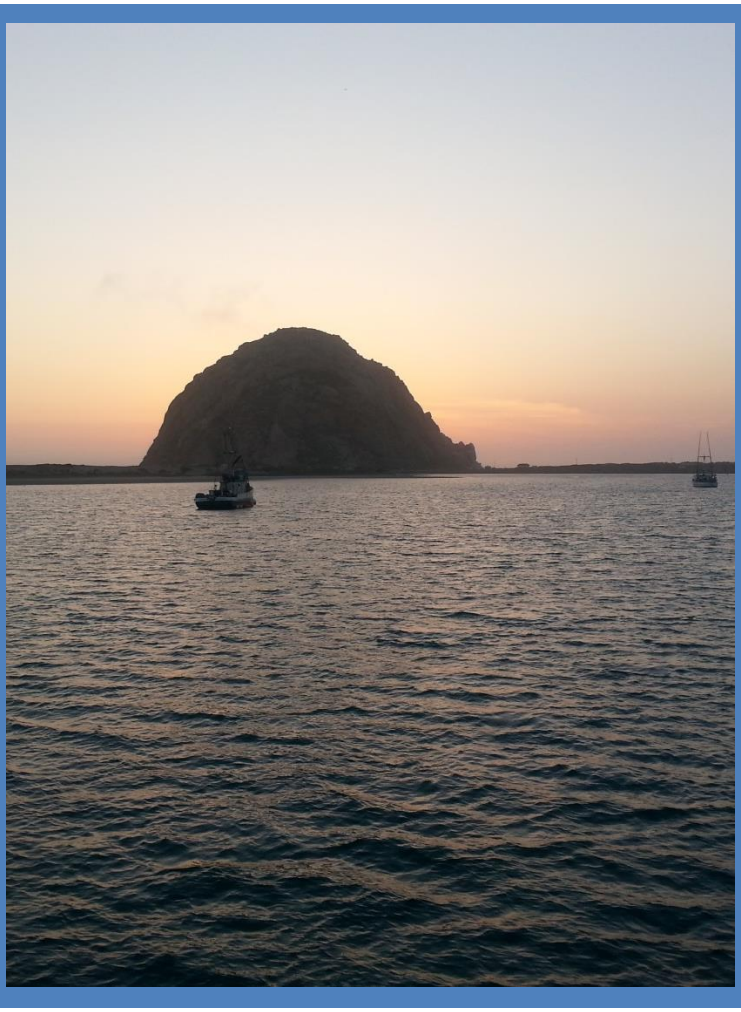
# Mental Health Services Act (MHSA)

# Annual Update and Three-Year Program and Expenditure Plan

## Fiscal Years 2014-2015 – 2016-2017



*San Luis Obispo County*
*Behavioral Health Department*

WELLNESS • RECOVERY • RESILIENCE

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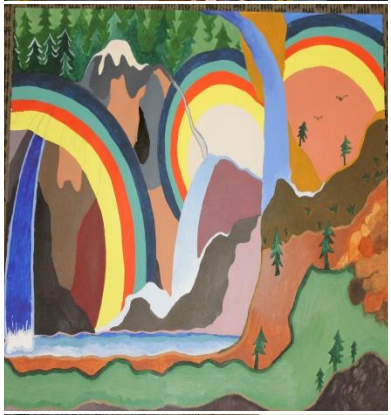
# Overview and Executive Summary



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

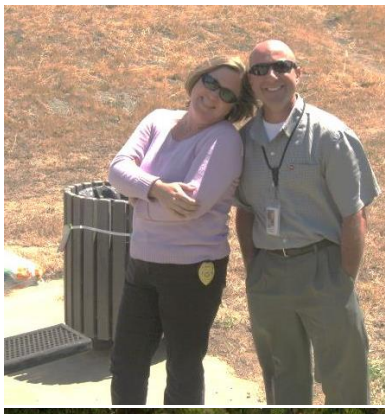
This Update was produced by the San Luis Obispo County Behavioral Health Department and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. This report includes descriptions of programs and services, as well as results from 2012-2013, for the following MHSA components and work plans:

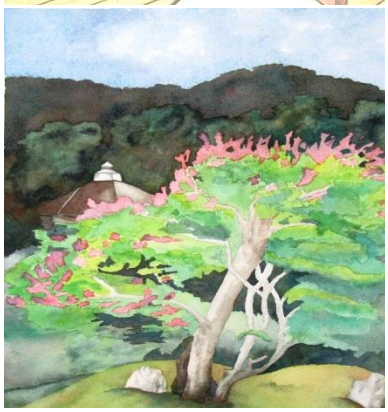
- Community Services and Supports, including Housing (CSS, implemented 2005)
- Prevention & Early Intervention (PEI, implemented 2008)
- Workforce Education and Training (WET, implemented 2009)
- Capital Facilities and Technological Needs (CFTN, implemented 2009)
- Innovation (INN, implemented 2011)

The 2014-2015 MHSA Annual Update details the programs being administered, their operating budget, and results of past implementation. This year, in accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Update includes a Three-Year Program and Expenditure Plan. Outlined herein will include: proposed program adaptations, other changes to the original component plans, and past updates, as well as projected planning and budgeting for the 2014-2015 through 2016-2017 fiscal years(FY).

This Update and Plan was submitted to the San Luis Obispo County Board of Supervisors for approval on July 22, 2014. California Assembly Bill (A.B.) 100, passed in 2011, significantly amending MHSA to streamline the approval process of programs developed. Among other changes, A.B. 100 deleted the requirement that the three-year plan and updates be approved by the Department of Mental Health after review and comment by the Oversight and Accountability Commission. Additionally, A.B. 1467 (passed in June 2012), amended the Act again to state the three-year program and expenditure plan and annual updates must be adopted by the County Board of Supervisors and then submitted to the MHSOAC within 30 days of adoption. In light of this change, the goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

# Overview and Executive Summary





In the past year, San Luis Obispo County's MHSA programs have continued to produce excellent results and meet objectives. The San Luis Obispo County Behavioral Health Department (SLOBHD) has put forth increased efforts to collect data, track results, and revisit programs to monitor efficacy. The MHSOAC's 2013 audit of MHSA programs across the state, and subsequent report, helped SLO County develop new strategies to update program goals and objectives with staff and partner providers. This ongoing process has led to better definitions of some programs herein, and will inform contract language in the 2014-2015 fiscal year.

In this Annual Update and Three Year Plan, SLOBHD has added new descriptions of Program Goals, Key Objectives, Key Outcomes, and Measures at the front of each CSS and PEI work plan. For CSS programs, these stated goals and targets remain in development as the system providers and stakeholders review the past ten years of projects and continue to strengthen data collection and results reporting. The County is committed to improved outcome reporting and system accountability. This will be a significant process in the coming three years as the County will be developing a Request for Proposals for many CSS program services in 2014-2015.

A key value for the County's MHSA presence is the maintenance of quality partnerships between County and community providers, staff, stakeholders, consumer, family members, and the organizations which support wellness and recovery. This priority yields several opportunities throughout the year to address concerns, meet changing needs, and communicate directly with the public in order to maintain a stakeholder presence throughout the MHSA programs.

In July 2013, Frank Warren, the Division Manager of Prevention & Outreach for SLOBHD, and the designated MHSA Coordinator, presented the Annual Update of MHSA programs and plans to the County Board of Supervisors. This broadcasted public presentation allows community members to hear about MHSA programs, objectives, and outcomes, thus beginning the public dialogue for each new fiscal year. County MHSA leadership takes part in several panels and community meetings during the summer and fall months, which help craft the plans for the Community Planning Process.

In 2012-2013 San Luis Obispo County's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met twice to review program progress and budgeting. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plan in 2013-2014:

- Addition of .5 FTE Veterans Outreach Therapist to be placed at the County's Veteran's Services Office to provide on-site services and support
- Addition of 1.0 FTE Mental Health Program Supervisor to oversee expanded Innovation, Veteran, Homeless, and PEI programs
- Creation of a new CSS Work Plan, "Forensic Mental Health Services" to house existing Behavioral Health Treatment Court, Forensic Re-Entry Services, Forensic Collaboration programs, as well as the new Veterans Treatment Court program
- As per the recommendation from the PEI Stakeholder Group, the approval of maintaining the PEI Plan without changes

## Overview and Executive Summary



- The use of PEI Statewide Training, Technical Assistance, and Capacity Building dollars to fund a training of Mental Health First Aid trainers locally
- Fiscal procedures, including the creation of a separate work plan for "Outreach and Engagement" within CSS programs

The major activities of the past year, 2013-2014, included the launch of the new Veterans Outreach and Treatment Court program, the publication of the Prevention and Early Intervention Three-Year Program Evaluation, and the Innovation System Empowerment Retreat a tremendous weekend in the beautiful tree-lined cliffs of Cambria on the north coast of the county. The retreat allowed consumers, family members, and providers an opportunity to share experiences and build capacity for communicating within the mental health system. In January 2014, thirty local providers, consumers, and family members were certified as Mental Health First Aid trainers as the county welcomed the popular training program as part of its PEI Statewide Training, Technical Assistance, and Capacity Building initiatives.

Community Services and Supports (CSS) programs continue to serve a wide array of severely mentally ill individuals in all parts of the county. Details found in this Annual Update include personal success stories, and outcome reporting, which reveals positive changes in meaningful measures such as employment, hospitalizations, education, and quality of life amongst various program participants. Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, "whatever-it-takes" model. Unique designs like the Latino Outreach Program provide culturally competent care and treatment in neighborhood settings. Forensic coordination efforts have been critical since the state's adoption of jail realignment (through the passing of Assembly Bill 109) has provided an opportunity for behavioral health providers to engage inmates upon release.

New CSS programs launched in 2013-2014 have demonstrated excellent signs of initial success. The addition of a Veterans Outreach Therapist has allowed the County to expand on the Innovation project which embeds a Mental Health Therapist within physical rehabilitative activities for veterans. The position was increased (from .5 to 1.0 FTE) in order to also serve veterans referred directly from the County Veterans Services Office (VSO) and those participating in the Veterans Treatment Court. The placement of the Therapist on-site at the VSO provides a culturally competent environment for veterans and their families to seek support and engage in behavioral health services.

Prevention and Early Intervention projects remain strong and popular amongst community stakeholders, providers, and program participants. The PEI Three-Year Evaluation was published along with the 2013-2014 Annual Update and featured outstanding evidence of successful program implementation and efficacy. The Middle School Comprehensive Program has motivated school districts to seek additional funding in order to replicate the model in non-PEI sites. The growth of the Community Counseling Center (CCC) has built tremendous capacity for brief and early intervention amongst both licensed and intern therapists who volunteer for the non-profit provider. The CCC engages low income and hard-to-serve populations throughout the county. The parenting programs in the Family Education, Training and Support program report significant success with 91% of participants demonstrating reduced levels of stress and anxiety.

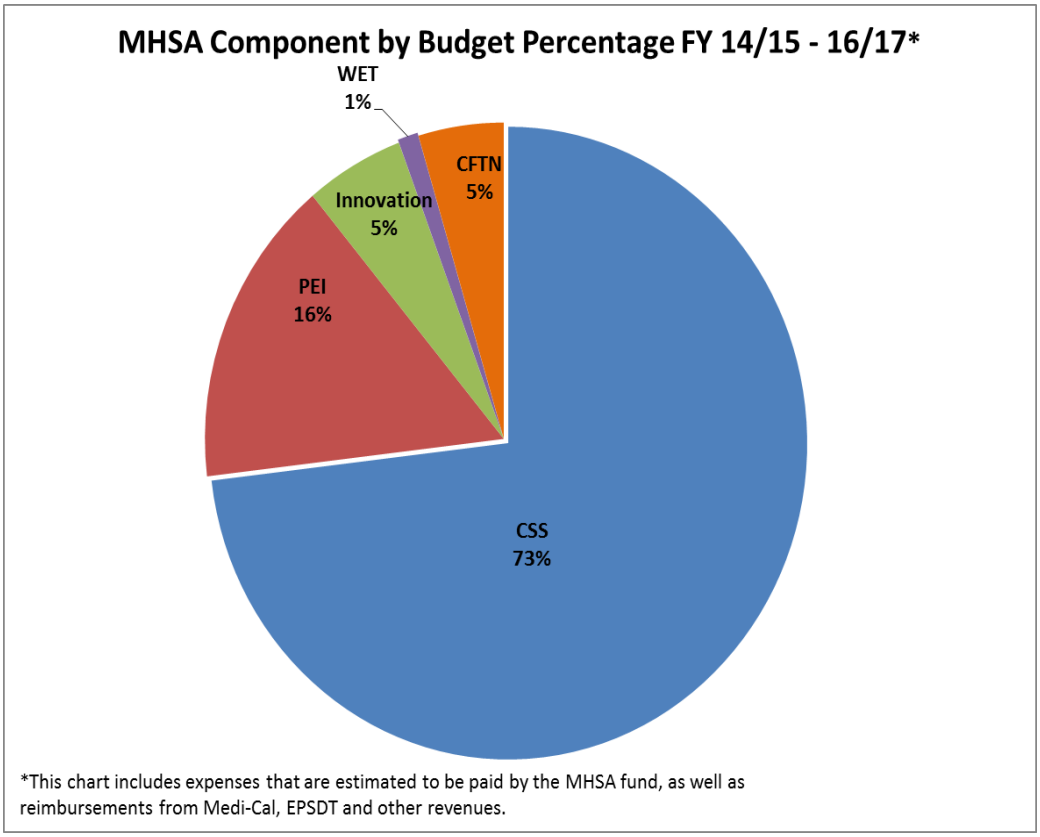
# Overview and Executive Summary

As Workforce Education and Training (WET) funding is no longer being distributed to the County, and all programs have been implemented, work plans will continue to decrease over the next few years. In 2014-2015 the County will continue to offer scholarships, internships, Crisis Intervention Training, and electronic learning projects which are funded through the WET component.

The Capital Facilities and Technological Needs work plan involves the development of the county's electronic health record. In 2012-2013 the project met several milestones and training was completed for nearly every provider within the county. This five-year project comes to a close in January of 2015.

The Innovation component of MHSA has provided an array of exciting developments to the local mental health system. Local Innovation projects have proven to be novel, new, and creative, and the County has already seen opportunities for projects to be replicated in other communities across the state. Some of the highlights in the past year have included the System Empowerment Retreat, the adoption of the Wellness Arts 101 course into Cuesta College's permanent catalogue, and the powerful stigma-reduction activities being generated by youth in the Atascadero High School Wellness Center Career Project.

SLOBHD has applied the lessons learned during the first round of Innovation to streamline, properly plan, and better implement future projects. Community planning for future innovation plans is currently underway and the submittal of a new Innovation plan is anticipated to follow the evaluation in 2015-2016.



# Overview and Executive Summary

Significant MHSA program leadership changes occurred over the past year as the longtime Division Manager of Adult Mental Health Services, Janet Amanzio, retired; replaced by Judy Vick. Karen Baylor left as the County's Behavioral Health Administrator role in August 2013, to become the Deputy Director, Mental Health and Substance Use Disorder Services at the California Department of Health Care Services (DHCS). Anne Robin, the former director of Butte County's Behavioral Health Department, became the SLOBHD Administrator in December 2013. Finally, the Department's "MHSA Division" was renamed to "Prevention and Outreach" as MHSA programs are now spread across the Behavioral Health Department's divisions.

The MAC reconvened four times over the past year to prepare for the 2014-2015 Annual Update and Three Year Plan, review program progress, and make recommendations. For 2014-2015, stakeholders have approved the following changes to the CSS and PEI work plans:

- Conversion of up to three current CSS-funded positions to expand crisis capacity as conditions for the County's acceptance of grant funds from the California Health Facilities Financing Authority (CHFFA).
- Conversion of a Licensed Psychiatric Technician position (in the Behavioral Health Treatment Court program) to a Licensed Practitioner of Healing Arts (LPHA). This will allow the program to add capacity for providing therapy to program participants.
- Renaming the positions known as "Caseload Reduction Therapists" to "Integrated Access Therapists" to better reflect the position objectives
- Moving Latino Outreach Program and Mobile Crisis out of the PEI budget and back into CSS
- Move Child and Youth and Transitional Age Youth Full Service Partnership teams focused in Lucia Mar Unified School District into newly-named work plan "School and Family Empowerment" – which will include the current Community School services.

The San Luis Obispo County Annual Update for 2014-2015 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 19 through June 18, 2014. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Behavioral Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review concluded with a Public Hearing on June 18, 2014 as part of the monthly Behavioral Health Board Meeting.

The Behavioral Health Board recommended the Annual Update and Three Year Plan for final approval. The Annual Update was submitted to the County Board of Supervisors and approved on July 22, 2014.

# County Certification – Exhibit A

County: **San Luis Obispo** **X Three-Year Program and Expenditure Plan & Annual Update**

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 22, 2014.

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

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

Anne Robin 7-22-14

Local Mental Health Director (PRINT) Signature Date

# MHSA County Fiscal Accountability Certification – Exhibit B

County: **San Luis Obispo**

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

| Local Mental Health Director | County Auditor-Controller |
|---|---|
| Name: Anne Robin | Name: James P. Erb |
| Telephone Number: (805) 781-4719 | Telephone Number: (805) 788-2964 |
| E-mail: arobin@co.slo.ca.us | E-mail: jerb@co.slo.ca.us |
| Local Mental Health Mailing Address:<br><br>San Luis Obispo County Behavioral Health Dept.<br>2180 Johnson Ave.<br>San Luis Obispo, CA 93401 | |

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

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

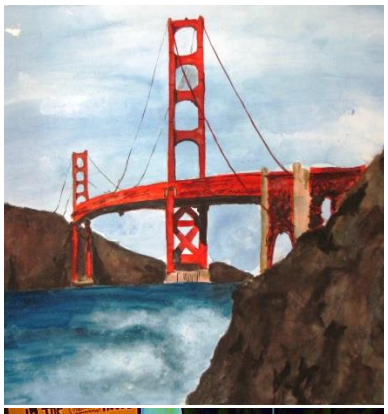
Anne Robin _____ _____ 7-7-14
Local Mental Health Director (PRINT) Signature Date

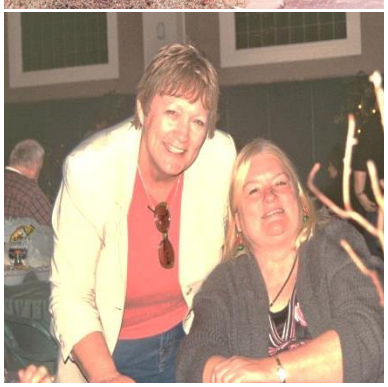
I hereby certify that for the fiscal year ended June 30, 2013, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 302013, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

James P. Erb _____ _____ 7-7-14
County Auditor-Controller (PRINT) Signature Date

# Stakeholder Planning Process



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

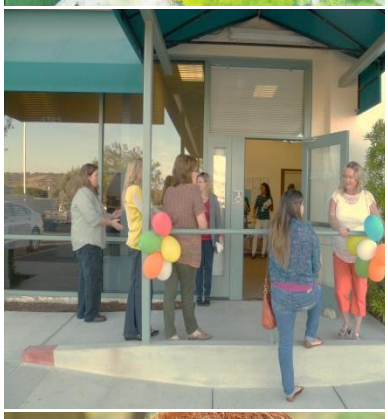
Major activities of the past year include: the launch of a new Veterans Outreach and Treatment program, the publication of the Prevention and Early Intervention Three-Year Program Evaluation, and the Innovation System Empowerment Retreat, which gave the County excellent opportunities to communicate with the public and the MHSA stakeholder community. In July of 2013, the SLOBHD presented the Annual Update of MHSA programs and plans to the County Board of Supervisors. This broadcasted public presentation allowed community members to hear about MHSA programs, objectives, and outcomes, thus beginning public dialogue for each new fiscal year. County MHSA leadership takes part in several panels and community meetings during summer and fall months, which help craft the plans for the Community Planning Process.

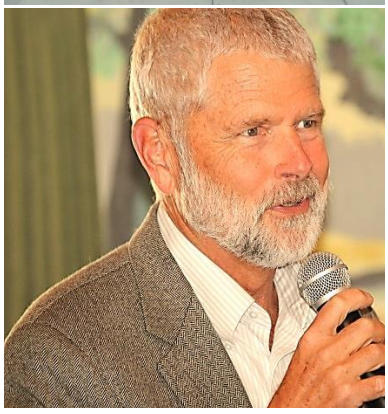
In 2012-2013 San Luis Obispo County's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met twice: on March 27, and again on May 1, 2013. Stakeholders were provided fiscal information, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHSA projects were operating in the community. Updates were given on Innovation programs which will enter their final year in 2013-2014, as well as the Capital Facilities and Technology Needs project which is funding the county's conversion to Electronic Health Records.

Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plan in 2013-2014:

- Addition of .5 FTE Veterans Outreach Therapist to be placed at the County's Veteran's Services Office to provide on-site services and support, as well as providing mental health service for those veterans involved in the county's new Veterans Treatment Court.
- Addition of 1.0 FTE Mental Health Program Supervisor to oversee expanded Innovation, Veteran, Homeless, and PEI programs.
- Creation of a new CSS Work Plan, "Forensic Mental Health Services" to house existing Behavioral Health Treatment Court, Forensic Re-Entry Services, Forensic Collaboration programs, as well as the new Veterans Treatment Court program.

## Stakeholder Planning Process





- As per the recommendation from the PEI Stakeholder Group, the approval of maintaining the PEI Plan without changes.
- The use of PEI Statewide Training, Technical Assistance, and Capacity Building dollars to fund a training of Mental Health First Aid trainers locally.
- Fiscal procedures, including the creation of a separate work plan for "Outreach and Engagement" within CSS programs, and the placement of remaining PEI Statewide Training, Technical Assistance, and Capacity Building dollars in a prudent reserve account.

San Luis Obispo County's Behavioral Health Board is made up of agency leaders, consumers, family members, advocates, and concerned community members. The Board's roles include: monitoring MHSA programs on a monthly basis, meeting the California Welfare and Institutions Code (§5604) requirement for the County, acting as an advisory body for the Department as well as a communication avenue for sharing MHSA information, and engaging in several discussions regarding the projects being implemented in MHSA.

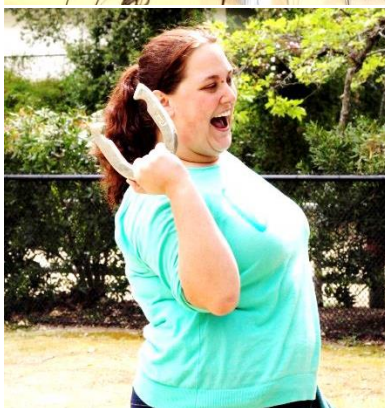
Board members take part in MHSA-related stakeholder meetings as well as trainings and other program activities throughout the community. The following report outlines many activities with large public profiles, including the "Journey of Hope" forum, consumer art shows, and veterans outreach events. Each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

In October 2013, the Innovation Stakeholder Group reconvened to review the eight projects which were launched in 2012-2013; as well as begin planning for a new round of learning activities to begin in 2015-2016. Attendees included several stakeholders who were part of the original Innovation work group which first met in Fiscal Year 2009-2010. Darci Hafley, the Administrative Services Officer and Coordinator for PEI and INN programs presented a new web-based project development tool and detailed timeline for future Innovation planning.

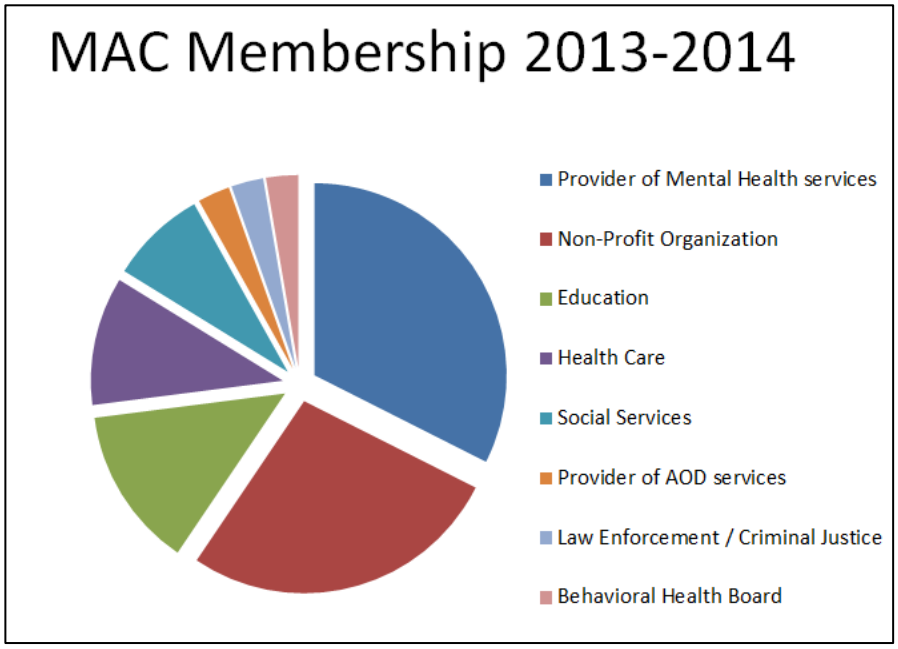
The PEI Stakeholder group met twice in preparation for this Annual Update and Three Year Plan. Reviewing evaluation reports, hearing from program providers and participants, the PEI stakeholders once again elected to recommend maintaining the work plan with no significant changes for 2014-2015. The group did agree to fund up to $68,000 for PEI Statewide programming through the County's continuing partnership in CalMHSA. The stakeholders recommended supporting funding for the Student Mental Health Initiative and Suicide Prevention components.

