

MENTAL HEALTH SERVICES ACT

ANNUAL UPDATE to the

THREE-YEAR EXPENDITURE PLAN

FY 2024-2025



Table of Contents

TABLE OF CONTENTS	2
OVERVIEW AND EXECUTIVE SUMMARY	7
COMMUNITY PLANNING PROCESS	17
CAPACITY ASSESSMENT	22
COMMUNITY SERVICES AND SUPPORTS (CSS).....	27
HOW IS FSP DATA COLLECTED AND REPORTED?	28
CSS 1.1: Children and Youth Full Service Partnership (FSP)	29
Figure 1.1A: Child and Youth FSP Partners Enrolled in FY 2023-2024 (n=30)	31
CSS 2.1: Transitional Age Youth (TAY) Full Service Partnership (FSP)	32
Figure 2.1A: TAY Partners Enrolled in 2023-2024 (n=32)	34
CSS 3.1: Adult Full Service Partnership (FSP)	36
Figure 3.1A: Adult Partners Enrolled in FSP: FY 2023-2024 (n=40)	38
CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)	39
Figure 3.2A: Homeless Outreach Team Partners Enrolled in FY 2023-2024 (n=33).....	40
CSS 3.3: Forensic Adult Full Service Partnership (FSP).....	41
Figure 3.3A: Forensic FSP Partners Enrolled in FY 2023-2024 (n=17)	43
CSS 3.4: Transition Assistance and Relapse Program (TARP/FSP)	44
CSS 4: Older Adult Full Service Partnership (FSP)	46
Figure 4.1A: Older Adult Partners Enrolled in FY 2023-2024 (n=22)	48
CSS: Collective FSP Disenrollment Results.....	49
Figure DR1: Full Service Partnership Discontinuation Reason: FY 2023-2024.....	49
CSS: Housing	50
Figure H1: Number of Housing Units Provided for MHSA clients in FY 2023-2024	50
Figure H2: Occupancy Rate by Housing Type in FY 2023-2024	51
No Place Like Home.....	53

TABLE OF CONTENTS

CSS 5.1: Client & Family Wellness Adult Family Advocates & Youth Family Partners	56
Figure 5.1A: Family Members Surveyed in Adult Family Advocates and Youth Family Partners Program (n=66)	57
CSS 5.2: Client & Family Wellness Co-Occurring Disorders.....	58
Figure 5.2A: Co-Occurring 2023-2024 survey results.....	60
CSS 5.3: Client & Family Wellness Family Education Program	61
Figure 5.3A: Survey Results of Participants Enrolled in Family Orientation 2023-2024	62
CSS 5.4: Client & Family Wellness Service Enhancement Program.....	63
Figure 5.4A: Martha's Place Service Enhancement Program survey.....	65
CSS 5.5: Client & Family Wellness Peer Support and Education Program.....	66
Figure 5.5A: Participants Surveyed who Received Peer Support and Education Program Services 2023-2024.....	68
CSS 5.6: Client & Family Wellness Vocational Training and Supported Employment Program	69
CSS 5.7: Client & Family Wellness Integrated Access Therapists.....	71
Table 4: Integrated Access Case Managers Satisfaction Pre-Post Survey.....	73
CSS 5.8: Client & Family Wellness Wellness Centers	74
CSS 6: Latino Outreach Program.....	76
CSS 7.1: Enhanced Crisis & Aftercare Mental Health Evaluation Team	79
Figure 7.1A: 2023-2024 MHET calls compared to prior years.....	80
Figure 7.1B: Total Number of MHET Calls Received in FY 2023-2024 compared to previous years	81
Figure 7.1C: MHET and MCT Call Response	81
Figure 7.1D: Discharge Location Post-Hospital FY 2023-2024	82
Figure 7.1E: MHET Breakdown of Calls by Referral Source.....	83
CSS 7.2: Enhanced Crisis & Aftercare Crisis Stabilization Unit.....	84
Figure 7.2A: Client Counts by Accept and Divert Options	86
Figure 7.2B: Acceptances by Referral Source.....	87
Figure 7.2C: Wellness Score.....	87
CSS 7.3: Enhanced Crisis & Aftercare Central Coast Hotline Suicide Prevention and Crisis Intervention.....	88
Figure 7.3A: Central Coast Hotline Calls FY 2022-2023 to 2023-2024.....	90
CSS 8: School and Family Empowerment	91
CSS 9.1: Forensic Mental Health Services Behavioral Health Treatment Court (BHTC).....	93

TABLE OF CONTENTS

Figure 9.1A: BHTC Quality of Life Survey Comparing Intake to Midpoint and Discharge 2023-2024	95
CSS 9.2: Forensic Mental Health Services Forensic Re-entry Services (FRS)	96
CSS 9.3 a/b: Forensic Mental Health Services a. Veterans Treatment Court/b. Veterans Outreach	98
CSS 9.4: Forensic Mental Health Services Mental Health Diversion Court (MHDC).....	101
Figure 9.4A: MHDC Quality of Life Survey Comparing Intake to Midpoint and Discharge 2023-2024	103
CSS 9.5: Forensic Mental Health Services Community Action Team.....	104
Figure 9.5A: Community Action Team Results FY 2023-2024	105
WORKFORCE EDUCATION AND TRAINING (WET).....	106
PREVENTION & EARLY INTERVENTION (PEI).....	112
PEI Priorities: MHSOAC Information Notice #23-001	113
PEI 1.1: Prevention Programs Positive Development Program	114
Figure 1.1A: Positive Development Program Survey Outcomes FY 2023-24	115
PEI 1.2: Prevention Programs Family Education, Training & Support.....	117
Figure 1.2A: Digital Outreach Results FY 2023-24	118
PEI 1.3: Prevention Programs Middle School Comprehensive Program	121
Figure 1.3A: 2023-2024 The Link Family Resource Center Services/Referrals by Category (Proportion of Total Services).....	125
Figure 1.3B: Middle School Program Before/After Engaged in Self-Harm.....	127
Figure 1.3C: Middle School Program Impact on Student's Ability to Cope with Stress, Depression, and Anxiety.....	127
PEI 1.4: Prevention Programs In-Home Parent Educator	130
Figure 1.4A: Parent Educator Output Improvements FY 2022-23 to FY 2023-24.....	131
PEI 2.1: Early Intervention Programs Community Therapeutic Services.....	132
Figure 2.1A: Community Therapeutic Services for Underserved/Underinsured Populations	133
PEI 2.2: Early Intervention Programs Integrated Community Wellness – Resources Specialist	134
Figure 2.2A: Behavioral Health Navigator Outcomes	135

TABLE OF CONTENTS

PEI 3.1: Outreach for Increasing Recognition of Early Signs of Mental Illness Older Adult Mental Health Initiative	137
Figure 3.1A: OAMHI Screening and Assessment Outcomes FY 2023-24.....	139
PEI 4.1: Access and Linkage to Treatment Veterans Outreach Program.....	141
PEI 5.1: Stigma and Discrimination Reduction Program Social Marketing Strategy	143
Figure 5.1A: Social Marketing Survey Results from Presentations, n=250	144
PEI 5.2: Stigma and Discrimination Reduction Program College Wellness Program	145
Figure 5.2A: CWP Outreach Results FY 2023-24	147
PEI 6.1: Suicide Prevention Program Suicide Prevention Coordination.....	150
INNOVATION (INN)	153
INN 5.1: Behavioral Health Education & Engagement Team (BHEET)	154
INN 5.2: SoundHeal	157
INN 6.1: EMBRACE.....	159
CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)	162
MHSA FUNDING SUMMARY	164
Community Services and Supports (CSS):.....	167
Prevention and Early Intervention (PEI):	170
Innovation (INN):.....	172
Workforce, Education and Training (WET):.....	174
Capital Facilities and Technological Needs (CFTN):	176
Local Prudent Reserve:	177
APPENDIX	179
Exhibit A – County Certification.....	179
Exhibit B – MHSA County Fiscal Accountability Certification	180

TABLE OF CONTENTS

Exhibit C: Notice of Availability for Public Review & Comment	181
Exhibit D: PEI Demographic Data.....	182
D1. PEI Demographics Gender Identity	182
D2. PEI Demographics Age Cohort.....	183
D3. PEI Demographics Race	183
Exhibit E: FY 2022-2023 Middle School Comprehensive Program Outcomes;	184
Exhibit F: INNnovation Demographic Data.....	185
Exhibit G: INN Expenditure Sources	185
Exhibit H: CSS Full Service Partnership Demographic Data.....	186
G1. FSP Clients in FY 2022-2023: Gender Breakdown	186
G2. FSP Clients in FY 2022-2023: Ethnic Breakdown.....	186
G3. FSP Clients in FY 2022-2023: Racial Breakdown***	187
Exhibit I: Annual PEI Demographics and Data Report, FY 2022-2023	188
Exhibit J: Mental Health and Substance Use Disorder Assessment Reporting Form	191

Overview and Executive Summary

The following “Annual Update” report of San Luis Obispo County’s Mental Health Services Act (MHSA) provides an overview of the local work plans and projects 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 2024-2025** as part of the Three-Year Program and Expenditure Plan (2023-2026). In early 2023, the County published its approved [**Three-Year Expenditure Plan for Fiscal Years 2023-2026**](#) (beginning FY 2023-2024).

The MHSA provides San Luis Obispo (SLO) 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 (SLO) County is the beautiful jewel of California’s Central Coast and a community that prides itself on a healthy, friendly atmosphere. From the rolling hills surrounding the lush agricultural regions, to the unparalleled beaches and dramatic shorelines, SLO County attracts tourists, students, retirees, businesses, and families seeking an active environment and terrific neighbors. Considered a “medium-sized” county by the Department of Health Care Services (DHCS), SLO County is a mix of suburban and rural communities with an estimated population of 282,013, and a density of 85.6 people per square mile (US Census, 2022).

The communities which make up the county are well-suited for civic engagement, thriving entrepreneurial ventures, art and culture, and innovative solutions to challenges and difficulties. The county, however, is no different than any other in the state, with its share (and, in some cases, more than its share) of problems associated with the lack of behavioral health and wellness. Those issues are at the core of this Mental Health Services Act plan.

Through the pandemic San Luis Obispo County, like communities across the globe, continued to emerge from challenges of COVID-19 and MHSA programs and plans continued to serve vulnerable populations. The county, like many others, has also

been impacted by the shifting landscape of the available workforce. As the nation is experiencing record low unemployment, the behavioral health care field has been impacted in many ways. Primarily, the COVID-19-emergency prompted a vast expansion, and acceptance, of telehealth – which created a new market for mental health providers. This has prompted many providers to opt-out of the type of in-person care crucial to county mental health systems, including MHSA services.



However, in the last few years, MHSA program providers continued to blend telecommunication advantages with in-person services and activities. Outreach events, like Mental Health Awareness events in May, took advantage of new in-person engagement opportunities, while other events, like Suicide Prevention Month trainings, continued to maximize impacts with online accessibility. Clinical programs continued to use virtual therapy and tele-psychiatry when appropriate, while welcoming patients in clinics to remain engaged and on the path to recovery.

Recent highlights include the County Behavioral Health Department being awarded the Behavioral Health Bridge Housing (BHBH) grant in fiscal year 2022-2023. Bridge housing funds are utilized to address the immediate and sustainable housing needs of people who have behavioral health conditions including serious mental illness (SMI) and/or substance use disorder (SUD) that are also experiencing homelessness. The project was launched in FY 2023-2024 with support from the MHSA Advisory Committee and the MHSA Administrative Team. Through a request for proposal process, Transitions Mental Health Association was selected to provide BHBH services in the form of transitional housing units, rental assistance beds, and housing navigation support. Rental assistance beds began occupancy in the summer of 2024 and transitional housing units came in the fall of 2024.

Also beginning in 2022-23 and coming to fruition in 2023-24 was the collaboration between the County Behavioral Health Department and Transitions-Mental Health Association (TMHA) to conduct a thorough “gaps analysis” of the local behavioral health system and continuum of care in San Luis Obispo County. Capstone Solutions Consulting Group was contracted to examine the current state of adult behavioral health care and provide recommendations on how to improve the delivery of adult mental health and substance use disorder treatment services. The report was published, and presented to the MHSA Advisory Committee in September 2023. Capstone highlighted several areas of strengths such as the success of Full-Service Partnership programs and needs for improvement such as increasing capacity for residential treatment and acute inpatient care. In November 2023, Capstone Solutions issued the report entitled “Strengthening the System of Behavioral Healthcare for Children and Youth in San Luis Obispo County” which identified gaps and areas for improvement for the youth system of care and provided recommendations for enhancing service delivery.

Each report can be found digitally by clicking on the links on the Transitions Mental Health Association’s webpage at:

<https://www.t-mha.org/agency-reports.php>. Adult Services Gaps Analysis: SLOBHD

The County's MHSA leadership team elected to continue holding virtual Community Advisor meetings. The County surveyed its community advisors to learn how participants felt about engagement practices that best serve the Community Planning Process going forward. As FY 2024-25 has begun, meetings have been held as “hybrids” with in-person and virtual options. The FY 2024-25 meetings have been well attended.

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 2023-2024 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 details for the first year of the Three-Year Program and Expenditure Plan for fiscal years 2023-2026, including projected outputs and outcomes. The various work plans outlined herein include proposed program adaptations; any changes to the original component plans or past updates; actual expenses for 2023-2024; and projected planning and budgeting for the remaining fiscal years of the current plan.

As an Addendum to last year's Annual Update the county published its next [Three-Year Plan for Fiscal Years 2023-2026](#). In response to recent audits and guidance from DHCS, the County provides its Three-Year Plan ahead of the start of the first fiscal year. This allows the County to maintain its preferred timeline for producing, reviewing, and approving the Annual Update and Three-Year Plans in the Fall (Oct-Dec).

The Annual Update and 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 Christina Rajlal, PhD, MBA (Division Manager/MHSA Coordinator), Karina Silva Garcia, PhD (CSS Coordinator), Landon King, MS (PEI/INN Coordinator), Jalpa Shinglot (MHSA Accountant), Andrew Harris (MHSA Data/Grants Coordinator), Brita Connelly (WET Coordinator), Allyson Woolley, MPP (MHSA, Data Analyst Intern) and Rebecca Redman (Administrative Assistant).

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

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

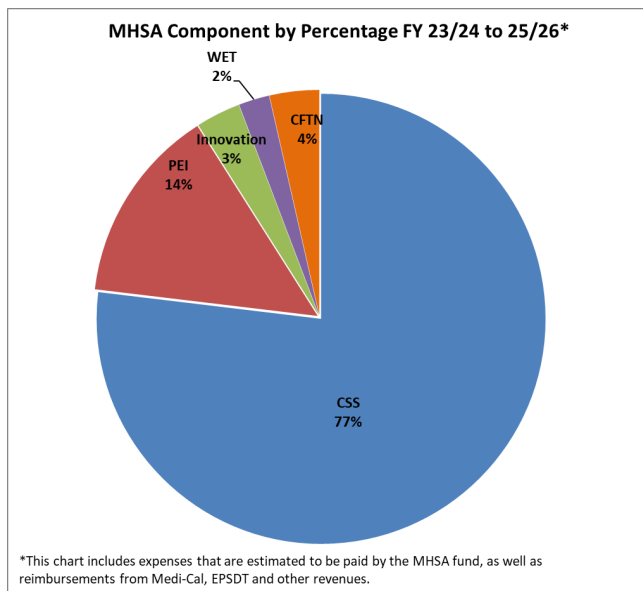
A key value for the County's MHSA program is the maintenance of quality partnerships between the Department and community providers, staff, community advisors, consumers, family members, and the organizations which support wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet changing needs, and communicate directly with the public to maintain a community advisor presence throughout the MHSA programs.

In 2023-2024, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local community advisors (formerly referred to as "stakeholders"), met five times to review program progress and budgeting considering reduced revenues, as well as develop new projects to address the needs of the State payment reform (CalAIM). In this year, the County's MHSA Leadership Team continued to host hybrid virtual & in-person 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 Advisors at each MAC.

Throughout the 2023-2024 fiscal year, the MAC reviewed changes in the County's work plan and were provided recommendations and proposals for new and enhanced programming. The Advisors ultimately approved the following changes to the County's MHSA Plans and operations during the 2023-2024 fiscal year:

- Mental Health Evaluation Team (MHET)/Mobile Crisis Team (MCT) managed by Sierra Mental Wellness Group who requested support to add a Licensed Practitioner of the Healing Arts (LPHA) to consult on lifting involuntary holds (e.g., 5150).
- San Luis Obispo County, Behavioral Health-Justice Services, requested support to add 4 limited-term positions to the Community Action Teams (CATs) program. The Community Action Teams (CATs) program uses an outreach and early intervention strategy to assist law enforcement in safe, productive encounters with individuals demonstrating issues related to severe mental illness (SMI) or co-occurring disorders (COD).

- The San Luis Obispo County, CalAIM Incentives Program requested support to meet the DHCS and CalMHSA goals of successful CalAIM implementation, to provide one-year of fiscal support for Medi-Cal organizations. MHSA funds were identified as a tool which supports incentives and strategies to assist in CalAIM infrastructure.



In FY 2023-2024, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$29.85 (M) on MHSA programs with \$21.22M coming from MHSA revenue, \$6.4M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$2.23M from grants or other revenue sources. In FY 2023-2024, Community partner agencies spending decreased from 58% (14.33M) to 55% (16.34M) of the FY 2023-24 revenue, while the County programs were responsible for

the other 45% (13.51M). The breakdown per program, including 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 MHSA programs have continued to produce excellent results and meet objectives. Here are some of the highlights of the work done, by component, over the 2023-2024 fiscal year:

Community Services and Supports (CSS) programs continue to serve a wide array of individuals with severe mental illness in all parts of the county. Details found in this Annual Update include personal success stories and outcome reporting, which reveal 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 2023-2024, 138 unduplicated client "partners" were enrolled in FSP programs. In that year, enrolled partners yielded the following average results: (1) An 95% reduction in homeless days; (2) a 160% increase in days spent in general hospital (this increase is due to two significant outliers as well as lower than normal hospital days before partnership); (3) an 90% reduction in jail days; and (4) a 57% decrease of days in the County's Psychiatric Health Facility (PHF).

Other CSS highlights in 2023-2024 included in this Annual Update include reporting on 2,011 calls responded to by the Mental Health Evaluation Team; the Latino Outreach Program, and original MHSA plan locally, which served 126 individuals of which 84%-96% reported improved symptoms, connections to community, and program satisfaction; the Forensic Reentry program saw 100% of referrals accessing support services; and the Crisis Stabilization Unit evaluated 606 individuals and admitted 429 for services. This Annual Update also includes FSP demographic data ([Exhibit G](#)).

Prevention and Early Intervention (PEI) projects remain strong and popular amongst community advisors, 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. PEI program highlights from FY 2023-2024 include:

- The Community Therapeutic Services program facilitated by Community Counseling Centers provided free to low-cost counseling sessions to 610 community members that were either uninsured or underinsured, a 33% increase over the past 2 years.
- The County's Middle School Comprehensive Program Student Support Counselors served 327 youth who showed a 37% increase in ability to cope with stress, depression, and anxiety, while the Family Advocates provided by the LINK engaged 384 middle school families across the county.

- The County's College Wellness Program made a total of 4,266 contacts through presentations, information booths, or outreach activities.
- The County's Suicide Prevention program reached nearly 200 individuals by providing presentations, outreach events, and training throughout the year.
- Wilshire Community Service's Older Adult Mental Health Initiative program enrolled 140 older adults in Senior Peer Counseling and the Caring Callers program.
- Transitions Mental Health Association's Integrated Community Wellness Program navigators assisted 225 individuals in receiving intensive early intervention services.

Workforce Education and Training (WET) programming is based on Community Advisor approval to use CSS funding to maintain or expand the activities within the WET work plan. WET funds a wide range of cultural competence activities, which expanded in 2023-2024 to facilitate an increase in usage of Promotores services, a new Diversity Equity and Inclusion mission and vision plan, a new event Opening Minds hosted by Peer Advisory and Advocacy, and the continued expansion of Spanish-language public information campaigns and partnerships.

In 2023-2024, the MHSA/WET continued to fund a Spanish-language Public Information Specialist which expanded community engagement through behavioral health media, web, print, radio, and representative communications.

The **Capital Facilities and Technological Needs** work plan involves the development and implementation of the county's electronic health record (EHR, using Cerner/Anasazi programs). The most significant change in FY 2023-24 was the County's collaboration with CalMHSA and other counties to establish and implement SmartCare as the new and improved EHR product going forward. The County and its provider partners launched SmartCare on July 1, 2023, and have been working through implementation milestones.

The **Innovation** component of MHSA has provided five previous rounds 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 ongoing projects include the Behavioral Health Education & Engagement Team (BHEET) facilitated by Transitions Mental Health Association, and SoundHeal facilitated by SoundHeal llc. As detailed in the Innovation section of this report, BHEET is designed to assist community members with behavioral health system navigation by embedding navigation specialists with CenCal, the Medi-Cal health plan provider. The SoundHeal project installed a sound immersive meditation pod in the Justice Services Division of SLOBHD to examine the effects of supplementing client treatment plans with sound and vibration therapy. Both projects will be completed in FY 2024-25 and a final evaluation report will be published on the County website in fall of 2025.

The sixth round was approved and launched in FY 2023-24 with the project EMBRACE which tests the effects of mental health training and support for administrators and staff of Residential Care Facilities for the Elderly (RCFE). Details on all current Innovation projects can be found in the Innovation section of this report.

2023-2024

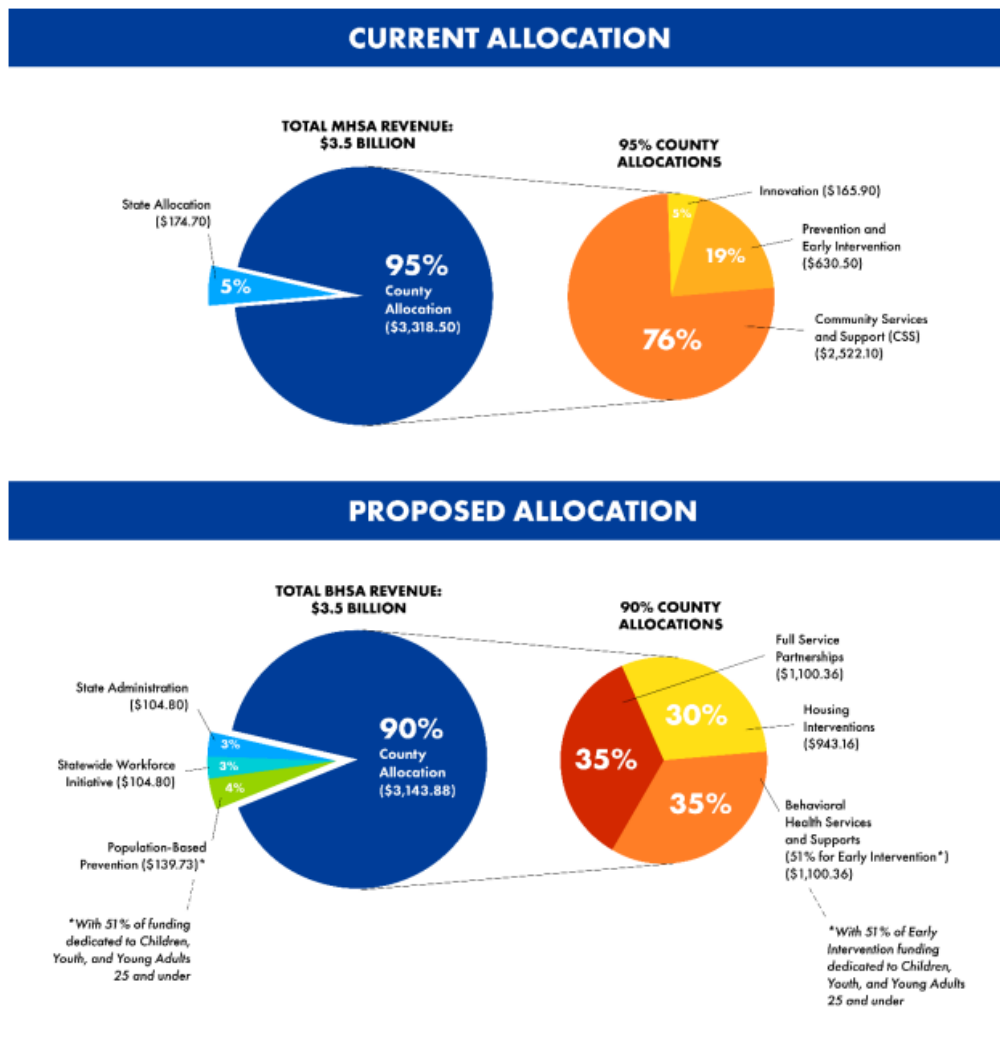
In addition to this report on achievements and plans made in 2023-2024, it is important to note here some additional changes are predicted to occur due to the state's plan on the Behavioral Health Transformation.

In late March 2023, the Governor announced the concept of Behavioral Health Reform as Senate Bill 326 which came to be Proposition 1. Proposition 1 was passed by the voters in California in March of 2024. This caused a significant shift in MHSA planning and discussions with community advisors. The Proposition creates a dramatic shift or reduction in local MHSA programs by more than 30% in FY 2026 and beyond. The County met with advisors in recent months to outline the proposed changes to MHSA and began discussing how the County and community advisors would work together to address the reforms. The County will continue to limit new funding requests to limited-term proposals and use unspent MHSA

revenues to support programs and projects that may be sustainable (or create sustainability) after FY 2026.

<https://www.gov.ca.gov/wp-content/uploads/2023/09/FACT-SHEET-Transforming-Mental-Health-Services.pdf>

Figure 1. Comparison of Existing MHSA Allocations and Proposed BHSA Allocations
(Dollars in Millions)



Community Planning Process

Community collaboration is the foundation of the projects and programs described within this Annual Update for the Mental Health Services Act (MHSA) in San Luis Obispo County. A key value for the Behavioral Health Department's (SLOBHD) MHSA presence is the maintenance of quality partnerships: between County and community providers, staff, community advisors, 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 community-driven presence within the MHSA programs.

The County's MHSA Leadership Team is led by the MHSA Coordinator, Christina Rajlal, PhD, MBA (Division Manager, Prevention & Outreach), under the direction of the Behavioral Health Administrator, Star Graber, PhD., LMFT and Deput Director, Frank Warren, MPP, CPM. Along with the MHSA Coordinator, this Annual Update has been prepared by Karina Silva-Garcia, PhD. (Program Manager/CSS Coordinator), Landon King (PEI/INN Coordinator), Andrew Harris (MHSA Data Coordinator), Jalpa Shinglot (MHSA Accountant), Allyson Woolley, MPP (MHSA Data Analyst Intern), Brita Connelly (WET Coordinator), and Rebecca Redman (Administrative Assistant). The Leadership Team met regularly with community advisory groups, individuals, and organizations regarding MHSA plans and programming throughout the year.

The primary community advisor groups include the oversight body: the MHSA Advisory Committee (MAC), which was the original CSS workgroup, as well as the component-driven PEI and Innovation workgroups, and the county's Behavioral Health Board.

The community advisor work groups are made up of providers, staff, consumers, family members, and individuals who have a 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 (MHSOAC).

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 Community Advisor meetings as well as training and other program activities throughout the community.

In 2023-2024, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local community advisors, 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 recommendations and proposals were provided for new and enhanced programming. The Advisors ultimately approved several changes to the County's MHSA Plans and operations. In 2023-2024 the Community Advisor committees also met to discuss measures to better outfit crisis services, response to the unhoused population & fiscal support for CalAIM implementation.

In this year, the County's MHSA Leadership Team hosted hybrid in-person and virtual Advisory Committee meetings to make community engagement accessible and meet the public health needs of the county. The SLOBHD used the Zoom platform whereby advisors and staff could either hold a videoconference, or phone in to participate. Meeting attendance was robust, with an average of 30 Advisors at each MAC. Agendas, minutes, and presentations were made available for each meeting via the Department's [MHSA web page](#). Each Advisory meeting begins with a brief orientation to MHSA and the role of community advisors in the planning and monitoring of the County's work plan.

In fiscal year 2023-2024, the San Luis Obispo Behavioral Health Department's primary community advisory committee for MHSA referred to as the MAC (MHSA Advisory Committee) met on five occasions throughout the year. The main topics included the Behavioral Health Services Act (BHSA) (SB326 or Prop 1) transition, education, program and fiscal updates, program presentations, the review of work

plans, voting for funding adjustments, and staff transitions.

At each meeting Jalpa Shinglot, MHSA Accountant, provides community advisors with current budget revenue and expenditures, and reports on any changes made to the Three-Year Plan, and details the current fund balance, Prudent Reserve balance, and FSP percentage. In this meeting, Jalpa provided details on the budget including the year-end totals for FY 2023-2024.

On July 26, 2023, the MAC met to discuss the new fiscal year, review the work plans, and discuss staff transitions. In this meeting, the Behavioral Health Administrator, Anne Robin, informed the committee of her retirement and that Star Graber will become the Behavioral Health Director as of August 1.

Following the fiscal update were the introductions and updates to Proposition 1 given by Frank Warren. The committee was informed of the basic outline of the Behavioral Health Services Act (SB326) that will replace the Mental Health Services Act in moniker and reform funding from the current structure of 5 components to 3: Full-Service Partnerships, Housing, and Behavioral Health Services and Supports. Presentations for funding requests and community planning decisions were made regarding the Community Action Team (CAT), CalAIM initiatives, Sierra Mental Wellness Group, all of which were approved.

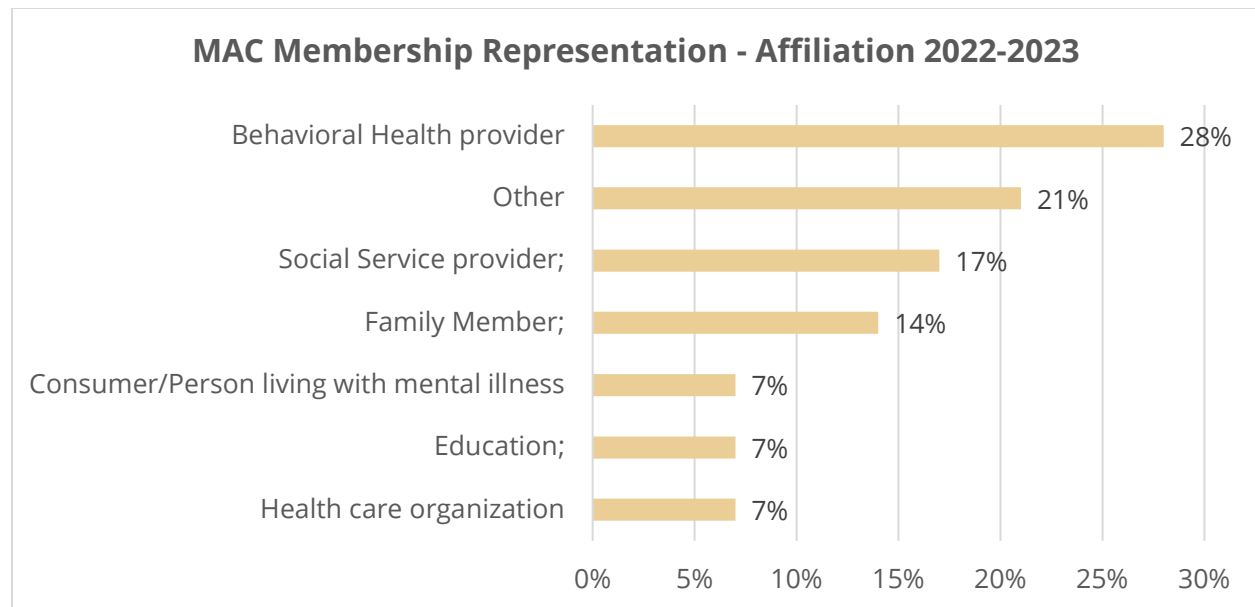
At the September 2023 meeting the MAC was informed that Frank Warren would no longer be the Mental Health Services Act (MHSA) coordinator and will become the Behavioral Health Deputy Director. The electronic health records system SmartCare was discussed as was the reform of the MHSA to the BHSA (SB326).

At the January 2024 meeting, Warren and Graber discussed the many state-wide initiatives that would be changing the behavioral health landscape for years to come, including the 5270 Resolution extending the 5150 holds to 30 days, and that on January 1, SB43 was signed into law to extend and expand the definition of gravely disabled. A highlight of the meeting was the news that the County contracted with CenCal and Good Samaritan to open a Sobering Center on the County's Johnson Ave. site, scheduled to open April 1, 2024.

The March 2024 meeting was held at the Atascadero Library where the newly hired MHSA Coordinator, Christina Rajlal, was introduced to the MAC by Karina Silva

Garcia, the CSS Coordinator. Updates were given regarding the Mobile Crisis Team, “Fentanyl is forever” media campaign, and Proposition 1 was discussed by Behavioral Health Director, Star Graber. MHSA Coordinator, Rajlal, followed with a presentation regarding Proposition 1 that included a survey component to help determine the importance of MHSA funded programs according to the community advisors present at the MAC meeting.

At the final meeting of the fiscal year hosted in May of 2024, the MAC was provided with more information regarding the BHSA taking effect in July of 2026. Updates were given including a presentation by Sierra Mental Wellness Group for the recently launched Mobile Crisis Team. Lastly, results were presented by the MHSA team to inform the MAC of the priorities that were highlighted from the previous meeting’s survey.



The County of San Luis Obispo’s Annual Update for 2023-2024 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 22 through November 20, 2024. A Public Notice (Exhibit C) was posted in the San Luis Obispo Tribune for 4 consecutive weeks. The draft Annual Update was posted on the County of San Luis Obispo’s Behavioral Health Department website and emailed to over 500 community members, staff, local community-based organizations, and MHSA Advisory Committee attendees; no substantial feedback was received via this dissemination process.

The Annual Update's 30-day public review included a presentation of the draft, including highlights from 2023-2024 and an outline of the Community Planning Process at the Behavioral Health Board's meeting on October 16, 2024. The review period concluded with a Public Hearing on November 20, 2024 (held as part of the monthly Behavioral Health Board Meeting). At that meeting, MHSA Leadership staff heard from Behavioral Health Board members who had reviewed the draft and shared other substantive comments received during the 30-day public review.

