



SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE

# PREVENTION AND EARLY INTERVENTION

# 2019 PEI Summit

## WELCOME



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# PEI

## How much do you know?



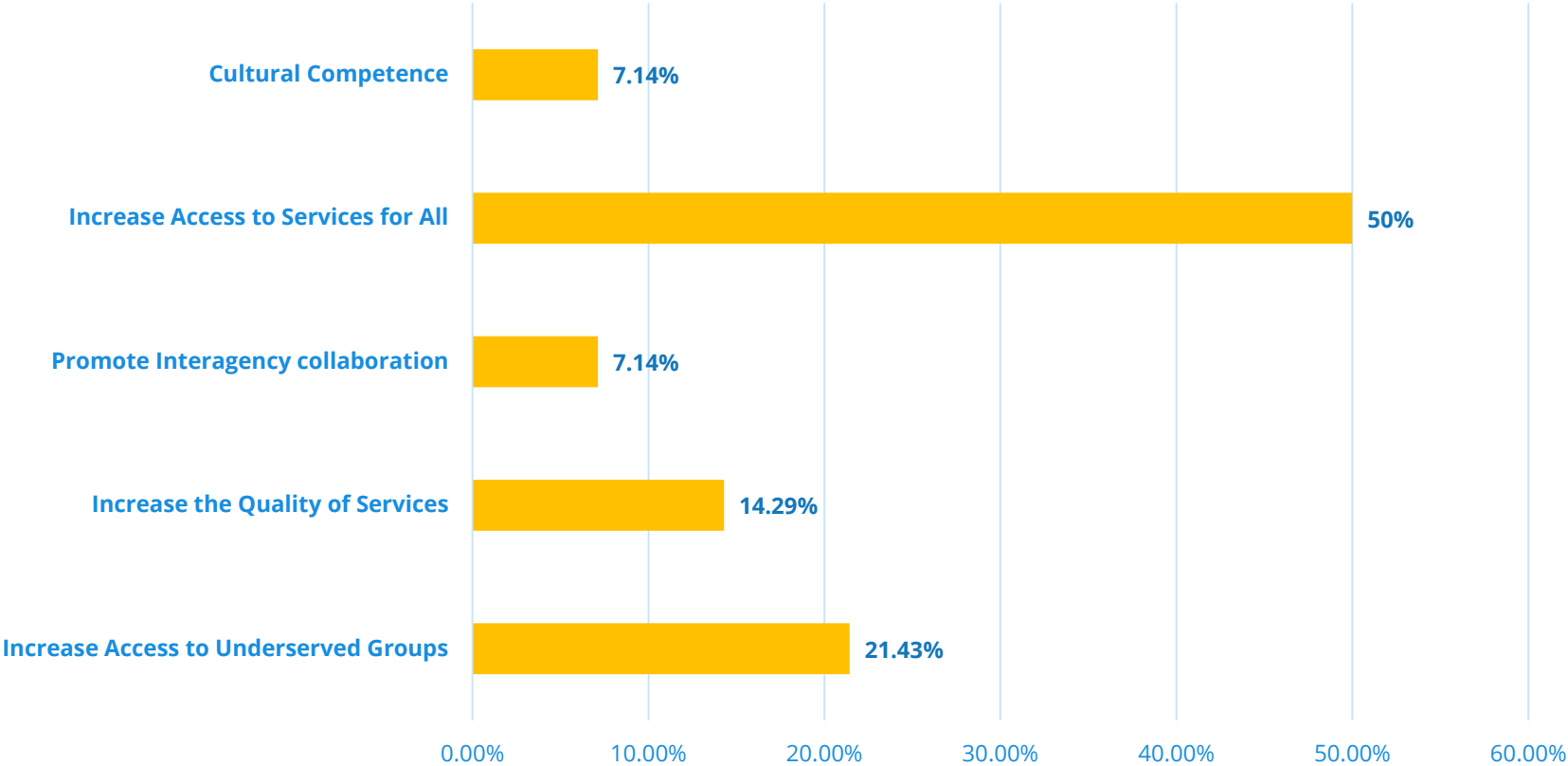
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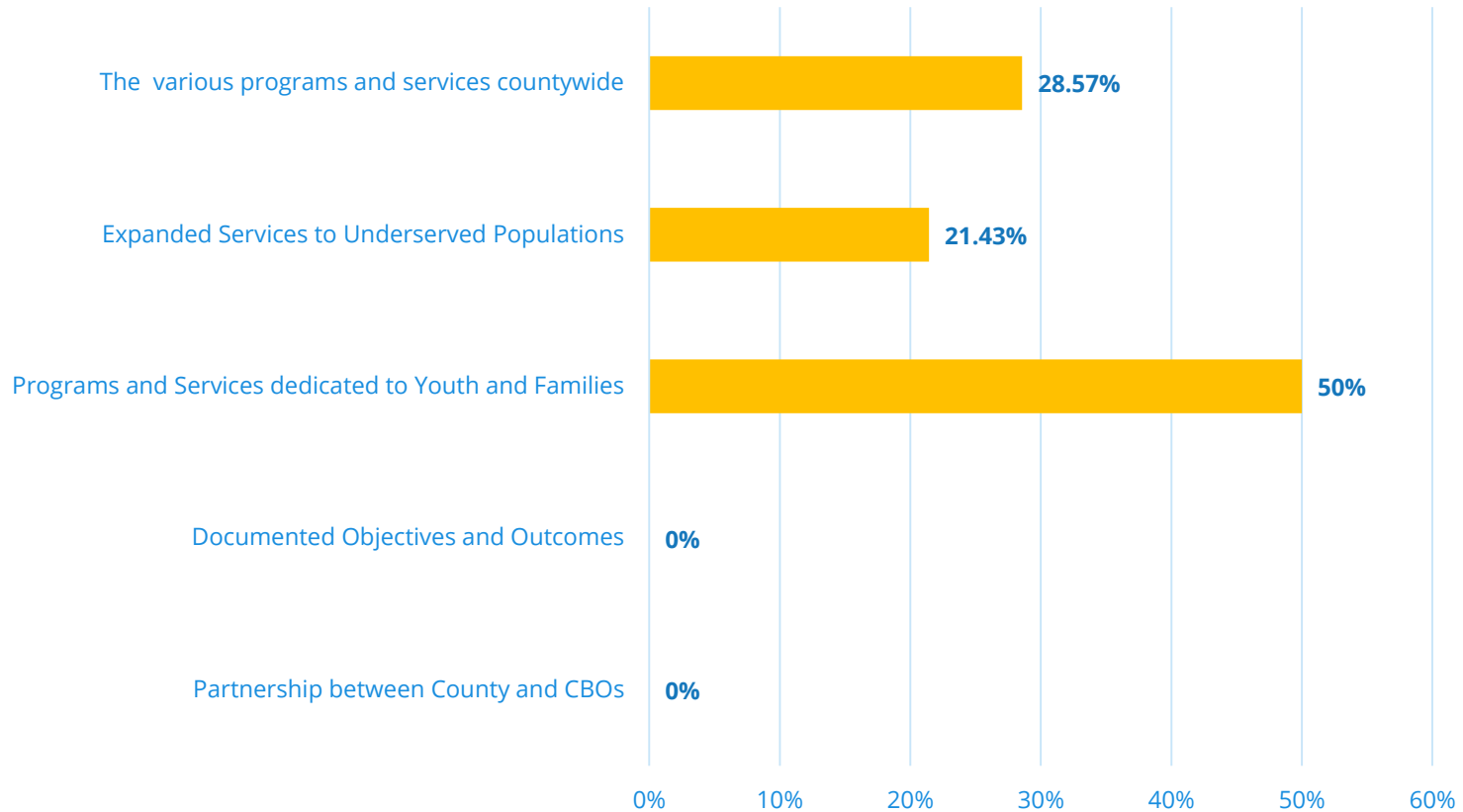


