

MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE to the
THREE-YEAR PLAN
2020-2023

Published December, 2021



COUNTY
of SAN LUIS
OBISPO



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Overview and Executive Summary

San Luis Obispo County’s Mental Health Services Act (MHSA) Annual Update to the Three-Year Program and Expenditure Plan (2020-2023) 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. **This Update reports on the programs and services provided in Fiscal Year 2020-2021.** The MHSA provides 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 wellness, prevention, early intervention, treatment, crisis, recovery, and other service needs; and the necessary infrastructure, technology, and training elements that support the local public mental health system.

San Luis Obispo County, like communities across the globe, continued to face the challenges of COVID-19 while MHSA programs and plans continued to serve vulnerable populations. Throughout the moving between “tiers” of spacing and mask mandates, and the mass vaccine mobilization and distribution, the County of San Luis Obispo Behavioral Health Department’s (SLOBHD) workforce, in collaboration with its community provider partners, worked to maintain essential services for consumers and those in crisis.

County employees across departments continued to serve as Disaster Service Workers to provide additional supports to the Emergency Operations Center (EOC). Frank Warren, the County’s MHSA Coordinator, took over the role of the EOC Plans Section Chief for several months. MHSA communications staff were engaged to support the EOC in preparing social media and messaging for the community. MHSA prevention and outreach staff provided support to County-operated shelters and campgrounds. MHSA clinicians were deployed to support the mental wellbeing Public Health staff, and to provide additional community counseling and wellness activities.

Over the rest of the fiscal year, 2020-2021, as COVID-19 continued to threaten the health of



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the community (as it remains as of this publication in Fall, 2021), MHSA program providers adapted and used innovation to ensure quality services and care. Programs in schools adopted platforms and technologies to engage youth. Outreach events, like Mental Health Awareness in May, were done using drive-through, contact-less activities. Homeless outreach and mobile crisis programs adopted Personal Protective Equipment to continue serving people in the field. Clinical programs adopted virtual therapy and tele-psychiatry to keep patients engaged and on the path to recovery.

Along with MHSA programs, the Community Planning Process, and community stakeholder engagement, has also adapted. The County's MHSA Leadership Team continues to hold virtual stakeholder meetings and use electronic surveys and voting to gather input and feedback. This Annual Update outlines several other examples of how the county's MHSA continued to be impacted by COVID-19.

In this Annual Update the SLOBHD reports on the fiscal year (July – June) immediately preceding the publication date of December. **This report includes descriptions of programs and services, as well as results from the 2020-21 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 MHSA Annual Update details the programs being administered, their operating budgets, and results of past implementation. This report includes an update to the Three-Year Program and Expenditure Plan for the fiscal years 2020-2023. The various work plans outlined herein include proposed program adaptations; any changes to the original component plans or past updates; actual expenses for 2020-2021; and projected planning and budgeting for the remaining fiscal years of the plan, (FY) 2021-2022 through 2022-2023.

The Annual Update to the 2020-2023 Three-Year Plan is prepared and produced by the Department's MHSA Leadership Team and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. The MHSA Leadership Team is comprised of Frank Warren (Division Manager/MHSA Coordinator), Kristin Ventresca (CSS Coordinator), Timothy Siler (PEI/INN Coordinator), Jalpa Shinglot (MHSA Accountant), Christina Menghrajani (FSP Coordinator), Andrew Harris (MHSA Intern), and Anne Robin (Behavioral Health Director).

The goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

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The SLOBHD continues to put forth increased efforts to collect data, track results, and revisit programs to monitor efficacy. In January of 2019, the state’s Department of Health Care Services (DHCS) conducted an extensive program review of the County’s MHSa work plan and projects. State evaluators credited San Luis Obispo County for its innovative strategies and excellent community partnerships, while providing key recommendations for project and system enhancements. These quality improvement opportunities have led to better definitions of some programs herein, and informed contract language in the current fiscal year.

An element of the Annual Update and Three-Year Plan, published last year, was cited as missing by the Department of Health Care Services in October 2021. The MHSa regulations requires the County to provide an assessment of its “Capacity to Implement” planned CSS services. The County had been attempting to provide that information throughout the sections of the document, but the State has requested it be more succinct. Readers will find a Capacity Assessment report following the Community Planning Process section in this draft Annual Update.

In this Annual Update, SLOBHD has again included descriptions of Program Goals, Key Objectives, Program 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.

On Tuesday, January 5, 2021, the County’s MHSa Coordinator, presented the 2020-2023 Annual Update and Three-Year Expenditure Plan to the County of San Luis Obispo’s Board of Supervisors. This broadcasted public presentation allowed community members

to hear about MHSa programs, objectives, and outcomes, and the community planning process.

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In 2020-2021, 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 this year, the County's MHSA Leadership Team continued to host "virtual" Advisory Committee meetings to make community engagement accessible and meet the public health needs of the county. Meeting attendance was robust, with an average of 30 stakeholders at each MAC.

Throughout the 2020-2021 fiscal year, the MAC reviewed changes in the County's work plan, and were provided recommendations and proposals for new and enhanced programming. The stakeholders ultimately approved the following changes to the County's MHSA Plans and operations during the 2020-2021 fiscal year:

- On July 29, 2020, the Mental Health Services Act Advisory Committee (MAC), the county's key stakeholder group, approved ongoing CSS funding to support a Behavioral Health Clinician assigned to the county's largest homeless services center ("40 Prado").
- At that same meeting MAC stakeholders approved the ongoing expense of \$472,528 to expand social rehabilitation services provided by Transitions-Mental Health Association (TMHA) through their Wellness Centers in Arroyo Grande and San Luis Obispo (their Atascadero services have been funded by MHSA/CSS). This decision came in lieu of the County withdrawing its proposal to support a Full Service Partnership for its Martha's Place Child Assessment Center. Due to the pandemic, among other factors, stakeholders agreed this project would have difficulty meeting expectations. Stakeholders agreed the dollars originally intended for that FSP would be better served supporting wellness Centers at this time.
- In the prior fiscal year (2019-2020) the MAC approved a reduction to the County's Prudent Reserve in alignment with state guidelines. Stakeholders approved a reduction of approximately \$2.8M in CSS Prudent Reserve with the intention of using the funds to introduce, enhance, and expand MHSA projects over the next Three-Years. These funds must be spent before June 30, 2022. Stakeholders, in the July 2020 meeting approved using \$13,525 in "released Prudent Reserve" funds to support the initial expense, and low maintenance cost for electronic equipment and internet costs to support the Center for Family Strengthening's Promotores Mental Health Interpreters.
- On September 28, 2020, stakeholders met and agreed using released Prudent Reserve funds to support both the County's contribution to the statewide Workforce Education and Training grant program, coordinated by the Southern California Regional Partnership, as part of an Office of Statewide Health Planning and Development (OSHDP) initiative (\$74, 102); and construction costs associated with the County's first co-occurring disorder treatment center ("38 Prado"), by providing \$207, 500 to Community Action Partnership of San Luis Obispo (CAPSLO).
- With the passing of AB 2265 in September of 2020, counties were given guidance from the Department of Health Care Services that "MHSA funds may be used for SUD treatment for

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individuals with co-occurring MH and SUD.” The MAC met on January 27, 2021 and approved the use of MHSAs Trust Fund dollars (\$509,536 over two years) to cover co-occurring (substance use and severe mental illness) treatment. These funds are currently in reserve and will not impact other programs. The funding supports Assessment Coordinators providing 1,200 instances of service annually.

- Another “virtual” MAC meeting was held March 31, 2021. The County MHSAs Leadership Team proposed moving the funding for the Perinatal Mood and Anxiety Disorder (PMAD) training program from PEI and into WET, with a close-out date of June 30, 2022; and to use released Prudent Reserve dollars in the first year, with an option for WET funding in future years, to fund a Diversity, Equity, and Inclusion (DEI) Program Manager within the Behavioral Health Department.
- The final MAC of the fiscal year was held over Zoom, on May 26, 2021. At this meeting the stakeholders approved the moving of PMAD funding from PEI to WET for the 2021-2022 fiscal year. The stakeholders also approved the DEI Program Manager position, which was then approved by the Board of Supervisors in the 2021-2022 fiscal year.

In FY 2020-21, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$22.5 million (M) on MHSAs programs with \$15.58M coming from MHSAs revenue, \$5M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$1.92M from grants or other revenue sources. Community partner agencies spending decreased from 56% (13.4M) to 55% (12.3M) of the FY 2020-21 revenue, while the County-ran programs were responsible for the other 42% (10.2M). The breakdown per program, including the agency providing the service, and the cost per client, is included in the tables at the beginning of each component section.

In the past year, San Luis Obispo County’s MHSAs programs have continued to produce excellent results and meet objectives. Here are some of the highlights of the work done, by component, over the 2020-21 fiscal year:

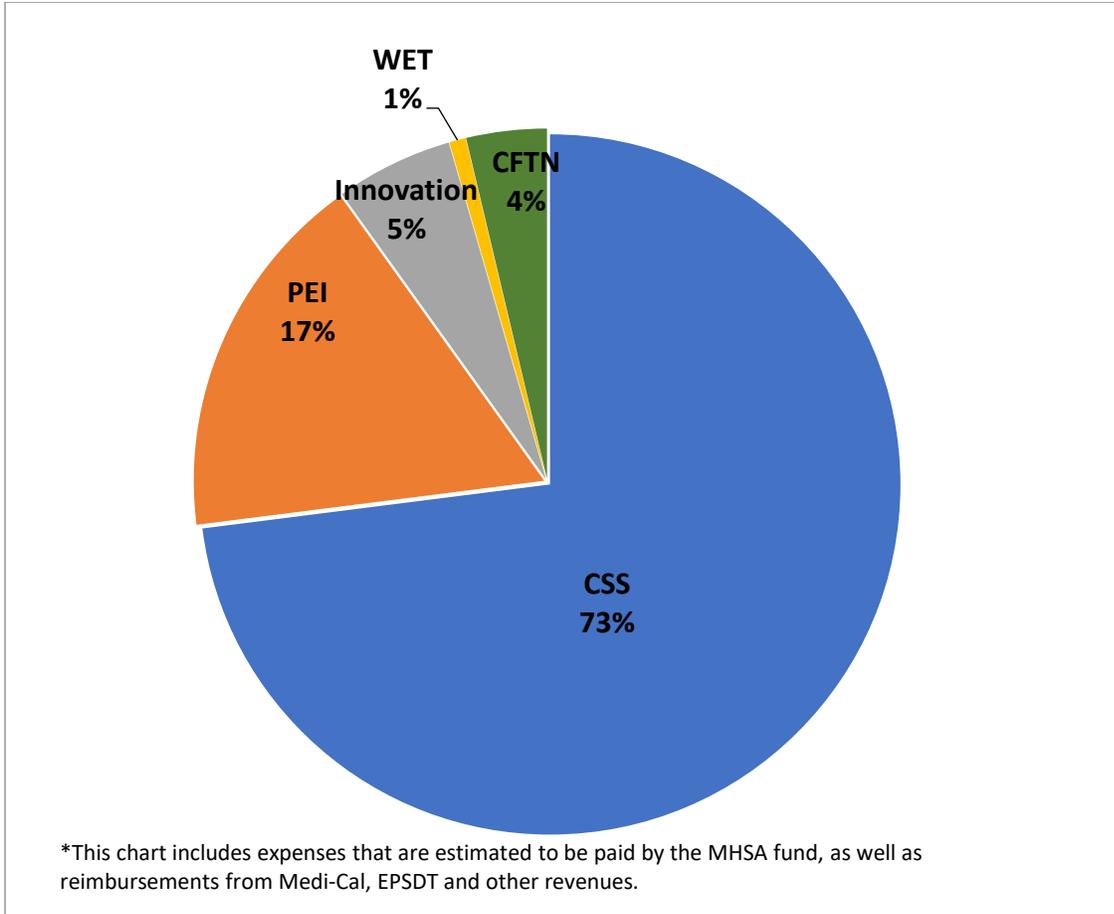
Community Services and Supports (CSS) programs continue to serve a wide array of severely mentally ill individuals in all parts of the county. Details found in this Annual Update include personal success stories and outcome reporting, which reveals positive changes in meaningful measures such as employment, hospitalizations, education, and quality of life amongst various program participants. 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 and have provided an opportunity for behavioral health providers to engage inmates before and upon release.

Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, “whatever-it-takes” model. Collectively, in 2020-2021, there were 187 client

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“partners” enrolled in FSP programs. In that year, enrolled clients yielded the following results: (1) A 45% reduction in homeless days; (2) an 73% reduction in emergency room visits; (3) an 81% reduction in jail days; and (4) a 2% increase of days in the County’s Psychiatric Health Facility (PHF).

MHSA Component by Percentage FY 20/21 to 22/23*



In June of 2021 the Department received a Youth Crisis expansion grant from the California Health Facilities Financing Authority to sustain and enhance the CSS-funded crisis services over the next four years.

Other CSS highlights in 2020-2021 included in this Annual Update include reporting on 363 unduplicated individuals served in the Crisis Stabilization Unit; the Transition Assistance and Relapse Prevention Program (TARP), in its second year, which provided peer mentors as an on-going support and connection to 19 Full Service Partnership (FSP) graduates, of which 95% did not relapse/recidivate to the PHF or back into FSP services; and the Central Coast Hotline Suicide

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and Crisis Intervention plan surpassed its goal and served 10,801 calls in the fiscal year.. This Annual Update also includes FSP demographic data (Exhibit G).

Prevention and Early Intervention (PEI) projects remain strong and popular amongst community stakeholders, providers, and program participants. This Annual Update provides a great deal of data, including outcomes which demonstrate the importance of identifying risk and resilience as early as possible.

During 2020–2021 there were a total of eleven (11) Veterans Outreach events offered to veterans and their family members; a total of 300 contacts were made through presentations and outreach activities; and a total of 176 duplicated contacts participated in the events, with 101 veterans and 75 family members.

The College Wellness Program made a total of 2,018 contacts through presentations, information booths, or outreach activities. Of the student participants surveyed (N=26), 88% reported feeling



better informed about mental health; 69% reported feeling better informed about the effects of substance use; and 88% reported feeling better informed about the mental health and substance use services in their community.

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 to maintain the current (2020-2021) activities within the WET work plan. WET funds a wide range of cultural competence training, which expanded in 2020-2021 to include expanded Promotores mental health interpretation services, a virtual “Journey of Hope” forum put on by the Peer Advisory and Advocacy Team, and a series of multi-lingual, multi-cultural outreach videos to promote self-care during the pandemic.

In 2020-2021, community stakeholders agreed to support the release of released Prudent Reserve dollars (in the first year), with an option for WET funding in future years, to fund a Diversity, Equity, and Inclusion (DEI) Program Manager within the Behavioral Health Department.

The **Capital Facilities and Technological Needs** work plan involves the development of the county’s electronic health record (EHR, using Cerner/Anasazi programs). In 2020-2021, the

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project met several milestones and training was completed for nearly every provider within the county.

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. The fourth round of Innovation projects (2019-2023) are well under way and described in this Annual Update, along with the third round of projects which will end in 2021-2022.

The county's fifth round of Innovation projects were approved in late 2020-2021 and will launch in early 2021-2022. The "SoulWomb" project will test a sound meditation program for justice and diversion clients, many with co-occurring disorders. The Behavioral Health Education and Engagement Team (BHEET) project will test the use of peer navigators in the community Medical system.

2021-2022

In addition to this report on achievements and plans made in 2020-2021, it is important to note here some additional changes to the Three-Year plan which occurred in the final weeks of the last fiscal year, and in the early part of this current fiscal year, 2021-2022, as of this publication:

- Stakeholders and contract partners were engaged over the early part of 2021-2022 to discuss a change from the County's policy to provide a standard 2% Cost of Living Adjustment (COLA) increase annually. The new plan, approved by stakeholders, is a pro-rated adjustment based an increase one year after the month the program begins (rather than an automatic increase of 2% to a program's funding at the start of the fiscal year).
- The MHSA Advisory Committee also approved the use of released Prudent Reserve funds to support a 24/7 crisis hotline for the Youth and Foster Care Response Team. This will provide a 24/7 live hotline response which facilitates entry of the caregivers and current or former foster child/youth into mobile response services from the statewide Family Urgent Response System (FURS) hotline.
- Stakeholders approved the use of released Prudent Reserve funds to purchase an additional vehicle to support the Youth Mobile Crisis Team (MHSOAC Grant).
- The MAC approved a Mini-Grant Program to offer one-time project funds (CSS or WET) to current MHSA providers. This will help the County and MHSA program expend the released Prudent Reserve funds set to revert at the end of 2021-2022. The mini-grant program may extend to non-contracted providers with MHSA-aligned projects.

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The County of San Luis Obispo's Annual Update to fiscal year 2020-2021 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 19 through November 17, 2021. 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 included a presentation of the draft, including highlights from 2020-2021 and outline the Community Planning Process at the Behavioral Health Board's meeting, October 20, 2021. The review period concluded with a Public Hearing on November 17, 2021 as part of the monthly Behavioral Health Board Meeting. At that meeting MHSA Leadership staff shared substantive comments received during the 30-day public review. Those comments are detailed in the Community Planning Process section of the Update.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update and Three-Year Plan be submitted to the County Board of Supervisors for approval. California Assembly Bill 100 (passed in 2011) 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.

On January 25, 2022, the Board of Supervisors received a presentation on the Annual Update and voted to approve the Update and 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 MHSA Leadership Team comprised of Frank Warren (Division Manager/MHSA Coordinator), Kristin Ventresca (Program Manager/CSS Coordinator), Nestor Veloz-Passalacqua and Timothy Siler (PEI/INN Coordinators), Jalpa Shinglot (MHSA Accountant), Christina Menghrajani (FSP Coordinator), Caroline Johnson (WET Coordinator), and Anne Robin (Behavioral Health Director), met 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 broadest 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 (MHSAOAC).

San Luis Obispo County's Behavioral Health Board (BHB) is made up of consumers, family members, and agency leaders. The Board's roles include monitoring MHSA programs, 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 MHSA information, and engaging in several discussions regarding the projects being implemented in MHSA.

Board members take part in MHSA-related stakeholder meetings as well as trainings and other program activities throughout the community. The Annual Update outlines many activities with

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large public profiles, including the “Journey of Hope” forum, suicide prevention efforts, and veterans outreach events. Each activity is promoted within the BHB and with all local stakeholders to ensure public understanding of MHSA endeavors.

In 2020-2021, the county’s MHSA Advisory Committee, 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. Throughout the fiscal year, the MAC reviewed changes in the County’s work plan, and were provided recommendations and proposals for new and enhanced programming. The stakeholders ultimately approved several changes to the County’s MHSA Plans and operations beginning in 2021-2022. In 2020-2021, the Prevention & Early Intervention (PEI) and Innovation (INN) stakeholder committees did not meet.



In this year, the County’s MHSA Leadership Team continued to host “virtual” Advisory Committee meetings to make community engagement accessible and meet the public health needs of the county. The SLOBHD used the Zoom for Health platform whereby stakeholders and staff could either videoconference, or phone in to participate. Meeting attendance was robust, with an average of 30 stakeholders at each MAC. Agendas, minutes, and presentations were made available for each meeting per the Department’s [MHSA web page](#).

On July 29, 2020, the Mental Health Services Act Advisory Committee (MAC), the county’s key stakeholder group, met via Zoom to discuss the new fiscal year and review the work plans. Kristin Ventresca, the CSS Coordinator reviewed recent upgrades and changes to the FSP programs, including the expansion of the Homeless Outreach Teams and staffing increases in each age-group program. Nestor Veloz-Passalacqua, the PEI/INN Coordinator, presented program expansion updates, including program and staff increases approved at the end of 2019-2020. He also informed the MAC about the extension of the contract with Cal Poly to conduct evaluation of Innovation programs. Caroline Johnson, WET Coordinator, gave a report on the prior year’s communication and training outputs (e.g., increases in social media engagements, number of continuing education trainings).

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At the meeting the MAC approved ongoing CSS funding to support a Behavioral Health Clinician assigned to the county's largest homeless services center ("40 Prado"). At that same meeting MAC stakeholders approved the ongoing expense of \$472,528 to expand social rehabilitation services provided by Transitions-Mental Health Association (TMHA) through their Wellness Centers in Arroyo Grande and San Luis Obispo (their Atascadero services have been funded by MHSA/CSS). This decision came in lieu of the County withdrawing its proposal to support a Full Service Partnership for its Martha's Place Child Assessment Center. Due to the pandemic, among other factors, stakeholders agreed this project would have difficulty meeting expectations. Stakeholders agreed the dollars originally intended for that FSP would be better served supporting wellness Centers at this time.

In the prior fiscal year (2019-2020) the MAC approved a reduction to the County's Prudent Reserve in alignment with state guidelines. Stakeholders approved a reduction of approximately \$2.8M in CSS Prudent Reserve with the intention of using the funds to introduce, enhance, and expand MHSA projects over the next Three-Years. These funds must be spent before June 30, 2022. Stakeholders, in the July 2020 meeting approved using \$13,525 in "released Prudent Reserve" funds to support the initial expense, and low maintenance cost for electronic equipment and internet costs to support the Center for Family Strengthening's Promotores Mental Health Interpreters.

On September 28, 2020, stakeholders met again by Zoom and heard a presentation on the addition of walk-in hours at the CSS-funded Crisis Stabilization Unit (CSU). The provider, Sierra Mental Wellness Group continues to work with local law enforcement and hospitals to expedite entry to the CSU. The County's MHSA Leadership staff informed the stakeholders that staffing for the CSS work plan's Behavioral Health Treatment Court would be converted from a community provider (TMHA) to the County's Justice Services Division. Nestor Veloz-Passalacqua informed the group that the PEI-funded "Successful Launch" program at Cuesta College has concluded. Nestor also announced his promotion to Program Manager and move to the Public Health Department.

At the meeting stakeholders agreed using released Prudent Reserve funds to support both the County's contribution to the statewide Workforce Education and Training grant program, coordinated by the Southern California Regional Partnership, as part of an Office of Statewide Health Planning and Development (OSHPD) initiative (\$74, 102); and construction costs associated with the County's first co-occurring disorder treatment center ("38 Prado"), by providing \$207, 500 to Community Action Partnership of San Luis Obispo (CAPSLO).

The MAC met on January 27, 2021, and approved the use of MHSA Trust Fund dollars (\$509,536 over two years) to cover co-occurring (substance use and severe mental illness) treatment. These funds are currently in reserve and will not impact other programs. The funding supports

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Assessment Coordinators providing 1,200 instances of service annually. With the passing of AB 2265 in September of 2020, counties were given guidance from the Department of Health Care Services that “MHSA funds may be used for SUD treatment for individuals with co-occurring MH and SUD.”

At that meeting, MHSA Leadership introduced Timothy Siler, the County’s new PEI/Innovation Coordinator. Tania Resendiz, Behavioral Health Clinician gave an update on the CSS-funded Latino Outreach Program and shared success stories about some recent client cases. Jalpa Shinglot, MHSA Accountant, provided the current financial status and projections for the coming fiscal year. Frank Warren, MHSA Coordinator, shared upcoming events, including a LGBTQ+ Town Hall sponsored by MHSA.

Another “virtual” MAC meeting was held March 31, 2021. Anne Robin, SLOBHD Director, provided updates on the County’s mass vaccination efforts, as well as current housing projects the Department is supporting. Tim Siler presented the draft Suicide Prevention Plan in its 30-day public review. He also presented the 30-day public review of the County’s fifth round of Innovation plans.

The County MHSA Leadership Team proposed moving the funding for the Perinatal Mood and Anxiety Disorder (PMAD) training program from PEI and into WET, with a close-out date of June 30, 2022; and to use released Prudent Reserve dollars in the first year, with an option for WET funding in future years, to fund a Diversity, Equity, and Inclusion (DEI) Program Manager within the Behavioral Health Department.



The final MAC of the fiscal year was held over Zoom, on May 26, 2021. At this meeting the stakeholders received an update on the Veterans Outreach program from Behavioral Health Specialist, Gabriel Granados. He outlined the basics of the program, which started nine years ago as an Innovation Project. During the Covid emergency the program has hosted a variety of online events such as trivia and game nights, a Netflix watch party, paint by Zoom, and cooking and nutrition classes, and the Veteran’s Voices Art Exhibit. These events are also a way to introduce the Veteran’s Outreach Therapist, Breanne Salmon, who also participates in the events.

A presentation on the Holistic Adolescent Health Project was given by Charley Newel of CAPSLO. This INN program offers comprehensive team health coaching in mental health and other related

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areas. They are using virtual implementation and are looking forward to resuming in person coaching. Finally, at the meeting, stakeholders approved the moving of PMAD funding from PEI to WET for the 2021-2022 fiscal year. The stakeholders also approved the DEI Program Manager position, which was then approved by the Board of Supervisors in the 2021-2022 fiscal year.

San Luis Obispo County			
2020-2021 MHSA Advisory Committee (MAC)			
Name	Affiliation	Name	Affiliation
Dawn Anderson	Family Members	Tonya Leonard	Cuesta College
Cynthia Barnett	Family Care Network, Inc.	Jenny Luciano	Big Brothers/Sisters
Nicole Bennet	CenCal	Joe Madsen	TMHA
Katy Bertrand	Community	David Riester	NAMI
Michelle Call	GALA	Jeff Smith	Pismo Beach PD
Danijela Dornan	CAPSLO	Jenilee Sneed	Cal Poly
Lisa Fraser	Center for Family Strengthening	Bonita Thomas	Community
Dylan Hunt	Family Care Network, Inc.	Clint Weirick	Community
Barry Johnson	TMHA	Mark Woelfle	Community
Pam and Jack Kretovic	Family Members	Jessica Yates	Sherriff's Department
Joseph Kurtzman	Sunny Acres/BHB	Pam Zweifel	NAMI/BHB

The County of San Luis Obispo's Annual Update to fiscal year 2020-2021 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 19 through November 17, 2021. 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.

COMMUNITY PLANNING PROCESS

The Annual Update 30-day public review included a presentation of the draft, including highlights from 2020-2021 and outline the Community Planning Process at the Behavioral Health Board's meeting, October 20, 2021. The review period concluded with a Public Hearing on November 17, 2021 as part of the monthly Behavioral Health Board Meeting. At that meeting MHSAs Leadership staff shared substantive comments received during the 30-day public review.

Substantive comments included a suggestion that MHSAs programs continue to address improvements in mental health crisis response by establishing systems not reliant on law enforcement. Several comments included recommendations for providing statistics and tables in more clear manners (e.g. better labelling, reduced redundancies, etc.). Written comments taken into consideration included recommendations for improved explanations of how client/participant counts are made, as well as improving how calculations are expressed.

One reviewer wrote "The Innovation Projects are examples of worthwhile efforts on behalf of many segments of the population, and appear to have wide support. I am looking forward to the coming year in which they will be further implemented. The SLO County BHD is to be commended for its collective work in a very difficult year."

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update and Three-Year Plan be submitted to the County Board of Supervisors for approval. California Assembly Bill 100 (passed in 2011) 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.

On January 25, 2022, the Board of Supervisors received a presentation on the Annual Update and voted to approve the Update and Three-Year Plan.

Capacity Assessment

The County is required to provide a Capacity to Implement Assessment in its Three-Year Plan. SLOBHD neglected to identify its assessment in the FY 2020-2023 Three-Year Plan, so it is being added here and will become a regular feature of the Annual Update and Three-Year Plan.

California Code of Regulations, Title 9, § 3650(a)(5)(A)(B)(C), requires that the County's MHSA Plan include an analysis of the strengths and limitations of the County and service providers and their impact on the County's ability to meet the needs of racially and ethnically diverse populations, evaluation of bilingual proficiency in threshold languages, including identification of possible barriers to program implementation and methods to overcome these barriers. The following report is broken into three sections outlined in the statute. Detailed information will be included in the Appendix.

- (A) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in threshold languages.

The County's public mental health system, made up of contractual partnerships provides a culturally competent and client-centered continuum of behavioral health (mental health and substance use disorder) care. The public mental health system includes organizations and individuals providing crisis, prevention, early intervention, outpatient, residential and inpatient services for all eligible residents.

Strengths: The County has an ample number of qualified providers; a strong capacity for providing services in rural areas; the capacity to provide services in the county's identified threshold language (Spanish); and a wide variety of specialty mental health programs.

Limitations: The most significant limitation the County faces in providing services is the need for Spanish and other language capacity throughout the system. Another limitation is the lack of racial, ethnic, and cultural representation in direct service provision throughout the county. Finally, the County's public mental health system, like many across the country, is lacking local psychiatrists to provide in-person services.

According to the Network Adequacy Certification Tool (2020) provided by the Department of Health Care Services the county's public mental health system has 284 qualified providers, 54% of which specialize in serving those under the age of 20, with 21% serving those 21 and older, and 25% serving all ages. Licensed Clinical Social Workers and Marriage and Family Therapists make up 27% of that workforce.

CAPACITY ASSESSMENT

Based on the Department of Health Care Services “Provider-To-Beneficiary Ratio Standards,” San Luis Obispo County has an excellent ratio of service provision for children and youth needing mental health services (1:13 versus the state standard of 1:43). The county meets the state standard for adult services with a ratio of one provider per 85 adults needing services (1:85).

Language capacity remains a limitation as only 13% of the treatment provider network speaks Spanish fluently, compared to the 18% of Medi-Cal members who prefer services in Spanish. Also, 18% of the county population report that a language outside of English is spoken primarily at home (US Census). No other languages are represented at a full percentage (one provider is certified in American Sign Language, one fluent in Armenian, and two fluent in Tagalog). Of course, the broader provider network which includes prevention, early intervention, wellness, and recovery programming expands language capacity with a workforce that is only 10% fluent in Spanish.

A recent study by the county’s Behavioral Health Advisory Board determined that there is an “ongoing need for additional bilingual/bicultural staff at all levels of services, particularly in North County.”

- (B) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

According to a survey of Behavioral Health Department (SLOBHD) staff by students at California Polytechnic State University (Cal Poly) in recent years, 74% of SLOBHD staff identified as White; 18% as Latino; and 9% as “Other.” According to US Census data, San Luis Obispo County is 69% White, 23% Hispanic or Latino, 4% Asian, 2% Black or African American, 1.4% American Indian or Alaska Native, and .2% Native Hawaiian or Pacific Islander. Nearly 4% report two or more races.

The Medi-Cal population (representing those requiring public mental health system services) in San Luis Obispo County is 42% White and 29% Hispanic (CenCal Health, 2020).

While other ethnic and cultural populations are represented within the public mental health system, further study is needed to assess the current state of representation. For instance, a recent Cal Poly study looked at the experience of the LGBTQ population in accessing behavioral health services (QCARES, 2020). Approximately one in four respondents to their survey reported “LGBTQ+ folks did not feel they had a choice to work with an LGBTQ+ provider.”

- (C) Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers

The most significant barrier to implementing the programs contained within the MHSA Work Plans is issues of access across the county. While it is good that 40% of the provider network

CAPACITY ASSESSMENT

report having the capacity for traveling “Greater than 60 miles” to serve clients, it identifies a barrier created by lack of local access. The need for more clinic and outreach engagement points continues to be addressed in a variety of stakeholder groups. One prominent improvement will be the opening of a Behavioral Health Department facility in Paso Robles in the Fall of 2021-2022. This facility, partially supported with MHSAs funds, will support a wide array of behavioral health services.

Another significant barrier is the need for a more representative workforce. Bilingual and bicultural providers are highly sought within the public mental health system, are provided financial incentives for language specialty, and valued for their cultural experiences in program design and implementation. However, the Department and its contractual partners are faced with a growing need for cultural representation and language capacity and face a depleted recruitment pool.

As described earlier in the Annual Update, the local MHSAs work plan is supporting the addition of a Program Manager for Diversity, Equity, and Inclusion. This position will serve as the Department’s Ethnic Services Manager, and oversee training, policy development, staff support, and recruitment strategies to broaden the representation of the public mental health system.



Community Services and Supports (CSS)

The Mental Health Services Act (MHSA) provides funding for counties to help people and families who have mental health needs. Funds are allocated within five “components” which address the continuum of care necessary to transform the public mental health system. To access these funds, the County of San Luis Obispo has developed plans for each component; the first of which is Community Services and Supports (CSS).

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, incarceration, or other institutionalization because of their mental illness. The plan must also provide for 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. 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 use, 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 FSP includes four distinct programs based on age groups: Child/Youth ages 0-15, Transitional Aged Youth (TAY) ages 16-25, Adult ages 26-59, and Older Adult ages 60+. Collectively, in 2020-2021, there were 187 client “partners” enrolled in FSP programs. In that year, enrolled clients yielded the following results: (1) A 45% reduction in homeless days; (2) an 73% reduction in emergency room visits; (3) an 81% reduction in jail days; and (4) a 2% increase 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 section is a table outlining the budget and actual costs of each work plan, as well as projected costs for the next three 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 monitoring each program’s goals, objectives, and measures to continually ensure the programs are meeting the needs of the community.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 1: Children and Youth Full Service Partnership (FSP)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	34*	\$1,051,612	\$ 30,930
Projection for FY 2021-2022	30	\$1,220,396	\$ 40,680
Projection for FY 2022-2023	30	\$1,244,804	\$ 41,494

*Four clients were served in both Youth and TAY FSP

Program Provider: Family Care Network, Inc. (FCNI)

Program Goals

- Reduce the subjective suffering from serious mental illness or emotional disorders for children and youth.
- Increase in self-help and consumer/family involvement.
- Reduce the frequency of emergency room visits and unnecessary hospitalizations.

Key Objectives

- Reduce out-of-home placement and institutional living arrangements (including hospitalization, incarceration).
- Increase positive changes in educational level and status.
- Decrease legal encounters.
- Decrease crisis involvement.

Program Outcomes

- Decreased hospitalizations.
- Decreased juvenile justice involvement.
- Increased number of clients living with family.
- Reduced number of clients/families who are homeless.

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on MHSA regulations.

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 as an underserved population. This program increases access and provides age-specific, culturally competent interventions for the participants. Family Care Network, Inc. (FCNI), a

COMMUNITY SERVICES AND SUPPORTS (CSS)

nonprofit children and families' services provider provides the Child/Youth and TAY FSP services. 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.

The Children and Youth FSP serves young people (ages 0-15) of all cultural, racial, and ethnic backgrounds. 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 Wrap Around services because they are neither wards nor dependents of the court.

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.

There were two (2) Children and Youth FSP teams in 2020-2021. FSP teams included the child and family, a community-provided therapist, a peer and parent coach and a Personal Services Specialist. The team also includes access to a psychiatrist and supervisor support. Additional partners include appropriate agency personnel, family members, friends, community supports (i.e. school community) and others as identified by the team. Individualized services can change in intensity as the client and family change.

Figure C1: Team Members for Child and Youth Clients



FSP teams represent the core principles of MHSA and doing “whatever it takes,” which includes engaging a client, determining their needs for recovery, and creating collaborative services and support to meet those needs. The FSP Children/Youth (and TAY) FSP services include 24/7 responses to program clients who may need after hours supports to manage or reduce crises. Being “fully served” is a core principle of FSP, which includes the ability to have someone known to the client or family members able to respond 24 hours a day, seven days a week. This strategy is intended to allow interventions after hours that will decrease

COMMUNITY SERVICES AND SUPPORTS (CSS)

negative outcomes for clients including, but not limited to, unnecessary incarcerations or hospitalizations.

In 2020-2021, FCN’s Children and Youth FSP teams provided services to 34 clients with the target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure C2 represents reductions in areas of consequence. These figures are calculated by comparing the 12 months prior to FSP enrollment to the occurrences during 2020-2021. Compared to the 12 months prior to FSP enrollment, Child, and Youth FSP participants demonstrated the following results:

- Approximate 20% increase in days spent in psychiatric health facilities (221 twelve months prior to partnership, 266 during 2020-2021, primarily driven by 4 clients with between 1-5 months spent in facilities).
- 100% increase in homeless days (0 twelve months prior to partnership, 49 experienced by one client during 2020-2021).
- 100% decrease in total days spent in justice facilities (1 twelve months prior to partnership, 0 during 2020-2021); and
- 25% increase in ER visits (4 twelve months prior to partnership, 5 during 2020-2021).