- Comments highlighted the need to correct the numbers for FSP children and FSP TAY clients served. MHSA Leadership Staff have revised this final document to include the accurate figures (i.e., FSP Child 30 and FSP TAY 32).
- A request for clarification on the number of individuals surveyed in the Adult Family Advocates and Youth Family Partners (i.e., CSS 5.1) does not reflect the total number of people served. MHSA staff have added the term "volunteer" to indicate that participation in the surveys is entirely voluntary. This sample represents the clients served who are willing to complete the surveys.
- Comments highlighted specific program outcomes, such as the Forensic FSP program, which reported a 94% decrease in homeless days and a 94% decrease in total days spent in justice facilities.
- There were comments regarding editorial corrections, such as addressing redundancy and grammar errors.
- Lastly, there were comments highlighting the significance of MHSA programs in SLO County and their positive impact on individuals receiving mental health services and support.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update 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 to be adopted by each County's Board of Supervisors and submitted to the MHSOAC within 30 days. The SLO County Board of Supervisors approved the MHSA Annual Update on February 25th, 2025.

Capacity Assessment

California Code of Regulations, Title 9, § 3650(a)(5)(A)(B)(C), requires that the County's MHSA Plan includes an analysis of the strengths and limitations of the County and service providers. This includes their impact on the County's ability to meet the needs of racially and ethnically diverse populations, evaluation of bilingual proficiency in threshold languages, and identification of possible barriers to program implementation and methods to overcome these issues. 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.

With an estimated population of 282,013, and a density of 85.6 people per square mile (US Census, 2022), San Luis Obispo (SLO) County is a mix of suburban and rural communities. SLO County, despite being considered one of "the happiest, healthiest places in the United States (Gallup, 2016)," has its challenges. Of the 58 counties in California, San Luis Obispo ranks 12th for suicide. While California has a lower age-adjusted rate than the national average (10.5 per 100,000 and 13.9 per 100,000, respectively), SLO County far exceeds both with an age-adjusted rate of 16.2.

In 2022, 104 residents of San Luis Obispo County died due to a drug-related cause. This is an average of more than 8 deaths per month. Opioids of any type were involved in 79% of all drug-related deaths. Fentanyl was involved in 70% of all drug-related deaths and 87% of opioid-related deaths. Almost half (49%) of all drug-related deaths involved a type of amphetamine (such as methamphetamine). Of the 104 drug-related deaths, there were fewer than 10 deaths that were categorized as a suicide.

SLO County's racial makeup is primarily white/Caucasian (88%), 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. Ethnicity is predominantly white (68%) and Latinx (24%). Those 65 and older make up 21% of

the population, while those 18 and younger account for 22%. Eighty-four percent (84%) of residents primarily speak English in their homes, while 16% speak another language. The threshold language for SLO County is Spanish. The median household income is \$77,948 with an average of 2.51 individuals living in each home. Eleven percent (10.6%) of the population live below the poverty line. Those identifying as male and female make up 51% and 49% of the population, respectively (U.S. Census Bureau, and American Community Survey, 2021).

There are eleven public school districts with a combined 32,607 students K-12, 55.27% of which are English Learners. Of local students 53.4% are eligible for free and reduced-price meals (Ed-Data.org, 2024). San Luis Obispo County contains many rural communities, some of which are quite isolated from each other and located at significant distances from the centrally located city of San Luis Obispo. As many supportive services are in the City of San Luis Obispo, this distance creates inequities to access service for communities impacted by poverty, language barriers, and the lack of transportation.

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; 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. Compounding all of this, the County's public mental health system, like many across the country, is struggling to recruit and retain clinicians to provide in-person services. This is partly due to the emergence of telehealth, which has opened a wide new market for mental health care; along with the growing cost-of-living barriers for professionals wishing to live and work on the Central Coast.

According to the RDL CALMHSA Staff Caseload 274 Report (SmartCare 2024) provided by the San Luis Obispo County Behavioral Health Electronic Health

Records team, the county's public mental health system has 504 qualified providers. Licensed Clinical Social Workers and Marriage and Family Therapists make up 28% (140/504) of that workforce.

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 both adults and children/ youth needing mental health services, exceeding state standards (Adult ratio of 1:85 and children/ youth ratio of 1:43). Due to the SmartCare transition, the reporting mechanism to provide accurate age demographic ratios is still under construction. The overall "Provider-To-Beneficiary Ratio" however, still exceeds state standards at 1:10 (504 qualified providers meeting the needs of 5,220 client beneficiaries).

Language capacity remains a limitation as only 14% of the treatment provider network speaks Spanish fluently, compared to the 19% (12,860 people) of Medi-Cal members who prefer services in Spanish (CenCal Member Demographics, 2023). Also, 18% of the county population report that a language outside of English is spoken primarily at home (American Community Survey, 2023).

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.

The Behavioral health Diversity Equity and Inclusion (DEI) program manager, in the years 2023-2024 produced an Inclusion and Belonging Workforce Survey. The results show the racial demographic make-up of the Behavioral Health workforce as being predominantly white/Caucasian at 58%, Latino/Latinx at 8.2%, Asian at 3.2%, Native American, American Indian, or Alaska Native at 0%, Black or African American at 1.6%, Two or more races at 13.9% and prefer not to answer 14.75%, Hispanic at 0%, Indigenous not listed at 0%. This survey had a total of 134 participants in June of 2024 and will be produced yearly. According to US Census data, San Luis Obispo County's racial makeup is 88% white/Caucasian, 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. Ethnicity is

predominantly white (68%) and Latinx (24%). The Medi-Cal population (representing those requiring public mental health system services) in San Luis Obispo County is 32% White and 32% Latino/x/Hispanic (CenCal Member Demographics, 2023).

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 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 clinical and outreach engagement points continues to be addressed in a variety of community advisor groups. One prominent improvement was the opening of a Behavioral Health Department facility in Paso Robles in FY 2022-2023. This facility, partially supported by MHSA funds, supports a wide array of behavioral health services.

In 2021-2022 the local MHSA work plan added a Program Manager for Diversity, Equity, and Inclusion. This position serves as the Department’s Ethnic Services Manager, and oversees training, policy development, staff support, and recruitment strategies to broaden the representation of the public mental health system. In 2022-2023 a Spanish-language Public Information Specialist was added to serve the growing need for Latinx engagement and increase the Department’s capacity to meet cultural competence needs and increase access to underserved populations.

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 mentioned above, the most urgent issue of the past two years has been the shifting landscape of the available workforce. As the nation is experiencing record low unemployment, the behavioral health care field has been impacted in many ways. Primarily, the COVID-19-emergency prompted a vast expansion, and acceptance, of telehealth – which created a new market for mental health providers. This has prompted many providers to opt-out of the type of in-person care crucial to county mental health systems, including MHSA services.

San Luis Obispo County has faced severe staffing shortages over the past year, FY23-24 ended with a 13.23% vacancy rate in the department. This is also due to the rising costs of living on the Central Coast. According to recent estimates The San Luis Obispo cost of living is 64% more expensive than the national average. By comparison, the California cost of living is 50% higher than the national average. Recruiting providers from other communities is becoming increasingly difficult. While this has been true for some time with hiring and retaining psychiatrists, the shifting job markets and cost of living have negatively impacted the behavioral health workforce.

In FY 2023-2024, the County worked with MHSA providers to increase cost of living adjustments within the work plan's budget. Capacity issues remain at the forefront of planning and discussions with community advisors in the 2023-2024 fiscal year and were taken into consideration for the Three-Year Plan for 2023-2026.

Community Services and Supports (CSS)

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

The State requires each county’s CSS plan to focus on children and families, transitional aged youth (TAY), adults, and older adults with the most severe and persistent mental illnesses or serious emotional disturbances. This includes those at risk of homelessness, incarceration, or other institutionalization due to mental illness. The plan must also provide for underserved communities who have difficulty getting the help needed to support themselves or their families when living with serious mental health issues.

Full Service Partnerships provide comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional 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 to support each clients’ individual needs by allowing the client to choose a path forward. FSP programs are designed to have low staff to client ratios, crisis availability, and a team approach.

San Luis Obispo County’s 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 2023-2024, 168 unduplicated client “partners” were enrolled in FSP programs. In that year, enrolled partners yielded the following average results: (1) An 95% reduction in homeless days; (2) a 160% increase in days spent in general hospital (this increase is due to two significant outliers as well as lower than normal hospital days before partnership); (3) an 90% reduction in jail days; and (4) a 57% decrease of days in the County’s Psychiatric Health Facility (PHF).

On the following pages, the various work plans within the county’s CSS plan are described. At the head of each section is a table outlining the budget and actual costs of each work plan. In addition, an outline of each CSS program’s stated goals, objectives, and measurable outcomes can be found at the front of each section. County staff and community advisors monitor programs to ensure they meet the community’s needs.

HOW IS FSP DATA COLLECTED AND REPORTED?

Full Service Partnership (FSP) data is entered into the California Department of Health Care Services Data Collection and Reporting (DCR) system. FSP Teams assess and collect partner outcomes and submit them to the DCR. The SLO Behavioral Health Department pulls from the DCR data reports on FSP clients. These reports include:

- Key Event Tracker (KET) data. KETs keep track of client status and residency on an ongoing basis and are collected upon a significant event. The key variable within the KETs is the “Current” datapoint, which provides residential information in terms of “general living arrangement tonight.”*
- 3 Month (3M) data, basic information collected quarterly and is more useful for FSP administrators)*
- Personnel Action File (PAF) data. PAFs contain extensive demographic and residency information collected for FSP clients upon entrance into the FSP program. It generally serves as the baseline for client's experience before FSP partnership. Critically the PAFs contain data on previous years' days spent in homelessness, psychiatric hospital, etc.*

The PAFs serve as the baseline data while KETs logged over the past Fiscal Year indicate the status of the FSP client.

For example, to collect general hospital days in the past year, a client who has a KET in which the key event changes their “Current” status to “medical hospital” is tracked and compared to that client's following KET which contains a non-medical hospital code (for example, “Current” status is logged as “Apartment Alone”), indicating a change in status and hospital discharge.

The days between the two KETs are tracked and tallied with all other program clients to produce the total days in general hospital. PAFs contain a variable on client's days spent in hospital the past 365 days before FSP enrollment – the sum of program participants PAF days are compared to the sum of KET days to produce data comparing the before/after program participation which is the primary measure used to show aggregate FSP program outcomes.

The FSP data available does not distinguish between ER visits or Inpatient stays, however the medical hospital stay must have been long enough to be cited as a key event which denotes a change in status.

CSS 1.1: Children and Youth Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022-2023	30	\$897,748	\$29,925
Actuals for FY 2023-2024	30	\$1,140,317	\$38,011
Projections for FY 2024-2025	25	\$1,276,123	\$51,045

*Four partners were served in both Youth and TAY FSP

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

Program Goals

- Reduce subjective suffering from severe 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 and 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 partners living with family.
- Reduced number of partners/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.

The **Children and Youth FSP** program honors the family, instills hope and optimism, and achieves positive experiences in the home, school, and 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 nonprofit children and families' services provider, provides Child/Youth and TAY

FSP services. FCNI was established in 1987 to create family-based treatment programs as an alternative to a 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 support. The family's desired outcomes drive the method of service delivery. The services are provided in the home, school, and community in a strength-based, culturally competent manner and in an integrated fashion. Coordinated graduation to a lower level of care is an essential element of the FSP with discharge planning beginning at the onset of enrollment.

There were two (2) Children and Youth FSP teams in 2023-2024. 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.

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 partners who may need after-hours support to manage or reduce crises. Being, "fully served," is a core principle of FSP, which includes having 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 negative outcomes for partners, including, but not limited to, unnecessary incarcerations or hospitalizations.

In 2023-2024, FCN's Children and Youth FSP teams provided services to 30 partners with the target of helping them achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 1.1A represents reductions in areas of consequence. These figures are calculated by comparing the 12 months prior to FSP enrollment to the occurrences during 2023-2024. Compared to the 12 months prior to FSP enrollment, Child and Youth FSP participants demonstrated the following results:

- 79% decrease in days spent in psychiatric health facilities (119 days twelve months prior to partnership, 24 during 2023-2024).
- 100% change in homeless days (0 days twelve months prior to partnership, 152 experienced by one client during 2023-2024).
- 100% decrease in total days spent in justice facilities (7 twelve months prior to partnership, 0 during 2023-2024; and
- No change in total days spent in general hospital (0 twelve months prior to partnership, 0 during 2023-2024).

Figure 1.1A: Child and Youth FSP Partners Enrolled in FY 2023-2024 (n=30)

FSP Key Event	2023-2024	Before Partnership	Percent Change (FY 2023-24 compared to Prior to Partnership)
Days in General Hospital	0	0	0.0%
Days in Homelessness	152	0	100.0%
Days in Jail/Juvenile Hall	0	7	-100.0%
Days in PHF	24	119	-79.8%
Total Arrests	0	1	-100.0%
Total Mental/SUD Emergency Interventions	1	19	-94.7%
Total Physical Emergency Interventions	1	2	-50.0%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

FCN's Children and Youth FSP teams collect data regarding diverts that pertain to care level and incarceration. FCN reported that for FY 2023- 2024, at discharge: 100% (14/14) of clients were diverted from a higher level of care and 100% (14/14) of clients were diverted from incarceration.

CSS 2.1: Transitional Age Youth (TAY) Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	28	\$561,415	\$20,051
Actuals for FY 2023–2024	32	\$540,085	\$16,878
Projections for FY 2024–2025	25	\$779,257	\$31,170

*Four partners were served in both Youth and TAY

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

Program Goals

- Reduce subjective suffering from severe mental illness for adults and severe 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 and 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 the number of partners living with family or independently, or independently with support.
- Reduced number of partners/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. It 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-two (32) TAY received FSP services in 2023-2024.

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 with a chronic history of psychiatric hospitalizations, law enforcement involvement, co-occurring disorders, and/or foster youth with multiple placements, or those aging out of the Children's System of Care. Local community advisors have identified the priority issues for TAY 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 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 support when needed, case management, crisis services, therapy, and psycho-education services 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 2023-2024. 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, psychiatrist, medication manager, and program supervisor that serve participants in both age group programs.

In 2023-2024, FCNI provided services to 32 partners in the TAY FSP Program, with a target to help them achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 2.1A represents reductions in areas of consequence. These figures are calculated by comparing the baseline information gathered from the partners for 12 months prior to their start date into the program to the occurrences during 2023-2024.

- 86% decrease in days spent in psychiatric health facilities (324 twelve months prior to partnership, 44 during FY 2023-2024).
- 92% reduction in homeless days (806 twelve months prior to partnership, 64 during FY 2023-2024).

- 1400% increase in total days spent in justice facilities (the figure of 1400 is likely misleading but is retained to be consistent with how data is presented throughout FSP programs. In TAY FSP clients collectively spent only 2 days twelve months prior to partnership compared to 30 days spent by one individual during FY 2023-2024); and
- 100% reduction in total days spent in general hospital (23 twelve months prior to partnership, 0 during FY 2023-2024).

Figure 2.1A: TAY Partners Enrolled in 2023-2024 (n=32)

FSP Key Event	2023-2024	Before Partnership	Percent Change (FY 2023-24 compared to Prior to Partnership)
Days in General Hospital	0	23	-100.0%
Days in Homelessness	64	806	-92.1%
Days in Jail/Juvenile Hall	30	2	1400.0%
Days in PHF	44	324	-86.4%
Total Arrests	3	3	0.0%
Total Mental/SUD Emergency Interventions	0	99	-100.0%
Total Physical Emergency Interventions	4	82	-95.1%

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” on Page 32.

In 2023-2024, TAY partners were observed by team providers over several months to compare program outcomes. Providers documented that at discharge: 89% (16/18) of clients were diverted from a higher level of care and that 100% (18/18) of clients were diverted from incarceration.

The team’s peer and parent coaches provide transportation, social support, skills training, and assistance with independent living. These coaches function as role models for partners focusing on rehabilitation and recovery, communication skills, and work behavior. Coaches facilitate and encourage partners to access and utilize community resources, services, and opportunities; as well as support parents to be effective caregivers and advocates for their children. The scope of education and support 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 partners in a social rehabilitation setting offering social support, recreational activities, and assisting with independent living skills.

Partners are given the option to choose telehealth or in-person contacts. 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.



CSS 3.1: Adult Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	43	\$1,985,838	\$46,182
Actuals for FY 2023–2024	40	\$1,816,331	\$45,408
Projections for FY 2024-2025	45	\$2,310,246	\$51,339

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 the greatest level of independence possible.
- Reduce subjective suffering from severe mental illness for adults.

Key Objectives

- Reduce homelessness/maintain suitable housing.
- Reduce or eliminate the need for crisis services.
- Reduce or eliminate acute psychiatric and/or medical hospitalizations.
- Reduce substance use/dependence to a level that no longer harms 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 from a co-occurring substance use disorder. The overall goal of Adult FSP is to divert adults with severe 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.

The Adult FSP programs provide a full range of services. Participants are empowered to select from various 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 everyone'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

In 2023-2024, TMHA served 40 FSP partners as part of the Adult FSP program.

The three (3) core FSP teams include a TMHA Clinical Therapist and a Personal Services Specialist (PSS). 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 addition, a program mentor, psychiatrist, medication manager, and program supervisor serve participants. The medication manager time allows the staff to be available during all business hours to support appointments, refills, and check-ins for the full caseload of 40 partners. The peer mentor provides transportation, social support, skills training, and assistance with independent living to a caseload of 40 clients. In FY 2023-2024, MHSA community advisors expanded the Adult FSP program with additional medical prescriber (e.g., nurse practitioner) time each week, as well as a part-time Medical Assistant to provide the five Adult FSP teams at TMHA with support for organizing and administering consumer medications.

In the fiscal year 2023-2024, 83% of partners were referred to and seen by a psychiatrist within 15 business days. 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. Partners surveyed also demonstrated a 35% increase in their use of skills learned from therapeutic interventions to deal better with stress-related triggers; 26% increase in community participation through learned activities such as enhanced self-sufficiency, life skill training and medication education; and 79% of partners surveyed indicated they were satisfied or very satisfied with medication support services.

Figure 3.1A represents the baseline information gathered from the partners 12 months prior to their start date into the program and compares it to the occurrences during 2023-2024.

- 30% decrease in days spent in psychiatric health facilities (591 twelve months prior to partnership, 410 during FY 2023-2024).
- 100% decrease in homeless days (2763 twelve months prior to partnership, 0 during FY 2023-2024).
- 100% decrease in total days spent in justice facilities (113 twelve months prior to partnership, 0 during FY 2023-2024); and
- 341% increase in days spent in general hospital (118 twelve months prior to partnership, 521 during FY 2023-2024, as with other outliers this is a result of a couple individuals with significant service need during the past year).

Figure 3.1A: Adult Partners Enrolled in FSP: FY 2023-2024 (n=40)

FSP Key Event	2023-2024	Before Partnership	Percent Change (FY 2023-24 compared to Prior to Partnership))
Days in General Hospital	521	118	341.5%
Days in Homelessness	0	2763	-100.0%
Days in Jail/Juvenile Hall	0	113	-100.0%
Days in PHF	410	591	-30.6%
Total Arrests	0	24	-100.0%
Total Mental/SUD Emergency Interventions	0	134	-100.0%
Total Physical Emergency Interventions	13	78	-83.3%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	30	\$1,074,367	\$35,812
Actuals for FY 2023–2024	33	\$1,146,702	\$34,749
Projections for FY 2024-2025	35	\$1,367,099	\$39,060

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 support includes a nurse, access to a psychiatrist, medication management, and program supervision. **In 2023-2024, TMHA served 33 FSP partners as part of the Homeless Outreach Team FSP program.** In 2023-2024, the program team met and engaged 420 local homeless individuals. Eighty-four (84) individuals were screened for Mental Health Services, and fifty-two (52) individuals received health screenings and check-ups performed by the program nurse. In recent years, TMHA expanded its Homeless Outreach FSP to include the second team, which increased HOT's capacity to ultimately serve 33 partners.

The mobile outreach unit provides assessment and treatment with the capacity to serve the community most effectively using a mobile unit. The team's homeless outreach and service delivery includes access to a nurse practitioner via telepsychiatry. HOT works in conjunction with other TMHA homeless outreach programs to connect clients to care management services, housing, education, and after-care to help support clients throughout their transition from homelessness to being a housed and thriving member of the community.

Thirty-three (33) individuals were enrolled in HOT FSP Services 2023-2024. Figure 3.2A represents the baseline information gathered from the partners for 12 months prior to their start date into the program and compares it to the occurrences during 2023-2024.

- 63% decrease in days spent in psychiatric health facilities (354 twelve months prior to partnership, 130 during FY 2023-2024).
- 99% reduction in homeless days (3371 twelve months prior to partnership, 32 during FY 2023-2024).
- 89.7% decrease in total days spent in justice facilities (2330 twelve months prior to partnership, 247 during FY 2023-2024); and

- 333% increase in days spent in a general hospital setting (18 days reported twelve months prior to partnership, 78 during FY 2023-2024) two outliers spent more days in hospital skewing the data.

In 2023-2024, 100% of the 33 partners engaged accessed support services, such as substance use treatment, vocational training, emotional support, and benefits eligibility. Three, or 18% (6/33) of the 33 partners served had secured housing as of the fourth quarter.

Figure 3.2A: Homeless Outreach Team Partners Enrolled in FY 2023-2024 (n=33)

FSP Key Event	2023-2024	Before Partnership	Percent Change (FY 2023-24 compared to Prior to Partnership)
Days in General Hospital	78	18	333.3%
Days in Homelessness	32	3371	-99.1%
Days in Jail/Juvenile Hall	247	2240	-89.0%
Days in PHF	130	354	-63.3%
Total Arrests	0	25	-100.0%
Total Mental/SUD Emergency Interventions	0	77	-100.0%
Total Physical Emergency Interventions	0	25	-100.0%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

CSS 3.3: Forensic Adult Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	16	\$910,471	\$56,904
Actuals for FY 2023–2024	17	\$1,078,205	\$63,424
Projections for FY 2024-2025	18	\$1,290,324	\$71,685

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

Program Goals

Assist partners who are currently involved with the criminal justice system or are at risk of involvement with law enforcement. Provide the support necessary to prevent future incarceration and increase long-term mental health recovery success rates.

Key Objectives

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

Program Outcomes

- Decrease in emergency room visits.
- Decrease in jail days.
- Decrease in homelessness.
- Decrease in psychiatric health facility days.
- Increase in utilization of community behavioral health support systems

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.
- Data elements collected are based on MHSA regulations.

The “Forensic Full Service Partnership” (FFSP) serves individuals currently involved with the criminal justice system or at risk of involvement with law enforcement who also meet the criteria for FSP including severe mental illness, homelessness, at risk of homelessness, involvement or at risk of involvement with the criminal justice system, at risk of institutionalization, frequent hospital users and/or emergency room treatment for mental health care.

The FFSP is operated by the Behavioral Health Department’s Justice Services Division. The staff positions include a lead Clinician, a Personal Support Specialist

(PSS), and a Program Supervisor to support the growing division of court-related MHSA programs. The Clinician provides assessments and diagnoses and works with each client to establish a successful treatment plan. The Clinician interfaces with the justice system, inpatient facilities, crisis teams, and administration to ensure FSP participants are supported throughout the system. The PSS supports FFSP partners by providing case management, transportation, and system navigation among other services.

This program includes a half-time Staff Psychiatrist and full-time medication manager to provide medical support to the FFSP and other forensic MHSA programs. FFSP assists in navigating the criminal justice system, maintaining compliance with criminal justice mandates, and addressing criminogenic risk and needs to prevent future incarceration. Criminal justice-involved individuals often have complex needs, and their mental health and substance use disorders are often interrelated, under-managed, and further complicated by varying degrees of involvement with the system.

Often these symptoms increase while in custody and a lack of follow through with community-based treatment upon release can create a cycle of rearrest and court involvement. FFSP staff specialize in criminal justice treatment which includes best practices in cognitive therapies, trauma-informed care, and harm reduction. Staff collaborate with probation officers and work with justice system incentives and sanctions when needed to motivate client behaviors.

In FY 2023-2024, the FFSP program served 17 unique partners. The FFSP program is new in FY 2023-2024, and this number of partners reflects the intended program enrollment. Figure 3.3A represents the baseline information gathered from the partners for 12 months prior to their start date into the program and compares it to the occurrences during 2023-2024.

- 66% decrease in days spent in psychiatric health facilities (178 twelve months prior to partnership, 59 during FY 2023-2024).
- 94% decrease in homeless days (3296 twelve months prior to partnership, 187 during FY 2023-2024).
- 94% decrease in total days spent in justice facilities (1633 twelve months prior to partnership, 94 during FY 2023-2024); and
- 0% reduction in days spent in general hospital (0 twelve months prior to partnership, 0 during FY 2023-2024).

Figure 3.3A: Forensic FSP Partners Enrolled in FY 2023-2024 (n=17)

FSP Key Event	2023-2024	Before Partnership	Percent Change (FY 2023-24 compared to Prior to Partnership)
Days in General Hospital	0	0	N/A
Days in Homelessness	187	3296	-94.3%
Days in Jail/Juvenile Hall	94	1633	-94.2%
Days in PHF	59	178	-66.9%
Total Arrests	3	20	-85.0%
Total Mental/SUD Emergency Interventions	1	45	-97.8%
Total Physical Emergency Interventions	12	94	-87.2%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

CSS 3.4: Transition Assistance and Relapse Program (TARP/FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	26	\$19,615	\$754
Actuals for FY 2023–2024	25	\$48,411	\$1,936
Projections for FY 2024–2025	30	\$133,469	\$4,449

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Assist partners who are in transition from 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 partners by developing a post-graduation transition and recovery plan using a peer advocate/mentor.

Program Outcomes

- Reduce relapse and recidivism rates among partners.
- Partners 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 on-going 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 an MHSA-funded Innovation project) that graduates may still meet medical necessity for services. Still, because of their success in recovery, they may no longer access the level of supportive services they had received 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 partners. 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 previously. TARP ensures continuity of care for FSP partners 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 partners 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 partners.

A total of twenty-five (25) unduplicated participants were served in 2023-2024.

A total of 457 duplicated contacts occurred in the fiscal year. Of the 25 unduplicated participants in 2023-2024, 100% of participants did not relapse/recidivate to the PHF or the FSP program during the fiscal year. Additionally, 87% (13/15) of the participants engaged in community-based services for two or more sessions. Of the twenty-five (25) reporting via self-report surveys, 72% reported feeling better prepared to manage their long-term recovery after working with the Behavioral Health Navigators, and 92% (23/25) of partners were deferred from using an acute treatment setting. Behavioral Health Navigators (BHNs) surveyed (2) demonstrated a 17% increase in their own wellness and recovery outcomes because of being a BHN.

CSS 4: Older Adult Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	23	\$733,844	\$31,906
Actuals for FY 2023–2024	22	\$767,710	\$34,896
Projections for FY 2024–2025	23	\$799,585	\$34,765

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 the 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 the 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 everyone'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 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.

OA FSP serves clients with serious mental illness that 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 2023-2024. 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 2023-2024 the OA FSP team served a total of 22 partners.**

Figure 4.1A presents a comparison of the baseline information gathered from these partners for 365 days prior to their start date into the program, to the end of the fiscal year.

- 54% decrease in days spent in psychiatric health facilities (113 twelve months prior to partnership, 52 during FY 2023-2024).
- 100% reduction in homeless days (499 twelve months prior to partnership, 0 during FY 2023-2024).
- 100% decrease in total days spent in justice facilities (30 twelve months prior to partnership, 0 during FY 2023-2024); and
- 60% decrease in days spent in general hospital (75 twelve months prior to partnership, 30 during FY 2023-2024).

Figure 4.1A: Older Adult Partners Enrolled in FY 2023-2024 (n=22)

FSP Key Event	2023-2024	Before Partnership	Percent Change (FY 2023-24 compared to Prior to Partnership)
Days in General Hospital	30	75	-60.0%
Days in Homelessness	0	499	-100.0%
Days in Jail/Juvenile Hall	0	30	-100.0%
Days in PHF	52	113	-54.0%
Total Arrests	0	4	-100.0%
Total Mental/SUD Emergency Interventions	18	60	-70.0%
Total Physical Emergency Interventions	4	79	-94.9%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

The OA FSP program provides a full range of services. Participants are empowered to select from various 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 support, 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 illness, assistance with appointments, shopping, household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers.

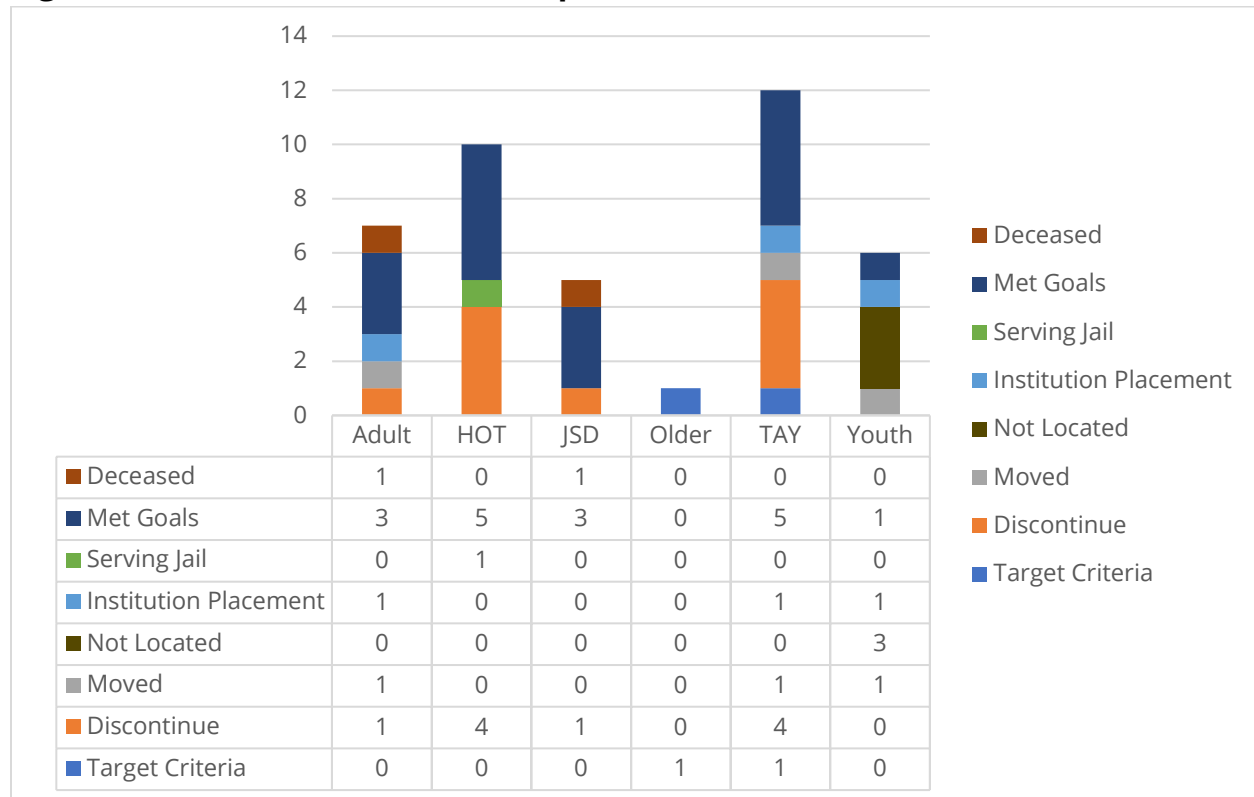
In 2023-2024, the Older Adult FSP team continued to assess and address the medical needs of the medically fragile partners. Partners reported a 50% reduction in the presentation of symptoms at the end of six (6) months following OA FSP enrollment. Additionally, partners reported an 85% reduction in the presentation of symptoms at the end of one (1) year following OA FSP enrollment. The psychiatrist saw 100% of enrolled OA FSP partners within 15 business days, and 100% of partners surveyed reported satisfaction with medication support services. WCS reported that clients have been moving through the program more quickly, allowing for more openings in OA FSP. This success enables OA FSP to serve more members of the community.

CSS: Collective FSP Disenrollment Results

Collectively, in 2023-2024, the Full Service Partnership programs had 41 partners 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 clients, the client cannot be located.
- Clients need residential/institutional mental health services.
- Clients have successfully met their goals such that discontinuation of FSP is appropriate; and
- The client is serving a prison sentence.

Figure DR1: Full Service Partnership Discontinuation Reason: FY 2023-2024



CSS: 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 2023-2024** (62 units in San Luis Obispo, 23 units in Atascadero, 5 units in Arroyo Grande). All the residents of these programs initially receive services from the San Luis Obispo County Behavioral Health Department and TMHA. 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.



Figure H1: Number of Housing Units Provided for MHSA clients in FY 2023-2024

TMHA uses 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 2023-2024

Program	Location	Total Beds	Total Clients	Occupancy (bed days)
Full Service Partnership (FSP) Intensive Residential	Atascadero/San Luis Obispo	35	46	91% (11,699 /12,810)
Homeless Outreach FSP Housing	Atascadero	4	6	88% (1,293/1,464)
Assisted Outpatient Treatment FSP Housing	Atascadero	5	7	94% (1,721/1,830)

FY 2024-2025 Projected occupancy rate of 90%

FY 2026-2027 *Projected occupancy rate of 90%*

Figure H2: Occupancy Rate by Housing Type in FY 2023-2024



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. A total of **46** clients resided in the FSP Housing Program during the 2023-2024 FY.

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. A total of **six** clients resided at Homeless Outreach Housing during the 2023-2024 FY.

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 from the time a bed is designated, "opening", TMHA moves to the FSP waitlist for placement. The program has five beds available in Atascadero city, and the housing has no maximum length of stay.

Program services and activities are provided in residents' homes and within the immediate community. Residents are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower every client to attain their highest level of independence possible. During fiscal year 2023-2024, a total of **seven** clients resided at Assisted Outpatient Treatment FSP Housing Program.

MHSA Program Housing FY 2023-2024

Program (Funding Source)	Location	Total Beds	Total Clients	Occupancy (bed days)
Nelson Street (CSS One-Time Funding)	Arroyo Grande	5	5	98% (1,825/1,830)
Nipomo Street (CalHFA Funded)	San Luis Obispo	8	10	100% (2,928/2,928)
Bishop Street (CSS One-Time Funding)	San Luis Obispo	33	37	98% (11,751/12,018)

FY 2024-2025 Projected occupancy rate of 95%

FY 2025-2026 Projected occupancy rate of 95%

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. A total of **five** clients resided at Nelson Street Studios during FY 2023-2024.

