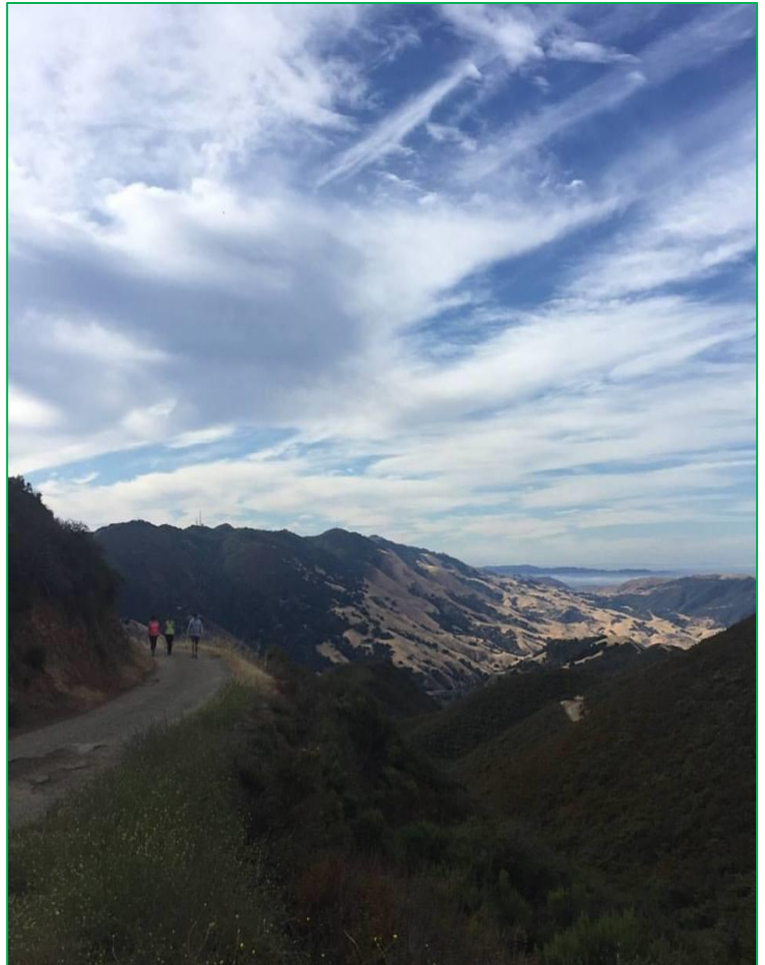


Mental Health Services Act (MHSA)

2016-2017 Annual Update to the Three-Year Program & Expenditure Plan

Fiscal Years
2014-2015 – 2016-2017



San Luis Obispo County
Behavioral Health Department



WELLNESS • RECOVERY • RESILIENCE

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San Luis Obispo County's 2016-2017 Annual Update to the Three-Year Program and Expenditure Plan celebrates and details the programs being administered in each component of Mental Health Services Act work plans. In the following report programs and projects developed in partnership throughout the county will be outlined as well as their operating budget, and results of past implementation. The results of activities in the 2014-2015 year will be presented. The various work plans outlined herein will include: proposed program adaptations; any changes to the original component plans or past updates; projected planning and budgeting for the fiscal years (FY) 2014-2015 through 2016-2017.



Overview & Executive Summary

San Luis Obispo County's Mental Health Services Act (MHSA) Fiscal Year 2016-2017 Annual Update to the Three-Year Program and Expenditure Plan provides an overview of the work plans and projects being implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. The passage of MHSA provided San Luis Obispo County with increased funding, personnel, and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults, and families. MHSA programs address a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements that support the County's public mental health system.

This Update was produced by the San Luis Obispo County Behavioral Health Department (SLOBHD) and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. This report includes descriptions of programs and services, as well as results from 2014-2015, 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 2016-2017 MHSA Annual Update details the programs being administered, their operating budgets, and results of past implementation. In accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Annual Update includes updates to the Three-Year Program and Expenditure Plan. The various work plans outlined herein will include: proposed program adaptations; any changes to the original component plans or past updates; projected planning and budgeting for the fiscal years (FY) 2014-2015 through 2016-2017.



This Update and Plan will be submitted to the San Luis Obispo County Board of Supervisors for approval on or before December 5, 2016.

California Assembly Bill (A.B.) 100, passed in 2011, amended the 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 Health Care Services (DHCS) after review and comment by the Oversight and Accountability Commission. Additionally, A.B. 1467 (passed in June 2012), amended the Act to require the three-year program and expenditure plan, and annual updates, be adopted by each County's Board of Supervisors and then submitted to the MHSOAC within 30 days. The goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

In the past year, San Luis Obispo County's MHSA programs have continued to produce excellent results and meet objectives. The SLOBHD continues to put forth increased efforts to collect data, track results, and revisit programs to monitor efficacy. The MHSOAC's 2013 audit of 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 informed contract language in the current fiscal year.

In this Annual Update to the Three-Year Plan, SLOBHD has again included descriptions of Program Goals, Key Objectives, Key Outcomes, and Measures at the front of each CSS and PEI work plan. For CSS programs, these stated goals and targets remain in development as the system providers and stakeholders review the past decade of projects and continue to strengthen data collection and results reporting. The County is committed to improved outcome reporting and system accountability. This is ongoing process as the County has developed a Request for Proposals (RFP) process for several MHSA program services in the current year.

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

In July 2015, Frank Warren, the Division Manager of Prevention & Outreach for SLOBHD, and the county's MHSA Coordinator, presented the Annual Update of MHSA programs and plans to the County 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.

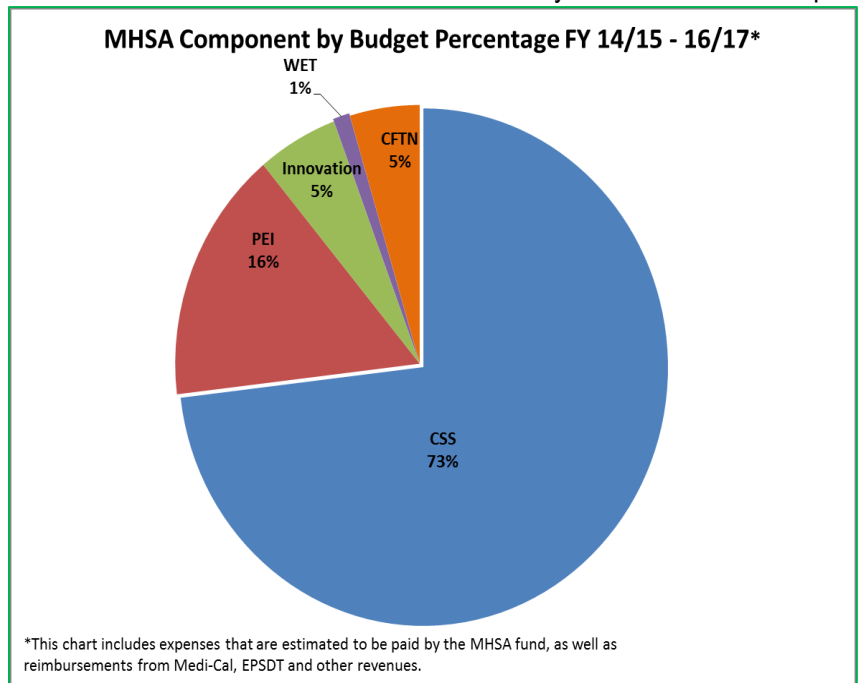
In 2014-2015, San Luis Obispo County's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met three times to review program progress and budgeting. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plans and operations in 2015-2016:

- Changes to PEI contracts including funding increases to match increases given to CSS contracts; and adopting contracts with two-year options to renew, rather than annually.
- Establishment of a College-based PEI Specialist at SLOBHD to coordinate stigma prevention, wellness activities, suicide awareness, and act as a liaison between the community and two local college campuses.
- Adopting the veterans outreach Innovation project, known as "Operation Coastal Care." The prevention and outreach elements will be funded within the PEI plan, while the therapeutic engagement and treatment will be adopted within the CSS plan.
- Adopting the Innovation "Service Enhancement Program" (originally named "Warm Reception and Guidance") within the CSS plan.
- Increasing the time and caseload for the Mental Health Therapist assigned to the Homeless Outreach Full Service Partnership (FSP).

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 before and upon release.

There were a few minor adjustments to CSS programs in 2014-2015, which made significant improvements. The County converted or reassigned three positions, which had become less critical within their original work plans. This allowed the County to expand crisis services by developing a Crisis Resolution Team (CRT). The CRT is specifically aimed at expedited care in local emergency rooms and hospitals. One of the converted positions established a crisis placement coordinator to work with local and out-of-county short-term and long-term respite facilities to improve appropriate levels of care. The CRT is housed within the County’s Psychiatric Health Facility (PHF) and works closely with the contracted Mobile Crisis service provider. The establishment of the CRT also allowed the County to be awarded capital improvement funds from the California Health Facilities Financing Authority (CHFFA). Other CSS changes included adjustments to work plans and the conversion of positions to maximize effectiveness.

Prevention and Early Intervention (PEI) 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 County is planning on its next three-year evaluation to be completed in the 2016-2017 fiscal year, and published as part of next year’s Annual Update.



The Middle School Comprehensive Program has motivated school districts to seek additional resources in order to replicate the model in non-PEI funded sites. The growth of the Community Counseling Center (CCC) has built tremendous capacity for brief and early intervention by 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 more than 90% of participants demonstrating reduced levels of stress and anxiety.

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 2016-2017 the County will continue to offer 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 (Anasazi). In 2014-2015 the project met several milestones and training was completed for nearly every provider within the county. This expansive project continues to move the county’s mental health system forward, and will continue to build bridges between substance use treatment, and physical health care in the coming years.

The Innovation component of 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 reported herein include the MHSA stakeholders’ adoption of Operation Coastal Care in both the PEI and CSS work plans, providing outreach and care for

local veterans. Stakeholders also approved the adoption and expansion of the Service Enhancement Program within CSS. Cuesta College continues to offer Wellness Arts 101 as part of its permanent catalogue, after a successful trial during the first round of Innovation funding.

