COUNTY of SAN LUIS OBISPO

Prevention and Early Intervention Program and Evaluation Report Fiscal Year 2014–2015 to 2016–2017

Table of Contents

Background & Overview

The County of San Luis Obispo Behavioral Health Department's Prevention and Early Intervention Three-Year Program and Evaluation Report fulfills the requirement (DMH Information Notice 07-19, Enclosure 1) stated in the guidelines put forth by the Mental Health Oversight and Accountability Commission (MHSOAC) in 2015. This report presents summaries and analyses of the five projects put forth in the county's plan.

Twenty percent (20%) of MHSA funding is dedicated to Prevention and Early Intervention (PEI), which is tasked with two key functions: prevent mental illness from becoming severe and disabling, and to improve timely access to services for underserved populations. PEI programs identify individuals who are at risk of or who are exhibiting early signs of mental illness or emotional disturbance, and link them to treatment and other resources. Prevention programs should include: outreach and education, efforts to increase access to underserved populations, improved access to linkage and referrals at the earliest possible onset of mental illness, and reduction of stigma and discrimination. Early Intervention programs are intended to prevent mental illness from becoming severe, and reduce the duration of untreated severe mental illness, allowing people to live fulfilling, productive lives. Prevention of mental illness involves increasing protective factors and diminishing an individual's risk factors for developing mental illness.

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

The County of San Luis Obispo Behavioral Health Department conducted surveys and held several stakeholder meetings to construct its PEI Plan. Following statewide guidelines (DMH Info Notice 07-19, Enclosure 1) the stakeholder group considered areas of need, current practices available locally, and strategies which would propel the county's underserved populations towards resiliency and wellness. The following five programs were crafted and adapted to current changes and needs of the community:

- **Mental Health Awareness and Stigma Reduction Program.** A county-wide universal and selective prevention program for all ages that includes education for school-aged youth, teachers, and parents, a media campaign, and targeted outreach to underserved cultural populations. Projects include Social Marketing, Veterans Outreach, and College Wellness.

- **School-based Wellness Program.** A prevention and early intervention program to build wellness and resiliency, and reduce risk factors and stressors among elementary, middle and high school students. Projects include the Positive Development Program for 0-5, and the Middle School Comprehensive Program.

- **Family Education, Training and Support Program.** This prevention and early intervention project includes parenting classes and resources, and "on demand" coaching for parents facing specific challenges. Components include Coordination of County Parent Programs, Parent Educators, and Parent Coaches.

- **Early Care and Support for Underserved Populations Program.** This program provides support for self-sufficiency for high-risk transition-aged youth, depression screening and supports for older adults, and outreach and engagement services to the Latino communities. Projects include Successful Launch for Transitional Aged Youth, the Older Adult Mental Health Initiative, and Perinatal Mood Anxiety Disorder Project.

- **Integrated Community Wellness Program.** Resource Specialists and Community-based, short-term therapeutic services are provided in this program. Projects include Community Based Therapeutic Services, Integrated Community Wellness, and Young Adult Counseling.

The Mental Health Oversight and Accountability Commission required the County of San Luis Obispo Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. Program Two, *School Based Student Wellness* was selected by stakeholders during the PEI planning process.

The SLOBHD elected to conduct evaluation activities for each of the PEI programs, as included herein. As PEI rolled out in the county, many concepts surrounding prevention (resilience, risk and protective factors, etc.) were more familiar to substance abuse prevention programs than they were to mental health system providers. With leadership from the Department's Drug and Alcohol Services Division, each PEI project was constructed with an outcome-driven design. PEI contract providers conduct quarterly reports based on specific PEI outcomes, and adhere to prevention concepts, cultural competence, and outcomes-based program design.

The SLOBHD continues to provide technical assistance, training, and program support to all in-house staff and PEI contract providers in order to establish an outcomes-based culture. This has allowed the SLOBHD to correct program-drift, build upon successes, and adapt quickly to ever-changing community needs.

Mental Health Awareness & Stigma Reduction

SOCIAL MARKETING STRATEGY PROGRAM

PEI Program 1: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Social Marketing Strategy	$530,529	7,713	$69

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
20%	0%	40%	40%	0%	0%	0%

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Number of Potential Responders	6,000
Setting(s)	Family resource centers, senior centers, schools, community classrooms, recreation centers, libraries, and shelters.
Type of Potential Responders	*Data to be reported next fiscal year*.
Number of Veterans	314

Amount of Funding Expended for Prevention & Early Intervention Component

Total Program Funding		**Administration***		**Evaluation***	
PEI Funding	***$401,456***	PEI Funds	***$81,852***	PEI Funds	***$16,527***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$129,073***	Any other funding	***$0***	Any other funding	***$0***

**The administration and evaluation funding represents all of Program 1 (Social Marketing Strategy, Veterans Outreach Program, and College Wellness Program).*

PROGRAM 1: Mental Health Awareness & Stigma Reduction		
Projects	**Provider**	**2014-2017 Outputs**
1.1 Social Marketing Strategy-Community Outreach & Engagement	Transitions-Mental Health Association (TMHA)	7500 contacts via community outreach 14 In Our Own Voice (IOOV) presentations 252 In Out Own Voice (IOOV) attendees 95 outreach presentations 4941 unique attendees 2772 unique underserved PEI population attendees 21 professional education trainings 676 individual attendees

The PEI Mental Health Awareness and Stigma Reduction Project, administered by Transitions-Mental Health Association (TMHA), focuses on showing the community how family and friends can offer support to people living with mental illness, dispel myths and reduce stigma surrounding mental illness, and encourage those in need to seek help. The program emphasizes strategies to reach out to local Veterans, LGBTQ groups, homeless populations, and underserved populations in rural pockets of the county. Ultimately, mental health awareness and stigma reduction events and trainings are provided to target group support systems and the general public.

An original Project activity still in use, the *SLO the Stigma* documentary, features local consumers telling their stories of struggle, recovery and hope. The accompanying SLOtheStigma website served as a resource for families, friends, those suffering with mental illness, and the general public to explore and find information, such as a comprehensive guide to services. The target audience was the community at large but there was an emphasis on outreach to target specific population groups, such as second language learners (the documentary was available in English and Spanish), veterans, the LGBTQ community, homeless populations and college students. The campaign was a great success, due in large part to the efficient and consistent information dissemination that occurred with this project. SLO the Stigma continues to be a hallmark piece of prevention and early intervention engagement in the community as it still resonates with the public.

Transitions-Mental Health Association continued to provide interpersonal outreach and information dissemination regarding mental health awareness, education and stigma reduction for underserved and at-risk populations. Some of the activities include one-to-one personal contact, referrals and support resources throughout the county. TMHA also held information booths at various community venues to reach broader audiences through events such as the Health and Fitness Expo, the Farmer's Market, Pride at the Plaza and others. TMHA also expanded other stigma reduction and awareness activities conducted through presentations, such as the TMHA's "The Shaken Tree", National Alliance on Mental Illness' (NAMI) *In Our Own Voice* and *Ending the Silence* presentations, *Stamp out Stigma* and SLOtheStigma, as well as other educational and stigma reducing mental health promotion. Surveys conducted online and at

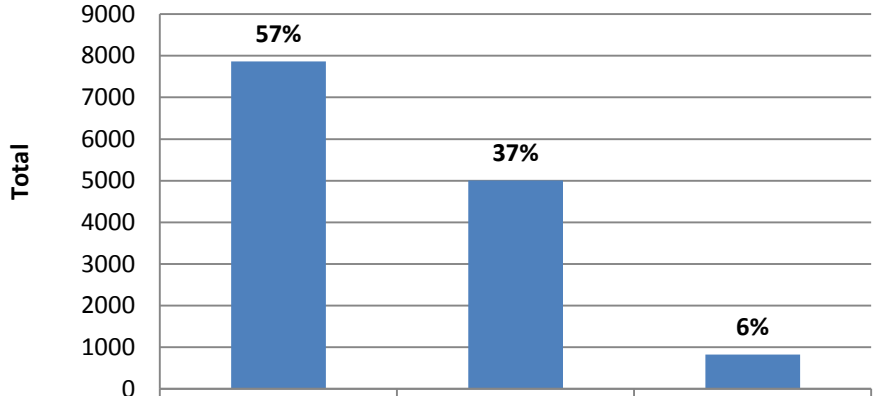
outreach events for fiscal years 2014-2015 to 2016-2017 by the provider indicate PEI planned outcome measures were met (Table 1).

Table 1.

Method of Collection	Data Collection Period
Presentation participant surveys Rosters Consumer presenter surveys	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Increase participants' understanding of challenges those who live with mental illness face	17% of participants surveyed agreed that they have increased their personal understanding of challenges of individuals facing mental illness
Increase participants' understanding of the concepts of wellness and recovery	17% of participants surveyed agreed that they have increased their understanding of the concepts of wellness and recovery
Increase participants' empathy and decrease stigma and discrimination toward individuals living with mental health challenges	12% of participants surveyed agreed that they have increased their empathy and decreased their stigma and discrimination toward individuals living with mental health challenges
Increase professional education training participants' knowledge of stigmatizing and discriminating attitudes and beliefs	10% of professional training participants agreed that they have increased their knowledge of stigmatizing and discriminating attitudes and beliefs

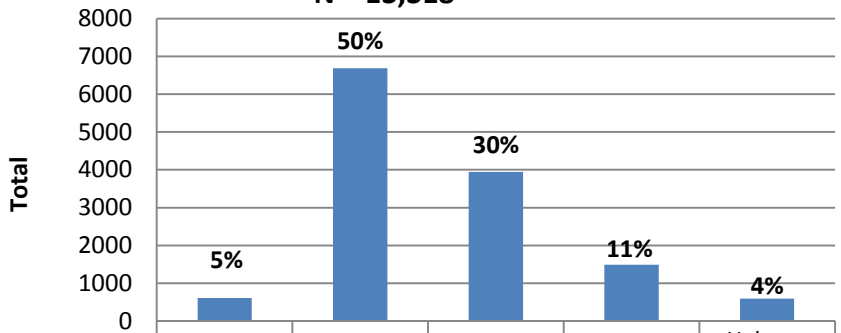
Demographics

Figure 1: Social Marketing Strategy Program
PEI Services by Gender FY14-17
N = 13,685



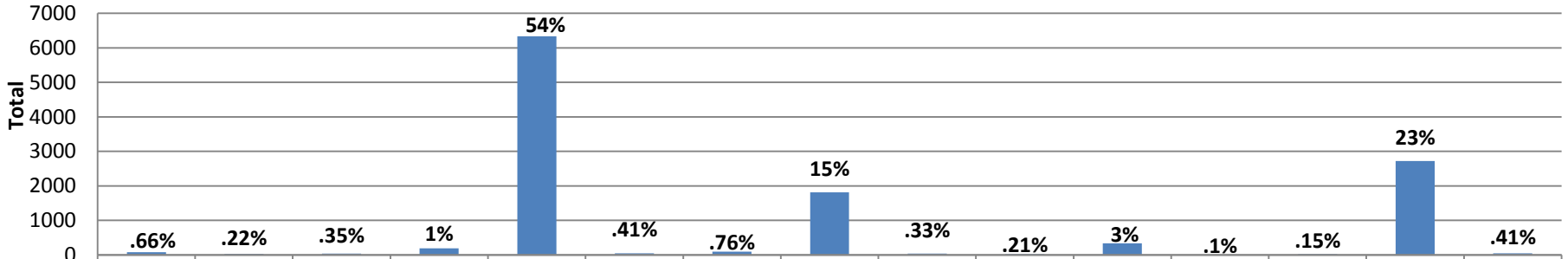
	Females	Males	Other
Total 2014-2017	7861	5002	822

Figure 2: Social Marketing Strategy Program
PEI Services by Age FY 14-17
N = 13,318



	Children	TAY	Adult	Older Adult	Unknown/Not Reported
Total 2014-2017	607	6686	3946	1488	591

Figure 3: Social Marketing Strategy Program
PEI Services by Race/Ethnicity FY 14-17
N = 11,819



	Native American or Alaskan Natives	Asian Indian	Asian	African American	Caucasian	Chinese	Filipino	Hispanic/ Latino	Japanese	Korean	Multi-Racial	Pacific Islander	Vietnamese	Unknown /Not Reported	Other
Total 2014-2017	79	27	41	193	6331	49	91	1816	40	25	331	6	18	2724	48

Mental Health Awareness & Stigma Reduction

VETERANS OUTREACH PROGRAM

PEI Program 1: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Veterans Outreach Program	$102,064	527	$194

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
55%	0%	25%	20%	0%	0%	0%

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Number of Potential Responders	527
Setting(s)	Family resource centers, senior centers, schools, community classrooms, recreation centers, libraries, and shelters.
Types of Responders	*Data to be reported next fiscal year.*
Number of Veteran	272

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$102,064***	PEI Funds	***$81,852***	PEI Funds	***$16,527***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

**The administration and evaluation funding represents all of Program 1 (Social Marketing Strategy, Veterans Outreach Program, and College Wellness Program).*

PROGRAM 1: Mental Health Awareness & Stigma Reduction		
Projects	**Provider**	**2014-2017 Outputs**
1.2 Veterans Outreach Program	County of San Luis Obispo Behavioral Health Department	527 contacts through presentations, outreach activities, and events 22 events held for veterans and their guests 272 veterans (duplicated) attended events 51 veterans (unduplicated for FY 16-17) attended events

In 2014, "Veterans accounted for 18 percent of all deaths by suicide among U.S. adults and constituted 8.5 percent of the U.S. adult population (ages 18 and older). In 2010, Veterans accounted for 20.1 percent of all deaths by suicide and represented 9.6 percent of the U.S. adult population" (U.S. Department of Veterans Affairs, 2016, p. 4). It is evident from these data that this vulnerable population is affected by conditions that need to be addressed by connecting strategies that emphasize physical and mental health wellbeing. The County of San Luis Obispo Behavioral Health Department's Veterans Outreach program (VOP) employs resources by embedding a mental health therapist within local rehabilitative activities for veterans and their families. The Behavioral Health Department organizes monthly events and opportunities for veterans to stay physically and mentally active, encourages socializing activities and promotes engagement with community resources. The activities include horseback riding, kayaking, climbing gyms, CrossFit, surfing, zip-lining and art events. All activities are aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, culturally competent settings. The VOP's mental health therapist's role is to assess and respond to participants' mental health issues such as depression, anxiety, addiction and post-traumatic stress disorder. These issues are assessed both on-site during program events, and through follow-up assessment, treatment and referrals in comfortable, confidential environments.

The Veterans Outreach program was originally developed as part of the County's original Innovation plan. When the Innovation project concluded in July of 2015, stakeholders elected to fund the program using both Community Services and Supports (CSS) and Prevention and Early Intervention dollars beginning in 2015-2016. The VOP Behavioral Health coordinator (PEI) provides outreach and education, and support and logistic planning of free events, for veterans and their families. The coordinator role has expanded and it also ensures opportunities to educate the community and increase awareness surrounding mental health issues specific to veterans. The coordinator has had a successful role in establishing partnerships and connecting services to veterans and finding a number of businesses willing to donate and host events.

The County of San Luis Obispo Behavioral Health Department's VOP administrators also attends and hosts informational booths and tables throughout the county as part of the mental health outreach initiative, at events such as Out of Darkness Walk, Journey of Hope, Bike to School Breakfast, etc. The program therapist (CSS) is located at the County of San Luis Obispo's Veteran's Services Office, a culturally competent setting for the therapist to identify potential veterans in need of services. In 2015-2016, five (5) veterans were engaged and provided screening, referral, or therapeutic care. In 2016-2017 efforts were made to continue

refining outcome evaluation and tools to collect impactful data, this resulted in nine (9) events being offered to one-hundred and nineteen (119) veterans, of which fifty-one (51) were unique or new participants, with a total of two-hundred and nineteen (219) participants.

Table 2.

Method of Collection	Data Collection Period
Presentation participant surveys Rosters Counseling surveys	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Participants report a reduction in stigma associated with mental illness.	69% of participants surveyed have reported a reduction in stigma associated with mental illness.
Participants and guests will report feeling better informed about mental illness in the veteran community.	61% of participants surveyed have reported feeling better informed about mental illness in the veteran community.
Participants will attend more than one (1) event hosted by the VOP.	52% of participants surveyed have reported attendance to more than one (1) event hosted by the VOP staff.
Participants who receive an initial assessment will receive a referral to services.	These are new outcomes for the therapist. Data is to be reported in the upcoming years.
Clients in intensive services will report an improvement in their mental health.	

Mental Health Awareness & Stigma Reduction

COLLEGE WELLNESS PROGRAM

PEI Program: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
College Wellness Program	$84,312	34	$2,480

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
50%	0%	20%	30%	0%	0%	0%

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Number of Potential Responders	350
Setting(s)	College campuses, classroom, and community presentations
Type of Responders	*Data to be reported next fiscal year.*
Number of Veteran	0

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$84,312***	PEI Funds	***$81,852***	PEI Funds	***$16,527***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

**The administration and evaluation funding represents all of Program 1 (Social Marketing Strategy, Veterans Outreach Program, and College Wellness Program).*

PROGRAM 1: Mental Health Awareness & Stigma Reduction		
Projects	**Provider**	**2014-2017 Outputs**
1.3 College Wellness Program	County of San Luis Obispo Behavioral Health Department	Annually expected outputs: 350 contracts through presentations, information booths, or outreach activities 5 prevention and wellness promotion events 100 unduplicated student contacts

In 2012 the National Alliance of Mental Illness (NAMI) reported that "Sixty-four percent of students who experience mental health problems in college and withdraw from school do so because of their mental health issues […] of that group, 50 percent never access college mental health services" (NAMI, College Survey: 50 Percent of College Students With Mental Health Problems Who Withdraw From School Because of Mental Health Issues Never Access College Mental Health Services, 2012). In 2014-2015, in an effort to expand and support mental health services for the college population, the County of San Luis Obispo with the approval of the Prevention & Early Intervention stakeholder group agreed to establish a college-focused PEI position. The College Wellness Program started in 2015-2016 and it is designed to provide mental health education, along with supported wellness initiatives in the local campus communities of California Polytechnic State University, San Luis Obispo and Cuesta Community College.