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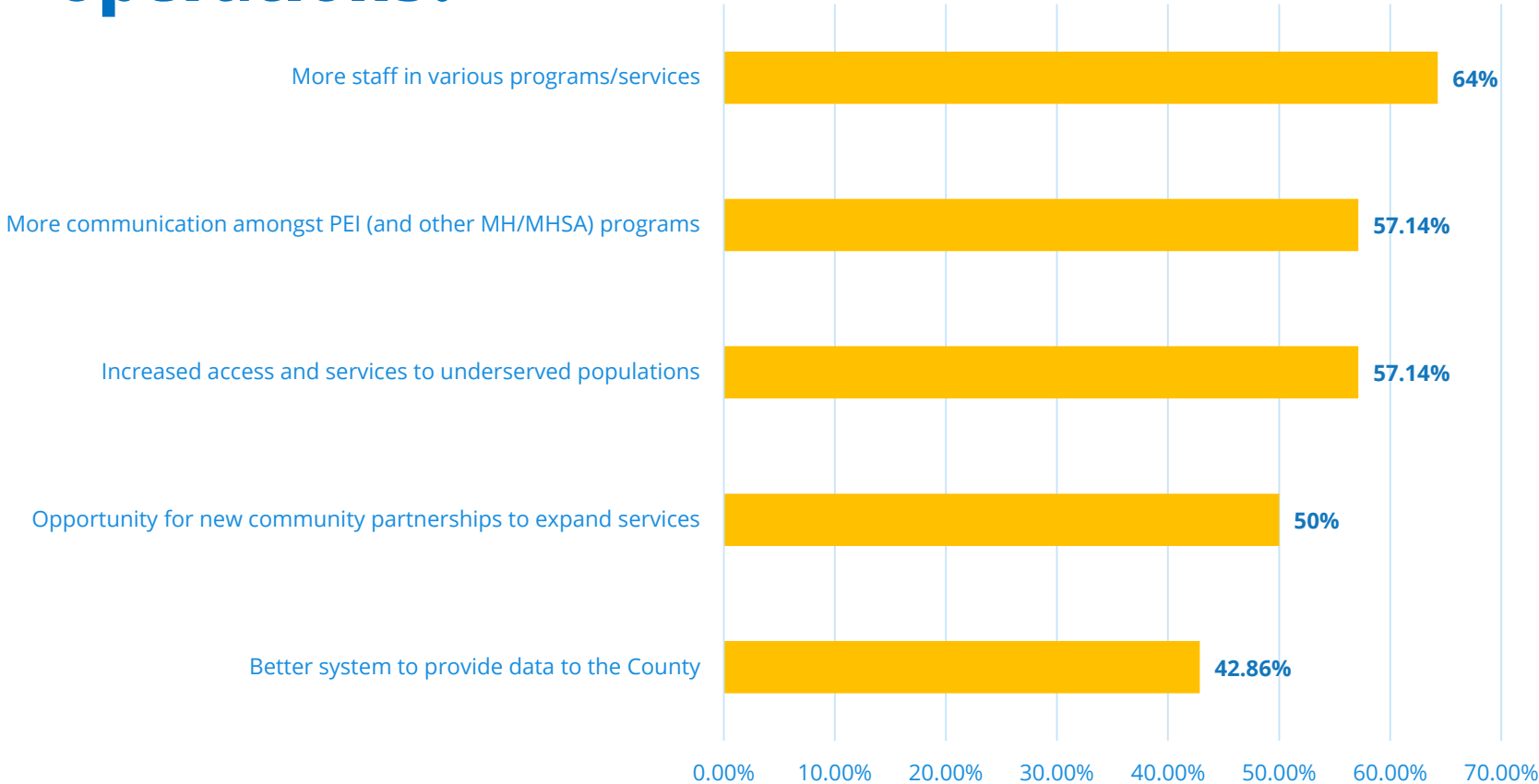
# What do you think is the most important issue for the County to address through MHSA PEI?



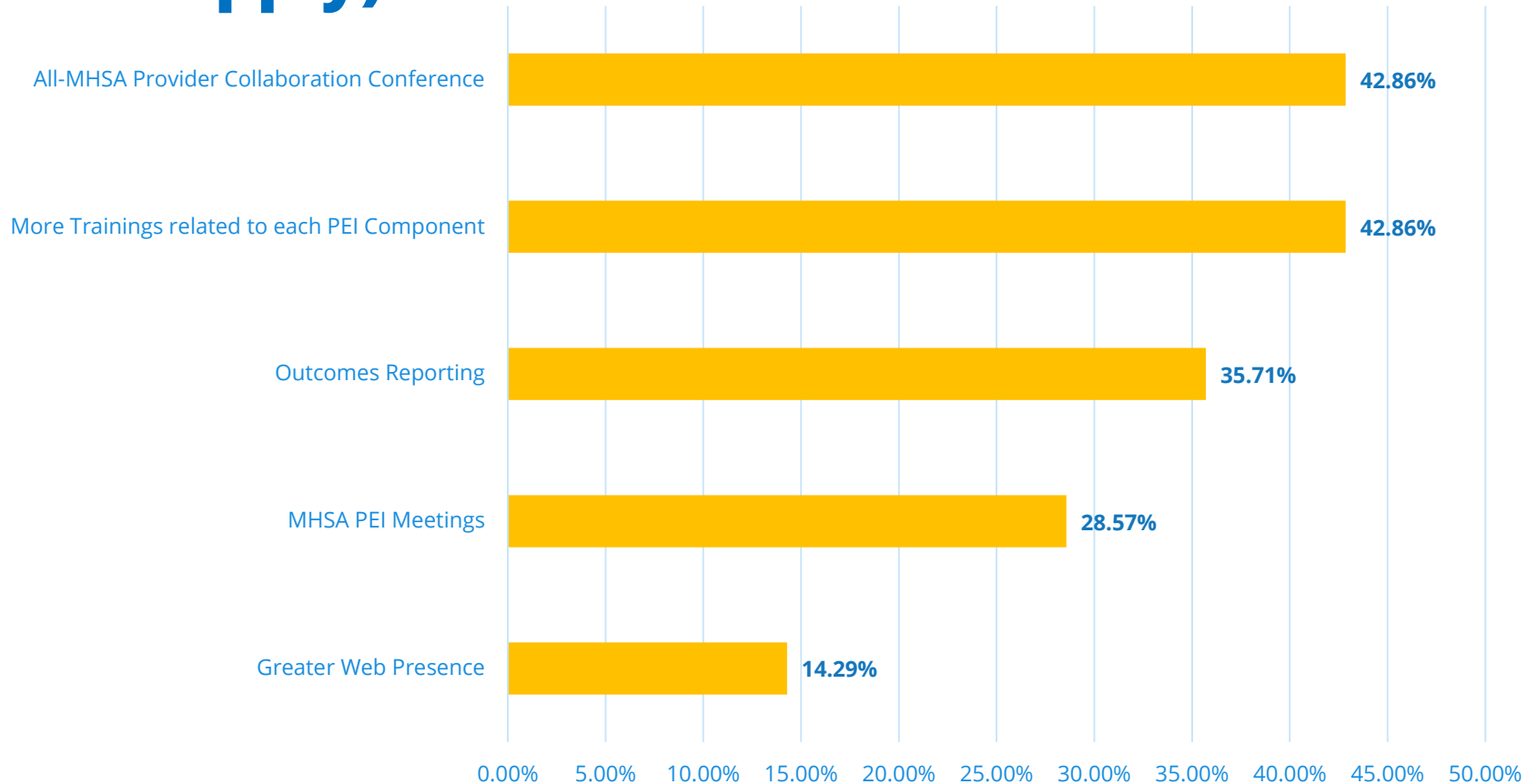
# Other than staff, what do you think is the greatest strength of the PEI plan?



# What area (pick up to 3) would you like to see improved in PEI planning and operations?



# Please choose what you would like to see from MHSA in the coming year (select all that apply):



# What are the gaps in PEI Services/Programs?

- “SAFE in North County”
- “I think that we need more early intervention services for adults outside the scope of the county system”
- “More information and collaboration between PEI providers and various program providers in community these programs serve”
- “Communication with PEI Stakeholders”
- “There needs to be more parent education in the county. There is a limited amount and families are requesting more in different parts of the counties”
- “More programs and services for the TAY populations”
- “In certain programs, the expectations are always clear on what the stakeholders want from the program, what supervisors expect, and the congruency between the two”





# MHSA

## Overview



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# 5 Fundamental Concepts

**Must be embedded and continuously addressed throughout the Programs**

- Client/Family-Driven Mental Health System
- Cultural Competence
- Collaboration with Community Services
- Integrated Service Experience for Clients
- Wellness Focus (which includes Recovery & Resilience)





# COUNTY OF SAN LUIS OBISPO MENTAL HEALTH SERVICES ACT



## FUNDING FACTS



TAX ON CA RESIDENTS THAT GROSS \$1,000,000 OR MORE ANNUALLY

ESTIMATED 2019-20 MHSA CA REVENUE: \$2,261,200,000



2019-20 MHSA COUNTY OF SAN LUIS OBISPO REVENUE: \$15,687,257



## BEHAVIORAL HEALTH MHSA FUNDED PROGRAMS INCLUDE:

### COMMUNITY SERVICES AND SUPPORTS (CSS): 76%

- FULL SERVICE PARTNERSHIPS
- HOUSING
- CRISIS STABILIZATION UNIT
- MENTAL HEALTH EVALUATION TEAM
- SCHOOL AND FAMILY EMPOWERMENT
- PEER SUPPORT, EDUCATION, AND WELLNESS CENTERS
- FAMILY EDUCATION
- LATINO OUTREACH PROGRAM
- SUPPORTIVE EMPLOYMENT/ VOCATIONAL TRAINING
- CO-OCCURRING DISORDERS TREATMENT
- FORENSIC SERVICES INCLUDING VETERANS TREATMENT AND THE COMMUNITY ACTION TEAM

### PREVENTION AND EARLY INTERVENTION (PEI): 19%

- FAMILY EDUCATION, TRAINING, AND SUPPORT
- MIDDLE SCHOOL STUDENT ASSISTANCE
- IN-HOME PARENT EDUCATOR
- CUESTA COLLEGE SUCCESSFUL LAUNCH
- COLLEGE WELLNESS PROGRAM AT CAL POLY AND CUESTA COLLEGE
- PERINATAL MOOD ANXIETY DISORDER PROGRAM
- VETERANS OUTREACH
- SUICIDE PREVENTION
- COMMUNITY OUTREACH AND STIGMA REDUCTION
- POSITIVE DEVELOPEMENT
- INTEGRATED COMMUNITY WELLNESS
- OLDER ADULT MENTAL HEALTH INITIATIVE