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

- The **Transition Assistance and Relapse Prevention Project (TARP)** seeks to learn if rates of recidivism and relapse are reduced by embedding peer mentors with adult FSP clients preparing to "graduate." This test practice will introduce a peer mentor into the individual's FSP team within 90 days of graduation. The peer mentor will assist the client in transitioning into a non-intensive, self-supported system of care. The County will evaluate whether the rates of recidivism and relapse among FSP clients are reduced by this bridge approach, in comparison to those traditionally graduated or transferred to lower levels of care in other parts of the mental health system.
- The **Late Life Empowerment and Affirmation Program (LLEAP)** will test whether a curriculum developed for victims of domestic violence (DV) can be adapted to meet the needs of older adults who have lost their spouse, or partner, and are feeling overwhelmed by having to be the "head of household." The project seeks to learn whether DV curricula can be effective in the treatment of mental health issues among older adult widows, who often exhibit similar symptoms to those experienced by domestic violence victims (i.e. depression, PTSD, isolation, anxiety, etc.).
- The **"Not for Ourselves Alone"** Innovation will provide trauma-informed care training across general, non-health-social service agencies, and programs in the County of San Luis Obispo, with the intention of building capacity and increasing interagency collaboration to best serve the citizenry. Community members with trauma are not served by health and social service agencies alone. This project is aimed at the County's government agencies, to deepen the understanding of trauma and how it may impact its constituents – including its own employees. The project will test whether this understanding will lead to better, more informed public engagement and customer service.
- The **COLEGA** project will test innovative approaches to working with Latino women who are victims of domestic violence (DV), and who also exhibit moderate or greater mental health needs. The project will attempt to determine whether a certain level of "peer status" is more beneficial than another in providing support to a treatment group. Treatment groups will be paired with one of three different "peers" (a Latina woman, a Latina with lived DV experience, or a Latina with DV history who is also a mental health system consumer) in an attempt to better define "peer" as it relates to the client. The County will test whether the peer's experience, when other variables are somewhat constant, has a greater or reduced impact on treatment outcomes.

In 2015-2016, the Advisory Committee met four times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plans and operations in 2016-2017:

- Creation of a new adult FSP within the CSS plan to serve as the basis for an Assisted Outpatient Treatment (AOT) program. This was done per collaboration with stakeholders following the County's adoption of Laura's Law.

Overview & Executive Summary

- Creation of a new Service Enhancement Program within the CSS plan, and located at the County's child behavioral health assessment center, known as "Martha's Place."
- Creation of a new co-occurring disorder program within the CSS plan, and specifically designed for adolescents.
- Altering the CSS Latino Outreach Program budget to reduce expenses for staff clinical supervision and expand direct services to the community.
- Creation of new PEI programs, including a Perinatal Mood and Anxiety Disorder Project (PMAD), an In-Home Parent Educator project, a school-based behavioral health gaps and services analysis for future planning, and an expansion of the county's mental health Hotline.
- Additionally, the MAC supported the County's effort to seek approval for four new Innovation projects, which were approved by the MHSOAC in February, 2016.

During 2015-2016, the SLOBHD's management of the local MHSA plan was reviewed as part of an audit conducted by the San Luis Obispo County Auditor. In this audit, the Department's leadership of stakeholder relations was scrutinized, as well as fiscal relationships with local providers, and overall documentation of MHSA activity. The audit was welcomed by the Department in preparation for any potential State audit as part of the County's responsibility to MHSA accountability.

The San Luis Obispo County Annual Update for 2016-2017 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 18 through November 16, 2016. An online comment form was also made available to the public for comments related to the draft Update. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Behavioral Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review concluded with a Public Hearing on November 16, 2016 as part of the monthly Behavioral Health Board Meeting. At that hearing there were no substantive comments made in regards to the content of the Annual Update or Three-Year Plan. No other comments were received by the Behavioral Health Department by mail, email, or the online comment form. The Annual Update was then submitted to, and approved by, the County Board of Supervisors on December 6, 2016.



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	Name: Frank Warren
Telephone Number: (805) 781-4719	Telephone Number: (805) 788-2055
E-mail: arobin@co.slo.ca.us	E-mail: fwarren@co.slo.ca.us
Local Mental Health Mailing Address:	
San Luis Obispo County Behavioral Health Dept. 2180 Johnson Ave. 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 Transitions Mental Health Association 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December 5, 2016.

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

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

Anne Robin
Local Mental Health Director (PRINT)

Signature

12-5-16
Date

Three-Year Program and Expenditure Plan and Annual Update County/City Certification Final (07/26/2013)

MHSA Fiscal Accountability Certification – Exhibit B

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Luis Obispo

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Anne Robin, LMFT	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: San Luis Obispo County Behavioral Health Dept. 2180 Johnson Ave., 2 nd Floor San Luis Obispo, CA 93401	

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

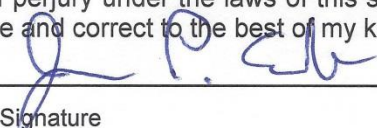
I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Anne Robin, LMFT
Local Mental Health Director (PRINT)

 11/8/16
Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, 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 February 26, 2016 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, 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
County Auditor Controller / City Financial Officer (PRINT)

 11-7-16
Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Stakeholder Planning Process

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

Throughout the year the SLOBHD, under the direction of Frank Warren (County MHSA Coordinator and Prevention & Outreach Division Manager), meets regularly with stakeholder groups, individuals, and organizations in order to maintain an open dialogue regarding MHSA plans and programming. The primary stakeholder groups include the component-driven PEI and Innovation workgroups, the MHSA Advisory Committee (MAC) which stems from the original CSS workgroup, and the County's Behavioral Health Board.

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

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.

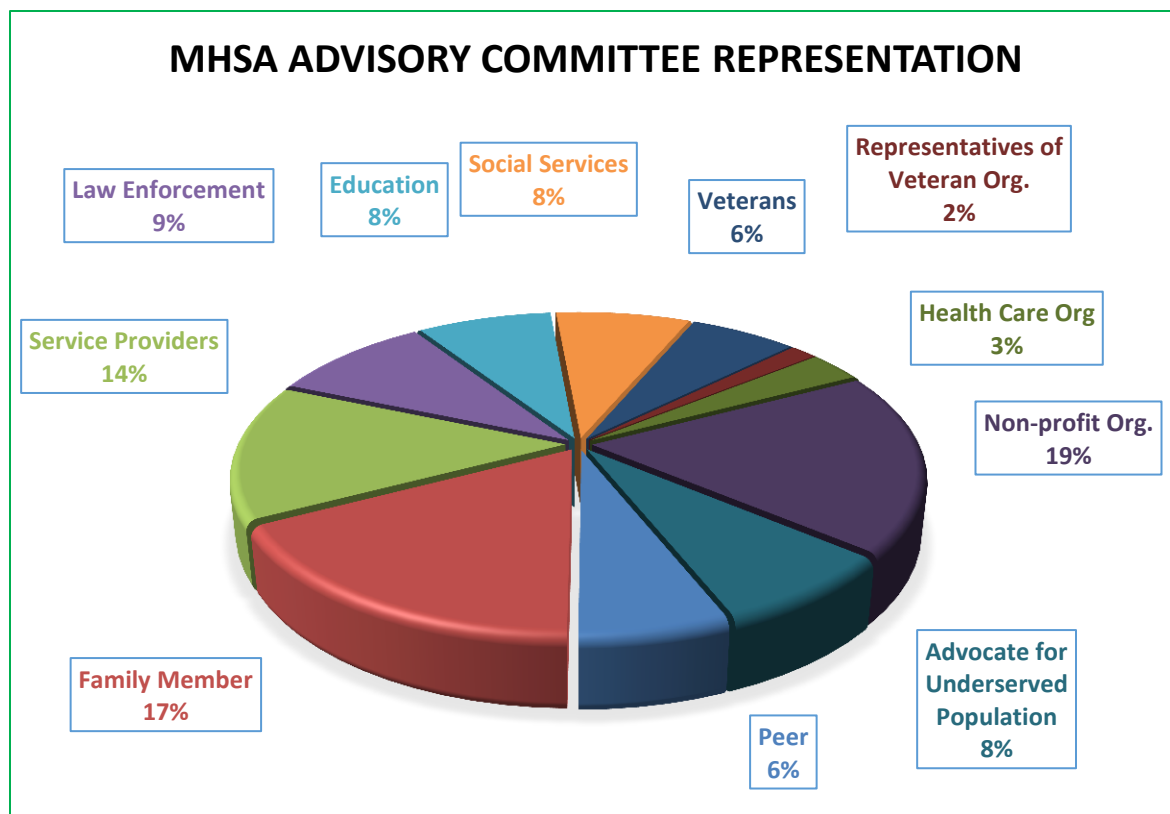
In 2014-2015, the MAC met three times - on February 26, 2015; March 26, 2015; and again, April 23, 2015. Stakeholders were provided fiscal information, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHSA projects were operating in the community. Updates were given on the Innovation programs which were in their final year in 2014-2015, as well as the Capital Facilities and Technology Needs project which is funding the county's conversion to Electronic Health Records.

Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plans and operations in 2015-2016:

- Changes to PEI contracts including funding increases to match increases given to CSS contracts; and adopting contracts with two-year options to renew, rather than annually.

- Establishment of a College-based PEI Specialist at SLOBHD to coordinate stigma prevention, wellness activities, suicide awareness, and act as a liaison between the community and two local college campuses.
- Adopting the veterans outreach Innovation project, known as “Operation Coastal Care.” The prevention and outreach elements will be funded within the PEI plan, while the therapeutic engagement and treatment will be adopted within the CSS plan.
- Adopting the Innovation “Service Enhancement Program” (originally named ‘Warm Reception and Guidance’) within the CSS plan.
- Increasing the time and caseload for the Mental Health Therapist assigned to the Homeless Outreach Full Service Partnership (FSP).

In July 2015, Frank Warren, the Division Manager of Prevention & Outreach for SLOBHD, and the county’s MHA Coordinator, presented the Annual Update of MHA programs and plans to the County Board of Supervisors. This broadcasted public presentation allows community members to hear about MHA programs, objectives, and outcomes, thus beginning the public dialogue for each new fiscal year. County MHA 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.



The major activities of the past year, 2015-2016, included the awarding of a contract to Sierra Mental Wellness, Inc. to provide the county’s mobile crisis services. The organization, in partnership with the MHA-funded Crisis Resolution Team (outlined herein), increased the county’s capacity to immediately serve individuals in psychiatric crises at appropriate levels of care. The County also reduced its Full Service Partnership staffing in the Adult and Older Adult work plans, and moved clinical services to Transitions-Mental Health Association (TMHA). The County maintained the clinical staffing for the Homeless Outreach Full Service Partnership (FSP), and stakeholders approved an additional

.5FTE therapist assignment to that team. Two of the original Innovation projects were absorbed into Department services, as outlined in this Update.

In preparing for the 2016-2017 Annual Update to the Three-Year Plan, and to review program progress, the MAC first convened on February 22, 2016. At that meeting the CSS, PEI, and new Innovation work plans were reviewed, and updates provided. Raven Lopez, the chief accountant assigned to MHSA, provided detailed revenue and expense reports, as well as updates to projections based on the potential of the “No Place Like Home” initiative – and its impact on MHSA revenues. Most of the meeting was dedicated to the discussion of the creation of a new adult FSP within the CSS plan to serve as the basis for an Assisted Outpatient Treatment (AOT) program. In the months preceding the stakeholder session, the County’s Board of Supervisors sought support to adopt “Laura’s Law” and the use of MHSA funds to launch a program. MHSA stakeholders supported the program as a Full Service Partnership – providing intense, team-based, care for severely mentally ill individuals meeting the criteria for assisted outpatient treatment.

