

The seal of San Luis Obispo County, California, is a circular emblem. It features a central figure of a bear standing on a rocky outcrop. Above the bear is a banner with the word "FALCALDES" and the year "1850". The outer ring of the seal contains the text "COUNTY OF SAN LUIS OBISPO CALIFORNIA" and is decorated with stars.

**San Luis Obispo County  
Mental Health Services Act**  
*Annual Update to the Three -Year  
Program and Expenditure Plan  
Fiscal Year 2009-2010*

Draft posted for Public Review and Comment March 10, 2009  
Submitted to Department of Mental Health April 16, 2009

# SAN LUIS OBISPO COUNTY HEALTH AGENCY



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**Behavioral Health Administrator**

April 16, 2009,

The following represents San Luis Obispo County's Mental Health Services Act (MHSA) Annual Update to the Three Year Program and Expenditure Plan for FY 2009-10, and provides the required information per DMH Information Notice 08-28.

This Update also requests approval of the allocation of funding for the FY 2009-10 Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components as announced in DMH Information Notice 08-36, Enclosure 1, entitled Summary FY 2009/10 MHSA Planning Estimates.

The California Department of Mental Health (DMH) approved San Luis Obispo County's original Community Services and Supports Plan on April 26, 2006. The Prevention and Early Intervention plan was approved by the Oversight and Accountability Commission on February 27, 2009. Our Workforce Education and Training Plan was sent to the Department of Mental Health on March 12, 2009. The Capital Facilities and Information Technology Plan was submitted to DMH on March 27, 2009.

This Annual Plan was posted for a 30-day public review comment period from March 10, 2009 through April 9, 2009. A public hearing was held at the monthly Mental Health Board Meeting on April 15, 2009, at the Health Agency Campus, 2180 Johnson Avenue, San Luis Obispo, California 93401.

## TABLE OF CONTENTS

- Exhibit A** - County Certification
- Exhibit B** - Community Program Planning & Local Review Process
- Exhibit C** - Report on FY 2007/08 CSS Activities
- Exhibit D** - Work Plan Description
- Exhibit E** - Summary Funding Request
- Exhibit E1** - CSS Funding Request
- \*Exhibit E2** - Workforce Education and Training
- Exhibit E3** - Capital Facilities and Technological Needs
- Exhibit E4** - Prevention and Early Intervention
- \*Exhibit E5** - Innovation Funding Request
- \*Exhibit F (a)** - New Work Plan Narrative -N/A – no new Work Plans proposed
- \*Exhibit F (b)** - Projected Revenues and Expenditures for New Work Plans for FY2009/10
- \*Exhibit F1 – F4** - Detail of New Work Plans – N/A
- Exhibit G** - CSS Prudent Reserve Plan

\*San Luis Obispo County is not making a request for funding of these components. Planning is for this component is underway (Exhibit E5), in a 30-day public review period (Exhibit E2), and no New Work Plans are being proposed at this time (Exhibit F –all).

**COUNTY CERTIFICATION  
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: San Luis Obispo

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<p>Mailing Address:</p> <p>Behavioral Health Department 2180 Johnson Avenue San Luis Obispo, California 93401</p>	

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

Signature	Date	<u>Behavioral Health Director</u> Title Local Mental Health/Health Agency Director/Designee
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## EXHIBIT B

### Description of Community Program Planning and Local Review Process MHSA FY 2009-10 ANNUAL UPDATE

County name: San Luis Obispo

**Instructions:** Utilizing the following format, please provide a brief description of the Community Program Planning and local review processes that were conducted as part of this Annual Update.

**1. Briefly describe the Community Program Planning Process for development of the FY 2009-10 Annual Update. It shall include the methods for obtaining stake holder input. (Suggested, length is one-half page.)**

The MHSA Advisory Committee comprised of members of the Mental Health Board and other stakeholders met on March 4 2009. The agenda included an overview of Community Services and Supports, a report of the State's approval of the Prevention and Early Intervention Plan, and a status report of Workforce Education and Training, Housing, Capital Facilities and Information Technology, and Innovation. The Prevention Coordinator provided an update to the stakeholders regarding the next steps for implementation. The WET Coordinator provided an overview of the plan that will be submitted to the state this month. The stakeholders were informed that the request for proposals for the Housing component had been completed and would be distributed this month.

The main focus of the meeting was on the critical changes of CSS funding amounts and the projections of allocations for future MHSA funds. The Behavioral Health Administrator provided an overview of the county's budget shortfall and an update on the state budget. In light of the fiscal challenges and the desire not to reduce or discontinue any services currently being provided, the MHSA Division Manager presented the justification for not developing any new programs. A review of the current operating status, progress and efficacy of the Work Plan, past CSS input data and community needs, and assessing what could gain the greatest impact to the most unserved - or underserved populations was presented by the MHSA Division Manager. The proposed adjustments to this FY 2009-10 Annual Plan were discussed and approved by the MHSA Advisory Committee

**2. Identify the stakeholder entities in the Community Planning Process.**

The MHSA Advisory Committee is a diverse council of more than 35 members, 22 of whom attended the meeting on March 4, 2009. They represent the following: Community-based Organizations, consumers, family members, representatives from law enforcement, Probation, health care, education, social services, County Behavioral Health Administrator, and Behavioral Health staff.

