



**COUNTY  
of SAN LUIS  
OBISPO**

**2017-2018  
Mental Health Services Act (MHSA)  
Annual Update and  
Three-Year Program &  
Expenditure Plan for Fiscal Years  
2017-2018 thru 2019-2020**

## Table of Contents

Overview and Executive Summary	1
Community Planning Process	12
Community Services and Supports (CSS)	20
Workforce Education and Training (WET)	55
Prevention & Early Intervention (PEI)	59
Innovation (INN)	91
Capital Facilities and Technological Needs (CFTN)	102
Financial Report	104
Exhibit A – County Certification	117
Exhibit B – MHSA County Fiscal Accountability Certification	118
Appendix A: Notice of Availability for Public Review & Comment	119
Appendix B: MHSA Performance Audit	120
Appendix C: SLOBHD Response to MHSA Performance Audit	127
Appendix D: Student Assistance Program Results	129



## Overview and Executive Summary

San Luis Obispo County's Mental Health Services Act (MHSA) Fiscal Year 2017-2018 Annual Update and Three-Year Program and Expenditure Plan provides an overview of the work plans and projects being implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. The passage of MHSA provided San Luis Obispo County with increased funding, personnel, and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults, and families. MHSA programs address a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements that support the County's public mental health system.

This Update was produced by the County of San Luis Obispo's Behavioral Health Department (SLOBHD) and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. In past years, the County has provided an Annual Update which reported results of programs one fiscal year prior to publication. In an attempt to streamline the Annual Update with the Three Year Expenditure Plan, Prevention & Early Intervention Evaluation, and Innovation Planning, the County will now report on the fiscal year immediately preceding the publication date each December. **This report includes descriptions of programs and services, as well as results from the 2015-2016 and 2016-2017 fiscal years**, for the following MHSA components and work plans:

- Community Services and Supports, including Housing (CSS, implemented 2005)
- Prevention & Early Intervention (PEI, implemented 2008)
- Workforce Education and Training (WET, implemented 2009)
- Capital Facilities and Technological Needs (CFTN, implemented 2009)
- Innovation (INN, implemented 2011)

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

This Update and Plan will be submitted to the County of San Luis Obispo's Board of Supervisors for approval on or before December 12, 2017. California Assembly Bill (A.B.) 100, passed in 2011, amended the MHS



to streamline the approval process of programs developed. Among other changes, A.B. 100 deleted the requirement that the three-year plan and updates be approved by the Department of Health Care Services (DHCS) after review and comment by the Oversight and Accountability Commission. Additionally, A.B. 1467 (passed in June 2012), amended the Act to require the three-year program and expenditure plan, and annual updates, be adopted by each County's Board of Supervisors and then submitted to the MHSOAC within 30 days. The goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

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

In this Annual Update and Three-Year Plan, SLOBHD has again included descriptions of Program Goals, Key Objectives, Key Outcomes, and Measures at the front of each CSS and PEI work plan. For CSS programs, these stated goals and targets remain in development as the system providers and stakeholders review the past decade of projects and continue to strengthen data collection and results reporting. The County is committed to improved

outcome reporting and system accountability. This is ongoing process as the County will continue to develop Request for Proposals (RFP) for several MHSA program services in the coming years.

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

- PEI reporting requirements, including expenditure reports, PEI program and evaluation reports to be submitted to the MHSOAC, etc.
- Component general requirements, including the minimum number and type of PEI programs that each County shall include in its plan, etc.
- General requirements for services, including the age ranges to be served, minimum percent funding allocated to programs serving children and TAY, etc.
- Strategies for program design and implementation, including that programs help create access and linkage to treatment, improve timely access to mental health services, and be non-stigmatizing and non-discriminatory, etc.
- Use of effective methods in bringing about intended program outcomes, including evidence-based practices, promising practices, and/or community-and/or practice-based standards, etc.
- Program evaluation guidelines, including that evaluations are culturally competent and, depending on the type of program, measure one or more of the following: reduction in prolonged suffering; changes in attitudes, knowledge or behaviors; number of referrals and linkages; duration of untreated mental illness; timeliness of care, etc.
- Reporting guidelines for program changes, including descriptions of the original program, the change(s), stakeholder involvement in the changes, etc.

SLOBHD staff are working to bring current PEI data collection and program reporting into alignment with the new regulation. Due to the Department’s MHSA administrative staffing and program changes in the past year, some of these initial efforts are not yet reflected in the PEI component of the current Plan.



A key value for the County’s MHSA program is the maintenance of quality partnerships between the Department and community providers, staff, stakeholders, consumers, family members, and the organizations which support

wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet changing needs, and communicate directly with the public in order to maintain a stakeholder presence throughout the MHSA programs.

In December 2016, Frank Warren, the Division Manager of Prevention & Outreach for SLOBHD, and the county's MHSA Coordinator, presented the Annual Update of MHSA programs and plans to the County of San Luis Obispo's Board of Supervisors. This broadcasted public presentation allows community members to hear about MHSA programs, objectives, and outcomes, thus beginning the public dialogue for each new fiscal year. County MHSA leadership takes part in several panels and community meetings during the summer and fall months, which help craft the plans for the Community Planning Process.

In 2015-2016, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met four times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. In addition, the Prevention & Early Intervention (PEI) and Innovation stakeholder committees met and conferred over the course of the year. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plans and operations in 2016-2017:

- Support for the operation of a new Crisis Stabilization Unit (CSU) to be built with SB 82 grant funds.
- Support for an increase in MHSA contractor funding to reflect a 2.2% cost of living adjustment (COLA).
- Creation of a new adult FSP within the CSS plan to serve as the basis for an Assisted Outpatient Treatment (AOT) program. This was done per collaboration with stakeholders following the County's adoption of Laura's Law.
- Creation of a new Service Enhancement Program within the CSS plan, and located at the County's child behavioral health assessment center, known as "Martha's Place."
- Creation of a new co-occurring disorder program within the CSS plan, and specifically designed for adolescents.
- Expand the Homeless Outreach FSP Team by .5FTE to increase the number of annual contacts (200), along with moving the team Therapist and Medication Manager from the County to Transitions Mental Health Association. In addition, stakeholders approved an increase in housing funds to support an additional 4-bed housing program for the Homeless Outreach FSP.
- Altering the CSS Latino Outreach Program budget to reduce expenses for staff clinical supervision and expand direct services to the community.

- Creation of new PEI programs, including a Perinatal Mood and Anxiety Disorder Project (PMAD), an In-Home Parent Educator project, a school-based behavioral health gaps and services analysis for future planning, and an expansion of the county’s mental health Hotline.
- Additionally, the MAC supported the County’s effort to seek approval for four new Innovation projects, which were approved by the MHSOAC in February, 2016.

In 2016-2017, the MAC, as well as the PEI stakeholder group, met four times and approved the following changes to the County’s MHSO Plans and operations in 2017-2018:

- Maintenance of the Crisis Response Team (within CSS Work plan 7) which had been supported with SB 82 Crisis Expansion grants funds. This team would enhance contracted mobile crisis services by focusing on the two emergency departments in the city of San Luis Obispo.
- Infrastructure supports, including an Accounting Technician to support the expanded need for MHSO fiscal management.
- Approval to move \$4,000,000 to the Prudent Reserve. This will happen over the next three years.
- Expansion of psychiatric and medication services for the Adult Full Service Partnership teams housed at Transitions Mental Health Association.
- Creation of a Suicide Prevention Coordinator within the Prevention & Early Intervention work plan.
- Establishment of a research grant (PEI) to examine the LGBTQ community’s experience in the community mental health system and make recommendations for improved access and linkage to services.
- Creation of a new therapist/social worker position to support the San Luis Obispo Police Department’s “Community Action Team (CAT)” which focuses on outreach and engagement for homeless and other vulnerable populations within the city.
- Approval of moving \$120,000 from the CSS budget into WET in order to maintain the current work plan, which is set to liquidate in 2018-2019.

**Community Services and Supports (CSS)** programs continue to serve a wide array of severely mentally ill individuals in all parts of the county. Details found in this Annual Update include personal success stories and outcome reporting, which reveals positive changes in meaningful measures such as employment, hospitalizations, education, and quality of life amongst various program participants. Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, “whatever-it-takes” model. Unique designs like the Latino Outreach Program provide

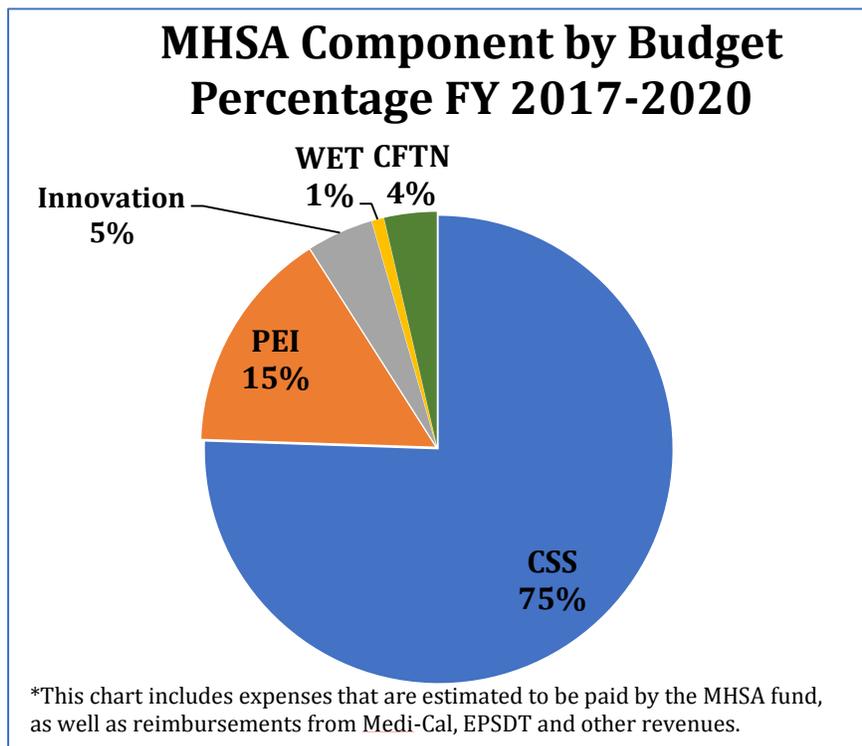
culturally competent care and treatment in neighborhood settings. Forensic coordination efforts have been critical since the state’s adoption of jail realignment (through the passing of Assembly Bill 109), and have provided an opportunity for behavioral health providers to engage inmates before and upon release.

There were a few significant adjustments to CSS programs in 2015-2016, and 2016-2017, which have made positive impacts on local MHSA services. Beginning in July of 2016, the County selected Sierra Mental Wellness Group, Inc. to be the provider for Mobile Crisis Services (now called the Mental Health Evaluation Team). Sierra expanded the original work plan’s services by providing two dedicated staff during the daytime shift, placed in high need areas (e.g., mental health clinics and county-wide emergency rooms). Sierra increased client follow-up and service referral and linkage, decreased response times, and provided more trainings around crisis intervention and WIC 5150 procedures.

In 2015 the County elected to transfer its Full Service Partnership (FSP) therapeutic services to community providers. After a competitive Request for Proposals, Transitions Mental Health Association and Wilshire Community Services were selected to provide FSP therapeutic and

rehabilitative services for Adult and Older Adult FSP programs, respectively. The Department assessed that adult FSP programs will be more effective and seamless for the clients if the clinical and rehabilitative services were provided by one agency.

Stakeholders approved a 2015-2016 expansion of the County Mental Health Therapist assigned to the Homeless Outreach FSP from .50 FTE to 1.0 FTE. This allowed for 10-15



additional clients annually. In 2016-2017 this position, along with the County Medication Manager were transferred to TMHA.

A new collaborative Full Service Partnership (FSP) program for Adults in Assisted Outpatient Treatment (AOT) was established in 2016. This collaboration includes AOT outreach and treatment services provided by a FSP team comprised of TMHA staff. SLOBHD staff provide assessment, program support and coordination with the court.

A Co-Occurring Disorder program for adolescents was launched in the 2016-2017 CSS work plan. Stakeholders saw the need for targeted treatment delivery for a growing number of cases of youth experiencing addiction and mental illness. The work has included groups, school-based interventions, and case management with families and program therapists to provide improved communication and treatment outcomes.

In 2015-2016 stakeholders elected to fund Innovation programs which had been completed yet provided strong practices and outcomes for the county. The “Service Enhancement Program,” which provides engagement and support for new consumers and families entering the mental health system, was maintained using CSS funds, and moved to the Quality Support Team division and Managed Care program of the Department. Additionally, stakeholders saw the need for a similar approach to engaging new families in the county’s child assessment center (“Martha’s Place”). In early 2017 the County selected the Community Action Partnership of San Luis Obispo County (CAPSLO) to administer a new Service Enhancement Program for Martha’s Place. This program helps families navigate resources within the community and supports ongoing treatment within the center.

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

New PEI programs were added and expanded in the 2015-2016 and 2016-2017 years. In 2015 the County established a College-Based PEI Specialist (replacing an original PEI program position no longer in existence). This position coordinates stigma reduction activities and education, suicide prevention and provides Mental Health First Aid training for Cal Poly University and Cuesta College. The Specialist supports orientation programs, acts as a liaison with Active Minds Chapters, campus clubs, and community events (e.g. NAMI Walk). The Specialist has also been active in media relations, social marketing, and policy development on the local college campuses.

Stakeholders also approved maintaining the popular Innovation “Veterans Outreach Program.” This was approved using additional PEI and CSS funding. The program, which provides active, rehabilitative activities for veterans and their families – while embedding a therapist for engagement and increased access – continues to be one of the county’s most popular MHSA programs.

PEI stakeholders also saw a need for addressing trauma and issues which had not been discussed in the original rounds of PEI planning. The Public Health Department’s Perinatal Mood and Anxiety Disorder (PMAD) project was supported by PEI beginning in 2016 to help provide centralized access for women seeking mental health care. Additionally, an In-Home Parent Educator program was expanded from the local Child Welfare Services system to address children in the County mental health system. Both programs are in their first year of success.

As **Workforce Education and Training (WET)** funding is no longer being distributed to the County, and all programs have been implemented, work plans will continue to decrease over the next few years. In 2015-2016 training cultural competence issues expanded across the community mental health system. The Peer Advisory and Advocacy Team (PAAT) continues to be a successful training ground, and recognized community partner, for developing peer employment and volunteerism. PAAT hosts the annual “Journey of Hope,” a large community forum on mental health and wellness, each January. Additionally, a regional Working Well Together conference was held to provide perspectives on peer employment and workforce development in March, 2016.



PAAT member, Arthur, meets Darrell Steinberg, author of the Mental Health Services Act

Stakeholders agreed to use CSS funding, beginning in 2017-2018, to maintain the current activities within the WET work plan. Going forward the County will continue to offer

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

The **Capital Facilities and Technological Needs** work plan involves the development of the county's electronic health record (Anasazi). Between 2015-2017 the project met several milestones and training was completed for nearly every provider within the county. This expansive project continues to move the county's mental health system forward, and will continue to build bridges between substance use treatment, and physical health care in the coming years.

The **Innovation** component of MHSAs has provided an array of exciting developments to the local mental health system. Local Innovation projects have proven to be novel, new, and creative, and the County has already seen opportunities for projects to be replicated in other communities across the state. Some of the highlights reported here include the MHSAs stakeholders' adoption of Operation Coastal Care in both the PEI and CSS work plans, providing outreach and care for local veterans. Stakeholders also approved the adoption and expansion of the Service Enhancement Program within CSS. Cuesta College continues to offer Wellness Arts 101 as part of its permanent catalogue, after a successful trial during the first round of Innovation funding.

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

- The **Transition and Relapse Prevention Project (TARP)** seeks to learn if rates of recidivism and relapse are reduced by embedding peer mentors with adult FSP clients preparing to "graduate." This test practice will introduce a peer mentor into the individual's FSP team within 90 days of graduation. The peer mentor will assist the client in transitioning into a non-intensive, self-supported system of care. The County will evaluate whether the rates of recidivism and relapse among FSP clients are reduced by this bridge approach, in comparison to those traditionally

graduated or transferred to lower levels of care in other parts of the mental health system.

- The **Late Life Empowerment and Affirmation Program** (LLEAP) will test whether a curriculum developed for victims of domestic violence (DV) can be adapted to meet the needs of older adults who have lost their spouse, or partner, and are feeling overwhelmed by having to be the “head of household.” The project seeks to learn whether DV curricula can be effective in the treatment of mental health issues among older adult widows, who often exhibit similar symptoms to those experienced by domestic violence victims (i.e. depression, PTSD, isolation, anxiety, etc.).
- The **“Not for Ourselves Alone”** Innovation will provide trauma-informed care training across general, non-health-social service agencies, and programs in the County of San Luis Obispo, with the intention of building capacity and increasing interagency collaboration to best serve the citizenry. Community members with trauma are not served by health and social service agencies alone. This project is aimed at the County’s government agencies, to deepen the understanding of trauma and how it may impact its constituents – including its own employees. The project will test whether this understanding will lead to better, more informed public engagement and customer service.
- The **COLEGA** project will test innovative approaches to working with Latino women who are victims of domestic violence (DV), and who also exhibit moderate or greater mental health needs. The project will attempt to determine whether a certain level of “peer status” is more beneficial than another in providing support to a treatment group. Treatment groups will be paired with one of three different “peers” (a Latina woman, a Latina with lived DV experience, or a Latina with DV history who is also a mental health system consumer) in an attempt to better define “peer” as it relates to the client. The County will test whether the peer’s experience, when other variables are somewhat constant, has a greater or reduced impact on treatment outcomes.

The San Luis Obispo County Annual Update and Three-Year Expenditure Plan for 2017-2020 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 17 through November 15, 2017. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Behavioral Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review concluded with a Public Hearing on November 15, 2017 as part of the monthly Behavioral Health Board Meeting. At that meeting Frank Warren, MHSA Coordinator and Division Manager (Prevention & Outreach) presented

highlights of the Update and Plan, reviewed the Community Planning Process, and shared substantive comments received during the 30-day public review. Those comments are detailed in the Community Planning Process of the Update.

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

The Behavioral Health Board unanimously recommended the Annual Update and Three-Year Plan. The Annual Update and Plan was submitted to, and approved by, the County Board of Supervisors on January 23, 2018.



Local stakeholders and County Health Agency leaders participate in a groundbreaking ceremony for a new Crisis Stabilization Unit funded, in part, by the Mental Health Services Act.

## Community Planning Process

In preparing this Annual Update and Three-Year Expenditure Plan for the Mental Health Services Act (MHSA) in San Luis Obispo County, the spirit of community collaboration utilized to develop the work plans continued as stakeholders reviewed their progress and success. A key value for the Behavioral Health Department's (SLOBHD) MHSA presence is the maintenance of quality partnerships: between County and community providers, staff, stakeholders, consumer, family members, and the organizations which support wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet changing needs, and communicate directly with the public in order to maintain a stakeholder presence within the MHSA programs.

Throughout the year the SLOBHD team, under the leadership of Frank Warren (County MHSA Coordinator and Prevention & Outreach Division Manager), meets regularly with stakeholder groups, individuals, and organizations in order to maintain an open dialogue regarding MHSA plans and programming. The primary stakeholder groups include the oversight body: the MHSA Advisory Committee (MAC)



which stems from the original CSS workgroup; as well as the component-driven PEI and Innovation workgroups, and the County's Behavioral Health Board.

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

San Luis Obispo County's Behavioral Health Board (BHB) is made up of agency leaders, consumers, family members, advocates, and concerned community members. The Board's

roles include: monitoring MHSa programs on a monthly basis, meeting the California Welfare and Institutions Code (§5604) requirement for the County, acting as an advisory body for the Department as well as a communication avenue for sharing MHSa information, and engaging in several discussions regarding the projects being implemented in MHSa.

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

In 2015-2016, the MAC met four times - on September 18, 2015, February 22, 2016; March 28, 2016; and again, April 25, 2016. Stakeholders were provided fiscal information, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHSa projects were operating in the community. Updates were given on the Innovation programs which were being proposed, as well as the Capital Facilities and Technology Needs project which is funding the county’s conversion to Electronic Health Records.

Stakeholders were provided recommendations and ultimately approved the following changes to the County’s MHSa Plans and operations in 2016-2017:

- Support for the operation of a new Crisis Stabilization Unit (CSU) to be built with SB 82 grant funds.
- Support for an increase in MHSa contractor funding to reflect a 2.2% cost of living adjustment (COLA)
- Creation of a new adult FSP within the CSS plan to serve as the basis for an Assisted Outpatient Treatment (AOT) program. This was done per collaboration with stakeholders following the County’s adoption of Laura’s Law.
- Creation of a new Service Enhancement Program within the CSS plan, and located at the County’s child behavioral health assessment center, known as “Martha’s Place.”
- Creation of a new co-occurring disorder program within the CSS plan, and specifically designed for adolescents.
- Expand the Homeless Outreach FSP Team by .5FTE to increase the number of annual contacts (200), along with moving the team Therapist and Medication Manager from the County to Transitions Mental Health Association. In addition, stakeholders approved an increase in housing funds to support an additional 4-bed housing program for the Homeless Outreach FSP.
- Altering the CSS Latino Outreach Program budget to reduce expenses for staff clinical supervision and expand direct services to the community.
- Creation of new PEI programs, including a Perinatal Mood and Anxiety Disorder Project (PMAD), an In-Home Parent Educator project, a school-based behavioral

health gaps and services analysis for future planning, and an expansion of the county's mental health Hotline.

- Additionally, the MAC supported the County's effort to seek approval for four new Innovation projects, which were approved by the MHSOAC in February, 2016.

On December 6, 2016, Frank Warren, the county's MHSO Coordinator, presented the Annual Update of MHSO programs and plans to the County Board of Supervisors. This broadcasted public presentation allows community members to hear about MHSO programs, objectives, and outcomes, thus beginning the public dialogue for each new fiscal year. County MHSO leadership takes part in several panels and community meetings during the summer and fall months, which help craft the plans for the Community Planning Process.

In 2016-2017, the MAC, as well as the PEI stakeholder group, met four times (September 26, 2016; October 24, 2016; April 20, 2017; and June 15, 2017) and approved the following changes to the County's MHSO Plans and operations in 2017-2018:

- Maintenance of the Crisis Response Team (within CSS Work plan 7) which had been supported with SB 82 Crisis Expansion grants funds. This team would enhance contracted mobile crisis services by focusing on the two emergency departments in the city of San Luis Obispo.
- Infrastructure supports, including an Accounting Technician to support the expanded need for MHSO fiscal management.
- Approval to move \$4,000,000 to the Prudent Reserve. This will happen over the next three years.
- Expansion of psychiatric and medication services for the Adult Full Service Partnership teams housed at Transitions Mental Health Association.
- Creation of a Suicide Prevention Coordinator within the Prevention & Early Intervention work plan.
- Establishment of a research grant (PEI) to examine the LGBTQ community's experience in the community mental health system and make recommendations for improved access and linkage to services.
- Creation of a new therapist/social worker position to support the San Luis Obispo Police Department's "Community Action Team (CAT)" which focuses on outreach and engagement for homeless and other vulnerable populations within the city.
- Approval of moving \$120,000 from the CSS budget into WET in order to maintain the current work plan, which is set to liquidate in 2018-2019.

The major activities of the past year, 2016-2017, included the establishment of a Full Service Partnership committed to serve clients referred as part of a new Assisted Outpatient Treatment (AOT) program (i.e. Laura's Law). The County's Board of Supervisors held meetings in 2015-2016 to encourage the adoption of an AOT program within the Health Agency. The MAC was key in determining funding for the program would be able to come from CSS revenue if the program met the principles of MHSO. Stakeholders ultimately approved funding the program as long as it functioned as a Full Service Partnership model -

providing intense, team-based, care for severely mentally ill individuals meeting the criteria for assisted outpatient treatment. In its first year, the program screened over 50 individuals (most of which were referred into outpatient programs or other FSP) and is still working towards establishing an ongoing caseload.

Other new MHSA programs launching in 2016-2017 included the Service Enhancement Program expansion to include the County's child assessment center, "Martha's Place." The program was an original Innovation project and had been maintained for adult outpatient clinics in 2015-2016. Four new Innovation projects were introduced to the community. A Perinatal Mood and Anxiety Disorder Project (PMAD), an In-Home Parent Educator project were also launched, using PEI funds.

The County also received SB 82 funds to develop and build a Crisis Stabilization Unit (CSU). MHSA stakeholders agreed to fund a major portion of operation costs, with County general fund support included. The CSU will open in 2017-2018.

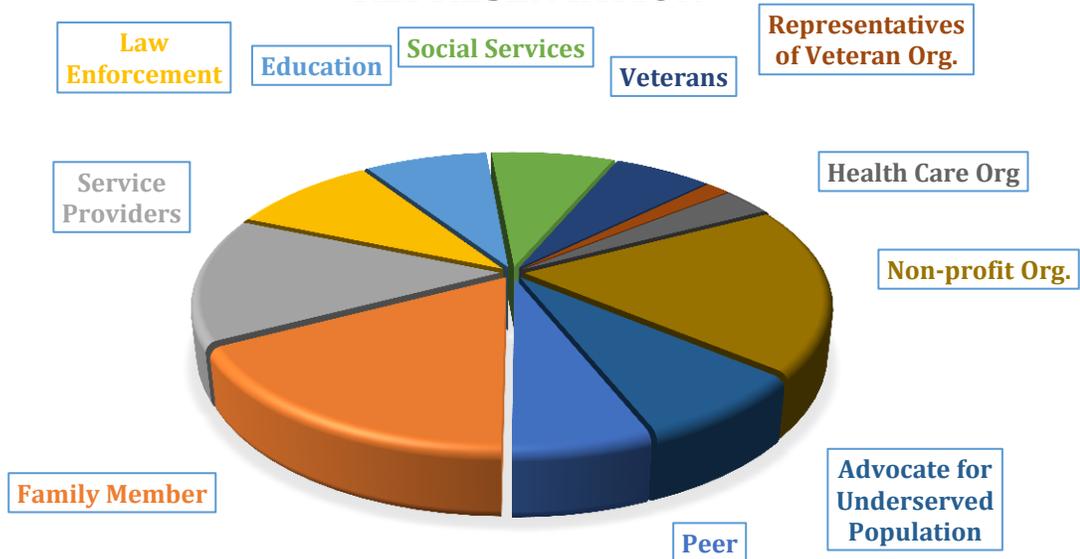
In preparing for the 2017-2018 Annual Update to the Three-Year Plan, and to review program progress, the MAC first convened on September 26, 2016. At that meeting the CSS, PEI, and new Innovation work plans were reviewed, and updates provided. Raven Lopez, the chief accountant assigned to MHSA, provided detailed revenue and expense reports, as well as updates to projections based on the potential of the "No Place Like Home" initiative – and its impact on MHSA revenues. Ms. Lopez also reported on a County audit of the local MHSA plan, which was presented to the Board of Supervisors the following day. The



Meeting of the MHSA Advisory Committee (MAC), the oversight stakeholder group.

stakeholders also approved funding for an Accounting Technician to meet the growing need for the SLOBHD finance team’s capacity to manage MHSA funds.