The MAC met again on March 28, 2016 and reviewed program budgets, along with CSS program updates including a presentation by the Homeless Outreach FSP. The stakeholder group approved the creation of the new FSP focused on clients in Assisted Outpatient Treatment. At that meeting, other new programs were introduced, including a co-occurring disorder treatment program which would focus on adolescents. That proposal was ultimately supported by the stakeholders at a subsequent meeting.

Concurrently, the PEI stakeholder group met in March, April, and June to present proposals for new programs including an in-home Parent Educator, replicating a program available to families with Child Welfare Services cases. This new PEI program would provide supports for families in the community mental health system, including in-home coaching and system navigation. The PEI group also elected to fund a new Perinatal Mood and Anxiety Disorder Project (PMAD), a school-based behavioral health gaps and services analysis for future planning, and an expansion of the county’s mental health Hotline.

The MAC met once more, April 25, 2016 to hear a new proposal for, and eventually support, a Service Enhancement program aimed at the county’s child assessment clinic, Martha’s Place, as well as additional updates on state MHSA funding. At that meeting several recommendations were made and approved, with regards to the Annual Update to the Three-Year Plan. These included decisions to move the Medication Manager and Therapist positions assigned to the Homeless Outreach FSP from the County to TMHA, while also increasing outreach staffing (by .5FTE), and providing additional funds for homeless FSP housing.

Additionally, the MAC supported the County’s effort to seek approval for four new Innovation projects, which were approved by the MHSOAC in February, 2016. Finally, the MAC approved an increase to contractor funding to reflect the 2.2% Cost of Living Adjustment (COLA), for contracts that are fully expended. These COLAs will be evaluated annually based on the Consumer Price Index for Los Angeles.

In the prior year, the MAC approved the continuance of funding for CalMHSA’s statewide PEI initiatives through the 2016-2017 fiscal year. This funding will continue to be made available at four percent of the overall PEI budget.

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

auditors revealed positive feedback for how the stakeholder process is conducted, as well as good direction for future fiscal compliance with providers. The results of the audit were made available to the public in early 2016-2017.

Public Review and Approval

The San Luis Obispo County Annual Update for 2016-2017 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 18 through November 16, 2016. An online comment form was also made available to the public for comments related to the draft Update. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft 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.

San Luis Obispo County 2015-2016 MHSA Advisory Committee (MAC)			
Name	Affiliation	Name	Affiliation
Mike Young	SLO Vet's Center	Kelly Schamber	Sheriff's Dept.
Joseph Kurtzman	Wellness Centers	Lisa Fraser	The LINK/Center for Family Strengthening
Meghan Boaz-Alvarez	Transitions Mental Health Association (TMHA)	Laurie Morgan	SAFE
Dagmar Derickson	4-H	Cynthia Barnett	Family Care Network
Joan Duffy	Cuesta College	Marty Bragg	Behavioral Health Board
Mathew Green	Cuesta College	Dr. Hannah Roberts	Cal Poly
Joyce Heddleson	Family Member/BH Board	Bonita Thomas	PAAT
Henry Herrera	TMHA	Joe Madsen	TMHA
David Riester	NAMI	Estella Vasquez	Latino Outreach Council
Clint Weirick	Behavioral Health Board	Krissy Shippey	Family Care Network
Anne Robin	Behavioral Health Administrator	Pam Zweifel	NAMI

The Annual Update 30-day public review concluded with a Public Hearing on November 16, 2016 as part of the monthly Behavioral Health Board Meeting. At that hearing there were no substantive comments made in regards to the content of the Annual Update or Three-Year Plan. No other comments were received by the Behavioral Health Department by mail, email, or the online comment form. The Annual Update was then submitted to, and approved by, the County Board of Supervisors on December 6, 2016.

Community Service & 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 aged youth (TAY), adults, and older adults who have the most severe and persistent mental illnesses or serious emotional disturbances. This includes those who are at risk of homelessness, jail, or other institutionalization because of their mental illness. The plan must also provide help to 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 not have used these services to avoid incurring high costs related to acute hospitalization or long term care. The intent of these services is to help clients and families increase their ability to function at optimal levels and independently, where appropriate. A principle of FSP is doing "whatever it takes" to help individuals on their path to recovery and wellness. FSP embraces client driven services and supports with each client choosing services based on individual needs. These individuals and their families often have co-existing difficulties, such as substance abuse, homelessness, and involvement with the judicial and/or child welfare systems. Key variables to FSP programs are a low staff to client ratio, crisis availability, and a team approach 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 2014-2015, there were 121 client "partners" enrolled in FSP programs. In that year, newly enrolled clients yielded the following results: (1) A 50% reduction in homelessness; (2) a 90% reduction in emergency room visits and hospitalizations; (3) a 99% reduction in jail days; and (4) an 88% reduction of days in the County's Psychiatric Health Facility (PHF). On the following pages the various work plans within the County's CSS plan will be described. At the head of each work plan section is a table outlining the budget and actual costs of each work plan, as well as projected costs for the next fiscal year. In addition, a table outlining each CSS program's stated goals, objectives, and measurable outcomes can be found at the front of each work plan's section. County staff and stakeholders are currently reviewing each program's goals, objectives, and measures to continually ensure the programs are meeting the needs of the community.

Children & Youth Full Service Partnership

CSS Work Plan 1: Children & Youth FSP	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	18	\$498,953	\$27,720
Actual for FY 2015-2016	16	\$461,318	\$28,832
Projection for FY 2016-2017	30	\$417,143	\$13,905

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

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

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

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. SLOBHD has integrated service delivery via community collaborations.

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

There were two Children and Youth FSP teams in 2014-2015. Both core FSP teams include the child and family, a County Mental Health Therapist, and a community-provided Personal Services Specialist. The team also includes access to a psychiatrist and program supervisor support. Additional partners include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change. These teams served a combined average of 10 youth per month in 2014-2015.



SLOBHD partners with local community mental health providers to enhance the services outlined herein. In the Children and Youth FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families' services provider. In 2014-2015, FCN provided services to 19 clients in the Children and Youth FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Results for FCN clients include:

- 89% of clients served demonstrated stable functioning-at home receiving appropriate care, shelter, food and other necessities of life.
- 63% of clients served demonstrated stable functioning-out of trouble and engaged in self-controlled, positive, and non-violent behavior.
- 79% of clients remained in their current residence.

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 2014-2015	36*	\$516,859	\$14,357
Actual for FY 2015-2016	42	\$672,175	\$16,004
Projection for FY 2016-2017	36	\$736,186	\$20,450

* TAY meeting the service needs of the Homeless FSP are reported in the Adult FSP work plan. Three individuals were served in that work plan in 14-15, although reported to the State in age category.

Program Goals	Key Objectives
<ul style="list-style-type: none"> • Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth • Increase in self-help and consumer/family involvement • Reduce the frequency of emergency room visits and unnecessary hospitalizations 	<ul style="list-style-type: none"> • Reduce out-of-home placement and in institutional living arrangements (including hospitalization, incarceration) • Positive changes in educational level and status • Decrease in legal encounters • Decrease crisis involvement
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> • Decrease in hospitalizations • Decrease in juvenile justice/jail involvement • Increase number of clients living with family or independently, or independently with support • Reduced number of clients/families who are being homeless 	<ul style="list-style-type: none"> • Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP • 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 2014-2015, 36 TAY received FSP services.

TAY FSP provides services for both males and females (ages 16 to 25) of all races and ethnicities. Young adults served include those with severe emotional disturbances/serious mental illnesses who have a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements, or

those who are aging out of the Children’s System of Care. Spanish speaking therapists from the Latino Outreach Program (LOP) are available (interpreters are also available for those who speak other languages). The priority issues for TAY have been identified by local stakeholders as substance abuse; inability to be in a regular school environment; involvement in the legal system/ jail; inability to work; and homelessness.

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

There was one TAY FSP team in 2014-2015. The core FSP team includes a County Mental Health Therapist and a community-provided Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, and access to a psychiatrist and program supervisor that serve participants in all of the FSP age group programs. The team served an average of 19 clients per month in 2014-2015.

The Personal Services Specialists for TAY FSP are provided by Family Care Network (FCN). Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 25. In 2014-2015, FCN provided services to 26 clients in the TAY FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Results for FCN clients include:

- 88% (23/26) of clients served demonstrated stable functioning at home - receiving appropriate care, shelter, food and other necessities of life.
- 77% (20/26) of clients served demonstrated stable functioning-out of trouble and engaged in self-controlled, positive, and non-violent behavior.
- 81% (21/26) of clients remained in their current residence.

Adult Full Service Partnership

CSS Work Plan 3: Adult FSP	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	51	\$1,819,671	\$35,680
Actual for FY 2015-2016	65	\$2,321,780	\$35,720
Projection for FY 2016-2017	80	\$2,668,419	\$33,355

Program Goals	Key Objectives
<ul style="list-style-type: none"> Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible Reduce the subjective suffering from serious mental illness for adults 	<ul style="list-style-type: none"> Reduce homelessness/maintain suitable housing Reduce or eliminate need for crisis services Reduce or eliminate acute psychiatric and/or medical hospitalizations Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> Decrease in hospitalizations Decrease in jail days Decrease in homelessness 	<ul style="list-style-type: none"> Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP 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, a frequent consumer of the Psychiatric Health Facility (PHF) or hospital emergency department services, involved with the justice system, or suffering with a co-occurring substance abuse disorder. The overall goal of Adult FSP is to divert adults with serious and persistent mental illness from acute or long term institutionalization and, instead, maintain recovery in the community as independently as possible.

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

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

There were two traditional Adult FSP teams in 2014-2015, serving a combined average of 32 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.

The PSS is involved in day to day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers. In 2014-2015, TMHA served 29 Adult FSP clients; with 93% 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 FSP focusing on homeless individuals was launched. Modeled after the AB 2034 Homeless Outreach Program which ended in 2007, the FSP team works to identify chronically homeless, severely mentally ill individuals who are unlikely to seek or enroll in mental health services on their own. The FSP Homeless Team consists of a County Mental Health Therapist (.5 FTE) and Medication Manager (1.0 FTE), working in concert with a Case Manager and two Outreach Workers from TMHA. Additional supports include a part-time Public Health Nurse, access to a psychiatrist, and program supervision. In 2014-2015, the program team met and engaged 138 local homeless individuals. Six (6) were referred to the Public Health Nurse, and 43 were screened to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders. Of those, 14 individuals were open to Mental Health for medication and case management, and 12 received intensive FSP therapeutic services. These clients received individual therapy and other treatment strategies to reduce and manage the effects of their illness (i.e. medication management, case management, medical supports).