**3. Describe how the information provided by DMH and any other information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with the stakeholders.**

Since the beginning of the planning and implementation of MHSA programs, stakeholders, the mental health board and Behavioral Health staff have been informed of the status. Some of the activities include, but not limited to, the following:

- The MHSA Division Manager gives a regular update on MHSA activities to the "All Staff" MHSA meeting which is held weekly.
- A monthly report by the Behavioral Health administrator is distributed to all Behavioral Health personnel.
- On October 8, 2008, the MHSA Division Manager distributed an update on MHSA activities and projects to the CSS Planning team, via an email. The plan is to increase these updates to quarterly reports.
- Presentation to NAMI and the Mental Health Board have made throughout the process.
- Updates on the various components have been provided in the Prevention and Early Intervention and Workforce, Education and Training Planning Teams.
- All CSS Additional Planning Estimates, Augmentation Plans and Plan Updates have been circulated using a consistent and methodical process including posting on the internet website, with the intent to provide easy and clear access to information.

**4. Attach substantive comments about the CSS implementation information and responses to those comments. Indicate if none received.**

There were no substantive public comments received during of the 30-day public review and comment period.

**5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

This MHSA draft Plan Update was posted for a 30-day public comment period beginning March 10, 2009 through April 9, 2009. Notice of its availability for review was sent electronically to MHSA community partners and stakeholders, posted on the County's website, at County Mental Health Clinics, and at libraries, and through the local newspaper. A public hearing with the County Mental Health Board was held on April 15, 2009. There were no substantive public comments received at the end of the public hearing which is the final process of the public review and comment period.

## Exhibit C

### **Report on FY 2007/08 Community Services and Supports Activities** **San Luis Obispo MHA FY 2009/10 ANNUAL UPDATE**

**Provide a brief narrative description of progress in providing services through the MHA Community Services and Supports component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (Suggested length is one-half page.)**

These programs aim to promote wellness, recovery and resiliency and utilize approaches to reduce risk factors and develop positive protective factors among underserved TAY, older adults, and low-aculturated Latino populations.

**Latino Outreach Program:** The program has been successful at reaching out to the predominantly unserved and underserved ethnic minority groups in this County. Upwards of 90 to 100 people are seen for therapy each year, and hundreds of individuals have participated in Latino community. Two bilingual staff was hired in 2007 to expand services to the Latino population. Demand for services and the wait list for bilingual/bicultural services continued to increase. In 2007-08, the one half-time Mental Health Therapist was increased to a full time position. In FY 2008-09 funds for an additional 2 therapists were requested to meet the increasing demand. The waitlist for this program continues to be long, and the communities in each region of the County can benefit greatly from this service.

**Transitional Age Youth Full Service Partnership (TAY FSP):** The target population of male and female youth, ages 17 to 21, has been largely unserved and underserved in the community, resulting in the risk of homelessness, unemployment, drug use and incarceration. Those with severe mental illness and/or severe emotional disorders run the added risk of being released from social services and “falling through the cracks” in receiving these needed services. The TAY FSP has established an excellent “Do whatever it takes” method of addressing this need in both the North, Central and Southern portions of the county. This ongoing need will be further addressed with the proposal of the North Coast Youth/TAY FSP which is an area of the county that is largely underserved.

**Older Adult FSP with the inclusion of the Geriatric Specialist:** The unserved and underserved men and women ages 60 and above have greatly needed the services that this program provides. The Geriatric Specialist's primary duties includes outreach and engagement activities to this population which. The Geriatric Specialist also attends local senior committee meetings and community functions, and provides additional support to the FSP team with clinical knowledge, medical background and connections to senior services.

## Mental Health Services Act—Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo County

**Work Plan Title**

CSS Work Plan #1 - Children and Youth Full Service Partnership

**Population to Be Served**

**Population to be served:** The target populations are male and female children and youths (ages 0-17) of all races and ethnicities, with severe emotional disturbance/serious mental illness (SED/SMI) 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 are ineligible for SB163 Wrap Around because they are not wards or dependents of the court. Collaboration with Spanish speaking therapists from the Latino Outreach Program has been successful in providing mental health treatment to identified youth as needed. Interpreters will be available for those who speak other languages.

**Work Plan Description**

The Children and Youth Full Service Partnership (FSP) program is modeled and built upon the strengths and success of the current Children's System of Care (SOC) program and the SB163 Wrap-Around Program. Services for participants may include: individual and family therapy; rehabilitation services focusing on-activities for daily living, social skill development and vocational/job skills; case management; crisis services; and medication supports. The method of service delivery will be driven by the family's desired outcomes. The services can be provided in the home, school, and in the community. The services will be provided in an integrated and coordinated fashion. The core team includes the child and family, a mental health therapist, and a personal services specialist. Therapists and personal services specialists are available to the child and the family 24/7, through the FSP support line. The team also includes a psychiatrist, and program supervisor. Additional team members will include appropriate agency personnel, other family members, friends, faith community and others as desired by the family. Individualized services can change in intensity as the client and family change. Coordinated discharge planning to a lower level of care is an important element.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

35 Total

Number of Clients By Funding Category

35 Full Service Partnerships

System Development

Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



## Mental Health Services Act—Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #2 - Transitional Age Youth Full Service Partnership

**Population to Be Served**

The Transition Age Youth Full Service Partnership (TAY FSP) will provide services for males and females (ages 16 to 21) of all race and ethnicities, with serious emotional disturbances/serious mental illness (SED/SMI) with a chronic history of psychiatric hospitalizations, law enforcement involvement, dual diagnosis and/or foster youth with multiple placements or are aging out of the Children's System of Care. Collaboration with Spanish speaking therapists from the Latino Outreach Program is available to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be available for those who speak other languages.