## 2016-2017 MHSA ADVISORY COMMITTEE REPRESENTATION



The MAC met again on October 24, 2016 to review the 2016-2017 Annual Update, program budgets, CSS program updates, and hear a presentation on the FSP Transition and Relapse Prevention (TARP) Innovation project. The stakeholder group approved maintaining a position within the Crisis Response Team – originally funded by a SB 82 grant from the California Health Facilities Financing Authority (CHFFA) – within CSS, to provide crisis response specific to emergency departments in San Luis Obispo city hospitals.

At the April 20, 2017 MAC meeting, stakeholders received a report on the status of the new Assisted Outpatient Treatment FSP by Joe Madsen, Division Director for Housing and Support Services Programs at TMHA. Nestor Veloz-Passalaqua was introduced as the new PEI and Innovation Coordinator (SLOBHD). Raven Lopez reported on the need for additional CSU funds, which were approved, along with the status of the Prudent Reserve. The County made the recommendation to move \$4 million into the reserve over the next three years in order to avoid reversion and create a safety net (approved by the stakeholders at the following meeting).

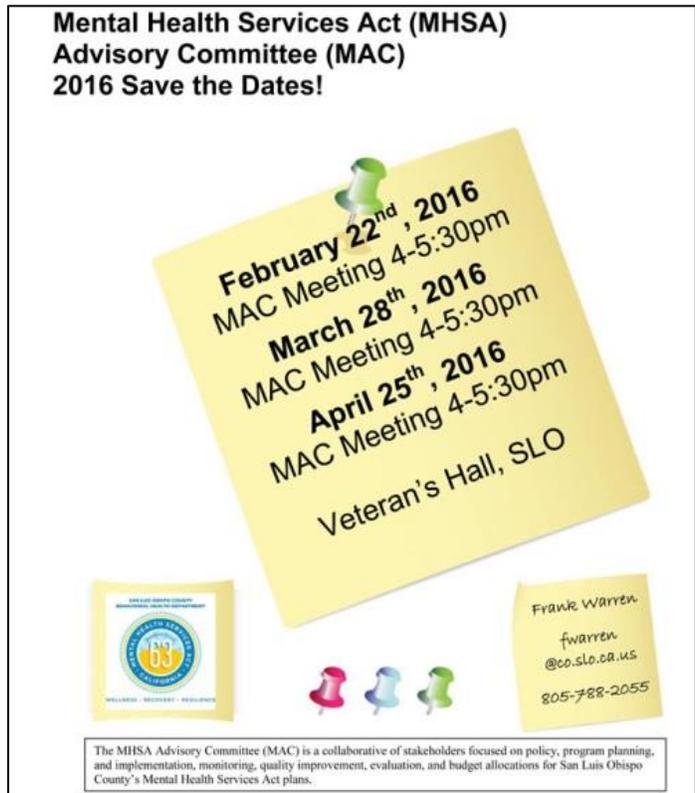
Concurrently, the PEI stakeholder group met in April and June of 2017 to hear about new programs, including the College Wellness program funded the prior year; and updates on original PEI programs such as the Middle School Initiative. Stakeholders also proposed new programs including establishing a Suicide Prevention Coordinator for the county, as well as

funding for an exploratory research project at Cal Poly to examine the experience of the LGBTQ population within the local mental health system. PEI stakeholders also approved an increase in the County’s annual contribution to CalMHSa, the state joint powers authority responsible for statewide PEI initiatives. The County and its stakeholders remain committed to a four-percent (4% of the overall PEI budget) contribution.

The MAC met once more, June 15, 2017 to hear a new proposal for, and eventually support, the addition of psychiatric and medication services for Adult FSP programs at TMHA; as well as the addition of a therapist to be embedded with the San Luis Obispo Police Department’s Community Action Team. This team focuses on hard-to-serve homeless individuals in the city, as well as supporting similar county sheriff operations.

During 2015-2016, the SLOBHD’s management of the local MHSa plan was reviewed as part of an audit conducted by the San Luis Obispo County Auditor (Appendix B). In this audit, the Department’s leadership of stakeholder relations was scrutinized, as well as fiscal relationships with local providers, and overall documentation of MHSa activity. The audit was welcomed by the Department in preparation for any potential State audit as part of the County’s responsibility to MHSa accountability. The auditors attended stakeholder meetings, conducted interviews and fiscal reviews with selected program providers, and met often with the Department’s MHSa leadership team.

The County of San Luis Obispo Auditor’s office reported to the Board of Supervisors on September 27, 2016 that the county’s MHSa program is fiscally and programmatically accountable. Auditors found SLOBHD to be in compliance with the Mental Health Services Oversight & Accountability Commission Guidelines. Additionally, the auditors reported that the department had established meaningful performance measures for contractors, and the performance measure results are used to improve mental health services. Performance measures and fiscal results are being monitored by Behavioral Health staff. Auditors made



one suggested improvement regarding fiscal monitoring, and reported one finding regarding lack of client referrals, which was addressed with program staff at the time.

<b>San Luis Obispo County</b>			
<b>2016-2017 MHSA Advisory Committee (MAC)</b>			
<b>Name</b>	<b>Affiliation</b>	<b>Name</b>	<b>Affiliation</b>
<b>Cynthia Barnett</b>	<b>Family Care Network, Inc.</b>	<b>Joe Madsen</b>	<b>TMHA</b>
<b>Meghan Boaz-Alvarez</b>	<b>Transitions Mental Health Association (TMHA)</b>	<b>Marcy Paric</b>	<b>PAAT</b>
<b>Marty Bragg</b>	<b>Behavioral Health Board</b>	<b>David Riester</b>	<b>NAMI</b>
<b>Katie Cruse</b>	<b>Family Care Network, Inc.</b>	<b>Hannah Roberts</b>	<b>Cal Poly</b>
<b>Dagmar Derickson</b>	<b>4-H</b>	<b>Jeff Smith</b>	<b>SLOPD</b>
<b>Lisa Fraser</b>	<b>Center for Family Strengthening</b>	<b>Melinda Sokolowski</b>	<b>CAPSLO</b>
<b>Matthew Green</b>	<b>Cuesta College</b>	<b>Ellen Sturtz</b>	<b>GALA Volunteer</b>
<b>Joyce Heddleson</b>	<b>Family Member/BH Board</b>	<b>Bonita Thomas</b>	<b>PAAT</b>
<b>Henry Herrera</b>	<b>TMHA</b>	<b>Clint Weirick</b>	<b>BH Board</b>
<b>Genie Kim</b>	<b>Cal Poly</b>	<b>Mike Young</b>	<b>SLO Vet's Center</b>
<b>Tonya Leonard</b>	<b>Cuesta College</b>	<b>Pam Zweifel</b>	<b>NAMI</b>

**Public Review and Approval**

The 2017-2018 San Luis Obispo County Annual Update and Three-Year Expenditure Plan for 2017-2020 was posted by the SLOBHD for Public Review and Comment for 30 days, October 17 through November 15, 2017. An online comment form was made available to the public for comments related to the draft update. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Update was

posted on the SLOBHD website and distributed by email to over 500 stakeholders. In addition, postings were made at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review concluded with a Public Hearing on November 15, 2017 as part of the monthly Behavioral Health Board Meeting. At that meeting Frank Warren, MHSA Coordinator and Division Manager (Prevention & Outreach) presented highlights of the Update and Plan, reviewed the Community Planning Process, and shared substantive comments received during the 30-day public review. Those comments included:

- A request to have data collected from all MHSA funded programs, as well as “County Health Department Programs for sexual orientation and gender identity (SOGI).” The request was reiterated at the Public Hearing to encourage the County to collect data to share “with those entities researching LGBTQ inclusion into the mental and physical health programs throughout the County.”
- A request to “Evaluate all County MHSA funded programs...to determine how the county is presently serving the LGBTQ community’s health needs and how improvements can be made through training, outreach and changes to existing program design.”
- “Develop programs to most effectively serve the unmet needs of the County LGBTQ community...”
- Concerns that program staff are not sufficiently trained/experienced to work with transgender youth and adults, and a recommendation to establish a transgender specialized therapist to serve MHSA programs.
- E-learning programs do not include many LGBTQ related courses, and none related to transgender health topics. “Perhaps some other supplement can be made available.”
- A recommendation that more focus be made to address the needs of parents.

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

The Behavioral Health Board unanimously recommended the Annual Update and Three-Year Plan. The Annual Update and Plan was submitted to, and approved by, the County Board of Supervisors on January 23, 2018.

## Community Services and Supports (CSS)

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

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

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

San Luis Obispo County CSS programs include four distinct FSP programs based on focal age groups. Collectively, in 2015-2016, there were 140 client "partners" enrolled in FSP programs. In that year, newly enrolled clients yielded the following results: (1) A 53% reduction in homeless days; (2) a 50% reduction in emergency room visits; (3) a 82% reduction in jail days; and (4) an 48% reduction of days in the County's Psychiatric Health Facility (PHF). On the following pages the various work plans within the County's CSS plan will be described. At the head of each work plan section is a table outlining the budget and actual costs of each work plan, as well as projected costs for the next fiscal year. In addition, a table outlining each CSS program's stated goals, objectives, and measurable outcomes can be found at the front of each work plan's section. County staff and stakeholders are currently reviewing each program's goals, objectives, and measures to continually ensure the programs are meeting the needs of the community.

**Children & Youth Full Service Partnership**

CSS Work Plan 1: Children & Youth FSP	Unduplicated Number Served	Total Funding	Cost Per Client
Actual for FY 2015-2016	16	\$431,403	\$26,963
Actual for FY 2016-2017	11	\$481,558	\$43,778
Projection for FY 2017-2018	25	\$577,190	\$23,088
Projection for FY 2018-2019	25	\$588,734	\$23,549
Projection for FY 2019-2020	25	\$600,508	\$24,020

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

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

The Children and Youth FSP serves children and youth (ages 0-15) of all races and ethnicities. Children served are those with severe emotional disturbances/serious mental illnesses who are high-end users of the Children’s System of Care; youth at risk of out of

home care; youth with multiple placements; or those who are ineligible for SB163 Wrap Around because they are neither wards nor dependents of the court.

The County of San Luis Obispo’s Behavioral Health Department (SLOBHD) has been a longtime leader in the Children’s System of Care and has initiated multi-agency partnerships for service delivery to youth. SLOBHD has integrated service delivery via community collaborations.

The Children and Youth FSP program services include: individual and family therapy; rehabilitation services focusing on activities for daily living, social skill development and vocational/job skills (for caregivers); case management; crisis services; and medication supports. The method of service delivery is driven by the family’s desired outcomes. The services are provided in the home, school, and in the community in a strength-based, culturally competent manner and in an integrated fashion. Coordinated graduation to a lower level of care is an important element of the FSP with discharge planning beginning at the onset of enrollment.

There were two Children and Youth FSP teams in 2015-2016. Both core FSP teams include the child and family, a County Mental Health Therapist, and a community-provided Personal Services Specialist. The team also includes access to a psychiatrist and program supervisor support. Additional partners include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change. These teams served a combined average of 10 youth per month in 2015-2016. In 2016-2017 the teams served a combined average of 8 youth per month.

Children and Youth FSP Team Members



SLOBHD partners with local community mental health providers to enhance the services outlined herein. In the Children and Youth FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families’ services

provider. In 2015-2016 and 2016-2017, FCN provided services to 13 clients in the Children and Youth FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Survey results for FCN clients, including Transitional Age Youth, (n=29) were:

- 69% of partners did not have a change in their general living arrangement (20/29)
- 76% of partners were not hospitalized (22/29)
- 93% of partners did not have a placement in a juvenile justice program (27/29)



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

CSS Work Plan 2: Transitional Aged Youth FSP	Unduplicated Number Served	Total Funding	Cost Per Client
Actual for FY 2015-2016	42	\$641,202	\$15,267
Actual for FY 2016-2017	37	\$692,792	\$18,724
Projection for FY 2017-2018	36	\$743,021	\$20,639
Projection for FY 2018-2019	36	\$757,881	\$21,052
Projection for FY 2019-2020	36	\$773,039	\$21,473

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

The Transitional Aged Youth Full Service Partnership (TAY FSP) provides wrap around-like services and includes intensive case management, housing and employment linkages and supports, independent living skill development, crisis response, and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and incarcerations, while providing a bridge to individual self-sufficiency and independence. In 2015-2016, 42 TAY received FSP services. In 2016-2017, 37 TAY received FSP services. This reduction is partly due to clients from previous years “graduating”, or otherwise closing their services.

TAY FSP provides services for both males and females (ages 16 to 25) of all races and ethnicities. Young adults served include those with severe emotional disturbances/serious mental illnesses who have a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements, or those who are aging out of the Children’s System of Care. Spanish speaking therapists from the Latino Outreach Program (LOP) are available (interpreters are also available for those who speak other languages). The priority issues for TAY have been identified by local stakeholders as substance abuse; inability to be in a regular school environment; involvement in the legal system/ jail; inability to work; and homelessness.

Each participant meets with the team to design his or her own personal service plan. This may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, and financial and legal counseling. Each participant receives medication supports, case management, crisis services, therapy, and psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered, culturally competent treatment and empowerment, and promotes optimism and recovery for the future.

There was one TAY FSP team in 2015-2016. The core FSP team includes a County Mental Health Therapist and a community-provided Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, and access to a psychiatrist and program supervisor that serve participants in all of the FSP age group programs. The team served an average of 27 clients per month in 2015-2016 and 22 per month in 2016-2017.

Twenty-seven (27) new TAY FSP clients started in 2015-2016. A comparison of the baseline information gathered from these clients for 365 days prior to their start date into the program, to the end of the fiscal year, yields the following reductions:

## COMMUNITY SERVICES AND SUPPORTS (CSS)

### Homelessness

Prior days = 589

Fiscal year end days = 328

Reduced 44%

### PHF Days

Prior days = 200

Fiscal year end days = 95

Reduced 52%

### Jail Days

Prior days = 548

Fiscal year end days = 125

Reduced 77%

### ER Visits

38 visits

14 visits

Reduced 63%

The Personal Services Specialists for TAY FSP are provided by Family Care Network (FCN). Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 25. In 2015-2016, FCN provided services to 27 clients and 31 in 2016-2017, in the TAY FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). In 2015-2016 SLOBHD staff worked with FCN to develop a new tool to measure the impact of its PSS services. The tool, which uses key variables of the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment, remains in development. Early results showed strong correlations in grades and attendance for those clients in school who improved their school bonding (i.e. they like going to school). Other results showed improvements in feelings of optimism and the value of playing with peers and adults.

### *Moving Forward*

*Dan\* came to the Full Service Partnership Transitional Age Youth (FSP-TAY) program during his first psychotic episode. His symptoms were overwhelming. He heard voices telling him to kill himself and was constantly bombarded with internal chatter. He had challenges distinguishing his experience from reality. He needed a high level of support completing life's daily tasks. He never attended appointments alone and rarely spoke in interactions with new people. He had stopped participating in things he enjoyed, like riding his bike. He spent most of his days isolated at home or in close proximity to his parents. He was scared, and his family and friends were scared for him and his safety.*

*Slowly, Dan warmed up to the intensive services provided through FSP. He worked with his therapist and rehabilitation specialist to identify, express and practice meeting his individual needs. With continued medication management and skill building, Dan's symptoms became more manageable. He became more vocal and required less support from family members. He attended medication appointments alone and regained the skills and confidence to complete daily tasks independently.*

*Over time Dan gained connection to additional services in the community which have led him to employment in an environment supportive to his needs. He has gained friendships at his job, and enjoys his routine. He no longer requires supervision from his parents. He rides the bus alone and often visits friends he has made in the community. With all the progress Dan made he has graduated from the FSP TAY program and moved to a lower level of care. But often the FSP team thinks of him riding around on his beloved old bike.*

**Adult Full Service Partnership**

CSS Work Plan 3: Adult FSP	Unduplicated Number Served	Total Funding	Cost Per Client
Actual for FY 2015-2016	65	\$2,290,175	\$35,233
Actual for FY 2016-2017	74	\$2,579,755	\$34,862
Projection for FY 2017-2018	80	\$2,831,350	\$35,392
Projection for FY 2018-2019	80	\$3,023,127	\$37,789
Projection for FY 2019-2020	80	\$3,168,940	\$39,612

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

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

The Adult FSP programs provide a full range of services. Participants are empowered to select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan, as well as a Wellness and Recovery Plan, are developed with each participant to address the type of services and specific actions desired, and are guided by a community based assessment of each individual's strengths and resources. Services include:

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

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

There were two original Adult FSP teams in 2015-2016, serving a combined average of 28 clients per month and in 2016-2017 a combined average of 22 clients per month were served. The core FSP teams include a TMHA Mental Health Therapist and a Personal Services Specialist (PSS) also provided by Transitions-Mental Health Association (TMHA). In addition, available to the team is a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in the transitional age youth, adult and older adult FSP age group programs. A Spanish speaking therapist is made available to these programs to assist in providing a full range of mental health treatment.

The PSS is involved in day to day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers. In 2015-2016, TMHA served 48 Adult FSP clients; and survey results show that of the 18 respondents, 29% demonstrated an increase in their use of learned coping skills to help them better manage their mental health symptoms. In 2016-2017, TMHA served 41 Adult FSP clients; and survey results show that of the 22 respondents, 36% demonstrated an increase in their use of learned coping skills to help them better manage their mental health symptoms.

In 2012-2013, a FSP focusing on homeless individuals was launched. Modeled after the AB 2034 Homeless Outreach Program which ended in 2007, the FSP team works to identify chronically homeless, severely mentally ill individuals who are unlikely to seek or enroll in mental health services on their own. The 2015-2016 FSP Homeless Outreach FSP team consisted of a County Mental Health Therapist (.5 FTE) and Medication Manager (1.0 FTE), working in concert with a Case Manager and two Outreach Workers from TMHA. Additional supports include a part-time Public Health Nurse, access to a psychiatrist, and program supervision. In 2015-2016, the program team met and engaged 130 local homeless individuals and 221 in 2016-2017. 100% of the 130 and 221 clients engaged accessed support services such as substance abuse treatment, vocational training, emotional support and benefits eligibility. Fifty-three (53) were screened in 2015-2016 and seventy four (74) in 2016-2017, to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders.

The 25 adult individuals who entered FSP services in 2015-2016 yielded the following results:

- 35% reduction in homelessness
- 70% reduction in emergency room visits
- 70% reduction in psychiatric hospitalization days
- 85% reduction in jail days

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

A new collaborative Full Service Partnership (FSP) program for Adults in Assisted Outpatient Treatment (AOT) was established in 2016. This collaboration includes AOT outreach and treatment services provided by a FSP team comprised of TMHA staff. SLOBHD staff provide assessment, program support and coordination with the court. In its first year, 70 clients were referred and 23 opened to outreach.

Services offered to AOT clients include:

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

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



**Older Adult Full Service Partnership**

CSS Work Plan 4: Older Adult FSP	Unduplicated Number Served	Total Funding	Cost Per Client
Actual for FY 2015-2016	17	\$419,551	\$24,679
Actual for FY 2016-2017	20	\$461,696	\$23,085
Projection for FY 2017-2018	25	\$473,998	\$18,960
Projection for FY 2018-2019	25	\$483,478	\$19,339
Projection for FY 2019-2020	25	\$493,148	\$19,726

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

The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions through a range of services and supports based on each individual's needs. An individualized service plan and a Wellness and Recovery Plan are developed with each participant to address the type of services and specific actions desired. These plans are guided by a community based assessment of each individual's strengths and resources. Priority populations are individuals who are 60 years of age or older; all races and ethnicities who are unserved or underserved by the current system; have high risk conditions such as co-occurring, medical, or drug and alcohol issues; suicidal thoughts;

suffer from isolation or homelessness; and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults (55 to 59 years old) are also served by this team if the service needs extend into older adulthood.

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

There was one OA FSP team in 2015-2016. The core FSP team includes a Wilshire Community Services or WCS Mental Health Therapist and a Personal Services Specialist (PSS) provided by WCS. Additionally, a co-occurring disorders specialist, psychiatrist, and a WCS program supervisor are available to serve participants in all of the occasional adult and older adult FSP age group programs. The OA FSP team served an average of 13 partners per month. In 2016-2017 the OA FSP team served an average of 16 partners per month.

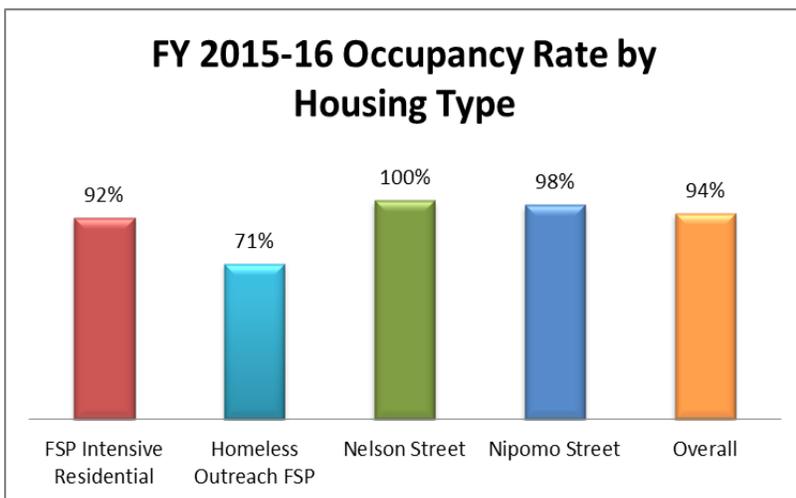
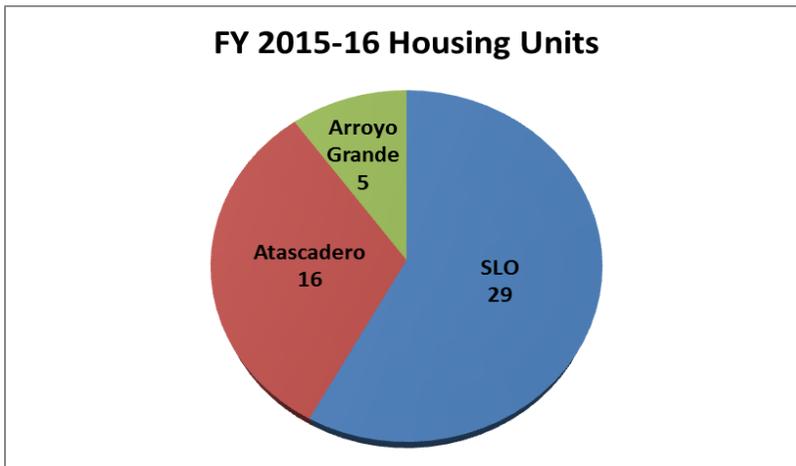
The OA FSP programs provide a full range of services. Participants are empowered to select from a variety of services and supports to move them towards achieving greater independence. Services include: assessment, individualized treatment planning, case management, integrated co-occurring treatment,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

The PSS is involved in day to day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers. In 2015-2016 WCS served 18 Older Adult clients and in 2016-2017, 20 Older Adult clients were served.

During 2016-2017 only two clients reached the six month mark and, through self-reporting, survey results show a 45% reduction in the presentation of symptoms. Also, two clients reached the one-year mark and self-reporting survey results show a 41% reduction in the presentation of symptoms.

**Housing**

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, provided 50 units of housing for MHSA and MHSA-eligible clients in 2015-2016 (29 units in San Luis Obispo (SLO), 16 units in Atascadero, 5 units in Arroyo Grande). The services at the residential sites may include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, rehabilitative mental health services, and regular appointments with psychiatrists and other physicians. During Fiscal Year 2015-2016, the Housing Program had an overall occupancy rate of 94%. In 2015-2016, TMHA added another four units of housing in San Luis Obispo for the Homeless Outreach Full Service Partnership Team which is included in the total of 50 units.



Housing Facilities - CSS Funded	
FY 2015-2016	<b>Full Service Partnership (FSP) Intensive Residential</b> <ul style="list-style-type: none"> <li>Atascadero/San Luis Obispo - Total = 47 clients (92%) Occupancy</li> </ul>
	<b>Homeless Outreach FSP</b> <ul style="list-style-type: none"> <li>San Luis Obispo - Total = 4 clients (71%) Occupancy</li> <li>New housing as of March 2016</li> </ul>
FY 2016-2017	<b>Full Service Partnership (FSP) Intensive Residential</b> <ul style="list-style-type: none"> <li>Atascadero/San Luis Obispo - Total = 44 clients (92%) Occupancy</li> </ul>
	<b>Homeless Outreach FSP Housing</b> <ul style="list-style-type: none"> <li>San Luis Obispo - Total = 7 clients (91%) Occupancy</li> </ul>
	<b>Assisted Outpatient Treatment FSP Housing</b> <ul style="list-style-type: none"> <li>Atascadero - Total = 2 clients (50%) Occupancy</li> <li>New housing – 2 beds May 2017, 3 beds September 2017</li> </ul>
FY 2017-2018	Projected occupancy rate of 90%
FY 2018-2019	Projected occupancy rate of 90%
FY 2019-2020	Projected occupancy rate of 90%

The **Full Service Partnership (FSP) Intensive Residential Program** provides intensive community-based wrap around services to help people in recovery live independently in community housing and apartment rentals throughout San Luis Obispo and Atascadero. The program focuses on encouraging each consumer’s recovery and pursuit of a full, productive life by working with the whole person rather than focusing exclusively on alleviating symptoms. Services and staff teams are fully integrated to give each member a range of choices, empowering the consumer as the main decision-maker in their own recovery process.

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

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

Program services and activities are provided in residents' homes and within the immediate community. Residents are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each individual to attain their highest level of independence possible.

