

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE to the THREE-YEAR EXPENDITURE PLAN FY 2025-2026



**COUNTY
of SAN LUIS
OBISPO**



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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 Mental Health Services Act (MHSA) provides San Luis Obispo (SLO) County with critical funding, staff, and resources to support mental health programs for underserved children, transitional age youth, adults, older adults, and families. MHSA programs address the full continuum of care—prevention, early intervention, treatment, crisis, and recovery—along with the infrastructure, technology, and training needed to sustain the public mental health system.

SLO County, located on California’s Central Coast, is home to approximately 282,000 residents across suburban and rural communities, and a density of 85.6 people per square mile (U.S. Census, 2022). Known for its natural beauty, vibrant culture, and community engagement, the county offers a strong foundation for innovation and collaboration. Yet, like other regions, it faces significant behavioral health challenges that this MHSA plan seeks to address.

In the post-COVID era, San Luis Obispo County has adapted MHSA programs to balance new workforce realities and evolving service needs. While the pandemic accelerated the expansion of telehealth, creating challenges for in-person care, providers have blended virtual and in-person approaches to maintain access and engagement. Community events returned to in-person formats with hybrid options to broaden reach, and clinical programs now use both telehealth and in-clinic services to keep vulnerable populations connected to care and recovery.

A key highlight for FY 2024–2025 is the implementation of the Behavioral Health Bridge Housing (BHBH) program, funded through a state grant awarded to the County Behavioral Health Department in FY 2022–2023. This initiative addresses the immediate and sustainable housing needs of individuals with serious mental illness (SMI) and/or substance use disorder (SUD) who are also experiencing homelessness. With support from the MHSA Advisory Committee and

Administrative Team, Transitions Mental Health Association was selected through a competitive request for proposal process to operate the program. By summer 2024, rental assistance beds were occupied, and transitional housing units opened in fall 2024. In FY 2024–2025, the program continues to expand, providing housing navigation services and stabilizing individuals on their path toward long-term recovery and independence.

In FY 2024–2025, San Luis Obispo County continued its work with KPMG through the County Administrative Office (CAO) on the Financial Rebalancing and Resilience Initiative. This effort is designed to restore long-term financial stability and reduce the need for annual budget cuts across departments, including Behavioral Health. These efforts reflect the County's commitment to fiscal resilience and strategic planning to ensure a stronger behavioral health system for the future during a time of transition towards the Behavioral Health Services Act.

In FY 2024-25, the County's MHSA leadership team continues to prioritize accessible engagement by holding Community Advisor meetings in a hybrid format, offering both in-person and virtual options. Survey feedback from participants indicates strong support for this approach, and meetings throughout the year have maintained high attendance and active participation, supporting an inclusive Community Planning Process.

In this Annual Update the SLOBHD reports on the fiscal year (July – June). **This report includes descriptions of programs and services, as well as results from the 2024-2025 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.

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 which is inclusive of the last Three-Year Plan for Fiscal Years 2023-2026. This allows the County to maintain its preferred timeline for producing, reviewing, and approving the Annual Update and Three-Year Plans in the Fall. This year the Annual Update is produced on an earlier timeline due to BHSA Transition and the preparation for writing the first Integrated Plan (IP).

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), Landon King, MS (MHSA Program Manager), Jalpa Shinglot (MHSA Accountant), Andrew Harris, MPP (MHSA Data/Grants Coordinator), Brita Connelly, MSA (WET Coordinator), Carmen DeChaine (Community Planning Process Specialist) 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. 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 and will align with the changes set forth with BHSA to increase outcome measurements.

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.

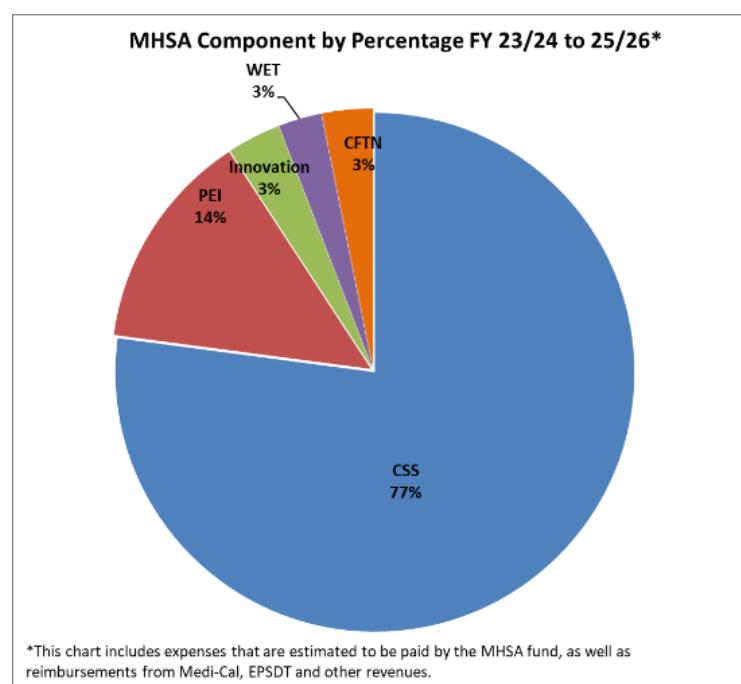
In 2024-2025, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local community advisors (formerly referred to as "stakeholders"), met three times to review program progress and budgeting considering reduced revenues. In this year, the County's MHSA Leadership Team continued to 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 2024-2025 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 2024-2025 fiscal year:

- Approved request: Up to \$75,000 of one-time funding for pre-development expenses for behavioral health treatment beds from unspent MHSA funds budgeted in Enhanced Crisis & Aftercare (CSS 7.2)
- Approved Innovation Project entitled the Medi-Cal Maximization & Training Initiative (MMTI) in the amount of \$600,000 over 3-years.
- Approved request to add one-time funds utilizing MHSA savings in the amount of \$700,000 to cover non-Medi-Cal expenditures for the new community based mobile crisis services.

In FY 2024-25, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$29.47 (M) on MHSA programs with \$20.49M coming from MHSA revenue, \$7.19M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$1.79M from grants or other revenue sources. In FY 2024-25, Community partner agencies spending decreased from 55% (16.34M) to 54% (15.91M) of the FY 2024-25



revenue, while the County programs were responsible for the other 46% (13.56M). 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 highlights of the work done, by component, over the 2024-2025 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. 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 2024-2025, 189 unduplicated client "partners" were enrolled in FSP programs. In that year, enrolled partners yielded the following average results: (1) An 85% reduction in homeless days; (2) a 63% decrease in days spent in general hospital; (3) an 94% reduction in jail days; and (4) a 74% decrease of days in the County's Psychiatric Health Facility (PHF).

Other CSS highlights in 2024-2025 included in this Annual Update include:

- 2,502 calls responded to by the Mental Health Evaluation Team and the Mobile Crisis Team
- The Latino Outreach Program, and original MHSA plan locally, served 133 individuals and provided over 4,000 unique services;
- TMHA's Wellness Centers provided recovery-based services to 263 individuals across the 3 locations in San Luis Obispo County.

Prevention and Early Intervention (PEI) projects remained 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 2024-2025 include:

- The Community Therapeutic Services program facilitated by Community Counseling Centers provided free to low-cost counseling sessions to 517 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 435 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 3,887 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.
- Transitions Mental Health Association's Integrated Community Wellness Program navigators assisted 163 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. WET is an area that is under current restructuring due to BHSA reform and may be subject to change in the upcoming year.

In 2024-2025, 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 focuses on advancing the County's electronic health record (EHR) system through SmartCare, in partnership with CalMHSA and provider partners. In FY 2024-25, the priority will be on evaluation, reflection, and adjustment to strengthen outcomes and ensure long-term success.

The **Innovation** component of MHSA has provided five previous rounds of exciting developments to the local mental health system. Local Innovation projects have

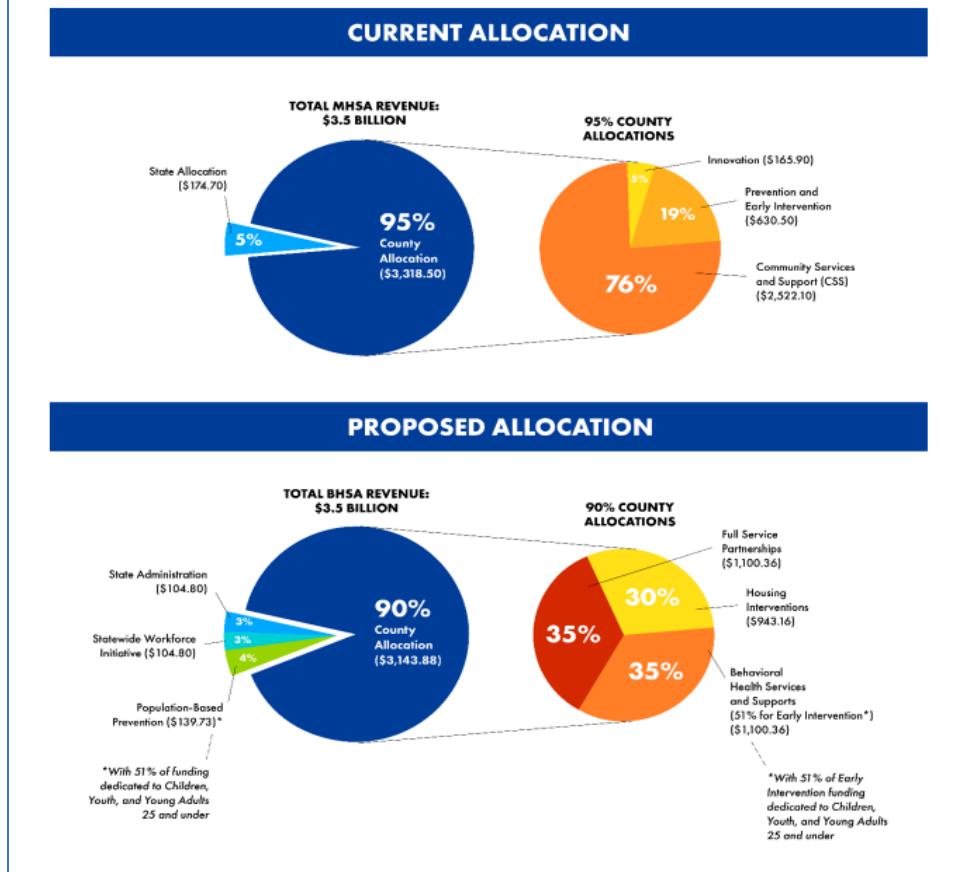
proven to be novel, new, and creative, and the County has already seen opportunities for projects to be replicated in other communities across the state.

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.

A project entitled the Medi-Cal Maximization and Training Initiative, or MMTI, was approved in FY 2024-25 to assist the SLOBHD and community partners in enhancing revenue generation through Medi-Cal and other untapped funding streams. The following section outlines the upcoming changes to MHSA due to new legislation, and the MMTI was created to support the transition.

2024-2025 BHSA Preparation

In addition to this report on achievements and plans made in 2024-2025, it is important to note 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, or Proposition 1. Prop 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. This created a dramatic shift or reduction in local MHSA programs by more than 30% in FY 2026 and beyond. The County met with advisors throughout FY 24-25 to educate and outline the proposed changes to MHSA and began discussing how the County and community 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. For more information: <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)*

The implementation of BHSA began in January 2025 by identifying services and programs that may not be eligible for future funding. Many contracted programs in the MHSA workplan were given notice that funding would no longer be available as of July 1st, 2025. In addition, the County reduced a similar amount of funding from internal programs and services through the repositioning of staff and positional reductions. The following programs were reduced from the workplan:

| CSS | PEI |
|--|--------------------------------------|
| Transition Assistance & Relapse (TARP) | Positive Development Program |
| Family Education | Family Ed & Training Supports (FETS) |
| Service Enhancement Team (SET) | In-Home Parent Educator |
| Peer to Peer | Community Therapeutic Services |
| Crisis Stabilization Unit (CSU) | Social Marketing |
| Forensic Re-Entry | College Wellness |

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 Deputy Director, Frank Warren, MPP, CPM. Along with the MHSA Coordinator, this Annual Update has been prepared by Landon King, MS (MHSA Program Manager), Jalpa Shinglot (MHSA Accountant), Andrew Harris, MPP (MHSA Data/Grants Coordinator), Brita Connelly, MSA (WET Coordinator), Carmen DeChaine (Community Planning Process Specialist) and Rebecca Redman (Administrative Assistant). The MHSA Leadership Team met within the year with the community advisory groups, individuals, and/or organizations regarding MHSA plans and programming.

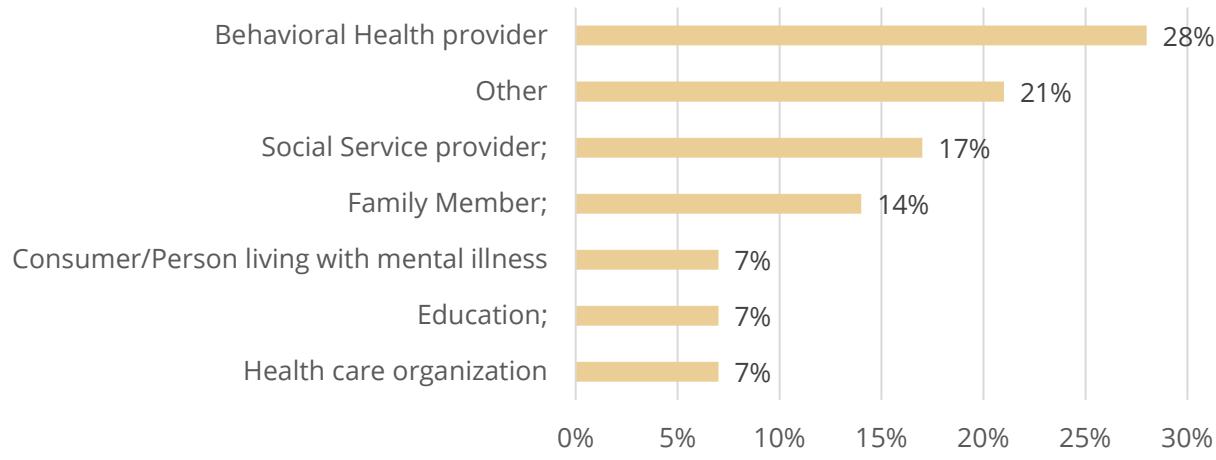
The oversight body for the Community Planning Process (CPP) is led by a community advisor group, formerly called the MHSA Advisory Committee (MAC). This group still exists but is being modernized due to the new CPP standards that go into effect January 1, 2025. The group will be reconstructed to meet CPP regulations and new duties will be shaped for this advisory committee in the upcoming year during BHSA transition.

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 Community Advisory Group 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 Behavioral Health Services Oversight and Accountability Commission (BHSOAC).

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. 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.

Community Advisor Committee Membership Representation - Affiliation 2024-2025



In fiscal year 2024-2025, the San Luis Obispo Behavioral Health Department's primary community advisory committee met on three 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.

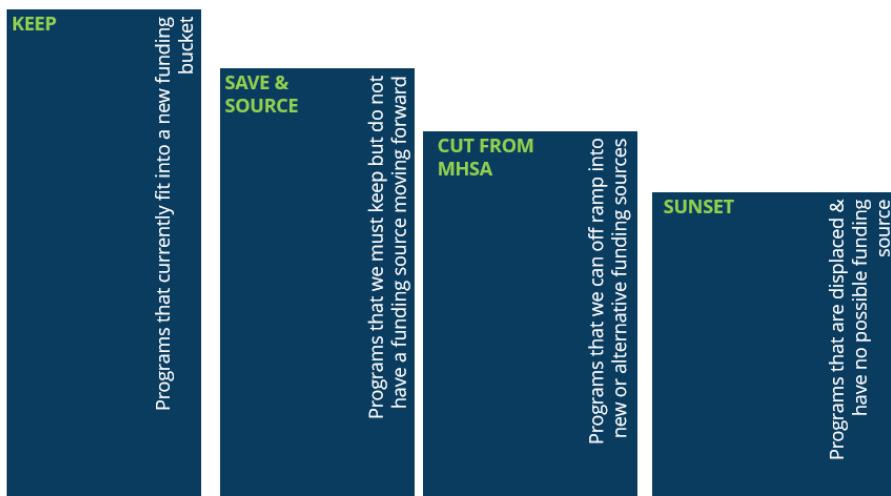
At each meeting Jalpa Shinglot, MHSA Accountant, provides community advisors with current budget revenue and expenditures, and reports on any changes made to the Three-Year Plan, and details the current fund balance, Prudent Reserve

balance, and FSP percentage. In this meeting, Jalpa provided details on the budget including the year-end totals for FY 2024-2025.

The first meeting of FY 24-25 was held in July 2024. This meeting was attended by nearly 50 community members and partners. The interest stemmed from the recent passing of Proposition 1 to reform the Mental Health Services Act. There were no decision-making prompts presented to the committee and the meeting was primarily informational regarding the new legislation.

The next meeting was held in September 2024. Again, this meeting revolved around informing the community of the upcoming reform to MHSA. SLOBHD presented a tiered approach to restructuring the MHSA workplan as seen below:

What are we doing: Tiered Approach



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SLOBHD also discussed the regulations and limitations to the new components of BHSA and held space for Question & Answer. In addition, the BHCIP Bond opportunity was presented with the Department's intent on applying for funds to build out crisis residential infrastructure.

The final MAC meeting of the fiscal year was held in January. The committee was informed that in-person meetings would go on a temporary hiatus to allow time for

planning the BHSA implementation. Decisions forms were distributed and approved for the following funding requests:

- BHCIP start-up funds in the amount of \$75,000 for pre-development expenses for BH treatment beds from unspent MHSA budgeted in Enhanced Crisis & Aftercare (CSS 7.2).
- Approval of the MMTI Innovation Project to provide billing acumen and revenue generation for the Department and community partners in the amount of \$600,000 for 3-years from encumbered Innovation funding.
- Mobile Crisis Expansion funds in the one-time amount of \$700,000 from unspent Crisis Stabilization Unit budget to cover non-Medi-Cal expenditures during the initial year of these new crisis services.

The County of San Luis Obispo's MHSA Annual Update for 2023-2024 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, September 17 through October 16, 2025. 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 2024-2025 and an outline of the Community Planning Process at the Behavioral Health Board's meeting on September 17, 2025. The review period concluded with a Public Hearing on October 16, 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.

- Hope that the County will make efforts to ensure sustainable partnerships with mental health CBO's such as TMHA, NAMI, FCN, and other community partners.
- Comment seeking future reporting on the outcomes of enhancements to Medi-Cal billing.
- Comments requesting that some services, such as Hotline and County educational programs, will continue to be freely accessible (non-billed).
- Comments requesting continued measurements of Quality-of-Life indicators.

- Concern that the discontinuation of PEI and WET programs due to BHSA reform will have impact on at-risk populations, and populations which face health equity challenges in SLO county. Example populations include:
 - Spanish-speaking population.
 - Youth and TAY (particularly college students).
 - Reductions in resources for Suicide Prevention.
 - Impact on Peer Services.
- Comment hoping that the County can take steps to increase housing supply in underserved regions of the county, particularly Southern SLO county.
- Comments expressing optimism that new funds will be made available to create housing programs for individuals with SUD and SMI.

At the conclusion of the hearing, the Behavioral Health Board unanimously 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 and DHCS within 30 days.

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 2023, 116 individuals in San Luis Obispo County died due to a drug-related cause. This is an average of more than 9 deaths per month. Opioids of any type were involved in 74% of all drug-related deaths. Fentanyl was involved in 65% of all drug-related deaths and 87% of opioid-related deaths. Almost two-thirds (64%) of all drug-related deaths involved a type of amphetamine (such as methamphetamine). Of the 116 drug-related deaths, 5 deaths were categorized as a suicide.

LO 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% respectively of the total County population (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 CALMHS 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 399 qualified providers. Licensed Clinical Social Workers and Marriage and Family Therapists make up 22% (87/399) 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 continues to present a significant challenge, as only 14% of the treatment provider network is fluent in Spanish, while 19% (approximately 12,860 individuals) of Medi-Cal members report Spanish as their preferred language for services (CenCal Member Demographics, 2024). In addition, the American Community Survey (2024) indicates that 18% of San Luis Obispo County residents primarily speak a language other than English at home, underscoring the persistent gap between community language needs and available provider capacity.

A 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 produced an Inclusion and Belonging Workforce Survey in mid-2024. Among the 134 respondents in June 2024, the racial composition of the Behavioral Health workforce was predominantly White/Caucasian (58%), followed by Two or more races (13.9%), Latino/Latinx (8.2%), Asian (3.2%), Black or African American (1.6%), with 14.75% preferring not to answer, and 0% identifying as Native American/American Indian/Alaska Native, Hispanic (as listed separately), or Indigenous (not listed).

As of December 2024, CenCal Health's Medi-Cal enrollment in San Luis Obispo County shows notable differences in racial composition: Hispanic/Latino members comprise approximately 35%, White members about 30%, Black or African American about 1%, Alaskan Native or American Indian less than 1%, Asian/Pacific Islander around 2%, and a large portion—29%—are listed as "Not Provided" (cencalhealth.org, 2025)

For context from U.S. Census data (assuming unchanged since 2023), San Luis Obispo County's general population is approximately 88% White/Caucasian, 4% Asian, 2% Black or African American, 1.4% American Indian or Alaska Native, 0.2% Native Hawaiian or Pacific Islander, nearly 4% reporting two or more races, with ethnicity being approximately 68% non-Hispanic White and 24% Latinx.