### INNOVATION (INN): 5%

- LATE LIFE EMPOWERMENT AFFIRMATION PROGRAM
- TRANSITION ASSISTANCE AND RELAPSE PREVENTION
- CREATING OPPORTUNITIES FOR LATINAS TO EXPERIENCE GOAL ACHIEVEMENT
- CUSTOMER AWARENESS RESPONSE EFFORT
- AFFIRMING CULTURAL COMPETENCE EDUCATION AND PROVIDER TRAINING
- 3X3 DEVELOPMENTAL SCREENING PARTNERSHIP BETWEEN PARENTS AND PEDIATRIC PRACTICES

VISIT COUNTY OF SAN LUIS OBISPO MENTAL HEALTH SERVICES ACT ONLINE:

<https://www.slocounty.ca.gov/mhsa.aspx>

updated 8.13.19



# COUNTY OF SAN LUIS OBISPO SELECT MHSA PROGRAMS



**Full Service Partnerships (FSP)** provides comprehensive, intensive, community-based services to individuals who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services. A principle of FSP is doing "whatever it takes" to help individuals on their path to recovery and wellness. The County supports several community-based FSP teams, including two for children and transitional-aged youth (TAY) (Family Care Network, Inc.), four aimed at adults including special forensic and homeless populations (Transitions - Mental Health Assoc. TMHA), and older adults (Wilshire Community Services). Housing is also made available in some programs.

**Client and Family Wellness Programs** include partnerships with TMHA to provide family and peer education, supportive employment and vocational training (e.g. Growing Grounds), Service Enhancement Programs to assist new patients, and Wellness Centers across the county. The Behavioral Health Department also offers an array of treatment for those with co-occurring disorders.

The **Latino Outreach Program (LOP)** provides bilingual and bicultural therapists to offer culturally appropriate treatment services offered in both community and clinic settings. The target population is the unserved and underserved Latino community, particularly those in identified pockets of poverty in the north and south county areas and rural residents.

The **Enhanced Crisis Response and Aftercare** work plan features the **Mental Health Evaluation Team** (Sierra Mental Wellness), and the Department's Crisis Resolution Team to increase the county's capacity to meet the needs of individuals requiring specialized, critical intervention and aftercare. The **Crisis Stabilization Unit** is in place for crisis intervention, assessment, evaluation, collateral, medication support services, therapy, peer support, etc. to avoid unnecessary hospitalization and incarceration while improving wellness for individuals with mental health disorders and their families.

**School and Family Empowerment** programs reflect the Department's partnership with local school districts to provide mental health services to seriously emotionally disturbed youth, engaging students and their families in services that enable them to stay in school.

**Forensic Mental Health Services** are aimed at engaging those caught in the judicial system due to behavioral health issues, and include a Forensic Coordination Therapist, Behavioral Health Treatment Court, Veterans Treatment Court, the Community Action Team (SLOPD/TMHA), and Forensic Re-Entry Services (TMHA). Programs seek to reduce recidivism and provide a bridge to treatment and recovery.

**Prevention Programs** include: **Family Education, Training and Support** (Center for Family Strengthening) which includes classes and coaching countywide, **In-home Parent Education (CAPSLO)**, Cuesta College's "**Successful Launch**" to assist TAY in navigating services, vocational training, CAPSLO's "**Positive Development**" program for pre-school children; and **Student Assistance Programs (SAP)**. The County (with the Link) supports six middle school programs which aim to engage youth at early signs of risk and emotional disturbance. The approach includes counseling, youth development activities, and family advocacy.

**Early Intervention Programs** include free and low-cost counseling provided by Community Counseling Center. System navigation is offered for community consumers by TMHA.

The **Perinatal Mood Anxiety Disorder** program (PMAD), led by Public Health, offers outreach for parents recognized with early signs of mental illness.

Wilshire Community Services provides multi-level services for seniors at risk for mental illness. Services include, **Caring Callers** for isolated older adults, clinically supervised **Senior Peer Counseling**, and short term, solution focused therapy. Wilshire also conducts depression screenings and provides older adult specific mental health education throughout the county.

Suicide prevention and Stigma reduction efforts, including a **Social Marketing Strategy** and Community Outreach & Engagement include public advocacy work (TMHA), as well as **College Wellness Program** and **Suicide Prevention** coordination and education efforts.

The **Veterans Outreach Program** leverages resources by embedding a mental health therapist within local rehabilitative activities for veterans and their families. The program offers monthly events and opportunities for veterans to stay active, meet others, and engage with community resources.

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<https://www.slocounty.ca.gov/mhsa.aspx>

updated 8.13.19



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# Stakeholder Meetings

- What are stakeholder meetings?
- When do they occur?
- Who is involved?



# PEI Journey

- Opportunity to fund services geared toward people who are not seriously mentally ill yet
- Use and implementation of EBP
- Adopting a Prevention Framework
  - New services
  - New partnership opportunities
    - Community
    - Public Health
  - Focus on younger population, screening, risk factor
- Statewide/multi-county work
  - CalMHSA PEI Statewide Projects
  - Common messaging for mental health



# PEI Overview: From the Regulations

- Regulations released in October 2015
- New Regulations released on July 1, 2018
- PEI is 19% of a county's overall MHSA allocation
- At least 50% of a county's PEI expenditures shall be services delivered to children and TAY
- Counties are responsible for submitting annual PEI program and evaluation report by June 30<sup>th</sup> for the previous fiscal year
- Demographics



# Reduce 7 Negative Outcomes

- Suicide
- Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes



# PEI Program Types

- Work Plan 1 • Prevention Programs
- Work Plan 2 • Early Intervention Programs
- Work Plan 3 • Outreach for Increasing Recognition of Early Signs of Mental Illness
- Work Plan 4 • Access and Linkage to Treatment Program
- Work Plan 5 • Stigma and Discrimination Reduction Program
- Work Plan 6 • Improve Timely Access to Service for Underserved Populations Program
- Work Plan 7 • Suicide Prevention Program





# PEI Strategies

- Access and Linkage to Treatment
- Improve Timely Access to Services for Underserved Populations
- Strategies that are Non-Stigmatizing and Non-Discriminatory
- Outreach for Increasing Recognition of Early Signs of Mental Illness



Program Type	Outcome Data Collection Requirements
<p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>• A set of related activities to reduce risk factors and increase protective factors.</li> <li>• The goal is to bring about mental health including reduction of the applicable negative outcomes for individuals and members of groups/populations whose risk of developing a SMI is greater than average and, as applicable, their parents, caregivers, and other family members.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in risk factors, indicators, or increased protective factors</li> </ul>
<p><b>Early Intervention</b></p> <ul style="list-style-type: none"> <li>• Treatment and other services and interventions</li> <li>• Includes relapse prevention</li> <li>• Address and promote recovery and related functional outcomes for a mental illness early in its emergence</li> <li>• Shall not exceed 18 months unless the program focuses on FEP</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in prolonged suffering</li> </ul>



Program Type	Outcome Data Collection Requirements
<p><b>Outreach for Increasing Recognition of Early Signs of Mental Illness Program</b></p> <ul style="list-style-type: none"> <li>Engaging, encouraging, educating, and/or training, and learning from potential responders</li> <li>Ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Number of potential responders outreached to</li> <li>The setting(s) in which the potential responders were engaged</li> <li>The types of potential responders engaged in each setting (i.e. nurses, principles, parents, etc.)</li> </ul>
<p><b>Access and Linkage to Treatment Program</b></p> <ul style="list-style-type: none"> <li>Activities to connect children with serious emotional disturbances to medically necessary treatment</li> <li>Activities to connect adults with serious mental illness to medically necessary treatment</li> </ul>	<ul style="list-style-type: none"> <li>Number of individuals with SMI/SED referred to non-PEI services and the type of services</li> <li>Number who followed through on the referral and engaged in treatment</li> <li>Average duration of untreated mental illness</li> <li>Average interval between referral and participation in treatment</li> </ul>



Program Type	Outcome Data Collection Requirements
<p><b>Stigma and Discrimination Reduction Program</b></p> <ul style="list-style-type: none"> <li>Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to bring diagnosed with mental illness, having a mental illness, or seeking services to increase acceptance, dignity, inclusion, and equity.</li> </ul>	<ul style="list-style-type: none"> <li>Changes in attitudes, knowledge and/or behavior related to mental illness or to the seeking of mental health services</li> </ul>
<p><b>Improve Timely Access to Service for Underserved Populations Program</b></p> <ul style="list-style-type: none"> <li>Organized activities and engagements to improve and increase access to services for underserved populations</li> </ul>	<ul style="list-style-type: none"> <li>Number of referrals of underserved populations to Prevention, EI, or treatment programs.</li> </ul>
<p><b>Suicide Prevention Program</b></p> <ul style="list-style-type: none"> <li>Organized activities that the County undertakes to prevent suicide as a consequence of mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Changes in attitudes, knowledge, and/or behavior regarding suicide</li> </ul>