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

Completed Housing Development Projects	
FY 2015-2016	<b>Nelson Street, Arroyo Grande</b> - Total = 5 clients (100%) Occupancy <i>CSS One-Time Funding</i>
	<b>Nipomo Street, San Luis Obispo</b> - Total = 8 clients (98%) Occupancy <i>CalHFA Funded</i>
FY 2016-2017	<b>Nelson Street, Arroyo Grande</b> - Total = 6 clients (97%) Occupancy <i>CSS One-Time Funding</i>
	<b>Nipomo Street, San Luis Obispo</b> - Total = 9 clients (100%) Occupancy <i>CalHFA Funded</i>
FY 2017-2018	Projected occupancy rate of 90%
FY 2018-2019	Projected occupancy rate of 90%
FY 2019-2020	Projected occupancy rate of 90%

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

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



COMMUNITY SERVICES AND SUPPORTS (CSS)

Client & Family Wellness

<b>CSS Work Plan 5: Client &amp; Family Wellness</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2015-2016</b>	<b>1,955</b>	<b>\$1,638,107</b>	<b>\$838</b>
<i>5.1 Client &amp; Family Partners</i>	949	\$372,403	\$392
<i>5.2 Dual Diagnosis (served)</i>	106	\$218,586	\$2,062
<i>5.3 Family Education Program</i>	113	\$19,166	\$170
<i>5.4 Service Enhancement Program</i>	239	\$157,704	\$670
<i>5.5 Peer to Peer Program (served)</i>	90	\$36,789	\$409
<i>5.6 Voc Train &amp; Sup Employ Program</i>	163	\$373,115	\$2,289
<i>5.7 Integrated Case Mgt (served)</i>	295	\$460,344	\$1,560
<b>Actual for FY 2016-2017</b>	<b>2,432</b>	<b>\$1,767,763</b>	<b>\$727</b>
<i>5.1 Client &amp; Family Partners</i>	889	\$342,242	\$385
<i>5.2 Dual Diagnosis Adult/Youth (served)</i>	308	\$469,963	\$1,526
<i>5.3 Family Education Program</i>	114	\$15,750	\$138
<i>5.4 Service Enhancement Program</i>	422	\$174,194	\$413
<i>5.5 Peer to Peer Program (served)</i>	186	\$30,000	\$161
<i>5.6 Voc Train &amp; Sup Employ Program</i>	149	\$319,006	\$2,141
<i>5.7 Integrated Case Mgt (undup srvd)</i>	364	\$416,608	\$1,145
<b>Projection for FY 2017-2018</b>	<b>2,100</b>	<b>\$1,815,943</b>	<b>\$865</b>
<b>Projection for FY 2018-2019</b>	<b>2,100</b>	<b>\$1,852,262</b>	<b>\$882</b>
<b>Projection for FY 2019-2020</b>	<b>2,100</b>	<b>\$1,889,307</b>	<b>\$900</b>

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

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

Individuals and family members are able to access any of the following services through participation in one of the County’s CSS Client and Family Wellness programs. The client-centered services are coordinated and integrated through individualized treatment plans which are wellness-focused, strength based and support recovery, resiliency, and self-sufficiency. Individuals may utilize one or several of the components, dependent upon their concerns and goals.

Transitions Mental Health Association (TMHA) is the community provider for many innovative MHSAs programs. In each year 2015-2016, and 2016-2017, TMHA



made over 5,000 contacts through various Client and Family Wellness programs:

**Client & Family Partners** act as advocates, to provide day-to-day hands-on assistance, link people to resources, provide support, and help to “navigate the system.” Partners liaison with family members, care givers, consumers, County Mental Health staff, local National Alliance on Mental Illness (NAMI) groups, and other service providers. Partners assist in orientation of families entering the mental health system. This includes a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services. In 2015-2016, of the 39 participants surveyed, family members demonstrated a 50% increase in their familiarity of services available in our community, such as education, information and referral, and community outreach. There was also a 55% increase of family member engagement, with services available in the community, in order to support and assist their loved one with mental illness or emotional disturbance. In 2016-2017 the name of the program was changed to, “Adult Family Advocates and Youth Family Partners”. Of the 44 participants surveyed, family members demonstrated a 44% increase in their familiarity of services available in our community, such as education, information and referral, and community outreach. There was also a 45% increase of family member engagement, with services available in the community, in order to support and assist their loved one with mental illness or emotional disturbance.

**Peer Support and Education Program** is an education course on recovery that is free to any person with a mental illness, and serves approximately 85 consumers annually. It is taught by a team of peer teachers who are experienced at wellness and recovery. Participants receive education and reference materials from peers that help to improve and maintain their mental health wellness. Participants improve their knowledge of the different types of mental illnesses, develop their own advance directives, and create their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills. Program components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. In 2015-2016, TMHA served 90 consumers, of the 4 surveyed, 38% demonstrated an increase in their knowledge of the tools and resources available for improving their mental health as indicated in pre and post class surveys. In 2016-2017 186 consumers were served, of the 17 surveyed, 41% demonstrated an increase in their knowledge of the tools and resources available for improving their mental health as indicated in pre and post class surveys.

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

for family members who are also caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and obsessive compulsive disorder. The TMHA Family Orientation Class provides information regarding services available in our community including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system. TMHA served 113 attendees in 2015-2016, with 99% of those surveyed (n=75) reporting they feel more comfortable and confident dealing with their family member who has a mental illness as a result of taking the class. In 2016-2017 144 attendees were served. A family member survey showed results of a 48% increase in improved familiarity of services available, such as family education program, in our community (n=110).

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

- vocational counseling and assessment,
- work adjustment,
- job preparation and interview skills training,
- job development and coaching,
- transitional employment opportunities,
- basic job skills training

These resources help assist consumers in gaining competitive employment within the community. The provider links mental health consumers to the Department of Rehabilitation and other vocational resources, serves as a liaison with employers, and provides benefits counseling and follow-up with employed individuals. In 2015-2016, 163 consumers were served, with 22% (n=58) of those agreeing that they are learning skills that will help towards gaining and/or maintaining employment. Twenty-nine clients in the program gained employment. In 2016-2017, 149 consumers were served, with 22% (n=58) of those agreeing that they are learning skills that will help towards gaining and/or maintaining employment. Twenty-seven clients in the program gained employment.

The **Life House** is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored educational activities were provided to over 252 clients in 2015-2016 and 310 in 2016-2017. The Life House is made available to MHSA program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space. MHSA funded programs receive priority in utilization of this support center. Of the clients surveyed in 2015-2016, 30% (n=23) demonstrated an increase in their use of

learned coping skills to help them better manage their mental health symptoms and 22% in 2016-2017 (n=55).

Additionally, SLOBHD has increased capacity to serve clients and their families through the following programs:

This work plan includes three full-time equivalent positions, named “**Integrated Access Therapists**” (renamed from “Caseload Reduction Therapists”). In 2015-2016, two full-time therapists in the adult system of care provided on average, 146 unduplicated client contacts per quarter, and one therapist at Martha’s Place (the county’s child assessment center) served on average an additional 18 unduplicated clients per quarter. In 2016-2017 on average there were 169 unduplicated client contacts per quarter in adult outpatient centers, and 19 unduplicated clients at Martha’s Place. These therapists allow clinic staff to spend more time with outpatient clients, providing more resources and referrals, groups, system navigation, and wellness activities within the traditional structure of mental health services

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

A **Co-occurring Specialist** provides an Integrated Dual Disorders Treatment program, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which includes intervention, intense treatment, and education. Individualized case plans are specific to each client’s needs. In 2015-2016 the Integrated Dual Disorders Treatment program served an average of 54 unduplicated consumers each quarter, and 77 in 2016-2017.

Stakeholders approved moving the Innovation project called the “Service Enhancement Program,” into the Client and Family Wellness work plan for 2015-2016. The project, which adopted a well-regarded cancer treatment center’s warm reception and navigation program, will be maintained in CSS as part of the SLOBHD’s Quality Support Team division, operating within its Managed Care program. This includes a 1.0 FTE Administrative Services Officer I and a 1.0 FTE Peer Navigator. The program resulted in an average of 88 unduplicated client served per quarter. In 2016-2017 on there were an average of 99 unduplicated client served per quarter

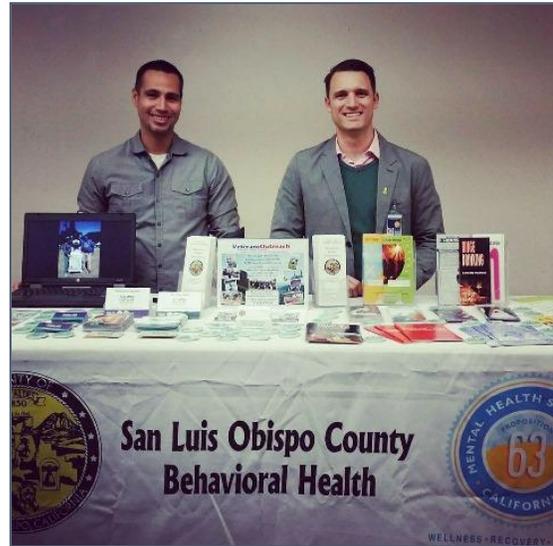
**Latino Outreach Program**

CSS Work Plan 6: Latino Outreach Program	Unduplicated Number Served	Total Funding	Cost Per Client
Actual for FY 2015-2016	117	\$722,611	\$6,176
Actual for FY 2016-2017	101	\$669,500	\$6,629
Projection for FY 2017-2018	120	\$804,521	\$6,704
Projection for FY 2018-2019	120	\$820,611	\$6,838
Projection for FY 2019-2020	120	\$837,024	\$6,975

Project Goals	Key Objectives
<ul style="list-style-type: none"> <li>• Increase access to mental health care for monolingual and/or low-aculturated Latinos</li> <li>• Eliminate the stigma associated with mental illness and treatment amongst Latino population</li> </ul>	<ul style="list-style-type: none"> <li>• Bilingual/bicultural therapists will provide culturally appropriate treatment services in community settings.</li> </ul>
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>• The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the State’s for Latino clients</li> <li>• Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs</li> <li>• Clients upon program completion will demonstrate improved coping skills to improve resiliency and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Clients participating in the Latino Outreach Program are invited to complete a satisfaction survey and a retrospective pre-post test to determine improvements in recovery.</li> <li>• All client treatment plans and goals are monitored using the electronic health record software</li> </ul>

The primary objective of the Latino Outreach Program (LOP) is for bilingual/bicultural therapists to provide culturally appropriate treatment services in community settings. The targeted population is the underserved Latino community, particularly those in identified pockets of poverty in the north and south county areas, and rural residents.

The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the original local CSS Community Planning Process, is the underrepresentation of Latino individuals. Latinos comprise 22% of the total county population, but they represent 28% of the poverty population. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in our county reside in rural areas, thus exacerbating issues of access, transportation, and information distribution difficulties associated with serving minority groups.



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

Funding for the LOP was originally fully contained within the CSS component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention (PEI) budget. Part of the LOP objective was to outreach and engage potential clients, reduce stigma, and increase access to clinic services. County stakeholders have recognized that the demand for services has increased and more efforts need to be placed in treating those Latinos who are now more comfortable with seeking clinical care. The County and its stakeholders agree that it is best tracked and reported within the CSS plan. Stakeholders approved the plan to move the entirety of the LOP budget moved back to CSS in 2014-2015.

Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY's and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60. The program served 117 unduplicated clients in 2015-2016 and 200 in 2016-2017. Based on past client self-reports, 93% indicated that they would recommend these services to others. Ninety-two percent (92%) of clients reported improvements in coping and internal strength after program participation. All participants agreed the services were culturally considerate and helped clients resolve problems.

**Enhanced Crisis & Aftercare**

CSS Work Plan 7: Enhanced Crisis and Aftercare	Unduplicated Number Served	Total Funding	Cost Per Client
Actual for FY 2015-2016*	1,450	\$1,443,491	\$996
Actual for FY 2016-2017*	1,697	\$1,665,260	\$981
Projection for FY 2017-2018	1,800	\$3,601,192	\$2,001
Projection for FY 2018-2019	1,800	\$3,106,804	\$1,726
Projection for FY 2019-2020	1,800	\$3,168,940	\$1,761

\*Includes Forensic Coordination Therapist Costs that will be reported in only CSS Work Plan 9 starting FY 2017-18.

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

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

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

The **Mental Health Evaluation Team** was established in 2015-2016 after a competitive process in which the County selected Sierra Mental Wellness Group, Inc. to provide mobile crisis services. Two responders were available 24/7 and served 1,243 individuals in 2015-2016. Twenty-three percent (23%; 292/1243) received a Behavioral Health service within 30 days of their contact with Mobile Crisis. In 2016-2017 1,488 individuals were served. Fifty-three percent (53%; 790/1488) received a Behavioral Health service within 30 days of their contact with Mobile Crisis. The team intervenes when mental health crisis situations occur in the field and after clinic hours, as well as assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and half of the interventions do not result in hospitalization. Interventions are client oriented and wellness and recovery centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments.

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

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

facilities). This service had not existed in San Luis Obispo, yet is critically needed. In 2015-2016 the Crisis Resolution Team served 151 clients and 209 in 2016-2017.

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

*Along with crisis response programs, SLO County MHA plans also include prevention and public education to minimize the impact of mental health emergencies.*

Suicide Prevention Forum:  
**Stories of HOPE and SURVIVAL**  
 Learn how to help someone who is struggling with thoughts of suicide – how to offer hope, connect with local supports and save a life.  
 October 8, 2015  
 Two programs to choose from:  
 11 am – 1 pm and 6 pm – 8 pm  
 LDS Church Building  
 651 E. Foothill Blvd. in San Luis Obispo

- Resource tables & networking
- No cost to attend
- No reservations necessary
- Free CEUs available (more info online)

Call 805.540.6510 or visit at [www.t-mha.org](http://www.t-mha.org) for more info.

Presented by the Suicide Prevention Council of San Luis Obispo County whose mission is to prevent suicide and respond to the impact of suicide in a culturally sensitive way through community collaboration between agencies, organizations and citizens by means of public education, training, advocacy and the sharing of resources.

**Mental Health First Aid**

Sometimes first aid isn't a bandage, or CPR, or calling 911.  
 Sometimes first aid is **YOU!**

Someone you know may be experiencing a mental health crisis. **YOU can help them!**

Friday June 9th, 2017 8:00am-5:00pm

@ The Copeland Center Pavillion at French Hospital (Third Floor)  
 1911 Johnson Ave., San Luis Obispo, CA 93401

You are more likely to encounter someone - friend, family member, coworker, neighbor, or member of the community - in an emotional or mental health crisis than someone having a heart attack. Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental health crisis and connect them with the appropriate professional, peer, or self-help care.

**Sometimes, the best first aid is YOU.**  
**Take the course, save a life, strengthen your community.**

Contact 805-540-6577 or [jcreason@t-mha.org](mailto:jcreason@t-mha.org) to register

Transitions-Mental Health Association

**School and Family Empowerment**

CSS Work Plan 8: School and Family Empowerment	Unduplicated Number Served	Total Funding	Cost Per Client
Actual for FY 2015-2016	211	\$848,257	\$4,020
Actual for FY 2016-2017	210	\$894,767	\$4,261
Projection for FY 2017-2018	200	\$944,270	\$4,721
Projection for FY 2018-2019	200	\$963,155	\$4,816
Projection for FY 2019-2020	200	\$982,419	\$4,912

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

Project Goals	Key Objectives
<ul style="list-style-type: none"> <li>Strengthen academic growth and community success for community school students who are significantly impacted by symptoms of serious mental illness/serious emotional disturbance</li> </ul>	<ul style="list-style-type: none"> <li>Provide on campus mental health support to increase access to services</li> <li>Increase student attendance in school and promote re-entry to mainstream education settings</li> <li>Reduce symptoms of serious mental illness/serious emotional disturbance impacting student academic success</li> </ul>
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>Client students will demonstrate improvements in grades, attendance, and disciplinary actions</li> <li>Client students will demonstrate a reduction in substance use/suicidal ideations/levels of depression</li> <li>Reduce truancy and drop-out rates for students with serious mental illness/serious emotional disturbance</li> </ul>	<ul style="list-style-type: none"> <li>The County is developing a pre-post survey to administer for students which will track health, wellness, and academic progress</li> <li>Electronic health record data is used to track some client outcomes</li> </ul>

As of 2014-2015, the School and Family Empowerment work plan offers two distinct programs aimed at reducing poor academic experiences and outcomes based on students dealing with mental health issues. The first is an effort to provide express responses to youth on community school campuses. The other focuses on the county’s largest school district and provides more intense screening, assessment, and treatment for youth with the aim of keeping students engaged and in school. Approximately 211 students and their

families were engaged in services in 2015-2016 and 210 in 2016-2017, that enabled them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.

Seriously emotionally disturbed (SED) youth and their families are engaged in services that enable them to stay in school and return to their home school district. The work plan is designed to create a more efficient continuum of care and to assist youth to remain in less restrictive school settings. The programs function as a fully integrated components of the schools with Mental Health Therapists partnering with teachers, aides, probation officers, the family and other appropriate community members to create a team that responds to the identified SED student's individual needs and desires.

Community School, provided by San Luis Obispo County's Office of Education (SLOCOE), is one of the Alternative Education options available for students who have been expelled from their home school district. Many students at the Community Schools are unidentified or unserved because the traditional school setting cannot accommodate their needs. This program identifies and serves seriously emotionally disturbed (SED) youth ages 12 to 18 who are placed at Community School for behavioral issues, and/or have been involved in the juvenile justice system. Some of these youth are qualified under Special Education and have an Individualized Education Plan (IEP). Community School youth are at great risk for school drop-out, further justice system involvement, psychiatric hospitalizations, and child welfare involvement.

A County Mental Health Therapist is located at each campus and provides an array of mental health services that may include: crisis intervention; individual, family and group therapy; individual and group rehabilitation focusing on life skill development; and anger management and problem solving skills. In 2015-2016, SLOBHD therapists were assigned to three Community Schools in each region of the county - and 112 students received mental health services on campus, while another 8 were seen for brief interventions including crisis issues. In 2016-2017 113 received mental health services on campus.

Another team concentrates on students within the county's largest school district (Lucia Mar Unified) in the diverse, southern region of the county. This team provides an intense-but-brief engagement, focusing on family, school, and socialization outcomes. This team served an average of 91 youth in 2015-2016 and 97 in 2016-2017.

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2015-2016, CAPSLO provided a full-time Family Advocate offering resource supports for 32 clients in the Lucia Mar Unified School District. Results for CAPSLO clients (both FSP and non-FSP clients) include:

- 100% of clients (32/32) demonstrated stable functioning at home when interacting positively with all other persons at current residents.
- 100% of clients (32/32) demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life.
- 100% of clients (32/32) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.

In 2016-2017, CAPSLO provided a full-time Family Advocate offering resource supports for 18 clients in the Lucia Mar Unified School District. Results for CAPSLO clients (both FSP and non-FSP clients) include:

- 94% of clients (15/16) demonstrated stable functioning at home when interacting positively with all other persons at current residents.
- 100% of clients (14/14) demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life.
- 100% of clients (15/15) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.



**Forensic Mental Health Services**

<b>CSS Work Plan 9: Forensic Mental Health Services</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2015-2016</b>	<b>270</b>	<b>\$948,882</b>	<b>\$3,514</b>
<i>9.1 Behavioral Health Treatment Court</i>	49	\$506,715	\$10,341
<i>9.2 Forensic Re-entry Services</i>	128	\$206,923	\$1,617
<i>9.3a Veterans Treatment Court</i>	5	\$106,629	\$2,734
<i>9.3b Veterans Outreach</i>	34		
<i>9.4 Forensic Coordination Therapist*</i>	54	\$128,615	\$2,382
<b>Actual for FY 2016-2017</b>	<b>342</b>	<b>\$1,238,494</b>	<b>\$3,621</b>
<i>9.1 BHTC</i>	31	\$682,654	\$22,021
<i>9.2 Forensic Re-entry Services</i>	166	\$215,619	\$1,299
<i>9.3a Veterans Treatment Court</i>	1	\$205,459	\$3,805
<i>9.3b Veterans Outreach</i>	53		
<i>9.4 Forensic Coordination Therapist*</i>	91	\$134,762	\$1,481
<b>Projection for FY 2017-2018</b>	<b>312</b>	<b>\$1,098,889</b>	<b>\$3,522</b>
<b>Projection for FY 2018-2019</b>	<b>312</b>	<b>\$1,120,867</b>	<b>\$3,593</b>
<b>Projection for FY 2019-2020</b>	<b>312</b>	<b>\$1,143,284</b>	<b>\$3,664</b>

\*Forensic Coordination Therapist Costs reported in CSS Work Plan 7. Starting FY 2017-18 will only be reported in CSS Work Plan 9

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

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

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

The County’s **Behavioral Health Treatment Court (BHTC)** serves adults, ages 18 and older, with a serious and persistent mental illness, who are on formal probation for a minimum of two years, and who have had chronic use of mental health treatment observed as a factor in their legal difficulties. BHTC clients volunteer for the program forming a contractual agreement as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital. BHTC clients, in many cases, have little insight or understanding about having a mental illness or how enhanced collaborative services could meet their needs. In 2015-2016, BHTC served an average of 26 clients per month, with 49 unduplicated and newly enrolled. In 2016-2017, BHTC served an average of 21 clients per month, with 31 unduplicated and newly enrolled.

A **Forensic Re-entry Services (FRS)** team, comprised of two community-provided Personal Services Specialists (PSS) provided a “reach-in” strategy in the County Jail, adding capacity for providing aftercare needs for persons exiting from incarceration. The Forensic PSSs are provided by TMHA and is responsible for providing a “bridge” for individuals leaving the jail. This comes in the form of assessment and referral to all appropriate health and community services and supports, in addition to short-term case management during this transition.

Stakeholders in 2013-2014 engaged in discussions regarding the need for more outreach and system navigation support, rather than treatment capacity within the FRS team. In 2014-2015 and going forward the County re-allocated the Mental Health Therapist position originally assigned to FRS to the newly formed Crisis Resolution Team, as described above. In November 2014, the county expanded its contract with TMHA to add an additional PSS to the FRS team and increased the projected output from 65 to 150 unique client contacts annually. In 2015-2016 there were 128 unduplicated clients served in FRS and 166 served in 2016-2017.

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

In 2015-2016, the FCT cared for 54 individuals when requested by the SLO PD Community Action Team (CAT) or while doing outreach with the team. These individuals are often seriously mentally ill, and sometimes in the process of committing an offense. The FCT served approximately 20 inmates through 1368/1370 court processes - starting at the arraignment, through hospitalization, and release from custody. The FCT assists the jail, PHF and the Public Defender’s Office with consult or planning for difficult cases up to two times a week resulting in approximately 34 additional contacts of severely mentally ill individuals. In 2016-2017 the number of contacts is estimated at 94 individuals.

The Forensic Coordination Team Meeting was held 5 times in 2015-2016. The team is made up of nearly every law enforcement jurisdiction in the county, along with service providers, and the meeting is used to review frequent arrestees, inmates that required attention to address MH needs, aftercare planning/ suggestion and follow-up that could be provided for inmates or individuals with serious MH issues.

The **Veterans Treatment Court (VTC)** was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health treatment services and supports, as well as finding appropriate dispositions to their criminal charges by

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

Lastly, as part of the Innovation project ("Operation Coastal Care") which was maintained in CSS in 2015-2016, the SLOBHD Therapist is co-located within the County's Veterans Services Office. The Therapist attends "Veterans Outreach" events (PEI) and engages local veterans and their family members. This portion (.5 FTE) is being reported in CSS-9. In 2015-2016, there were 40 participants in veterans treatment programs, and 54 in 2016-2017.



**Outreach and Engagement**

<b>CSS Work Plan 9: Outreach and Engagement</b>	<b>Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2014-2015</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>
<b>Actual for FY 2015-2016</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>
<b>Actual for FY 2016-2017</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>
<b>Projection for FY 2017-2018</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>

The Outreach and Engagement work plan was created in Fiscal Year 2013-14 with the primary purpose to engage unserved individuals, and when appropriate their families, in the mental health system so that they receive the appropriate services. The funds will be used primarily for food and clothing for those individuals during the engagement period. The engagement period ends once an individual is enrolled into a mental health program.

No funds were spent during Fiscal Year 2014-15, 2015-2016, or 2016-2017 as the County continues developing fiscal procedures to access the funds.

## Workforce Education and Training (WET)

San Luis Obispo County's Workforce Education and Training (WET) program includes work plans which encourage and enhance employee development and community capacity building within the field of behavioral health. The following projects continued in 2015-2016 and 2016-2017 as part of the WET Plan:



Members of the Peer Advisory and Advocacy Team (PAAT)

**Peer Advisory and Advocacy Team (PAAT):** The consumer advisory council of mental health stakeholders met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. PAAT members meet bi-monthly to enhance the mental health system, developing and implementing plans to: advocate and educate the community about mental health and recovery; eliminate stigma; advocate and provide education within the mental health system; and promote the concept of wellness versus illness by focusing attention on personal responsibility and a balanced life, grounded in self-fulfillment. In 2015-2016, forty percent (40%) of PAAT members worked within the Behavioral Health system (paid employment, peer presentation stipends, peer education stipends, etc.)

PAAT met 25 times in 2015-2016, and members conducted two forums on stigma reduction for over 575 attendees. One of those events, Journey of Hope, is an annual community-wide forum on living mentally well. Journey of Hope offers an opportunity to interact with mental health and community leaders, learn about local resources and, best of all, to celebrate hope. In 2016, the featured keynote speaker was Kevin Briggs. In 1990, Briggs entered the California Highway Patrol (CHP) academy, and after 23 years with multiple commendations for service, Sgt. Kevin Briggs retired in the Fall of 2013. Nicknamed the Guardian of the Golden Gate, Briggs predominately worked on the Bridge -- an assignment that would prove to be very challenging as the Golden Gate Bridge produced an average of four to six suicidal persons, multiple traffic collisions, and dozens of other law enforcement "calls" each month.

In 2016-2017 PAAT met 27 times, and members conducted four forums on stigma reduction for over 653 attendees.

PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement, and the County's Behavioral Health Board. PAAT exceeded its goal of new members (20) in 2015-2016 and hosted 34 new attendees, and 37 in 2016-2017.

**Surveys of PAAT and forum participants yielded the following results 2015-2016:**

Of PAAT members surveyed 28% reported a decrease in signs of discrimination and/or stigma within the mental health system (n=12).

Of forum audience participants surveyed 13% reported an increase in their awareness of the discrimination experienced by people with mental illness (n=89).

**Surveys of PAAT and forum participants yielded the following results 2016-2017:**

Of PAAT members surveyed 44% reported an increase in their confidence in affecting positive change within the behavioral health system (n=9).

Of forum audience participants surveyed 9% reported an increase in their awareness of the discrimination experienced by people with mental illness (n=180).

**E-Learning:** SLOBHD contracts with Relias Learning to provide electronic access to a Behavioral Health library of curricula for 500 San Luis Obispo County behavioral health providers, consumers, and family members. In the 2015-2016 fiscal year 2,779 hours of training were completed electronically, and 3,699 hours were completed in 2016-2017. The capacity to be trained online has resulted in a significant decrease in tuition

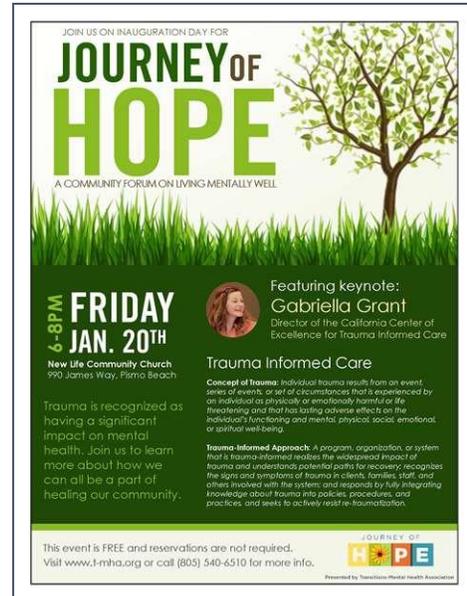
reimbursements and reduced travel claims often associated with out-of-town training. The Department also expects to demonstrate a reduction in lost productivity.

