



**MHSA Advisory Committee (MAC)  
Tuesday, April 30, 2019  
Veterans Hall, San Luis Obispo  
4:00pm – 5:30pm**

SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE

- **Welcome, Introductions, and Goals for meeting**
  - Frank Warren, SLOBHD
- **CSS Work Plan**
  - Kristin Ventresca, SLOBHD
- **PEI Work Plan**
  - Nestor Veloz-Passalacqua, SLOBHD
- **INN Work Plan Review & Updates**
- **Fiscal Update**
  - Jalpa Shinglot, SLOBHD
- **Program Presentations**
  - Family Care Network
  - Wilshire Community Services
  - Transitions Mental Health Association
  - County BHD
- **Old Business**
  - Expansion of HOT
- **New Business for 2018-19; 2019-20**
  - Forensic FSP
  - HMIOT
  - Promotores
- **Updates**
  - MHSA State Meeting
  - May – Mental Health Month
  - California State University Meeting
  - CHFFA Infrastructure Grant
  - No Place Like Home
  - Future Programming
- **Next Meetings:**
  - MAC: June 11, 2019
  - Town Hall: Coastal – August 27, 2019
- **Conclusion**



# The MHSA provides San Luis Obispo County:

- Funding, personnel, and other resources
- Supportive programs for underserved populations
- Best practices and innovative approaches
- Prevention, early intervention, treatment, and recovery
- Community partnerships and stakeholder engagement



# ***MHSA Advisory Committee***

- **MHSA Advisory Committee Introductions**
- **Staff Introductions**



- This is a somewhat informal meeting with all attendees welcome to comment, ask questions, make suggestions, etc.
- MHSA planning requires stakeholder involvement to guide and advise plans.
- Today's meeting will update the MHSA oversight group (including original and new members) as to the implementation of the most current work plan.
- We will also provide information on work plan changes, and introduce new funding initiatives, for discussion and approval.
- We will use consensus-based decision making.



# ***Community Services and Supports (CSS)***

- 1. Child & Youth Full Service Partnership (FCN & SLOBHD)**
- 2. Transitional Age Youth FSP (FCN & SLOBHD)**
- 3. Adult FSP (TMHA & SLOBHD)**
- 4. Older Adult FSP (Wilshire CS & SLOBHD)**
- 5. Client & Family Wellness (TMHA, CAPSLO & SLOBHD)**
- 6. Latino Outreach Program (SLOBHD)**
- 7. Enhanced Crisis & Aftercare (Sierra Wellness & SLOBHD)**
- 8. Schools and Family Empowerment (SLOBHD & CAPSLO)**
- 9. Forensic Mental Health Services (TMHA & SLOBHD)**



# ***Prevention & Early Intervention (PEI)***

- 1. Prevention Program** (SLOBHD/The Link, Center for Family Strengthening (CFS), CAPSLO, Cuesta College)
- 2. Early Intervention Program** (Community Counseling Center, TMHA, SLOBHD)
- 3. Outreach for Increasing Recognition of Early Signs of Mental Illness** (Public Health)
- 4. Access and Linkage to Treatment Program** (Wilshire)
- 5. Stigma and Discrimination Reduction Program** (SLOBHD, TMHA)
- 6. Improve Timely Access to Services for Underserved Populations Program** (SLOBHD)
- 7. Suicide Prevention Program** (SLOBHD)



# ***Innovation (INN)***

- COLEGA (Stand Strong/Women's Shelter)
- Late Life Empowerment & Affirmation Project (Wilshire)
- Transition Assistance & Relapse Prevention (TMHA)
- Not for Ourselves Alone: Trauma Informed County (SLOBHD)
- SLO ACCEPTance (Cal Poly)
- 3-by-3 (First 5 San Luis Obispo)