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. Support services, shopping, bus lines, restaurants, and employment opportunities are all within walking distance. All units are fully furnished and complete with houseware and linens. Residential case management support is provided to the residents as well. A total of **10** clients resided at Nipomo Street Studios during FY 2023-2024.

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. A total of **37** clients resided at the Bishop Street Studios Program during FY 2023-2024.

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 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), a community room, community kitchen, computer room and tot lot or playground. Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment.

Pismo Terrace opened its registrations in February 2024 and plans its grand opening for September 2024.

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 studios, 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 an 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 Fall of 2024.

Round Four Competitive Grant: In September 2022, the County and its housing partner, Transitions Mental Health Association (TMHA) received a grant award of \$2,034,961 to fund the Palm Street Studios project in San Luis Obispo, CA.

Palm Street Studios is an 8-unit new construction/ acquisition rehabilitation project with 8 one-bedroom units serving households with incomes at 30 percent of Area Median Income (AMI). Of the total units, 8 one-bedroom units will be reserved for NPLH qualified households with incomes at 30 percent AMI. Each unit will have air conditioning, refrigerator, range, disposal, dishwasher, curtains/blinds, gated entry and building key card. On-site amenities include two elevators, one laundry room, community room, community kitchen, picnic/BBQ area and a Tot lot or playground.

Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment.

The project has been impacted by the rising costs of construction in San Luis Obispo County. TMHA is currently seeking additional support to expedite the project's completion.

Non-Competitive Grant: In June 2022, the County and its housing partner, Transitions Mental Health Association (TMHA) received a grant award of \$1,493,335 to fund the Branch Street Permanent Housing project in San Luis Obispo, CA.

Branch St. Permanent Housing is a 6-unit acquisition project on two contiguous parcels, with 2 studio and 4 one-bedroom units serving households with incomes at 30 percent of Area Median Income (AMI). All 6 units will be reserved for NPLH qualified households with incomes at or below 30 percent AMI. Each unit has air conditioning, refrigerator, range, microwave, disposal, curtains/blinds, balcony/patio, walk-in closet and storage area. On-site amenities include laundry room, picnic/BBQ area. Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment. Currently, six formerly unhoused Behavioral Health clients reside at the Branch Street Permanent Housing Project.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	1269	\$314,536	\$248
Actuals for FY 2023–2024	1043	\$406,147	\$389
Projections for FY 2024–2025	1135	\$376,572	\$332

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 the 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

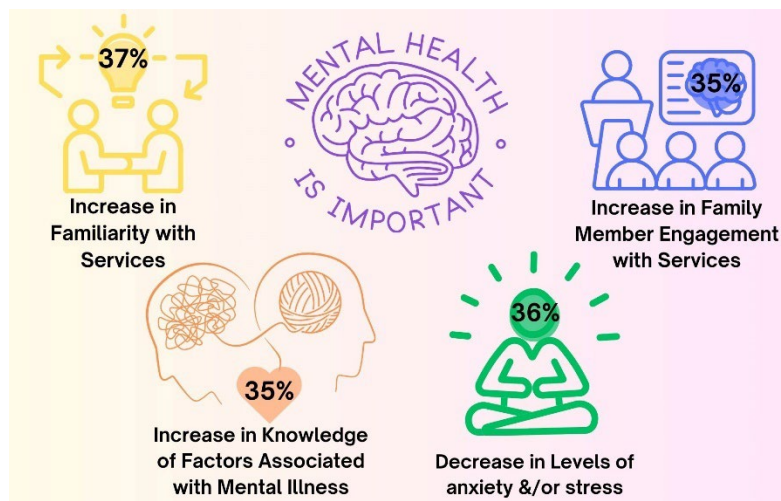
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

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 housing, transportation, education, and support services. Figure 5.1A below represents the results of family members surveyed in the Adult Family Advocates and Youth Family Partners Program.

In 2023–2024, there were 1,043 unduplicated family members served, and a total of 8,446 duplicated contacts provided to these clients. A sample of program participants volunteers (n=66) were surveyed, and results show family members demonstrated a 37% increase in their familiarity with services available in the community, such as education, information and referral, and community outreach. Also, a 30% increase of family member engagement with services available in the community to support and assist their loved one with mental illness or emotional disturbance was also

reported. Also reported, a 35% increase in their knowledge of the conditions and factors associated with their loved one’s mental illness, and a 36% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation, among others.

Figure 5.1A: Family Members Surveyed in Adult Family Advocates and Youth Family Partners Program (n=66)



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	25	\$259,994	\$12,337
Actuals for FY 2023–2024	64	\$241,078	\$3,767
Projections for FY 2024-2025	27	\$401,608	\$14,874

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 the 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 intervention, intense treatment, and education.

Individualized case plans are specific to each client's needs. **In 2023-2024 the Integrated Co-occurring Treatment program served 64 unduplicated consumers.**

In FY 2023-2024, the Behavioral Health Clinician position assigned to adult co-occurring disorders experienced challenges such as the Dual Diagnosis Program (DDP) not addressing the client's needs other than individual therapy. This challenge was addressed by starting a DDP group once a week and focusing on play and art-based utilizing the seeking safety method. The Clinician attended the seeking safety training that better equipped them to work with this population.

In FY 2023-2024, **eleven clients** reported on their experience with the treatment program and how they compared it to before the program. The dominate age group representing 91 % of respondents is 26-59 years and the dominate gender identity is female making up 73% of respondents. Respondents who identified as Homeless/ Unhoused represent 9% of respondents, Veterans (0), Physically Disabled represent 19% of respondents, and none of the above represent the largest demographic at 73%.

Treatment Rating Q&A Results:

Question: Over the past year, I can better regulate my emotions/behaviors through learned coping skills.

Responses: 64% Somewhat Agree and 36% Agree

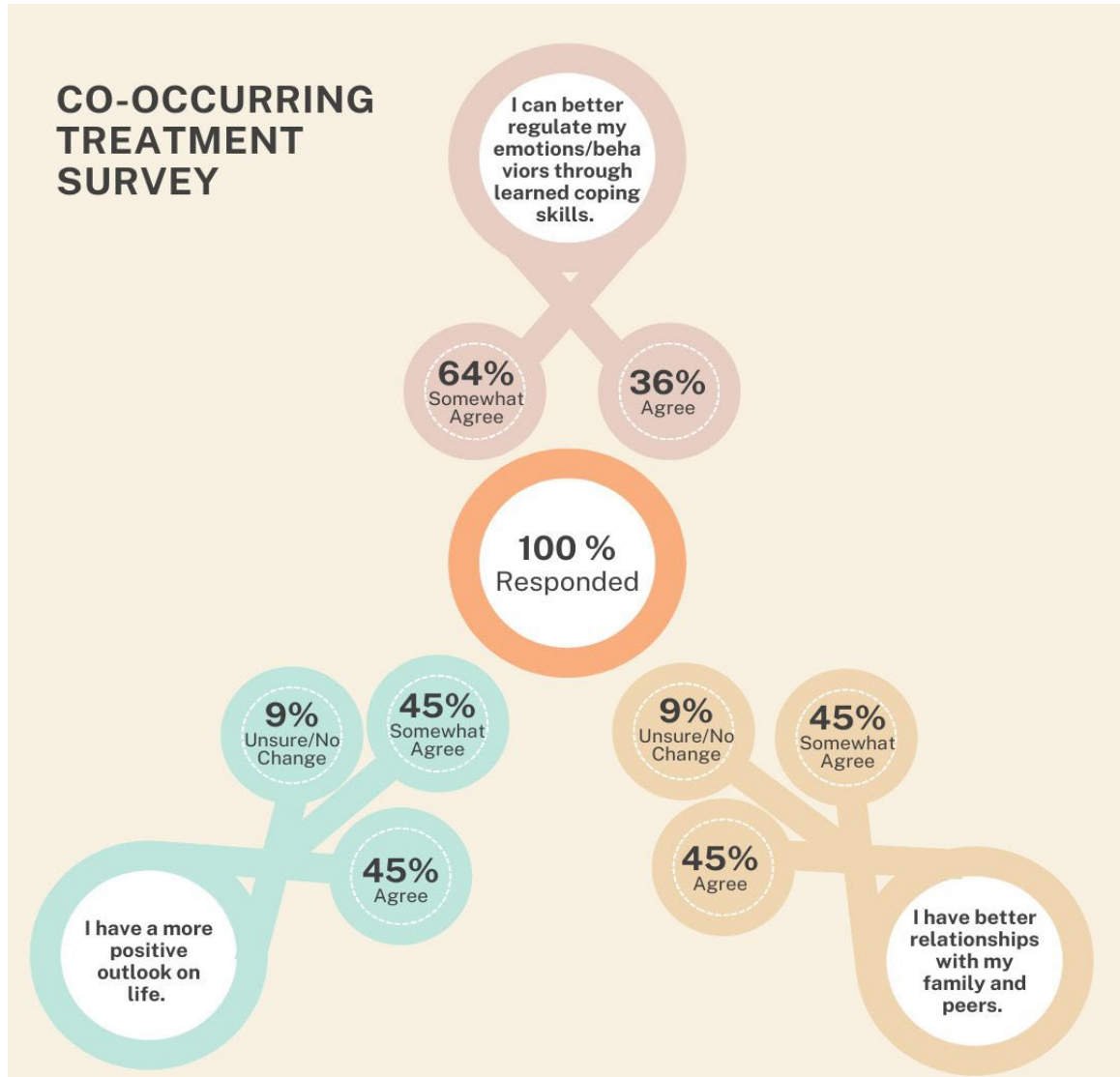
Question: Over the past year, I have better relationships with my family and peers.

Responses: 9% Unsure/No Change, 45% Somewhat Agree, and 45% Agree

Question: Over the past year, I have a more positive outlook on life.

Responses: 9% Unsure/No Change, 45% Somewhat Agree, and 45% Agree

Figure 5.2A: Co-Occurring 2023-2024 survey results



CSS 5.3: Client & Family Wellness | Family Education Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2022–2023	104	\$14,063	\$135
Projection for FY 2023–2024	69	\$11,820	\$171
Projections for FY 2024–2025	85	\$19,585	\$230

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 the 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

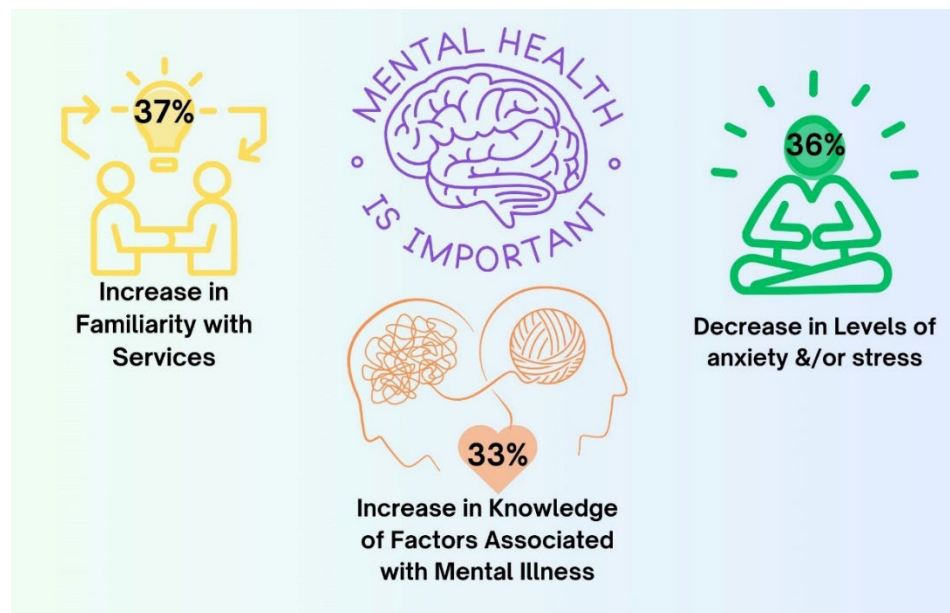
- A variety of pre/posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

The **Family Education Program**, which is coupled in this work plan with TMHA's **Family Orientation Class**, was developed by the National Alliance on Mental Illness (NAMI) and is an 8-week educational course for families of individuals with severe mental illness. It provides up-to-date information on 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 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.

TMHA served 69 attendees in 2023–2024. Figure 5.3A below summarizes the results of those surveyed (n=56). There were 8 sessions completed. A 37% increase in improved familiarity of services available was reported. A 36% decrease in their levels of anxiety and/or stress due to outreach, program availability, and orientation among others. Additionally, a 33% increase in improved knowledge of the conditions and factors associated with their loved one's mental illness was reported.

Figure 5.3A: Survey Results of Participants Enrolled in Family Orientation 2023-2024



CSS 5.4: Client & Family Wellness | Service Enhancement Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	424	\$184,636	\$435
Actuals for FY 2023–2024	303	\$196,638	\$649
Projections for FY 2024-2025	333	\$196,518	\$590

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 the 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

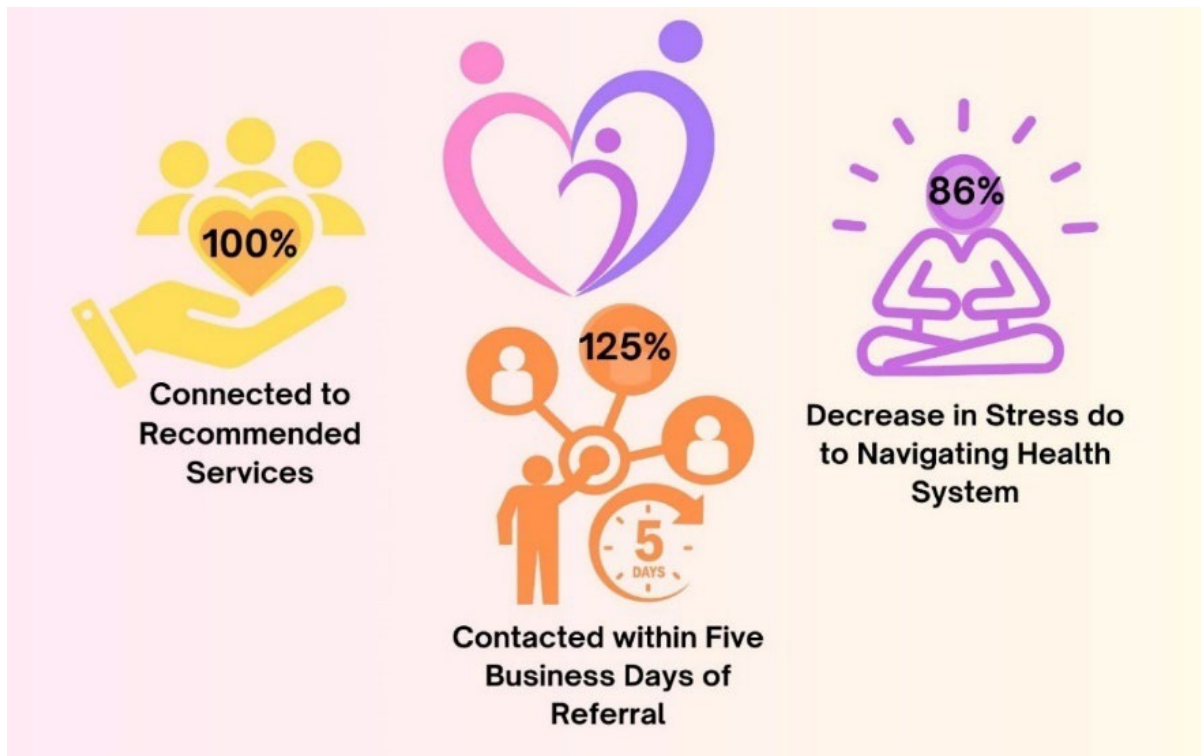
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

The Service Enhancement Program, originally funded as an Innovation trial, adopted a well-regarded cancer treatment center's warm reception and navigation program. This service is provided by a Peer Navigator from TMHA. The program helps clients entering County outpatient mental health services, their families, loved ones, and caregivers navigate through the first steps of receiving services, help assess needs, and engage services for 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 adults in the county.

In 2023–24 these efforts resulted in 215 unduplicated clients served and 645 services provided. Of those surveyed (n=26), 32% of family members and consumers reported increased knowledge of and ability to access community-based resources, a 27% decrease in stress, a 28% increase in their ability to reach self-determined health goals, and a 34% increase in their self-management skills.

Additionally, CAPSLO, in partnership with the County, provides a service enhancement program for Martha's Place, the County's child assessment center. **In 2023–2024, 88 unique families were served** and over 1,585 client contacts were made. Of the families that were enrolled in the service enhancement program, 100% (22/22) were connected to recommended services. Eighty-six percent 86%, (12/14) families that enrolled in service enhancement program reported a decrease in stress associated with navigating Martha's Place and/or other healthcare systems. Additionally, 125% (25/20) of referred families were contacted within five business days of receiving the referral, and 65% (56/86) of families contacted by the staff attended their Martha's Place intake meeting.

**Figure 5.4A: Martha's Place Service Enhancement Program survey
2023-2024**



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	106	\$42,650	\$402
Actuals for FY 2023–2024	152	\$44,053	\$290
Projections for FY 2024-2025	146	\$49,053	\$336

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 the 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

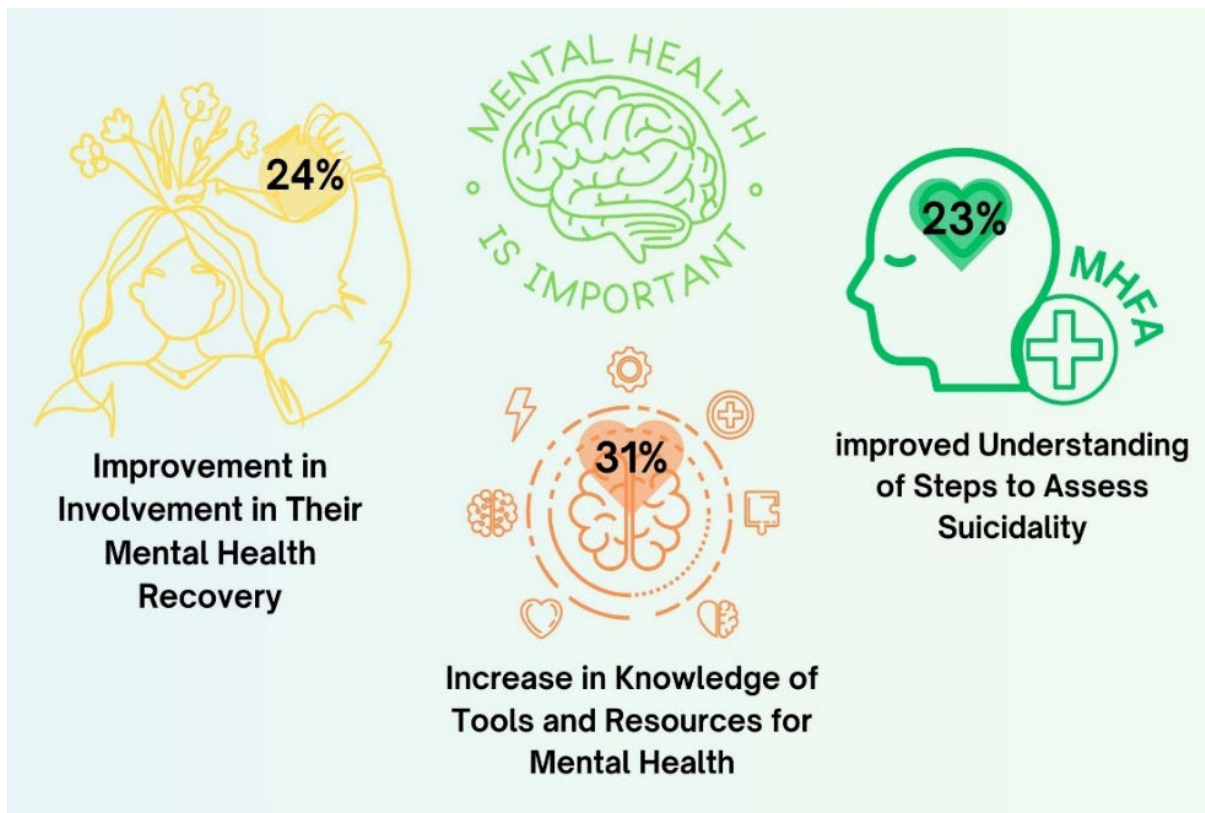
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

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 experienced peer mentors in 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 advanced directives, and create their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills.

Program components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. 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 2023-2024, TMHA served 152 unduplicated clients. Of those surveyed (n=5), at the post-test, they reported a 31% improvement in their knowledge of the tools and resources available for their mental health, and a 24% improvement in their involvement with their mental health recovery. Lastly, those that attended Mental Health First Aid, and were surveyed (43), had a 23% improvement in understanding the steps associated with suicide assessment.

Figure 5.5A: Participants Surveyed who Received Peer Support and Education Program Services 2023-2024



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	76	\$333,122	\$4,383
Actuals for FY 2023–2024	130	\$336,268	\$2,587
Projections for FY 2024–2025	86	\$349,944	\$4,069

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 the 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 Community Advisor favorite since the launch of MHSA programs in San Luis Obispo County. TMHA provides:

- Vocational counseling and assessment
- Work adjustment
- Job preparation and interview skills training
- Job development and coaching
- Transitional employment opportunities
- Basic job skills training

These resources help assist 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 2023-2024, 130 mental health, and 41 FSP clients were served, with 22 mental health clients gaining employment because of their participation in the program. Of the 37 that gained employment, three (3) clients (8%) maintained that employment for at least 90 days. Additionally, clients surveyed (n=25) demonstrated a 23% 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 the fiscal year 2023-2024, 20 clients were served.** Of those 20, ten (50%) clients went into job development, and 100% 10/10) gained employment after going through the program. Lastly, clients surveyed (n=14) demonstrated a 14% increase in the use of

learned practices and the understanding of conditions and requirements to obtain and maintain employment.

CSS 5.7: Client & Family Wellness | Integrated Access Therapists

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	669	\$548,988	\$821
Actuals for FY 2023–2024	389	\$830,424	\$2,135
Projections for FY 2024-2025	569	\$591,872	\$1,040

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); 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 the 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.

In 2023-2024, two full-time medication managers in the adult system of care along with three full-time case managers **served 262 unduplicated clients** and one clinician at Martha's Place (the county's child assessment center) **served an additional 88 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 and community clients move to lower levels of care, and toward integrated physical healthcare. Licensed Psychiatric Technicians (LPT/medication managers) located in the adult outpatient mental health clinics provide ongoing support to psychiatrists and clinicians to increase access and maintenance of treatment plans. The medication managers help patients plan and maintain treatment schedules, administer medication, and support the overall physical and emotional health of each client to provide care between therapy sessions.

The case managers (Behavioral Health Specialists) 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. Martha's Place position, (Behavioral Health Clinician) will continue to serve the community, to increase access and triage those clients with needs outside of the child's assessment center.

Table 4: Integrated Access Case Managers Satisfaction Pre-Post Survey

Case Manager Satisfaction Pre-Post Survey	Yes (Q5) Prior to Service	Yes (Q6) After Service	Percent of Change	Difference
I am aware of resources in my community	36% (34)	95% (90)	165%	56
I am aware of how I can access resources in my community	7% (7)	80% (76)	986%	69
I feel I can complete the paperwork required for services	25% (24)	68% (65)	171%	41
I know why I came to see my case manager (ex: Housing, Medicare, State Benefits)	81% (77)	99% (94)	22%	17

(Survey Results from English and Spanish Surveys, n=79)

Bishop Street Studios Case Manager - The Bishop Street Studios residential program 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 MHSA Advisory Committee (MAC) Community Advisor group approved funding to support the Residential Case Manager with released Prudent Reserve funds (2019-2022), and in March 2022 agreed to fund the position permanently going forward.

The Bishop Street Case Manager assists in the development of the client's treatment plans. This includes developing problem-solving skills related to daily living, housing, managing chronic symptoms of illness, decreasing psychiatric hospitalizations and employment. The case manager assists residents with cooking, cleaning, conflict resolution, budgeting, socialization and community integration.

In FY 2023-2024, 39 unduplicated clients were served, and 11,742 bed days were provided. Clients reported a 15% (34) increase in their community participation through learned activities, a 20% (35) increase in their use of learned coping skills to help them better manage their mental health symptoms, and an 18% (36) increase in their use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem-solving, and decision-making skills, among others, to deal with stress-related triggers.

CSS 5.8: Client & Family Wellness | Wellness Centers

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	196	\$716,506	\$3,656
Actuals for FY 2023–2024	137	\$735,590	\$5,369
Projections for FY 2024-2025	183	\$872,122	\$4,766

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Provide person-centered, trauma informed, recovery-based services for individuals with mental illness who would otherwise remain withdrawn and isolated.
- Provide services for multiple age groups and various cultures with a focus on recovery, independence, wellness and empowerment.

Key Objectives

- Provide three physical facilities in Atascadero, San Luis Obispo, and Arroyo Grande.
- Make space accessible for program staff, clients, 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.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.

Program Outcomes

- Program participants will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education.
- Clients will use learned coping skills to help them better manage their mental health symptoms.

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.

Starting in 2021-2022, 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. MHSA funds continue to support all three Wellness Centers that faced elimination due to COVID-19-related shifts in County funding.

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 a focus on recovery, independence, wellness, and empowerment.

Support groups and socialization activities as well as NAMI sponsored educational **activities were provided to 137 Behavioral Health, and 320 non-County services clients in 2023-2024.** 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 2023-2024 (n=71), **an increase of 29% was reported in their use of learned coping skills** to help them better manage their mental health symptoms and **an increase of 20% (n= 75) was reported regarding community participation** through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others. A total of 4,503 recovery-oriented activities were provided throughout the fiscal year.

CSS 6: Latino Outreach Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	167	\$535,301	\$3,205
Actuals for FY 2023–2024	126	\$783,742	\$6,220
Projections for FY 2024–2025	260	\$1,343,082	\$5,166

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

Project Goals

- Increase access to mental health care for monolingual and/or low-acculturated Latinos.
- Eliminate the stigma associated with mental illness and treatment amongst Latino/x 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/x 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/x 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 the community issues identified in the original local CSS Community Planning Process, is the lack of access to the behavioral health care system for Latino/x individuals. To

further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino/x population in the county reside in rural areas, thus exacerbating issues of access, transportation, language barriers (i.e., Mixteco-speaking individuals), and information distribution difficulties associated with serving minoritized groups.

LOP clients often have different needs for mental health treatment and are often underserved because of language and cultural barriers. Some clients have recently immigrated to the U.S. and require support navigating multiple systems that impact mental health and this population's ability to access mental health services (e.g., immigration, housing, healthcare, education, stereotypes). Some adults served in LOP do not qualify for Medi-Cal and need support in finding and accessing alternative resources to pay for medication and meet other medical and mental health needs.

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 (2021) rate for "Latino/Hispanic" individuals eligible for and receiving Medi-Cal services is 2.37%, which is lower than the State's 3.29% rate. The County has been meeting with Advisors to determine strategies to improve the program and increase the "penetration rate."

In FY 2023-2024, the LOP experienced staff vacancies, recruitment, and retention challenges. Although the program was short-staffed, the County and community providers attempted to serve MHSA clients without interruption whenever possible. Additionally, the LOP has been the access and the reach to the Latino/x community, especially to those who, in any other circumstances, would not have had access to mental health services due to their documentation/legal status. This program has brought education to the Latino/x community and has impacted breaking stigmas and misconceptions culturally seen in the Latino/x community.



The program served 126 unduplicated clients in 2023-2024. Of the clients surveyed in 2023-2024 (n=46), 100% reported that mental health services were offered in their preferred Latino language; **84% reported being more connected** with services in my community; **84% learned healthy coping skills** such as deep breathing or relaxation techniques; **94% reported the services helped improve their mental health**; **96% were satisfied with the services** offered to them.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	1985	\$1,113,396	\$561
Actuals for FY 2023–2024	2011	\$1,857,156	\$923
Projections for FY 2024-2025	2073	\$1,881,066	\$907

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: 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 the 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 the criminal justice system.
- Reduce admissions to psychiatric health facility.

Program Outcomes

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

Method of Measurement

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

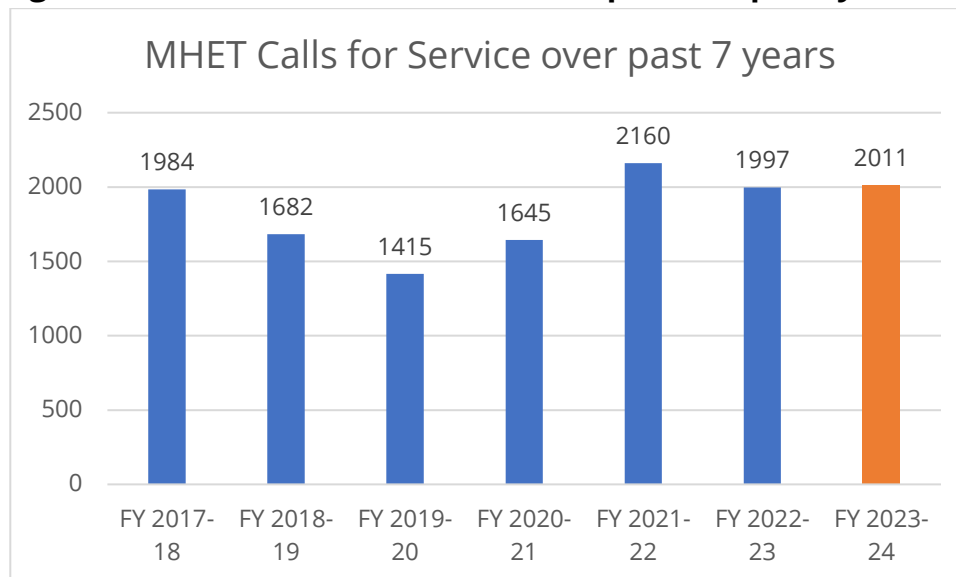
The Mental Health Evaluation Team is operated by Sierra Mental Wellness Group, Inc., to provide mobile crisis services. Two responders were available 24/7 and **the team served 1,979 individuals in 2023-2024**. The team intervenes when mental health crisis situations occur in the field (including hospital 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 people. 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-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 aid in following through with referrals and appointments.

For the fiscal year 2023-2024, there was a total of 1979 calls (32 of which were cancelled and did not result in services). MHET has averaged responding to 1,842 individuals in crisis over the past seven years. The figure below (Figure 7.1A) demonstrates the total number of unique individuals served by MHET.

Figure 7.1A: 2023-2024 MHET calls compared to prior years



In 2023-2024, the Mental Health Evaluation Team received 2011 calls. Call volume matched closely with years prior fiscal years. Across the County's service locations, individual MHET response times were consistently between 20 to 60 minutes, with the average response time being just under 25 minutes.