Those 14 individuals who entered FSP services in 2014-2015 yielded the following results:

- 59% reduction in homelessness
- 100% reduction in emergency room visits
- 90% reduction in psychiatric hospitalization days
- 77% reduction in jail days

Stakeholders have approved adding an additional .5 FTE to the Mental Health Therapist position assigned to the Homeless FSP Team in 2015-2016. This will result in an increased FSP caseload of 10-15 clients.

Older Adult Full Service Partnership

CSS Work Plan 4: Older Adult FSP	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	16*	\$216,464	\$13,529
Actual for FY 2015-2016	17	\$448,743	\$26,397
Projection for FY 2016-2017	20	\$461,696	\$23,085

* Older Adults (OA) meeting the service needs of the Homeless FSP are reported in the Adult FSP work plan. Five individuals were served in that work plan in 14-15, although reported to the State in the OA age category.

Program Goals	Key Objectives
<ul style="list-style-type: none"> Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible Reduce the subjective suffering from serious mental illness for adults 	<ul style="list-style-type: none"> Reduce homelessness/maintain suitable housing Reduce or eliminate need for crisis services Reduce or eliminate acute psychiatric and/or medical hospitalizations Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> Decrease in hospitalizations Decrease in jail days Decrease in homelessness 	<ul style="list-style-type: none"> Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP 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 and a Wellness and Recovery Plan are developed with each participant to address the type of services and specific actions desired. These plans are guided by a community based assessment of each individual's strengths and resources. Priority populations are individuals who are 60 years of age or older; all races and ethnicities who are unserved or underserved by the current system; have high risk conditions such as co-occurring, medical, or drug and alcohol issues; suicidal thoughts; suffer from isolation or homelessness; and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults (55 to 59 years old) are also served by this team if the service needs extend into older adulthood.

The OA FSP targets adults over 60 years of age with serious mental illness, and are at risk of institutional care because their needs are higher than behavioral health outpatient services typically provide. The individual may be homeless, or a frequent consumer of the Psychiatric Health Facility or hospital emergency department services, involved with the justice

system, or suffering with a co-occurring substance abuse disorder. The goal of OA FSP is to divert those with serious and persistent mental illness from acute or long-term institutionalization and, instead, maintain recovery in the community as independently as possible.

There was one OA FSP team in 2014-2015. The core FSP team includes a County Mental Health Therapist and a Personal Services Specialist (PSS) provided by TMHA. Additionally, a co-occurring disorders specialist, psychiatrist, and program supervisor are available to serve participants in all of the FSP age group programs. The OA FSP team served an average of 12 partners per month.

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

The PSS is involved in day to day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers. In 2014-2015, TMHA served 12 Older Adult FSP clients, with 93% of those surveyed agreeing the program had improved their overall quality of life.

COMMUNITY RESOURCES PANEL DISCUSSION

DEREK BISHOP
STAMP OUT STIGMA PRESENTER
TRANSITIONS-MENTAL HEALTH ASSOCIATION

BELINDA MORRILL, PH.D.
GEROPSYCHOLOGIST, NEUROPSYCHOLOGIST, &
LICENSED CLINICAL PSYCHOLOGIST
CENTRAL COAST PSYCHOLOGICAL ASSOCIATION

DR. KEVIN PARZYCH
MEDICAL DIRECTOR
WILSHIRE HEALTH & COMMUNITY SERVICES

LOREN ACORD
NEUROPSYCHOLOGIST &
VOLUNTEER COUNSELOR
WILSHIRE COMMUNITY SERVICES

HENRY HERRERA
FAMILY SERVICES
PROGRAM MANAGER
T-MHA

MIKE BOSSENBERRY
PROGRAM COORDINATOR
SLO HOTLINE T-MHA

SONYA LAPUTZ
CARE SPECIALIST
ALZHEIMER'S ASSOCIATION

MIKE YOUNG, LCSW
TEAM LEADER
SAN LUIS OBISPO VET CENTER

TAURIA LINALA
SENIOR ADVOCACY DIRECTOR
GAIA

KAREN JONES
DIRECTOR
LONG-TERM
CARE OMBUDSMAN

LAURIE WYLIE
APS SUPERVISOR
COUNTY OF SLO
ADULT SERVICES

CEUs AVAILABLE
CEUs for Psychologists, MFT's,
& LCSW's. Pre-register at:
[https://sloco.wufoo.com/forms/
mental-health-and-aging/](https://sloco.wufoo.com/forms/mental-health-and-aging/)

T-MHA and Wilshire Community Services present
**A COMMUNITY DISCUSSION
ON MENTAL HEALTH & AGING**

MAY 28TH // 11AM - 1PM // SYDNEY CREEK 1234 LAUREL LANE, SLO
Lunch Provided // RSVP 805.543.2350 // reception@villagesofslo.com

TMHA
The Village at
Sydney Creek

WILSHIRE
COMMUNITY SERVICES, INC.

Wilshire Community Services is a service of
Wilshire Health and Community Services, Inc. and
Transitions Mental Health Association are both
501(c)(3) not-for-profit, public benefit, nonpartisan corporations.

Housing

Housing Development Projects

FY 2014-2015	Nelson Street - Total Units Occupied = 5 (100%) <i>CSS One-Time Funding</i>
	Nipomo Street - Total Units Occupied = 8 (96%) <i>CalHFA Funded</i>
FY 2015-2016	Projected occupancy rate of 90%
FY 2016-2017	Projected occupancy rate of 90%

Other Housing Facilities - CSS Funded

FY 2014-2015	Full Service Partnership Intensive Residential <i>Atascadero - Total Units Occupied = 16 (92%)</i> <i>San Luis Obispo - Total Units Occupied = 17 (92%)</i>
	<i>Atascadero - Total Units Occupied = 16 (92%)</i> <i>San Luis Obispo - Total Units Occupied = 17 (92%)</i>
FY 2015-2016	Projected occupancy rate of 90%

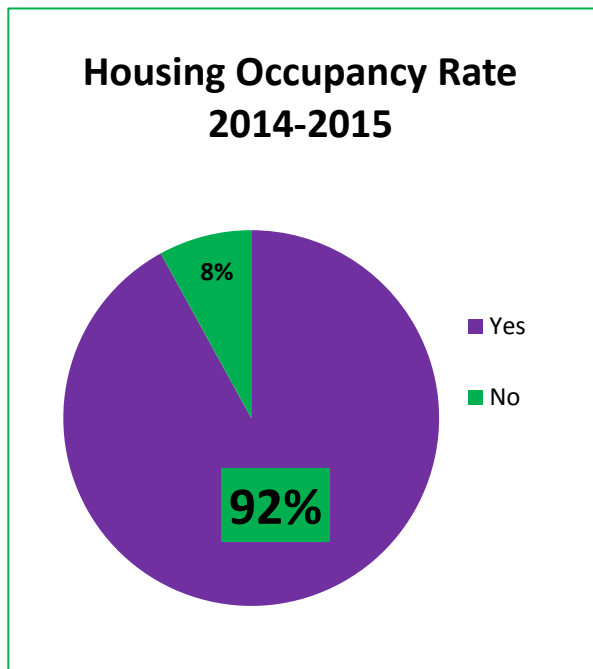
Transitions-Mental Health Association (TMHA) coordinates the Housing Program, provided 46 units of housing for MHSA and MHSA-eligible clients in 2014-2015 (25 units in SLO, 16 units in Atascadero, 5 units in Arroyo Grande). The services at the residential sites may include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, rehabilitative mental health services, and regular appointments with psychiatrists and other physicians. During Fiscal Year 2014-2015, the Housing Program had an overall occupancy rate of 92%. In 2014-2015, TMHA added another four units of housing in Atascadero, increasing the total to 46.

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

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.

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, in the City of San Luis Obispo, and also includes a Wellness Center for the residents and community to utilize. The department has priority for all eight units at this site for behavioral health clients.

A new project is being developed by TMHA and will be reported here in future Updates. The "Bishop Street" project will provide stable housing for 34 MHSA clients. In order to access General System Development Housing funds, the County has included the required certification and project fact sheet. See attached Enclosures 2 and 3, located in the Appendix. TMHA plans to renovate the abandoned Sunny Acres building above Johnson Avenue and build three new buildings to create a total of 33 units of supportive housing for adults with mental illness, plus an apartment for a Resident Manager. The project will include a community room for support groups and wellness workshops, and an office for meetings with case managers and employment staff. This housing is in an extremely convenient location for clients, within easy walking distance of San Luis Obispo County Behavioral Health facilities, grocery and drug stores, as well as public transportation on Johnson Avenue.



Client & Family Wellness

CSS Work Plan 5: Client & Family Wellness	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	1,775	\$1,238,047	\$697
Actual for FY 2015-2016	1,955	\$1,638,107	\$838
Projection for FY 2016-2017	2,100	\$1,928,391	\$918

Program Goals	Key Objectives
<ul style="list-style-type: none"> 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 Integrate families into the process of wellness and recovery 	<ul style="list-style-type: none"> Provide culturally competent community-based support services for those seeking mental health care Reduce stigma by educating families and the public Strengthen treatment outcomes by enhancing wellness and recovery efforts Reduce co-occurring disorder symptoms to strengthen options for recovery
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> Program participants will demonstrate improvements in quality of life as a result of intervention Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones Outpatient program participants will demonstrate improved wellness and recovery outcomes 	<ul style="list-style-type: none"> 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

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

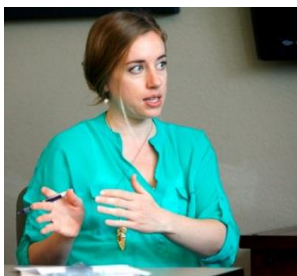
Transitions Mental Health Association (TMHA) is the community provider for many innovative MHSA programs. In 2014-2015, TMHA made over 5,000 contacts through various Client and Family Wellness programs:



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 74 participants surveyed, 82% agreed that the quality of life for their family has improved as a direct result of Client & Family Partners services.

Peer Support and Education Program is an education course on recovery that is free to any person with a mental illness, and serves approximately 85 consumers annually. It is taught by a team of peer teachers who are experienced at wellness and recovery. Participants receive education and reference materials from peers that help to improve and maintain their mental health wellness. Participants improve their knowledge of the different types of mental illnesses, develop their own advance directives, and create their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills. Program components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. In 2014-2015, TMHA served 95 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 Education Program, which is coupled in this work plan with TMHA's **Family Orientation Class**, was developed by NAMI and is a 12-week educational course for families of individuals with severe mental illness. It provides up-to-date information on the diseases, their causes and clinical treatments, as well as help and effective coping tools for family members who are also caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and obsessive compulsive disorder. The TMHA Family Orientation Class provides information regarding services available in our community including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system. TMHA served 145 attendees in 2014-2015, with 100% of those surveyed (n=40) reporting they feel more comfortable and confident dealing with their family member who has a mental illness as a result of taking the class.