This highlights an underrepresentation of Latino/x individuals and other people of color within the Behavioral Health workforce compared to the Medi-Cal member population and the county's overall demographics. Meanwhile, the Medi-Cal population in SLO County is now about 35% Hispanic/Latino and 30% White—marking a meaningful shift from the previously cited figure of 32% White and 32% Latino/x/Hispanic from 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

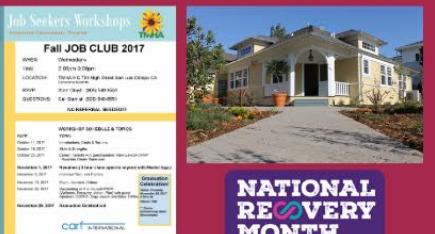
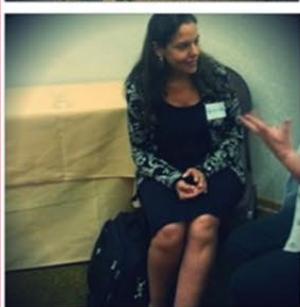
The most significant barrier to implementing the programs contained within the MHSA Work Plans is issues of access across the county. While it is good that 40% of the provider network report having the capacity for traveling "Greater than 60 miles" to serve clients, it identifies a barrier created by 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. This position current experienced turnover but the department has worked hard to continue the momentum and importance of building and maintaining the role. 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.

Over the past two years, one of the most urgent challenges has been the rapidly evolving workforce landscape. With sustained low unemployment rates nationwide, the behavioral health field continues to feel significant impacts. The COVID-19 public health emergency accelerated the expansion and acceptance of telehealth, reshaping the service delivery model for mental health care. While this has improved access for many, it has also created a highly competitive market for providers, leading some to shift away from the in-person care that remains essential to county behavioral health systems, including MHSA-funded services. Post-COVID, workforce shortages have become the new normal, requiring ongoing adaptation and strategic response.

San Luis Obispo County has continued to face severe staffing shortages, with the department's vacancy rate increasing from 13.23% in FY 2023-24 to 13.59% in FY 2024-25. This trend is also fueled by escalating living costs on the Central Coast. As of early 2025, San Luis Obispo's cost of living is approximately 46% above the U.S. national average, a notable update from previous estimates of 64% ([Salary.com](#), 2025). By comparison, California overall remains roughly 50% more expensive than the national average ([RentCafe](#), 2025). These persistent affordability challenges make recruiting behavioral health providers from outside the region increasingly difficult. While shortages among psychiatrists have long been an issue, today's high housing prices and competitive job market continue to strain the local behavioral health workforce.



CSS

20+ years of MHSA in SLO County



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 2024-2025, 189 unduplicated client “partners” were enrolled in FSP programs. In that year, enrolled partners yielded the following average results: (1) An 85% reduction in homeless days; (2) a 63% decrease in days spent in general hospital; (3) an 94% reduction in jail days; and (4) a 74% 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.

The passing of Proposition 1 reallocated funds from certain services providing prevention and education to Housing Interventions. This greatly impacted the future of SLO County's CSS workplan. In preparation for the transition from MHSA to BHSA, the CSS workplan was reduced at the end of FY 2024-25. MHSA funding for some CSS programs in this section sunset as of June 30th, 2025 as they were not eligible to meet BHSA requirements and/or did not provide Medi-Cal reimbursable services that could replace MHSA support. These programs will be denoted by ****BHSA Reduction**** following the program title in the table at the beginning of each section.

In the fiscal tables of some CSS programs, a negative spending amount may reflect surplus dollars. In FY 2023-24, the County transitioned to a new Electronic Health Record (EHR) system, SmartCare. The first year of implementation presented significant challenges, particularly for the billing department, which encountered numerous errors when processing Medi-Cal billable CPT codes. These issues resulted in delays in billing and, consequently, revenue was not received until FY 2024-25. This was a positive outcome and driven by several key factors, including increased staff productivity, enhanced timeliness and accuracy in entering and completing services within the new EHR system (SmartCare). As a result, the net cost to the MHSA fund was reduced for FY 2024-25 leading to extra dollars in some of the CSS program budgets.

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 2023-2024 | 30 | \$1,140,317 | \$38,011 |
| Actuals for FY 2024-2025 | 30 | \$1,045,376 | \$34,846 |
| Projections for FY 2025-2026 | 30 | \$1,352,345 | \$45,078 |

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 2024-2025. 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 2024-2025, 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 2024-2025. Compared to the 12 months prior to FSP enrollment, Child and Youth FSP participants demonstrated the following results:

- ✚ 61% decrease in days spent in psychiatric health facilities (287 days twelve months prior to partnership, 112 during 2024-2025).
- ✚ 100% change in homeless days (0 days twelve months prior to partnership, 22 experienced by one client during 2024-2025).
- ✚ 100% decrease in total days spent in justice facilities (7 twelve months prior to partnership, 0 during 2024-2025); and
- ✚ 71% decrease in general hospitals (21 twelve months prior to partnership, 6 during 2024-2025).

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

| FSP Key Event | FY 2024-2025 | Before Partnership | Percent Change (FY 2024-25 compared to Prior to Partnership)) |
|--|--------------|--------------------|---|
| Days in General Hospital | 6 | 21 | -71.4% |
| Days in Homelessness | 22 | 0 | 100.0% |
| Days in Jail/Juvenile Hall | 0 | 7 | -100.0% |
| Days in PHF | 112 | 287 | -61.0% |
| Total Arrests | 0 | 1 | -100.0% |
| Total Mental/SUD Emergency Interventions | 9 | 6 | 50.0% |
| Total Physical Emergency Interventions | 0 | 47 | -100.0% |

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 27.

FCN's Children and Youth FSP teams collect data regarding diverts that pertain to care level and incarceration. FCN reported that for FY 2024- 2025, at discharge: 89% (16/18) of clients were diverted from a higher level of care and 100% (18/18) 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 2023-2024 | 32 | \$540,085 | \$16,878 |
| Actuals for FY 2024-2025 | 37 | \$775,481 | \$20,959 |
| Projections for FY 2025-26 | 30 | \$471,077 | \$15,703 |

*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-seven (37) TAY received FSP services in 2024-2025.

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.

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.

There were two TAY FSP teams in 2024-25. 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 2024-2025, FCNI provided services to 37 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 2024-2025.

- 82% decrease in days spent in psychiatric health facilities (238 twelve months prior to partnership, 41 during FY 2024-2025).
- 80% reduction in homeless days (590 twelve months prior to partnership, 117 during FY 2024-2025).
- 189% increase in total days spent in justice facilities (28 twelve months prior to partnership, 81 during FY 2024-2025); and
- 100% reduction in total days spent in general hospital (26 twelve months prior to partnership, 0 during FY 2024-2025).

Figure 2.1A: TAY Partners Enrolled in 2024-2025 (n=37)

| FSP Key Event | FY 2024-2025 | Before Partnership | Percent Change (FY 2024-25 compared to Prior to Partnership)) |
|--|--------------|--------------------|---|
| Days in General Hospital | 0 | 26 | -100.0% |
| Days in Homelessness | 117 | 590 | -80.2% |
| Days in Jail/Juvenile Hall | 81 | 28 | 189.3% |
| Days in PHF | 41 | 238 | -82.8% |
| Total Arrests | 6 | 4 | 50.0% |
| Total Mental/SUD Emergency Interventions | 13 | 19 | -31.6% |
| Total Physical Emergency Interventions | 0 | 58 | -100.0% |

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” on Page 27.

In 2024-2025, TAY partners were observed by team providers over several months to compare program outcomes. Providers documented that at discharge: 93% (14/15) of clients were diverted from a higher level of care and that 100% (15/15) of clients were diverted from incarceration.

CSS 3.1: Adult Full Service Partnership (FSP)

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|--------------------|-----------------|
| Actuals for FY 2023-2024 | 40 | \$1,816,331 | \$45,408 |
| Actuals for FY 2024-2025 | 52 | \$1,862,939 | \$35,826 |
| Projections for FY 2025-26 | 55 | \$2,097,064 | \$38,128 |

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. Beginning in FY 2025-26, the program will serve ages 60+ as well. 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 2024-2025, TMHA served 52 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 the fiscal year 2024-2025, 67% (10/15) of partners were referred to and seen by a psychiatrist within 15 business days. A survey of participants showed an increase of 30% in their use of learned coping skills to help them better manage their mental health symptoms. Partners surveyed also demonstrated a 38% increase in their use of skills learned from therapeutic interventions to deal better with stress-related

triggers; 23% 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 2024-2025.

- 99% decrease in days spent in psychiatric health facilities (413 twelve months prior to partnership, 2 during FY 2024-2025).
- 95% decrease in homeless days (1696 twelve months prior to partnership, 76 during FY 2024-2025).
- 100% decrease in total days spent in justice facilities (111 twelve months prior to partnership, 0 during FY 2024-2025); and
- 99% decrease in days spent in general hospital (120 twelve months prior to partnership, 1 during FY 2024-2025).

Figure 3.1A: Adult Partners Enrolled in FSP: FY 2024-2025 (n=52)

| FSP Key Event | FY 2024-2025 | Before Partnership | Percent Change (FY 2024-25 compared to Prior to Partnership)) |
|--|--------------|--------------------|---|
| Days in General Hospital | 1 | 120 | -99.2% |
| Days in Homelessness | 76 | 1696 | -95.5% |
| Days in Jail/Juvenile Hall | 0 | 111 | -100.0% |
| Days in PHF | 2 | 413 | -99.5% |
| Total Arrests | 2 | 14 | -85.7% |
| Total Mental/SUD Emergency Interventions | 13 | 79 | -83.5% |
| Total Physical Emergency Interventions | 9 | 89 | -89.9% |

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 27.

CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|--------------------|-----------------|
| Actuals for FY 2023-2024 | 33 | \$1,146,702 | \$34,749 |
| Actuals for FY 2024-2025 | 33 | \$1,049,335 | \$31,798 |
| Projections for FY 2025-26 | 30 | \$1,039,663 | \$34,655 |

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 2024-2025, TMHA served 32 FSP partners as part of the Homeless Outreach Team FSP program. The program team met and engaged 459 local homeless individuals. Seventy-five (75) individuals were screened for Mental Health Services, and fifty (50) 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-two (32) 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 2024-2025.

- 89% decrease in days spent in psychiatric health facilities (362 twelve months prior to partnership, 40 during FY 2024-2025).
- 88% reduction in homeless days (4153 twelve months prior to partnership, 487 during FY 2024-2025).

- 99% decrease in total days spent in justice facilities (1582 twelve months prior to partnership, 16 during FY 2024-2025); and
- 88% increase in days spent in a general hospital setting (25 days reported twelve months prior to partnership, 47 during FY 2024-2025)

In 2024-2025, 100% of the 32 partners engaged accessed support services, such as substance use treatment, vocational training, emotional support, and benefits eligibility. Ten (10) of the 32 partners served had secured housing as of the fourth quarter.

Figure 3.2A: Homeless Outreach Team Partners Enrolled in FY 2024-2025 (n=33)

| FSP Key Event | FY 2024-2025 | Before Partnership | Percent Change (FY 2024-25 compared to Prior to Partnership)) |
|--|--------------|--------------------|---|
| Days in General Hospital | 47 | 25 | 88.0% |
| Days in Homelessness | 487 | 4153 | -88.3% |
| Days in Jail/Juvenile Hall | 16 | 1582 | -99.0% |
| Days in PHF | 40 | 362 | -89.0% |
| Total Arrests | 0 | 25 | -100.0% |
| Total Mental/SUD Emergency Interventions | 3 | 41 | -92.7% |
| Total Physical Emergency Interventions | 2 | 71 | -97.2% |

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” on Page 27.

CSS 3.3: Forensic Adult Full Service Partnership (FSP)

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 17 | \$1,078,205 | \$63,424 |
| Actuals for FY 2024-2025 | 18 | \$907,092 | \$50,394 |
| Projections for FY 2025-26 | 20 | \$882,000 | \$44,100 |

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-post 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 FFSP 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 2024-2025, 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 2024-2025.

- 48% decrease in days spent in psychiatric health facilities (211 twelve months prior to partnership, 109 during FY 2024-2025).
- 79% decrease in homeless days (3274 twelve months prior to partnership, 678 during FY 2024-2025).
- 94% decrease in total days spent in justice facilities (1313 twelve months prior to partnership, 68 during FY 2024-2025); and
- 100% increase in days spent in general hospital (0 twelve months prior to partnership, 5 during FY 2024-2025).

Figure 3.3A: Forensic FSP Partners Enrolled in FY 2024-2025 (n=17)

| FSP Key Event | FY 2024-2025 | Before Partnership | Percent Change (FY 2024-25 compared to Prior to Partnership)) |
|--|--------------|--------------------|---|
| Days in General Hospital | 5 | 0 | 100.0% |
| Days in Homelessness | 678 | 3274 | -79.3% |
| Days in Jail/Juvenile Hall | 68 | 1313 | -94.8% |
| Days in PHF | 109 | 211 | -48.3% |
| Total Arrests | 7 | 24 | -70.8% |
| Total Mental/SUD Emergency Interventions | 20 | 95 | -78.9% |
| Total Physical Emergency Interventions | 4 | 44 | -90.9% |

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 27.

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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-------------------|-----------------|
| Actuals for FY 2023-2024 | 25 | \$48,411 | \$1,936 |
| Actuals for FY 2024-2025 | 25 | (\$19,930) | (\$797) |

See pg. 27 for explanation of the negative funding.

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

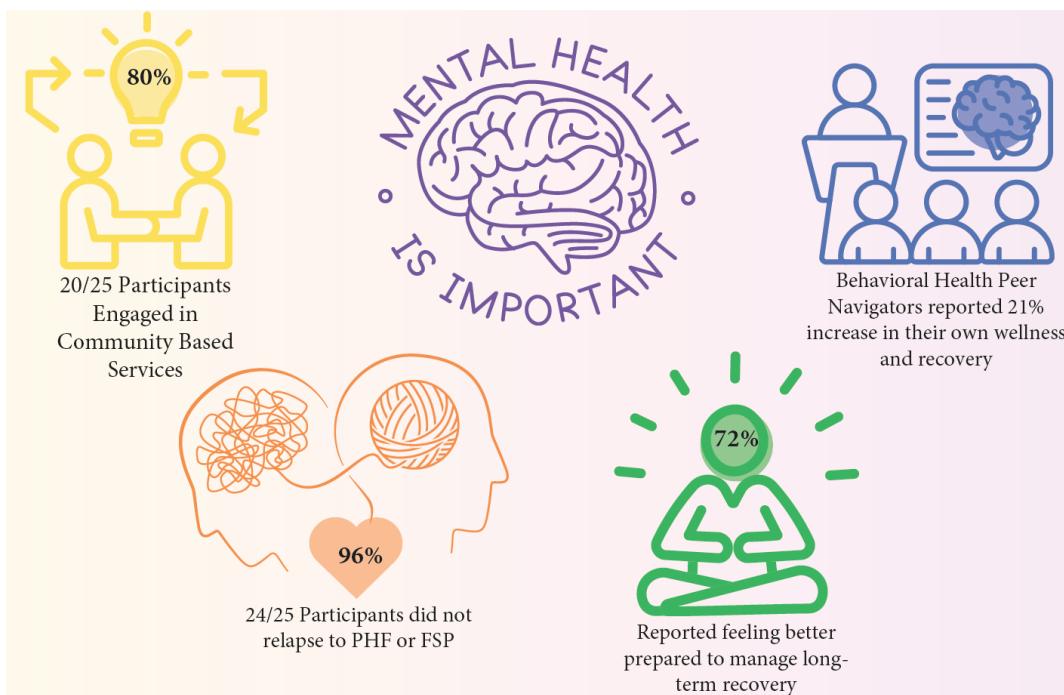
- A variety of pre-post, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

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 a continued connection to the team post-graduation from FSP treatment. 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 2024-2025. A total of 533 duplicated contacts occurred in the fiscal year. Of the 25 unduplicated participants, 96% (24/25) did not relapse/recidivate to the PHF or the FSP program during the fiscal year. Additionally, 80% (20/25) 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 88% (22/25) of partners were deferred from using an acute treatment setting. Behavioral Health Navigators (BHNs) surveyed demonstrated a 21% 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 2023-2024 | 22 | \$767,710 | \$34,896 |
| Actuals for FY 2024-2025 | 22 | \$776,625 | \$35,301 |

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 2024-2025. 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 2024-2025 the OA FSP team served a total of 20 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.

- 1% increase in days spent in psychiatric health facilities (109 twelve months prior to partnership, 110 during FY 2024-2025).
- 100% reduction in homeless days (100 twelve months prior to partnership, 0 during FY 2024-2025).
- 0% change in total days spent in justice facilities (0 twelve months prior to partnership, 0 during FY 2024-2025); and
- 48% decrease in days spent in general hospital (78 twelve months prior to partnership, 40 during FY 2024-2025).

Figure 4.1A: Older Adult Partners Enrolled in FY 2024-2025 (n=22)

| FSP Key Event | FY 2024-2025 | Before Partnership | Percent Change (FY 2024-25 compared to Prior to Partnership)) |
|--|--------------|--------------------|---|
| Days in General Hospital | 40 | 78 | -48.7% |
| Days in Homelessness | 0 | 100 | -100.0% |
| Days in Jail/Juvenile Hall | 0 | 0 | 0.0% |
| Days in PHF | 110 | 109 | 0.9% |
| Total Arrests | 0 | 5 | -100.0% |
| Total Mental/SUD Emergency Interventions | 35 | 76 | -53.9% |
| Total Physical Emergency Interventions | 106 | 65 | 63.1% |

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 27.

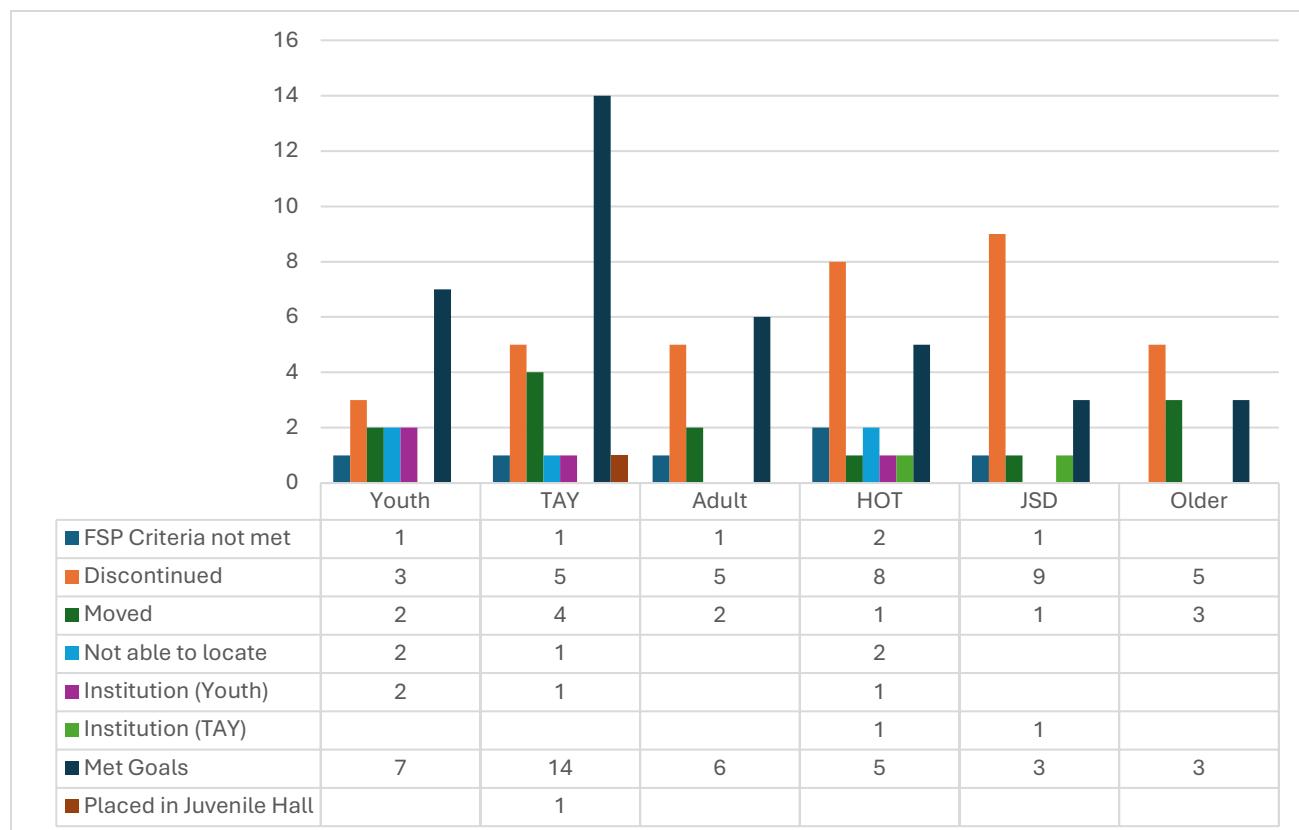
The Older Adult FSP program experienced a sudden reconstruction in June 2025 when Wilshire Community Services closed their operations permanently. Clients maintained continuity of care through the support of the SLOBHD Adult Services Division and Transitions Mental Health Association. The implementation of the Behavioral Health Services Act will combine Adult and Older Adult FSP services into a singular program with specialized care for clients aged 60+.