Figure 7.1B: Total Number of MHET Calls Received in FY 2023-2024 compared to previous years

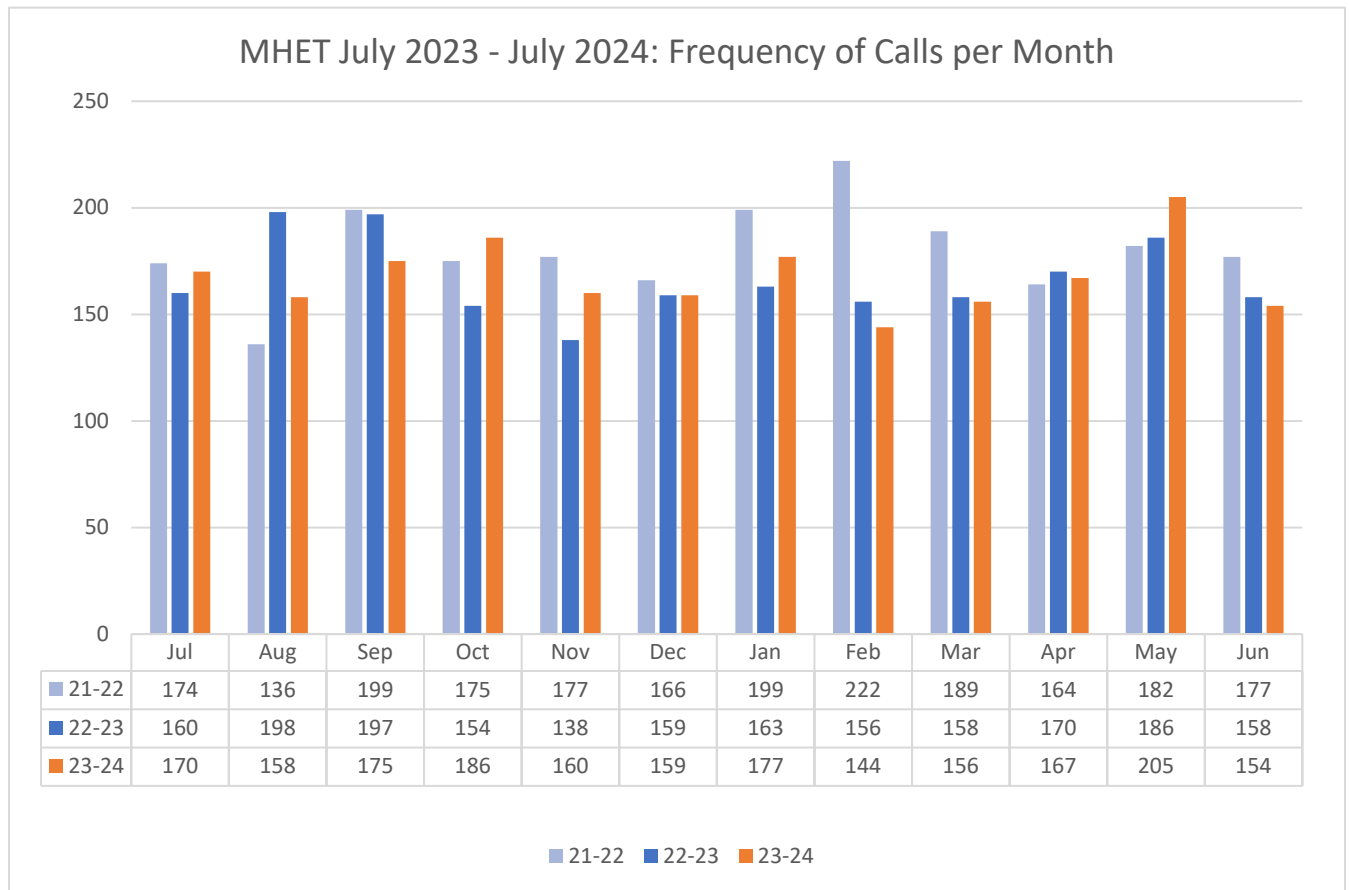


Figure 7.1C: MHET and MCT Call Response

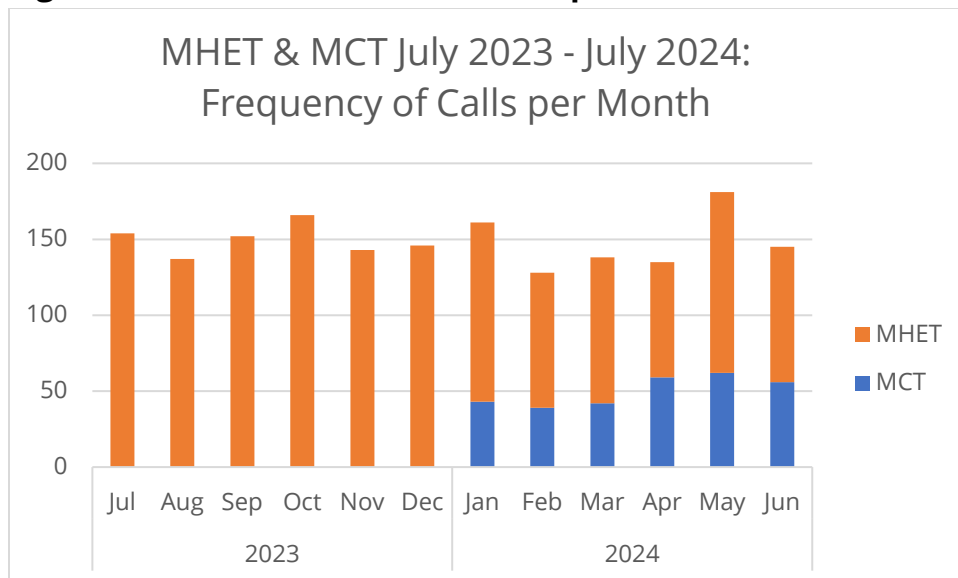
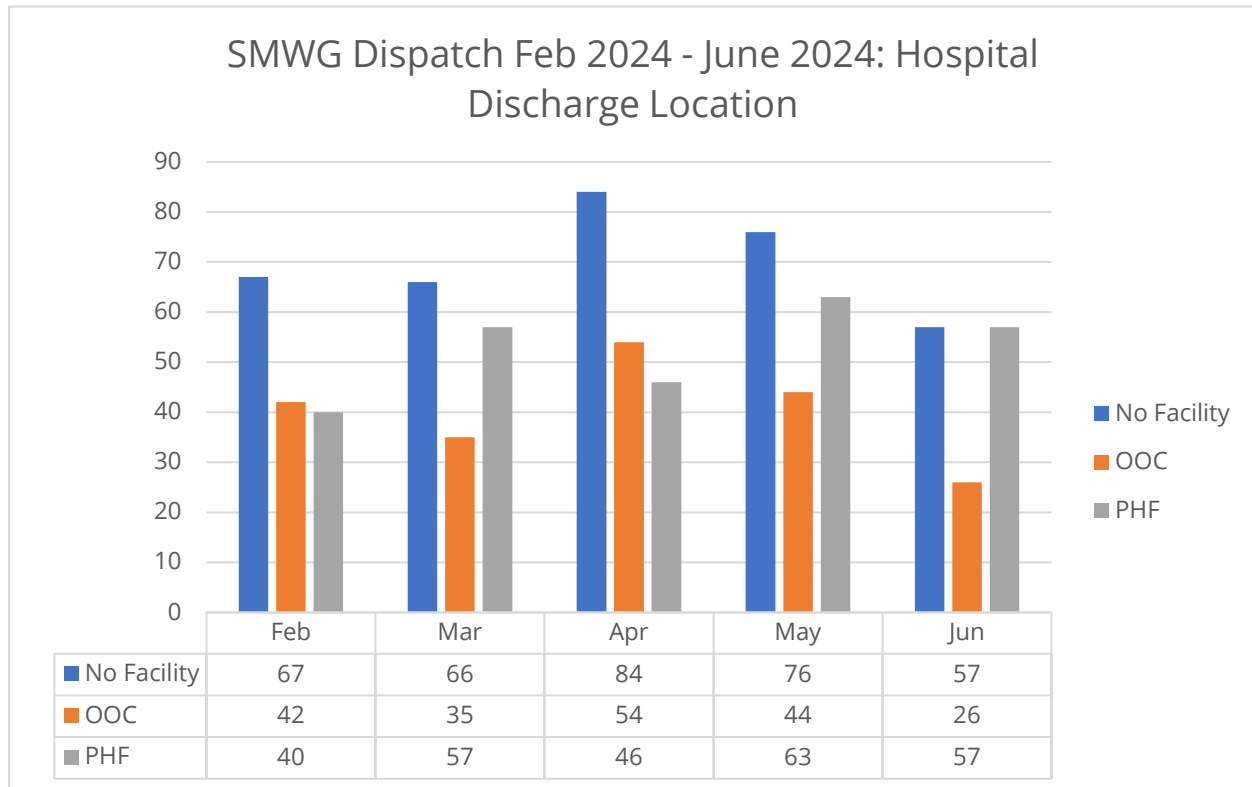
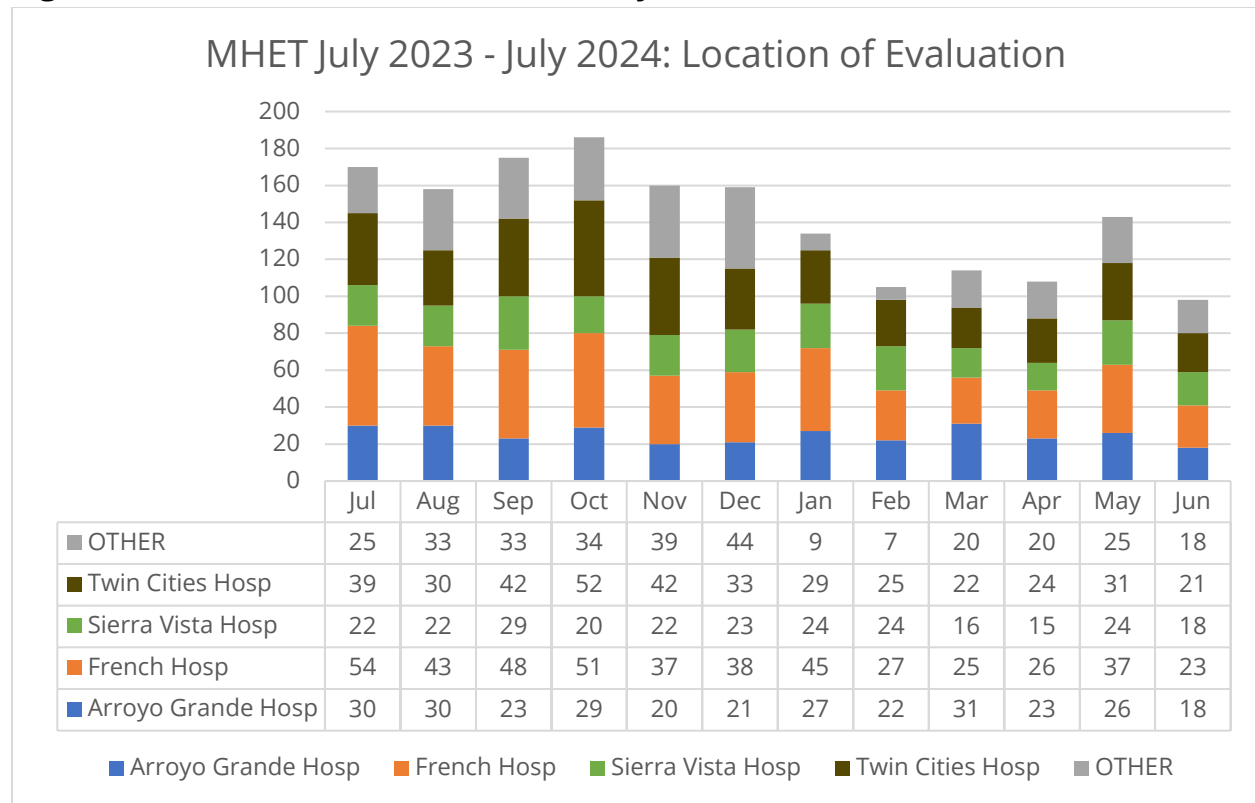


Figure 7.1D: Discharge Location Post-Hospital FY 2023-2024

Operational in January 2024, Sierra Mental Wellness Group with the support of the County began operations of a Mobile Crisis Team (MCT) – a MHET like crisis response that particularly focuses on field calls, servicing individuals in crisis before they arrive at the county’s hospitals. The addition of the MCT has greatly increased the capacity and quality of reaching individuals in crisis where they are, providing better service and decreasing strain on local hospitals. The MCT began reporting data in February 2024 and of note Figure 7.1D above displays the breakdown of MCT discharge locations in the second half of FY 2023-2024; a significant number of clients can be diverted (no facility), while a significant number continue to need further treatment at the Psychiatric Health Facility (PHF) or at an Out of County Facility (OOC)

Figure 7.1E: MHET Breakdown of Calls by Referral Source

In June of 2021 the SLOBHD received a grant from the California Health Facilities Financing Authority to sustain and expand the youth crisis services through 2025. Sierra Mental Wellness Group, Inc, who provide services for the Mental Health Evaluation Team and Crisis Stabilization Unit, also stations staff at Arroyo Grande Community Hospital. Though privately funded, this program works in alignment with the MHSA programs in this workplan.

CSS 7.2: Enhanced Crisis & Aftercare | Crisis Stabilization Unit

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	573	\$1,532,697	\$2,675
Actuals for FY 2023–2024	606	\$1,435,698	\$2,369
Projections for FY 2024-2025	525	\$1,452,479	\$2,767

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: 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 the 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 the criminal justice system.
- Reduce admissions to psychiatric health facility.

Program Outcomes

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

Method of Measurement

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

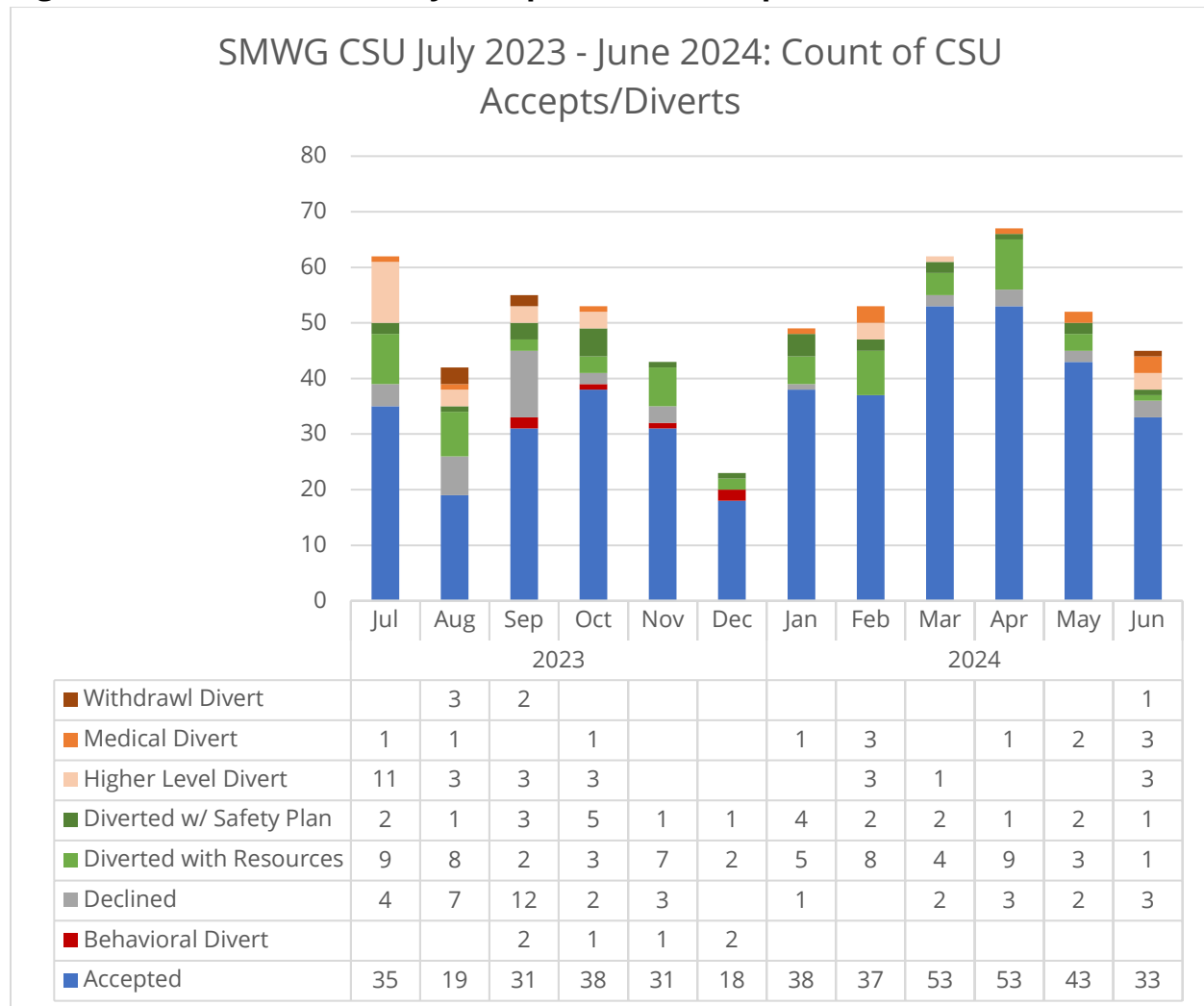
On December 3, 2015, the California Health Facilities Financing Authority CHFFA awarded the County with one-time funds in the amount of \$971,070 for the construction of a four-bed crisis stabilization unit (CSU) at the Health Agency Campus. Crisis stabilization is a direct service that provides individuals 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 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.

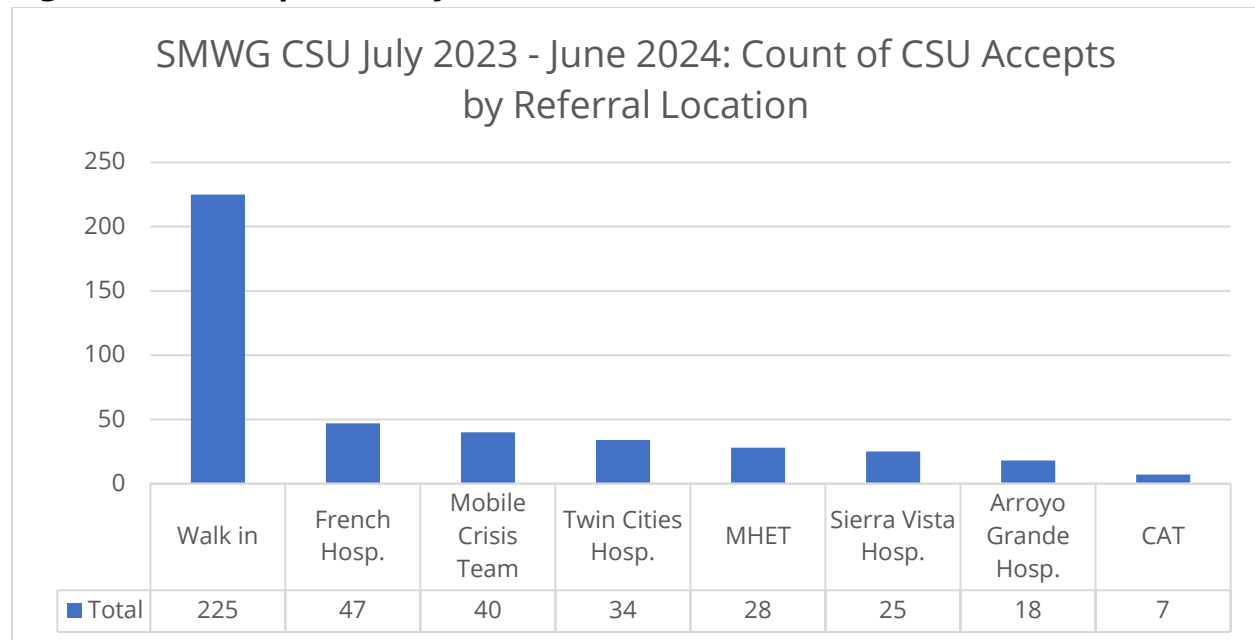
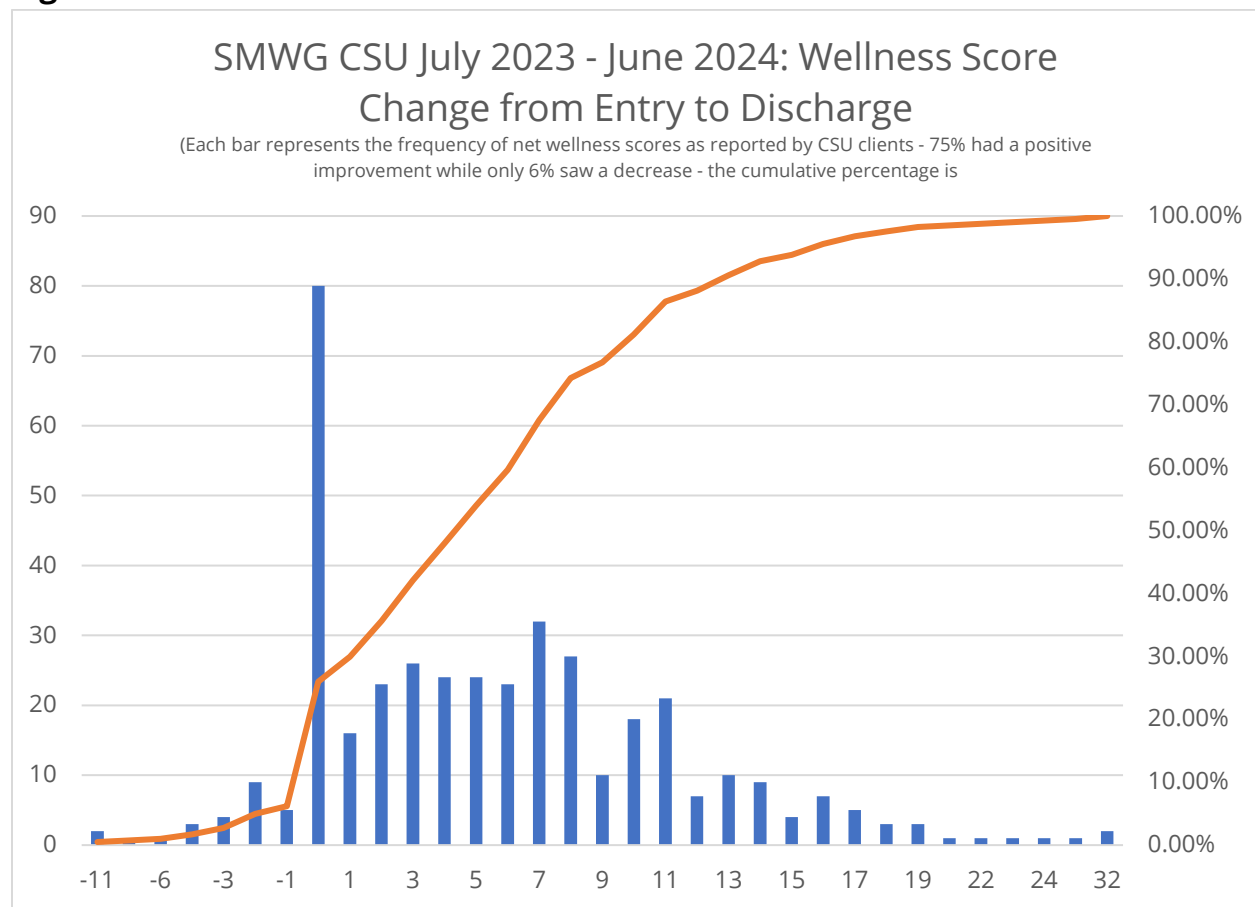
The CSU also serves as an evaluation point to determine if an individual requires ongoing inpatient treatment. The CSU is expected to reduce certain PHF admissions and re-admissions, facilitate transfer from emergency departments for individuals in psychiatric crises, and increase successful engagement for individuals presenting in crisis to on-going outpatient care.

Staff provide training regarding the CSU for law enforcement agencies. The purpose 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 for the 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. The liaison positions include law enforcement, local colleges, community partners, community hospitals, and military. The liaison also provides additional training and education regarding the CSU in efforts to decrease inpatient psychiatric hospitalizations by utilizing least restrictive practices.

Figure 7.2A: Client Counts by Accept and Divert Options

In fiscal year 2023-2024 there were a total of 606 evaluations which resulted in 429 admissions (an average of 50 admits per month), and 177 client diverts or denials. The CSU allows walk-ins for individuals suffering from a psychological emergency. Most admissions to the CSU were the result of referrals by local hospitals and health agencies, a total of 194 from the County's four major hospitals combined; however, the single individual largest source of clients originated from walk-ins: 167 in the previous fiscal year. **Clients typically stay at the CSU for approximately 20.75 hours.** In FY 2023-2024 the County and SMWG collected additional data on outcomes for clients who were not accepted into the CSU for a wide variety of reasons – these encounters, while not resulting in CSU intake, do result in services being offered: most commonly a prepared safety plan or a diversion to a higher level of care.

Figure 7.2B: Acceptances by Referral Source**Figure 7.2C: Wellness Score**

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	8,786	\$302,969	\$34
Actuals for FY 2023–2024	10,048	\$393,902	\$39
Projections for FY 2023-2024	10,000	\$335,603	\$34

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Provide a 24-hour, free and confidential call center, Central Coast Hotline, serving the entire county.
- Provide one-to-one engagements to deliver psychoeducation and referral options related to mental health concerns for underserved populations.
- Provide support, crisis and/or suicide intervention as a means of immediate support to callers.

Key Objectives

- Recruit, train and supervise staff and community volunteers to maintain a 24/7 hotline.
- Provide mental health referrals, information, support, stigma reduction and crisis and/or suicide intervention, including MHET referral.
- Provide suicide prevention and intervention training throughout the county to health and human service agencies, community-based organizations, churches, law enforcement, etc.
- Provide English and Spanish language support to callers transferred from the County's BH Central Access Line after business hours.

Program Outcomes

- People calling with high or imminent suicidal risk will decrease their level of intent.
- Community members attending suicide intervention training will increase their confidence that they can help a person at risk of suicide.

Method of Measurement

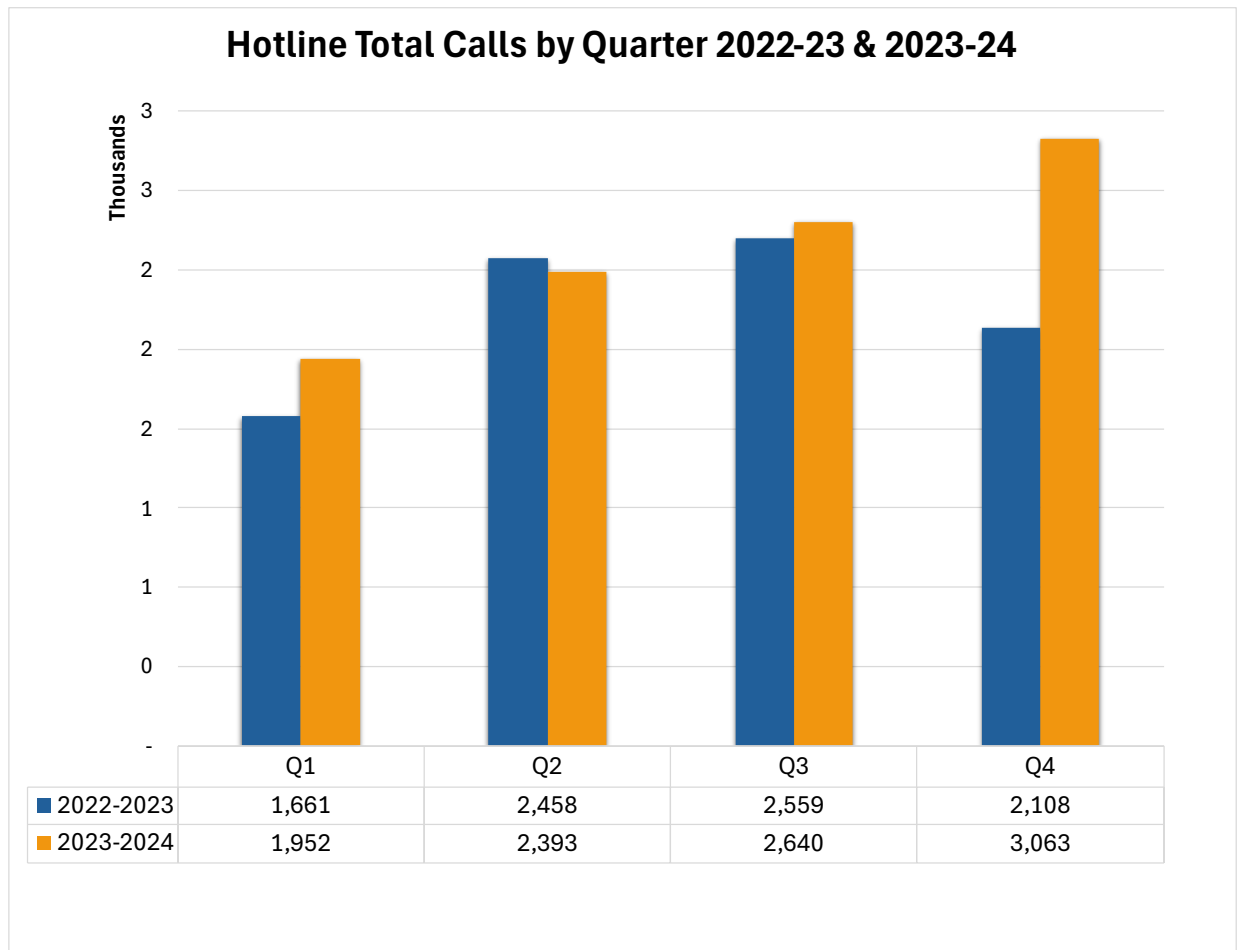
- Individuals calling the center are provided with a feedback survey (post crisis) to track satisfaction and referrals.
- Call center staff provide detailed logs.

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. The Central Coast Hotline was able to upgrade to a web-based telephony system thanks to a grant provided by MUST! Charities. This upgrade brought the CCH in alignment with the required technological standards for 988 centers. In addition, CCH now offers 24/hour text in addition to talk and is accredited by the American Association of Suicidology. CCH currently meets all 988 standards and requirements and has applied to become a 988 center and is awaiting admission to the network.

The Central Coast Hotline team continues robust community outreach and education efforts. In FY 2023-2024, the CCH team provided 23 community suicide prevention trainings, 145 community outreach activities to increase knowledge about mental health issues and support resources. In addition, team members facilitated 48 support groups for suicide attempt survivors.

During FY 2023-2024, there were 10,048 calls reported, 395 text messages received, and 23 suicide intervention training courses provided to community members. In addition, Hotline provided 145 individual outreach activities in the community. Community members attending the training reported a 25% (n=47) increase in their confidence that they can help a person at risk of suicide.

- 94% (96/102) of callers surveyed agree that the support and early intervention they received from Hotline contributed to improved mental wellness.
- 99% (101/102) of callers surveyed agree that they would use Hotline again in the future if needed or refer someone else to Hotline.
- 95% (97/102) of callers surveyed agree that they received an increased knowledge of local mental health resources.

Figure 7.3A: Central Coast Hotline Calls FY 2022-2023 to 2023-2024

CSS 8: School and Family Empowerment

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	191	\$447,752	\$2,344
Actuals for FY 2023–2024	105	\$543,461	\$5,176
Projections for FY 2024-2025	135	\$694,842	\$5,147

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

- Increase number of referrals to SAFE from school districts.
- Establish subsidized funding to support SAFE position.
- Develop MOUs with two new schools/districts.

Method of Measurement

- The County tracks individual health, wellness, and academic progress.
- Electronic health record data is used to track some client outcomes.

As of FY 2023-2024, the county's MHSA work plan no longer includes Community Schools in its service array and instead have hired a Program Manager to act as a Countywide SAFE program Coordinator. This position was approved by the Mental Health Advisory Committee (MAC) in January 2023. The impetus for this change is the County Office of Education consolidation of three campuses to one and the hiring of its own clinical staff. The new SAFE Program Manager was hired in January of 2024 and spent five months of the FY 2023-2024 working diligently to achieve desired outcomes.

The number of SAFE program referrals was not increased by 30% for the FY 2023-2024 due to the difficulty of recruiting and hiring a qualified SAFE Program Manager. This outcome will be measured in FY 2024-25. The Program Manager was able to put a sustainability plan in place working with County of San Luis Obispo Probation Department and Department of Social Services who have committed to partially fund the SAFE Program Manager position. The Behavioral Health Department is exploring additional funding sources. No new MOUs have been completed as of the drafting of the Annual Update.

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 2023-2024, CAPSLO provided a full-time Family Advocate offering resource support for **105 clients** in the Lucia Mar Unified School District and providing 2,433 contacts. Results for CAPSLO clients showed that **87% of clients surveyed (76/87) demonstrated stable functioning at home** when interacting positively with all other people at their current residence. The survey results also yielded **90% of clients (79/87) demonstrated stable functioning at home** receiving appropriate care, shelter, food, and other necessities of life. Of those surveyed, **95% of clients (73/77) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.**

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	22	\$188,756	\$8,580
Actuals for FY 2023–2024	20	\$93,986	\$4,699
Projections for FY 2024–2025	20	\$168,574	\$8,429

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)

Project Goals

- Enhancing 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 the 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

- Most 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 the 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.

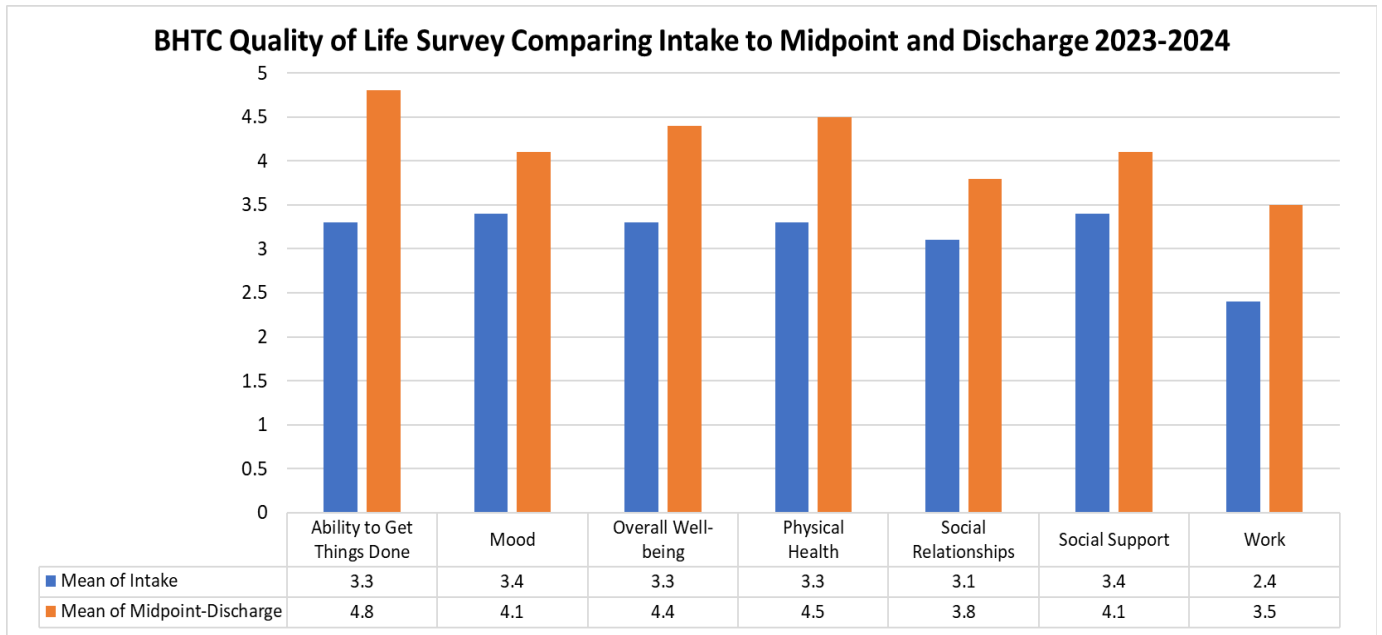
- Electronic health record data is used to track some client outcomes.

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

BHTC clients participate voluntarily in services for 12-18 months. Clients agree to a drug-free commitment (i.e., not use any illegal drugs or medications without a prescription unless first discussed with the BHTC psychiatrist or BHTC therapist). Additionally, the client agrees to substance abuse testing and (if applicable) commitment to medication compliance. Once the client has successfully graduated from the program, they are eligible for a decrease or waiver of fines, a reduction in probation time, and the possibility of decreasing the severity of charges (depending on legal charges).

In 2023-2024, BHTC served 20 unduplicated clients. The clients reported on their quality of life (i.e., physical health, mood, work, living/housing, social relationships, family relationships, ability to get things done, medication, social support, well-being, managing emotions, and understanding the impact of their own emotions). Overall, clients reported higher scores during midpoint and discharge with higher survey response rates upon intake, but lower scores. When comparing Intake to midpoint/discharge, the survey scores increased for physical health (3.3/4.8); mood (3.4/4.1); work (2.4/3.5); social relationships (3.1/3.8), ability to get things done (3.3/4.8), social support (3.4/4.1), and overall well-being (3.3/4.1).

Figure 9.1A: BHTC Quality of Life Survey Comparing Intake to Midpoint and Discharge 2023-2024



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	133	\$184,722	\$1,389
Actuals for FY 2023–2024	116	\$141,825	\$1,223
Projections for FY 2024–2025	125	\$196,691	\$1,574

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)

Project Goals

- Enhancing 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 the 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

- Most 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 the 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/posttests and health scales.
- Electronic health record data is used to track some client outcomes.