The College Wellness Program Specialist bridges the gap between community education, such as suicide prevention efforts, stakeholder committees, speakers and education, etc., and on-campus activities and student organizations (e.g. Active Minds). The Specialist provides Mental Health First Aid training, coordination of the Cal Poly Friday Night Live Chapter, participation in campus policy and activity groups, plans outreach and community events, and coordinates campaigns and activities that promote student wellness. The first year the program was approved served for program development, which included staff hiring, program design and relationship building with Cal Poly and Cuesta College. For fiscal year 2016-2017 the program continued to develop and make community connections, and data collection began taking place. Outcome development and data collection continues to be fine-tuned to ensure the County truly captures the specialist's role in impacting the college campus community.

Current data is derived from the Awareness Gallery event that took place at Cuesta Community College. The event showcased the college population expression and meaningful perspectives about personal views of mental illness, substance use and abuse, and sexual assault. The event also showcased the various interpretations of coping experiences. Data from this event is listed in Table 3 below. Although, the event had a high attendance rate, a total of 34 attendees decided to participate in the voluntary survey distributed at the event. The College Wellness Program is expected to have a total of three-hundred and fifty (350) contacts, five (5) prevention and wellness events, and one-hundred (100) unduplicated student contacts annually.

Table 3.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Participants will report feeling better informed about mental illness	35% of participants surveyed reported feeling better informed about mental illness, including the challenges of individuals facing mental illness.
Participants will report feeling better informed about substance use education	50% of participants surveyed reported feeling better informed and familiar with campus and community resources in the area of substance use.
Participants will report increase knowledge about mental health and substance use services in the community.	13% of participants surveyed reported increase knowledge or understanding of the challenges of individuals facing mental illness.

School-Based Wellness

POSITIVE DEVELOPMENT PROGRAM

PEI Program 2: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Positive Development Program	$245,319	1,968	$125

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
75%	20%	0%	0%	0%	5%	0%

Number of Veterans	0

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$245,319***	PEI Funds	***$246,958***	PEI Funds	***$49,863***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

**The administration and evaluation funding represents all of Program 2 (Positive Development Program, and The Middle School Comprehensive Program).*

PROGRAM 2: School-Based Wellness		
Project	**Provider**	**2014-2017 Outputs**
2.1 Positive Development Program	Community Action Partnership of San Luis Obispo (CAPSLO)	For fiscal year 2014-2015: 71 total programs 50 family day care homes 37 Spanish-speaking family day care homes 21 classrooms in center-based programs 8 child care centers total For fiscal year 2015-2016 & 2016-2017: 259 child activities 1081unduplicated participating children 245 parent activities 887 unduplicated participating parents 19 staff trainings, 13 parent meetings, 20 side-by-side facilitation with child activities with 125 children. 114 providers received technical assistance and consultation services

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

For the past three years the program has been successful in reaching out to the community providers. The CCRC administers a number of different programs that provide services to child care programs county-wide. This has intensified outreach and engagement opportunities, particularly through CAPSLO's Child Care Food Program, through which they continue to enroll new provider programs. Other outreach and engagement activities have allowed them to connect directly with parents and encourage them to have their child care program contact them to participate in the project. In fiscal year 2014-2015, a variety of recruitment materials were distributed as a means of increasing program participation. Material included the "*I can Problem Solve Ladder"*. The ladder demonstrates how to effectively engage children to help them be

problem solvers, rather than having teachers think for children. During the recruitment process in fiscal year 2014-2015, the "*I can Problem Solve Ladder"* attracted a number of providers who successfully implemented the curriculum. Alongside this process, the project successfully recruited and supported seventeen (17) new programs, including seven (7) family child care programs and 10 (ten) new center-based classrooms. Part of data collection and outcomes has revealed the direct impact as provided through the parents that have been surveyed. Some of the responses listed below, which come from a survey provided in fiscal year 2016-2017, exemplify the continued work put forward by the program in impacting positive behavior in the lives of the children and parents:

> ***"I feel this program can help my child on her social development"***
>
> ***"little by little [my child] has obtained knowledge"***
>
> ***"more patient and tolerant"***
>
> ***"my girls talk more, learned how to put puzzles together, they help their friends and share things"***

Ongoing evaluation continues to improve parent engagement via evening group sessions, take-home flyers, parent newsletters, and meet-and-greet information booths in the morning when parents drop their children off. In addition, the CCRC expanded the program to include *I Can Problem Solve Kindergarten*, a curriculum created for children 5 years of age, who are preparing to enter kindergarten. Child care providers were very pleased as children who had grown with the program were ready for new challenges. For the last two fiscal years, the program has increased the numbers of child activities and parent activities as they find available pockets that need assistance.

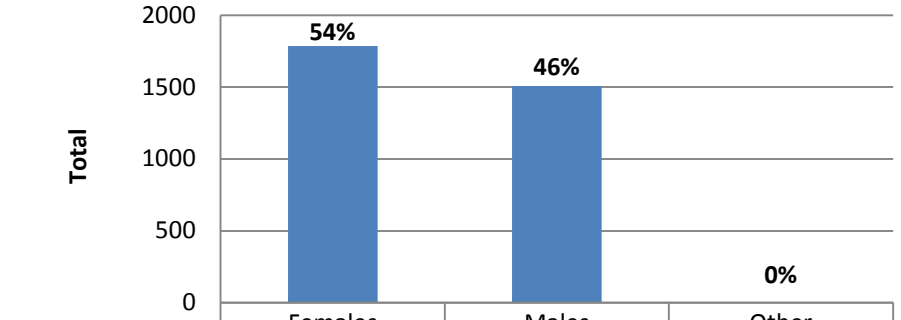
Table 4.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Existing programs will actively use Behavior Rating Scale of ASQ:SE	94.6% of existing programs have reported to actively use the Behavior Rating Scale of ASQ:SE
Children will demonstrate improved social competence and skills	64.3% of children surveyed demonstrated improved social competence and skills in responding to the social, emotional, and behavioral issues related to mental health.
Children assessed with impulsiveness will report a decrease in impulsivity	54% of children surveyed demonstrated a decrease in impulsivity.

Children assessed as emotionally aggressive will demonstrate a decrease in their emotionally aggressive behavioral scores	66.6% of children initially assessed as emotionally aggressive demonstrated a decrease in their emotionally aggressive behavioral scores.
New Outcome Fiscal Year 2015-2016 & 2016-2017: Parents will demonstrate improved parenting skills	93% of parents surveyed reported an improvement in their parenting skills as a result of an increase in training and support in social, emotional, and behavioral health issues related to their child.

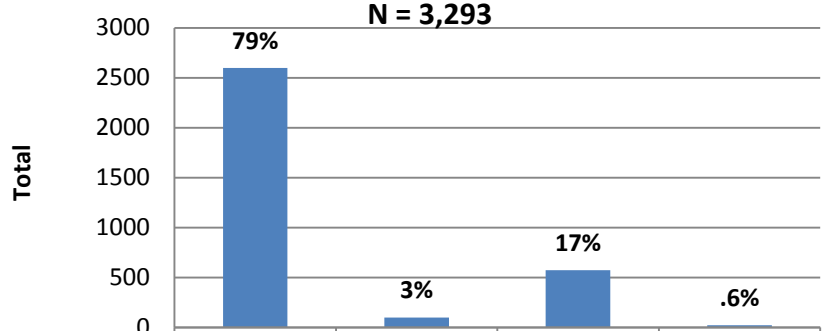
Demographics

Figure 4: Positive Development Program
PEI Services by Gender FY 14-17
N = 3,293



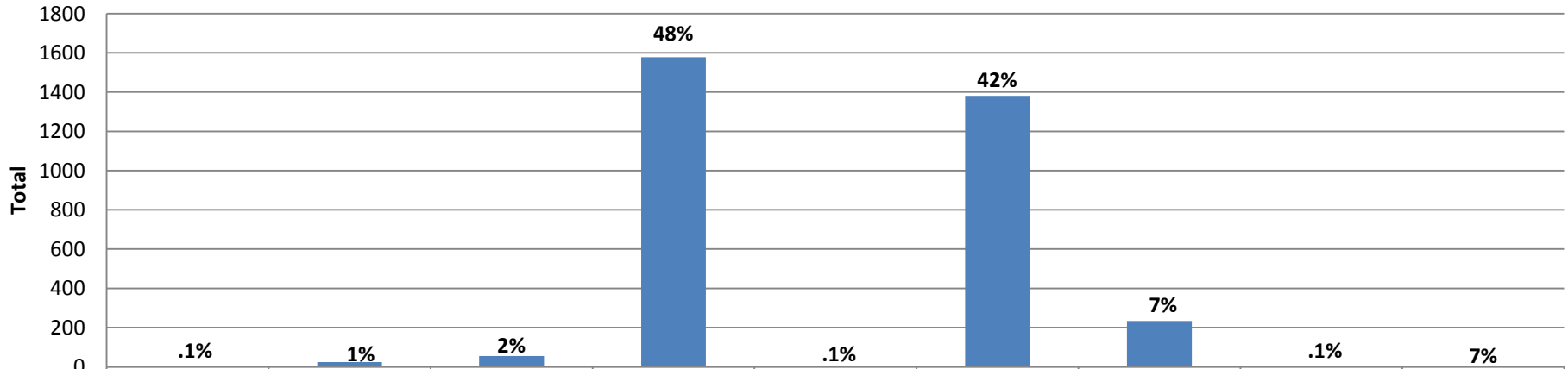
	Females	Males	Other
Total 2014-2017	1786	1507	0

Figure 5: Positive Development Program
PEI Services by Age FY14-17
N = 3,293



	Children	TAY	Adult	Older Adult
Total 2014-2017	2597	100	573	23

Figure 6: Positive Development Program
PEI Services by Race/Ethnicity FY 14-17
N = 3,293



	Native American	Asian	African American	Caucasian	Filipino	Hispanic/Latino	Multi-Racial	Japanese	Vietnamese
Total 2014-2017	2	24	55	1578	1	1381	234	3	4

School-Based Wellness

MIDDLE SCHOOL COMPREHENSIVE PROGRAM - SAP

PEI Program 2: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Student Support Counselors	$994,016	1,321	$752
Family Advocates	$550,656	1,601	$344
Youth Development	$373,012	701	$532

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
40%	40%	0%	0%	0%	20%	0%

Number of Veterans	8

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$1,899,978***	PEI Funds	***$246,958***	PEI Funds	***$49,863***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$17,706***	Any other funding	***$0***	Any other funding	***$0***

**The administration and evaluation funding represents all of Program 2 (Positive Development Program, and The Middle School Comprehensive Program).*

PROGRAM 2: School-Based Wellness		
Project	**Provider**	**2014-2017 Outputs**
2.2 PEI Middle School Comprehensive Program	School Districts, County of San Luis Obispo Behavioral Health Department, and Central Coast The Link	Student Support Counselors: 1321 unduplicated students served Family Advocates: 1601 unduplicated families served Youth Development: 701 unduplicated students served

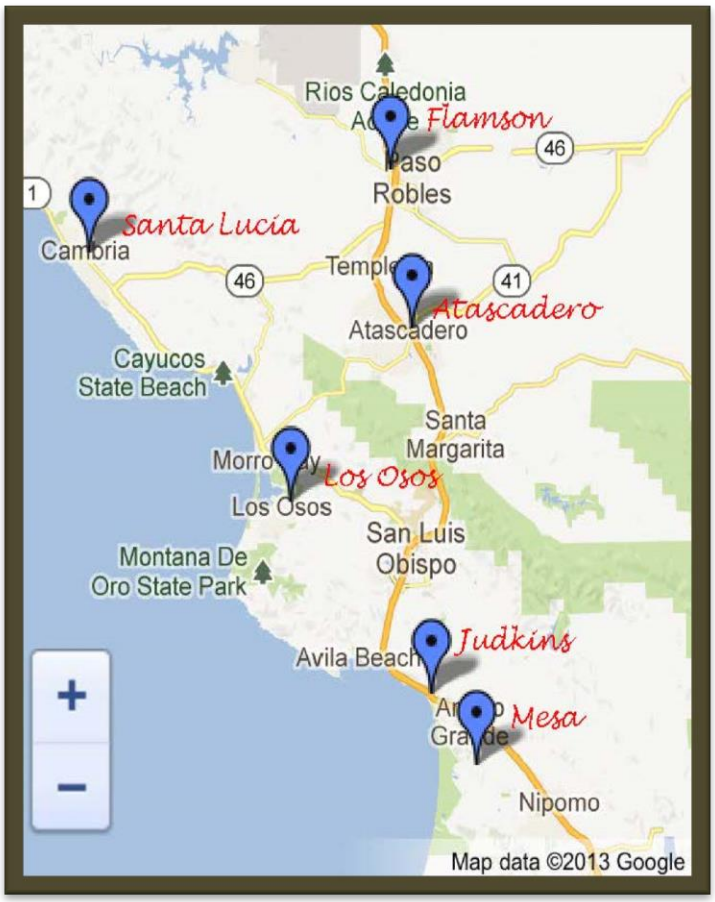
The Substance Abuse Mental Health Services Administration (SAMHSA) published a strategic plan to make prevention of substance abuse and mental health disorders a number one priority. The report indicated that half of all lifetime cases of behavioral health disorders begin by age 14. Symptoms expressing the likelihood of future behavior disorders, such as substance abuse, adolescent depression, and conduct disorders, often manifest two to four years before a developed disorder is present. If communities and families had opportunities to intervene earlier in an individual's life—before behavioral health disorders are typically diagnosed—future disorders could be prevented or, at least, the symptoms could be mitigated. In order to successfully reach at risk youth, there needs to be multiple, consistent interventions in place through different systems with which these children and youth come in contact (SAMHSA, Leading Change, 2011).

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

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

The role of the Student Support Counselor is intended to provide individual and group counseling to the students as well as identify and give referrals for more intensive behavioral health services when appropriate. The Student Support Counselor works as a team leader to ensure all prevention and mental wellness activities are integrated, as well as meeting the needs of each specific population. The Family Advocate coordinates extended case management services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation, including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Youth Development specialist provides evidenced-based youth development opportunities on campus, a key in building resiliency which reduces

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



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

The Link, a local non-profit with expertise in serving families in the rural north county, was selected to provide the project's six bilingual and bicultural (Latino) Family Advocates. SLOBHD provided the three Student Support Counselors and one Youth Development Specialist. With the program in place, PEI and middle school administrative staff, school counselors, PEI Student Support Counselors, Family Advocates, Youth Development Specialists, and other support staff work to coordinate efforts.

Regarding data collection and evaluation techniques, all staff continued to solidify qualitative and quantitative data, outcomes, outputs, and proper administration of data collection tools. During the 2014-15 through 2016-17 school years, over 1,300 students were enrolled in the SAPs and an additional 1,601 family members of those students received extended services and supports, and a total of 701 unduplicated students were seen by Youth Development Specialists. The SAP serves a more diverse population; students identified as Latino and Multiracial reported 59% and 8% respectively.

Table 5.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Students will engage in intensive services and supports.	61.3% of surveyed PEI students engaged in intensive services and supports (only for Fiscal Year 2015-2016).
Students with managed cases will show progress in attendance and behavior at school.	67% of surveyed PEI students who have a managed case have demonstrated progress in attendance and behavior of the family's children at school (only for Fiscal Year 2016-2017).
Students with managed cases will show progress measured on a scale of 1 to 5 regarding components of Services Affirming Family Empowerment.	89.5% of surveyed PEI students who have a managed case have demonstrated progress measured on a scale of 1 to 5 in the integral components of Services Affirming Family Empowerment assessed on entry, at 3-month intervals, and at closing (Fiscal Years 2015-2016 & 2016-2017).
Individuals and families in rural areas will receive stigma and discrimination reduction messages.	1576 community individuals and families in rural areas of the County have received informative messages about Stigma and Discrimination reduction (Fiscal Year 2015-2016 & 2016-2017).

Due to each school campus culture and administrative styles, efforts were made to ensure the successful implementation of the Student Assistance Program. Schools that continued to integrate counselors and advocates into their school staff and held regular team meetings showed most successful implementation and outputs. Overall, all schools identify and work to decrease three indicators of student success: grades, attendance, and referrals. Research has indicated that middle school students who exhibit one or more of these risk factors: 1) failing grade, especially in English or math, 2) poor attendance, and 3) unsatisfactory behavior scores, have a less than 25% chance of graduating high school (Balfranz, 2009).

For fiscal year 2014-2015 to 2016-2017, the number of students participating in the surveys varied. The graph below displays a decrease in students whose grades are A's, B's, and C's, and there is an increase in letter grade D's and F's. Survey records indicate that in fiscal year 2014-2015 and 2015-2016 that after being enrolled in the program, a large number of students responded an increase of unsatisfactory grades, while other satisfactory grades either maintained or had a minimum decrease (Figure 1). For fiscal year 2016-2017, we see an opposite result based on the students who participated on completing the surveys. A total of 195 responses were answered to "grades-before participating in the program," and 192 responses were recorded to the question "grades-after participating in the program". The records indicate a decrease in unsatisfactory grades, and an increase in satisfactory grades. D's and F's grades decreased one (1) percent, C's decreased five (5) percent, B's remained the same, and A's increased three (3) percent (Figure 2). The County is anticipating that in future years, this trend will continue to be positive, considering that all factors remain the same, and that participating students are able to see that their involvement and experience in the program is fundamental to their academic success and healthy wellbeing overall.