**Work Plan Description**

Transitional Age Youth FSP provides wrap-like services which includes 24/7 availability, intensive case management, housing and employment linkages and supports, independent living skill development 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. Each participant will meet with the team to design their own personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, and vocational skill building, independent skill building, learning how to understand and use community resources, financial/legal counseling. Each participant will receive medication support, 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 treatment and empowerment, and promotes optimism for the future. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all four of the FSP age group programs.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

35 Total

Number of Clients By Funding Category

35 Full Service Partnerships

System Development

Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

## Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #3 - Adult Full Service Partnership

**Population to Be Served**

The Adult Full Service Partnership program provides an intensive team to engage adults (ages 18 to 59) with serious mental illness. Priority populations are male or female individuals of all races and ethnicities, at risk of entering an IMD or jail who may also be dually diagnosed with substance abuse, homeless, frequent users of emergency room or hospital services or in frequent contact with law enforcement, mental illness at risk of IMD placements or incarceration.

**Work Plan Description**

The Adult FSP program is based on the AB 2034 model and assertive community treatment approach to engage persons at risk. Outreach and engagement strategies will be used in a non-coercive way to offer intensive services to enable the individual to remain in the community. The overall goal of the program is to divert adults with serious and persistent mental illness from acute or long term institutionalization and instead, to succeed in the community with sufficient structure and support, consistent with the philosophy of the MHSA. The Adult FSP program provides the full range of services including assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication services, housing, and integrated vocational services. Participants can select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan and Wellness and Recovery Plan is developed with the participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Participants will have access to the core team 24/7, through the FSP Support Line. Additionally, the team includes a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all four of the FSP age group programs. A Spanish speaking therapist is available in this program to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be available for those who speak other languages.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 54 Total  
 Number of Clients By Funding Category  
 54 Full Service Partnerships  
 \_\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #4 - Older Adult Full Service Partnership

**Population to Be Served**

Priority populations are those individuals that are male and females 60 years or older of all races and ethnicities who may be 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 at risk of placement. Transitional aged adults, ages 55 to 59 years, may also be served by this team if the service needs are likely to extend into older adulthood.

**Work Plan Description**

The goal of the Older Adult Full Service Partnership is to offer intensive interventions to ensure that participants remain in the least restrictive setting possible through a range of services and supports based on each individual’s needs. An intensive team will provide outreach and engagement to older adults who are at risk of inappropriate or premature out-of-home placement due to a serious mental illness and, in many instances, co-occurring medical conditions that impact their ability to remain in home/community environments. The OA FSP core team consists of a Mental Health Therapist, a Personal Services Specialist, and a Geriatric Specialist who will be medically licensed to better link with medical services .As in all other FSP teams, participants have access to the core team 24/7, via the FSP Support Line. Additionally, the team includes a drug and alcohol specialist, psychiatrist, and a program supervisor that serve participants in all four of the FSP age group programs. A Spanish speaking therapist will be available through the Adult FSP program, to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be available for those who speak other languages. The addition of a Geriatric Specialist is a significant enhancement to the current services. Because the older adult population is currently underrepresented in the treatment system, this specialist has been focusing on a foundation for improved services to elders. This specialist is a presence in the older adult service community and has established relationships with a variety of providers including primary care, Department of Social Services, board and care, non-profit services agencies, day health care, recreational services, families and acute care facilities. The specialist is collaborating with other community providers to outreach into the senior community to identify elders at risk. The specialist also brings the ability to provide specialized comprehensive geriatric assessments to the OA FSP participants.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 12 Total  
 Number of Clients By Funding Category  
 12 Full Service Partnerships  
 \_\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #5 - Client and Family Wellness Supports

**Population to Be Served**

This work plan is an array of services designed to facilitate and support wellness, recovery and resiliency. Individuals that use these services have been men and women from all ages in the general SMI/SED population and of all races and ethnicities who may be unserved or underserved by the system. Spanish speaking service providers employed through the contracted agencies, are available to assist in maintaining a continuity of care to participants in need. Interpreters for other languages will be made available as needed.

**Work Plan Description**

As appropriate, individuals and family members will be able to access any of the following services through participation in one of the services. These services are coordinated and integrated through the individualized treatment plans which are wellness focused, strength based and support recovery and resiliency. Services are client-centered and promote self-sufficiency. Individuals may utilize just one or several of the components, dependent on their concerns and goals. **Supportive employment and vocational training** is provided through employment readiness classes and job placement. **Client and family-run support**, mentoring and educational groups is conducted through the following programs overseen by a community-based organization. **Peer to Peer** is a 9-week experiential education course on recovery that is free to any person with a mental illness. It is taught by a team of 3 to 4 peer teachers who are experienced at living well with mental illness. **Family to Family** 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 treatments, as well as help and coping tools for family members who are also caregivers. A team of 2 family members teach the class. The **Peers Empowering Peers (PEP) Center** 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 are conducted here. **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.” This strategy will also include 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. **Caseload reduction therapists** were added in the Adult outpatient clinics. **Co-occurring disorders Specialist** provides Integrated Dual Disorders Treatment program which was developed by SAMHSA. The program endorses the “no wrong door” approach and ensures that every participant receives appropriate services regardless of how they entered the system. The Co-occurring Specialist provides intervention, intense treatment and education. Individualized case plans are specific to each client’s needs.