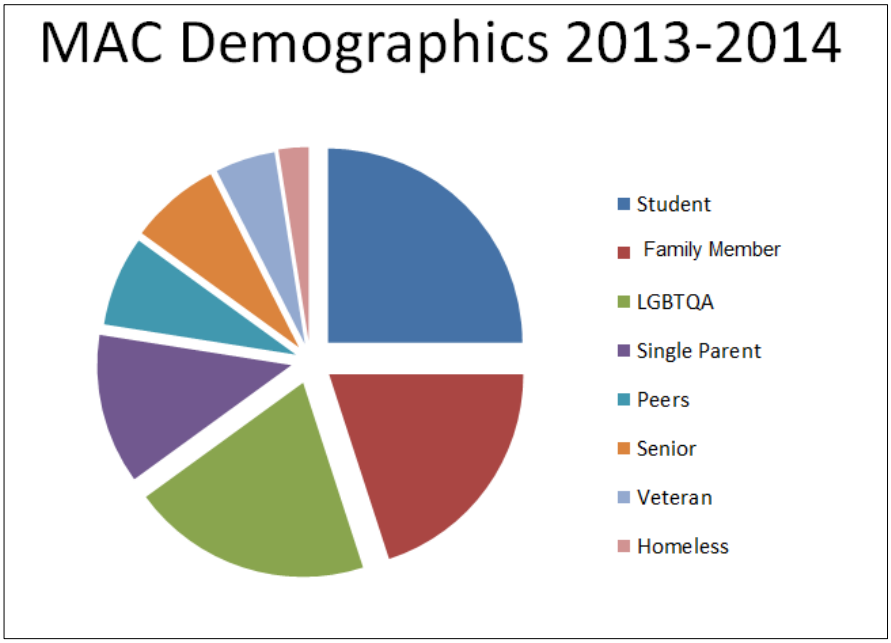
In preparing for the 2014-2015 Annual Update and Three Year Plan, and to review program progress, the MAC first convened on November 21, 2013. At that meeting the MHSA statewide audit report was discussed along with the County's plans for adapting the MHSAOAC's recommendations. The meeting also featured a focus group for the MHSOAC's Community Planning Process review. The MAC met on February 20, 2014 and reviewed program budgets, updates on the Department's applications for Investment in Mental Health Wellness Act grants, and PEI and Innovation updates. The stakeholder group provided feedback to Department staff regarding preferences for meeting schedules, communications, and reporting outcomes.

## Stakeholder Planning Process



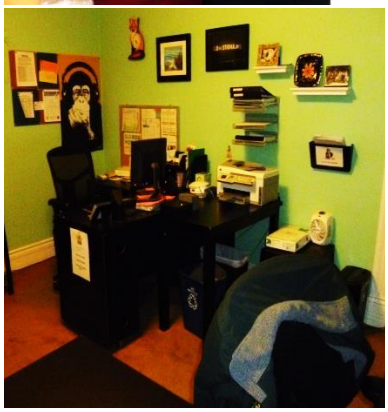
The MAC met again March 20, 2014 to hear the status of Innovation programs and meet the selected Evaluator. The stakeholders provided feedback on MAC membership and made recommendations for additional attendees. The following charts represent some of the demographics represented at a typical MAC meeting in San Luis Obispo County:




The final meeting for the fiscal year was held April 24, 2014. At that meeting several recommendations were made and approved, with regards to the Annual Update and Three Year Plan. First, the County's acceptance of grant funds from the California Health Facilities Financing Authority (CHFFA) required additional crisis staffing, which MAC stakeholders approved by converting current CSS-funded positions in FY 2014-2015. Stakeholders also voiced recommendations that the County add Peer Mentor personnel to any crisis staff expansion in future years.

## Stakeholder Planning Process



Stakeholders also approved the conversion of a Licensed Psychiatric Technician position (in the Behavioral Health Treatment Court program) to a Licensed Practitioner of Healing Arts (LPHA). This will allow the program to add capacity for providing therapy to program participants. The positions known as "Caseload Reduction Therapists" will be renamed to "Integrated Access Therapists" to better reflect the position objectives.

Other stakeholder recommendations included the review and potential reconfiguration of Forensic Re-entry Services, the approval to move Latino Outreach Program and Mobile Crisis out of the PEI budget and back into CSS, and the funding of successful Innovation programs within CSS and PEI. Finally, stakeholders agreed to move Child and Youth and TAY FSP teams focused in Lucia Mar Unified School District into the newly-named work plan "School and Family Empowerment" – which will merge with the current Community School services work plan.

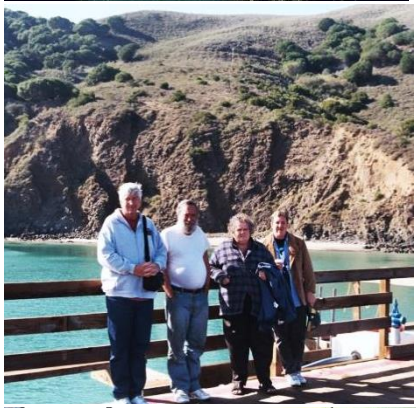
**Public Review and Approval**

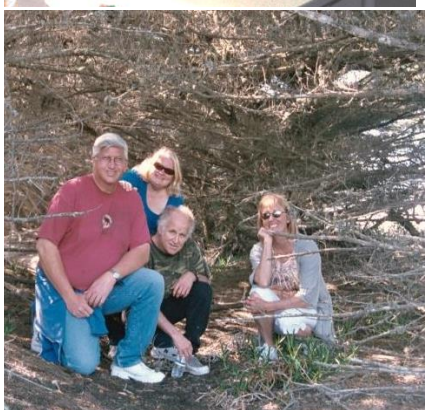
The San Luis Obispo County Annual Update and Three Year Plan for 2014-2017 were posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 19 through June 18, 2014. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune, and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Behavioral Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

One substantive comment was received, via a memo emailed to the Department. It is included as Appendix B to this document. The memorandum included requests for further information, concerns regarding program staffing capacity, funding and outputs, and suggestions for local MHSA projects. The comments were reviewed at the Public Hearing. Department staff reported which aspects of the stakeholder's comments would be addressed in the final Annual Update going forward for approval by the Board of Supervisors. These items include:

- Clarification was needed to demonstrate the funded components of each Full Service Partnership. The Draft Annual Update did not specify Medication Manager support in all FSP teams.
- Clarification was requested to outline the Forensic Mental Health Services work plan, which will be included in next year's Annual Update. The work plan includes Behavioral Health Treatment Court, Forensic Collaboration, Forensic Re-entry Services, and Veterans Treatment Court programs. The work plan was launched in 2013-2014 and therefore is not reported herein. Notes have been added throughout the document. The Three-Year MHSA Expenditure Plan for CSS (in the financial section) notes the annual cost for Forensic Mental Health for FY 14/15 - 16/17 (Titled "General System Development: Forensic Mental Health Services" under Non-FSP Programs).
- The Child and TAY FSP programs will be reduced in the current plan as programs which were not providing comparable FSP services will be moved to a new work plan ('School and Family Empowerment") in 2014-2015. Services, however, will not change. The current service recipients will merely be reported in a different work plan, which has been corrected in this document.

# Stakeholder Planning Process





- The Housing section has been edited to better demonstrate the occupancy and component funding for the County's MHSA housing.
- The Capital Facilities & Technology section has been edited to clarify the amount of MHSA funds used to support ongoing electronic health record costs.

The Annual Update 30-day public review concluded with a Public Hearing on June 18, 2014 as part of the monthly Behavioral Health Board Meeting. No substantive comments or suggested changes were made during the Public Hearing. The Behavioral Health Board recommended the Annual Update and Three Year Plan for final approval. The Annual Update was submitted to the County Board of Supervisors and approved on July 22, 2014.

The San Luis Obispo County Annual Update for 2014-2015 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 19 through June 18, 2014. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune, and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Mental Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review concluded with a Public Hearing on June 18, 2014 as part of the monthly Behavioral Health Board Meeting. Once approved, the Annual Update will be submitted to the County Board of Supervisors for approval in July 2014.

San Luis Obispo County
2013-2014 MHSA Advisory Committee (MAC)

| Name | Affiliation | Name | Affiliation |
|---|---|---|---|
| Sarah Benson | Community | Kelly Kenitz | Sheriff's Dept. |
| Loretta Butterfield | County Office of Education | Traci Mello | Wilshire Community Services |
| Jill Bolster-White | Transitions Mental Health | Martin Meltz | Community |
| John Byers | Peer Advisory/Advocacy Team | Laurie Morgan | SAFE |
| Dan Cano | The LINK | John Nibbio | Family Care Network |
| Derryl Elliot | NAMI | Bryan Pride | Cal Poly PRIDE Center |
| Lisa Fraser | SLOCAP | David Riester | Behavioral Health Board |
| Mathew Green | Cuesta College | Jim Salio | Chief of Probation |
| Joyce Heddleson | Family Member/BH Board | Adam Serafin | Cal Poly |
| Henry Herrera | THMA | Bonita Thomas | Community |
| Berry Johnson | THMA | Sarah Whipple | Consumer/Family Member |

# Community Service and Supports (CSS)

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

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

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

San Luis Obispo County CSS programs include four distinct FSP programs based on focal age groups. Collectively, in 2012-2013, clients in the FSP programs yielded the following results: (1) A 40% reduction in homelessness; (2) An 86% reduction in emergency room visits and psychiatric hospitalizations; (3) An 83% reduction in jail days. On the following pages the various work plans within the County's CSS plan will be described. At the head of each work plan section is a table outlining the budget and actual costs of each work plan, as well as projected costs for the next three years. In addition, the County has added an additional table for 2014-2015 outlining each CSS program's stated goals, objectives, and measurable outcomes. County staff and stakeholders are currently reviewing each program's goals, objectives, and measures to continually ensure the programs are meeting the needs of the community. This effort will be reflected in the 2014-2015 Annual Update.

# Children & Youth Full Service Partnership

| CSS Work Plan 1: Children & Youth FSP | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 78 | $856,761 | $10,984 |
| Projection for FY 2013-2014 | 95 | $836,000 | $8,800 |
| Projection for FY 2014-2015 | 51* | $544,213 | $10,671 |
| Projection for FY 2015-2016 | 51* | $569,382 | $11,164 |
| Projection for FY 2016-2017 | 51* | $570,054 | $11,178 |

*Reduction based on transfer of LMUSD FSP to School & Family Empowerment work plan

| Program Goals | Key Objectives |
|---|---|
| • Reduce the subjective suffering from serious mental illness or emotional disorders for children and youth<br>• Increase in self-help and consumer/family involvement<br>• Reduce the frequency of emergency room visits and unnecessary hospitalizations | • Reduce out-of-home placement and institutional living arrangements (including hospitalization, incarceration)<br>• Increase positive changes in educational level and status<br>• Decrease legal encounters<br>• Decrease crisis involvement |
| **Key Outcomes** | **Method of Measurement** |
| • Decreased hospitalizations<br>• Decreased juvenile justice involvement<br>• Increased number of clients living with family<br>• Reduced number of clients/families who are homeless | • Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP<br>• Data elements collected are based on regulation |

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

# Children & Youth FSP

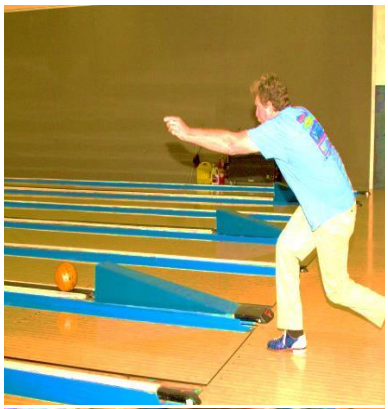
The Children and Youth FSP serves children and youth (ages 0-15) of all races and ethnicities. Children served are those with severe emotional disturbances/serious mental illnesses who are high-end users of the Children's System of Care; youth at risk of out of home care; youth with multiple placements; or those who are ineligible for SB163 Wrap Around because they are neither wards nor dependents of the court.

San Luis Obispo County's Behavioral Health Department (SLOBHD) has been a longtime leader in the Children's System of Care and has initiated multi-agency partnerships for service delivery to youth. The Behavioral Health Department has integrated service delivery via community collaborations. Because of its capacity and local leadership, San Luis Obispo County has consistently served more children and youth than originally projected, serving 78 youth during Fiscal Year 2012-13.

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

There were three Children and Youth FSP teams in 2012-2013. Two core Partnerships include the child and family, a County Mental Health Therapist, and a community-provided Personal Services Specialist. The team also includes access to a psychiatrist, and program supervisor support. Additional partners include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change. These teams served an average of 17 youth per month in 2012-2013.

## Children & Youth FSP



A third team concentrates on students within the county's largest school district, Lucia Mar Unified, in the diverse, southern region of the county. This team provides an intense-but-brief engagement, focusing on family, school, and socialization outcomes. This team served an average of 35 youth per month in 2012-2013. The County has studied this "low-intensity" FSP model and concluded that it is successful, but dissimilar enough to the original FSP model that outcome reporting may be affected. In 2014-2015 this team will be moved out of the Child and Family FSP work plan and into a newly-named "School and Family Empowerment" work plan. Stakeholders have agreed that this will allow for more accurate data collection and outcome measurement.

San Luis Obispo County's Behavioral Health Department partners with local community mental health providers to enhance the services outlined herein. In the Children and Youth FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families' services provider. In 2012-2013 FCN provided services to 27 clients in the Children and Youth FSP Program, with 73% of those clients demonstrating stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2012-2013, CAPSLO provided a full-time Family Advocate offering resource supports for 33 clients in the Lucia Mar Unified School District Children and Youth FSP.

# Transitional Aged Youth (TAY) Full Service Partnership


| CSS Work Plan 2: Transitional Aged Youth FSP | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 46 | $603,403 | $13,117 |
| Projection for FY 2013-2014 | 45 | $561,000 | $12,467 |
| Projection for FY 2014-2015 | 29* | $707,030 | $24,380 |
| Projection for FY 2015-2016 | 29* | $731,098 | $25,210 |
| Projection for FY 2016-2017 | 29* | $734,654 | $25,333 |

*Reduction based on transfer of LMUSD FSP to School & Family Empowerment work plan

| Program Goals | Key Objectives |
|---|---|
| • Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth<br>• Increase in self-help and consumer/family involvement<br>• Reduce the frequency of emergency room visits and unnecessary hospitalizations | • Reduce out-of-home placement and in institutional living arrangements (including hospitalization, incarceration)<br>• Positive changes in educational level and status<br>• Decrease in legal encounters<br>• Decrease crisis involvement |
| **Key Outcomes** | **Method of Measurement** |
| • Decrease in hospitalizations<br>• Decrease in juvenile justice/jail involvement<br>• Increase number of clients living with family or independently, or independently with support<br>• Reduced number of clients/families who are being homeless | • Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP<br>• Data elements collected are based on regulation |

The Transitional Aged Youth Full Service Partnership (TAY FSP) provides wrap around-like services and includes intensive case management, housing and employment linkages and supports, independent living skill development, crisis response, and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and incarcerations, while providing a bridge to individual self-sufficiency and independence. In 2012-2013, forty six TAY received FSP services.

# Transitional Aged Youth FSP

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

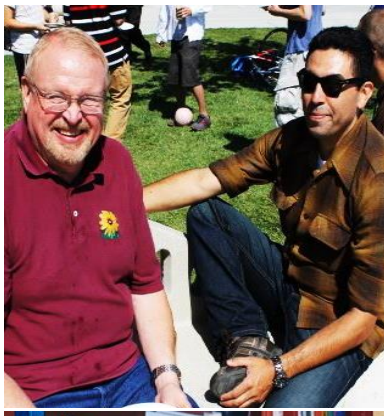
Each participant meets with the team to design his or her own personal service plan. This may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning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

There were two TAY FSP teams in 2012-2013. The core FSP team includes a County Mental Health Therapist and a community-provided Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, and access to a psychiatrist and program supervisor that serve participants in all of the FSP age group programs. The teams served an average of 21 clients per month in 2012-2013. The Lucia Mar FSP served an additional 9 clients per month.

The Personal Services Specialists of TAY FSP are provided by Family Care Network (FCN). Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 25. In 2012-2013 FCN provided services to 27 clients in the TAY FSP Program, with 91% of those served demonstrating stable functioning at home and receiving appropriate care, shelter, food, and necessities of life.

*A 19 year-old male client came to the TAY FSP team after being discharged from his level-14 group home, with a history of incarceration, hospitalization, and addiction. The FSP team has helped him learn skills and coping strategies and he has been able to maintain his housing and sobriety. He is also being offered the opportunity to work at the Growing Grounds store due to his demonstrated work ethic and vocational skills. The FSP team holds personal empowerment meetings with the client and all of his other service providers, including his probation officer, to coordinate services and acknowledge his strengths and accomplishments. The client's plan is to take two classes at Cuesta this fall and he is actively seeking part-time employment in the community.*

# Adult Full Service Partnership



| CSS Work Plan 3: Adult FSP | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 72 | $2,168,195 | $30,114 |
| Projection for FY 2013-2014 | 65 | $1,868,000 | $28,738 |
| Projection for FY 2014-2015 | 65 | $2,144,527 | $32,993 |
| Projection for FY 2015-2016 | 65 | $2,183,368 | $33,590 |
| Projection for FY 2016-2017 | 65 | $2,209,179 | $33,987 |

| Program Goals | Key Objectives |
|---|---|
| • Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible<br>• Reduce the subjective suffering from serious mental illness for adults | • Reduce homelessness/maintain suitable housing<br>• Reduce or eliminate need for crisis services<br>• Reduce or eliminate acute psychiatric and/or medical hospitalizations<br>• Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community |
| **Key Outcomes** | **Method of Measurement** |
| • Decrease in hospitalizations<br>• Decrease in jail days<br>• Decrease in homelessness | • Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP<br>• Data elements collected are based on regulation |

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

# Adult FSP

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

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

There were two traditional Adult FSP teams in 2012-2013, serving an average of 20 clients per month. The core FSP teams include a County Mental Health Therapist and a Personal Services Specialist (PSS) provided by Transitions Mental Health Association (TMHA). Also available to the team is a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is made available to these programs to assist in providing a full range of mental health treatment.

*A female client had been evicted from her apartment before coming to the North County's Adult FSP Team. Through FSP, this client became housed at the Santa Ysabel Apartment complex. She maintained her housing for more than a year at this location before moving to live in another housing program and be closer to her family members. FSP staff worked hard to initially stabilize this client and get her into housing. Then they maintained her in the housing placement in spite of her alcohol use. Finally, they worked to transfer her mental health case to a new housing opportunity in Lompoc, and fostered the improved relationship between her and her family.*

*Joe Madsen,*
*Team Leader, Full Service Partnership (FSP) Programs, TMHA*

The Personal Services Specialist is involved in day to day client skills-building and resource support to include: dress, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers. In 2012-2013, TMHA served 48 Adult FSP clients, with 96% of those surveyed agreeing the program had improved their quality of life and helped them deal more effectively with daily problems.

In 2012-2013 a Full Service Partnership focusing on homeless individuals was launched. Modeled after the AB 2034 Homeless Outreach Program which ended in 2004, the FSP Homeless Team consists of a County Mental Health Therapist and Medication Manager, working in concert with a Case Manager and Outreach PSS

## Adult FSP

from TMHA. Additional supports include a Public Health Nurse, access to a psychiatrist, and program supervision. In its first nine months (the program was operational in October 2012), the program team met and engaged 157 local homeless individuals. Thirty (30) were referred to the Public Health Nurse, and 35 were screened to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders. Those individuals yielded the following results:

- 71% reduction in homelessness
- 94% reduction in E.R. visits and psychiatric hospitalizations
- 100% reduction in jail days
- 24% of the 157 engaged received housing placement during the time they worked with the FSP Homeless Team

Sixteen of the 35 (45%) completing mental health screening were opened to FSP Intensive Services. These Partners received individual therapy and other treatment strategies to reduce and manage the effects of their illness (i.e. medication management, case management, medical supports).

Another specialty Adult FSP, in 2012-2013, served the County's Behavioral Health Treatment Court (BHTC). This program was moved to a new "Forensics Mental Health Services" CSS work plan in 2013-2014, to better report outcomes and describe objectives. The BHTC team serves adults, ages 18 and older, with a serious and persistent mental illness, who are on formal probation for a minimum of two years, and who have had chronic use of mental health treatment observed as a factor in their legal difficulties. BHTC clients volunteer for the program forming a contractual agreement as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital. BHTC clients, in many cases, have little insight or understanding about having a mental illness or how enhanced collaborative services could meet their needs. In 2012-2013, BHTC served 24 clients per month, with 10 unduplicated and newly enrolled.

*A male client had a full time job in the community as a service provider to homeless people, until his mental illness disabled him to the point that he could not hold the job any longer. Coupled with the recent murder of his child, the man had been severely troubled and unable to function in the community. The Homeless Outreach FSP Team met with the client and moved him toward therapy, housing, and vocational support… which he took. Today, this client is housed through FSP, attends therapy for his depression and PTSD, and explores vocational placement options.*
*Joe Madsen, Team Leader*
*Full Service Partnership (FSP) Programs, TMHA*

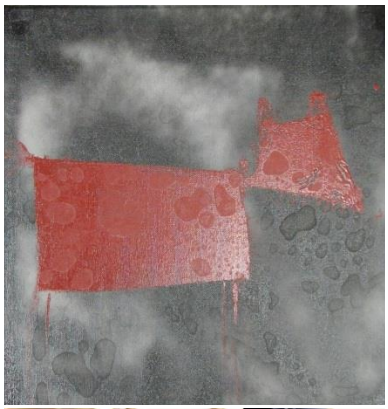
# Older Adult Full Service Partnership

| CSS Work Plan 4: Older Adult FSP | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 18 | $314,078 | $17,449 |
| Projection for FY 2013-2014 | 12 | $311,000 | $25,917 |
| Projection for FY 2014-2015 | 15 | $319,303 | $21,287 |
| Projection for FY 2015-2016 | 15 | $329,644 | $21,976 |
| Projection for FY 2016-2017 | 15 | $332,566 | $22,171 |

| Program Goals | Key Objectives |
|---|---|
| • Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible<br>• Reduce the subjective suffering from serious mental illness for adults | • Reduce homelessness/maintain suitable housing<br>• Reduce or eliminate need for crisis services<br>• Reduce or eliminate acute psychiatric and/or medical hospitalizations<br>• Reduce substance abuse/dependence to a level that no longer is harmful to the partner or the community |
| **Key Outcomes** | **Method of Measurement** |
| • Decrease in hospitalizations<br>• Decrease in jail days<br>• Decrease in homelessness | • Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP<br>• Data elements collected are based on regulation |

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

## Older Adult FSP



inappropriate or premature out-of-home placement. Transitional aged adults, 55 to 59 years old, are also served by this team if the service needs extend into older adulthood.

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

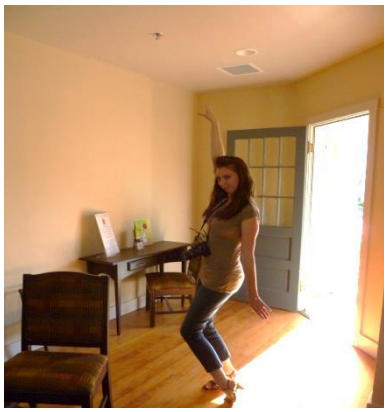
There was one Older Adult FSP team in 2012-2013. The core FSP team includes a County Mental Health Therapist and a Personal Services Specialist (PSS) provided by Transitions Mental Health Association (TMHA). Additionally available to the team is a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs. The OA FSP team served an average of 10 partners per month.

