EHR On-Going Support - CSS Transfer	684,305	527,807				156,498
2. EHR Project Enhancements - CSS Transfer	0	0				
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	684,305	527,807	0	0	0	156,498

**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 is not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year. In FY 2016-17 MHSA Stakeholders approved the transfer of \$4M to the Prudent Reserve for CSS Programs. The amount transferred in FY 2016-17 was \$1.5M and in FY 2017-18 was \$1.4M. This amount meets the guidelines of Welfare and Institutions Code 5892 (b). The balance at the end of FY 2017-18 for CSS and PEI combined was \$5,836,164.



***New in FY 2018-19:*** With the signing of Senate Bill 192 on September 10, 2018 there is a new maximum on the Prudent Reserve balance. This bill clarifies that the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. The County is to reassess the maximum amount of the prudent reserve every 5 years and certify the reassessment as part of its 3-year program and expenditure plan. SLOBHD's current Prudent Reserve maximum is approximately \$2.8M. With this change in legislation the current Prudent Reserve balance is above this maximum so the remaining MHSA Stakeholder (MAC) approved \$1.1M transfer will not occur in FY 2018-19. Unless other guidelines are given, SLOBHD plans to restore the Prudent Reserve overage to CSS operating funds for use in FY 2018-19 and FY 2019-20.

Exhibit A – County Certification

County: **San Luis Obispo**

**X Three-Year Program and Expenditure Plan & Annual Update**

Local Mental Health Director	Program Lead
Name: <b>Anne Robin</b> Telephone Number: (805) 781-4719 E-mail: arobin@co.slo.ca.us	Name: <b>Frank Warren</b> Telephone Number: (805) 788-2055 E-mail: fwarren@co.slo.ca.us
Local Mental Health Mailing Address: <b>San Luis Obispo County Behavioral Health Dept.</b> <b>2180 Johnson Ave.</b> <b>San Luis Obispo, CA 93401</b>	

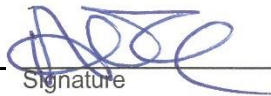
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws, and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section Transitions Mental Health Association 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or 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 January 15, 2019.

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.

Anne Robin



Signature



Date

Local Mental Health Director (PRINT)

## Exhibit B – MHSA County Fiscal Accountability Certification

County/City: San Luis Obispo

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

<b>Local Mental Health Director</b>	<b>County Auditor-Controller / City Financial Officer</b>
Name: Anne Robin, LMFT Telephone Number: (805) 781-4719 E-mail: arobin@co.slo.ca.us	Name: James P. Erb, CPA Telephone Number: (805) 788-2964 E-mail: jerb@co.slo.ca.us
<b>Local Mental Health Mailing Address:</b> County of San Luis Obispo Behavioral Health Dept. 2180 Johnson Ave., 2 <sup>nd</sup> Floor 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 counties in future years.

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

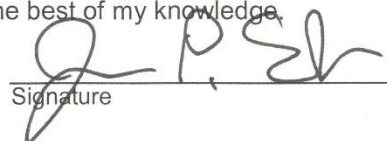

Anne Robin, LMFT  
Local Mental Health Director (PRINT)


  
 Signature Date

I hereby certify that for the fiscal year ended June 30, 2017 and June 30, 2018, 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 December 19, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017 and June 30, 2018, 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 if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

James P. Erb, CPA  
County Auditor Controller / City Financial Officer (PRINT)


  
 Signature Date

## Appendix C: Notice of Availability for Public Review & Comment



### And NOTICE OF PUBLIC HEARING San Luis Obispo County Mental Health Services Act

- 
- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Fiscal Year 2018-2019 Annual Update to the Three-Year Plan for Fiscal Years 2017-20, is available for a 30-day public review and comment from October 23 through November 21, 2018.
- HOW: To review the Update and Plan,  
Visit: [http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-\(MHSA\).aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-(MHSA).aspx)
- To Submit Comments or Questions:  
[https://www.research.net/r/MHSA\\_2018-19\\_AnnualUpdate](https://www.research.net/r/MHSA_2018-19_AnnualUpdate)
- Comments must be received no later than November 21, 2018.***