In the 2015-2016, and 2016-2017 fiscal years the Department assigned a cultural competence curriculum to all employees that featured topics such as an overview on cultural issues in mental health treatment, bullying, working with people in recovery, and consumers in the workplace. Staff course completion was 93%.

**Cultural Competence:** The Cultural Competence Committee (CCC) meets quarterly to monitor the training, policies, and procedures of the public mental health system and their relative enhancements of cultural competence in serving consumers and families. The primary objective of the group is to coordinate training to improve engagement with underserved populations. The CCC continues to coordinate the following activities in 2017-2018:

- The establishment of a Cultural Competence curriculum within the County's E-Learning system. Service providers (County and community) are required to enroll in a course selected by the committee. In the 2015-2016 and 2016-2017 fiscal years the Department assigned a cultural competence curriculum to all employees that featured topics such as an overview on cultural issues in mental health treatment, bullying, working with people in recovery, and consumers in the workplace.
- The Committee produces semi-annual newsletters focused on cultural topics in relation to mental health issues. In Spring of 2016 a Master's of Public Policy student at California Polytechnic State University (Cal Poly) San Luis Obispo facilitated the Committee's newsletter focusing on Trauma in Students, Intergenerational Trauma, and Implementing Cultural Competence in Trauma.

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





Promotores receive 40 hours of training, including translation services training for behavioral health (sponsored by statewide WET initiatives). Promotores are provided with the tools needed to work as advocates, change agents, and partners with local agencies for positive change. This has resulted in more time for the LOP therapeutic staff to meet with and engage new clients.

In September, 2016, the Department utilized WET funding to co-sponsor the Keeping Kids in Schools (KKIS) and Out of Courts conference in partnership with the Juvenile Services Advisory Council. Aimed at bringing awareness and tools to providers working with children and transitional aged youth, the conference addressed the role of trauma, mental health, and substance use in the culture of adolescence.

**Internships:** The County's WET plan has a workplace training program designed to build capacity

for threshold language services within the Behavioral Health Department. In the 2015-2016, and 2016-2017 fiscal years, two of the three (budgeted) bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the plan, the County has utilized the internship program to develop permanent staffing, and hired one of the 2015-2016 Interns as a Mental Health Therapist in a permanent position.

## Prevention & Early Intervention (PEI)

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

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

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

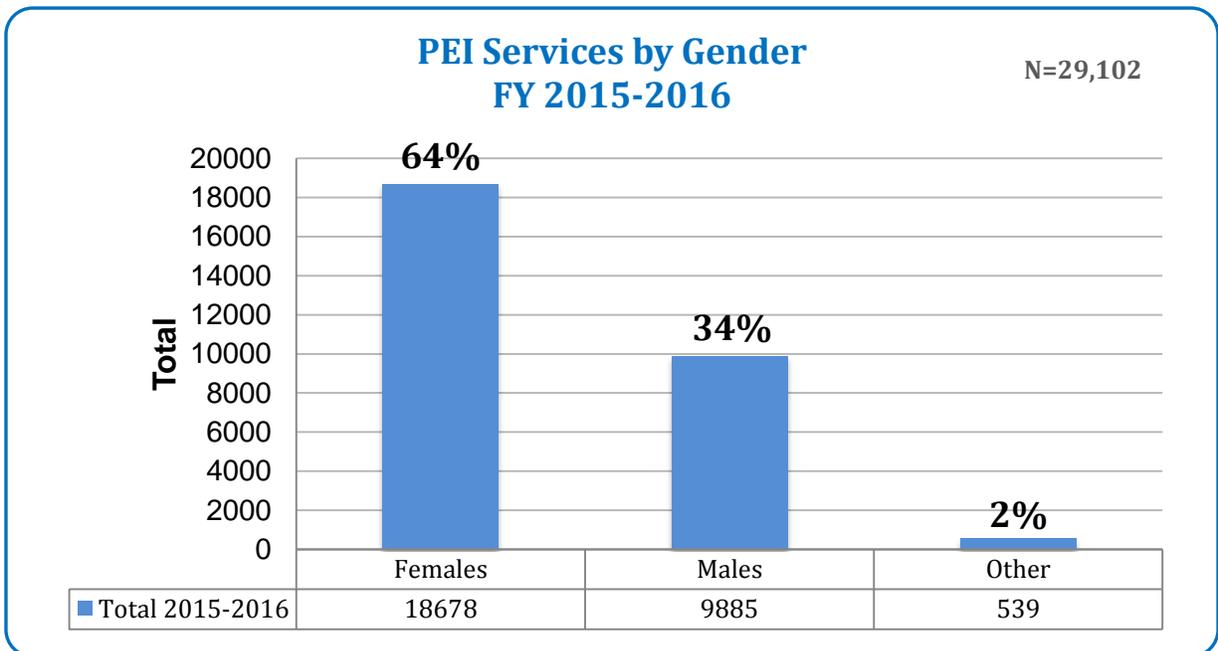
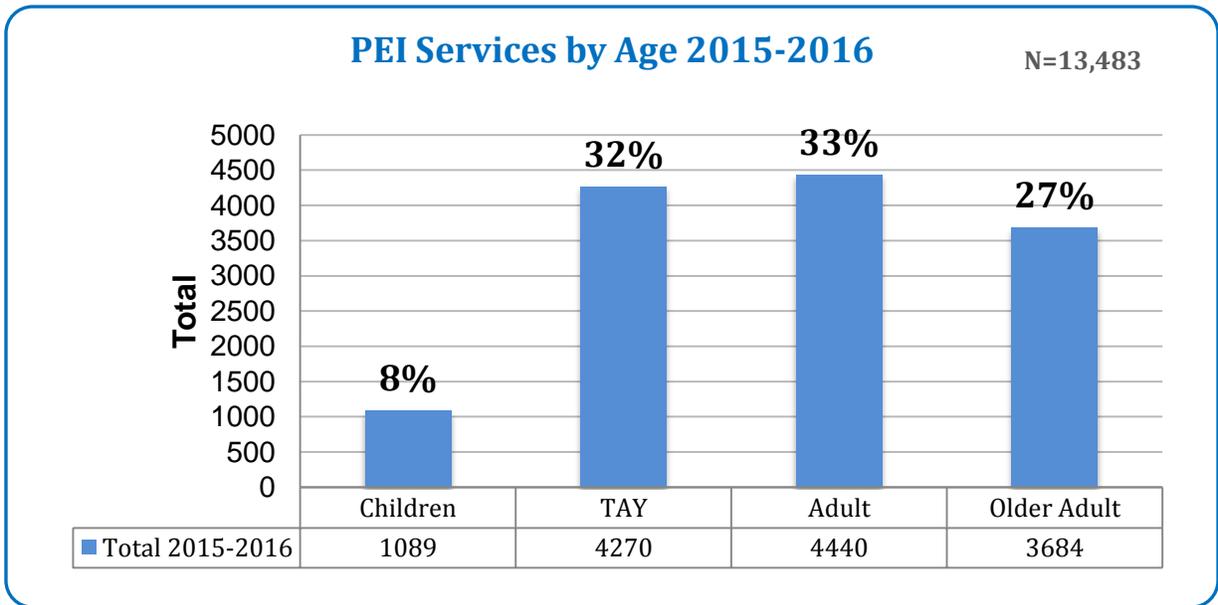
The Mental Health Oversight and Accountability Commission (MHSOAC) originally required the County's Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. School Based Student Wellness was selected by stakeholders during the PEI planning process. SLOBHD also elected to conduct evaluation activities for each of the PEI programs, but at a less intensive level due to limitations from funding and infrastructure. The first PEI program evaluation was published in July of 2013 and covers the fiscal years 2009-2010 through 2011-2012. An [evaluation of PEI programs for the fiscal years 2014-2015 through 2016-2017](#) is being published as part of this Annual Update and Three Year Expenditure Plan.

Program evaluation is fluid and ongoing, allowing SLOBHD to build upon successes and adapt quickly to ever-changing community needs. Interim evaluation results were presented to the PEI stakeholder group, and pending any regulation changes, emphasis remains on sustaining existing PEI programs. Data collection and outcome measurement tools will continue to be refined. As no statewide system for PEI data collection currently exists, the County continues to collect and store data reports from all providers.

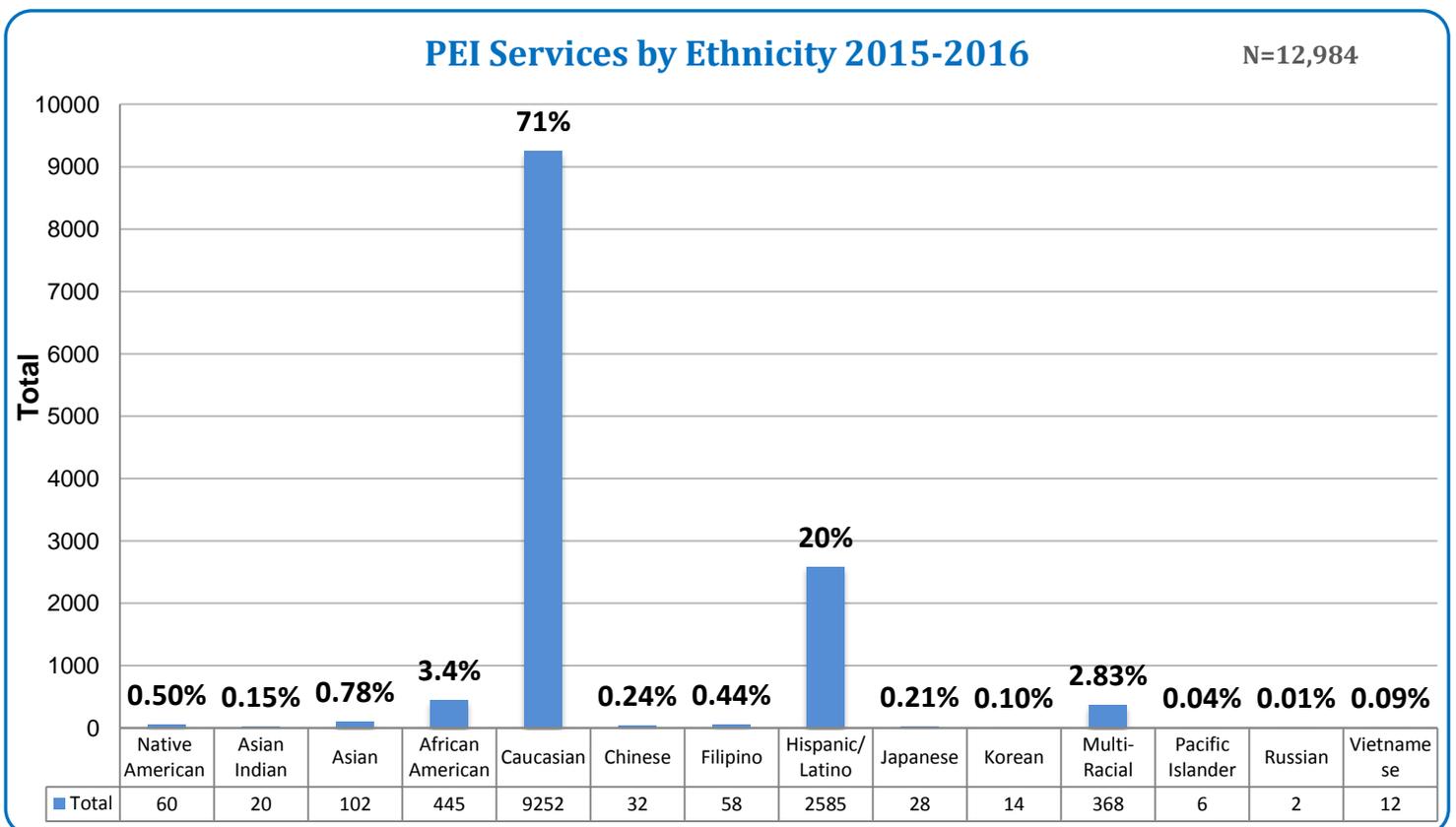
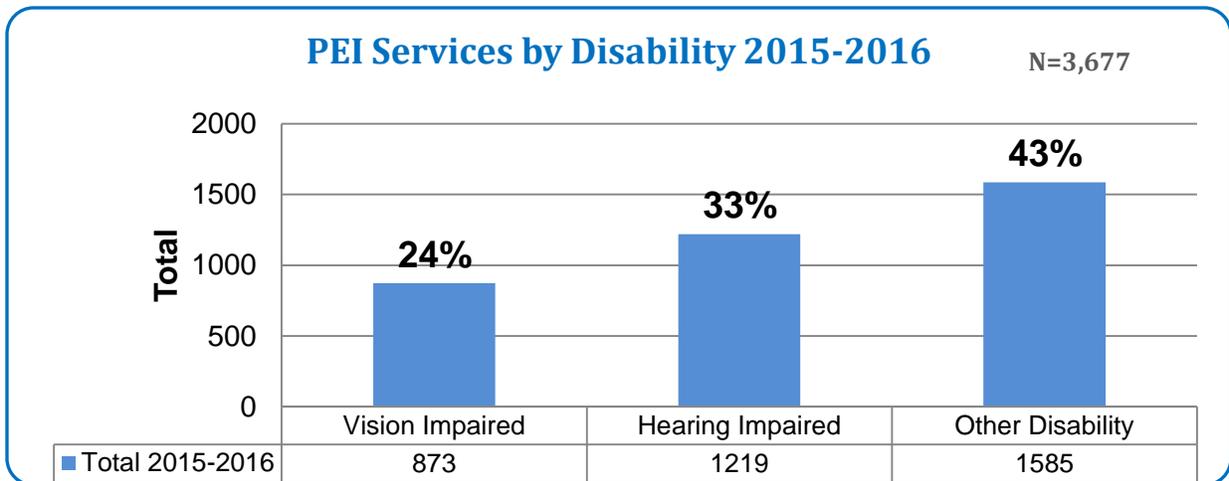
Individuals receiving Prevention and Early Intervention services are currently not tracked through electronic health records and all services are voluntary. As a result, demographic data collection can be difficult and time consuming. To address this issue, SLOBHD developed a centralized web-based quarterly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

continues to work in collaboration with all providers in testing and refining this tool. The goal is to use this tool to provide more details about the demographics of individuals served that will have the potential to be tracked over time. Demographic detail for 2015-2016 is indicated in Figure 1. Preliminary analysis suggests that Latinos are being served at a rate similar to the population estimate for San Luis Obispo County, demonstrating that the county MHSA plan continues to work towards the goal of increasing access to Latinos since the PEI launch in 2009.

Figure 1. PEI Demographics, by Age, Gender, Disability, and Ethnicity 2015-2016. Some data is duplicated.



PREVENTION & EARLY INTERVENTION (PEI)



Each PEI program is identified in this Annual Update to the Three Year Plan as Prevention (P) or Early Intervention (EI) in each subproject heading, as required by the MHSOAC. The total cost of each project is indicated. For all prevention programs, the cost per person served is intended to be an estimate; although every effort is made to take as accurate accounts as possible, individuals served by prevention and early intervention programs are unique clients.

**Mental Health Awareness & Stigma Reduction**

PEI Program 1: Mental Health Awareness and Stigma Reduction 1.1 Social Marketing Strategy	P/EI	Total Served	Total Funding	Cost per Client
Actual for FY 2015-2016	P	2,466	\$203,576	\$83
Actual for FY 2016-2017	P	1,906	\$193,119	\$101
Projection for FY 2017-2018	P	2,186	\$252,747	\$116
Projection for FY 2018-2019	P	2,046	\$278,241	\$136
Projection for FY 2019-2020	P	2,116	\$282,827	\$134

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

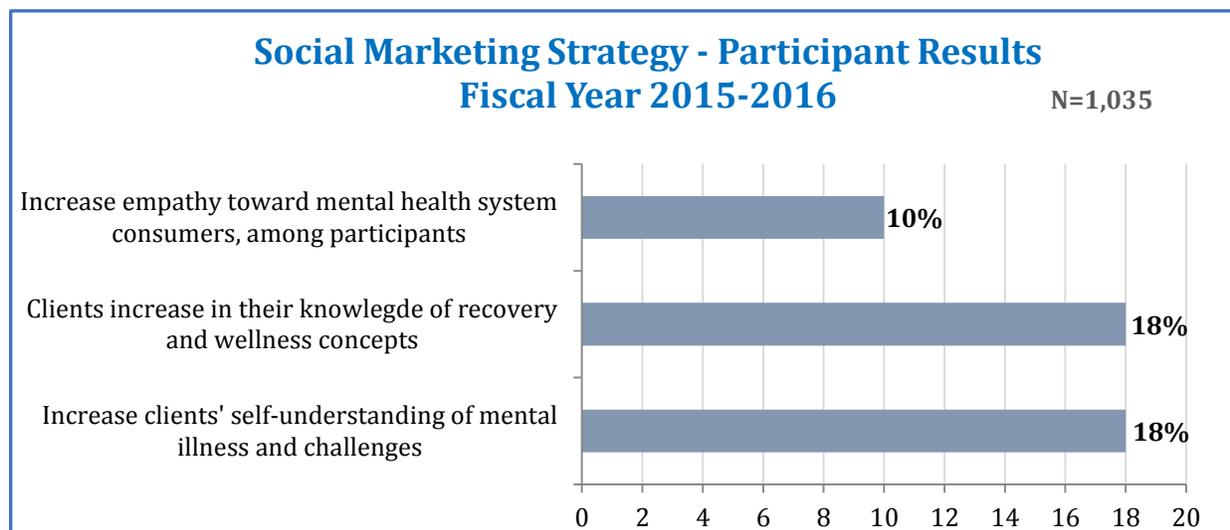


The Mental Health Awareness and Stigma Reduction project is carried out by the County Behavioral Health Department (SLOBHD) and Transitions Mental Health Association (TMHA). This project aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and externalized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

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

TMHA provided 24 general presentations to a total audience of 2,066 unique individuals during 2015-16, half of which represented underserved populations. In addition, there were five professional presentations to 224 providers of PEI services. Participants who were surveyed (1,035) demonstrated a 10% increase in empathy, an 18% increase in their understanding of mental illness challenges, and an 18% increase in their knowledge of recovery and wellness concepts. After attending these events, empathy toward mental health system consumers, among participants, increased by an average of 10%. Professionals who attended the trainings also reported a five percent increase in their personal knowledge of stigmatizing and discriminating attitudes and beliefs (Figure 2).

Figure 2. Social Marketing Strategy – Participant Outcomes



PREVENTION & EARLY INTERVENTION (PEI)

PEI Program 1: Mental Health Awareness and Stigma Reduction 1.2 Veterans Outreach Program	P/EI	Total Served	Total Funding	Cost per Client
Actual for FY 2015-2016	P	96	\$45,796	\$477
Actual for FY 2016-2017	P	219	\$56,268	\$257
Projection for FY 2017-2018	P	158	\$75,247	\$476
Projection for FY 2018-2019	P	188	\$76,752	\$408
Projection for FY 2019-2020	P	175	\$78,287	\$447

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

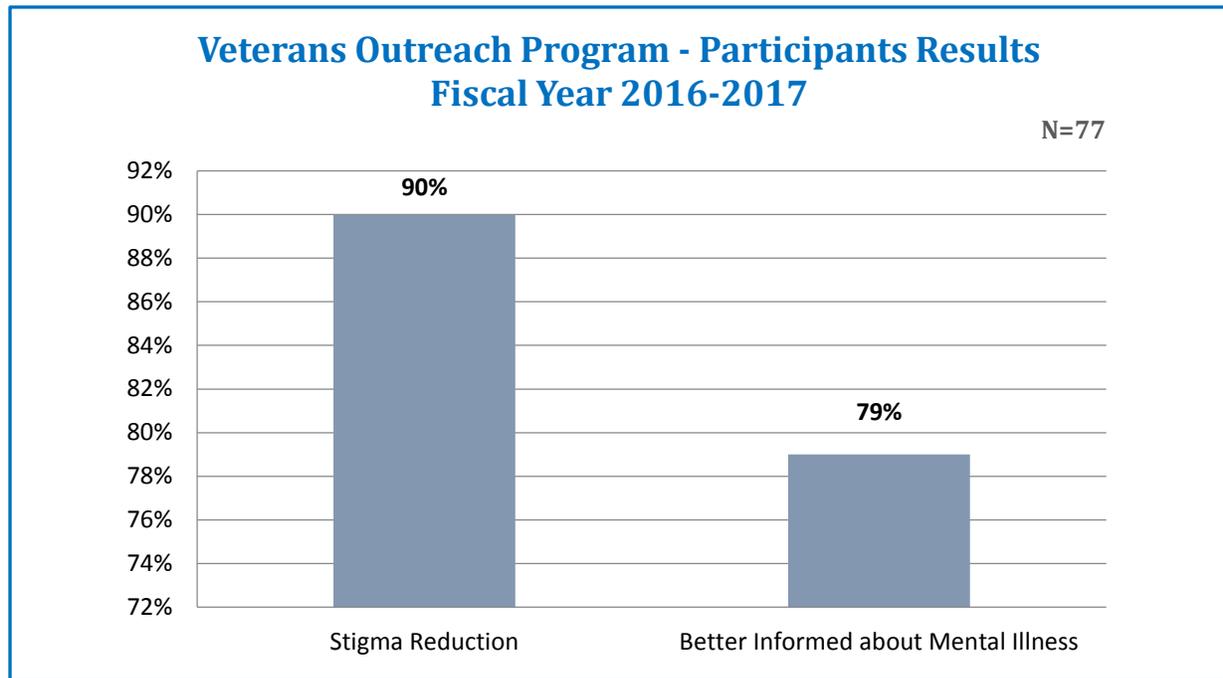
The **Veterans Outreach program (VOP)** leverages resources by embedding a mental health therapist within local rehabilitative activities for veterans and their families. The Behavioral Health Department offers monthly events and opportunities for veterans to stay active, meet others, and engage with community resources. Activities include horseback riding, kayaking, climbing gyms, CrossFit, surfing, zip-lining, and art events. Activities are aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, culturally competent settings. The VOP’s mental health therapist assesses and responds to participants’ mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder. These issues are assessed both on-site during program events, and through follow-up assessment and treatment in comfortable, confidential environments.

The Veterans Outreach program was developed as part of the County’s original Innovation plan. When the Innovation project ended in July of 2015, stakeholders elected to fund the program using both CSS and PEI dollars beginning in 2015-2016. A Behavioral Health coordinator (PEI) provides outreach and education, while hosting free events, for veterans and their families. The coordinator also educates the community and increases awareness

surrounding mental health issues specific to veterans. The coordinator has been successful in finding a number of businesses willing to donate and host events for veterans and their families. During 2015-16 there were a total of five events offered to veterans and their family members. Fifty-seven (57) veterans and family members (39) participated in these events.

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 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 events being offered to 119 veterans, which 51 were unique or new participants, with a total of 219 participants. Out of the 219 clients served, a total of 77 participants were surveyed and a total of 90% (69/77) reported a reduction in stigma association with mental illness, and 79% (61/77) reported feeling better informed about mental illness in the veteran community (Figure 3).

Figure 3. Veterans Outreach Program – Participant Outcomes



PREVENTION & EARLY INTERVENTION (PEI)

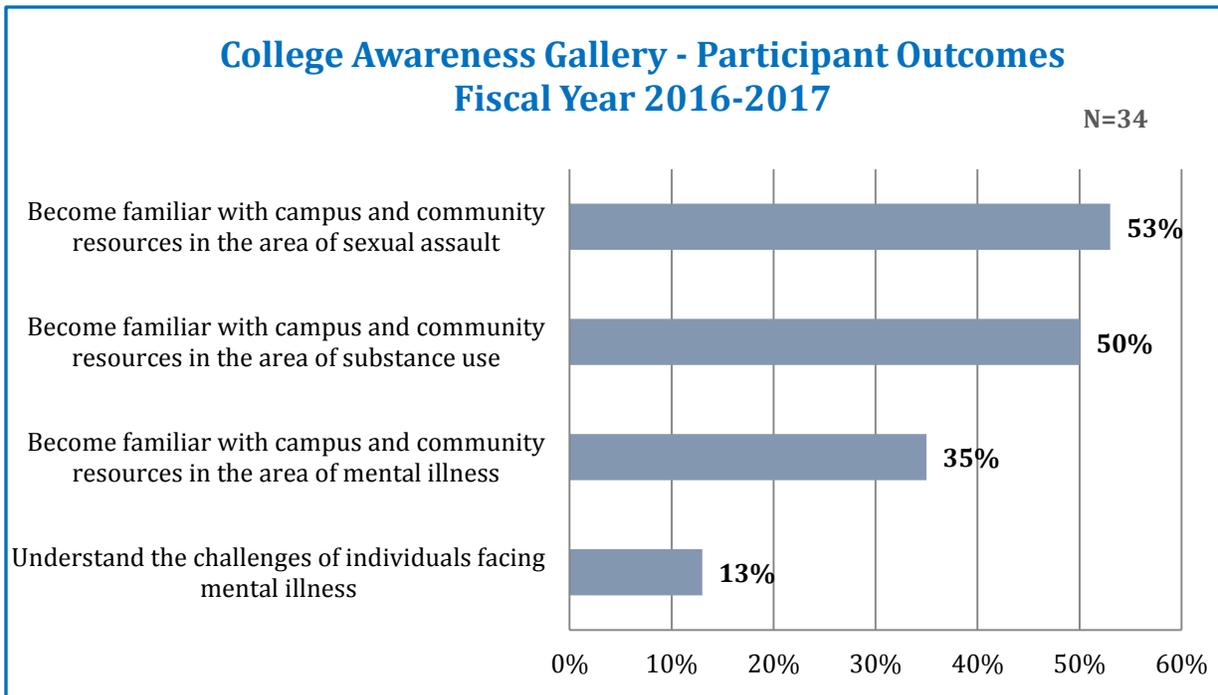
PEI Program 1: Mental Health Awareness and Stigma Reduction 1.3 College Wellness Program	P/EI	Total Served	Total Funding	Cost per Client
Actuals for FY 2015 - 2016	P	N/A	\$29,278	N/A
Actuals for FY 2016 -2017	P	34	\$55,034	\$1,619
Projection for FY 2017 -2018	P	40	\$100,129	\$2,503
Projection for FY 2018 – 2019	P	45	\$102,132	\$2,270
Projection for FY 2019 -2020	P	50	\$104,174	\$2,083

Project Goals	Key Objectives
<ul style="list-style-type: none"> <li>Build resiliency and identify mental health issues of at-risk middle school youth and their families</li> </ul>	<ul style="list-style-type: none"> <li>Student Assistance Programs</li> <li>Student Support Counselors</li> </ul>
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>Reduced risk factors</li> <li>Increased protective factors</li> <li>Increased access to extended services and supports for at-risk families</li> </ul>	<ul style="list-style-type: none"> <li>Participant and staff surveys</li> <li>Participant focus groups</li> </ul>

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

Fiscal year 2015 - 2016 served as a program development period: hiring of staff, design of the program, and relationship-building with Cal Poly and Cuesta College. In 2016-2017 new activities took place and program information began to be collected. The data reported for FY 2016-2017 represents the information for the Awareness Gallery event at Cuesta College. The event was a collaboration between Cuesta College and the Behavioral Health staff which displayed, through art, meaningful messages about the personal views of mental illness, substance use and abuse, and sexual assault, as well as the coping experience as presented by the college population. The active exhibit was open for two days and received great feedback from the overall community. A total of 34 attendees completed surveys and a total of 53% (18/34) became familiar with campus and community resources in the area of sexual assault, 50% (17/17) became familiar with campus and community resources in the area of substance use, 35% (12/34) became familiar with campus and community resources in the area of mental illness, 13% (5/34) understood the challenges of individuals facing mental illness (Figure 4).