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# Program Sharing

- What is the program?
- What population does it serve?
- Specific success story from this past year



# Fiscal Update

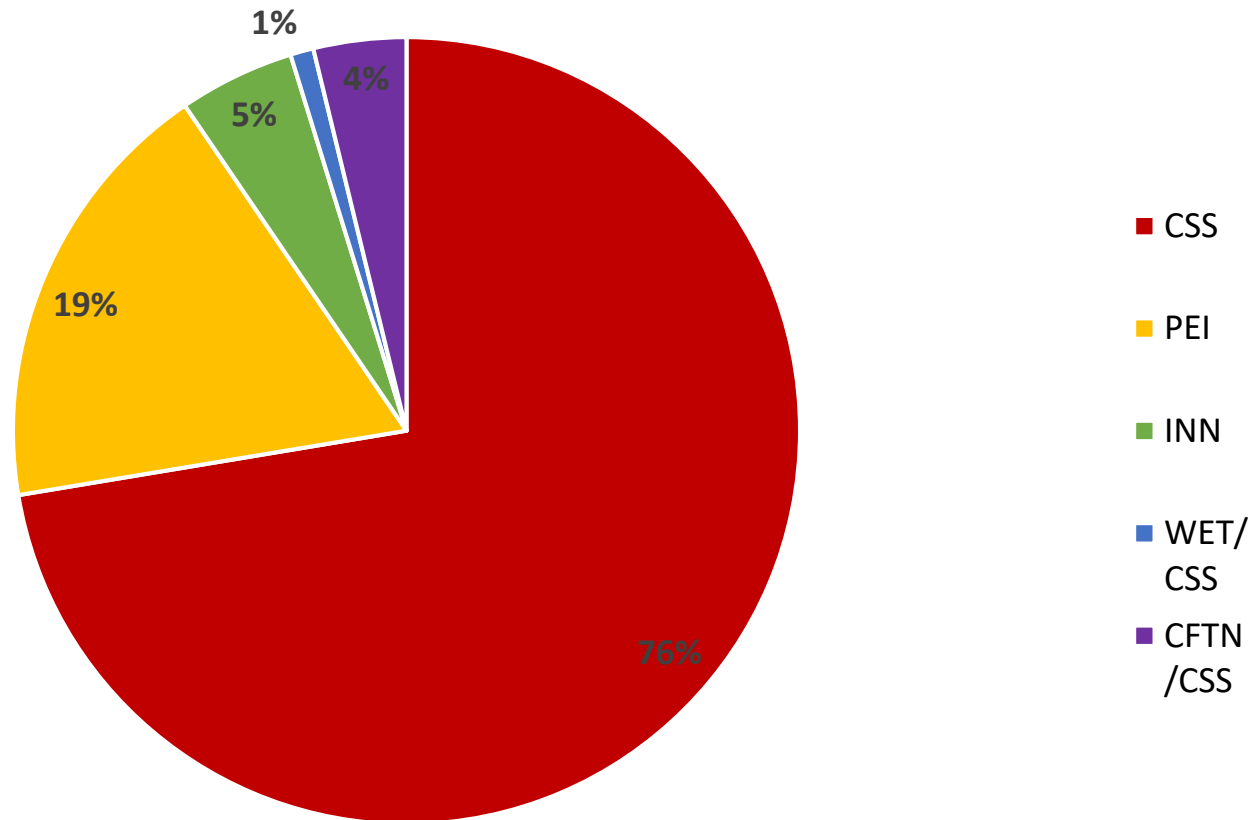


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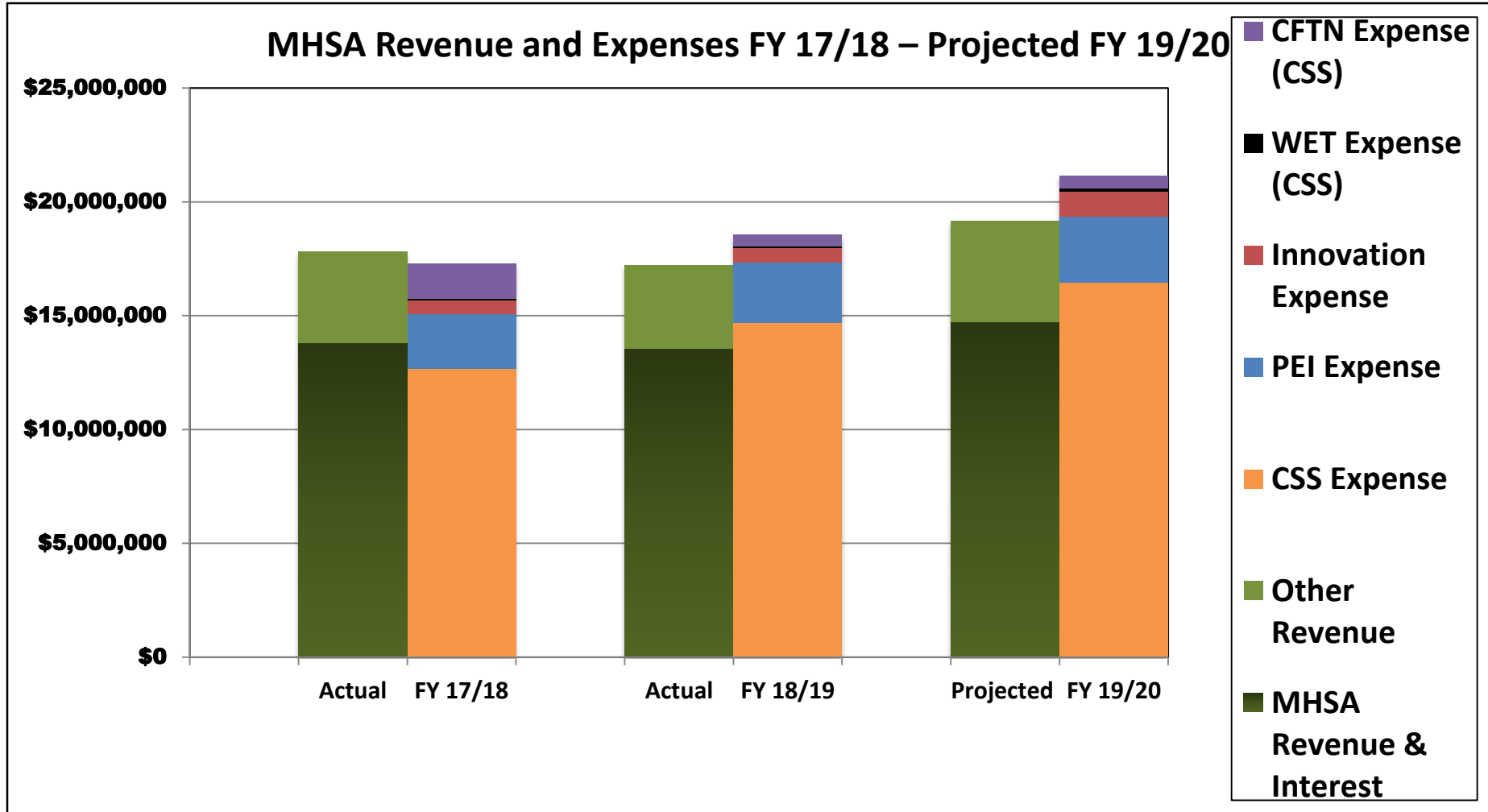
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# MHSA Budget Distribution





# MHSA Component Funding



**MHSA CONTRACTORS – REQUEST FOR A BUDGET INCREASE**

Mental Health Services Act (MHSA) funding is contingent on availability and stakeholder approval. Requests for under 3% of current contracted single programs may be approved by the Behavioral Health Department.

- A separate form should be completed for each program an increase of funding is requested
- Total submitted request should be no more than 4 pages

I. ORGANIZATION

II. PROGRAM NAME

III. AMOUNT OF FUNDING INCREASE/NEW FUNDING REQUESTED

- A. Provide the current program funding along with the increase requested (both dollar amount and percentage of increase)

Staff/Other	Current FTE	New FTE	Current Budget	Requested Budget	Total Increase	Total %
						0 #DIV/C
						0 #DIV/C
						0 #DIV/C
						0 #DIV/C
						0 #DIV/C
						0 #DIV/C
						0 #DIV/C
						0 #DIV/C
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 #DIV/C</b>

IV. JUSTIFICATION FOR ADDITIONAL FUNDING/NEW FUNDING

- A. Provide how the program is performing to date, and why additional/new funding is needed

V. WHAT THE ADDITIONAL FUNDING/NEW FUNDING WILL BE USED FOR

- A. Provide a detailed explanation of the staff that will be affected, additional staff, equipment, etc. requested, and data outcomes that will be maintained or increased due to the increase of funding

VI. EXPLAIN THE IMPACT IF ADDITIONAL FUNDS ARE NOT GRANTED

VII. ONCE COMPLETE, PLEASE SUBMIT DOCUMENTATION TO CORRESPONDING COUNTY MHSA PROGRAM COORDINATOR

A. PEI: Nestor Veloz-Passalacqua at [nvelozpassalacqua@co.slo.ca.us](mailto:nvelozpassalacqua@co.slo.ca.us)

B. CSS: Kristin Ventresca at [kventresca@co.slo.ca.us](mailto:kventresca@co.slo.ca.us)

VIII. AFTER THE COUNTY MHSA PROGRAM COORDINATOR HAS REVIEWED, AND IF THE REQUEST IS OVER THE 3% THRESHOLD, THE MHSA PROGRAM COORDINATOR WILL SCHEDULE A PRESENTATION AT A FUTURE MHSA ADVISORY COMMITTEE MEETING.