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 support, in addition to short-term case management during this transition.

The Forensic Personal Service Specialist (PSS) provides linkage to behavioral health services for jailed adult offenders being released. Specifically, the PSS also provides resource support by being involved in day-to-day client skills-building and resource support to include dress/grooming/hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, taking to appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers. The PSS mainly serves as a support in connecting clients to behavioral health services in the community.

In 2023-2024, there were 116 unduplicated clients served in FRS. Clients consistently demonstrate an increase in the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem-solving, and decision-making skills among others to deal with stress-related triggers. Of those referred to Behavioral Health Services 100% of clients accessed support services. Of those surveyed, (n=58), 29 attended a service within 45 days (50%). Lastly, clients reported a 7% (8/116) annual recidivism rate during the program.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	55	\$309,703	\$5,631
Actuals for FY 2023–2024	57	\$268,712	\$4,714
Projections for FY 2024–2025	56	\$362,946	\$6,481

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)

Project Goals

- Enhancing 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 the 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

- Most 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 the 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/posttests and health scales.

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

a. Veteran's Treatment Court: The Veterans Treatment Court (VTC) was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health treatment services and supports, as well as finding appropriate dispositions to their criminal charges by considering the defendant's treatment needs and the seriousness of the offense. The Behavioral Health Clinician funded by MHSA 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 2023-2024, 12 clients were enrolled in the Veteran's Treatment Court (VTC).

The VTC program is an 18-month to two-year voluntary program in which most cases result in the expungement of charges and include treatment through County Mental Health and County Substance Use Disorder (SUD) when necessary. **Five** veterans successfully completed VTC and graduated.

All graduates successfully completed Skills Training in Affective and Interpersonal Regulation (STAIR), two successfully completed Cognitive Processing Therapy (CPT), three successfully completed County SUD treatment and one graduate successfully completed Moral Reconciliation Therapy (MRT). In addition to the 12 veterans, one veteran was assessed and found ineligible, two individuals were assessed, accepted, but self-terminated, and one individual has been assessed and awaits the court's decision.

In 2023-2024 there were 40 veterans assessed for military diversion. Military diversion is a one to two-year, pre-plea diversion program, where all charges are dismissed upon successful completion of treatment. These 40 veterans were referred to other community resources, such as the Veterans Administration, Vet Center, and other care in the community for their mental health treatment, and **23** received County SUD treatment.

b. Veterans Outreach Program: Launched originally 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.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	22	\$209,048	\$9,502
Actuals for FY 2022–2023	20	\$163,412	\$8,171
Projections for FY 2024–2025	21	\$178,576	\$8,504

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)

Project Goals

- Enhancing 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 the 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

- Most 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 the 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/posttests and health scales.

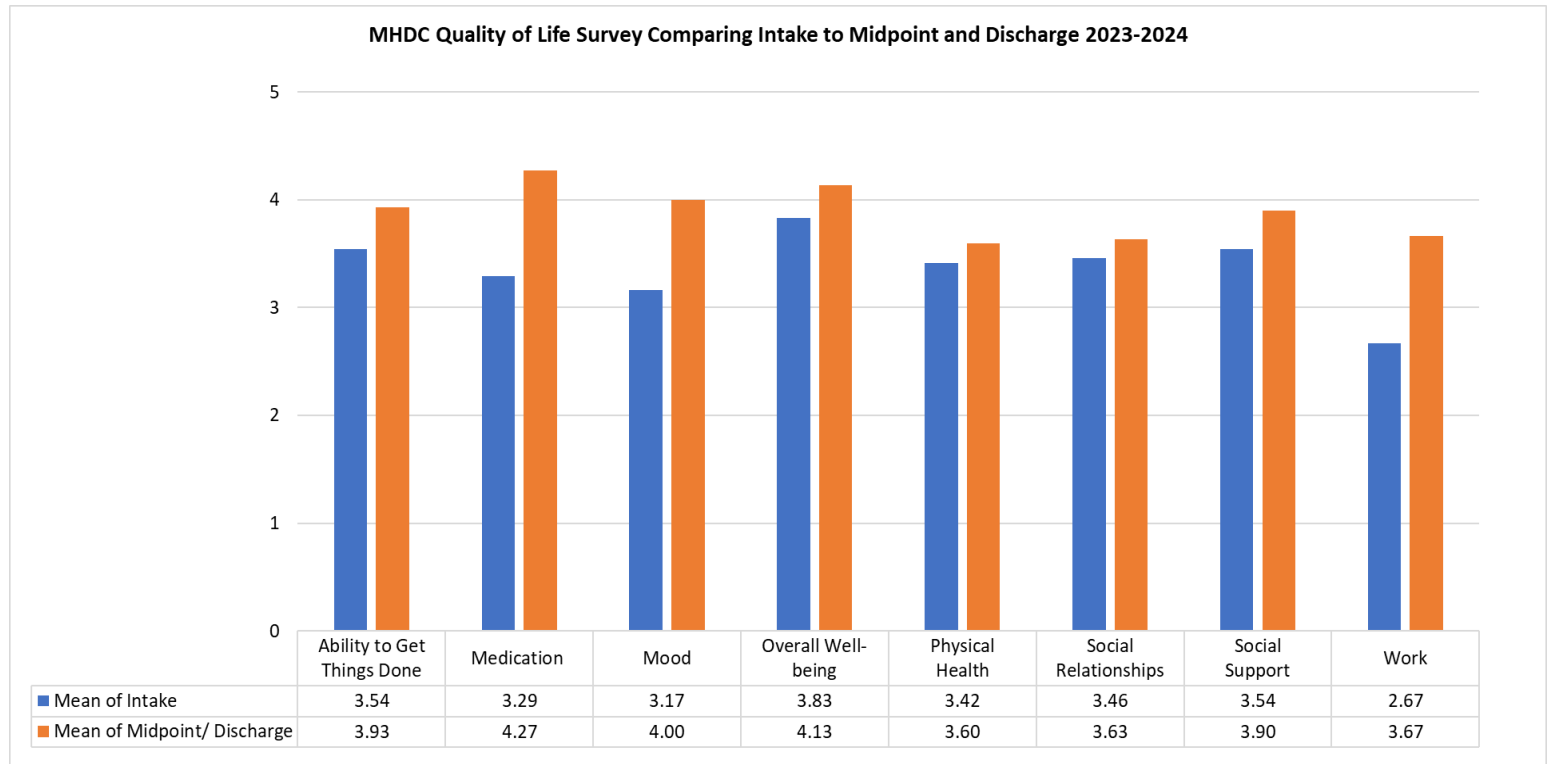
- Electronic health record data is used to track some client outcomes.

The Mental Health Diversion Court (MHDC) is a pre-trial diversion program. MHSA funds a 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 carries a caseload of ten (10) clients.

This court sets up a procedure of diversion for defendants with mental disorders for a period of no longer than two 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 occur. Additionally, case management for these clients is imperative to have resources ready when clients are released from custody. This program compliments the MHSA-funded Behavioral Health Treatment Court.

In 2023-2024, there were 20 unduplicated clients served in MHDC. The clients reported on their quality of life (i.e., physical health, mood, work, living/housing, social relationships, family relationships, ability to get things done, medication, social support, well-being, managing emotions, and understanding the impact of their own emotions). Overall, clients reported higher scores during midpoint and discharge with higher survey response rates upon intake, but lower scores. When comparing Intake to midpoint/ discharge, the survey scores increased for physical health (3.54/3.93); mood (3.17/4); work (2.67/3.67); social relationships (3.46/3.63), ability to get things done (3.54/3.93), medication (3.29/4.27), social support (3.54/3.9), and overall well-being (3.83/4.13).

Figure 9.4A: MHDC Quality of Life Survey Comparing Intake to Midpoint and Discharge 2023-2024



CSS 9.5: Forensic Mental Health Services | Community Action Team

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	179	\$38,913	\$217
Actuals for FY 2023–2024	407	\$197,619	\$486
Projections for FY 2024-2025*	300	\$229,516	\$765

*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. *Projections were excluded due to the program transition to BHD.*

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Enhancing 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

- Most 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 the criminal justice system because of, or inclusive of, their behavioral health issue.

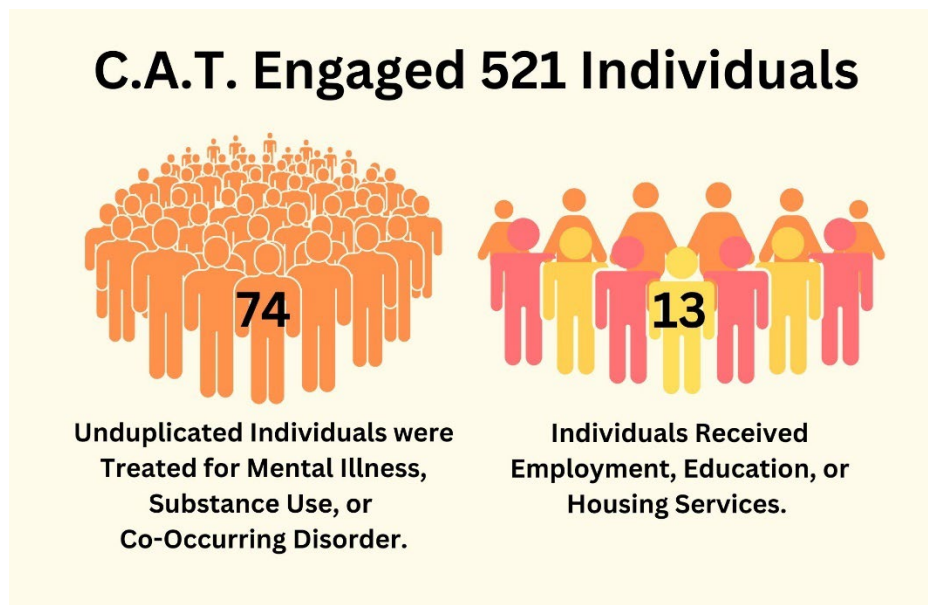
Method of Measurement

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

In its seventh and final year (2023-2024) the Community Action Team (CAT) program and the San Luis Obispo Police Department continue 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 need outreach and engagement. As of 6/30/2024, the CAT program has been transitioned over to San Luis Obispo County Behavioral Health Department. TMHA will no longer provide these services.

In FY 2023-2024, the CAT Community Liaison engaged 407 unduplicated individuals (521 engagements total). Seventy-four (**74**) unduplicated individuals were treated for mental illness, substance use, or co-occurring disorders. Additionally, **13** individuals received employment, education, or housing services.

Figure 9.5A: Community Action Team Results FY 2023-2024



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 2023-2024 as part of the WET Plan:



1. Peer Advisory and Advocacy Team (PAAT) (TMHA): 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. The consumer advisory council met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. In 2023-2024, 56% (14/25) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.).



PAAT held 20 meetings in 2023-2024, and members conducted one event focused on the power of artistic expression to support mental health and wellbeing for 250 attendees. This event called, Opening Minds, was hosted at The Bunker on May 24, 2024, where all engaged in an artistic celebration of mental health. Due to staffing challenges PAAT was only able to support one event for the fiscal year, but with new hires will be expanding events into 2024-2025 FY to focus on peer certification and will be hosting the Journey of Hope Festival in September of 2024.

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 consistently report an increase in their knowledge and understanding of community planning processes (20% increase reported for 23-24 FY). In 2023-2024, PAAT welcomed a total of 63 new meeting attendees, surpassing their goal of 25 new attendees annually.

2. 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 2023-2024, a total of 1,310.54 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 increase productivity.

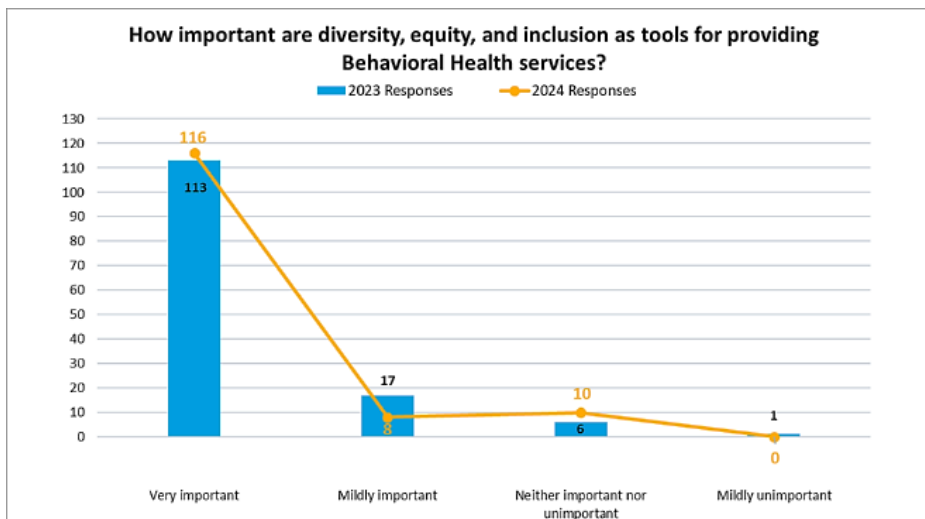
In 2023-2024, the Cultural Competence Committee selected training courses on Relias Learning for Behavioral Health staff focused on multicultural care and issues of abuse. The Department assigned a cultural competence curriculum to all direct service employees that featured an overview training titled "Health Agency Cultural Competence Plan Training," developed by the MHSA-funded Diversity, Equity, and Inclusion Manager. The Cultural Competency training that was provided, included Mixteco Cultural Awareness (Feb. and May) and LGBTQ+ DEI 101 (May and June) both two hour proctored courses. The staff course completion rate for all training courses was 88%, with 265 (out of 302 enrollments) direct service employees (including temporary and volunteer staff) completing the curriculum.

3. Diversity, Equity, & Inclusion (DEI) (formerly Cultural Competence): The WET work plan named, "Diversity, Equity, and Inclusion (DEI)," has benefited from the addition of a Program Manager for Diversity, Equity, and Inclusion hired in 2022-2023. This Program Manager chairs the DEI Committee, develops, reviews, and edits policies and procedures, creates training, develops communication strategies for the Behavioral Health Department and the community, engages in community outreach, and aims to increase diversity in hiring and recruitment practices to address the needs of the entire community.

For the 2023-2024 fiscal year, the DEI Program Manager played a pivotal role in expanding the reach and influence of the DEI Program within the Behavioral Health Department and community. An accomplishment of the DEI program in FY 2023-2024 was the creation of a mission and vision statement that will guide efforts both internally within the department and externally with clients and community members. To complement these documents the DEI program developed four strategies to support its mission and vision.

The four strategies included: Leadership and Development, Policy and Program Enhancement, Community Engagement and Partnership, and Continuous Improvement.

- **Leadership and Development:** Nurturing a leadership team and workforce that is not only culturally aware but actively engages in practices that promote equity and inclusion; through continuous education and training to empower staff to serve with empathy, respect, and competence.
- **Policy and Program Enhancement:** Shaping of policies, services, and programs that reflect the diversity of the communities served. Striving for excellence in accessibility, ensuring that every individual's needs are met with dignity and respect.
- **Community Engagement and Partnership:** Recognizing the strength in collaboration, to forge lasting relationships with community organizations and community advisors; to create a more inclusive and equitable environment for all members of this community.
- **Continuous Improvement:** Guided by the power of reflection and adaptation, actively seeking feedback, and challenging our assumptions, with a commit to ongoing growth in our DEIB efforts, ensuring that actions align with values of respect, access, empowerment, and understanding.



Outcomes and successes that encapsulate these four strategies include: adding additional resources to the DEI website in Spanish and now in Mixteco, as well as more resources

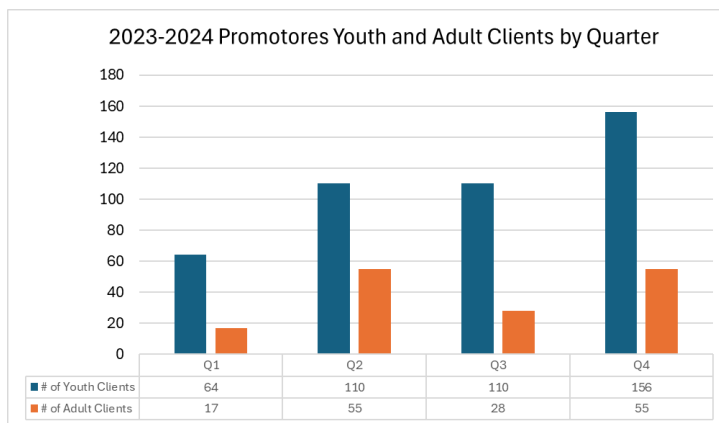
specifically tailored for LGBTQ+ and BIPOC populations; launching the Inclusion and Belonging Academy designed to enhance staffs' ability to deliver culturally competent care, ultimately improving outcomes for clients on their individual paths to recovery; implementation of Inclusion and Belonging signage across our Health

Agency facilities; and performing an annual Inclusion and Belonging Workforce Survey (I&BWS) to inform program development. The graph presented above shows that according to the I&BWS DEI tools are very important to providing behavioral health services.



4. Promotores Interpretation Services: The WET work plan also includes cultural competence-based workforce that includes a partnership with the Center for Family Strengthening (CFS) to contract with Promotores services. Promotores are bilingual and bicultural community members with training specific to providing healthcare system navigation to the monolingual Spanish-speaking population.

Promotores support at county clinics provide medication-management translation, interpretation, and system supports for Latino Outreach Program (LOP) clients. Expanding services last fiscal year to include co-occurring disorder clients who are receiving mental health and substance use disorder services, as well as offering interpreter services in all regions throughout the county.



In FY 2023-2024, a total of 396 clients were served, with over 947 service sessions provided, a 34% and 55% increase respectively from the previous year. In the fourth quarter of 2024, interpretation requests increased, totaling 211. The Promotores provided interpretation services to 156

youth clients and 55 adult clients. Additionally, 342 family members, legal guardians, and Behavioral Health Staff received interpretation services. Countywide Promotores are providing services in the North County, San Luis Obispo City proper, and in the South County, seeing most services requests in the North County.

5. Public Information Specialists (SLOBHD): The WET work plan named Public Information Specialist (PIS) supports two positions by assigning CSS funds to WET. The scope work for the PIS leads includes communication related to health topics for the



Behavioral Health Department web, media, video, graphics, social channels, in-person educational settings, publications, reports, translations, compliance documents, advertising for department campaigns explicitly targeted at Spanish-speaking community members and clients; managing content of social media accounts for internal MHSA programs, proxy to local media outlets, develop outreach strategies for underserved populations, trains student interns, and more.

Notably, specialist Laura Zarate appeared on the cover of SOMOS USA magazine which recently printed the first edition, distributing 5,000 copies along the Central Coast; participated in Latino Roundtable with Congressman Salud Carbajal on September 6, 2023,

offering input towards the issues that matter most to our Spanish-speaking community; and was a panelist at the Latina Empowerment Roundtable on March 9th, 2024. Zarate also received recognitions from SLO County Board of Supervisors, The Commission on the Status of Women and Girls, and the CA Legislature Assembly for her dedication to elevating Latina leadership and fostering community voices.

In June 2024, SLOBHD's social media pages peaked for the year at 8,259 hits, over 3,000 of which involved sharing The Sobering Center opening post from the Behavioral Health Facebook page. This reach was 251.1% more than average on Behavioral Health social media. Additional department highlights and information disseminated on social media included the San Luis Obispo Friday Night Live scholarship winners, Pride Month, National PTSD Awareness Day, Juneteenth, Men's Mental Health Week, and promoting the addition of free Fentanyl Test Strip Kits in all Behavioral Health Clinic lobbies. Other outcomes and activities included:

- Total followers for all Department social media accounts totaled 36,567 at the end of FY 23-24, compared to 5,738 at the end of FY 22-23.
- Hosted the following campaigns: July Black, Indigenous, People of Color (BPIOC) Mental Health Month, September Suicide Prevention Month, September Recovery Month, December Holiday Mental Health/ Substance Use Support Guide, February School Counselor Week, and May Mental Health Awareness Month.
- Hosting two radio programs, En Confianza Con Laura on La Mexicana 102.9 FM / 1480 AM which reaches approximately 2,500 and Radio Ranchito 92.9 FM / 1600 AM which reaches approximately 1,800 listeners in both Spanish and Mixteco.

6. Crisis Intervention Training (CIT): The WET Work Plan sponsors training for local law enforcement agencies to receive training in best practices in responding to mental health crises. CIT programs create connections between law enforcement and mental health providers to improve response protocols and develop a greater understanding of those experiencing psychiatric crises. This program is operated by the San Luis Obispo County Sheriff's Office and nearly every law enforcement agency in the county participates. In FY 2023-2024 there were four (4) training courses held and 71 officers trained. At the conclusion of each course, students are asked a series of questions related to the quality of instruction.

When asked if the student would recommend the course to another co-worker, 96% stated that they would. Students report they in the comment section of the survey that, "This is a great class.", "This is the future of law enforcement.", "Sgt. Slaughter and the CIT team were well versed and put together 5 strong days of valuable information applicable to strengthening my ability to mitigate MH contacts.", "The scenarios provided an opportunity to utilize the tools learned during this course in various ways/situations." Students report they "strongly agree" or "agree" that the class left them more informed, knowledgeable, and more prepared to deal with individuals in crisis.

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. For this report, risk and protective factors are defined as personal attributes, situations, or environments associated with an increased likelihood of a negative mental health outcome (risk) or a lower likelihood of a negative mental health outcome (protective). PEI programs focus on reducing risk factors such as exposure and trauma in youth, increasing access to services, and reducing mental health stigma in adults.

Prevention focuses on reducing the impact of risk factors and improving well-being by expanding services through parent education, promoting a positive school climate and connectedness, and promoting participation in community networks while increasing access to support services and treatment. 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 up to 19% of available MHSA funding. In FY 2023-2024 the county's PEI Program included the following work plans: 1. Prevention, 2. Early Intervention, 3. Outreach for Increasing Recognition of Early Signs of Mental Illness, 4. Access and Linkage to Treatment Programs, 5. Stigma and Discrimination Reduction, and 6. Suicide Prevention.

Fiscal Year 2023-2024 demographic data such as race, ethnicity, gender assigned at birth, gender identity, sexual orientation, age, homelessness status, veteran count, and disabilities are compiled in [Exhibit I](#). Total funds including administration and evaluation allocations are compiled in the [MHSA Funding Summary](#).

[Atop 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 Priorities: MHSOAC Information Notice #23-001

As per Welfare and Institutions Code sections 5840.7 and 5840.8, the Mental Health Oversight & Accountability Commission (MHSOAC) has adopted the following priorities for the use of prevention and early intervention funds:

- 1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- 2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occur across the lifespan.
- 3) Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college.
- 4) Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs).
- 5) Strategies targeting the mental health needs of older adults.

PEI Programs & Services	1	2	3	4	5
1.1 Positive Development	X		X	X	
1.2a FETS: Resource Navigation				X	
1.2b FETS: Parent Coaching	X			X	
1.3a MSCP: Family Advocates	X		X		
1.3b MSCP: Student Support	X	X	X		
1.3c MSCP: Youth Development	X		X		
1.4 In-Home Parent Coaching	X				
2.1 Community Therapy		X		X	
2.2 Behavioral Health Navigation				X	
3.1 OAMHI: Caring Callers		X			X
3.1 OAMHI: Peer Counseling		X			X
3.1 OAMHI: Transitional Therapy					X
4.1 Veterans Outreach				X	X
5.1 Social Marketing			X	X	
5.2 College Wellness	X		X		
6.1a SPx: SLOBHD Coordination		X			
6.1b SPx: TMHA Hotline Coordination		X			
*Numbered columns align with priority numbers in the table above					

PEI 1.1: Prevention Programs | Positive Development Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	256	\$91,943	\$359
Actuals for FY 2023–2024	281	\$95,620	\$340
Projections for FY 2024–2025	280	\$107,985	\$386

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

Program Goals:

- Build the capacity of and identify early behavioral health issues in underserved children, ages 2-6.

Key Objectives:

- Provide 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.

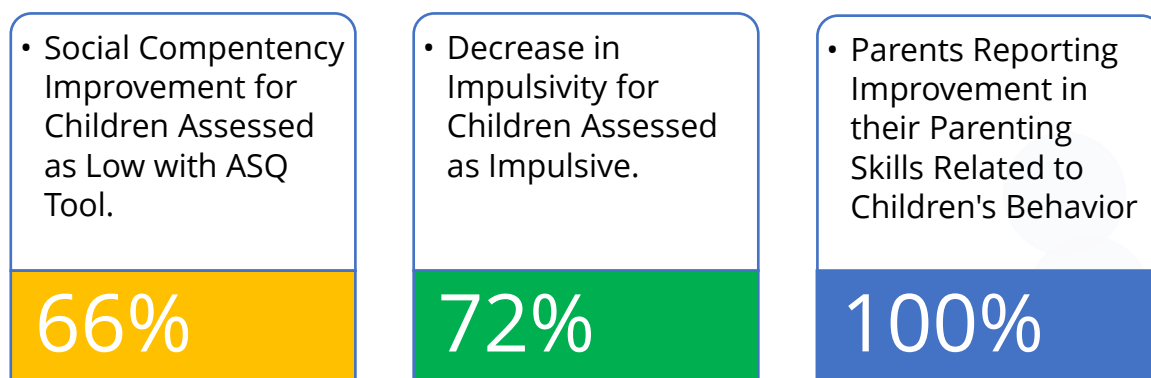
Method Measurement:

- Client counts.
- Ages and Stages Questionnaire.
- Behavior Rating Scale.

Overview: Community Action Partnership of San Luis Obispo’s (CAPSLO) Child Care Resource Connection (CCRC) administers the Positive Development Project (PDP). The project centers on delivery of the “I Can Problem Solve” (ICPS) curriculum as well as the accompanying “Early Childhood Behavior” (ECB) and “Ages and Stages Questionnaire” (ASQ) training to private childcare providers located throughout San Luis Obispo County. Emphasis is placed upon providers in underserved areas such as Nipomo in South County, to San Miguel in North County. 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.

In 2023–2024: 390 family units received 92 parent activities, 133 child activities were facilitated (107 in-person child activities and 26 provider-led activities), and 3 new childcare programs were recruited. Pre and post Behavioral Rating Scale assessments (ASQ) and surveys of children and parents participating in the program demonstrated a 66% (39/59) social competency improvement; 72% (18/25) of children, initially assessed as impulsive, demonstrated a decrease in impulsivity; and 100% (53/53) of parents surveyed demonstrated an improvement in their parenting skills as it relates to their children wellbeing and behavior.

Figure 1.1A: Positive Development Program Survey Outcomes FY 2023-24



In FY 2023-24, the PDP experienced an increased utilization of monthly thematic activity packets aligned with the I Can Problem Solve (ICPS) curriculum. Childcare providers consistently requested more aid to accompany the curriculum based on topics of interest and needs for children in their individual settings. The monthly activity packets presented modification ideas to help children grow turn-taking, problem-solving, and skills for identifying and communicating feelings.

"It's been easier for me to help children learn names for emotions after the activity extension ideas; I can see some children already using names for emotions when I ask how they feel today." - Active childcare provider in the PDP.

The program encouraged their providers to be more intentional with the ICPS curriculum by engaging in activities that would guide and give children the appropriate tools to communicate. These activities included targeting social-emotional vocabulary, creating calm spaces to help children learn, and implementing self-regulation skills. The program also promoted the use of social emotional vocabulary in provider's daily routines with the children such as walks, mealtimes, and transitions throughout the daily schedule.

Based on provider observations and Ages and Stages-Social Emotional Questionnaires (ASQ-SE), three (3) children were assessed and are now receiving services. These children originally scored high on the impulsive/relational aggression category raising concerns for providers. Providers partnered with Martha's Place therapists and are implementing the ICPS curriculum along with each child's individual therapy strategy to provide consistency in the treatment plan.



In person activity, "taking turns", modeling to provider how to extend ICPS curriculum lesson activities. Activity was created after provider asked for guidance on different modes of activity implementations to introduce turn taking skills.



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

Fiscal Year Estimate	Program Item	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	Parent Education	514	\$156,889	\$123
	Coaching Parents/Caregivers	764		
Actuals for FY 2023–2024	Parent Education	528	\$252,753	\$186
	Coaching Parents/Caregivers	828		
Projections for FY 2024-2025	Parent Education	500	\$177,203	\$136
	Coaching Parents/Caregivers	800		

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 of 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.

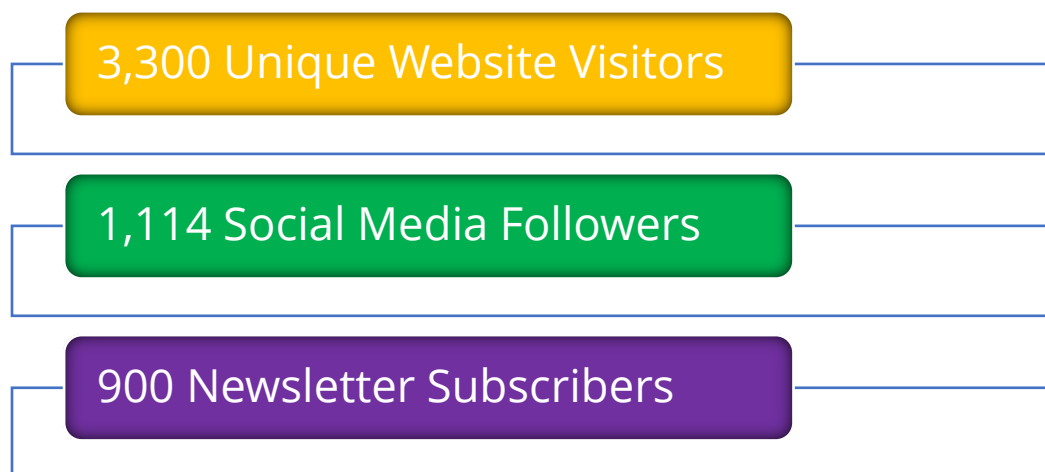
Overview: The Center for Family Strengthening’s “Parent Connection” is the primary provider of the county’s Family Education, Training, and Support Program (FETS). This program uses a multi-level approach to reduce risk factors and increase protective factors for all parents and other caregivers raising 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 Latino/x parents, or parents in rural areas of the county.

The website www.sloparents.org (featuring 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.

In 2023–2024, the program registered an average of 3,300 unique website visitors and nearly 10,000 website hits per month. Website hits refer to the action of requesting files, such as flyers, program information, and pages displaying information. The program prioritized a social media and website marketing strategy in FY 2022-23. As a result, the program increased their online presence by 10% to a combined 1,114 Facebook and Instagram followers in addition to their over 900 newsletter subscribers.

Figure 1.2A: Digital Outreach Results FY 2023-24



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 2023–2024, Parent Connection offered 85 classes resulting in 528 parent and caregiver participants.

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 the effectiveness of coaching and the positive impact on parenting strategies.

The Family Education, Training, & Support (FETS) program continued to build capacity in FY 2023-24. Their continued engagement efforts with the Spanish-speaking community have resulted in increased class offerings and participation. In Spring of 2023, the MHSA Advisory Committee approved a 1-year expansion of FETS by adding a Spanish Parent Educator in a full-time position to meet this demand.

This position allowed the program to engage in outreach efforts resulting in additional parenting classes, both in Spanish and Mixteco. This addition opened doors in areas of the county considered to be underserved with language barriers. For example, the program was able to hold a parenting class in San Miguel in which 25 Spanish and/or Mixteco monolingual parents attended and reported an increase in knowledge and confidence in parenting skills. The overall impact of this position increased the total number of family units served from 323 in the previous year, to 426 in FY 2023-24.

Parent Coaching Success Stories:

- *A father with a restraining order and supervised visitation was able to get the orders lifted. He has reunified with his partner and children. He has motivated the other children in the neighborhood and their parents to go on bike outings weekly. He has a full-time job as an apprentice electrician. He is very grateful for our services; they have made a difference with his children and partner.*
- *There were two parent coaching sessions with a mom who just moved to the area. Her son has been diagnosed with ADHD. Mom stated that her son has poor impulse control when playing in a recreational soccer league. The coach and the mom were very frustrated with the boy because he would continue to get into mischief on the field. She listed things her son was doing wrong on the*

field and talked with the coach about the boy's behavior. After discussing the situation with the parent coach, she realized that what she was doing wasn't working. They discussed ideas on how she could approach the situation differently.

She wanted him to take responsibility for his actions. So, instead of talking with the coach, she had the boy talk with the coach. The mom and son came up with ideas on how her son would approach the coach. They then role-played at home how he would do this. Mom has since reported that her son and the coach talked things out, and his behavior has improved on the field. She felt this approach gave her son the responsibility to handle his problem without mom interfering.



PEI 1.3: Prevention Programs | Middle School Comprehensive Program

Fiscal Year Estimate	Program Item	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	Student Support Counselors	245	\$434,775	\$1,775
	Family Advocates	314	\$317,983	\$1,013
	Youth Development	118	\$199,250	\$1,689
Actuals for FY 2023–2024	Student Support Counselors	298	\$452,950	\$1,520
	Family Advocates	384	\$243,030	\$633
	Youth Development	115	\$243,430	\$2,117
Projections for FY 2024-2025	Student Support Counselors	250	\$1,333,605	\$5,334
	Family Advocates	350	\$437,196	\$1,249
	Youth Development	100	\$342,653	\$3,427

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

Project Goals

- Identify mental health issues of at-risk middle school youth and their families.
- Provide services intent on building resiliency and a healthy lifestyle for the students and support for their families.

Key Objectives

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

Program Outcomes

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

Method of Measurements

- Client counts.
- School records.
- Participant and staff surveys.
- Youth development surveys.
- Participants focus groups.

Overview: 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 originally involved 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 as well as Services Affirming Family Empowerment (SAFE) coordinators for case management, training, and outreach. SLOBHD provides three Student Support Counselors and one Youth Development Specialist to serve the six sites.

Students are identified as at-risk because of indicators such as poor attendance, academic failure, and disciplinary referrals. SLOBHD Counseling staff work closely with school counselors and Family Advocates to address impacts of school climate and community specific to 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.

In FY 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, combined with MHSA, has allowed the County to provide the Middle School Comprehensive Program services in 12 of the 13 public middle schools in SLO County.

Family Advocates

The Link's 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, and employment resources. The Family Advocates also represent The Link at school events such as "Back to School" nights, "Open Houses," and provide an orientation to school personnel early in the school year to provide details of their services.