CSS: Collective FSP Disenrollment Results

Collectively, in 2024-2025, 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 2024-2025



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 2024-2025** (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.

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 2024-2025

| Program | Location | Total Beds | Total Clients | Occupancy (bed days) |
|--|----------------------------|------------|---------------|-------------------------------|
| Full Service Partnership (FSP) Intensive Residential | Atascadero/San Luis Obispo | 35 | 64 | 92% (11,842/12,810) |
| Homeless Outreach FSP Housing | Atascadero | 4 | 6 | 97% (1,426/1,464) |
| Assisted Outpatient Treatment FSP Housing | Atascadero | 5 | 11 | 99% (1,825/1,830) |

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 **64** clients resided in the FSP Housing Program during the 2024-2025 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 2024-2025 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 2024-2025, a total of **eleven** clients resided at Assisted Outpatient Treatment FSP Housing Program.

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 **39** clients resided at the Bishop Street Studios Program during FY 2024-2025.

CSS: Housing Interventions - FY 25-26 Projections

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|--------------------------|----------------|---------------|-----------------|
| Projections FY 2025-2026 | 972 | \$3,635,400 | \$3,740 |

The Behavioral Health Services Act (BHSA) will introduce a new Housing intervention component in which:

- ⊕ 30% of County BHSA funding will be allocated to costs associated with behavioral health housing programs for individuals experiencing or are at high risk of homelessness.
- ⊕ 50% of the housing interventions funds will be directed towards housing interventions for persons who are chronically homeless.

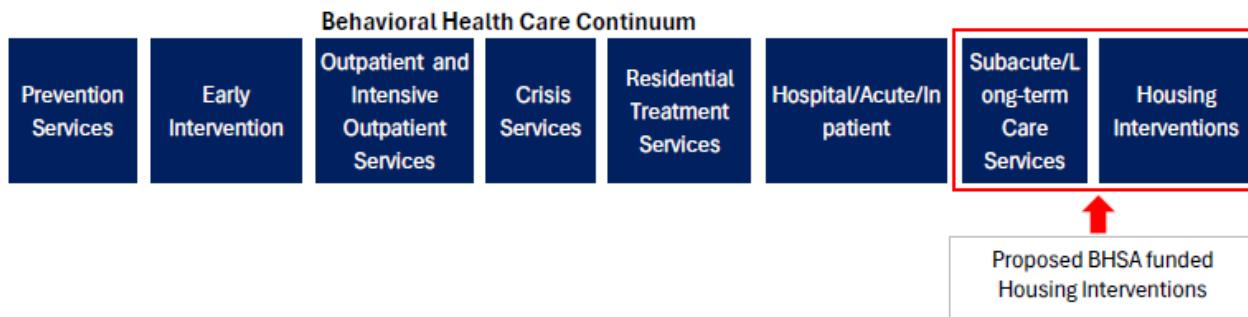
Housing intervention settings are allowable across the housing continuum from time limited to permanent settings such as recuperative care acute beds, emergency shelter, assisted living, and permanent supportive housing. Treatment costs are not allowable in the BHSA Housing component and will be covered by Medi-Cal or other BHSA components, which include Full-Service Partnership (FSP) and Behavioral Health Services and Supports.

The Behavioral Health Department has been actively collaborating to strengthen the supportive housing infrastructure in preparation of the new BHSA 30% housing allocation. Efforts include partnering with the Department of Social Services Homeless Services Division in developing a BHSA specific countywide housing inventory database, investing in Homeless Management Information System (HMIS) expansion, building staff capacity for a housing team within the Behavioral Health Department, and working with the local Managed Care Plan to close service gaps for individuals that are unhoused receiving behavioral health or substance use disorder care.

In preparation for the BHSA transition, MHSA will begin funding Board and Care behavioral health residential settings (room and board) and TMHA's Community Housing Program, which provides supportive permanent housing to assist clients in managing symptoms of mental illness, in FY 25-26. In addition, the SLO County's Behavioral Health Bridge Housing (BHBH) program is funded by a State grant that will sunset in June 2027. The BHBH program focuses on assisting individuals experiencing or at-risk of homelessness with serious mental health and co-occurring

conditions that prevent them from accessing help and moving out of homelessness. These services include rent subsidies, supportive services, and housing navigation. Beginning in FY 2027-28, SLOBHD plans to align the costs associated with BHBH operations and housing subsidies under the BHSA Housing component to ensure sustainability and consistency with MHSA objectives.

The BHSA Housing intervention component is reserved for the final stages of the Behavioral Health Continuum as shown below, which include subacute/long-term care services and housing interventions including permanent supportive housing:



Other housing operations costs that serve FSP and other Behavioral Health clients will be analyzed to determine eligibility for BHSA Housing dollars in FY 25-26 and beyond, pending available funding. SLOBHD continues to actively research and evaluate opportunities to contribute to and invest in multi-organizational housing strategies, which could expedite and centralize access to housing. Any investment in this initiative will be contingent upon the availability of funds and alignment with departmental priorities and regulatory requirements.

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 2023-2024 | 1043 | \$406,147 | \$389 |
| Actuals for FY 2024-2025 | 870 | \$452,025 | \$520 |
| Projections for FY 2025-26 | 900 | \$446,902 | \$497 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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

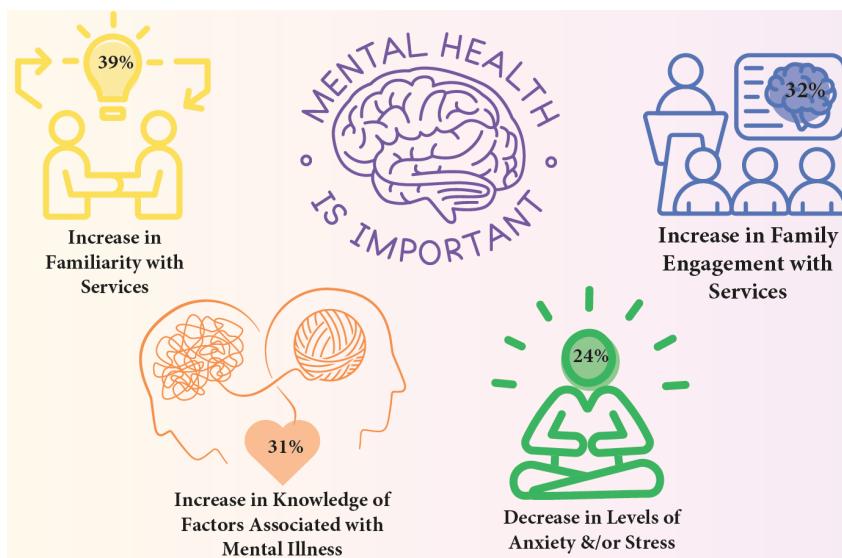
- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved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

Method of Measurement

- A variety of pre-post 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.

In 2024-2025, there were 870 unduplicated family members served, and a total of 9,517 duplicated contacts provided to these clients. A sample of program participants volunteers (n=40) were surveyed, and results show family members demonstrated a 39% increase in their familiarity with services available in the community, such as education, information and referral, and community outreach. Also, a 32% 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 31% increase in their knowledge of the conditions and factors associated with their loved one’s mental illness, and a 24% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation, among others.



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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 64 | \$241,078 | \$3,767 |
| Actuals for FY 2024-2025 | 42 | \$568,048 | \$13,525 |
| Projections for FY 2025-26 | 40 | \$764,813 | \$19,120 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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-post 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 2024-2025 the Integrated Co-occurring Treatment program served 42 unduplicated individuals and provided 393 clinical and case management services.**

In FY 2024-2025, 14 clients reported on their experience with the treatment program and how they compared it to before the program. The dominate age group representing 93% of respondents is 26-59 (13/14) years and the dominate gender identity is female making up 71% (10/14) of respondents.

Treatment Rating Q&A Results:

- **Question:** Over the past year, I can better regulate my emotions/behaviors through learned coping skills.
Responses: 57% Somewhat Agree and 43% Agree
- **Question:** Over the past year, I have had better relationships with my family and peers.
Responses: 7% Unsure/No Change, 36% Somewhat Agree, and 57% Agree
- **Question:** Over the past year, I have had a more positive outlook on life.
Responses: 7% Unsure/No Change, 43% Somewhat Agree, and 50% Agree

CSS 5.3: Client & Family Wellness | Family Education Program****BHSA Reduction****

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-----------------|-----------------|
| Actuals for FY 2023-2024 | 69 | \$11,820 | \$171 |
| Actuals for FY 2024-2025 | 129 | \$21,638 | \$168 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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.

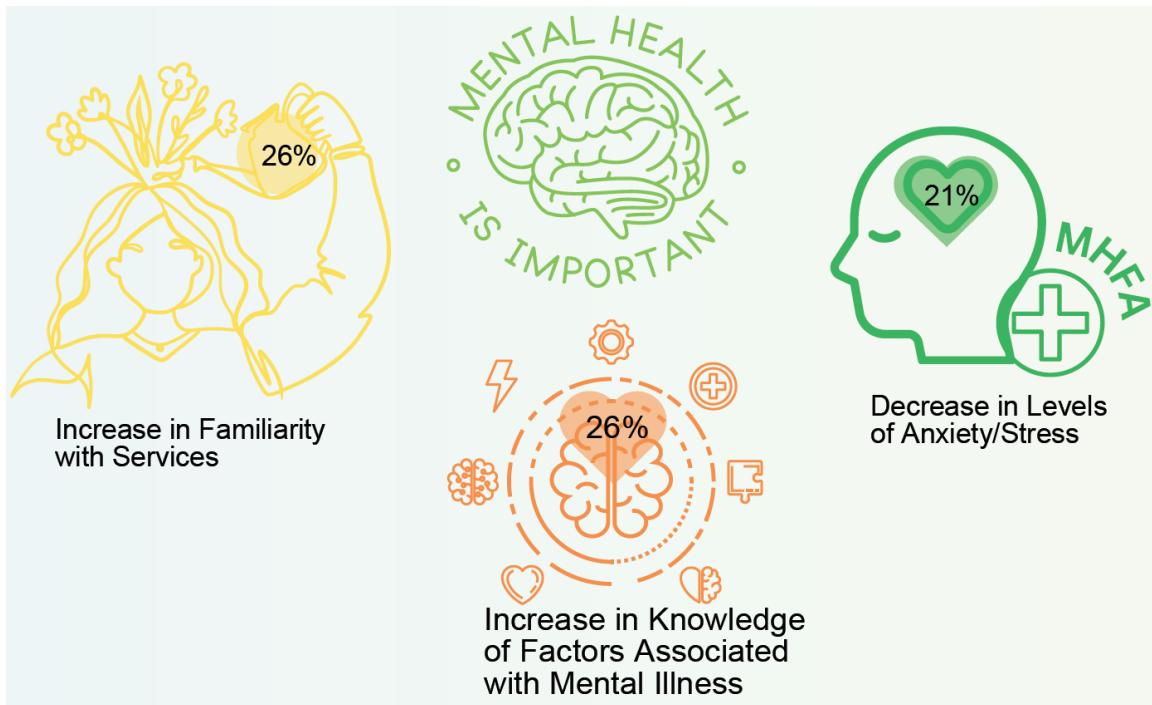
Method of Measurement

- A variety of pre/post 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 129 attendees in 2024-2025. The following summarizes the results of those surveyed (n=30). There were 8 sessions completed. A 26% increase in improved familiarity of services available was reported. A 21% decrease in their levels of anxiety and/or stress due to outreach, program availability, and orientation among others. Additionally, a 26% increase in improved knowledge of the conditions and factors associated with their loved one's mental illness was reported.



CSS 5.4: Client & Family Wellness | Service Enhancement Program****BHSA Reduction****

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|--------------------------|----------------|---------------|-----------------|
| Actuals for FY 2023-2024 | 303 | \$196,638 | \$649 |
| Actuals for FY 2024-2025 | 206 | \$173,366 | \$842 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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 2024-25 these efforts resulted in 206 unduplicated clients served and 747 services provided. Of those surveyed (n=26), 42% of family members and consumers reported increased knowledge of and ability to access community-based resources, a 34% decrease in stress, a 26% increase in their ability to reach self-determined health goals, and a 24% 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 2024-2025, 77 unique families were served and over 1,400 client contacts were made leading to the following outcomes:

- 100% (12/12) of families referred to Martha's Place were contracted within 5-business days of the referral being received.
- 75% (38/51) of families contacted by the SEP staff attended their Martha's Place intake meeting.
- 70% (29/42) of enrolled SEP families reported a decrease in stress associated with the advocate's support in accessing services at Martha's Place.
- 100% (42/ 42) of the families enrolled in SEP were connected to needed services/resources by the advocate.

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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-----------------|-----------------|
| Actuals for FY 2023-2024 | 152 | \$44,053 | \$290 |
| Actuals for FY 2024-2025 | 160 | \$55,254 | \$345 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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

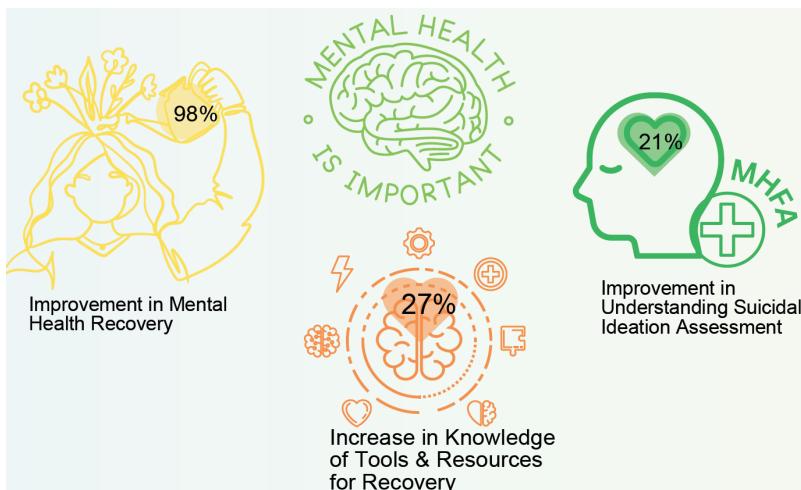
- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved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

Method of Measurement

- A variety of pre-post surveys, and electronic health record 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 2024-2025, TMHA served 160 unduplicated clients. Of those surveyed (n=13), at the post-survey, they reported a 27% improvement in their knowledge of the tools and resources available for their mental health, and a 98% improvement in their involvement with their mental health recovery. Lastly, those that attended Mental Health First Aid, and were surveyed (33), had a 21% improvement in understanding the steps associated with suicide assessment.



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 2023-2024 | 130 | \$336,268 | \$2,587 |
| Actuals for FY 2024-2025 | 360 | \$488,514 | \$1,357 |
| Projections for FY 2025-26 | 108 | \$419,319 | \$3,883 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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-post 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 2024-2025, 360 mental health clients, and 26 FSP clients were served, with 67 mental health clients gaining employment because of their participation in the program. Of the 67 that gained employment, twenty-four (24) clients (36%) maintained that employment for at least 90 days. Additionally, clients surveyed (n=26) demonstrated a 16% 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 2024-2025, 20 clients were served**. Of those, 13 of 20 (65%) clients went into job development, and 85% (11/13) gained employment after going through the program. Lastly, clients surveyed (n=10) demonstrated a 13% 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 2023-2024 | 389 | \$830,424 | \$2,135 |
| Actuals for FY 2024-2025 | 332 | \$818,791 | \$2,466 |
| Projections for FY 2025-26 | 350 | \$841,421 | \$2,404 |

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-post surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

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.

In 2024-2025, two full-time medication managers in the adult system of care along with three full-time case managers and a child assessment clinician **served 332 unduplicated clients and provided 884 clinical and case management services.** 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. Over the past 2 years, 55% of case management services provided by the Integrated Access team are related to employment and housing needs according to survey results.

Table 5.7A: Integrated Access Case Managers Satisfaction Pre-Post Survey

| Case Manager Satisfaction Pre-Post Survey | Yes, Prior to Service | Yes, After Service |
|--|-----------------------|--------------------|
| I am aware of resources in my community. | 19% | 100% |
| I am aware of how I can access resources in my community. | 6% | 81% |
| I feel I can complete the paperwork required for services. | 6% | 56% |
| I know why I came to see my case manager. | 88% | 100% |

(Survey Results from English and Spanish Surveys, n=16)

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 2024-2025, 36 unduplicated clients were served, and 11,835 bed days were provided. Clients reported a 17% increase in their community participation through learned activities, 25% increase in their use of learned coping skills to help them better manage their mental health symptoms, and a 28% 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 2023-2024 | 137 | \$735,590 | \$5,369 |
| Actuals for FY 2024-2025 | 263 | \$615,750 | \$2,341 |
| Projections for FY 2025-26 | 200 | \$797,972 | \$3,990 |

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.

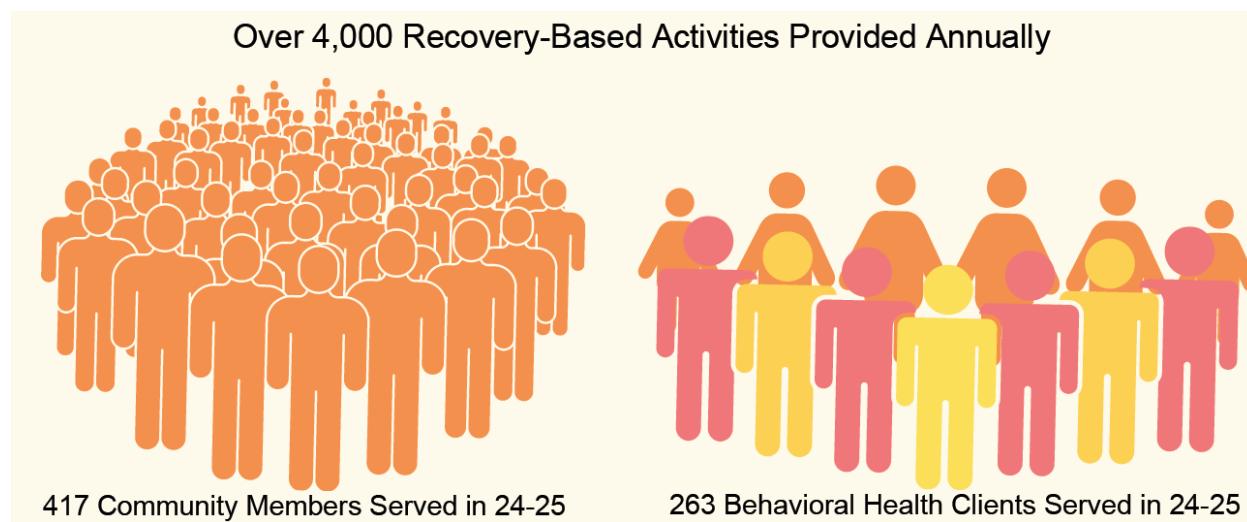
Method of Measurement

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

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 263 Behavioral Health clients, and 417 non-County services clients in 2024-2025.** 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 2024-2025 (n=29), **an increase of 18% was reported in their use of learned coping skills** to help them better manage their mental health symptoms and **an increase of 25% (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 4,121 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 2023-2024 | 126 | \$783,742 | \$6,220 |
| Actuals for FY 2024-2025 | 133 | \$560,545 | \$4,215 |
| Projections for FY 2025-26 | 130 | \$995,692 | \$7,659 |

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 Med-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."

The program served 133 unduplicated clients in 2024-2025 and provided 4,443 individual services. 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.

CSS 7.1: Enhanced Crisis & Aftercare | Mental Health Evaluation Team (MHET) & Mobile Crisis Team (MCT)

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|--------------------|-----------------|
| Actuals for FY 2023-2024 | 2011 | \$1,857,156 | \$923 |
| Actuals for FY 2024-2025 | 2502 | \$1,506,823 | \$602 |
| Projections for FY 2025-26 | 3100 | \$1,779,023 | \$574 |

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 and Mobile Crisis Team operated by Sierra Mental Wellness Group, Inc., to provide mobile crisis services. Two responders were available 24/7 and **the teams served 2,502 (MHET N= 1,346 and MCT N=1,156) individuals in fiscal year 2024-2025**. 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.

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 started reporting data in February 2024. Notably, Figure 7.1A below illustrates the breakdown of MHET and MCT responses over the past three fiscal years. It shows that the current fiscal year (2024-2025) had the highest number of responses compared to previous years.