[https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHSA\)/MHSA-Fiscal.aspx](https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/MHSA-Fiscal.aspx)



### Contract Promotions Guidelines

#### I. PURPOSE

The purpose of these guidelines is to standardize the process to create, approve, and release promotional material for community partners who receive funding from the County of San Luis Obispo to provide programming as part of the Mental Health Services Act (MHSA) workplan.

#### II. SCOPE

These guidelines are applicable to all community health care providers who receive funding from the County of San Luis Obispo to provide programming as part of the Mental Health Services Act (MHSA) workplan.

#### III. DEFINITIONS

The County of San Luis Obispo requires acknowledgement of public financial support for programs and services provided by contracted entities.

Promotional material refers to:

**Any information printed, aired, or published online.** This includes (but is not limited to) press releases, brochures, social media announcements, educational materials, exhibition signage, promotional items, use of County and MHSA logos, etc., that promotes, informs, provides outreach, or implements a service or program which the County of San Luis Obispo has funded as part of the Mental Health Services Act (MHSA) workplan.

#### IV. GUIDELINES

A. **Press Release.** Contractor shall issue a press release announcing contract award within **30 days** of executed contract.

1. Press release shall acknowledge the County of San Luis Obispo and the Mental Health Services Act (MHSA)
2. Press release shall use the following standard language:

*"Funding for this program is/was provided by the County of San Luis Obispo through the Mental Health Services Act and in collaboration with the County Behavioral Health Department."*

[https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHSA\)/MHSA-Publicity-Guidelines.aspx](https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/MHSA-Publicity-Guidelines.aspx)



# Communication Between Programs

- Group Activity



# Data Collection

- Output vs. Outcome
- SMART Objectives



# SMART Objectives

- S: Specific
- M: Measurable
- A: Achievable
- R: Relevant
- T: Time-Bound



# Examples of Outcome Measures

- 50% of children initially assessed as impulsive shall demonstrate a decrease in impulsivity.
- 90% of parents and caregivers shall report improvement in their child's behavior and emotional wellbeing as measure by self-report surveys.
- 90% of PEI clients will avoid inpatient psychiatric or emergency room hospitalization due to mental health crisis, and not require a higher level of care.
- 95% of participants in outreach and education events shall demonstrate increased awareness in mental health issues related to older adults.



# Data Collection

- PEI Demographics
  - Age
  - Sex Assigned at Birth
  - Gender Identity
  - Sexual Orientation
  - Primary Language
  - Race
  - Ethnicity
  - Veteran Status
  - Homelessness Status
  - Disability Status





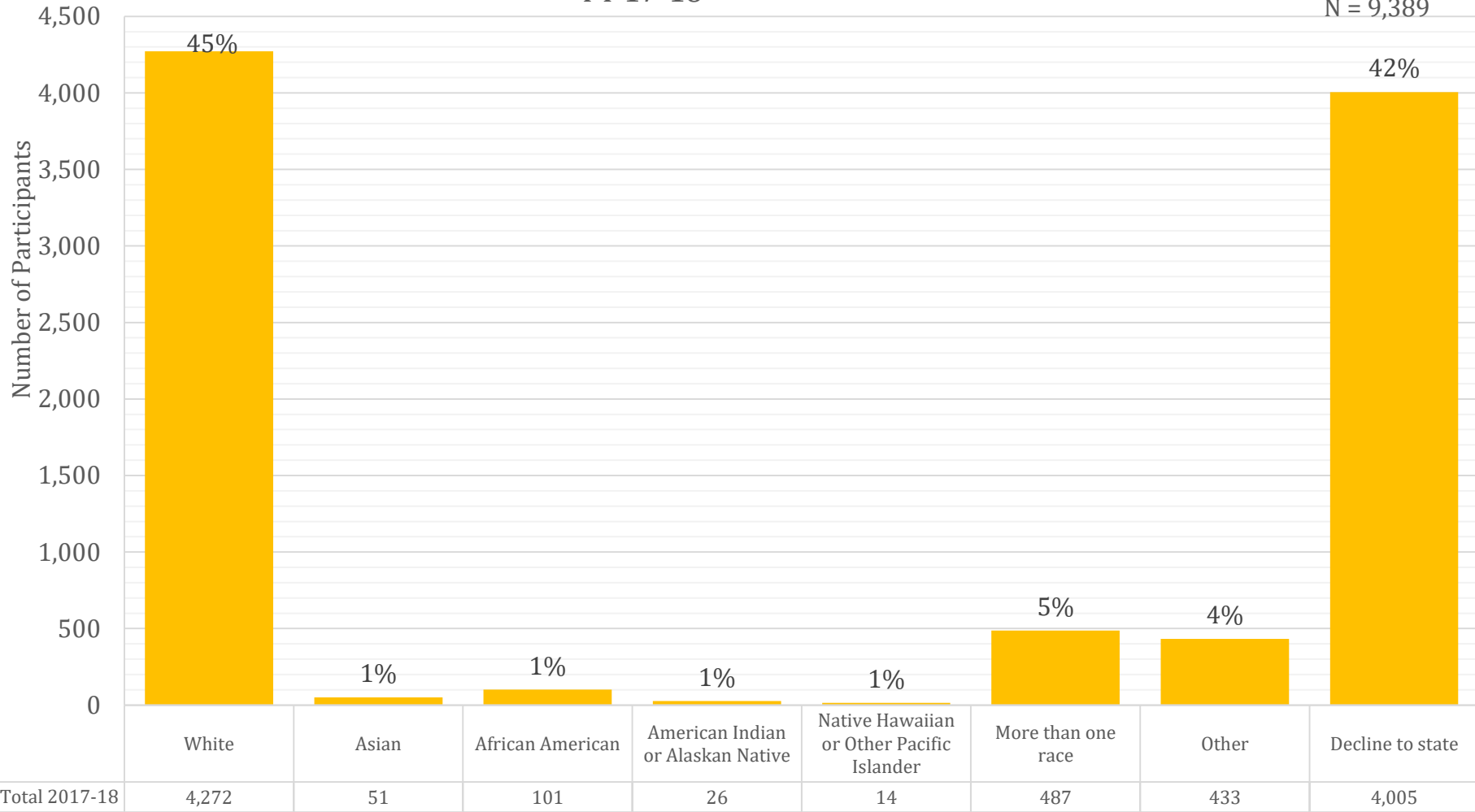
# Data Collection

- Screening & Referral
  - Did the client report having any mental/behavioral health symptoms prior to referral/contract with the PEI program?
  - If yes, has the client received previous treatment?
  - If not, what is the duration of any current untreated symptoms?
- Are you concerned about a possible severe mental illness?
- Date of mental/behavioral health referral
- Name of program referred to
- Kind of treatment
- Substance Use referral
- Date of substance use referral
- Name of program referred to
- First Date of Service
- Mental/Behavioral Health or Substance Use