*The older woman had been wandering in the streets in her nightgown. Fearful and delusional, and off her medications for her schizophrenia, she avoided her daughter who wanted to get her help. Now she allows her daughter to set up medications, attends doctor appointments, is invited to holiday and family celebrations, and has reconnected with her family. She is learning how to budget. She is positively engaged in social conversations. She writes: "I traveled with OAFSP to the zoo, and Monterey Bay Aquarium. I was able to go to the cemetery to see my husband's grave and was able to see my daughter after her surgery. I attend the cooking group where I learned about new foods and was able to work cooperatively with others. I took a budgeting class, got a rep payee and am learning how to buy food and get my bills paid. The relationship with my adult daughter has gotten better; she listens to me, is less judgmental, and she doesn't try to control me so much. It has been great."*

The Older Adult FSP programs provide a full range of services. Participants are empowered to select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan, as well as a Wellness and Recovery Plan, are developed with each participant to address the type of services and specific actions desired, guided by a community based assessment of each individual's strengths and resources. Services include: assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication supports, housing, and vocational services are available if appropriate.

The PSS is involved in day to day client skills-building and resource support to include: dress, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers. In 2013-2014, TMHA served 15 Older Adult FSP clients, with 100% of those surveyed agreeing the program had improved their overall quality of life.

# Housing




## Housing Development Projects

| | |
|---|---|
| **FY 2012-2013** | **Nelson Street** - Total Units Occupied = 5 (100%)<br>*CSS One-Time Funding* |
| **FY 2013-2014** | **Nelson Street** - Total Units Occupied = 5 (100%)<br>*CSS One-Time Funding* |
| | **Nipomo Street** - Total Units Occupied = 8 (100%)<br>*CalHFA Funded* |
| **FY 2014-2015** | Projected occupancy rate of 90% |
| **FY 2015-2016** | Projected occupancy rate of 90% |
| **FY 2016-2017** | Projected occupancy rate of 90% |

## Other Housing Facilities - CSS Funded

| | |
|---|---|
| **FY 2012-2013** | **Full Service Partnership Intensive Residential**<br>• *Atascadero - Total Units Occupied = 12 (100%)*<br>• *San Luis Obispo - Total Units Occupied = 17 (100%)* |
| **FY 2013-2014** | **Full Service Partnership Intensive Residential**<br>• *Atascadero - Total Units Occupied = 12 (100%)*<br>• *San Luis Obispo - Total Units Occupied = 17 (100%)* |
| **FY 2014-2015** | Projected occupancy rate of 90% |
| **FY 2015-2016** | Projected occupancy rate of 90% |
| **FY 2016-2017** | Projected occupancy rate of 90% |

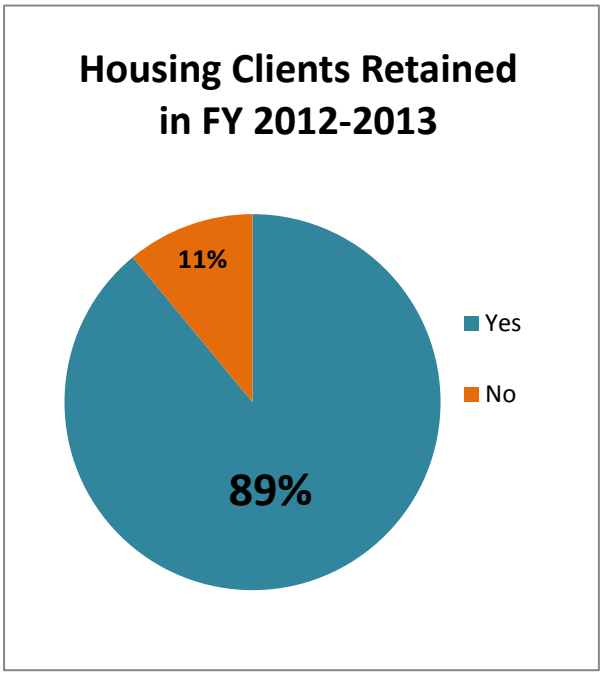
# Housing


Transition Mental Health Association (TMHA) coordinates the Housing program providing 34 units for MHSA and MHSA-eligible clients in 2012-2013. The vacancy rate for 2012-2013 was 11%. During FY 2013-2014, TMHA added four beds to the housing unit in Atascadero, plus eight studio units in San Luis Obispo (Nipomo Street), increasing the total number of units available for housing from 34 to 46. The services at the apartment sites may include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, rehabilitative mental health services, and regular appointments with psychiatrists and other physicians.

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

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

In Fiscal Year (FY) 2011-12, CSS funding supported the addition of five units in the city of Arroyo Grande (Nelson Street). These studio apartments were developed in order to increase housing capacity for MHSA-eligible clients. The department has priority to three beds at this facility for behavioral health clients. In 2012-2013 all five units were occupied.




Additionally, the County and TMHA jointly accessed MHSA Housing Funds through the California Housing Finance Authority (CalHFA) to build an eight unit studio apartment building for MHSA and MHSA-eligible clients. The building is located on Nipomo Street and also includes a Wellness Center for the residents and community to utilize. The department has priority to all beds at this facility for behavioral health clients. All units are expected to be occupied by the end of FY 2013-14.

# Client & Family Wellness


| CSS Work Plan 5: Client & Family Wellness | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 1,847 | $1,389,072 | $752 |
| Projection for FY 2013-2014 | 1,400 | $1,419,000 | $1,014 |
| Projection for FY 2014-2015 | 1,600 | $1,462,209 | $914 |
| Projection for FY 2015-2016 | 1,600 | $1,488,490 | $930 |
| Projection for FY 2016-2017 | 1,600 | $1,502,288 | $939 |

| Program Goals | Key Objectives |
|---|---|
| • Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible<br>• Integrate families into the process of wellness and recovery | • Provide culturally competent community-based support services for those seeking mental health care<br>• Reduce stigma by educating families and the public<br>• Strengthen treatment outcomes by enhancing wellness and recovery efforts<br>• Reduce co-occurring disorder symptoms to strengthen options for recovery |
| **Key Outcomes** | **Method of Measurement** |
| • Program participants will demonstrate improvements in quality of life as a result of intervention<br>• Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones<br>• Outpatient program participants will demonstrate improved wellness and recovery outcomes | • A variety of pre-post tests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan |

# Client & Family Wellness

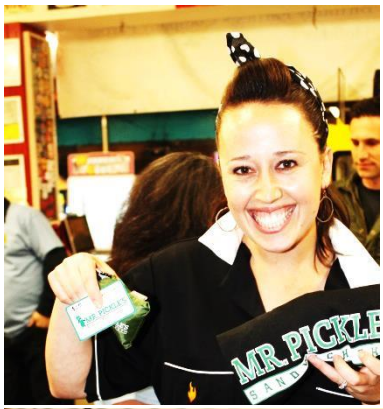
Individuals and family members are able to access any of the following services through participation in one of the county's CSS Client and Family Wellness programs. The client-centered services are coordinated and integrated through individualized treatment plans which are wellness-focused, strength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

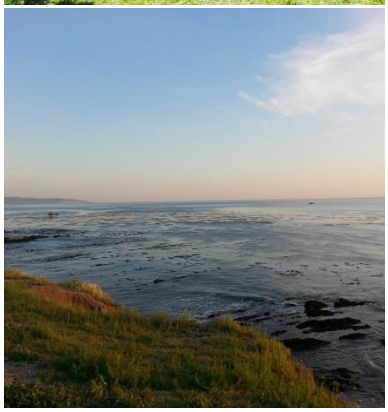

Transitions Mental Health Association (TMHA) is the community provider for many innovative MHSA programs. In 2011-2012, TMHA made over 5,000 contacts through various Client and Family Wellness programs:

**Client & Family Partners** act as advocates, to provide day-to-day hands-on assistance, link people to resources, provide support, and help to "navigate the system." Partners liaison with family members, care givers, consumers, County Mental Health staff, local National Alliance on Mental Illness (NAMI) groups, and other service providers. Partners assist in orientation of families entering the mental health system. This includes a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services. Of the 111 participants surveyed, 99% agreed that the quality of life for their family has improved as a direct result of Client & Family Partner services. TMHA conducted eight sessions of parenting classes in 2012-2013, exceeding the target of six.

**99% (110/111) of family members surveyed agreed that the quality of life for their family member has improved as a direct result of the services received from CFP.**

## Client & Family Wellness



**Peer to Peer** is an education course on recovery that is free to any person with a mental illness, and serves approximately 50 consumers annually. It is taught by a team of peer teachers who are experienced at wellness and recovery. Participants receive education and reference materials from peers that help to improve and maintain their mental health wellness. Participants improve their knowledge of the different types of mental illnesses, develop their own advance directives, and create their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills. components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. In 2012-2013, TMHA served 99 consumers, who demonstrated a 25% increase in their knowledge of the tools and resources available for improving their mental health as indicated in pre and post class surveys.

**Family to Family**, which is coupled in this work plan with TMHA's **Family Orientation Class**, was developed by the National Alliance on Mental Illness (NAMI) and is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, their causes and clinical treatments, as well as help and effective coping tools for family members who are also caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and Obsessive Compulsive Disorder. The TMHA Family Orientation Class provides information regarding the services available in our community including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system. TMHA served 154 attendees in 2012-2013, well over the target of 100, with 99% of those surveyed (132) reporting they feel more comfortable and confident dealing with their family member who has a mental illness as a result of taking the class.

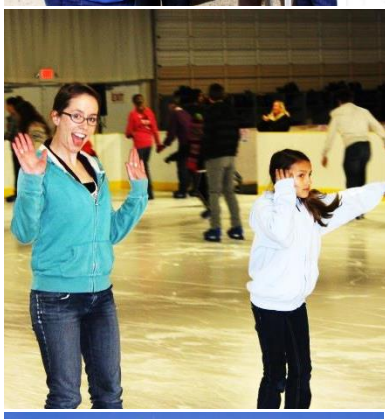
A robust vocational **Training and Supported Employment Program** has been a stakeholder favorite since the launch of MHSA programs in San Luis Obispo County. TMHA provides:

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

These resources help assist consumers in gaining competitive employment within the community. The provider links mental health consumers to the Department of Rehabilitation and other vocational resources, serves as a liaison with employers, and provides benefits counseling and follow-up with employed individuals. In 2012-2013, 154 consumers were served, with 82% of those agreeing that the overall quality of their lives had improved since engaging in the program.

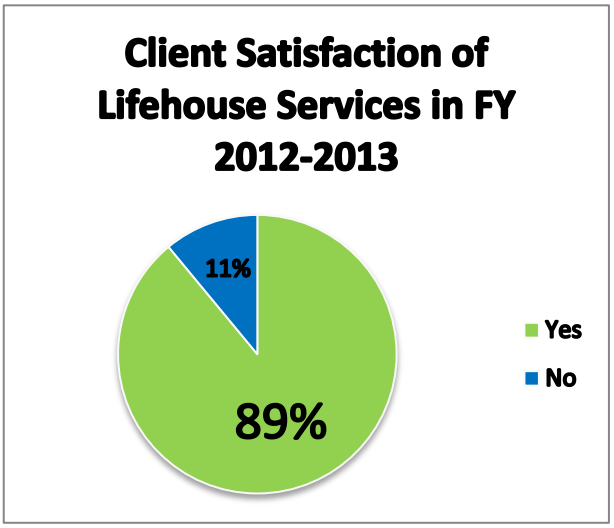
The **Lifehouse** is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored

## Client & Family Wellness



educational activities were conducted to over 157 clients in 2012-2013. The Lifehouse is made available to MHSA program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space. MHSA funded programs receive priority in utilization of this support center. Of clients surveyed, 89% agreed that the services provided at the facility have helped them to better deal with crisis situations and deal more effectively with their daily problems.

Additionally, the San Luis Obispo County Behavioral Health Department has increased capacity to serve clients and their families through the following:




**Caseload Reduction Therapists** were established in the Adult outpatient clinics in the 2007 and 2009 plan updates. A third Case Reduction Therapist was added in the 2012-2013 plan to increase capacity at the County's childhood mental health assessment center, 'Martha's Place.' These therapists allow clinic staff to spend more time with outpatient clients, providing more resources and referrals, as well as groups, system navigation, and wellness activities within the traditional structure of mental health services. In 2012-2013 two full-time therapists in the adult system of care were utilized to provide 144 client contacts per month. The new Martha's Place position served an additional 14 clients per month.

In the 2014-2015 plan these positions will be renamed as "Integrated Access Therapists." The goal of the program is to help clinic clients move to lower levels and recovery levels of care, and toward integrated physical health care. The Martha's Place position will continue to serve the community, to increase access and triage those clients with needs outside of the child's assessment center. This renaming and assignment of clear objectives will allow for improved data collection and outcome reporting.

A **Co-occurring Specialist** provides an Integrated Dual Disorders Treatment program, developed by SAMHSA. The Co-occurring Specialist provides intervention, intense treatment, and education. Individualized case plans are specific to each client's needs. In 2012-2013 the Dual Disorders Treatment program served 36 consumers each month

# Latino Outreach Program


| CSS Work Plan 6: Latino Outreach Program | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 163 | $535,838 | $3,287 |
| Projection for FY 2013-2014 | 175 | $553,000 | $3,160 |
| Projection for FY 2014-2015 | 175 | $767,205 | $4,384 |
| Projection for FY 2015-2016 | 175 | $784,712 | $4,484 |
| Projection for FY 2016-2017 | 175 | $791,909 | $4,526 |

| Project Goals | Key Objectives |
|---|---|
| • Increase access to mental health care for monolingual and/or low-acculturated Latinos<br>• Eliminate the stigma associated with mental illness and treatment amongst Latino population | • Bilingual/bicultural therapists will provide culturally appropriate treatment services in community settings. |
| **Key Outcomes** | **Method of Measurement** |
| • The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the state's for Latino clients<br>• Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs<br>• Clients upon program completion will demonstrate improved coping skills to improve resiliency and recovery | • Clients participating in the Latino Outreach Program are invited to complete a satisfaction survey and a retrospective pre-post test to determine improvements in recovery.<br>• All client treatment plans and goals are monitored using the electronic health record software |

The primary objective of the Latino Outreach and Engagement Program is for bilingual/bicultural therapists to provide culturally appropriate treatment services in community settings. The targeted 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 most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the original local CSS Community Planning Process,

## Latino Outreach Program

is the under-representation of Latino individuals. Latinos are 22% of the total county population, but they represent 28% of the poverty population. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in our county reside in rural areas, thus exacerbating access, transportation, and information distribution difficulties associated with serving minority groups.

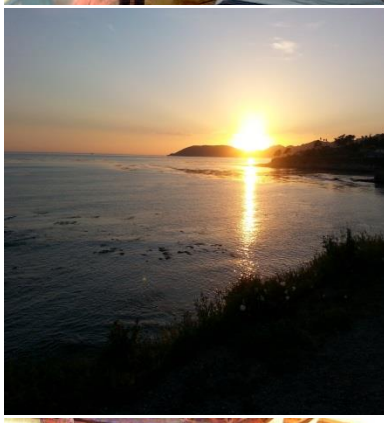
Culturally appropriate services were developed in consultation and partnership with Dr. Silvia Ortiz, a local psychologist, community leader and expert in clinical care for Latino mental health consumers and families. The outreach efforts are coordinated with existing Latino interest groups, allies, and advocates that are trusted by the community. The individuals and families are encouraged and supported in developing a knowledge and resource base to help them adapt to bicultural living - thus encouraging the development of coping skills to improve resiliency and recovery. Outreach services target all age groups in the Latino community.

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

Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY's and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60. Of the 175 clients served annually by Latino Outreach clinicians, 100% indicated that they would recommend these services to others. Ninety-two percent (92%) of clients reported improvements in coping and internal strength after program participation. All participants agreed the services were culturally considerate and helped clients resolve problems. At all steps in the engagement process, individuals are encouraged and supported in developing knowledge and a resource base to help adapt to living among two cultures.

*Recently a client shared that she felt shame in allowing her family members and natural supports to know she was receiving weekly therapy to treat her major depression. After months of work and progress, this client was able to share with her husband, whom was eventually invited into session, the themes she had bottled up for so long. As none of us are truly alone, the inclusion of loved ones in treatment can make the ultimate difference in one's recovery. Within the Latino, migrant, underserved, marginalized, and pervasively mentally ill populations, these themes ring true; however, with a gentle hand, trust, and a willingness to understand the client's cultural landscape, recovery can be within reach for the most severe of clients.*

# Enhanced Crisis & Aftercare

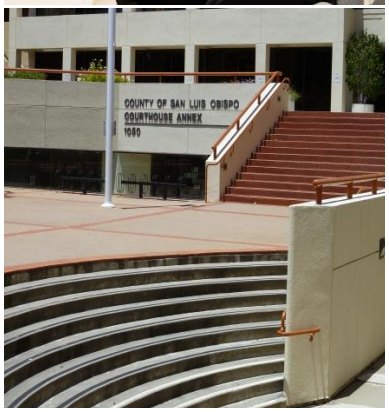



| CSS Work Plan 7: Enhanced Crisis and Aftercare | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 1,706 | $989,736 | $580 |
| Projection for FY 2013-2014 | 1,486 | $906,499 | $610 |
| Projection for FY 2014-2015 | 2,000 | $972,016 | $486 |
| Projection for FY 2015-2016 | 2,000 | $915,540 | $458 |
| Projection for FY 2016-2017 | 2,000 | $926,778 | $463 |

| Program Goals | Key Objectives |
|---|---|
| • Provide immediate care and relief for those individuals suffering from psychiatric emergencies<br>• Improve mental health outcomes and access to services for those individuals involved in criminal justice system | • Increase access to emergency care<br>• Increase access to outpatient care for those individuals utilizing crisis services and those involved in criminal justice system<br>• Reduce admissions to psychiatric health facility |
| **Key Outcomes** | **Method of Measurement** |
| • Mobile Crisis services will respond within 45 minutes of initial crisis calls<br>• A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization<br>• A majority of individuals receiving Forensic Re-entry Services will access Behavioral Health system of care | • Sources referring to Mobile Crisis are provided a feedback survey to track satisfaction and response times<br>• Electronic health record data is used to track client access to outpatient care |

In 2012-2013 the Enhanced Crisis Response and Aftercare work plan combined the efforts of the Mobile Crisis team, an Aftercare specialist, and Forensic Re-entry Services to increase the county's capacity to meet the needs of individuals requiring specialized, critical intervention and aftercare. The goal and objectives of the work plan include the aim to increase access to emergency care, prevent further exacerbation of mental illness, and be available to all county residents, across all ages, ethnicities and language groups. A key to this work plan is the coordinated efforts which have been built between emergency rooms, law enforcement, jails, the

## Enhanced Crisis & Aftercare




psychiatric hospital, and the crisis and aftercare specialists. Collaborative networking results in better communication between all parties involved, and better community health outcomes, like fewer hospital and psychiatric inpatient admissions.

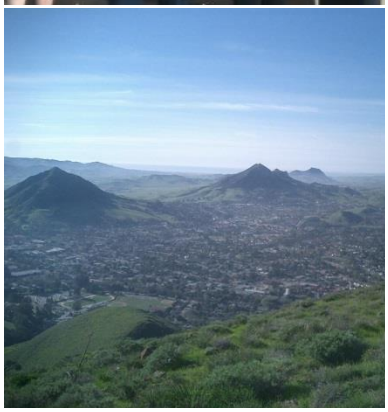
In 2013-2014 the **Forensic Re-entry Services** (including the position of Forensic Coordination Therapist) program was moved to a new CSS work plan titled "Forensic Mental Health Service. This work plan, which now also contains the Behavioral Health Treatment Court, allows the County to report services more focused on the criminal justice system, while crisis services are maintained and reported as such. Enhanced crisis and response capacity remains a top priority among local stakeholder focus groups and with the Behavioral Health Department. Stakeholder input helped develop the original specific strategies to enhance crisis capacity components, improve the overall service system, improve outcomes for individuals, and provide supports for clients and their families.

Two responders are available 24/7 and serve over 1,000 clients annually to intervene when mental health crisis situations occur in the field and after clinic hours, as well as assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and half of the interventions do not result in hospitalization. Interventions are client oriented and wellness and recovery centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments.

Funding for Mobile Crisis was originally fully contained within the CSS component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention budget. It was agreed that nearly half of the engagements by Mobile Crisis teams should result in no hospitalization. Over time the County has recognized that the service, although preventive in some circumstances, is a direct mental health intervention that is best tracked and reported within the CSS plan. Stakeholders have approved a plan to move the entirety of the PEI Mobile Crisis budget back to CSS in 2014-2015.

In 2012-2013, the **Aftercare Specialist** assisted 206 clients in discharging from inpatient hospitalization. The MHSA funded Aftercare Specialist worked to ensure that clients and families were familiar with coping and relapse prevention strategies, acquainted with 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 assisted clients in the necessary supports (transportation, housing, planning, time management, and coordination with treatment) to implement their plans, and assures that they do not "fall through the cracks." In 2013-2014, based on a staff vacancy, the Behavioral Health Department reassigned the activities of the position to a specialist working within the Psychiatric Health Facility (inpatient), eliminating the need for MHSA funding. In 2014-2015, and going forward, stakeholders have approved converting the CSS funded position to a Crisis Placement Coordinator which will assist crisis clients in accessing the most appropriate level of care, including out-of-

## Enhanced Crisis & Aftercare



county facilities. This service currently does not exist in San Luis Obispo yet is critically needed.

The **Crisis Mental Health Therapist** provides after-hours crisis intervention services, coordinating with the Mobile Crisis Unit regarding community requests for on-site intervention. The Therapist assists in communication with law enforcement, emergency rooms, 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 crises in the community. In 2012-2013, approximately 210 crisis calls were handled by this position. In 2013-2014 the County moved most of the after-hours crisis calls to its contracted Hotline services. In 2014-2015, and going forward, stakeholders have approved converting this CSS funded position to an additional crisis worker to add clinic capacity to the current Mobile Crisis team. This position will be stationed within Behavioral Health Department sites to address crisis issues which arise in outpatient settings.

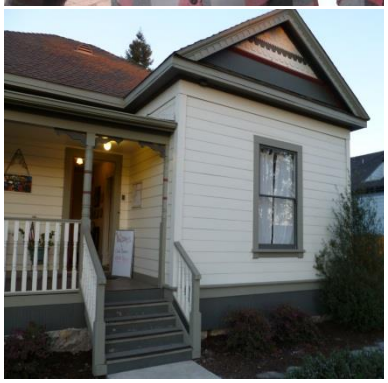
A **Forensic Re-entry Services** (FRS) team, comprised of County Mental Health Therapist and a community-provided Personal Services Specialist (PSS) provides a "reach-in" strategy in the County Jail, adding capacity for providing aftercare needs for persons exiting from incarceration. The Forensic PSS is provided in partnership with TMHA and is responsible for providing a "bridge" for individuals leaving the jail in the form of assessment and referral to all appropriate health and community services and supports, in addition to short-term case management during this transition. In 2012-2013 there were 222 clients served in FRS.

The **Forensic Coordination Therapist**, in partnership with a Sherriff's Deputy assigned to the team, continued to meet the demand to assist law enforcement with difficult, mental illness-related cases. In 2012-2013, the team served 125 clients (some duplicated). The team works closely with all local law enforcement and court personnel in training and case management issues to reduce crises. Improving crisis response and assistance to mentally ill adults involved in the criminal justice system is a community priority.

In 2013-2014 the County was awarded a grant from the California Health Facilities Financing Authority (CHFFA) to increase mobile crisis services. This grant will allow the County to expand capacity with additional equipment. To meet the grant's obligations, the Department will reassign three positions currently funded though MHSA to focus on crisis service expansion.

The Department is currently reviewing the FRS program to develop more accurate objectives based on the growing needs of the post-release population, along with stronger outcome measurements. Stakeholders have been apprised of this review and will be provided with information should any changes in program structure happen in 2014-2015.