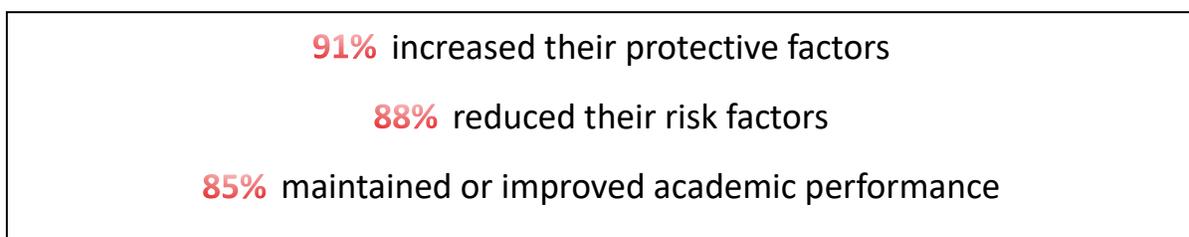
Figure C2: Child and Youth FSP Clients Enrolled in FY 2020-2021 (n=34)



**Very small sample sizes saw change of 0 client to 1 client or vice versa.*

Figure C3, below, displays the improvement in protective factors, decreased risk factors, and improved academic performance throughout the year for those child and youth FSP clients that completed more than one quarterly assessment.

Figure C3: Child & Youth FSP Client Results (n=34)



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 2: Transitional Age Youth (TAY) Full Service Partnership (FSP)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	37*	\$950,250	\$25,682
Projection for FY 2021-2022	30	\$ 1,006,667	\$33,556
Projection for FY 2022-2023	30	\$1,026,780	\$34,227

*Four clients were served in both Youth and TAY

Program Provider: Family Care Network, Inc. (FCNI)

Program Goals

- Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth.
- Increase in self-help and consumer/family involvement.
- Reduce the frequency of emergency room visits and unnecessary hospitalizations.

Key Objectives

- Reduce out-of-home placement and in institutional living arrangements (including hospitalization, incarceration).
- Positive changes in educational level and status.
- Decrease in legal encounters.
- Decrease crisis involvement.

Program Outcomes

- Decrease in hospitalizations.
- Decrease in juvenile justice/jail involvement.
- Increase number of clients living with family or independently, or independently with support.
- Reduced number of clients/families who are homeless.

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on regulation.

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. Thirty-seven (37) TAY received FSP services in 2020-2021.

COMMUNITY SERVICES AND SUPPORTS (CSS)

TAY FSP provides services for young adults (ages 16 to 25) of all cultural, racial, and ethnic backgrounds. Those served include individuals with severe emotional disturbances/serious mental illnesses who 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 use, 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 when needed, case management, crisis services, therapy, and psycho-education services 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.

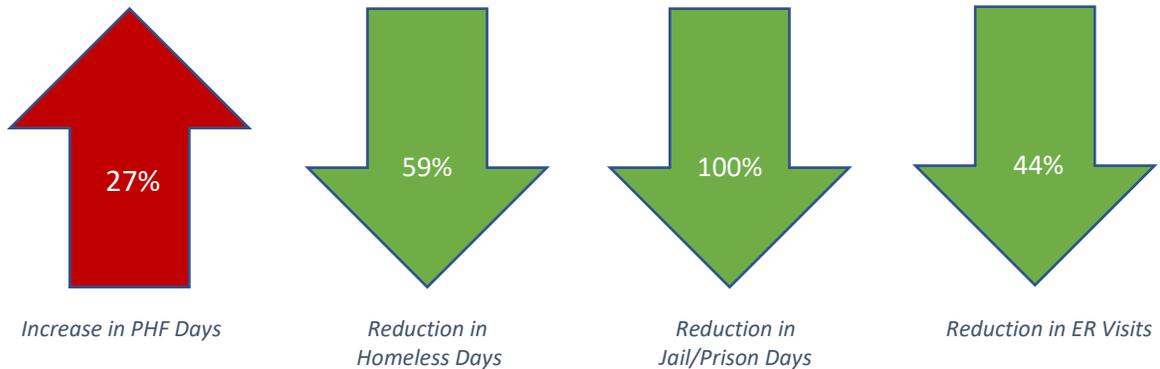
There were two TAY FSP teams in 2020-2021. The core FSP team includes a community-provided therapist, a peer and parent coach, and a Personal Services Specialist. Additionally, the team has access to a vocational specialist, co-occurring disorders specialist, and a psychiatrist, medication manager, and program supervisor that serve participants in both age group programs.

In 2020-2021, FCNI provided services to 37 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). Figure C4 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 2020-2021.

- Approximate 27% increase in days spent in psychiatric health facilities (392 twelve months prior to partnership, 497 during FY 2020-2021).
- Approximate 59% reduction in homeless days (1765 twelve months prior to partnership, 730 during FY 2020-2021).
- Approximate 100% decrease in total days spent in justice facilities (56 twelve months prior to partnership, 0 during FY 2020-2021); and
- 44% reduction in ER visits (9 twelve months prior to partnership, 5 during FY 2020-2021).

COMMUNITY SERVICES AND SUPPORTS (CSS)

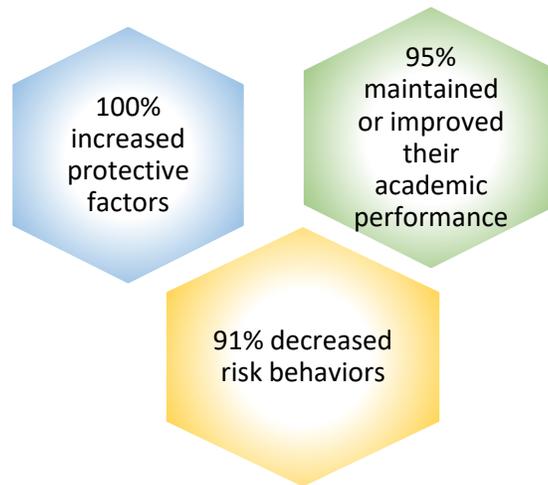
Figure C4: TAY Clients Enrolled in 2020-2021 (n=37)



In 2020-2021, 37 Child/Youth and TAY clients were observed by team providers over several months to compare program outcomes, demonstrating a significant decrease in risk factors. Ninety-one percent (91%) of TAY clients observed demonstrated a decrease in risk behaviors such as delinquency, fire setting, and being a runaway, among others; one hundred percent (100%) increased their protective factors; and ninety-five percent (95%) maintained or improved their academic performance. See figure C5.

The teams' peer and parent coaches provide transportation, social support, skills training, and assistance with independent living. These coaches function as role models to clients with regard to rehabilitation and recovery, communication skills, and work behavior; facilitate and encourage clients to access and utilize community resources, services, and opportunities; as well as support parents to be effective caregivers and advocates for their

Figure C5: TAY FSP Clients Survey Results for Social Behaviors



children - which may include trauma-informed parenting skills, implementing a self-care routine, and reconnecting with family and friends that can be a source of strength and support. The peer and parent coach assists clients in a social rehabilitation setting offering social support, recreation activities, and assisting with independent living skills.

COMMUNITY SERVICES AND SUPPORTS (CSS)

The COVID-19 pandemic continued to create numerous challenges in the teams' ability to provide face-to-face services for clients. Clients were given the option to choose tele-health or in-person contacts. During these difficult times, mental health services continue to be provided as requested by the client and family. While tele-health became the preferred contact method after shelter-at-home orders were enacted in the county, some clients refused or cancelled services. Additionally, when services were provided, the length of the contact was significantly reduced. FCNI has increased its face-to-face contacts, while following the health and safety recommendations for essential health care services as provided by the County of San Luis Obispo.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 3.1: Adult Full Service Partnership (FSP)

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2020-2021	53	\$2,337,662	\$44,107
Projection for FY 2021-2022	50	\$2,616,494	\$52,330
Projection for FY 2022-2023	50	\$2,668,824	\$53,377

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible.
- Reduce the subjective suffering from serious mental illness for adults.

Key Objectives

- Reduce homelessness/maintain suitable housing.
- Reduce or eliminate need for crisis services.
- Reduce or eliminate acute psychiatric and/or medical hospitalizations.
- Reduce substance use/dependence to a level that is no longer harmful to the partner or the community.

Program Outcomes

- Decrease in hospitalizations.
- Decrease in jail days.
- Decrease in homelessness.

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on MHSA regulations.

The **Adult Full Service Partnership (FSP)** programs serve adults 26-59 years of age with serious mental illness. Adult FSP participants are at risk of institutional care because their needs are greater than most outpatient services can 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. There are five Adult FSP teams provided by Transitions-Mental Health Association (TMHA): three (3) Adult FSP and two (2) Homeless Outreach Team (HOT) FSP teams.

COMMUNITY SERVICES AND SUPPORTS (CSS)

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, and a Wellness and Recovery Plan, are developed with each participant to address the type of services and specific actions desired, each are guided by an assessment of each individual's strengths and resources. Services include:

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

There were three (3) Adult FSP teams in 2020-2021, serving a combined total of 53 clients. The core FSP teams include a TMHA Clinical Therapist, and a Personal Services Specialist (PSS) provided by TMHA. In addition, there is a program mentor, psychiatrist, medication manager, lead clinician, and program supervisor that serve participants. 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 2020-2021, TMHA served 53 FSP clients as part of the Adult FSP program. A survey of participants showed an increase of 35% in their use of learned coping skills to help them better manage their mental health symptoms. Clients surveyed also demonstrated a 33% increase in their use of skills learned from therapeutic interventions to deal better with stress-related triggers.

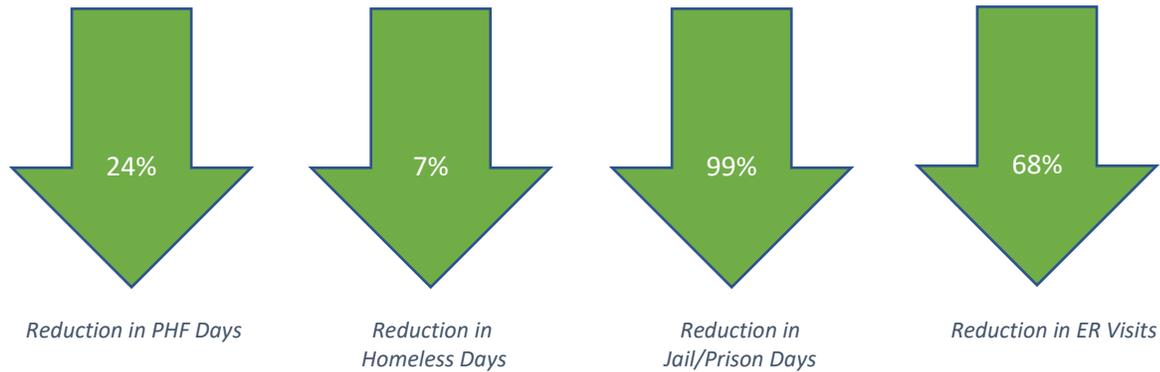
Figure C6 represents the baseline information gathered from the clients for 12 months prior to their start date into the program and compares it to the occurrences during 2020-2021.

- Approximate 24% decrease in days spent in psychiatric health facilities (759 twelve months prior to partnership, 577 during FY 2020-2021).
- Approximate 7% decrease in homeless days (2545 twelve months prior to partnership, 2370 during FY 2020-2021).
- Approximate 99% decrease in total days spent in justice facilities (784 twelve months prior to partnership, 9 during FY 2020-2021); and

COMMUNITY SERVICES AND SUPPORTS (CSS)

- Approximate 68% reduction in ER visits (41 twelve months prior to partnership, 13 during FY 2020-2021).

Figure C6: Adult Clients Enrolled in FSP: FY 2020-2021 (n=48*)



**Of the 57 clients only 48 had PAF data and were included in calculations*

In the prior fiscal year (2019-2020) community MHSA stakeholders approved the addition of a medication manager (16 hrs/wk) and additional peer mentor time (20 hrs/wk) for Adult FSP. The additional medication manager time allows for the staff to be available during all business hours to support appointments, refills, and check-ins for the full caseload of 45 clients. The additional peer mentor time allows the contractor to continue to provide transportation, social support, skills training, and assistance with independent living to a caseload of 15 clients.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	40	\$1,250,626	\$31,266
Projection for FY 2021-2022	35	\$1,399,131	\$39,975
Projection for FY 2022-2023	35	\$1,427,114	\$40,775

Program Provider: Transitions-Mental Health Association (TMHA)

The Homeless Outreach Team (HOT) FSP teams include two therapists, two case managers, and a peer support staff member. Additional supports include a nurse, access to a psychiatrist, medication management, and program supervision. **In 2020-2021, TMHA served 40 FSP clients as part of the Homeless Outreach Team FSP program.** In 2020-2021, the program team met and engaged 481 local homeless individuals. One-hundred forty two (142) were screened to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders.

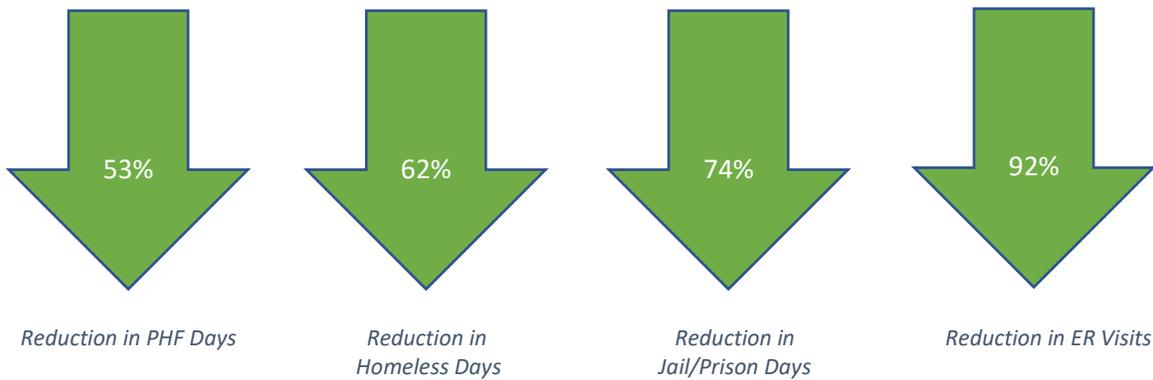
Forty (40) individuals were enrolled in HOT FSP Services 2020-2021 Figure C7 represents the baseline information gathered from the clients for 12 months prior to their start date into the program and compares it to the occurrences during 2020-2021.

- Approximate 53% decrease in days spent in psychiatric health facilities (470 twelve months prior to partnership, 221 during FY 2020-2021).
- Approximate 62% reduction in homeless days (4387 twelve months prior to partnership, 1649 during FY 2020-2021).
- Approximate 74% decrease in total days spent in justice facilities (2245 twelve months prior to partnership, 574 during FY 2020-2021); and
- Approximate 92% decrease in ER visits (95 twelve months prior to partnership, 8 during FY 2020-2021).

In 2020-2021, 100% of the 40 clients engaged accessed support services, such as substance use treatment, vocational training, emotional support, and benefits eligibility. Twelve, or 30% of the 40 clients served had secured housing as of the fourth quarter.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Figure C7: Homeless Outreach Team Clients Enrolled in FY 2020-2021 (n=42)



In recent years, TMHA expanded its Homeless Outreach FSP to include an additional team; increasing HOT's capacity to serve 30 clients. The expansion included a mobile outreach unit with assessment and treatment capacity to serve the community most effectively. The teams now use the van for homeless outreach and service delivery. The van has access to a nurse practitioner via telepsychiatry.



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 3.3: Transition Assistance and Relapse Program (TARP/FSP)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	19	\$114,081	\$6,004
Projection for FY 2021-2022	25	\$122,120	\$4,885
Projection for FY 2022-2023	25	\$124,562	\$4,983

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Assist clients who are in transition out of intensive FSP services into a more traditional self-supported system of care.
- Provide coaching and assistance necessary to increase success rates in long-term recovery.

Key Objectives

- Improve treatment outcomes for FSP clients by developing a post-graduation transition and recovery plan using a peer advocate/mentor.

Program Outcomes

- Reduce relapse and recidivism rates among clients.
- Clients deferred from using an acute treatment setting.
- Increase engagement in community-based services.
- Demonstrate preparedness to manage long-term recovery.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

Transition Assistance and Relapse Prevention Program (TARP) provides peer mentors as an ongoing support and connection to Full Service Partnership (FSP) graduates. When FSP client cases are closed and the partnership with the FSP team ends, the client is usually transferred to an outpatient clinic for ongoing general services. The community examined (via a MHSA-funded Innovation project) that graduates may still meet medical necessity for services, but because of their success in recovery, they may no longer access the level of supportive services they had been receiving in FSP. 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.

Peer mentors in TARP extend that continued connection to the team beyond FSP. This includes providing access to resources and activities to which graduates have not had access to previously.

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TARP ensures 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 clients showing signs of improvement, allowing others in more need of the wraparound program to enroll. Additionally, the presence of a TARP mentor can signal hope that recovery can and does occur, serving as a guidepost for new FSP clients.

A total of nineteen (19) unique participants were served in 2020-2021. A total of 480 duplicated contacts occurred in the fiscal year. Of the 19 unique participants in 2020-2021, 95% of participants did not relapse/recidivate to the PHF or the FSP program during the fiscal year. Additionally, all 19 of the participants engaged in community-based services for 2 or more sessions. Of the five (5) reporting via self-report surveys, 75% reported feeling better prepared to manage their long-term recovery after working with the peer mentor.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 4: Older Adult Full Service Partnership (FSP)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	27	\$710,180	\$26,303
Projection for FY 2021-2022	20	\$803,385	\$40,169
Projection for FY 2022-2023	20	\$819,453	\$40,973

Program Provider: Wilshire Community Services, Inc.

Program Goals

- Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible.
- Reduce the subjective suffering from serious mental illness for adults.

Key Objectives

- Reduce homelessness/maintain suitable housing.
- Reduce or eliminate need for crisis services.
- Reduce or eliminate acute psychiatric and/or medical hospitalizations.
- Reduce substance use/dependence to a level that is no longer harmful to the partner or the community.

Program Outcomes

- Decrease in hospitalizations.
- Decrease in jail days.
- Decrease in homelessness

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on MHSA regulations.

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 an assessment of each individual's strengths and resources. Priority populations are individuals who are 60 years of age or older; all cultural, racial, and ethnic background individuals who are unserved or underserved

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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 their service needs extend into older adulthood.

The OA FSP serves 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 unhoused, 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 use 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 was one (1) OA FSP team in 2020-2021. The core FSP team includes a Wilshire Community Services or a WCS Mental Health Therapist a Personal Services Specialist (PSS), a medication manager, and a psychiatrist provided by WCS. Additionally, a co-occurring disorders specialist and a WCS program supervisor are available to serve participants in all the occasional Adult and Older Adult FSP age group programs. **In 2020-2021 the OA FSP team served a total of 27 partners.**

In recent years, stakeholders approved the use of MHSA funds for a part-time medication manager to serve the older adult caseload. Prior to this, the County retained the medication management services. In the 2019-2020 fiscal year stakeholders approved funding a part-time psychiatrist to serve the OA FSP. The County retained the position in prior years.

Figure C8 presents 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.

- Approximate 186% increase in days spent in psychiatric health facilities (176 twelve months prior to partnership, 504 during FY 2020-2021 primarily driven by two patients with over 200 days spent in facilities each).
- 49% reduction in homeless days (311 twelve months prior to partnership, 160 during FY 2020-2021).
- Approximate 98% decrease in total days spent in justice facilities (59 twelve months prior to partnership, 1 during FY 2020-2021); and
- Approximate 92% decrease in ER visits (26 twelve months prior to partnership, 2 during FY 2020-2021).

COMMUNITY SERVICES AND SUPPORTS (CSS)

Figure C8: Older Adult Clients Enrolled in FY 2020-2021 (n=27)



The OA FSP program provides 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, therapeutic services, independent living skills support, 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.

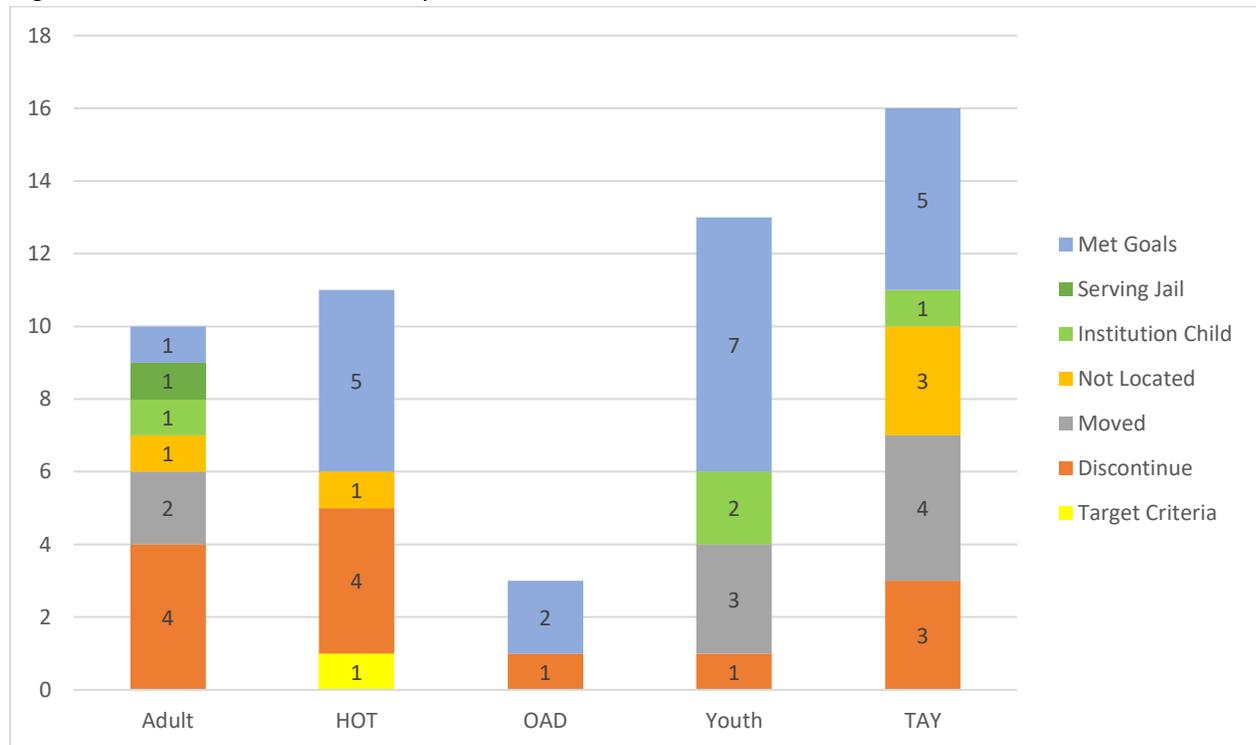
In 2020-2021, the Older Adult FSP team continued to assess and address the medical needs of the medically fragile clients, especially when appropriate resources are limited. Additionally, the COVID-19 pandemic shifted services to be offered via tele-health; however, many of the Older Adult FSP clients preferred face-to-face services. The Older Adult FSP team worked with clients to provide them the services needed while maintaining a safe environment.

Collective FSP Disenrollment Results

Collectively, in 2020-2021, the Full Service Partnership programs had 53 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 reasons for disenrollment are as follows:

- Target population criteria are not met
- Client decided to discontinue FSP participation after partnership established
- Client moved to another county/service area
- After repeated attempts to contact client, client cannot be located
- Client needs residential/institutional mental health services
- Client has successfully met their goals such that discontinuation of FSP is appropriate
- Client is serving a prison sentence

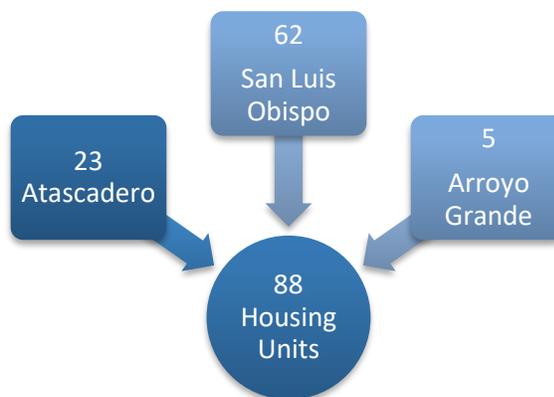
Figure C9: Full Service Partnership Discontinuation Reason: FY 2020-2021



Housing

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, **provided 90 units of housing for MHSA and MHSA-eligible clients in 2020-2021** (62 units in San Luis Obispo, 23 units in Atascadero, 5 units in Arroyo Grande). The services at the residential sites 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. In 2019-2020, TMHA added 33 units of housing in San Luis Obispo at the Bishop Street Studios Housing Project which is included in the total of 90 units.

Figure C10: Number of Housing Units Provided for MHSA clients in FY 2020-2021



TMHA has implemented the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) 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. An Adult Placement Committee meets monthly to review the housing program practices, such as referral processing, communication with staff, and prioritization for placement when vacancies occur.

**FSP Program Housing Facilities - CSS Funded
FY 2020-2021**

Full Service Partnership (FSP) Intensive Residential (35 total beds)

- *Atascadero/San Luis Obispo - Total = 48 clients*
 - *91% Occupancy (11,579 bed days/12,775 bed days available)*

Homeless Outreach FSP Housing (4 total beds)

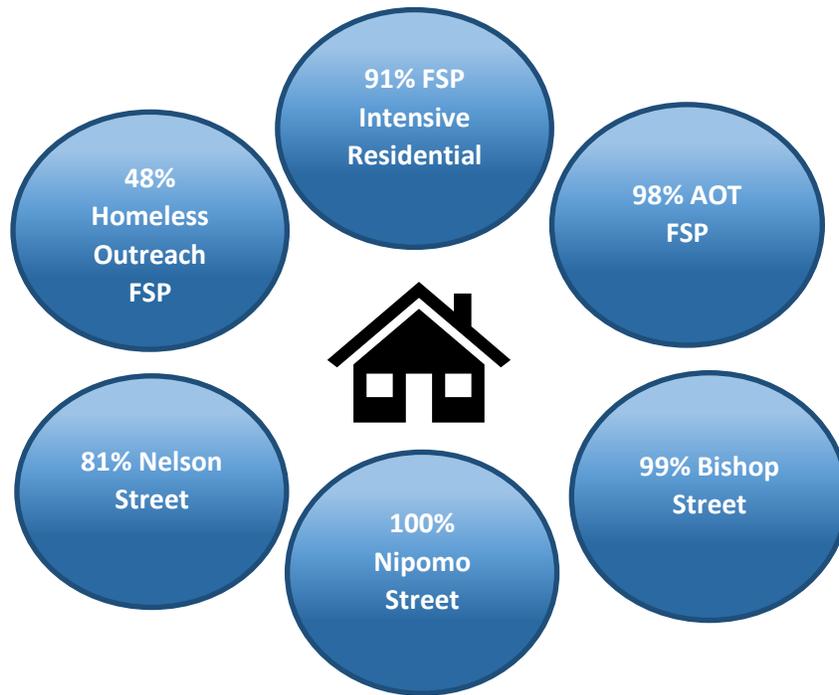
- *San Luis Obispo - Total = 8 clients*
 - *48% Occupancy (706/1,460)*

Assisted Outpatient Treatment FSP Housing (5 total beds)

- *Atascadero - Total = 6 clients*
 - *98% Occupancy (1,796/1,825)*

FY 2021-2022 *Projected occupancy rate of 90%*
FY 2022-2023 *Projected occupancy rate of 90%*

Figure C11: Occupancy Rate by Housing Type in FY 2020-2021



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 unhoused, 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 meeting the criteria for Assisted Outpatient Treatment. If no viable AOT client is referred within 15 days of a bed opening, TMHA moves to the FSP waitlist for placement.

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

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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.

MHSA Program Housing

FY 2020-2021

- ***Nelson Street, Arroyo Grande (5 total beds) Total = 6 clients***
 - *81% Occupancy (1,477 bed days/1,825 bed days available)*
 - *CSS One-Time Funding*
- ***Nipomo Street, San Luis Obispo (8 total beds) Total = 8 clients***
 - *100% Occupancy (2,920/2,920)*
 - *CalHFA Funded*
- ***Bishop Street, San Luis Obispo (33 total beds) Total = 34 clients***
 - *99% Occupancy (11,934/12,045)*
 - *Incl. CSS One-Time Funding*

FY 2021-2022 Projected occupancy rate of 90%

FY 2022-2023 Projected occupancy rate of 90%

The **Nelson Street Project** was given one-time General System Development 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 MHSA-eligible clients and includes access to a Wellness Center.

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 includes a Wellness Center for the residents and community to utilize. The Behavioral Health Department has priority for all eight units at this site for its clients.

The **Bishop Street Project**, developed by TMHA included CSS one-time funding and CalHFA funding, consists of 33 studios and one-bedroom units. TMHA renovated the abandoned Sunny Acres building above Johnson Avenue in San Luis Obispo and built three new buildings to create supportive housing for adults with mental illness, plus an apartment for a Resident Manager. The project includes 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 Bishop Street Studios project opened on October 1, 2019, and through a staggered move-in system, full occupancy was reached in November 2019.

No Place Like Home

On July 1, 2016, the Governor passed Assembly Bill (AB) 1618, also known as the “No Place Like Home” (NPLH) Initiative, which created a \$2 billion revenue bond supported by MHSA funds. The Department of Housing and Community Development administered a competitive program among counties to finance capital costs for permanent supportive housing.

While NPLH is not part of any local MHSA work plan, its grants and contracts are managed within the MHSA Leadership Team, and will be reported herein:

Round One Competitive Grant: The County and its housing partners were unable to secure an eligible property and obtain site control by the January 31, 2019, grant deadline.

Round Two Competitive Grant: In June 2020, the County and its housing partner, People’s Self Help Housing Corporation, received a grant award of \$10,435,350 to fund the Pismo Terrace project in Pismo Beach, CA.

Pismo Terrace is a 50-unit new construction project with 38 one-bedroom, and 11 two-bedroom units serving households with incomes ranging from 30-60 percent of Area Median Income (AMI), and one manager unit. Of the total units, 17 one-bedroom, and seven (7) two-bedroom units will be reserved for NPLH qualified households with incomes at or below 30 percent AMI. Each unit will have a refrigerator, range, dishwasher, curtains/blinds, and storage area. On-site amenities include 1 laundry room (5 washers and 5 dryers), community room, community kitchen, computer room and tot lot or playground. Off-site amenities, located within two miles of the

A 50 Unit Apartment Community

Owner :
Pismo Terrace, L.P.

Sponsor, Developer & Contractor :
People's Self-Help Housing
3533 Empleo St., San Luis Obispo, CA 93401 (805) 781-3088

Architect :
Ravatt, Albrecht & Associates, Inc.

Property Management:
People's Self-Help Housing Corp.

Financing Provided By

CHASE
Housing Trust Fund
SAN LUIS OBISPO COUNTY

CITY OF PISMO BEACH
CMFA
California Municipal Finance Authority

CALIFORNIA DEBT LIMITATION ALLOCATION COMMITTEE

SAN LUIS OBISPO COUNTY

NATIONAL EQUITY FUND
an affiliate of LISC

CALIFORNIA TAX CREDIT ALLOCATION COMMITTEE

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project include public transportation, shopping, medical services, recreation, schools, and employment.

Construction is due to be completed in the Fall of 2021.

Round Three Competitive Grant: In June 2021, the County and its housing partner, People's Self Help Housing Corporation, received a grant award of \$11,011,965 to fund the Tiburon Place project in San Luis Obispo, CA.

Tiburon Place is a 68 unit new construction project with 18 studio, 24 one-bedroom, and 26 two-bedroom units serving households with incomes ranging from 25-60 percent of Area Median Income (AMI), and one manager's unit. Of the total units, 13 Studios, 5 one-bedroom, 6 two-bedroom units will be reserved for NPLH qualified households with incomes at or below 30 percent AMI. Each unit will have air conditioner, refrigerator, range, dishwasher, and curtains/blinds. On-site amenities include a learning center, after-school and college prep programming to support the youth and create pathways to career development for our adult learners. Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment.

Construction is due to be completed in the Summer of 2023.

Round Four Competitive Grant: The County is currently (October 2021) reviewing proposals received to construct a new NPLH housing project.

Non-Competitive Grant: The County is currently (October 2021) working with housing partners to finalize a permanent housing project in San Luis Obispo.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.1: Client & Family Wellness | Adult Family Advocates and Youth Family Partners

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	925	\$332,852	\$360
Projection for FY 2021-2022	900	\$373,110	\$415
Projection for FY 2022-2023	900	\$380,572	\$423

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- 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.
- Integrate families into the process of wellness and recovery

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

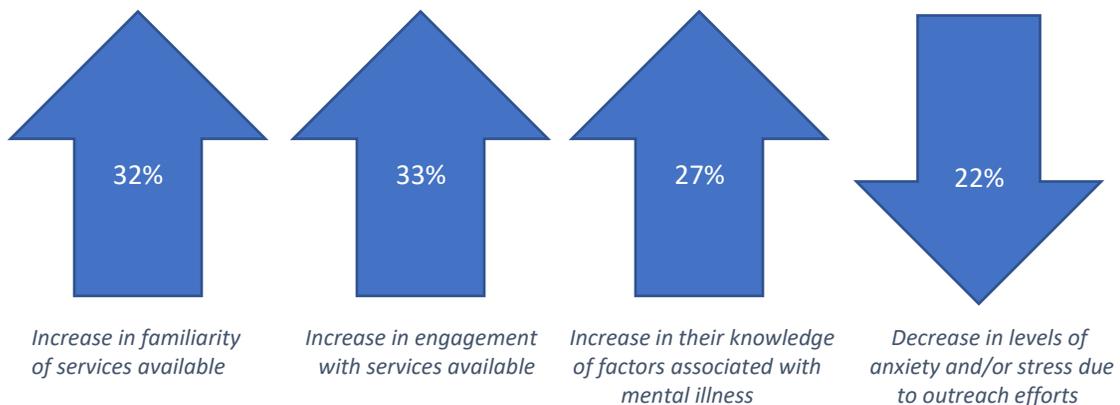
Adult Family Advocates and Youth Family Partners provide day-to-day hands-on assistance, link people to resources, provide support, and help clients to “navigate the system.” Partners liaison with family members, care givers, consumers, County Behavioral Health staff, local National Alliance on Mental 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 healthcare, food, short-term

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housing, transportation, education, and support services. Figure C12 below represents the results of family members surveyed in the Adult Family Advocates and Youth Family Partners Program.

In 2020–2021, 925 unduplicated family members were served and a total of 6,059 duplicated contacts provided to these clients. Of those served, 44 clients participated in surveys. Survey results show family members demonstrated a 32% increase in their familiarity of services available in the community, such as education, information and referral, and community outreach, a 33% 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, a 27% increase in their knowledge of the conditions and factors associated with their loved one’s mental illness, and a 22% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation, among others.

Figure C12: Family Members Surveyed in Adult Family Advocates and Youth Family Partners Program (n=44)



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CSS 5.2: Client & Family Wellness | Co-Occurring Disorders

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	77	\$381,316	\$4,952
Projection for FY 2021-2022	100	\$392,359	\$3,934
Projection for FY 2022-2023	100	\$400,206	\$4,002

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Program Goals

- 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.
- Integrate families into the process of wellness and recovery

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

A Co-occurring Specialist provides an Integrated Co-occurring Treatment program, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which includes

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intervention, intense treatment, and education. Individualized case plans are specific to each client's needs. **In 2020-2021 the Integrated Co-occurring Treatment program served 77 unduplicated consumers.** Of these consumers, 21 were youth-aged clients.

Of the 21 youth clients, 95% (20/21) clients successfully navigated through the screening, assessment, and treatment planning process.

50% increased their ability to regulate emotions/behaviors through learned coping skills.

30% reported improved relationships with family or guardians.

47% secured and maintained employment throughout treatment participation.