**Network of Care for Mental Health** is an online service that provides free access to a comprehensive service directory, updates on health, disease prevention treatment and well-being resources in an easy to access format.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

700 Total

Number of Clients By Funding Category

Full Service Partnerships

700 System Development

Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

## Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #6 - Latino Outreach and Engagement Program

**Population to Be Served**

Targeted outreach is populations in the unserved and underserved Latino community, particularly to identified pockets of poverty in the north and south county areas and rural residents. The ages of these male and female clients range from 0 to 60+ and are monolingual Spanish speaking or limited English speakers. The number of clients to be served annually is projected at 50 for mental health services and 500 for general outreach through community presentations.

**Work Plan Description**

Outreach efforts, which are led by a bilingual/bicultural contracted clinician and coordinated with existing Latino interest groups, is utilizing trusted community allies and advocates. The presentation of psycho-educational material is provided on the methods for facilitating outreach. Bilingual/bicultural therapists provide culturally appropriate treatment services offered in community settings. Treatment services may be offered at schools, churches, and other natural gathering areas, and efforts will be to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy will be provided to children, TAY's and adults. The Latino Outreach Program has been successful in providing culturally sensitive services to the monolingual Spanish-speaking consumers in the County of San Luis Obispo. The program provides services to difficult-to-engage individuals and families. At all steps in the engagement process the individual will be encouraged and supported in developing a knowledge and resource base to help adapt to living in two cultures.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

585 Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

50 System Development

535 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal

## Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #7 - Enhanced Crisis Response and Aftercare

**Population to Be Served**

This program is available to all county residents, across all age, ethnic and language groups. Language needs will be accommodated with Spanish speaking therapists or interpreters as necessary.

**Work Plan Description**

Two responders are available 24/7 to intervene when mental health crisis situations occur in the field and after clinic hours. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions will keep individual safety in the forefront and prevent movement to higher levels of care. Interventions will be client-oriented and asset-centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response will be supplemented with a next day follow-up visit or phone call to continue support and provide assistance in following through with referrals and appointments.

**Aftercare Specialist:** This specialist meets clients at discharge from inpatient hospitalization and work to insure that clients and families are familiar with coping and resilience strategies, system and family supports and that a comprehensive follow up plan is in place for clients returning to independent living or family settings. The Aftercare Specialist assists clients in the necessary supports (transportation, planning, and time management) to implement their plans, and assure that they do not “fall through the cracks.” The Aftercare Specialist is a resource for family and support persons involved to make a successful transition from the hospital.

**Crisis Mental Health Therapist:** This therapist provides after hours crisis intervention services. This therapist coordinates with the Mobile Crisis Program regarding community requests for on-site intervention, assist in communication with law enforcement, ER doctors, and other agencies. In addition this therapist provides crisis intervention services over the telephone to the entire county after business hours in order to successfully resolve the crisis in the community.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

570 Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

570 System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal

## Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #8 -Mentally Ill Probationers Program

**Population to Be Served**

Adults, ages 18 to 60, with a serious and persistent mental illness, on probation and have mental health treatment as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective engagement or in meeting their needs. They often have a co-occurring disorder, are homeless and have had multiple incarcerations through the criminal justice system.

**Work Plan Description**

This program is a collaboration of services between the Behavioral Health Department, Probation, law enforcement and the Court. The mental health therapist and the Probation Officer work together as a team. Services provided include assessment, medication services, case management, vocational services, co-occurring disorders treatment, individual and family counseling, and housing. The Probation Officer requires regular drug testing and unannounced home visits, offers case management and referral for special services, and monitors the conditions of probation. The treatment was designed as a day treatment model. With the success of the full service partnership model, the treatment modality will be transformed into a Behavioral Health Treatment Court. The Mental Health Therapist will be a dyad with a Personal Services Specialist to provide the services out in the community. The Probation Officer will continue to be a member of this team. The population served will be the same as well as the eligibility for the program. The same number of clients will be served. The name of this work plan will change to Behavioral Health Treatment Court.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

50 Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

50 System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal

## Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

CSS Work Plan #9 - Community School Mental Health Services

**Population to Be Served**

This program serves SED youth both males and females, ages 12 to 18 that are not receiving 3632 or 26.5 (Individualized Education Plan – IEP) or other mental health services, are placed at community school for behavioral issues and are/have been involved in the juvenile justice system. Services are delivered in a cultural competent manner and accommodations for language preference are made. These youth are at risk for school drop out, further justice system involvement, psychiatric hospitalizations and child welfare involvement.