Figure 7.1A: Total Number of MHET + MCT Responses for Evaluation & Re-Evaluation in FY 2024-2025 Compared to Previous Years

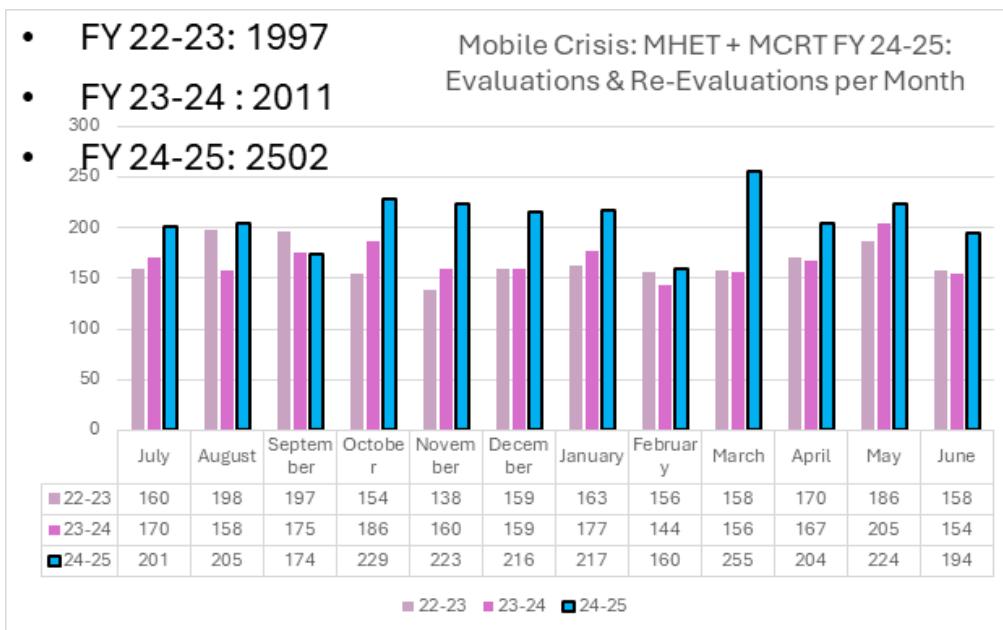


Figure 7.1B: Total Number of MHET and MCT Responses Received in FY 2024-2025
(N=2,502)

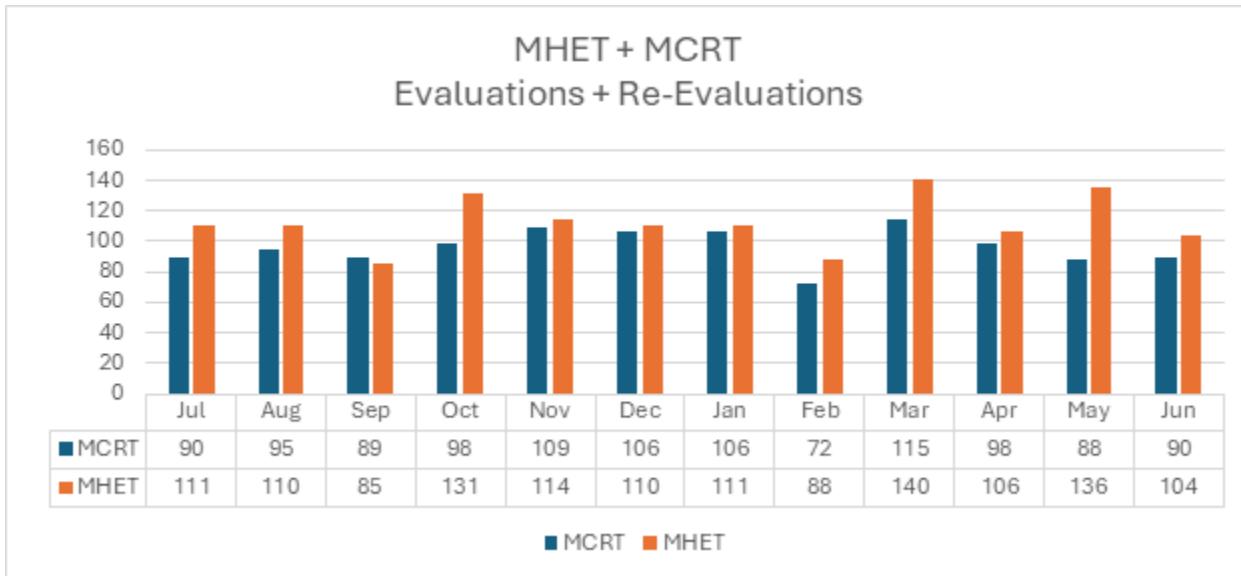


Figure 7.1C: MHET and MCT Location of Total Evaluations in FY 2024-2025

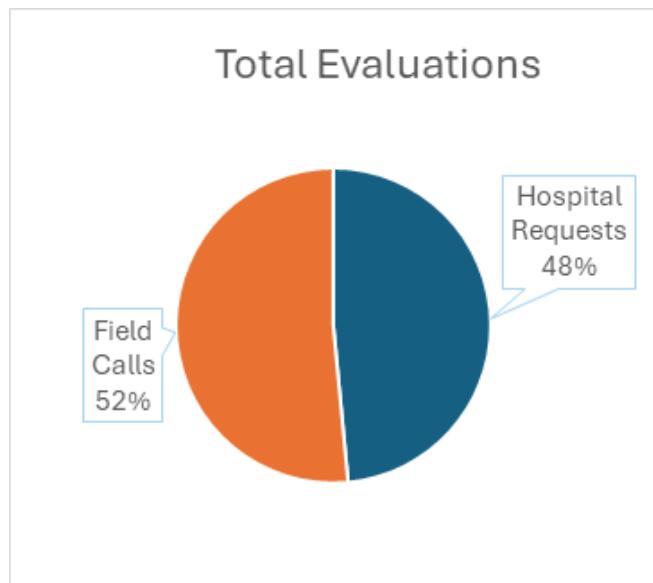


Figure 7.1D: Placement of Holds FY 2024-2025

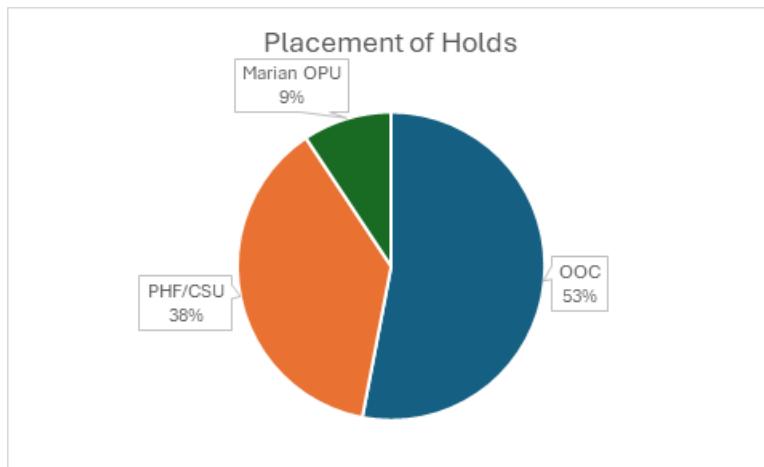
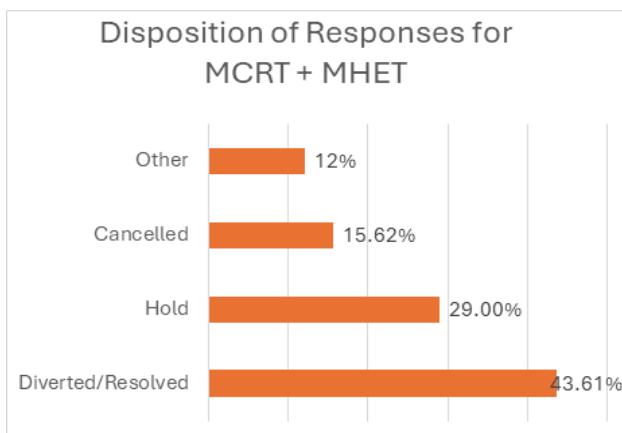


Figure 7.1E: Disposition of MCT + MHET Requests

(N= 2,729)



Other: MCT arrived, but the client was not present, needed immediate medical attention, or someone else, such as law enforcement, was already evaluating.

Starting July 1, 2025, certain County health services and locations underwent reductions and closures. As part of these changes, the Behavioral Health Department's Access and Crisis Services Division and Sierra Mental Wellness Group's Mental Health Evaluation Team have begun collaborating directly with hospitals to develop internal mental health evaluation resources and processes. **Effective October 1, 2025, the Mental Health Evaluation Team will no longer receive funding through the Mental Health Services Act (MHSA), and those services will be provided by each hospital system, with County BHD support.**

CSS 7.2: Enhanced Crisis & Aftercare | Crisis Stabilization Unit

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 606 | \$1,435,698 | \$2,369 |
| Actuals for FY 2024-2025 | 21 | \$727,482 | \$34,642 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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.

In 2015, the County received \$971,070 from the California Health Facilities Financing Authority to build a four-bed Crisis Stabilization Unit (CSU) at the Health Agency Campus. The CSU provides up to 23 hours of urgent mental health care, offering prompt assessment, stabilization, and connection to appropriate treatment. It serves as an alternative to psychiatric hospitalization or emergency departments, helps reduce admissions and re-admissions, and improves linkage to ongoing outpatient care.

Staff provide training on CSU policies, admission, and discharge procedures to law enforcement, Cal Poly Health Center, local hospitals, and mental health providers. To strengthen coordination, CSU created liaison positions with law enforcement, colleges, community partners, hospitals, and the military. These liaisons support resource use, training, and education to reduce psychiatric hospitalizations through least restrictive practices.

In fiscal year 2024-2025 there were a total of 115 duplicated individuals served. Out of the 115 individuals served, 67 were admitted and 48 walk ins were diverted. As of January 1, 2025, the Crisis Stabilization Unit (CSU), previously located at 2180 Johnson Avenue in San Luis Obispo, **has closed.** The facility is expected to reopen as a Crisis Residential Treatment center for youth.

Figure 7.2A: Client Counts by Admissions

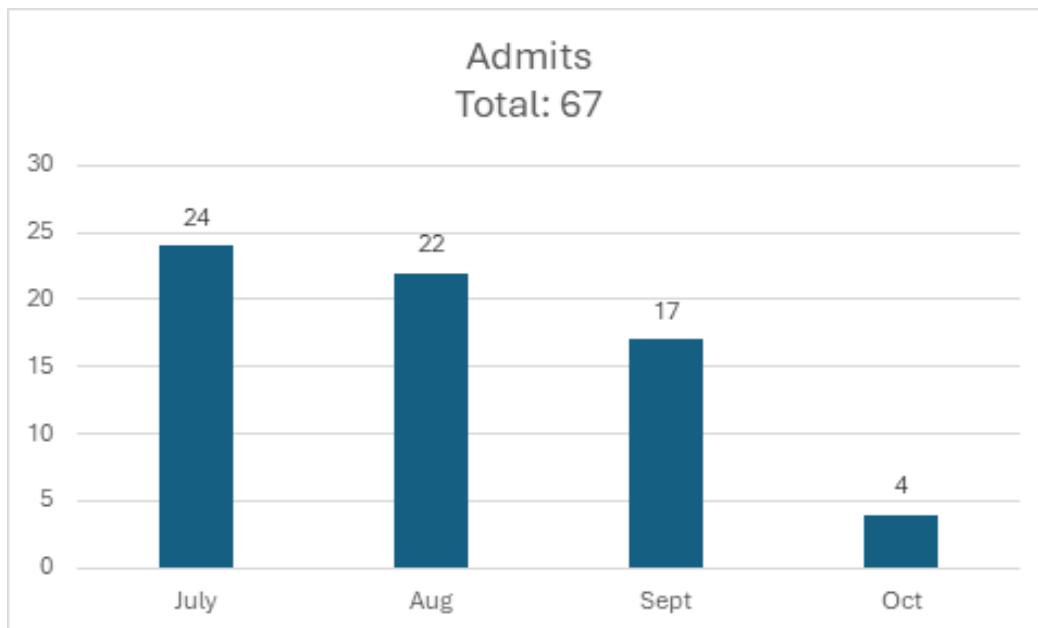
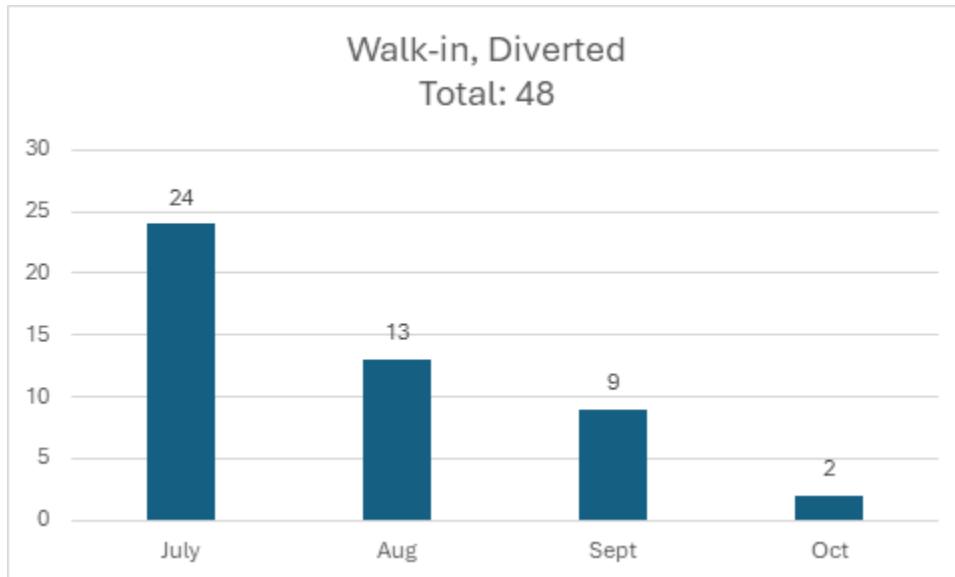


Figure 7.2B: Monthly Diversion of CSU Walk-Ins



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 2023-2024 | 10,048 | \$393,902 | \$39 |
| Actuals for FY 2024-2025 | 13,259 | \$356,837 | \$27 |
| Projections for FY 2025-26 | 10,000 | \$368,450 | \$37 |

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.

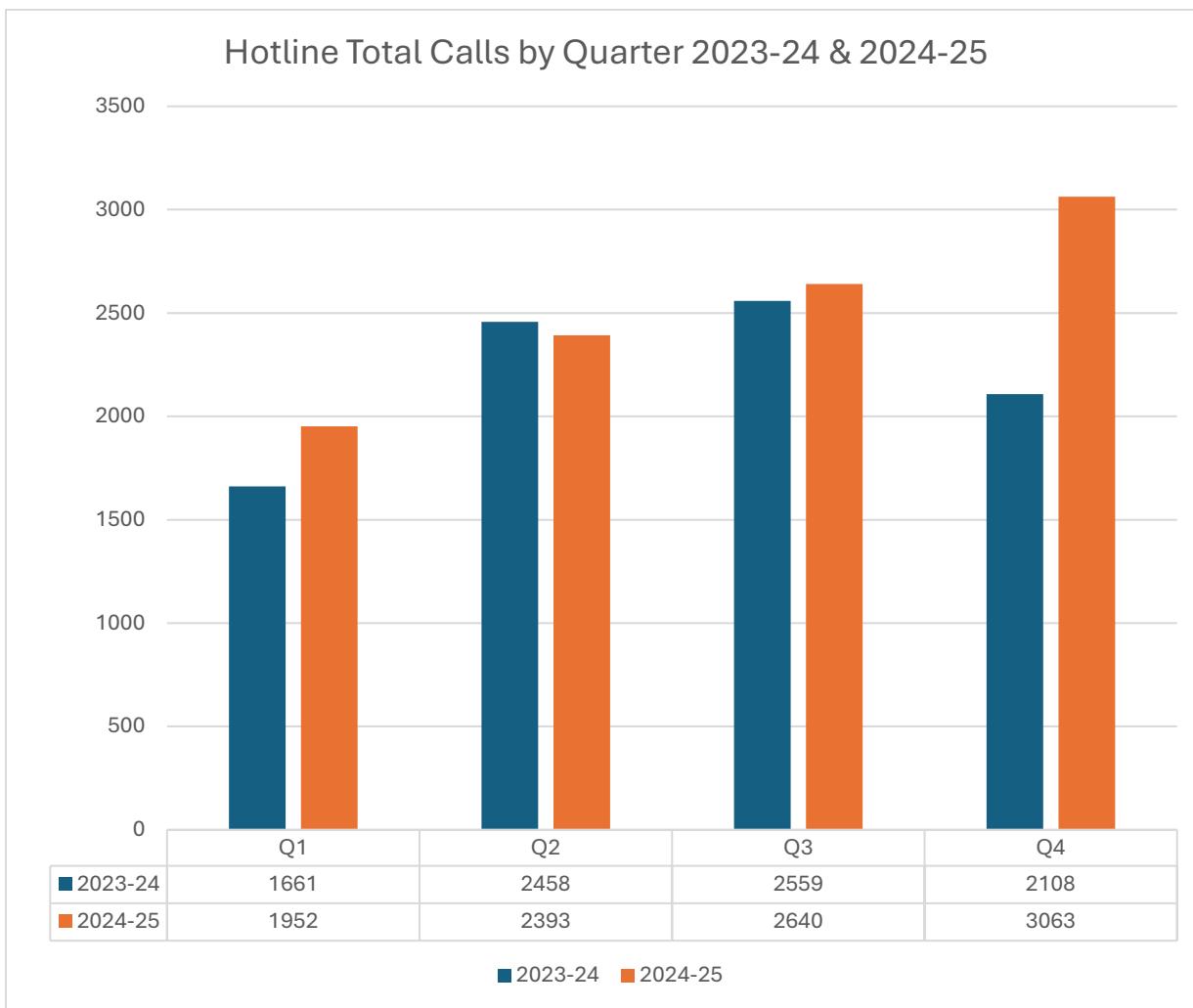
The Central Coast Hotline provides a 24-hour, free and confidential call center that serves the entire County. These one-on-one engagements deliver key information regarding the signs, symptoms and care options related to mental illness for underserved populations. Central Coast Hotline provides support, crisis and/or suicide intervention. The Central Coast Hotline continues to meet all technological and service standards required for 988 centers. In FY 2024-2025, CCH expanded 24/7 text support and fully integrated texting into its resource referral process, increasing accessibility and responsiveness. The Hotline remains accredited by the American Association of Suicidology and is actively engaged in the 988-application process. In addition, CCH joined the National Association of Crisis Organization Directors (NASCOD), working alongside other 988 centers to strengthen collaboration, share best practices, and prepare for seamless integration into the 988 system.

The Central Coast Hotline team continues robust community outreach and education efforts. In FY 2024-2025, the CCH team provided 4 community suicide prevention trainings, 4 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 2024-2025, there were 13,259 calls reported, 563 text messages received, and 4 suicide intervention training courses provided to community members. In addition, Hotline provided 39 individual outreach activities in the community. Community members attending the training reported a 25% (n=36) increase in their confidence that they can help a person at risk of suicide.

- 92% (46/50) of callers surveyed agree that the support and early intervention they received from Hotline contributed to improved mental wellness.
- 100% (50/50) of callers surveyed agree that they would use Hotline again in the future if needed or refer someone else to Hotline.
- 98% (49/50) that they received an increased knowledge of local mental health resources.

Figure 7.3A: Central Coast Hotline Calls FY 2023-2024 to 2024-2025



CSS 8: School and Family Empowerment

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 105 | \$543,461 | \$5,176 |
| Actuals for FY 2024-2025 | 99 | \$639,857 | \$6,463 |
| Projections for FY 2025-26 | 100 | \$1,052,684 | \$10,527 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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

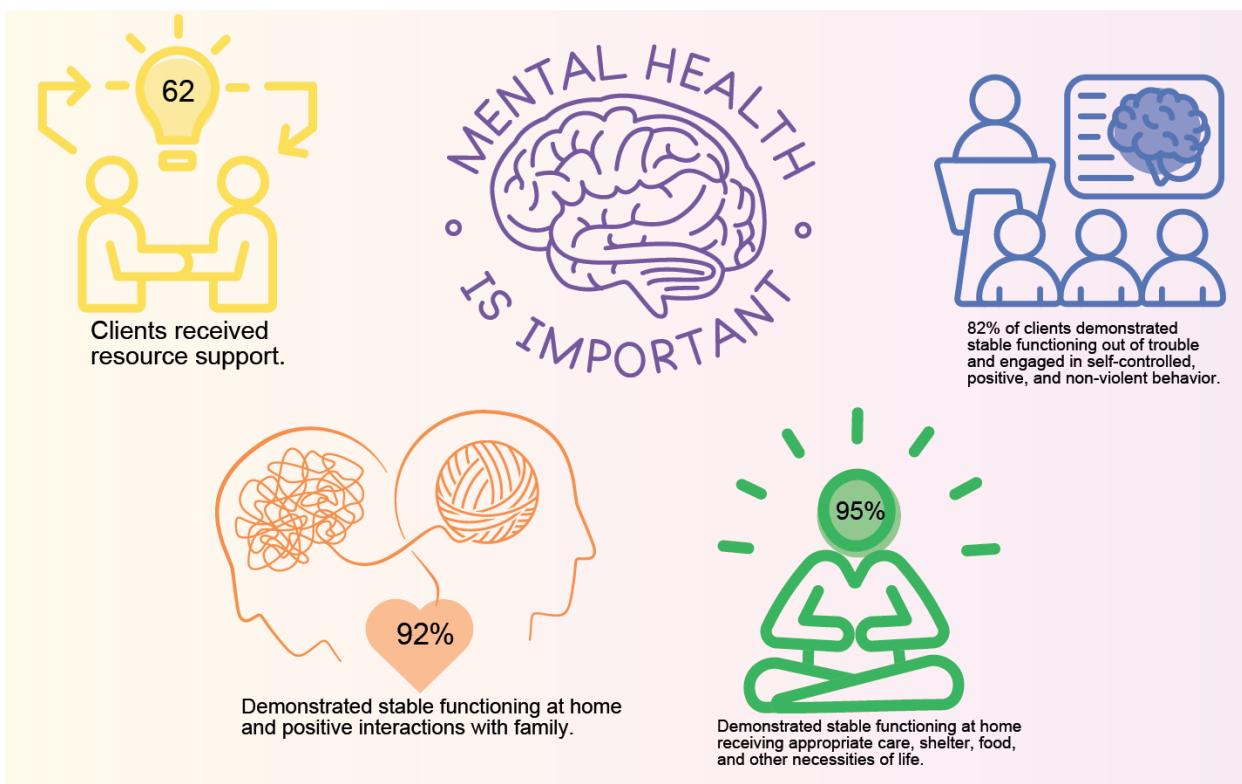
- Increase number of referrals to SAFE from school districts.
- Establish subsidized funding to support SAFE position.
- Develop MOUs with two new schools/districts.