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CSS 5.3: Client & Family Wellness | Family Education Program

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	118	\$10,833	\$92
Projection for FY 2021-2022	130	\$18,330	\$141
Projection for FY 2022-2023	130	\$18,697	\$144

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- 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.
- Integrate families into the process of wellness and recovery

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre/posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

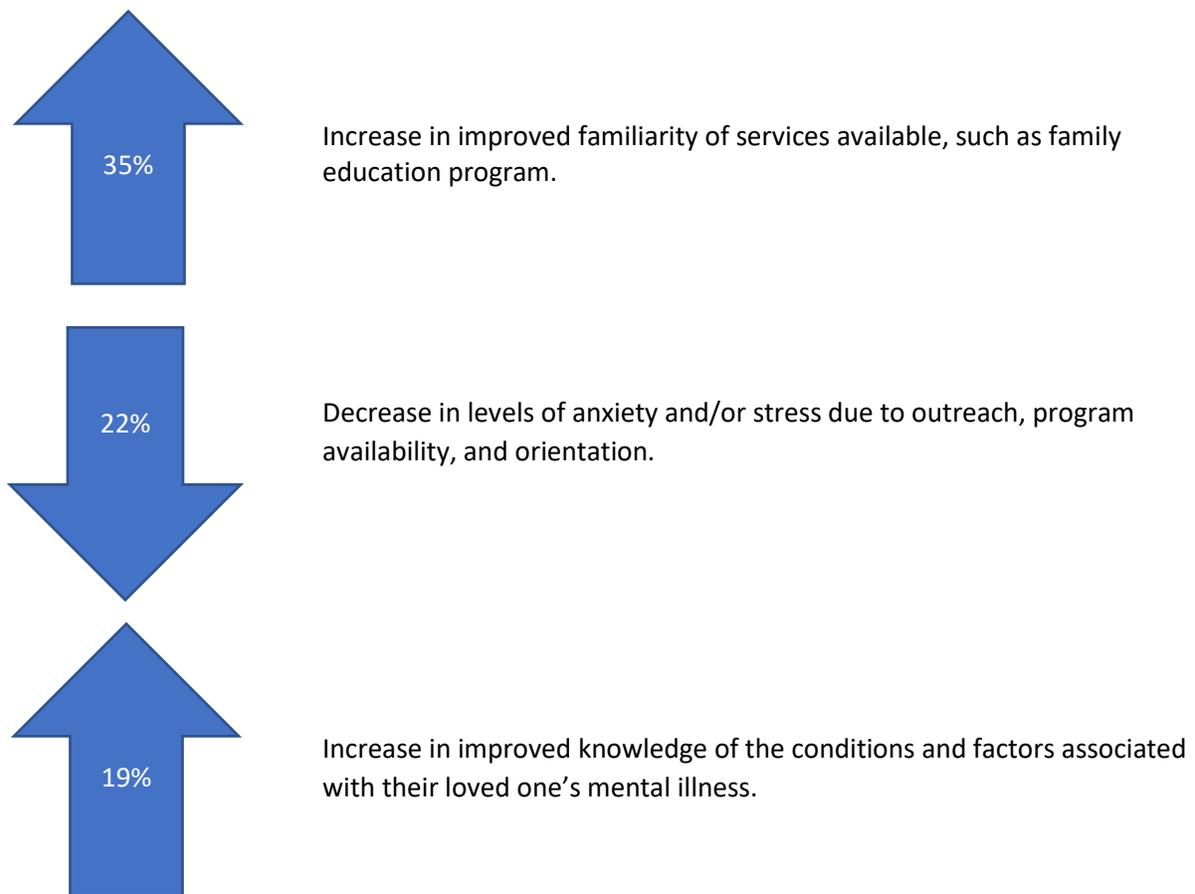
The Family Education Program, which is coupled in this work plan with TMHA’s **Family Orientation Class**, was developed by NAMI and is a 12-week educational course for families of individuals with severe mental illness. It provides up-to-date information on the diseases, their causes and clinical treatments, as well as help and provide 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

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information regarding services available in the 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 is also provided.

TMHA served 118 attendees in 2020–2021. Figure C13 below summarizes the results of those surveyed (n=24). A 35% increase in improved familiarity of services available was reported, as well as a 22% decrease in their levels of anxiety and/or stress due to outreach, program availability, and orientation among others. Additionally, a 19% increase in improved knowledge of the conditions and factors associated with their loved one’s mental illness was reported.

Figure C13: Survey Results of Participants Enrolled in Family Orientation Class (n=24)



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CSS 5.4: Client & Family Wellness | Service Enhancement Program

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	331	\$152,325	\$460
Projection for FY 2021-2022	350	\$176,733	\$505
Projection for FY 2022-2023	350	\$180,268	\$515

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.

Program Providers: Transitions-Mental Health Association (TMHA) and Community Action Partnership of San Luis Obispo (CAPSLO)

Program Goals

- 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.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

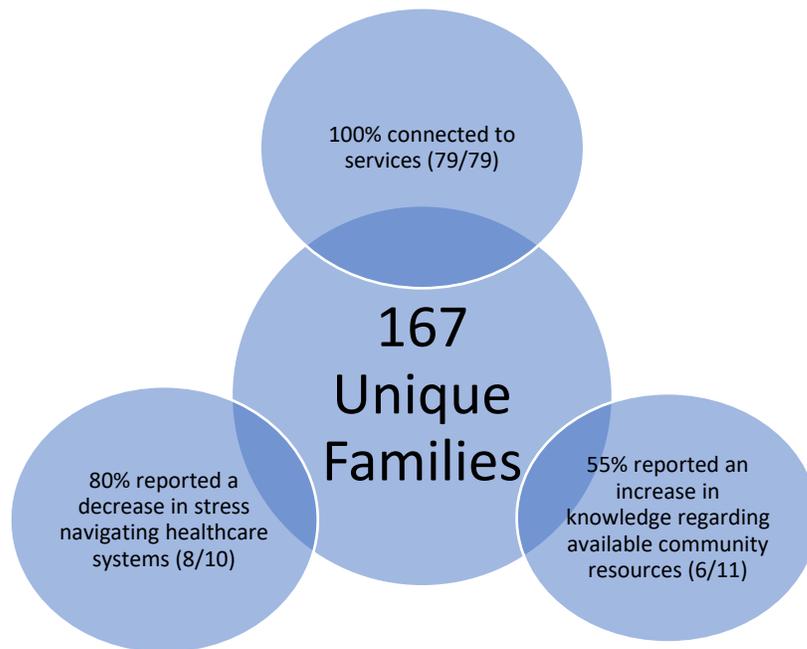
The Service Enhancement Program, originally funded as an Innovation trial, adopted a well-regarded cancer treatment center’s warm reception and navigation program. It is maintained in CSS by the SLOBHD’s Quality Support Division, operating within its Managed Care program. This service is provided by a Peer Navigator from TMHA. The program helps clients, their families, loved ones, and caregivers navigate through the first steps of receiving services, help assess

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needs, and engage services for basic necessities within the clinic setting. This Peer Navigator increases the chances of families accessing and remaining engaged in services, which increases the health and well-being of children in the County. **In 2020–2021 these efforts resulted in 164 unduplicated clients served** and 877 services provided. Of those surveyed (n=21), 71% (15/21) of family members and consumers agreed that they received increased connection to wellness and recovery-based services. Additionally, 81% (17/21) of family members and consumers surveyed agreed that the service enhancement program staff helped create a wellness and recovery-based environment.

Additionally, CAPSLO, in partnership with the County, provides a service enhancement program for Martha’s Place, the county’s child assessment center. **In 2020–2021, 167 unique families were served** and over 4,484 client contacts were made. Of the families that were enrolled in the service enhancement program, 100% (79/79) were connected to recommended services. Fifty-eight percent (58%, 29/50) families that enrolled in service enhancement program reported a decrease in stress associated with navigating Martha’s Place and/or other healthcare systems. Additionally, 55% (6/11) families reported an increase in knowledge regarding available community resources.

Figure C14: Martha’s Place Service Enhancement Plan



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CSS 5.5: Client & Family Wellness | Peer Support and Education Program

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	149	\$34,205	\$230
Projection for FY 2021-2022	150	\$43,292	\$289
Projection for FY 2022-2023	150	\$44,158	\$294

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- 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.
- Integrate families into the process of wellness and recovery

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

The Peer Support and Education Program provides a course on recovery that is free to any person with a mental illness. 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

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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. Clients and community members also receive training to provide Mental Health First Aid (MHFA), a public education program that helps individuals identify, understand, and respond to signs of mental illnesses, substance use disorders, and suicidal ideation.

In 2020-2021, TMHA served 149 clients. Figure C15 below represents the results of 11 participants surveyed. There was a 23% 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 17% improvement in their involvement with their mental health recovery. Lastly, those that attended Mental Health First Aid, and were surveyed (69), had a 9% improvement in understanding the steps associated with suicide assessment.

The COVID-19 pandemic has caused attendance to be lower than expected for classes. Because of this, the program offered an additional three full length courses and four shortened Wellness and Recovery Action Plan (WRAP) courses. TMHA is working to make these courses virtual for the coming fiscal year to serve consumers and to adhere to State COVID-19 guidelines.

slobehavioralhealth
San Luis Obispo County

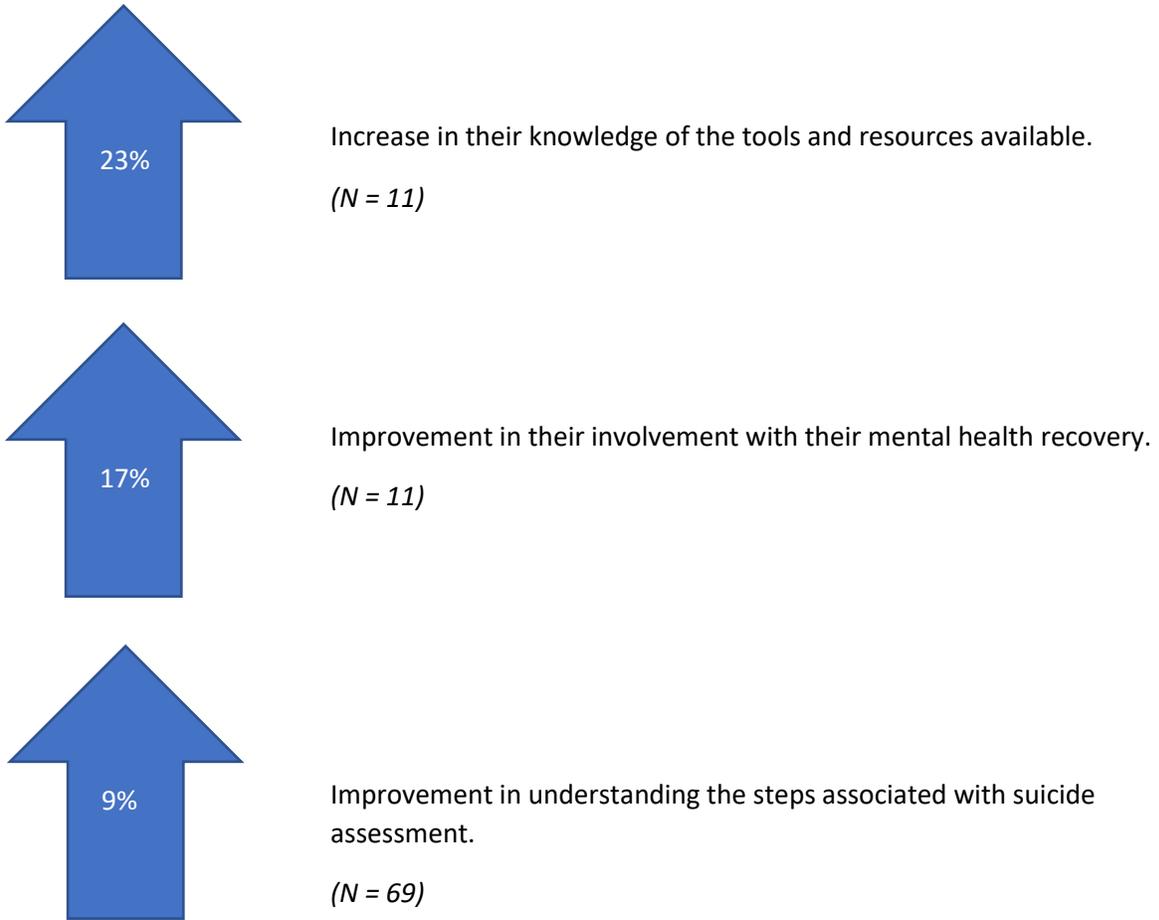
Mental Health Resource Drive Through

May 21st, 11:30am-1:30pm, Transitions
Mental Health Association

Stop by the 2nd annual Mental Health Drive Tru and help demonstrate what SLO County is capable of when we break down stigma, build wellness, and strengthen our community. Community members are encouraged to drive by and receive a mental health self-care package and learn about ways to support their mental health and raise awareness in San Luis Obispo County.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Figure C15: Participants Surveyed who Received Peer Support and Education Program Services



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.6: Client & Family Wellness | Vocational Training and Supported Employment Program

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	115	\$289,857	\$2,521
Projection for FY 2021-2022	200	\$358,228	\$1,791
Projection for FY 2022-2023	200	\$365,393	\$1,827

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- 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.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

A robust Vocational Training and Supported Employment Program has been a stakeholder favorite since the launch of MHA programs in San Luis Obispo County. TMHA provides:

- Vocational counseling and assessment
- Work adjustment
- Job preparation and interview skills training

COMMUNITY SERVICES AND SUPPORTS (CSS)

- Job development and coaching
- Transitional employment opportunities
- Basic job skills training

These resources help assist clients 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 2020-2021, 74 mental health, and 21 FSP clients were served, with 18 mental health clients gaining employment because of their participation in the program. Of those 18 that gained employment, 6 clients (33%) maintained that employment for at least 90 days. Additionally, clients surveyed (n=16) demonstrated a 7% increase in their use of learned practices, as well as the understanding of conditions and requirements to obtain and maintain employment.

Growing Grounds Retail Vocational Program is a part of the Vocational Training and Supported Employment Program. **In fiscal year 2020-2021, 20 clients were served.** Of those 20, five (25%) consumers went into job development.

GROWING GROUNDS FARM & NURSERY 3740 ORCUTT RD.
SAN LUIS OBISPO

HOPE THROUGH HORTICULTURE: NURTURING PLANTS & PEOPLE



WHOLESALE NURSERY
Open to the public on the 2nd and 4th Tuesday of the month 11am-4pm
www.growinggroundsfarm.org

Serving the community since 1984, Growing Grounds offers California natives, Mediterranean perennials, and a wide variety of succulents, trees, and grasses.



LOOK FOR OUR YELLOW TAGS AT GROWING GROUNDS DOWNTOWN AND LOCAL NURSERIES

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.7: Client & Family Wellness | Integrated Access Therapists

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	876	\$1,227,774	\$1,402
Projection for FY 2021-2022	950	\$1,181,508	\$1,244
Projection for FY 2022-2023	950	\$1,205,138	\$1,269

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Program Goals

- 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.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate.
- Improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

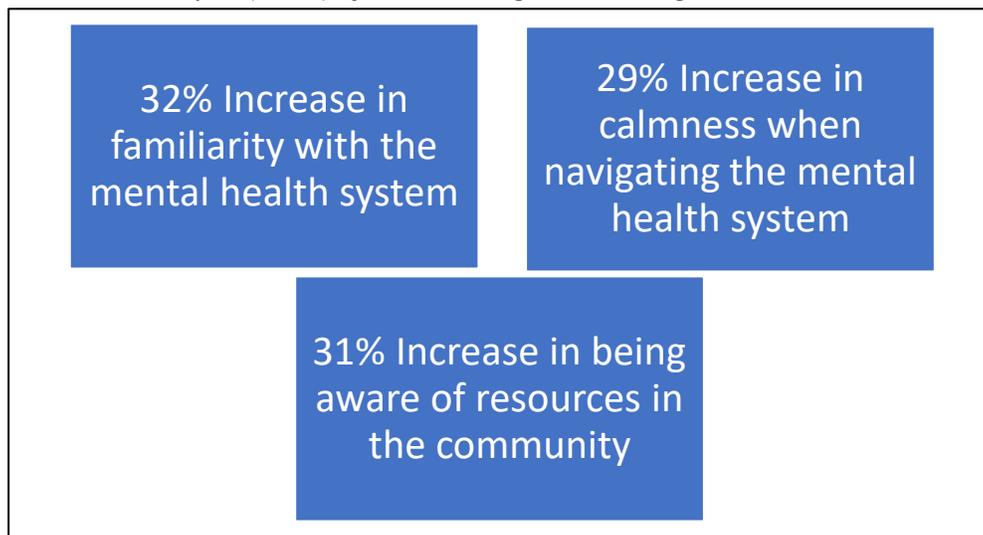
COMMUNITY SERVICES AND SUPPORTS (CSS)

In 2020-2021, two full-time clinicians in the adult system of care along with three full-time case managers **provided 844 unduplicated client contacts**, and one clinician at Martha’s Place (the county’s child assessment center) **served an additional 32 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 healthcare. 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. The case managers meet with clients linking them to resources and assist with Medi-Cal eligibility. Additionally, they provide support, education, information, referral, and community outreach. The case managers also assist in orientation of families and clients entering the mental health system. The overall goal for the case managers is to provide navigation for various systems, advocacy, and support for loved ones and family members of mental health consumers.

A reduction of stress associated with navigating through the mental health system is anticipated and increased access to engagement for clients and their families. Figure C16 below outlines the clients who were surveyed by the case managers in 2020-2021 (n=13).

Figure C16: Clients Surveyed (n=13) after accessing case management services



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.8: Client & Family Wellness | Wellness Centers

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	212	\$639,503	\$3,017
Projection for FY 2021-2022	550	\$756,958	\$1,376
Projection for FY 2022-2023	550	\$772,097	\$1,404

**In early FY 2020-2021, stakeholders approved to support three Wellness Centers with MHSA funding. Projection increase reflects two additional MHSA-funded Wellness Centers.*

Program Provider: Transitions-Mental Health Association (TMHA)

Starting in 2020-2021, the CSS Work Plan included increased funding to support two additional Wellness Centers in San Luis Obispo (SLO), and Arroyo Grande (AG). The third, in Atascadero, had been funded through CSS for over a decade. This addition was supported by stakeholders to expand socialization opportunities within MHSA. The SLO and AG Centers had been supported by County General Fund and faced elimination due to COVID-19-related shifts in County funding. MHSA Leadership and stakeholders met to examine how best to continue and expand these critical community wellness and recovery services, while avoiding issues of supplantation. Stakeholders were provided details on the recommendation and agreed to support all three Wellness Centers going forward.

All three Wellness Centers are managed by Transitions-Mental Health Association (TMHA) and are consumer driven socialization and recovery sites in each region of the county. The MHSA Wellness Centers provide person-centered, trauma informed, recovery-based services designed for life enrichment, personal development, peer support, community resources, recovery education, social skill development and social rehabilitation workshops for individuals with mental illness who would otherwise remain withdrawn and isolated. Services are gauged for multiple age groups and various cultures with focus on recovery, independence, wellness, and empowerment.

Support groups and socialization activities as well as NAMI sponsored educational **activities were provided to 212 Behavioral Health, and 419 non-County services clients in 2020-2021.** The Wellness Centers are 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.

Of the clients surveyed in 2020-2021 (n=87), **an increase of 28% was reported in their use of learned coping skills** to help them better manage their mental health symptoms and **an increase**

COMMUNITY SERVICES AND SUPPORTS (CSS)

of 22% was reported regarding community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others. A total of 5,760 recovery-oriented activities were provided throughout the fiscal year.

Wellness Center 2020-2021 Highlights:

Packets of Hope

In 2020-2021 the Wellness Center Team and Members created discharge packets for the County's Inpatient Unit. The folders include Wellness Center & Navigation Program Information in hopes of getting resources to those discharged from the unit. The folders also included hopeful and inspirational cards written by members.



Open Houses

The Wellness Centers have always been places where people gather. According to staff "We gather there to connect, to share, to cry, to laugh, to dance, and sometimes to just 'be'. This pandemic has taught us how precious these gathering moments are and how healing truly happens when we connect in person with each other." All three Wellness Centers held open houses to welcome in people to gather once again.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 6: Latino Outreach Program

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2020-2021	133	\$765,289	\$5,754
Projection for FY 2021-2022	120	\$772,398	\$6,437
Projection for FY 2022-2023	120	\$787,846	\$6,565

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Increase access to mental health care for monolingual and/or low-aculturated Latinos.
- Eliminate the stigma associated with mental illness and treatment amongst Latino population.

Key Objectives

- Bilingual/bicultural therapists will provide culturally appropriate treatment services in community settings.

Program Outcomes

- The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the State’s for Latino clients.
- Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs.
- Clients upon program completion will demonstrate improved coping skills to improve resiliency and recovery.

Method of Measurement

- 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.
- All client treatment plans and goals are monitored using the electronic health record software.

The primary objective of the **Latino Outreach Program (LOP)** is to provide culturally appropriate treatment services by bilingual/bicultural therapists 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 lack of access to the

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behavioral health care system for Latino individuals. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in the county reside in rural areas, thus exacerbating issues of access, transportation, and information distribution difficulties associated with serving minority groups.

The Latino Outreach Program addresses the disparity in access by offering services in the Spanish-speaking community. Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAYs, and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60.

The County's current (2020) rate for "Latino/Hispanic" individuals eligible for and receiving Med-Cal services is 2.67%, which is lower than the State's 3.83% rate. The County has been meeting with stakeholders to determine strategies to improve the program and increase the "penetration rate." One issue facing the County in the 2021-2022 fiscal year is the difficulty in recruiting and sustaining bilingual/bicultural treatment staff. As of this publication, the program is attempting to fill three of the five permanent, full time positions assigned to the program.

The program served 133 unduplicated clients in 2020-2021. A small sample of clients were surveyed (n= <10) and all said the services helped them understand and resolve their mental health needs and gain internal strength and feel better about life. Additionally they learned coping skills, and are now familiar with mental health resources. Lastly, each respondent said their resilience and positive outlook in life has improved and stated that the services provided helped them improve when they feel nervous, anxious, or scared.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 7.1: Enhanced Crisis & Aftercare | Mental Health Evaluation Team/Crisis Resolution Team

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	1645	\$1,308,740	\$796
Projection for FY 2021-2022	1650	\$2,159,479	\$1,309
Projection for FY 2022-2023	1650	\$2,202,669	\$1,335

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.

Program Provider: Sierra Mental Wellness Group, Inc. (SMWG)

Program Goals

- Provide immediate care and relief for those individuals suffering from psychiatric emergencies.
- Improve mental health outcomes and access to services for those individuals involved in criminal justice system.

Key Objectives

- Increase access to emergency care.
- Increase access to outpatient care for those individuals utilizing crisis services and those involved in criminal justice system.
- Reduce admissions to psychiatric health facility

Program Outcomes

- MHET services will respond within 45 minutes of initial crisis calls.
- A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization.

Method of Measurement

- Sources referring to MHET are provided a feedback survey to track satisfaction and response times.
- Electronic health record data is used to track client access to outpatient care.

The Mental Health Evaluation Team is operated by Sierra Mental Wellness Group, Inc. to provide mobile crisis services. Two responders were available 24/7 and **the team served 1,645 individuals in 2020-2021**. The team intervenes when mental health crisis situations occur in the field (including hospital emergency departments, schools, etc.) 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 do not result in hospitalization. Interventions are client and wellness-and-recovery-

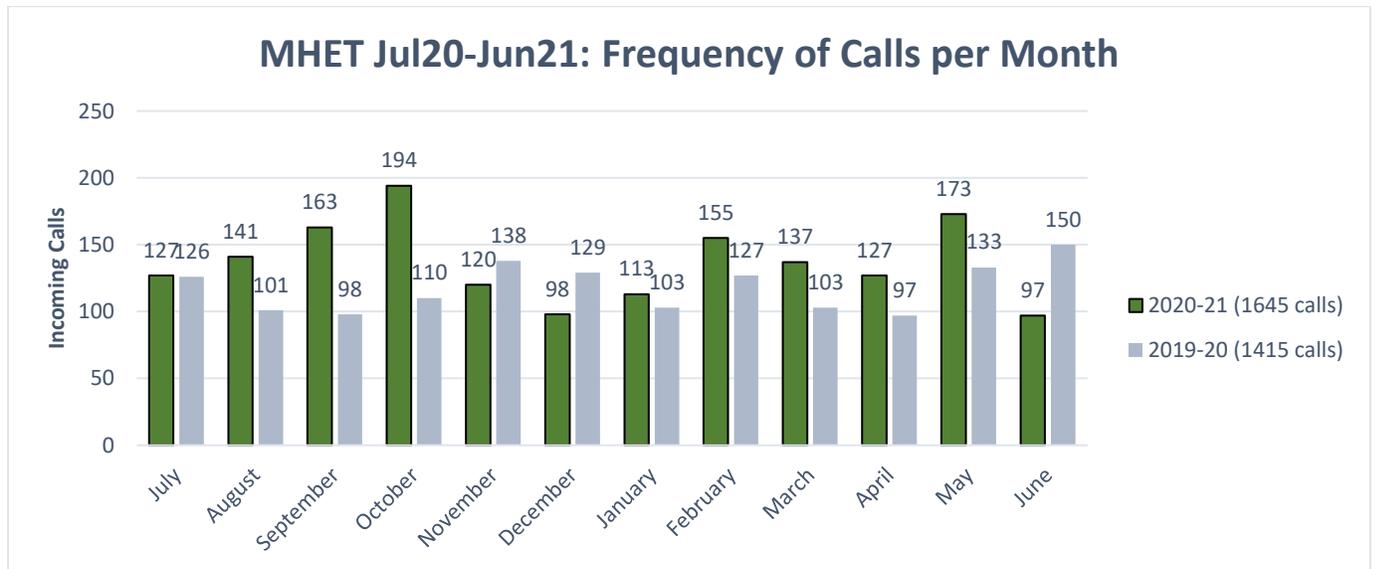
COMMUNITY SERVICES AND SUPPORTS (CSS)

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.

A comparison of the past five years indicates a total of 1,655 calls were made in FY 2016-2017; 1,984 in FY 2017-2018; 1,682 in FY 2018-2019; 1,415 in FY 2019-2020; and 1,645 in FY 2020-2021. It is clear the COVID-19 shelter orders implemented in early 2020 had a significant impact on the number of calls for crisis services.

The Behavioral Health Department received a grant made available by the Mental Health Services Oversight and Accountability Commission (MHSOAC) which expanded existing county crisis services and creating linkages to new services for children and youth aged 21 and under in need of assistance. The grant ends in November 2021. In June of 2021 the Department received a grant from the California Health Facilities Financing Authority to sustain and expand the youth crisis services over the next four years.

Figure C18: Total Number of MHET Calls Received in FY 2020-2021 compared to 2019-2020

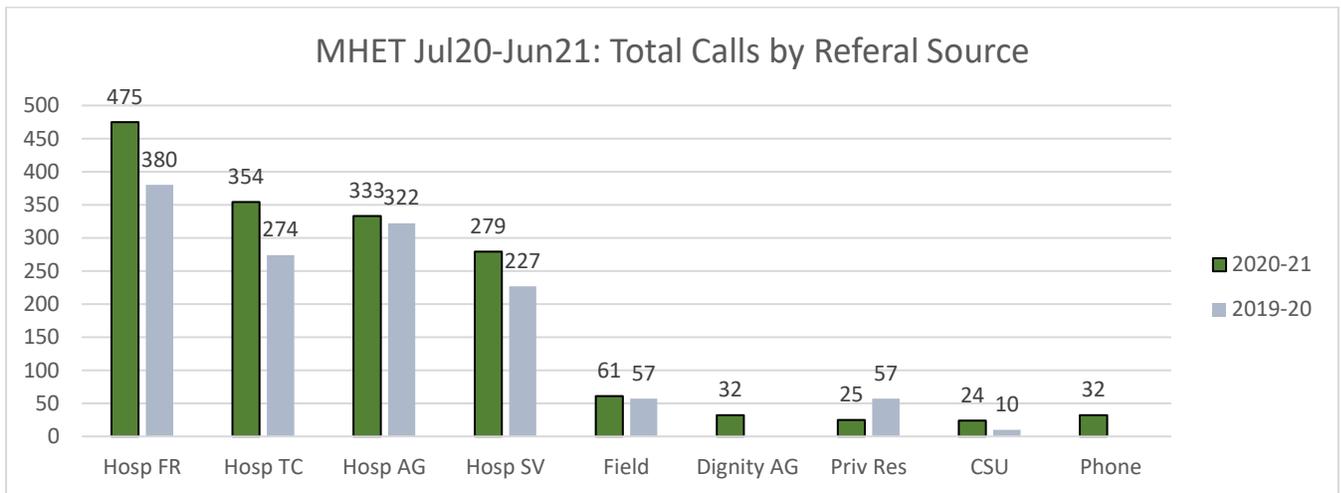


In 2020-21, the Mental Health Evaluation Team received 1,645 calls. October and May yielded the highest number of calls with 194 and 173, respectively. Analysis of the program shows the busiest hours were 12:00pm-2:59pm, while the least busy was in the 6:00am-8:59am time frame.

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Of the 1,645 calls received by MHET in 2020-2021, 1,441 (88%) were referred by a hospital in the county. Individuals often self-admit to a local hospital under crisis or are transported there by family or law enforcement prior to MHET being called. Figure C19 below displays the breakdown of referrals in FY 2020-2021.

Figure C19: MHET Breakdown of Calls by Referral Source in FY 2020-2021 Compared to FY 2019-2020



Of these hospital calls, 779 (54%) were put on 5150 or 5585 holds.

Crisis Resolution Team

The County, in seeking cost-savings to maintain and expand other programs in the future, elected to terminate the sole Crisis Response Team position in early 2020. This position had been providing limited support to local emergency rooms and was originally funded as part of an Investment in Mental Wellness (SB 82) grant in 2013. Over the past two years, three of the county’s four hospitals have contracted with the County to provide psychiatric crisis support within their emergency departments.

Sierra Mental Wellness Group, Inc, who provide services for the Mental Health Evaluation Team and Crisis Stabilization Unit, now station staff at these hospitals. In 2019-2020 this expansion was in place at Twin Cities Community Hospital in Templeton and Sierra Vista Regional Medical Center in San Luis Obispo. The program expanded to Arroyo Grande Community Hospital in 2020-2021. Though privately funded, these programs work in alignment with the MHA programs in this workplan.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 7.2: Enhanced Crisis & Aftercare | Crisis Stabilization Unit

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	363	\$1,701,404	\$4,687
Projection for FY 2021-2022	365	\$1,783,059	\$4,885
Projection for FY 2022-2023	365	\$1,818,720	\$4,983

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.

Program Provider: Sierra Mental Wellness Group (SMWG)

Program Goals

- Provide immediate care and relief for those individuals suffering from psychiatric emergencies.
- Improve mental health outcomes and access to services for those individuals involved in criminal justice system.

Key Objectives

- Increase access to emergency care.
- Increase access to outpatient care for those individuals utilizing crisis services and those involved in criminal justice system.
- Reduce admissions to psychiatric health facility.

Program Outcomes

- Mobile Crisis services will respond within 45 minutes of initial crisis calls.
- A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization.
- A majority of individuals receiving Forensic Re-entry Services will access BH system of care.

Method of Measurement

- Sources referring to Mobile Crisis are provided a feedback survey to track satisfaction and response times.
- Electronic health record data is used to track client access to outpatient care.

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 gives individuals in crisis who do not meet the criteria for involuntary treatment on the Psychiatric Health Facility (PHF) an alternative

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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. The CSU also serves as an evaluation point to determine if an individual requires ongoing inpatient treatment. The 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.

Since its opening in the spring of 2018, the staff continue to provide trainings regarding the CSU for law enforcement agencies. The purpose of these trainings is to review policies and protocols for admission, criteria, and discharge of clients to the CSU and coordination of care within the law enforcement agencies. Education was also provided at the Cuesta College job fair, California Polytechnic State University Health Center, and to local mental health providers and hospitals.

The CSU has created specific liaison positions to facilitate coordination of care and resource utilization to effectively serve individuals within San Luis Obispo County. The liaison positions include law enforcement, local colleges, community partners, community hospitals, and military. The liaison also provides additional trainings and education regarding the CSU in efforts to decrease inpatient psychiatric hospitalizations by utilizing least restrictive practices. In August 2019, the MHSAs Advisory Committee approved funding an additional full time administrative assistant to the Crisis Stabilization Unit. This allows for expanded administrative assistance outside of Monday-Friday, 8-5 hours. The additional staff supports the CSU after hours and on weekends.

In FY 2020-2021, 171 referrals were made to outpatient services and 207 community-based service referrals. Of these 378 referrals, 261 (69%) attended the referral appointments. Lastly, clients' wellness scores are measured during intake and discharge to the CSU. In 2020-2021, clients displayed an average increased wellness score (e.g. improved knowledge of community resources and other protective factors) of 17%.

COMMUNITY SERVICES AND SUPPORTS (CSS)

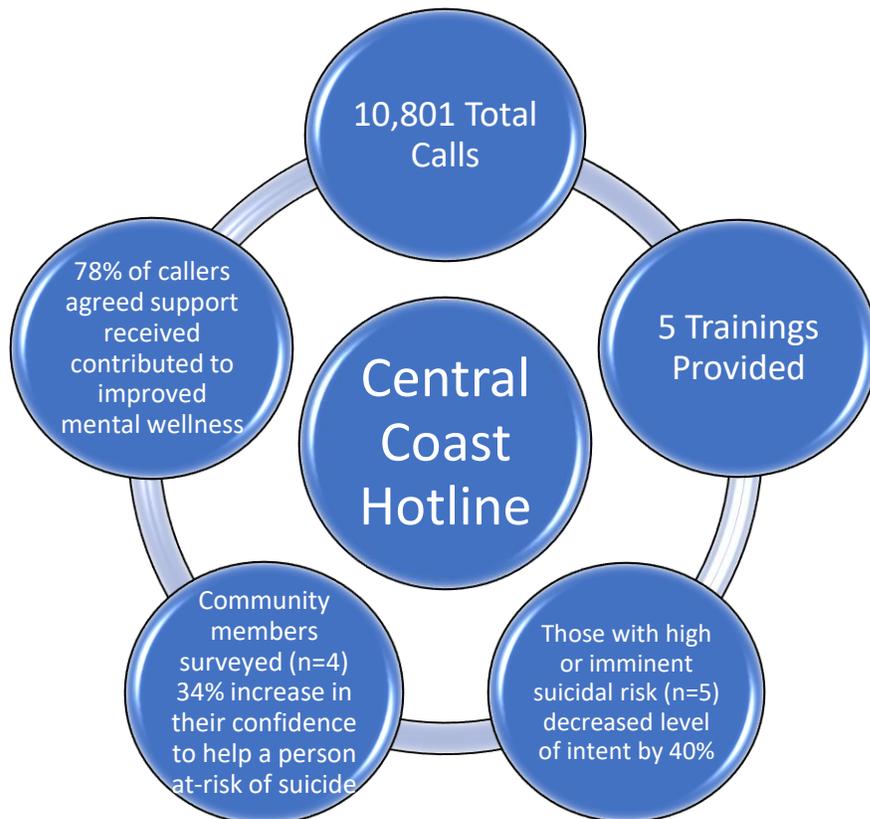
CSS 7.3: Enhanced Crisis & Aftercare | Central Coast Hotline Suicide Prevention and Crisis Intervention

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	10,801	\$116,983	\$11
Projection for FY 2021-2022	10,000	\$157,519	\$16
Projection for FY 2022-2023	10,000	\$160,669	\$16

Program Provider: Transitions-Mental Health Association (TMHA)

The Central Coast 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. Central Coast Hotline provides support, crisis and/or suicide intervention. A summary of the services provided, and results yielded are represented in Figure C20 below. Central Coast Hotline invite callers to participate in a follow-up survey, that is administered within two weeks of the initial call.