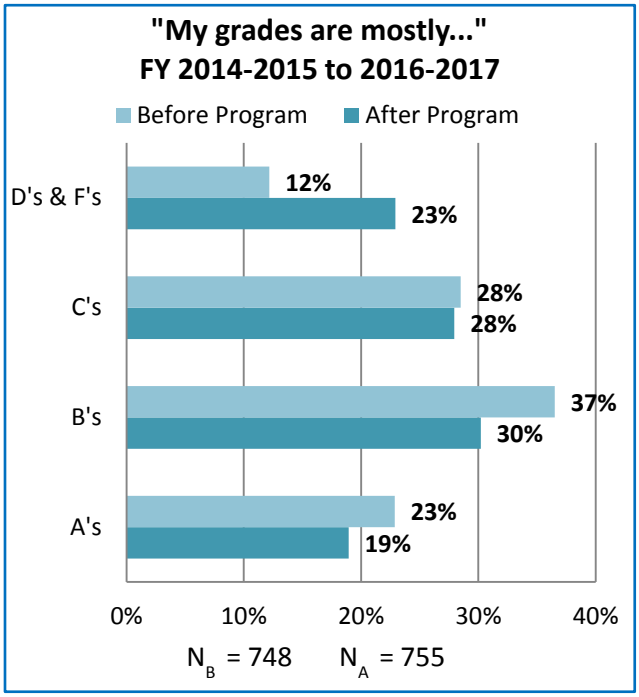


Figure 7.

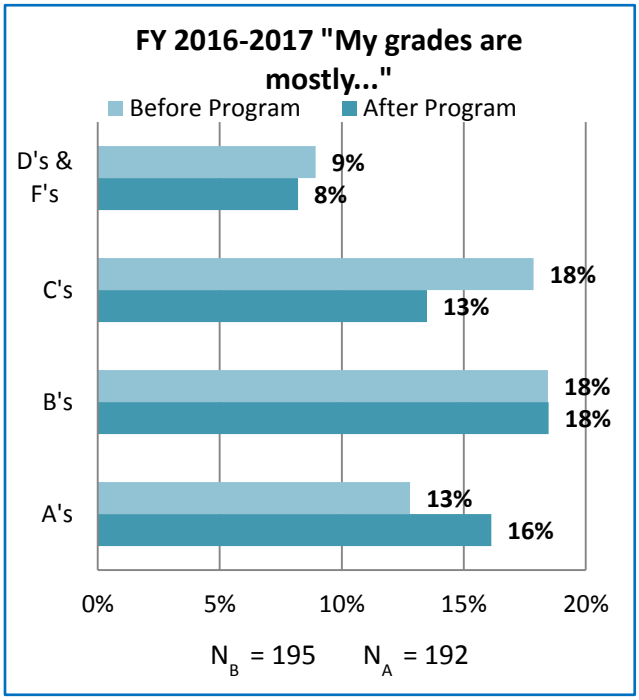


Figure 8.

The retrospective surveys also gather information regarding attendance/absenteeism. It is correlational expected that participating students would continue a high level of participation as services and engagement activities are provided by the counselors, family advocates, and youth development specialists. The figure below displays the percentage decrease for every fiscal year, which include 2014-2015, 2015-2016, and 2016-2017, and the level of improvement in attendance measured cumulatively.

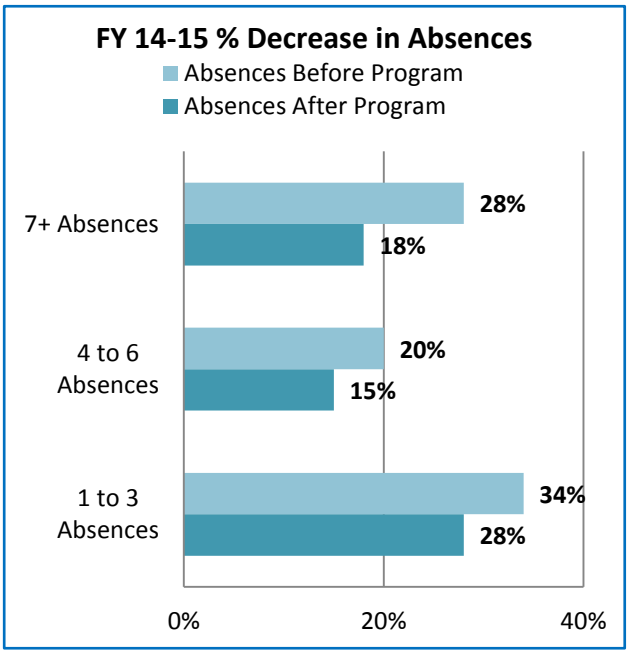


Figure 9.

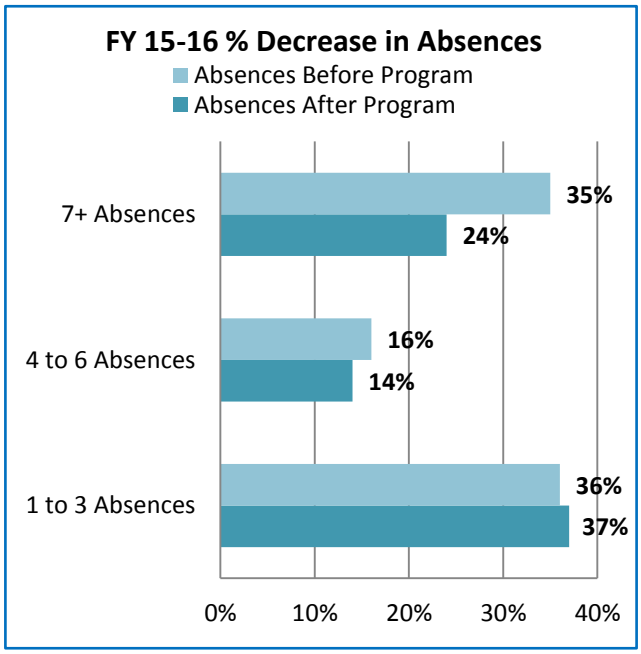


Figure 10.

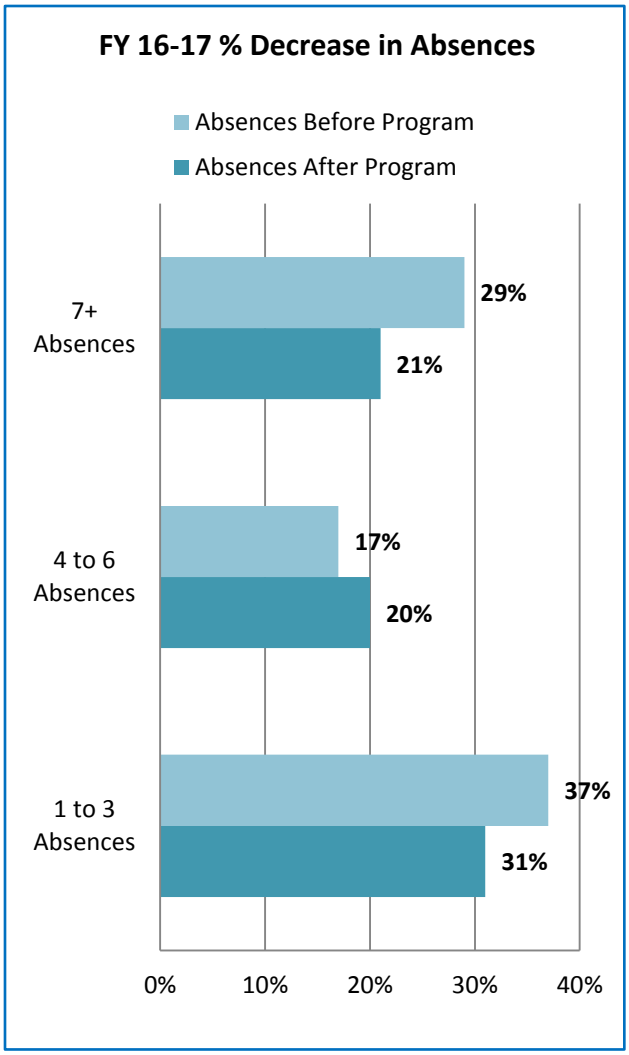


Figure 11.

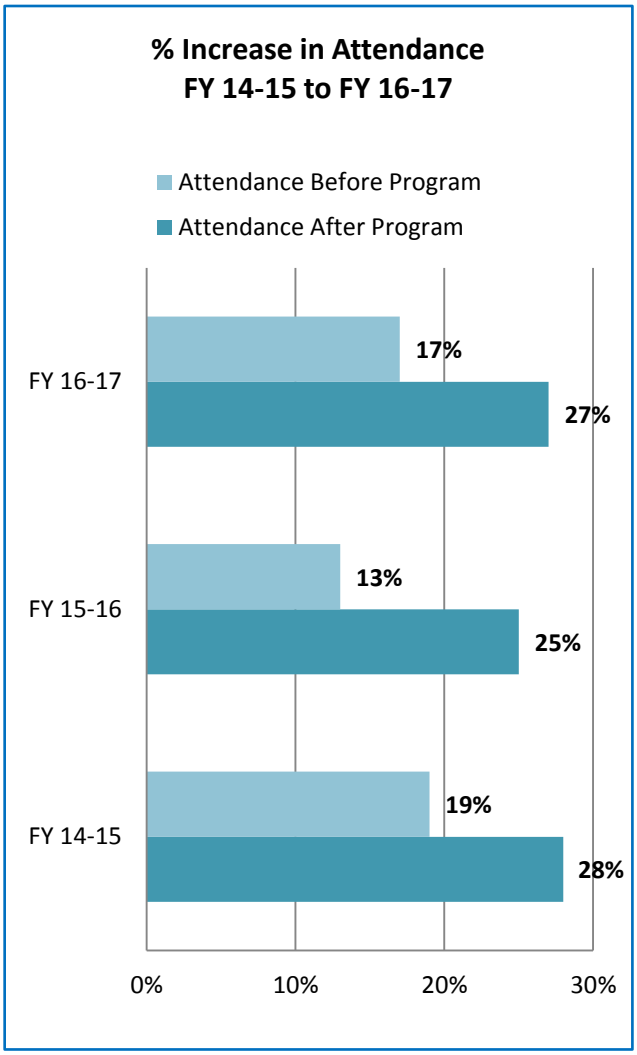


Figure 12.

The following indicator, school connectedness, is the belief by students that adults and peers in the school care about their learning as well as themselves as individuals, and has the direct impact to increase protective factors and reduces the risk of behavioral health issues (CDC, 2009). From 2014-2017, the Middle School Comprehensive project has continued to actively reduce the key risk factors, improve protective factors, and aimed to increase and promote school connectedness and school environment for all participating students and families.

For fiscal year 2014-2015 to 2016-2017, there was a cumulative average increase of protective factors of 18.71%, and a cumulative average decrease of risk factors of 11.91%. The table below (Figure 7) breaks down all the measurable protective and risk factors for all three fiscal years. As the survey for fiscal year 2016-2017 was revised, new factors were added and removed. The table below only displays data for all factors that were measured for all three fiscal years. All other information regarding the new revised retrospective survey containing all factors can be reviewed on the Appendix C.

FY 2014-2015 & 2016-2017 Results for the SAP Pre-Post Survey

Protective Factors	% Increase
My grades are mostly	13.93%
If I had a personal problem, I could ask my mom or dad (or other family member) for help	24.49%
I have a good relationship with my parents	16.39%
I feel good about myself	24.25%
I think about the consequences to my actions	23.96%
If I were bullied or harassed, I feel confident in my ability to handle the situation	24.37%
I feel confident in my ability to cope with stress, depression and anxiety	37.01%
I enjoy being at school	28.53%
I understand that alcohol is harmful to me	3.81%
I understand that marijuana is harmful to me	5.19%
I understand the misuse of prescription drugs is harmful to me	3.91%
Protective Factors Cumulative Average	**18.71%**

Risk Factors	% Decrease
The number of times I have gotten into a physical fight or threatened someone is	-16.18%
The number of times I used marijuana is	-8.2%
The number of times I used alcohol is	-10.92%
The number of times I used other drugs is	-3.6%
The number of times I have misused prescription drugs is	-7.04%
The amount of times I've hurt myself on purpose	-17.92%
The number of times I have seriously thought about suicide is	-18.62%
How many days were you absent?	-12.82%
Risk Factors Cumulative Average	**-11.91%**

Figure 13.

Another indicator is the alcohol and drug use among adolescents, which is linked to future dependence and mental health issues. As adults who begin drinking before age 21 are more likely to develop alcohol dependence and abuse than those who had their first drink after 21. The SAP team provides drug and alcohol prevention education, as well as referral to treatment for both youth and their families if needed. The tables below depict the number of responses collected from the surveyed participants for each fiscal year and the decrease of alcohol use (Figure 8, 9, and 10). For fiscal year 2014-2015 to 2016-2017, surveyed students demonstrated an increase in zero (0) times of alcohol use from 76% to 85%, a decrease in one (1) to three (3) times in alcohol use of 16% to 10%, a decrease in four (4) to six (6) times in alcohol use of four (4) percent to three (3) percent, and a decrease in seven (7) or more times in alcohol use of four (4) percent to three (3) percent (Figure 11).

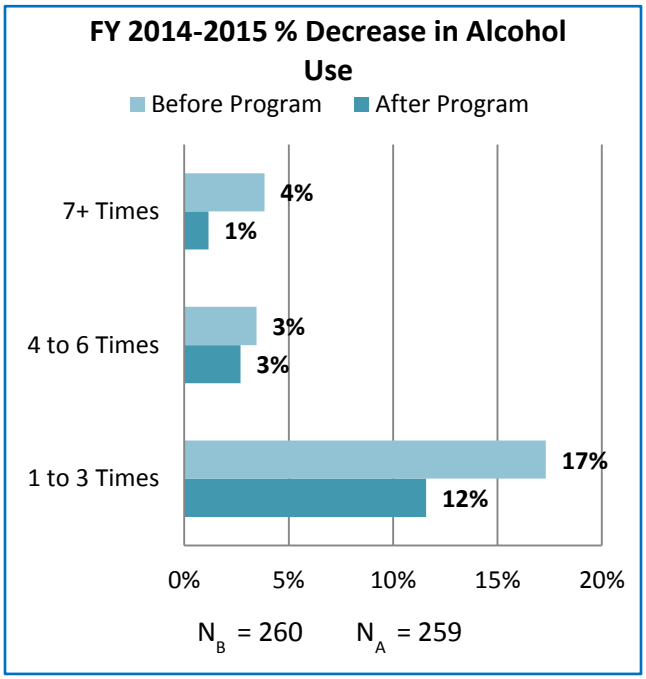


Figure 14.

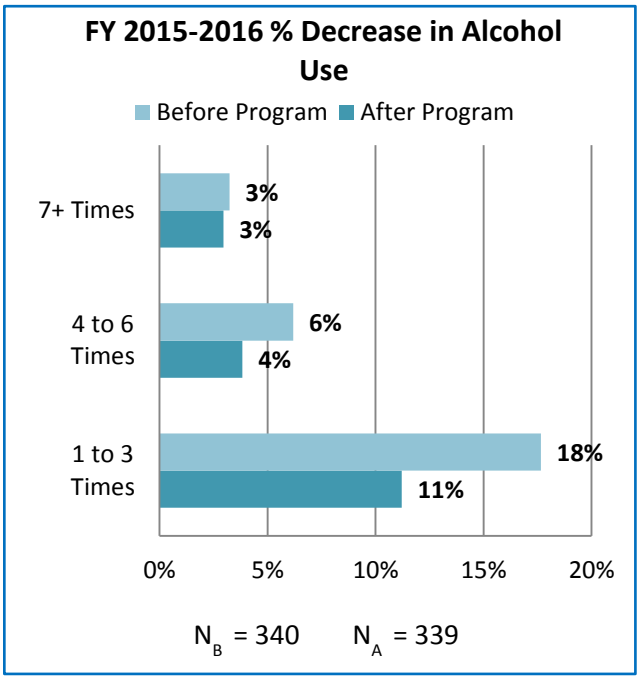


Figure 15.

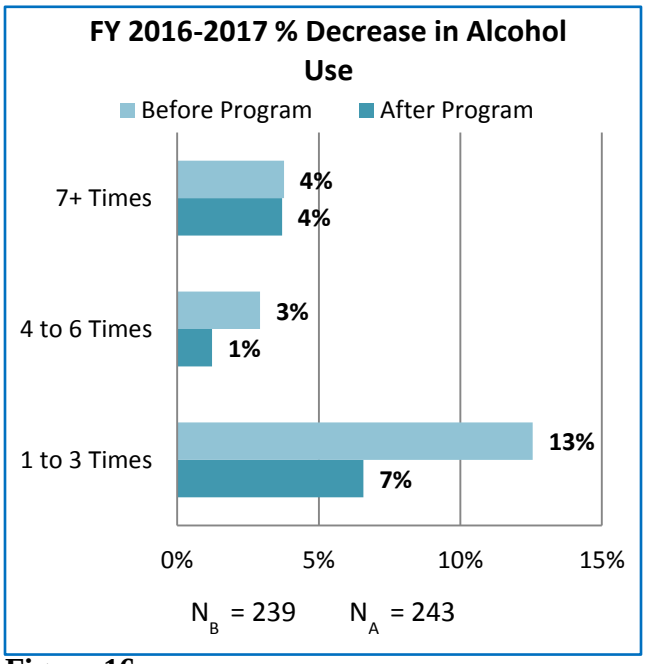


Figure 16.

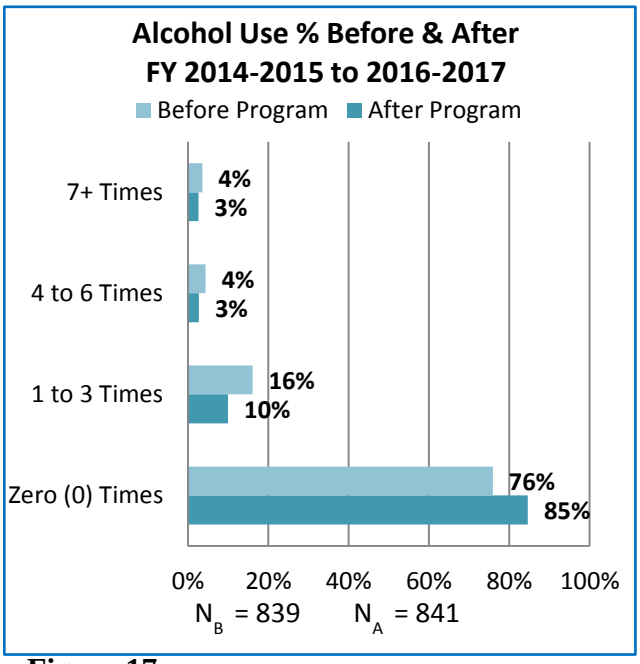


Figure 17.