Figure 4. College Awareness Gallery - Participant Outcomes



**School Based Wellness**

<b>Program 2: School Based Wellness 2.1 Positive Development Program</b>	<b>P/EI</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2015-2016</b>	<b>P</b>	<b>877</b>	<b>\$81,760</b>	<b>\$93</b>
<b>Actual for FY 2016-2017</b>	<b>P</b>	<b>1091</b>	<b>\$83,559</b>	<b>\$77</b>
<b>Projection for FY 2017-2018</b>	<b>P</b>	<b>984</b>	<b>\$85,230</b>	<b>\$87</b>
<b>Projection for FY 2018-2019</b>	<b>P</b>	<b>984</b>	<b>\$86,935</b>	<b>\$88</b>
<b>Projection for FY 2019-2020</b>	<b>P</b>	<b>984</b>	<b>\$88,673</b>	<b>\$90</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>Build the capacity of and identify behavioral health issues in under-served children, ages 0-5</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral Health related training and education to private child care providers (gatekeepers)</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>Increased knowledge of emotional and behavioral health issues</li> <li>Reduced risk factors and increased protective factors</li> </ul>	<ul style="list-style-type: none"> <li>Rosters</li> <li>Ages and Stages Questionnaire</li> <li>Behavior Rating Scale</li> </ul>

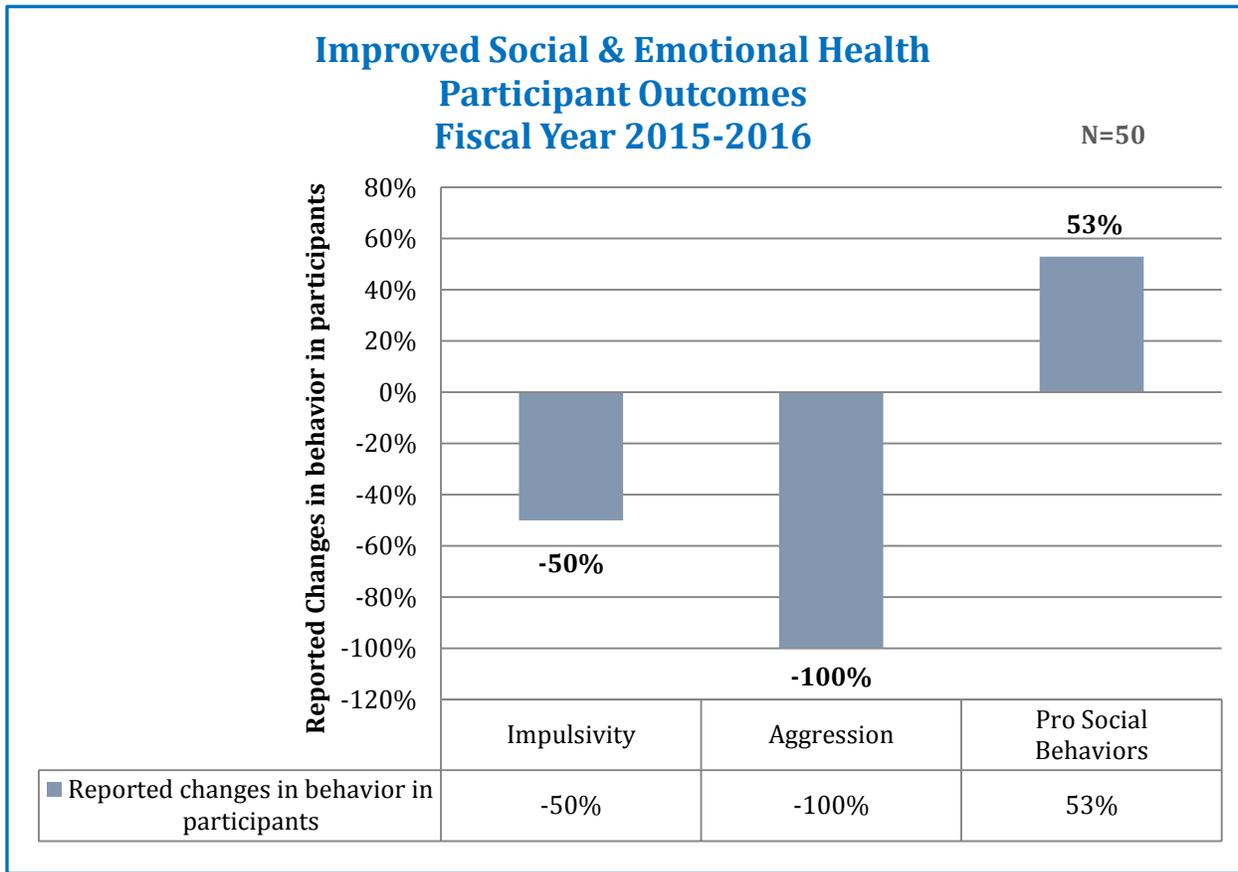
School Based Wellness is a comprehensive, multi-age approach to building resilience among all service recipients. This program targets a universal population of children and youth, and selected youth who exhibit risk factors for mental illness via the following projects: The Positive Development Program,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

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



In order to increase participation in the administration of various assessment tools, the CCRC became more active participants in the Child Care Planning Council, which allows them to provide input into the training content and schedule more frequent training on assessment tools. In addition, CCRC scheduled more parent meetings to share the value of the tools, and provide assistance in completing them where appropriate. The reported data for FY15-16 includes the unduplicated number of clients served (877). One hundred percent (100%) of parents (n=50) surveyed indicated an improvement in their parenting skills as a result of an increase in training and support in social, emotional, and behavioral issues related to their child. Pre and post ECB and ASQ assessments of children participating in the program not only show an improvement in children who were initially assessed as impulsive and aggressive, but children initially assessed as socially competent show even more improvement in their social emotional scores (Figure 5)

Figure 5. Improved Social and Emotional Health



PREVENTION & EARLY INTERVENTION (PEI)

<b>Program 2: School Based Wellness 2.2: Middle School Comprehensive Program</b>	<b>P/EI</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actuals for FY 2015 - 2016</b>				
2.2a Student Support Counselors	EI	456	\$337,862	\$741
2.2b Family Advocates	EI	655	\$199,517	\$305
2.2c Youth Development	P	261	\$151,180	\$579
<b>Actuals for FY 2016 - 2017</b>				
2.2a Student Support Counselors	EI	422	\$310,293	\$735
2.2b Family Advocates	EI	335	\$210,747	\$629
2.2c Youth Development	P	215	\$130,982	\$609
<b>Projection for FY 2017 - 2018</b>				
2.2a Student Support Counselors	EI	439	\$328,822	\$749
2.2b Family Advocates	EI	495	\$223,332	\$451
2.2c Youth Development	P	238	\$138,804	\$583
<b>Projection for FY 2018 - 2019</b>				
2.2a Student Support Counselors	EI	430	\$335,398	\$780
2.2b Family Advocates	EI	415	\$227,799	\$549
2.2c Youth Development	P	226	\$141,580	\$626
<b>Projection for FY 2019 - 2020</b>				
2.2a Student Support Counselors	EI	434	\$342,106	\$788
2.2b Family Advocates	EI	455	\$232,355	\$511
2.2c Youth Development	P	232	\$144,412	\$622

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>Build resiliency and identify mental health issues of at-risk middle school youth and their families</li> </ul>	<ul style="list-style-type: none"> <li>Student Assistance Programs</li> <li>Student Support Counselors</li> <li>Family Advocates</li> <li>Youth Development Programming</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>Reduced risk factors</li> <li>Increased protective factors</li> <li>Increased access to extended services and supports for at-risk families</li> </ul>	<ul style="list-style-type: none"> <li>Rosters</li> <li>School records</li> <li>Participant and staff surveys</li> <li>Youth development surveys</li> <li>Participant focus groups</li> </ul>

The Middle School Comprehensive project is an integrated collaboration between schools, SLOBHD staff, and community based organizations. This project is based on the Student Assistance Program (SAP) model and involves six middle schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson). Each site was selected to participate in the project through a competitive (request for) application. In their proposals, schools had to demonstrate the need for services, cultural and geographic diversity, and the capacity to support this innovative and integrated approach. The LINK, a local non-profit with expertise in serving families in the rural north county, was selected to provide the project's three bilingual and bicultural Family Advocates. SLOBHD provided three Student Support Counselors and one Youth Development Specialist. Due to the model's success, a school in San Luis Obispo (Laguna Middle School) replicated the program in 2015-2016. Note: That school was not funded with MHSAs revenue and is not listed in this report.

Students are identified as at-risk because of poor attendance, academic failure, and disciplinary referrals. SLOBHD Counseling staff work closely with school counselors and Family Advocates to address changing school climate and community specific emotional and behavioral health needs. Issues such as self-harm, depression, bullying, violence, substance use, family changes, homelessness, and suicidal ideation are some of the topics addressed in group or individual counseling.

The Family Advocates coordinate referral and intervention services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Family Advocates provide information outreach to the schools including participating in "Back to School" nights, "Open Houses," and providing a staff orientation early in the school year.

In Fiscal Year 2015-2016 Student Assistance Program survey results (n = 396) showed an average improvement in protective factors of 21%, and a decrease in risk factors of 15% (Appendix D).

In Fiscal Year 2016-2017 Student Assistance Program survey results (n = 55, completed first half of the school year), and a new revised survey for FY 16-17 (n=195 students surveyed) showed an average improvement in protective factors of 19%, and a decrease in risk factors of 11% (Appendix E).

Each participating school receives Club Live Youth Development programming provided by the County's Friday Night Live staff. Youth Development (an evidence-based strategy for building resiliency) reduces the risk of mental illness by engaging young people as leaders and resources in the community and providing opportunities to build skills which strengthen bonds to school and improve overall wellness. Over 3,000 students at SAP

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

Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, peer relationships, supportive adult relationships, and offering leadership and advocacy opportunities. The Youth Development Institute, in partnership with SLOBHD’s Friday Night Live programs, administers Youth Development Surveys annually to middle schools across the county, in order to measure the impact of the increased PEI Club Live programming. Figure 6 and 7 shows information regarding leadership and engagement, and relationship



building respectively, a total of 99 students completed the surveys, and the higher number closer to 6 points indicates greater impact of the students’ relationship and experience in actively engaging in the program allowing them to instill community leadership skills, decision-making skills, and cooperative work with others.

In addition to the six SAP Schools, Youth Development is present on all public middle school campuses in San Luis Obispo County. The Club Live Youth Development Programming integrates a youth development approach into the prevention work of its programs and chapters. Youth Development engages youth in building the skills, attitudes, knowledge, and experiences that prepare them for the present and the future. These skills provide youth the capacity to create effective prevention activities for their peers and communities. Club Live students participate regularly in a variety of trainings and presentations related to mental health including substance use and abuse, bullying, self-harm, violence, and body image issues. Club Live students also educate others in their community about these topics. Some of these mental health awareness projects include anti-bullying campaigns, “No Place for Hate,” stigma reduction campaigns, Red Ribbon Week, and various community service opportunities.

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

Figure 6. Youth Development Survey: Impact of Club Live on Leadership & Advocacy

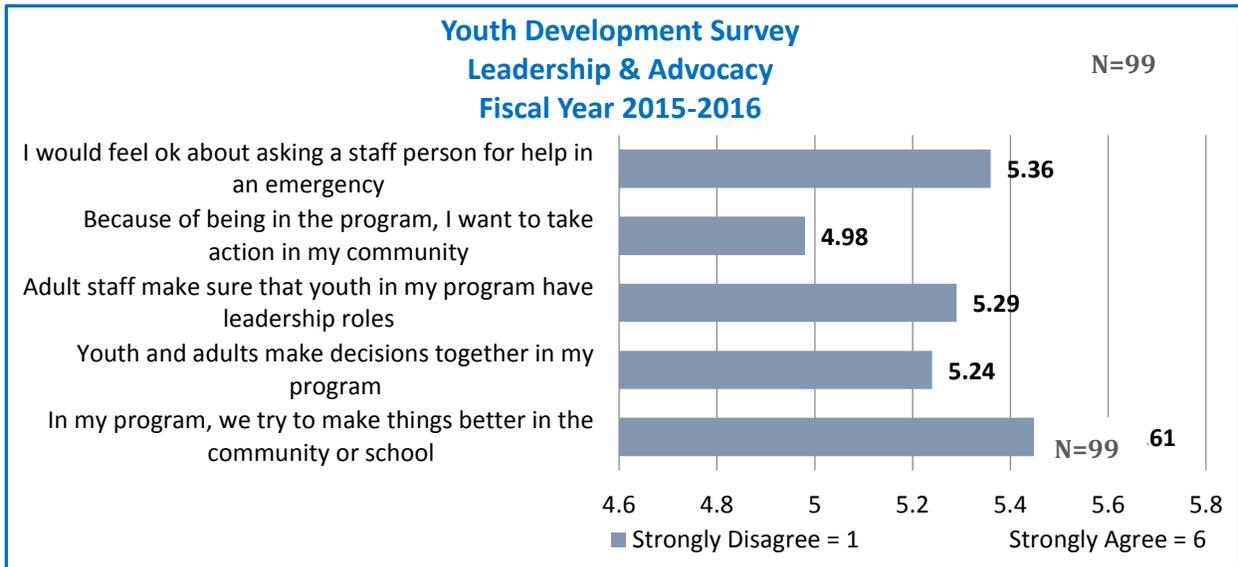
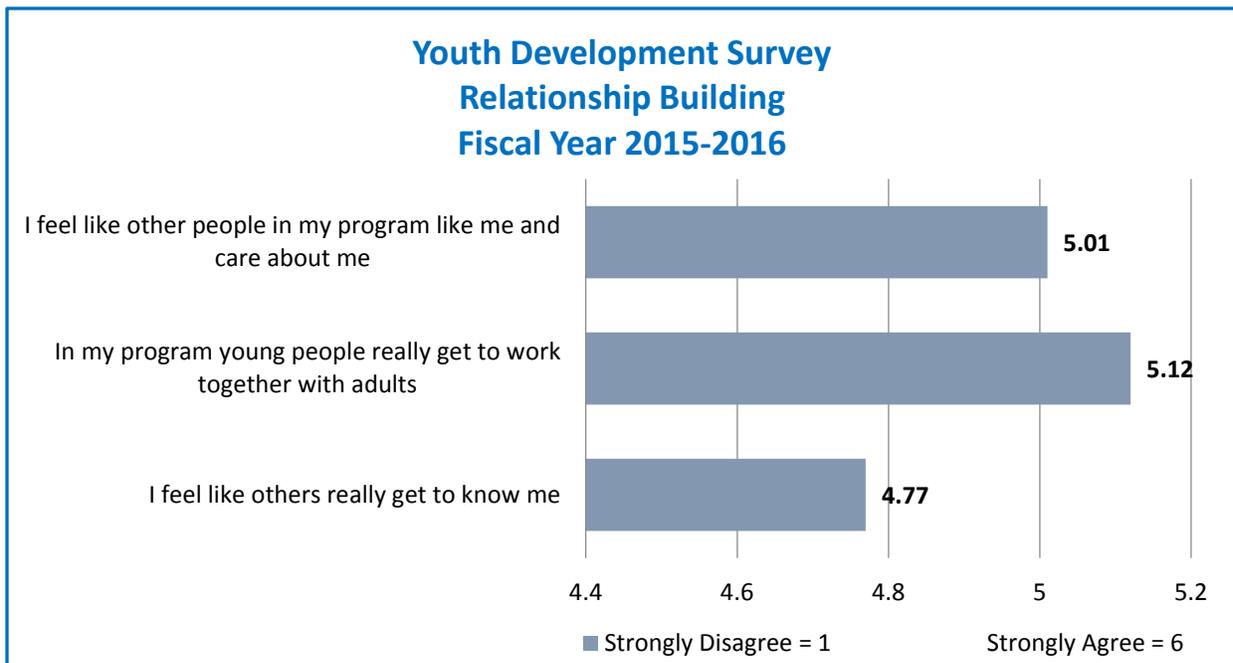


Figure 7. Youth Development Survey: Impact of Club Live on Relationship Building



PREVENTION & EARLY INTERVENTION (PEI)

Family Education, Training, and Support

Program 3: Family Education, Training and Support 3.1 Family Education, Training & Support	P/EI	Total Served	Total Funding	Cost per Client
<b>Actuals for FY 2015 - 2016</b>				
3.1a Coordination of County's Parenting Programs	P	52,224	\$98,010	\$2
3.1b Parent Education	P	512		
3.1c Coaching for Parents/Caregivers	EI	457		
<b>Actuals for FY 2016 - 2017</b>				
3.1a Coordination of County's Parenting Programs	P	42,515	\$103,403	\$2
3.1b Parent Education	P	317		
3.1c Coaching of Parents/Caregivers	EI	397		
<b>Projection for FY 2017 - 2018</b>				
3.1a Coordination of County's Parenting Programs	P	47,369	\$105,472	\$2
3.1b Parent Education	P	300		
3.1c Coaching of Parents/Caregivers	EI	300		
<b>Projection for FY 2018 - 2019</b>				
3.1a Coordination of County's Parenting Programs	P	44,942	\$107,581	\$2
3.1b Parent Education	P	300		
3.1c Coaching of Parents Caregivers	EI	300		
<b>Projection for FY 2019 - 2020</b>				
3.1a Coordination of County's Parenting Programs	P	46,155	\$109,733	\$2
3.1b Parent Education	P	300		
3.1c Coaching of Parents Caregivers	EI	300		

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

PREVENTION & EARLY INTERVENTION (PEI)

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

The Center for Family Strengthening, alongside Parent Connection administers the Family Education, Training, and Support Program. This program uses a multi-level approach to reduce risk factors and increase protective factors for all parents and other caregivers raising children. Target populations include: parents and caregivers in stressed families living with or at high risk for mental illness and substance abuse, trauma and domestic violence exposed families, monolingual Spanish speaking parents, and parents in rural areas of the county.

A bilingual website [www.sloparents.org](http://www.sloparents.org) serves as a clearinghouse to disseminate information on parenting classes, family support programs, and services. In addition to promoting parent education classes funded by PEI, the website lists approximately 190 parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness or addiction. Listings are grouped by region for the convenience of viewers searching for local support. The reported numbers on FY 2015-2016 are 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.

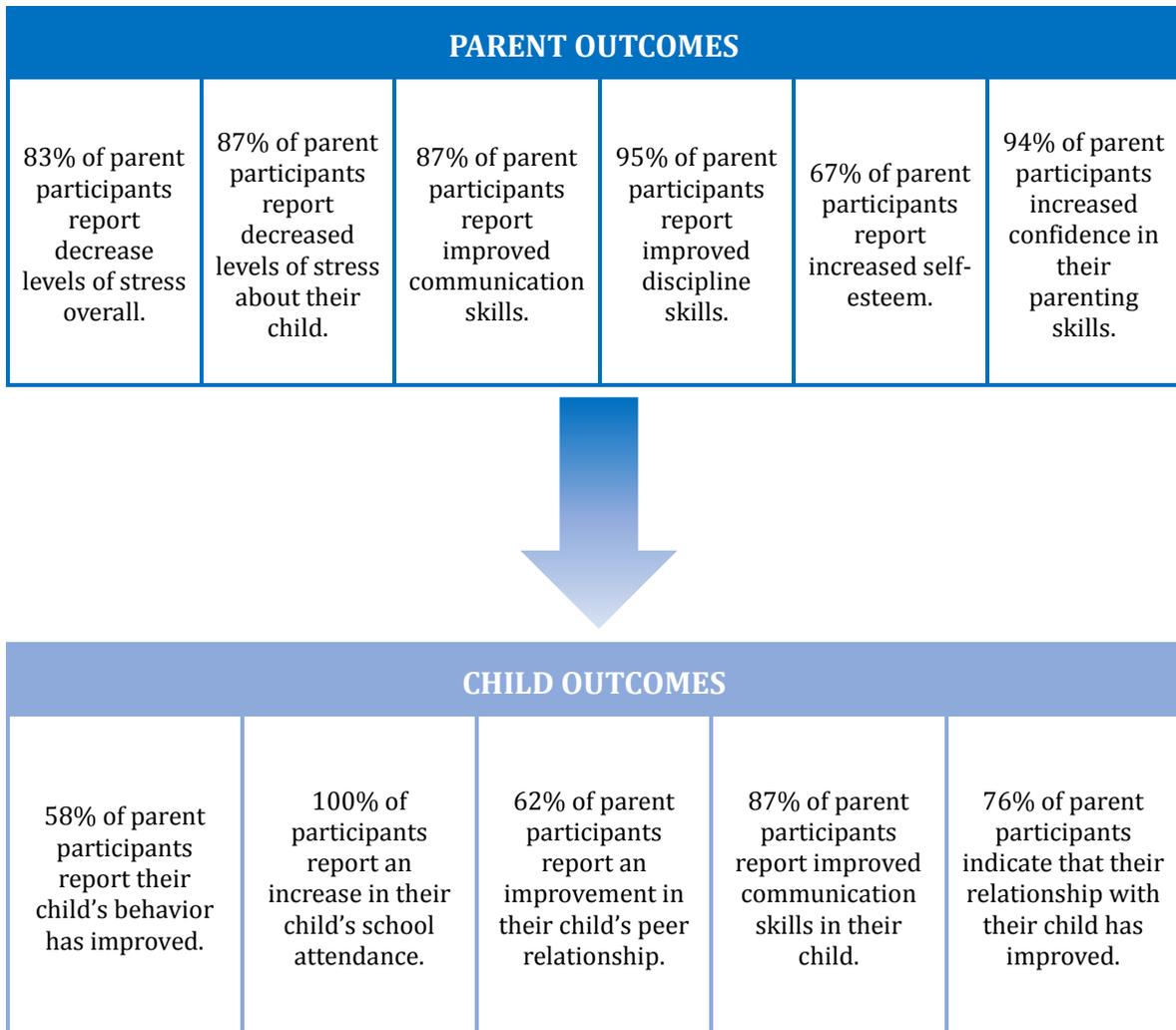
PEI-funded classes are offered specifically for parents of children in certain age groups in addition to special topic for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, homeless and teen parents. In FY 2015 - 2016 Parent Connection offered 45 classes, 13% of which were in Spanish. Nine parent provider trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in our community.

Parent Connection also provides a parent warmline and coaching services. This warmline provides support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bilingual, bicultural staff answered over 450 calls on the warmline in 2015-2016. Parent Coaches provide supportive and skill building coaching services on the phone or in person when requested. The coaching services include support groups for specific high-risk parent groups: parents who are homeless, in recovery, teen parents, and single parents. Support groups expanded in 2015-16 to include the women’s and men’s jails.

Self-report surveys (Figure 8) of parents and caregivers participating in education or coaching services (n = 422) demonstrate how increasing protective factors and

reducing risk factors in the parents have positive effects on the children of stressed and at-risk families

Figure 8. Parent Outcomes Fiscal Year 2015-2016



**PREVENTION & EARLY INTERVENTION (PEI)**

<b>Program 3: Family Education, Training and Support 3.2 In-Home Parent Educator</b>	<b>P/EI</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2015-2016</b>	<b>P</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Actual for FY 2016-2017</b>	<b>P</b>	<b>14</b>	<b>\$44,791</b>	<b>\$3,199</b>
<b>Projection for FY 2017-2018</b>	<b>P</b>	<b>140</b>	<b>\$76,500</b>	<b>\$546</b>
<b>Projection for FY 2018-2019</b>	<b>P</b>	<b>140</b>	<b>\$78,030</b>	<b>\$557</b>
<b>Projection for FY 2019-2020</b>	<b>P</b>	<b>140</b>	<b>\$79,591</b>	<b>\$569</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Build developing parenting skills</li> <li>• Increase knowledge of appropriate expectation and age appropriate behavior</li> <li>• Increase positive discipline and attachment through positive parent/child interactions</li> </ul>	<ul style="list-style-type: none"> <li>• Parent education</li> <li>• Parent coaching</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> <li>• Improved parenting</li> </ul>	<ul style="list-style-type: none"> <li>• Client intake form</li> <li>• Programmatic Assessment Form</li> <li>• Parent Pre and Post Surveys</li> </ul>

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

Although the program has only been in place during the last quarter of FY16-17, participants who have completed four or more sessions (2) have reported a 100% improvement in their family unit functioning and parental mental health.

**Early Care and Support for Underserved Populations**

<b>Program 4: Early Care and Support for Underserved Populations 4.1 Cuesta College Successful Launch</b>	<b>P/EI</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2015-2016</b>	<b>P</b>	<b>196</b>	<b>\$146,274</b>	<b>\$746</b>
<b>Actual for FY 2016-2017</b>	<b>P</b>	<b>135</b>	<b>\$134,984</b>	<b>\$1,000</b>
<b>Projection for FY 2017-2018</b>	<b>P</b>	<b>50</b>	<b>\$143,538</b>	<b>\$2,871</b>
<b>Projection for FY 2018-2019</b>	<b>P</b>	<b>50</b>	<b>\$146,409</b>	<b>\$2,928</b>
<b>Projection for FY 2019-2020</b>	<b>P</b>	<b>50</b>	<b>\$149,339</b>	<b>\$2,987</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>Increased self-sufficiency and resiliency of at-risk TAY</li> </ul>	<ul style="list-style-type: none"> <li>Successful Launch Program for at-risk TAY</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>Reduced risk factors (e.g.: lack of education, work, and housing)</li> <li>Increased protective factors (e.g.: access to extended services and supports, decrease in unhealthy behaviors)</li> </ul>	<ul style="list-style-type: none"> <li>Staff pre and post assessments of program participants</li> <li>Rosters</li> <li>Completion of educational, vocational, and personal goals by program participants</li> </ul>

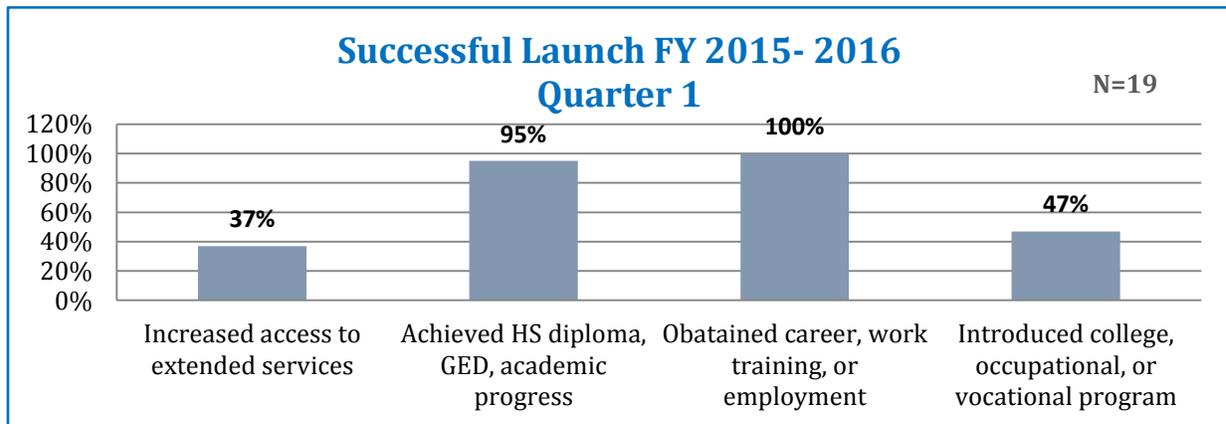
The Early Care and Support for Underserved Populations work plan is a multi-focused effort to address the mental health prevention and early intervention needs of three distinct populations. High risk TAYs, Older Adults, and low acculturated Latino individuals and families were identified during the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

The **Successful Launch** program is administered by Cuesta College. Successful Launch provides services to at-risk TAY youth with the goal of increasing self-sufficiency and success of TAYs who are at risk for mental health issues because they have experienced attrition from schools, homelessness, are former Wards of the Court, or are graduating from Community School. In FY 2015-2016 services included: vocational training, job shadowing, work readiness, academic support, connection with other extended services and supports, and life skills training.