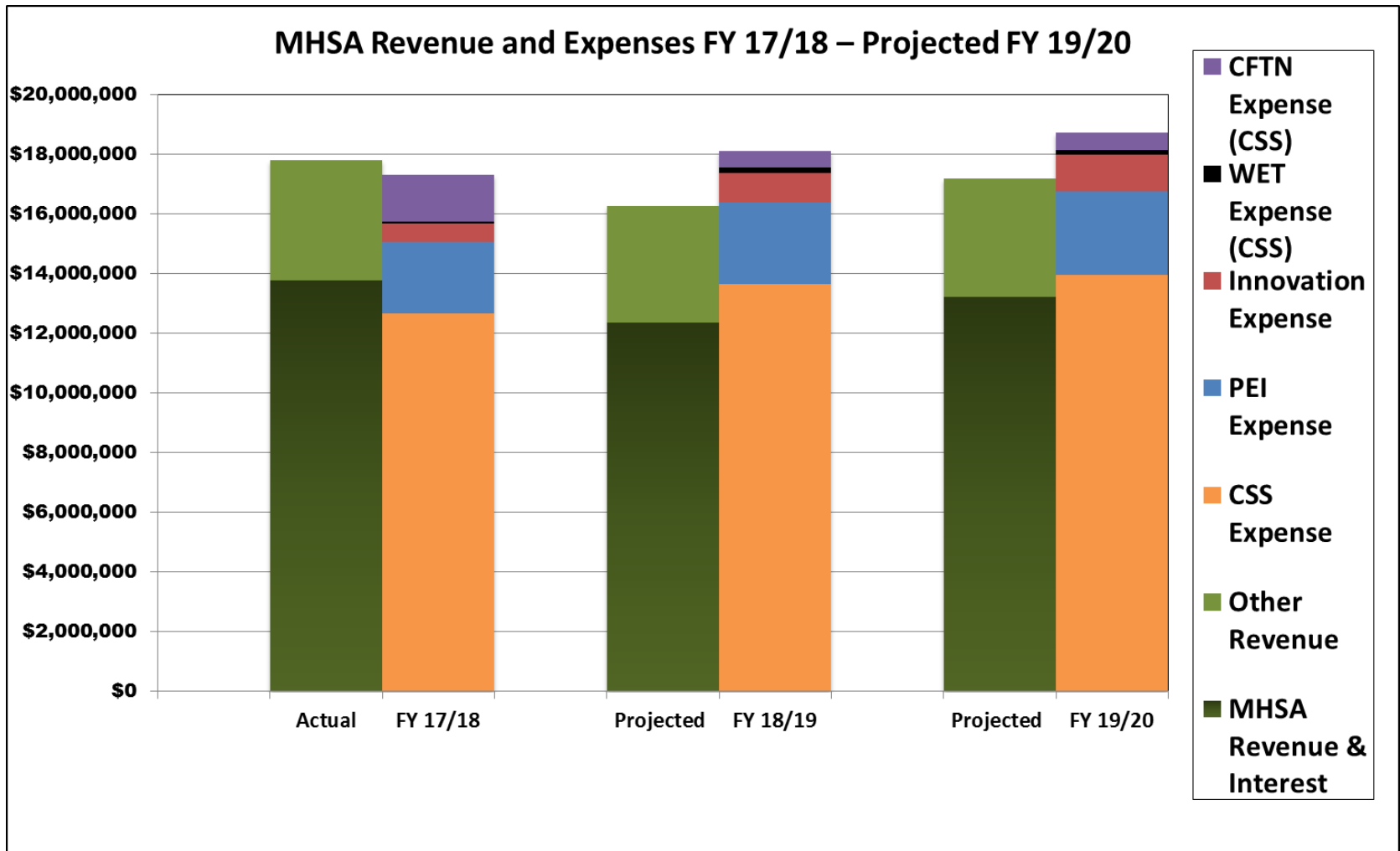


# ***Innovation (INN)***

- **Innovation Round 2019-2023**
- **Estimated budget for all four-years of INNnovation is about \$1.5M**
- **Equals roughly to \$375 per year (for all approved projects)**
  - SLO Threat Assessment Program (SLOTAP)
  - Holistic Adolescent Health



# MHSA Fiscal Update



# MHSA Fiscal Update

- **FY 2018/19 Actuals \$11.3M (as of March 31, 2019)**  
**(MHSA \$10.1M /Other Revenue \$1.2M)**
  - CSS: \$8.7M
  - PEI: \$1.8M
  - INN: \$413K
  - WET: \$59K
  - CFTN (Electronic Health Record Support & CSU building): \$351K
- **Prudent Reserve (PR) Balances:**
  - CSS: \$5,768,556
  - PEI: \$67,608
  - SB 192 – 33% max of CSS 5 year avg (\$2.8M)
    - FY 2018/19 propose transferring back to CSS & PEI operating pending guidance