The tables below depict the percentage decrease of marijuana use collected from the surveyed participants for every fiscal year the report covers (Figure 12, 13, and 14). For fiscal year 2014-2015 to 2016-2017 (Figure 15), surveyed students demonstrated an increase in zero (0) times marijuana use from 58% to 75%, a decrease in one (1) to three (3) times in marijuana use from 28% to 17%, a decrease in four (4) to six (6) times in marijuana use from nine (9) percent to six (6) percent, and a decrease in seven (7) or more times in marijuana use from seven (7) percent to three (3) percent.

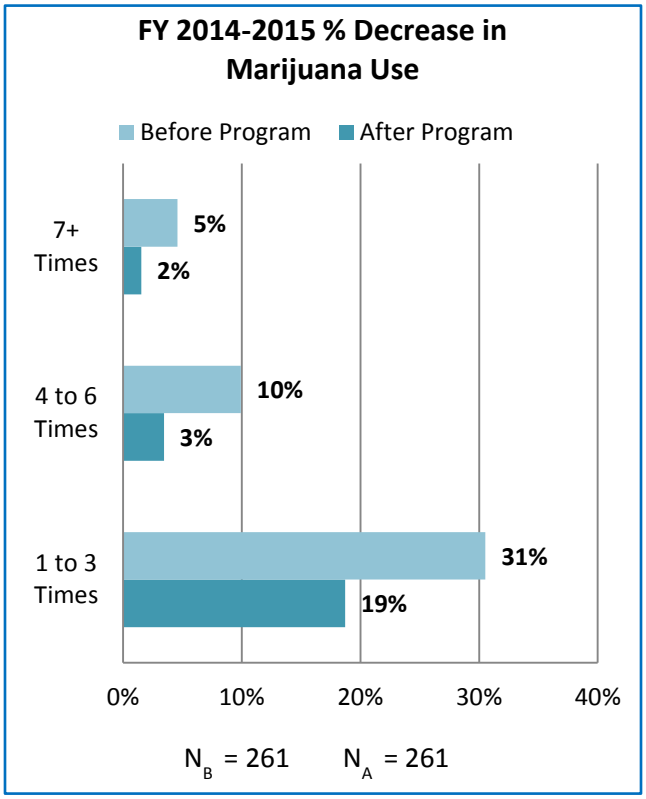


Figure 18.

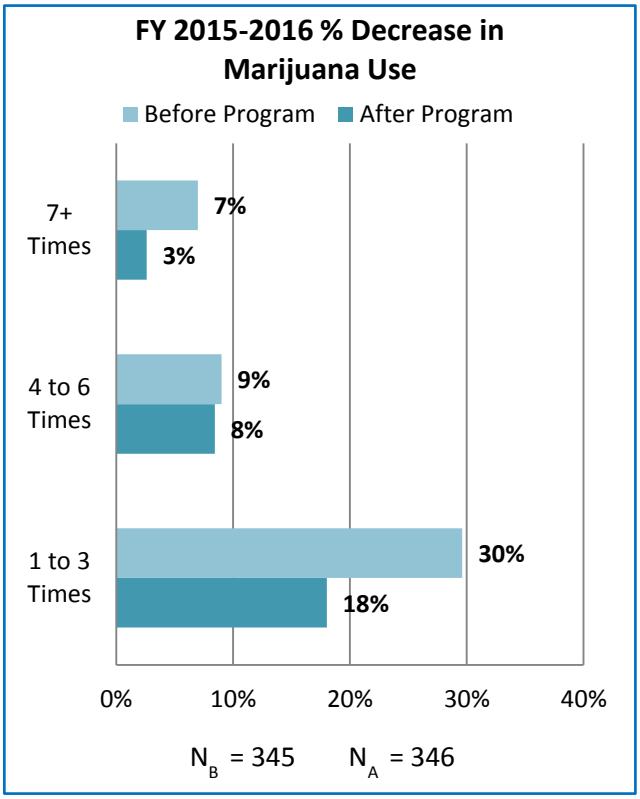


Figure 19.

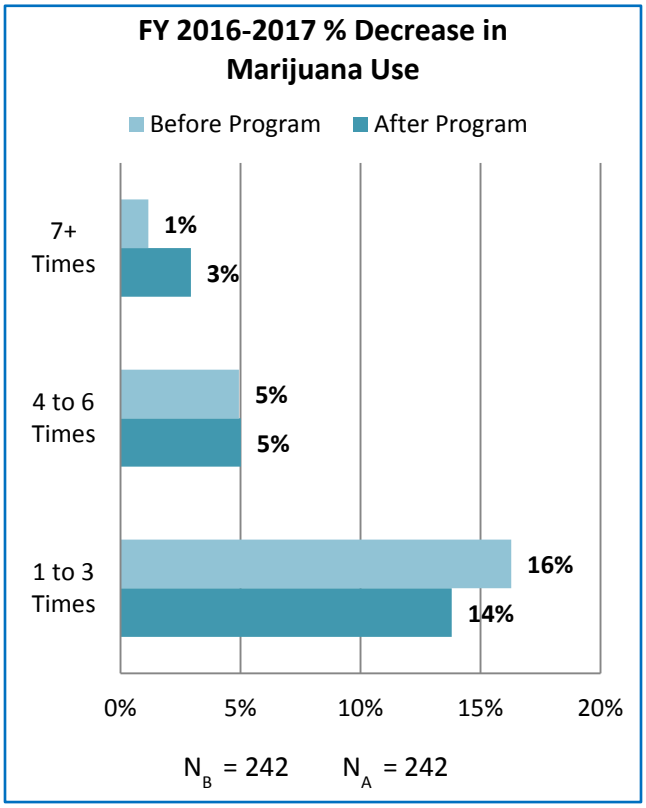


Figure 20.

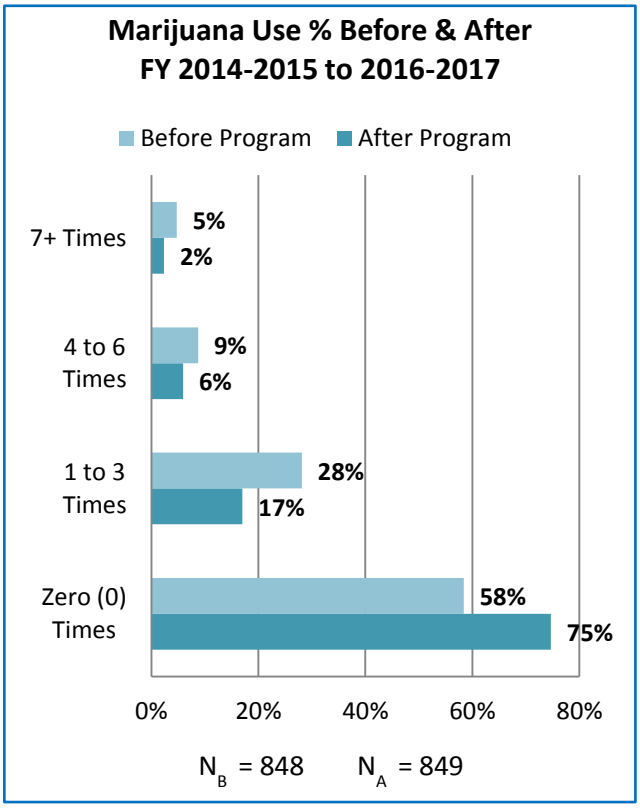
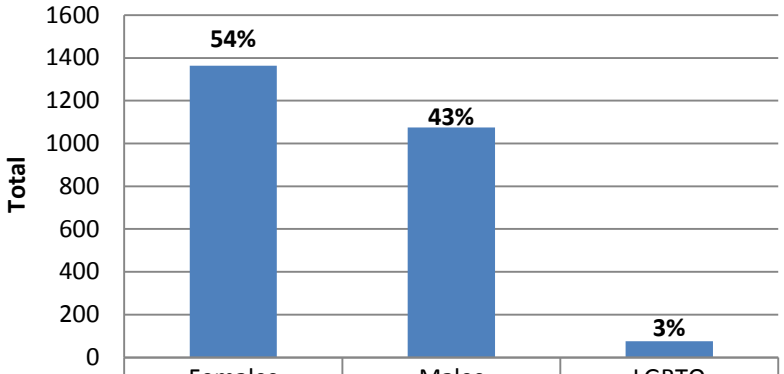


Figure 21.

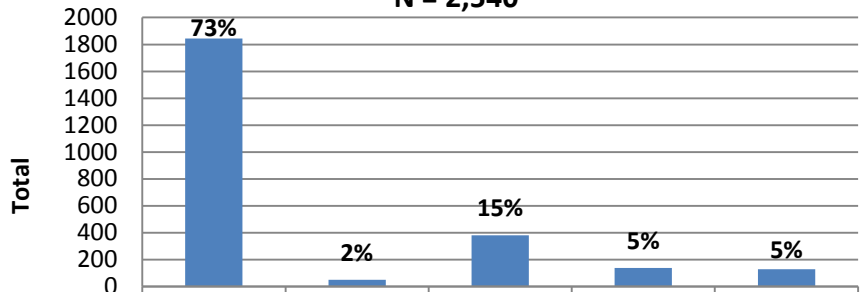
Demographics

Figure 22: Middle School Comprehensive Project
PEI Services by Gender FY 14-17
N = 2,515



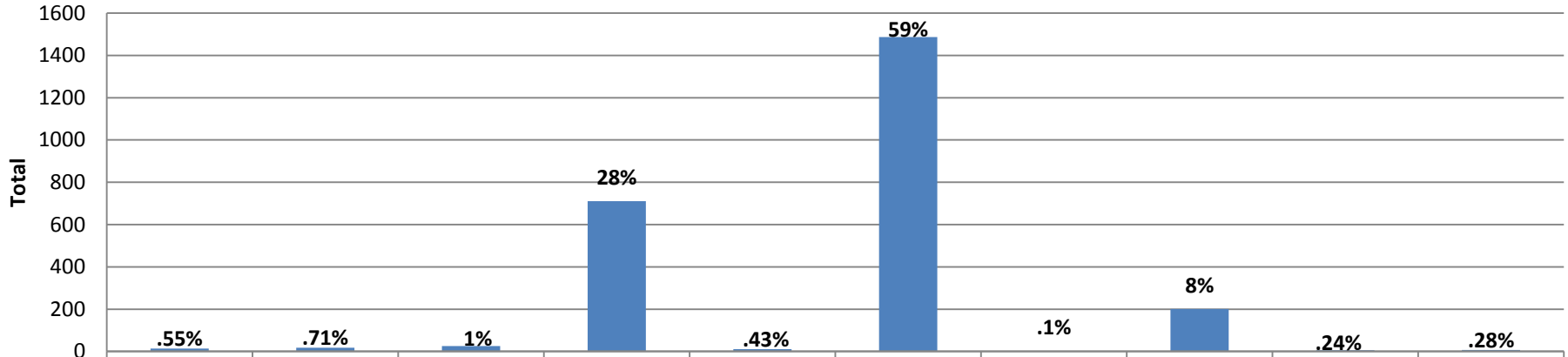
	Females	Males	LGBTQ
Total 2014-2017	1363	1076	76

Figure 23: Middle School Comprehensive Project
PEI Services by Age FY 14-17
N = 2,540



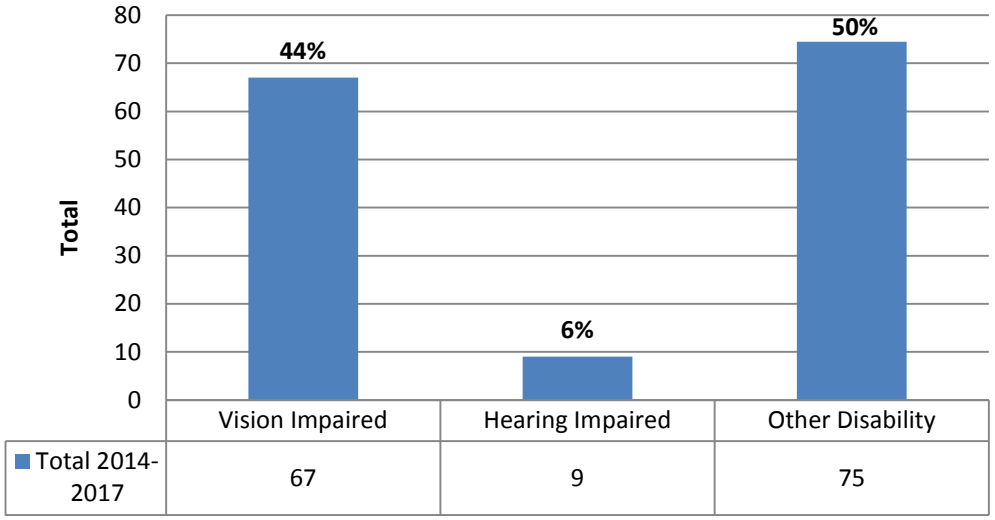
	Children	TAY	Adult	Older Adult	Unknown/Not Reported
Total 2014-2017	1845	49	380	138	128

Figure 24: Middle School Comprehensive Project
PEI Services by Race FY 14-17
N = 2,536



	Native American	Asian	African American	Caucasian	Filipino	Hispanic/Latino	Unknown/Not Reported	Multi-Racial	Pacific Islander	Other
Total 2014-2017	14	18	26	711	11	1487	1	201	6	7

Figure 25: Middle School Comperehsensive Project
PEI Services by Disability FY 14-17
N = 151



Family Education, Training & Support

FAMILY EDUCATION, TRAINING, & SUPPORT

PEI Program 3: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Coordination of County's Parenting Programs	$300,413	156,673	$2
Parent Education		1,552	
Coaching of Parents/Caregivers		1,501	

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
40%	%	20%	0%	0%	40%	0%

Number of Veterans	3

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$300,413***	PEI Funds	***$39,413***	PEI Funds	***$7,958***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

**The administration and evaluation funding represents all of Program 3 (Family Education, Training & Support, and In-Home Parent Educator).*

PROGRAM 3: Family Education, Training & Support		
Project	**Provider**	**2014-2017 Outputs**
3.1 Family Education, Training, and Support	Center for Family Strengthening (CFS)	156,673 visits to sloparents.org, which is the Coordination of County's Parenting Programs. 1552 parents attended the Parent Education classes 1501 families attended Coaching for Parents/Caregivers Fiscal Year 2015-2016 and 2016-2017: 19 provider trainings

The Center for Family Strengthening (CFS) administers the Family Education, Training and Support Program, a multi-level approach to building the overall capacity of all county parents and other caregivers raising children. Target populations include: parents and caregivers in "stressed families" living with or at high risk for mental illness, trauma, substance abuse and domestic violence; as well as those parents/caregivers who are doing well and wishing to maintain stability.

The Center for Family Strengthening (CFS) expanded the "Partnership for Excellence in Family Support" and launched a bilingual website www.sloparents.org which serves as a central clearinghouse to disseminate information on parenting classes, family support programs, and services. All promotional materials are available in English and Spanish.

In addition to promoting parent education classes funded by PEI, the website also advertises course offerings from 18 agencies, resulting in a comprehensive calendar of parent education classes in the county currently offering approximately one-hundred and thirty-five (135) parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness and addiction. Information topics for parents and professionals range from child development articles to autism, gang involvement, and asset-building. Listings are grouped by region for the convenience of viewers searching for local support; regions include San Luis Obispo, South County, North County, and North Coast.

The parenting website exceeded all expectations, and has now become fully sustainable without MHSA funding. Table 6 shows website traffic during fiscal years 2014-2015, 2015-2016, and 2016-2017. Fiscal year 2015-2016 is an average since a new analytic tool was put in place to track visits. Beginning with FY 2016-2017 there will be a more accurate representation of the total number of website visits.

Table 6.

Year	Number of Visits	Average # of Visits per Month	Total Average Pages Viewed
FY 2014-2015	61,934	5,161	940,538
FY 2015-2016	52,224	4,352	793,080
FY 2016-2017	42,515	3,542	645,639

For fiscal years 2014-2017, CFS continued to exceed its projected number of offered classes (Figure 16). The number of Spanish speaking classes delivered to the community increased and the program has served a total of one-hundred and seventy-eight (178) unduplicated Spanish speaking participants since fiscal year 2014-2015. In addition, CFS focused on families receiving coaching services and support, which increased within the last three years (Figure 17).

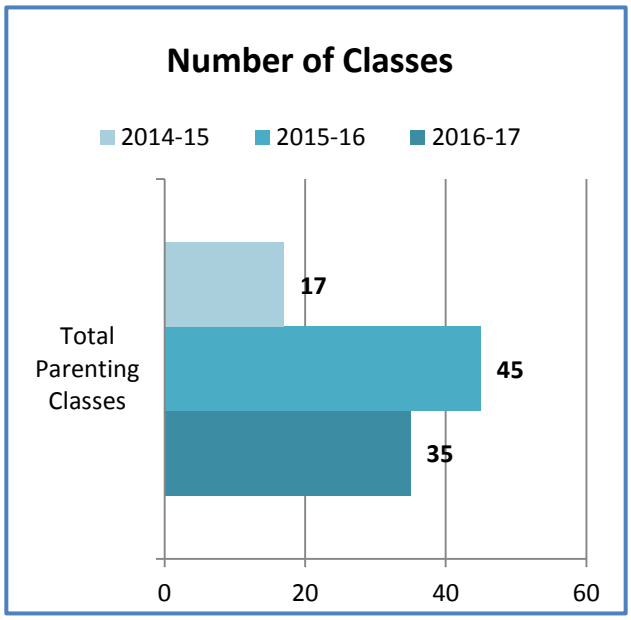


Figure 26.