**Work Plan Description**

The Behavioral Health Department and the County Office of Education have partnered with the community schools in this county to provide mental health services to seriously emotionally disturbed youth at these schools. They and their families are engaged in services that enable them to stay in school program. The program is designed to create a more efficient continuum of care and to assist the youth to remain in the least restrictive school setting. Many students at the community schools are unidentified, unserved or placed out of county because the school setting cannot accommodate their needs. A Mental Health Therapist is located at each community school and provides individual, group and family therapy, life skill development, anger management and problem solving skills, crisis intervention and assist in stabilizing the youth. The program functions as a fully integrated component of the school with the Mental Health Therapist 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 SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

75 Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

75 System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

PEI Project 1 - Mental Health Awareness and Stigma Reduction

**Population to Be Served**

This targeted social marketing will make direct contact with the following high-risk target populations: Homeless individuals and families; veterans; and those identifying themselves as gay, lesbian, bisexual, transgender or questioning (GLBTQ).

Students in K-12, who make up approximately 15% of the County's population, will be provided formal education and training which will build awareness of mental illness and promotion of mental health, while building capacity in school systems to respond to youth and families in need of care. This program will be ongoing, and will potentially serve 65 campuses focusing on upper elementary grades (4, 5, and 6), middle and high schools across the County.

**Work Plan Description**

**1.1a Social Marketing Strategy/Community Outreach and Engagement:** This project aims to create awareness of mental illness, its signs, symptoms, and treatments, and educate those populations most at risk for mental illness and those most capable of building resiliency. All marketing and outreach will be provided and conducted in English and Spanish

**1.2a Campus Initiative/Teacher Mental Health Education:** A minimum of 30 K-12 school's faculty and staff per year will be provided with education and curricula support. 900 teachers, administrators and support faculty will be provided information and training annually which will build awareness of mental illness and promotion of mental health, while building capacity in school systems to respond to youth and families in need of care. This program will potentially serve 65 school campuses across the County.

**1.2b Campus Initiative/Student Mental Health Education:** The goal of this program will be to provide youth in schools with accurate, culturally competent information regarding mental illness, awareness of signs and risk factors, the reduction of stigma, and most importantly, resources that a student may access for support - either for their self, or for a friend. PEI funds will be used to create one full time Student Mental Health Educator position to provide classroom teaching in the County's elementary, middle, and high schools. This Educator will rotate through all interested local schools.

**1.3 Parent/Caregiver Mental Health Education:** Provide 12 targeted awareness education events and groups annually using an approved curriculum, such as *Parents and Teachers as Allies*. These events will target 240 parents and caregivers annually. The Educator will conduct an awareness campaign specific to parents and caregivers by creating mass mailings and electronic messaging for all school districts to provide to parents. This will result in contact with over 10,000 families in the two year project period. Spanish language presentations and materials will be available for monolingual populations.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

101,200 Total

Number of Clients By Type of Prevention

200 Early Intervention

1,000 Indicated/Selected

100,000 Universal



# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

PEI Project 2 - School-Based Student Wellness

**Population to Be Served**

In project 2.1 boys and girls ages 3-5, of all races and ethnicities, attending small, private pre-schools and daycare facilities, and their parents, will receive services.

San Luis Obispo County's middle schools are in need of strategies to support male and female youth, ages 12 to 15, of all races and ethnicities, who are at a developmental age ripe with insecurity, physical and emotional upheaval, and increased exposure and risk for substance abuse, sex and relationship issues, along with the declining parental involvement that comes with increased independence.

Fifth grade students were selected as a target population due to risk factors compounding at this age (including the emerging adolescence, emotional development, and the lack of DARE or other substance use education). 39 elementary schools will have access to the services of a Health Educator to deliver evidence based life skills curriculum, serving up to 2400 male and female youth of all races and ethnicities, annually.

**Work Plan Description**

**2.1 Positive Development Program:** As a universal prevention approach, this program will target private pre-K schools and daycares which traditionally do not receive dynamic training on mental health or other resiliency and prevention principles. A Child Development Specialist position will be created to make contact with and provide side-by-side facilitation of a chosen curriculum to the targeted childcare facilities with the capacity to engage children and their parents in need of boosting social development.

**2.2 A Middle School Comprehensive Program/Student Support Counselors:** Three full time Student Support Counselors will be placed at six middle schools and will provide approximately 20 hours per week of service to two schools. Counselors will conduct regular, selective prevention groups for youth identified at risk for mental illness; as well as indicated short-term, low intensity counseling for youth with mental health problems.

**2.2b Middle School Comprehensive Program/Resource Specialist:** The Resource Specialist on each campus will provide support to all students and identify students in need of supports such as clothing, food, school supplies, medical and dental care, transportation, mental health or drug and alcohol assessment and treatment, educational support, public aid and assistance, governmental services navigation, and employment support.

**2.2c Middle School Comprehensive Program/Youth Development Programming:** One full time Health Educator position will be created to serve the six middle school sites, and will be on each campus at least once per week. This Health Educator will deliver the evidence-based curriculum such as Botvin's *LifeSkills Training*, or Friday Night Live *Mentoring*, which build core competencies in a universal prevention model.

**2.3a Student Wellness Strategy/5<sup>th</sup> Grade Initiative:** All 5<sup>th</sup> grade classes across the county will receive an evidence-based curriculum, such as Botvin's *Life Skills Training: Promoting Health and Personal Development* or NCTI's *Crossroads*.

**2.3b Student Wellness Strategy/Middle School Initiative:** Six middle schools will integrate an evidence-based youth development curriculum, such as Botvin's *LifeSkills Training*, or Friday Night Live *Mentoring*, which build core competencies in a universal prevention model.