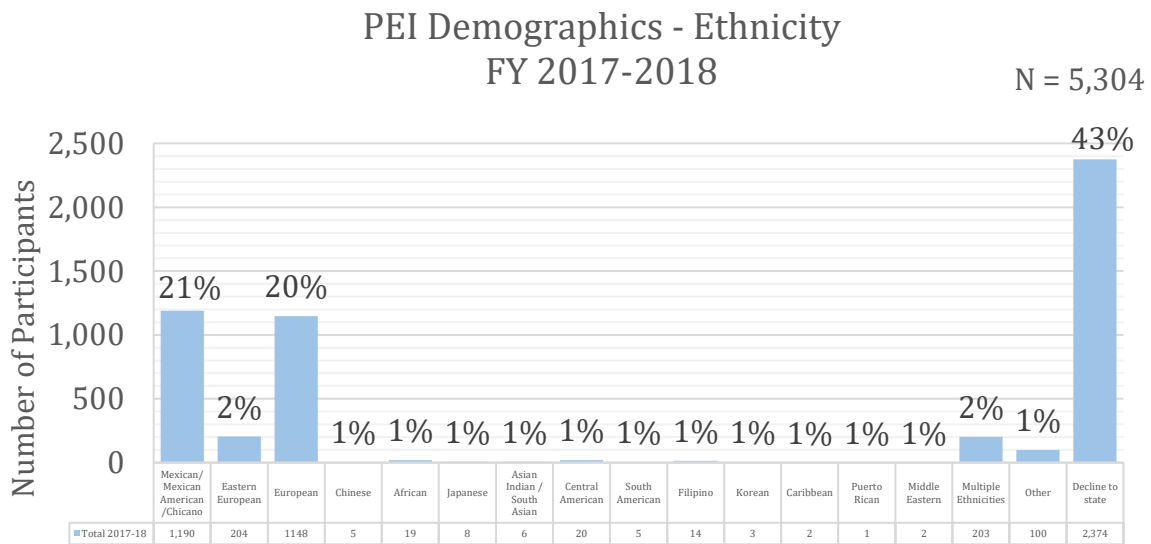
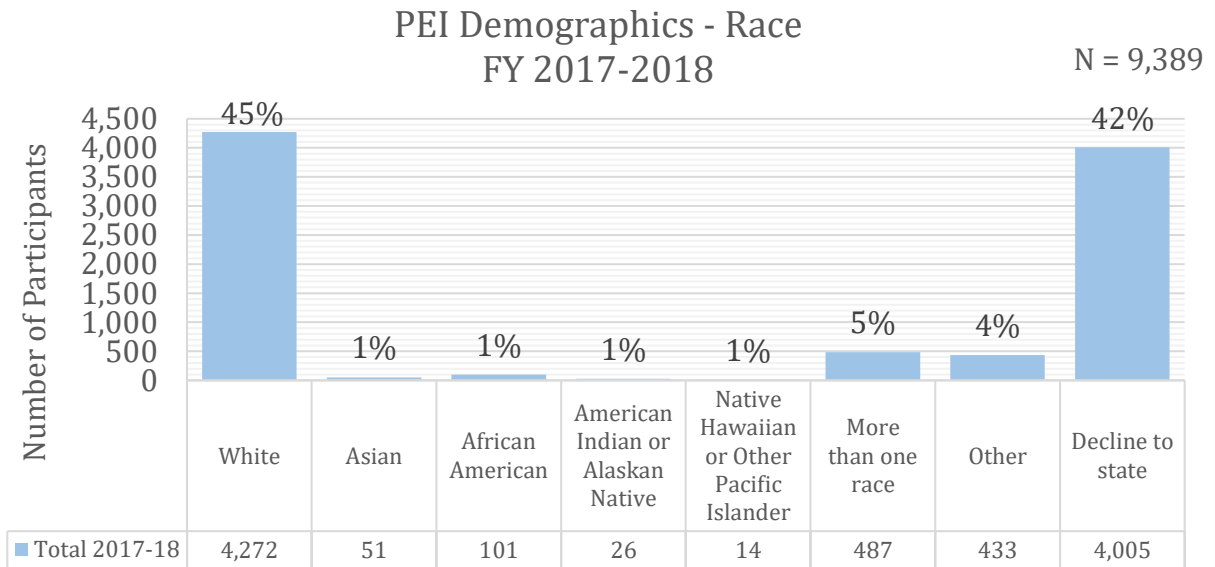
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### NOTICE OF PUBLIC HEARING