Family Education Program, which is coupled in this work plan with TMHA's **Family Orientation Class**, was developed by NAMI and is a 12-week educational course for families of individuals with severe mental illness. It provides up-to-date information on the diseases, their causes and clinical treatments, as well as help and effective coping tools for family members who are also caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and obsessive compulsive disorder. The TMHA Family Orientation Class provides information regarding services available in our community including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system. TMHA served 145 attendees in 2014-2015, with 100% of those surveyed (n=40) reporting they feel more comfortable and confident dealing with their family member who has a mental illness as a result of taking the class.

Trusts, promoting self-care, and help with navigating through the mental health system. TMHA served 145 attendees in 2014-2015, with 100% of those surveyed (n=40) 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 MHSAs programs in San Luis Obispo County. TMHA provides:

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

These resources help assist consumers in gaining competitive employment within the community. The provider links mental health consumers to the Department of Rehabilitation and other vocational resources, serves as a liaison with employers, and provides benefits counseling and follow-up with employed individuals. In 2014-2015, 157 (174 including FSP participants) consumers were served, with 93% of those agreeing that they are learning skills that will help towards gaining and/or maintaining employment. Fifty-five clients (32%) in the program gained employment.

The **Life House** is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored educational activities were provided to over 208 clients in 2014-2015. The Life House is made available to MHSAs 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. MHSAs funded programs receive priority in utilization of this support center. Of the clients surveyed, 95% 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, SLOBHD has increased capacity to serve clients and their families through the following:

This work plan includes three full-time equivalent positions, named **“Integrated Access Therapists”** (renamed from “Caseload Reduction Therapists”). In 2014-2015, two full-time therapists in the adult system of care provided 592 client contacts per month, and one therapist at Martha’s Place (the county’s child assessment center) served an additional 70 clients per month. These therapists allow clinic staff to spend more time with outpatient clients, providing more resources and referrals, groups, system navigation, and wellness activities within the traditional structure of mental health services

Depression Support Group

Feeling stuck or unmotivated?
Looking for a safe place to talk about feeling depressed?

Support Group will cover:

- Prevention Strategies
- Coping Skills
- Stress Management
- Develop Social Support Systems
- Resources in the community

—Wednesdays—
1:00-2:00pm
All are welcome to attend!
This group is drop in & free
Always Open!

Interested or want to know more?
—please contact—
Meghan Madsen
805-503-0350
mmdadsen@mha.org

AG Wellness Center
“Safe Haven”
203 Bridge Street
Arroyo Grande

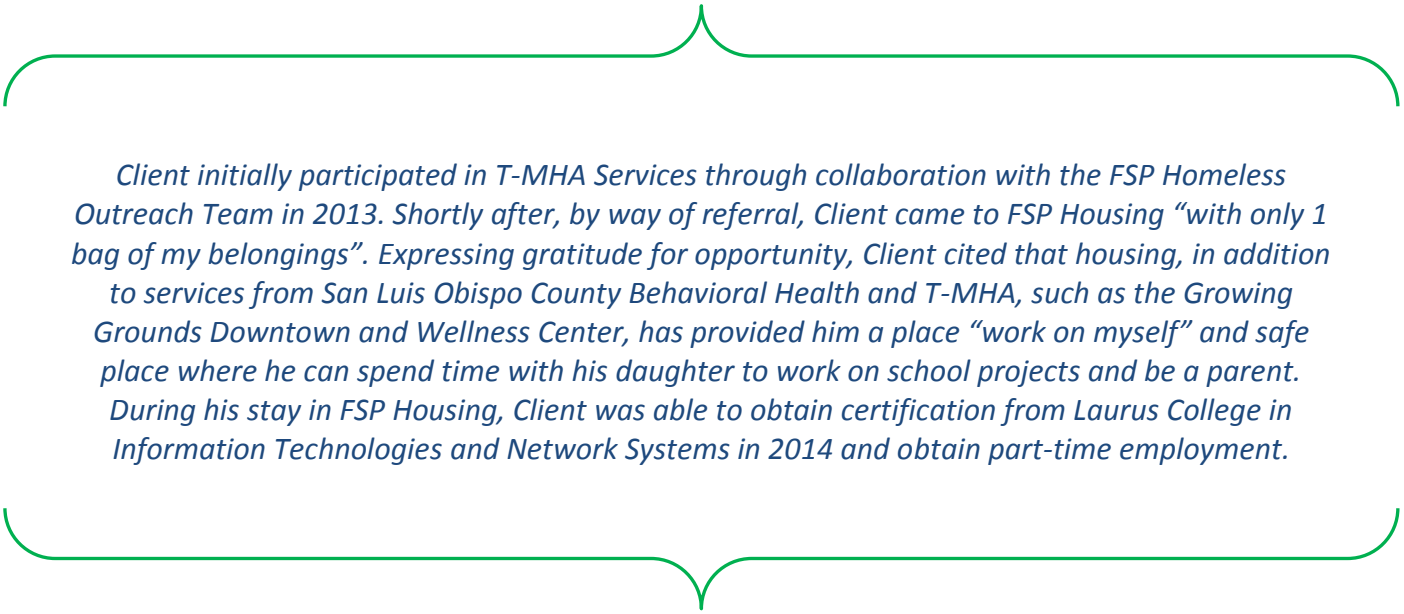
TMHA

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

Additionally, stakeholders approved moving the therapeutic efforts of the Innovation project called “Operation Coastal Care” into the Integrated Access Therapists program within the Client and Family Wellness work plan for 2015-2016.

A **Co-occurring Specialist** provides an Integrated Dual Disorders Treatment program, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which includes intervention, intense treatment, and education. Individualized case plans are specific to each client's needs. In 2014-2015 the Integrated Dual Disorders Treatment program served an average of 52 consumers each month.

Stakeholders approved moving the Innovation project called the "Service Enhancement Program," into the Client and Family Wellness work plan for 2015-2016. The project, which adopted a well-regarded cancer treatment center's warm reception and navigation program, will be maintained in CSS as part of the SLOBHD's Quality Support Team division, operating within its Managed Care program. This includes a 1.0 FTE Administrative Services Officer I and a 1.0 FTE Peer Navigator.



Client initially participated in T-MHA Services through collaboration with the FSP Homeless Outreach Team in 2013. Shortly after, by way of referral, Client came to FSP Housing "with only 1 bag of my belongings". Expressing gratitude for opportunity, Client cited that housing, in addition to services from San Luis Obispo County Behavioral Health and T-MHA, such as the Growing Grounds Downtown and Wellness Center, has provided him a place "work on myself" and safe place where he can spend time with his daughter to work on school projects and be a parent. During his stay in FSP Housing, Client was able to obtain certification from Laurus College in Information Technologies and Network Systems in 2014 and obtain part-time employment.

Latino Outreach Program

CSS Work Plan 6: Latino Outreach Program	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	178	\$738,202	\$4,147
Actual for FY 2015-2016	220	\$722,611	\$3,285
Projection for FY 2016-2017	175	\$827,243	\$4,727

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

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

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

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

Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY's and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60. The program served 178 clients in 2014-2015. Based on past client self-reports, 93% indicated that they would recommend these services to others. Ninety-two percent (92%) of clients reported improvements in coping and internal strength after program participation. All participants agreed the services were culturally considerate and helped clients resolve problems.



The San Luis Obispo County Behavioral Health Department salutes Laurie Morgan (front, center), who retired in 2016. Laurie has been an active MHSA stakeholder since 2004 and we honor her service to the youth and families of San Luis Obispo County!

Enhanced Crisis & Aftercare

CSS Work Plan 7: Enhanced Crisis and Aftercare	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	3,277	\$1,116,828	\$341
Actual for FY 2015-2016	1,450	\$1,443,491	\$996
Projection for FY 2016-2017	2,000	\$2,342,619	\$1,171

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

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

Two **Mobile Crisis** responders were available 24/7 and served 1,291 individuals in 2014-2015. Of those 38% (493/1291) received a Behavioral Health service within 30 days of their contact with Mobile Crisis. The team intervenes when mental health crisis situations occur in the field and after clinic hours, as well as assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and

half of the interventions do not result in hospitalization. Interventions are client oriented and wellness and recovery centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments.

In 2014-2015, the Behavioral Health Department and its Mobile Crisis provider also received 1,858 calls which were triaged for crises services or referred to a lower level of care. The County tracked the number of calls, but has since moved towards promoting the use of the SLO Hotline to be the community's phone response. This has significantly reduced the number of calls being tracked as "crisis" calls, which is reflected in service counts going forward.

After completion of Request for Proposals (RFP) process, the County selected Sierra Mental Wellness Group, Inc. to be the provider for Mobile Crisis Services beginning in 2015-2016.

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 approved a plan to move the entirety of the PEI Mobile Crisis budget back to CSS in 2014-2015.

In 2013-2014 the County was awarded a grant from the California Health Facilities Financing Authority (CHFFA) to increase mobile crisis services to emergency rooms in San Luis Obispo. This grant allowed the County to expand capacity with additional equipment. To meet the grant's obligations, the Department reassigned three positions currently funded by MHSA and created a **Crisis Resolution Team** in 2014-2015. This team focuses on the four emergency room departments across the county. The team assists medical and law enforcement personnel in reducing crises and moving individuals into the least restrictive care possible. This includes a Placement Coordinator. This position assists crisis clients in accessing the most appropriate level of care (including out-of-county facilities). This service had not existed in San Luis Obispo, yet is critically needed. In 2014-2015 the Crisis Resolution Team served 128 clients and linked and additional 14 clients to services.

Another CHFFA grant was available in 2014-2015 to allow the county to expand crisis services with the development of a Crisis Stabilization Unit. Stakeholders agreed to support the operations of this facility using CSS funds, which will be added to this work plan in the coming years. This four-bed capacity facility is currently in the planning and building stage and is slated to open in early 2017-2018.

School and Family Empowerment

CSS Work Plan 8: School and Family Empowerment	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	226	\$716,456	\$3,170
Actual for FY 2015-2016	211	\$848,257	\$4,020
Projection for FY 2016-2017	200	\$924,778	\$4,624

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

As of 2014-2015, the School and Family Empowerment work plan offers two distinct programs aimed at reducing poor academic experiences and outcomes based on students dealing with mental health issues. The first is an effort to provide express responses to youth on community school campuses. The other focuses on the county's largest school district and provides more intense screening, assessment, and treatment for youth with the aim of keeping students engaged and in school. Approximately 226 students and their families were engaged in services in 2014-2015 that enabled them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.

Seriously emotionally disturbed (SED) youth and their families are engaged in services that enable them to stay in school and return to their home school district. The work plan is designed to create a more efficient continuum of care and to assist youth to remain in less restrictive school settings. The programs function as a fully integrated components

of the schools with Mental Health Therapists partnering with teachers, aides, probation officers, the family and other appropriate community members to create a team that responds to the identified SED student's individual needs and desires.