# Community Schools Mental Health

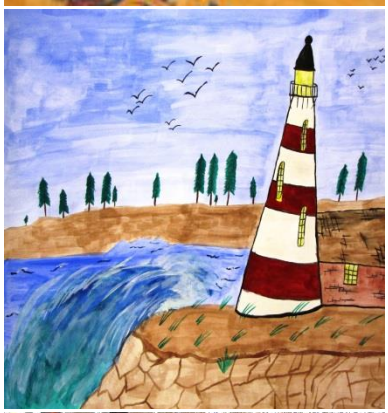


| CSS Work Plan 8: Community School Mental Health Services | Number Served: | Total Funding | Cost Per Client |
|---|---|---|---|
| Actual for FY 2012-2013 | 73 | $366,170 | $5,016 |
| Projection for FY 2013-2014 | 60 | $325,000 | $5,417 |
| Projection for FY 2014-2015 | 100 | $624,609 | $6,246 |
| Projection for FY 2015-2016 | 100 | $632,231 | $6,322 |
| Projection for FY 2016-2017 | 100 | $639,362 | $6,394 |

| Project Goals | Key Objectives |
|---|---|
| • Strengthen academic growth and community success for community school students who are significantly impacted by symptoms of serious mental illness/serious emotional disturbance | • Provide on campus mental health support to increase access to services<br>• Increase student attendance in school and promote re-entry to mainstream education settings<br>• Reduce symptoms of serious mental illness/serious emotional disturbance impacting student academic success |
| **Key Outcomes** | **Method of Measurement** |
| • Client students will demonstrate improvements in grades, attendance, and disciplinary actions<br>• Client students will demonstrate a reduction in substance use/suicidal ideations/levels of depression<br>• Reduce truancy and drop out rates for students with serious mental illness/serious emotional disturbance | • The County is developing a pre-post survey to administer for students which will track health, wellness, and academic progress<br>• Electronic health record data is used to track some client outcomes |

Community School, provided by San Luis Obispo County's Office of Education (SLOCOE), is one of the Alternative Education options available for students who have been expelled from their home school district. Many students at the Community Schools are unidentified or unserved because the traditional school setting cannot

## Community School Mental Health Services




accommodate their needs. A County Mental Health Therapist is located at each school and provides an array of mental health services that may include: crisis intervention; individual, family and group therapy; individual and group rehabilitation focusing on life skill development; and anger management and problem solving skills. Over 70 students and their families are engaged in services that enable them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.

This program identifies and serves seriously emotionally disturbed (SED) youth ages 12 to 18 who are placed at Community School for behavioral issues, and/or have been involved in the juvenile justice system. Some of these youth are qualified under Special Education and have an Individualized Education Plan (IEP).
Community School youth are at great risk for school drop-out, further justice system involvement, psychiatric hospitalizations, and child welfare involvement.

SED youth and their families are engaged in services that enable them to stay in school and return to their home school district. The program is designed to create a more efficient continuum of care and to assist the youth to remain in a less restrictive school setting. 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.

*When I first began meeting with a few of my students, their goal was not to return to mainstream high school because of the amount of effort they believed it would take to work towards those goals. Through collaboration with the student, school, and family, these goals changed for these students and they were able to see the benefits to returning to mainstream school and are no longer experiencing disciplinary action here at the community school like they were previously. I have noticed these students being able to believe in themselves again, becoming more future oriented, and reducing mental health barriers. The students have a very supportive setting here, and thrive when praised and acknowledged by staff. Some of the students are working towards returning to their mainstream school through the district, while others are working towards graduating on time or even early from the community school. Either way, I am working with them to try to help them prepare for their next transition, plan for possible barriers and ways they can work through them, and be successful in their future setting.*
*Christina Borsos,*
*Community School Mental Health Therapist*

# Workforce Education & Training (WET)


San Luis Obispo County's Workforce Education and Training (WET) program includes work plans which encourage and enhance employee development and community capacity building within the field of behavioral health. The following projects continued in 2012-13 as part of the WET Plan:

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

PAAT met 23 times in 2011-2012, and members conducted six presentations for 178 attendees. Additionally, the PAAT conducted two popular forums on stigma reduction with over 600 attendees. PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement and the County's Behavioral Health Board.

**Surveys of PAAT and forum participants yielded the following results in 2012-2013:**

**100% of PAAT participants surveyed agreed that the PAAT team has made a significant positive impact on the mental health system.**

**97% of forum audience participants surveyed reported that they are more aware of mental health stigma and the tools necessary to reduce it.**

**E-Learning**: Essential Learning went live in January 2011 to provide electronic access to a Behavioral Health library of curricula for 500 San Luis Obispo County mental health providers, consumers, and family members. In the 2012-2013 fiscal year 1,259 hours of training were completed electronically. The capacity to be trained online has resulted in a 30% decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also expects to demonstrate a reduction in lost productivity.
In the 2012-2013 year the Department assigned a cultural competence curriculum to all employees that featured an overview on age-specific issues in behavioral health, and a course specific to Mental Health Issues for Gays and Lesbians. Staff course completion was near 85%.

# Workforce Education & Training


**Cultural Competence**: The Cultural Competence Committee (CCC) meets regularly to monitor the training, policies, and procedures of the public mental health system and their relative enhancements of cultural competence in serving consumers and families. The primary objective of the group is to coordinate training to improve engagement with underserved populations. The CCC coordinated the following activities and trainings in 2012-2013:

- The establishment of a Cultural Competence curriculum within the County's E-Learning system. All 500 participants (County and community) are required to enroll in a course selected by the committee. In 2012-2013 the Committee chose to focus on age-specific issues in behavioral health and issues related to Gays and Lesbians as its E-Learning focus.
- The Committee produces semi-annual newsletters focused on cultural topics in relation to mental health issues. In January of 2013 a Master's of Public Policy student at California Polytechnic State University (Cal Poly) San Luis Obispo facilitated the Committee's newsletter focusing on defining cultural competence. The newsletter was a popular download from the County's website with over 500 views and downloads.
- In September 2012, the Cultural Competence Committee brought Steven R. Lopez, Ph.D of University of Southern California to San Luis Obispo to present a workshop titled "Shifting Cultural Lenses in Clinical Practice." One of the goals of this training was to increase workforce understanding of culture and its implications when providing services, with 86% of attendees reporting the material being appropriately challenging.
- The Committee, along with Family Care Network, Transitions Mental Health Association, and the Peer Advisory Advocacy Team, presented "Cultural Competence as Essential to Services: Challenges and Opportunities." The training, led by Dr. Matthew R. Mock, Ph.D., focused on the critical skills and efforts needed to provide culturally competent care in our various service teams and communities. The training was held on Wednesday, May 8 at the Embassy Suites in San Luis Obispo, with 91% of attendees felt the workshop expanded their knowledge of cultural competence.

**Internships**: The County's WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department. In Fiscal Year 2012-2013 three bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the plan, the County has utilized the internship program to develop permanent staffing, and hired one of the 2012-2013 Interns as a Mental Health Therapist in a permanent position, while a second was hired by a system provider.

**Stipends & Scholarship Program**: The County WET Plan has generated a great deal of excitement and support for its scholarship and stipend opportunities. In coordinating the State's Mental Health Loan Assumption Program for local staff, the WET Coordination team has taken the opportunity to engage providers across the public mental health system in recognizing the need for expanded cultural competency, language skills, and the importance of supporting those in hard-to-fill/retain positions.

# Workforce, Education & Training

The County's WET Scholarship program has been tremendously popular with local students, peers, and organizations seeking further development in behavioral health careers. A scholarship task force comprised of staff, community college and university staff, community providers, consumers, and family members meets during the year to plan the scholarship program and review applications. The scholarship supports current and new students seeking education, licensing, and career development in the Behavioral Health field.

In 2012-2013, the Scholarship Task Force awarded nearly $42,362 in educational incentives. Through the WET plan's project to build capacity through the California Association of Social Rehabilitation Agencies (CASRA) certification programs at Cuesta College, the County awarded four individuals with scholarships averaging $1,200. The County also awarded upper division (bachelor and masters) students by distributing $37,562 (total) to 11 behavioral health learners.

# Prevention and Early Intervention (PEI)


Prevention and Early Intervention (PEI) programs receive twenty-percent (20%) of MHSA funding. Prevention programs should include outreach and education; efforts to increase access to underserved populations; improved access to linkage and referrals at the earliest possible onset of mental illness; and reduction of stigma and discrimination. Early Intervention programs are intended to prevent mental illness from becoming severe, and reduce the duration of untreated severe mental illness, allowing people to live fulfilling, productive lives. Prevention of mental illness involves increasing protective factors and diminishing an individual's risk factors for developing mental illness. By minimizing and helping individuals cope with risk factors, and by teaching them and helping them develop stronger protective factors, individuals' day to day lives and mental and physical wellness are improved.

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

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

The Mental Health Oversight and Accountability Commission (MHSOAC) required San Luis Obispo County's Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. Program Two, School Based Student Wellness, was selected by stakeholders during the PEI planning process. SLOBHD also elected to conduct evaluation activities for each of the PEI programs, but at a less intensive level as funding and infrastructure would allow. This evaluation was published in July of 2013 and covers the Fiscal Years 2009-2010 through 2011-2012. To read the full evaluation, go to the link below:

http://www.slocounty.ca.gov/Assets/MHS/pdfs/PEI+Evaluation+2009-2012.pdf

The evaluation was presented to the PEI stakeholder group, and pending any regulation changes, emphasis remains on sustaining existing PEI programs, while continuing to refine data collection and outcome measurement tools. Program evaluation is fluid and ongoing, allowing SLOBHD to build upon successes, and adapt quickly to ever-changing community need.

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

# Mental Health Awareness & Stigma Reduction



| PEI Program 1: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| Social Marketing Strategy | P | 2528 | $167,195 | $66 |

| Project Goals | Key Objectives |
|---|---|
| • Mental Health awareness and education<br>• Stigma reduction | • Community Outreach<br>• Targeted presentations |
| **Key Outcomes** | **Method of Measurement** |
| • Increased awareness of risk and protective factors<br>• Reduced Stigma | • Presentation participant surveys<br>• Rosters<br>• Consumer presenter surveys |

> *Thank you so much for coming to our church and presenting The Shaken Tree and all of your expertise. Your patient, perceptive ear was so wonderful in helping many to understand things about mental illness. I will continue to keep those brochures and cards for people to take. You've made a huge difference in my life and I know you have touched so many others.*
> *– Presentation Participant*

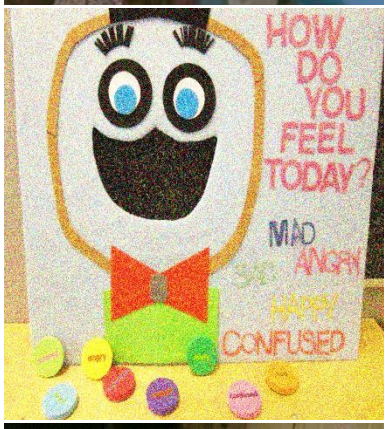
The Mental Health Awareness and Stigma Reduction project is carried out by Transitions Mental Health Association (TMHA). This project aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and externalized discrimination towards those in need of services.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

TMHA provides large scale outreach at community events, forums, and activities year round, as well as targeted presentations and trainings such as NAMI's Stamp Out Stigma, and In Our Own Voice, and two local documentaries SLOtheStigma and The Shaken Tree. Depending on the target audience, TMHA may use the curricula in combination with additional speakers, panelists, resource fairs, and other activities.

**100% (n=58) of participating consumer presenters will attest to an increased level of life satisfaction as a result of sharing their stories.**

**99% (n= 295) of presentation attendees found the information regarding mental illness and recovery encouraging and hopeful.**

# School Based Wellness




| School Based Wellness<br>PEI Program 2: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 2.1 Positive Development Program: | P | 575 | $80,000 | $139 |

| Project Goals | Key Objectives |
|---|---|
| • Build the capacity of and identify behavioral health issues in under-served 0-5 children | • Behavioral Health related training and education to private child care providers (gatekeepers) |
| **Key Outcomes** | **Method of Measurement** |
| • Increased knowledge of emotional and behavioral health issues<br>• Reduced risk factors and increased protective factors | • Rosters<br>• Ages and Stages Questionnaire<br>• Behavior Rating Scale |

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

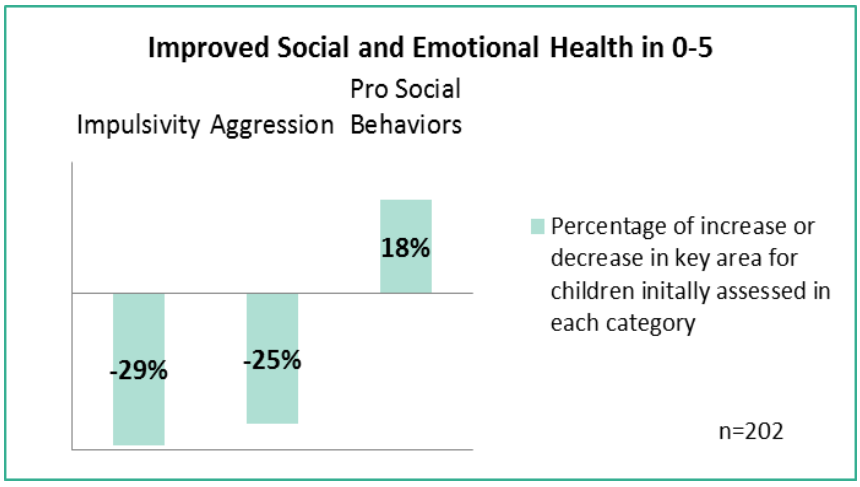
Community Action Partnership's Child Care Resource Connection (CCRC) administers the Positive Development Project, and delivers the I Can Problem Solve (ICPS) curriculum as well as the accompanying Early Childhood Behavior (ECB) and Ages and Stages Questionnaire (ASQ) training to private child care providers located throughout San Luis Obispo County. Emphasis is placed upon providers in underserved areas from Nipomo in the south to San Miguel in the north. Materials and training are provided in both English and Spanish. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles.

*"Everything has changed in my child, he behaves very nicely."*
*"My child interacts more with people, is more social, and can do things they were not able to do before."*
*-Parent Survey Respondent*

During the PEI Evaluation activities of Fiscal Year (FY) 2012-2013, the need for additional curriculum for children over 5 years, but not yet enrolled full time in school was identified, and CCRC expanded their program to include I Can Problem Solve Kindergarten (ICPS K), increasing the capacity of the program. An additional 14 child care providers began using the ICPS K. CCRC seeks to engage more providers with the addition of the ICPS K, reaching out to more programs and parents with the expanded curriculum.

# PEI Program 2: School Based Wellness

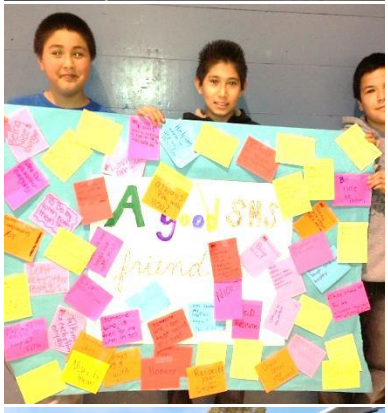
In order to increase participation in administration of various assessment tools, the CCRC became more active participants in the Child Care Planning Council, which allows them to provide input into the training content and schedule more frequent training on assessment tools. In addition, CCRC scheduled more parent meetings to inform them on the value of the tools, and provide assistance in completing them where appropriate. Ninety-eight percent (98%) of parents surveyed indicated that their child's emotional and behavioral skills improved. Pre and post ECB and ASQ assessments of children participating in the program not only show an improvement in children who were initially assessed as impulsive and aggressive, but children initially assessed as socially competent show even more improvement in their social emotional scores.




| School Based Wellness Program 2: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 2.2 Middle School Comprehensive Program: 2.2a Student Support Counselors | EI | 253 | $255,682 | $1,011 |
| 2.2b Family Advocates | EI | 461 | $141,892 | $308 |
| 2.2c Youth Development | P | 2914 | $100,218 | $34 |
| 2.3 Student Wellness Initiative | P | 2,846 | $13,158 | $5 |

| Project Goals | Key Objectives |
|---|---|
| • Build resiliency and identify mental health issues of at-risk middle school youth and their families | • Student Assistance Programs<br>  • Student Support Counselors<br>  • Family Advocates<br>  • Youth Development Programming |
| **Key Outcomes** | **Method of Measurement** |
| • Reduced risk factors<br>• Increased protective factors<br>• Increased access to extended services and supports for at-risk families | • Rosters<br>• School Records<br>• Participant and staff surveys<br>• Youth Development Surveys<br>• Participant focus groups |

# PEI Program 2: School Based Wellness



The Middle School Comprehensive project is an integrated collaboration between schools, SLOBHD staff, and community based organizations. Six schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson) were selected to participate in the Middle School Comprehensive project, based on a Student Assistance Program (SAP) model, through a competitive request for application. In their applications, the schools had to demonstrate the need for the services, cultural and geographic diversity, and the capacity to support this innovative and integrated approach. The LINK, a local non-profit with expertise in serving families in the rural north county, was selected to provide the project's three bilingual and bicultural Family Advocates. SLOBHD provided three Student Support Counselors and one Youth Development Specialist.

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

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

Homelessness and housing instability have become increasing problems affecting families in all middle schools throughout the county. During one month, 4 families at one school suddenly became homeless. This crisis had an immediate impact on the school, and mental wellness of the students and families. The SAP team worked to provide emotional stability, mitigate trauma, and coordinated with other agencies to provide food, clothing, and shelter for the families.

*A Spanish speaking single father of an 8th grade student was in crisis and exhibiting early moderate signs of depression. This was due, in part, to lack of work, food, and healthcare for himself and his son. The Family Advocate assisted the father in applying for Medi-Cal and Cal-Fresh, assisted him in applying for work and accompanied him to job interviews until he received employment. The family is now stable, receiving food, healthcare, and counseling.*

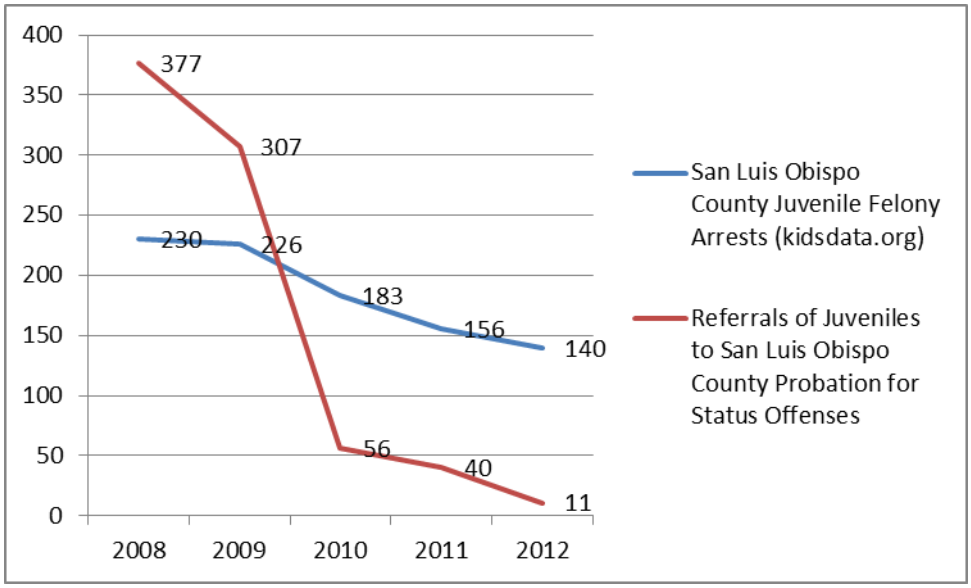
*-SAP Family Advocate*

# PEI Program 2: School Based Wellness

The SAP team worked to identify families who are at imminent risk of homelessness to prevent the many negative mental health impacts on students and families as a result of homelessness and being at risk of homelessness. During the 2012-2013 school year, The Link provided 144 services to homeless families, and 147 services to families at imminent risk, linking them with housing prior to being homeless. The Link continued to work in conjunction with SLOBHD to develop data collection tools. In FY 2012-2013, the Link was able to track number and types of service for the PEI families; details of this breakdown can be found in Appendix C.

*Both of my parents were deported back to Mexico and I needed a person to talk to and to just cry, and that was the best thing about meeting every week. I know that I can keep going. I am starting to do more things at school. I really liked talking to my PEI Counselor; she is really funny and got my mind in a good place*
*-Middle School SAP Student.*

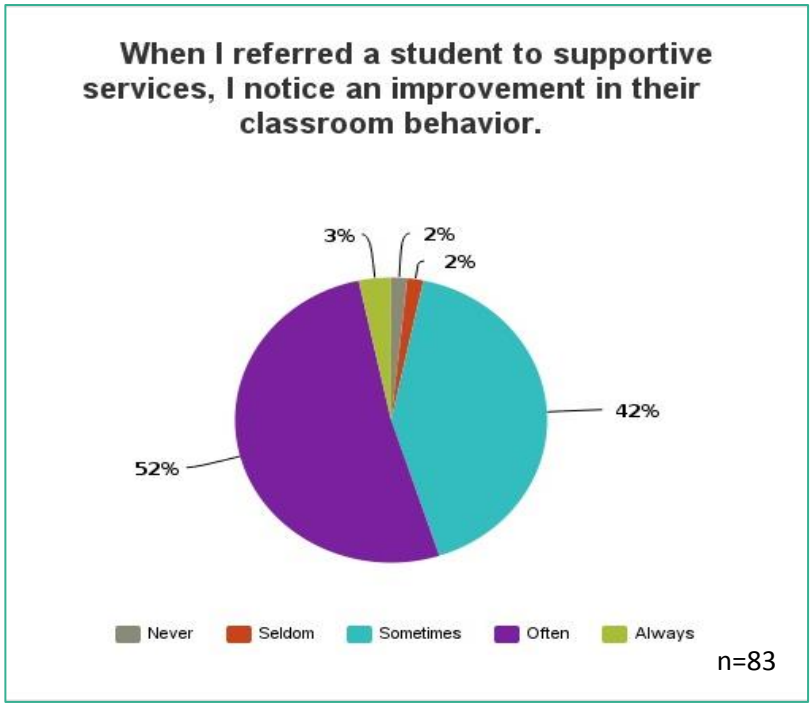
In FY 2012-2013 Student Assistance program survey results showed an average improvement in protective factors of 24%, and a decrease in risk factors of 19%. (Appendix D) Both felony juvenile arrests and status referrals to probation continued to decline, and community members attribute this, in part, to the implementation of PEI Programs.




As part of the PEI Evaluation, SLOBHD conducted a survey of SAP teaching staff. More than half of staff surveyed indicated that when they referred a student to the SAP program, improvement in their behavior was noticed "Often." Staff not only showed overwhelming support of the program, but requested more services, both by increasing the level of service at the SAP schools and offering it to additional schools in the community.

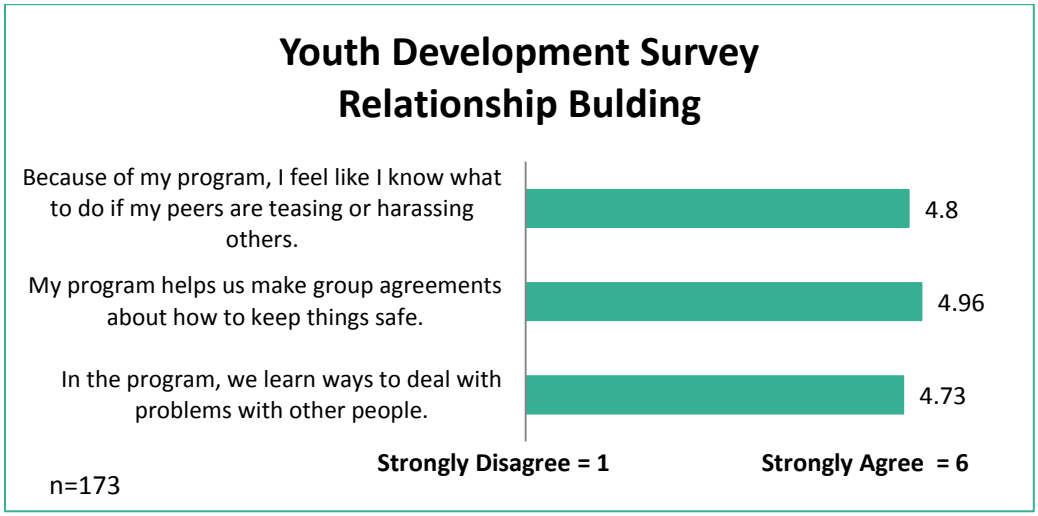
**Daily support would be more effective.**
**We need the PEI counselor more than 20 hours per week.**
**I would like to see all of these services more!**
**We need more!**

# PEI Program 2: School Based Wellness


Each participating SAP school receives Club Live Youth Development programming provided by the County's Friday Night Live staff. Youth Development, an evidence-based strategy for building resiliency reduces the risk of mental illness by engaging young people as leaders and resources in the community, and providing opportunities to build skills which strengthen bonds to school and improve overall wellness. Over 2,800 students at SAP Schools are exposed to Youth Development programming annually, with an average of eight prevention activities occurring per student.

Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, peer relationships, and supportive adult relationships. The Youth Development Institute of Marin, in partnership with SLOBHD's Friday Night Live programs, administers Youth Development Surveys annually to Middle Schools across the county, in order to measure the impact of the increased PEI Club Live programming.



# PEI Program 2: School Based Wellness



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

| School Based Wellness<br>PEI Program 2: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 2.4 Sober School Enrichment | EI | 12 | $23,019 | $1,918 |

| Project Goals | Key Objectives |
|---|---|
| • Build resiliency and identify mental health issues of youth at-risk for co-occurring disorders | • Provide student support counseling at Sober Schools |
| **Key Outcomes** | **Method of Measurement** |
| • Improved outcomes related to sobriety<br>• Reduced risk factors<br>• Increased protective factors | • Rosters<br>• School Administration reports<br>• Student self-report surveys |

The final component of the School-Based Student Wellness Program was the placement of a Student Support Counselor at San Luis Obispo County's Sober School. The Sober School is a campus within the County Office of Education's series of community schools. The school caters to those students either in recovery or seeking additional supports for addiction and substance abuse issues in order to gain credits necessary for academic success. In 2012-2013 the Student Support Counselor conducted selective prevention groups for 12 youth with co-occurring disorders, as well as indicated short-term individual interventions with youth experiencing crises, trauma, or other difficulties.

In 2013-2014 the Sober School became a licensed Drug Medi-Cal site, expanding their staffing, and PEI placement became less necessary. Stakeholders have agreed to re-evaluate this component of the work plan for alternative services on a school campus in 2014-2015.

# Family Education, Training, and Support

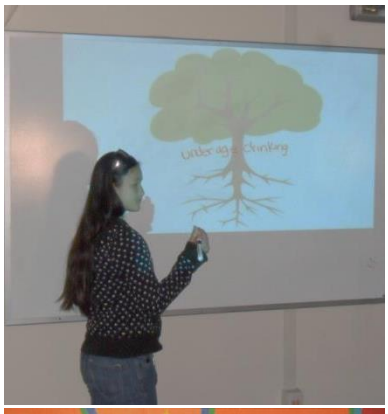
| Family Education, Training, and Support PEI Program 3: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 3.1 Coordination of the County's Parenting Programs | P | 11,148 | $99,000 | $8.00 |
| 3.2 Parent Education | P | 392 | | |
| 3.3 Coaching for Parents/Caregivers | EI | 420 | | |

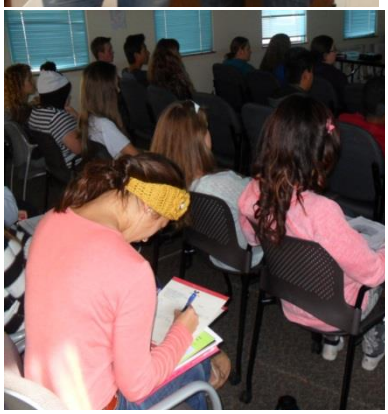
| Project Goals | Key Objectives |
|---|---|
| • Build competencies and skills in parents and caregivers<br>• Decrease the impact of trauma in families<br>• Respond to the urgent needs in families at-risk for abuse | • Parent Education<br>• Parent Coaching |
| **Key Outcomes** | **Method of Measurement** |
| • Reduced risk factors<br>• Increased protective factors<br>• Improved parenting<br>• Improvements in child behaviors | • Number of website hits<br>• Class rosters and call logs<br>• Parent self-report surveys<br>• Parent Coaching assessments<br>• Parent interviews |

The San Luis Obispo County Child Abuse Prevention Council (SLO-CAP), in partnership with Parent Connection, administers the Family Education, Training and Support Program, a multi-level approach to reducing risk factors and increasing protective factors for all parents and other caregivers raising children. Target populations include: parents and caregivers in stressed families living with or at high risk for mental illness and substance abuse, trauma and domestic violence exposed families, monolingual Spanish speaking parents, and parents in rural areas of the County.

A bilingual website www.sloparents.org serves as a clearinghouse to disseminate information on parenting classes, family support programs, and services. In addition to promoting parent education classes funded by PEI, the website lists approximately 180 parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness or addiction. Listings are grouped by region for the convenience of viewers searching for local support. FY 2012-13 the website was only funded minimally through PEI to support data collection efforts. In 2013, the website received over 11,000 unique visits. PEI-funded classes are offered specifically for parents of children in certain age groups in addition to special topics

## Family Education, Training, and Support





for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, homeless and teen parents. In FY 2012-2013 Parent Connection offered 32 classes; 40% of which were in Spanish. Nine parent educator trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in our community. In early FY 2013-2014, the lead Parent Educator and Parent Coaches all became certified trainers of Mental Health First Aid as well as Youth Mental Health First Aid. This increased capacity will yield some exciting outcomes for the next fiscal year.

Parent Connection also provides a parent warmline and coaching services. This warmline provides support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bicultural staff answer the warmline, and provide supportive and skill building coaching services on the phone or in person when requested. The coaching services include support groups for specific high-risk parent groups: parents who are homeless, in recovery, teen parents, and single parents. Evaluation activities indicated that monolingual Spanish speakers were less likely to call a warmline for various cultural and language barriers. As a result, SLO-CAP increased the presence of the Spanish speaking coaches in the community and at cultural events, engaging Spanish speaking coaching participants via in-person contact.

Self-report surveys of parents and caregivers participating in education or coaching services (n=385) demonstrate how increasing protective factors and reducing risk factors in the parents have positive effects on the children of stressed and at-risk families.

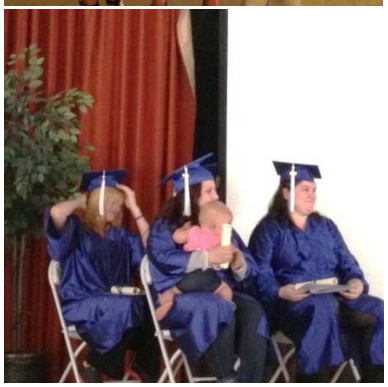
### Parent Outcomes

| | | | | | |
|---|---|---|---|---|---|
| 91% of parent participants report decreased levels of stress overall | 93 % of parent participants report decreased levels of stress about their child | 99% of parent participants report improved communication skills | 96% of parent participants report improved discipline skills | 91% of parent participants report increased self esteem | 99% of parent participants report increased confidence in their parenting skills |

### Child Outcomes

| | | | | | |
|---|---|---|---|---|---|
| 93% of parent participants report their child's behavior has improved | 96% of parent participants report an increase in their child's school attendance. | 89% of parent participants report an improvement in their child's peer relationships | 89% of parent participants report an improvement in their child's sibling relationships | 98% of parent participants report improved communication skills in their child | 88% of parent participants indicate that their relationship with their child has improved |

# Early Care and Support for Underserved Populations

| Early Care and Support for Underserved Populations PEI Program 4: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 4.1 Successful Launch Program for at risk Transitional Aged Youth (TAY): | P | 436 | $104,731 | $240 |

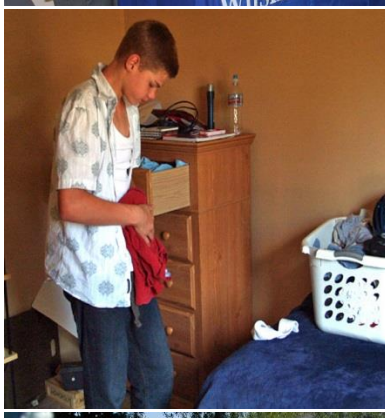
| Project Goals | Key Objectives |
|---|---|
| • Increased self-sufficiency and resiliency of at-risk TAY | • Successful Launch Program for at-risk TAY |
| **Key Outcomes** | **Method of Measurement** |
| • Reduced risk factors (eg: lack of education, work, and housing)<br>• Increased protective factors (eg: access to extended services and supports, decrease in unhealthy behaviors) | • Staff pre and post assessments of program participants<br>• Rosters<br>• Completion of educational, vocational, and personal goals by program participants |

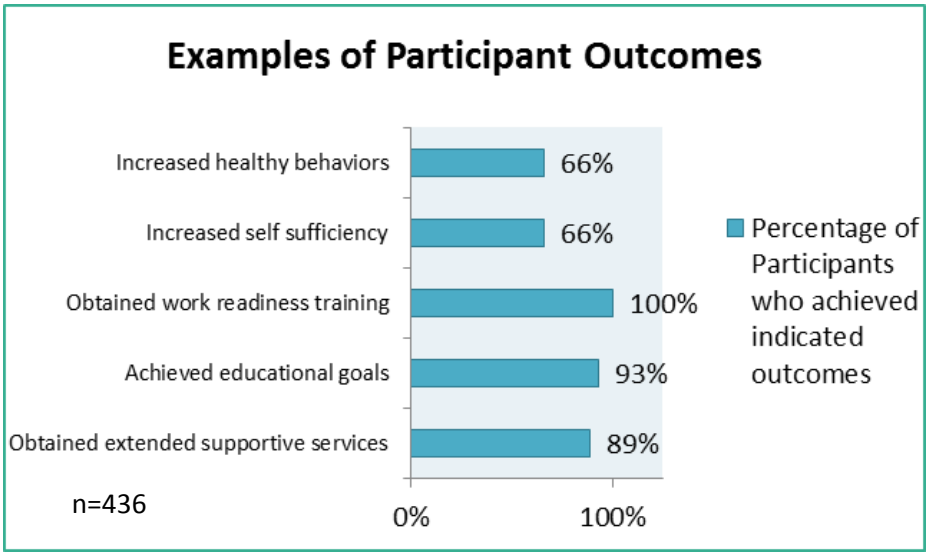
The Early Care and Support for Underserved Populations program is a multi-focus effort to address the mental health prevention and early intervention needs of three distinct populations identified during the PEI stakeholder process as being the most underserved in the County: High risk Transitional Aged Youth (TAYs), Older Adults, and low acculturated Latino individuals and families.

The Successful Launch Program is administered by Cuesta College. Successful Launch provides services to at-risk TAY youth with the goal of increasing self-sufficiency and success of TAYs who are at risk for mental health issues because they are dropouts, homeless, former Wards of the Court , or graduating from Community School. In FY 2012-2013 services included: vocational training, job shadowing, work readiness, academic support, connection with other extended services and supports, and life skills training.

*A 24 year old homeless, high school drop-out enrolled in Successful Launch "to get his life together." This young man had a traumatic childhood, and as a result, never received his education. He enrolled in the John Muir Charter School, and took on a leadership role within Successful Launch. He has obtained his food handler's card, and is participating in a local tattoo removal program in order to increase his opportunities for employment.*

# Early Care & Support for Underserved Populations






Cuesta College continues to increase capacity of the program by collaborating with existing programs. Collaboration with the Workforce Investment Act (WIA) has increased supported employment services, and working with John Muir Charter School has increased the ability of TAY to obtain a high school diploma. The first John Muir Charter School graduation of Successful Launch Participants was held on June 28, 2013. According to assessments by case managers of Successful Launch participants, the program was successful in meeting and exceeding the anticipated PEI outcomes depending on the goals of each individual participant.

| Early Care and Support for Underserved Populations<br>PEI Program 4: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| **4.2 Older Adult Mental Health Initiative:** | **Both** | **2,888** | **$169,998** | **$59** |

| Project Goals | Key Objectives |
|---|---|
| • Early identification of mental health issues in older adults<br>• Increased mental wellness in older adults | • Outreach and education<br>• Depression Screenings<br>• Caring Callers<br>• Senior Peer Counseling<br>• Early Intervention Therapy |
| **Key Outcomes** | **Method of Measurement** |
| • Reduced risk factors (eg: isolation)<br>• Increased protective factors<br>• Decreased symptoms of depression<br>• Improved quality of life | • Rosters and Log<br>• PHQ-9<br>• Clinician Assessments<br>• Self-report surveys |

# Early Care & Support for Underserved Populations

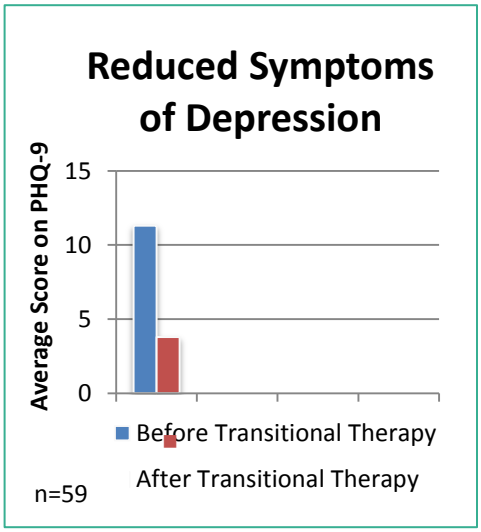
The Older Adult Mental Health Initiative is administered by Wilshire Community Services (WCS), a community-based prevention and early intervention non-profit serving seniors countywide. WCS provides an intensive continuum of mental health prevention and early intervention services for Older Adults, which consists of Outreach and Education, Depression Screenings, The Caring Callers Program, Senior Peer Counseling, and Older Adult Transitional Therapy. The transitional therapy portion was originally funded through project five, but as it is an integral link and part of the umbrella of services provided by WCS, it was realigned with Project 4 in the FY 2013-2014 Annual Update with the Older Adult Mental Health Initiative.

> *"I want to thank you for your patience and assistance in helping me find my way. I truly believe that I would not have done so without you. You gave me perspective and insight as to what I could achieve with the rest of my life."*
> *- Senior Peer Counseling Client*

WCS provides outreach and education regarding mental health, as it relates to the Older Adult population, to the community at large and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith based agencies, law enforcement, and retirement homes. Over 1,600 depression screenings were conducted in FY 2012-2013. Clients who are referred to the WCS programs are assessed to determine, first, if they are at risk for isolation, and secondly, which program(s) would be most appropriate for their needs: Caring Callers is a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation. Senior Peer Counseling is a peer led, yet clinically supervised, mental health program, providing no cost counseling services to individuals over the age of 65.

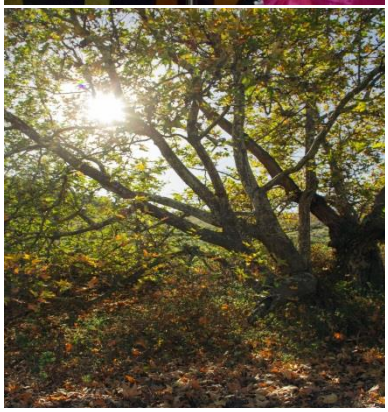
For clients who need a deeper level of care, Transitional Therapy is available. The transitional therapist works with the client in both individual and group counseling to address any issues such as grief, loss, mild to moderate depression, anxiety, and other mental health issues related to aging. After 4-8 sessions, the client is either transitioned back to Senior Peer Counseling, or if further services are needed, the Transitional Therapist coordinates treatment with County Mental Health or a private provider. Transitional Therapy is available in home and non-clinic settings.

In FY 2012-2013, 70% of clients who received services through Senior Peer Counseling reported no prior experience receiving therapy or counseling. Of that group, 82% reported experiencing symptoms of mild to moderate/severe depression prior to seeking services through WCS. The high number of clients experiencing counseling for the first time through Senior Peer Counseling seems to indicate that the program is successfully reaching individuals who might not otherwise receive much needed therapeutic services.



# Early Care & Support for Underserved Populations

| Early Care and Support<br>PEI Program 4: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| **4.3 Latino Outreach and Engagement:** | **EI** | **21** | **$117,190** | **$5,580** |



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

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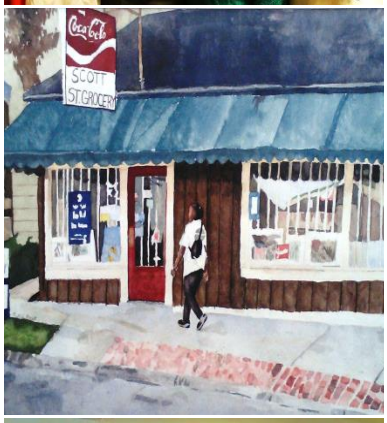
# Integrated Community Wellness




| Integrated Community Wellness PEI Program 5: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 5.1 Community Based Therapeutic Services: | EI | 459 | $105,344 | $230 |

| Project Goals | Key Objectives |
|---|---|
| • Early identification of on-set of mental illness<br>• Increased access of therapy to underserved populations | • Provide brief, low intensity Early Intervention counseling at low or no cost to underserved populations throughout the County |
| **Key Outcomes** | **Method of Measurement** |
| • Improved mental health and wellness<br>• Reduced risk factors<br>• Increased protective factors | • Rosters<br>• Clinician assessments<br>• Participant self-report surveys<br>• Participant focus groups |

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

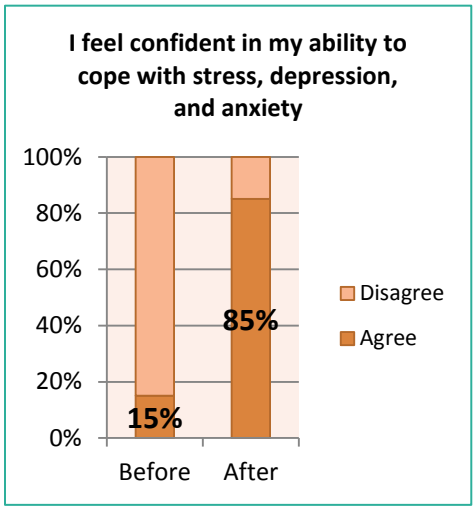
Community Based Therapeutic Services provides over 3,000 low ($5.00) or no cost counseling hours to uninsured and underinsured at-risk populations throughout the County. In FY 2012-13, services were provided by Community Counseling Center (CCC), and the SLOBHD.

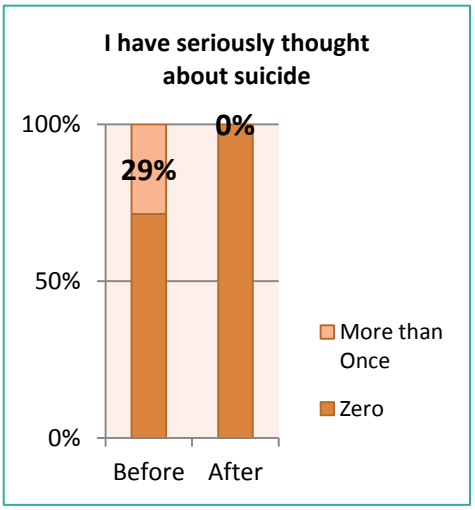
In FY 2012-2013, CCC expanded capacity by adding locations to the southern and northern areas of the county by adding locations in Paso Robles and Grover Beach and partnering with other health care agencies. The expansion further increases access to Latino individuals in South San Luis Obispo County. Prior to additional locations added by CCC, families in the North and South County had the longest waits to receive counseling.

*Counseling has opened my eyes to different ways of handling my personal problems, how to not act on impulse. It has improved my relationships and taught me self-examination. It has made me a better wife and mom.*
*- Young Adult Counseling Participant*

# Integrated Community Wellness


SLOBHD provides services to students in non-traditional settings as well, including community schools and Cuesta College, Generation Next Teen Resource Center, family resource centers, such as The Link, and other convenient locations as requested by the clients when appropriate. All providers have improved service delivery with increasing Spanish language services and work to continually build infrastructure to improve quality of services. According to pre-and post-assessments, clients continue to demonstrate an increase in coping skills and a reduction in suicidal ideation.



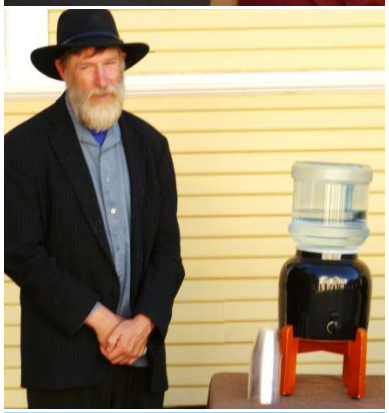




| Integrated Community Wellness PEI Program 5: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 5.2 Resource Specialists: Transitions Mental Health | P | 751 | $172,000 | $229 |

| Project Goals | Key Objectives |
|---|---|
| • Reduce barriers to treatment outcomes and improve wellness | • Provide Wellness Advocates to individuals and families throughout the County |
| **Key Outcomes** | **Method of Measurement** |
| • Increase in protective factors and reduction in risk factors through increased access to community supports | • Rosters<br>• Advocate notes<br>• Surveys |

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

# Integrated Community Wellness



During the PEI evaluation, SLOBHD and TMHA discovered the number of clients receiving services was being under-reported, and that over 700 PEI clients and families receive over 2,700 different services from the Advocates. SLOBHD is also working with Transitions to develop more robust data collection tools, further define specific services, and measure specific wellness outcomes.

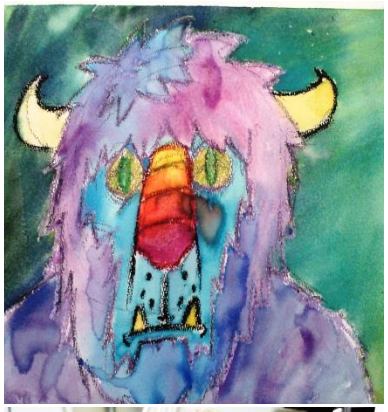
**100% of PEI Wellness Advocate clients surveyed indicated that their quality of life improved after access to extended services and supports.**

*As a PEI Wellness Advocate, I am responsible for giving hope to people who are facing the same struggles that I went through. The icing on the cake is that every time I help someone else on their journey to wellness, I'm reinforcing my own recovery, too!*
*-PEI Wellness Advocate*

| Integrated Community Wellness PEI Program 5: FY 2012-2013 | P/EI | Total Served | Total Funding | Cost per Client |
|---|---|---|---|---|
| 5.3 Enhanced Crisis Response: Mobile Crisis | EI | 1546 | $100,000 | $65 |

Funding for the Mobile Crisis service was originally fully contained within the Community Services and Supports CSS component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention budget. It was agreed that nearly half of the engagements by Mobile Crisis teams should result in no hospitalization. Over time, and through PEI Evaluation activities, the County has recognized that the Mobile Crisis service, although preventive in some circumstances, is more of a direct mental health intervention that is best tracked and reported within the CSS plan. Stakeholders have approved a plan to move the entirety of the Mobile Crisis budget back to CSS in FY 2014-2015.

# Innovation




The Innovation component of MHSA is the most unique. An Innovation project is one that contributes to learning, rather than providing a service. Innovation projects must be novel, new, and creative, and not duplicated in another community. Innovation funding was created for the purposes of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.

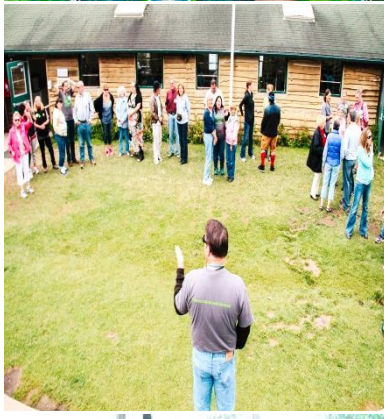
The development of the Innovation plan was overseen by an Innovation stakeholder group, which was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The MHSOAC approved the plan in March of 2011. The learning curve was steep, as the concepts of Innovation had to be approved by local leadership, and policies surrounding these unique projects had to be developed. The Board of Supervisors approved funding for the Innovation projects in June 2011, and project development began in July 2011. SLOBHD worked with Human Resources, County Counsel, and Purchasing in order to develop recruitment, procurement and contracting procedures specific to the unique nature of these projects.

Because the individual projects are diverse and possess unique challenges, and each project operates on a separate timeline, implementation of each project was staggered. This was a result of various factors including project scope, staffing requirements, and other unexpected barriers to implementation. In July of 2013, SLOBHD provided the MHSOAC with an updated timeline which includes the adjusted starting and ending dates for all projects; this includes time for evaluation and wrap up. (Appendix E)

SLOBHD provided extensive technical assistance to community and in-house providers in areas such as: project development, measurement of learning, and data collection, and developed an Innovation Learning Collaborative as a way for providers to share common themes among the projects and help one another overcome common barriers to implementation of the testing phase. An external evaluator was selected via county procurement processes, and the evaluation of all Innovation projects is now underway. The formal evaluation is expected to be published at the conclusion of all of the Innovation projects, and some initial findings are included in this report.

SLOBHD has applied the lessons learned during the first round of Innovation to streamline, properly plan, and better implement, timelines of future projects. Community planning for future innovation plans is currently underway, and the submittal of a new Innovation plan is anticipated to follow the evaluation in 2015-2016.