# *MHSA Fiscal Update*

- **CSS Update:**
  - Full Service Partnership Majority of CSS Funding (51%)
- **PEI Update:**
  - Additional \$254K for Potential PEI Expansion



# *Program Presentations*

- **Family Care Network**

- FSP Child & TAY: Currently a 0.5 FTE Peer Partner and a 0.5 FTE Family Partner
  - Requesting a 1.0 FTE Peer Partner and a 1.0 FTE Family Partner in Child/TAY FSP Program

- **Wilshire Community Services**

- FSP Older Adult - County is currently providing Medication Management
  - Requesting a 0.5 FTE Medication Manager

- **Transitions Mental Health Association**

- FSP Adult: TARP is currently funded through INN
  - Requesting sustained funding through CSS FSP

- **San Luis Obispo Behavioral Health Department**

- Requesting a new Martha's Place 0-5 FSP



# *Program Presentations*

## **Family Care Network**



# *Program Presentations*

# **Wilshire Community Services**





# TARP – Transitional Relapse and Prevention Program

MHSA Innovation Program 2016-2019



# What did we want to learn with TARP?

- Would Peer Mentors/Navigators, hired specifically to work alongside FSP pre-graduates, provide the coaching and assistance necessary to increase success rates with clients' self-determined recovery goals, while reducing relapse and recidivism?
- Would this assistance and increased success for members lead to more timely and frequent graduations from FSP members, creating a better “flow” within the program and more people being served?

# What do TARP Navigators do?

- Connect and engage with FSP clients at least 90 days before scheduled graduation from FSP to traditional mental health services
- Assist those clients in their efforts to: secure housing, stabilize income, get work or other meaningful roles in the community, strengthen their social support network, address nutrition and health needs, develop transportation options, and explore a variety of personal growth goals and activities
- Provide clients with a model of someone working through recovery
- Provide mentorship based on the core principle of mutuality in peer support work.
- Work as part of the FSP treatment team
- Provide case management and support after graduating from FSP
- Continue as a supportive point of contact for all FSP graduates to help them from reentering PHF or FSP Services.

# How successful was TARP?

- The program has served on average 20 unique participants annually providing an annual average of 264 duplicated contacts.
- In the first two years we saw a 100% reduction in relapse and recidivism rates compared to the FSP clients who did not have access to TARP in the previous year.
- 100% reported better prepared to manage their long term recovery.
- The TARP Navigators who provided the service stated a 13% increase in wellness.
- Total length of enrollment in FSP services decreased by 13% in the first year.
- In the four years before TARP services were implemented, Adult FSP served an average of 33 clients annually. In the two full years of TARP service the Adult FSP served 39 clients on average and have served 39 clients at the mid-year point in this current fiscal year.

# What would additional MHSA funding be used for?

- TARP is completing the third and final year of INN funding.
- MHSA / FSP funds are being requested to continue the TARP services for Adult FSP pre-graduates and graduates with 1 FTE TARP Navigator.
- With this funding, TARP would increase the number of FSP clients served from 20 to 25 annually.
- With this funding, TARP duplicated contacts would increase from 150 to 200 a year

# What would TARP accomplish with MHSA/FSP funding?

- At least 65% of participants will engage in community based services for 2 or more sessions/visits.
- At least 75% of participants will report feeling better prepared to manage their long term recovery after working with the TARP Peer Mentor.
- Peer Mentors will demonstrate a 15% increase in their own sense of wellness and recovery as a result of being a Peer Mentor.
- The Adult FSP team will continue to see a higher rate of clients served compared to pre-TARP reports, with a target of 42 served annually.

# TARP: Transitional Relapse and Prevention Program

- David Draggoo, TARP Navigator
- Trista Ochoa, Mental Health Advocacy Program Manager
- Alicia Dueck, Adult FSP Program Manager
- Barry Johnson, Director
- Meghan Boaz Alvarez, Clinical Director

Thank you!