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

A County Mental Health Therapist is located at each campus and provides an array of mental health services that may include: crisis intervention; individual, family and group therapy; individual and group rehabilitation focusing on life skill development; and anger management and problem solving skills. In 2014-2015, SLOBHD therapists were assigned to three Community Schools in each region of the county - and 109 students received mental health services on campus, while another 33 were seen for brief interventions including crisis issues.



Another team concentrates on students within the county's largest school district (Lucia Mar Unified) in the diverse, southern region of the county. This team provides an intense-but-brief engagement, focusing on family, school, and socialization outcomes. This team served an average of 84 youth in 2014-2015.

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2014-2015, CAPSLO provided a full-time Family Advocate offering resource supports for 45 clients in the Lucia Mar Unified School District. Results for CAPSLO clients (both FSP and non-FSP clients) include:

- 96% of clients demonstrated stable functioning at home when interacting positively with all other persons at current residents.
- 96% of clients demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life.
- 97% of clients demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.

Forensic Mental Health Services

CSS Work Plan 10: Forensic Mental Health Services	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	263	\$797,390	\$3,032
Actual for FY 2015-2016	217	\$820,267	\$3,780
Projection for FY 2016-2017	270	\$1,077,089	\$3,989

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

As of 2013-2014, this work plan includes the Behavioral Health Treatment Court, Forensic Re-entry Services, the Forensic Coordination Therapist, and the services performed as part of the Veterans Treatment Court. This work plan allows the County to report services more focused on the criminal justice system, while crisis services are maintained and reported as such.

The County's **Behavioral Health Treatment Court (BHTC)** serves adults, ages 18 and older, with a serious and persistent mental illness, who are on formal probation for a minimum of two years, and who have had chronic use of mental health treatment observed as a factor in their legal difficulties. BHTC clients volunteer for the program forming a contractual agreement as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital. BHTC clients, in many cases, have little insight or

understanding about having a mental illness or how enhanced collaborative services could meet their needs. In 2014-2015, BHTC served an average of 29 clients per month, with 43 unduplicated and newly enrolled.

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

Stakeholders in 2013-2014 engaged in discussions regarding the need for more outreach and system navigation support, rather than treatment capacity within the FRS team. In 2014-2015 and going forward the County re-allocated the Mental Health Therapist position originally assigned to FRS to the newly formed Crisis Resolution Team, as described above. In November 2014, the county expanded its contract with TMHA to add an additional PSS to the FRS team and increased the projected output from 65 to 150 unique client contacts annually. In 2014-2015 there were 81 unduplicated clients served in FRS.

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

In 2014-2015, the FCT cared for 30-40 individuals when requested by the SLO PD Community Action Team (CAT) or while doing outreach with the team. These individuals are often seriously mentally ill, and sometimes in the process of committing an offense. The FCT served approximately 30 inmates through 1368/1370 court processes - starting at the arraignment, through hospitalization, and release from custody. The FCT assists the jail, PHF and the Public Defender’s Office with consult or planning for difficult cases up to two times a week resulting in approximately 20 additional contacts of severely mentally ill individuals.

The Forensic Coordination Team Meeting (FCTM) was held 10 times in 2014-2015. The team is made up of nearly every law enforcement jurisdiction in the county, along with service providers, and the meeting is used to review frequent arrestees, inmates that required attention to address MH needs, aftercare planning/ suggestion and follow-up that could be provided for inmates or individuals with serious MH issues.

The **Veterans Treatment Court (VTC)** was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health treatment services and supports, as well as finding appropriate dispositions to their criminal charges by considering the defendant’s treatment needs and the seriousness of the offense. The Mental Health Therapist funded by MHSA (.5 FTE INN/.5 FTE CSS in 2014-2015, and 1.0 in CSS as of 2015-2016) is assigned as the treatment provider for VTC participants. The therapist administers initial assessments of veterans involved in the criminal justice system and determines eligibility based on diagnosis, mental health history associated with military service, and motivation for participation. Additionally, the therapist links veteran with VA services, County Behavioral Health services, and/or additional mental health supports in the community. The MHSA provider works closely with the Veterans Justice Outreach Social Worker with the VA to develop treatment plans for participants who are VA eligible; as well as working separately on treatment plans for those veterans who are not VA eligible. The therapist provides individual, couple, family and group treatment services to veterans and their families during participation in the program as well as monitors progress with other treatment providers. Lastly, the provider works closely with the County Veterans Services Office staff to assist with linkage to veteran benefits services and opportunities in the community. In 2014-2015, there were 30 VTC participants.

Outreach and Engagement

CSS Work Plan 9: Outreach and Engagement	Number Served	Total Funding	Cost Per Client
Actual for FY 2014-2015	0	\$0	\$0
Actual for FY 2015-2016	0	\$0	\$0
Projection for FY 2016-2017	50	\$5,000	\$100

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

No funds were spent during Fiscal Year 2014-15 or 2015-2016 as the County continues developing fiscal procedures to access the funds. The new procedures will be in place during Fiscal Year 2016-2017 and is estimated to engage 50 clients during the year.

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 2014-15 as part of the WET Plan:

Peer Advisory and Advocacy Team (PAAT): The consumer advisory council of mental health stakeholders met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. PAAT members meet bi-monthly to enhance the mental health system, developing and implementing plans to: advocate and educate the community about mental health and recovery; eliminate stigma; advocate and provide education within the mental health system; and promote the concept of wellness versus illness by focusing attention on personal responsibility and a balanced life, grounded in self-fulfillment. Seventy-nine percent (79%) of PAAT members work within the Behavioral Health system (paid employment, peer presentation stipends, peer education stipends, etc.)

PAAT met 24 times in 2014-2015, and members conducted two forums on stigma reduction for over 600 attendees. One of those events, Journey of Hope, is an annual community-wide forum on living mentally well. Journey of Hope offers an opportunity to interact with mental health and community leaders, learn about local resources and, best of all, to celebrate hope. In 2015, the featured keynote speaker was Carol Graham, the focus (along with her husband, General Mark Graham) of the award-winning book, *The Invisible Front: Love and Loss in an Era of Endless War*, by Yochi Dreazen. *The Invisible Front* is the story of how the Graham family tried to set aside their grief after losing one son to suicide, and the other to war, and find purpose in almost unimaginable loss. The Grahams worked to change how the Army treats those with PTSD and to erase the stigma that prevents suicidal troops from getting the help they need before making the darkest of choices. More than 500 attended the event held January 2015.

Community Forum
Journey of Hope

LIVING MENTALLY WELL With a Focus on our Military

Wednesday January 28, 2015
6:00 - 8:00 p.m.

New Life Church - 990 James Way - Pismo Beach

This event is **FREE** and reservations are not required.

Resource Information Fair before and after program.

Food trucks at venue before program and free childcare available (please call to reserve childcare).

Registration required for Continuing Education Units (CEUs)

Course meets the qualifications for 2 continuing education credits for MFTs and for LCSWs as required by the California Board of Behavioral Sciences (BBS) at CEUplus. The San Luis Obispo Child Abuse Prevention Council is approved by the California Board of Registered Nursing, Provider # CCR 1399 for a contact hour for Registered Nurses.

Visit www.t-mha.org or call 805.540.6510 for more info.

JOURNEY OF HOPE

Journey of Hope is hosted by Transitions-Mental Health Association's Peer Advisory & Advocacy Team and Family Services. Co-sponsored by the San Luis Obispo County Veterans Services and Support Program, San Luis Obispo County Behavioral Health Department's Cultural Competency Committee. Funded by the National Suicide Lifeline.

Surveys of PAAT and forum participants yielded the following results in 2014-15:

94% of PAAT participants surveyed agreed that the PAAT team has made a significant positive impact on the mental health system.

94% of forum audience participants surveyed reported that they are more aware of mental health stigma and the tools necessary to reduce it.

PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement, and the County's Behavioral Health Board. PAAT exceeded its goal of new members (20) in 2014-2015 and hosted 25 new attendees.

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 behavioral health providers, consumers, and family members. In the 2014-2015 fiscal year 2,962 hours of training were completed electronically. The capacity to be trained online has resulted in a significant decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also expects to demonstrate a reduction in lost productivity.

In the 2014-2015 year the Department assigned a cultural competence curriculum to all employees that featured an overview on Mental Health Issues in Older Adults, and Depression in Service Members and Veterans. Staff course completion was 80%.

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 2014-2015:

- 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 2014-2015 the Committee chose to focus on Mental Health Issues in Older Adults, and Depression in Service Members and Veterans, as its E-Learning objective.
- The Committee produces semi-annual newsletters focused on cultural topics in relation to mental health issues. In January of 2015 a Master's of Public Policy student at California Polytechnic State University (Cal Poly) San Luis Obispo facilitated the Committee's newsletter focusing on military veteran issues in behavioral health. A second newsletter was issued in June, 2015, focused on peers in the mental health system.

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 2014-2015, two of the three (budgeted) bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the plan, the County has utilized the internship program to develop permanent staffing, and recently hired one of the 2014-2015 Interns as a Mental Health Therapist in a permanent position.

Prevention & Early Intervention (PEI)

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

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:

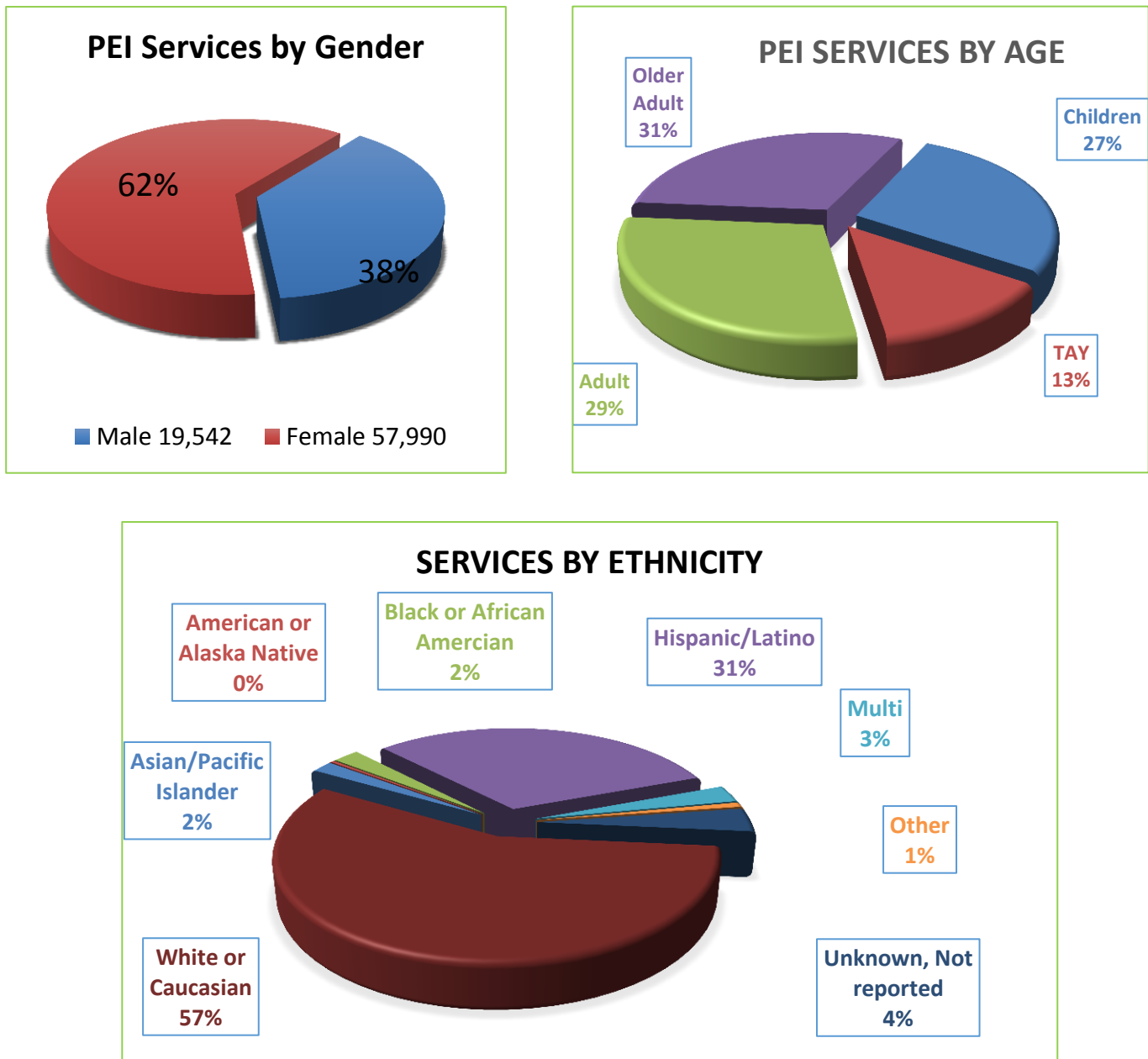
- Mental Health Awareness and Stigma Reduction Program
- School-based Wellness Program
- Family Education and Support Program
- Early Care and Support for Underserved Populations
- Integrated Community Wellness Program

The Mental Health Oversight and Accountability Commission (MHSOAC) originally required San Luis Obispo County's Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. School Based Student Wellness was selected by stakeholders during the PEI planning process. SLOBHD also elected to conduct evaluation activities for each of the PEI programs, but at a less intensive level due to limitations from funding and infrastructure. This evaluation was published in July of 2013 and covers the Fiscal Years 2009-2010 through 2011-2012. The next formal evaluation report is scheduled to be published with the next Annual Update, at the end of 2017.

Program evaluation is fluid and ongoing, allowing SLOBHD to build upon successes and adapt quickly to ever-changing community needs. Interim evaluation results were presented to the PEI stakeholder group, and pending any regulation changes, emphasis remains on sustaining existing PEI programs. Data collection and outcome measurement tools will continue to be refined. As no statewide system for PEI data collection currently exists, counties continue to collect data in separate ways unique to each county. As the State seeks to address this issue, SLOBHD participates in multiple evaluation committees, trainings and consultations to remain up-to date on data requirements and methods.

Individuals receiving Prevention and Early Intervention services are not tracked through electronic health records and all services are voluntary. As a result, demographic data collection can be cumbersome and time consuming. To address this issue, SLOBHD developed a centralized web-based quarterly reporting tool for PEI contractors. SLOBHD continues to work in collaboration with all contractors in testing and refining this tool. The goal is to use this tool to provide more details about demographics of individuals served that will have the potential to be tracked over time. Demographic detail for 2014-2015 is indicated in Figure 1. Preliminary analysis suggests that Latinos are being served at a rate higher than the population estimate for San Luis Obispo County, demonstrating that the county MHSA plan has met the goal of increasing access to Latinos since the PEI launch in 2009.

Figure 1. PEI Demographics, by Age, Gender, and Ethnicity, 2014-2015



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

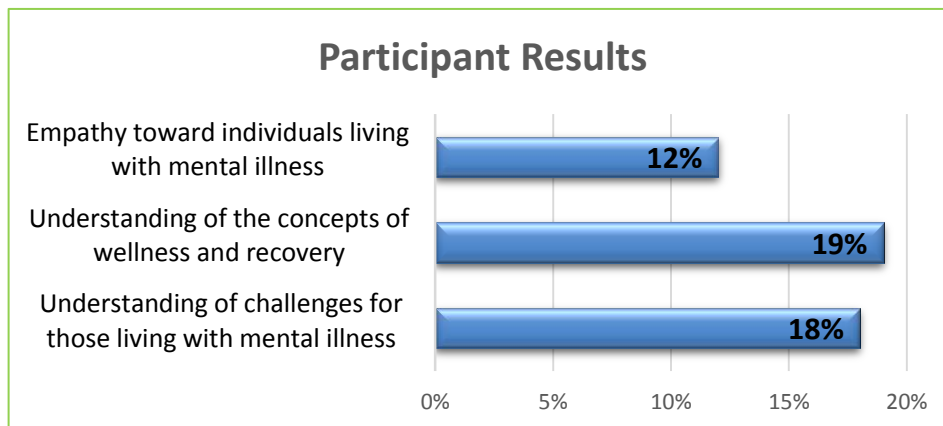
Mental Health Awareness & Stigma Reduction

PEI Program 1: FY 2014-2015	P/EI	Total Served	Total Funding	Cost per Client
Social Marketing Strategy	P	3,128	\$133,835	\$43
Project Goals	Key Objectives			
<ul style="list-style-type: none"> Mental Health awareness and education Stigma reduction 	<ul style="list-style-type: none"> Community outreach Targeted presentations 			
Key Outcomes	Method of Measurement			
<ul style="list-style-type: none"> Increased awareness of risk and protective factors Reduced stigma 	<ul style="list-style-type: none"> Presentation participant surveys Rosters Consumer presenter surveys 			

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. The project addresses disparities in access to services by providing outreach to underserved and trauma-exposed high-risk groups, as well as gatekeepers in schools, civic groups, faith-based organizations, and other agencies in the helping field.

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, In Our Own Voice, and two local documentaries SLOtheStigma and The Shaken Tree. Depending on the target audience, TMHA may use the curricula in combination with additional speakers, panelists, resource fairs, and other activities.

TMHA provided 39 general presentations to a total audience of 748 unique individuals during 2014-15, half of which represented underserved populations. In addition, there were seven professional presentations to 151 providers of PEI services. Participants who were surveyed (848) demonstrated an 18% increase in their understanding of mental illness challenges, and a 19% increase in their knowledge of recovery and wellness concepts. Empathy toward mental health system consumers, among participants, increased by an average of 12%, after attending these events. Professionals who attended the trainings also reported a 13% increase in their personal knowledge of stigmatizing and discriminating attitudes and beliefs.



School Based Wellness

School Based Wellness PEI Program 2: FY 2014-2015	P/EI	Total Served	Total Funding	Cost per Client
2.1 Positive Development Program:	P	1,224	\$80,000	\$65

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

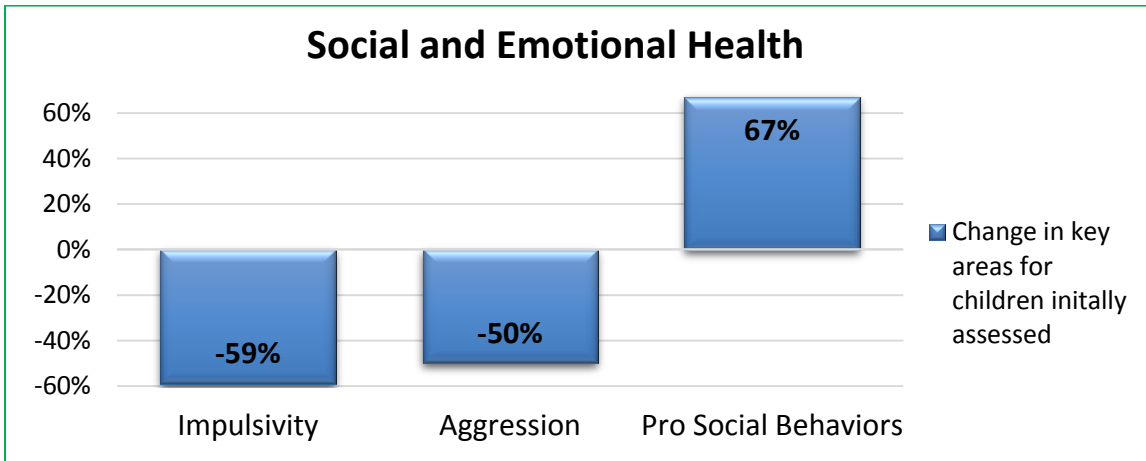
School Based Wellness is a comprehensive, multi-age approach to building resilience among all service recipients. This program targets a universal population of children and youth, and selected youth who exhibit risk factors for mental illness via the following projects: The Positive Development Program,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

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.

During PEI Evaluation activities, the need for additional curriculum for children over 5 years (but not yet enrolled full time in school) was identified as well as adapting the curriculum for younger toddlers. CCRC expanded their program to include I Can Problem Solve Kindergarten (ICPS K), and worked with the curriculum developers to include activities for two year olds, increasing the capacity of the program.

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 share the value of the tools, and provide assistance in completing them where appropriate. Ninety-five percent (95%) of parents (n=97) 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 (Figure 2).

Figure 2. Improved Social and Emotional Health



School Based Wellness Program 2: FY 2014-2015	P/EI	Total Served	Total Funding	Cost per Client
2.2 Middle School Comprehensive Program:				
2.2a Student Support Counselors	EI	283	\$257,309	\$909
2.2b Family Advocates	EI	611	\$140,392	\$230
2.2c Youth Development	P	731	\$90,811	\$124

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

The Middle School Comprehensive project is an integrated collaboration between schools, SLOBHD staff, and community based organizations. This project was based on a Student Assistance Program (SAP) model and involved six schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson). Each site was selected to participate in the Middle School Comprehensive project 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 increasingly affected families in all middle schools throughout the county. The SAP team worked to identify those who are at imminent risk of homelessness to prevent many negative mental health impacts on students and families. During the 2014-2015 school year, The Link provided services to 71 homeless families, as well as services to families at imminent risk, linking them with housing before becoming homeless.

In Fiscal Year 2014-2015 Student Assistance Program survey results showed an average improvement in protective factors of 23%, and a decrease in risk factors of 19%.