In FY 2023-2024, families receiving information and referrals from Family Advocates climbed by 22% from the previous year (314 to 384). A total of 144 youth was referred to and engaged in County funded behavioral health services and received intensive case management and support; 92% (132/144) reported improvement in school attendance and behavior after receiving services. Each of these students showed progress on the components of the SAFE scale (Safe, At-Home, In-School, Healthy, and Out of trouble), which is assessed on entry and at 3-month intervals. Family Advocates conducted 95 outreach and training events at middle schools including Back to School Night, Food Bank events, Children's Day in the Park, health fairs, and multiple PEI Middle School program meetings. SLOBHD receives dozens of success stories from families engaged in the Middle School Comprehensive Program that also utilizes Family Advocates.

Judkins Middle School – Middle schooler was referred to family advocate for assistance with school supplies. The family of 6 were low-income, parents only spoke Spanish; only one parent works as a farm worker and currently not working. The Family Advocate connected kids in the family with school supplies and the children all needed new clothing. The advocate coordinated services with the Children's Clothing Network for 2 of the children. There was a baby in the home, so she also connected the mom with Pregnancy and Parenting for clothing and diapers. The middle schooler and her younger sibling each received an Old Navy clothing voucher. Mom also expressed a need for assistance for her middle schooler needing prescription glasses but could not afford to pay the fee of \$180.

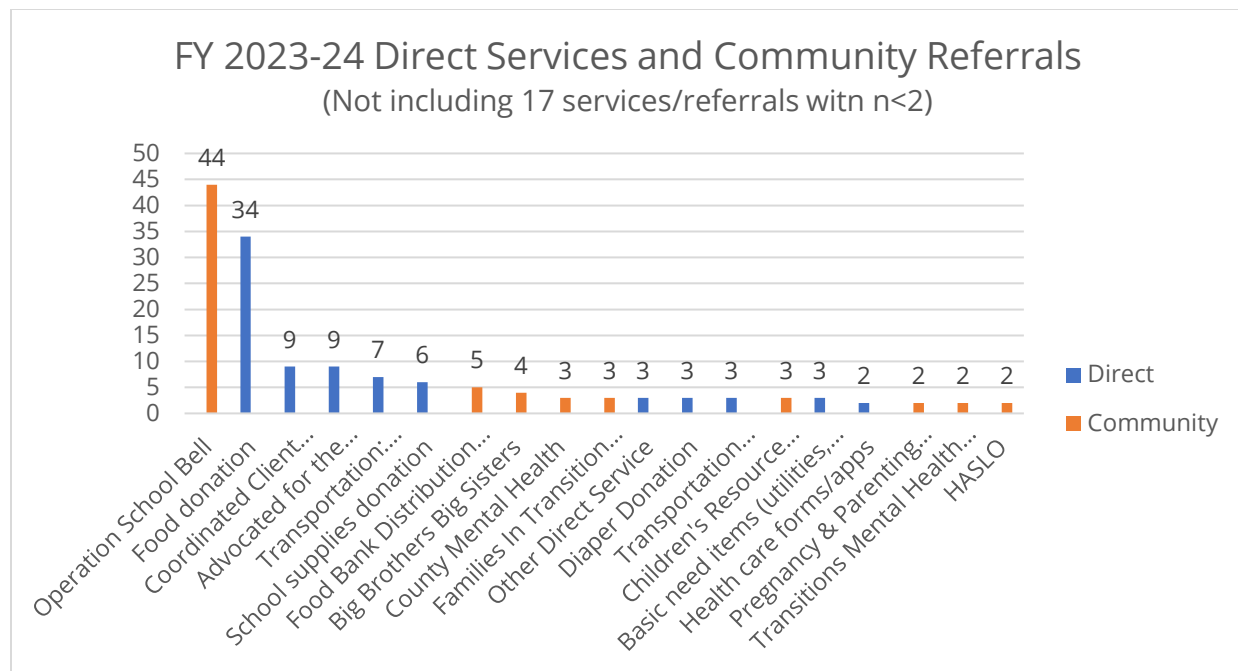
The Advocate coordinated services with the Arroyo Grande Lions Club for vision assistance for this student, and they were able to cover the cost. The family also received a \$150 food gift card and were connected to the food bank distribution sites in their area. The Family is doing well, and Family Advocate provides on-going food donations to the family. Due to the services provided, the middle schooler has new prescription glasses and no longer struggles with their vision in class. The Family Advocate continues to manage the family and is in consistent contact.

Lillian Larsen Middle School - The Family Advocate based in San Miguel has created lasting connections with Mixteco families and the community. The Advocate collaborates with The LINK and the SLO Food Bank to facilitate food distribution on the second Wednesday of every month at Lillian Larsen Elementary School. At the beginning of the school year, approximately 20 families attended. The Advocate started reaching out to the community through the school events throughout the year.

Many families are at the poverty level and are without jobs in wintertime since the majority work in the fields. The cold weather and long raining season created hard times for the community of San Miguel. Knowing the culture and understanding that even Spanish language is one barrier to communicate, the advocate asked the food bank to print a calendar specifically for the Lillian Larsen location. The Advocate suggested they make a more visual calendar to distribute to the Mixteco families because they could not read Spanish.

By the end of the school year, 78 families attended regularly, and on occasion, the Food Bank ran out of food before the end of the food distribution period. The Food Bank leaders of the location were very happy with the success of the growing number of families being served in this location. The Family Advocate is hoping to open an emergency food distribution pantry at Lillian Larsen school site.

Figure 1.3A: 2023-2024 The Link Family Resource Center Services/Referrals by Category (Proportion of Total Services)



Student Support Counseling

The SLOBHD-provided Student Support Counselor (Behavioral Health Specialist) 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.

In FY 2023-24, the Student Support Counselors provided individual, group, and crisis counseling services on middle school campuses during school hours. A steady referral stream continued throughout the school year maxing out most of the counselors' caseloads. Most counseling referrals identified the following as the primary issues that students are struggling with anxiety/stress, depression, emotional regulation, low self-esteem, and lack of positive/supportive relationships (family, friends).

During the 23-24 school year, the counselors responded to many unscheduled emotional crises occurring on campuses during school hours, often requiring safety assessments and outside referrals. The counselors made many outside agency referrals for additional support services, such as The Link Family Resource Center, more intensive Behavioral Health treatment, Child Welfare Services (CWS), the Mental Health Evaluation Team (MHET), Hospice, and more. The counselors also engaged school staff in professional development training opportunities and outreached to parents to provide behavioral health resources during Back to School Night, Open Houses, etc. Also, early intervention counseling services continued beyond the school year on-campus during summer school for another consecutive year.

Student Assistance Program survey results (n=327) showed dramatic improvements in all "protective factor" survey questions; for example, a 37.3% increase in ability to cope with stress, depression, and anxiety. The Student Assistance Program also saw

a decrease in all surveyed “risk factors” such as a decrease in the amount of suicidal ideation by 54.5% and a reduction in reported self-harm by 57.4%. The Student Assistance Program participants reported an improvement in academic grades after program participation, and a decrease in absent days. Full results of the survey can be found in [Appendix E](#).

Figure 1.3B: Middle School Program Before/After Engaged in Self-Harm

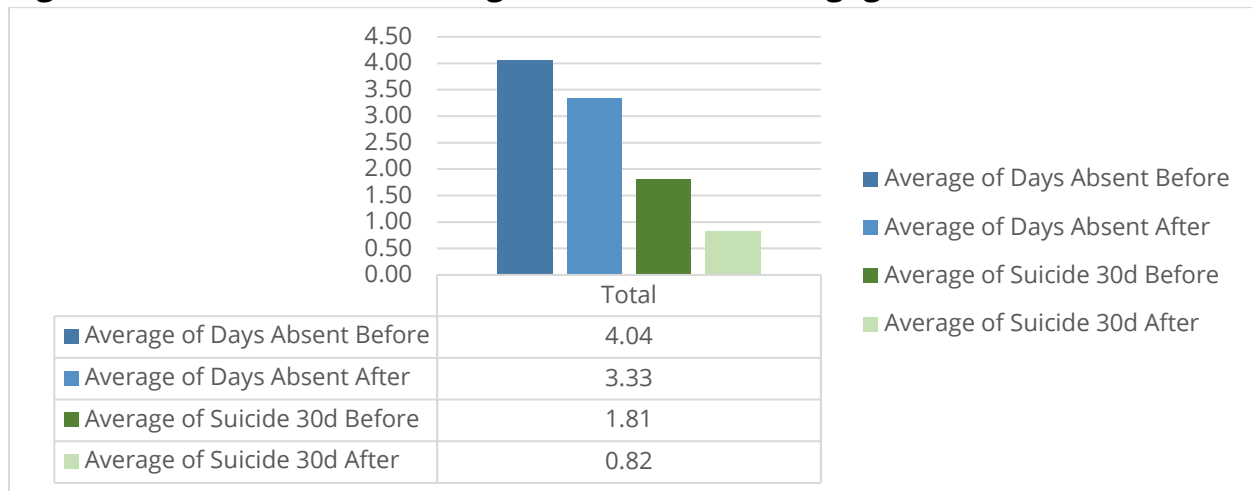
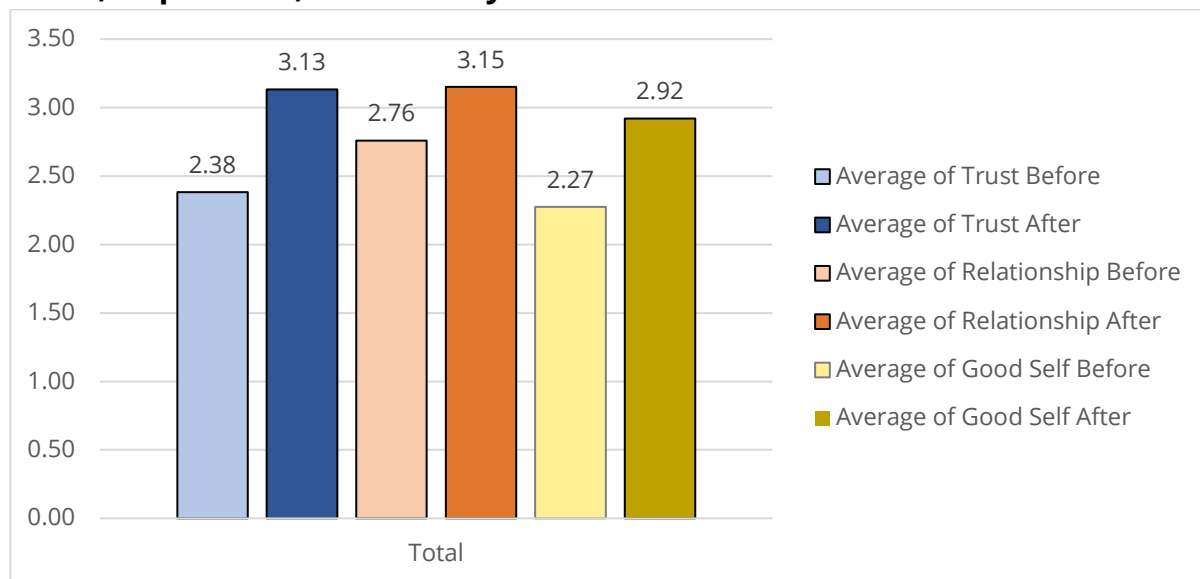


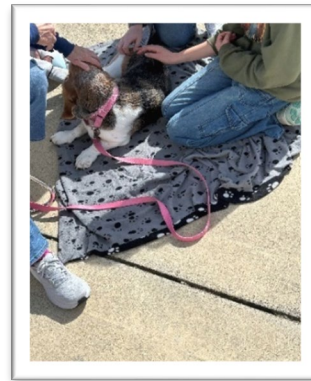
Figure 1.3C: Middle School Program Impact on Student’s Ability to Cope with Stress, Depression, and Anxiety.



Youth Development/ Club Live

Each participating school receives Club Live Youth Development programming provided by SLOBHD’s Friday Night Live (FNL) staff. Youth Development (an evidence-based strategy for building resiliency) reduces the risk of mental illness by

engaging young people as leaders and provides resources in the community and with opportunities to build skills which strengthen bonds to school and improve overall wellness. Over 3,000 students are exposed to Youth Development annually. Club Live is present at 12 of the public middle school campuses in San Luis Obispo County. Club Live programming integrates a youth development approach by actively including students in decision-making processes, event & activity planning, prevention messaging, and peer engagement. Club Live works in collaboration with the other components of the MHSA Middle School Comprehensive Program to promote wraparound services to students, parents, families, and community members during school and community outreach events.



Through weekly chapter meetings, Club Live students work on leadership, communication, teambuilding, and increasing resiliency. Club Live students also educate their peers around mental health, substance use, bullying, self-harm, violence, and body image issues.

During FY 2023-2024, Club Live students regularly engaged their campuses in unique and creative universal prevention activities. One such event was a Red Ribbon Week scavenger hunt at Paulding Middle School. This activity was fully created and run by student chapter members, who devised clues, questions, and posters throughout their campus to educate their peers on alcohol, tobacco, e-cigarettes, and other commonly misused substances.

The event was held during the school's advisory period, so all students on campus were able to participate. Another highlight was an ongoing partnership at Santa Lucia Middle School with a local therapy dog organization to bring dogs to campus monthly. Students and staff identified the need for more mental health support & services on campus, while recognizing the stigma that still exists towards that topic. The regular therapy dog visits were a fun, low-risk option to engage in open conversations about mental health and wellness.

Outside of school-based chapters, the Club Live program also served students through countywide activities. In conjunction with the larger PEI team, Friday Night Live staff hosted the third annual Spring Summit conference for countywide middle school students. Six students from each Club Live site were selected to attend, and engaged in a full day of workshops, teambuilding, and connection.

Additionally, Club Live continued to offer summer event programming to all middle school students, free of charge. 115 students from across the county attended events such as a screening of Inside Out 2, a day at the local waterpark, a zipline tour, a pool party, and a kayaking excursion. 80% of registered students had never attended Club Live prior to the summer events, demonstrating the continued growth and reach of the program even during the summer months.



The MHSA-supported program continued to expand and grow in effectiveness in the past fiscal year. The California Friday Night Live Partnership, the statewide FNL program provider, annually administers the Youth Development Survey to measure the impact of Club Live programming. From FY 2023-2024, over 92% of Club Live members reported forming caring & meaningful relationships, experiencing a safe & inclusive environment, and increasing leadership skills, a several point increase from the previous year. One student commented “I enjoyed the kind environment, kind leaders, and being given chances to take leadership” while another noted “I enjoy the inclusive community”.

PEI 1.4: Prevention Programs | In-Home Parent Educator

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	43	\$84,430	\$1,963
Actuals for FY 2023–2024	38	\$81,323	\$2,140
Projections for FY 2024–2025	50	\$99,164	\$1,983

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

Project Goals

- Coaching to 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

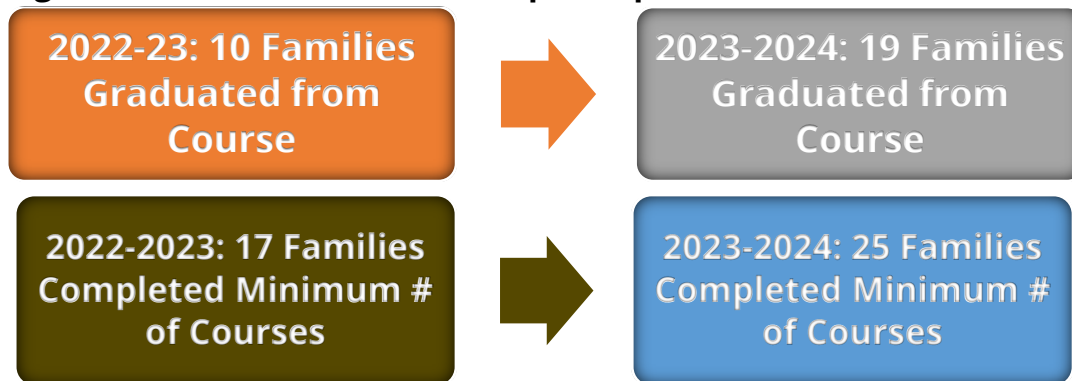
- Client counts.
- Programmatic Assessment Form.
- Parent Pre and Post Surveys.

Overview: 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. These services are offered to families at elevated risk who have children aged 0-18 enrolled in, or who meet the need for Mental Health Youth Services.

The program aims to build parenting skills, improve knowledge of appropriate behaviors, increase positive discipline skills, and increase attachment through positive parent/child interactions. Parent and family units participate in a minimum of 4 sessions to complete the course, and “graduation” from the program is when families complete the full curriculum of the parent education courses.

In 2023–2024, 38 unique families were served, and 29 unique families received parenting education services. Additionally, 157 evidence-based curriculum sessions and 464 engaged activities such as resource distribution, consultations, and group meetings were provided to parents. Program graduation success rate was 66% (19/29) for families receiving parenting education and completing all service sessions and 86% (25/29) of families received a minimum of four parenting sessions. Out of the 19 graduating families, 18 reported improved family functioning, and overall mental health and wellness for either the parents, children, or both.

Figure 1.4A: Parent Educator Output Improvements FY 2022-23 to FY 2023-24



In FY 2023-24, the Parent Educator (PE) made notable improvements from the previous year. FY 2022-23 was the first full year of operations after the program experienced a staffing transition during the pandemic that forced them to essentially start from scratch in building trust with clients and developing a new system of referrals.

During that time, the newly established PE focused on outreach efforts to increase their referrals and regain the momentum lost during the pandemic and staff transition. A noticeable difference this year from previous years was that families are experiencing an increase in stressors resulting in the need for more attention per family. Their actions in the prior year resulted in program growth, notably an increase from 10 families graduating from the course in 2022-23 to 19 families in 2023-24, and 17 families completing the minimum number of coaching sessions in 2022-23 to 25 families in 2023-24).

PEI 2.1: Early Intervention Programs | Community Therapeutic Services

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	540	\$54,878	\$102
Actuals for FY 2023–2024	610	\$57,423	\$94
Projections for FY 2024-2025	600	\$55,424	\$92

Program Provider: Community Counseling Center (CCC)

Project Goals

- Early identification of onset of mental illness.
- Increased access of therapy to underserved populations.

Key Objectives

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

Program Outcomes

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

Method of Measurements

- Client counts.
- Clinician assessments.
- Participant, self-report surveys.
- Participants focus groups.

Overview: Community Based Therapeutic Services (CBTS) maximizes the opportunity for many 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 an average of 1,700 low cost (\$5.00 per session) to no cost counseling hours for uninsured and underinsured at-risk populations throughout the County.

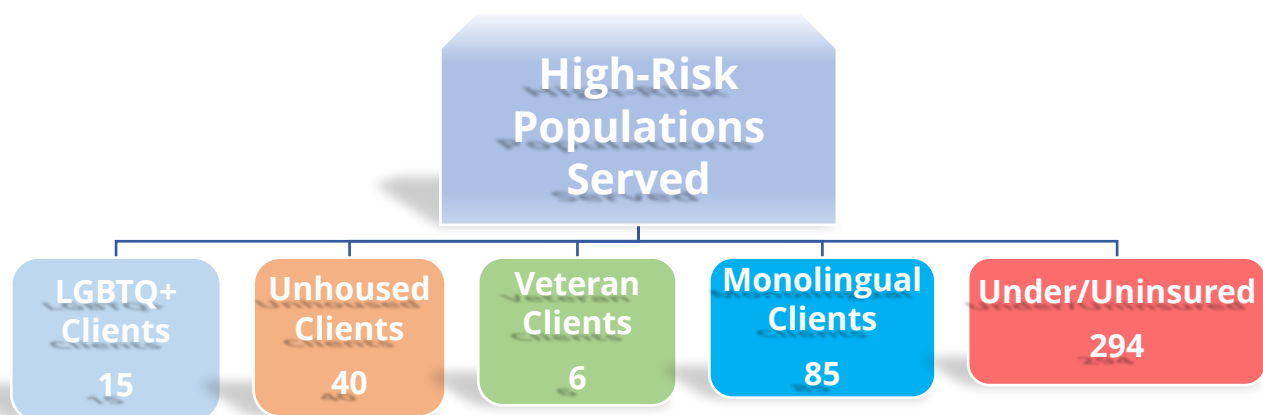
In recent years, the program has grown substantially (see Figure 2.1A). The number of clients assessed increased by 13% in FY 2023-2024 from 540 to 610; individuals enrolled in early intervention services increased by 10% from 458 to 503; and

counseling hours surpassed 2,200, a 10% increase from the previous year. Additionally, 26 clients were referred to County funded mental health and substance use services.

Post treatment surveys indicate that 82% (503/610) of participants experienced an improvement in their health and wellbeing; 99% (609/610) of surveyed participants avoided inpatient psychiatric or emergency room hospitalizations; 84% (172/205) of surveyed participants followed through with referrals; 84% (121/144) surveyed participants demonstrated an improvement in protective factors such as increased work attendance and improved parenting skills; and 89% (128/144) of surveyed participants demonstrated a reduction in behavioral health problems and decrease risk factors.

The focus of Community Based Therapeutic Services is to provide counseling to at-risk communities that are underserved and/or underinsured populations. Similar to other mental health providers in SLO County, CCC has experienced challenges in recruiting and retaining bilingual/bicultural clinicians. In 2023-24, CCC successfully recruited and hired a bilingual clinical supervisor that led to staffing an additional 4 bilingual therapists. The results, as reflected in the client count data, show an increase in capacity and substantial growth in the overall number of community members receiving early intervention services. Figure 2.1A below reflects the program's contribution to improving accessibility for underserved communities and promoting mental health in SLO County.

Figure 2.1A: Community Therapeutic Services for Underserved/Underinsured Populations



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	1004	\$308,687	\$307
Actuals for FY 2023–2024	979	\$415,705	\$425
Projections for FY 2024-2025	1,000	\$473,154	\$473

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

- Client counts.
- Advocate notes.
- Surveys.

Overview: 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.

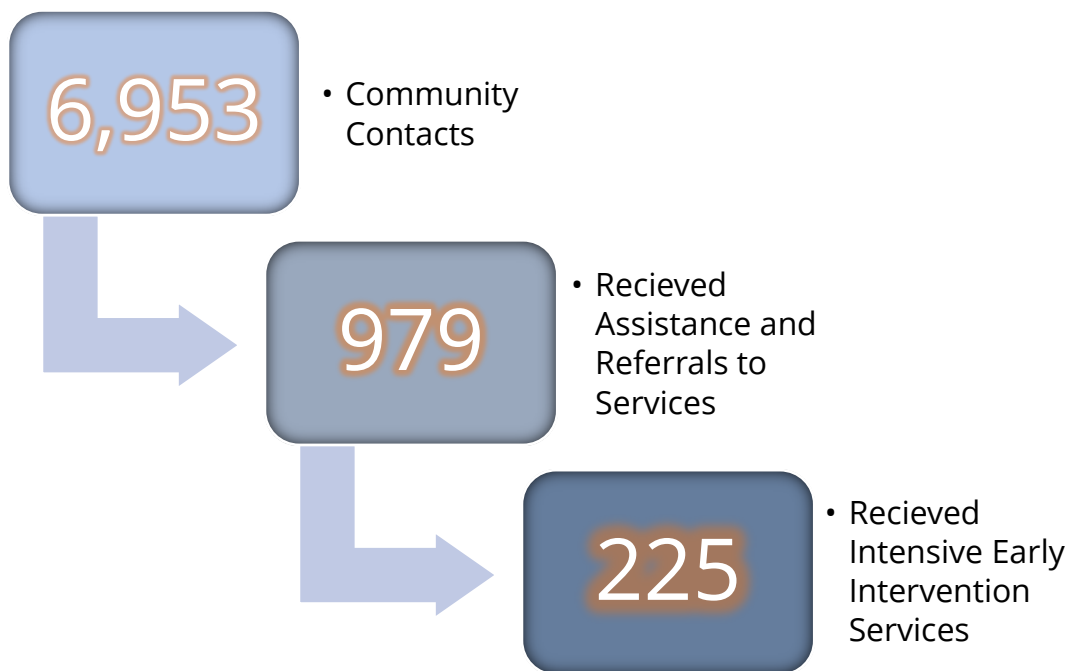
The BHNs also focus on establishing direct linkages for youth and transitional aged young adults, including community-based mental health services, suicide prevention, and providing culturally competent and inclusive LGBTQ+ outreach and system navigation. Specialists and Navigators help minimize stress, support wellness and resilience, and increase an individual's ability to follow through on referrals and care. Meeting basic daily life needs removes barriers to work and life

success, while reducing stressors linked to behavioral problems, violence, substance abuse, and suicide.

During 2023–2024, **BHNs achieved 6,953 community contacts from the previous year.** Nine hundred seventy-nine (979) became participants in the form of assistance and referrals to services such as housing, clothing, food, transportation, mental health, and/or substance use disorder services. Of those participants, 225 received intensive early intervention services. The response time target for BHNs is that 90% of referrals are contacted within 72 hours.

In recent years, the program refined their efforts leading to an average of 97% of referrals reached within 72 hours over the past 3 fiscal years. In FY 2023-24, self-report surveys reflected a 30% increase in knowledge of and ability to access community-based resources and a 25% decrease in stress.

Figure 2.2A: Behavioral Health Navigator Outcomes



A focal point for BHNs is to assist those members of the community that may be unaware of system resources and inexperienced in how to locate and access services. This is often the case with Transition Aged Youth (TAY, 16-25 yrs). The program exceeded expectations by serving 72 TAY clients in FY 2022-2023 as they

concentrated on expanding the reach to this high-risk age demographic. In addition to outreach efforts at Paso Robles and Arroyo Grande High Schools, the program was awarded a SLO Community Foundation grant to launch a teen support group for girls in San Luis Obispo proper. Due to staffing challenges in FY 2023-24, the number of TAY clients served dropped to 57. An action plan is in place that will enable the program to pivot, providing group services to increase outreach with the TAY population in the new school year.

The Integrated Community Wellness program produced a video to expand community awareness of their services. For digital readers, click on the link below to view the video. To locate it manually, search “Behavioral Health Navigators” on www.YouTube.com.

[Behavioral Health Navigators - We Share The Journey - YouTube](https://www.YouTube.com/watch?v=ReRXTGDss9U)

(<https://youtu.be/ReRXTGDss9U>)

PEI 3.1: Outreach for Increasing Recognition of Early Signs of Mental Illness | Older Adult Mental Health Initiative

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	768	\$283,259	\$369
Actuals for FY 2023–2024	679	\$305,138	\$449
Projections for FY 2024-2025	800	\$310,196	\$388

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

- Client counts.
- Patient Health Questionnaire – Depression Scale (PHQ-9).
- Clinician Assessments.
- Self-report surveys.

Overview: The Older Adult Mental Health Initiative (OAMHI) is administered by Wilshire Community Services (WCS), a community-based non-profit serving older adults 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.

The initiative features 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.

In 2023-2024, 679 unique Older Adults were screened for depression, 602 were assessed for services provided by Senior Peer Counseling (SPC) or Caring Callers (CC), and 290 were enrolled in services. Clients who are referred to WCS programs are assessed to determine if they are at risk for isolation and which program(s) would be most appropriate for their needs. Using the Patient Health Questionnaire (an evidence-based tool), depression screenings are conducted through individual sessions, at health fairs throughout the county, and at locations where seniors naturally gather such as nutrition sites, senior centers, and senior living facilities. The increase in the number of screenings is attributed to a combination of increased public awareness and collaboration across other WCS agencies to offer screenings to a greater number of older adults. Of the clients screened and assessed, 290 enrolled in WCS programs, 49 received transitional therapy, and 15 clients were referred to County funded mental health services.

Caring Callers (CC) is a countywide, in-home visiting program serving senior citizens who are homebound and at risk of social isolation. 100% of clients surveyed during FY 2023-24 reported an increase in their overall satisfaction and an improvement in their quality of life. Through social connections supported by these programs, participant's activity levels increase while feelings of isolation and loneliness are successfully addressed and reduced. At any given time, there are as many as 150 matched older adults in the CC program or receiving weekly counseling. A rolling waitlist of another 20-30 receives a weekly check-in phone call until they can enter the program. Additionally, WCS operates the Good Neighbor Program to supplement the CC program through the delivery of food and medical equipment.

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. SPC is a peer led and clinically supervised mental health program providing no cost counseling services focusing on individuals over the age of 65. There are no income qualifications to access the service. The program recruits volunteers (age 55 and over) to be peer counselors that must complete a 65-hour training program.

The counselors are then able to provide a unique mental health service that assists older adults to remain healthy and independent in their homes. The confidential meetings occur once a week in the client's residence and last one hour. Issues confronting many older adults include major life challenges such as health problems, anxiety, depression, loss, grief, caregiver issues, and family problems.

This intervention is valuable to older adult clients who are often isolated and/or home bound. The volunteer counselors and program staff are mandated to report suspected elder abuse and threats of harm to the clients or others. These factors make the SPC program a unique service in San Luis Obispo County. In 2023-2024, based on completed standard depression scales, 95% of clients who received services demonstrated a reduction in risk factors such as depression, anxiety, and hospitalizations.

Figure 3.1A: OAMHI Screening and Assessment Outcomes FY 2023-24



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 choose to receive individual therapy sessions, their symptoms are closely monitored throughout the therapeutic relationship. A total of 49 clients received individual sessions, along with 20 group sessions which included 276 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.



By the end of FY 2023-2024, 75 seniors were enrolled in Caring Callers and 65 seniors were receiving weekly counseling resulting in 1,270 hours of recorded connection. Additionally, WCS lent out 89 items from their loan closet of durable medical equipment and provided 879 services (i.e., rx pick-up, grocery delivery, food bank delivery, etc.) along with rides to seniors through our Good Neighbor Program with 106 active volunteers.

Through all community services programs, WCS attempts to meet the needs of homebound, isolated seniors. They are currently collaborating with committee members of the County's Master Plan of Aging to be able to grow SPC by getting their assistance in recruiting more volunteers for senior peer counseling. WCS has the infrastructure and capacity to serve more clients given an increase in counseling staff.

PEI 4.1: Access and Linkage to Treatment | Veterans Outreach Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	97	\$142,474	\$1,469
Actuals for FY 2023–2024	38	\$36,204	\$953
Projections for FY 2024-2025	50	\$166,567	\$3,331

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.
- Client counts.
- Counseling Surveys.

Overview: 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 sponsors monthly events to create opportunities for veterans to engage in community activities, connect with peers, and discover local resources. Activities include horseback riding, kayaking, climbing gyms, surfing, zip-lining, and art events. The therapeutic nature of this program is aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, open, and culturally competent settings.

The VOP's Behavioral Health Clinician (therapist) attends each event to be available to speak with veterans about common mental health issues they may be at risk of experiencing. The Clinician then encourages and assists with navigation for those identifying with these needs (including family members/loved ones) to seek support.

The Clinician 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 and confidential environments.

Veterans who access the VOP Clinician may also be referred to community and military providers. Veterans whose needs may be appropriately met with private insurance, or provided by the Veterans Administration (VA), are warmly referred to partners at the Community Action Partnership of SLO, as well as the VA.

The Clinician and Case Manager (VOP Coordinator) work closely with all providing partners to ensure veterans receive immediate access and attention. All veterans assessed by the clinician, regardless of engagement, are continually invited to Veterans Outreach programming to maintain pathways to accessing treatment.

SLOBHD provides a Behavioral Health Specialist to be the VOP Coordinator. The coordinator arranges and hosts these free events for veterans and their families and provides case 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 through tabling at local events.

Over more than a decade of the program, the VOP Coordinator has built relationships with dozens of small businesses in the county willing to donate and host events for veterans and their families. In addition to coordinating outreach events, the VOP position also meets with clients individually in a behavioral health specialist role. In FY 2023–2024, the Veteran's Outreach Program was limited to 3 events due to the hiring and training of a new coordinator that was needed to focus on case management and group support of existing veteran clients.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	2,460	\$135,221	\$55
Actuals for FY 2023–2024	2,791	\$160,400	\$57
Projections for FY 2024-2025	2,500	\$151,276	\$61

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.
- Client counts.
- Consumer presenter surveys.

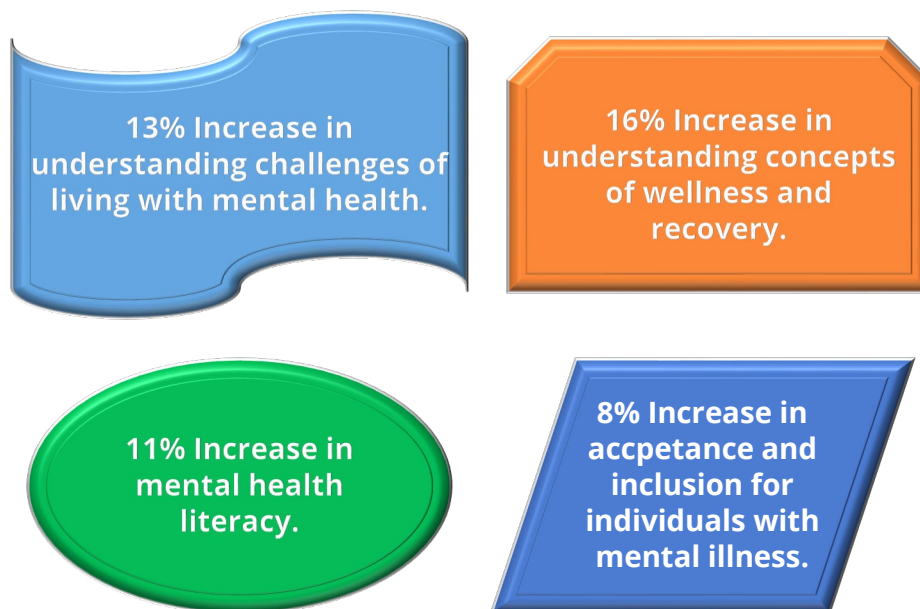
Overview: The Social Marketing Strategy program is facilitated by Transitions-Mental Health Association (TMHA), a recognized community leader in mental health awareness and engagement. The program aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and externalized discrimination towards those in need of services. Program goals are accomplished by creating awareness of mental illness: signs, symptoms, treatments, etc. The concentration on educating those populations most at risk for mental illness.