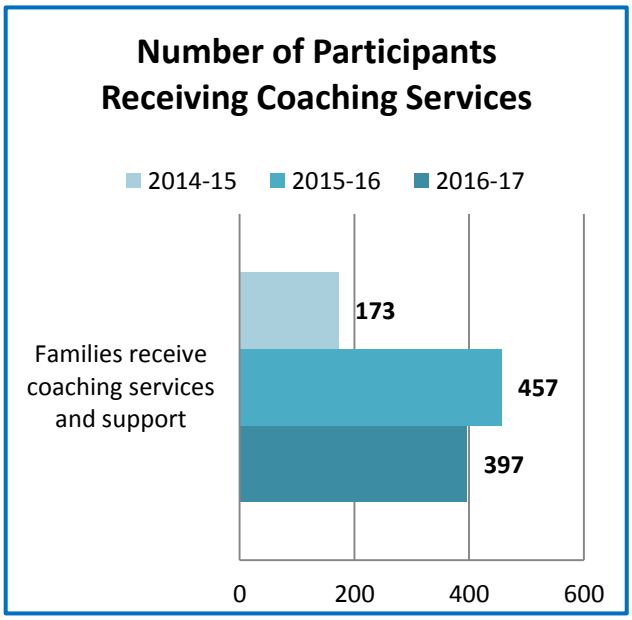


Figure 27.

Evaluation procedures and data collection were refined, which led parent coaches to conduct many in depth one-on-one coaching sessions with parents and allowed for a fluid development of community outreach, class promotion, and social presence. Qualified Spanish speaking Parent Educators were identified for the North County area and continued work and outreach was established to successfully engage and provide leadership in needed areas. The program continues to inform with key specific outcomes the success and improvements made internally to collect meaningful data. The table below explains the outcomes observed.

Table 7.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Parents and caregiver participants will report improved parenting skills, reduced risk factors, and improved protective factors.	89.75% of surveyed participants reported improved parenting skills, reduced risk factors, and improved protective factors.

Parents and caregivers participants will report improvement in their child's behavior and emotional well-being.	96.45% of parents and caregivers surveyed have reported improvements in their child's behavior and emotional wellbeing as measured by self-report surveys.
Parent and caregivers will report feeling more confident about their parenting skills.	For fiscal years 2015-16 & 2016-17: 97.80% of surveyed participants reported feeling more confident about their parenting skills.
Parents and caregivers will report knowing about their child's stage of development.	For fiscal years 2015-16 & 2016-17: 95.02% of surveyed participants reported knowing more about their child's stage of development and what to expect at that age.
Parents and caregivers will understand how to discipline and guider their children effectively.	For fiscal years 2015-16 & 2016-17: 94.33% of surveyed participants reported understanding how to discipline and guide their children more effectively.
Parents and caregivers will know how to communicate better with children.	For fiscal years 2015-16 & 2016-17: 98.75% of surveyed participants reported knowing how to communicate better with their children.
Parents and caregivers will feel less stress about children.	For fiscal years 2015-16 & 2016-17: 92.69% of surveyed participants reported feeling lees stressed about their children.
Parents and caregivers believe their child's behavior and their ability to manage it will improve.	For fiscal years 2015-16 & 2016-17: 100% of surveyed participants reported believing their child's behavior and their ability to manage it will improve.

Demographics

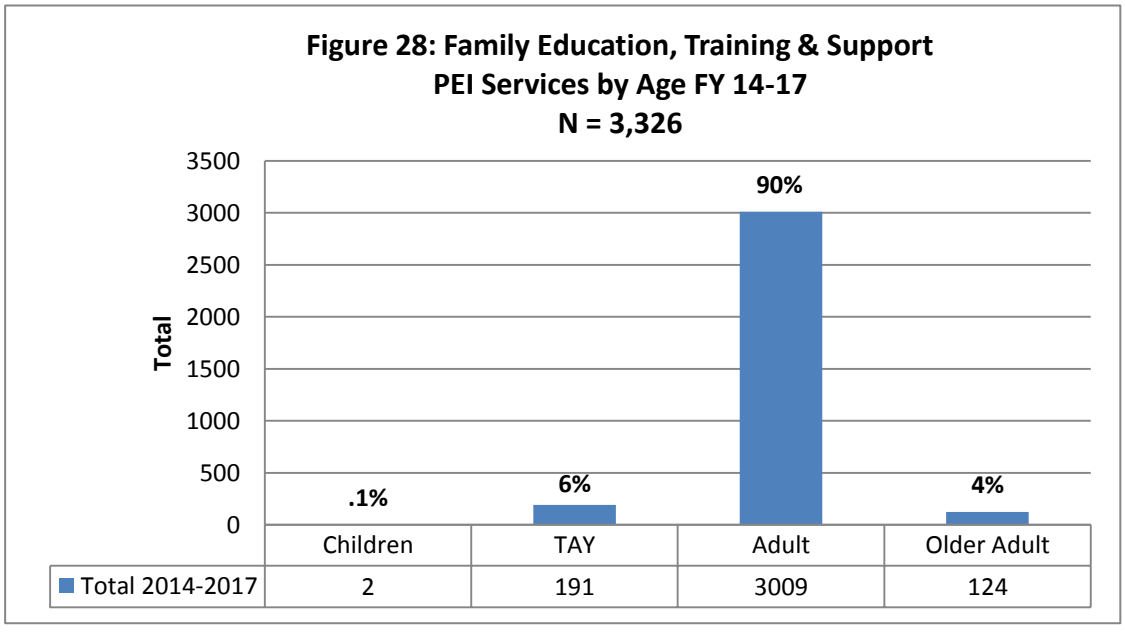


Figure 29: Family Education, Training & Support
PEI Services by Gender FY 14-17
N = 3,396

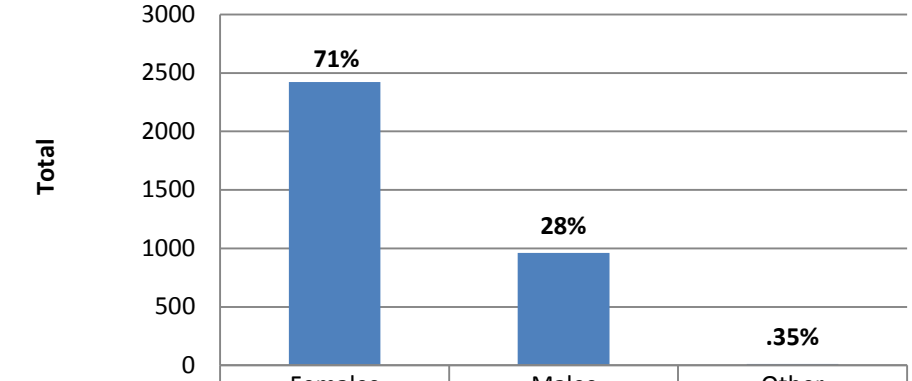


Figure 30: Family, Education, Support and Training
PEI Services by Disability FY 14-17
N = 191

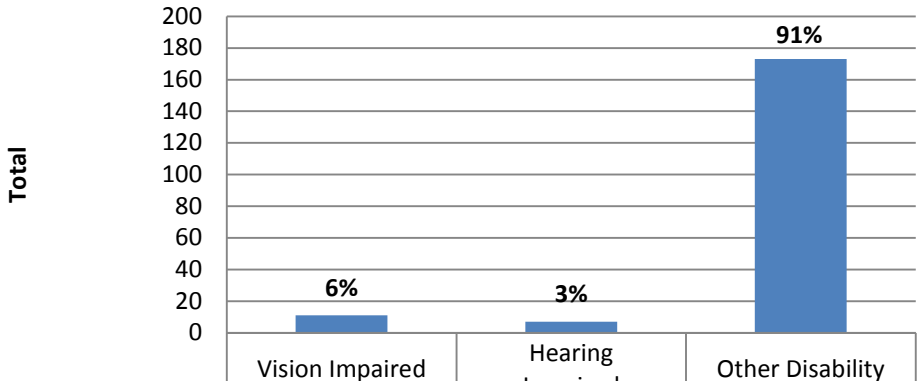
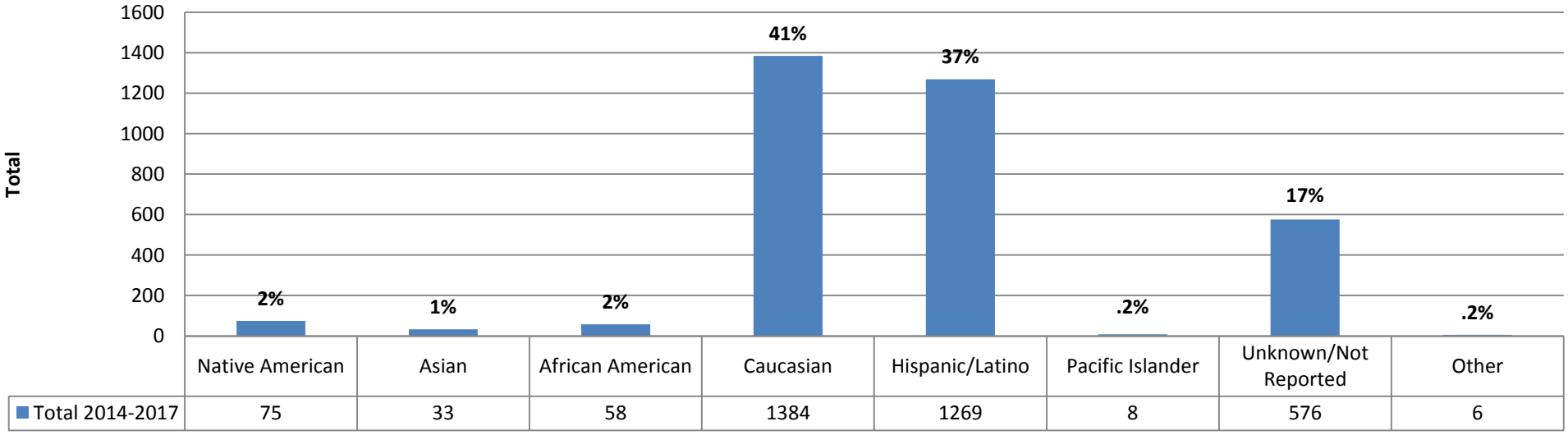


Figure 31: Family Education, Training & Support
PEI Services by Race/Ethnicity FY 14-17
N = 3,409



Family Education, Training & Support

IN-HOME PARENT EDUCATOR PROGRAM

PEI Program 3: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
In-Home Parent Educator	$44,791	14	$3,200

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
46%	46%	0%	0%	3%	5%	0%

Number of Veterans	0

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$44,791***	PEI Funds	***$39,413***	PEI Funds	***$7,958***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

*The administration and evaluation funding represents all of Program 3 (Family Education, Training & Support, and In-Home Parent Educator).

PROGRAM 3: Family Education, Training &Support		
Project	**Provider**	**2014-2017 Outputs**
3.2 In-Home Parent Educator Program	Community Action Partnership of San Luis Obispo (CAPSLO)	14 unduplicated clients served 7 unique families received parenting education services 33 evidence-based curriculum sessions were provided 99 activities were provided to participants

In fiscal year 2016-2017 the Prevention and Early Intervention stakeholders approved the implementation of the In-Home Parent Educator Program. The Community Action Partnership of San Luis Obispo (CAPSLO) administers this program. As the program was implemented in the last quarter of the 2016-2017 fiscal year, data shown on this report will only reflect information for this particular time period. Currently the program provides in-home parent education services to families at their house or at another specified location, using evidence-based curriculum, and assessments of families to identify immediate needs to be met in order to stabilize the family unit. The program builds parenting skills, knowledge of appropriate behaviors, increases positive discipline skills, and increases attachment through positive parent/child bonding and interactions.

Table 8.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Families receiving services will complete all program sessions.	29% of families receiving services completed all parent education sessions.
Participating families receiving services will complete a minimum of four meeting sessions.	67% of the surveyed families that received services completed a minimum of four meeting sessions.
Participating families receiving services will report improved family functioning.	100% of the surveyed families that received services reported improved family functioning.
Participating families receiving services will report improved mental health.	100% of the surveyed families that received services reported improved mental health.

Early Support for Underserved Populations

SUCCESSFUL LAUNCH PROGRAM

PEI Program 4: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Successful Launch	$381,069	648	$588

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
10%	0%	10%	0%	0%	0%	80%

Improve Timely Access to Services for Underserved Populations

Target Population(s)	TAY and adults
Number of Referrals	*69*
Number of Individuals Followed Through on Referral	*Data to be reported next fiscal year.*
Average Interval between Referrals and Participation	*Data to be reported next fiscal year.*
How the County encourages access to services	*Referral system in place within program*
Number of Veterans	0

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$381,069***	PEI Funds	***$114,778***	PEI Funds	***$23,175***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

*The administration and evaluation funding represents all of Program 4 (Successful Launch, Older Adult Mental Health Initiative, and Perinatal Mood Anxiety Disorder).

PROGRAM 4: Early Care and Support for Underserved Populations		
Project	**Provider**	**2014-2017 Outputs**
4.1 Successful Launch	Cuesta Community College	304 Unique TAY clients identified and provided information 206 Unique TAY clients enrolled in Successful Launch Program 138 Active participants in peer support network provide mentoring and skill development groups

The National Alliance on Mental Illness (NAMI) indicates that the transition period from adolescence into adulthood is a time of increased risk for the onset of new psychiatric illnesses (NAMI, 2006). About "half of all chronic mental illness begins by age 16; three-quarters by age 24. Despite effective treatment, there are long delays -sometimes decades- between the first appearance of symptoms and when people get help" (NAMI, Mental Health by the Numbers, 2017). Transitional Aged Youth (TAY) who are wards of the court, involved in juvenile justice, community school participants, dropouts, or homeless are at an elevated level of risk. Research suggests that transitional aged youth require significant support and effective services throughout the transition period (NAMI, 2006). These services include: educational, vocational and housing support, service coordination, and mental health and substance abuse treatment. Without these services and supports, vulnerable, at-risk TAY are only half as likely as their counterparts to obtain a high school diploma or GED. At-risk TAY are four times less likely to be engaged in employment, college or obtain self-sufficiency prior to turning 30 (NAMI, 2006).

The Successful Launch Program, administered by Cuesta Community College, is designed to provide a multi-focused effort to address and support the mental health prevention and early intervention needs of transitional-aged youths. Successful launch provides services and supports to increase self-sufficiency, such as vocational training, life skills training, job shadowing, academic support, work readiness, and connection with other extended services and supports in the community. Cuesta College has increased its capacity by continued community collaboration and outreach, and as a result Successful Launch has partnered with John Muir Charter School and local high schools to continue to offer needed services and supports to TAY. In fiscal year 2014-2015 the program had eighteen (18) students graduate from John Muir, which has been the highest number in the first three years the collaboration started, and many of the students continued their post-secondary education or entered the workforce.

As the program continued to expand, some of the achievements completed by the program for the last three fiscal years include:

1. Facilitation and hosting of career exploration fairs;
2. Dual graduation ceremonies with the most graduates in fiscal year 2015-2016;
3. Increased referrals, collaboration and relationship building with local high schools;
4. Organization and transportation became available for participants for special events;
5. 24 students became CPR/First Aide certified in fiscal year 2015-2016; and

6. The Cuesta College site has seen an increase in enrollment and offers enrichment classes, program exploration, post-secondary navigation process, exposure to college culture, and benefits of education.