# BIRTH TO FIVE FULL SERVICE PARTNERSHIP

---

MHSA Stakeholders Meeting

April 30 2019



# Characterizing the Need for Birth to Five FSP

- Overview of Martha's Place current services
- Current barriers to serving the most vulnerable clients in birth to five population
- How birth to five FSP team will reduce barriers
- Measurable Outcomes

# January 2019

## 12<sup>th</sup> anniversary of Martha's Place



# Assessment and Treatment for Children Birth to Five

- Martha's Place is an Outpatient County Behavioral Health Clinic, which provides mental health assessment and treatment to Medi-Cal/CenCal eligible children, primarily birth to five, who exhibit challenges with social/emotional development and/or who have been prenatally exposed (suspected or known) to substances.
- Use Ira Chasnoff's SART model (Screening, Assessment, Referral, Treatment)
- Multidisciplinary team

# The American College of Child and Adolescent Psychiatry Supports Integrated Approach

- “...it is critical to the mental health of our nation’s children and adolescents...[to facilitate] the development and implementation of collaborative mental health care partnerships in the pediatric setting.”
- Collaborative clinics like Martha’s Place evaluate the whole child.

# Why is what we do important?

Children who receive quality, early childhood care:

- achieve more in their interpersonal relationships and education
- have significantly lower chances of suffering untreated health conditions, mental health challenges, institutionalization, incarceration or suicide.
- “Developmental and behavioral disorders are linked to high costs and long term consequences for physical health, mental health, education, child welfare, and justice systems”

-Help Me Grow National Center

# How it works: Follow a child through Martha's Place

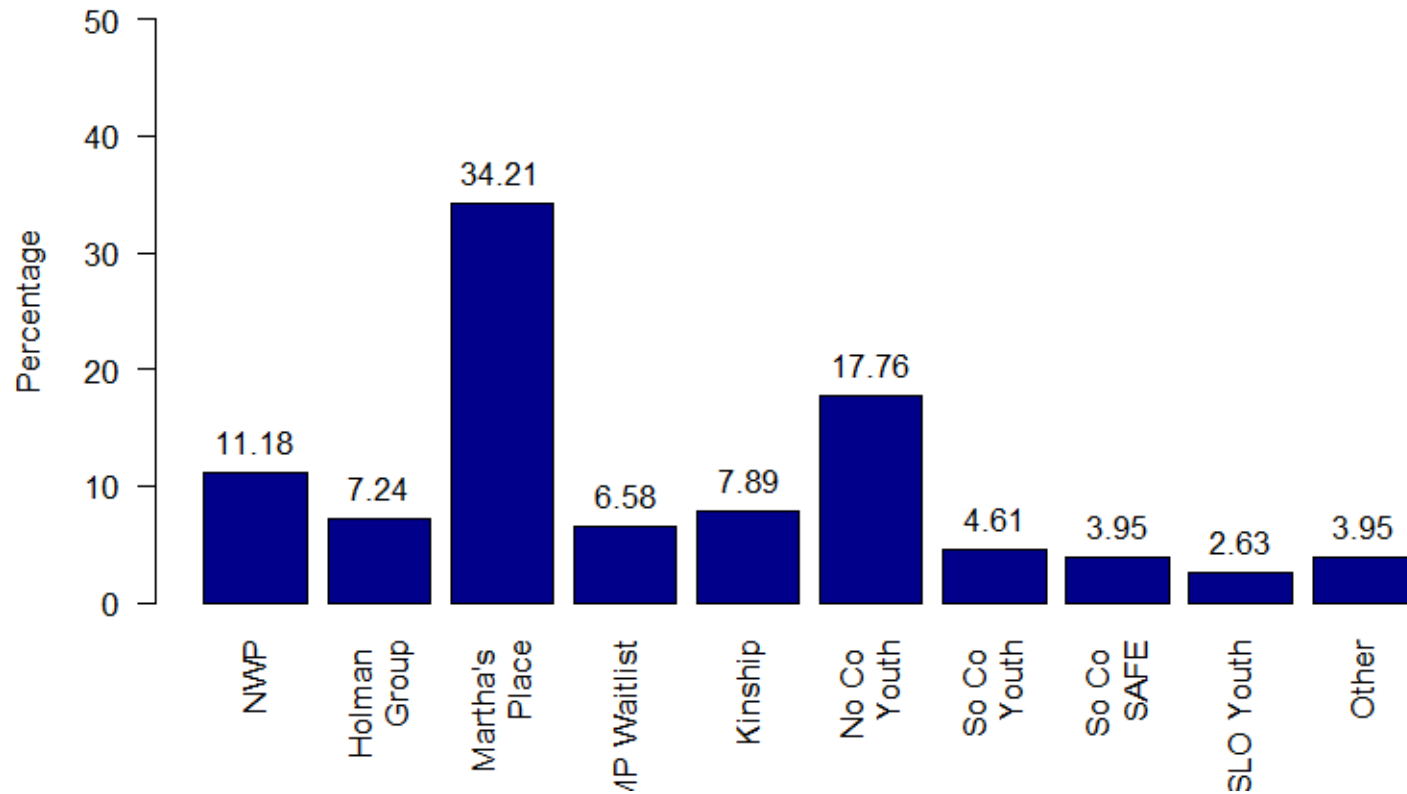
- At-risk child identified and referred
- Mental Health assessment
- Multidisciplinary meeting
- Recommendations
- Referrals to outside providers and /or specialized pediatric assessment
- Treatment
- Follow up