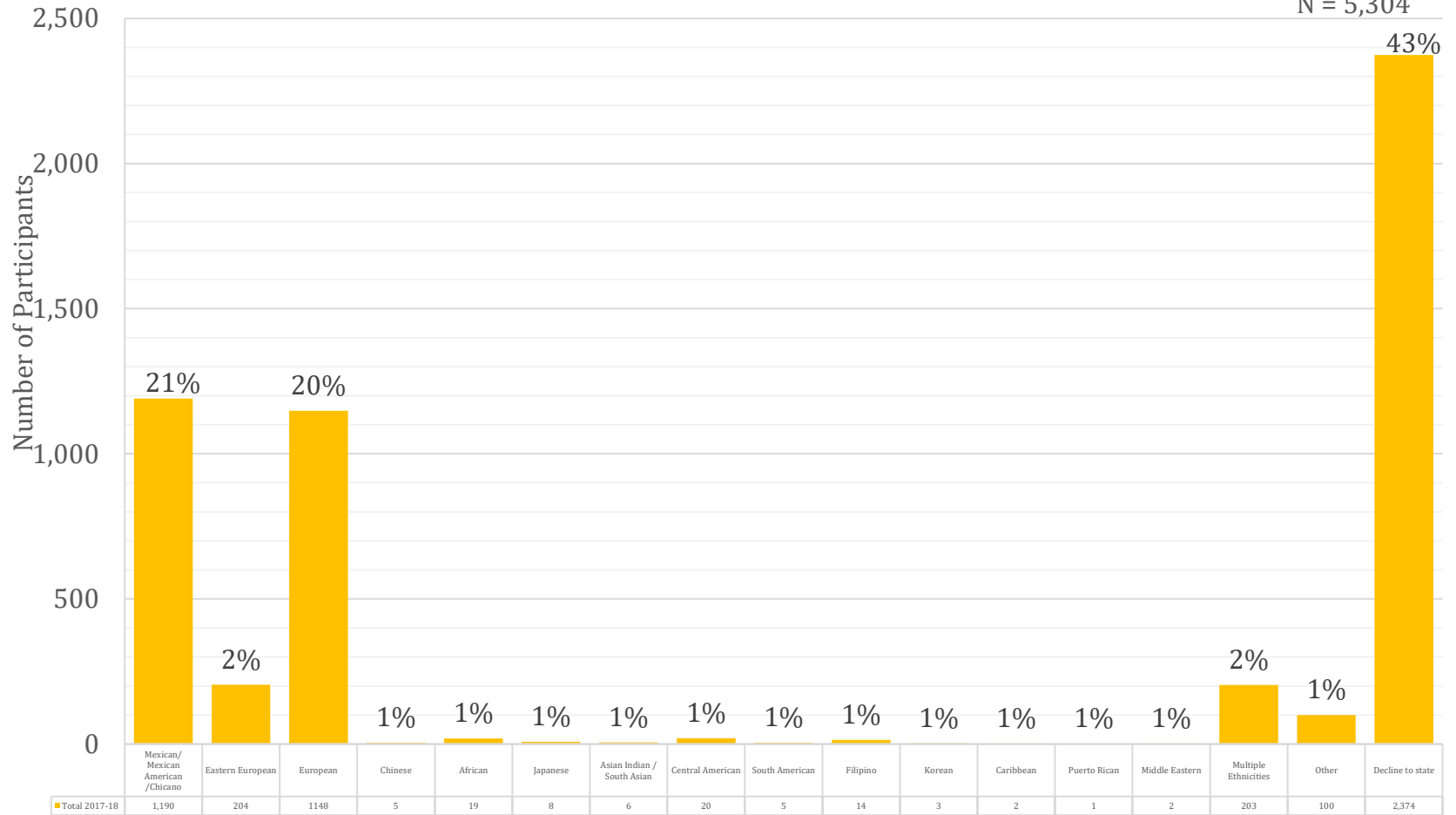
# PEI Demographics - Race FY 17-18

N = 9,389



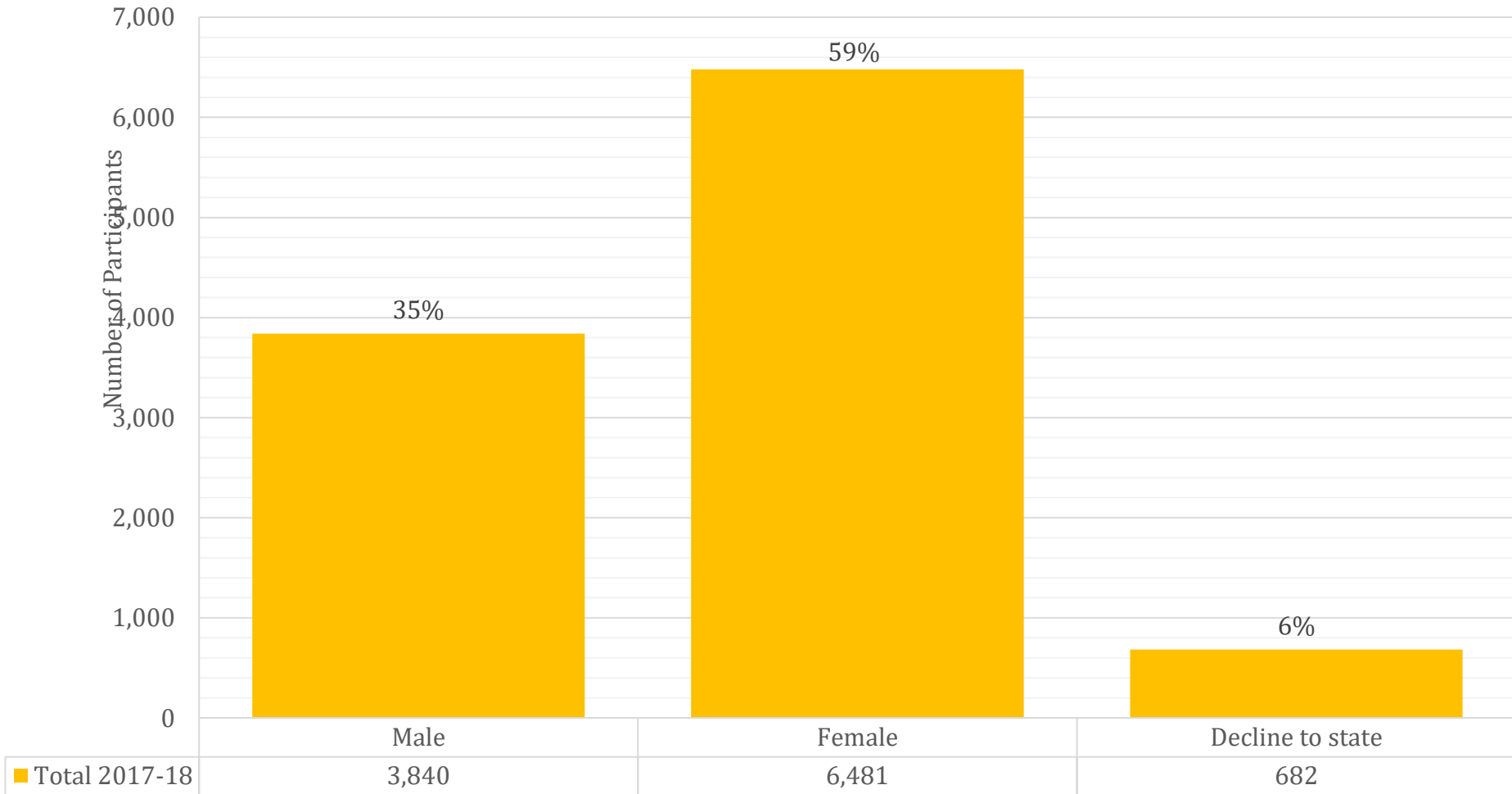
## All PEI Demographics - Ethnicity FY 17-18

N = 5,304



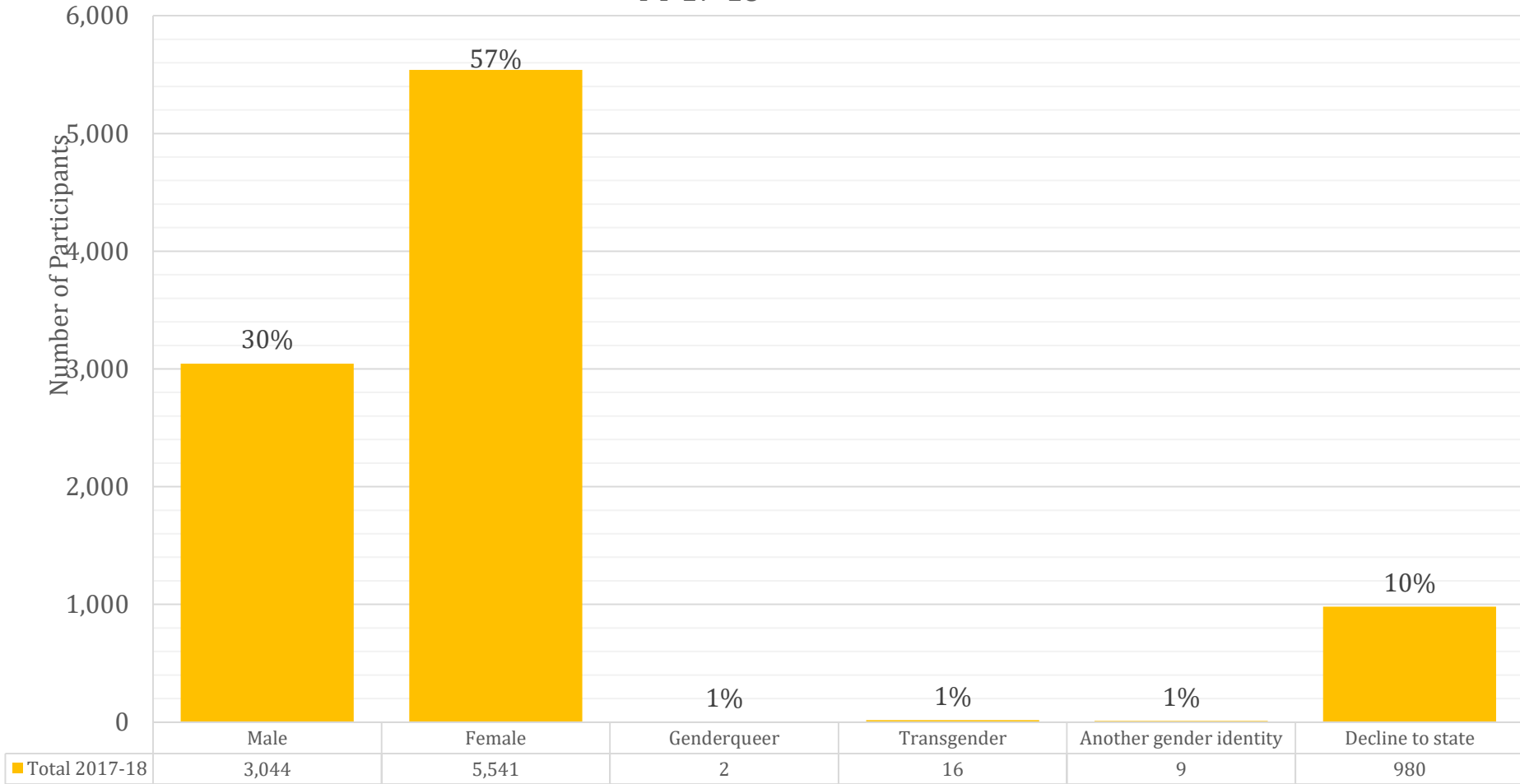
# PEI Demographics - Gender Assigned at Birth FY 17-18