Cuesta College continues to increase capacity of the program by extensive community collaboration. Increased collaboration with local businesses has increased employment opportunities for at-risk TAY, and working with John Muir Charter School and local high schools increased the ability of TAY to obtain a high school diploma. In quarter one 2015-2016 (Figure 9), surveyed Successful Launch participants (n=19) reported a 37% (7/19) increase in access to extended services, 95% (18/19) reported having achieved a HS diploma, a GED, or have documented academic progress, 100% (19/19) obtained career exploration, work readiness training or employment, and 47% (9/19) were introduced to college, occupational, or vocational programs. The County and the Contractor revised and formulated new outcomes that revealed the program’s impact and effort in helping clients improve their academic, personal, and professional lives. Outcomes revealed the following:

Quarter Two:
<ul style="list-style-type: none"> <li>13% of surveyed clients (2/15) increased access to extended services.</li> <li>73% of surveyed clients (11/15) achieved HS diploma, GED, or academic progress.</li> </ul>
Quarter Three:
<ul style="list-style-type: none"> <li>51% of surveyed clients (18/35) increased access to extended services.</li> <li>100% of surveyed clients (18/18) achieved HS diploma, GED, or academic progress.</li> <li>88% of surveyed clients (14/16) obtained a career, work training, or employment.</li> <li>88% of surveyed clients (14/16) were introduced to college, occupational, or vocational programs</li> </ul>
Quarter Four
<ul style="list-style-type: none"> <li>59% of surveyed clients (26/44) increased access to extended services.</li> <li>100% of surveyed clients (11/11) achieved HS diploma, GED, or academic progress.</li> <li>100% of surveyed clients (7/7) obtained a career, work training, or employment.</li> <li>66% of surveyed clients (6/9) were introduced to college, occupational, or vocational programs</li> </ul>

Figure 9. Examples of Successful Launch Participant Outcomes FY 2015-16 Quarter 1



PREVENTION & EARLY INTERVENTION (PEI)

<b>Program 4: Early Care and Support for Underserved Populations 4.2 Older Adult Mental Health Initiative</b>	<b>P/EI</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actuals FY 2015 – 2016</b>	<b>P/EI</b>	<b>2399</b>	<b>\$151,749</b>	<b>\$63</b>
<b>Actuals FY 2016 – 2017</b>	<b>P/EI</b>	<b>2005</b>	<b>\$213,067</b>	<b>\$106</b>
<b>Projection FY 2017 – 2018</b>	<b>P/EI</b>	<b>2202</b>	<b>\$222,546</b>	<b>\$101</b>
<b>Projection FY 2018 – 2019</b>	<b>P/EI</b>	<b>2104</b>	<b>\$226,997</b>	<b>\$108</b>
<b>Projection FY 2019 – 2020</b>	<b>P/EI</b>	<b>2153</b>	<b>\$231,537</b>	<b>\$108</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Early identification of mental health issues in older adults</li> <li>• Increased mental wellness in older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach and education</li> <li>• Depression screenings</li> <li>• Caring Callers</li> <li>• Senior Peer Counseling</li> <li>• Early Intervention Therapy</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Reduced risk factors (e.g.: isolation)</li> <li>• Increased protective factors</li> <li>• Decreased symptoms of depression</li> <li>• Improved quality of life</li> </ul>	<ul style="list-style-type: none"> <li>• Rosters and log</li> <li>• PHQ-9</li> <li>• Clinician Assessments</li> <li>• Self-report surveys</li> </ul>

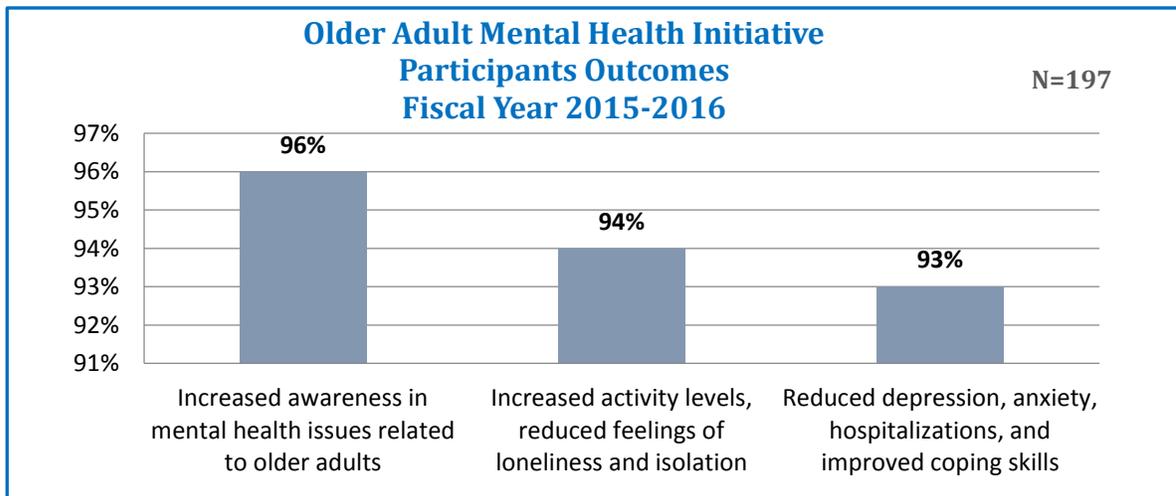
The **Older Adult Mental Health Initiative** is administered by Wilshire Community Services (WCS), a community-based prevention and early intervention non-profit serving seniors countywide. WCS provides an intensive continuum of mental health prevention and early intervention services for Older Adults,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

WCS provides outreach and education regarding mental health as it relates to the Older Adult population, to the community at large and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith based agencies, law enforcement, and retirement homes. There were 1,635 depression screenings conducted in 2015-2016. Clients who are referred to the WCS programs are assessed to determine first, if they are at risk for isolation, and secondly, which program(s) would be most appropriate for their needs. A total of 197 clients were surveyed, 96% (189/197) increased their awareness in mental health issues, 94% (185/197) reduced feelings of

loneliness and isolation, and 93% (183/197) reduced depression, anxiety, and hospitalizations (Figure 11).

- Caring Callers is a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation. Senior Peer Counseling is a peer led, yet clinically supervised, mental health program, providing no cost counseling services to individuals over the age of 65. Of the clients surveyed 2015-2016, 94% (185/197) reported an increase in their overall satisfaction and improvement in quality of life. Through the social connections supported by the Caring Callers program, feelings of isolation and loneliness appear to be successfully addressed and reduced, while increasing activity levels.
- Senior Peer Counseling (SPC) is a mental health program providing no-cost counseling services to individuals age 60 or over in their place of residence. There are no income qualifications to access the service. The Program recruits volunteers age 55 and over to be peer counselors. In FY 2015-2016, 93% (183/197) of clients who received services through Senior Peer Counseling demonstrated a reduction in risk factors, such as depression, anxiety, and hospitalizations, and an improvement in coping skills.
- Transitional Therapy is available for clients who need a deeper level of care. The transitional therapist works with the client in both individual and group counseling to address any issues such as grief, loss, mild to moderate depression, anxiety, and other mental health issues related to aging. For those individuals who chose to receive individual therapy sessions, their symptoms are closely monitored throughout the therapeutic relationship. A total of 48 clients received individual and group therapy sessions, with a total of 27 group sessions, which includes 755 hours of service. After four to eight sessions, the client is either transitioned back to Senior Peer Counseling, or if further services are needed, the Transitional Therapist coordinates treatment with County Mental Health or a private provider. Transitional Therapy is available in home and non-clinic settings.

Figure 11. Older Adult Mental Health Initiative – Participants Outcomes FY 2015-2016



PREVENTION & EARLY INTERVENTION (PEI)

<b>Program 4: Early Care and Support for Underserved Populations 4.3 Perinatal Mood Anxiety Disorder</b>	<b>P/EI</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actuals FY 2015 – 2016</b>	<b>P</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Actuals FY 2016 – 2017</b>	<b>P</b>	<b>61</b>	<b>\$50,522</b>	<b>\$828</b>
<b>Projection FY 2017 - 2018</b>	<b>P</b>	<b>60</b>	<b>\$50,000</b>	<b>\$833</b>
<b>Projection FY 2018 - 2019</b>	<b>P</b>	<b>60</b>	<b>\$51,000</b>	<b>\$850</b>
<b>Projection FY 2019 – 2020</b>	<b>P</b>	<b>60</b>	<b>\$52,020</b>	<b>\$867</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Early identification of mental health issues in women who experience postpartum depression</li> <li>• Develop a universal Perinatal Mood Anxiety Disorder process system of care</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach and education</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Increase reported community linkages</li> <li>• Increased knowledge of PMAD services symptoms of depression</li> <li>• Increased knowledge to identify PMAD symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Number of presentation and outreach activities</li> <li>• Community Health Status Report</li> </ul>

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

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

and hospitals. In 2016-2017 the program began collecting data and a total of 61 unique participants received training. Out of 61, 23 unique participants received PostPartum 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.



Members of Behavioral Health MHSa team participate in annual Bowl-A-Thon to support SLO Hotline.

**Integrated Community Wellness**

<b>Program 5: Integrated Community Wellness 5.1 Community Therapeutic Services</b>	<b>P/EI</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2015-2016</b>	<b>EI</b>	<b>374</b>	<b>\$39,745</b>	<b>\$106</b>
<b>Actual for FY 2016-2017</b>	<b>EI</b>	<b>697</b>	<b>\$40,618</b>	<b>\$58</b>
<b>Projection for FY 2017-2018</b>	<b>EI</b>	<b>400</b>	<b>\$41,431</b>	<b>\$104</b>
<b>Projection for FY 2018-2019</b>	<b>EI</b>	<b>400</b>	<b>\$42,260</b>	<b>\$106</b>
<b>Projection for FY 2019-2020</b>	<b>EI</b>	<b>400</b>	<b>\$43,105</b>	<b>\$108</b>

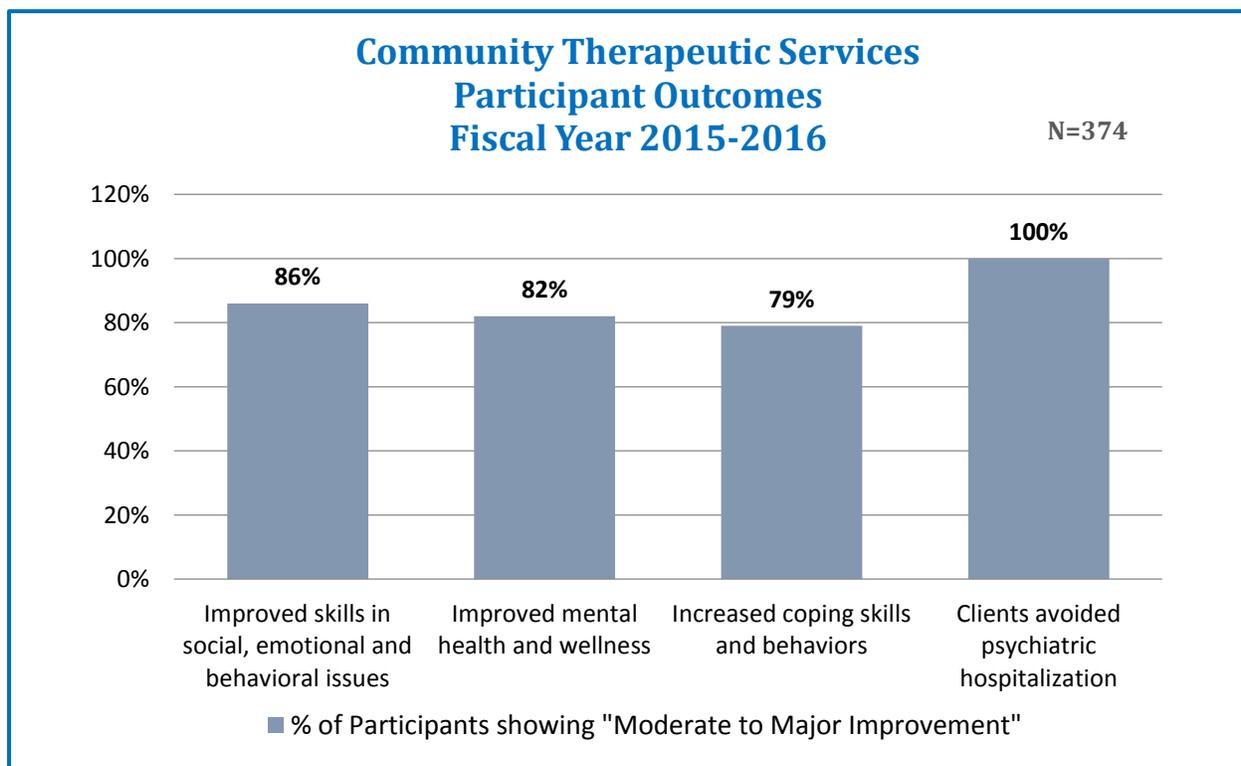
<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Early identification of on-set of mental illness</li> <li>• Increased access of therapy to underserved populations</li> </ul>	<ul style="list-style-type: none"> <li>• Provide brief, low intensity Early Intervention counseling at low or no cost to underserved populations throughout the County</li> </ul>
<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Improved mental health and wellness</li> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> </ul>	<ul style="list-style-type: none"> <li>• Rosters</li> <li>• Clinician assessments</li> <li>• Participant self-report surveys</li> <li>• Participant focus groups</li> </ul>

Integrated Community Wellness maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services. PEI Program 5 improves early detection and provides early intervention for mental health issues while increasing access to care by utilizing three programs: Community Based Therapeutic Services, Integrated Community Wellness Advocates, and Young Adult Counseling.

**Community Based Therapeutic Services** provides over 2,500 low (\$5.00) or no cost counseling hours to uninsured and underinsured at-risk populations throughout the County. In 2015-2016, services were provided by Community Counseling Center (CCC), and the SLOBHD.

In 2015-2016, CCC continued services in the southern (Grover Beach) and northern areas (Paso Robles) of the county. CCC also partnered with other health care agencies. The expansion further increases access to Latino individuals in South San Luis Obispo County. Prior to additional locations added by CCC, families in the North and South County had the longest waits to receive counseling. According to pre-and post-assessments (n = 374), 86% of clients (322/374) reported an improvement in social, emotional, and behavioral issues, 82% of clients (307/374) reported an increase in mental health and wellness, 79% of clients (295/374) reported increased coping skills, and 100% of clients (374/374) reported a reduction in psychiatric hospitalization (Figure 12).

Figure 12. Community Therapeutic Services - Participant Outcomes



PREVENTION & EARLY INTERVENTION (PEI)

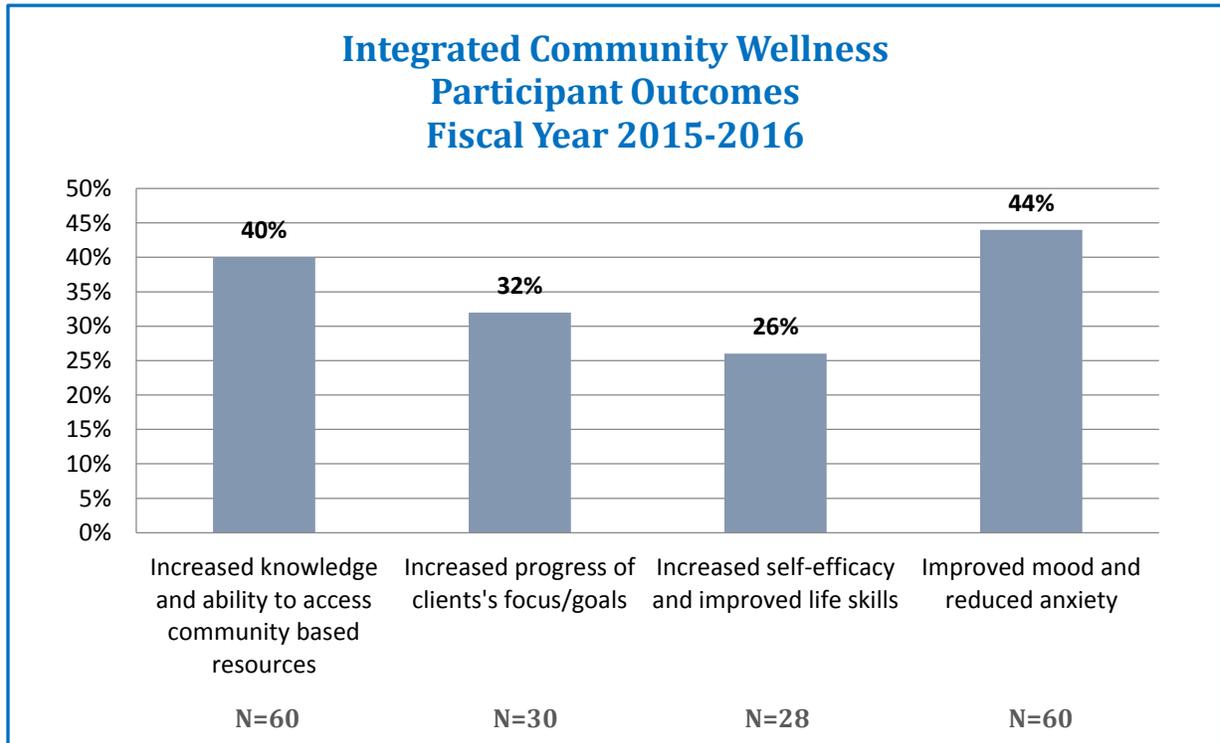
Program 5: Integrated Community Wellness 5.2 Integrated Community Wellness – Resources Specialist, Transitions-Mental Health Association	P/EI	Total Served	Total Funding	Cost per Client
Actuals FY 2015 – 2016	P/EI	722	\$184,662	\$256
Actuals FY 2016 – 2017	P/EI	635	\$174,500	\$275
Projection FY 2017 – 2018	P/EI	700	\$177,500	\$254
Projection FY 2018 – 2019	P/EI	700	\$181,050	\$259
Projection FY 2019 - 2020	P/EI	700	\$184,671	\$264

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

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

During 2015-2016, TMHA offered over 2,300 contacts with program participants in the form of assistance and referral to services such as housing, clothing, food, transportation, mental health and/or drug and alcohol services. Survey results indicate that 40% of clients (24/60) reported an increase in knowledge and ability to access community based resources, 32% of clients (10/30) reported increased individual client focus/goals, 26% of clients (7/28) reported improved self-efficacy and life skills, and 44% of clients (26/60) reported an increased in improved mood and reduced anxiety (Figure 13).

Figure 13. Integrated Community Wellness - Participant Outcomes



PREVENTION & EARLY INTERVENTION (PEI)

Program 5: Integrated Community Wellness 5.3 Young Adult Counseling	P/EI	Total Served	Total Funding	Cost per Client
Actuals FY 2015 – 2016	EI	4	\$88,831	\$22,207
Actuals FY 2016 – 2017	EI	9	\$88,882	\$9,876
Projection FY 2017 – 2018	EI	20	\$76,502	\$3,825
Projection FY 2018 – 2019	EI	20	\$78,032	\$3,902
Projection FY 2019 - 2020	EI	20	\$79,592	\$3,980

Project Goals	Key Objectives
<ul style="list-style-type: none"> <li>Reduce barriers to treatment outcomes and improve wellness</li> </ul>	<ul style="list-style-type: none"> <li>Provide Wellness Advocates to individuals and families throughout the County</li> </ul>
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>Increase in protective factors and reduction in risk factors through increased access to community supports</li> <li>Decrease level of depression, anxiety, and associated behaviors including substance use.</li> </ul>	<ul style="list-style-type: none"> <li>Participant surveys</li> <li>Therapist notes</li> </ul>

The Behavioral Health Department oversees the **Young Adult Counseling** program. The program offers free individual and/or small group counseling opportunities for Transition Aged Youth who are experiencing early signs of mental health issues or seeking help or support. Young Adult Counseling aims to address feelings of depression, anxiety, or associated risk behaviors including substance use. SLOBHD provides services to students in non-traditional settings as well, including community schools and Cuesta College, Generation Next Teen Resource Center, family resource centers, such as The Link, and other convenient locations as requested by the clients when appropriate.

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

Data for 2015-2016 for the Young Adult Counseling program is not provided as it was the year of program development, capacity, outreach, and staff training. The fiscal year 2016-2017 reflects the total number of unique clients served; three clients were opened to Youth Drug and Alcohol treatment after one or more sessions, and one client transitioned to a longer term therapy. And the remaining five clients received a total of 49 sessions from the time they began to the end of the Young Adult Counseling services. The program has successfully assisted clients in connecting and improving their skills. The narratives below provide an example of the positive impact of the program:



*"I have learned a lot. Dealing with my parents, relationships, and getting more independent."*

*"My life as a whole has improved. I gained insight on how my brain works and helping myself build on relationships and build on my own experiences. All of her advice is very helpful and I will keep it with me."*

*"I have learned about my relationship with my parents and how to deal with them in better ways I also learned about having fun without doing drugs and alcohol. I learned a lot about being more independent and comfortable with myself."*

*"My relationships with friends and family have improved and the way I view myself has gotten a lot better. I also feel more confident in making my future better and more confident, I'll be happy when I'm older."*

## Innovation (INN)

The Innovation (INN) component of MHSA is the most unique. An Innovation project is designed mainly to contribute to learning - rather than simply providing a service. Innovation projects must be new and creative, and have not been duplicated in another community. Innovation funding was created for the purpose of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.



The development of the county's Innovation plans has been overseen by an Innovation stakeholder group, which was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the county's original plan in March of 2011. The learning curve was steep, as the concepts of Innovation had to be approved by local leadership, and policies surrounding these unique projects had to be developed. The County's original eight Innovation projects concluded in 2014-2015.

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

The County began the process of launching four projects in 2016. The description and achievements of these projects are listed below. To view the current Innovation plan, or the evaluation of the San Luis Obispo County's initial Innovation plan, please go to the following link:

[http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-\(MHSA\).aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-(MHSA).aspx)

**Transition Assistance & Relapse Prevention**

Innovation Program 1	Total Served	Total Funding	Cost per Client
Actual for FY 2015-2016	N/A	N/A	N/A
Actual for FY 2016-2017	20	\$85,560	\$4,278
Projection for FY 2017-2018	20	\$104,187	\$5,209
Projection for FY 2018-2019	20	\$100,403	\$5,020
Projection for FY 2019-2020	20	\$28,325	\$1,416

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

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

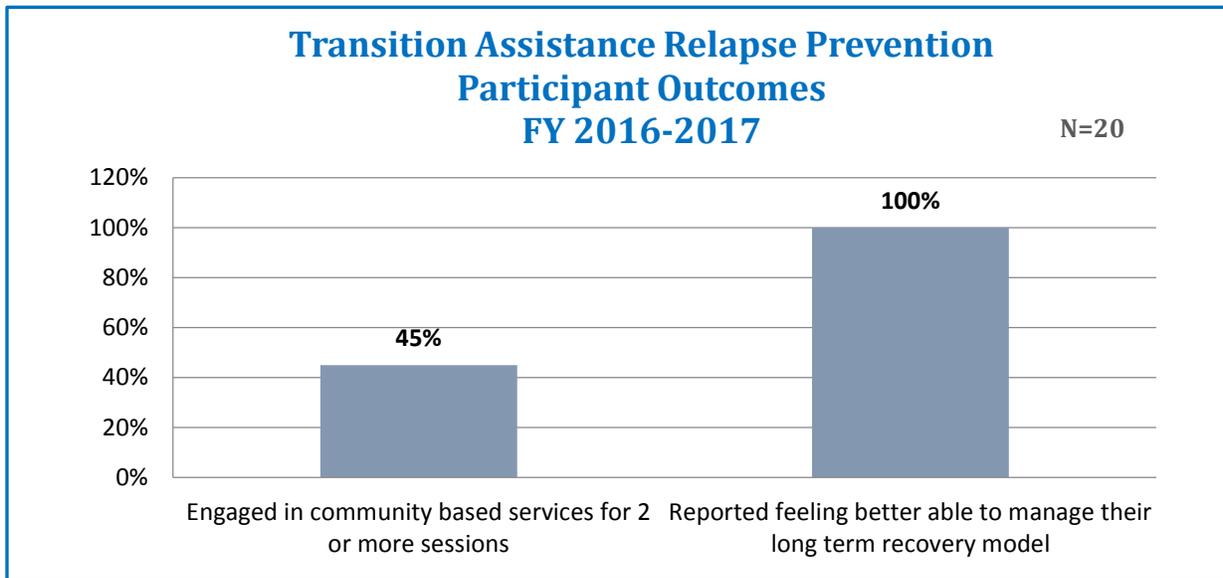
TARP is being implemented by Transitions Mental Health Association, and provides peer mentors as an on-going support and connection to Full Service Partnership (FSP) graduates. Once FSP clients’ cases are closed and the partnership with the FSP team ends as the client is transferred to the outpatient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

treatment can be very jarring for even the most successful clients. The loss of connectedness to the FSP “family” can be a significant factor of relapse.

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

Transitions-Mental Health Association oversees this project. The new round of innovation took place during fiscal year 2015-2016. For 2016-2017, a total of 20 unduplicated participants were served, and a 100% of the participants saw a reduction in relapse and recidivism as compared to non-participants from the previous year; the total length of enrollment in Adult FSP was reduced by 13%. And transition partners/mentors saw a 13% increase in their own wellness and recovery outcomes (Figure 1).