# Identifying at risk children

- Severe impairments: social/emotional dysregulation
- Prenatal exposure to alcohol or drugs
- Adverse childhood events (homelessness, multiple placements, abuse/neglect, drug endangered environment) resulting in behavioral issues
- High risk for not meeting their social-emotional, developmental, educational, or health potentials
- Neurodevelopmental disorders

# Recommendations for Mental Health Services after Assessment

Recommendations for Mental Health Services

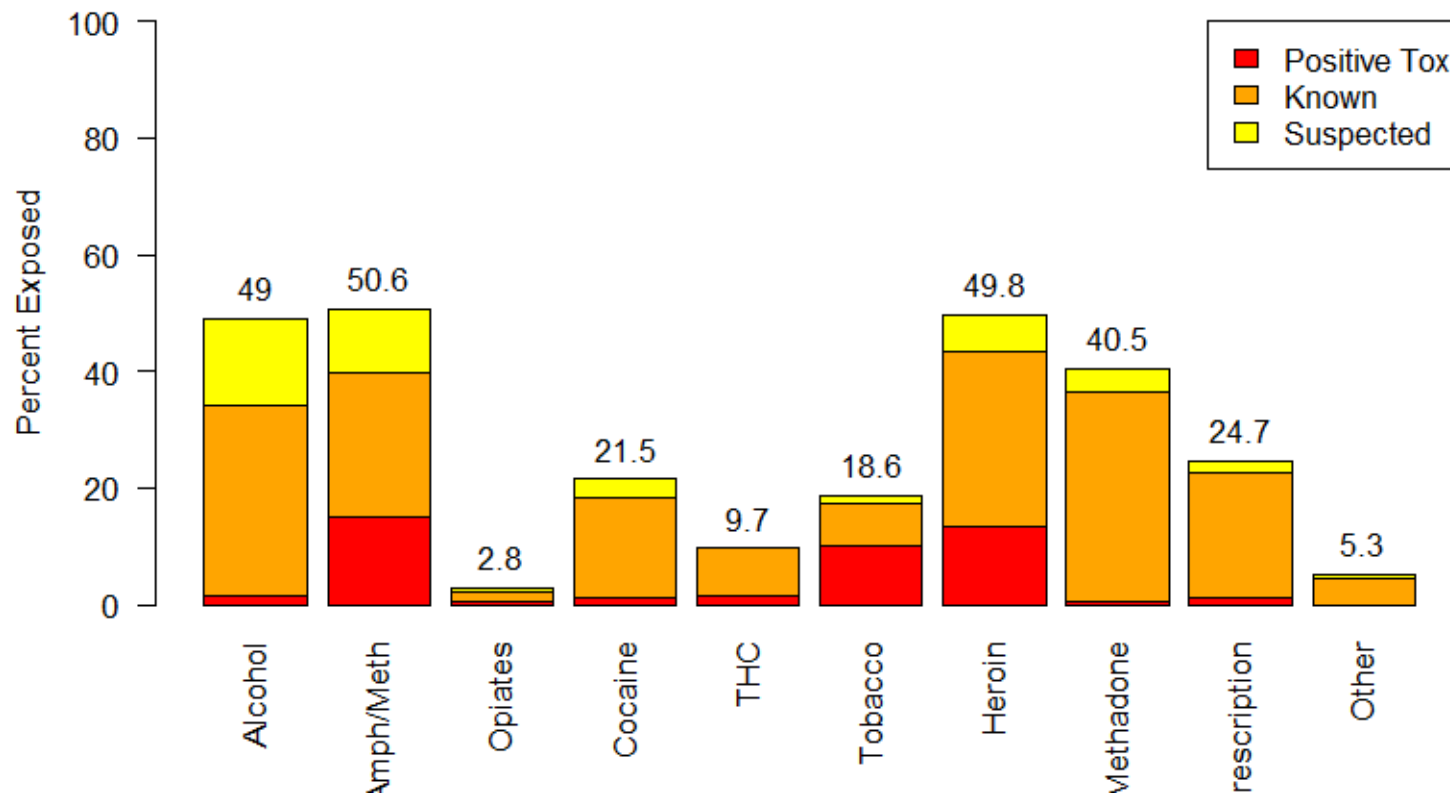


All available data (Oct 2015 – July 2018)  
152 clients



# Prenatal Substance Exposure

Cases with Substance Exposure



January 2017 – July 2018  
247 clients

# MH Service Barriers

Limited Capacity to provide continuity of specialized mental health care after assessment at Martha's Place

- geographic limitations/transportation
- few providers trained to work specifically with birth to five with severe behaviors related to prenatal substance exposure/trauma

High needs cases utilizing excessive resources of clinic staff, impacting availability of clinicians to serve maximum number of new consumers

Additional time/coordination needed to collaborate with service providers across agencies providing behavioral support (IHBS)

No Psychologist on staff or on Network Provider Panel to provide psychological assessment: key part of Chasnoff's model and imperative to provide diagnostic differentials and recommendations to address client's needs as they develop.

# Proposed FSP program for Birth to Five

FSP team integrated into Martha's Place team for consultation and support in serving 10-12 children, ages birth to 5, with SED or parent with SMI/SUD

FSP team trained specifically to treat most severe family systems with children birth to five

Some services provided by FSP team available for families outside of traditional clinic hours

Team available to travel to where is most convenient for family to provide services

Team can provide mental health AND behavioral supports, which streamlines services being provided