N = 11,003



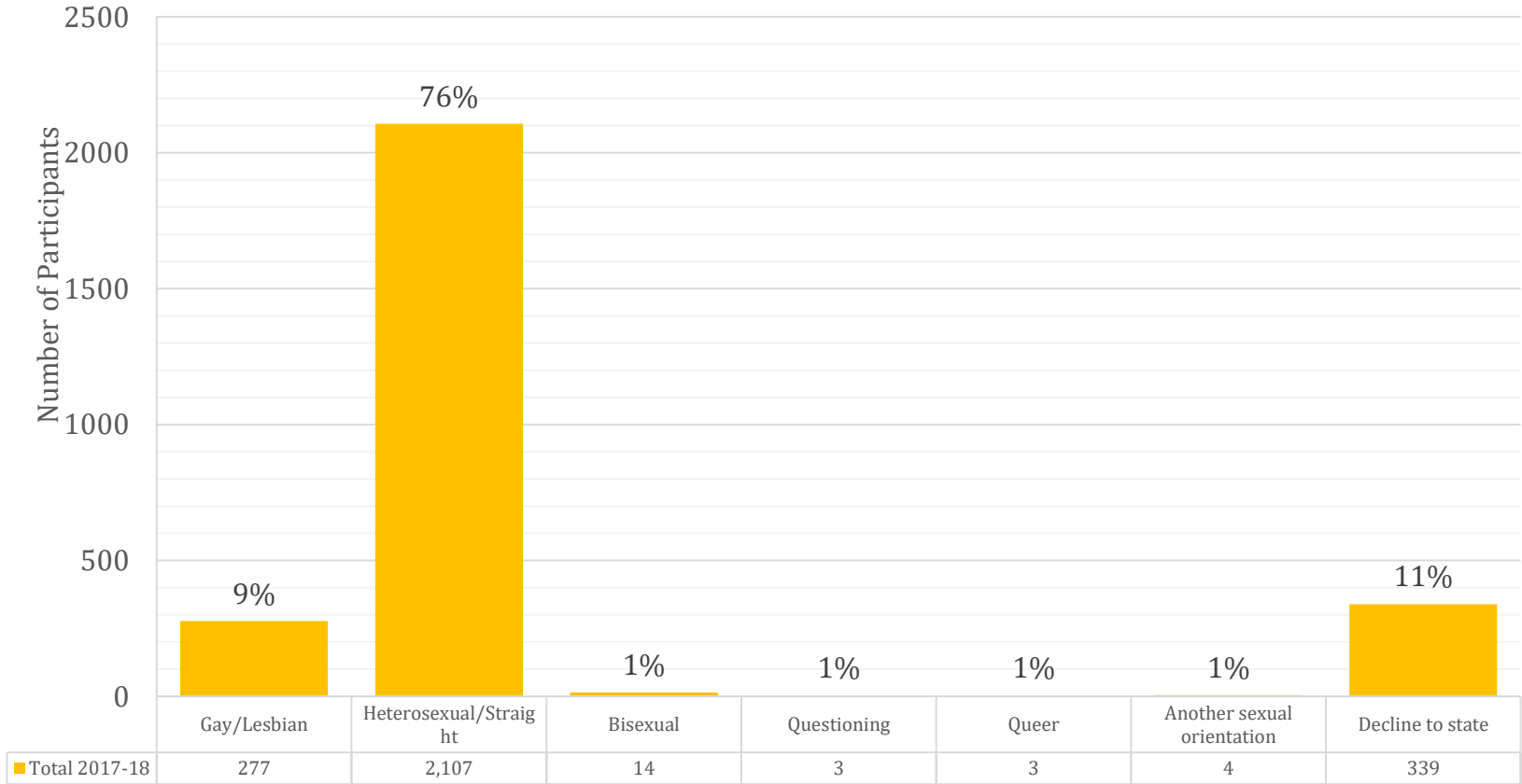
# PEI Demographics - Gender Identity FY 17-18

N = 9,592



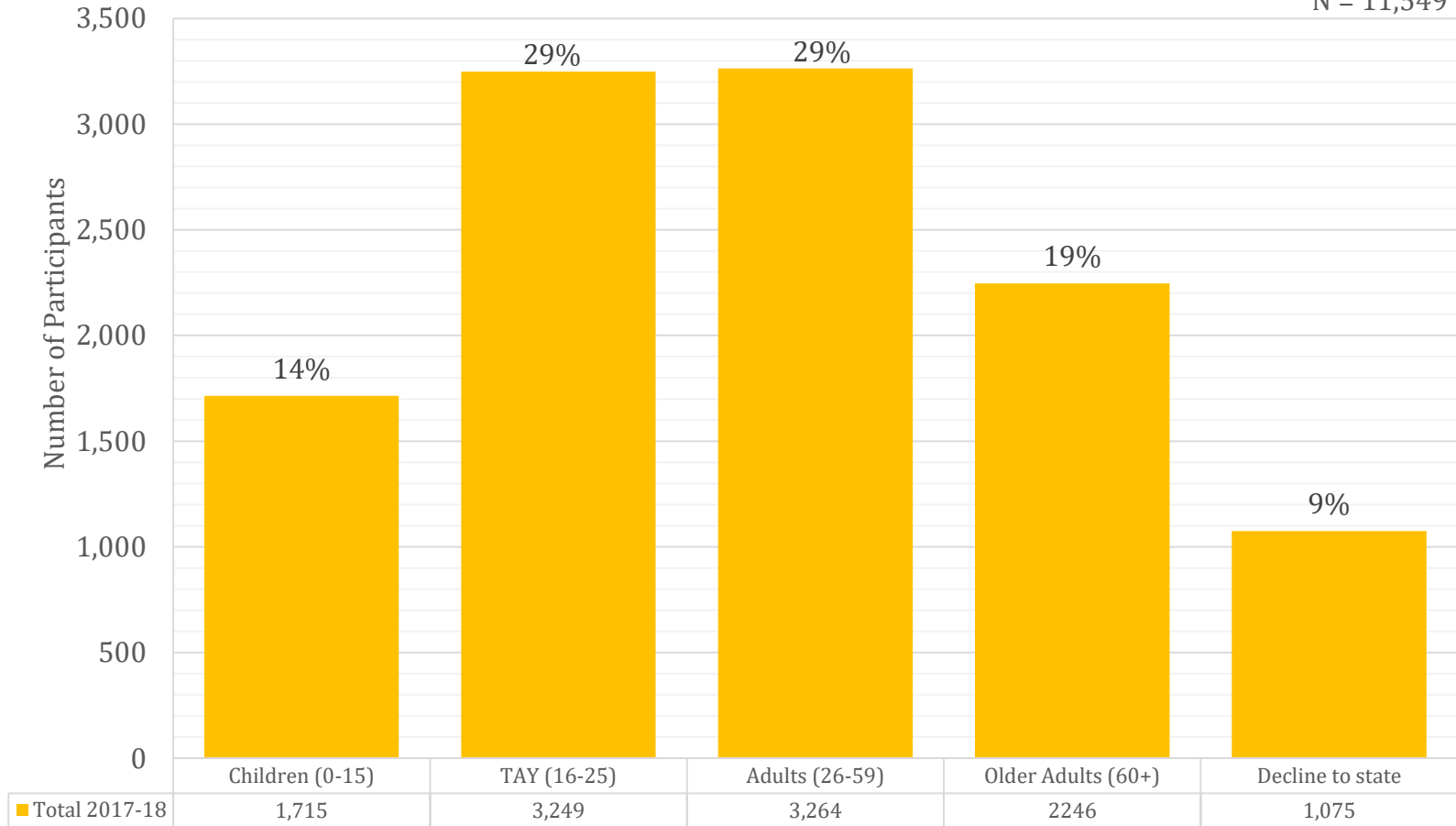
# All PEI Demographics - Sexual Orientation FY 17-18