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 has 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. In FY 2024-25, the SAFE program worked with 37 unduplicated youth and provided over 1,000 individual services.

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 2024-2025, CAPSLO provided a full-time Family Advocate for the SAFE program offering resource support for 62 clients in the Lucia Mar Unified School District and providing 2,065 contacts. Results for CAPSLO clients showed that 92% of clients surveyed (56/61) demonstrated stable functioning at home when interacting positively with all other people at their current residence. The survey results also yielded 95% of clients (58/61) demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life. Of those surveyed, 82% of clients (50/61) 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 2023-2024 | 20 | \$93,986 | \$4,699 |
| Actuals for FY 2024-2025 | 23 | (\$106,200) | (\$4,617) |
| Projections for FY 2025-26 | 20 | \$18,049 | \$902 |

See pg. 27 for an explanation of the negative funding.

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.

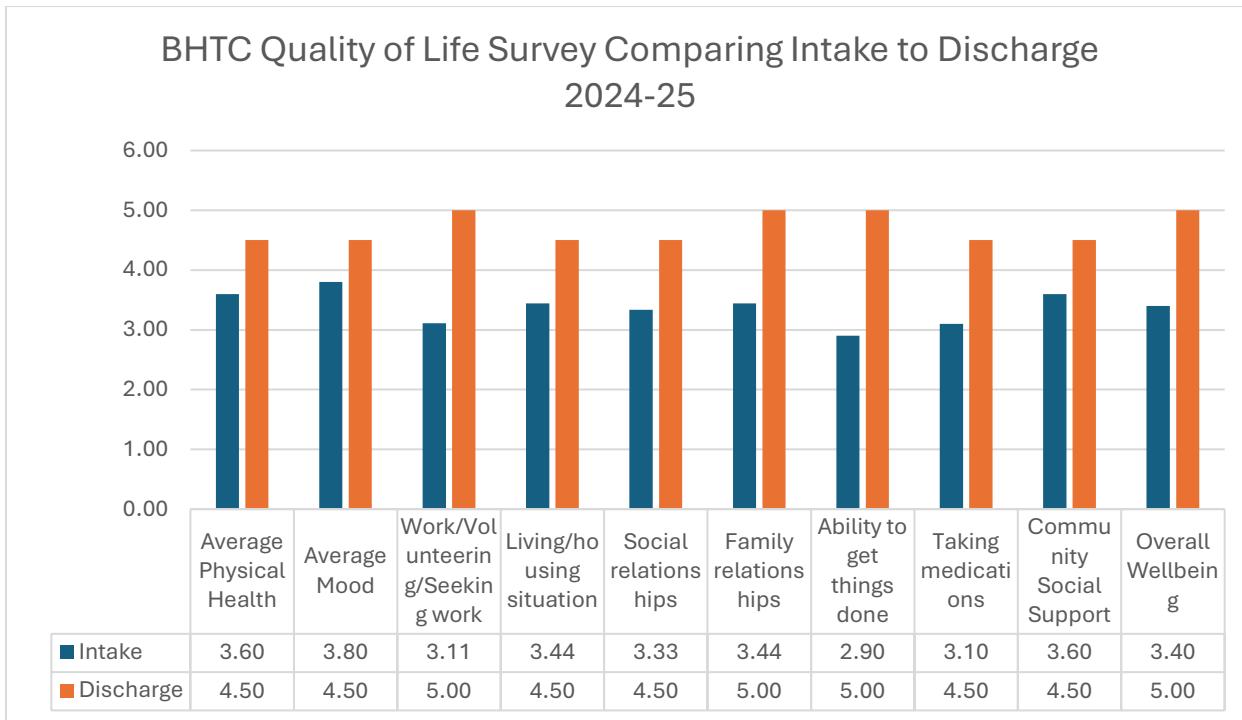
- Electronic health record data is used to track some client outcomes.

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 2024-2025, BHTC served 23 unduplicated clients and provided 3,215 clinical and case management services. 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 (3.6/4.5); mood (3.8/4.5); work (3.1/5.0); social relationships (3.3/4.5), ability to get things done (2.9/5.0), social support (3.6/4.5), and overall well-being (3.1/5.0).

Figure 9.1A: BHTC Quality of Life Survey Comparing Intake to Midpoint and Discharge 2024-2025



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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-----------------|-----------------|
| Actuals for FY 2023-2024 | 116 | \$141,825 | \$1,223 |
| Actuals for FY 2024-2025 | 96 | \$97,708 | \$1,018 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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/post tests and health scales.
- Electronic health record data is used to track some client outcomes.

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.

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.

In 2024-2025, there were 96 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=36), 16 attended a service within 45 days (44%). Lastly, clients reported an 8% (8/96) annual recidivism rate during the program and 75% of clients on Probation reported within the required time period.

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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 57 | \$268,712 | \$4,714 |
| Actuals for FY 2024-2025 | 53 | \$264,566 | \$4,992 |
| Projections for FY 2025-26 | 50 | \$492,958 | \$9,859 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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

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

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 2024-2025, 8 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 (5) 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 completing Moral Recognition Therapy (MRT). In addition to the 8 veterans enrolled in the program, 2 veterans were assessed and found ineligible, 5 individuals were assessed, accepted, but opted out of the program.

In 2024-2025 there were 45 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 45 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 including County SUD treatment.

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 2023-2024 | 20 | \$163,412 | \$8,171 |
| Actuals for FY 2024-2025 | 39 | \$116,099 | \$2,977 |
| Projections for FY 2025-26 | 20 | \$82,717 | \$4,136 |

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.

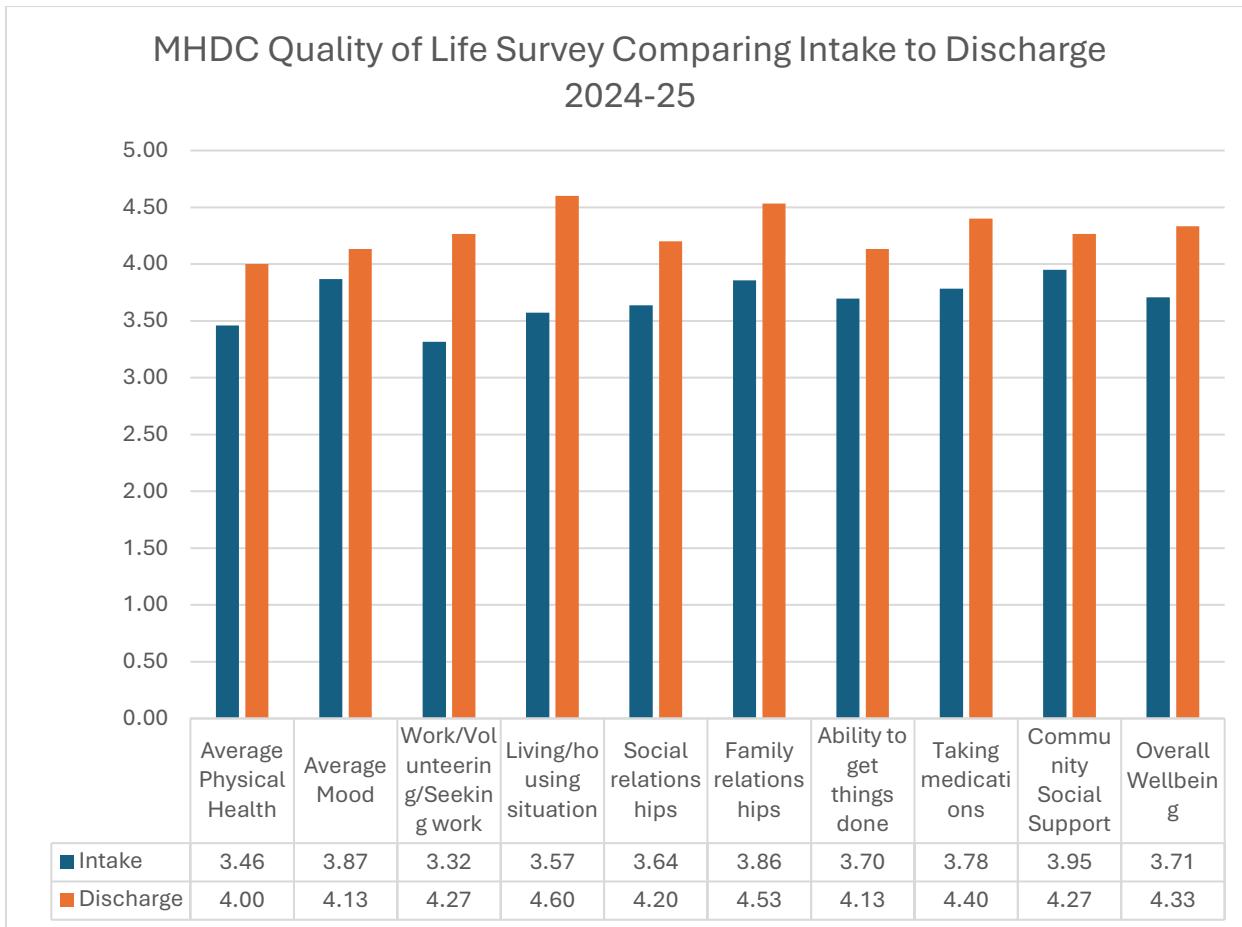
The Mental Health Diversion Court (MHDC) is a pre-trial diversion program. MHSA funds a Behavioral Health Specialist to work directly with clients participating in the court program. Along with court coordination, assisting system partners with navigating the community behavioral health system, the Specialist 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 complements the MHSA-funded Behavioral Health Treatment Court.

In 2024-2025, MHDC enrolled 39 unduplicated clients and provided 1,970 clinical and case management services. 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.

When comparing Intake to discharge, the survey scores increased for physical health (3.46/4.00); mood (3.87/4.13); work (3.32/4.27); social relationships (3.64/4.20), ability to get things done (3.70/4.13), medication (3.95/4.27), social support (3.95/4.27), and overall well-being (3.71/4.33).

Figure 9.4A: MHDC Quality of Life Survey Comparing Intake to Midpoint and Discharge 2024-2025



CSS 9.5: Forensic Mental Health Services | Community Action Team

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 407 | \$197,619 | \$486 |
| Actuals for FY 2024-2025 | 389 | \$366,783 | \$943 |
| Projections for FY 2025-26 | 400 | \$532,241 | \$1,331 |

Although some clients are served multiple times throughout the year, for annual reporting the state requires an 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 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 Community Action Team (CAT) partners with the SLO County Sheriff, SLO Police Department, SLO Fire Department, Atascadero Police Department, and Paso Robles Police Department. The CAT team engages with unhoused individuals and others in crisis. As of June 30, 2024, CAT transitioned to the County Behavioral Health Department, and TMHA is no longer providing services.

In FY 2024–2025, the CAT Community Liaison served 389 duplicated individuals and delivered 889 services, including mental health evaluations, on-site medication support, and care coordination. Approximately **31% of evaluations avoided hospitalization**, which helped reduce emergency room visits and EMS costs. Many clients faced housing instability, making field-based medication and hands-on support essential. **CAT also made 1,274 referrals and/or provided care coordination and facilitated 111 transports** to help clients access treatment, court, housing, and ID services, ensuring they received the care and stability needed for recovery.



Figure 9.5A: Services Provided by Community Action Team Results FY 2024-25:

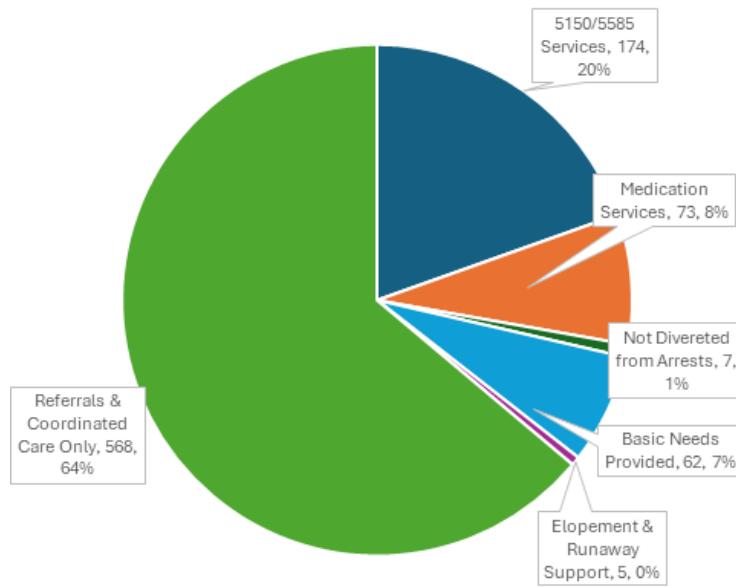
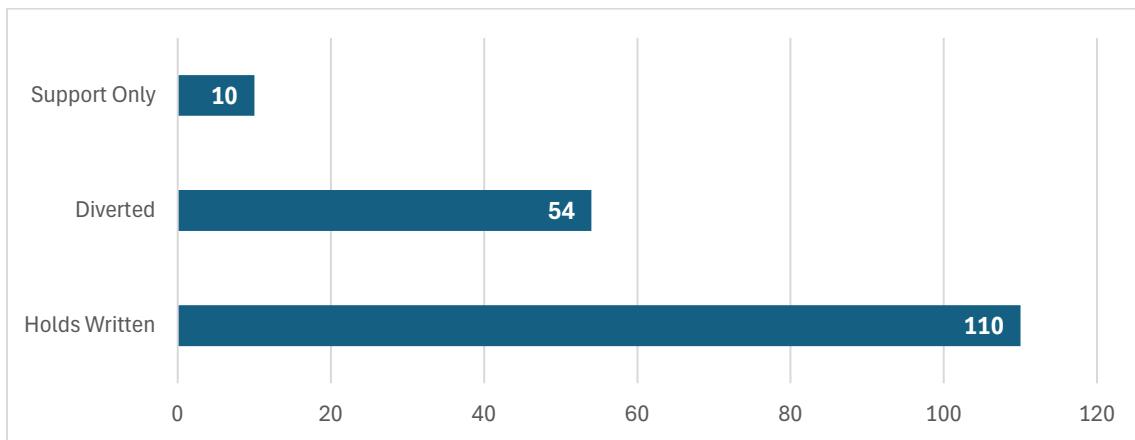


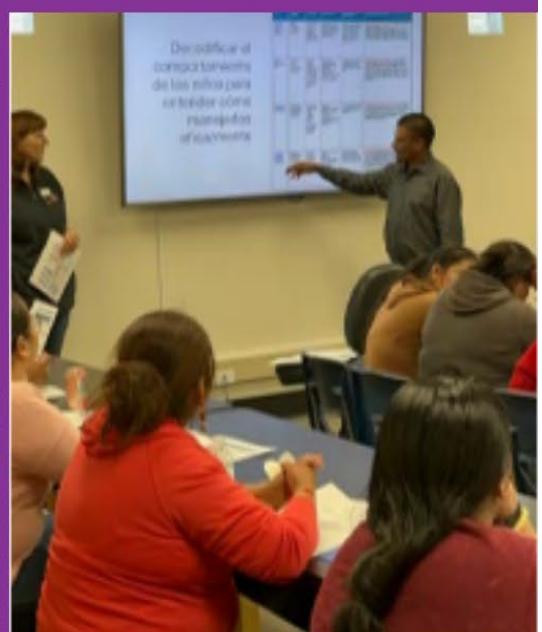
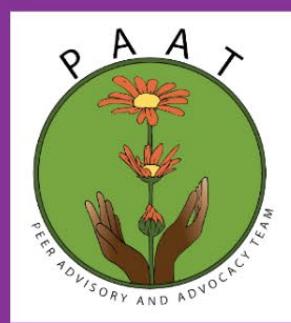
Figure 9.5B: Community Action Team 5150 Evaluation Results FY 2024-2025:





WET

20+ years of MHSA in SLO County



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 [fiscal breakdown of WET programs](#) page 147. The following projects continued in 2024-2025 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 2024-2025, 55% (6/11) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.).

PAAT held 20 meetings in 2024-2025, and 4 events with a cumulative total attendance of over 700 community members. 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. In 2024-2025, PAAT welcomed a total of 80 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 2024-2025, a total of 527 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. The staff course completion rate for all training courses was 100% completed by 132 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 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.

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.

In FY 2024-2025, a total of 375 clients were served, with over 675 service sessions provided. The Promotores provided interpretation services to over 200 youth clients and 100 adult clients. Survey results reflected a 100% satisfaction rate (20 surveys submitted).

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.

By the end of FY 24-25, SLOBHD's social media pages had accumulated over 6,500 followers. The reach for all social media accounts (SLOBHD, SLO FNL, CP FNL, Veterans Outreach, and SLO Suicide Prevention) in FY 24-25 was over 115,000. The SLOBHD website had over 114,000 views and 70,000 sessions. Other highlights include:

- ✿ Featured campaigns included: July Black, Indigenous, People of Color (BPIOC), Mental Health Month, Overdose Awareness and Prevention, Safe Driving OTS, Opioid Safety-Safe Medication Use, Veterans and Military Mental Health Prevention, Youth Mental Health Prevention, September Suicide Prevention Month, September Recovery Month, December Holiday Mental Health/ Substance Use Support Guide, February School Counselor Week, May Mental Health

Awareness Month, Mental Health Care After Wildfires, Drug and Alcohol Facts Week, Alcohol Awareness Month, National Counseling Awareness Month, Naloxone Distribution Campaigns, Stress Awareness, LGBTQIA+ Mental Health Awareness.

- Hosted two radio programs, En Confianza Con Laura on La Mexicana 102.9 FM / 1480 AM and Radio Ranchito 92.9 FM / 1600 AM which reaches listeners in both Spanish and Mixteco. Total airtime for Spanish radio and TV equated to nearly 100 hours.
- Local Spanish media activities including news coverage, radio shows, and print publication accrued over 400,000 duplicated contacts.
- Unduplicated Spanish translated materials was 249 (e.g. social media posts, publications, advertisements, PSAs, talking points, department paperwork, templates, etc.).

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.



PEI

20+ years of MHSA in SLO County



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). Prevention programs focus on reducing risk factors such as exposure and trauma in youth, increasing access to services, and reducing mental health stigma in adults. 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 2024-2025 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 2024-2025 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 E](#). Total funds including administration and evaluation allocations are compiled in the [MHSA Funding Summary](#).

The passing of Proposition 1 reallocated funds from Prevention services to Housing Interventions. This greatly impacted the future of SLO County's PEI workplan. In preparation for the transition from MHSA to BHSA, the PEI workplan was reduced at the end of FY 2024-25. MHSA funding for some PEI programs in this section were sunset as of June 30th, 2024 as they were not eligible to meet BHSA requirements and/or did not provide Medi-Cal reimbursable services that could replace MHSA support. These programs will be denoted by ****BHSA Reduction**** following the program title in the table at the beginning of each section.

In FY 2023-24, the County transitioned to a new Electronic Health Record (EHR) system, SmartCare. The first year of implementation presented significant challenges, particularly for the billing department, which encountered numerous errors when processing Medi-Cal billable CPT codes. These issues resulted in delays in billing and, consequently, revenue was not received until FY 2024-25. Some PEI fiscal tables may reflect a surplus amount of funding due to this phenomenon.