# System Empowerment for Consumers, Families, and Providers



| Innovation Project 1 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| System Empowerment for Consumers, Families, and Providers | N/A | $17,909 | N/A |

| Primary Purpose | Learning Activities |
|---|---|
| • Increase the quality of services, including better outcomes | • A trust building and educational retreat for consumers, providers and family members.<br>• Development of curriculum and training tools based upon what was learned |
| **Learning Goals** | **Methods of Measurement** |
| • Will a trust building retreat deepen understanding between selected parties and lead to improved training and curricula in the mental health system? | • Retreat applications<br>• Retreat and Training Surveys<br>• Retreat Focus Group Materials<br>• Interviews with retreat participants |

System Empowerment for Consumers, Families, and Providers creates an approach to mutual learning and enhanced collaboration among consumers, family members, and mental health providers. Key elements of this program include a trust building retreat, followed by development of curriculum for participants within the public mental health system.

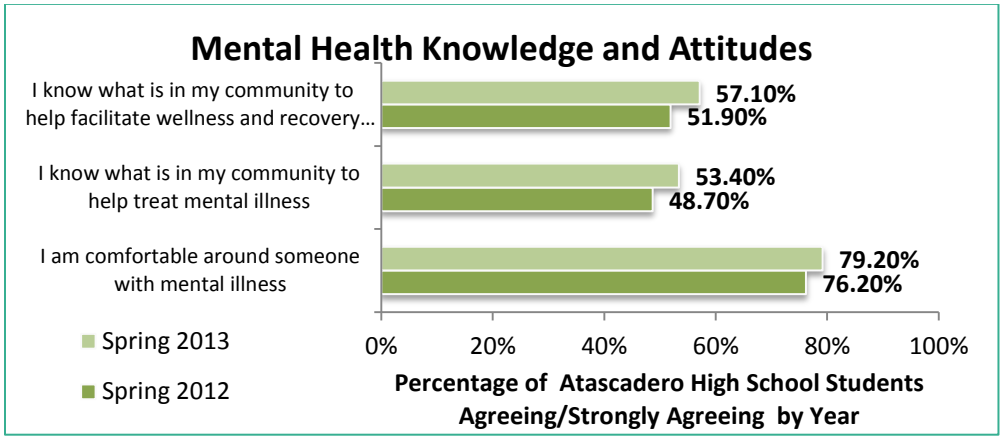
During FY 2012-13, SLOBHD developed a retreat planning committee, consisting of county and community providers, consumers, and family members. The "empowerment" began before the retreat happened, as this was a first ever opportunity for planning committee participants to work with the County and get paid for their lived experience and expertise. All planned activities were conducted with the unique needs and similarities of all participating groups in mind. A venue, (Camp Ocean Pines), facilitator, (Creative Mediation), guest speakers, and panelists were selected via the County's procurement processes, and policy surrounding retreat participation was developed. The application process was essential in capturing both the hope and excitement as well as the concerns and reservations potential participants were feeling. The committee also hosted several Q&A and educational sessions in order to address any reservations or concerns of any of the participants. The retreat was held August 9th and 10th, 2013 and the subsequent curricula are being developed. Data surrounding the retreat and participation is still being analyzed by the Evaluator and will be reported in the final Innovation evaluation report.

# Atascadero High School Student Wellness Center

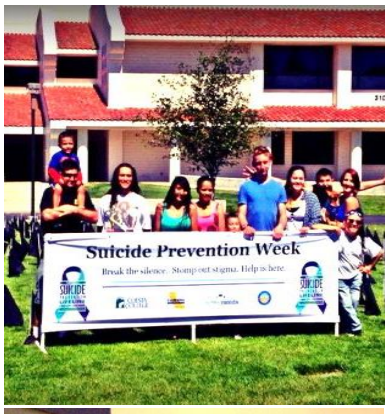
| Innovation Project 2 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| Atascadero High School Student Wellness Center | 598 | $116,119 | $194 |

| Primary Purpose | Learning Activities |
|---|---|
| • Increase the quality of services, including better outcomes | • A peer based, clinically supervised wellness center on a High School Campus |
| **Learning Outcomes** | **Method of Measurement** |
| • Will more graduating seniors enter an educational path which leads to a career in behavioral health?<br>• Will there be a reduction in stigma surrounding mental health on campus? | • School wide survey<br>• Wellness center participant self-report surveys<br>• Teacher surveys<br>• Interviews and focus groups |

The Atascadero High School Student Wellness Center creates a peer counseling model that includes a youth-directed stigma reduction campaign and exposes students to behavioral health education and careers. This wellness project is unique to other known models: A mental health provider and youth development specialist are embedded on the campus to train peer counselors to use screening and brief intervention tools, while training other student leaders to conduct stigma prevention campaigns. School-wide surveys are administered annually in order to measure awareness and stigma surrounding mental health issues, as well as the interest of students in pursuing Behavioral Health related education and careers. This data continues to be collected, but preliminary analysis indicates the Wellness Center is on track with the learning goals and anticipated outcomes.

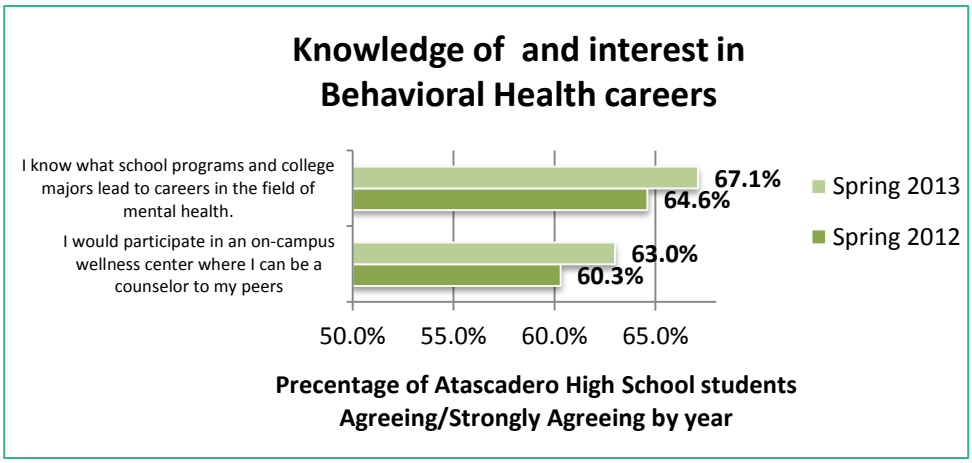


# Atascadero Student Wellness Center





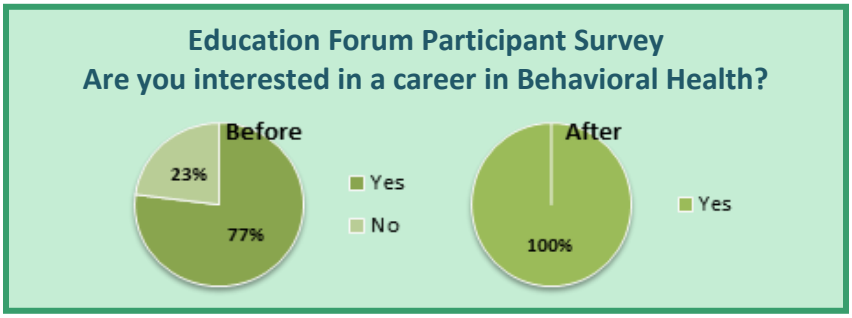

In FY 2012-2013, Wellness Center Interns facilitated many campus events and educational forums, including: a transition camp to help freshman with the stress and anxiety associated with the first year of high school; a bullying forum; a behavioral health career fair; and Suicide Awareness Month. Wellness Center Interns also participated in community wide mental health events such as the Journey of Hope and Cuesta College's Living Mentally Well forum. According to surveys, these events sparked student interest in the mental health field in the first year of testing.




Students from Atascadero High School entered the statewide "Directing The Change" competition and student anti-stigma film competition. Their film, "Be The Person" won the 3rd place regional award in the stigma reduction category. The film can be viewed here: http://www.directingchange.org/be-that-person/

According to administration and staff interviews, The Wellness Center is viewed as an important and needed resource at the school and is particularly appreciated for its role in providing peer counseling about everyday issues for which the administrative team lacks time to help students. The Wellness Center was a tremendous help during a recent crisis, the death of a well-known student. Without the Wellness Center, administrators think that the school would not have had the capacity to deal with the demand for services and some students would likely have remained at home.

> *I'm moving out today! I just wanted to thank you for all the support and love you gave me this year. I plan on making the best decisions while at college, thanks to your positive influence. Oh, and I'm changing my major back to Psychology- all thanks to the Wellness Center.*
>
> *. – Facebook post from Wellness Center Intern*



# Older Adult Family Facilitation

| Innovation Project 3 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| Older Adult Family Facilitation | 98 | $87,450 | $892 |

| Primary Purpose | Learning Activities |
|---|---|
| • Increase quality of service, including better outcomes | • A blending of two approaches successful with children and older adults to create a community based multi-disciplinary team to address mental health issues in Older Adults |
| **Learning Outcomes** | **Methods of Measurement** |
| • Will a combined client centered family facilitation model be effective at addressing issues that reduce the efficacy of individual counseling interventions? | • Clinician client and family member assessments<br>• Team meeting rosters and notes |

Wilshire Community Services (WCS) conducts the Older Adult Family Facilitation project which aims to create forward-looking solutions that enhance choice, safety, comfort, support, and well-being for older adults. This two-year pilot project was created to fill service gaps between existing MHSA Older Adult programs. This project blends two approaches successful with children and older adults, and addresses the need for integrating system supports when engaging seniors in mental health care.

A community-based, multidisciplinary, team of older adult care professionals and individuals chosen by the client to take part in their wellness plan, address the critical issues in the client's life. The care team meetings are facilitated by a professional mediator and a licensed therapist acts as case manager. This early intervention approach is client-centered, which ensures that the client is actively involved in their wellness plan and that their definition of a quality life is respected and maintained. Each care plan that is developed considers the six recognized dimensions of wellness: emotional, intellectual, purposeful, physical, social, and spiritual. The project started with a beta test, and during the beta test WCS learned that four key areas of the projects needed to be addressed and refined in order to ensure the best possible outcomes for each participant.

# Older Adult Family Facilitation

## Engagement of community providers

- Creation of one mental health team instead of multiple individualized teams.
- WCS acted as care coordinator, and brought cases to team meetings. Mediator acted as family facilitator.
- Secured participation from multiple disciplines, including a physician.

## Appropriateness of client for services

- Established participation criteria in order to ensure best possible outcomes:
  - 65 Years or Older
  - Diagnosis must be primarily treatable through counseling and other non-institutional interventions (primarily Depression and Axiety)
  - Client must possess the capacity to participate

## Caregiver mental health needs

- Most caregivers were already in need of mental health supports, and experiencing burnout.
- Project modified to include providing services to caregivers so they would have the capacity to participate in the care plan.
- Added a Family Advocate to care team.
- Changed focus of care team to include needs of the entire family .

## Lack of self care skills

- Increased focus on encouraging independence and self advocacy.
- Re-teaching Older Adults self care skills, use of a calendar, contact list, etc.
- Post-program quarterly follow up check-in care to support Older Adult's improved self care and monitor wellness.

While the formal evaluation and comparison of outcomes between other Wilshire Programs is currently underway, initial findings indicate both clients and family members received overall improvement in their well-being and satisfaction with the Family Facilitation process. In addition, WCS has already begun to improve the service delivery in all of their programs based on what has been learned so far from this project and not just programs funded through MHSA.

# Non-Violent Communication (NVC) Education Trial

| Innovation Project 4 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| Non-Violent Communication Education Trial | 63 | $33,089 | $525 |

| Primary Purpose | Learning Activities |
|---|---|
| • Increased quality of services, including better outcomes | • Adaptation of Non Violent Communication (NVC) to a mental health setting |
| **Learning Goals** | **Methods of Measurement** |
| • Will training in NVC for Transitional Aged Youth and their providers yield improved mental health outcomes (eg: reduction in anxiety, violence, hostility, and other barriers to treatment)? | • Pre and post class surveys<br>• Service provider interviews (teachers, treatment staff)<br>• NVC trainer interviews |

The Nonviolent Communication (NVC) training teaches clients that all words and actions are attempts to meet basic human needs. TAYs are taught empathy, listening skills, and honesty in expressing what they are feeling and needing. They are given the language to be able to express their own feelings and needs and reflect on whether their needs are being met. They are taught to make requests rather than demands of others, and to view their words as tools for creating quality connections with others. The NVC Education Trial engages groups of Transitional-Aged Youth (TAYs) who are experiencing emotional difficulties and are at risk for, or living with, serious mental health problems in NVC communication training.

This training is an early intervention strategy to reduce conflict escalation and improve communication between the TAY and their family, peers, teachers, and others. This unique approach to mental health services is anticipated to reduce stress and anger while improving communication skills and increasing overall well-being. The long-term goals of the project are improved relationships with peers and adults, and improved overall mental health. The United Way of San Luis Obispo County was selected to administer the NVC education trial, and began adapting the curriculum, developing evaluation tools, and providing outreach to agencies and programs who serve at-risk TAY. Initial classes were offered at Grizzly Youth Academy, the Independent Living Program for Foster Youth (ILP), Pacific Beach Continuation School, Lopez Continuation School, and Youth Treatment Program (YTP), and surveys were collected in order to gage general class satisfaction and efficacy, and were used to inform further refinement of curricula. Post surveys were ranked on a scale of 1 to 4 with 4 being very much and 1 being not at all.

# Non-Violent Communication Education Trial

| Post Class Survey Results 2013<br>(1-4 Scale of Disagree to Agree)<br>Survey Question | Mean,<br>All Classes |
|---|---|
| ***The information was what I wanted to learn about.*** | 3.7 |
| ***The leader(s) presented the information in an interesting way.*** | 3.7 |
| ***This class has helped me communicate better in my life.*** | 3.7 |
| ***I feel less stressed overall because of this class.*** | 3.2 |
| ***I am satisfied with the class.*** | 3.9 |
| ***I would recommend this class to a friend or family member.*** | 3.9 |
| ***I would like to continue taking NVC classes in the future.*** | 3.5 |
| **Average Overall** | **3.6** |

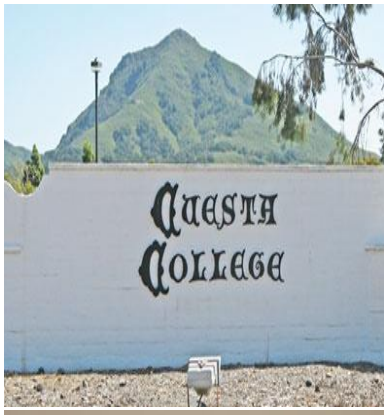
As the program was continually evaluated and the curriculum adapted to meet the specific needs of TAY, the NVC project staff realized that the target audiences were too broad and because TAY at Grizzly and ILP do not always remain in the area for very long, there remained little opportunity for continued learning and follow-up. As a result, the projects became more focused on the YTP and Community School youth as they were likely to provide more opportunities during the remainder of the testing phase.

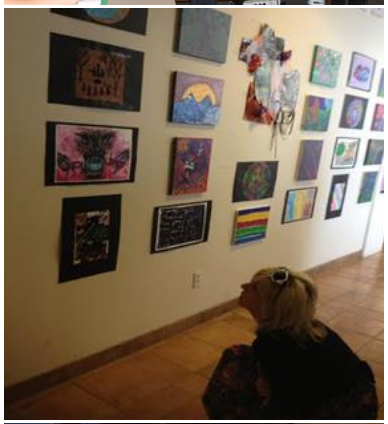
NVC staff also learned that the curriculum was most likely to improve mental health outcomes of TAY who are already motivated to change. The most receptive TAY were those who had previously made choices to improve their lives by removing themselves from severely dysfunctional situations.

Early indicators show that the model of NVC adaptation at YTP appears to be the most successful due to both the curriculum itself, and the modeling of both the NVC trainers and of the YTP adult staff in changing their communication styles. The participating TAY have had such trauma in their lives that they present themselves as unwilling to risk engaging in empathy. YTP staff believes that the NVC trainer's consistent modeling of empathy helps the TAY trust the adult treatment staff and TAY are able to engage more honestly in treatment.

*I've become more conscious of my reactions to things, so I've learned not to flip out on people. It's decreasing my depression. It (NVC) makes me a more social and kind person. Once I became more aware of my reactions and more aware of why I was getting angry, and connecting needs with requests and strategies, I learned that I beat myself up over things that I shouldn't, and that decreased my depression a lot. And disturbing thoughts went away.*
*- NVC Participant"*

# Wellness Arts 101



| Innovation Project 5 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| **Wellness Arts 101** | **52** | **$49,548** | **$953** |

| Primary Purpose | Learning Activities |
|---|---|
| • Increase the quality of services, including better outcomes | • A for-credit college course designed for students with mental illness to develop art and whole wellness skills while meeting in a safe environment and building academic capacity |
| **Learning Goals** | **Methods of Measurement** |
| • Will consumers attending community college have improved academic and wellness outcomes by participating in a credited course designed for mentally ill students? | • Class Participant Survey<br>• Instructor Interviews<br>• Participant and instructor reports of academic success |

Wellness Arts 101 is a for-credit community college course on expressive art for students who have been engaged in or referred for mental health services. The course is offered in partnership with Cuesta College and combines academics with the opportunity to develop social and life skills while participating in a therapeutic activity.

A licensed Marriage and Family Therapist acts as program coordinator. Cuesta College developed a curriculum which uses a combination of lecture and lab components. The course outline development process involved soliciting input and feedback from numerous partners and stakeholders, including mental health consumers and service providers, other services agencies, college and high school counselors, and school and private therapists. Wellness Arts utilizes a team teaching approach in order to properly keep students engaged and meet the variety of emotional and educational needs in the classroom.

*"If I walk into a place where I don't know anybody, I get high anxiety, and I'll get an anxiety attack. This class has really helped me with that anxiety, and of course it's helped my education because I'm going to class!"*

*"I have a hard time comprehending things because of my mental illness. I was feeling down and feeling very insecure about school, feeling like I'm just the stupid one, and I wouldn't show up. The Wellness Arts Class has really helped me to get that self-esteem back to be able to go to school and to not feel so stupid and to have that confidence."*

*Wellness Art Students*

## Wellness Arts 101

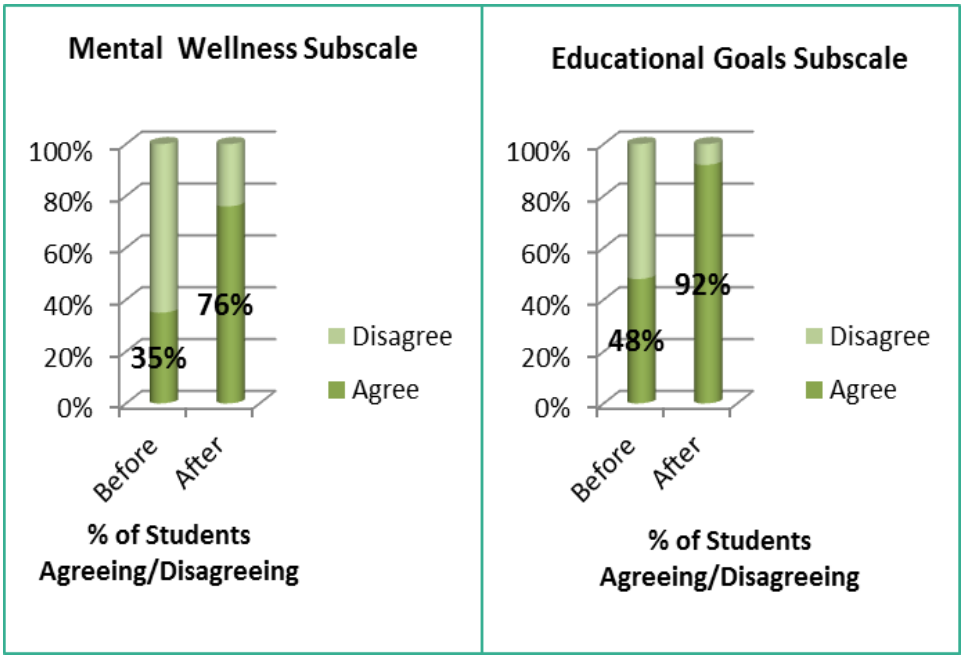
A stigma free enrollment process was developed, and individual meetings between the students and program coordinator are used to evaluate their current emotional functioning, as well as their reflections about the course, and progress in school. These meetings serve not only as a check in, but also as a way to refer students to additional supportive services that they may need. In addition, Cuesta College learned that engaging higher functioning students to act as mentors to those who are not as far along in their recovery, improves overall success for all participating students. This unexpected approach has become a key component of class success.

Cuesta College has continued to leverage additional resources and increase capacity of testing and refining the model, and has now expanded the course to Cuesta College's North County Campus in Paso Robles. The class has also received the support of the media, as featured in this report.

http://www.ksby.com/videos/cuesta-college-art-class-helps-students-cope-with-stress/

The Evaluator and project staff have been working with a Cuesta College Institutional Research associate to request additional student data be analyzed to determine whether the class had an impact on student grades, students' ability to complete classes, and the number of units they were able to take each semester. Student grades, unit load, and class retention in Wellness Arts students' classes will be analyzed before, during, and after the class. A matched-pair analysis of Wellness Arts students and similar students who never enrolled in Wellness Arts may also be conducted.

A retrospective survey measuring both mental health and educational outcomes is administered to all students. The survey is sent home with the students, and in the first semester, not all surveys were returned. During subsequent semesters, the survey is distributed as part of their final exam, and it must be returned to the class. All surveys were returned successfully. Preliminary analysis shows improved wellness and academic outcomes.



# Service Enhancement Program

| Innovation Project 6 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| Service Enhancement Project | 271 | $135,153 | $499 |

| Primary Purpose | Learning Activity |
|---|---|
| • Increase access to services | • Adaptation of Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients |
| **Learning Goals** | **Method of Measurement** |
| • Will improving the reception and guidance practices of County Mental Health result in better rates of follow-through amongst new clients?<br>• Will family member and caregivers be stronger advocates when given educational and organizational material upon entering the system? | • Client and family surveys<br>• Recording of community provider statistics |

*"The environment, the focus on people feeling welcome instead of feeling like they're coming and asking for help and feeling bad about that… Normally they are feeling ashamed… it's a difficult thing to walk through the door… Now they feel like it's their life, their place." -Clinician Feedback*

Service Enhancement Program was initially entitled the Warm Reception and Family Guidance Program. One of the first things learned about this project is that neither staff nor clients liked the title very much. As a result, a "naming contest" was held and Service Enhancement Program was the winning title. Clients, however, know the staff on a first name basis, regardless of the project title.

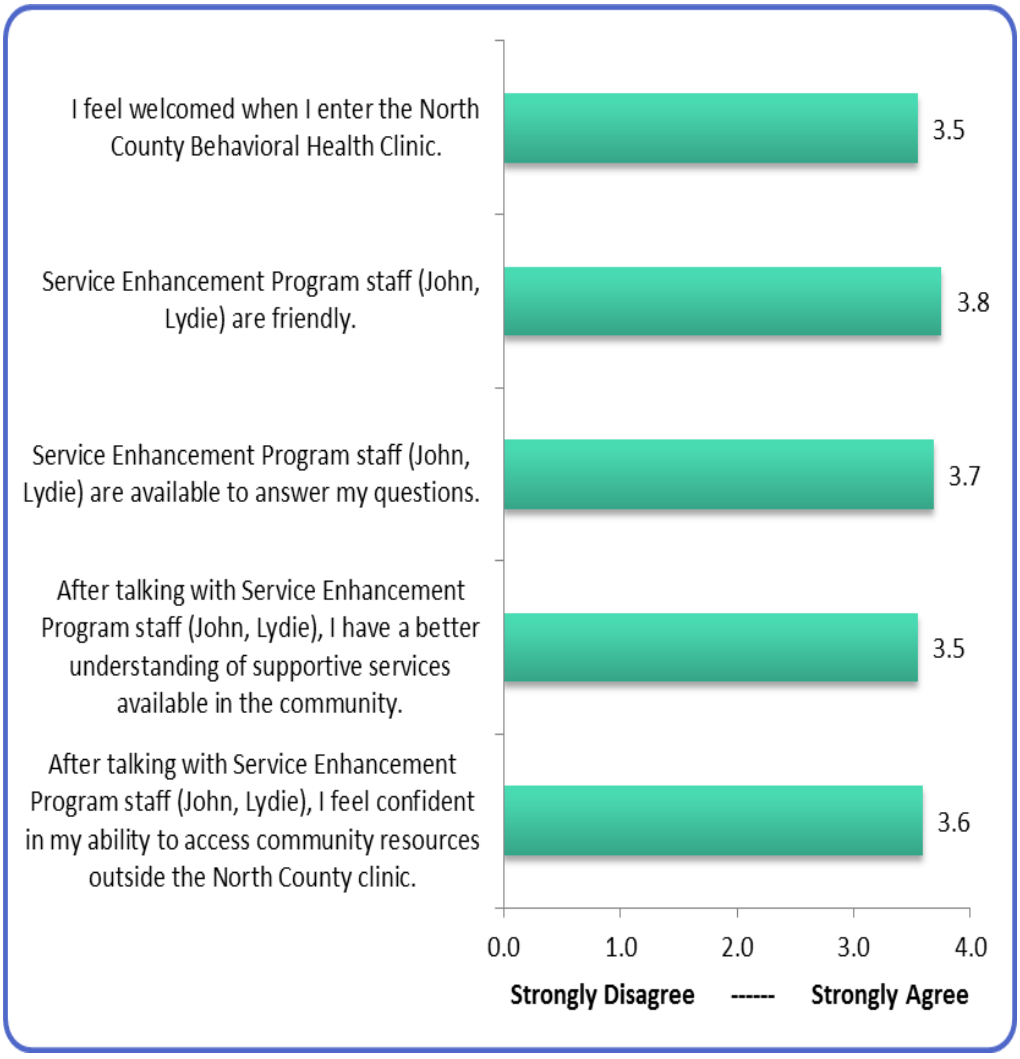
This project initially intended to adapt Stanford's "Cancer Concierge Services" model to serve Behavioral Health. The Hearst Cancer Center was recently opened at French Hospital in San Luis Obispo and SLOBHD staff was graciously invited to meet with program administration and staff to discuss barriers, challenges, and best practices. This local model turned out to be a more applicable choice for adaptation as the population served, geographic area, resources, and size of the facility were comparable.