- WHO: San Luis Obispo County Behavioral Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2018-19 Update to the Three-Year Plan for Fiscal Years 2017-20.
- WHEN: Wednesday, November 21, 2018, 3:00 p.m.
- WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

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

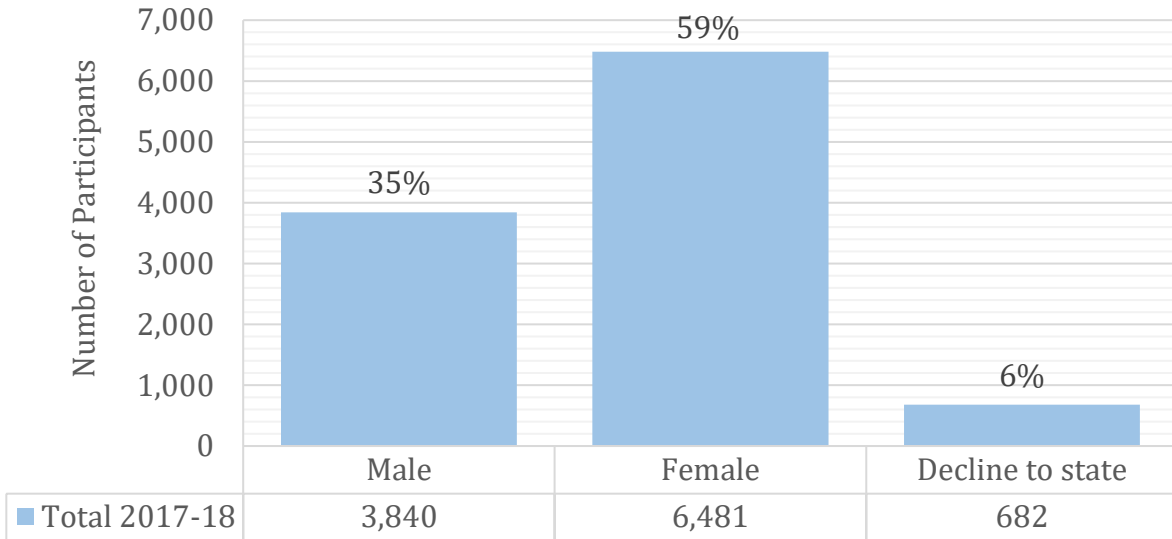
Appendix D: PEI Demographic Data



(Mexican/Mexican American/Chicano 21%; Eastern European 2%; European 20%; Chinese 1%; African 1%; Japanese 1%; Asian Indian/South Asian 1%; Central American 1%; Filipino 1%; Korean 1%, Caribbean 1%, Puerto Rican 1%; Middle Eastern 1%; Multiple Ethnicities 2%; Other 1%, Decline to State 43%)