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 | Positive Development Program****BHSA Reduction****

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-----------------|-----------------|
| Actuals for FY 2023-2024 | 281 | \$95,620 | \$340 |
| Actuals for FY 2024-2025 | 377 | \$97,020 | \$257 |

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:

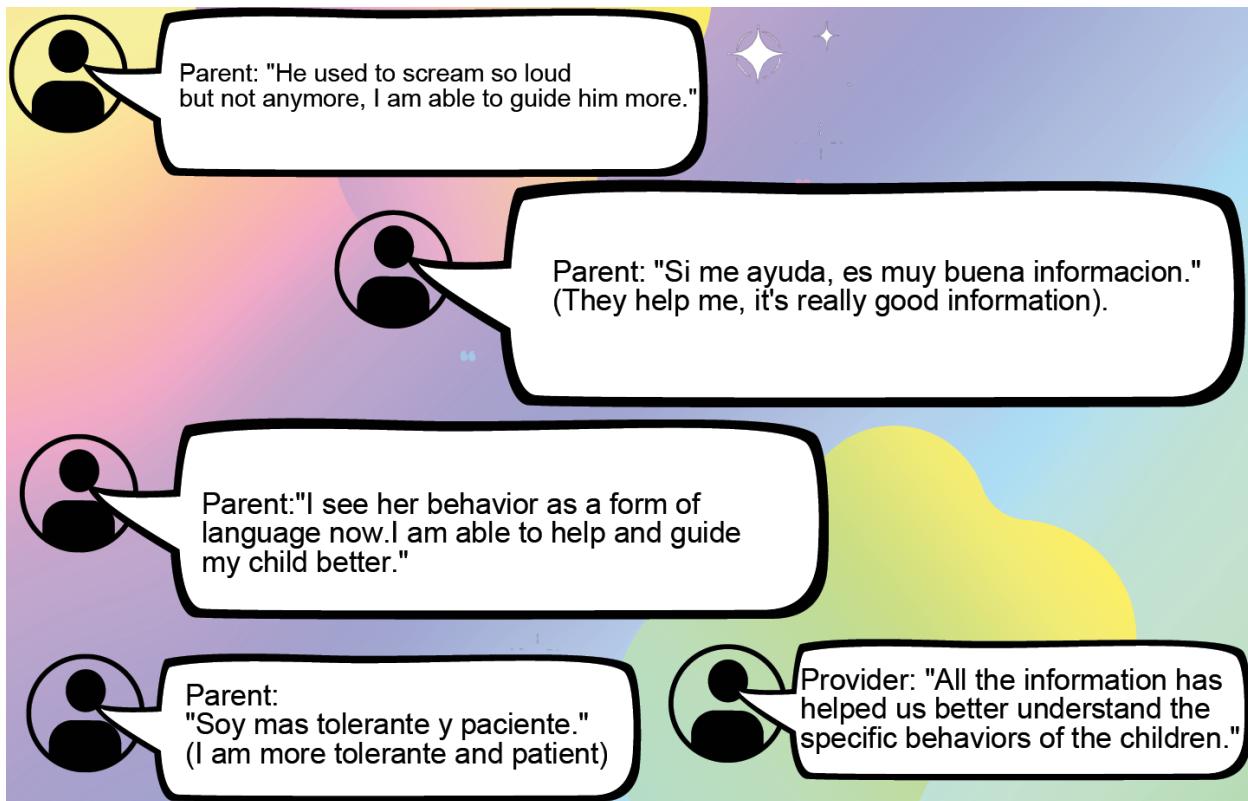
- Client counts.
- Ages and Stages Questionnaire.
- Behavior Rating Scale.

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.

The Positive Development Program encourages childcare providers to do more activities that guide and give children the appropriate tools to communicate. The ICPS curriculum targets social-emotional vocabulary and creates calm spaces to help children learn and implement self-regulation skills. The PDP program supports providers to include more social emotional vocabulary in daily routines such as walks, during meals, and transitions. Annual surveys distributed to parents (in both English and Spanish) result in near consensus agreement that communication and parenting skills are improved as a result of the PDP's resources and support.

Childcare provider surveys report that the program improves the building of children's behavioral, social, and problem-solving skills.

In 2024-2025: 377 family units received 188 parent activities, 240 child activities were facilitated (139 in-person child activities and 101 provider-led activities), and 6 new childcare programs were recruited.



PEI 1.2: Prevention | Family Education, Training & Support****BHSA Reduction****

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|-----------------------------|----------------|------------------|-----------------|
| Actuals FY 2023-2024 | 1,356 | \$252,753 | \$186 |
| Actuals FY 2024-2025 | 1,514 | \$163,165 | \$186 |

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. 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. In 2024-2025, Parent Connection offered 28 classes, 6 support groups, and totaled 268 participants. 584 parent coaching sessions were offered which connected with over 1300 individuals.

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 2024-2025, 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. Newsletter subscribers increased from 903 to 1,230 from the previous year while maintaining nearly 1,000 social media subscribers.

Family Strengthening Resources available in San Luis Obispo County - July 2025

PARENTS OF CHILDREN 0-5 YEARS OLD

Bright Life Kids

888-275-5357

Free coaching to help kids navigate everything from sleep to screen time to separation anxiety, along with helping boost parents' confidence.

Pregnancy & Parenting Support

805-541-3367

Serves families with emotional support, practical assistance, and resource connection from pregnancy through a child's second year.

SLO County Help Me Grow

805-305-4481

Free developmental screenings for young children and service referrals for families.

The Link Family Resource Center

805-794-0217

Family Advocate services include resource navigation, assistance with basic needs, and support in accessing childcare.

South County Youth Coalition

805-474-2032

Parenting events and family support services for South County youth and families.

PARENTS OF CHILDREN 6-18 YEARS OLD

Bright Life Kids

888-275-5357

Free coaching to help kids navigate everything from sleep to screen time to separation anxiety, along with helping boost parents' confidence. Service available for caregivers and their children 0-12 years old.

CAPSLO

 southcountysafe@capslo.org

Community resource specialists provide service navigation, access to basic needs, and intensive services.

The Link Family Resource Center

805-794-0217

Family Advocate services include resource navigation, assistance with basic needs, and school advocacy.

South County Youth Coalition

805-474-2032

Parenting events and family support services for South County youth and families.

Transitions Mental Health Association

805-474-2032

A variety of services to assist families on a mental health recovery journey.

| PEI 1.3: Prevention Programs Middle School Comprehensive Program | | | | |
|--|-----------------------------------|----------------|--------------------|-----------------|
| Fiscal Year Estimate | Program Item | Persons Served | Total Funding | Cost per Client |
| 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 |
| Actuals for FY 2024-2025 | Student Support Counselors | 435 | \$1,101,816 | \$2,533 |
| | Family Advocates | 306 | \$249,600 | \$816 |
| | Youth Development | 120 | \$187,596 | \$1,563 |
| Actuals for FY 2025-2026 | Student Support Counselors | 200 | \$1,855,908 | \$9,280 |
| | Family Advocates | 300 | \$256,584 | \$855 |
| | Youth Development | 100 | \$189,356 | \$1,894 |

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 Lewis-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.

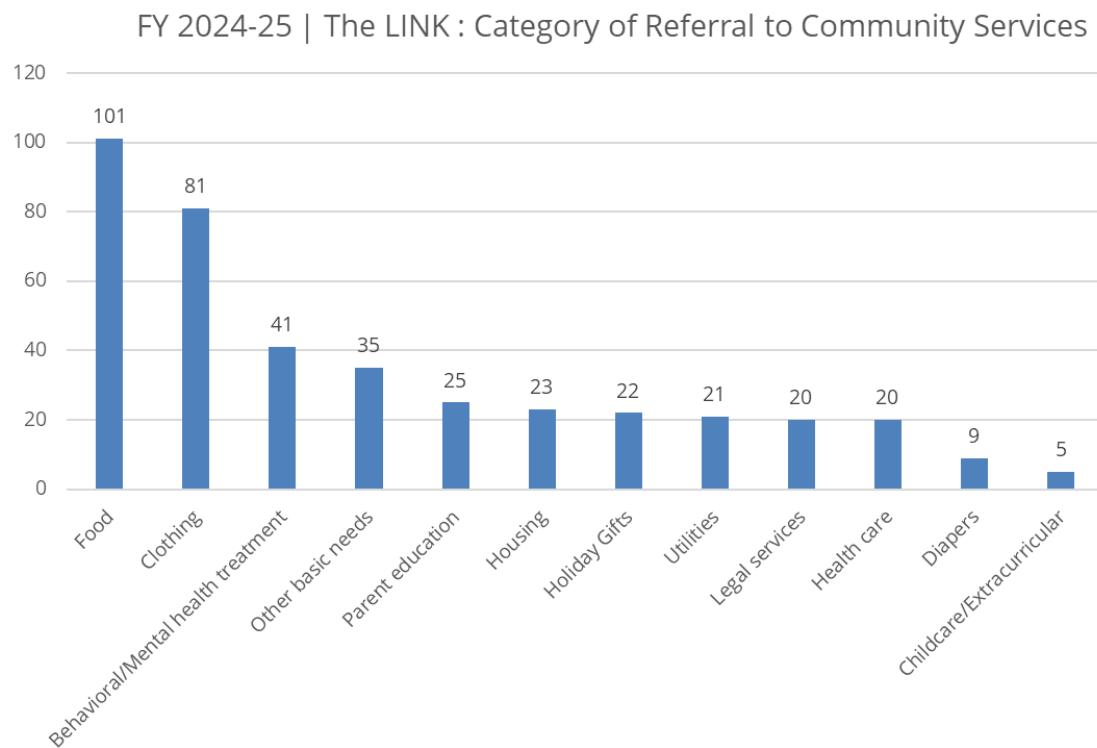
Students are identified as at-risk because of indicators such as poor attendance, academic failure, and disciplinary referrals. SLOBHD Counseling staff work closely with school counselors and Family Advocates to address impacts of school climate and community specific to emotional and behavioral health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

The BHSA implantation process will change how the Middle School Comprehensive Program is structured. In FY 2025-26, SAP counselors will begin to bill for Medi-Cal services in all districts in preparation for the reduction or elimination of prevention funding through MHSA transitioning to BHSA. In addition, SLOBHD will become a provider for the California Children and Youth Behavioral Health Initiative (CYBHI) in partnership with participating school districts, allowing SAP counselors to serve and bill for services for most students regardless of insurance provider. The long-term vision is to create a self-sustaining program that is free from volatile funding sources.

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 2024-2025, Family Advocates served 306 students throughout the school 2024-25 School Year. Advocates recorded 417 instances where students were referred to community services, the most common category being services providing food security (101) followed by clothing (81) and Behavioral Health treatment/services (41). Family Advocates also provided various types of direct services from assisting clients with school registration, home visits, transportation, coordination with community providers and more; the most common direct service were direct food donations to students and family members (360).



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. 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.

During the 2024-25 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, etc. The counselors also engaged school staff in professional development training opportunities and outreached to parents to provide behavioral health resources school events.

Student Assistance Program retrospective survey results (n=353) showed significant improvements in the reduction of “risk factors” survey questions; for example, a 56% decrease in thoughts about suicide and a 55% decrease in self-harm. The Student Assistance Program also modest a decrease in most surveyed “protective factors” such as a 14% increase in enjoyment being at school, and significant grade improvements for participating students as well as decreased absence days.

Table 1.3A: SAP Retrospective Survey Results

| RISK FACTORS | % Change between Risk Factor occurrences before and after |
|--|---|
| How many days were you absent? * | -24.8% |
| The number of times I have gotten into a physical fight or threatened someone is | -34.4% |
| The number of times I've used marijuana is | -45.0% |
| The number of times I've used alcohol is | -12.0% |
| 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 | -11.2% |
| The number of times I've hurt myself on purpose | -55.2% |
| The number of times I've seriously thought about suicide is | -56.2% |
| The number of behavioral referrals I've received is | -52.0% |
| PROTECTIVE FACTORS | % Change between Protective Factor agreement before and after |
| Grades improved from mostly F's** | 66.7% |
| Grades improved from D's ** | 83.3% |
| Grades improved from C's or B's ** | 50.9% |
| I can ask a trusted adult or family member for help if I need it | -0.2% |
| I have a good relationship with my parents or caregivers | 4.4% |
| I generally feel good about myself | 2.5% |
| I consider the consequences to my actions | -3.1% |
| I have friends who make positive and healthy choices | -0.5% |
| I know how to handle a situation if I'm bullied or harassed | -1.5% |
| I know how to better cope with stress, depression, and anxiety | -2.8% |
| I enjoy being at school | 14.7% |
| I understand that alcohol is harmful for me | -6.5% |
| I understand that marijuana is harmful for me and how | -8.0% |
| I know that misusing prescription drugs is harmful for me | -5.9% |

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

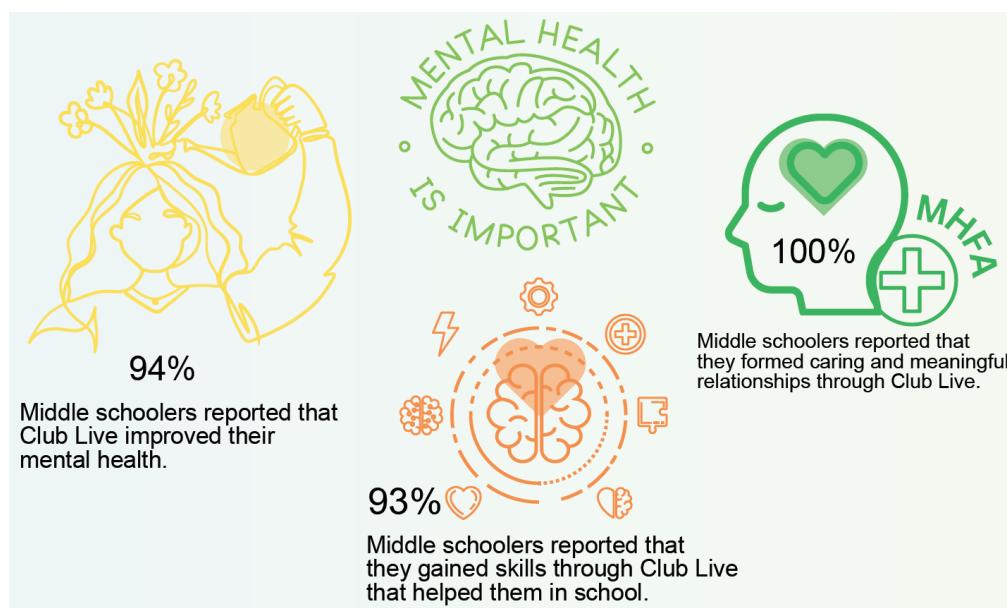
* Average Calculated change in days absent – before/after

** Grades as reported by students – before/after

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 eleven of the public middle school/junior-high 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. This past year, Club Live chapters involved 407 active students; of those, 73 middle schoolers took an annual youth development survey. 94% of middle schoolers report that they gained skills that will help them in school, 93% of middle schoolers also report that Club Live has strengthened their mental health and 100% of middle schoolers report that they formed caring and meaningful relationships as well as experiencing a safe environment.



PEI 1.4: Prevention | In-Home Parent Educator****BHSA Reduction****

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-----------------|-----------------|
| Actuals for FY 2023-2024 | 38 | \$81,323 | \$2,140 |
| Actuals for FY 2024-2025 | 40 | \$70,840 | \$1,771 |

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.

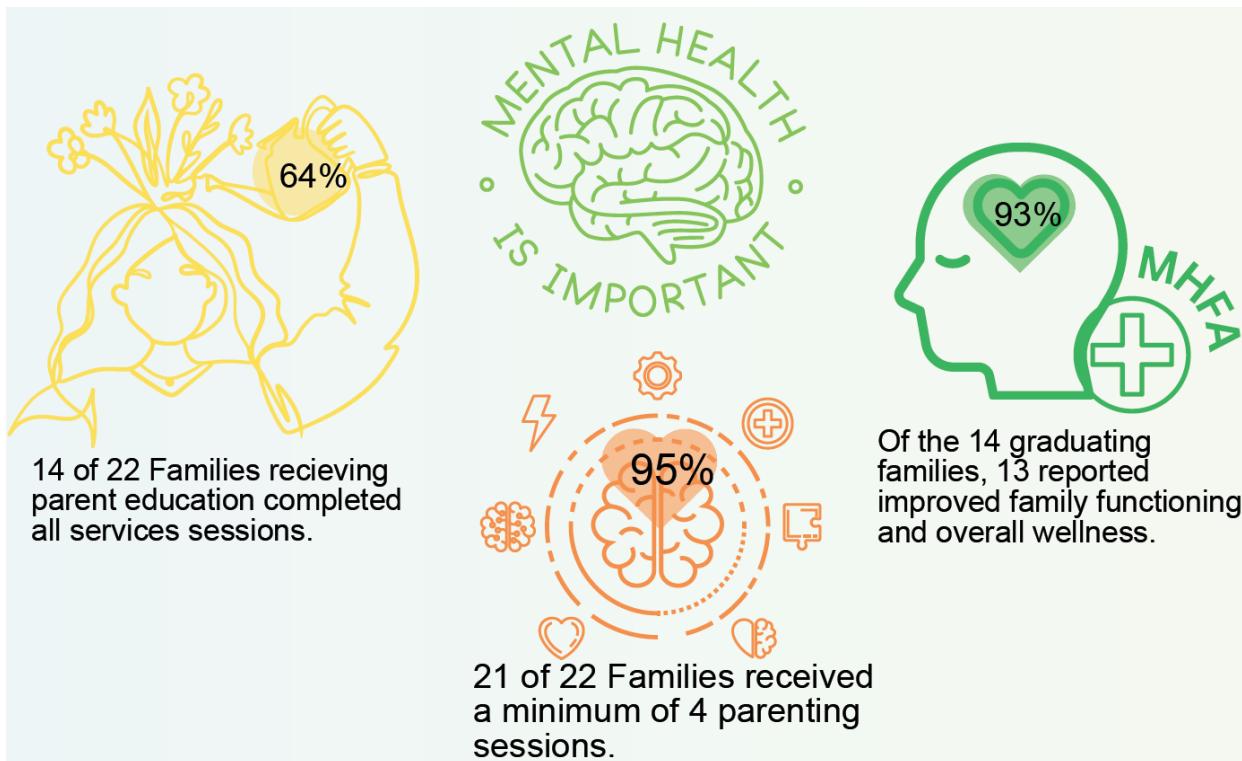
Method of Measurement

- 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 2024-2025, approximately 40 unique families were served, and 22 unique families received parenting education services. Additionally, 120 evidence-based curriculum sessions and 358 engaged activities such as resource distribution, consultations, and group meetings were provided to parents. Program graduation success rate was 63.64% (14/22) for families receiving parenting education and completing all service sessions and 95.45% (21/22) of families received a minimum of four parenting sessions. Out of the 14 graduating families, 13 reported improved family functioning, and overall mental health and wellness for either the parents, children, or both.



PEI 2.1: Early Intervention Programs | Community Therapeutic Services****BHSA REDUCTION****

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-----------------|-----------------|
| Actuals for FY 2023-2024 | 610 | \$57,423 | \$94 |
| Actuals for FY 2024-2025 | 517 | \$60,981 | \$118 |

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.

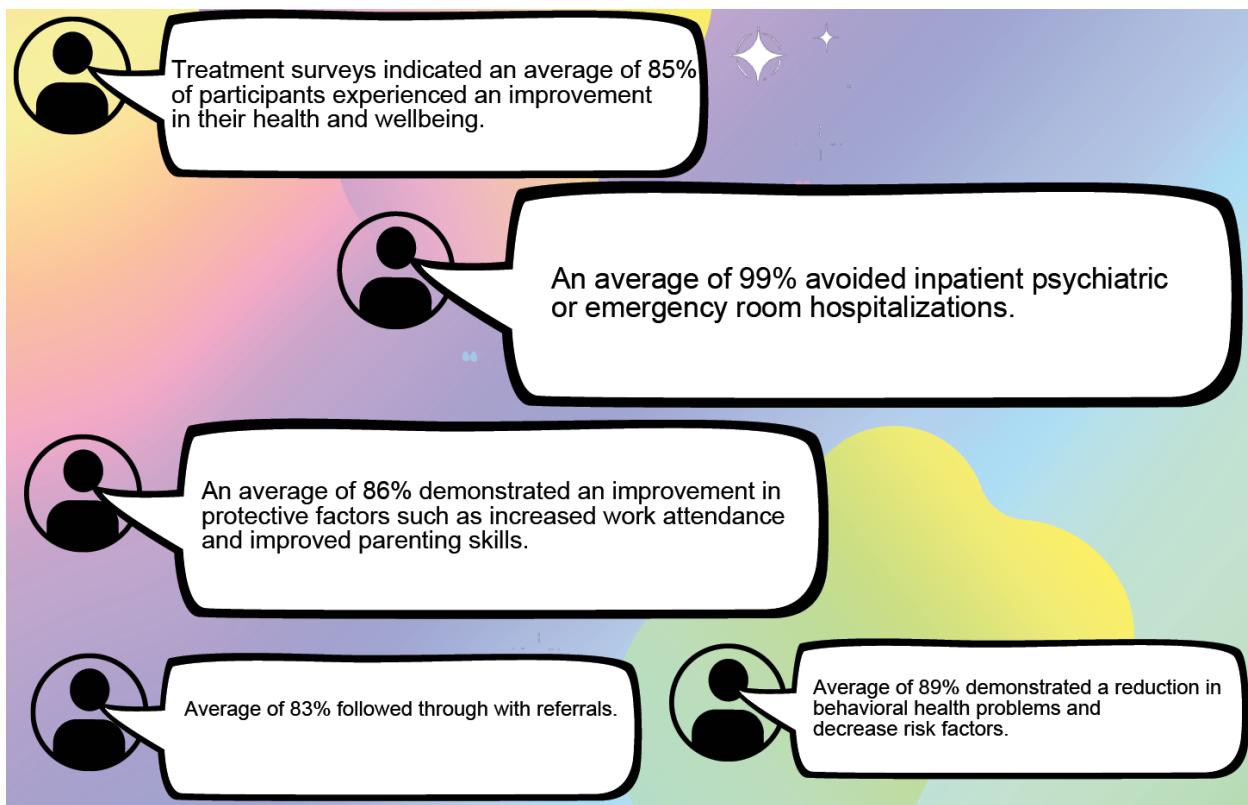
Method of Measurements

- 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. The goal of CBTS is to provide counseling to at-risk communities that are underserved and/or underinsured by recruiting bi-lingual and bi-cultural clinicians. Populations of focus included individuals experiencing homelessness or at high risk of homelessness, veterans, monolingual communities, and LGBTQ+.