Table 9.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Participants will demonstrate a decrease in destructive behaviors.	74% of surveyed TAY Successful Launch Program participants have reported a decrease in destructive behaviors (e.g.: alcohol and other drug use, smoking, self-harm)
Participants will demonstrate improved educational planning and career readiness.	99.66% of surveyed TAY Successful Launch Program participants have demonstrated improved academic planning and career readiness (e.g.: achieve a high school diploma or GED, or have documented academic progress) – Fiscal Year 2015-16 & 2016-17
Participants will demonstrate increased healthy behaviors.	80% of surveyed TAY Successful Launch Program participants have demonstrated an increase in healthy behaviors (e.g.: physical health, nutrition, coping skills)
Participants will demonstrate increased self-sufficiency.	69.66% of surveyed TAY Successful Launch Program participants have demonstrated an increase in self-sufficiency (e.g.: housing, transportation, fiscal responsibility)

Demographics

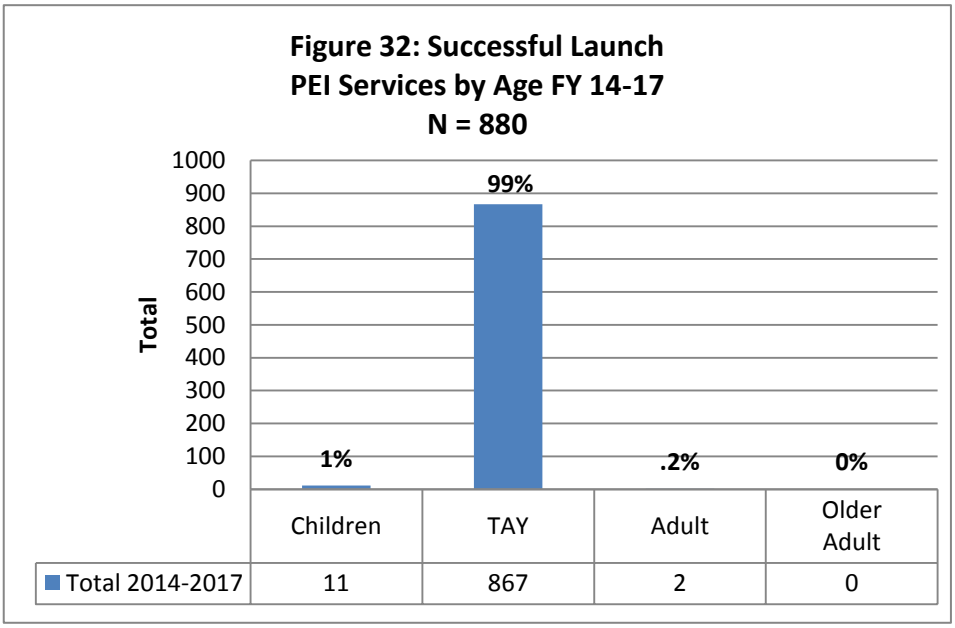
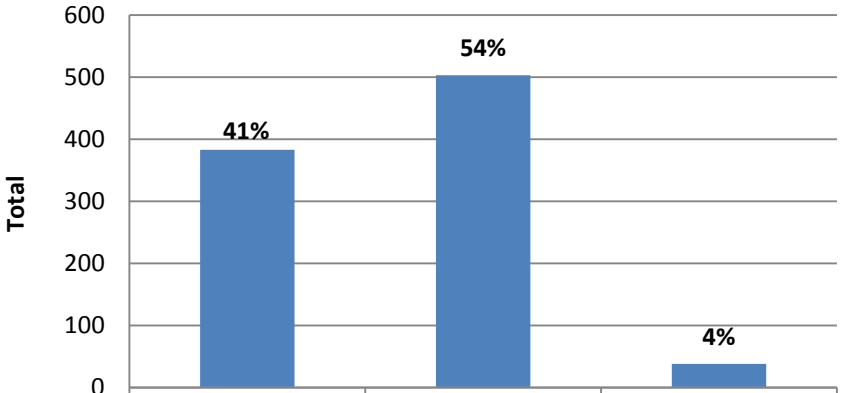
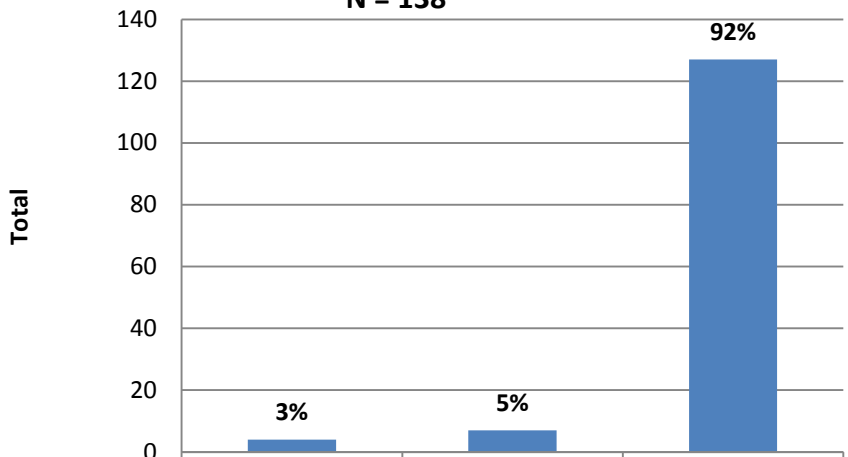


Figure 33: Succesful Launch
PEI Services by Gender FY 14-17
N = 924



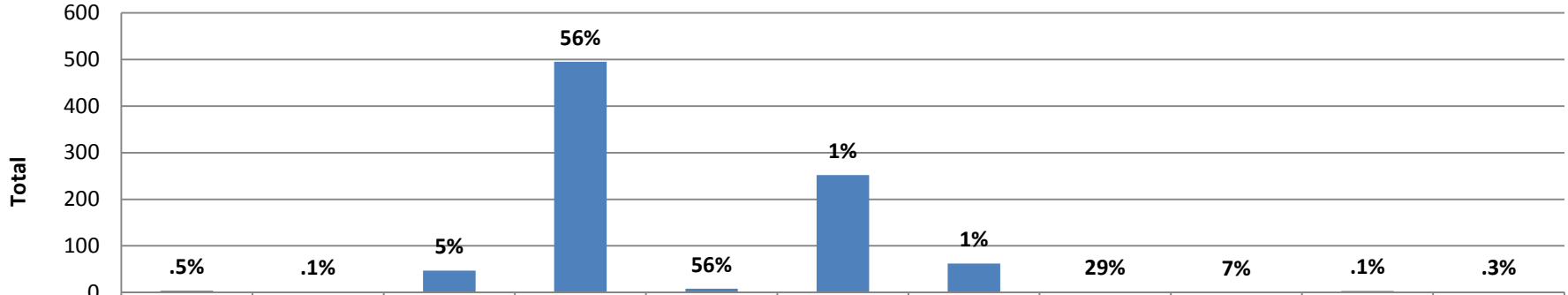
	Females	Males	Other
Total 2014-2017	383	503	38

Figure 34: Successful Launch
PEI Services by Disability FY 14-17
N = 138



	Vision Impaired	Hearing Impaired	Other Disability
Total 2014-2017	4	7	127

Figure 35: Successful Launch
PEI Services by Race/Ethinicity FY 14-17
N = 884



	Native American	Asian	African American	Caucasian	Chinese	Hispanic/Latino	Multi-Racial	Pacific Islander	Russian	Unknown/ Not Reported	Other
Total 2014-2017	4	2	47	495	8	252	62	1	0	3	2

Early Care & Support for Underserved Populations

OLDER ADULT MENTAL HEALTH INITIATIVE PROGRAM

PEI Program: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Older Adult Mental Health Initiative	$573,705	6,499	$88

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
20%	15%	0%	0%	0%	10%	55%

Improve Timely Access to Services for Underserved Populations

Target Population(s)	Older Adults (60+ years old)
Number of Referrals	*1869*
Number of Individuals Followed Through on Referral	*Data to be reported in next fiscal year.*
Average Interval between Referrals and Participation	*Data to be reported in next fiscal year.*
How the County encourages access to services	*Data to be reported in next fiscal year.*
Number of Veterans	175

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$573,705***	PEI Funds	***$114,778***	PEI Funds	***$23,175***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

*The administration and evaluation funding represents all of Program 4 (Successful Launch, Older Adult Mental Health Initiative, and Perinatal Mood Anxiety Disorder).

PROGRAM 4: Early Care and Support for Underserved Populations		
Project	**Provider**	**2014-2017 Outputs**
4.2 Older Adult Mental Health Initiative	Wilshire Community Services	1362 Unique clients were assessed by Caring Callers and Senior Peer Counselors 594 Unique Older Adults enrolled in Senior Peer Counseling or Caring Callers program 4386 Unique Older Adults screened for depression 157 Unique Older Adult clients receive Transitional Therapy (FY 2014-2015 is an average) 249 Unique professional presentations (FY 2014-2015 is an average) 94 group therapy sessions (FY 2014-2015 is an average) 1567 hours of services designated to individuals and group therapy sessions.

According to the World Health Organization, "Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Conversely, untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease" (Mental Health and older adults: Fact sheet, 2016). It is evident that services are needed to provide support to this population. The Older Adult Mental Health Initiative, which is administered by Wilshire Community Services, provides a continuum of services focused on prevention and early intervention support for older adults at risk of isolation, depression, or other mental health challenges. The services include Outreach, Depression Screening, the Caring Callers Program, and Senior Peer Counseling.

Caring Callers is a county-wide, preventive social enrichment program targeted at older adults at risk for depression and other mental health issues due to isolation and loneliness. The program serves older adults who are frail, homebound, and at risk of social separation. The program is a vital component of the community-based long-term care system where volunteer caring callers work to stimulate, expand, and enhance the social activities of older adults. In the course of services, they provide critical social support and referral to other resources when needed, thus decreasing the potential for mental health problems. The Senior Peer Counseling Program provides no-cost emotional and psychological counseling services to individuals age 60 or above in their place of residence. Professionally trained senior peer volunteers offer these services and they go through a 65-hour intense training program. This kind of intervention is valuable to the senior clients as it allows for an outlet and system of support dedicated to the experience of the clients.

The program has successfully grown and continued to be in constant contact with the older adult community; and an additional service offered is depression screenings. This service, besides

including mental wellness screenings for older adults, combines outreach to other community, public and private agencies working to improve the health and wellbeing of older adults, which leads to expansion of depression screenings to all of their clients and caregivers. As a result, Wilshire Community services conducted over 4,300 depression screenings from Fiscal Year 2014-2015 to 2016-2017. As part of their evaluation tool, all participants receive pre-post and mid-post assessments proctored by trained clinicians or volunteer personnel under supervision of a trained clinician. Currently for fiscal year 2014-2015 to 2016-2017, there has been a steady increase of the outcomes, such an increase in mental health awareness, an increase in improved quality of life, and a decrease in depression, anxiety, improved coping skills, and reduced hospitalizations.

Table 10.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Participants will demonstrate increased awareness in mental illness issues.	95.5% of surveyed participants in outreach and education events have demonstrated increased awareness in mental health issues related to Older Adults.
Participants will demonstrate increased activity levels, reduced feelings of loneliness.	92.5% of surveyed participants have demonstrated improved quality of life by increased activity levels, reduced feelings of loneliness and isolation.
Participants will demonstrate reduced depression, reduced anxiety, and hospitalizations.	94.5% of surveyed Senior Peer Counseling and Transitional Therapy participants will demonstrate reduced depression, reduced anxiety, improved coping skills, and reduced hospitalizations based upon therapeutic assessment tools.

Demographics

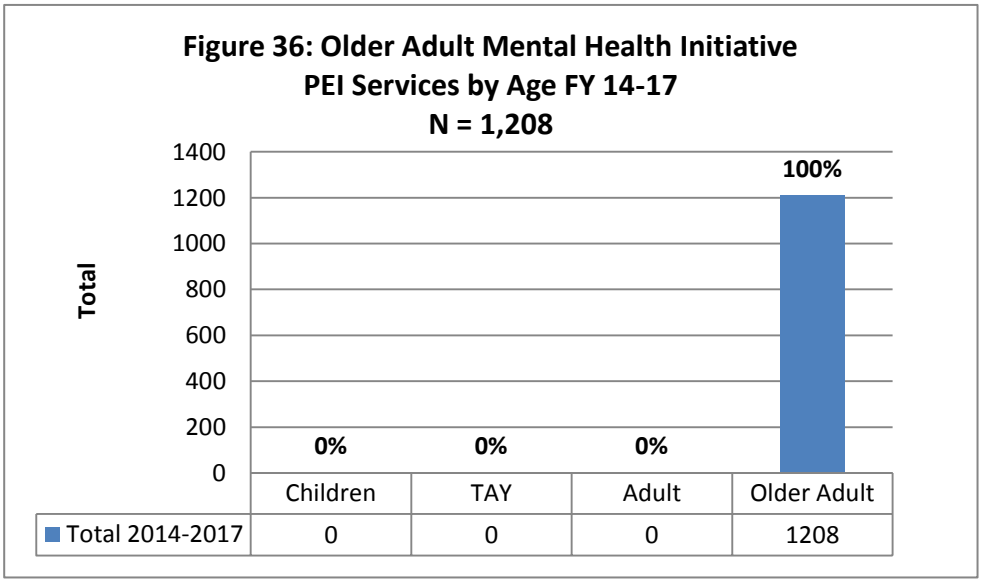


Figure 37: Older Adult Mental Health Initiative
PEI Services by Gender FY 14-17
N = 1,292

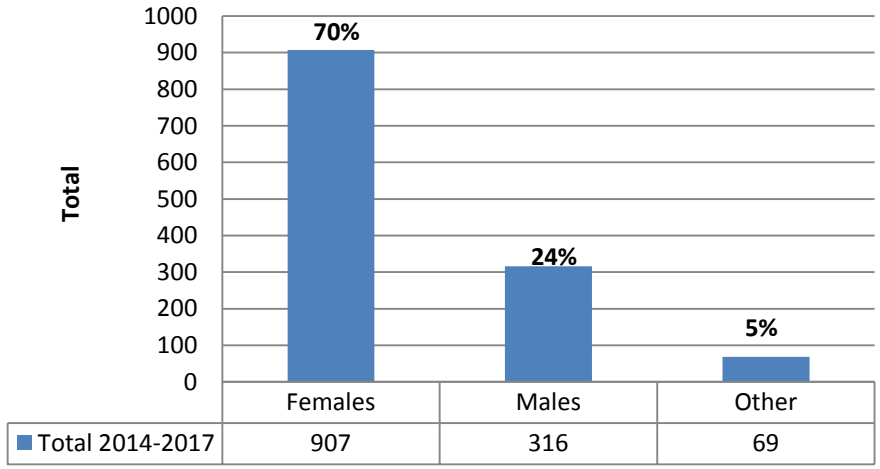


Figure 38: Older Adult Mental Health Initiative
PEI Services by Disaibility FY 14-17
N = 2,270

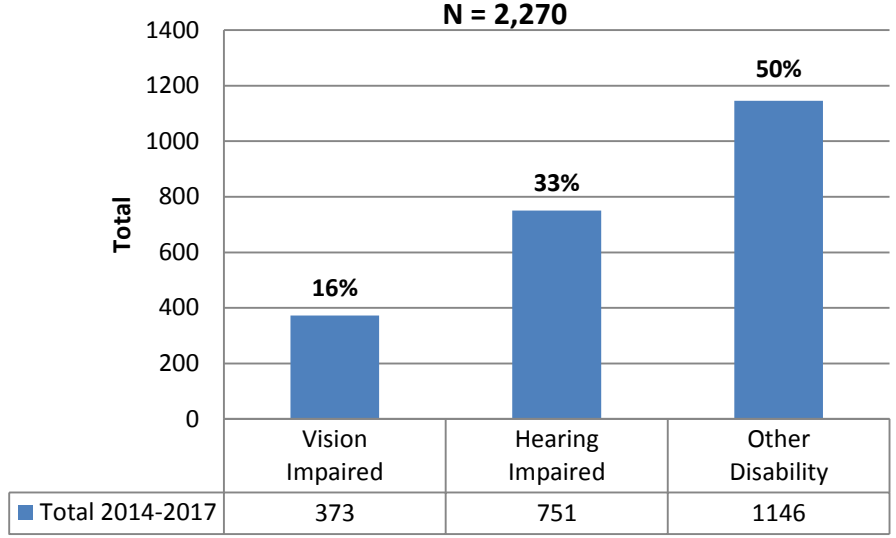
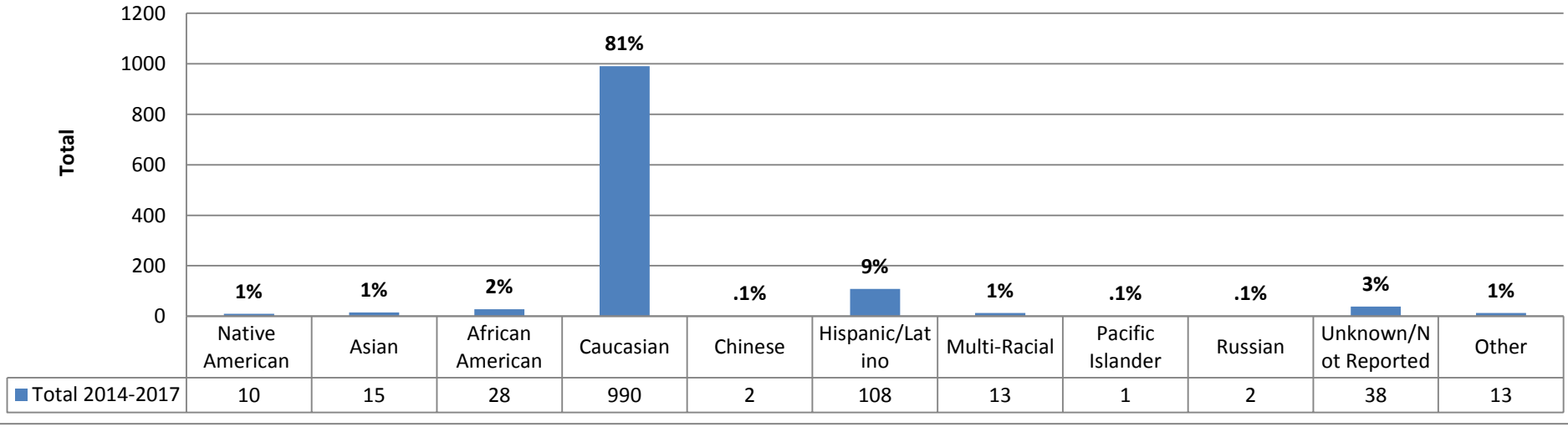


Figure 39: Older Adult Mental Health Initiative
PEI Services by Race/Ethnicity FY 14-17
N = 1,220



Early Care & Support for Underserved Populations

PERINATAL MOOD ANXIETY DISORDER PROGRAM

PEI Program: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Perinatal Mood Anxiety Disorder	$50,522	61	$828

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
45%	0%	15%	0%	0%	0%	40%

Improve Timely Access to Services for Underserved Populations

Target Population(s)	TAY, Adults, & Older Adults
Number of Referrals	*Data to be reported next fiscal year.*
Number of Individuals Followed Through on Referral	*Data to be reported next fiscal year.*
Average Interval between Referrals and Participation	*Data to be reported next fiscal year.*
How the County encourages access to services	*Referral system is place within the program*
Number of Veterans	0

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$45,522***	PEI Funds	***$114,778***	PEI Funds	***$23,175***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$5,000***	Any other funding	***$0***	Any other funding	***$0***

*The administration and evaluation funding represents all of Program 4 (Successful Launch, Older Adult Mental Health Initiative, and Perinatal Mood Anxiety Disorder).

PROGRAM 4: Early Care and Supports for Underserved Populations		
Project	**Provider**	**2014-2017 Outputs**
4.3 Perinatal Mood Anxiety Disorder (PMAD)	County of San Luis Obispo Behavioral Health Department	23 participating partners certified from PostPartum Support International. 38 mental health staff and volunteers received PMAD training.

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

The program's goal is to decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms in the community. The Perinatal Mood Anxiety Disorder will reduce mood disorder hospitalizations, increase community-wide knowledge of PMAD signs, symptoms, and treatment options available through public and private community providers. The program has developed a schematic approach through four different stages: preconception, pregnancy, delivery, and motherhood. Throughout this process, a comprehensive system becomes available through different community providers ensuring a preventive engagement in every single stage, and connecting clients to a support system to ensure healthy pregnancies and children (Figure 18).