Stigma Reduction 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 and the American Society for Suicide Prevention's Out of Darkness Walk

In FY 2023-2024, the program participated in nearly 100 outreach events including activities involved with Big Brothers Big Sisters, SLO PRIDE Fest, the SLO County Juneteenth Celebration, the SLO Behavioral Health Bike Breakfast, Cal Poly Resource Fair, and various resource fairs in middle and high schools throughout SLO County. Through this program, TMHA also provides numerous free mental health education and suicide prevention and intervention presentations at county high schools and colleges. The focus of these activities is to reduce the barriers to access for services and to foster consumer empowerment and wellness. Over 5,000 community contacts were made in 2023-24, of which over 800 considered to be individuals from underserved populations. 5 professional education training courses were held, attracting 1,300 attendees who directly serve PEI populations.

Figure 5.1A: Social Marketing Survey Results from Presentations, n=250



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	540	\$168,539	\$312
Actuals for FY 2023–2024	4,266	\$165,100	\$39
Projections for FY 2024-2025	4,000	\$205,385	\$51

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.
- Participants focus groups.

Overview: The College Wellness Program (CWP) is designed to provide mental health and substance use education, along with supports for wellness initiatives in the SLO County's campus communities of California Polytechnic State University (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 County provides a Behavioral Health Specialist that builds bridges between community education (e.g., suicide prevention efforts, community advisor committees, speakers, education, etc.) and on-campus activities and student organizations (e.g., PULSE, the peer health educators program, Friday Night Live,

Overdose Prevention, etc.). The CWP Specialist plans outreach and community events, coordinates campaigns and activities that promote student wellness, provides mental health and suicide prevention training, coordinates the Cal Poly Friday Night Live Chapter, and participates in campus policy and activity groups.

The data reported for 2023–2024 represents the information for all events conducted in the college community. In previous years, the program limited reporting to only contacts through mental health trainings and presentations. In FY 2023-24, the CWP specialist recorded all directed contacts made including outreach and event tabling, resulting in a substantially higher percentage of the college population reached. A total of 3,151 contacts were made through information booths or outreach activities.

A total of 1,115 unique participants were reached through presentations, QPR Suicide Prevention and Mental Health First Aid trainings, and events. There were six (6) events held: Awareness Gallery, Buck the Stigma, Human Library, Out of the Darkness Walk, Mustang Mile, and Gaming4Wellness. A total of 12,686 contacts were made through educational campaigns in student housing, at athletic events, and on social media.

All participants surveyed reported...Thirty (30) respondents indicated a medium to low level understanding of suicide prevention prior to participating in QPR training, post survey results showed that all had increased their awareness and knowledge of suicide prevention to a high to very high level. The training of staff and students to identify peers in need is paramount to the overall wellness of a college campus. [CWP Survey Monkey + Awareness Gallery Eval + Human Library Eval]

Figure 5.2A: CWP Outreach Results FY 2023-24**Cuesta College**

Education and outreach at Cuesta College in 2023-2024 began with a month-long interactive awareness gallery detailing information and resources related to mental health promotion, substance use prevention, sleep, stress, social connection, and wellness. This display reached over 350 students at the SLO and North County campuses. The CWP Specialist provided QPR Suicide Prevention Gatekeeper Training for 31 staff and faculty during the academic year. During the spring semester, the CWP Specialist partnered with Cuesta College Student Health Services and the Cuesta College Library to coordinate a Human Library event.

The Human Library® started in Denmark over 20 years ago and has grown to be a global movement to challenge stereotypes and prejudices through meaningful dialogue in a safe and inclusive environment. During this event, over 200 participants were able to engage in meaningful conversations with a selection of 13 Human Books sharing their experiences with race, gender identity, sexual orientation, disability, mental health, incarceration, and more.

California Polytechnic State University San Luis Obispo

The CWP Specialist facilitated seven (7) QPR Suicide Prevention Gatekeeper Trainings reaching 254 students, staff, and faculty.

Five (5) outreach fairs at Cal Poly, connecting with 837 students. Three (3) educational campaigns before high-risk events, reaching over 11,500 students, staff, faculty, and supporters. Through a partnership with the American Foundation for Suicide Prevention (AFSP) and Cal Poly Campus Health & Wellbeing, the CWP Specialist coordinated an Out of the Darkness Campus Walk.

The gathering supported AFSP's education, research, and survivor support programs, and overall raising awareness and funds to fight suicide. The walk gave over 200 attendees, 30 volunteers, and 8 resource partner agencies a chance to connect with others who have been impacted by suicide and honor lost community members.

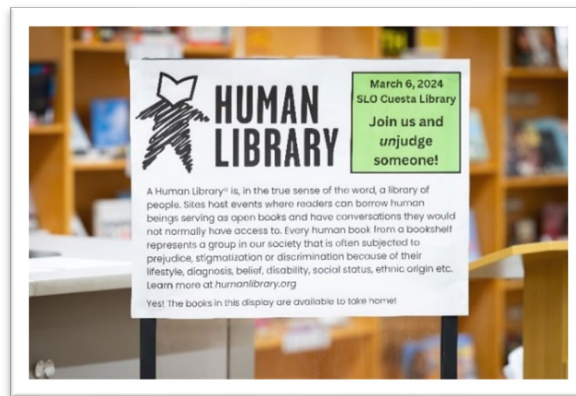
Cal Poly Friday Night Live Internship

The CWP's Cal Poly Friday Night Live Interns (CPFNL) participated in fifteen (15) outreach events: three (3) Party Safe Pre-games during the first five Fridays of the academic year, a volunteer resource fair, a tobacco and vaping Quit Day during the Great American Smoke Out, Super Bowl outreach, Valentine's Day outreach, two (2) St. Patrick's Day alcohol and drug prevention outreach events, a tobacco and vaping prevention outreach event during Earth Day, the annual Mustang Mile event educating students about the signs of alcohol poisoning and the dangers of binge drinking, three (3) music festival safety and overdose prevention outreach events, and a Gaming4Wellness event encouraging self-care and social connection before finals week.

CPFNL created four (4) social media campaigns: a Men's Health Month mental health campaign, a 12 Days of Self-Care wellness campaign leading up to the New Year, a Figuring it out February campaign sharing how students can continue to explore their relationship with alcohol after Dry January, and a campaign for Eating Disorder Awareness Week. CPFNL interns supported weekly Overdose Prevention training and Narcan Distribution events at Cal Poly throughout the academic year.

CPFNL interns supported SLO County Friday Night Live youth development programming at one (1) high school and one (1) middle school, supported the facilitation of the Social Emotional Learning (SEL) Grant at three (3) high schools, and helped plan the annual SLO County Friday Night Live Middle School Leadership Conference for over 50 youth.

CPFNL interns shared that participation in this program taught them valuable skills like public speaking, collaboration, youth development, community advisor engagement, substance use and harm reduction education, event planning, community engagement, capacity building, and youth empowerment.



Community Trainings & Outreach

In addition to the activities and expectations of the CWP at college campuses, the CWP Specialist coordinates Youth Mental Health First Aid, Adult Mental Health First Aid, Question, Persuade, and Refer (QPR) Suicide Prevention Gatekeeper trainings in the community. Funding and participation challenges resulted in the cancellation of two (2) QPR Suicide Prevention Gatekeeper Trainings, one (1) Adult

Mental Health First Aid training, and one (1) Youth Mental Health First Aid training. The CWP Specialist coordinated three (3) Youth Mental Health First Aid trainings for 45 participants, two (2) Adult Mental Health First Aid training for 27 participants, and two (2) QPR Suicide Prevention Gatekeeper Trainings for 16 participants.

PEI 6.1: Suicide Prevention Program | Suicide Prevention Coordination

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	1779	\$204,403	\$115
Actuals for FY 2023–2024	1939	\$252,149	\$130
Projections for FY 2024-2025	2,000	\$44,155	\$22

Program Provider: County of San Luis Obispo Behavioral Health Department (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 support for at-risk families.

Method of Measurement

- Participant and staff surveys.
- Participants focus groups.

Overview: The Suicide Prevention Coordination program (SPC) addresses risk, protective factors, and aftermath of suicide has been identified as a significant issue to be addressed in San Luis Obispo County. The most recent data on suicide rate suggests that San Luis Obispo County is above the state average. Of the 58 counties in California, San Luis Obispo ranked 12th for suicide rate from 2018-2020 according to studies performed by the California Department of Public Health. From 2020-2022, SLO County reported a decline in suicide-related deaths from 16.2 to 14.2 per 100,000 in population, a 15% decrease from the previous 2 years. While California has a lower age-adjusted rate than the national average (10.5 per 100,000 compared to 13.9 per 100,000 nationally), SLO County continues to exceed both the state and national averages.

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 Advisory Committee approved a position solely dedicated to form, integrate, launch, and educate a suicide prevention plan and efforts throughout the county, establishing the Suicide Prevention Coordinator (SPC) position. In FY 2022-2023, the MHSA PEI Advisory Committee approved funding to support the SPC position for Transitions Mental Health Association which oversees the Central Coast Hotline and works in collaboration with the SLO County SPC.

The SPC also assumes the responsibility of the WET-funded training and communications coordinator. The SPC is a Program Manager classification that oversees a team that includes public information and training specialists, in addition to their primary role which is the implementation of the County's Suicide Prevention Plan in collaboration with local partners and community members. This organizational structure allows the SPC to integrate programs to work in congruity on initiatives such as Mental Health First Aid, Mental Health Awareness Month, Suicide Prevention Month, and the Library Awareness Galleries (additional details can be found in the College Wellness Program section of PEI).

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 the chair of the Suicide Prevention Council. The SPC meets with the council monthly and draws an average attendance of 20 community members.

During FY 2023-2024, nearly 12,564 contacts were reached with an estimated 2,000 unique participants in presentations, forums, events, and trainings. Many of these contacts were made during Suicide Prevention Month in September. Each year, SLOBHD and the SPC facilitate the Suicide Prevention Forum with field experts

speakers and clinicians, engaging with and informing the community. Also occurring during Suicide Prevention Month is the Suicide Prevention Summit, a continued education training focused on updating and informing mental health professionals by hosting this multi-county collaborative event. The Summit was attended by Fresno County, Tulare County, Kern County, Marin County, and Orange County. Between the Summit and the Forum, over 900 unduplicated contacts were reached.

The SPC also distributes materials and resources to over 20 community partners and agencies including organizations supporting high risk populations such as Veterans, LGBTQ+, and older adults. Social media messaging is elevated during this time to promote awareness, World Suicide Prevention Day, and “Knowing the Signs”, which is a collection of historical signs compiled over the years from lived experience individuals, family members, and mental health professionals.

A portion of the SPC contacts is generated through training such as Mental Health First Aid and Question, Persuade, Refer (QPR) trainings. The objective of these curriculums is to educate and empower the community to effectively approach and engage in difficult conversations with those that are showing signs of crisis and assist them in seeking support. Nearly 300 SLO County residents were certified in at least one of these training courses in FY 2023-24; twice as many as the previous year.

Innovation (INN)

The Innovation (INN) component of MHSa 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 for assessing and evaluating their efficacy.

The development of the San Luis Obispo Behavioral Health Department (SLOBHD) Innovation plan is overseen by an Innovation Advisory 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 first plan in March 2011.

The fifth round of Innovations launched in FY 2021-22 and involved two currently active projects; SoundHeal and Behavioral Health Education and Engagement Team (BHEET). After a nearly 2-year delay due to the pandemic, SLOBHD developed a project in 2023-24 for the sixth round of Innovation which was launched in Spring of 2024. This section of the MHSa Annual Update will briefly describe these projects and the expected outcomes, although Innovation output is not analyzed until the project's final evaluation period at the end of the funding term.



As part of the continued efforts to best understand and learn from these projects, SLOBHD contracted with an Innovation Evaluator in 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. Evaluations are shared with community partners, advisors, and published on the SLOBHD MHSa webpage within 6 months of project completion. *Total funds including administration and evaluation allocations are compiled in [Exhibit G](#).*

INN 5.1: Behavioral Health Education & Engagement Team (BHEET)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	164	\$175,046	\$1,067
Actuals for FY 2023–2024	83	\$202,914	\$2,445
Projections FY 2024–2025	150	\$207,093	\$1,381

Program Provider: Transitions-Mental Health Association

Primary Purpose

- Increase access to managed behavioral healthcare services.

Learning Activities

- Embeds peer system navigators within the county's local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities.

Learning Goals

- When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer-term services?
- When provided with peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?
- When provided peer engagement and short-term case management, and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?
- When provided peer engagement and short-term case management, and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?
- When provided peer engagement and short-term case management, and/or therapy, self-empowerment and advocacy increase for participating individuals?

Method of Measurement

- Client count.
- Surveys conducted retrospectively at least bi-annually.
- Managed Care referral and service participation reports.

Overview: BHEET is designed to assist: (1) people in the community that do not meet severity criteria for SLOBHD outpatient services (and/or Full Service Partnership services); (2) people who have recently closed their cases at SLOBHD after experiencing success in their treatment and may have stepped down to a lower level of care; or (3) people who are in the process of terminating services with SLOBHD due to a reduction in symptoms and impairments but could benefit from follow-up support and assistance for a successful transition into community-based services.

By embedding Behavioral Health Navigators (BHNs) with CenCal, the Medi-Cal health plan provider, clients are offered mentorship, engagement, case management, navigation with community resources, and educational presentations and activities. Individuals referred to as services who are outside the range of SLOBHD criteria are often found to be at risk of dropping out or not engaging in services without assistance in making and keeping the connection to the local managed care plan.

BHNs connect and increase access to managed behavioral healthcare services, providing support, referral, and resources for clients and their families to increase linkage to initial managed care referrals as well as reduce no-shows of scheduled appointments and emergency room hospital visits. Navigators also assist those stepping down from inpatient psychiatric care to outpatient services, and the transition to navigating the mental health system on their own.

Implementation: The project officially began start-up at the mid-way point of FY 2021-2022. During early 2022, TMHA's prepared the operations plan build-out, creation of the documentation database for client tracking, hiring and training staff, and collaborated with SLOBHD to establish referral pathways. BHEET became operational at the end of FY 2021-2022. Referrals in the final month of the fiscal year led to an initial 14 unduplicated participants and produced 48 contacts overall. Participants are individuals or family members receiving one (1) to four (4) contacts with BHNs, and contacts are defined as one-on-one personal interface or group session. Interface with participants has been via telephone, video conferencing, text messages, and emails. Correspondence can involve assessment, orientation, or low-intensive referral to services.

Project Update: After a strong first year that exceeded targets by more than 50%, the project experienced staffing changes and shortages along with a low rate of referrals resulting in a lower sample size of contacts in year two. The project targets are 300 duplicated contacts and 100 unduplicated contacts each year. During the

first two years, BHEET has made 740 contacts with 173 clients producing 92 referrals for services, of which 20% have followed through for managed mental health care.

INNOVATION PROJECT	
1. Name of Project	Behavioral Health Education and Engagement Team
2. Changes made to the INN project and reasons	Project in 1 st year, no changes at this time
3. Seventy-five percent (75%) of participants will follow through with their initial referral to managed care mental health services, seventeen percent (17%) above 2019 levels.	Reporting at end of project.
4. Thirty percent (30%) of participants will continue with a second managed care mental health service, fifty percent (50%) above 2019 levels.	Reporting at end of project.
5. Participants will report a twenty percent (20%) decrease in the debilitating symptoms they experience as a direct result of their involvement with the BHEET program.	Reporting at end of project.
6. Participants who have prior law enforcement, emergency room visits, or utilization of other crisis services within the last year will demonstrate a recidivism rate of less than ten percent (10%).	Reporting at end of project.
7. Participants will report a thirty percent (30%) improvement in depression, anxiety, and other behavioral health screening scores within six (6) months from initial contact with BHN.	Reporting at end of project.

INN 5.2: SoundHeal

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022–2023	30	\$166,308	\$5,544
Actuals for FY 2023–2024	40	\$181,140	\$4,529
Projections FY 2024–2025	50	\$162,106	\$3,242

Program Provider: SoundHeal

Primary Purpose

- Project seeks to improve health behaviors and outcomes through sound meditation.

Learning Activities

- Tests the impact of voluntary self-care through a mindfulness-based, sound meditation for clients of the SLOBHD Justice Services Division.

Learning Goals

- Does the use of sound meditation intervention with SoundHeal pod increase the wellbeing and overall outlook of life of participants?
- Which specific SoundHeal pod sound meditations have the greatest impact for participants with dual diagnosis?
- What is the appropriate number of times the SoundHeal intervention is most positively effective in the participants' behavior?
- What is the optimal duration of an individual SoundHeal session to most positively be effective in the participants' behavior?
- Does SoundHeal intervention positively impact the medication intake of participants?

Method of Measurement

- Pre/Post Surveys
- Biometrics

Overview: SoundHeal is a sound immersive meditation pod (HealPod) intended to aid in building participant's self-medication practice and assist relaxation, relieving symptoms of mental health issues, and building self-care skills. Partnering with the San Luis Obispo Behavioral Health Department (SLOBHD), a customized holistic, mindfulness-based, sound medication treatment support program, titled "The SoundHeal Curriculum" was implemented for clients of the Justice Services Division. The Pod is a semi-enclosed space with a cushioned bench, audio speakers,

vibrational speakers, a touch screen interface, and tracks progress with biofeedback devices such as heart rate monitor. Participants complete pre and post meditation surveys and are also encouraged to journal their experiences.

The population chosen is known to typically avoid actively engaging in self-care practices such as medication or yoga, thus the goal of SoundHeal is to assist clients in developing their own self-mediation or wellness practice, and increase ability to stay calm, relieve stress, and improve focus. Developing these skill sets can contribute to a healthier and more optimistic future for these clients.

Implementation: The project began mid-way through the fiscal year 2023-2024, with three months of prep time, and client services and testing beginning in spring 2022. The early stages of the project produce pre and post survey data as well as journaling. Participants also have the option of recording biofeedback such as heart rate and heart rate variability. This data shows the variation in resting heart rate to determine level of calm a participant is attaining from beginning to end of the session. Following the meditation session, clients fill out a daily meditation journal and attend their scheduled therapy session, which can be used by the clinician to open avenues of dialog and self-exploration.

The initial response was positive, reflected by the high number of client retention visits. 13 clients volunteered during the first quarter of operations. Ten (10) of 13 returned to the Pod for at least four additional sessions, and seven of those 10 have returned for 10+ visits between April 1st and June 30th. Cumulatively, 141 sessions were provided in the first quarter of operations suggesting a proclivity for the test population to want to return for this type of self-care technique.

Project Update: In FY 2023-24, the project expanded participation to include substance use disorder (SUD) clients from the Drug and Alcohol Division of SLOBHD. After 2 years of project operations, SoundHeal has nearly 40 clients consistently returning to the Heal Pod and have produced over 300 journal entries. The SoundHeal project continues its journey into the 2nd year by exploring the addition of substance use disorder (SUD) clients. This will increase the sample size of the population that enables the collection and analysis of more statistically significant results that are considered the best practice of scientific research. The project will remain in effect until June 30th, 2025.

INNOVATION PROJECT	
1. Name of Project	SoundHeal
2. Changes made to the INN project and reasons	Pod will be available for SUD clients.
3. Thirty percent (30%) of participants will report they have the foundation for their own self-meditation or wellness practice:	Reporting at conclusion of project.
4. Thirty percent (30%) of participants will report they are more optimistic about themselves:	Reporting at the conclusion of project.
5. Thirty percent (30%) of participants will report improvement in self-awareness:	Reporting at the conclusion of project.
6. Twenty-five percent (25%) of participants will report a decrease in anxiety, stress, or feelings of detachment:	Reporting at the conclusion of project.

INN 6.1: EMBRACE			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2022-2023	0	\$217,141	\$0
Projections for FY 2023-2024	100	\$237,137	\$2,371

Program Provider: Wilshire Community Services

Primary Purpose

- Project will offer behavioral health training and supports for staff and administrators of residential care facilities for the elderly (RCFE).

Learning Activities

- Tests the impact on the level of care provided to residents and willingness to place prospective residents with existing mental health disorders.

Learning Goals

- The County and its stakeholders hope to learn whether providing a multi-disciplinary team-based approach to mental health assessment, support, and education in Residential Care Facilities for the Elderly will promote better health and wellness outcomes for the participants.
- The County and its stakeholders hope to learn whether increasing community collaboration and access to mental health care increase the number of placement options available to Older Adults with a mental illness.
- The County and its stakeholders hope to learn whether providing a multi-disciplinary team-based approach to mental health assessment, support, and education in Residential Care Facilities for the Elderly creates more sustainable housing and treatment options for Older Adults with a mental illness.
- The County and its stakeholders hope to learn whether testing this model of support has an impact on RCFE staff and administration as it pertains to stigma reduction and improved confidence in providing care for residents with mental illness.

Method of Measurement

- Pre/Post Surveys

Overview: The EMBRACE Innovation Project was developed in response to the lack of a model of care to engage older adults with mental health disorders residing or seeking residency in RCFE's in SLO County. The project incorporates a multi-disciplinary behavioral health team (MDT) comprised of a Behavioral Health Clinician, Peer Advocate, and Program Coordinator embedded into the culture of volunteer facilities.

The EMBRACE team serves as on-call support, early intervention consultants, system navigators on a case-by-case basis, and educators/trainers on resources and mental health curriculums for RCFE staff. The goal is to build awareness and understanding of available services, provide tools for identification of mental illness, and educate staff on resource availability. They will also establish trust and reduce mental health stigma amongst the Resident Care Facility staff and culture.

During the approval process, the MHSOAC flagged the EMBRACE project as a necessary conversation about this gap in the model of care for older adults. They requested a future update at a commission meeting on the progress of the project

and have reached out to the California Department of Aging. SLO County BHD anticipates a request to present to the committee once preliminary data is collected.

Implementation: The EMBRACE project was approved by the San Luis Obispo Board of Supervisors in January 2024. The first 3 months of the project was spent surveying facilities and promoting the project to capture the proposed 20% of the RCFE population based on the total number of residents in the county. With the support of the SLO County Long-Term Care Ombudsman, Wilshire was able to educate most facilities about the project.

Still, recruiting proved challenging as many facilities were not responsive when called upon to volunteer. One facility, caring for over 100 residents, volunteered and provided feedback on how to adjust the language to create more effective recruiting tools. As of June 2024, tools for the research model are in development and training curriculum is being prepared to launch at the volunteer facility in fall of 2024.

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. 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 Community Advisor input.

The most significant change in FY 2023-24 was the County’s collaboration with the California Mental Health Services Authority (CalMHSA), a JPA (Joint Powers Authority) supporting the Public Behavioral Health system and 23 other counties to establish SmartCare as the new and improved EHR product going forward. The County and its provider partners launched SmartCare on July 1, 2023. Since that time, the County has worked tirelessly through this partnership to create a robust electronic health record that enhances the delivery of services, expedite billing, and reports outcome measurements.

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. In 2022 SLOBHD entered a cooperative partnership (with a group of 23 other counties) with CalMHSA to develop a more robust and accessible tool for counties to increase productive documentation.

This new partnership, representing more than 37% of the Medi-Cal population, is aimed at developing a platform that is more conducive to the unique needs of the mental health system, including new payment reforms that started in FY 2023-2024. The new EHR system, “SmartCare EHR,” has been established with Streamline Healthcare Solutions.

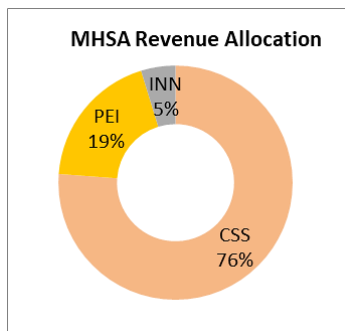
In FY 2023-2024:

- The Behavioral Health Department successfully implemented a new Electronic Health Records (EHR) System, *SmartCare*.
- The implementation of the new SmartCare EHR helped the County to meet CalAIM payment reform requirements that went into effect on July 1st, the beginning of the fiscal year.
- The Behavioral Health Department is now focused on ironing out system processes and procedures within the new EHR. Long term goals related to the new SmartCare EHR include utilizing the system for its faster and more efficient clinical workflows, better reporting, data analysis, and productivity tracking tools. San Luis Obispo County continues to collaborate with CalMHSA and the other participating California SmartCare Counties to develop consistency in clinical workflows and processes used across the State in the new EHR.

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 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 2023-24, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$29.85million (M) on MHSA programs with \$21.22M coming from MHSA revenue, \$6.4M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$2.23M from grants or other revenue sources. In FY 2023-24, Community partner agencies spending decreased from 58% (14.33M) to 55% (16.34M) of the FY 2023-24 revenue, while the County programs were responsible for the other 45% (13.51M). 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 has been and will most likely continue to 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 Community Advisors of the impact. As such, the reduction in revenue will not affect current or newly added programs.

Funds deposited to the County by Proposition 63 tax revenue have three years in which they need to be spent or placed in a Prudent Reserve (which allows a county to put a portion of its planning estimate away in case of an extreme revenue decrease). Funds not spent within three years are subject to “reversion” (being sent back to the State). The Behavioral Health Department manages its MHSA spending and savings plans, so there are funds available to cover the costs and growth of each program, with efforts to avoid any reversion of MHSA revenue.

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 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. At the end of FY 2023-24, San Luis Obispo County Prudent Reserve balance is at 24% of its average CSS revenue over FY 2018-23.

MHSA revenue increased in FY 2023-24. It is expected to decrease for the next couple of years as expected by DHCS. 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 a basis.

The summary table below is the projected amount of MHSA funds that will be spent on the County’s MHSA programs for FY 2024-25. 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 4% overall increase for contracts, services and supplies, and personnel expenditure.

MHSA FUNDING SUMMARY

FY 2024-25 Mental Health Services Act Annual Update						
Funding Summary						
County:	San Luis Obispo				Date:	10/9/24
	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 2022-23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,972,574	4,560,874	863,322	0	0	
2. Actual FY 2022-23 Funding	10,201,005	2,396,965	663,051		0	
3. Transfer in FY 2022-23 ^{a/}	(908,733)			531,620	377,113	0
4. Access Local Prudent Reserve in FY 2022-23	0	0				0
5. Estimated Available Funding for FY 2022-23	22,264,846	6,957,839	1,526,373	531,620	377,113	
B. Actual FY 2022-23 MHSA Expenditures	13,809,928	2,857,203	1,067,064	531,620	377,113	
C. Estimated FY 2023-24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,454,917	4,100,636	459,309	(0)	(0)	
2. Actual FY 2023-24 Funding	19,098,233	4,774,558	1,256,463			
3. Transfer in FY 2023-24 ^{a/}	(1,881,442)			676,055	1,205,387	0
4. Access Local Prudent Reserve in FY 2023-24	0	0				0
5. Estimated Available Funding for FY 2023-24	25,671,708	8,875,194	1,715,772	676,055	1,205,387	
D. Actual FY 2023-24 Expenditures	15,414,554	3,026,596	899,634	676,055	1,205,387	
E. Estimated FY 2024-25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,257,154	5,848,598	816,138	(0)	(0)	
2. Estimated New FY 2024-25 Funding	16,113,272	4,028,317	1,060,084			
3. Transfer in FY 2024-25 ^{a/}	(1,778,361)			735,929	1,042,432	0
4. Access Local Prudent Reserve in FY 2024-25	0	0				0
5. Estimated Available Funding for FY 2024-25	24,592,065	9,876,915	1,876,222	735,929	1,042,432	
F. Estimated FY 2024-25 Expenditures	20,177,241	4,420,818	1,181,497	735,929	1,042,432	
G. Estimated FY 2024-25 Unspent Fund Balance	4,414,823	5,456,096	694,725	(0)	(0)	

H. Estimated Local Prudent Reserve Balance		
	1. Actual Local Prudent Reserve Balance on June 30, 2022	2,774,412
	2. Contributions to the Local Prudent Reserve in FY 2022/23	0
	3. Distributions from the Local Prudent Reserve in FY 2022/23	0
	4. Actual Local Prudent Reserve Balance on June 30, 2024	2,774,412
	5. Contributions to the Local Prudent Reserve in FY 2023/24	0
	6. Distributions from the Local Prudent Reserve in FY 2023/24	0
	7. Estimated Local Prudent Reserve Balance on June 30, 2025	2,774,412
	8. Contributions to the Local Prudent Reserve in FY 2024/25	0
	9. Distributions from the Local Prudent Reserve in FY 2024/25	0
	10. Estimated Local Prudent Reserve Balance on June 30, 2025	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 33% of the total average amount of funds allocated to that County for the previous five years.

Community Services and Supports (CSS):

Actual expenses for CSS in FY 2023-24 were \$22.64M with \$15.41M funded through MHSA revenue, \$6.34 from Medi-Cal FFP, and \$886 thousand (K) from grants or other revenues.

A transfer to the CFTN component in the amount of \$1.2MK was completed during FY 2023-24 to fund the on-going maintenance and support of the Behavioral Health Electronic Health Record (BHEHR) and on implementation of new EHR system called SmartCare. 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 \$676K was completed during FY 2023-24 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

Regulations state that a majority of CSS expenditure 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 2022-23 RER, the County spent 43% of the funding on FSP services.

In FY 2023-24, using the State guidance, total FSP Mental Health Expenditures of \$8,754,749 divided by total Mental Health Expenditures (excluding administrative costs) of \$22,306,254 results in 39%. 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 2024-25: The following are the projected changes for FY 2024-25:

- The County provided an increase of 4%, a cost-of-living adjustment for all MHSA contracts.
- The chart below summarizes the CSS Actuals for FY 2022-23 & FY 2023-24, and a projection for FY 2024-25 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2024-25 Mental Health Services Act Annual Update						
Community Services and Supports (CSS) Component Worksheet						
County:	San Luis Obispo				Date:	10/10/24
	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual CSS Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
FSP Programs						
1. Children & Youth FSP	1,143,849	897,748	246,101		0	0
2. TAY FSP	982,299	561,415	420,563		0	321
3. Adult FSP	4,912,517	3,990,292	880,203			42,022
4. Older Adult FSP	902,559	733,844	168,715			
Non-FSP Programs						
5. GSD: Client & Family Wellness	2,964,638	2,455,954	508,684		0	0
6. GSD: Latino Outreach Program	900,915	535,301	365,614		0	0
7. GSD: Enhanced Crisis & Aftercare	4,085,824	3,011,730	541,085			533,010
8. GSD: School & Family Empowerment	663,867	447,752	216,115		0	0
9. GSD: Forensic Mental Health Services	1,623,235	940,437	381,083			301,715
CSS Administration	513,951	235,455	278,496			0
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Actual Expenditures	18,693,655	13,809,928	4,006,660	0	0	877,067
FSP Programs as Percent of Total	43.0%					
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual CSS Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
FSP Programs						
1. Children & Youth FSP	1,433,960	1,140,317	293,555		0	88
2. TAY FSP	878,817	540,085	338,732		0	
3. Adult FSP	5,633,103	4,089,649	1,543,371			84
4. Older Adult FSP	972,553	767,710	204,843			
Non-FSP Programs						
5. GSD: Client & Family Wellness	3,421,341	2,802,017	619,300		0	24
6. GSD: Latino Outreach Program	1,286,235	783,742	502,493		0	0
7. GSD: Enhanced Crisis & Aftercare	5,704,385	3,686,757	1,474,959			542,669
8. GSD: School & Family Empowerment	793,754	543,461	190,293		0	60,000
9. GSD: Forensic Mental Health Services	2,182,104	865,555	1,033,303			283,246
CSS Administration	355,472	195,260	144,416			15,796
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Actual Expenditures	22,661,726	15,414,554	6,345,266	0	0	901,906
FSP Programs as Percent of Total	39.2%					
	Fiscal Year 2024/25					
	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	1,568,475	1,276,123	292,352		0	0
2. TAY FSP	1,002,139	779,257	222,882		0	
3. Adult FSP	6,257,804	5,101,138	1,156,666			
4. Older Adult FSP	955,112	799,585	155,527			
Non-FSP Programs						
5. GSD: Client & Family Wellness	3,301,916	2,857,275	443,790		0	850
6. GSD: Latino Outreach Program	1,581,925	1,343,082	237,693		0	1,150
7. GSD: Enhanced Crisis & Aftercare	7,600,093	5,732,719	1,214,134			653,240
8. GSD: School & Family Empowerment	1,335,984	694,842	641,141		0	0
9. GSD: Forensic Mental Health Services	2,012,762	1,136,303	525,884			350,575
CSS Administration	580,427	347,093	216,907			16,427
CSS MHSA Housing Program Assigned Funds	109,825	109,825	0			
Total CSS Program Estimated Expenditures	26,306,461	20,177,241	5,106,976	0	0	1,022,243
FSP Programs as Percent of Total	37.4%					

Prevention and Early Intervention (PEI):

Actual expenses for PEI in FY 2023-24 were \$4.32M with \$3.03M funded through MHSA revenue and \$1.29M from federal grants or other revenue. The MHSA community advisors 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 2024-25.

New in FY 2024-25: 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 a 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 was fully operational in FY 2021-22. Funds are still available to support the program in the grant terms.

This chart summarizes the PEI Actuals for FY 2022-23 & FY 2023-24, and a projection for FY 2024-25 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2024-25 Mental Health Services Act Annual Update						
Prevention and Early Intervention (PEI) Component Worksheet						
County:	San Luis Obispo				Date:	10/10/24
	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual PEI Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
PEI Programs - Prevention						
1. Prevention	2,017,432	1,285,270	14,431			717,731
2. Early Intervention	528,413	363,565				164,848
3. Access & Linkage	283,259	283,259				
4. Stigma & Discrimination Reduction	355,237	303,760				51,477
5. Improve Timely Access	142,474	142,474				
6. Suicide Prevention	547,433	204,403				343,030
PEI Administration	175,715	175,715				
PEI Assigned Funds - CalMHSA JPA	98,756	98,756				
Total PEI Program Estimated Expenditures	4,148,720	2,857,203	14,431	0	0	1,277,086
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual PEI Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
PEI Programs - Prevention						
1. Prevention	2,386,323	1,369,105	12,194			1,005,025
2. Early Intervention	699,382	473,128				226,254
3. Access & Linkage	305,138	305,138				
4. Stigma & Discrimination Reduction	370,087	325,501				44,586
5. Improve Timely Access	36,204	36,204				
6. Suicide Prevention	257,369	252,149				5,220
PEI Administration	166,616	166,616				
PEI Assigned Funds - CalMHSA JPA	98,756	98,756				
Total PEI Program Estimated Expenditures	4,319,875	3,026,596	12,194	0	0	1,281,085
	Fiscal Year 2024/25					
	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	2,497,807	2,497,807				0
2. Early Intervention	749,479	528,579				220,900
3. Access & Linkage	310,196	310,196				
4. Stigma & Discrimination Reduction	405,753	356,661				49,092
5. Improve Timely Access	166,567	166,567				
6. Suicide Prevention	44,155	44,155				
PEI Administration	414,241	414,241				
PEI Assigned Funds - CalMHSA JPA	102,613	102,613				
Total PEI Program Estimated Expenditures	4,690,810	4,420,818	0	0	0	269,992

Innovation (INN):

Actual expenses for Innovation in FY 2023-24 were \$900K, which were fully funded by MHSA. Funding continued for three projects: Holistic Adolescent Health (HAH), Behavioral Health Education & Engagement Team (BHEET), and SoundHeal. An innovation project started named Embrace.