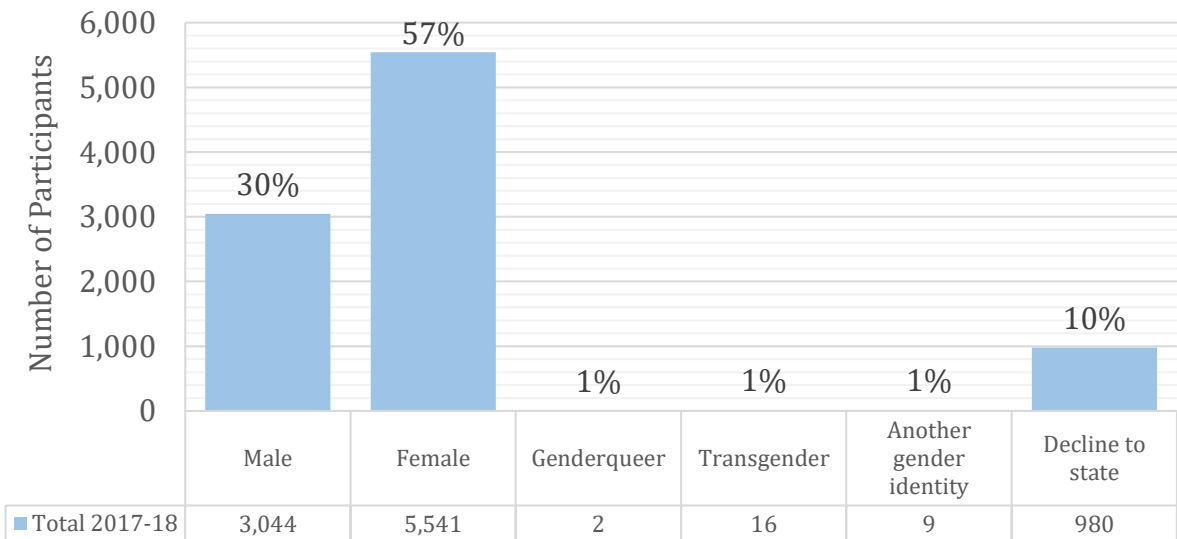
All PEI Demographics -  
Gender Assigned at Birth  
FY 17-18

N = 11,003



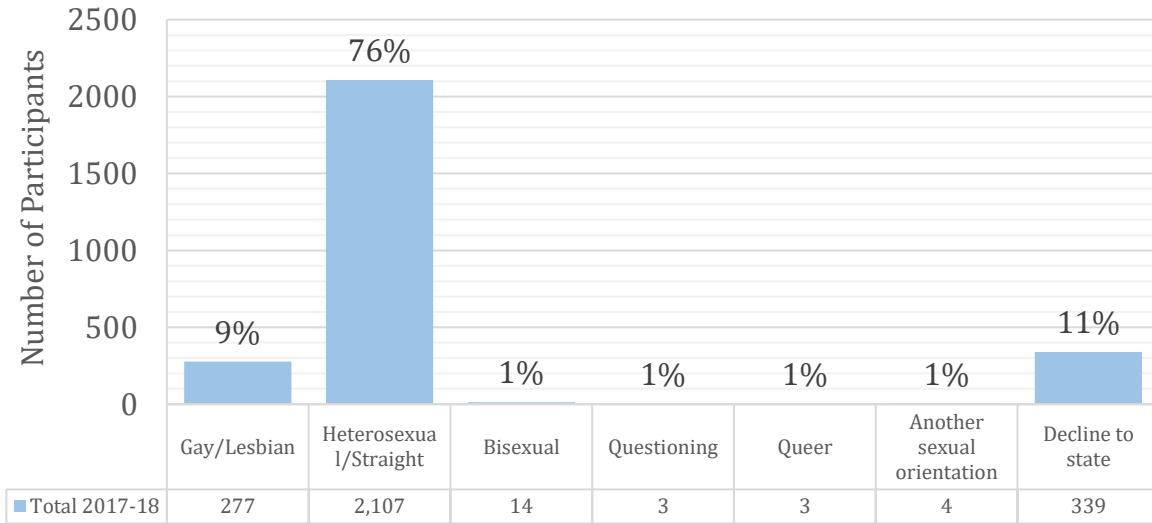
PEI Demographics -  
Gender Identity  
FY 2017-2018