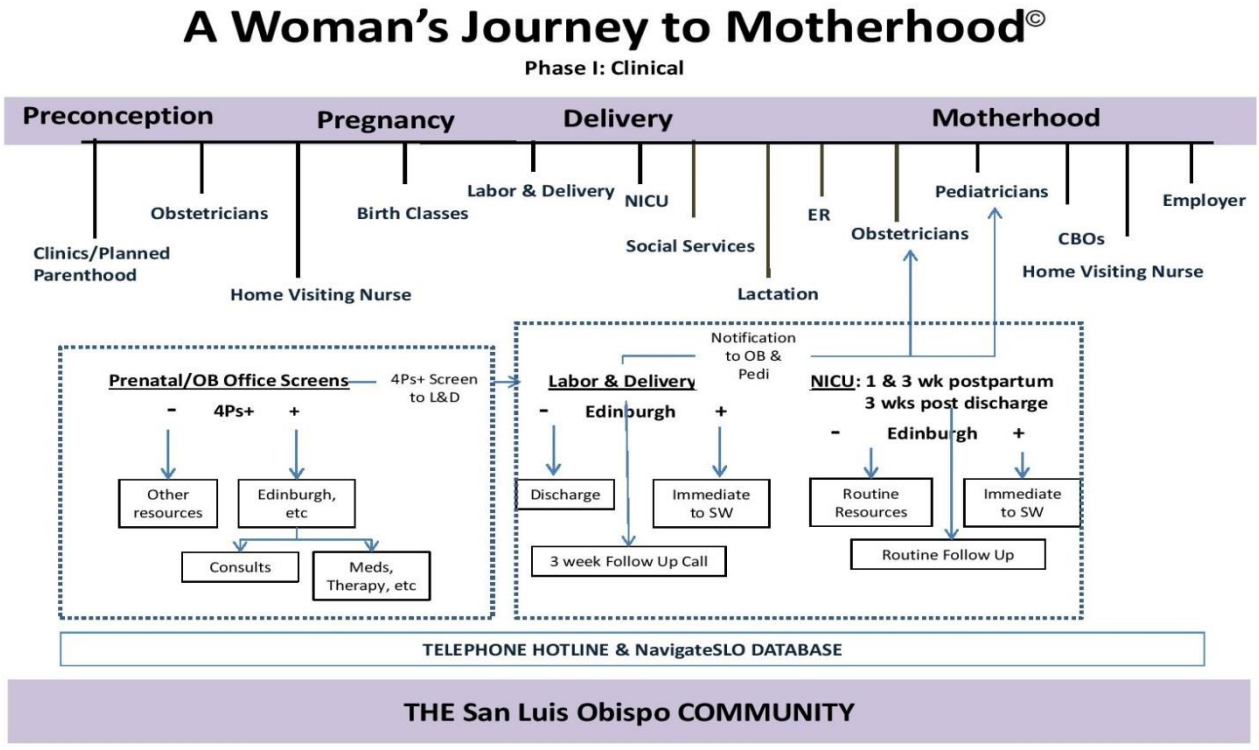


Figure 40.

The program has created a collective that emphasizes a sustainable and coordinated PMAD system of care by developing a universal screening, brief intervention, referral, and treatment process with providers, clinics, and hospitals. In 2016-2017 the program began collecting data and tracking outreach, as a result a total of sixty-one (61) unique participants received training. Twenty-three (23), out of 61, unique participants received Post-Partum Support International Training, and 38 unique participants received PMAD training. Outreach activities took place at pediatricians office to screen for PMAD, the program created NavigateSLO, a searchable database of PMAD services, specialists, and program providers, and expanded 24/7 multi-lingual hotline with the ability to answer and refer diverse PMAD callers to local resources and services.

Table 11.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Yearly report period submitted in July
Key Outcomes	**2014-2017 Actual Outcomes**
Initial outcomes for program development and implementation: • Development of protocols and tools to be available to partners • Development and accessibility to a PMAD database • Hotline accessibility for PMAD callers • Website and content development • PMAD educational cards for patients	PMAD protocols and screening tools validated, facilitated, and adopted in the hospital labor and delivery units.
	NavigateSLO, searchable PMAD database, created with resources, specialists, services and program for providers.
	24/7 Multi-lingual hotline available for diverse PMAD callers to connect to local resources and services.
	Website development and content and PMAD outreach with pediatricians and educational cards for OBs to make available to clients

Integrated Community Wellness

COMMUNITY BASED THERAPEUTIC PROGRAM

PEI Program 5: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Community Based Therapeutic Services	$119,252	1,360	$88

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
0%	20%	15%	15%	0%	50%	0%

Access and Linkage to Treatment Strategy

Number of Individuals Referred for Treatment	*880*
Number of Individuals Followed Through on Referral	*Data to be reported next fiscal year.*
Average Duration of Untreated Mental Illness	*Data to be reported next fiscal year.*
Average Interval between Referrals and Participation in Treatment	*Data to be reported next fiscal year.*
Number of Veterans	13

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$119,252***	PEI Funds	***$120,429***	PEI Funds	***$24,316***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

*The administration and evaluation funding represents all of Program 5 (Community Based Therapeutic Services, Integrated Community Wellness, and Young Adult Counseling).

PROGRAM 5: Integrated Community Wellness		
Project	**Provider**	**2014-2017 Outputs**
5.1 Community Based Therapeutic Services	Community Counseling Center of San Luis Obispo	1360 PEI clients received counseling services 9479 prevention and early intervention psychotherapy hours 101 new volunteer therapists engaged into the program.

Community Based Therapeutic Services, administered by Community Counseling Center, offers to a large number of diverse individuals the opportunity to access prevention and early intervention mental health services. The program provides brief (less than 10 sessions), low intensity, and solution-focused therapy to individuals and families throughout San Luis Obispo County. The program is designed to provide over 2,500 low cost ($5.00) or no cost counseling hours to uninsured and underinsured at-risk populations throughout the County.

Access to therapy has increased. Community Counseling Center expanded locations to include Paso Robles and Grover Beach, and they continue to offer extended hours, weekend appointments, and collaborate with other agencies and family resource centers to offer counseling along the coast and rural areas. Their community and organization presence, as well as collaborative approach with other organizations in the community, has made the program a success regarding reaching out to the population in need. The information and referral component of CCC continues to be vital for integrating outside mental health resources and staying within available services. The information and referral component of CCC has an integrative function where resources and services are maintained through the counseling program. In fiscal year 2014-2017, a total of one-hundred and three (103) referrals and services were made to a number of local community organizations outside of the scope of service offered by CCC this includes: Transitions-Mental Health Association's Hotline, The Link Family Resource Center, and the Center for Family Strengthening.

The Community Counseling Center's partnership with agencies, such as the Center for Family Strengthening, has allowed a seamless process of referral and services. For fiscal year 2014-2015 and forward, the program has continued to add therapists to their counseling team, those who are pre-licensed and/or bilingual and bicultural. Since fiscal year 2014-2015, CCC's ability to link PEI clients through their CenCal-MediCal benefit with a licensed provider has been a major breakthrough in services since it has promoted increased fiscal and programmatic efficacy. This had led to clients receiving full coverage therapy from a licensed clinician with no out-of-pocket expense.

As services have continued to increase, efforts have been made to track and connect clients to their proper level of care. In fiscal years 2015-2016 and 2016-2017, there has been an increase in the number of Latino identifying clients who were served by CCC, a total of one-hundred and twenty-one (121), and additional efforts have been made in partnership with community organizations to serve and connect clients who experience homelessness. The efforts involve conducting assessments and individual and small therapy for adults and youth. Additional coordinated efforts led by CCC include continued outreach and collaboration with the agencies,

such as Community Action Partnership of San Luis Obispo (CAPSLO), 5 Cities Homeless Coalition, Echo and the School Districts.

Table 12.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Participating clients presenting with depression will report improvement.	Surveyed clients presenting with depression as a primary concern demonstrated: 19% major improvement 24% substantial improvement 47% moderate improvement 6% minor improvement 3.6% little to no improvement
Participating clients will report having avoided psychiatric or emergency room hospitalization.	100% of surveyed clients avoided psychiatric or emergency room hospitalization due to mental health crises and did not require emergency level care.
Participating clients presenting behavioral health and educational attentiveness issues will report improvement.	Surveyed clients presenting behavioral health and educational attentiveness issues (oppositional defiance, impulsivity, aggression) demonstrated: 20.66% major improvement 20.66% substantial improvement 40.66% moderate improvement 12.66% minor improvement 5.33% little to no improvement
Participating clients concerned about work attendance will demonstrate improvement.	In areas concerning work attendance, surveyed clients demonstrated (FY2014-2015 & 2016-2017): 17% major improvement 33% substantial improvement 44% moderate improvement 5% minor improvement 1% little to no improvement
Participating clients reporting anxiety and/or panic as a primary concern will demonstrate improvement.	Surveyed clients reporting anxiety and/or panic as a primary concern demonstrated (FY2015-2016 & 2016-2017): 15% major improvement 27% substantial improvement 48% moderate improvement 4.5% minor improvement 1.5% little to no improvement

Figure 41: Community Based Therapeutic Services
PEI Services by Gender FY 14-17
N = 1,201

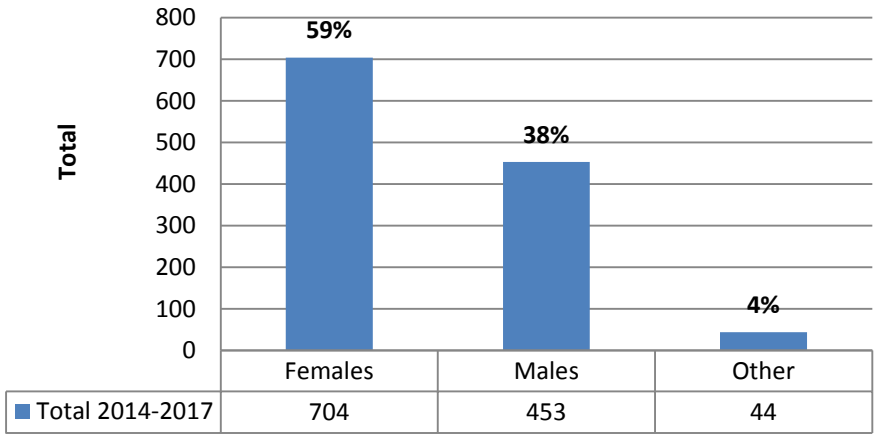


Figure 42: Community Based Therapuetic Services
PEI Services by Age FY 14-17
N = 1,108

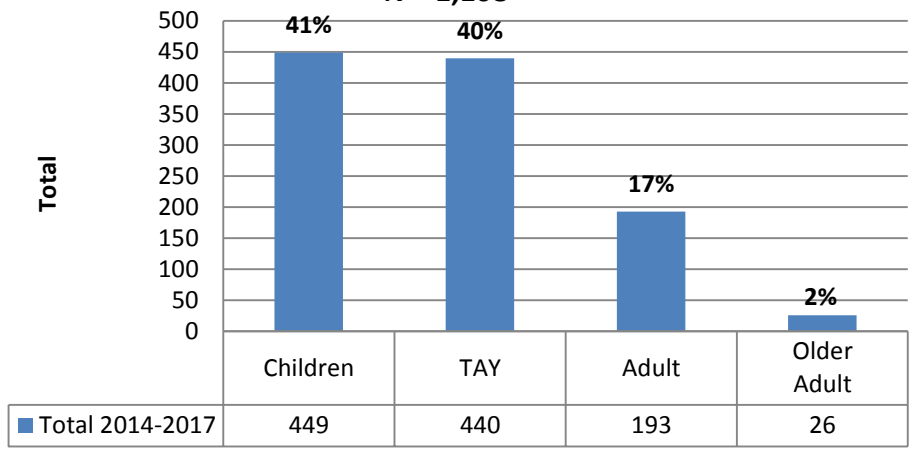
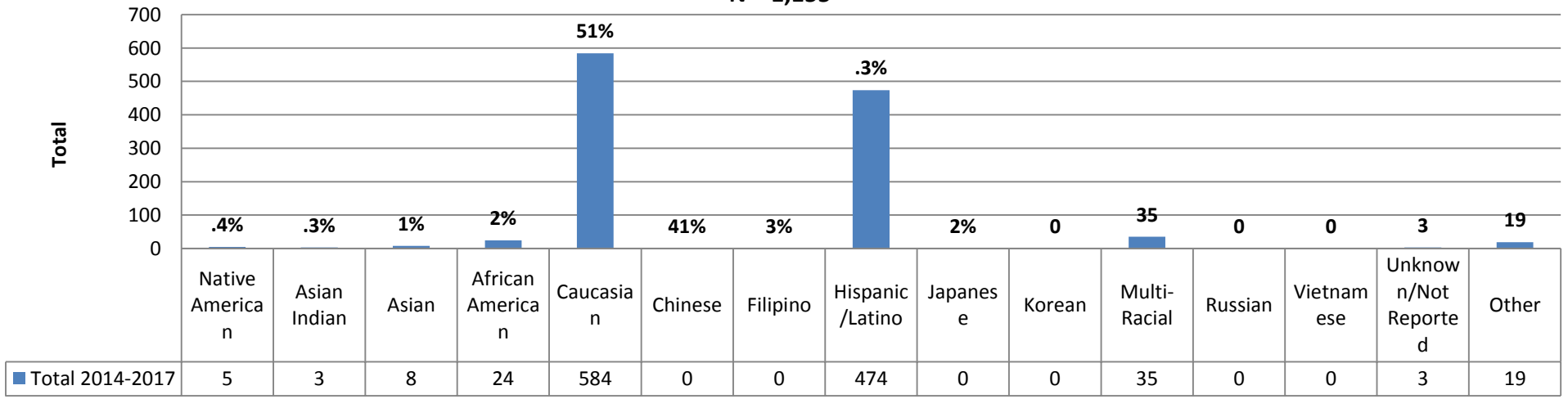


Figure 43: Community Based Therapuetic Services
PEI Services by Race/Ethnicity FY 14-17
N = 1,155



Integrated Community Wellness

INTEGRATED COMMUNITY WELLNESS PROGRAM

PEI Program 5: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Integrated Community Wellness	$518,700	2,575	$201

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
5%	10%	5%	%	%	80%	%

Access and Linkage to Treatment Strategy

Number of Individuals Referred for Treatment	*438*
Number of Individuals Followed Through on Referral	*Data to be reported next fiscal year.*
Average Duration of Untreated Mental Illness	*Data to be reported next fiscal year.*
Average Interval between Referrals and Participation in Treatment	*Data to be reported next fiscal year.*
Number of Veterans	81

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$518,700***	PEI Funds	***$120,429***	PEI Funds	***$24,316***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$0***	Any other funding	***$0***	Any other funding	***$0***

*The administration and evaluation funding represents all of Program 5 (Community Based Therapeutic Services, Integrated Community Wellness, and Young Adult Counseling).

PROGRAM 5: Integrated Community Wellness		
Project	**Provider**	**2014-2017 Outputs**
5.1 Integrated Community Wellness Advocates	Transitions-Mental Health Association	6862 duplicated contacts 2137 unduplicated participants served 438 unduplicated participants received intensive services

The Integrated Community Wellness Advocates program, administered by Transitions-Mental Health Association, provides early intervention system navigation services for individuals who self-refer or are referred by other PEI programs. The program is designed to provide assistance and referral towards securing basic needs such as food, clothing, housing, health care, transportation, accessing mental health and substance use disorder services, and other social services. The program also provides employment assistance, including aid and relief; navigating the legal system and courts; and providing educational services such as parenting training. The program has helped in reducing stress, support wellness and resilience, and increase individuals ability to follow through on referrals and care. Ultimately, the program is a key factor to remove barriers to work and life success, and reduces stressors linked to behavioral problems, such as violence, substance abuse, and suicide.

As evaluation development and data collection continue to progress, the program's role expanded. A total of thirty-seven (37) outreach and information dissemination events regarding mental health awareness, resources, education, and stigma reduction to targeted underserved populations and the general public took place from fiscal year 2014-2015 to 2016-2017. Another thirty-seven (37) free mental health education forum and presentations to the community and to service providers were held. These events helped reduced stigma and the barriers to accessing services, and to foster consumer empowerment and wellness.

Table 13.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.
Key Outcomes	**2014-2017 Actual Outcomes**
Clients will demonstrate an increase in knowledge of and ability to access community based resources.	50% of surveyed participants demonstrated an increase in knowledge of and ability to access community based resources based upon self-report surveys.
Clients receiving intensive services will show an increase in progress measured in the area of individual client focus.	40% of surveyed participants receiving intensive services increased in progress measured in the area of individual client focus based upon self-report surveys and Advocate assessment tools (For fiscal year 2014-2015 and 2015-2016).
Mental Health Advocate clients will demonstrate an increase in improved self-efficacy and improved life skills.	47% of surveyed mental health advocate clients demonstrated an increase in improved self-efficacy and improved life skills based upon self-report surveys (For fiscal year 2014-2015 and 2015-2016).

Clients receiving advocacy support will improve mood and anxiety.	54% of surveyed clients who receive advocacy support improved mood and reduced anxiety (For fiscal year 2014-2015 and 2015-2016).
Clients will demonstrate a decrease in stress.	32% of surveyed participants demonstrated a decrease in stress (For fiscal year 2016-2017).