Figure C20: Central Coast Hotline Services Provided and Results Yielded FY 2020-2021



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 8: School and Family Empowerment

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	90	\$956,256	\$10,625
Projection for FY 2021-2022	200	\$904,321	\$4,522
Projection for FY 2022-2023	200	\$922,408	\$4,612

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD) and Community Action Partnership of San Luis Obispo (CAPSLO)

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.

Program 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.

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The **School and Family Empowerment** work plan offers two distinct programs aimed at reducing poor academic experiences and outcomes based on students dealing with mental health issues. The first is an effort to provide immediate responses to youth on community school campuses. The other focuses 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.

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 Behavioral Health Clinicians 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 have under-identified mental health issues or are underserved because the traditional school setting lacks the capacity to 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 2020-2021, 33 clients received mental health services on campus.**

Another Behavioral Health 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. That team served 23 clients. One 2020-2021 client, aged 15, with a history of psychiatric hospitalization has recently ended services as they have (according to staff) "made significant progress, is now excelling in school, in a new social group that is supportive and has a good sense of self."

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit organization providing a wide array of services for families in the county. In 2020-2021, CAPSLO provided a full-

COMMUNITY SERVICES AND SUPPORTS (CSS)

time Family Advocate offering resource supports for 57 clients in the Lucia Mar Unified School District and providing over 1,700 contacts. Results for CAPSLO clients are represented in Figure C21 below, which shows **100% of clients surveyed (40/40) demonstrated stable functioning at home when interacting positively with all other persons at current residence**. Survey results also yielded **100% of clients (40/40) demonstrated stable functioning at home** receiving appropriate care, shelter, food, and other necessities of life. Of those surveyed, **100% of clients (27/27) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior**. In May 2020, stakeholders approved an increase in administrative assistant time for CAPSLO. The increase allows for five (5) hours a week of administrative time to receive and track nearly 450 referrals for South County school and family empowerment.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 9.1: Forensic Mental Health Services | Behavioral Health Treatment Court (BHTC)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	22	\$438,444	\$19,929
Projection for FY 2021-2022	20	\$488,881	\$24,444
Projection for FY 2022-2023	20	\$498,659	\$24,933

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

- 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.
- Electronic health record data is used to track some client outcomes.

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital.

In 2020-2021, BHTC served 21 unduplicated clients. Over the past few years, on average, these clients reported a 31% 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 39% increase was reported in community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education. Additionally, clients reported a 42% increase in their use of learned coping skills to help them better manage their mental health symptoms. Surveys also yielded a 37% increase 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.

In July of 2020, the County and its MHSA partners and stakeholders chose to convert the case manager under TMHA's contract to a County Behavioral Health Specialist. This will allow the newly formed Justice Division more supervisory control to utilize the position within other MHSA programs (including BHTC, MHDC, and AOT). The Justice Services Case manager will provide case management support to adults aged 18 and older who have been involved in the legal system because of their mental health or who have chronic use of mental health resources primarily in jail or are at risk of entering the criminal justice system.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 9.2: Forensic Mental Health Services | Forensic Re-entry Services (FRS)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-2021	90	\$172,107	\$1,912
Projection for FY 2021-2022	150	\$233,388	\$1,556
Projection for FY 2022-2023	150	\$238,056	\$1,587

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

- 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.
- Electronic health record data is used to track some client outcomes.

COMMUNITY SERVICES AND SUPPORTS (CSS)

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 building 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.

In 2020-2021, there were 90 unduplicated clients served in FRS. Of the clients surveyed (n=5), a 13% increase was reported in the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem solving, and decision-making skills among others. Of those referred to Behavioral Health Services (n=68), 45 attended a service within 45 days (60%). Of the 90 clients, only five were re-incarcerated.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 9.3 a/b: Forensic Mental Health Services | a. Veterans Treatment Court/b. Veterans Outreach

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2020-2021	69	\$255,684	\$3,706
Projection for FY 2021-2022	100	\$281,092	\$2,811
Projection for FY 2022-2023	100	\$286,714	\$2,867

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

- 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.
- Electronic health record data is used to track some client outcomes.

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

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 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 veterans with VA services, other 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.

In 2020-2021, 11 clients were enrolled in the Veteran's Treatment Court program. In 2020-2021, four veterans successfully completed VTC and graduated. All four graduates successfully completed Skills Training in Affective and Interpersonal Regulation (STAIR), and eight of the eleven successfully completed Managing Anger: A Treatment for those with PTSD. The VTC program is an 18-month (on average) voluntary program in which most cases result in the dismissal of charges.

Veteran's Outreach

Originally launched as an Innovation project, the SLOBHD Clinician assigned to the Veterans Treatment Court also provides outreach and clinical services for community veterans. The Clinician attends Veterans Outreach events (detailed in the PEI section) and engages local veterans and their family members. This activity is reported here as part of the CSS-9 work plan. In 2020-2021 there were 58 veterans in MHSA-provided treatment.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 9.4: Forensic Mental Health Services | Mental Health Diversion Court (MHDC)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2020-21	37	\$237,910	\$6,430
Projection for FY 2021-2022	10	\$192,346	\$19,235
Projection for FY 2022-2023	10	\$196,193	\$19,619

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

- 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.
- Electronic health record data is used to track some client outcomes.

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-

COMMUNITY SERVICES AND SUPPORTS (CSS)

related cases. The team works closely with all local law enforcement and court personnel in training and case management issues to reduce crises.

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.

In February 2019, the stakeholders approved the transition of the forensic coordination therapist program to Mental Health Diversion Court (MHDC). While forensic coordination remains the core function of the assignment, this pre-trial diversion program will also allow the Behavioral Health Specialist to work directly with clients participating in the court program. Along with court coordination, assisting system partners with navigating the community behavioral health system, the Specialist will carry a caseload of ten (10) clients. This court sets up a procedure of diversion for defendants with mental disorders for a period no longer than 2 years, to allow the defendant to undergo mental health treatment. Weekly medication management groups are provided along with individual sessions to clients that are being diverted from the legal system through the MHDC program. Coordination with jail psychiatric services to have medications started in custody and to ensure medications are ready for discharge also occurs.

Additionally, case management for these clients is imperative to have resources ready when clients are released from custody. During 2020-2021, all the clients that remained open at the end of the fiscal year had 100% medication compliance. This program compliments the MHSA-funded Behavioral Health Treatment Court.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 9.5: Forensic Mental Health Services | Community Action Team

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2020-2021	478	\$124,298	\$260
Projection for FY 2021-2022	400	\$247,170	\$618
Projection for FY 2022-2023	400	\$252,113	\$630

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

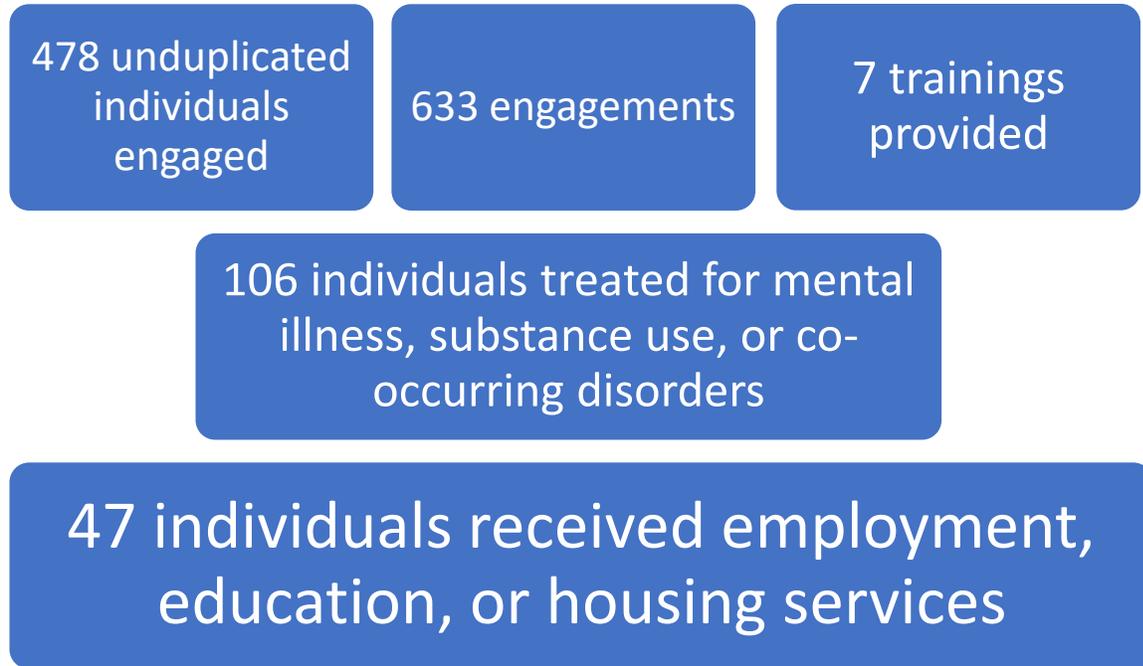
- The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post tests and health scales.
- Electronic health record data is used to track some client outcomes.

In its fourth year (2020-2021) the Community Action Team (CAT) program with the San Luis Obispo Police Department continues to benefit from the partnership of a behavioral health care provider on the patrol team which focuses on engaging unhoused and other individuals in the city. The MHSA-funded CAT consists of a clinical social worker embedded within the municipal police department to respond directly to individuals experiencing behavioral health crises who

COMMUNITY SERVICES AND SUPPORTS (CSS)

need outreach and engagement. **In FY 2020-2021, the CAT Community Liaison engaged 478 unduplicated individuals** (over 630 engagements total). One hundred and six (106) unduplicated individuals were treated for mental illness, substance use, or co-occurring disorders. Additionally, 47 individuals received employment, education, or housing services.

Figure C23: Community Action Team Results

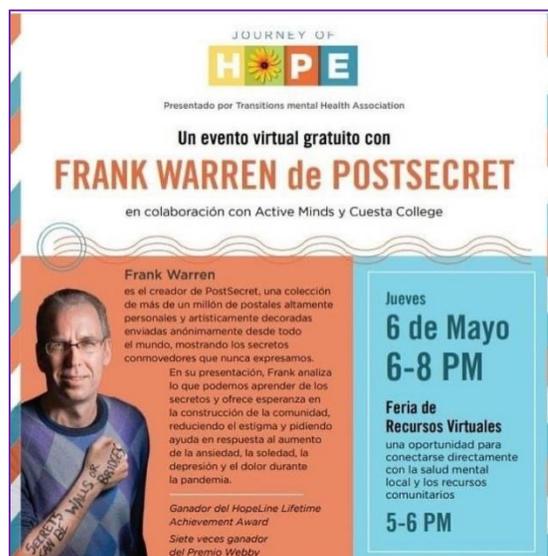


Workforce Education and Training (WET)

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 2020-2021 as part of the WET Plan:

Peer Advisory and Advocacy Team (PAAT) (TMHA): 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 and develop and implement 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 2020-2021, 32% (6/19) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.).

Despite the issues related to the COVID-19 pandemic, which limited in-person gathering, PAAT held 29 meetings in 2020-2021, and members conducted three events focused on stigma reduction for over 326 attendees. While that figure did not reach the attendee target for the fiscal year, the virtual and alternative events held were quite successful. 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 celebrate hope. This past year’s event was held on May 6, 2021, in celebration of Mental Health Awareness Month. The keynote presenter, Frank Warren (author, Post Secrets) was joined by local speakers and performers sharing their experiences and messages of hope for those experiencing or caring for those with mental illness. The virtual, online event was moderated by the County’s MHSA Coordinator, also named Frank Warren.

In 2020-2021, PAAT welcomed a total of 37 new meeting attendees, surpassing their goal of 25 new attendees annually. This may be one of the “benefits” of the shelter at home period after COVID-19, as meetings became “virtual” it allowed for access that was once reliant on physical presence.

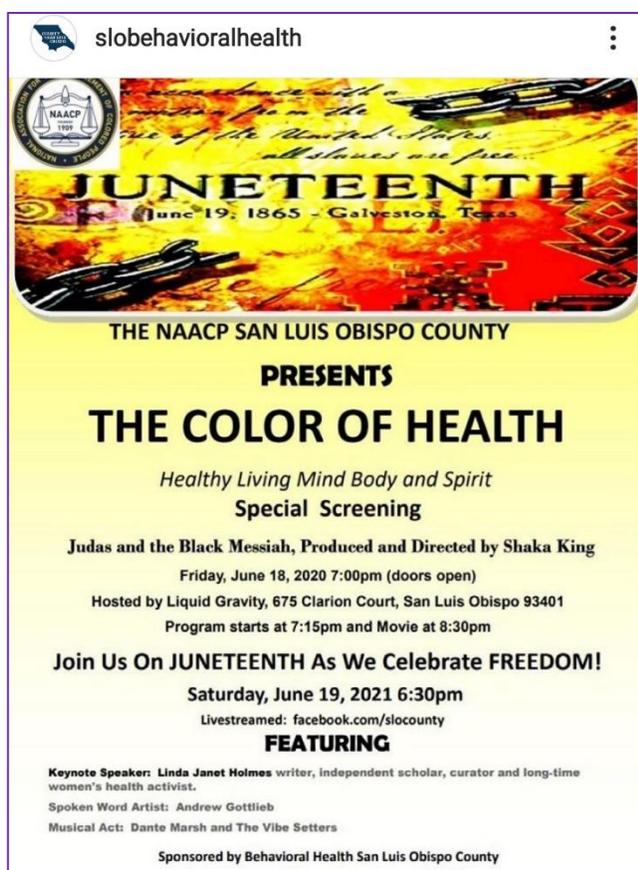
PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement and the County's Behavioral Health Board, and MHSA Advisory Committee. PAAT members surveyed (5) reported a 24% increase in their knowledge and understanding of community planning processes.

E-Learning (SLOBHD): 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 2020-2021, over 2,000 hours of training were completed electronically. The capacity to be trained online supports a decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also uses online learning to reduce lost productivity.

In 2020-2021, the Cultural Competence Committee selected training courses on Relias Learning for Behavioral Health staff focused on multicultural care and issues of abuse. The Department assigned a cultural competence curriculum to all direct service employees that featured an overview training titled "Community Inclusion." Providers of adult-focused services were also assigned "Supporting Adults in the Grieving Process." Providers of youth-focused services were assigned "Bullying: Strategies for Prevention and Intervention." Staff course completion was 51%, with 146 (out of 285) direct service employees (including temporary and volunteer staff) completing the curriculum.

Cultural Competence (SLOBHD): The Cultural Competence Committee (CCC) meets quarterly to monitor and develop strategies related to trainings, 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 2020-2021 include:

- In August 2020 the Committee helped update two County Health Agency and behavioral Health Department policies: SLO Health Agency Non-discrimination and Language Access Plan,



WORKFORCE EDUCATION AND TRAINING (WET)

and Culturally Competent Multi-Lingual Services; both of which improve language access for clients and provide staff with current guidelines and expectations.

- The Committee produces quarterly newsletters focused on cultural topics in relation to mental health issues. In 2020-2021, the CCC released a total of four newsletters, along with information on local resources and articles highlighting various topics related to the mental health field.
- For 2021-2022, the CCC introduced four new required online (Relias) trainings for Behavioral Health staff: Understanding and Minimizing Cultural Bias for Paraprofessionals, Using Telehealth in Clinical Practice, Fundamentals of Fetal Alcohol Spectrum Disorders, and Illness Management and Recovery Model.
- Members of the Committee worked with the WET Training and Communications Coordinator to produce self-care and wellness-themed videos for social media. Staff representing communities of color took part in the video series, which included Spanish-language videos presented by bilingual/bicultural clinicians.
- In June of 2021, the Committee supported the local chapter of the NAACP by sponsoring their Juneteenth festivities. The event, held June 18th, was centered on the theme of “The Color of Health” and featured a film, guest speakers, and a resource fair. Kiana Shelton, LCSW (Co-Chair of the Committee) spoke at the event about issues of mental health in communities of color.

The WET work plan also includes cultural competence-based workforce development and training. Using WET funds with stakeholder approval, the Department partnered with the Center for Family Strengthening (CFS) to establish a contract for **Promotores** services. Promotores have been co-located in several County clinics to provide medication-management translation, interpretation, and system supports for Latino Outreach Program (LOP) clients. An expansion of the service approved by stakeholders in the last two years now includes co-occurring disorder clients who are receiving mental health and substance use disorder services.

For FY 2020-2021, a total of 225 clients were served with over 377 service sessions provided. Outcomes revealed Latino participants receiving interpretation and translation services attended 68% (294/430 sessions) of scheduled mental health appointments, and 90% (18/20 surveyed) Latino participants indicated high satisfaction with Promotores interpretation services. In July 2020 MHSAs stakeholders approved using \$13,525 in released Prudent Reserve funds to support the initial expense, and low maintenance cost for electronic equipment and internet costs to support the Promotores Mental Health Interpreters.

The goal of the Promotores Collaborative 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.

WORKFORCE EDUCATION AND TRAINING (WET)

In the 2020-2021 fiscal year, the MHSA Advisory Committee met and discussed the addition of a **Program Manager for Diversity, Equity and Inclusion**. The plan was approved using released Prudent Reserve funds and will eventually be funded with CSS dollars transferred to WET in the 2022-2023 fiscal year. This Program Manager will develop the Behavioral Health Department's policy and procedures, training, communications, community outreach, and hiring and recruitment practices to ensure the ability to provide culturally appropriate treatment for our entire community. The aim of this position is to improve the quality of services provided to all individuals and to help reduce health disparities and improve health equity in San Luis Obispo county.

Internships (SLOBHD): The County's WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department. In 2020-2021, 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.

Training and Communications Coordinator (SLOBHD): This position, supported by assigning CSS funds to WET in fiscal year 2019-2020, serves as the lead communications coordinator for MHSA and the Behavioral Health Department, and oversees activities to ensure community-wide training for the behavioral health system.

As COVID-19 continued to be the focus of attention for the Department, the WET Training and Communications Coordinator (Caroline Johnson) maintained a lead role in the County's communication with the public. The Coordinator established a critical COVID-19 [resource web page for behavioral health services](#) and launched a popular social media video series to provide tips, strategies, and maintain a public dialogue on important health topics.

In the 2021-2022 fiscal year, the Behavioral Health Department will reorganize this position along with the PEI-funded Suicide Prevention Coordinator position. Going forward the Training and Communications Coordinator will become the Department's "Public Information Specialist." The California Behavioral Health Directors Association (CBHDA) has recognized the importance for public communications regarding wellness, recovery, and reducing stigma, and the Department has seen a tremendous increase in public engagement since the start of the pandemic. The role will continue to train student interns in behavioral health communications, as well as develop outreach strategies for underserved populations, and will remain funded in WET.

For its part, the County classification for its Suicide Prevention Coordinator (PEI) will be converted to Program Manager and assume the responsibilities for MHSA training coordination and continuing education. This position will oversee the team of outreach and training specialists (including the Communications Coordinator described above), and coordinate community trainings, such as Mental Health First Aid. The position's primary role will be to implement the County's Suicide Prevention Plan. In 2021-2022, this position will continue to be funded in PEI.

Prevention & Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs are designed to increase protective factors and diminish 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 activities 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. PEI programs receive 19% of available MHSA funding. The County of San Luis Obispo's PEI Program includes the following work plans: Prevention, Early Intervention, Outreach and Education, Efforts to Increase Access and Linkage to Services, Stigma and Discrimination Reduction, Improve Timely Access to Services to Underserved Populations, and Suicide Prevention.

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 original PEI Plan. The individual workplans are examined by stakeholders each year to ensure the strategies employed continue to increase mental health awareness, family education, training and support, early care for underserved populations, and more.

PEI Updates for 2020-2021

- In adherence to State regulations, each PEI program is identified in this Annual Update and 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. This allows for easy data tracking as well as consistency for programming, spending, and being able to better tell the story of each program - such as their successes, challenges, and problem-solving engagement processes.
- The San Luis Obispo County Suicide Prevention Strategic Plan (SPP) for fiscal year 2021–2022 through 2023–2024 was accepted and received May 04, 2021 by the San Luis Obispo County Board of Supervisors. The SPP is the result of community engagement and planning from various stakeholders. The SPP lays out strategic aims, goals, and objectives to address suicide and ensure prevention, intervention, and postvention approaches are established countywide.
- The MHSA Advisory Committee (MAC) approved a recommendation by the MHSA Coordinator to discontinue the Perinatal Mood Anxiety Disorder Program (PMAD) to reduce PEI expenses while sustaining it for the fiscal year 2021–2022 using one-time prudent reserve funds.

The Act requires the County to conduct a local evaluation of one PEI program. SLOBHD elects to conduct evaluation of each of its PEI programs. PEI program evaluations are available to review [here](#). For 2020-2021, demographic data, such as race, ethnicity, gender assigned at birth, gender identity, sexual orientation, age, homelessness status, veteran count, and disabilities are fully explained in Appendix D.

PREVENTION AND EARLY INTERVENTION (PEI)

[At the top of each section is a table outlining the budget and actual costs of each work plan as well as projected costs for the next three fiscal years. Work plans are organized by PEI classifications, meeting State regulations. For all PEI programs listed below, the cost per person served is intended to be an estimate - although every effort is made to take as accurate account as possible. Persons served are unique participants.]

PEI 1.1: Prevention Programs | Positive Development Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	293	\$115,053	\$393
Projection for FY 2021–2022	500	\$98,158	\$196
Projection for FY 2022–2023	550	\$100,211	\$200

Program Provider: Community Action Partnership of San Luis Obispo (CAPSLO)

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 childcare providers (gatekeepers).

Program Outcomes

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

Method Measurement

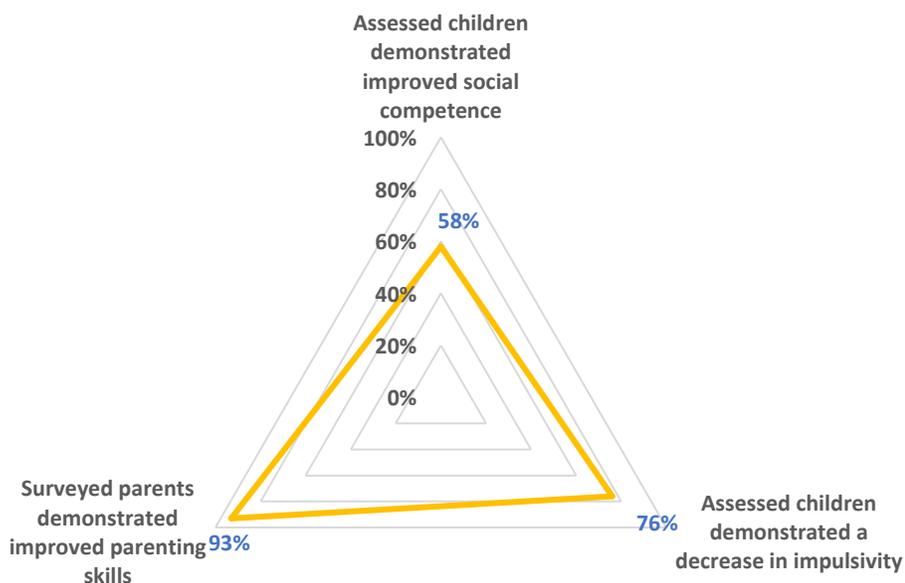
- Rosters.
- Ages and Stages Questionnaire.
- Behavior Rating Scale.

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 curriculum as well as the accompanying Early Childhood Behavior (ECB) and Ages and Stages Questionnaire (ASQ) training to private childcare 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 trainings 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 works with programs to support screening and assessment in alignment with Quality Counts, a state and nation-wide effort to support continuous quality improvement in childcare.

PREVENTION AND EARLY INTERVENTION (PEI)

In 2020–2021, 423 family units received 88 parent activity summary distributions. Pre and post Behavioral Rating Scale assessments (ASQ) and surveys of children and parents participating in the program demonstrated a 58% (94/162) social competency and skills improvement; 76% (34/44) of children, initially identified as impulsive, demonstrated a decrease in impulsivity; and 93% (54/58) of surveyed parents demonstrated an improvement in their parenting skills as it relates to their children wellbeing and behavior (Figure P1).

Figure P1. Positive Development Program Outcomes FY 2020–2021



Additional parent/primary caregiver narrative data reveals an important role of the program on the overall wellbeing of the child/children:

"The curriculum helps children identify their emotions, express themselves and auto correct, especially with all the visual aids that are provided to us. With the support from XXXX, I now know how to help kids autoregulate and release their stress." (Translated survey response from family childcare provider)

Regarding social-emotional and behavior skills, participants perceive improvement. Providers report that:

"I feel the books and Tucker Turtle have helped children improve a lot. I also noticed that the calming corner has helped, when children are feeling upset, angry etc., they go to the

PREVENTION AND EARLY INTERVENTION (PEI)

calming corner. I noticed a big change in the children and myself.” (Translated survey response from family childcare provider)

The program made several changes in response to the pandemic. Many childcare sites were or had been temporarily closed, limiting the collection of data and reducing participation. With child and childcare staff health and safety in mind, the program adapted by conducting child activities over the virtual platform, Zoom. Initially, several sites were enthusiastic to maintain service virtually, but as the pandemic continued and child enrollment began to rebound, childcare staff became increasingly uncomfortable having these larger groups of children gather around a device to engage in child activities over a virtual platform. After soliciting feedback, the program again shifted its model to engage childcare sites effectively and meaningfully during the ongoing pandemic.



The program began distributing activity kits including detailed lesson plans and the materials to conduct the lessons. Childcare staff were prepared to do training either through phone consultation or virtual group forums. The program then connected with site staff after the lesson was conducted to debrief, discuss what worked, strategize to maximize engagement, and extend learning. This modified, side-by-side facilitation practice has yielded many positive results, and the program sees the benefit of continuing this form of engagement in addition to conducting child activities over a virtual platform. Childcare site staff demonstrated increased ownership over activity successes as well as child social, emotional, and behavioral skill acquisition. The staff are sending pictures and artwork, sharing stories/evidence of children applying learning concepts throughout the day and beyond the lessons, and seeking unsolicited, additional consultation to further support the children in their care.

For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$115,053	PEI Funding	\$13,301	PEI Funding	\$
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.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 1.2: Prevention Programs | Family Education, Training & Support

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021			
Parent Education	854	\$175,301	\$128
Coaching of Parents/Caregivers	514		
Projection for FY 2021–2022			
Parent Education	300	\$163,717	\$204
Coaching of Parents Caregivers	500		
Projection for FY 2022–2023			
Parent Education	300	\$166,991	\$222
Coaching of Parents Caregivers	450		

Program Provider: Center for Family Strengthening (CFS)

Project Goals:

- Build competencies and skills in parents and caregivers.
- Decrease the impact of trauma in families.
- Respond to the urgent needs in families at risk for abuse.

Key Objectives

- Parent education
- Parent coaching.

Program Outcomes

- Reduced risk factors.
- Increased protective factors.
- Improved parenting.
- Improvements in child behaviors.

Method of Measurements

- Pre-post surveys
- Satisfaction surveys
- Coaching intake forms
- Focus groups
- Client interviews.

PREVENTION AND EARLY INTERVENTION (PEI)

The Center for Family Strengthening’s “Parent Connection” is the center of 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 exposed to domestic violence or in stressed families, living with or at high risk for mental illness, substance use, or trauma, monolingual Spanish speaking parents, or parents in rural areas of the county.

The website 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 thirty-four (34) 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 age ranges, co-parenting, ongoing support groups, and community partner classes for the convenience of viewers searching for local support. For 2020–2021, the program registered a total of 30,903 unique website visitors and 74,801 website hits. Website hits refer to the action of requesting files, such as flyers, program information, and pages displaying information.

PEI-funded classes are offered specifically for parents of children in certain age groups, in addition to special topics for all ages, such as parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, unhoused, and teen parents. **In 2020–2021 Parent Connection offered 58 classes, 29% (17/58) of which were in Spanish.** Seventeen (17) parent provider trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in the community.

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 unhoused, in recovery, teen parents, and single parents. Self-report surveys (below) 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.

Parent Outcomes	Child Outcomes
95% (639/670) increased communication and listening skills	97% (651/670) of children increased school attendance
94% (634/670) understand how to discipline & guide children	94% (631/670) reduced behavioral problems at home and school
95% (641/670) know more about child’s stage of development	91% (611/670) reduced anxiety about children/child
95% (639/670) feel less stressed about their children	91% (627/670) feel less stress about home life
93% (626/670) of child’s behavior and ability will improve	85% (573/670) of children have better relationships with siblings and peers

PREVENTION AND EARLY INTERVENTION (PEI)

COVID-19 continued to impact the delivery of services. The program continued to strategize and innovate ways to assist families. Online classes through Zoom became the norm with 90% of courses online. In-person classes follow public health guidelines to keep educators and families safe. Parent coaches say the quality of coaching sessions remain high regardless of delivery method. Offering sessions other than in person allow parents to connect during lunch breaks and have a more flexible schedule. Newsletters and active social media outreach updates families with information on upcoming classes and offerings. Parent Connection continues to develop short, “bite-size” videos with Parent Coaches and educators to connect with families.

For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$175,301	PEI Funding	\$20,266	PEI Funding	\$
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.*



Tuesday, October 20, 2020
12:00 noon - 1:00pm
 Please register by clicking [HERE](#)

Free Virtual QPR Training

For more information or questions, email aahendry@co.slo.ca.us

What is QPR?

QPR stands for Question, Persuade, Refer,
 3 simple steps anyone can learn to help save a life from suicide.

QPR teaches participants how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to appropriate help. Join the hundreds of SLO County community members who have already been trained to help our friends, colleagues, family members, and neighbors through a suicide crisis.





PREVENTION AND EARLY INTERVENTION (PEI)

PEI 1.3: Prevention Programs | Middle School Comprehensive Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021			
Student Support Counselors	180	\$312,337	\$1,735
Family Advocates	471	\$157,275	\$334
Youth Development	199	\$91,080	\$458
Projection for FY 2021–2022			
Student Support Counselors	800	\$460,466	\$576
Family Advocates	350	\$160,421	\$458
Youth Development	320	\$257,859	\$806
Projection for FY 2022–2023			
Student Support Counselors	800	\$469,675	\$1,436
Family Advocates	350	\$163,630	\$467
Youth Development	320	\$263,016	\$702

Program Providers: County of San Luis Obispo Behavioral Health Dept. (SLOBHD) and The Link Family Resource Center (LINK)

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

Program Outcomes

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

Method of Measurements

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

The **Middle School Comprehensive Program** is an integrated collaboration between schools, SLOBHD staff, and community-based organizations. This project uses the evidence-based 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 process. 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 provides three Student Support Counselors and one Youth Development Specialist to serve the six sites.

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. Student Assistance Program survey results (n=180) showed an average improvement in protective factors of 17.01%, and a decrease in risk factors of 44.72% (Appendix E).

In fiscal year 2020-2021, the County received and implemented a grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to expand its Middle School Comprehensive programs. This grant allows the County to provide this program to six additional sites, and now serve 12 of the county's 14 public middle schools. Data and results for the grant-based program are not included here.

Family Advocates

The Family Advocates provide direct contact with families and help coordinate referral and intervention services to at-risk families and youth. Family Advocates assist youth and their families by connecting them with access to system navigation including essential resources such as disability benefits support for family reunification, accessing healthcare needs, clothing, food, tutoring, parent education, and treatment referrals. Other Family Advocate responsibilities include facilitating connections with community partners for domestic violence services, homeless services, transportation, employment resources, and to represent The Link at school

PREVENTION AND EARLY INTERVENTION (PEI)

events such as “Back to School” nights, “Open Houses,” and providing an orientation to school personnel early in the school year.

Student Support Counselor

The Student Support Counselor provides individual, group, and crisis counseling services to middle school students at school during school hours to assist with a variety of concerns ranging from academic, personal, and social issues to substance use education as needed. Early intervention counseling services are voluntary and free of charge; these services are also available to all students attending the designated PEI middle school site. This allows the student and family to access counseling services with minimal barriers. The primary goals of early intervention counseling services are to reduce risk factors and to build protective factors. Therefore, counseling sessions emphasize Social Emotional Learning (SEL) by developing appropriate communication and social skills, friendship and conflict resolution skills, emotional expression and regulation skills, safe and healthy coping strategies, healthy boundaries and relationships, positive self-talk, and positive decision-making and problem-solving skills.

Counseling referrals can come from the students themselves, parents/guardians, and/or school staff, including teachers, counselors, and administration. To receive early intervention counseling services, the student and parent/guardian must consent by signing a Participation Agreement and Authorization to Disclose forms. Once the referral has been made and consent has been received, counselors meet with the student individually to assess the level of need. If it is determined that a higher level of care is required, counselors then refer the student and family to outside support services. Counselors also facilitate monthly PEI team meetings with the entire Middle School Comprehensive Program (Counselor, Family Advocate, and FNL Coordinator) and school administration. During these meetings, the team works together to triage services for high-risk students to receive wraparound services to better improve the student’s overall school success and coordinate community outreach events to connect services directly to parents.

Youth Development/“Club Live”

Each participating school receives Club Live Youth Development programming provided by the SLOBHD’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



PREVENTION AND EARLY INTERVENTION (PEI)

3,000 students at SAP Schools are exposed to Youth Development programming annually, with an average of eight prevention activities occurring per student.

Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, improving 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 P2 and P3 provide an average of the different components associated with leadership and advocacy, and learning and school bonding.

In addition to the six Middle School Comprehensive sites, MHSAs-supported youth development programs are present on all public middle school campuses in San Luis Obispo County. The Club Live 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



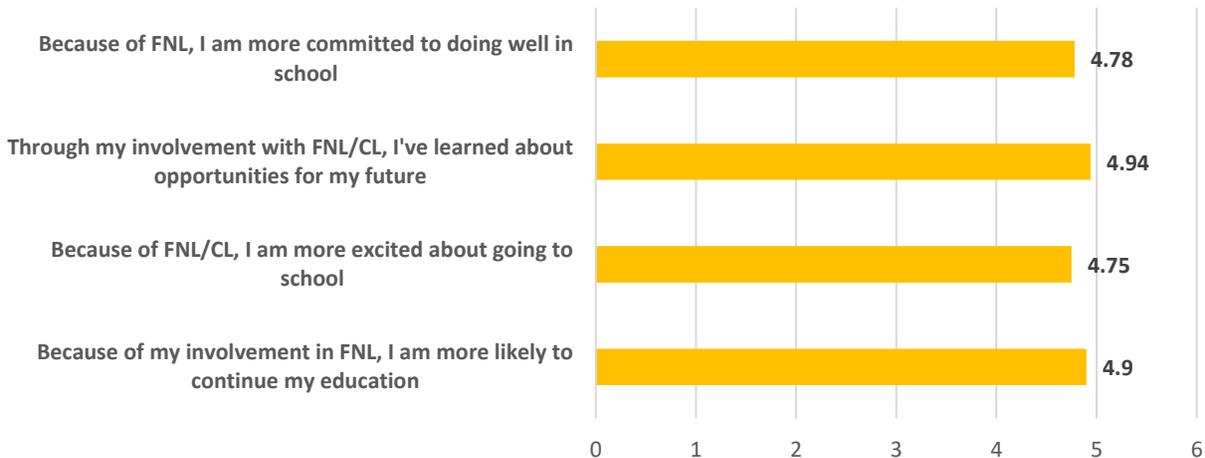
awareness projects include anti-bullying campaigns (e.g. “No Place for Hate),” stigma reduction campaigns, Red Ribbon Week, and various community service opportunities.

PREVENTION AND EARLY INTERVENTION (PEI)

Figure P2. Youth Development Survey: Impact of Club Live on Leadership and Advocacy FY 2020–2021 || Strongly Disagree = 1; Strongly Agree = 6 (n = 119)



Figure P3. Youth Development Survey: Impact of Club Live on Learning and School Bonding FY 2020–2021 || Strongly Disagree = 1; Strongly Agree = 6 (n = 119)



The Middle School Comprehensive Program continued to adapt service provision due to the COVID-19 pandemic. The Link Family Advocates maintained connections with families, school staff, and community partners using cell phones and telecommunication. Family Advocates remained connected with school administration on a weekly basis and provided bilingual and bicultural services as needed for families to apply for local and state funding resources. Partnerships between the Family Advocates and local food pantries helped to provide water bottles for Los Osos Middle School students who forgot their own when the water fountains were closed for safety reasons and food boxes to be disbursed around the county to families facing food insecurity.