# Outcomes

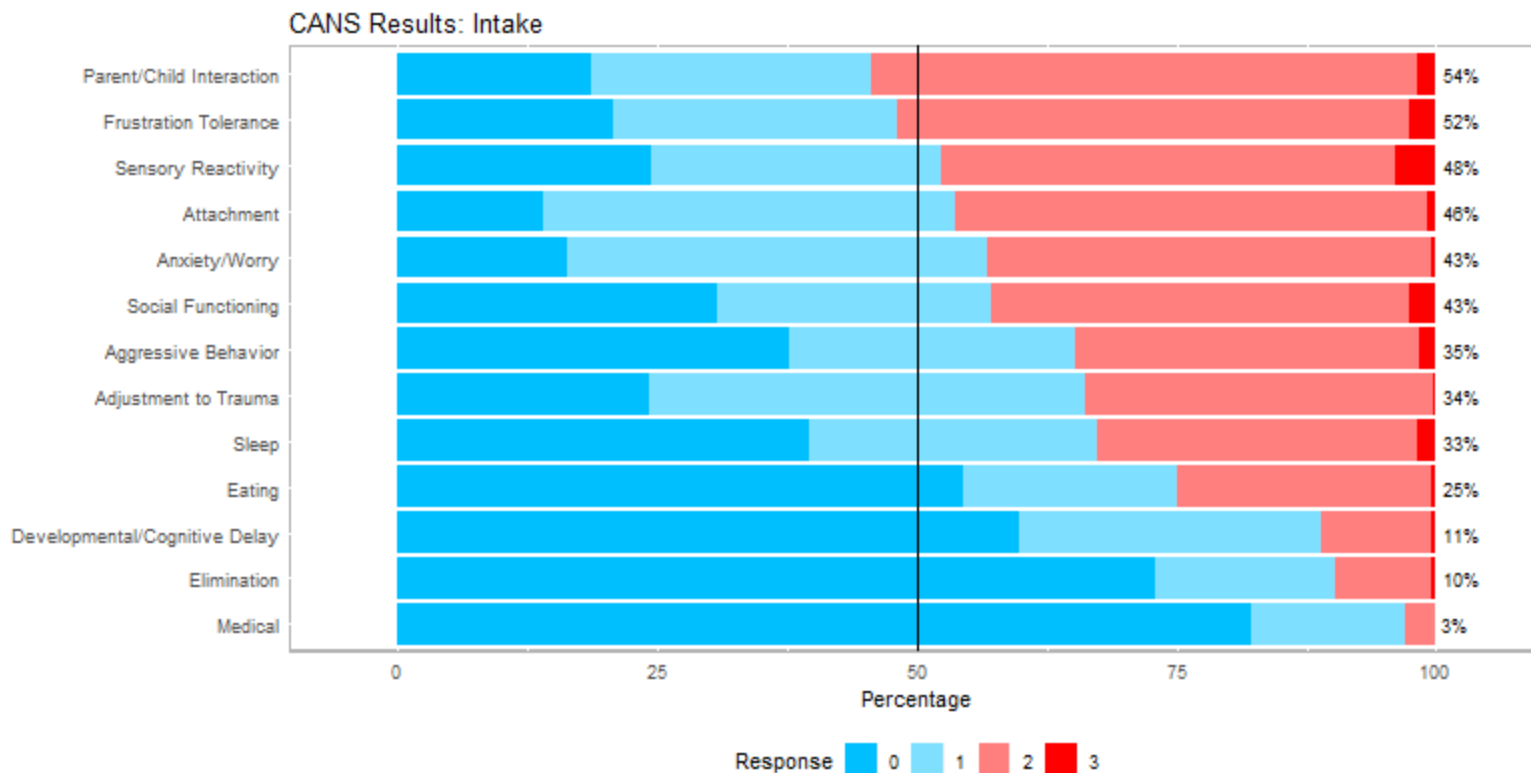
- 1. 75% of children will maintain early education placement***
- 2. Clients will be assessed through birth to 5 CANS to demonstrate improvement in at least 2 areas of life functioning (e.g. family functioning and early education functioning) moving from one degree in severity of action level on the CANS i.e. 3 (immediate or intensive action needed) to 2 (interferes with functioning, action needed)***
- 3. 80% will maintain permanent placement or be placed in permanent setting i.e. with bio parent/relative/adoption.***

# Child and Adolescent Needs and Strength (CANS)

## Rating and Action Level for Need Items

Score	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need which is not interfering with functioning	Watchful waiting/ Prevention/ Additional assessment
2	Need interferes with functioning	Action/Intervention required
3	Need is dangerous or disabling	Immediate and/or Intensive action required

# Initial CANS Need Level at Intake



All available data (Oct 2015 – July 2018)  
386 clients

# Questions

???

# Old Business

- Expansion of HOT

SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE



BEHAVIORAL HEALTH DEPARTMENT

[www.slobehavioralhealth.org](http://www.slobehavioralhealth.org)