N = 9,592



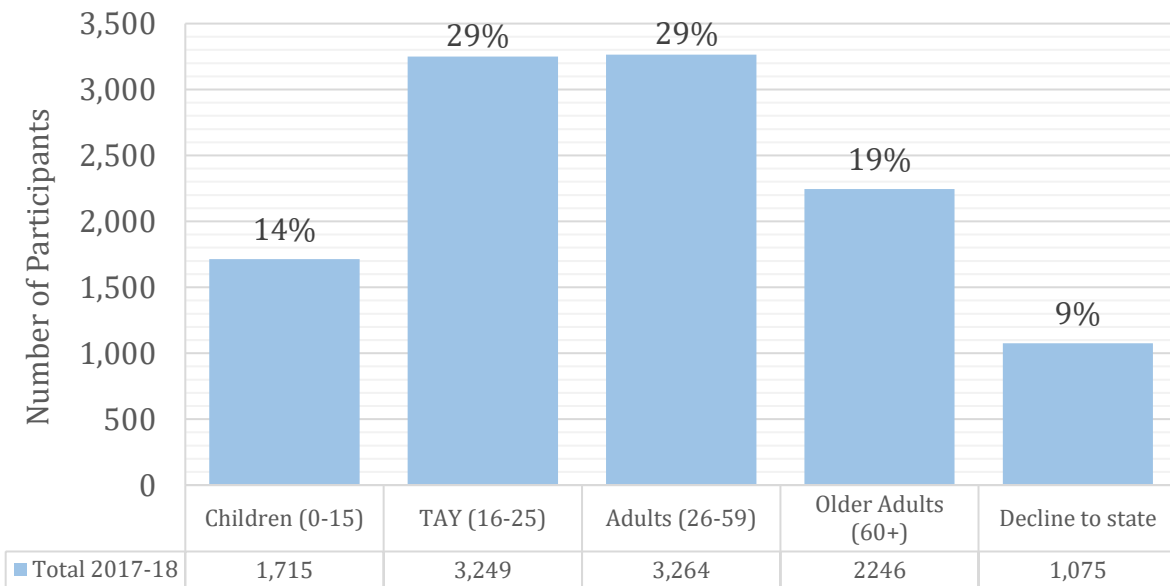
PEI Demographics -  
Sexual Orientation  
FY 2017-2018