PREVENTION AND EARLY INTERVENTION (PEI)

All Club Live Youth Development meetings and events migrated to online learning opportunities that still allowed for students to be connected to the extra-curricular activities and maintain a presence in the school setting via teleconferencing. FNL had great success hosting PEI drive-through events in partnerships with several schools where students would come to pick up their textbooks and other school materials, and the PEI team was available with information on services and giveaways. This worked as a recruitment tool for FNL as well as demonstrated the wrap-around service model of the PEI team.

In that same regard, the Student Support Counselors moved all counseling sessions to virtual telehealth options that allowed for continuity and engagement of students seeking services. Less group counseling services were offered; however, significantly more individual counseling services were provided. These students were able to receive counseling services tailored to their unique social/emotional needs via telehealth. This included specific skills building activities, tangible coping skills, and didactic instruction around issues related to mental health. Early intervention counseling telehealth services continued beyond the school year and through the summer.

For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$560,692	PEI Funding	\$149,989	PEI Funding	\$
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>					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 1.4: Prevention Programs | In-Home Parent Educator

	Families Served	Total Funding	Cost per Client
Actual for FY 2020–2021	35	\$107,970	\$3,085
Projection for FY 2021–2022	50	\$88,104	\$1,762
Projection for FY 2022–2023	50	\$89,866	\$1,797

Program Provider: Community Action Partnership of San Luis Obispo (CAPSLO)

Project Goals

- Build developing parenting skills
- Increase knowledge of appropriate expectation and age appropriate behavior
- Increase positive discipline and attachment through positive parent/child interactions

Key Objectives

- Parent education
- Parent coaching

Program Outcomes

- Reduced risk factors
- Increased protective factors
- Improved parenting

Method of Measurement

- Client intake form
- Programmatic Assessment Form
- Parent Pre and Post Surveys

The Community Action Partnership of San Luis Obispo (CAPSLO) administers the In-Home Parent Educator Program. The program provides parent education services to families at their house or at other specified locations, using an evidence-based curriculum and assessments of families to identify immediate needs to be met to stabilize the family unit. The program aims to build parenting skills, improve knowledge of appropriate behaviors, increase positive discipline skills, and increase attachment through positive parent/child interactions.

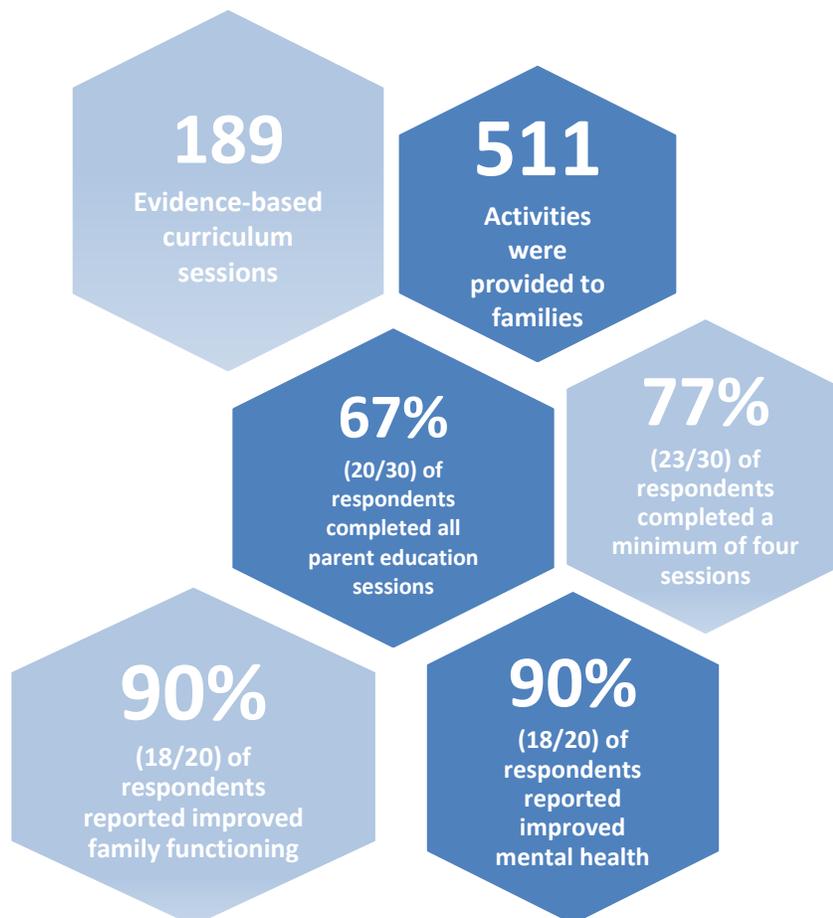
In 2020–2021, a total 35 unique families received parenting education services. Additionally, a total of 189 evidence-based curriculum sessions and 511 engaged activities were provided to parents. A total of 67% (20/30) of families receiving parenting education completed all service sessions, and 77% (23/30) of families received a minimum of four parenting sessions. Thirty-five families completed the education sessions and, of the twenty families surveyed, 90% reported improved family functioning, and improved mental health either for the parents, children, or both.

PREVENTION AND EARLY INTERVENTION (PEI)

As the program continued to provide services in the community, and the impact of the COVID-19 pandemic hit all areas in the county, the program strategized and responded in ways to maintain safe and healthy interactions, while continuing the delivery of services and the implementation of evaluation processes. Parent education was completed virtually through Zoom, FaceTime, or Google Hangouts ensuring that all elements are in compliance with HIPAA. Weekly parent education sessions have continued focusing on self-care and basic needs, as this was determined to be one area in which the most community members needed to be addressed in the current climate. The Parent Educator/Advocate also provided face-to-face sessions at the Oceano Family Resource Center or outside of the client's home (dependent on client preference). This position also helped families with distance learning and navigating the school system with the family.

The Parent Educator has sent e-mail and parent workbooks to the home and provided additional follow-up services through telephone for clients that do not have access to virtual or telehealth technology. The topics covered in the workbook and followed up in subsequent phone calls focus on the ever-changing situation of “routines” and the impact to create some level of normalcy as the community faces the pandemic and the financial hardships, positive discipline, and self-care.

Figure P4. In-Home Parent Educator, Evidence-Based, Practice Sessions, Activities, and Outcomes, FY 2020–2021



PREVENTION AND EARLY INTERVENTION (PEI)

For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$107,970	PEI Funding	\$12,482	PEI Funding	\$
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>					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 2.1: Early Intervention Programs | Community Therapeutic Services

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	335	\$47,189	\$141
Projection for FY 2021–2022	400	\$49,668	\$124
Projection for FY 2022–2023	400	\$50,661	\$127

Program Provider: Community Counseling Center (CCC)

Project Goals

- Early identification of onset 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

Program Outcomes

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

Method of Measurements

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

Community Based Therapeutic Services (CBTS) maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services. CBTS improves early detection and provides early intervention for mental health issues while increasing access to care. The program provides over 1,700 low (\$5.00 per session) or no-cost counseling hours to uninsured and underinsured at-risk populations throughout the County. Services are provided by Community Counseling Center (CCC).

For 2020-2021, outcomes show the program continues to make a steady impact on the community. About 90% (223/248) of surveyed participants indicated an improvement in their health and wellbeing; a 100% (391/391) of surveyed participants avoided inpatient psychiatric or emergency room hospitalizations; 84% (191/226) of surveyed participants followed through with referrals; 85% (87/102) surveyed participants demonstrated an improve in protective factors such as increase work attendance and improved parenting skills. Finally, 90% (138/154) of surveyed participants demonstrated a reduction in behavioral health problems and decrease risk factors (Figure P6).

PREVENTION AND EARLY INTERVENTION (PEI)

With the impact and difficult times due to COVID-19 and the San Luis Obispo County Shelter-at-home order, closure of local schools and Universities had a negative effect on the number of potential community members seeking services. The CCC experienced a limiting of the public's access at the various clinic sites throughout the County, the agency encouraged clients to connect via

Teletherapy/Telehealth and the two-way virtual video streaming services offered through SimplePractice. The promotion and communication to current community members and participants and partners in the community came directly from the agency in an effort to transition and continue the support of online services as a new way of providing services and keeping the community informed of their services during this difficult time. Currently about 98% of all counseling services have transitioned to the telehealth platform. CCC anticipates continuing using the virtual platform and its features to offer services and to continue to support clients with travel, health, and safety.



Figure P6. Community Based Therapeutic Services Clients Served, Enrolled, Hours of Counseling, and Outcomes FY 2020–2021

For participant demographics, please see [Exhibit H](#).

PREVENTION AND EARLY INTERVENTION (PEI)

TOTAL		Administration*		Evaluation*	
PEI Funding	\$47,189	PEI Funding	\$5,455	PEI Funding	\$
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.*



PREVENTION AND EARLY INTERVENTION (PEI)

PEI 2.2: Early Intervention Programs | Integrated Community Wellness – Resources Specialist

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	830	\$231,038	\$278
Projection for FY 2021–2022	1,040	\$280,147	\$269
Projection for FY 2022–2023	1,040	\$285,750	\$275

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Reduce barriers to treatment outcomes and improve wellness

Key Objectives

- Provide Wellness Advocates to individuals and families throughout the County

Program Outcomes

- Increase in protective factors and reduction in risk factors through increased access to community supports

Method Measurement

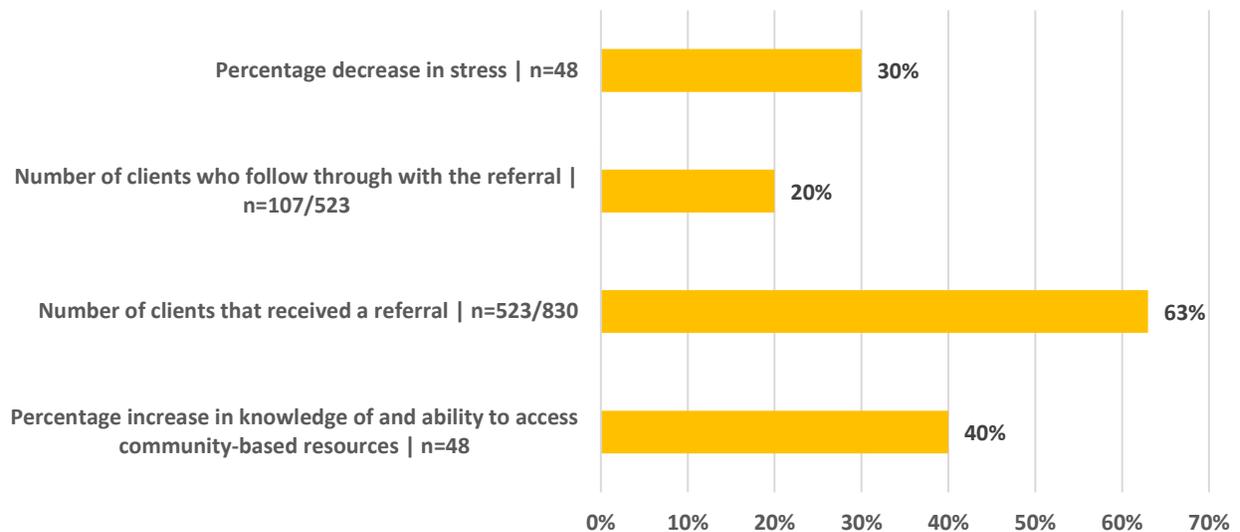
- Rosters
- Advocate notes
- Surveys

Transitions-Mental Health Association (TMHA) provides Family Support Specialists (FSS) and Behavioral Health Navigators (BHN) — individuals with lived experience as either a participant or family member. These Specialists and Navigators collaborate with other PEI providers to deliver system navigation services towards securing basic needs such as food, clothing, housing, healthcare, employment, and education and wellness supports focusing on minimizing stress, supporting resilience, and increasing individual’s self-efficacy to individuals who self-refer or are referred from other programs. The BHNs also focus on establishing direct linkages for youth, including community-based mental health services, suicide prevention, and providing culturally competent and inclusive LGBTQ+ outreach and system navigation.

During 2020–2021, TMHA provided over 6,218 contacts with program participants in the form of assistance and referrals to services such as housing, clothing, food, transportation, mental health, and/or drug and alcohol services. Current outcomes show that surveyed participants (48) demonstrated a 40% increase in their knowledge of and ability to access community-based resources and a 30% decrease in stress. 63% (523/830) of participants received a referral; of these, 20% (107/523) followed through on at least one referral (Figure P7).

PREVENTION AND EARLY INTERVENTION (PEI)

Figure P7. Integrated Community Wellness Participant Outcomes FY 2020–2021



As with any other PEI program, Integrated Community Wellness was impacted by COVID-19. When the shelter-at-home order began, the program took necessary steps to remain fully staffed, providing services through telephone and video conferencing, including emotional support for clients including referrals, mental health information, coping skills, and resources in the community.

For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$231,038	PEI Funding	\$26,709	PEI Funding	\$
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.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 3: Outreach for Increasing Recognition of Early Signs of Mental Illness Program | Perinatal Mood Anxiety Disorder Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	127	\$30,236	\$238

Program Provider: County of San Luis Obispo Public Health Department

Project Goals

- Early identification of mental health issues in women who experience postpartum depression
- Develop a universal Perinatal Mood Anxiety Disorder process system of care

Key Objectives

- Outreach and education

Program Outcomes

- Increase reported community linkages
- Increased knowledge of PMAD services symptoms of depression
- Increased knowledge to identify PMAD symptoms

Method of Measurement

- Number of presentation and outreach activities
- Community Health Status Report

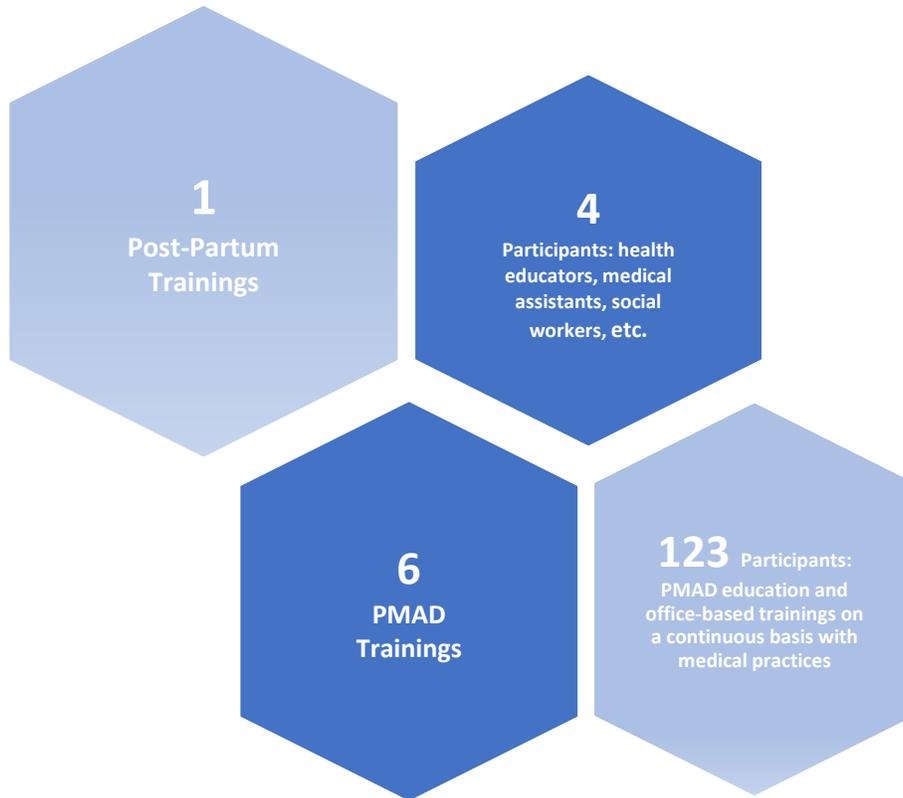
The Perinatal Mood Anxiety Disorder (PMAD) program brings together new and meaningful ways to have a positive impact on the future of healthy pregnancies, families, and children. The program began in 2016 and is coordinated by the County’s Public Health Department. The Perinatal Mood Anxiety Disorder 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 PMAD initiative focuses on a broad spectrum, from preconception to the time when a woman returns to work. The breadth of project’s work from basic community-wide knowledge of PMAD signs and symptoms to more available treatment options also includes outreach and education, efforts to increase service access underserved populations, improved access to linkage and referrals at the earliest possible onset of mental illness, reduction of PMAD stigma and discrimination, early intervention to prevent mental illness from becoming severe, reducing the duration of mental illness, strengthen current services and fill the gaps of existing needs, and to build protective factors to reduce negative outcomes among women and families often accompanied by untreated perinatal mood and anxiety disorder such as reducing mood disorder hospitalizations. In 2020–2021, the a total of six (6) PMAD trainings were held with a total of 127 participants.

PREVENTION AND EARLY INTERVENTION (PEI)

In March 2021 the County MHSa Leadership Team proposed, and stakeholders approved, moving the funding for the Perinatal Mood and Anxiety Disorder (PMAD) training program from PEI and into WET for the 2021-2022 fiscal year, with a close-out date of June 30, 2022.

Figure P9. Perinatal Mood Anxiety Disorder Program Contacts, and Activities FY 2020–2021



For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$30,236	PEI Funding	\$3495	PEI Funding	\$
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.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 4: Access and Linkage to Treatment Programs | Older Adult Mental Health Initiative

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	771	\$263,970	\$342
Projection for FY 2021–2022	785	\$268,933	\$343
Projection for FY 2022 – 2023	785	\$274,312	\$349

Program Provider: Wilshire Community Services, Inc. (WCS)

Project Goals

- Early identification of mental health issues in older adults
- Increased mental wellness in older adults

Key Objectives

- Outreach and education
- Depression screenings
- Caring Callers
- Senior Peer Counseling
- Early Intervention Therapy

Program Outcomes

- Reduced risk factors (e.g.: isolation)
- Increased protective factors
- Decreased symptoms of depression
- Improved quality of life

Method of Measurement

- Rosters and log
- Patient Health Questionnaire – Depression Scale (PHQ-9)
- Clinician Assessments
- Self-report surveys

The Older Adult Mental Health Initiative is administered by Wilshire Community Services (WCS), a community-based 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.

Wilshire Community Services provides outreach and education regarding mental health to the community at large as it relates to the Older Adult population, and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith-based agencies, law enforcement, and retirement homes. There were 943 depression screenings conducted in

PREVENTION AND EARLY INTERVENTION (PEI)

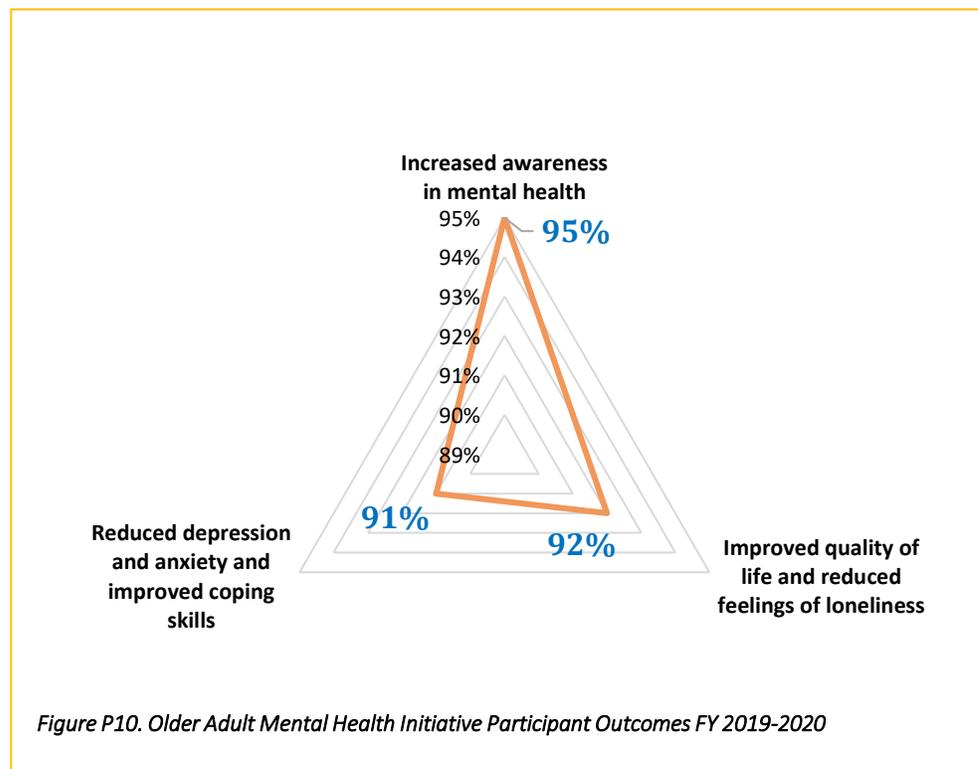
2020–2021. Clients who are referred to WCS programs are assessed to determine, first, if they are at risk for isolation, and secondly, which program(s) would be most appropriate for their needs.

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 focusing on individuals over the age of 65. Of the clients surveyed in 2020–2021, 94% (251/266) reported an increase in their overall satisfaction and improvement in quality of life. Through social connections supported by the program, participant’s activity levels increase while feelings of isolation and loneliness are successfully addressed and reduced.

Senior Peer Counseling (SPC) is a mental health program providing no-cost counseling services to individuals aged 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 2020–2021, based on completed standard depression scales, 96% (379/395) of clients who received services demonstrated a reduction in risk factors such as depression, anxiety, and hospitalizations.

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 36 clients received individual and



PREVENTION AND EARLY INTERVENTION (PEI)

group therapy sessions, with a total of 12 group sessions, which includes 191 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 SLOBHD or a private provider. Transitional Therapy is available in home and non-clinic settings.

When the shelter-at-home order began, the Older Adult Mental Health Initiative program continued to operate with added safety measures in place to protect the participants and the volunteers. Some of the strategies still in implementation are the following:

- Understanding that social interaction for the older adult population is critical to their mental and physical wellbeing, all volunteers and participants are screened to ensure that services are provided cautiously and in accordance with Public Health Department’s guidelines. In order to minimize infection, services continued to be provided via telephone or other telehealth options until it was determined that the participant and the volunteer were not at risk of exposure. Additionally, both participants and volunteers are provided with personal protective equipment at all times of interaction.
- In order to retain and train volunteers, the program moved all screening processes and trainings were made available online. Volunteers continue to be vetted and enrolled accordingly, and due to scale of the pandemic, and the impact of social distancing impacting the older adult population.
- Caring Callers and Senior Peer Counseling continue to provide services through phone calls and telehealth options. Clearings are available to participants via phone calls and telehealth, and rarely in person for participants in needy situations and with all safety precautions in place.
- The program’s efforts moved services seamlessly and continued to offer connection to the older adult population. Since services are now able to be provided via telephone and other telehealth means, the reach to other rural areas in the county has increased allowing the program to expand, and with this success it also came some difficulties in setting up and utilizing technology, however, these issues were quickly overcome.
- Individual therapy options to participate in person resumed in the last quarter of this fiscal year.

For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$263,970	PEI Funding	\$30,517	PEI Funding	\$
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.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 5.1: Stigma and Discrimination Reduction Program | Social Marketing Strategy

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019–2020	2,055	\$200,971	\$98
Projection for FY 2021–2022	2,000	\$192,983	\$97
Projection for FY 2022 – 2023	2,000	\$195,853	\$98

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Mental Health awareness and education
- Stigma reduction

Key Objectives

- Community outreach
- Targeted presentations

Program Outcomes

- Increased awareness of risk and protective factors
- Reduced stigma

Method of Measurement

- Presentation participant surveys
- Rosters
- Consumer presenter surveys

The Mental Health Awareness and Stigma Reduction project is carried out by Transitions-Mental Health Association (TMHA), a recognized community leader in mental health awareness and engagement. 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.

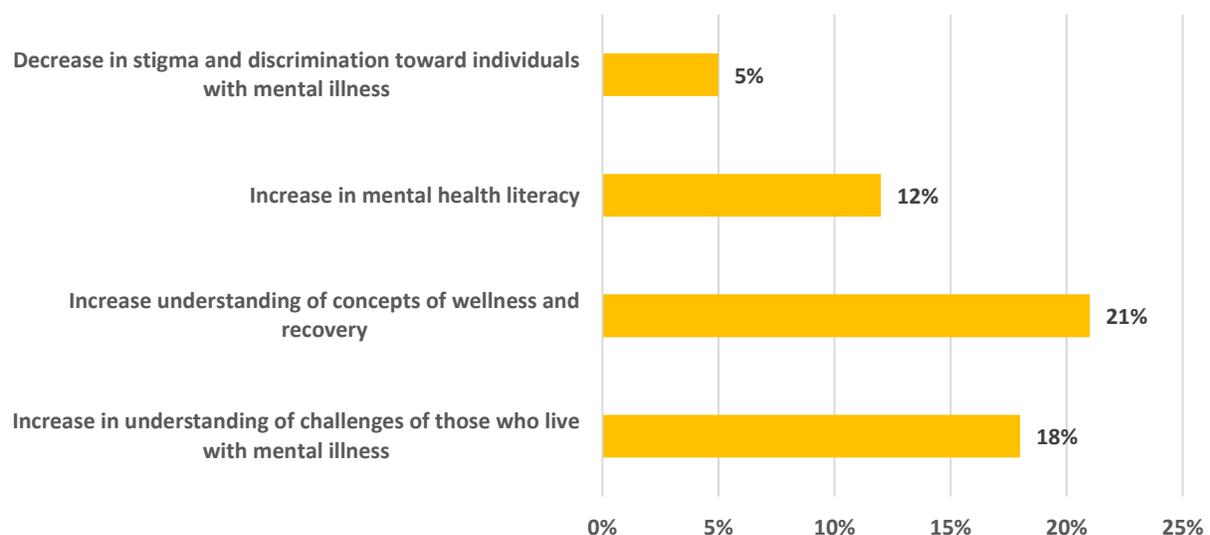
TMHA provides large-scale outreach at community events, forums, and activities year-round, as well as targeted presentations and trainings such as the National Alliance on Mental Illness’ (NAMI), Stamp Out Stigma, In Our Own Voice, and two local documentaries: SLOtheStigma and The Shaken Tree. Depending on the target audience, TMHA may use the curricula in combination with additional speakers, panelists, resource fairs, and other activities.

PREVENTION AND EARLY INTERVENTION (PEI)

TMHA provided 28 general presentations to a total audience of 1,692 unique individuals during 2020-2021, with over 64% (1098) of them representing underserved populations. In addition, there were six (6) professional presentations to 125 individual providers of PEI services. Participants who were surveyed (248) demonstrated a 18% increase in their understanding of mental illness challenges, a 21% increase in their knowledge of recovery and wellness concepts, a 12% increase in mental health literacy, a 5% decrease in stigma and discrimination towards individuals living with mental health challenges, and a 7% increase in knowledge of stigmatizing and discriminating attitudes and beliefs (Figure P11).

The program was impacted by COVID-19, yet presentations and trainings were able to resume through video conferencing. Currently, staff continue to reach out to organizations and groups to schedule mental health and stigma reducing trainings and presentations. Some of these presentations include Mental Health 101 for RISE Crisis Call Handlers, Stamp out Stigma for Cal Poly, Cuesta College, and PAAT & CAMHPRO Mental Health Summit, and the Daisy Project – Panel on Mental Health, discussing local resources and how to access, reaching 582 individuals. 364 individuals were reached at food bank distribution sites across the county. All services have now moved to video conferencing trainings and presentations including a Suicide Prevention forum in September. To engage the community, the program continues to map out future outreach activities and events with partnered organizations such as coffee shops, libraries, social service businesses.

Figure P11. Social Marketing Strategy – Participant Outcome Results FY 2020–2021, n=248



PREVENTION AND EARLY INTERVENTION (PEI)

For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$200,971	PEI Funding	\$23,233	PEI Funding	\$
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.*

SLO HOTLINE
(800) 783-0607
 MAKE THE CALL. ANY TIME.

NEW TEXTING SERVICE

SLO Hotline provides mental health support, resources, and a suicide prevention lifeline.

Our new Texting Service is available Monday through Friday, from 10am-2pm. Just text (800)783-0607 during hours of operation to begin a text conversation.

**Monday-Friday
 10am to 2pm
 Text: 800-783-0607**

Logos: COUNTY OF SAN LUIS OBISPO, TMHA (Tulare County Mental Health Association), SLO (San Luis Obispo County)

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 5.2: Stigma and Discrimination Reduction Program | College Wellness Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	191	\$117,339	\$614
Projection for FY 2021–2022	100	\$132,685	\$1,326
Projection for FY 2022–2023	100	\$135,338	\$1,353

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Create community linkage for mental health, wellness, and recovery initiatives with local college communities.

Key Objectives

- Campus wellness and outreach activities
- Liaison to promote collaboration and share resources

Program Outcomes

- Reduced risk factors
- Increased protective factors
- Increased access to extended services and supports for college communities

Method of Measurement

- Participant and staff surveys
- Participant focus groups

The Prevention & Early Intervention College Wellness Program (CWP) is designed to provide mental health and substance use education, along with supports for wellness initiatives in the county’s campus communities of California Polytechnic State University San Luis Obispo (Cal Poly) and Cuesta 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, education, etc.) and on-campus activities and student organizations (e.g., Active Minds). The Specialist provides Mental Health First Aid training, coordinates the Cal Poly Friday Night Live Chapter, participates in campus policy and activity groups, plans outreach and community events, and coordinates campaigns and activities that promote student wellness.

The data reported for 2020–2021 represents the information for all events conducted in the college community. A total of 2,018 contacts were made through presentations, information booths, or outreach activities; five (5) events were held: the Suicide Prevention Forum screening of “The ‘S’ Word,” Mustang Mile, Out of Darkness Campus Walk, April Alcohol Awareness Month,

PREVENTION AND EARLY INTERVENTION (PEI)

and May Mental Health Awareness Month. A total of 191 unduplicated or unique participants were reached in 2020–2021. A total of five (5) Question, Persuade, and Refer (QPR) trainings and a total of five (5) Mental Health First Aid (MHFA) trainings were held. Of the surveyed students, 88% (23/26) reported feeling better informed about mental health; 69% (18/26) reported feeling better informed about the effects of substance use; and 88% (23/26) reported feeling better informed about the mental health and substance use services in their community (Figure P12).

Covid continued to have an impact on the CWP this fiscal year. All events, presentations, trainings, and outreach efforts were conducted virtually. Though with the virtual environment came additional opportunities for engagement.

Cuesta College

Most of the outreach and education at Cuesta College in 2020-2021, when classes were held virtually, focused on virtual QPR and MHFA trainings for staff and faculty. Two QPR trainings were held, one in the fall semester, and another in the spring semester. One MHFA training for staff was held in the spring semester. But the CWP Behavioral Health Specialist was able to share information about Behavioral Health services by participating in other virtual events for the college: speaking on a panel for Movies for Mental Health in the fall semester, participating in the annual resource fair, partnering with the Greater Los Angeles/Central Coast Chapter of the American Foundation for Suicide Prevention's Out of the Darkness Campus Walk, providing self-care packages to the 50 participants, and creating a presentation for the Office of Traffic Safety shown in classes.



The poster features an illustration of four diverse young adults holding signs that read: "HOPE WALKS HERE", "MENTAL HEALTH MATTERS", "HOPE WALKS HERE", and "YOU ARE NOT ALONE." The Cuesta College logo is in the top left corner. Below the illustration, the text reads: "OUT OF THE DARKNESS VIRTUAL CAMPUS WALK APRIL 24, 2021 | 10:00 AM" and "Location of your choice!".

Location of your choice!

Cuesta College Student Health Center and County of SLO Behavioral Health are partnering to promote participation in the Greater Los Angeles & Central Coast Chapter for the Out of the Darkness Virtual Campus Walk in a day of action on April 24th. It is important now, more than ever, to bring light to the conversations of suicide prevention and mental health support. By registering, you are showing support for survivors, students at risk, and those who have been affected by suicide.

Scan the QR Code



or [Click here for more information](#)

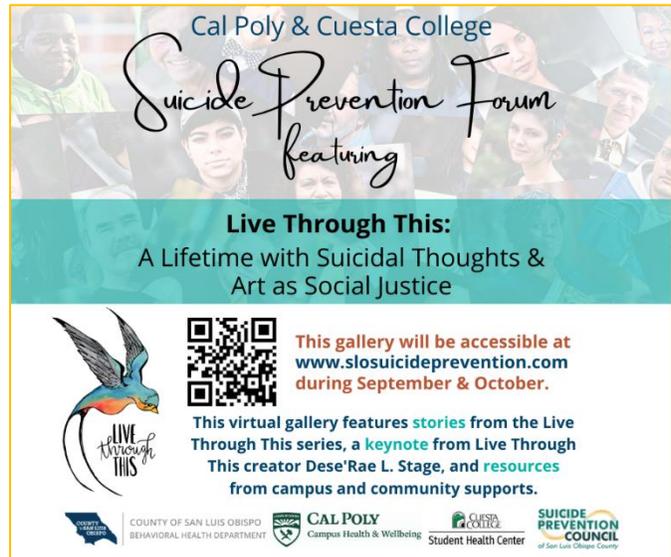
Click here for free registration
After registering for the virtual walk event, [click here to complete the "Participant bag form"](#) to receive your well-being bag.

Contact us for more information:
Annie Jankovitz, County Behavioral Health, ajankovitz@co.slo.ca.us
studenthealthcenter@cuesta.edu

CUESTA COLLEGE STUDENT HEALTH CENTER  cuesta.edu

California Polytechnic State University San Luis Obispo

The CWP Behavioral Health Specialist focused on expanding participation in campus policy and activity groups at Cal Poly. Outreach at the college included three (3) QPR trainings, four (4) different classroom presentations, five (5) mental health trainings to student leadership groups, participation in the Week of Welcome Resource Fair, Buck the Stigma workshops, the Daisy Project Panel, and a Summer Safety Campaign in University Housing. Campus policy and activity groups the CWP participated in were Substance Use and Abuse Advisory Committee, Engineering Wellness Advisory Committee, Suicide Prevention Workgroup, High Risk Events Guidebook Workgroup, Opioid and Naloxone Workgroup, Counseling Services Presentation Workgroup, and SAFE Bar Network.