Demographics

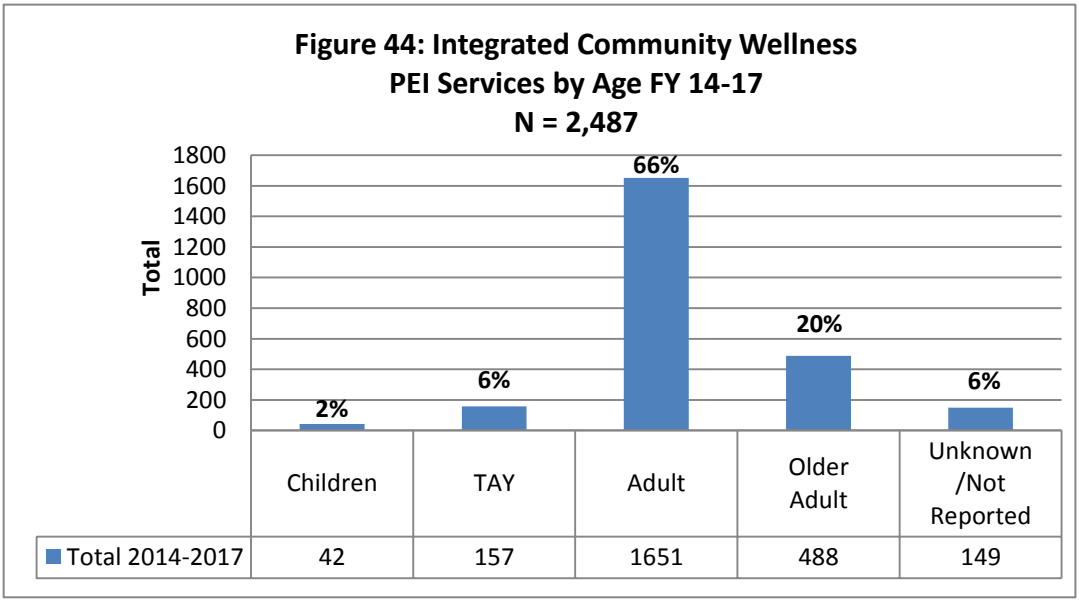
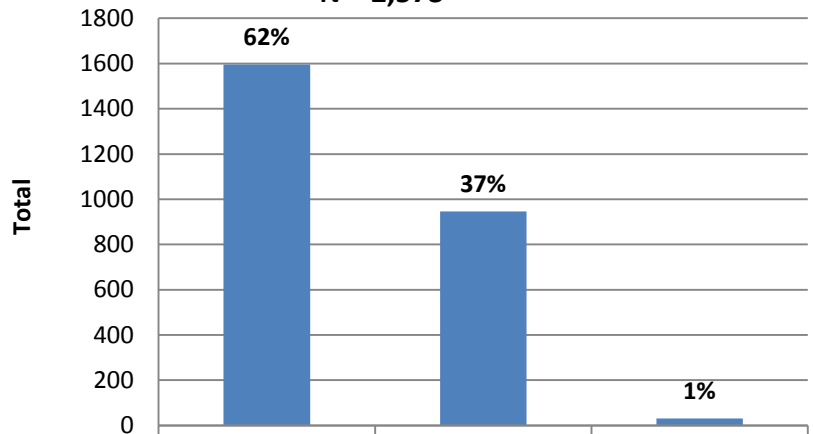
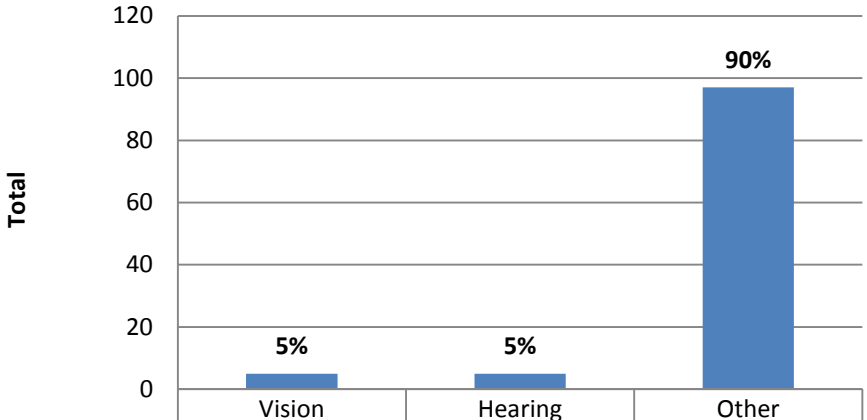


Figure 45: Integrated Community Wellness
PEI Services by Gender Fy 14-17
N = 2,573



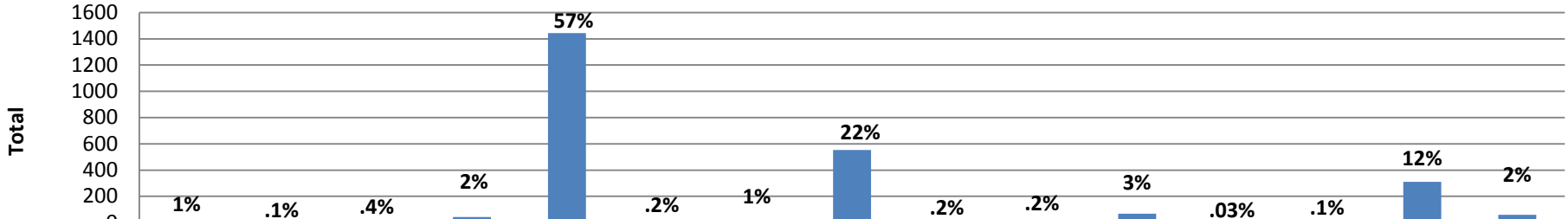
	Females	Males	Other
Total 2014-2017	1596	946	31

Figure 46: Integrated Community Wellness
PEI Services by Disability FY 14-17
N = 107



	Vision Impaired	Hearing Impaired	Other Disability
Total 2014-2017	5	5	97

Figure 47: Integrated Community Wellness
PEI Services by Race/Ethnicity FY 14-17
N = 2,546



	Native American	Asian Indian	Asian	African American	Caucasian	Chinese	Filipino	Hispanic /Latino	Japanese	Korean	Multi-Racial	Russian	Vietnamese	Unknown/Not Reported	Other
Total 2014-2017	15	3	9	42	1443	6	21	554	6	4	69	1	2	311	60

Integrated Community Wellness

YOUNG ADULT COUNSELING PROGRAM

PEI Program 5: FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Young Adult Counseling	$416,832	28	$14,886

Program Type

Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Suicide Prevention	Access & Linkage	Timely Access to Services
0%	50%	0%	0%	0%	50%	0%

Access and Linkage to Treatment Strategy

Number of Individuals Referred for Treatment	*Data to be reported next fiscal year.*
Number of Individuals Followed Through on Referral	*Data to be reported next fiscal year.*
Average Duration of Untreated Mental Illness	*Data to be reported next fiscal year.*
Average Interval between Referrals and Participation in Treatment	*Data to be reported next fiscal year.*
Number of Veterans	0

Amount of Funding Expended for Prevention & Early Intervention Component

Total		**Administration***		**Evaluation***	
PEI Funding	***$248,492***	PEI Funds	***$120,429***	PEI Funds	***$24,316***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$168,430***	Any other funding	***$0***	Any other funding	***$0***

*The administration and evaluation funding represents all of Program 5 (Community Based Therapeutic Services, Integrated Community Wellness, and Young Adult Counseling).

PROGRAM 5: Integrated Community Wellness		
Project	**Provider**	**2014-2017 Outputs**
5.3 Young Adult Counseling	County of San Luis Obispo Behavioral Health Department	Annual Expected Outputs: 20 unduplicated participants served Current: 28 unduplicated participants served (FY 2014-2015 & 2016-2017)

Transitional Age Youth "must piece together the financial, social, academic, mental health, employment, and spiritual supports that they have in combination with their resilience and unique skill sets in order to create a place for themselves in the adult world" (Regional Research Institute for Human Services, 2010, p.14). It is evident that this group is in need of support to help them enhance their skills and guide them to a path of wellness. The Young Adult Counseling program, administered by the County of San Luis Obispo Behavioral Health Department, offers free individual and/or small counseling opportunities for Transition Aged Youth. The program engages clients who are experiencing early signs of mental health issues or seeking help or support as it addresses symptoms of depression, anxiety, or associated risk behaviors including substance use.

The program has been successful in including various topics concerning the population needs, such as education, assessments, and referral to other services. Primarily, the program has been designed to include and provide a level of support to clients who do not meet diagnostic criteria for other county services, as well as provide mental health support to clients who would not otherwise have access to services for various reasons, such as insurance or symptom levels. As evaluation tools and data collection have been redesigned, data is to be reported for fiscal year 2017-2018. For fiscal year 2016-2017 a total of nine (9) unique clients were served, three (3) clients were opened to a County substance use treatment program after one or more sessions, and one (1) client transitioned to a longer term therapy. The remaining five (5) clients received a total of forty-nine (49) sessions.

Table 14.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.

Prevention & Early Intervention (PEI)

FY 2014-2017 FISCAL SUMMARY

PEI Programs FY 2014-2017	Total Funding	Unduplicated Total Served	Cost per Client
Mental Health Awareness & Stigma Reduction	**$716,905**	**8,274**	**$87**
School-Based Wellness	**$2,163,003**	**5,591**	**$387**
Family Education, Training & Support	**$345,204**	**159,740**	**$2**
Early Support for Underserved Populations	**$1,005,296**	**7,208**	**$139**
Integrated Community Wellness	**$1,054,784**	**3,963**	**$266**

Amount of Funding Expended for Prevention & Early Intervention Component

Total Program Funding		**Administration**		**Evaluation**	
PEI Funding	***$4,965,073***	PEI Funding	***$603,430***	PEI Funding	***$121,838***
Medi-Cal	***$0***	Medi-Cal	***$0***	Medi-Cal	***$0***
1991 Realignment	***$0***	1991 Realignment	***$0***	1991 Realignment	***$0***
Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***	Behavioral Health Subaccount	***$0***
Any other funding	***$320,119***	Any other funding	***$0***	Any other funding	***$0***
TOTAL	***$5,285,192***	**TOTAL**	***$603,430***	**TOTAL**	***$121,838***

Funds allocated by the County to California Mental Health Services Authority/other organization in which counties are acting jointly:	***$201,904***

References

Balfanz, Robert. "Putting Middle Grades Students on the Graduation Path: A Policy and Practice Brief." (2009): 1-15.

Centers for Disease Control and Prevention. *School Connectedness: Strategies for Increasing Protective Factors Among Youth*. Atlanta, GA: U.S. Department of Health and Human Services; 2009.

Center for Prevention Research and Development (2005). *Background research: Student assistance programs.* Champaign, IL: Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois.

National Alliance on Mental Illness (2012, Dec 6), *College survey: 50 percent of college students with mental health problems who withdraw from school because of mental health issues never access college mental health services.* NAMI. Retrieved from https://www.nami.org/Press-Media/Press-Releases/2012/College-Survey-50-Percent-of-College-Students-with

National Alliance on Mental Illness (2017, Oct. 30). *Mental health by the numbers.* NAMI, Retrieved from https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

National Alliance on Mental Illness (2006). *Negotiating the transition-age years.* NAMI Beginnings 8, p. 1-16. Retrieved from http://mindpeacecincinnati.com/wp-content/uploads/NAMINewsletter.pdf

Regional Research Institute for Human Services (2010). *Transition-aged youth, mental health challenges, and survival self-reliance.* Retrieved from https://www.pathwaysrtc.pdx.edu/pdf/fpS1005.pdf

Substance Abuse and Mental Health Services Administration, *Leading Change: A plan for SAMHSA's roles and actions 2011-2014.* HHS Publication No/ (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

U.S. Department of Veterans Affairs (2016). "Suicide among veterans and other Americans: 2001-2014." Office of Suicide Prevention. Retrieved from <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

World Health Organization (2016). *Mental health and older adults: Fact sheet.* Retrieved from http://www.who.int/mediacentre/factsheets/fs381/en/

Appendix A: Ages and Stages Questionnaire Excerpt

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

TOTAL POINTS ON PAGE ___

Appendix B: Behavior Rating Scale (English and Spanish)

Childs Name_____ **Provider Name**_____

Childs Age_____

Date_____

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

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

To what extent is each item true of the child?

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

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

Appendix B: Behavior Rating Scale (English and Spanish)

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

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

Fecha_____

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

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

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

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

Appendix B: Behavior Rating Scale (English and Spanish)

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

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

Appendix B: Behavior Rating Scale (English and Spanish)

Child _____
Program_____

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

Pre Test

Forming the Factors:

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

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

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

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

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

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

Post Test

Forming the Factors:

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

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

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

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

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

Appendix C: Protective & Risk Factors FY 2014-2015

FY 2014-2015 results for the SAP Pre-Post Survey

Protective Factors	% Increase
My grades are mostly	18.13%
I am involved in activities outside of class	11.07%
If I had a personal problem, I could ask my mom or dad (or other family member) for help	16.83%
I have a good relationship with my parents	13.94%
I feel good about myself	28.41%
I think about the consequences to my actions	24.64%
I'm accepting of people who are different than me	8.75%
It is easy for me to talk to people I don't know very well	29.17%
If I were bullied or harassed, I feel confident in my ability to handle the situation	25.11%
I feel confident in my ability to cope with stress, depression and anxiety	38.15%
I enjoy being at school	21.43%
I understand that alcohol is harmful to me	3.06%
I understand that marijuana is harmful to me	5.88%
I understand the misuse of prescription drugs is harmful to me	4.95%
Protective Factors Cumulative Average	17.82%

Risk Factors	% Increase
The number of times I have gotten into a physical fight or threatened someone is	-20.70%
The number of times I used marijuana is	-15.68%
The number of times I used alcohol is	-11.27%
The number of times I used other drugs is	-5.54%
The number of times I have misused prescription drugs is	-6.90%
The amount of times I've hurt myself on purpose	-21.95%
The number of times I have seriously thought about suicide is	-22.49%
How many days were you absent?	-13.27%
Of your closest friends, how many have ever used alcohol or other drugs?	-6.87%
Risk Factors Cumulative Average	-13.85%

FY 2015-2016 results for the SAP Pre-Post Survey

Protective Factors	% Increase
My grades are mostly	15.36%
I am involved in activities outside of class	12.63%
If I had a personal problem, I could ask my mom or dad (or other family member) for help	24.38%
I have a good relationship with my parents	14.90%
I feel good about myself	23.95%
I think about the consequences to my actions	27.23%
I'm accepting of people who are different than me	7.47%
It is easy for me to talk to people I don't know very well	19.04%
If I were bullied or harassed, I feel confident in my ability to handle the situation	24.35%
I feel confident in my ability to cope with stress, depression and anxiety	27.31%
I enjoy being at school	23.05%
I understand that alcohol is harmful to me	3.84%
I understand that marijuana is harmful to me	3.42%
I understand the misuse of prescription drugs is harmful to me	3.22%
Protective Factors Cumulative Average	16.44%

Risk Factors	% Increase
The number of times I have gotten into a physical fight or threatened someone is	-15.34%
The number of times I used marijuana is	-5.27%
The number of times I used alcohol is	-8.57%
The number of times I used other drugs is	-1.08%
The number of times I have misused prescription drugs is	-4.17%
The amount of times I've hurt myself on purpose	-19.33%
The number of times I have seriously thought about suicide is	-18.38%
How many days were you absent?	-12.59%
Of your closest friends, how many have ever used alcohol or other drugs?	-4.88%
Risk Factors Cumulative Average	-9.96%

FY 2016-2017 Survey results for the SAP Pre-Post Survey

Protective Factors	% Increase
My grades are mostly	11.29%
I am involved in activities outside of class	21.88%
If I had a personal problem, I could ask my mom or dad (or other family member) for help	28.44%
I have a good relationship with my parents	25.87%
I feel good about myself	22.50%
I think about the consequences to my actions	25.37%
I'm accepting of people who are different than me	8.55%
It is easy for me to talk to people I don't know very well	21.32%
If I were bullied or harassed, I feel confident in my ability to handle the situation	22.92%
I feel confident in my ability to cope with stress, depression and anxiety	42.69%
I enjoy being at school	54.69%
I understand that alcohol is harmful to me	5.50%
I understand that marijuana is harmful to me	7.22%
I understand the misuse of prescription drugs is harmful to me	5.82%
Protective Factors Cumulative Average	21.72%

Risk Factors	% Increase
The number of times I have gotten into a physical fight or threatened someone is	-25.97%
The number of times I used marijuana is	-11.53%
The number of times I used alcohol is	-17.14%
The number of times I used other drugs is	-5.26%
The number of times I have misused prescription drugs is	-14.71%
The amount of times I've hurt myself on purpose	-19.39%
The number of times I have seriously thought about suicide is	-17.96%
How many days were you absent?	-20.72%
Of your closest friends, how many have ever used alcohol or other drugs?	-14.58%
Risk Factors Cumulative Average	-16.36%

FY 2016-2017 Revised Survey results for the SAP Pre-Post Survey

Protective Factors	% Increase
My grades are mostly	10.97%
I can ask a trusted adult or family member for help if I need it.	28.33%
I have a good relationship with my parents or caregivers.	10.85%
I generally feel good about myself.	22.15%
I consider the consequences to my actions.	18.60%
I have friends who make positive/healthy choices.	13.36%
I know how to handle a situation if I'm bullied or harassed	25.10%
I know how to better cope with stress, depression and anxiety.	39.89%
I enjoy being at school	14.97%
I understand that alcohol is harmful to me	2.85%
I understand that marijuana is harmful to me, and how.	4.24%
I understand the misuse of prescription drugs is harmful to me	1.65%
Protective Factors Cumulative Average	16.06%

Risk Factors	% Increase
I have received ___ behavior referrals	-8.92%
I have gotten into a physical fight or threatened someone ___ times.	-2.71%
I have used marijuana ___ times	-0.32%
I have used alcohol ___ times	-6.72%
I have used other drugs (cocaine, ecstasy, meth, pills, etc.) ___ times	-2.52%
I have misused prescription drugs ___ times	-2.40%
I've hurt myself on purpose (cutting, burning, etc.) ___ times.	-11.03%
I have seriously thought about suicide ___ times.	-15.67%
How many days were you absent?	-4.73%
Risk Factors Cumulative Average	-6.11%