New in FY 2024-25: The following are the projected changes for FY 2024-25: None currently.

This chart summarizes the INN Actuals for FY 2022-23 & FY 2023-24, and a projection for FY 2024-25 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2024-25 Mental Health Services Act Annual Update						
Innovations (INN) Component Worksheet						
County:	San Luis Obispo				Date:	10/10/24
Fiscal Year 2022/23						
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual INN Funding	Actual Medi- Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
INN Programs						
1. Holistic Adolescent Health	220,343	220,343				
2. Behavioral Health Assessment and Response Project (BHARP)	312,364	312,364				
3. Behavioral Health Education & Engagement Team (BHEET)	175,046	175,046				
4. SoulWomb	166,308	166,308				
5. Innovation Projects - TBD FY 23/24		0				
INN Evaluation	93,546	93,546				
INN Administration	99,456	99,456				
Total INN Program Estimated Expenditures	1,067,064	1,067,064	0	0	0	0
Fiscal Year 2023-24						
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual INN Funding	Actual Medi- Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
INN Programs						
1. Holistic Adolescent Health	45,000	45,000				
2. Behavioral Health Education & Engagement Team (BHEET)	202,914	202,914				
3. SoulWomb	181,140	181,140				
4. Embrace	217,141	217,141				
5. Innovation Projects - TBD FY 23/24	0	0				
INN Evaluation	70,720	70,720				
INN Administration	182,719	182,719				
Total INN Program Estimated Expenditures	899,634	899,634	0	0	0	0
Fiscal Year 2024/25						
	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. Behavioral Health Education & Engagement Team (BHEET)	207,093	207,093				
2. SoulWomb	162,106	162,106				
3. Embrace	237,137	237,137				
4. Innovation Projects - TBD FY 23/24	300,000	300,000				
INN Evaluation	50,663	50,663				
INN Administration	224,498	224,498				
Total INN Program Estimated Expenditures	1,181,497	1,181,497	0	0	0	0

Workforce, Education and Training (WET):

Actual expenses for WET in FY 2023-24 were \$689K with \$676K from MHSA revenue transferred from the CSS allocation, and \$13K from Medi-Cal FFP. The MHSA community advisors group approved the transfer of CSS revenue to continue funding the programs under WET. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

New in FY 2023-24: The following are the projected changes for FY 2024-25: None currently.

This chart summarizes the WET Actuals for FY 2022-23 & FY 2023-24, and a projection for FY 2024-25 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2024-25 Mental Health Services Act Annual Update							
Workforce, Education and Training (WET) Component Worksheet							
County:	San Luis Obispo					Date:	10/10/24
Fiscal Year 2022/23							
	A	B	C	D	E	F	
	Actual Total Mental Health Expenditures	Actual WET Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding	
WET Programs							
1. PAAT - CSS Transfer	36,995	36,995					
2. E-Learning - CSS Transfer	7,768	7,768					
3. Cultural Competence - CSS Transfer	37,334	37,334					
4. Promotores - CSS Transfer	86,324	86,324					
5. Internship Program - CSS Transfer	19,381	1,967	17,413				
6. Training & Communications Co-Ordinator - CSS Transfer	0	0					
7. Diversity, Equity, & Inclusion - CSS Transfer	122,640	122,640					
8. Crisis Intervention Training - CSS Transfer	2,354	2,354					
WET Administration	236,238	236,238					
Total WET Program Estimated Expenditures	549,034	531,620	17,413	0	0	0	
Fiscal Year 2023-24							
	A	B	C	D	E	F	
	Actual Total Mental Health Expenditures	Actual WET Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding	
WET Programs							
1. PAAT - CSS Transfer	24,716	24,716					
2. E-Learning - CSS Transfer	10,518	10,518					
3. Cultural Competence - CSS Transfer	19,075	19,075					
4. Promotores - CSS Transfer	119,295	119,295					
5. Internship Program - CSS Transfer	19,121	10,686	8,435				
6. Training & Communications Co-Ordinator - CSS Transfer	0	0					
7. Diversity, Equity, & Inclusion - CSS Transfer	177,903	177,903					
8. Crisis Intervention Training - CSS Transfer	0	0					
WET Administration	318,975	313,862				5,113	
Total WET Program Estimated Expenditures	689,603	676,055	8,435	0	0	5,113	
Fiscal Year 2024/25							
	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	32,442	32,442					
2. E-Learning - CSS Transfer	15,576	15,576					
3. Cultural Competence - CSS Transfer	17,140	17,140					
4. Promotores - CSS Transfer	143,838	143,838					
5. Internship Program - CSS Transfer	21,520	13,288	8,232				
6. Training & Communications Co-Ordinator - CSS Transfer	4,100	4,100					
7. Diversity, Equity, & Inclusion - CSS Transfer	193,244	193,244					
8. Crisis Intervention Training - CSS Transfer	6,834	6,834					
WET Administration	309,467	309,467					
Total WET Program Estimated Expenditures	744,161	735,930	8,232	0	0	0	

Capital Facilities and Technological Needs (CFTN):

Actual expenses for CFTN in FY 2023-24 were \$1.29M 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 are based on number of users. MHSA community advisors 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).

SLOBHD have migrated to the new State California Advancing and Innovating Medical (CalAIM) initiative as of July 1st, 2023. The County has entered into an agreement with CalMHSA for SmartCare, which was selected through a CalMHSA RFP process and meets all the mandatory requirements. Increased funding has been approved by the MHSA Community Advisors.

New in FY 2024-25: The following are the projected changes for FY 2024-25: None currently.

This chart summarizes the CFTN Actuals for FY 2022-23 & FY 2023-24, and a projection for FY 2024-25 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2024-25 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Component Worksheet						
County: San Luis Obispo					Date: 10/10/24	
	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual CFTN Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	409,013	377,113	31,900			
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	409,013	377,113	31,900	0	0	0
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual CFTN Funding	Actual Medi-Cal FFP	Actual 1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	1,287,295	1,205,387	40,954			40,954
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,287,295	1,205,387	40,954	0	0	40,954
	Fiscal Year 2024/25					
	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	1,199,833	1,042,432	157,401			0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,199,833	1,042,432	157,401	0	0	0

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, a change in the maximum Prudent Reserve balance was established. The bill clarified 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.

The prudent reserve balance at the end of FY 2023-24 was \$2,774,412.

Appendix

Exhibit A – County Certification

County: San Luis Obispo

☒ Three-Year Program and Expenditure
Plan & Annual Update

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Starlene Graber, PHD, LMFT	Name: James W. Hamilton, CPA
Telephone Number: (805) 781-4719	Telephone Number: (805) 781-5043
E-mail: sgraber@co.slo.ca.us	E-mail: jhamilton@co.slo.ca.us
Local Mental Health Mailing Address: County of San Luis Obispo Behavioral Health Department 2180 Johnson Ave., 2 nd Floor San Luis Obispo, CA 93401	

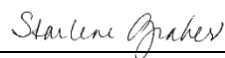
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws, and statutes of the Mental Health Services Act in preparing and submitting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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of Community Advisors, 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 Community Advisor 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 February 25th, 2025.

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.

Star Graber, PhD., LMFT



Local Mental Health Director (PRINT)

Exhibit B – MHSA County Fiscal Accountability Certification**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION**County/City: San Luis Obispo

Three-Year Program and Expenditure

Plan

☒ Annual Update☐ Annual Revenue and Expenditure Report**Local Mental Health Director County Auditor-Controller / City Financial Officer**

Name: Starlene Graber, PHD, LMFT Name: James W. Hamilton, CPA

Telephone Number: (805) 781-4719 Telephone Number: (805) 781-5043

E-mail: sgarber@co.slo.ca.us

E-mail: jhamilton@co.slo.ca.us

Local Mental Health Mailing Address:County of San Luis Obispo Behavioral Health Department
2180 Johnson Ave., 2nd Floor
San Luis Obispo, CA 93401

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

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

Starlene Graber, PHD, LMFT

Local Mental Health Director (PRINT)

Starlene Graber PHD, LMFT
Signature Date
10-4-24

I hereby certify that for the fiscal year ended June 30, 2024, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 12, 2023, for the fiscal year ended June 30, 2023. I further certify that for the fiscal year ended June 30, 2024, 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)

James W. Hamilton
Signature Date
10/7/2024

Exhibit C: Notice of Availability for Public Review & Comment



And

NOTICE OF PUBLIC HEARING

San Luis Obispo County

Mental Health Services Act

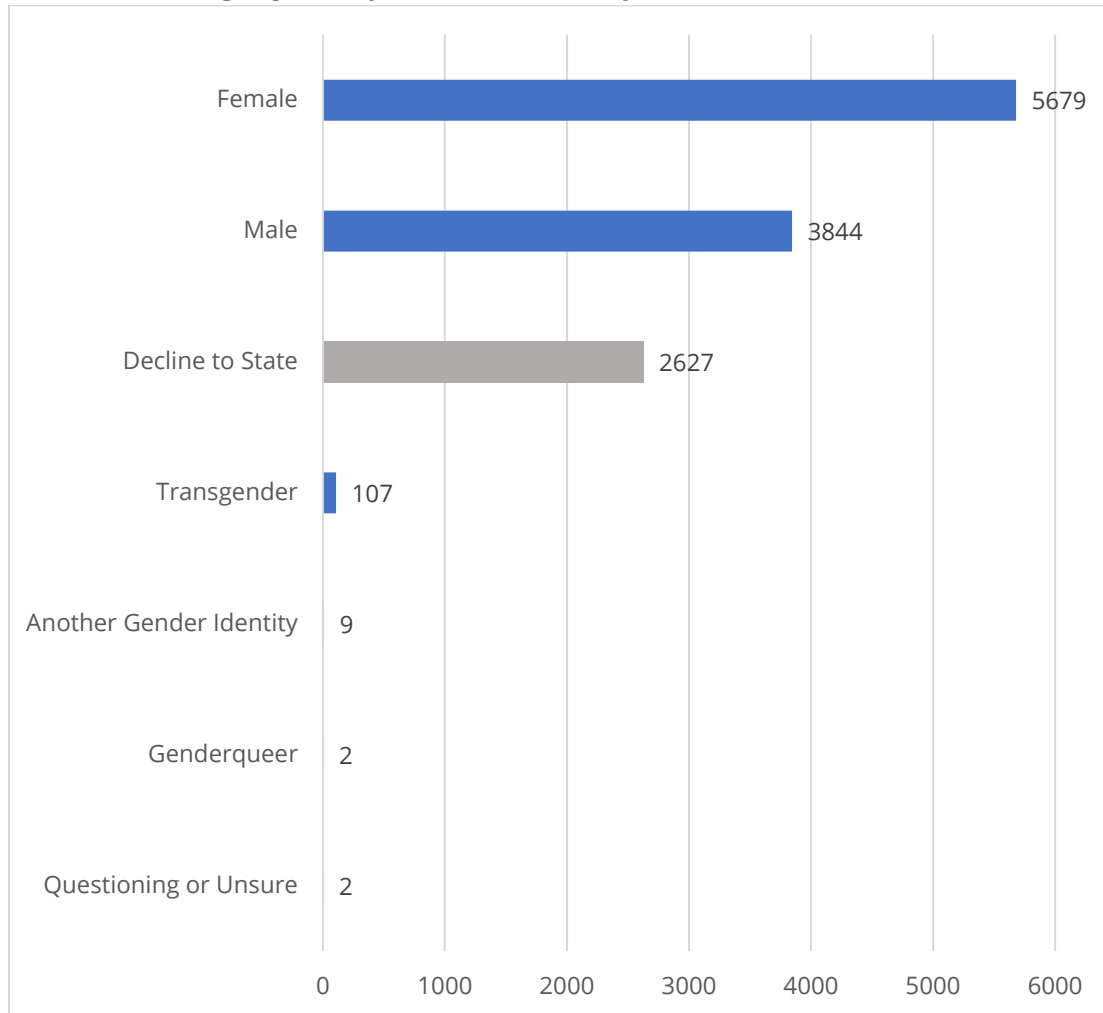
- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Annual Update for Fiscal Year 2023-2024 is available for a 30-day public review and comment from October 22 through November 20, 2024.
- HOW: To review the Update and Plan,
Visit: <https://www.slocounty.ca.gov/MHSA.aspx>
To Submit Comments or Questions:
[Public Comment County of San Luis Obispo Behavioral Health Department Mental Health Services Act \(MHSA\) Annual Update for Fiscal Year 2023-20234 Survey \(surveymonkey.com\)](#)
Comments must be received no later than November 20, 2024.

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 2023-2024 Update to the Three-Year Plan for Fiscal Years 2020-23.
- WHEN: Wednesday, November 20, 2024, 3:00 p.m.
- WHERE: Ag Auditorium. 2156 Sierra Way, San Luis Obispo. (Hearing held in person)

FOR FURTHER INFORMATION:

Please contact Christina M Rajlal, (805) 781-4276, crajlal@co.slo.ca.us

Exhibit D: PEI Demographic Data**D1. PEI Demographics | Gender Identity**

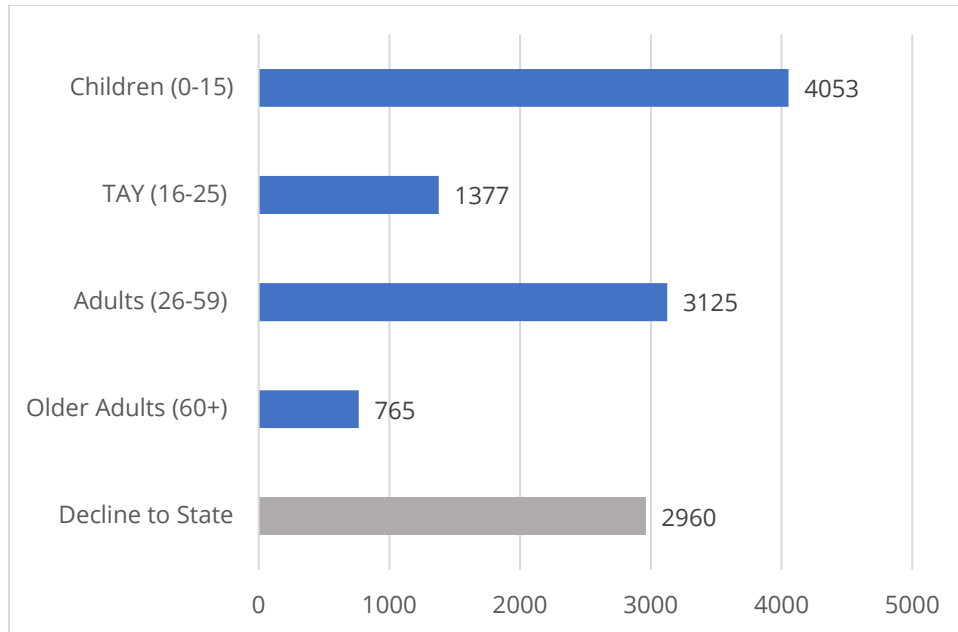
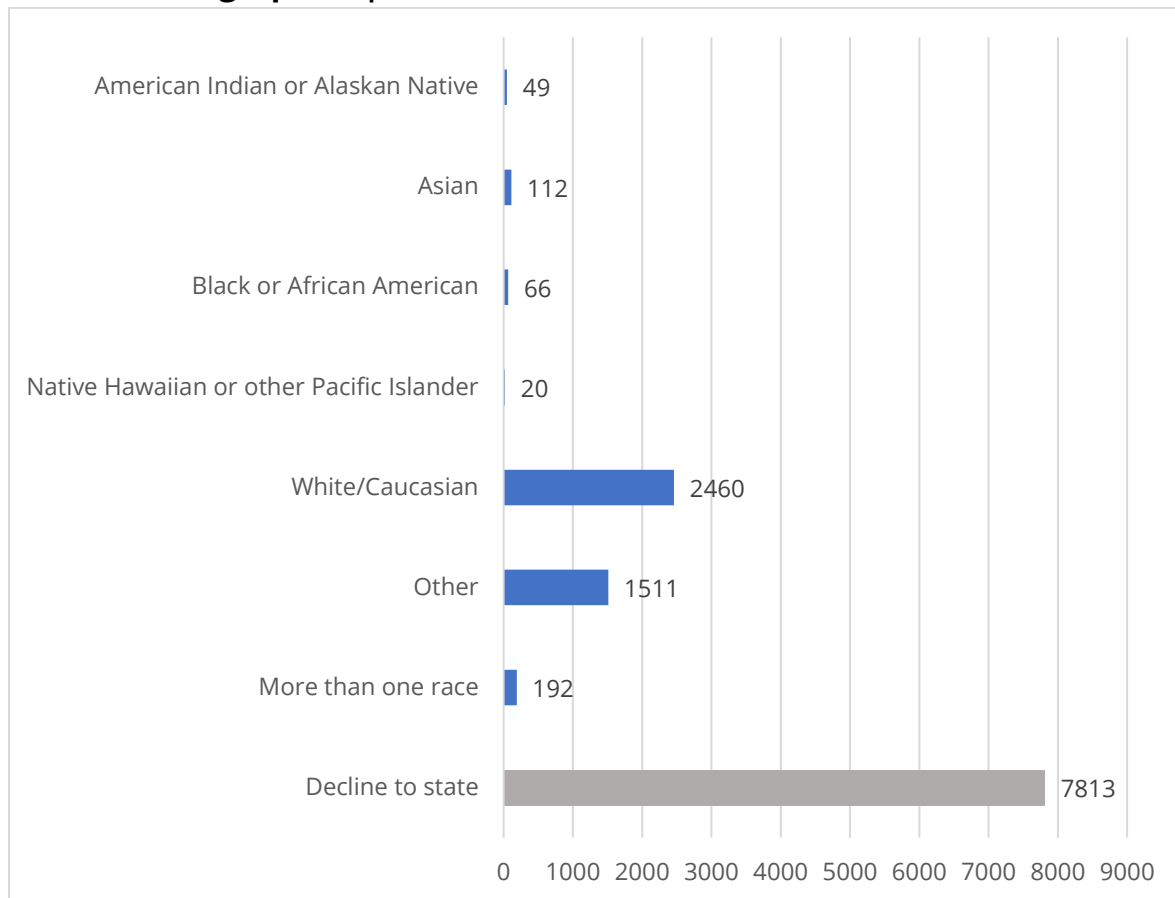
D2. PEI Demographics | Age Cohort**D3. PEI Demographics | Race**

Exhibit E: FY 2022-2023 Middle School Comprehensive Program Outcomes; n=327

RISK FACTORS	% Change between Risk Factor occurrences before and after
How many days were you absent? *	-17.7%
The number of times I have gotten into a physical fight or threatened someone is	-47.3%
The number of times I've used marijuana is	-30.7%
The number of times I've used alcohol is	-47.7%
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	-41.3%
The number of times I've misused prescription drugs is	-43.7%
The number of times I've hurt myself on purpose	-57.4%
The number of times I've seriously thought about suicide is	-54.5%
The number of behavioral referrals I've received is	-50.2%
PROTECTIVE FACTORS	% Change between Protective Factor agreement before and after
Grades improved from mostly F's**	67.9%
Grades improved from D's **	75.0%
Grades improved from C's or B's **	38.4%
I can ask a trusted adult or family member for help if I need it	31.6%
I have a good relationship with my parents or caregivers	14.2%
I generally feel good about myself	28.4%
I consider the consequences to my actions	21.6%
I have friends who make positive and healthy choices	15.0%
I know how to handle a situation if I'm bullied or harassed	19.8%
I know how to better cope with stress, depression, and anxiety	37.3%
I enjoy being at school	23.0%
I understand that alcohol is harmful for me	4.5%
I understand that marijuana is harmful for me and how	4.2%
I know that misusing prescription drugs is harmful for me	2.3%

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

There are no changes to report in this year's INN Demographic Data Exhibit. There will be a new report next year as INN projects are scheduled to sunset. Please refer to Exhibit F in the 2023-24 MHSA Annual Update in the link below for demographic information on previous INN projects.

[https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/forms-documents/mental-health-services-act-\(mhsa\)/mhsa-annual-updates/mhsa-annual-update-fy-23-24-final](https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/forms-documents/mental-health-services-act-(mhsa)/mhsa-annual-updates/mhsa-annual-update-fy-23-24-final)

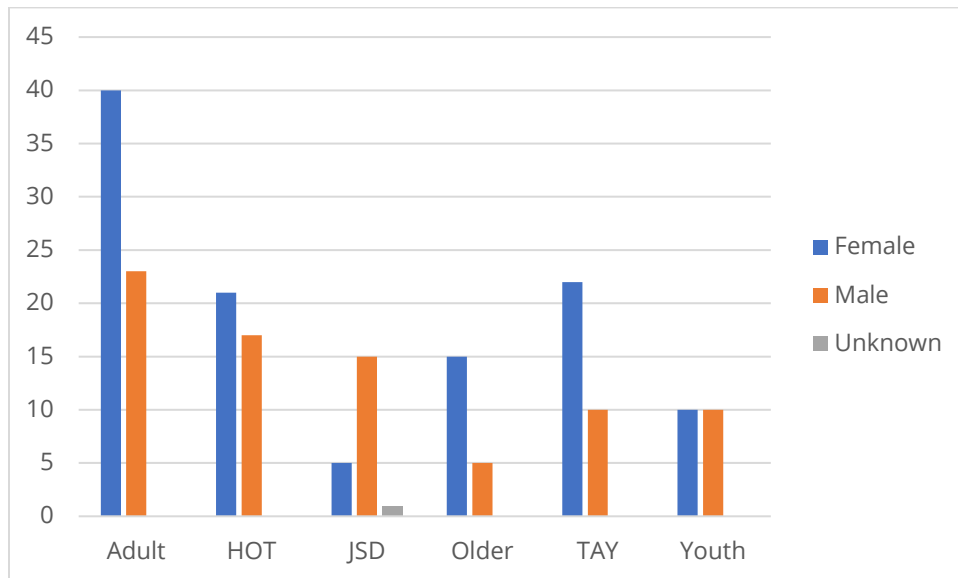
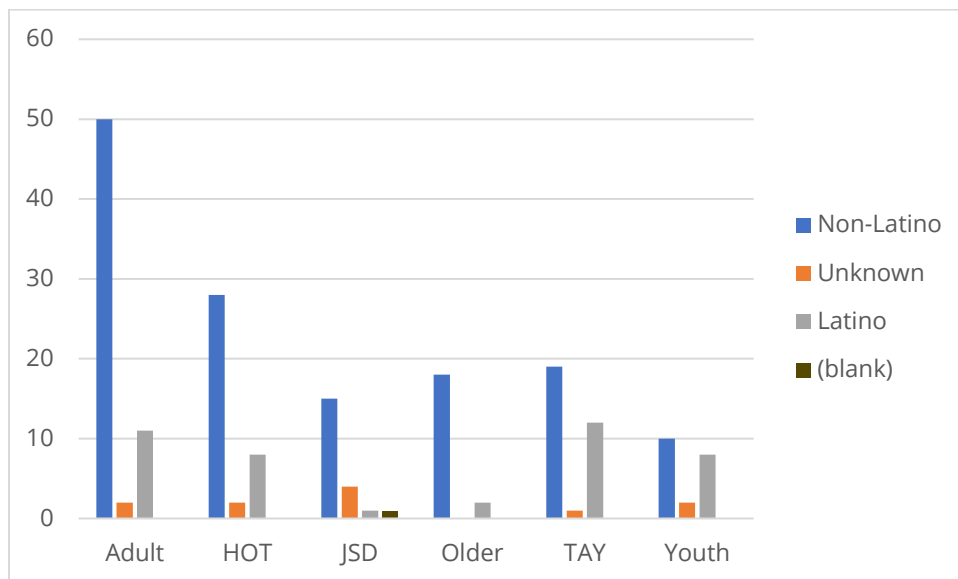
Exhibit G: INN Expenditure Sources

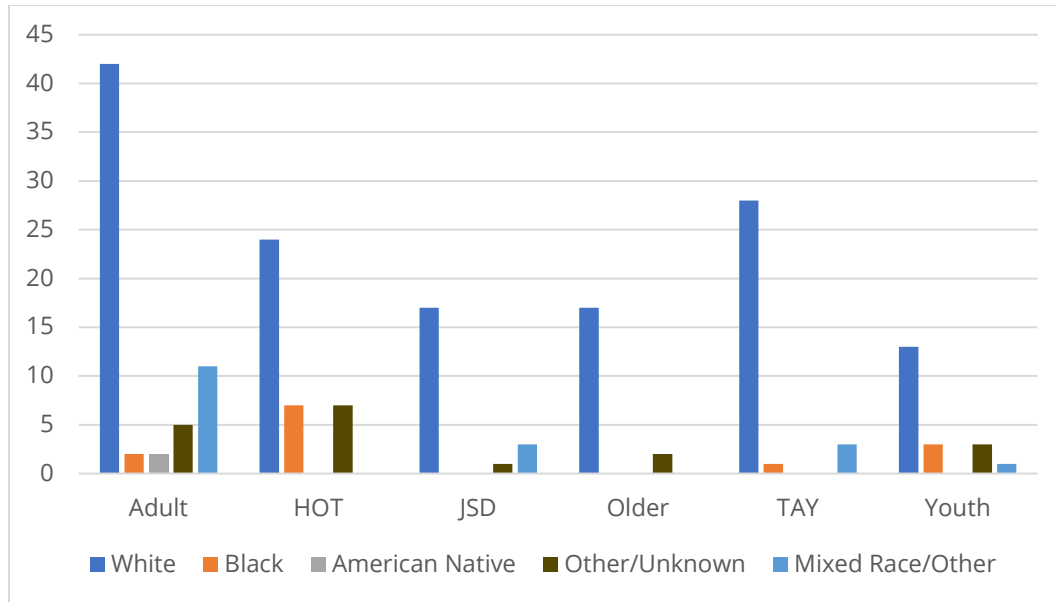
INN programs, administration, and evaluation are solely funded by MHSA therefore no dollar amounts are shown for the listed alternate funding sources.

FY 2023-24 Total Mental Health INN Expenditures					
Project	MHSA INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
INN 4.1	\$45,000	\$0	\$0	\$0	\$0
INN 5.1	\$202,914	\$0	\$0	\$0	\$0
INN 5.2	\$181,140	\$0	\$0	\$0	\$0
INN 6.1	\$217,141	\$0	\$0	\$0	\$0

FY 2023-24 INN Administration					
Project	MHSA INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
INN 4.1	\$1,656	\$0	\$0	\$0	\$0
INN 5.1	\$23,310	\$0	\$0	\$0	\$0
INN 5.2	\$20,809	\$0	\$0	\$0	\$0
INN 6.1	\$24,945	\$0	\$0	\$0	\$0

FY 2023-24 INN Evaluation					
Project	MHSA INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
INN 4.1	\$15,993	\$0	\$0	\$0	\$0
INN 5.1	\$56,273	\$0	\$0	\$0	\$0
INN 5.2	\$50,235	\$0	\$0	\$0	\$0
INN 6.1	\$60,219	\$0	\$0	\$0	\$0

Exhibit H: CSS Full Service Partnership Demographic Data**G1. FSP Clients in FY 2022-2023: Gender Breakdown****G2. FSP Clients in FY 2022-2023: Ethnic Breakdown**

G3. FSP Clients in FY 2022-2023: Racial Breakdown***

*** The Asian Pacific Islander population is not broken out specifically but is represented in the data above in the other category.

Exhibit I: Annual PEI Demographics and Data Report, FY 2022-2023

*Gray denotes that content was not reported or blank.

	1. Prevention				2. Early Intervention		3. Recognition of Early Signs	4. Access & Linkage	5. Stigma & Discrimination	6. Suicide Prevention
Program Name	1.1 CAPSLO Positive Development	1.2 CFS Family Education, Training & Support	1.3 The LINK Middle School Comp	1.4 CAPSLO In-Home Parent Educator	2.1 CCC Community Based Therapeutic Services	2. Early Intervention: 2.2 TMHA Integrated Community Wellness	3.1 WILSHIRE Older Adults Mental Health Initiative	4.1 WILSHIRE Older Adults Mental Health Initiative	5.1 TMHA Social Marketing Strategy	6.1 Suicide Prevention Coordinator
Unduplicated Individuals Year to Date (YTD)	335	1178	1845	38	610	979	290	91	6688	43
Duplicated Individuals/Contacts for Year to Date (YTD)	588	104	144	725	869	6953	401	243	6688	0
Sex at Birth										
Female	313	641	989	60	260	0	127	56	0	1
Male	226	201	850	18	201	0	71	35	0	0
Decline to State	0	336	6	3	0	988	1	0	6688	0
Gender Identity										
Female	313	631	989	59	340	396	124	51	2760	16
Male	226	201	850	18	264	145	64	30	2042	4
Transgender	0	1	3	0	6	9	2	0	86	0
Genderqueer	0	0	0	0	0	0	0	0	0	2
Questioning or Unsure	0	1	1	0	0	0	0	0	0	0
Another Gender Identity	0	0	2	0	0	0	0	0	5	2
Decline to State3	0	344	0	4	0	438	9	10	1795	27
Client Age Range										
Children (0-15)	418	15	992	0	84	8	0	0	2536	0
TAY (16-25)	2	69	151	0	191	57	1	1	885	20
Adults (26-59)	115	603	402	80	337	416	7	6	1157	2

APPENDIX

Older Adults (60+)	4	8	13	1	8	142	191	84	312	2
Decline to State4	0	483	287	0	0	365	0	0	1798	27
Client Race										
American Indian or Alaskan Native	0	31	7	2	3	2	0	0	4	0
Asian	0	9	16	0	50	3	5	3	23	3
Black or African American	0	11	21	0	19	3	5	1	1	5
Native Hawaiian or other Pacific Islander	0	7	3	0	7	0	0	0	3	0
White/Caucasian	450	557	350	36	532	209	149	67	101	9
Other	0	53	141 2	7	0	16	4	1	16	2
More than one race	89	12	34	11	0	5	16	7	14	4
Decline to state5	0	492	2	25	0	705	23	12	6526	28
Client Ethnicity (Latino/x)										
Caribbean	0	0	0	0	0	0	0	0	1	0
Central American	4	11	16	0	16	0	0	1	2	0
Mexican/Mexican-American/Chicano	344	244	136 1	72	154	0	16	5	41	8
Puerto Rican	1	0	0	0	3	0	0	1	1	0
South American	0	4	3	3	5	0	0	0	1	0
Client Ethnicity (non-Latino)										
African	0	5	21	0	9	0	5	1	0	1
Asian Indian/South Asian	0	0	7	0	0	0	0	0	2	0
Cambodian	0	0	0	0	0	0	0	0	0	0
Chinese	0	4	4	0	16	0	0	0	8	2
Eastern European	101	2	0	2	121	0	4	1	5	1
European	0	113	352	1	208	0	9	0	45	1
Filipino	0	0	8	0	1	0	3	1	5	5

APPENDIX

Japanese	0	2	0	0	26	0	1	0	2	0
Korean	0	0	0	0	6	0	0	0	4	0
Middle Eastern	0	0	0	0	0	0	0	0	5	0
Vietnamese	0	2	0	0	0	0	0	1	2	0
Other6	0	107	0	0	0	0	0	0	18	5
Multi-Racial	89	8	57	0	0	0	7	3	12	0
Decline to State7	0	718	16	3	0	988	102	12	6534	24
Client Sexual Orientation										
Gay or Lesbian	0	0	4	0	12	12	5	1	360	2
Heterosexual or straight	218	20	1667	77	0	110	170	65	6328	12
Bisexual	0	2	1	0	4	0	0	0	0	6
Questioning or Unsure8	0	0	4	0	0	0	0	0	0	1
Queer	0	0	1	0	2	0	2	0	0	1
Another Sexual Orientation	0	0	0	0	0	0	0	0	0	2
Decline to Answer	229	1156	168	4	0	866	22	25	0	27
Client Disability Status										
Vision Impaired	0	27	2	0	0	6	60	34	0	0
Hearing Impaired	0	3	12	3	0	7	48	23	0	0
Physical Mobility	0	10	15	0	9	0	85	43	0	0
Chronic Health Condition	0	14	11	0	125	0	106	52	0	0
Other Disability	0	9	42	0	0	34	24	9	0	0
Other										
Veterans	0	5	11	0	6	13	35	14	2	0
Homeless	0	101	176	0	40	95	4	0	12	0

Exhibit J: Mental Health and Substance Use Disorder Assessment Reporting Form

State of California - Health and Human Services Agency

Department of Health Care Services

Mental Health and Substance Use Disorder Assessment Reporting Form

Background and Instructions		
<p>Assembly Bill 2265 (Quirk-Silva, 2020) enacted Welfare and Institutions Code 5891.5 which requires counties to report to DHCS the number of people assessed for co-occurring mental health (MH) and substance use disorder (SUD) and the number of people assessed for cooccurring SUD who were later determined to have only an SUD without another co-occurring MH condition.</p> <p>Please enter the requested information in the fields below and submit a completed form electronically to MHSA@dhcs.ca.gov by October 1 following the end of the previous fiscal year.</p>		
Section I: County Information		
a. County Name: San Luis Obispo		
b. Preferred County Contact Information:		
Andrew Harris	afharris@co.slo.ca.us	(805) 781-4748
Contact Name	Email	Phone Number
c. Date of Completion: 9/26/24		
Section II: Reporting		
a. Reporting Period: 6/30/23 through 7/1/24		
b. Number of people assessed for co-occurring MH and SUD:		108.00
c. Number of people assessed for co-occurring MH and SUD who were ultimately determined to have only an SUD without another co-occurring MH condition:		0.00