Other 2020-2021 highlights:

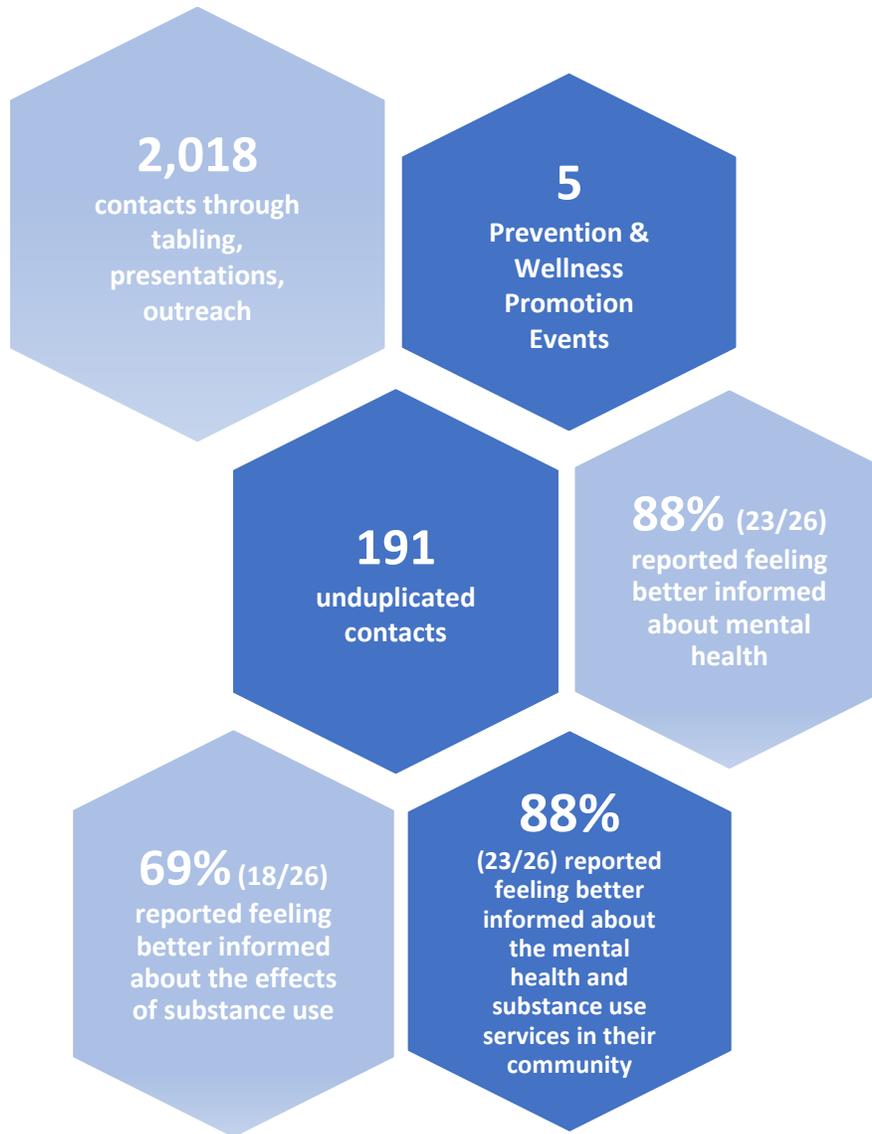
- Trained 135 Cal Poly CSD’s (Coordinator of Student Development) and RA’s (Resident Advisor) in Suicide Prevention.
 - CSD’s received QPR Gatekeeper certification
 - RA’s received presentation on noticing signs and how to talk to students about suicide and received a digital ‘Discussion Guide’ with information about how to talk to students about mental health and resources.
 - Compiled materials from the annual Suicide Prevention Forum and created a webpage specifically for local college students.
- Virtually presented Mental Health 101 to 396 students

Cal Poly Friday Night Live Chapter

The CWP’s Cal Poly Friday Night Live Chapter (CPFNL) created “3D Month” in December 2020, a drunk, drugged, and distracted driving prevention campaign. For Alcohol Awareness Month in April, CPFNL created campaign materials shared on social media. CPFNL donated \$250 towards the purchase of masks for in the 9th annual Mustang Mile, an event educating students on the signs of alcohol poisoning and dangers of binge drinking. As a part of May Mental Health Awareness Month, CPFNL posted mental health messages on Instagram along with a weekly activity and gift card giveaways to promote self-care.

PREVENTION AND EARLY INTERVENTION (PEI)

Figure P12. College Wellness Program Contacts, Activities, and Outcomes FY 2010–2021



For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$117,339	PEI Funding	\$13,565	PEI Funding	\$
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.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 6: Improve Timely Access to Services for Underserved Populations Program | Veterans Outreach Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019–2020	63	\$132,432	\$2,102
Projection for FY 2021–2022	150	\$146,260	\$975
Projection for FY 2022-2023	150	\$152,169	\$1,014

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Mental Health awareness and education
- Stigma reduction

Key Objectives

- Community outreach
- Targeted presentations/activities

Program Outcomes

- Increased awareness of risk and protective factors
- Reduced stigma

Method of Measurement

- Presentation participant surveys
- Rosters
- Counseling Surveys

The Veterans Outreach Program (VOP) was developed as an Innovation project in 2010 and continues to engage local military members and their families. In this strategy, a Behavioral Health Clinician 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, stakeholders elected to fund the program using both CSS and PEI dollars.

A Behavioral Health Specialist, also known as the Outreach Coordinator (PEI), provides education activities, while hosting free events for veterans and their families and provides case

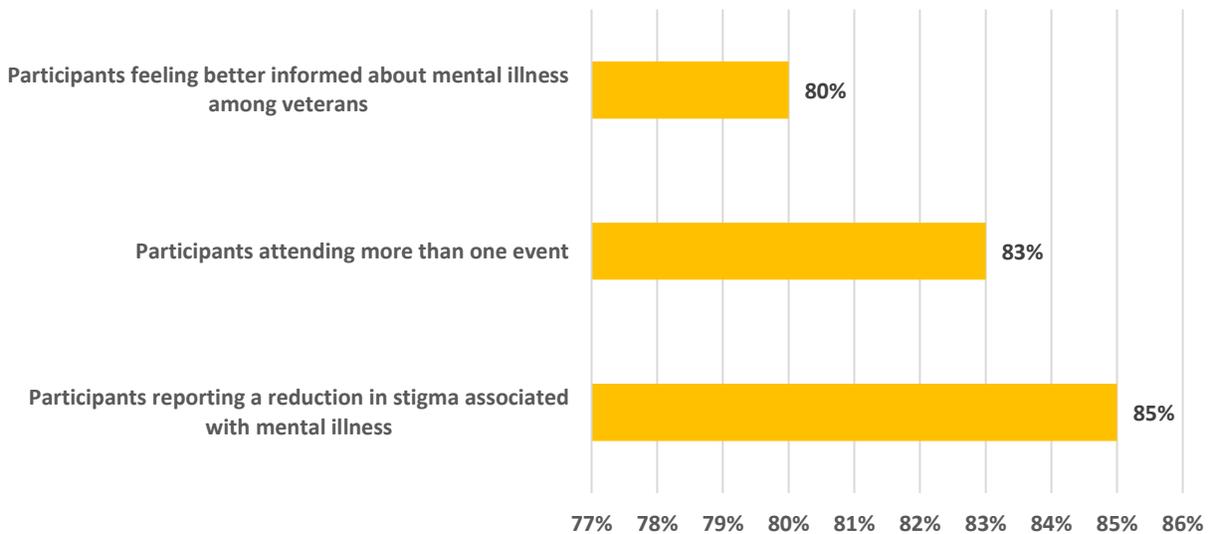
PREVENTION AND EARLY INTERVENTION (PEI)

management as part of the service provision and delivery. The Coordinator also educates the community and increases awareness surrounding mental health issues specific to veterans and has been successful in finding several businesses willing to donate and host events for veterans and their families. Additionally, the Coordinator attends the Veterans Treatment Court (VTC) every first and third Friday of the month.

During 2020–2021 there were a total of eleven (11) events offered to veterans and their family members; a total of 300 contacts were made through presentations and outreach activities; and a total of 176 duplicated contacts participated in the events, with 101 veterans and 75 family members.

The program therapist (funded in the CSS work plan) is located at the County of San Luis Obispo’s Prevention & Outreach office. In 2020–2021, fourteen (14) veterans received initial screenings and referrals, and five (5) followed through with referrals. A total of five (5) veterans were engaged in intensive counseling services. Out of the surveyed participants, 85% (34/40) reported a reduction in stigma associated with mental illness; 83% (33/40) of participants reported having attended more than one (1) event; and 80% (32/40) of participants reported feeling better informed about mental illness among veterans (Figure P13).

Figure P13. Veterans Outreach Program – Participant Outcome Results FY 2020–2021, n=40

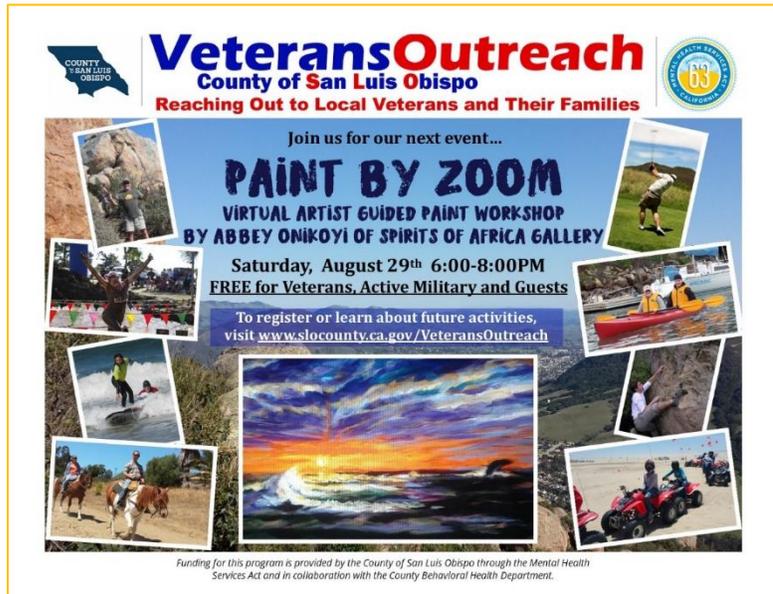


At the beginning of Fiscal Year 2019–2020, the Mental Health Services Advisory Committee Group reviewed and approved a proposal to increase and fully cover using PEI funding the VOP Behavioral Health Specialist (Coordinator) for the program. The increase was implemented as it was identified that additional support and navigation services needed to be extended to the veteran community. The increase took effect on January 1, 2020. This resulted in an update of outcomes, which now include an increase in contacts, outreach events, the total number of

PREVENTION AND EARLY INTERVENTION (PEI)

unduplicated veterans contacted through the program, and most importantly, the Coordinator now provides case management as part of the service provision and delivery. Additionally, the Coordinator attends the Veterans Treatment Court every first and third Friday of the month and offers case management services to clients.

All events through May 2021 were conducted virtually. Online activities included trivia nights, cooking classes, art workshops, game nights, and a Netflix watch party. The Veterans Outreach program also participated in drive through events serving veterans and a virtual resource fair. While the online activities enabled the program to continue to reach veterans, the virtual platform for outreach did have its disadvantages. The participation for online activities was



substantially lower than in-person events. The veteran therapist was not able to individually speak with veterans, and veterans did not seek the opportunity to meet with the therapist at the conclusion of the activities. This has also lowered both the number of referrals the program made and the number of survey responses participants made.

On June 26, 2021, the program hosted its first in-person event of the fiscal year, following updated COVID-19 guidelines for California on June 15th. A small group of five returning veteran participants who attended multiple in-person events in the past and their guests were invited to kayak in Morro Bay.

For participant demographics, please see [Exhibit H](#).

		Administration*		Evaluation*	
PEI Funding	\$132,432	PEI Funding	\$15,310	PEI Funding	\$
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.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 7: Suicide Prevention Program | Suicide Prevention Coordination

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	1250	\$133,910	\$107
Projection for FY 2021–2022	550	\$140,352	\$255
Projection for FY 2022 – 2023	550	\$143,159	\$260

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Suicide prevention awareness and education
- Stigma reduction
- Countywide training

Key Objectives

- Suicide Prevention Council and other collaboratives
- Community outreach and training

Program Outcomes

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

Method of Measurement

- Participant and staff surveys
- Participant focus groups

The Suicide Prevention Coordination program for the County of San Luis Obispo began in FY 2018–2019. Suicide, as well as its risk, protective factors, and aftermath, has been identified as a significant issue to be addressed in San Luis Obispo County. Historically, the Behavioral Health Department Prevention and Outreach division, other local providers, and the ad-hoc Suicide Prevention Council have received increased requests for suicide prevention tools and training. In FY 2017–2018, The MHSA Prevention and Early Intervention Stakeholder group was provided an overview of current suicide prevention efforts and a decision was made to fund a position solely dedicated to form, integrate, launch, and educate a suicide prevention plan and efforts throughout the county, creating the Suicide Prevention Coordinator (SPC) position.

The SPC has been central in building coalitions and collaborations which results in education engagements, trainings, and prevention strategies that ultimately have a reduction in the impact of suicide. This began by establishing a plan of implementation and networking with community providers and with the ad hoc Suicide Prevention Council, ultimately leading to the SPC becoming

PREVENTION AND EARLY INTERVENTION (PEI)

the chair of the Suicide Prevention Council. The SPC meets with the council monthly. The SPC also worked in collaboration with Each Mind Matters to ensure a local message and presence is reinforced by the State’s approach to address suicide, culminating in the San Luis Obispo County Suicide Prevention Strategic Plan (SPP) for fiscal year 2021–2022 through 2023–2024. The SPP was accepted and received May 04, 2021 by the San Luis Obispo County Board of Supervisors. The SPP is the result of community engagement and planning from various stakeholders. The SPP lays out strategic aims, goals, and objectives to address suicide and ensure prevention, intervention, and postvention approaches are established countywide.

suicide
prevention
forum

September 29th
6:00 PM

Join us for this
free virtual event

featuring
**Kelechi
Ubozoh**

SCAN ME

Webinar ID: **846 3666 8454**
Passcode: **899844**

COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

SUICIDE
PREVENTION
COUNCIL
of San Luis Obispo County

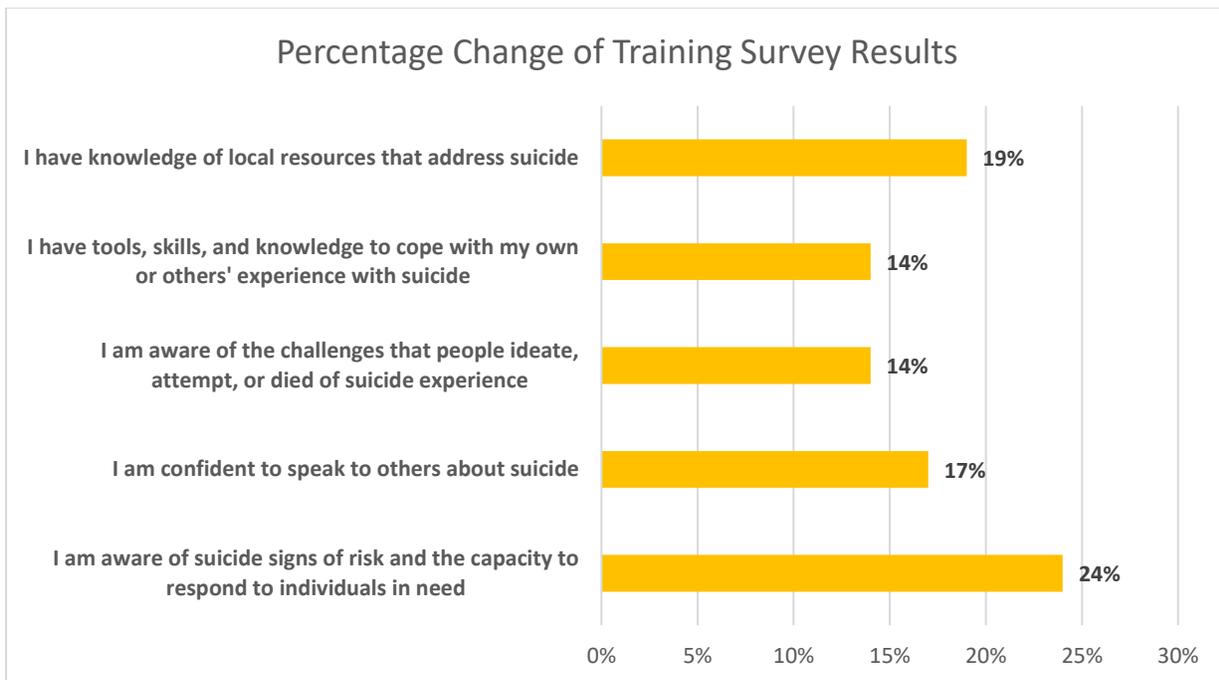
In 2020–2021, over 3,000 contacts have been reached by the SPC, with 1250 of them being unduplicated participants, and a total of 19 presentations, outreach events, and trainings were held. As the Shelter-at-home order was placed as a response and the impact of COVID-19, the SPC, in collaboration with the Suicide Prevention Council, developed strategies and moved all trainings, meetings, and outreach activities to an online platform accessible to all community members. With virtual connectivity, the Council saw an increase in participation, resulting in appointing a co-chair allowing to expand and providing continued support in the transition to virtual engagement. Pre-post surveys administered to participants to measure the impact of the Suicide Prevention programming is shown in figure P14.

Other additional activities included the partnership with Transitions-Mental Health Association for the implementation of “Mental Health Drive-Throughs”. This socially distant and carefully planned activity aimed to provide information and mental health/self-care bags to community members with the goal to support continued recovery during this difficult time. It was well received by the community and resulted in collaboration with Fresno County who inquired about the logistics and operations of the activity that could be replicated on their county. This partnership has led to Fresno and San Luis Obispo Counties working together on several Suicide Awareness activities, including those taking place in the month of September 2021.

PREVENTION AND EARLY INTERVENTION (PEI)

In the 2021-2022 fiscal year, the Behavioral Health Department will reorganize this position along with the WET-funded Training and Communications Coordinator position. Going forward the Suicide Prevention Coordinator (PEI) will be converted from the classification of Behavioral Health Specialist to Program Manager and assume the responsibilities for MHSA training coordination and continuing education. This position will oversee the team of outreach and training specialists (including the Communications coordinator described above), and coordinate community trainings, such as Mental Health First Aid. The position’s primary role will be to implement the County’s Suicide Prevention Plan. In 2021-2022, this position will continue to be funded in PEI.

Figure P14. Suicide Prevention Program – Participant Outcome Results FY 2020–2021, n=36



For participant demographics, please see [Exhibit H](#).

TOTAL		Administration*		Evaluation*	
PEI Funding	\$133,910	PEI Funding	\$15,481	PEI Funding	\$
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.

Innovation (INN)

The Innovation (INN) component of MHPA offers counties a unique opportunity to work with their communities and develop new, original, 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 plan is overseen by an Innovation stakeholder group, which is responsible for guiding the planning process, analyzing local 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 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.

SLOBHD applied the lessons learned during the first round of Innovation to properly plan, streamline, and better implement future projects. A second Innovation plan was put forth to the MHSOAC and approved February 25, 2016. The total four projects for FY 2016–2020 culminated and a final evaluation report is available at the following link: [https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHPA\)/Innovation-\(INN\)/MHPA-INN-Evaluation-Report-9-21-2020-Final.pdf](https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHPA)/Innovation-(INN)/MHPA-INN-Evaluation-Report-9-21-2020-Final.pdf)

SLOBHD presented its third Innovation plan with two new projects in 2018 and officially launched the projects in FY 2019–2020. The complete plan [can be found here](#). One project, titled Holistic Adolescent Health, aims to test a new curriculum focused on helping youth to be better connected in their mental and physical wellbeing. The second project, titled Behavioral Health Assessment and Response Project (BHARP), tests a new, comprehensive, and collaborative system between mental health professionals, law enforcement, and educational institution staff to better engage and respond to school-based threats of violence.

As part of the continued efforts to best understand and learn from these projects, SLOBHD contracted with an Innovation Evaluator August 2, 2019. California Polytechnic State University San Luis Obispo's Public Policy graduate program was selected due to its research and evaluation expertise, cadre of internal educators and data analysts, and proximity and local knowledge. The provider began working to both evaluate the County's second and third Innovation plans and develop an outline for evaluation procedures to conduct in the upcoming years. The complete evaluation report [can be found here](#).

INNOVATION (INN)

The fourth and latest Innovation plan was presented in 2020, and received final approval from the MHSOAC at the end of the 2020-2021 fiscal year. Both projects received Behavioral Health Board approval on April 21, 2021; Board of Supervisors approval was received on May 04, 2021; and the MHSOAC approved the projects on June 28, 2021. The two projects, SoulWomb and Behavioral Health Education and Engagement Team (BHEET) will be launched in FY 2021–2022. SoulWomb is an additional, ancillary service for the forensic mental health population in SLOBHD Justice Services clinic, using a sound meditation pod for a holistic, mindfulness-based treatment, focused on helping anxiety, coping skills, stress, depress, irritability, etc. BHEET adopts a peer-based outreach and engagement model within the community mental health system for individuals outside of the higher level of service range of SLOBHD or FSP services, to help engage those individuals to access mental health services.

SLOBHD continues to ensure adherence to Innovation regulations. SLOBHD also implemented the INN regulations for data collection. Demographic data for all programs are in Exhibit F.

INNOVATION (INN)

INN 3.1: 3 by 3 Developmental Screening Partnership Between Parents and Pediatric Practices

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	1,079	\$242,611	\$225
Projection for FY 2021–2022	450	\$243,526	\$541

Program Provider: First Five San Luis Obispo

Primary Purpose

- Promotes interagency and community collaboration related to Mental Health Services or support of outcomes

Learning Activity

- Testing three (3) methods of comprehensive and recurring screenings for children zero (0) to three (3) in a Community Health Clinic (CHC) and a private pediatric practice.

Learning Goals

- What specific practices will be most likely to increase behavioral health screening in early childhood?
- What methods increase conversations with parents/primary caregivers that allow an increase in mental health knowledge?
- How specific settings can integrate mental health screenings into their location?
- How specific strategies would increase referrals when needed?
- How specific strategies support recurring mental health screenings and allow increased parents/primary caregiver engagement?
- Which specific screenings and strategies allow increased mental health knowledge for pediatricians?

Method of Measurement

- Participant Pre/Post Surveys

This Innovation project, conducted by First 5 San Luis Obispo (First 5), tests three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methodologies will include the administration of up to three developmentally appropriate screening encounters before the age of three years old. Screenings will take place at ages 9 months, 18 months, and 24–30 months and will be offered in English and Spanish. The three methodologies tested include 1) screening administered by an in-clinic Health Educator, 2) screening by self-administration, and 3) screening by a Child Care Provider.

After comprehensive planning and development, First 5 has focused on program implementation, identifying best practice protocols, and building a repository referral source. In

INNOVATION (INN)

FY 2020–2021, 1,079 unduplicated screenings were completed with participants from CHC and Bravo Pediatrics. Eighty-three percent (83%, 29/35) of parent respondents said that the 3 by 3 project helped them to better understand their child’s growth and development, sixty-six percent (66% 23/35) said the project helped them know more about what social and emotional abilities to expect with their child’s age, eighty percent (80%, 28/35) said the project has been helpful to them as a parent, and fifty-two percent (52%, 18/35) said the project has resulted in them doing things differently with their child.

Below are a few quotes from parents:

“It helped me understand we need to work more on her fine motor skills.”

“It showed us things we need to work on and what she is able to do.”

“It was just a nice reminder that my daughter is on track.”

“We will do more fine motor activities with her”

3 by 3 surveys to pediatric staff who came in contact with the project show that one hundred percent (100%, 12/12) of respondents believe the ASQ should continue in their clinic, one hundred percent (100%, 12/12) believe ASQ is an important part of their work, one hundred percent (100%, 12/12) believe ASQ is easy for parents to access, and ninety-two percent (92%, 11/12) believe ASQ is easy for their office to run.



INNOVATION PROJECT	
1. Name of Project	3 by 3 Developmental Screening Partnership Between Parents and Pediatric Practices
2. Changes made to the INN project and reasons	No changes have been made to this project.
3. 50 hours of education encounter	339.5
4. 25 referrals provided to participants or parents/primary caregivers	181
5. 15% increase in parent/primary caregiver knowledge of age appropriate social-emotional development	Under development and implementation and reported next FY.
6. 15% increase in parent/primary caregiver mental health knowledge	Under development and implementation and reported next FY.
7. 50% parent/primary caregiver survey responses	Under development and implementation and reported next FY.
8. 100% of pediatric survey responses	Under development and implementation and reported next FY.

INNOVATION (INN)

4. Program information – participants served	1,079
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TOTAL		Administration*		Evaluation*	
INN Funding	\$242,611	INN Funding	\$24,843	INN Funding	\$12,898
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.					

INNOVATION (INN)

INN 3.2: Affirming Cultural Competence Education and Provider Training: SLO ACCEPTance

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	33	\$193,563	\$5,866
Projection for FY 2021–2022	25	\$121,757	\$4,870

Program Provider: California Polytechnic State University, San Luis Obispo (Cal Poly)

Primary Purpose

- Increase the quality of services, including better outcomes

Learning Activities

- Testing a training curriculum to increase skills and knowledge for Mental Health Providers (MHP) to become LGBTQ+ affirmative

Learning Goals

- What are the best approaches for teaching and training MHPs to work with LGBTQ clients countywide?
- What learning and training settings impact the development of a group of MHP and peers to become LGBTQ-affirming professionals able to provide appropriate services?
- Are the training program and curriculum the best methods to increase access to the underserved LGBTQ community?
- Is there a direct impact between the training program and curriculum and an increase of LGBTQ clients seen?

Method of Measurement

- Participant Pre/Post Surveys

The Affirming Cultural Competence Education & Provider Training (SLO ACCEPTance): Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access project aims to provide highly trained community-based and academically informed mental health services for LGBTQ+ individuals. The project will test a new, 9-month, never before implemented curriculum and professional training program in the mental health field. This comprehensive and empirically-based training module is delivered across a three-phase, 2–3 day trainings for mental health professionals (MHP). Trainings include cultural sensitivity, clinical issues, and potential provider issues , as well as professional consultation and network provider development components.

SLO ACCEPTance employs a skill and learning development approach in order to better prepare MHP in various settings to provide comfort and affirmation for the LGBTQ+ community. The learning goal of the project will be to assess the training modules to determine the skills and attitudes that can be measured to establish a baseline for MHP to support and engage LGBTQ+ clients in a culturally appropriate manner.

INNOVATION (INN)

SLOBHD established a contract with California Polytechnic State University (Cal Poly) to implement the project, with Professor Dr. Jay Bettergarcia as the lead researcher. For FY 2018–2019, SLO ACCEPTance hired a Project Coordinator and began working with two expert training consultants and two expert research consultants. SLO ACCEPTance has identified several components of the project implementation, training content, multi-layered assessment, and logistics for the training outline. This includes a series of 16 training modules, 1–4 measurable learning objectives, and several activities, reflections, and vignettes throughout each module. Throughout the development phase, SLO ACCEPTance worked to identify criteria and recruit MHPs to participate in the testing phase.

In fiscal year 2020–2021, SLO ACCEPTance ran its second training program. The training program, held virtually due to the COVID-19 pandemic, consisted of ten (10) training days across five (5) weekends. Seven (7) clinical consultation groups were formed with approximately five (5) participants per group. Each consultation group met with an expert in queer and transgender-affirming therapy six (6) times to process training content, solidify learning, and consult about LGBTQ+ clients. A total of 34 participants enrolled in the trainings and 33 completed the full program. Ongoing, SLOACCEPTance will look forward to increasing access to affirming mental healthcare providers across the county, continued exploration of program data, and disseminating the results of the program.

INNOVATION PROJECT	
1. Name of Project	Affirming Cultural Competence Education and Provider Training SLO ACCEPTance
2. Changes made to the INN project and reasons	Trainings have been moved to online platform
3. Participants will demonstrate a 30% increase in knowledge, awareness, skills to interact with members of the LGBTQ+ community	96%
4. 30% of participants will engage in LGBTQ+ affirming practices	75.5%
5. 10% increase of services engaging LGBTQ+-identified clients	66%
6. 10% increase of LGBTQ+=identified clients served in the community	36%
4. Program information – participants served	33

TOTAL		Administration*		Evaluation*	
INN Funding	\$193,563	INN Funding	\$19,821	INN Funding	\$10,290
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.					

INNOVATION (INN)

INN 4.1: Holistic Adolescent Health Project

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	119	\$278,454	\$2,340
Projection for FY 2021–2022	120	\$175,042	\$1,459
Projection for FY 2022–2023	120	\$151,437	\$1,262

Program Provider: Community Action Partnership of San Luis Obispo’s (CAPSLO)

Primary Purpose

- To provide a youth-centered skill-building health curriculum to promote positive life choices related to adolescents’ health and well-being.

Learning Activities

- Testing a youth co-created school health curriculum that enhances sexual health education with mindfulness and nutrition education, equipping students with the skills to make decisions that are aligned with their health goals. For more personalized support, students are invited to attend one-on-one health coaching sessions with our trained health coaches.

Learning Goals

- Does the model effectively increase the ability of teens ages 13-18 to cope with stress and anxiety?
- Will the incorporation of mindfulness practices in conjunction with other health-focused curricula increase teens’ ability to make healthy decisions regarding their mental, physical, and sexual well-being?
- Will the inclusion of one-on-one coaching increase the likelihood that students will practice what they learned in health classes?
- What are the best methods to increase prevention and early detection of mental health-related issues?

Method of Measurement

- Participant Pre/Post Surveys

The Holistic Adolescent Health Innovation Project is designed to test the development of a new health curriculum and delivery model for youth 13–18 years of age. With the addition of mindfulness training, the project implements a comprehensive approach to mental, physical, and social health. The delivery method of the new curricula includes 1) a blended health education model provided in 15 sessions comprised of mental health, physical health, and sexual health

INNOVATION (INN)

education to students through their regular health classes, and 2) a one-on-one health coaching program providing in-depth mental, physical, and sexual health support.

In 2019–2020 The Holistic Adolescent Health (HAH) Project began the early steps for implementation by Community Action Partnership of San Luis Obispo’s (CAPSLO) Teen Wellness Program. Through human center design principles, the project began by engaging key stakeholders (students): interviewing nine youth participants who volunteered to share about their experiences navigating support around their mental health and wellbeing and how they cope with things like stress, depression, and anxiety. The youth insights were shared with the adult stakeholders at each school site, who then shared their perspectives and experiences supporting and observing their students in the arena of mental health and wellbeing. Participants’ willingness and openness to sharing their experiences resulted in important feedback that serves as a basis to outline an in-class curriculum and health coaching structure that will best support the student participants’ developmental needs.

The project has established ongoing meetings with project evaluation partners from Philliber Research & Evaluation in working on the assessment tool that will integrate proposed measures as listed above. It also received youth feedback about the survey instrument and received stakeholder feedback from teachers on compatible virtual learning formats as well as feedback about current progress of the curriculum development. The COVID-19 pandemic posed potential uncertainty as to whether the originally intended, in-person HAH project will need to have a back -up plan for implementing via virtual formats. This challenge was used as an opportunity to learn and discover ways in which to elevate capacity to serve and empower youth to make their health a priority in their lives via different ways of connecting, engaging, and supporting through virtual and digital platforms.

For fiscal year 2020–2021, HAH completed its first full year of programming serving students from Morro Bay High School and Lopez High School. The project has been well-received by the faculty and students with 10 students receiving one-on-one health coaching in the second quarter when COVID-19 hit. The program moved to a virtual format, but the participation of students and faculty were reduced from when the program was held in-person. During this time, the project’s measurement methods were refined for the next fiscal year. It wasn’t until the end of the fiscal

HOLISTIC ADOLESCENT HEALTH

Empowering teens at Morro Bay High School and Lopez Continuation High School to make their wellbeing a priority in their lives.

EDUCATION AN INNOVATIVE YOUTH DRIVEN SEXUAL HEALTH, NUTRITION, AND MINDFULNESS 15-SESSION CURRICULUM HOW DO I HAVE A BETTER RELATIONSHIP WITH MYSELF? 119 students served ✓	1-1 SUPPORT UP TO 6 PERSONALIZED SESSIONS WITH A HIGHLY TRAINED, CARING HEALTH COACH 15 students served ✓
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Learn more by visiting <https://capslo.org/teen-programs/>
Program made possible by the County of SLO Behavioral Health

INNOVATION (INN)

year when local and CDC guidelines were updated for in-person contact at schools that the project began to pick back up with student participation rising and faculty referrals increasing.

INNOVATION PROJECT	
1. Name of Project	Holistic Adolescent Health Project
2. Changes made to the INN project and reasons	Trainings have been moved to online platform
3. Project participants will report a 30% increase in mood stability and overall feelings of wellbeing	12%
4. Project participants will report a 30% increase in physical fitness activity and nutrition knowledge	41%
5. Project participants will report a 30% increase to identify and cope with feelings, especially negative emotions, depression, and anxiety.	11%
6. Project participants will report a 30% increase in their engagement in behaviors related to health	32%
7. Project participants will report a 30% improvement in health knowledge for one-on-one coaching experience	Under development and implementation and reported next FY.
8. 10% of project participants will receive referrals according to their needs.	Under development and implementation and reported next FY.
9. Project participants will report a 30% increase in overall student level of sexual health knowledge and awareness.	24%
4. Program information – participants served	119

TOTAL		Administration*		Evaluation*	
INN Funding	\$278,454	INN Funding	\$28,514	INN Funding	\$14,803
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.					

INNOVATION (INN)

INN 4.2: Behavioral Health Assessment & Response Project

	Persons Served	Total Funding	Cost per Client
Actual for FY 2020–2021	72	\$264,173	\$3,669
Projection for FY 2021-2022	75	\$208,464	\$2,780
Projection for FY 2022-2023	75	\$220,302	\$

Program Provider: Holifield Psychological Services

Primary Purpose

- Increase the quality of services, including better outcomes

Learning Activities

- Testing training model and system to learn, assess, and intervene when cases of threat become apparent or imminent.

Learning Goals

- What are the best approaches for the teaching and training of threat assessment procedures for Mental Health Providers (MHP), Law Enforcement (LE) and Education Institution (EI) staff in a community with limited resources?
- What are the best components that make an efficient, coordinated, and collaborative system and model related to threat assessment for MHP, LE and EI staff?
- What are the best methods to increase prevention and early detection and engagement as it relates to threat assessment?
- How should MHP approach and treat individuals who have made threats or gestures towards homicidal violence?
- How do we best educate parents, educators, mental health professionals and the community about threat assessment principles and include them in the referral and monitoring process?
- How do we avoid stigmatization and criminalization of individuals, families, and community members who have participated in the threat assessment process when the threat was not found to be credible?

Method of Measurement

- Participant Pre/Post Surveys

The BHARP project aims to provide a highly trained community-based and academically informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent. BHARP is also designed to create a new learning and language model between the mental health system (MHS), law enforcement (LE), and educational institutions, (EI) employing a new curriculum derived from proven and effective models but tailored to San Luis Obispo County and directed to the coordinating efforts between MHS, LE, and EI. The innovation project is meant to educate and decrease the criminalization and stigmatization of youth in cases of

INNOVATION (INN)

threats. The project will test the new, never-before-implemented, coordinated, and collaborative curriculum over the course of three years with a sample of MHS, LE, and EI throughout the County. The learning goal of the project will be to assess the training model to determine the skills and attitudes that can be measured to establish a baseline for MHS, LE, and EI to support and engage clients who may pose a threat.

For fiscal year 2020–2021, B-HARP General Training took place over two days, September 29 and 30 with threat management and grant coordinator, Dr. Joseph Holifield, threat assessment experts, Dr. Manny Tau and John Van Dreal. 66 participants completed the general training: 29 from the education field, 14 mental health professionals, 4 law enforcement officials, and 19 participants listing “other” professions. The advanced training in October 2020 saw 12 participants. B-HARP continues to outreach and engage throughout the county with education, law enforcement, and mental health professionals at local boards and committees. Next fiscal year, Dr. Holifield will be holding a B-HARP meet and greet event for the community in addition to continued threat assessment trainings.

INNOVATION PROJECT	
1. Name of Project	Behavioral Health Assessment & Response Project
2. Changes made to the INN project and reasons	Trainings have been moved to online platform
3. Project participants will demonstrate a thirty percent (30%) increase in the level of skill and knowledge to identify and prevent school and community threats.	11%
4. Thirty percent (30%) increase of interagency collaboration through the development and use of the coordinated and collaborative training system and model for threat assessment.	Under development and implementation and reported next FY.
5. Ten percent (10%) decrease in number of apparent or potential threats identified through referral.	Under development and implementation and reported next FY.
6. Ten percent (10%) increase of the number of mental health professionals available to provide therapy as defined by the threat assessment team or report recommendations.	Under development and implementation and reported next FY.
4. Program information – participants served	72

TOTAL		Administration*		Evaluation*	
INN Funding	\$264,173	INN Funding	\$27,051	INN Funding	\$14,044
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.					

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 applies current technology to modernize and transform the delivery of service. The goal is to provide more effective and efficient service, facilitating better overall community and client outcomes.

A contract with Anasazi Software, Inc. (now Cerner, Inc.) was approved by the Board of Supervisors in May 2010. It was announced in early 2018 that Cerner would no longer be offering the Anasazi platform. However, efforts with Cerner to move to its new Electronic Health Records (EHR) platform, Millennium, have stalled due to ongoing issues with the vendor technology. In response, the Behavioral Health Department has entered a cooperative Request for Proposal with the California Mental Health Services Authority (CalMHSA). The effort consists of a group of California Counties leveraging the collective to negotiate a platform and price that is more conducive to their unique needs.