# Service Enhancement Program



The intention of this program is for clients newly referred to the mental health system and supporting family members to feel safe, secure, informed, and supported so that they may focus on treatment and recovery. The model uses elements of peer-based system navigation, and blends new intake procedures with supportive activities. The goal of this innovation is to create a coordinated "any door" policy among key mental health ports of entry and staff, and to offer warm guidance to help link clients to the appropriate provider. SLOBHD, in partnership with TMHA, launched this program in February of 2012, placing peer support and system navigation services in the lobby of the North County Mental Health Clinic. Other activities included clinic beautification and lobby enhancements, as well as developing a local client organizer based upon the Stanford and Hearst Model.

Consumers and families were asked to provide input during each step of the organizer development, and 25 consumers were selected to test the organizer for a period of six months and provide feedback regarding its usefulness and make recommended improvements. The organizer is now being distributed widely to North County clients. SLOBHD staff track and follow up engagement with supportive services as well as what type of services clients need most. Client surveys are collected and given to the Evaluator anonymously, and initial surveys indicate positive support of the changes in the clinic.



# Operation Coastal Care

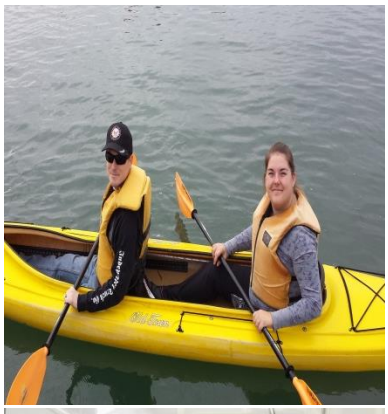
| Innovation Project 7 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| Operation Coastal Care | 52 | $114,767 | $2,207 |

| Primary Purpose | Learning Activity |
|---|---|
| • Increase access to underserved groups | • Embedding a therapist in outdoor, rehabilitative activities, non-military, and non-clinic settings |
| **Learning Goals** | **Method of Measurement** |
| • Will this model reduce stigma amongst veterans and their families, and/or create increased interest in seeking Mental Health services?<br>• Will this model increase access to services for veterans and their families? | • Event Rosters<br>• Surveys<br>• Clinician reports |

Operation Coastal Care leverages resources by embedding a licensed mental health therapist within local rehabilitation programs for veterans. The Operation Coastal Care mental health therapist assesses and responds to participants' mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder. These issues are assessed both on-site during program events, and through follow-up assessment and treatment in comfortable, confidential environments. An unexpected unique opportunity arose when the San Luis Obispo County Veteran's Services Office offered office space at the Vet's Hall for the Coastal Care Therapist, adding another non-traditional, yet culturally competent setting for the therapist to identify potential veterans in need of services.

Operation Coastal Care originally planned to partner with existing AmpSurf and other local Veteran centered events. Soon after approval, frequency of local AmpSurf and other similar rehabilitative outdoor activities declined. An absence of events in the community made testing the model impossible. SLOBHD strategized with the Innovation Stakeholder Group, to address the lack of events available. The role of the Coordinator was adapted in order to leverage the many local outdoor activity resources unique to the central coast and provide physical activities and outdoor events for Veterans.

# Operation Coastal Care



*I suffer from PTSD and this is the first time I have been out of the house in a long time.*
*– Operation Coastal Care Participant*

The Coordinator provides outreach and education to local organizations to host free events for Veteran's and their families. By doing so, the coordinator also educates the community and increases awareness surrounding Mental Health issues specific to Veterans. The Coordinator was successful in finding a number of businesses willing to donate and host events for Veteran's and their families. Events included horseback riding, kayaking, climbing gym, CrossFit, surfing, ziplining, and Mud Mash participation.

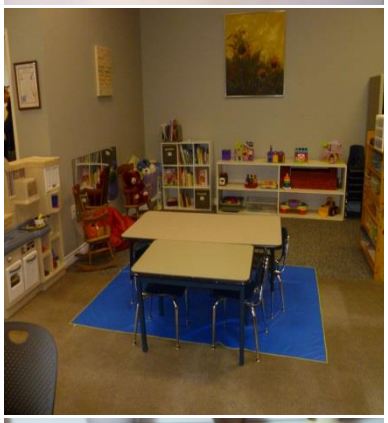
This strategy proved successful and served the dual purpose of not only creating a vehicle for testing the model, but it also increased community collaboration surrounding Veteran's issues. Agencies that hosted and supported events felt empowered to give thanks to Veterans in the community and continue to support Veterans outside of the Innovation project. In addition to increasing collaboration surrounding events, the Coordinator assists the Veterans Mental Health Therapist during rehabilitative activities in order to engage veterans and their families into extended community services and resources, and provides education regarding available community based supportive services.

Despite these process changes, both the learning goals and target populations remained the same. SLOBHD staff met with the external evaluator to develop a modified logic model and more closely evaluate the effect of the activities themselves on the Veterans. Preliminary data shows access and awareness are increased at the events.

*"What happens a lot with guys and gals who've been in a combat environment is that it's a much different world here, and other people cannot understand. You get in the workplace and in society, and you think that you're all right, but you're not. By doing things with other vets, you realize you need a transition period; you're different, and somewhat special. These events help, because you're interacting with other vets, and you learn that there is life after combat." –Operation Coastal Care Participant*

| **I have become more informed about the following resources because I attended this event (Percentage Responding "Yes")** | |
|---|---|
| Benefit Services | 55% |
| Counseling Services | 65% |
| Physical Activities | 80% |
| Social Opportunities | 70% |
| **I am likely to access the following resources because I attended this event ( Percentage Responding "Yes")** | |
| Benefit Services | 75% |
| Counseling Services | 70% |
| Physical Activities | 80% |
| Social Opportunities | 70% |

# The Multi-Modal Play Therapy Outreach Trial



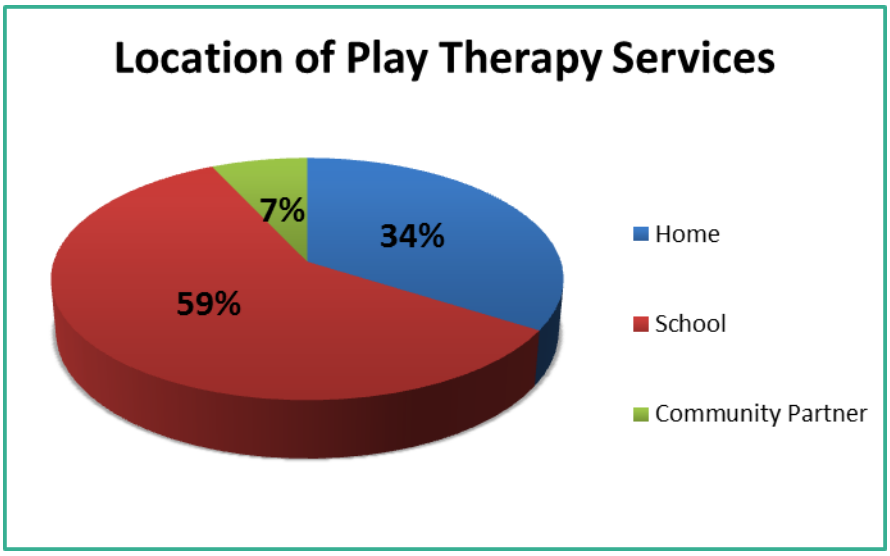
| Innovation Project 8 | Total Served | Total Funding | Cost per Client |
|---|---|---|---|
| The Multi-Modal Play Therapy Outreach Trial | 53 | $127,662 | $2,409 |

| Primary Purpose | Learning Activities |
|---|---|
| • Increase the quality of services, including better outcomes<br>• Increased access to services | • A mobilized play therapist providing multi modal play therapy to underserved families throughout the County |
| **Learning Outcomes** | **Method of Measurement** |
| • Will multi-modal approach that includes parental choice, conducted in non-clinic settings, increase acceptance of services?<br>• Will a mobilized model show different outcomes than those who receive clinic services? | • Rosters<br>• Parenting Stress Index<br>• Satisfaction Survey<br>• Clinician reports<br>• Interviews |

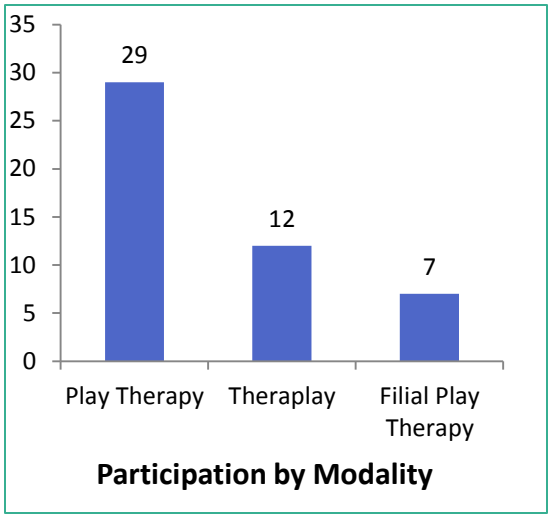
The Multi-Modal Play Therapy Outreach Trial pilots a parent-led, multi-modal, attachment-focused play therapy delivered in home and community settings. CAPSLO provided outreach to families currently not engaged by the public mental health system, with emphasis on providing bilingual and bicultural services for families in rural and remote areas of the county. The therapist provided services to 29 children and their families in mostly rural areas. Services were offered in homes, pre-schools, family resource centers, and elementary schools, as well as on evenings and weekends. Ninety-three percent (93%) of parents served by the program indicated that they would not have been able to get therapy for their child had it not been for the therapist being mobile.

# Modal Play Therapy Outreach Trial

Because some of the caregivers did not want anyone in their home, or felt that an alternate place would be better for the therapist to provide therapy, CAPSLO collaborated with outside agencies for space to provide services that were accessible, safe, and comfortable for the families. Collaborative agencies included: Head Start, The Link, Community Counseling Center, Department of Social Services, and multiple school districts.




This multi-modal strategy uses three evidence-based practices: Theraplay, Filial Play Therapy, and Non-Directive Play Therapy. Parent and caregiver feedback is at the center of this approach. The program's trained therapist does not identify the first modality or its progression until parents or caregivers have the opportunity to experience all three therapy models and provide input into their child's treatment plan. Participating parents and caregivers have the opportunity to learn about and be referred to resources and supports throughout the community. All 29 children participated in Non-Directive Play Therapy, while 12 children and their parent/guardian participated in Theraplay and 7 parents engaged in Filial Play Therapy.




Outcome data was submitted for analysis by staff and will be analyzed during the formal Innovation evaluation. Parent and teacher interviews are currently being conducted as confidentiality restrictions permit. Common learning themes include: young single parents who were raised in non-nurturing home environments have reported they recognize the importance of touch, and are now physically bonding with their child for the first time; some children without a male/ role model in the home are gaining the support of a male therapist and are developing a positive relationship with a male for the first time.

# Capital Facilities & Technology

A comprehensive integrated behavioral health system that will modernize and transform clinical and administrative information systems through a Behavioral Health Electronic Health Record (BHEHR) System allowing for a 'secure, real-time, point-of-care, client-centric information resource for service providers' and the exchange of client information according to a standards-based model of interoperability. The development project is slated to be completed in January 2015.

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

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

A contract with Anasazi Software, Inc. was approved by the Board of Supervisors in May 2010, and Key Project benchmarks for 2012-2013 included:

- Staff trained and implemented 43 Phase 1 (Outpatient) Forms
- Implemented Modification Committee for review and change control in Anasazi
- Staff trained and implemented major upgrade to Anasazi clinical interface
- Implemented new Treatment Plan content
- Claimed Meaningful Use Incentive Funds for Five Eligible Providers (AIU)

In the current year, 2013-2014, it is projected the project will meet the following objectives:

- Managed Care Module Implemented
- Scanning Implemented
- Implement Substance Use Outpatient Forms (Phase 2 assessments)

**2014-15 Goals**

- Meaningful Use Stage 1 Claimed for Eligible Providers
- Cube to be built for assessment reporting
- Implement PHF Forms (Phase 3 assessments)
- Implement new PHF functionality for eMAR and Charting Notes

# MHSA Funding Summary

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

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

For FY 2013-14, the County is projecting to spend a total of $11.7 million on MHSA programs with $9.4 million coming from MHSA revenue and $2.3 from Medi-Cal Federal Financial Participation (FFP) reimbursement, Realignment 2011 and other revenue sources. Medi-Cal revenue should increase over the next year or so as clients who are newly eligible enroll in Medi-Cal. The additional revenue will help leverage the County's MHSA funds.

MHSA revenue is projected to increase during FY 2014-15, decrease during FY 2015-16 and remain fairly stable during FY 2016-17. As previously noted, MHSA revenue is generated from personal income tax which can fluctuate considerably and is dependent on the State's economy. The County takes a conservative approach in the projections and uses information provided by the California Mental Health Directors Association as the basis.

Below is the Funding Summary for the County's MHSA programs for FY 2014-15 through FY 2016-17:

## FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

## Funding Summary

County: San Luis Obispo | Date: 5/9/14

| | MHSA Funding | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Prudent Reserve |
| **A. Estimated FY 2014/15 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 4,443,190 | 1,116,674 | 975,646 | 287,462 | 0 | |
| 2. Estimated New FY2014/15 Funding | 8,050,364 | 2,012,591 | 529,629 | | | |
| 3. Transfer in FY2014/15[a/] | (121,408) | | | 0 | 121,408 | 0 |
| 4. Access Local Prudent Reserve in FY2014/15 | 0 | 40,000 | | | | (40,000) |
| 5. Estimated Available Funding for FY2014/15 | 12,372,146 | 3,169,265 | 1,505,275 | 287,462 | 121,408 | |
| **B. Estimated FY2014/15 MHSA Expenditures** | 6,544,914 | 1,912,958 | 624,492 | 204,244 | 121,408 | |
| **C. Estimated FY2015/16 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 5,827,232 | 1,256,307 | 880,783 | 83,218 | 0 | |
| 2. Estimated New FY2015/16 Funding | 6,762,306 | 1,690,576 | 444,889 | | | |
| 3. Transfer in FY2015/16[a/] | (442,688) | | | 0 | 442,688 | 0 |
| 4. Access Local Prudent Reserve in FY2015/16 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY2015/16 | 12,146,850 | 2,946,883 | 1,325,672 | 83,218 | 442,688 | |
| **D. Estimated FY2015/16 Expenditures** | 6,572,198 | 1,903,720 | 675,000 | 83,218 | 442,688 | |
| **E. Estimated FY2016/17 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 5,574,652 | 1,043,163 | 650,672 | 0 | 0 | |
| 2. Estimated New FY2016/17 Funding | 6,897,552 | 1,724,388 | 453,786 | | | |
| 3. Transfer in FY2016/17[a/] | (442,688) | | | 0 | 442,688 | 0 |
| 4. Access Local Prudent Reserve in FY2016/17 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY2016/17 | 12,029,516 | 2,767,551 | 1,104,458 | 0 | 442,688 | |
| **F. Estimated FY2016/17 Expenditures** | 6,663,198 | 1,903,720 | 675,000 | 0 | 442,688 | |
| **G. Estimated FY2016/17 Unspent Fund Balance** | 5,366,318 | 863,831 | 429,458 | 0 | 0 | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2014 | 2,813,066 |
| 2. Contributions to the Local Prudent Reserve in FY 2014/15 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2014/15 | (40,000) |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2015 | 2,773,066 |
| 5. Contributions to the Local Prudent Reserve in FY 2015/16 | 0 |
| 6. Distributions from the Local Prudent Reserve in FY 2015/16 | 0 |
| 7. Estimated Local Prudent Reserve Balance on June 30, 2016 | 2,773,066 |
| 8. Contributions to the Local Prudent Reserve in FY 2016/17 | 0 |
| 9. Distributions from the Local Prudent Reserve in FY 2016/17 | 0 |
| 10. Estimated Local Prudent Reserve Balance on June 30, 2017 | 2,773,066 |

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

**Community Services and Supports (CSS)**: For FY 2013-14, programs for CSS are projected to cost $8 million with $5.8 million funded through MHSA revenue and $2.1 from Medi-Cal FFP, Realignment 2011 and other revenues.

A transfer in the amount of $526K is expected to be transferred to the CFTN component to fund the final phase of the Behavioral Health Electronic Health Record (BHEHR) during FY 2013-14. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

Future on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between the divisions in Behavioral Health. The County is estimating that $442K will be needed in annual CSS transfers to CFTN to help support those costs.

**New in FY 14-15:**
As detailed in the Executive Summary, the CSS budget now includes the addition of the Latino Outreach Program and Mobile Crisis services which were previously budgeted under the PEI component. The additional cost associated with this shift is $222,784 annually.

The chart below summarizes the budget for CSS for FY 2014-15 through FY 2016-17:

## FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: San Luis Obispo Date: 5/9/14

| | Fiscal Year 2014/15 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| 1. Youth FSP | 544,213 | 48,689 | 270,757 | | 222,020 | 2,747 |
| 2. TAY FSP | 707,030 | 257,535 | 249,408 | | 199,914 | 173 |
| 3. Adult FSP | 2,144,527 | 1,750,876 | 336,969 | | | 56,682 |
| 4. Older Adult FSP | 319,303 | 211,614 | 102,614 | | | 5,075 |
| **Non-FSP Programs** | | | | | | |
| 1. General System Development: Wellness & Recovery | 1,462,209 | 1,112,287 | 240,003 | | 50,596 | 59,323 |
| 2. General System Development: Latino Services | 767,205 | 521,151 | 166,384 | | 77,910 | 1,760 |
| 3. General System Development: Crisis & Aftercare | 972,016 | 768,961 | 121,374 | | | 81,681 |
| 4. General System Development: Community Schools | 624,609 | 516,403 | 59,395 | | 48,703 | 108 |
| 5. Outreach & Engagement | 5,000 | 5,000 | | | | |
| 6. General System Development: Forensic Mental Health Servic | 926,644 | 926,644 | | | | |
| **CSS Administration** | 443,756 | 425,754 | 18,002 | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 8,916,512 | 6,544,914 | 1,564,906 | 0 | 599,143 | 207,549 |
| **FSP Programs as Percent of Total** | 56.8% | | | | | |

| | Fiscal Year 2015/16 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| 1. Youth FSP | 569,382 | 48,891 | 295,724 | | 222,020 | 2,747 |
| 2. TAY FSP | 731,098 | 258,605 | 272,406 | | 199,914 | 173 |
| 3. Adult FSP | 2,183,368 | 1,758,644 | 368,042 | | | 56,682 |
| 4. Older Adult FSP | 329,644 | 212,493 | 112,076 | | | 5,075 |
| **Non-FSP Programs** | | | | | | |
| 1. General System Development: Wellness & Recovery | 1,488,490 | 1,116,437 | 262,134 | | 50,596 | 59,323 |
| 2. General System Development: Latino Services | 784,712 | 523,315 | 181,727 | | 77,910 | 1,760 |
| 3. General System Development: Crisis & Aftercare | 915,540 | 772,258 | 128,978 | | | 14,304 |
| 4. General System Development: Community Schools | 632,231 | 518,548 | 64,872 | | 48,703 | 108 |
| 5. Outreach & Engagement | 5,000 | 5,000 | | | | |
| 6. General System Development: Forensic Mental Health Servic | 930,492 | 930,492 | | | | |
| **CSS Administration** | 447,177 | 427,515 | 19,662 | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 9,017,134 | 6,572,198 | 1,705,621 | 0 | 599,143 | 140,172 |
| **FSP Programs as Percent of Total** | 58.0% | | | | | |

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| 1. Youth FSP | 570,054 | 49,563 | 295,724 | | 222,020 | 2,747 |
| 2. TAY FSP | 734,654 | 262,161 | 272,406 | | 199,914 | 173 |
| 3. Adult FSP | 2,209,179 | 1,784,455 | 368,042 | | | 56,682 |
| 4. Older Adult FSP | 332,566 | 215,415 | 112,076 | | | 5,075 |
| **Non-FSP Programs** | | | | | | |
| 1. General System Development: Wellness & Recovery | 1,502,288 | 1,130,235 | 262,134 | | 50,596 | 59,323 |
| 2. General System Development: Latino Services | 791,909 | 530,512 | 181,727 | | 77,910 | 1,760 |
| 3. General System Development: Crisis & Aftercare | 926,778 | 783,496 | 128,978 | | | 14,304 |
| 4. General System Development: Community Schools | 639,362 | 525,679 | 64,872 | | 48,703 | 108 |
| 5. Outreach & Engagement | 5,000 | 5,000 | | | | |
| 6. General System Development: Forensic Mental Health Servic | 943,288 | 943,288 | | | | |
| **CSS Administration** | 453,056 | 433,394 | 19,662 | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 9,108,134 | 6,663,198 | 1,705,621 | 0 | 599,143 | 140,172 |
| **FSP Programs as Percent of Total** | 57.7% | | | | | |

**Prevention and Early Intervention (PEI):** For FY 2013-14, programs for PEI are projected to cost $1.9 million with $1.8 million coming from MHSA revenue and the balance from grant revenue. The MHSA Stakeholder group approved the allocation of $67,308 annually to CalMHSA to help support statewide PEI projects.

***New in FY 14-15:***As detailed in the Executive Summary, the Latino Outreach Program and Mobile Crisis services that were previously included under PEI have been moved into CSS. The cost savings associated with this shift is $222,784 annually.