In FY 24-25, CBTS provided 2,133 hours of free to low-cost counseling and executed 517 clinical assessments. The program provided early intervention psychotherapy services to 421 individuals. 128 of those clients were referred to County mental health and/or substance use disorder services.

Survey data was not collected in FY 24-25. In the 3 years prior, treatment surveys indicated an average of 85% of participants experienced an improvement in their health and wellbeing; 99% avoided inpatient psychiatric or emergency room hospitalizations; 83% followed through with referrals; 86% surveyed participants demonstrated an improvement in protective factors such as increased work attendance and improved parenting skills; and 89% demonstrated a reduction in behavioral health problems and decrease risk factors.



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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 979 | \$415,705 | \$425 |
| Actuals for FY 2024-2025 | 719 | \$402,600 | \$560 |
| Actuals for FY 2025-2026 | 1040 | \$438,919 | \$422 |

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 2024-2025, BHNs achieved 3,163 community contacts. Seven-hundred nineteen (719) 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, 163 received intensive early intervention services. The response time target for BHNs is for 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 2024-25, self-report surveys reflected a 34% increase in knowledge of and ability to access community-based resources and a 25% decrease in stress.

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 66 TAY clients in FY 2024-2025. concentrated on expanding the reach to this high-risk age demographic.

The Integrated Community Wellness program created 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 YouTube.com, or click the link below.

[Behavioral Health Navigators - We Share The Journey - YouTube](https://youtu.be/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 2023-2024 | 679 | \$305,138 | \$449 |
| Actuals for FY 2024-2025 | 539 | \$315,668 | \$586 |

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.

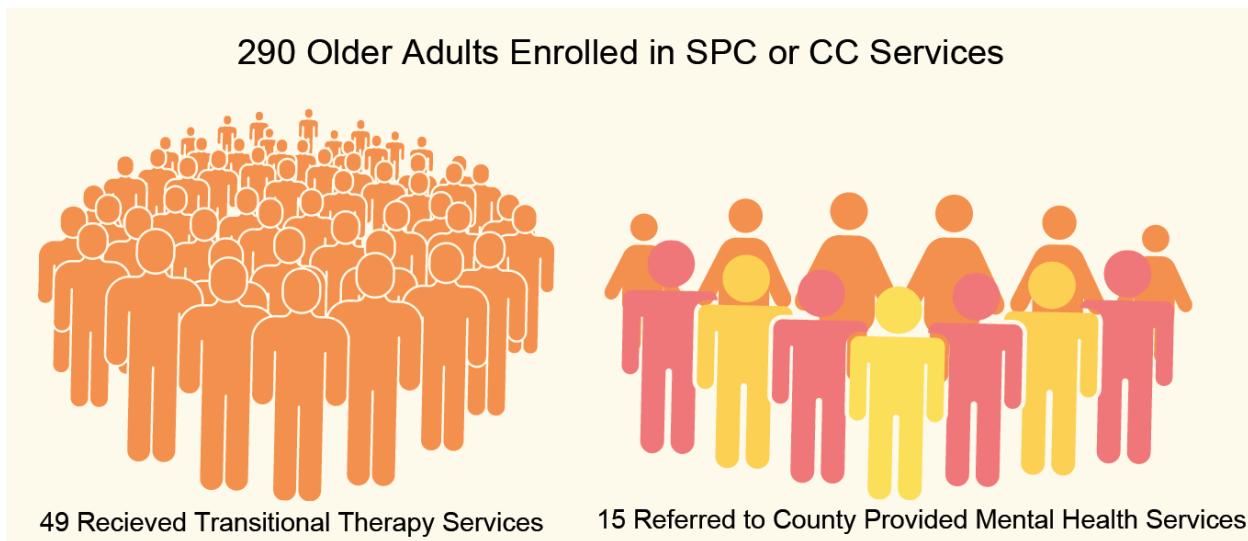
Method of Measurement

- 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 2024-2025, 539 unique Older Adults were screened for depression or assessed for services provided by Senior Peer Counseling (SPC) or Caring Callers (CC), and nearly 300 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.



The Older Adult Mental Health Initiative program was decommissioned in June 2025 due to Wilshire Community Services closing their operations permanently.

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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|-----------------|-----------------|
| Actuals for FY 2023-2024 | 38 | \$36,204 | \$953 |
| Actuals for FY 2024-2025 | 0 | \$19,751 | N/A |

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 Veterans Outreach Program was inactive in FY 2024-25 due to staffing shortages. The program will not be reinstated in FY 2025-26 in preparation for BHSA implementation.

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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 2,791 | \$160,400 | \$57 |
| Actuals for FY 2024-2025 | 3,068 | \$181,659 | \$59 |

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.

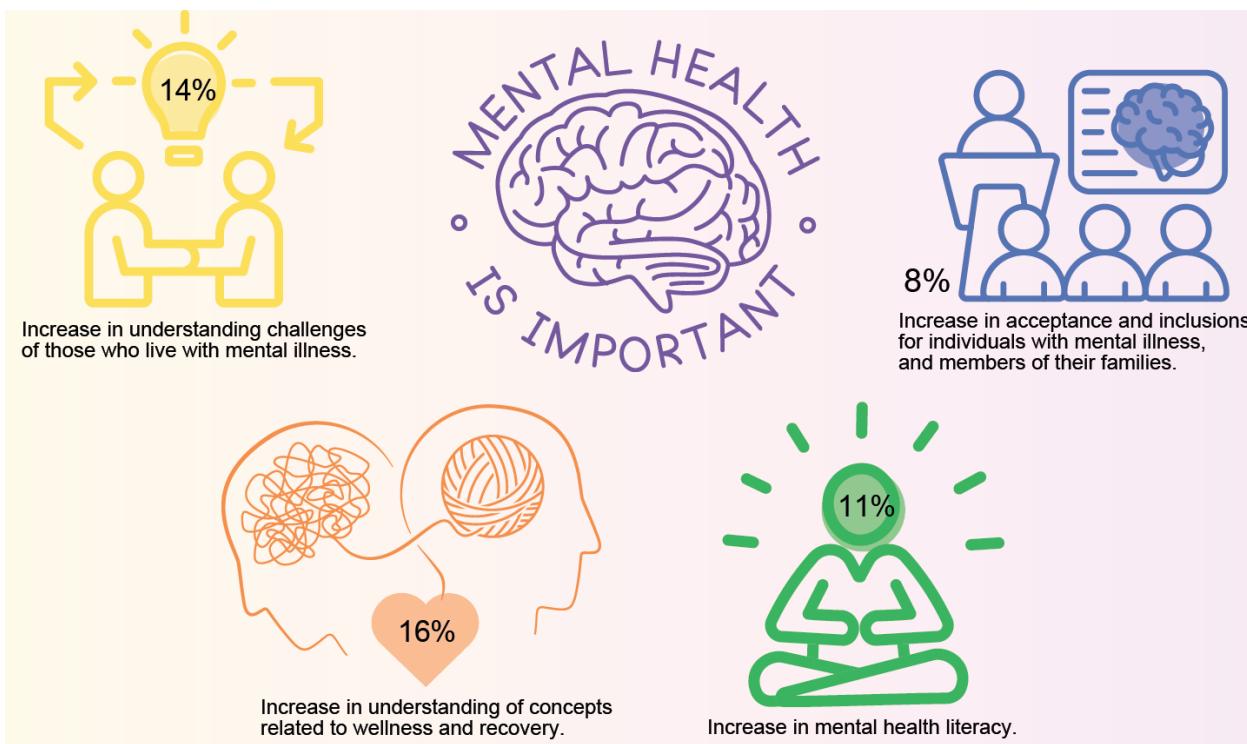
Overview: The Social Marketing Strategy program is facilitated by Transitions-Mental Health Association (TMHA), a recognized community leader in mental health awareness and engagement. The program aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and 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 2024-2025, the program facilitated 51 presentations and outreach events attracting nearly 2,000 individuals with over 1,200 being defined prevention and early intervention underserved populations. 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 mental health services consumer empowerment and wellness. Presentation participants submitting surveys totaled 908 individuals. Reported results are as follows:

- 14% increase in understanding challenges of those who live with mental illness.
- 16% increase in understanding of concepts related to wellness and recovery.
- 11% increase in mental health literacy.
- 8% increase in acceptance and inclusions for individuals with mental illness, and members of their families.



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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 4266 | \$165,100 | \$39 |
| Actuals for FY 2024-2025 | 3887 | \$128,421 | \$33 |

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 data reported for 2024-2025 represents the information for all events conducted in the college community. The CWP specialist recorded all direct contacts made including outreach and event tabling. A total of 2,756 contacts were made through information booths or outreach activities. A total of 1,131 unique participants were reached through presentations, QPR Suicide Prevention and Mental Health First Aid trainings, and events. There were six (5) events held: Sleep Awareness Event, Human Library, Pickle Fest Awareness Gallery, 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.

Cuesta College

Education and outreach at Cuesta College in 2024-2025 began with a Cuesta Resource Fair detailing information and resources related to mental health promotion, substance use prevention, sleep, stress, social connection, and wellness. This display reached almost 200 students at the SLO and North County campuses. The CWP Specialist provided QPR Suicide Prevention Gatekeeper Training for 64 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 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 230 students, staff, and faculty. Five (5) outreach fairs at Cal Poly, connecting with 385 students. Two (2) educational campaigns before high-risk events, reaching over 9,700 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 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 sixteen (16) outreach events: five (5) 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, Alcohol and Other Drugs/Recovery Teach-In, St. Patrick's Day alcohol and drug prevention outreach event, Take Down Tobasco outreach, four (4) music festival safety and overdose prevention outreach events, and the annual Mustang Mile event educating students about the signs of alcohol poisoning and the dangers of binge drinking.

PEI 6.1: Suicide Prevention Program | Suicide Prevention Coordination

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 1939 | \$252,149 | \$130 |
| Actuals for FY 2024-2025 | 2366 | \$160,682 | \$68 |
| Actuals for FY 2025-2026 | 1000 | \$41,741 | \$42 |

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.

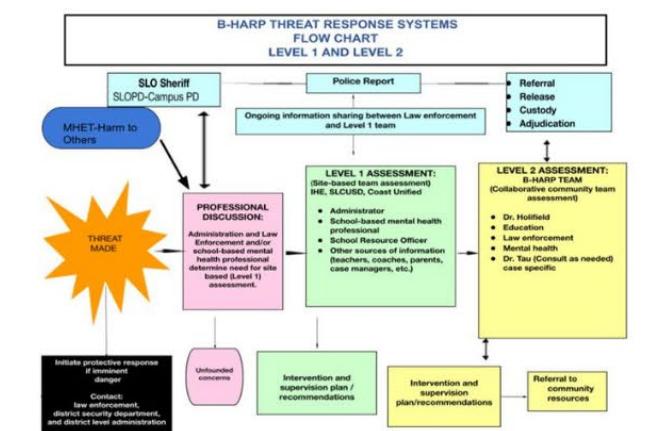
Overview: The Suicide Prevention Coordination program (SPC) addresses risk, protective factors, and aftermath of suicide has been identified as a significant issue to be addressed in San Luis Obispo County. The most recent data on suicide rate suggests that San Luis Obispo County is above the state average. 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.

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 a Board of Supervisors proclamation designating September as Suicide Prevention Month, a collaboration with two SLO County Libraries during May as Mental Health Awareness Month - promoting wellness resources and education, a live media segment on KEYT's "Be Well" series - highlighting tools to support mental health and build awareness throughout the region and promotion of the "Know the Signs" campaign and World Suicide Prevention Day through enhanced social media and partner outreach.

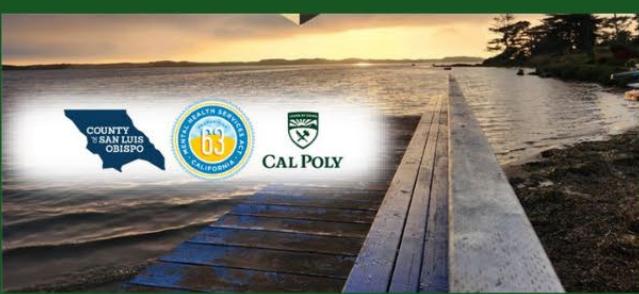
The SPC has been central in building coalitions and collaborations which results in education engagements, trainings, and prevention strategies that ultimately have a reduction in the impact of suicide. This began by establishing a plan of implementation and networking with community providers and with 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, which engages 22 unique community members and organizations and hosted over 145 behavioral health professionals in collaboratives aimed at strengthening interagency coordination and developing shared prevention strategies.

During FY 2024-2025, Engaged 2,366 individuals through community forums, events, and outreach efforts. As well, Resource materials were distributed across 20+ local agencies, especially those serving high-risk populations such as Veterans, LGBTQ+ individuals, and older adults. 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



INN

20+ years of MHSA in SLO County



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 project summaries in this section were selected in Round 5 (2021-25) and Round 6 (2023-27) of the Innovation funding cycles, with Round 5 concluding at the end of this reporting year. Round 7 planning began in January 2025 and included 1 project to be operated by SLOBHD. The project entitled the Medi-Cal Maximization & Training Initiative (MMTI) involves embedding subject matter expertise on insurance revenue generation and maximization into department operations and provide consultations to staff and community partners. The project was approved by the Board of Supervisors and MHSOAC in Spring of 2025 and will go live in FY 2025-26.



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.

Innovation projects are only funded by MHSA, no other funding sources are utilized

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

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 83 | \$202,914 | \$2,445 |
| Actuals for FY 2024-2025 | 222 | \$248,598 | \$1,120 |

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.

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.

The initial concept was to offer a personal navigator to those discharged from higher levels of care. Practitioners recognized a need for short term guidance and hoped that the expansion of the navigator program would potentially alleviate emergency services in the county. At the same time, the local Medi-Cal provider CenCal, ended its contract with another organization for similar services. Starting January 2022, CenCal took over all mental and behavioral health services for San Luis Obispo and Santa Barbara counties (CenCal, 2022). This meant that some of the target population that was not being served by the former provider could get navigation services with CenCal. Overall, this was good for clients because they were more likely to stay with their follow-up plan if it was within the same system as their treatment. For the county's BHEET program, however, a large percentage of the target population was no longer being referred by managed care. Many of the remaining referrals from CenCal had higher needs than the BHEET navigators were able to provide. The project continued to work with other referral sources like SLOBHD, the Mental Health Evaluation Team (MHET), Crisis Stabilization Unit (CSU), emergency departments, foster systems and county jail. However, the change with CenCal caused the project to pivot in terms of measurable outcomes and population focus.

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.

FY 2024-25 was the final year of the BHEET project operations. The full evaluation report can be found here: (digital readers can click on the link)

[https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/forms-documents/mental-health-services-act-\(mhsa\)/innovation-\(inn\)/mhsa-innovation-evaluation-report-2021-2025](https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/forms-documents/mental-health-services-act-(mhsa)/innovation-(inn)/mhsa-innovation-evaluation-report-2021-2025)



INN 5.2: SoundHeal

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 40 | \$181,140 | \$4,529 |
| Actuals for FY 2024-2025 | 105 | \$145,844 | \$1,389 |

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-meditation 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 2020-2021, 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 heartrate and heartrate 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.

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. The project completed operations in June, 2025. After 3 years, the project totaled 105 clients and produced over 1,100 journal entries. Client feedback data suggested the following impacts on their state of being and overall wellness:

- 3x reduction in stress.
- 2.5x reduction in anxiety.
- 2x reduction in depression.
- 3x less scattered.
- 2x more relaxed.

The HealPod was also utilized by Behavioral Health staff and was very popular as a tool for relaxation during breaks. Clinicians also provided feedback based on their experiences with clients after using the HealPod prior to individual and group therapy sessions. Those assessments included the following:

- “It helps with my individual sessions as clients come into the session more regulated and focused.”

- "This has given my clients access to an experience they haven't had before. I encourage each of them to try it at least a few times before deciding whether it's a good fit. In almost every case, they choose to continue."
- "They most often are calmer and self-regulated afterward, which makes for much more meaningful therapy."
- "I've seen other treatment tools but the heal meditation works differently as it helps my clients actually apply what we work on in therapy to their real lives. From my side, it's also surprisingly easy to fold into treatment."

FY 2024-25 was the final year of the SoundHeal project operations. The full evaluation report can be found here: (digital readers can click on the link)

[https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/forms-documents/mental-health-services-act-\(mhsa\)/innovation-\(inn\)/mhsa-innovation-evaluation-report-2021-2025](https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/forms-documents/mental-health-services-act-(mhsa)/innovation-(inn)/mhsa-innovation-evaluation-report-2021-2025)



INN 6.1: EMBRACE

| Fiscal Year Estimate | Persons Served | Total Funding | Cost per Client |
|---------------------------------|----------------|------------------|-----------------|
| Actuals for FY 2023-2024 | 100 | \$217,141 | \$2,171 |
| Actuals for FY 2024-2025 | 120 | \$232,267 | \$1,936 |

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. One facility, caring for 120 residents, volunteered in fall of 2024 and training began in January 2025. Recruiting for new facilities continued into the Spring with promising interest.

The EMBRACE project was terminated early due to the sudden closing of Wilshire Community Services in June 2025. Due to the BHSA reform measures passed with Proposition 1 in Spring 2024, which eliminated the Innovation component from MHSA as of June 2026, SLOBHD opted not to seek a new provider for the project.

Capital Facilities and Technological Needs (CFTN)

Capital Facilities and Technological Needs (CFTN) funds support infrastructure and technology improvements to strengthen mental health service delivery. San Luis Obispo County utilizes these funds to modernize its Behavioral Health Electronic Health Record (BHEHR) system, developed with Community Advisor input to ensure secure, real-time, client-centered information sharing.

The most significant change in FY 2024-25 was the County's continued collaboration and system improvement 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 Electronic Health Record system. SLOBHD, in partnership with CalMHSA and 23 other counties, launched SmartCare EHR on July 1, 2023. Developed with Streamline Healthcare Solutions, this system replaces the outdated Anasazi platform and now supports over 37% of California's Medi-Cal population. SmartCare is designed to improve documentation, streamline billing, track outcomes, and adapt to new payment reforms, strengthening service delivery across the public behavioral health system.

In FY 2024-2025:

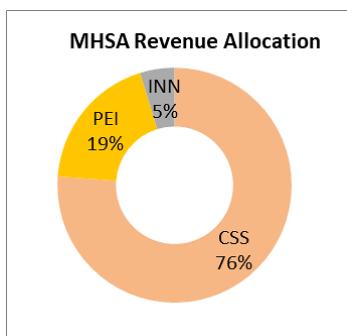
- The Behavioral Health Department is now in the evaluation and optimization phase of its new Electronic Health Records (EHR) system, SmartCare, focusing on improving functionality, streamlining workflows, and strengthening data-driven outcomes.
- The County is now optimizing the SmartCare EHR to maximize revenue generation while fully meeting CalAIM payment reform requirements that took effect on July 1, aligning clinical documentation and billing processes for greater efficiency and financial sustainability.

The Behavioral Health Department is now focused on standardizing 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 2024-25, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$29.47 (M) on MHSA programs with \$20.49M coming from MHSA revenue, \$7.19M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$1.79M from grants or other revenue sources. In FY 2024-25, Community partner agencies spending decreased from 55% (16.34M) to 54% (15.91M) of the FY 2024-25 revenue, while the County programs were responsible for the other 46% (13.56M). The breakdown per program, including the cost per client, is included in the tables at the beginning of each component section.

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 2024-25, San Luis Obispo County Prudent Reserve balance is at 33% of its average CSS revenue over FY 2019-24.

MHSA revenue increased in FY 2024-25. It is expected to decrease for the next 2-3 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 2025-26. 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. FY 2025-26 adopted budget includes a 4.3% cost of living increase for personnel, a 3% increase to all Medi-Cal billable service contracts and a 2% increase to non-Medi-Cal billable service contracts.