**2.4 Sober School Enrichment:** The school provides a comprehensive academic program for youth committed to remaining clean and sober.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1900 Total

Number of Clients By Type of Prevention

120 Early Intervention

240 Indicated/Selected

1540 Universal

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

PEI Project 3 - Family Education Training and Support

**Population to Be Served**

2,800 parents/caregivers will be engaged through coordination web site, promotion materials, and outreach. 100 agencies, CBO's, schools, churches, and grassroots groups will be contacted to collect information on parenting courses, tools, workshops, and other resources. Universal prevention courses annually, open to all parents/caregivers, males and females of all ethnicities and cultures, with at least one session provided in Spanish. Approximately 90 parents/caregivers will be served. Interpreters will be on hand for those who speak other languages.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

3500 Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

600 Indicated/Selected

2900 Universal

**Work Plan Description**

**3.1 Coordination of County's Existing Parenting Programs:** This program provides an innovative service to the county by establishing a coordinated, proactive web-based, outreach-oriented parent resource center to disseminate information and referrals. A half time Education Coordinator position will be created to serve parents countywide in providing outreach, referrals, coordination, and promotion of the various parenting classes and resources offered.

**3.2a Parent Educator/ Universal Parent Prevention Programs:** One full time Parent Educator will be created to thoroughly meet the needs outlined in the PEI plan by providing both universal and selective prevention parenting programs, as well as leading a team of Coaches who shall provide Indicated services to those parents at high need or in crisis. The Parent Educator shall provide at least three courses per year using evidence-based curricula such as *Strengthening Families*, *Nurturing Parent*, *Parent Participation Program*, or *Positive Parenting Program*. These courses shall address responsibility, communication and listening skills, safe and effective discipline, encouraging and building self-esteem, and understanding the stages of child development.

**3.2b Parent Educator/Selective Parent Prevention Programs:** For parents with children and adolescents who are difficult or out of control, trainings and skill sessions will be offered that address building effective skills in parents facing destructive behaviors, stressed homes, trauma, and children entering juvenile justice systems. The Parent Educator will conduct four behavioral parent training courses annually using curricula such as *Parent Project*, or *Loving Solutions*, in both English and Spanish.

**3.3 Coaching for Parents/Caregivers:** This project's efforts to build parenting capacity will be enhanced by the creation of a team of parent coaches to provide "on-demand" guidance and support for parents in "stressed families" or environments of abuse. Coaches will provide brief interventions when there is an acute difficult situation with a child – offering parents/caregivers someone to assist them through the steps to deescalate the issue and assist in preventing the parent from acting out in frustration.

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

PEI Project 4 - Early Care and Support for Underserved Populations

**Population to Be Served**

Program will be available to targeted male and female Transitional Aged Youth (TAY's) ages 16-21, of all races/ethnicities, within and exiting from the foster care system, San Luis Obispo Community School 12<sup>th</sup> graders, and those designated as Wards of the Court who are within six months of turning 18. ILP will expand to provide services to between 100 and 120 youth annually.

Screening for depression among the general population of older adult men and women ages 60+, is recommended by current research on mental illness and co-occurring disorders. Ethnic and cultural backgrounds, as well as language barriers will be assessed and taken into consideration at the time of screening.

Provides targeted outreach to populations in underserved Latino communities, particularly residents in Shandon, San Miguel, Oceano and Nipomo; and limited English speakers. The program will continue to serve universal and selective prevention populations of Latino children, youth, TAY, adults, and older adults. monolingual Spanish speakers, those from "stressed families" and those experiencing trauma and heightened risk factors such as violence and abuse.

**Work Plan Description**

**4.1a. Successful Launch Program/Expand Independent Living Program (ILP):** ILP is a collaborative program coordinated by Cuesta Community College in partnership with the San Luis Obispo County Department of Social Services. PEI funds will be used to enhance ILP by adding new, more in depth and more-frequently offered life skill building classes and practical training for current ILP TAYs.

**4.1b. Successful Launch Program/Vocational Development:** The Adult/TAY Workgroup and PEI Planning Team articulated the necessity of improved access to vocational training, development, and on-site experience for youth in foster, court, and Community School systems. ILP's current vocational program will be enhanced and expanded to begin serving non-foster TAYs as described above and provide new emphasis on practical, specific job skills, coaching, and shadowing.

**4.2a Older Adult Mental Health Initiative/Screening and Connection:** The program will provide formalized, methodical, and vigorous outreach and screening specific to those at high risk for depression and anxiety while increasing access to preventive and early intervention care. Older adults are at risk of developing both depression and substance dependence as this phase of the life cycle has new risk factors for both of these disorders. A Mental Health Screening and Resource Specialist will travel countywide and perform outreach, depression education, and screening to older adults.

**4.2b. Older Adult Mental Health Initiative/ Social Support and Counseling for Isolated Older Adults:** SLOBHD will partner with the Wilshire Foundation to expand its "Caring Callers" and "Senior Peer Counseling" programs. Caring Caller volunteers help alleviate the isolation and loneliness that many seniors face. Volunteers of all ages make homes visits and may play board games, take walks or drives, go out for lunch or simply enjoy good conversation.