Updates for 2020-2021:

- Develop and implement procedures for the new Driving Under the Influence (DUI) Department Database, which went into effect on October 13th.
- Developed and supported Behavioral Health staff with new workflows, billing codes, policies and procedures related to telehealth services. Telehealth has become a vital tool in providing services during our county’s COVID-19 response.
- Maintained essential support to staff and the EHR system throughout the COVID-19 crisis. Support procedures, development, implementation, and training continued seamlessly throughout the shelter-in-place order.
- Adapted procedures and trainings to be conducted remotely through Zoom, GoToMeeting, and Microsoft Teams, during the COVID-19 response.
- A new Data Analyst has been hired to improve upon and build reports to improve services and State reporting. These reports included:
 - Healthcare Modality Report for Accounting

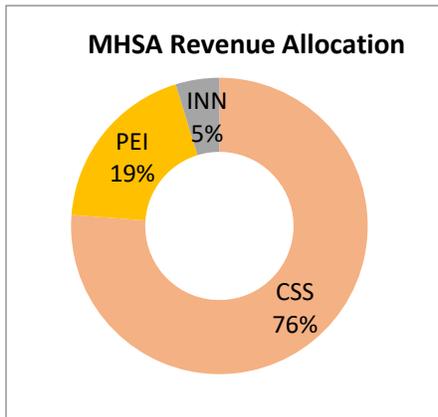
CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

- Child and Adolescent Needs and Strengths (CANS) Report improvements
 - County of San Luis Obispo Mental Health Evaluation Team (MHET) Time Log Report
 - Cost Reporting Audits
 - Client Services Information (CSI) Reporting improvements
- Initiated support for a newly developed program called MIAMI (Medically Indigent Accounting Management Information). The service supports medical billing for qualified low-income residents who have an immediate medical need but have no source of health coverage available and no other way to pay for necessary medical care

MHSA Funding Summary

Revenue for the Mental Health Services Act (MHSA), also known as Proposition 63, is generated from a 1% personal income tax on Californians with income in excess of \$1 million. Prior to Fiscal Year (FY) 2012-2013 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 19% 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 2020-21, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$22.5million (M) on MHSA programs with \$15.58M coming from MHSA revenue, \$5M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$1.92M from grants or other revenue sources. Community partner agencies spending decreased from 56% (13.4M) to 55% (12.3M) of the FY 2020-21 revenue, while the County programs were responsible for the other 45% (10.2M). 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 created a \$2 billion revenue bond supported by MHSA funds. The Department of Housing and Community Development administered 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 most likely decrease in future years. SLOBHD has made the appropriate adjustments to its a long-term financial projection for the County’s MHSA programs and has 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

MHSA FUNDING SUMMARY

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.

The Mental Health Services Act (MHSA) requires Counties to establish and maintain a Prudent Reserve to ensure that County MHSA programs will continue to be able to serve those currently being served should MHSA revenues decrease. In establishing the Prudent Reserve, counties were given the guideline that “the target prudent reserve (would be) equal to 50 percent of each county’s CSS planning estimate.” Over the years, this direction was allowing counties to leave dollars in reserve which could be better spent in the community.

Based on legislation (SB 192) in September 2018, and the guidelines provided by the State Department of Health Care Services (DHCS) in August 2019, the County was now given clear direction on a recommended cap to the Prudent Reserve. Senate Bill 192 caps the amount to be held in the Prudent Reserve at 33% of the average of CSS revenue over the past five years. County staff engaged the MAC and other stakeholder groups with information about the local reserve and made recommendations in FY 2018-2019 to reduce the current reserve. In early 2019-2020 the MAC approved the transfer of approximately \$3 million out of the Reserve to meet the new standard. These funds have three years to be spent. Detailed expenditures are explained later in the financial report under Local Prudent Reserve Section.

MHSA revenue increased in FY 2020-21 but is projected to decrease in FY 2022-23. As previously noted, MHSA 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 MHSA funds that will be spent on the County’s MHSA programs for FY 2021-22. 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 MHSA allocated funds. All components include a projected 2% overall increase for contracts, services and supplies, and personnel expenditures.

MHSA FUNDING SUMMARY

FY 2021-22 Mental Health Services Act Annual Update						
Funding Summary						
County:	San Luis Obispo					Date: 9/25/21
	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
A. Actual FY 2020-21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	9,880,189	2,251,189	1,411,221	86,264	89,409	
2. Actual FY 2020-21 Funding	14,757,374	3,689,344	970,880		0	
3. Transfer in FY 2020-21 ^{a/}	(675,727)			137,364	538,363	0
4. Access Local Prudent Reserve in FY 2020-21	0	0				0
5. Estimated Available Funding for FY 2020-21	23,961,836	5,940,533	2,382,101	223,628	627,772	
B. Actual FY 2020-21 MHSA Expenditures	11,369,654	2,478,467	1,131,065	72,238	532,548	
C. Estimated FY 2021-22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,592,182	3,462,066	1,251,036	151,390	95,224	
2. Estimated New FY 2021-22 Funding	15,338,351	3,834,588	1,009,102			
3. Transfer in FY 2021-22 ^{a/}	(689,241)			140,111	549,130	0
4. Access Local Prudent Reserve in FY 2021-22	0	0				0
5. Estimated Available Funding for FY 2021-22	27,241,292	7,296,654	2,260,138	291,501	644,354	
D. Estimated FY 2021-22 Expenditures	13,713,883	2,975,678	1,525,852	161,349	539,064	
E. Estimated FY 2022-23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,527,408	4,320,977	734,286	130,152	105,291	
2. Estimated New FY 2022-23 Funding	14,031,316	3,507,829	923,113			
3. Transfer in FY 2022-23 ^{a/}	(703,026)			142,913	560,113	0
4. Access Local Prudent Reserve in FY 2022/23	0	0				0
5. Estimated Available Funding for FY 2022-23	26,855,698	7,828,806	1,657,399	273,065	665,404	
F. Estimated FY 2022-23 Expenditures	13,988,161	3,036,285	1,105,998	164,576	549,845	
G. Estimated FY 2022-23 Unspent Fund Balance	12,867,537	4,792,520	551,401	108,488	115,559	
H. Estimated Local Prudent Reserve Balance						
1. Actual Local Prudent Reserve Balance on June 30, 2020		2,774,412				
2. Contributions to the Local Prudent Reserve in FY 2020/21		0				
3. Distributions from the Local Prudent Reserve in FY 2020/21		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2021		2,774,412				
5. Contributions to the Local Prudent Reserve in FY 2021/22		0				
6. Distributions from the Local Prudent Reserve in FY 2021/22		0				
7. Estimated Local Prudent Reserve Balance on June 30, 2022		2,774,412				
8. Contributions to the Local Prudent Reserve in FY 2022/23		0				
9. Distributions from the Local Prudent Reserve in FY 2022/23		0				
10. Estimated Local Prudent Reserve Balance on June 30, 2023		2,774,412				

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.

MHSA FUNDING SUMMARY

Community Services and Supports (CSS): Actual expenses for CSS in FY 2020-21 were \$16.32M with \$11M funded through MHSA revenue, \$4.94M from Medi-Cal FFP, and \$285 thousand (K) from grants or other revenues. This funding was used to offset Full-Service Partnership (FSP) housing.

A transfer to the CFTN component in the amount of \$532K was completed during FY 2020-21 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 Services Division and MHSA. A transfer to the WET component in the amount of \$72K was completed during FY 2020-21 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

The County was awarded \$855,832 in SB 82 grant funds through the California Health and Facilities Financing Authority (CHFFA) for period of 36 months (July 25, 2019, through June 30, 2022), to provide renovation of office space for jail diversion programs at the Health Agency Campus in San Luis Obispo. Initial project planning and preparation began in FY 2019-20 and is in its final stage of completion.

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 and based on the calculation provided on the FY 2019-20 RER, the County spent 43% of the funding on FSP services.

In FY 2020-21, using the State guidance, total FSP Mental Health Expenditures of \$6,456,767 divided by total Mental Health Expenditures (excluding administrative costs) of \$15,898,236 results in 41%. With 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.

New in FY 2021-22: The following are the projected changes for FY 2021-22:

- The County will provide a pro-rated cost of living adjustment for all MHSA contracts based an increase one year after the month the program begins (rather than an automatic increase of 2% to a program's funding at the start of the fiscal year).
- The MHSA Advisory Committee also approved the use of released Prudent Reserve funds to support a 24/7 crisis hotline for the Youth and Foster Care Response Team.
- Stakeholders approved the use of released Prudent Reserve funds to purchase an additional vehicle to support the Youth Mobile Crisis Team (MHSOAC Grant).
- The MAC approved a Mini-Grant Program to offer one-time project funds (CSS or WET) to current MHSA providers.

MHSA FUNDING SUMMARY

The chart below summarizes the CSS projections for FY 2021-22 through FY 2022-23 and includes all revenue sources:

FY 2021-22 Mental Health Services Act Annual Update						
Community Services and Supports (CSS) Component Worksheet						
County:	San Luis Obispo				Date:	9/25/21
	Fiscal Year 2021/22					
	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
FSP Programs						
1. Children & Youth FSP	1,220,385	955,891	264,495		0	0
2. TAY FSP	1,006,656	805,012	201,644		0	
3. Adult FSP	4,263,068	3,091,294	1,046,452			125,322
4. Older Adult FSP	803,385	662,677	140,708			
Non-FSP Programs						
5. GSD: Client & Family Wellness	3,300,518	2,898,165	401,503		0	850
6. GSD: Latino Outreach Program	772,398	556,204	215,044		0	1,150
7. GSD: Enhanced Crisis & Aftercare	4,517,489	2,875,776	1,222,481			419,231
8. GSD: School & Family Empowerment	914,321	640,921	263,400		0	10,000
9. GSD: Forensic Mental Health Services	1,708,898	1,304,822	249,596			154,481
CSS Administration	102,645	-76,877	143,222			36,301
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	18,609,763	13,713,883	4,148,544	0	0	747,335
FSP Programs as Percent of Total	53.2%					
	Fiscal Year 2022/23					
	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
FSP Programs						
1. Children & Youth FSP	1,244,793	975,008	269,785		0	0
2. TAY FSP	1,026,789	821,112	205,677		0	
3. Adult FSP	4,220,501	3,153,119	1,067,381			
4. Older Adult FSP	819,452	675,930	143,522			
Non-FSP Programs						
5. GSD: Client & Family Wellness	3,366,529	2,956,128	409,533		0	867
6. GSD: Latino Outreach Program	787,846	567,328	219,345		0	1,173
7. GSD: Enhanced Crisis & Aftercare	4,607,838	2,933,292	1,246,931			427,616
8. GSD: School & Family Empowerment	932,607	653,740	268,668		0	10,200
9. GSD: Forensic Mental Health Services	1,743,076	1,330,918	254,588			157,571
CSS Administration	67,671	-78,415	146,086			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	18,817,102	13,988,161	4,231,515	0	0	597,426
FSP Programs as Percent of Total	52.3%					

MHSA FUNDING SUMMARY

Prevention and Early Intervention (PEI): Actual expenses for PEI in FY 2020-21 were \$3.41M with \$2.47M funded through MHSA revenue and \$937K from federal grants or other revenue. 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, which remains the same for FY 2021-22.

New in FY 2021-22: In the FY 2020-21, the County was awarded \$3,856,907 in Middle School grant funds through Mental Health Services Oversight and Accountability Commission (MHSOAC) for period of 48 months (September 1, 2020, through August 31, 2024), to expand mental health partnerships between the Behavioral Health Department and local schools throughout the county. Initial program planning and preparation began in FY 2020-21 and will continue in FY 2021-22.

MHSA FUNDING SUMMARY

The chart below summarizes the PEI projections for FY 2021-22 and FY 2022-23 including all revenue sources:

FY 2021-22 Mental Health Services Act Annual Update						
Prevention and Early Intervention (PEI) Component Worksheet						
County: San Luis Obispo						Date: 9/25/21
	Fiscal Year 2021/22					
	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
PEI Programs - Prevention						
1. Prevention	2,058,778	1,228,724				830,054
2. Early Intervention	589,632	393,840				195,792
3. Outreach	50,000	50,000				
4. Access & Linkage	273,834	273,834				
5. Stigma & Discrimination Reduction	336,021	286,929				49,092
6. Improve Timely Access	148,492	148,492				
7. Suicide Prevention	172,752	172,752				
PEI Administration	318,493	318,493				
PEI Assigned Funds - CalMHSA JPA	102,613	102,613				
Total PEI Program Estimated Expenditures	4,050,616	2,975,678	0	0	0	1,074,938
	Fiscal Year 2022/23					
	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
PEI Programs - Prevention						
1. Prevention	2,089,645	1,256,445				833,200
2. Early Intervention	601,425	401,717				199,708
3. Outreach	51,000	51,000				
4. Access & Linkage	279,310	279,310				
5. Stigma & Discrimination Reduction	341,637	292,667				48,970
6. Improve Timely Access	151,462	151,462				
7. Suicide Prevention	176,207	176,207				
PEI Administration	324,863	324,863				
PEI Assigned Funds - CalMHSA JPA	102,613	102,613				
Total PEI Program Estimated Expenditures	4,118,163	3,036,285	0	0	0	1,081,878

Innovation: Actual expenses for Innovation in FY 2020-21 were \$1.13M, which were fully funded by MHSA. Funding continued for four projects: Three-by-Three, SLO Acceptance, Holistic Adolescent Health (HAH) and Behavioral Health Assessment and Response Project (BHARP).

The MHSOAC approved two additional new projects “Behavioral Health Education and Engagement Team (BHEET)” and a “SoulWomb” on June 25, 2021, which began in FY 2020-21 and will be completed in FY 2023-24.

MHSA FUNDING SUMMARY

New in FY 2021-22: A fifth round of Innovation projects were approved and launched in 2020-2021: “Behavioral Health Education and Engagement Team (BHEET)”, adopts a peer-based outreach and engagement model within the community mental health system, and “SoulWomb,” focuses on ancillary service for forensic mental health population.

The chart below summarizes the Innovation projections for FY 2021-22 and FY 2022-23 including all revenue sources:

FY 2021-22 Mental Health Services Act Annual Update						
Innovations (INN) Component Worksheet						
County: San Luis Obispo						Date: 9/25/21
Fiscal Year 2021/22						
	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
INN Programs						
1. 3X3	243,526	243,526				
2. SLO Acceptance	121,757	121,757				
3. CAPSLO - Holistic Adolescent Health	175,042	175,042				
4. BHARP	208,464	208,464				
5. Behavioral Health Education & Engagement Team (BHEET)	150,322	150,322				
6. SoulWomb	175,320	175,320				
7. Innovation Projects - TBD	200,000	200,000				
INN Evaluation	30,000	30,000				
INN Administration	221,421	221,421				
Total INN Program Estimated Expenditures	1,525,852	1,525,852	0	0	0	0
Fiscal Year 2022/23						
	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
INN Programs						
1. CAPSLO - Holistic Adolescent Health	151,437	151,437				
2. BHARP	220,302	220,302				
3. Behavioral Health Education & Engagement Team (BHEET)	149,730	149,730				
4. SoulWomb	148,680	148,680				
5. Innovation Projects - TBD FY 21/22	200,000	200,000				
INN Evaluation	30,000	30,000				
INN Administration	205,849	205,849				
Total INN Program Estimated Expenditures	1,105,998	1,105,998	0	0	0	0

Workforce, Education and Training (WET): Actual expenses for WET in FY 2020-21 were \$86K with \$72K from MHSA revenue transferred from the CSS allocation, and \$14K from Medi-Cal FFP. The MHSA Stakeholder group approved the transfer of CSS revenue to continue funding

MHSA FUNDING SUMMARY

the programs under WET. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

New in FY 2021-22:

- Expansion of the Crisis Intervention Training throughout the County. This will be accomplished by transfer of released Prudent Reserve from CSS to WET in FY 2021-22.

The chart below summarizes the WET projections for FY 2021-22 and FY 2022-23 including all revenue sources:

FY 2021-22 Mental Health Services Act Annual Update							
Workforce, Education and Training (WET) Component Worksheet							
County:	San Luis Obispo					Date:	9/25/21
	Fiscal Year 2021/22						
	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	
WET Programs							
1. PAAT - CSS Transfer	27,275	27,275					
2. E-Learning - CSS Transfer	15,000	15,000					
3. Crisis Intervention Training - CSS Transfer	6,700	6,700					
4. Cultural Competence - CSS Transfer	69,204	69,204					
5. Co-Occurring Training - CSS Transfer	3,000	3,000					
6. Internship Program - CSS Transfer	30,160	22,713	7,447				
WET Administration	17,457	17,457					
Total WET Program Estimated Expenditures	168,796	161,349	7,447				
	Fiscal Year 2022/23						
	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	
WET Programs							
1. PAAT - CSS Transfer	27,821	27,821					
2. E-Learning - CSS Transfer	15,300	15,300					
3. Crisis Intervention Training - CSS Transfer	6,834	6,834					
4. Cultural Competence - CSS Transfer	70,588	70,588					
5. Co-Occurring Training - CSS Transfer	3,060	3,060					
6. Internship Program - CSS Transfer	30,763	23,167	7,596		0		
WET Administration	17,806	17,806					
Total WET Program Estimated Expenditures	172,172	164,576	7,596	0	0	0	

MHSA FUNDING SUMMARY

Capital Facilities and Technological Needs (CFTN): Actual expenses for CFTN in FY 2020-21 were \$532K fully funded by MHSA. 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 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 2021-22: As system and reporting requirements for SLOBHD’s Electronic Health Record have been changing, a system upgrade has been selected to meet all the mandatory requirements and 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 2021-22 and FY 2022-23 including all revenue sources:

FY 2021-22 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Component Worksheet						
County: San Luis Obispo						Date: 9/25/21
	Fiscal Year 2021/22					
	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
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	754,006	539,064				214,942
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	754,006	539,064	0	0	0	214,942
	Fiscal Year 2022/23					
	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
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	549,845	549,845				0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	549,845	549,845	0	0	0	0

MHSA FUNDING SUMMARY

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.

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 must 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. With the change in legislation the current Prudent Reserve balance for CSS at the end of FY 2018-19 was at 69%, which was above the maximum limit.

On August 28, 2019, the MHSA Leadership team presented a recommendation to the Mental Health Services Act Advisory Committee (MAC), the county's key stakeholder group, to reduce the County's Prudent Reserve in alignment with new state guidelines. On August 28th, 2019, MHSA Stakeholder (MAC) approved to transfer \$3M for FY 2019-20 to bring the balance under the 33% maximum limit. Stakeholders approved a reduction of approximately \$2.9M in CSS Prudent Reserve, and \$67k in PEI with the intention of using the funds to introduce, enhance, and expand MHSA projects over the next three years. These funds must be spent before June 30, 2022. Unless other guidelines are given, SLOBHD plans to restore the Prudent Reserve overage to CSS operating funds for use in FY 2019-20 thru FY 2021-22.

As of June 30, 2021, MHSA Stakeholder (MAC) approved to allocate \$1.1M funding for several onetime program related expenses. MAC stakeholders approved using released Prudent Reserve funds to support half the cost for the Department's new "Justice Division" Manager position for \$35K. The Justice Division houses a variety of MHSA forensic programs and has expanded in recent years. This position is partly funded by a Department of State Hospitals grant. The MAC also agreed to support use \$280K of released Prudent Reserve funds to seed a Case Manager position for the new Bishop Street Studios – a housing project developed by Transitions-Mental Health Association (TMHA).

In subsequent meetings, stakeholders also approved \$251K for the purchase of six mobile crisis vehicles, \$60K to expanded Crisis Intervention Training, a contribution of \$74K to the Office of Statewide Health Planning and Development's (OSHPD) Workforce Education and Training grant program, a \$13K to purchase Telehealth Equipment, \$217K for 40 Prado Medication Assisted Residential Treatment Facility (MAT), \$50K to support one-year Perinatal Mood Anxiety Disorder Program (PMAD), and funding of \$142K to support Diversity, Equity, Inclusion Coordinator (DEI Coordinator).

The prudent reserve balance after the transfer to CSS was \$2,774,412 at the end of FY 2020-21.

MHSA FUNDING SUMMARY

New in FY 2021-22:

- MHSA Stakeholder (MAC) approved additional allocation of \$1M, of which \$40K is for one vehicle for Youth Mobile Crisis, a \$211K for One-year of Youth & Foster Care Response team 24/7 crisis, \$600K in Mini-Grant program, \$100K for new EHR Health Record System, and a \$83K for a temporary Behavioral health Specialist to support Adult Services.

Exhibit A – County Certification

County: **San Luis Obispo**

X Three-Year Program and Expenditure Plan & Annual Update

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

I hereby certify that I am the official responsible for the administration of county/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 December 14, 2021.

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

Local Mental Health Director (PRINT)

APPENDIX

Exhibit B – MHA County Fiscal Accountability Certification

MHA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Luis Obispo

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

<p style="text-align: center;">Local Mental Health Director</p> <p>Name: Anne Robin, LMFT</p> <p>Telephone Number: (805) 781-4719</p> <p>E-mail: arobin@co.slo.ca.us</p>	<p style="text-align: center;">County Auditor-Controller / City Financial Officer</p> <p>Name: James W. Hamilton, CPA</p> <p>Telephone Number: (805) 781-5043</p> <p>E-mail: jhamilton@co.slo.ca.us</p>
<p>Local Mental Health Mailing Address: County of San Luis Obispo Behavioral Health Department 2180 Johnson Ave., 2nd Floor San Luis Obispo, CA 93401</p>	

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 10/7/2021

I hereby certify that for the fiscal year ended June 30, 2021, 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 January 21, 2021, for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, 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 W. Hamilton, CPA
 County Auditor Controller / City Financial Officer (PRINT)

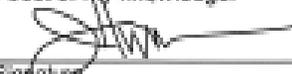

 Signature Date 10/13/21

Exhibit C: Notice of Availability for Public Review & Comment



And NOTICE OF PUBLIC HEARING

San Luis Obispo County Mental Health Services Act

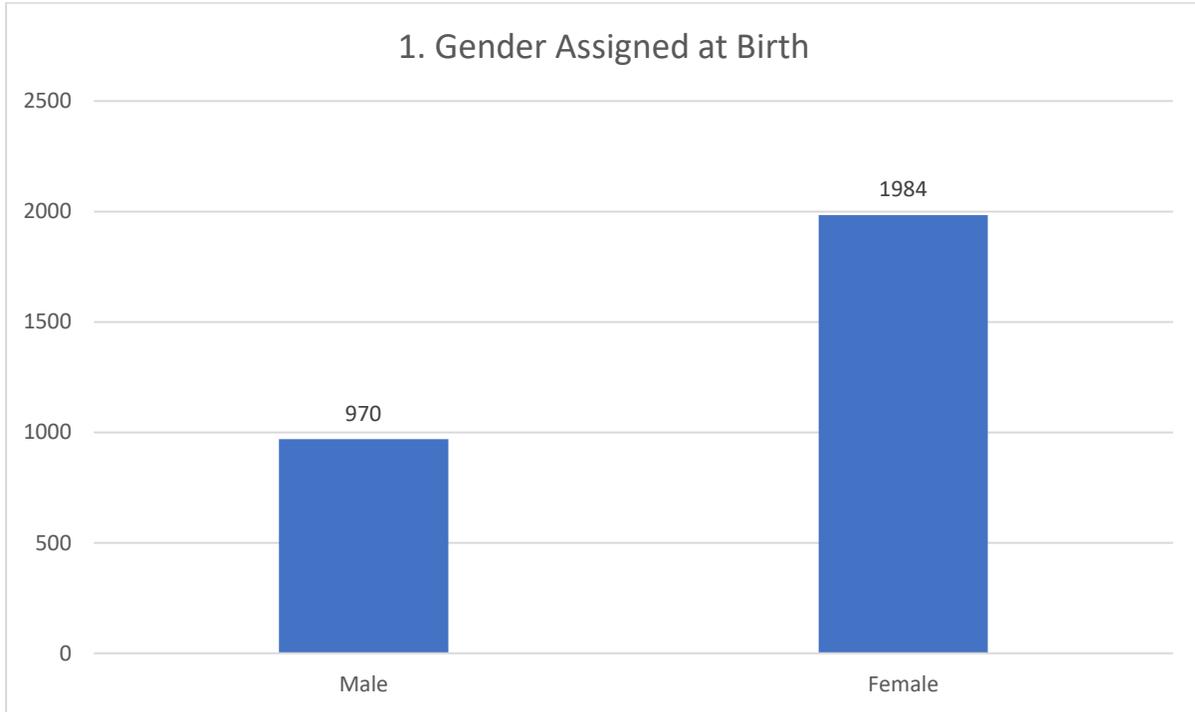
-
- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Annual Update to the Three-Year Plan for Fiscal Years 2020-23, is available for a 30-day public review and comment from October 19 through November 17, 2021.
- HOW: To review the Update and Plan,
Visit: [http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-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.surveymonkey.com/r/MHSA_2020-21_AnnualUpdate
Comments must be received no later than November 17, 2021.

NOTICE OF PUBLIC HEARING

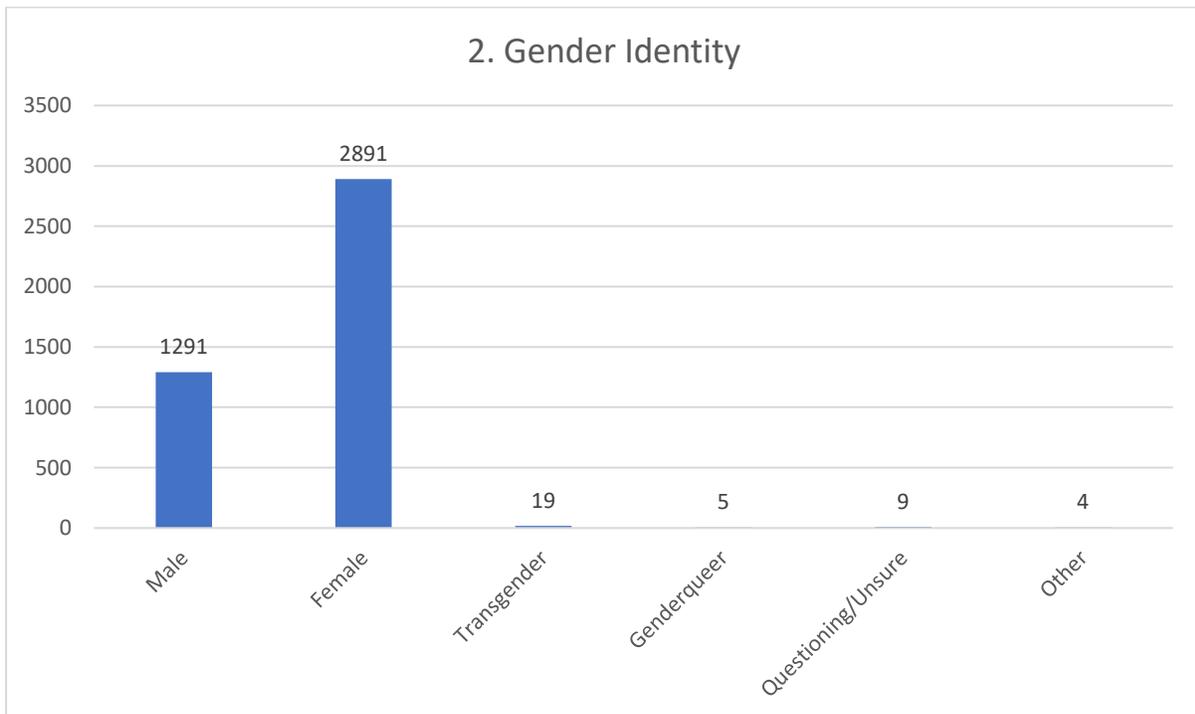
- WHO: San Luis Obispo County Behavioral Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2020-21 Update to the Three-Year Plan for Fiscal Years 2020-23.
- WHEN: Wednesday, November 17, 2021, 3:00 p.m.
- WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO. (Hearing held on Zoom)
<https://slohealth.zoom.us/j/99833767421?pwd=RXM4M3dDb1NaNlBEUVRLREpmVIMrQT09>
- ZOOM: Meeting ID: 998 3376 7421 Passcode: 908455
Phone: 1-669-900-6833

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

Exhibit D: PEI Demographic Data

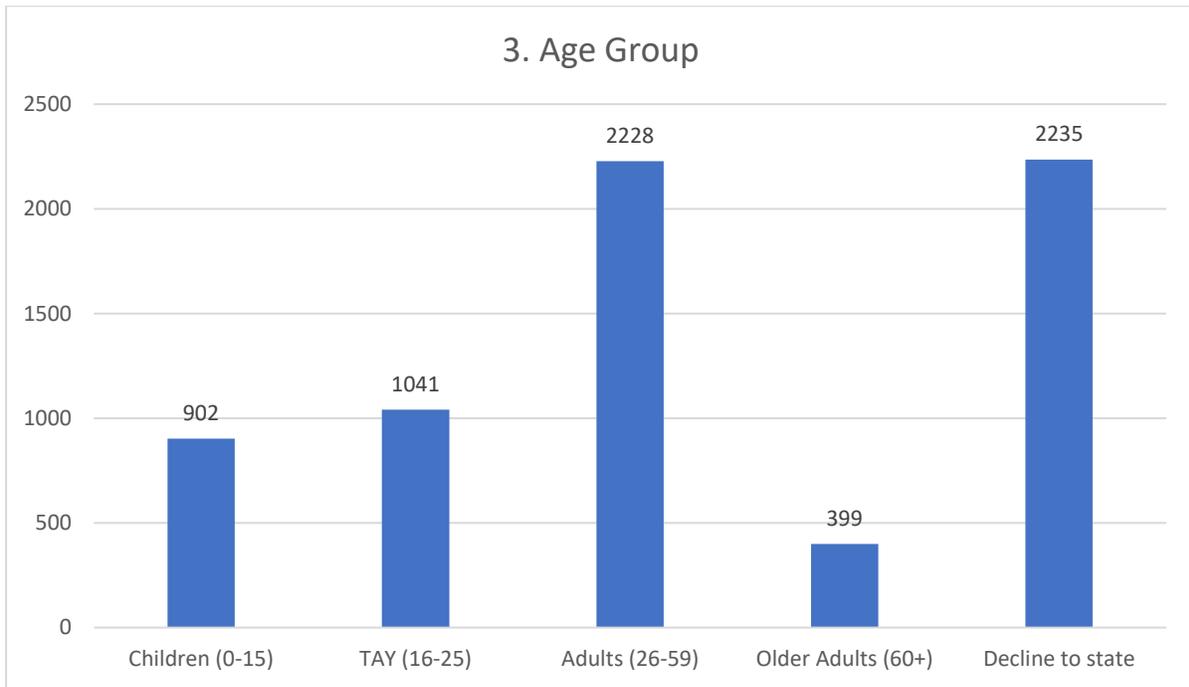


n = 6,919 (3,965 missing values)

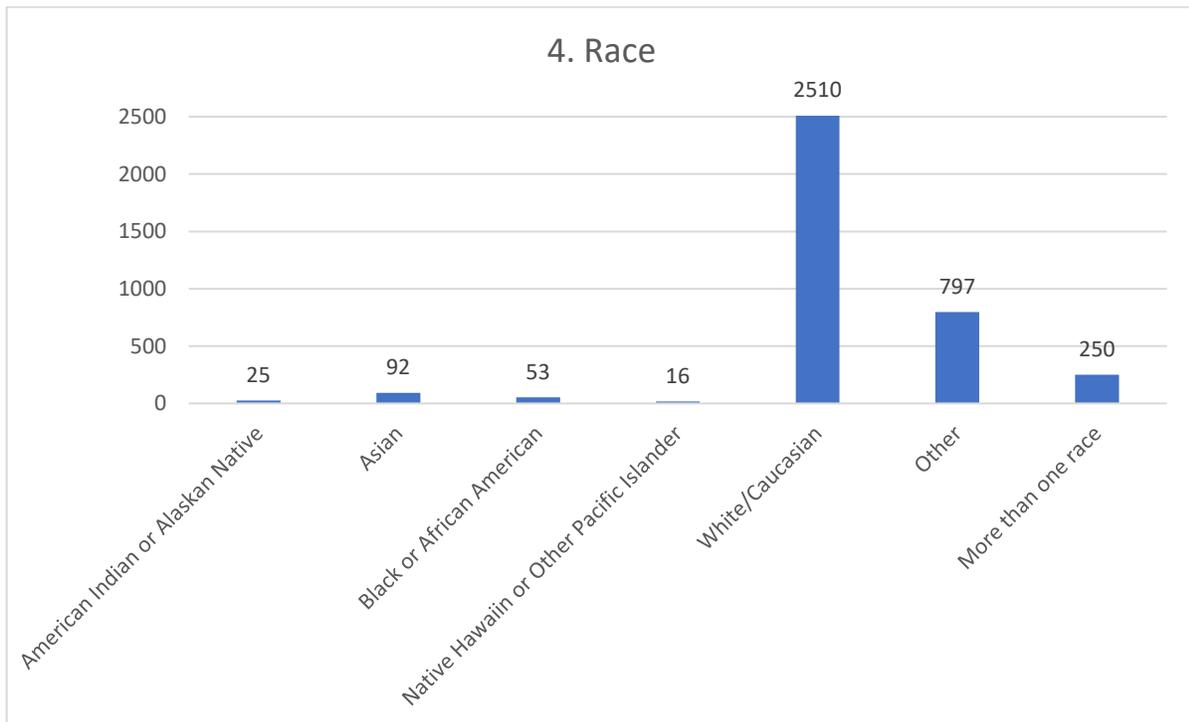


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APPENDIX

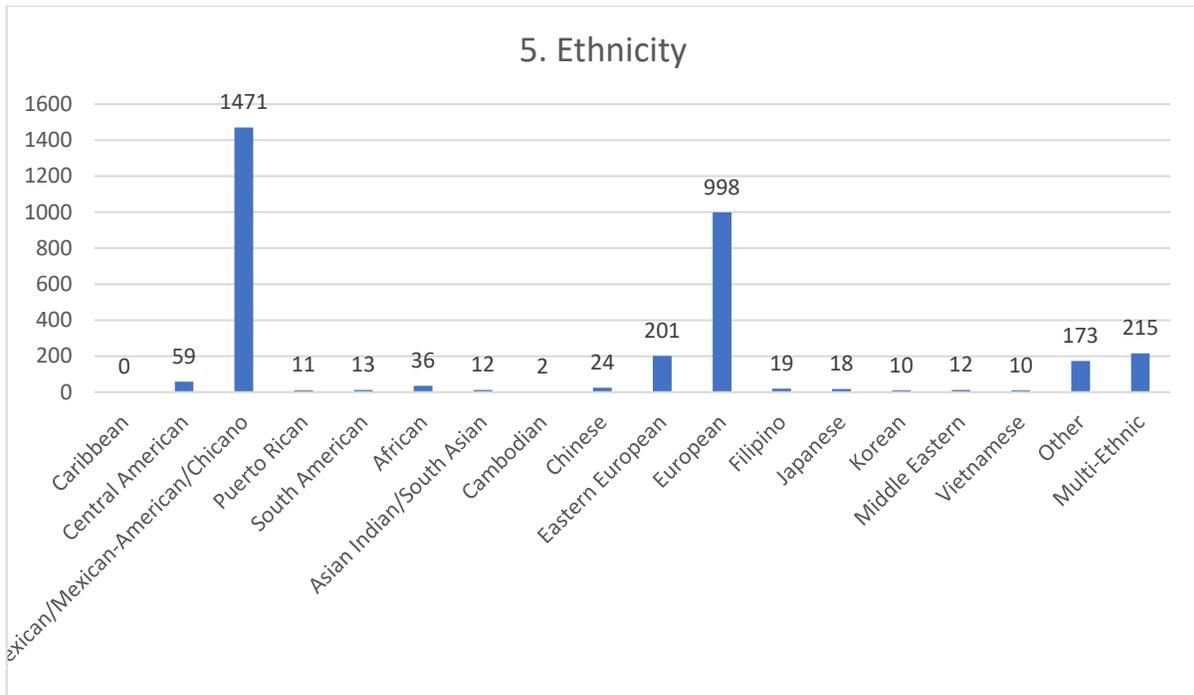


n = 6,805 (2,235 missing values)