# *New Business*

- **Forensic FSP**
- **HMIOT**
- **Promotores**

SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE



**BEHAVIORAL HEALTH DEPARTMENT**

[www.slobehavioralhealth.org](http://www.slobehavioralhealth.org)

# Updates

- **MHSA State Meeting**
- **May - Mental Health Month**
- **California State University Meeting**
- **CHFFA Infrastructure Grant**
- **No Place Like Home**
- **Future Programming**

SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE



COUNTY  
of SAN LUIS  
OBISPO

BEHAVIORAL HEALTH DEPARTMENT

[www.slobehavioralhealth.org](http://www.slobehavioralhealth.org)

# ***Upcoming Meeting***

***MHSA Advisory (MAC)  
Tuesday, June 11, 2019  
4:00pm – 5:30pm***

***Town Hall (Coastal)  
Tuesday, August 27, 2019  
5:00pm-6:30pm***

SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE



BEHAVIORAL HEALTH DEPARTMENT

[www.slobehavioralhealth.org](http://www.slobehavioralhealth.org)

**Frank Warren**

**MHSA Coordinator**

**Prevention & Outreach Division Manager**

**SLO County Behavioral Health Dept.**

**[fwarren@co.slo.ca.us](mailto:fwarren@co.slo.ca.us)**

**(805)788-2055**

SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE



BEHAVIORAL HEALTH DEPARTMENT

[www.slobehavioralhealth.org](http://www.slobehavioralhealth.org)