N = 2,747



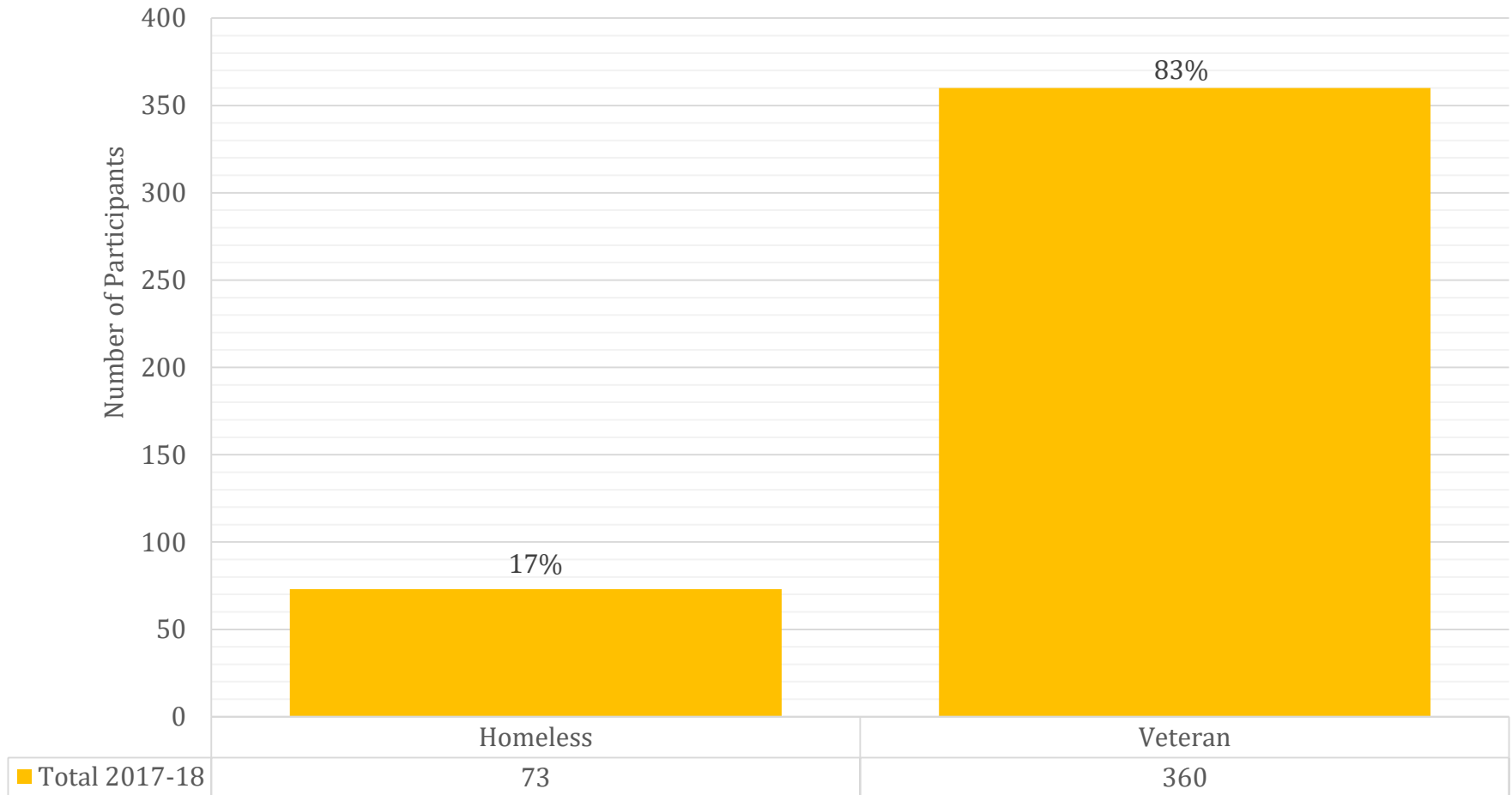
## All PEI Demographics - Age FY 17- 18

N = 11,549



# PEI Demographics - Homeless and Veteran Count FY 17-18

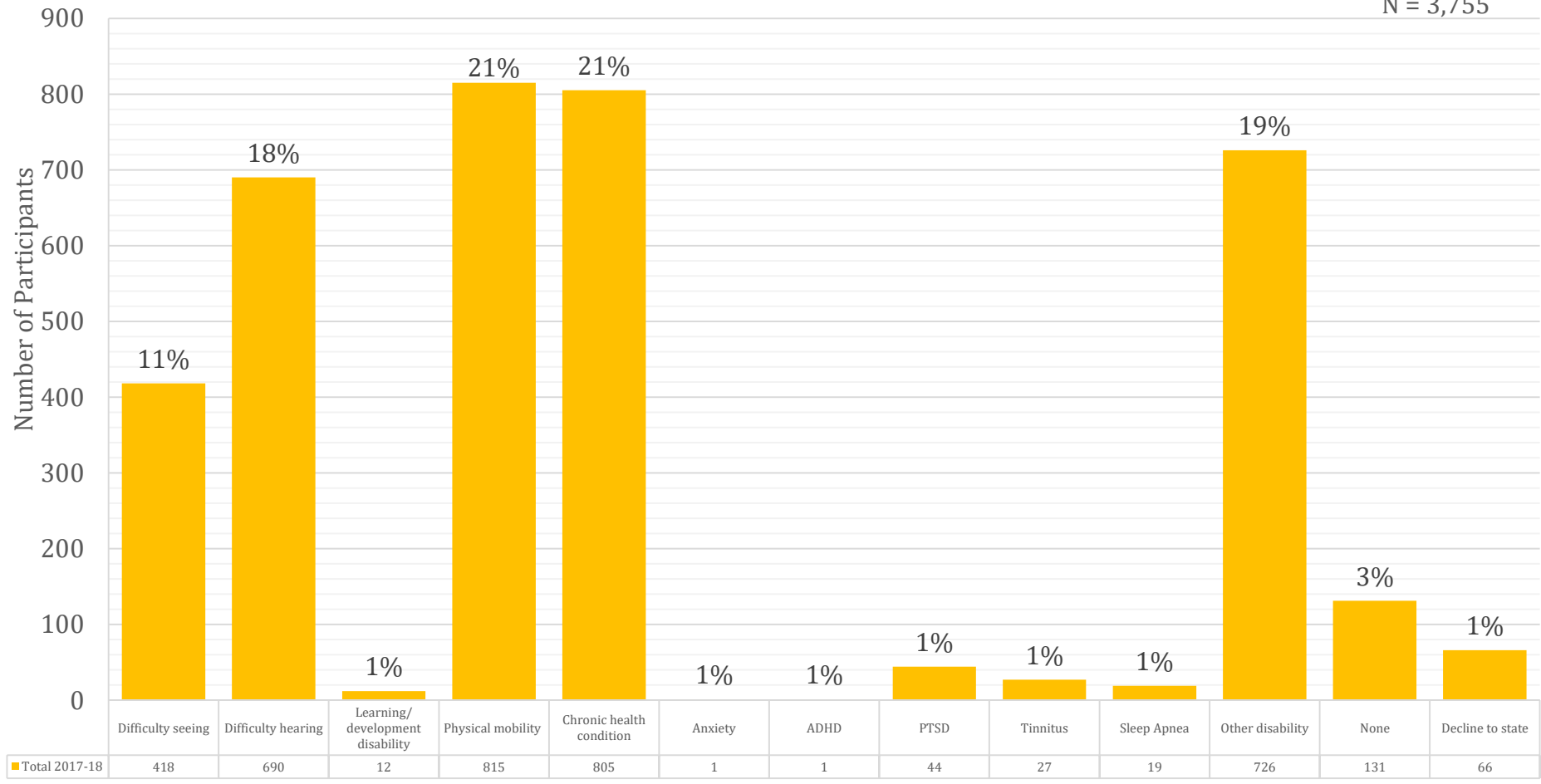
N = 433





## PEI Demographics - Disabilities FY 17-18

N = 3,755



# PEI

## On the Horizon



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# On the Horizon

- SB 1004
  - Creates a more focused approach for PEI
  - Encourages cross-county collaboration
  - On or before January 1, 2020 the OAC shall establish priorities for the use of PEI funds. The priorities shall include, but not be limited to:
    - Childhood trauma prevention and early intervention
    - Early psychosis and mood detection
    - Youth outreach and engagement targeting secondary schools
    - Older adults
- Counties may act jointly



# On the Horizon

- Universal Screening
  - Adverse Childhood Experiences (ACES)
    - The impact of untreated trauma
- The Social Determinants of Health
  - Addressing inequities in access to care
- Further identification of risk factors
  - Social, emotional, biological, environmental, societal, etc.
- Key protective factors
  - Social connectedness and having a meaningful role



# On the Horizon

- Available funding for new or expansion of current programs:
  - \$150k



# PEI & CSS

How we work in collaboration



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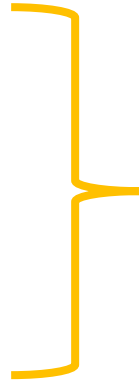


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# MHSA PEI

- CSS
- PEI
- INN
- CFTN
- WET



## Mental Health Services Act



# Thank you!

Nestor Veloz-Passalacqua, M.P.P.  
nvelozpassalacqua@co.slo.ca.us



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