Figure 1. Transition Assistance Relapse Prevention - Participant Outcomes



**Late Life Empowerment & Affirmation Program**

Innovation Program 2	Total Served	Total Funding	Cost per Client
Actual for FY 2015-2016	N/A	N/A	N/A
Actual for FY 2016-2017	13	\$116,192	\$8,938
Projection for FY 2017-2018	25	\$124,819	\$4,993
Projection for FY 2018-2019	25	\$122,550	\$4,902
Projection for FY 2019-2020	25	\$40,354	\$1,614

Primary Purpose	Learning Activities
<ul style="list-style-type: none"> <li>Increase the quality of services, including better outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Use of skill development approach and adapted curriculum</li> </ul>
Learning Goals	Methods of Measurement
<ul style="list-style-type: none"> <li>Will Participants demonstrate significant reductions in mental illness symptoms, including depression and anxiety rates?</li> <li>Will participants demonstrate significant reductions in the need for long-term placements and/or mental health services?</li> <li>Will participants demonstrate significant increase in wellness and recovery?</li> <li>Will participants demonstrate higher awareness of elder abuse when compared to non-program participants?</li> </ul>	<ul style="list-style-type: none"> <li>Participant surveys</li> <li>PhQ9 screenings</li> </ul>

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

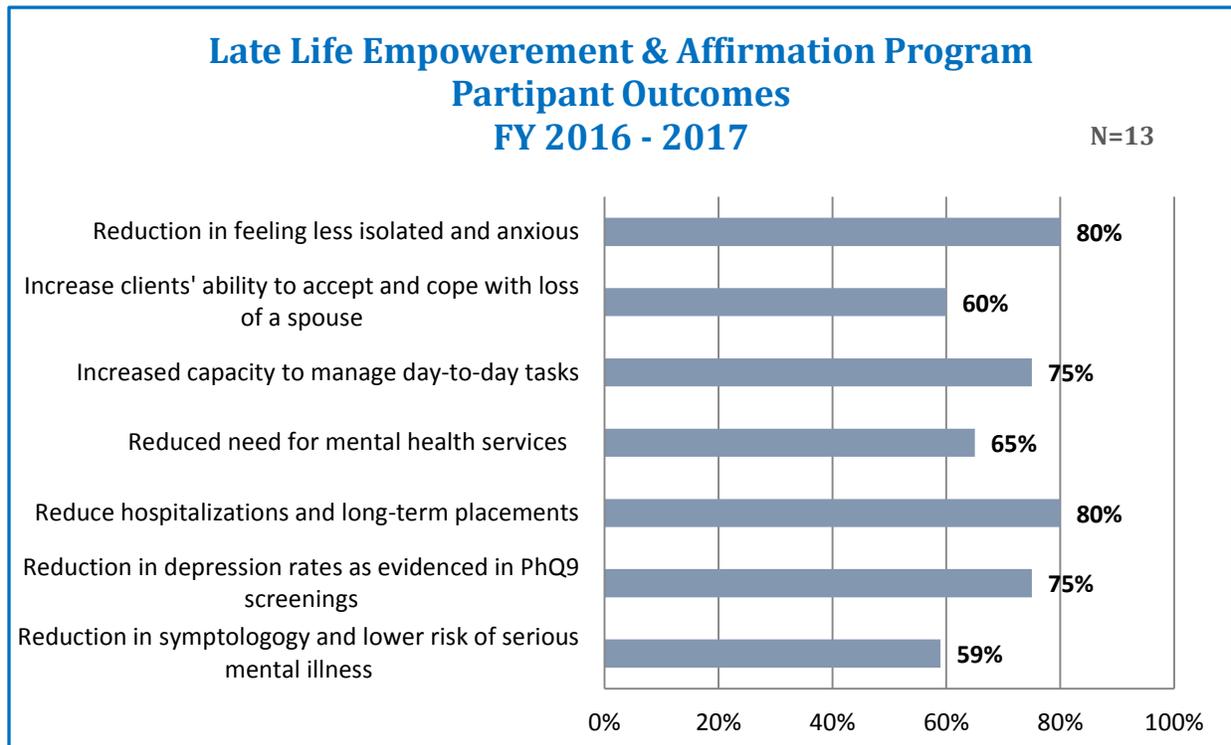
LLEAP is being implemented by Wilshire Community Services, Inc. and aims to provide older adults mental health services and tools to help them become the head of household

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

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

The program began by developing outreach materials, referral forms, intake assessments, and designing the curriculum to be tested. During the 2016-2017 over twenty (20) outreach presentations were made and the program began accepting referrals in November 2016. For 2016-2017, a total of 13 unduplicated clients were served and 45 contacts were made on one-to-one personal interface, group session, including monitoring, orientation, and low-intensive, referral to services (Figure 2).

Figure 2. Transition Assistance Relapse Prevention – Participant Outcomes



**Not for Ourselves Alone**

Innovation Program 3	Total Served	Total Funding	Cost per Client
Actual for FY 2015-2016	N/A	N/A	N/A
Actual for FY 2016-2017	46	\$87,486	\$1,902
Projection for FY 2017-2018	50	\$211,895	\$4,238
Projection for FY 2018-2019	50	\$266,573	\$5,331
Projection for FY 2019-2020	50	\$75,487	\$1,510

Primary Purpose	Learning Activity
<ul style="list-style-type: none"> <li>Promote interagency collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Adaptation of Trauma Informed Care trainings across public agencies and programs in the County of San Luis Obispo</li> </ul>
Learning Goals	Method of Measurement
<ul style="list-style-type: none"> <li>Will mental health consumers satisfaction rates increase?</li> <li>Will participants demonstrate a decrease in stigma related to mental health consumers, and an increase in awareness of mental illness?</li> </ul>	<ul style="list-style-type: none"> <li>Participant pre/post surveys</li> <li>Participants' organizational pre and post assessments</li> <li>Mental health consumer satisfaction rates</li> </ul>

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

has already found success within mental health services – and adapts it to work in structures outside the public mental health system.

Taking steps to shift an organization into a Trauma-Informed Care (TIC) model changes its perceptions about the individuals that they work with, both clients and staff. A trauma-informed system of care provides services that allow clients to feel safe, accepted and understood at all levels of agency interaction- without judgment and exchanges that could be potentially re-traumatizing, or trigger traumatic reactions. When an organization learns how to provide TIC, they educate the staff about the effects of violence, victimization and trauma on individuals. Their services allow clients to feel safe, be accepted and be understood by everyone who may come in contact with them. Employees also feel safe and supported.

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

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

The program began in 2016-2017 with a capacity building and testing phase which included program, training, policy development, marketing and outreach material. The term TIC was translated into language that was easy to understand to all county employees and the emphasis lied on the interaction with the consumer. The project, for outreach, marketing, and registration purposes was presented to the county agencies as the Consumer Awareness Response Effort (CARE) training. During the first months of trainings and assessments, consumers have reported an increase of 5% of satisfaction rates with the service provided by the participating county agencies. Another outcome reports that out of the total number of targeted county employees (n=90), 96% (87) have received the CARE training. And as we are approaching the end of the first training cycle, the participating agencies are reporting 24% decrease in the stigma related to mental health consumers, and 24% increase in awareness of mental illness in the community.

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

Innovation Program 4	Total Served	Total Funding	Cost per Client
Actual for FY 2015-2016	N/A	N/A	N/A
Actual for FY 2016-2017	45	\$135,732	\$3,016
Projection for FY 2017-2018	80	\$194,933	\$2,437
Projection for FY 2018-2019	96	\$222,312	\$2,316
Projection for FY 2019-2020	96	\$62,730	\$653

Primary Purpose	Learning Activity
<ul style="list-style-type: none"> <li>Increase the quality of services, including better outcomes</li> </ul>	<ul style="list-style-type: none"> <li>3 peer counselors with lived-experience to determine higher positive impact in overall mental health</li> </ul>
Learning Goals	Method of Measurement
<ul style="list-style-type: none"> <li>Does a peer’s level of lived experience matter when providing a mental health support service?</li> <li>Can overall usage of mental health services among Latinos increase by using peer services and support groups?</li> <li>Will more clients enroll in services, and will they follow through on treatment?</li> <li>Can the stigma of seeking help decrease among this population?</li> <li>Can peers play a role in the reduction of stigma among Latinos?</li> <li>Will support groups help keep the conversation around mental health going?</li> <li>Will more Latinos see the value of seeking services, and be better informed about available resources?</li> <li>Will there be significant differences between peer definitions among project clients, and the responses from other mental health system clients and peer organizations?</li> </ul>	<ul style="list-style-type: none"> <li>PhQ9</li> <li>Participant Pre/Post Surveys</li> </ul>

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

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

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

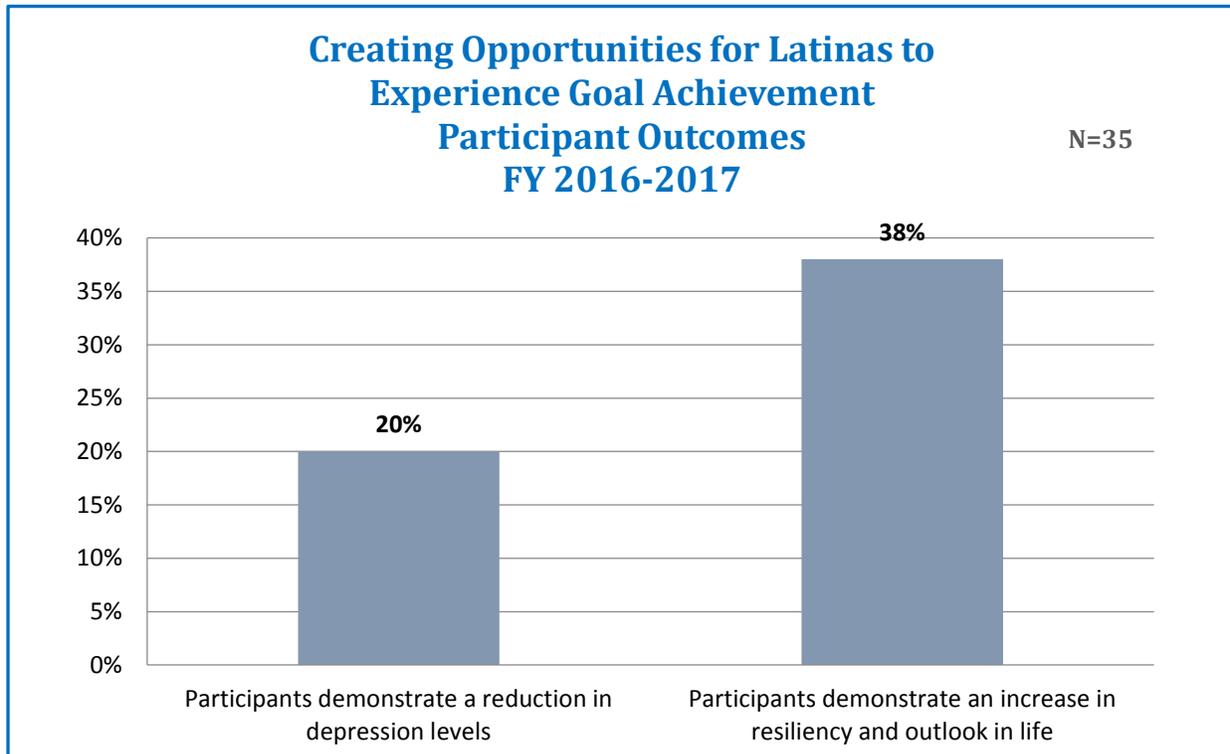
Stigma, culture, and the lack of sufficient qualified bilingual, bicultural licensed professionals are all barriers for Latinos seeking mental health services. This project answers the questions of whether offering peer services can increase the overall volume of Latino clients seeking mental health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

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

In 2016-2017 the program began by designing and adapting the Latina Power curriculum, by training the new peer-counselors in group facilitation, and the evaluation tool development. For fiscal year 2016-2017 results indicate that 78% (35/45) completed all 12-weeks of counseling sessions and 50% of participants joined additional support

groups. Outcomes indicate that at the end of the sessions, participating clients demonstrated a 20% reduction in depression levels, and an average 38% increase in resiliency and outlook on life (Figure 3). Topics during counseling sessions included psychoeducation around intimate partner violence, mental health awareness, effective coping skills, healthy relationship education, stress management, self-care, how to build a healthy support system, positive communication, healthy family dynamics, and empowerment.

Figure 3. COLEGA – Participant Outcomes



## Capital Facilities and Technological Needs (CFTN)

Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental illness service delivery. San Luis Obispo County accessed its CFTN funds to build a comprehensive integrated behavioral health system. In order to modernize and transform clinical and administrative information systems, a Behavioral Health Electronic Health Record (BHEHR) System, allowing for a “secure, real-time, point-of-care, client-centric information resource for service providers” and the exchange of client information according to a standards-based model of interoperability was developed with stakeholder input.

This project's goal is to apply current technology to modernize and transform the delivery of service. The ultimate goal is to provide more effective and efficient service, facilitating better overall community and client outcomes. The nine identified focused areas of improvement are:

- Change Control to include Configuration Management, Requirements Management and Cultural Change Management
- Data standardization
- Data Entry, Access and Management
- Process/Workflow Development, Management and Support
- Client-centric Initiatives
- Training: on-going needs assessment, system training, and evaluation of the quality and effectiveness of training as measured by County-developed metrics appropriate to the role of the user
- Business Partnerships based on Electronic Exchange of Data
- Referrals and Automation of the Process
- Improved Reporting for Management, Quality and Clinical Need

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

### **2015-16 Results**

- Cerner's Progress Note enhancements including PHF Charting Notes have been implemented and are in the process of being rolled out by organization
- Initiated procedures compliant with Meaningful Use Stage 1 to improve data capture and reporting

The Administrative Services Manager position, responsible for the oversight of the development of the BHEHR, ended in October, 2015. To absorb those responsibilities, the County's Health Agency added a 1.0 FTE Program Manager II position to provide ongoing

oversight and management of the BHEHR and for the upcoming Public Health EHR (PHEHR) development. The cost of the Program Manager is shared between the Behavioral Health and Public Health Departments.

### **2016-17 Results**

- Fully implemented new Progress Note functionality allowing greater ease-of-use for end users.
- Upgraded servers to SQL 12 in order to improve system speed, the number of reports processed simultaneously, and as a precursor for future plans to integrate with external systems.
- Redesigned the system help desk to funnel EHR phone calls to dedicated EHR support staff.
- Cerner Health Information Organization functionality including Personal Health Records, Electronic Prescribing of Controlled Substances have also been purchased and are expected to launch in 2017-2018.
- 



## Financial Report

Revenue for the Mental Health Services Act (MHSA), also known as Proposition 63, is generated from a 1% personal income tax on income in excess of \$1 million. Prior to Fiscal Year (FY) 2012-13, Counties were given an allocation based on their State approved Plan. Due to legislative changes, counties are now given a monthly allocation based on unreserved and unspent revenue received in the State's Mental Health Trust Fund for the MHSA. The methodology of the distribution to each County is determined by the Department of Health Care Services and is reviewed annually.

Counties are responsible for allocating MHSA funds by component. Pursuant to Welfare and Institutions Code 5892 (a) and (b), the distribution of funds by MHSA component is as follows: Innovation will receive 5% of the total funding, Prevention and Early Intervention (PEI) will receive 20% of the balance, and Community and Supports Services (CSS) will receive the remaining amount. Annually, up to 20% of the average amount of funds allocated for the past five years may be transferred from CSS to prudent reserve, Workforce, Education and Training (WET), and Capital Facilities and Technological Needs (CFTN).

In FY 2015-16, the County spent a total of \$12.2 million on MHSA programs with \$9.2 million coming from MHSA revenue and \$3.0 million from Medi-Cal Federal Financial Participation (FFP) reimbursement, Realignment 2011, and other revenue sources. The breakdown per program, including the cost per client, is included in the tables at the beginning of each program section.

At the end of FY 2016-17, the County spent a total of \$14.2 million on MHSA programs with \$10.7 million coming from MHSA revenue and \$3.5 million from Medi-Cal (FFP) reimbursement, Realignment 2011, and other revenue sources. Medi-Cal revenue has increased over the past few fiscal years as a result of newly eligible and newly enrolled clients in Medi-Cal from the Affordable Care Act. The additional revenue has helped leverage the County's MHSA funds.

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

as informed stakeholders of the impact. As such, the reduction in revenue will not affect current or newly added programs.

In the coming years, MHSA revenue is projected to increase in FY 2017-18, decrease in FY 2018-19 and then stay relatively flat through FY 2019-20. As previously noted, MHSA revenue is generated from personal income tax which can fluctuate considerably and is dependent on the State's economy. The County takes a conservative approach in its projections and uses information provided periodically by the California Behavioral Health Directors Association as the basis.

During FY 2015-16, SLOBHD went through an internal audit from the County Auditor-Controller-Treasurer-Tax Collector's office specifically on the County's MHSA programs and funds. The objectives of the audit were to determine whether the County's MHSA program:

- 1) Submitted a timely MHSA Annual Update & Three Year Program and Expenditure Plan for FY 2014-15 through 2016-17 which met the Mental Health Oversight and Accountability Commission requirements.
- 2) Demonstrated fiscal and programmatic accountability in accordance with the Three-Year Program and Expenditure Plan.
- 3) Has adopted reasonable methods for establishing performance measures and monitoring contract performances.
- 4) Utilized data collected to improve mental health systems and communicated program results to key stakeholders.

The results of the audit are included in the Appendix.

The summary below is the projected amount of MHSA funds that will be spent on the county's MHSA programs for FY 2017-18 through FY 2019-20-. This summary does not include other revenues such as Medi-Cal reimbursement (Federal Financial Participation, FFP), Realignment 2011, or insurance revenue.

### FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County:	San Luis Obispo					Date:	9/25/17
		<b>MHSA Funding</b>					
		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
		<b>Community Services and Supports</b>	<b>Prevention and Early Intervention</b>	<b>Innovation</b>	<b>Workforce Education and Training</b>	<b>Capital Facilities and Technological Needs</b>	<b>Prudent Reserve</b>
<b>A. Estimated FY 2017/18 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	8,701,555	1,771,482	1,622,585	103,492	0	
2.	Estimated New FY 2017/18 Funding	9,603,604	2,395,865	638,346			
3.	Transfer in FY 2017/18 <sup>a/</sup>	(1,700,582)			0	500,582	1,200,000
4.	Access Local Prudent Reserve in FY 2017/18	0	0				0
5.	Estimated Available Funding for FY 2017/18	16,604,577	4,167,347	2,260,931	103,492	500,582	
<b>B. Estimated FY 2017/18 MHSA Expenditures</b>		8,733,373	2,465,810	635,834	103,492	500,582	
<b>C. Estimated FY 2018/19 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	7,871,204	1,701,537	1,625,097	0	0	
2.	Estimated New FY 2018/19 Funding	9,109,873	2,273,691	604,231			
3.	Transfer in FY 2018/19 <sup>a/</sup>	(1,910,194)			120,000	490,194	1,300,000
4.	Access Local Prudent Reserve in FY 2018/19	0	0				0
5.	Estimated Available Funding for FY 2018/19	15,070,883	3,975,228	2,229,328	120,000	490,194	
<b>D. Estimated FY 2018/19 Expenditures</b>		9,314,244	2,526,756	1,032,625	120,000	490,194	
<b>E. Estimated FY 2019/20 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	5,756,639	1,448,473	1,196,703	0	0	
2.	Estimated New FY 2019/20 Funding	8,849,223	2,209,473	585,859			
3.	Transfer in FY 2019/20 <sup>a/</sup>	(622,398)			122,400	499,998	0
4.	Access Local Prudent Reserve in FY 2019/20	0	0				0
5.	Estimated Available Funding for FY 2019/20	13,983,464	3,657,946	1,782,562	122,400	499,998	
<b>F. Estimated FY 2019/20 Expenditures</b>		9,500,529	2,572,999	742,798	122,400	499,998	
<b>G. Estimated FY 2019/20 Unspent Fund Balance</b>		4,482,935	1,084,946	1,039,763	0	0	
<b>H. Estimated Local Prudent Reserve Balance</b>							
1.	Estimated Local Prudent Reserve Balance on June 30, 2017		4,404,155				
2.	Contributions to the Local Prudent Reserve in FY 2017/18		1,200,000				
3.	Distributions from the Local Prudent Reserve in FY 2017/18		0				
4.	Estimated Local Prudent Reserve Balance on June 30, 2018		5,604,155				
5.	Contributions to the Local Prudent Reserve in FY 2018/19		1,300,000				
6.	Distributions from the Local Prudent Reserve in FY 2018/19		0				
7.	Estimated Local Prudent Reserve Balance on June 30, 2019		6,904,155				
8.	Contributions to the Local Prudent Reserve in FY 2019/20		0				
9.	Distributions from the Local Prudent Reserve in FY 2019/20		0				
10.	Estimated Local Prudent Reserve Balance on June 30, 2020		6,904,155				

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**Community Services and Supports (CSS):** Actual expenses for CSS in FY 2016-17 were \$10.9 million with \$7.5 million funded through MHSA revenue and \$3.3 million from Medi-Cal FFP, Realignment 2011, and other revenues. A portion of the FY 2016-17 one-time Transitions-Mental health Association's housing project (\$134,285) came from funding that was released from the California Housing Finance Agency (CalHFA) that was unencumbered and available to be drawn down.

A transfer to the CFTN component in the amount of \$534K was completed during FY 2016-17 to fund the on-going maintenance and support of the Behavioral Health Electronic Health Record (BHEHR). The total on-going maintenance and support expense is shared between the Drug and Alcohol Division and MHSA. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

As discussed in the FY 2016-17 Annual Update, the County was awarded \$971,070 in S.B. 82 grant funds through the California Health and Facilities Financing Authority (CHFFA) to build a 4-bed Crisis Stabilization Unit (CSU) in the City of San Luis Obispo in FY 2015-16. Initial project planning and preparation began in FY 2015-16 and ground breaking was August 25, 2017. The FY 2017-18 budget includes \$855,507 in revenue and expenses for construction costs under the General System Development (GSD): Crisis & Aftercare program (see chart below). The balance of the funds will be used to purchase furniture, equipment, and additional start-up costs once construction is completed (estimated completion date February 2018).

**New in FY 2017-18:** The CSU operating costs are included in the FY 2017-18 budget. In FY 2016-17 the MHSA Stakeholder group approved adding a Psychiatrist to the Adult FSP team. In FY 2017-18 Stakeholder group approved the addition of a Community Action Team Therapist to enhance the crisis and aftercare program. These costs are reflected in the projections. For FY 2018-19 Stakeholders approved the transfer of CSS funds to WET.

The chart below summarizes the CSS budget for FY 2017-18 through FY 2019-20 and includes all revenue sources:

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan						
Community Services and Supports (CSS) Component Worksheet						
County: San Luis Obispo					Date: 9/25/17	
	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children & Youth FSP	577,190	271,145	230,080		75,365	600
2. TAY FSP	743,021	336,440	306,262		100,319	
3. Adult FSP	2,831,350	2,175,212	656,138			
4. Older Adult FSP	473,998	398,738	75,260			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	1,815,943	1,295,461	403,525		59,698	57,259
6. GSD: Latino Outreach Program	804,521	534,067	203,045		66,509	900
7. GSD: Enhanced Crisis & Aftercare	3,601,192	2,018,231	575,454		150,000	857,507
8. GSD: School & Family Empowerment	944,270	538,006	306,023		100,241	
9. GSD: Forensic Mental Health Services	1,098,889	746,575	273,592			78,722
<b>CSS Administration</b>	430,214	419,498	10,716			
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	13,320,588	8,733,373	3,040,095	0	552,132	994,988
<b>FSP Programs as Percent of Total</b>	53.0%					
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children & Youth FSP	588,734	276,568	234,682		76,872	612
2. TAY FSP	757,881	343,169	312,387		102,325	
3. Adult FSP	3,023,127	2,353,866	669,261			
4. Older Adult FSP	483,478	406,713	76,765			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	1,852,262	1,321,370	411,596		60,892	58,404
6. GSD: Latino Outreach Program	820,611	544,748	207,106		67,839	918
7. GSD: Enhanced Crisis & Aftercare	3,106,804	2,326,589	586,963			193,252
8. GSD: School & Family Empowerment	963,155	548,766	312,143		102,246	0
9. GSD: Forensic Mental Health Services	1,120,867	761,507	279,064			80,296
<b>CSS Administration</b>	430,948	430,948				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	13,147,868	9,314,244	3,089,967	0	410,175	333,483
<b>FSP Programs as Percent of Total</b>	52.1%					

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children & Youth FSP	600,508	282,099	239,375		78,410	624
2. TAY FSP	773,039	350,032	318,635		104,372	
3. Adult FSP	3,083,590	2,400,944	682,646			
4. Older Adult FSP	493,148	414,847	78,301			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	1,889,307	1,347,798	419,827		62,110	59,572
6. GSD: Latino Outreach Program	837,024	555,643	211,248		69,196	936
7. GSD: Enhanced Crisis & Aftercare	3,168,940	2,373,121	598,702			197,117
8. GSD: School & Family Empowerment	982,419	559,741	318,386		104,291	
9. GSD: Forensic Mental Health Services	1,143,284	776,737	284,645			81,902
<b>CSS Administration</b>	439,567	439,567				
<b>CSS MHA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	13,410,825	9,500,529	3,151,766	0	418,378	340,152
<b>FSP Programs as Percent of Total</b>	52.1%					

**Prevention and Early Intervention (PEI):** Actual expenses for PEI in FY 2016-17 were \$2.3 million with the majority of the funds coming from MHA. A one-time expense to assess current school based mental health resources projected to be completed in 2016-17 has been carried forward to FY 2017-18 funding.

**New in FY 2017-18:** The MHA Stakeholder group approved the addition of a Suicide Prevention Coordinator and a one-time expense to assess the mental health service needs of the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population. The Stakeholder group also approved the continued allocation of 4% PEI funding to the California Mental Health Services Authority (CalMHA) to help support Statewide PEI projects. This represented a \$35K increase for FY 2017-18.