**4.3 Latino Outreach and Engagement:** This Latino Outreach and Engagement program is currently funded by our MHSA CSS Plan. With further definition and development of the MHSA Prevention and Early Intervention component, San Luis Obispo County is transferring the awareness and outreach elements of this program to PEI as required per DMH Notice 08-23.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

2080 Total

Number of Clients By Type of Prevention

1090 Early Intervention

990 Indicated/Selected

990 Universal

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

San Luis Obispo

**Work Plan Title**

PEI Project 5 - Integrated Community Wellness

**Population to Be Served**

The proposed services will be available to all county residents (approximately 257,000) that are having situational circumstances that place them in the priority populations described by the PEI Guidelines. Men women and children of all races and ethnic origins will be able to receive these services. Language needs with interpretation will be addressed and be provided for. The greatest of these is Spanish. There is an expectation that activities outlined in the previous projects will increase awareness and sources of referral to take advantage of the improved access to care outlined in this project.

The program will serve individuals and families dealing with critical incidents of anxiety, stress and suicide brought on by depression, trauma, or other threats to mental health and wellness. Based on estimates from the previous years of CSS operations, approximately 600 will be served.

**Work Plan Description**

**5.1 Community-Based Therapeutic Services:** This component will expand the amount of low-cost, community-based individual or group counseling services available to those in need of short-term, low intensity therapeutic interventions. Programs and services proposed in the other four PEI projects will link individuals identified as in need of short term, low intensity counseling to the providers identified in this program. It is anticipated that Project 1.1’s outreach and awareness efforts will result in many community members being receptive to speaking to a mental health professional and timely, available access must be assured one, or more, provider(s) will be responsible for the following deliverables:

**5.2 Resource Specialists:** Two Resource Specialists working with the Community-Based Therapeutic Services component among other providers, will provide services including, but not limited to: securing basic needs such as food, clothing, housing, health care, and transportation; accessing mental health, drug and alcohol, and other social services; employment assistance, navigating the legal system and courts, aid and relief, and educational services such as parenting training. They will help minimize stress, support wellness and resilience, and increase an individual’s ability to follow through on referrals and care. Meeting basic daily life needs removes barriers to work and life success, and reduces stressors linked to behavioral problems, violence, substance abuse, and suicide.

**5.3 Enhanced Crisis Response:** This Crisis Response program is currently funded by our MHSA CSS Plan. With further definition and development of the Prevention and Early Intervention component, San Luis Obispo County is transferring a portion of this program to PEI as required per DMH Notice 08-23. This 24/7 mobile crisis program utilizes two responders that are regionalized in the north and south portions of the county. They intervene when mental health crisis situations occur in the field and after clinic hours. Responders provide in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. If the individual stays in the community, the responder makes a next day follow-up visit or telephone call to continue support and provide assistance in following through with referrals and appointments.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Funding Category  
 \_\_\_\_\_ Full Service Partnerships  
 \_\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 3040 Total  
 Number of Clients By Type of Prevention  
 1840 Early Intervention  
 900 Indicated/Selected  
 300 Universal

Exhibit E – Summary Funding Request

**FY 2009/10 Mental Health Services Act  
Summary Funding Request**

County: San Luis Obispo

Date: 4/16/2009

	MHS Component				
	CSS	CFTN	WET	PEI	Inn
<b>A. FY 2009/10 Planning Estimates</b>					
1. Published Planning Estimate <sup>a/</sup>	\$6,196,500	\$2,849,200	\$1,336,500	\$2,154,600	\$487,300
2. Transfers <sup>b/</sup>	-\$294,950	\$294,950			
3. Adjusted Planning Estimates	\$5,901,550	\$3,144,150	\$1,336,500	\$2,154,600	\$487,300
<b>B. FY 2009/10 Funding Request</b>					
1. Required Funding in FY 2009/10 <sup>c/</sup>	\$6,466,530	\$294,950		\$2,223,721	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds <sup>d/</sup>	\$564,980	\$0	\$95,365	\$69,121	\$0
b. Adjustment for FY 2008/09 <sup>e/</sup>			\$95,365		
c. Total Net Available Unspent Funds	\$564,980	\$0	\$0	\$69,121	\$0
<b>3. Total FY 2009/10 Funding Request</b>	<b>\$5,901,550</b>	<b>\$294,950</b>	<b>\$0</b>	<b>\$2,154,600</b>	<b>\$0</b>
<b>C. Funding</b>					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates					
3. Unapproved FY 08/09 Planning Estimates					
4. Unapproved FY 09/10 Planning Estimates	\$6,196,500			\$2,154,600	
<b>5. Total Funding<sup>f/</sup></b>	<b>\$6,196,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,154,600</b>	<b>\$0</b>

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC

5892b Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHS Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

Exhibit E1 – CSS Funding Request

FY 2009/10 Mental Health Services Act  
Community Services and Supports Funding Request