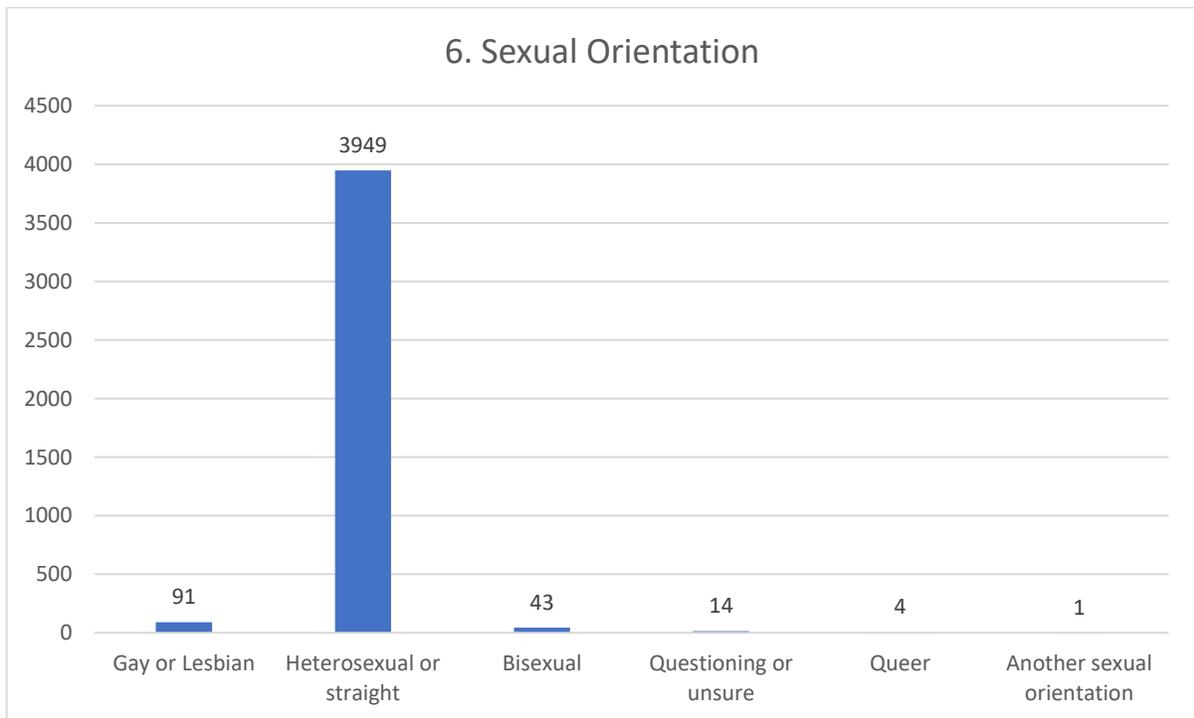


n = 6,988 (3,245 missing values)

APPENDIX



n = 6,889 (3,605 missing values)



n = 6,361 (2,259 missing values)

APPENDIX

Figure 8: Veteran Status

Veteran	
Veterans	84

Figure 9: Homelessness Status

Homelessness	
Experiencing homelessness	183

APPENDIX

Exhibit E: FY 2020-2021 Middle School Comprehensive Program Outcomes; n=180

RISK FACTORS	% Change between Risk Factor occurrences before and after	Net Number of Clients who had risk factor occurrences
How many days were you absent? *	-31.67%	-152
The number of times I have gotten into a physical fight or threatened someone is	-50.00%	-22
The number of times I've used marijuana is	-68.75%	-11
The number of times I've used alcohol is	-57.14%	-8
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	50.00%	1
The number of times I've misused prescription drugs is	-83.33%	-5
The number of times I've hurt myself on purpose	-50.88%	-29
The number of times I've seriously thought about suicide is	-50.65%	-39
The number of behavioral referrals I've received is	-60.61%	-20

PROTECTIVE FACTORS	% Change between Protective Factor agreement before and after	Net Number of Clients whose response changed from Disagree to Agree
My grades are mostly F's**	-70.37%	-38
My grades are mostly C's or D's **	22.64%	12
My grades are mostly A's or B's **	39.06%	25
I can ask a trusted adult or family member for help if I need it	33.50%	74
I have a good relationship with my parents or caregivers	18.48%	41
I generally feel good about myself	35.32%	67
I consider the consequences to my actions	28.99%	51
I have friends who make positive and healthy choices	16.27%	33
I know how to handle a situation if I'm bullied or harassed	16.17%	37
I know how to better cope with stress, depression, and anxiety	55.75%	90
I enjoy being at school	24.06%	45
I understand that alcohol is harmful for me	2.13%	5
I understand that marijuana is harmful for me and how	4.23%	10
I know that misusing prescription drugs is harmful for me	2.73%	6

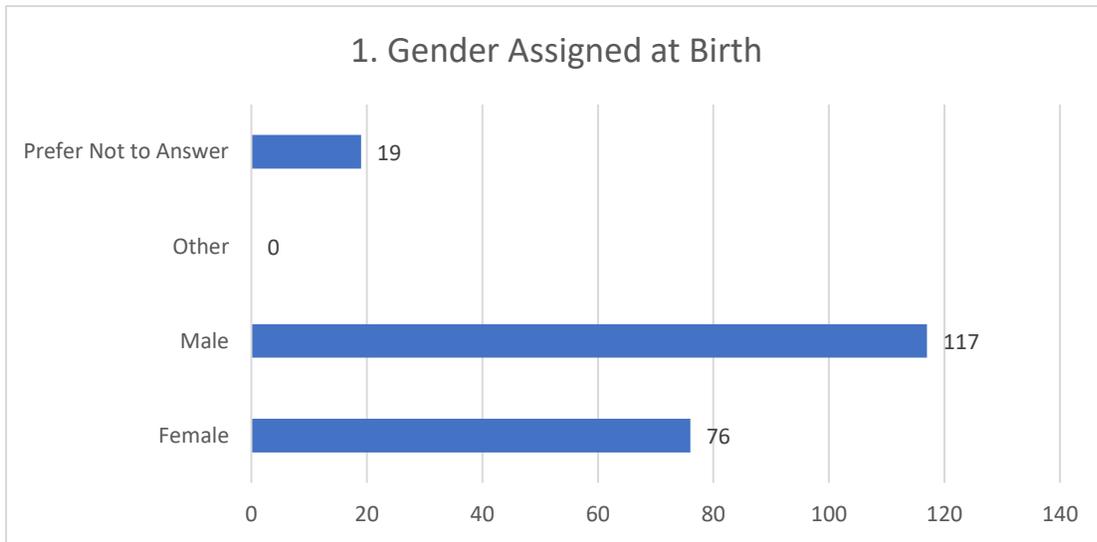
Certain questions are separated from the color scale because the question asked is distinct from the rest of the column.

* Average Calculated change in days absent – before/after

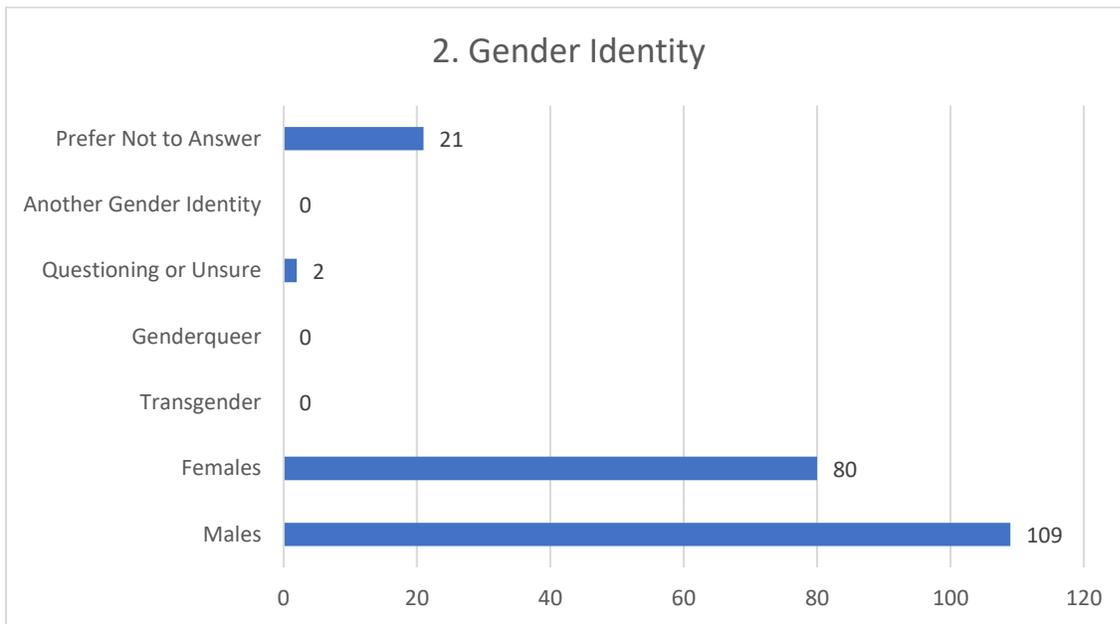
** Grades as reported by students – before/after

Exhibit F: INNOvation Demographic Data

This data was aggregated from "INN Quarterly Report Submission Entries" provided by project providers. Demographics provided are a sample of Innovation participants.

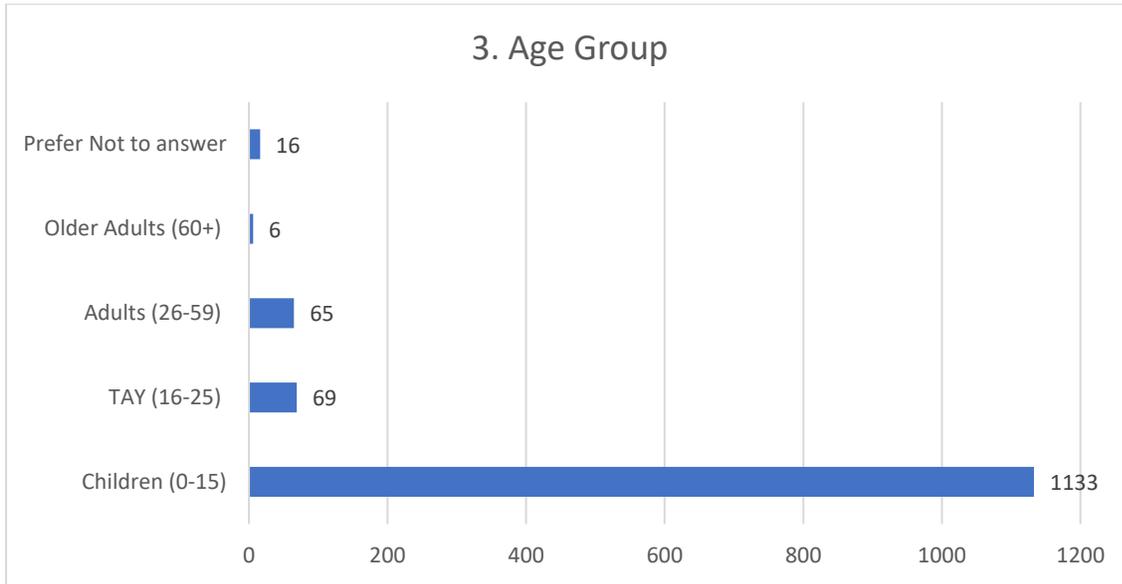


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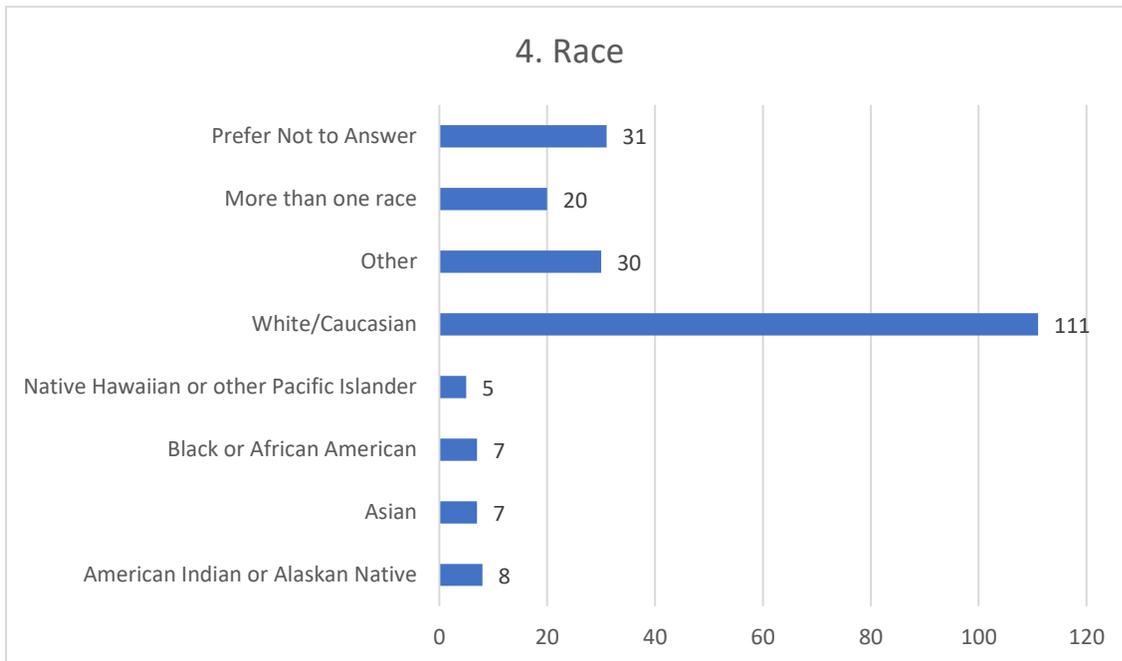


n = 212

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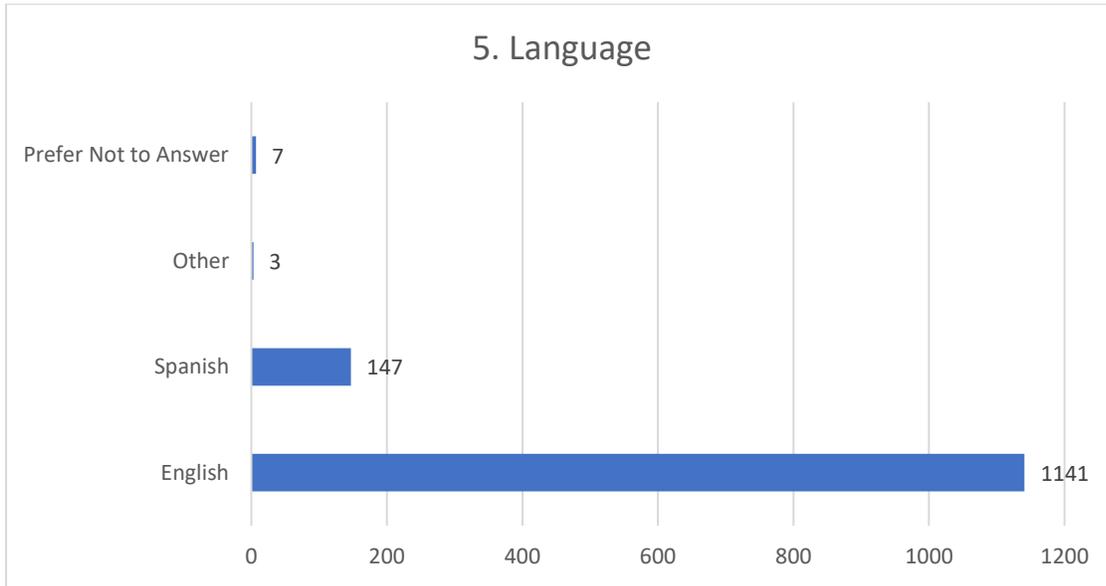


n = 1289

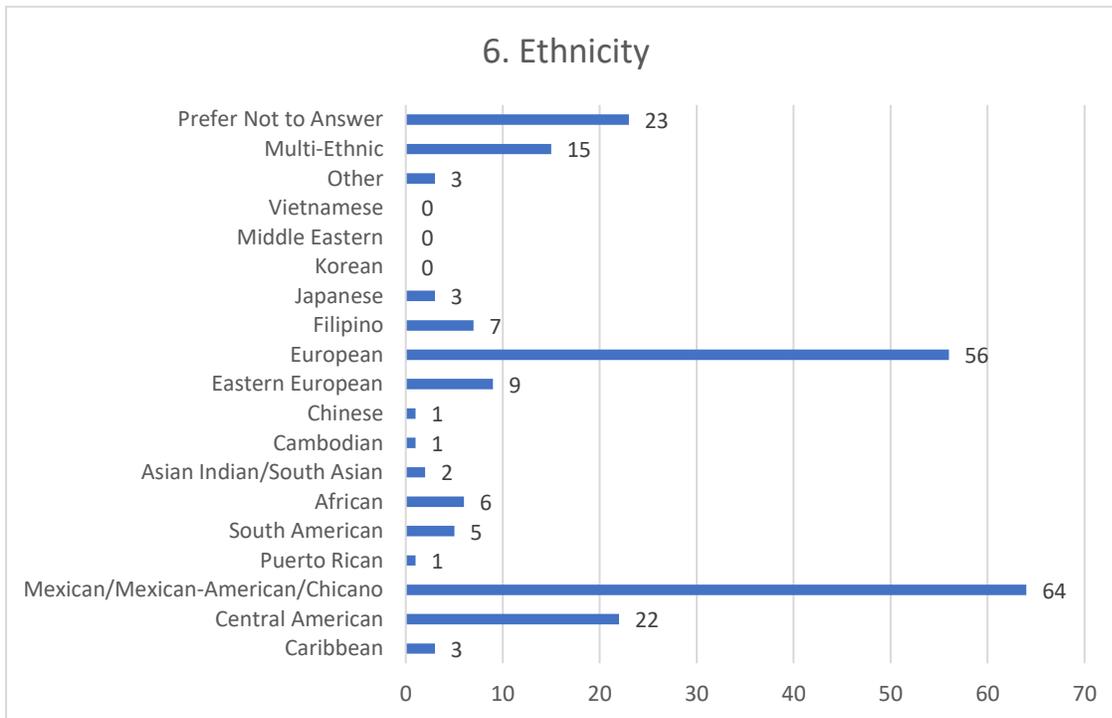


n = 219

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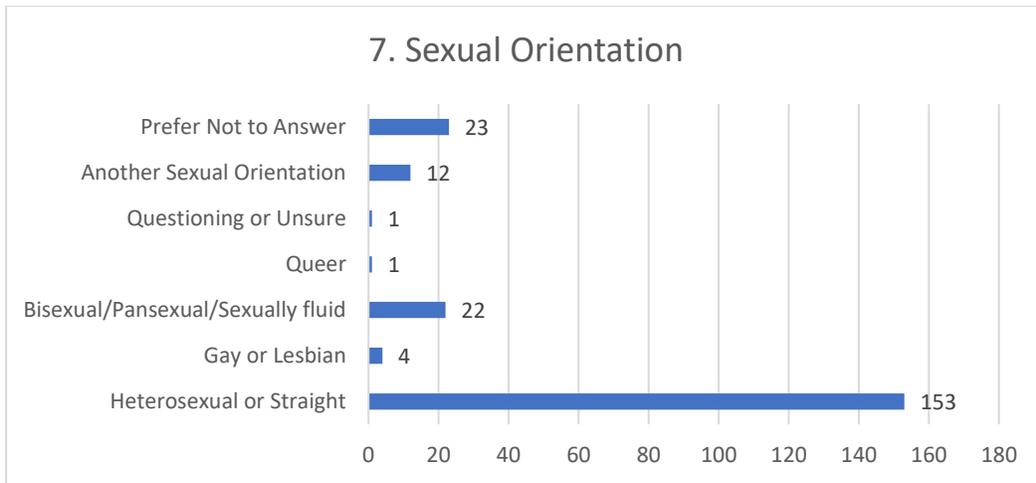


n = 1298

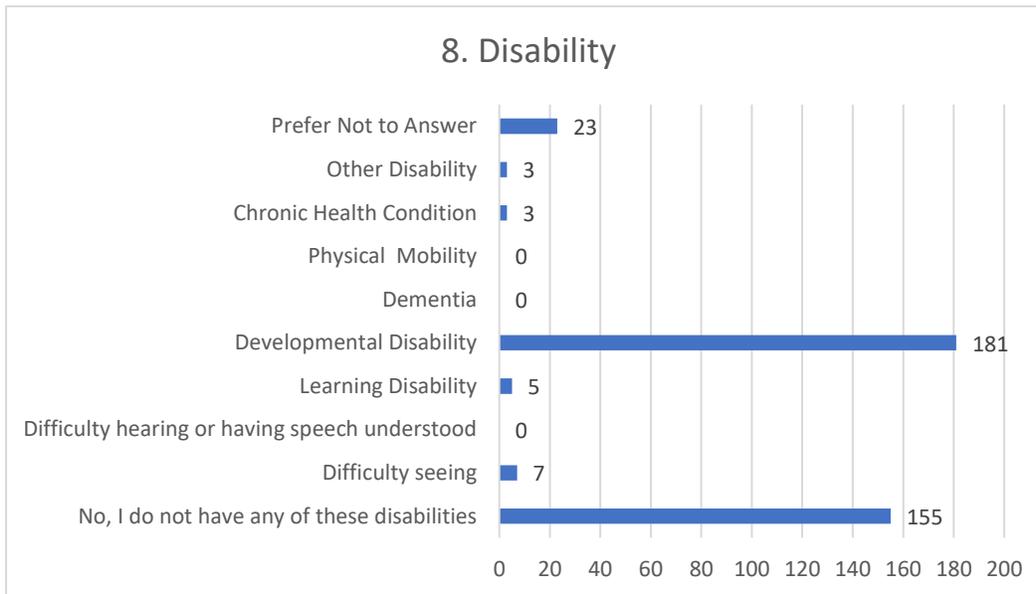


n = 221

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n = 216



n = 377

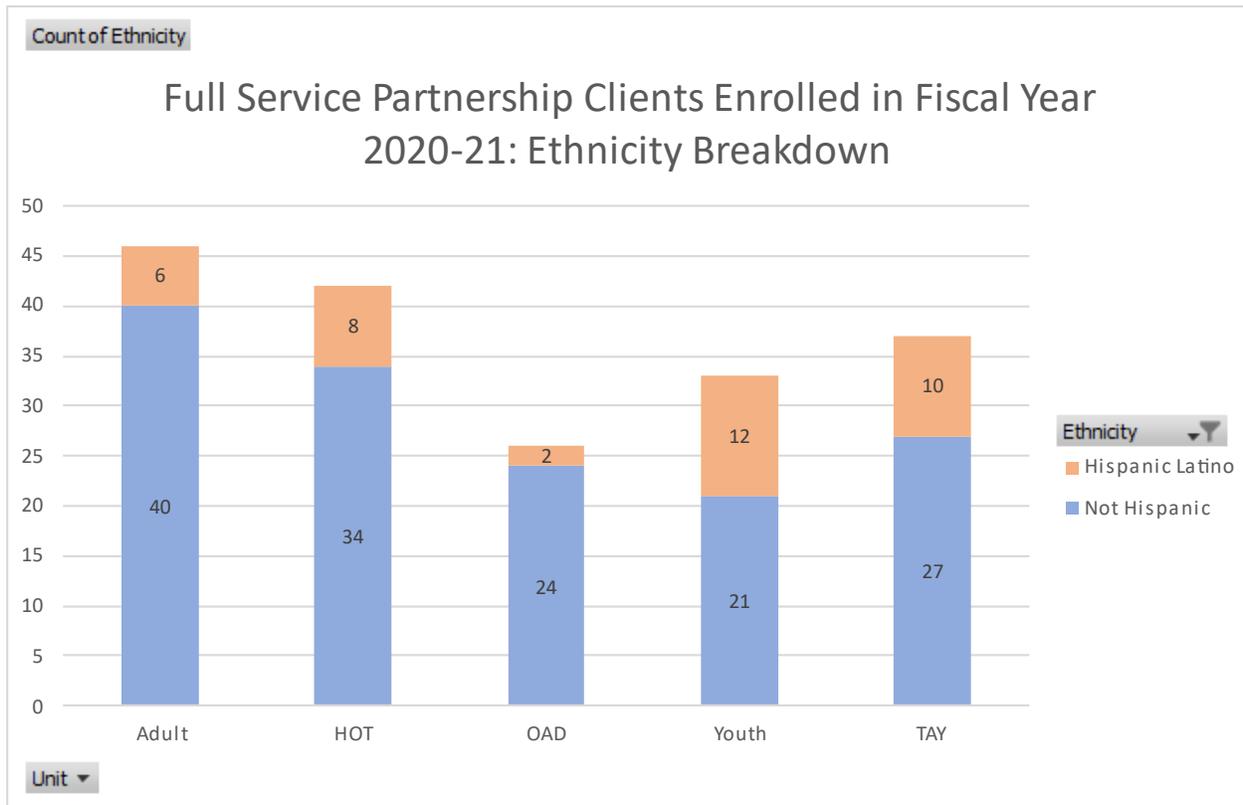
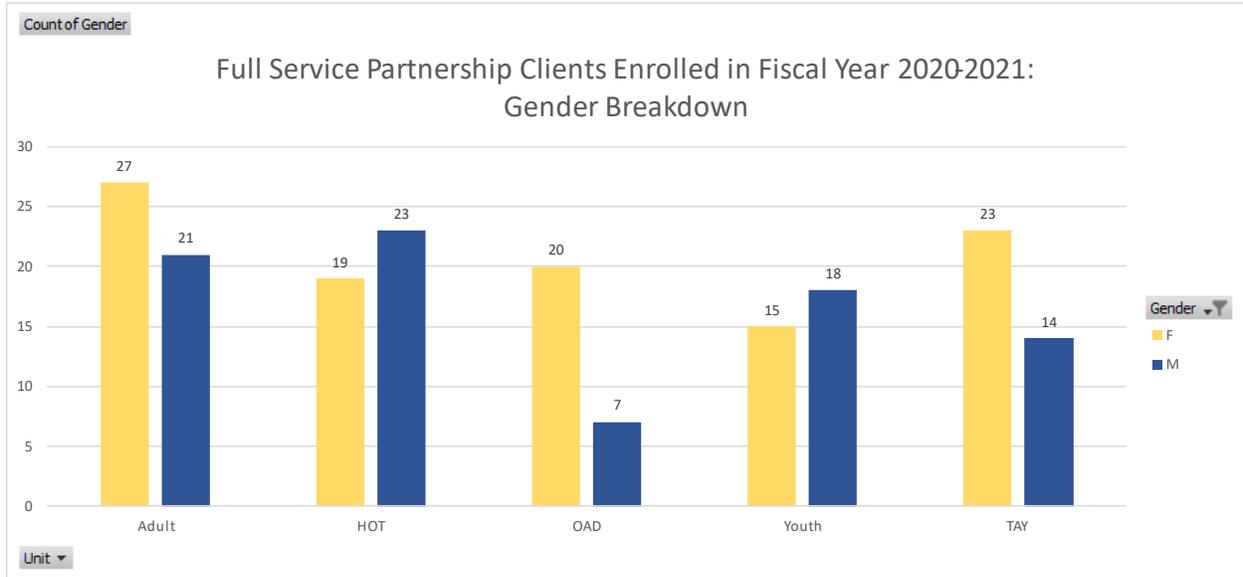
Figure 9: Veteran Status

Veteran	
Veterans	4

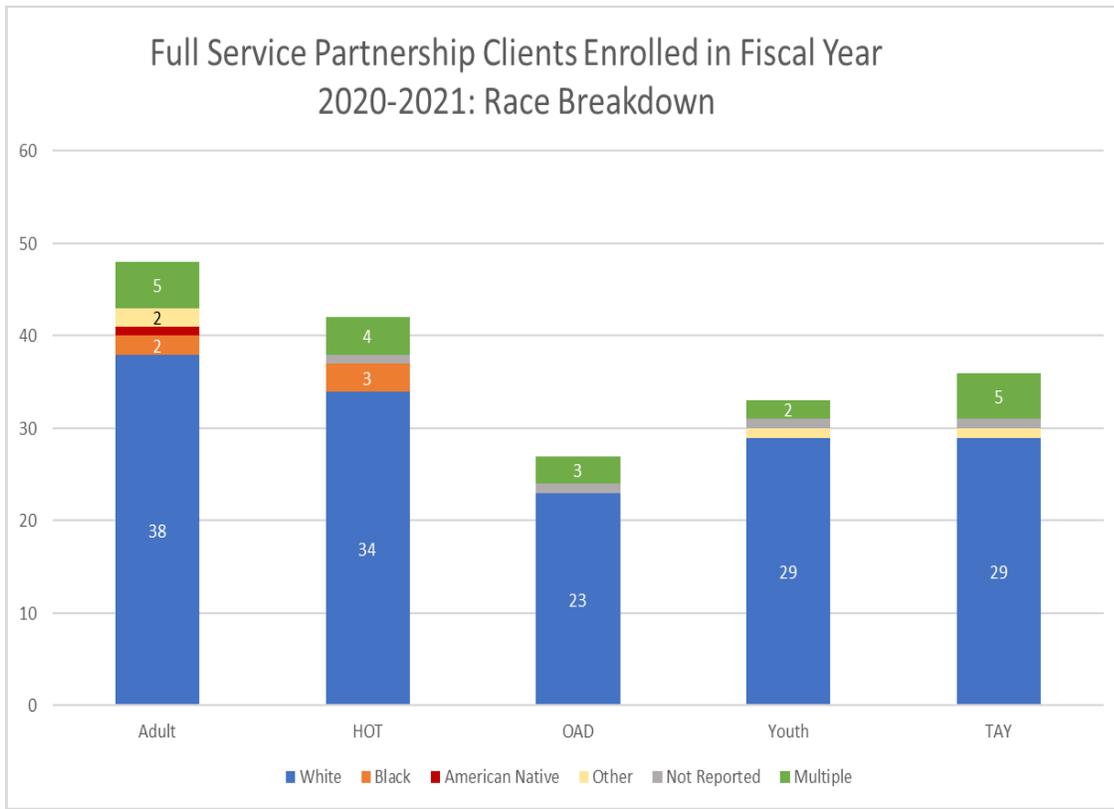
Figure 10: Homelessness Status

Homelessness	
Experiencing homelessness	0

Exhibit G: CSS Full Service Partnership Demographic Data



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Exhibit H: Annual PEI Demographics and Data Report, FY 2020-2021

	Prevention				Early Intervention		Outreach	Access & Linkage	Improve Timely Access		Stigma / Discrimination Reduction	Suicide Prevention
	PDP	FETS	MSC	IHPE	CBTS	ICW	PMAD	OAMHI	SMS	CWP	VOP	SPC
Total Clients	293	1368	471	54	290	822	127	168	0	191	63	1250
Total Duplicated Clients	499	0	73	419	0	6218		359	3042			
# of individual family members served	120	830	156									
# of potential responders	659	1368	545	35	391	1714		52	463	2018	176	1250
Sex at Birth												
# of Females	181	922	253	49	183	0		122	0		20	
# of Males	112	355	215	5	106	0		44	0		20	
# of Decline to State	0	91	3	0	1	822		2	3042		0	
Gender Identity												
# of Females	191	885	253	49	182	363		122	569		19	29
# of Males	112	339	215	5	103	122		44	214		19	3
# of Transgender		2	1	0	5	6		0	1		0	
# of Genderqueer		0	0	0	0	0		0	0		1	
# of Questioning or Unsure		0	0	0	0	0		0	0		1	
# of Another Gender Identity		1	0	0	0	0		0	0		0	
# of Decline to State		129	2	0	0	328		2	2258		0	
Age												
# of Children (0-15)	215	8	282	0	58	3		0	5			0
# of TAY (16-25)	16	106	17	4	98	48		0	742			6
# of Adults (26-59)	60	1083	102	49	73	308		17	478			20
# of Older Adults (60+)	2	17	1	1	19	128		151	68			6
# of Decline to State	0	82	69	0	0	335		0	1749			0
Race												
# of American Indian or Alaskan Native	0	5	0	0	3	0		0	11		2	1
# of Asian	5	21	0	0	8	7		2	45		1	2
# of Black or African American	2	15	8	0	7	7		1	7		0	0
# of Native Hawaiian or other Pacific Islander	0	3	0	0	3	0		1	8		0	0
# of White/Caucasian	253	815	104	54	257	269		129	297		22	24
# of Other	0	252	349	0	8	107		12	40		3	1
# of More than one race	19	145	10	0	4	2		17	31		7	0
# of Decline to state	14	110	0	0	0	507		6	2603		5	0
Ethnicity: Hispanic/Latino												
# of Caribbean	0	0	0	0	0	0		0	0		0	0
# of Central American	0	24	7	3	4	0		1	12		1	2
# of Mexican/Mexican-American/Chicano	166	426	354	43	82	1		13	109		8	4
# of Puerto Rican	0	5	0	0	0	0		1	3		1	1
# of South American	0	5	0	0	4	0		1	2		0	0
Ethnicity: Non-Latino												
# of African	2	3	8	0	7	0		1	6		2	0
# of Asian Indian/South Asian	0	3	0	0	0	0		0	9		0	0
# of Cambodian	0	1	0	0	0	0		0	1		0	0
# of Chinese	1	3	0	0	6	0		0	11		0	2
# of Eastern European	87	16	0	0	61	0		1	34		0	1
# of European	0	587	76	2	115	0		1	150		16	10
# of Filipino	2	3	0	0	0	0		1	11		0	0
# of Japanese	0	1	0	0	4	0		1	12		0	0
# of Korean	0	0	0	0	1	0		0	8		1	0
# of Middle Eastern	0	2	0	0	0	0		0	8		1	0
# of Vietnamese	2	0	0	0	0	0		0	8		0	0
# of Other	0	143	4	0	0	0		5	20		1	0
# of Multi-Racial	19	100	18	6	7	2		7	37		4	3
# of Decline to State	14	132	4	0	0	819		6	2601		4	1

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Sexual Orientation												
# of Gay or Lesbian		4	5	1	16	19		1	34		0	3
# of Heterosexual or Straight		1153	272	52	93	369		126	1711		38	23
# of Bisexual		1	0	0	4	0		0	0		1	1
# of Questioning or Unsure		2	0	0	0	0		0	0		0	0
# of Queer		2	0	0	0	0		0	0		1	0
# of Another Sexual Orientation		1	0	0	0	0		0	0		0	0
# of Decline to Answer		205	194	1	0	434		41	1297		0	4
Disability												
# of Vision Impaired		14	0	0	1	11		45	0		7	3
# of Hearing Impaired		8	0	0	1	4		26	0		15	
# of Physical Mobility		3	4	2	11	0		43	0		8	2
# of Chronic Health Condition		22	3	0	40	0		36	0		5	4
# of Other Disability		10	9	3	4	45		18	0		36	3
Other Conditions		0	0	0	0	0		0	0		0	0
# of Veterans		14	1	0	4	12		13	5		35	0
# of Homeless		19	49	0	27	43		0	41		1	0
Language Services												
Percentage of services provided in Spanish	84.0	44.0	65.7	68.0	4.3	22.7		2.0	4.3			
Family												
# of Family Units	120	1978	165	48	13	822		9	3033			
Referrals												
# of clients who reported having any mental/behavioral health symptoms prior to referral/contact with your PEI program:		0	41	8	74	57		44	0			
# of clients referred to County funded mental health/behavioral health and substance use services.		0	2	0	54	37		9	0			
# of clients referred to County funded mental health/behavioral health services.	2	0	22	5	34	37		7	0			
# of clients referred to County funded substance use services.		0	1	0	24	4		2	0			
Referral Time												
Estimated total number between date of referral and date of first service received for substance use services.		0	14	0	40	0		9	0			
Estimated total number between date of referral and date of first service received for mental/behavioral health services.	30	0	90	8	38	0		32	0			