N = 2,747



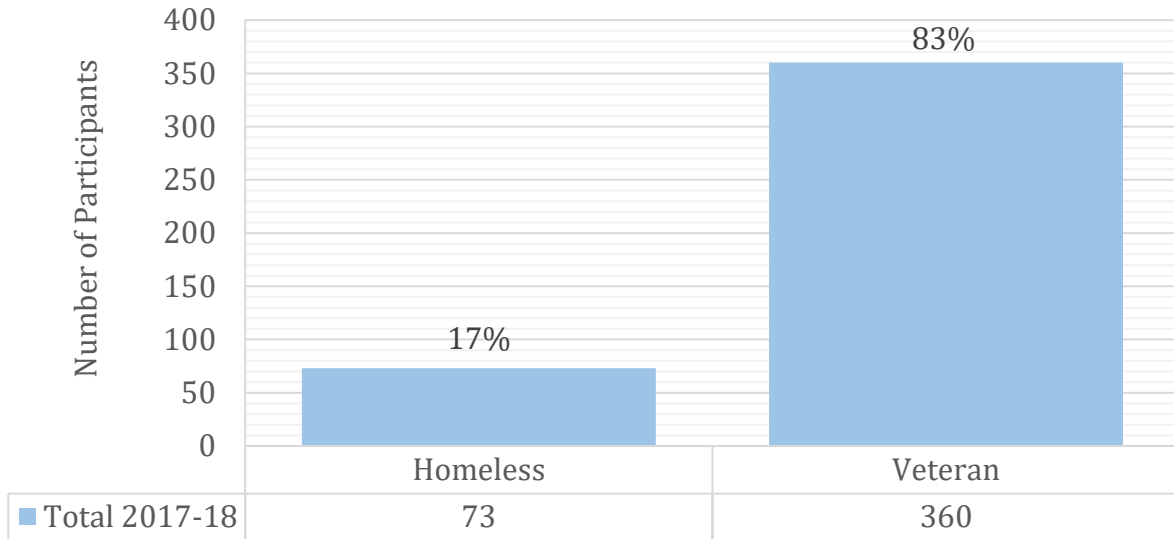
All PEI Demographics - Age  
FY 17- 18

N = 11,549



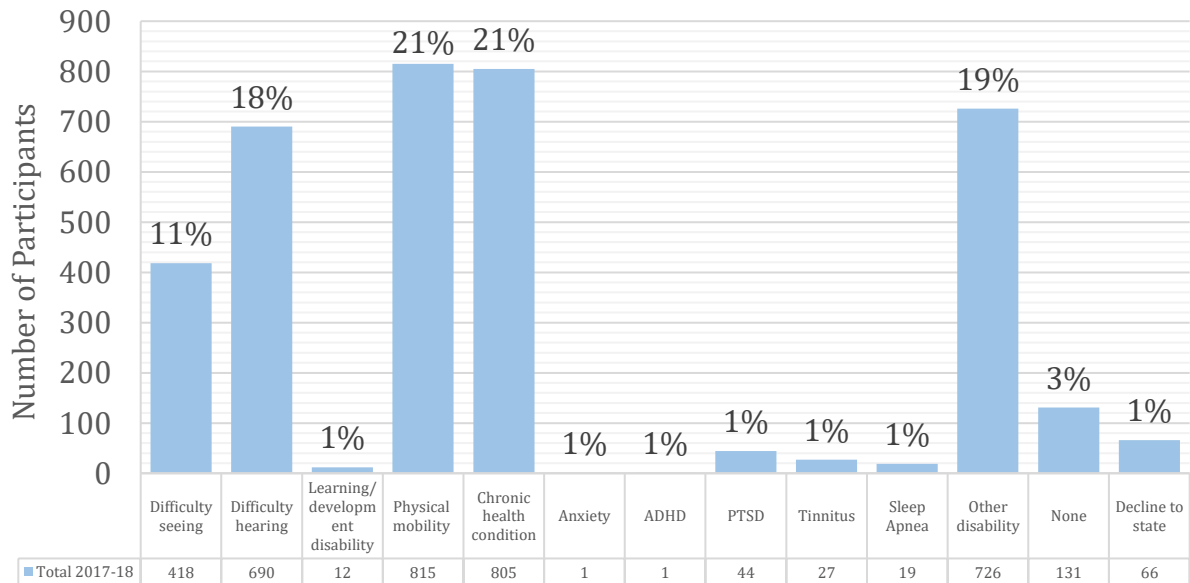
PEI Demographics -  
Homeless and Veteran Count  
FY 2017-2018

N = 433



PEI Demographics - Disabilities  
FY 2017-2018

N = 3,755





## Appendix E: Student Assistance Program Results

FY 2017-2018 Survey results for PEI SAP Retrospective Survey; n = 235

<b>Risk Factors</b>	<b>% Increase</b>
How many days were you absent?	-3%
The number of times I have gotten into a physical fight or threatened someone is	-13%
The number of times I've used marijuana is	-5%
The number of times I've used alcohol is	-7%
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	-4%
The number of times I've misused prescription drugs is	-5%
The number of times I've misused prescription drugs is	-19%
The number of times I've seriously thought about suicide is	-18%
The number of behavioral referrals I've received is	-10%
<b>Risk Factors Cumulative Average</b>	<b>-9%</b>

<b>Protective Factors</b>	<b>% Increase</b>
My grades are mostly	8%
I can ask a trusted adult or family member for help if I need it	25%
I have a good relationship with my parents or caregivers	10%
I generally feel good about myself	25%
I consider the consequences to my actions	29%
I have friends who make positive and healthy choices	19%
I know how to handle a situation if I'm bullied or harassed	19%
I know how to better cope with stress, depression and anxiety	38%
I enjoy being at school	18%
I understand that alcohol is harmful for me	4%
I understand that marijuana is harmful for me and how	6%
I know that misusing prescription drugs is harmful for me	5%
<b>Protective Factors Cumulative Average</b>	<b>17%</b>