County: San Luis Obispo

Date: 4/16/2009

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	1	Children's Full Service Partnership	E	\$571,082	\$571,082				\$571,082			
2.	2	Transitional Age Youth Full Service Partnership	E	\$510,215	\$510,215					\$510,215		
3.	3	Adult Full Service Partnership	E	\$1,484,084	\$1,484,084						\$1,484,084	
4.	4	Older Adult Full Service Partnership	E	\$392,414	\$392,414							\$392,414
5.	5	Client Family Wellness and Recovery	E	\$985,777		\$985,777			\$246,444	\$246,444	\$246,444	\$246,444
6.	6	Latino Outreach and Therapy Services	E	\$375,575		\$375,575			\$93,894	\$93,894	\$93,894	\$93,894
7.	7	Enhanced Crisis Response and Aftercare	E	\$736,790		\$736,790			\$184,198	\$184,198	\$184,198	\$184,198
8.	8	Mentally Ill Probationers	E	\$397,940		\$397,940				\$99,485	\$298,455	
9.	9	Community School Mental Health Services	E	\$334,862		\$334,862			\$167,431	\$167,431		
10.	10	Outreach and Education Campaign	E	\$0								
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
21.												
22.												
23.												
24.												
25.												
26.	Subtotal: Work Plans <sup>a</sup>			\$5,788,739	\$2,957,795	\$2,830,944	\$0	\$0	\$1,263,049	\$1,301,667	\$2,307,075	\$916,950
27.	Plus County Administration			\$187,232								
28.	Plus Optional 10% Operating Reserve			\$490,559								
29.	Plus CSS Prudent Reserve											
30.	Total MHSA Funds Required for CSS			\$6,466,530								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

51.10%

Exhibit E3 – Capital Facilities and Technological Needs Funding Request

**FY 2009/10 Mental Health Services Act  
Capital Facilities and Technological Needs Funding Request**

County: San Luis Obispo

Date: 4/16/2009

Capital Facilities and Technological Needs Work Plans				FY 09/10 Required MHSA Funding	Type of Project	
No.	Name	New (N)/ Approved Existing (E)	Capital Facilities		Technological Needs	
1.	1	Behavioral Health Information System Analysis	E		X	
2.						
3.						
4.						
5.						
6.						
7.						
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20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans			\$0	\$0	\$0
27.	Plus County Administration			\$294,950		
28.	Plus Optional 10% Operating Reserve					
29.	Total MHSA Funds Required for Capital Facilities and Technological Needs			\$294,950		



Exhibit E4 – Prevention and Early Intervention Funding Request

FY 2009/10 Mental Health Services Act  
Prevention and Early Intervention Funding Request

County: San Luis Obispo

Date: 4/16/2009

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	1	Mental Health Awareness and Stigma Reduction	\$278,556	\$278,556			\$69,639	\$69,639	\$69,639	\$69,639
2.	2	School-based Student Wellness	\$795,552	\$477,331	\$286,399	\$31,822	\$795,552			
3.	3	Family Education, Training and Support	\$94,500	\$47,250	\$47,250		\$62,370		\$32,130	
4.	4	Early Care and Support for Underserved Populations	\$283,415	\$85,025	\$198,391		\$28,354	\$28,354	\$28,354	\$198,354
5.	5	Integrated Community Wellness	\$380,000	\$95,000	\$285,000		\$95,000	\$95,000	\$95,000	\$95,000
6.										
7.										
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21.										
22.										
23.										
24.										
25.										
26.	<b>Subtotal: Work Plans<sup>a</sup></b>		<b>\$1,832,023</b>	<b>\$983,162</b>	<b>\$817,039</b>	<b>\$31,822</b>	<b>\$1,050,915</b>	<b>\$192,993</b>	<b>\$225,123</b>	<b>\$362,993</b>
27.	<b>Plus County Administration</b>		<b>\$218,417</b>							
28.	<b>Plus Optional 10% Operating Reserve</b>		<b>\$104,160</b>							
31.	<b>Total MHSA Funds Required for PEI</b>		<b>\$2,154,600</b>							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years=  
Behavioral Health Department - 2180 Johnson Ave. San Luis Obispo, CA 93401  
MHSA Annual Update FY 2009-10 – Submitted to the Department of Mental Health, April 16, 2009.

**EXHIBIT G**

**Community Services and Supports Prudent Reserve Plan  
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

County San Luis Obispo

Date 4/16/2009

**Instructions:** Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

<b>1. Requested FY 2009/10 CSS Services Funding</b>	<b>\$6,021,550</b>
Enter the total funds requested from Exhibit E1 – CSS line 26.	
<b>2. Less: Non-Recurring Expenditures</b>	<b>- 0</b>
Subtract any identified CSS non-recurring expenditures included in #1 above.	
<b>3. Plus: CSS Administration</b>	<b>+ 187,232</b>
Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.	
<b>4. Sub-total</b>	<b>\$6,208,782</b>
<b>5. Maximum Prudent Reserve (50%)</b>	<b>\$3,104,391</b>
Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.	
<b>6. Prudent Reserve Balance from Prior Approvals</b>	<b>\$2,009,458</b>
Enter the total amounts previously approved through Plan Updates for the local prudent reserve.	
<b>7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update</b>	<b>+ 0</b>
Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.	
<b>8. Prudent Reserve Balance</b>	<b>\$2,009,458</b>
Add lines 6 and 7.	
<b>9. Prudent Reserve Shortfall to Achieving 50%</b>	<b>\$1,094,933</b>
Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.	

Behavioral Health Services and the MHSA stakeholder committee will consider the feasibility of dedicating future increase in CSS funding to the remaining balance in the prudent reserve beginning in fiscal year 2010-2011. These funds will be dedicated prior to funding new programs or program expansion and without the discontinuation of current services.