MHSA FUNDING SUMMARY

| FY 2025-26 Mental Health Services Act Annual Update | | | | | | |
|--|---------------|--|--|-------------------|---|---|
| Funding Summary | | | | | | |
| County: San Luis Obispo | Date: 9/10/25 | | | | | |
| | | MHSA Funding | | | | |
| | | A | B | C | D | E |
| | | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs |
| A. Actual 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 | 1,256,462 | 0 | 0 |
| 3. Transfer in FY 2023-24 ^{a/} | | (1,881,442) | | | 676,055 | 1,205,387 |
| 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 | 1,715,771 | 676,055 | 1,205,387 |
| B. Actual FY 2023-24 MHSA Expenditures | | 15,414,554 | 3,026,596 | 899,634 | 676,055 | 1,205,387 |
| C. Actual FY 2024-25 Funding | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | | 10,257,154 | 5,848,598 | 816,137 | (0) | 0 |
| 2. Actual FY 2024-25 Funding | | 19,977,439 | 4,994,360 | 1,314,304 | | |
| 3. Transfer in FY 2024-25 ^{a/} | | (1,630,114) | | | 646,773 | 983,341 |
| 4. Access Local Prudent Reserve in FY 2024-25 | | 0 | 0 | | | 0 |
| 5. Estimated Available Funding for FY 2024-25 | | 28,604,479 | 10,842,958 | 2,130,441 | 646,773 | 983,341 |
| D. Actual FY 2024-25 Expenditures | | 14,465,377 | 3,438,465 | 961,918 | 646,773 | 983,341 |
| E. Estimated FY 2025-26 Funding | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | | 14,139,103 | 7,404,492 | 1,168,523 | 0 | 0 |
| 2. Estimated New FY 2025-26 Funding | | 14,074,231 | 3,518,558 | 925,937 | | |
| 3. Transfer in FY 2025-26 ^{a/} | | (1,850,749) | | | 1,146,597 | 704,152 |
| 4. Access Local Prudent Reserve in FY 2025-26 | | 0 | 0 | | | 0 |
| 5. Estimated Available Funding for FY 2025-26 | | 26,362,585 | 10,923,050 | 2,094,460 | 1,146,597 | 704,152 |
| F. Estimated FY 2025-26 Expenditures | | 19,410,097 | 3,726,853 | 1,240,498 | 1,146,597 | 704,152 |
| G. Estimated FY 2025-26 Unspent Fund Balance | | 6,952,489 | 7,196,198 | 853,962 | 0 | 0 |

| H. Estimated Local Prudent Reserve Balance | |
|---|-----------|
| 1. Actual Local Prudent Reserve Balance on June 30, 2023 | 2,774,412 |
| 2. Contributions to the Local Prudent Reserve in FY 2023/24 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2023/24 | 0 |
| 4. Actual Local Prudent Reserve Balance on June 30, 2024 | 2,774,412 |
| 5. Contributions to the Local Prudent Reserve in FY 2024/25 | 1,636,650 |
| 6. Distributions from the Local Prudent Reserve in FY 2024/25 | 0 |
| 7. Estimated Local Prudent Reserve Balance on June 30, 2025 | 4,411,062 |
| 8. Contributions to the Local Prudent Reserve in FY 2025/26 | 0 |
| 9. Distributions from the Local Prudent Reserve in FY 2025/26 | 0 |
| 10. Estimated Local Prudent Reserve Balance on June 30, 2026 | 4,411,062 |

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 2024-25 were \$22.69M with \$15.41M funded through MHSA revenue, \$6.38 from Medi-Cal FFP, and \$901 thousand (K) from grants or other revenues.

A transfer to the CFTN component in the amount of \$983K was completed during FY 2024-25 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 \$646K was completed during FY 2024-25 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

Regulations state that most of the 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 2023-24 RER, the County spent 39% of the funding on FSP services.

In FY 2024-25, using the State guidance, total FSP Mental Health Expenditures of \$9,437,474 divided by total Mental Health Expenditures (excluding administrative costs) of \$22,214,749 results in 42%. 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 2025-26: The following are the projected changes for FY 2025-26:

- The County has implemented a cost-of-living adjustment, providing a 3% increase to all Medi-Cal billable service contracts and a 2% increase to non-Medi-Cal billable service contracts.
- Beginning in FY 2025-26, MHSA/BHSA is now funding the Board & Care program, which was previously supported by the General Fund. This transition aligns with the Housing component guidance under BHSA.
- 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 2025-26 Mental Health Services Act Annual Update | | | | | | |
|---|---------------|-----------------------|------------------------|----------------------------|--|-------------------------|
| Community Services and Supports (CSS) Component Worksheet | | | | | | |
| County: San Luis Obispo | Date: 9/10/25 | | | | | |
| | | Fiscal Year 2023/24 | | | | |
| | | A | B | C | D | E |
| 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 |
| 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 |
| 6. GSD: Latino Outreach Program | | 1,286,235 | 783,742 | 502,493 | | 0 |
| 7. GSD: Enhanced Crisis & Aftercare | | 5,735,976 | 3,662,785 | 1,514,727 | | 558,464 |
| 8. GSD: School & Family Empowerment | | 793,754 | 543,461 | 190,293 | | 60,000 |
| 9. GSD: Forensic Mental Health Services | | 2,182,104 | 865,555 | 1,033,303 | | 283,246 |
| CSS Administration | | 355,472 | 219,232 | 136,240 | | 0 |
| CSS MHSA Housing Program Assigned Funds | | 0 | 0 | | | |
| Total CSS Program Actual Expenditures | | 22,693,317 | 15,414,554 | 6,376,857 | 0 | 0 |
| FSP Programs as Percent of Total | | 39.4% | | | | |
| | | Fiscal Year 2024-25 | | | | |
| | | A | B | C | D | E |
| 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 | | 1,279,700 | 1,045,376 | 234,324 | | |
| 2. TAY FSP | | 1,236,434 | 775,481 | 460,952 | | |
| 3. Adult FSP | | 6,054,741 | 3,799,436 | 2,255,305 | | |
| 4. Older Adult FSP | | 991,517 | 776,625 | 214,892 | | |
| Non-FSP Programs | | | | | | |
| 5. GSD: Client & Family Wellness | | 3,604,205 | 3,193,385 | 410,820 | | |
| 6. GSD: Latino Outreach Program | | 1,167,846 | 560,545 | 604,420 | | 2,882 |
| 7. GSD: Enhanced Crisis & Aftercare | | 5,130,675 | 2,591,142 | 1,799,645 | | 739,888 |
| 8. GSD: School & Family Empowerment | | 816,442 | 639,857 | 176,584 | | |
| 9. GSD: Forensic Mental Health Services | | 1,933,190 | 738,956 | 942,942 | | 251,291 |
| CSS Administration | | 438,173 | 344,573 | 93,600 | | |
| CSS MHSA Housing Program Assigned Funds | | 0 | 0 | | | |
| Total CSS Program Actual Expenditures | | 22,652,922 | 14,465,377 | 7,193,485 | 0 | 2,882 |
| FSP Programs as Percent of Total | | 42.3% | | | | |
| | | Fiscal Year 2025/26 | | | | |
| | | A | B | C | D | E |
| 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 | | 1,587,531 | 1,352,345 | 235,186 | | |
| 2. TAY FSP | | 966,981 | 471,077 | 495,904 | | |
| 3. Adult FSP | | 5,995,958 | 4,018,727 | 1,977,231 | | |
| 4. Older Adult FSP | | 944,351 | 767,961 | 176,390 | | |
| Non-FSP Programs | | | | | | |
| 5. GSD: Client & Family Wellness | | 3,570,792 | 3,270,427 | 300,365 | | |
| 6. GSD: Latino Outreach Program | | 1,734,726 | 995,692 | 706,534 | | 32,500 |
| 7. GSD: Enhanced Crisis & Aftercare | | 3,871,780 | 2,147,473 | 1,497,772 | | 226,535 |
| 8. GSD: School & Family Empowerment | | 1,294,253 | 1,052,684 | 241,569 | | |
| 9. GSD: Forensic Mental Health Services | | 2,094,277 | 1,125,964 | 828,184 | | 140,129 |
| CSS Administration | | 741,235 | 572,346 | 168,889 | | 0 |
| CSS MHSA Housing Program Assigned Funds | | 3,694,197 | 3,635,400 | 58,797 | | |
| Total CSS Program Estimated Expenditures | | 26,496,082 | 19,410,097 | 6,686,821 | 0 | 399,164 |
| FSP Programs as Percent of Total | | 36.2% | | | | |

Prevention and Early Intervention (PEI):

Actual expenses for PEI in FY 2024-25 were \$4.21M with \$3.43M funded through MHSA revenue and \$776K 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 remain the same for FY 2024-25.

New in FY 2025-26: In FY 2020-21, the County was awarded \$3,856,907 a Mental Health Student Services Act (MHSSA) 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. These MHSSA grant funds were fully expanded and the grant sunset as of June 30th, 2025.

This chart summarizes the PEI Actuals for FY 2023-24 & FY 2024-25, and a projection for FY 2025-26 including all revenue sources:

MHSA FUNDING SUMMARY

| FY 2025-26 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Component Worksheet | | | | | | |
|--|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| County: San Luis Obispo | Date: 9/10/25 | | | | | |
| | 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 |
| | 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 | 2,289,880 | 1,778,544 | (1,536) | | | 512,872 |
| 2. Early Intervention | 684,481 | 463,581 | | | | 220,900 |
| 3. Access & Linkage | 315,668 | 315,668 | | | | |
| 4. Stigma & Discrimination Reduction | 354,315 | 310,080 | | | | 44,235 |
| 5. Improve Timely Access | 19,751 | 19,751 | | | | |
| 6. Suicide Prevention | 160,682 | 160,682 | | | | 0 |
| PEI Administration | 290,455 | 290,455 | | | | |
| PEI Assigned Funds - CalMHSA JPA | 99,703 | 99,703 | | | | |
| Total PEI Program Estimated Expenditures | 4,214,937 | 3,438,465 | (1,536) | 0 | 0 | 778,007 |
| | Fiscal Year 2025/26 | | | | | |
| | 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 | 2,451,848 | 2,301,848 | | | | 150,000 |
| 2. Early Intervention | 659,819 | 438,919 | | | | 220,900 |
| 3. Access & Linkage | 323,204 | 323,204 | | | | |
| 4. Stigma & Discrimination Reduction | 315,272 | 264,500 | | | | 50,772 |
| 5. Improve Timely Access | 0 | 0 | | | | |
| 6. Suicide Prevention | 41,741 | 41,741 | | | | |
| PEI Administration | 356,641 | 356,641 | | | | |
| PEI Assigned Funds - CalMHSA JPA | 0 | 0 | | | | |
| Total PEI Program Estimated Expenditures | 4,148,525 | 3,726,853 | 0 | 0 | 0 | 421,672 |

Innovation (INN):

Actual expenses for Innovation in FY 2024-25 were \$962K, which were fully funded by MHSA. Funding ended for one project: Holistic Adolescent Health (HAH) and continued for three projects: Behavioral Health Education & Engagement Team (BHEET), and SoundHeal which ended on June 30th, 2024. An innovation project started named MMTTI. Wilshire Community Services officially ceased operations on June 30, 2025. This unforeseen closure led to the early conclusion of our Embrace INNovation Project, which ended two years ahead of schedule. As a result, in Fiscal Year 2025-2026, our only active INNovation initiative is Project MMTTI.

| FY 2025-26 Mental Health Services Act Annual Update | | | | | | |
|--|-----------------------|------------------------|----------------------------|--|-------------------------|---|
| Innovations (INN) Component Worksheet | | | | | | |
| County: | San Luis Obispo | | | | | |
| | | | | | | |
| 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. MMTTI | 0 | 0 | | | | |
| INN Evaluation | 74,233 | 74,233 | | | | |
| INN Administration | 179,205 | 179,205 | | | | |
| Total INN Program Estimated Expenditures | 899,634 | 899,634 | 0 | 0 | 0 | 0 |
| | | | | | | |
| Fiscal Year 2024-25 | | | | | | |
| | 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 | 0 | 0 | | | | |
| 2. Behavioral Health Education & Engagement Team (BHEET) | 248,598 | 248,598 | | | | |
| 3. SoulWomb | 145,844 | 145,844 | | | | |
| 4. Embrace | 232,267 | 232,267 | | | | |
| 5. MMTTI | 5,000 | 5,000 | | | | |
| INN Evaluation | 113,395 | 113,395 | | | | |
| INN Administration | 216,814 | 216,814 | | | | |
| Total INN Program Estimated Expenditures | 961,918 | 961,918 | 0 | 0 | 0 | 0 |
| | | | | | | |
| Fiscal Year 2025/26 | | | | | | |
| | 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. Embrace | 288,287 | 288,287 | | | | |
| 2. MMTTI | 595,000 | 595,000 | | | | |
| INN Evaluation | 186,433 | 186,433 | | | | |
| INN Administration | 170,778 | 170,778 | | | | |
| Total INN Program Estimated Expenditures | 1,240,498 | 1,240,498 | 0 | 0 | 0 | 0 |

Workforce, Education and Training (WET):

Actual expenses for WET in FY 2024-25 were \$665K with \$646K from MHSA revenue transferred from the CSS allocation, and \$19K 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).

| FY 2025-26 Mental Health Services Act Annual Update Workforce, Education and Training (WET) Component Worksheet | | | | | | |
|--|---|----------------------------|-----------------------------|---------------------------------|---|------------------------------|
| County: San Luis Obispo | Fiscal Year 2023/24 | | | | | |
| | A Actual Total Mental Health Expenditures | B Actual WET Funding | C Actual Medi-Cal FFP | D Actual 1991 Realignment | E Actual Behavioral Health Subaccount | F 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 Training & Communications Co-Ordinator - | 19,121 | 10,686 | 8,435 | | | |
| 6. CSS Transfer | 213,114 | 213,114 | | | | |
| 7. Diversity, Equity, & Inclusion - CSS Transfer | 177,903 | 177,903 | | | | |
| 8. Crisis Intervention Training - CSS Transfer | 0 | 0 | | | | |
| WET Administration | 105,862 | 100,749 | | | | 5,113 |
| Total WET Program Estimated Expenditures | 689,603 | 676,055 | 8,435 | 0 | 0 | 5,113 |
| Fiscal Year 2024-25 | | | | | | |
| | A Actual Total Mental Health Expenditures | B Actual WET Funding | C Actual Medi-Cal FFP | D Actual 1991 Realignment | E Actual Behavioral Health Subaccount | F Actual Other Funding |
| WET Programs | | | | | | |
| 1. PAAT - CSS Transfer | 19,442 | 19,442 | | | | |
| 2. E-Learning - CSS Transfer | 12,197 | 12,197 | | | | |
| 3. Cultural Competence - CSS Transfer | 12,607 | 12,607 | | | | |
| 4. Promotores - CSS Transfer | 128,727 | 128,727 | | | | |
| 5. Internship Program - CSS Transfer Training & Communications Co-Ordinator - | 29,003 | 29,003 | 0 | | | |
| 6. CSS Transfer | 200,192 | 181,542 | 18,650 | | | |
| 7. Diversity, Equity, & Inclusion - CSS Transfer | 158,315 | 158,315 | | | | |
| 8. Crisis Intervention Training - CSS Transfer | 0 | 0 | | | | |
| WET Administration | 104,986 | 104,941 | | | | 45 |
| Total WET Program Estimated Expenditures | 665,468 | 646,773 | 18,650 | 0 | 0 | 45 |
| Fiscal Year 2025/26 | | | | | | |
| | A Estimated Total Mental Health Expenditures | B Estimated WET Funding | C Estimated Medi-Cal FFP | D Estimated 1991 Realignment | E Estimated Behavioral Health Subaccount | F Estimated Other Funding |
| WET Programs | | | | | | |
| 1. PAAT - CSS Transfer | 33,091 | 33,091 | | | | |
| 2. E-Learning - CSS Transfer | 12,000 | 12,000 | | | | |
| 3. Cultural Competence - CSS Transfer | 37,656 | 37,656 | | | | |
| 4. Promotores - CSS Transfer | 146,715 | 146,715 | | | | |
| 5. Internship Program - CSS Transfer Training & Communications Co-Ordinator - | 19,817 | 19,817 | 0 | | | |
| 6. CSS Transfer | 356,755 | 356,755 | | | | |
| 7. Diversity, Equity, & Inclusion - CSS Transfer | 181,339 | 181,339 | | | | |
| 8. Crisis Intervention Training - CSS Transfer | 5,500 | 5,500 | | | | |
| WET Administration | 353,724 | 353,724 | | | | 0 |
| Total WET Program Estimated Expenditures | 1,146,597 | 1,146,597 | 0 | 0 | 0 | 0 |

Capital Facilities and Technological Needs (CFTN):

Actual expenses for CFTN in FY 2024-25 were \$983K 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. This chart summarizes the CFTN Actuals for FY 2022-23 & FY 2023-24, and a projection for FY 2024-25 including all revenue sources:

| FY 2025-26 Mental Health Services Act Annual Update Capital Facilities/Technological Needs (CFTN) Component Worksheet | | | | | | |
|--|--|------------------------|------------------------|----------------------------|--|-------------------------|
| County: San Luis Obispo | Date: 9/10/25 | | | | | |
| | 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 | 1,246,341 | 1,205,387 | 0 | | | 40,954 |
| CFTN Administration | 0 | | | | | |
| Total CFTN Program Estimated Expenditures | 1,246,341 | 1,205,387 | 0 | 0 | 0 | 40,954 |
| Fiscal Year 2024-25 | | | | | | |
| | 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 | 983,341 | 983,341 | 0 | | | 0 |
| CFTN Administration | 0 | | | | | |
| Total CFTN Program Estimated Expenditures | 983,341 | 983,341 | 0 | 0 | 0 | 0 |
| Fiscal Year 2025/26 | | | | | | |
| | 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 | 704,152 | 704,152 | 0 | | | 0 |
| CFTN Administration | 0 | | | | | |
| Total CFTN Program Estimated Expenditures | 704,152 | 704,152 | 0 | 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 2024-25 was \$4,411,062 which equates to 33% of its average CSS revenue over FY 2019-24.

Appendix

Exhibit A: County Certification

This exhibit will be updated after San Luis Obispo County Board of Supervisor approval.

Exhibit B: MHSA County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Luis Obispo

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

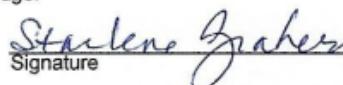
| Local Mental Health Director | County Auditor-Controller / City Financial Officer |
|--|---|
| <p>Name: Starlene Gruber, PHD, LMFT Telephone Number: (805) 781-4719 E-mail: sgarber@co.slo.ca.us</p> | <p>Name: James W. Hamilton, CPA Telephone Number: (805) 781-5043 E-mail: jhamilton@co.slo.ca.us</p>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

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

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

Starlene Gruber, PHD, LMFT

Local Mental Health Director (PRINT)

 9-8-25
Signature Date

I hereby certify that for the fiscal year ended June 30, 2025, 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 09, 2024, for the fiscal year ended June 30, 2024. I further certify that for the fiscal year ended June 30, 2025, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

James W. Hamilton, CPA

County Auditor Controller / City Financial Officer (PRINT)


Signature

09/09/25

Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Exhibit C: Notice of Public Comment and Public Hearing

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT



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

WHO: County of San Luis Obispo Behavioral Health Department

WHAT: The MHSA Annual Update for Fiscal Year 2025-26 is available for a 30-day public review and comment from September 17th through October 16th, 2025.

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 2025-2026 Survey](#)

Comments must be received no later than October 16th, 2025.

NOTICE OF PUBLIC HEARING

WHO: County of San Luis Obispo Behavioral Health Advisory Board

WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2025-26 Update to the Three-Year Plan for Fiscal Years 2023-26.

WHEN: Wednesday, October 15th, 2025, 3:00 p.m.

WHERE: 1255 Kendall Road, San Luis Obispo, California 93401

FOR FURTHER INFORMATION, PLEASE CONTACT:

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

Landon King, (805) 781-4064, lking@co.slo.ca.us

Exhibit D: CSS Full-Service Partnership Demographic Data FY 24-25

| FSP Demographics | Category | Youth | TAY | Adult | HOT | Older Adult | JSD |
|------------------|-----------------|-------|-----|-------|-----|-------------|-----|
| Gender | Male | 12 | 15 | 17 | 20 | 7 | 23 |
| | Female | 17 | 22 | 25 | 17 | 20 | 5 |
| | Unknown | 1 | 0 | 1 | 0 | 0 | 0 |
| Ethnicity | Hispanic/Latino | 15 | 11 | 13 | 11 | 2 | 2 |
| | Non-Hispanic | 12 | 25 | 23 | 23 | 25 | 20 |
| | Unknown | 3 | 1 | 4 | 3 | 0 | 6 |
| Race | White | 18 | 31 | 28 | 25 | 25 | 24 |
| | Black | 3 | 2 | 1 | 2 | 0 | 1 |
| | Native American | 2 | 0 | 1 | 0 | 1 | 0 |
| | Asian | 0 | 0 | 1 | 0 | 1 | 0 |
| | Other | 3 | 2 | 5 | 5 | 0 | 0 |
| | Unknown | 4 | 2 | 7 | 5 | 0 | 3 |

Exhibit E: PEI Demographic Data FY 24-25

| PEI Demographics | Category | Count |
|------------------|--------------------|-------------|
| Gender | Female | 3568 |
| | Male | 2140 |
| | Transgender | 68 |
| | Other | 33 |
| | Decline to State | 1876 |
| Age | Children | 2381 |
| | TAY (18-25) | 1129 |
| | Adults | 2122 |
| | Older Adults | 600 |
| | Decline to State | 1597 |
| Race | Native American | 28 |
| | Asian | 84 |
| | Black | 53 |
| | Pacific Islander | 16 |
| | White | 2074 |
| | Other | 915 |
| | More than One Race | 183 |
| | Decline to State | 4043 |

Exhibit F: 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

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.

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.

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: 9/15/20

Section II: Reporting

a. Reporting Period: 6/30/24 through 7/1/25

b. Number of people assessed for co-occurring MH and SUD: 257.00

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