The chart below summarizes the budget for PEI for FY 2014-15 through FY 2016-17:

## FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
## Prevention and Early Intervention (PEI) Component Worksheet

County: San Luis Obispo Date: 5/9/14

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| **Fiscal Year 2014/15** | **Estimated Total Mental Health Expenditures** | **Estimated PEI Funding** | **Estimated Medi-Cal FFP** | **Estimated 1991 Realignment** | **Estimated Behavioral Health Subaccount** | **Estimated Other Funding** |
| **PEI Programs - Prevention** | | | | | | |
| 1. MH Awareness & Stigma Reduction | 154,245 | 107,965 | | | | 46,280 |
| 2. School Based Wellness | 126,431 | 126,431 | | | | |
| 3. Family, Education, Training & Support | 99,000 | 99,000 | | | | |
| 4. Early Care & Support for Underserved | 313,620 | 313,620 | | | | |
| 5. Integrated Community Wellness | 180,000 | 180,000 | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. School Based Wellness | 625,198 | 625,198 | | | | |
| 12. Integrated Community Wellness | 133,613 | 133,613 | | | | |
| **PEI Administration** | 259,823 | 259,823 | | | | |
| **PEI Assigned Funds** | 67,308 | 67,308 | | | | |
| **Total PEI Program Estimated Expenditures** | 1,959,238 | 1,912,958 | 0 | 0 | 0 | 46,280 |

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| **Fiscal Year 2015/16** | **Estimated Total Mental Health Expenditures** | **Estimated PEI Funding** | **Estimated Medi-Cal FFP** | **Estimated 1991 Realignment** | **Estimated Behavioral Health Subaccount** | **Estimated Other Funding** |
| **PEI Programs - Prevention** | | | | | | |
| 1. MH Awareness & Stigma Reduction | 145,007 | 98,727 | | | | 46,280 |
| 2. School Based Wellness | 126,431 | 126,431 | | | | |
| 3. Family, Education, Training & Support | 99,000 | 99,000 | | | | |
| 4. Early Care & Support for Underserved | 313,620 | 313,620 | | | | |
| 5. Integrated Community Wellness | 180,000 | 180,000 | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. School Based Wellness | 625,198 | 625,198 | | | | |
| 12. Integrated Community Wellness | 133,613 | 133,613 | | | | |
| **PEI Administration** | 259,823 | 259,823 | | | | |
| **PEI Assigned Funds** | 67,308 | 67,308 | | | | |
| **Total PEI Program Estimated Expenditures** | 1,950,000 | 1,903,720 | 0 | 0 | 0 | 46,280 |

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| **Fiscal Year 2016/17** | **Estimated Total Mental Health Expenditures** | **Estimated PEI Funding** | **Estimated Medi-Cal FFP** | **Estimated 1991 Realignment** | **Estimated Behavioral Health Subaccount** | **Estimated Other Funding** |
| **PEI Programs - Prevention** | | | | | | |
| 1. MH Awareness & Stigma Reduction | 145,007 | 98,727 | | | | 46,280 |
| 2. School Based Wellness | 126,431 | 126,431 | | | | |
| 3. Family, Education, Training & Support | 99,000 | 99,000 | | | | |
| 4. Early Care & Support for Underserved | 313,620 | 313,620 | | | | |
| 5. Integrated Community Wellness | 180,000 | 180,000 | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. School Based Wellness | 625,198 | 625,198 | | | | |
| 12. Integrated Community Wellness | 133,613 | 133,613 | | | | |
| **PEI Administration** | 259,823 | 259,823 | | | | |
| **PEI Assigned Funds** | 67,308 | 67,308 | | | | |
| **Total PEI Program Estimated Expenditures** | 1,950,000 | 1,903,720 | 0 | 0 | 0 | 46,280 |

**Innovation:** For FY 2013-14, Innovation projects are projected to cost $720K and are fully funded by MHSA revenue. Many of the current Innovation programs will be completed during this fiscal year, with the remaining ending in FY 2014-15. The Community Planning Process will begin planning for the next round of Innovation programs this September and will end around December 2014. The budgets for FY 2015-16 and 2016-17 are based on anticipated Innovation revenue over the next several years and are yet to be determined by Stakeholders and approved by the Mental Health Services Oversight and Accountability Commission.

The chart below summarizes the overall budget for Innovation for FY 2014-15 through FY 2016-17.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan**
**Innovations (INN) Component Worksheet**

County: San Luis Obispo Date: 5/9/14

| | Fiscal Year 2014/15 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **INN Programs** | | | | | | |
| 1. System Empowerment | 45,067 | 45,067 | | | | |
| 2. Atascadero Student Wellness | 130,834 | 130,834 | | | | |
| 3. Older Adult Family Facilitation | 1,842 | 1,842 | | | | |
| 4. Nonviolent Communication | 1,844 | 1,844 | | | | |
| 5. Wellness Arts | 70,733 | 70,733 | | | | |
| 6. Service Enhancements | 138,043 | 138,043 | | | | |
| 7. Operation Coastal Care | 106,159 | 106,159 | | | | |
| 8. Play Therapy | 1,844 | 1,844 | | | | |
| 9. | 0 | | | | | |
| **INN Administration** | 128,126 | 128,126 | | | | |
| **Total INN Program Estimated Expenditures** | 624,492 | 624,492 | 0 | 0 | 0 | 0 |

| | Fiscal Year 2015/16 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **INN Programs** | | | | | | |
| 1. Innovation Projects - TBD | 675,000 | 675,000 | | | | |
| 2. | 0 | | | | | |
| **INN Administration** | 0 | | | | | |
| **Total INN Program Estimated Expenditures** | 675,000 | 675,000 | 0 | 0 | 0 | 0 |

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **INN Programs** | | | | | | |
| 1. Innovation Projects - TBD | 675,000 | 675,000 | | | | |
| 2. | 0 | | | | | |
| **INN Administration** | 0 | | | | | |
| **Total INN Program Estimated Expenditures** | 675,000 | 675,000 | 0 | 0 | 0 | 0 |

**Workforce, Education and Training (WET):** For FY 2013-14, WET programs are projected to cost $203K, with $144K from MHSA revenue and the remaining from Medi-Cal FFP revenue. The County is estimating the initial WET allocation will be depleted by the end of FY 2015-16. The MHSA Stakeholder group will convene to determine next steps with the programs under WET.

The chart below summarizes the budget for WET for FY 2014-15 through FY 2016-17:

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan**
**Workforce, Education and Training (WET) Component Worksheet**

County: San Luis Obispo Date: 5/9/14

| | Fiscal Year 2014/15 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | |
| 1. PAAT | 25,000 | 25,000 | | | | |
| 2. E-Learning | 19,000 | 19,000 | | | | |
| 3. Crisis Intervention Training | 7,250 | 7,250 | | | | |
| 4. Cultrual Competence | 10,700 | 10,700 | | | | |
| 5. Co-Occurring Training | 25,845 | 25,845 | | | | |
| 6. CASRA | 9,600 | 9,600 | | | | |
| 7. Internship Program | 88,250 | 27,999 | 33,105 | | 27,146 | |
| 8. Stipends & Scholarships | 58,000 | 58,000 | | | | |
| 9. | 0 | | | | | |
| **WET Administration** | 20,850 | 20,850 | | | | |
| **Total WET Program Estimated Expenditures** | 264,495 | 204,244 | 33,105 | 0 | 27,146 | 0 |

| | Fiscal Year 2015/16 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | |
| 1. PAAT | 12,500 | 12,500 | | | | |
| 2. E-Learning | 19,000 | 19,000 | | | | |
| 3. Crisis Intervention Training | 4,000 | 4,000 | | | | |
| 4. Cultrual Competence | 5,000 | 5,000 | | | | |
| 5. Co-Occurring Training | 12,500 | 12,500 | | | | |
| 6. CASRA | 0 | 0 | | | | |
| 7. Internship Program | 88,250 | 27,999 | 33,105 | | 27,146 | |
| 8. Stipends & Scholarships | 2,219 | 2,219 | | | | |
| 9. | 0 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 143,469 | 83,218 | 33,105 | 0 | 27,146 | 0 |

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | |
| 1. | 0 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

**Capital Facilities and Technological Needs (CFTN):** For FY 2013-14, CFTN is projected to cost $935K. By the end of the FY, $526K is expected to be transferred from CSS to CFTN to fund the final phase of the Behavioral Health Electronic Health Record (BHEHR). This amount meets the guidelines of Welfare and Institutions Code 5892 (b). Starting in January 2014, on-going maintenance and support costs will be shared between the divisions in Behavioral Health.

During FY 2014-15, a transfer in the amount of $122K will be needed from CSS for the completion of the BHEHR project and to support on-going maintenance costs. Future on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between the divisions in Behavioral Health based on number of users. The County is estimating that $442K will be needed in annual CSS transfers to CFTN to help support those costs during FY 2015-16 and FY 2016-17.

The BHEHR project is expected to be completed in January 2015. The estimated total cost for the BHEHR is $3.7 million, which is in-line with what was approved by the Department of Mental Health and the County's Board of Supervisors.

The chart below summarizes the budget for CFTN for FY 2014-15 through FY 2016-17:

## FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
## Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: San Luis Obispo  Date: 5/9/14

| | Fiscal Year 2014/15 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. Electronic Health Record (EHR) | 584,281 | 121,408 | | | | 462,873 |
| 12. | 0 | | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 584,281 | 121,408 | 0 | 0 | 0 | 462,873 |

| | Fiscal Year 2015/16 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. EHR On-Going Support - CSS Transfer | 560,364 | 442,688 | | | | 117,676 |
| 12. | 0 | | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 560,364 | 442,688 | 0 | 0 | 0 | 117,676 |

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. EHR On-Going Support - CSS Transfer | 560,364 | 442,688 | | | | 117,676 |
| 12. | 0 | | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 560,364 | 442,688 | 0 | 0 | 0 | 117,676 |

**Local Prudent Reserve:** Pursuant to Welfare and Institutions Code 5847(b)(7), the County must establish and maintain a local prudent reserve to ensure that programs will continue to serve children, adults and seniors currently being served by CSS and PEI programs. The reserve should be used in years where the allocation of funds for services are not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year. The balance at the end of FY 16-17 is estimated to be $2,773,066.

# Appendix

Appendix A

**NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT**
**And**
**NOTICE OF PUBLIC HEARING**

**San Luis Obispo County**
**Mental Health Services Act**

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## NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: San Luis Obispo County Behavioral Health Department

WHAT: The MHSA Annual Update and Three-Year Plan for Fiscal Years 2014-17, is available for a 30-day public review and comment from May 19 through June 18, 2014.

HOW: To review the proposed plan,

Visit: http://www.slocounty.ca.gov/health/mentalhealthservices.htm

To Submit Comments or Questions:

https://www.research.net/s/2014-2015_MHSA_Annual_Update_Public_Comment

***Comments must be received no later than June 18, 2014.***

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## NOTICE OF PUBLIC HEARING

WHO: San Luis Obispo County Mental Health Advisory Board

WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual Update and Three-Year Plan for Fiscal Years 2014-17.

WHEN: Wednesday, July 18, 2013, 3:00 p.m.

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

FOR FURTHER INFORMATION:
Please contact Frank Warren, (805) 788-2055, fwarren@co.slo.ca.us

DATE: June 1, 2014

TO: Mr. Frank Warren, Prevention and Outreach Division Manager
County of San Luis Obispo, Behavioral Health Department (via Email)

Ms. Anne Robin, Director, County of San Luis Obispo, Behavioral Health Department (via Email)

Mr. David Riester, Chair, County of San Luis Obispo, Behavioral Health Board (via Email)

CC: Web Link: https://www.research.net/s/2014-2015_MHSA_Annual_Update_Public_Comment

FROM: Roger Gambs, Prof. Biol. Sci. (emeritus), 7460 Encinal Ave., Atascadero, CA 93422

SUBJECT: COMMENTS - Mental Health Services Act Draft Annual Update and Three Year Expenditure Plans for 2014/15, 2015/16 and 2016/17.

Please accept my sincere appreciation for the Behavioral Health Department's distribution of its Draft MHSA annual update and 3-year expenditure plans. In response to your request for comments on the draft update and plans, please accept the comments and suggestions included in this letter.

About nine years ago I served as a family member, stakeholder participant when SLO Co. initially implemented the MHSA. Since then, I have had a longstanding interest in the act's most important component, CSS, because I believe that the CSS component focuses most directly in the overarching intent and goal of the act.

GENERAL BHD STAFFING CONCERNS: After nearly a decade of seeing little change in the number of FTEs in the department, it is encouraging to see that the number of employees has increased in recent years.

• One staffing concern is that the number and caseloads of professional mental health providers for Core MH services not be allowed to lag behind the number and caseloads of professional mental health providers for MHSA services. As patients improve, recover and "graduate" from MHSA FSPs, it is critical that Core MH services have the capacity to adequately accommodate these people.

• Another staffing concern is the chronic shortage of licensed Psychiatrists and Psychiatric RN's within the ranks of professional MH service providers in SLO Co. Serious Mental Illnesses are medical conditions and must be addressed by qualified medical professionals. It is essential that the BHD succeed in negotiating with the BOS for competitive compensations and perhaps fewer or less restrictive conditions on these two critical medical positions.

FULL SERVICE PARTNERSHIP TEAM CONCERNS: At the present time, an Adult FSP team appears to consist of a County Mental Health Therapist, a Personal Service Specialist and access to a Co-occuring Disorders Specialist, Psychiatrist, Program Supervisor, and Spanish speaking therapist. In contrast to the Adult FSP team, the Homeless FSP team appears to consist of a County Mental Health Therapist and Medication Manager, Case Manager, Personal Service Specialist and access to a Public Health Nurse, Psychiatrist and Program Supervisor. I suggest that all Adult and TAY Full Service Partnership teams be upgraded to include licensed Medication Managers, Case Managers and licensed RNs. Severe and persistent mental illnesses are serious medical illnesses and deserve comprehensive medical care and case management.

COMMENTS KEYED TO PAGE ## OF MHSA - ANNUAL UPDATE... FY 2014/15...

Page 3 & Pages 21, 32, 33, & 56 - In 2013/14 a Forensic Mental Health Services work plan was created to include: BH Treatment Court, Forensic Re-Entry Services, and Veterans Treatment Court. In 2012/13 the Enhanced Crisis Response and Aftercare work plan combined with the Mobile Crisis team, an Aftercare specialist and Forensic Re-entry Services. In 2014/15, apparently the Mobile Crisis team work plan will be moved from PEI to CSS. I must admit that I cannot find anything in the annual CSS update narrative that brings these various services together and shows an overall budget for the recently formed or revised work plan(s). Please clarify the status of these in the 2014/15 final draft.

Pages 14, 15 & 16 - Apparently the sharp proposed DECREASE in Child/Youth FSPs in 2014/15 and 2015/16 is a result of creating a new School and Family Work Plan to replace Lucia Mar Child/Youth FSPs. I do not understand how difficulties in collecting data and reporting outcomes are sufficient justifications to ELIMINATE Lucia Mar C/Y FSPs and create a new School and Family Work Plan. I suggest that in-service training of FCN, TMHA and CAPSLO providers might be a successful remedy for these apparent difficulties.

Pages 17 & 18 - The sharp proposed DECREASE in TAY FSPs is alarming. It has been my understanding that this age group was severely underserved prior to implementation of the MHSA. Prior to the MHSA, any youth MH services TAYs may have been receiving stopped once they reached 18 years of age. I suggest that it would be prudent to provide clear justifications before CUTTING the number of TAY FSPs by over 40%. I suspect that the TAY group is difficult to work with and it might be necessary to revise the criteria for FSP admission to reach those most in need of help.

Page 18 - I suggest that the number of Adult FSPs be INCREASED by 20-25% for FYs 2014/15, 2015/16 and 2016/17. The goal of diverting people living with serious and persistent mental illnesses from acute or long-term institutionalization to Adult FSPs in the community is clearly beneficial. I also believe that it would be beneficial to create a sub-group of short-term FSPs that could be made available immediately to someone who has not been arrested but is recovering from a psychiatric crisis in the PHF. This might require some modification to FSP admission criteria, but it would go a long way toward helping someone living with mental illness regain their footing after a psychiatric crisis; as opposed to giving the person a

prescription and a therapist appointment as they walk out the door. Importantly, it also could serve as a diversion away from future institutionalizations or criminalizations down the line.

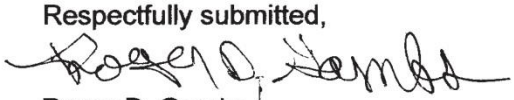
Page 21 - I applaud the BHD for initiating its specialty FSP program focusing on homeless people living with mental illnesses. I also applaud the BHD for its specialty FSP program that operates in conjunction with the Jail and BHTC. Sadly, many of the people who reach these FSP programs have already become criminalized as a result of the mental illnesses they live with. My hope is that one day soon, SLO County will implement Laura's Law as amended. Although not perfect, this law aims to PREVENT criminalization by providing mental health services early on, before a person becomes incarcerated or institutionalized. I suggest that the SLO Co. BHD initiate steps to include Laura's Law within the MHSA work plans of SLO Co. A number of the requisite elements needed to implement Laura's Law (e.g. BHTC and FSPs) already exist in the County. Not only would Laura's Law decrease the frequency of people living with mental illnesses from suffering inhumane and unnecessary criminalization and incarceration in Jails and Prisons, it also would save the County money and promote better collaborative relationships between the BHD and the Sheriff and local Police Departments. Consultation with BHDs in counties that have already implemented Laura's Law (Orange, Yolo and Nevada Co's.) might streamline the process.

Page 25 - Please clarify the current status of the five, Nelson St., studio apartments and any other MHSA supported housing in Arroyo Grande. I cannot determine whether the apartments are no longer available for FSP housing or that individual FSP residents now pay the rent out of their own pockets.

Page 76 - Developing a modern Behavioral Health Electronic Health Record system is probably a good thing, especially if it is capable of fully integrating into a statewide BHEHR system. On the other hand, if the BHEHR system is unique to SLO county, then I believe that the county should pay for the system and ongoing maintenance and not the CSS component of the MHSA. I do realize that up to 20% of the average of the last 5 years of CSS funding allocation CAN be transferred to the Prudent Reserve, WET or CFTN. However, this does not mean that up to 20% MUST be transferred. In the spirit of the intent of the MHSA, I believe that the continuing unmet needs for direct supports and services to people living with mental illnesses takes priority over transfers from CSS to CFTN or other MHSA components.

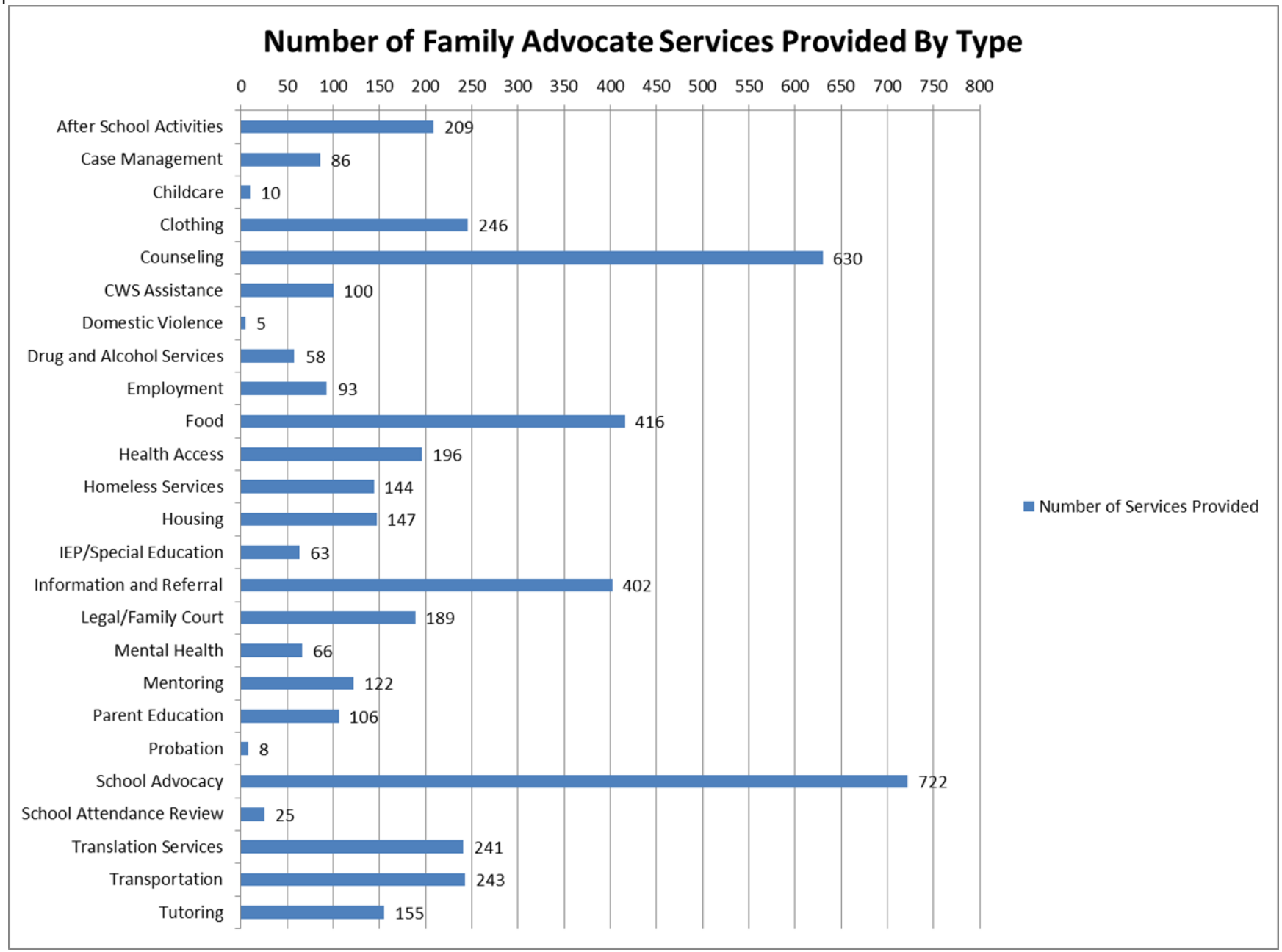
Thank you for your time and consideration of these important matters.

Respectfully submitted,



Roger D. Gambs

Appendix C


Number of Family Advocate Services Provided By Type
0 50 100 150 200 250 300 350 400 450 500 550 600 650 700 750 800
After School Activities 209
Case Management 86
Childcare 10
Clothing 246
Counseling 630
CWS Assistance 100
Domestic Violence 5
Drug and Alcohol Services 58
Employment 93
Food 416
Health Access 196
Homeless Services 144
Housing 147
IEP/Special Education 63
Information and Referral 402
Legal/Family Court 189
Mental Health 66
Mentoring 122
Parent Education 106
Probation 8
School Advocacy 722
School Attendance Review 25
Translation Services 241
Transportation 243
Tutoring 155
Number of Services Provided

Appendix D

**Student Assistance Program Survey 2012-13**
**Questions {Ranked from 1(Disagree) to 4(Agree)}**

| Protective Factors | Increase |
|---|---|
| I am involved in activities outside of class | +21.83% |
| If I had a personal problem, I could ask my mom or dad (or other family member) for help | +22.62% |
| I have a good relationship with my parents | +17.23% |
| I feel good about myself | +35.53% |
| I think about the consequences to my actions | +34.52% |
| I'm accepting of people who are different than me | +11.75% |
| It is easy for me to talk to people I don't know very well. | +35.38% |
| If I were bullied or harassed, I feel confident in my ability to handle the situation | +31.06% |
| I feel confident in my ability to cope with stress, depression and anxiety | +41.96% |
| I enjoy being at school | +30.22% |
| I understand that alcohol is harmful to me. | +9.30% |
| I understand that marijuana is harmful to me. | +14.64% |
| I understand the misuse of prescription drugs is harmful to me. | +14.33% |
| My grades are mostly (scored as estimate of self-reported GPA) | +16.06% |
| **Risk Factors** | **Decrease** |
| The number of times I got into a physical fight or threatened someone is | -25.64% |
| The number of times I used marijuana is | -24.55% |
| The number of times I used alcohol is | -23.03% |
| The number of times I used other drugs (cocaine, ecstasy, meth, pills, etc.) is | -3.85% |
| The number of times I have misused prescription drugs is | -13.22% |
| The amount of time I've hurt myself on purpose (cutting, burning, etc.) | -26.25% |
| The number of times I have seriously thought about suicide is | -17.78% |
| How many days were you absent? | -30.71% |
| Of your closet friends, how many have ever used alcohol or other drugs? | -8.17% |

Appendix E

# San Luis Obispo County Innovation Project Status

| Name | Estimated Inn Plan Start Date | Actual Start Date | Inn Plan Estimated End Date | Adjusted Project End Date | Comments |
|---|---|---|---|---|---|
| System Empowerment For Consumers, Providers, and Family Members | 2/1/2011 | 1/1/2013 | 1/1/2013 | 12/31/14 | Two year implementation delay due to EHR implementation |
| Atascadero Student Wellness Career Project | 2/1/2011 | 7/1/2011 | 12/31/2014 | 6/30/15 | 6 month implementation delay in conjuction with local approval |
| Older Adult Family Facilitation | 2/1/2011 | 7/1/2011 | 12/31/2013 | 6/30/14 | 6 month implementation delay in conjuction with local approval |
| Nonviolent Communication | 2/1/2011 | 7/1/2011 | 12/31/2013 | 6/30/14 | 6 month implementation delay in conjuction with local approval |
| Wellness Arts 101 | 2/1/2011 | 7/1/2011 | 12/31/2014 | 6/30/15 | 6 month implementation delay in conjuction with local approval |
| Warm Reception and Family Guidance (renamed Service Enhancement Program) | 2/1/2011 | 7/1/2011 | 12/31/2014 | 6/30/15 | 6 month implementation delay in conjuction with local approval |
| Operation Coastal Care | 2/1/2011 | 7/1/2011 | 12/31/2013 | 6/30/14 | 6 month implementation delay in conjuction with local approval |
| Multi-Modal Play Therapy Outreach Trial | 2/1/2011 | 7/1/2011 | 12/31/2013 | 6/30/14 | 6 month implementation delay in conjuction with local approval |