The chart below summarizes the PEI budget for FY 2017-18 through FY 2019-20 and includes all revenue sources:

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan						
Prevention and Early Intervention (PEI) Component Worksheet						
County: San Luis Obispo					Date: 9/25/17	
	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. MH Awareness & Stigma Reduction	428,123	379,120				49,003
2. School Based Wellness	430,709	430,709				
3. Family, Education, Training & Support	150,330	150,330				
4. Early Care & Support for Underserved	304,811	304,811				
5. Integrated Community Wellness	88,750	88,750				
<b>PEI Programs - Early Intervention</b>						
1. MH Awareness & Stigma Reduction	0	0				
2. School Based Wellness	345,479	345,479				
3. Family, Education, Training & Support	31,642	31,642				
4. Early Care & Support for Underserved	111,273	111,273				
5. Integrated Community Wellness	351,898	206,683				145,215
<b>PEI Administration</b>	315,600	315,600				
<b>PEI Assigned Funds</b>	101,413	101,413				
<b>Total PEI Program Estimated Expenditures</b>	2,660,028	2,465,810	0	0	0	194,218
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. MH Awareness & Stigma Reduction	457,125	408,122				49,003
2. School Based Wellness	439,323	439,323				
3. Family, Education, Training & Support	153,337	153,337				
4. Early Care & Support for Underserved	310,907	310,907				
5. Integrated Community Wellness	90,525	90,525				
<b>PEI Programs - Early Intervention</b>						
1. MH Awareness & Stigma Reduction	0	0				
2. School Based Wellness	352,389	352,389				
3. Family, Education, Training & Support	32,274	32,274				
4. Early Care & Support for Underserved	113,498	113,498				
5. Integrated Community Wellness	356,032	210,817				145,215
<b>PEI Administration</b>	324,972	324,972				
<b>PEI Assigned Funds</b>	90,591	90,591				
<b>Total PEI Program Estimated Expenditures</b>	2,720,974	2,526,756	0	0	0	194,218

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. MH Awareness & Stigma Reduction	465,288	416,285				49,003
2. School Based Wellness	448,110	448,110				
3. Family, Education, Training & Support	156,404	156,404				
4. Early Care & Support for Underserved	317,125	317,125				
5. Integrated Community Wellness	92,336	92,336				
<b>PEI Programs - Early Intervention</b>						
1. MH Awareness & Stigma Reduction	0	0				
2. School Based Wellness	359,436	359,436				
3. Family, Education, Training & Support	32,920	32,920				
4. Early Care & Support for Underserved	115,768	115,768				
5. Integrated Community Wellness	360,248	215,033				145,215
<b>PEI Administration</b>	331,471	331,471				
<b>PEI Assigned Funds</b>	88,111	88,111				
<b>Total PEI Program Estimated Expenditures</b>	<b>2,767,217</b>	<b>2,572,999</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>194,218</b>

**Innovation:** Actual expenses for Innovation in FY 2016-17 were \$425K fully funded by MHSA. Four new projects were approved by the Mental Health Services Oversight and Accountability Commission (OAC) and began in FY 2016-17. These projects will be completed in FY 2019-20.

**New in FY 2017-18:** The Community Planning Process is in full swing as new projects are being developed and prepared for submission to the OAC for approval. These projects are projected to begin in FY 2018-19.

**Innovative Project Change Request:** A change for Project 2: Late Life Empowerment & Affirmation Program (LLEAP) is requested to expend more Innovation Funds than previously approved. This request follows the guidelines of the Innovative Project Regulations Section 3935. LLEAP has an approved four year budget of \$344,311. Expenses including evaluation and administration costs are projected to be greater by \$60K due to unanticipated increase to administrative costs not originally budgeted. The revised requested budget is \$403,915. The MHSA Stakeholder group is provided regular updates and program review of all innovation projects. In 2017 the MHSA Advisory Committee (the key stakeholder group) met four times. In each Stakeholder meeting the County provides updated fiscal accounting and projections for each component.

The chart below summarizes the Innovation budget for FY 2017-18 through FY 2019-20 and includes all revenue sources:

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan						
Innovations (INN) Funding						
County:	San Luis Obispo				Date:	9/25/17
	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Transition Assistance & Relapse Prevention	79,135	79,135				
2. Late Life Empowerment & Affirmation Program	99,767	99,767				
3. Not for Ourselves Alone: Trauma Informed Care	186,843	186,843				
4. COLEGA	169,882	169,882				
<b>INN Evaluation</b>	7,500	7,500				
<b>INN Administration</b>	92,707	92,707				
<b>Total INN Program Estimated Expenditures</b>	635,834	635,834	0	0	0	0
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Transition Assistance & Relapse Prevention	79,616	79,616				
2. Late Life Empowerment & Affirmation Program	101,762	101,762				
3. Not for Ourselves Alone: Trauma Informed Care	245,786	245,786				
4. COLEGA	201,525	201,525				
5. Innovation Projects - TBD	300,000	300,000				
<b>INN Evaluation</b>	9,375	9,375				
<b>INN Administration</b>	94,561	94,561				
<b>Total INN Program Estimated Expenditures</b>	1,032,625	1,032,625	0	0	0	0
	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Transition Assistance & Relapse Prevention	10,375	10,375				
2. Late Life Empowerment & Affirmation Program	22,404	22,404				
3. Not for Ourselves Alone: Trauma Informed Care	57,537	57,537				
4. COLEGA	44,780	44,780				
5. Innovation Projects - TBD FY 18/19	300,000	300,000				
6. Innovation Projects - TBD FY 19/20	200,000	200,000				
<b>INN Evaluation</b>	11,250	11,250				
<b>INN Administration</b>	96,452	96,452				
<b>Total INN Program Estimated Expenditures</b>	742,798	742,798	0	0	0	0

**Workforce, Education and Training (WET):** Actual expenses for WET in FY 2016-17 were \$111K with \$79K from MHSA revenue and \$32K from Medi-Cal FFP and Realignment 2011 revenue. The County is estimating the initial WET allocation will be depleted by the end of FY 2017-18.

**New in FY 2017-18:** The MHSA Stakeholder group approved the transfer of CSS revenue in FY 2018-19 to continue funding the programs under WET. This amount meets the guidelines of Welfare and Institutions Code 5892 (b). There are no expected changes to the WET programs for FY 2017-18 through FY 2019-20.

The chart below summarizes the WET budget for FY 2017-18 through FY 2019-20 and includes all revenue sources:

FY 2017-18 Through FY 2018-19 Three-Year Mental Health Services Act Expenditure Plan							
Workforce, Education and Training (WET) Funding							
County:	San Luis Obispo					Date:	9/25/17
	Fiscal Year 2017/18						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
<b>WET Programs</b>							
1. PAAT	25,000	25,000					
2. E-Learning	17,700	17,700					
3. Crisis Intervention Training	6,950	6,950					
4. Cultural Competence	18,010	18,010					
5. Co-Occurring Training	3,000	3,000					
6. Internship Program	59,911	31,632	21,324		6,955		
<b>WET Administration</b>	1,200	1,200					
<b>Total WET Program Estimated Expenditures</b>	131,771	103,492	21,324	0	6,955	0	
	Fiscal Year 2018/19						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
<b>WET Programs</b>							
1. PAAT - CSS Transfer	25,000	25,000					
2. E-Learning - CSS Transfer	17,700	17,700					
3. Crisis Intervention Training - CSS Transfer	6,950	6,950					
4. Cultural Competence - CSS Transfer	18,010	18,010					
5. Co-Occurring Training - CSS Transfer	3,000	3,000					
6. Internship Program - CSS Transfer	83,142	48,140	26,366		8,636		
<b>WET Administration</b>	1,200	1,200					
<b>Total WET Program Estimated Expenditures</b>	155,002	120,000	26,366	0	8,636	0	

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. PAAT - CSS Transfer	25,500	25,500				
2. E-Learning - CSS Transfer	18,054	18,054				
3. Crisis Intervention Training - CSS Transfer	7,089	7,089				
4. Cultural Competence - CSS Transfer	18,370	18,370				
5. Co-Occurring Training - CSS Transfer	3,060	3,060				
6. Internship Program - CSS Transfer	84,805	49,103	26,893		8,809	
<b>WET Administration</b>	1,224	1,224				
<b>Total WET Program Estimated Expenditures</b>	<b>158,102</b>	<b>122,400</b>	<b>26,893</b>	<b>0</b>	<b>8,809</b>	<b>0</b>

**Capital Facilities and Technological Needs (CFTN):** Actual expenses for CFTN in FY 2016-17 were \$665K with \$534K funded with MHSA revenue, and \$131K funded by the Drug and Alcohol division (internal transfer). The on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between divisions in Behavioral Health and is based on number of users. Stakeholders approved the continued transfer of CSS revenue to CFTN to fund the annual support costs, as well as the final phase of the Behavioral Health Electronic Health Record (BHEHR) system development. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

**New in FY 2017-18:** The County expects the final enhancements to the BHEHR system to be completed by June 30, 2018. The estimated total cost for the BHEHR system is \$3.7 million, which is in-line with what was originally approved by the Department of Mental Health and the County’s Board of Supervisors.

The chart below summarizes the CFTN budget for FY 2017-18 through FY 2019-20 and includes all revenue sources:

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan						
Capital Facilities/Technological Needs (CFTN) Funding						
County: San Luis Obispo					Date: 9/25/17	
	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	618,731	480,582				138,149
2. EHR Project Enhancements - CSS Transfer	20,000	20,000				
CFTN Administration	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>638,731</b>	<b>500,582</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>138,149</b>
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	631,106	490,194				140,912
2. EHR Project Enhancements - CSS Transfer	0					
CFTN Administration	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>631,106</b>	<b>490,194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>140,912</b>
	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	643,728	499,998				143,730
2. EHR Project Enhancements - CSS Transfer	0					
CFTN Administration	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>643,728</b>	<b>499,998</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>143,730</b>

**Local Prudent Reserve:** Pursuant to Welfare and Institutions Code 5847(b)(7), the County must establish and maintain a local prudent reserve to ensure that programs will continue to serve children, adults and seniors currently being served by CSS and PEI programs. The reserve should be used in years where the allocation of funds for services is not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year. Stakeholders approved the transfer of \$4 million to the Prudent Reserve for CSS Programs. The amount transferred in FY 2016-17 was \$1.5 million. This

amount meets the guidelines of Welfare and Institutions Code 5892 (b). The balance at the end of FY 2016-17 for CSS and PEI combined was \$4,404,155. It is projected to transfer \$1.2 million in FY 2017-18 and \$1.3 million in FY 2018-19 as shown on the Funding Summary. No prudent reserve funds are expected to be used during FY 2017-18 through FY 2019-20.



Exhibit A – County Certification

County: **San Luis Obispo**

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

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section Transitions Mental Health Association 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December 5, 2017.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Anne Robin \_\_\_\_\_

Local Mental Health Director (PRINT)

Signature

Date

## Exhibit B – MHSA County Fiscal Accountability Certification

County/City: San Luis Obispo

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

<b>Local Mental Health Director</b>	<b>County Auditor-Controller / City Financial Officer</b>
Name: Anne Robin, LMFT Telephone Number: (805) 781-4719 E-mail: arobin@co.slo.ca.us	Name: James P. Erb, CPA Telephone Number: (805) 788-2964 E-mail: jerb@co.slo.ca.us
<b>Local Mental Health Mailing Address:</b> County of San Luis Obispo Behavioral Health Dept. 2180 Johnson Ave., 2 <sup>nd</sup> Floor San Luis Obispo, CA 93401	

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

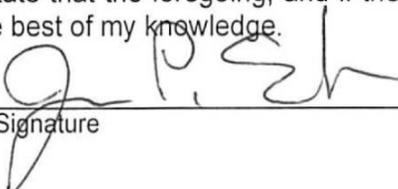
I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Anne Robin, LMFT  
 Local Mental Health Director (PRINT)

  
 Signature 10/18/17  
Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 21, 2016 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

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

  
 Signature 10-17-17  
Date

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



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

---

WHO: San Luis Obispo County Behavioral Health Department

WHAT: The MHSA Fiscal Year 2017-2018 Annual Update and Three-Year Plan for Fiscal Years 2017-20, is available for a 30-day public review and comment from October 17 through November 15, 2017.

HOW: To review the Update and Plan,  
Visit: [http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-\(MHSA\).aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-(MHSA).aspx)  
To Submit Comments or Questions:  
[https://www.research.net/r/MHSA\\_2017-18\\_AnnualUpdate](https://www.research.net/r/MHSA_2017-18_AnnualUpdate)  
***Comments must be received no later than November 15, 2017.***

---

#### NOTICE OF PUBLIC HEARING

WHO: San Luis Obispo County Behavioral Health Advisory Board

WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2017-2018 Update and Three-Year Plan for Fiscal Years 2017-20.

WHEN: Wednesday, November 15, 2017, 3:00 p.m.

WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

#### FOR FURTHER INFORMATION:

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

Appendix B: MHSA Performance Audit



# COUNTY OF SAN LUIS OBISPO

AUDITOR • CONTROLLER • TREASURER • TAX COLLECTOR

**Health Agency**  
**Behavioral Health Department**  
**Mental Health Services Act Performance Audit**

**August 2016**

**JAMES P. ERB, CPA**

**Auditor-Controller**

**Treasurer-Tax Collector-Public Administrator**



# COUNTY OF SAN LUIS OBISPO

AUDITOR • CONTROLLER • TREASURER • TAX COLLECTOR

1055 MONTEREY ST. RM. D290

SAN LUIS OBISPO, CA 93408

(805) 781-5831 • FAX (805) 781-5362

<http://sloacttc.com>

JAMES P. ERB, CPA

Auditor-Controller

Treasurer-Tax Collector

James W. Hamilton, CPA

Assistant

TO: JEFF HAMM, HEALTH AGENCY DIRECTOR

FROM: JAMES P. ERB, CPA, AUDITOR-CONTROLLER-TREASURER-TAX COLLECTOR

DATE: AUGUST 11, 2016

SUBJECT: MENTAL HEALTH SERVICES ACT PERFORMANCE AUDIT

Our office recently completed a performance audit to evaluate the Behavioral Health Department's Mental Health Services Act (MHSA) Program for fiscal year 2014-15. We determined the program to be in compliance with the Mental Health Services Oversight and Accountability Commission requirements. However, we found issues with the Behavioral Health Department's referrals to Family Care Network, Inc., and with Dr. Ortiz' compliance with contract terms. We also recommended several improvements to enhance the MHSA program's utilization, accountability for funds and contractor performance.

Please respond to the Findings and Recommendations within 10 business days of receiving this report. The response should include the corrective action the Health Agency will be making to correct the findings. It is not necessary to provide a written response to the suggested improvements.

## Purpose

The objectives of our review were to determine whether the MHSA program:

- 1) Submitted a timely MHSA Annual Update & Three Year Program and Expenditure Plan (MHSA Plan) for fiscal years 2014-15 through 2016-17 which met the Mental Health Services Oversight and Accountability Commission requirements.
- 2) Demonstrates fiscal and programmatic accountability in accordance with the Three Year Program and Expenditure Plan.
- 3) Has adopted reasonable methods for establishing performance measures and monitoring contractor performances.
- 4) Utilized data collected to improve mental health systems and communicated program results to key stakeholders.

## Scope & Methodology

We conducted our review in conformance with the *International Standards for the Professional Practice of Internal Auditing*. The International Standards for the Professional Practice of Internal Auditing require that the internal audit activity be independent and internal auditors be objective in performing their work. The Standards also require that internal auditors perform their engagements with proficiency and due professional care; that the internal audit function be subject to a program of quality assurance; and that the results of engagements are communicated to management.

Our methodology included interviews with MHSA administrators, staff, and contractors. We also attended a variety of MHSA stakeholder meetings. For fiscal year 2014-15 we evaluated supporting documentation for the MHSA Annual Update and Three Year Program and Expenditure Plan, MHSA's stakeholder process, and funding allocation by program.

We reviewed MHSA contracts and conducted site visits to assess the contractors' fiscal and programmatic accountability. We reviewed documentation of both costs and program results. The contractors and programs judgmentally selected for sampling were:

Program	MHSA Component	Transitions Mental Health Association	Family Care Network, Incorporated	Community Action Partnership	Silvia Ortiz, PhD
Latino Outreach Program	Community Service & Supports				\$120,000
School and Family Empowerment	Community Service & Supports			\$80,000	
Positive Development Program	Prevention & Early Intervention			\$80,000	
Children's Full Service Partnership	Community Service & Supports		\$140,000		
Transitional Age Youth Full Service Partnership	Community Service & Supports		\$140,000		
Adult Full Service Partnership	Community Service & Supports	\$344,444			
Adult Full Service Partnership Intensive Residential Housing	Community Service & Supports	\$334,689			
Adult Full Service Partnership Intensive Residential Case Management	Community Service & Supports	\$177,538			
Client & Family	Community	\$304,826			

Partners	Service & Supports				
Peer Advisory and Advocacy Team	Workforce Education & Training	\$25,000			
Integrated Community Wellness Advocates	Prevention & Early Intervention	\$180,000			
Total		\$1,366,497	\$280,000	\$160,000	\$120,000

## Behavioral Health Department Results

***MHSA Annual Update & Three Year Program and Expenditure Plan*** – The MHSA Annual Update and Three Year Program and Expenditure Plan for FY 2014-15 was submitted to the State on time and met all fourteen of the Mental Health Services Oversight & Accountability Commission Guidelines.

***Performance measure establishment and monitoring*** – MHSA staff work closely with program stakeholders and effectively use a variety of methods to establish meaningful performance measures and outcomes. The performance measure results are consistently monitored.

***Improvement of mental health systems*** – MHSA staff reviewed performance measure data, shared results with stakeholders, and worked collaboratively to improve MHSA programs.

***Fiscal & programmatic accountability*** – We determined the Behavioral Health Department is contracting for services in accordance with the MHSA plan’s goals and objectives. Contracted services costs appropriately relate to specific MHSA components and their associated revenue. Additionally, the MHSA staff require service providers to achieve performance measures in alignment with the MHSA plan. We made one suggested improvement to strengthen fiscal oversight:

Suggested Improvement 1: The contractors’ supporting detail for expenses claimed on invoices was not periodically reviewed. Good internal controls include management establishing and performing monitoring activities to evaluate contractor fiscal accountability. Behavioral Health staff stated the detailed invoice review did not occur because priority was given to monitoring variances between budgeted and invoiced amounts. By performing periodic monitoring of the support for invoices staff can confirm that actual expenses are incurred and invoiced appropriately. We recommended staff review a sample of the supporting documentation for every contractor in order to verify actual expenses are being incurred and appropriate invoices are being submitted. MHSA staff agreed with our recommendation and stated that they would immediately implement the recommendation.

## Contractor Results

**Transitions Mental Health Association (TMHA)** – We sampled six TMHA programs receiving some level of County funding. We found reported costs were sufficiently documented, appropriately accounted for and in alignment with the program objectives. TMHA performed all contracted tasks; however, 12 of the 31 performance measures tested were not met in their entirety. The outcomes were not met due to miscalculations in compiling data which led TMHA staff to believe several outcomes were being met, when they were not. Additionally, a delay in referrals by the Behavioral Health Department and a necessary reliance on consumer self-reporting and initiative caused other outcomes to come in below target. Meeting program outcomes provides assurance that MHSA dollars are being spent as intended and provide value to stakeholders, therefore we made one suggested improvement regarding performance measure achievement:

Suggested Improvement 1: We recommended TMHA and the MHSA staff collaborate to evaluate program outcomes and a range of realistic levels of achievement. This recommendation was implemented and during FY 2016-17 contract negotiations, TMHA and MHSA staff discussed and modified expected program outcome goals.

**Family Care Network, Incorporated (FCNI)** – We sampled two FCNI programs receiving some level of County MHSA funding. We found reported costs were sufficiently documented, appropriately accounted for, and in alignment with the programs. FCNI performed all contracted tasks. Seven of ten performance measure were not met in their entirety, including contracted units of service which is discussed in the Finding below:

### **Finding 1: Underutilization of Services**

FCNI provided only 78,482 (52%) of the contracted units of service. FCNI did not achieve all the contracted program outcomes primarily due to the lack of client referrals by the Behavioral Health Department. Behavioral Health management stated the lack of client referrals was due to turnover of key staff. The lack of referrals created an underutilization of mental health services for youth.

Recommendation: We recommend the Behavioral Health Department develop a plan for consistent referrals of youth to program services that will not be interrupted by staffing changes.

**Community Action Partnership (CAPSLO)** – We sampled two CAPSLO programs. CAPSLO performed all contracted tasks and met or exceeded the contracted program outcomes. We found costs were sufficiently documented, appropriately accounted for, and in alignment with the programs. Although we were able to verify all sampled costs, CAPSLO's use of estimates for invoicing made it difficult to track actual expenditures for the two programs sampled. Best accounting practices report actual costs on invoices, however, CAPSLO used estimated costs due to the difficulty of closing monthly accounting records in time to meet the Behavioral Health Department's date requirement for invoice submission. Using actual costs provides greater fiscal accountability for the monthly invoices. Even though, invoices were adjusted at the end of the

year to reflect actual expenditures. We made one suggested improvement to strengthen fiscal accountability:

Suggested Improvement 1: We recommended CAPSLO discuss the possibility of changing the invoice due date with MHSA staff in order to provide the most accurate invoices. MHSA staff and CAPSLO agreed on revised timing for invoice submission and have implemented the new schedule with the FY 16-17 contract.

**Silvia Ortiz, PhD** – We sampled the only program provided by Dr. Ortiz. Dr. Ortiz met two of the three contracted program outcomes; however, not all contracted tasks were performed. Additionally, we found costs were not sufficiently documented, and no formal monitoring of costs occurred. We have three findings and one suggested improvement regarding this contract:

**Finding 1: Contracted Service Not Provided**

Dr. Ortiz did not provide an in-service training to Latino Therapy Services Program staff as stipulated in the contract. Dr. Ortiz stated she felt the planning and coordination of the training was the responsibility of Behavioral Health staff, while Behavioral Health staff stated they believed all aspects of the training were the responsibility of Dr. Ortiz. As a result, Latino Therapy Services Program staff did not receive the training.

Recommendation: We recommend MHSA staff follow-up with contractors at the first indication a contracted service may not be performed.

**Finding 2: Unable to Substantiate Costs**

We were unable to substantiate the costs invoiced to the MHSA program by Dr. Ortiz. Believing she was not required to, Dr. Ortiz did not keep supporting documentation to validate costs claimed on invoices. However, the contract requires invoices to contain actual expenses for the current month and contract year to date by budget line item. Because actual expenses were unsupported, we were unable to confirm the MHSA program received the minimum units of services stated in the contract.

Recommendation: We recommend Dr. Ortiz keep supporting documentation for services provided to the MHSA program including time and attendance records, billing rates, time and location of travel or other supporting documentation detailing the nature of services provided, and MHSA staff periodically check the supporting documentation.

**Finding 3: Lack of Communication between Contractor and MHSA staff**

Neither the contractor nor MHSA staff established a consistent forum to discuss issues, progress and outcomes as required by the contract. Both Dr. Ortiz and Behavioral Health staff felt that informal conversations were sufficient. Findings 1 and 2 resulted from inadequate communication between the Contractor and MHSA staff. Formal communication with all contractors should be established to ensure compliance with all aspects of the contract and MHSA expectations.

Recommendation: We recommend regularly scheduled meetings with Dr. Ortiz be instituted by Behavioral Health staff. Meetings should include a review of all contract expectations.

Suggested Improvement 1: We found the County of San Luis Obispo was not named as an additional insured on Dr. Ortiz's automobile insurance coverage as required by the contract due to an oversight by Dr. Ortiz. Naming the County as an additional insured on contractor insurance limits the County's exposure to risk. We recommend Behavioral Health staff verify all contractors are meeting the insurance requirements of their contracts.

The implementation of our findings and suggested improvements will help strengthen the administration of the MHSA programs. We very much appreciate the collaborative, courteous attitude of your staff and the cooperation we received during the course of our audit.

## Appendix C: SLOBHD Response to MHA Performance Audit



## SAN LUIS OBISPO COUNTY HEALTH AGENCY

*Health Agency - Behavioral Health Department*

2180 Johnson Avenue  
 San Luis Obispo, California 93401  
 805-788-2135 ▪ FAX 805-781-1273

To: James P. Erb, CPA, Auditor-Controller-Treasurer –Tax Collector

From: Jeff Hamm, Health Agency Director

Date: August 29, 2016

Subject: Response to Mental Health Services Act Performance Audit

This letter is in response to Mental Health Services Act Performance Audit report dated August 11, 2016 for the audit period of FY 2014/15. This letter provides detailed responses to each of the findings and recommendations in the report. The Department appreciates the time and effort that was put into the audit, as well as the issues that were highlighted and recommendations that were provided by the Audit Team.

In an effort to improve the oversight and monitoring of contracts, the Behavioral Health Department is currently working on a Contractor Compliance Plan (Plan) which will include written expectations of the contract monitor, as well as monitoring and auditing tools in the following three areas: fiscal, program, and quality assurance/utilization review. The Auditor's recommendations under Suggested Improvements and Findings in the report have been taken into consideration while developing the Plan. Additionally, the contractor questionnaire that the Auditors used during the MHA audit has been incorporated into the Plan as an auditing tool.

#### CONTRACTOR RESULTS

- Family Care Network (FCN), Inc. Finding #1: Underutilization of Services  
*Recommendation:* We recommend the Behavioral Health Department develop a plan for consistent referrals for youth to program services that will not be interrupted by staffing changes.

Response: Although the Department is in agreement of the recommendation, it is at times challenging to provide consistent referrals when there are staff vacancies in an

intensive program, such as the Full Service Partnership (FSP). Referrals are not made to the program if the capacity to provide appropriate levels of care is diminished because of a staff shortage. The Department will make every effort to better utilize temporary staff or clinical student interns (e.g. MFT-I) to fill the gap when needed. The Department will also look more closely at utilizing other available FSP therapists that are not at capacity and have them serve clients outside of their area until vacancies are filled.

- Silvia Ortiz, Ph.D. Finding #1: Contracted Service Not Provided

*Recommendation:* We recommend MHSA staff follow-up with contractors at the first indication a contracted service may not be performed.

*Response:* The Department agrees with the recommendation. The Plan will require regular quarterly meetings with contractors in the future and will include a review of services, outcomes, and finances, as well as other items that need further discussion. These regular meetings should ensure that contracted services are being provided.

- Silvia Ortiz, Ph.D. Finding #2: Unable to Substantiate Costs

*Recommendation:* We recommend Dr. Ortiz keep supporting documentation for services provided to the MHSA program including time and attendance records, billing rates, time and location of travel or other supporting documentation detailing the nature of services provided, and MHSA staff periodically check the supporting documentation.

*Response:* The Department agrees with the recommendation and has already begun to periodically request supporting documentation for invoices. Also, the Plan will require an annual audit for all contractors, which will include a review of supporting documentation for invoices. This will ensure the Department is able to substantiate all costs billed to the County for services.

- Silvia Ortiz, Ph.D. Finding #3: Lack of Communication between Contractor and MHSA staff

*Recommendation:* We recommend regularly scheduled meetings with Dr. Ortiz be instituted by Behavioral Health staff. Meetings should include a review of all contract expectations.

*Response:* The Department agrees with the recommendation. As noted in the Response under Finding #2, the Department will require contract monitors to hold quarterly meetings with contractors during the contract year. This will ensure there is sufficient communication between the contractor and staff.

## Appendix D: Student Assistance Program Results

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

n = 396

Protective Factors	% Increase
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%
My grades are mostly (as converted to GPA) (scored as estimate of self-reported GPA)	15.36%

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%

## Appendix E: Student Assistance Program Results

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

n = 55

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%
<b>Protective Factors Cumulative Average</b>	<b>21.72%</b>

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%
<b>Risk Factors Cumulative Average</b>	<b>-16.36%</b>

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

n = 195

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%
<b>Protective Factors Cumulative Average</b>	<b>16.06%</b>

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%
<b>Risk Factors Cumulative Average</b>	<b>-6.11%</b>