In Fiscal Year 2013-2015 Student Assistance Program survey results showed an average improvement in protective factors of 18%, and a decrease in risk factors of 13% (Appendix D).

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 3,000 students at SAP Schools are exposed to Youth Development programming annually, with an average of eight prevention activities occurring per student.

Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, peer relationships, and supportive adult relationships. The Youth Development Institute, in partnership with SLOBHD’s Friday Night Live programs, administers Youth Development Surveys annually to middle schools across the county, in order to measure the impact of the increased PEI Club Live programming (Figures 4, 5).

Figure 4. Youth Development Survey: Impact of Club Live on Bullying

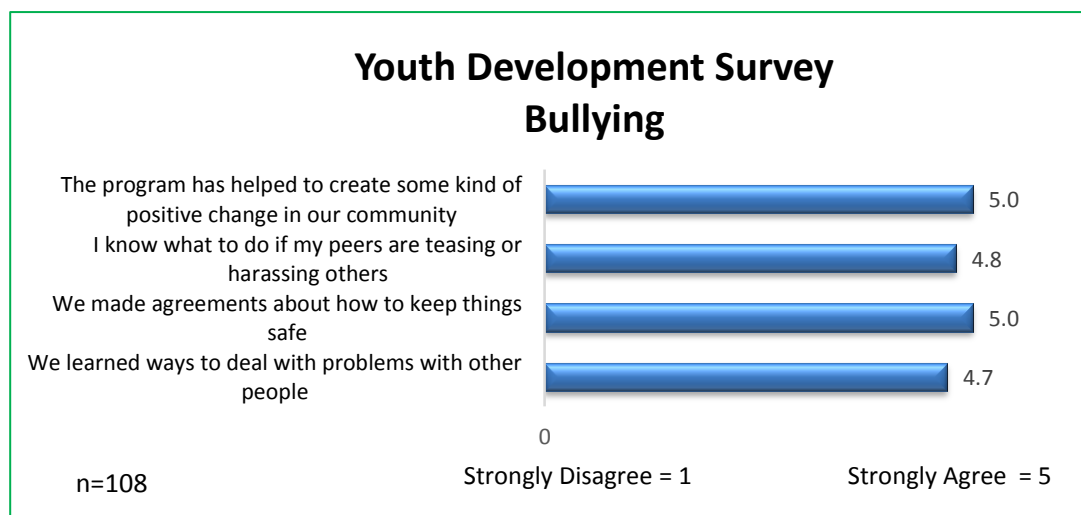
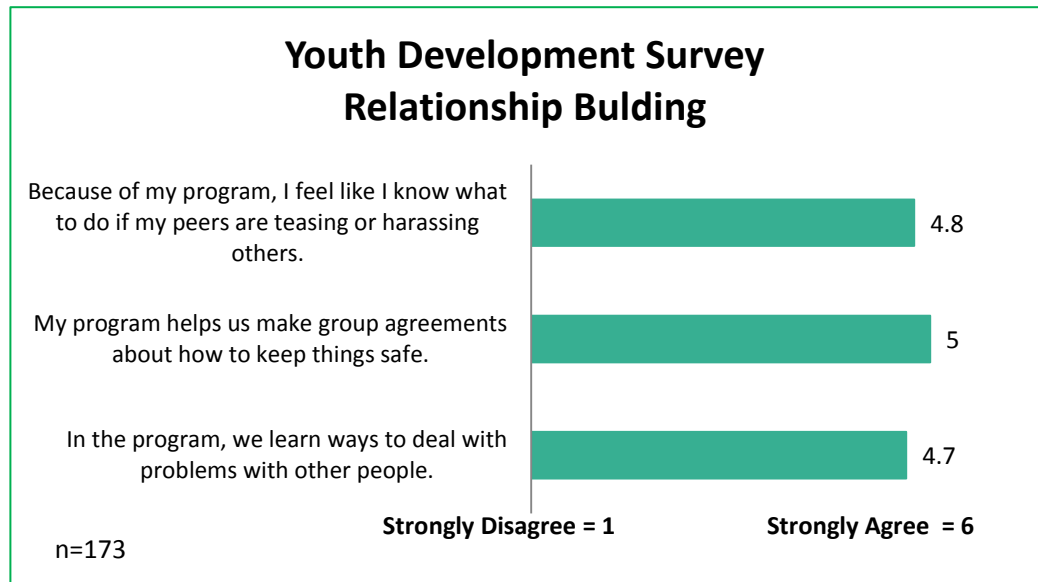


Figure 5. Youth Development Survey: Impact of Club Live on Relationship Building

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 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.

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

School Based Wellness PEI Program 2: FY 2014-2015	P/EI	Total Served	Total Funding	Cost per Client
2.4 Sober School Enrichment	EI	0	0	0

In 2014-2015, the Sober School became a licensed Drug Medi-Cal site, expanding their staffing, and PEI placement became less necessary. Stakeholders agreed to eliminate this component of the work plan and re-direct the funding towards establishing a college-focused PEI position. Stakeholders approved the redirection of funds and the creation of a college population Wellness Liaison, which was established in the 2015-2016 year.

Family Education, Training, and Support

Family Education, Training, and Support PEI Program 3: FY 2014-15	P/EI	Total Served	Total Funding	Cost per Client
3.1 Coordination of the County's Parenting Programs	P	61,934	\$99,000	\$2
3.2 Parent Education	P	723		
3.3 Coaching for Parents/Caregivers	EI	647		

Project Goals	Key Objectives
<ul style="list-style-type: none"> • Build competencies and skills in parents and caregivers • Decrease the impact of trauma in families • Respond to the urgent needs in families at-risk for abuse 	<ul style="list-style-type: none"> • Parent education • Parent coaching
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> • Reduced risk factors • Increased protective factors • Improved parenting • Improvements in child behaviors 	<ul style="list-style-type: none"> • Number of website hits • Class rosters and call logs • Parent self-report surveys • Parent coaching assessments • Parent interviews

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

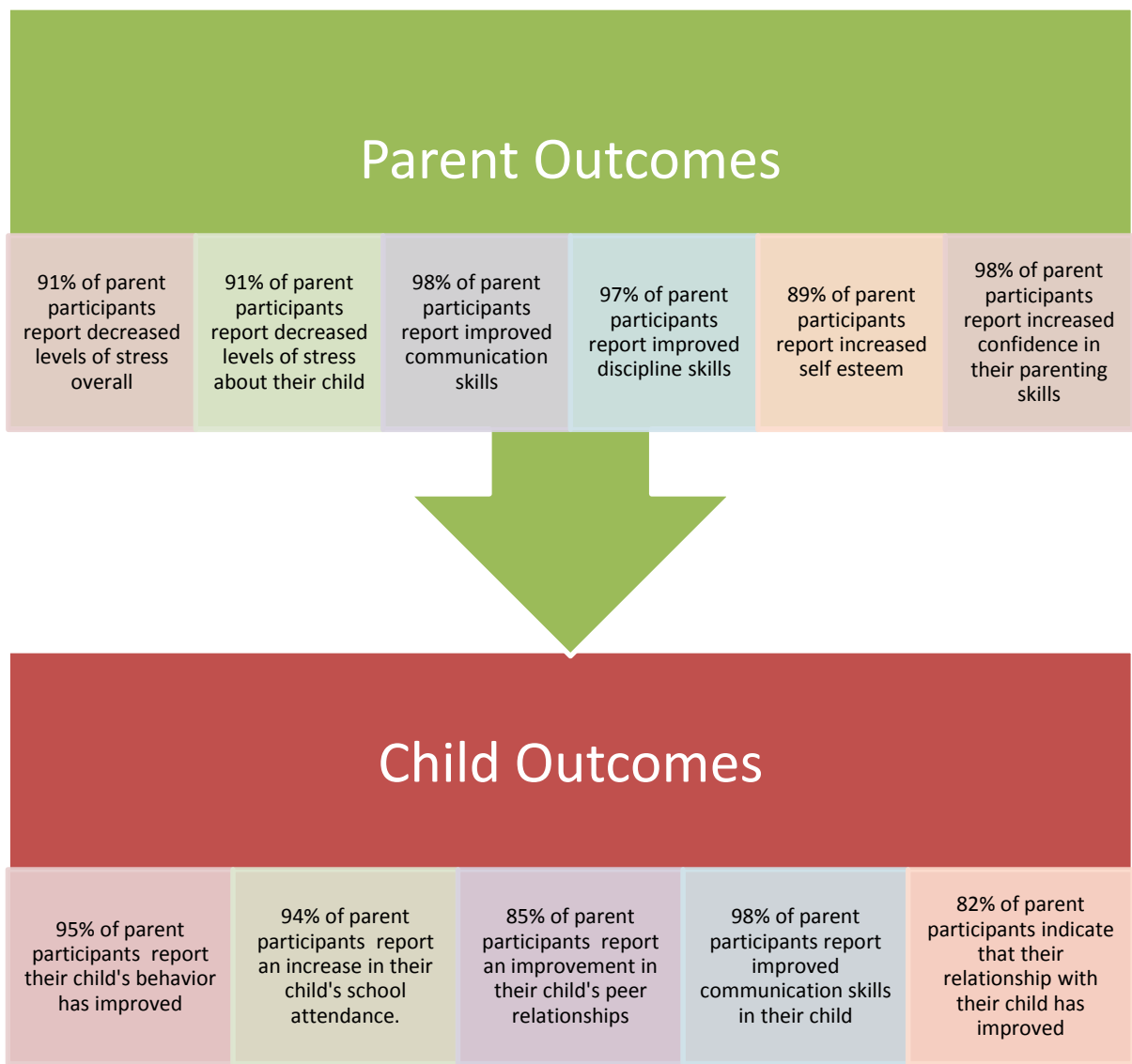
A bilingual website www.sloparents.org serves as a clearinghouse to disseminate information on parenting classes, family support programs, and services. In addition to promoting parent education classes funded by PEI, the website lists approximately 190 parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness or addiction. Listings are grouped by region for the convenience of viewers searching for local support. In 2015, the website received over 20,000 unique visits.

PEI-funded classes are offered specifically for parents of children in certain age groups in addition to special topic for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, homeless and teen parents. In FY 2014-2015 Parent Connection offered 34 classes, 26% 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.

Parent Connection also provides a parent warmline and coaching services. This warmline provides support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bilingual, bicultural staff answered over 400 calls on the warmline in 2014-15. Parent Coaches provide supportive and skill building coaching services on the phone or in person when requested. The coaching services include support groups for specific high-risk parent groups: parents who are homeless, in recovery, teen parents, and single parents. Support groups expanded in 2014-15 to include the women’s and men’s jails.

Self-report surveys (Figure 6) of parents and caregivers participating in education or coaching services (n=485) demonstrate how increasing protective factors and reducing risk factors in the parents have positive effects on the children of stressed and at-risk families.

Figure 46. Parent Outcomes



Early Care and Support for Underserved Populations

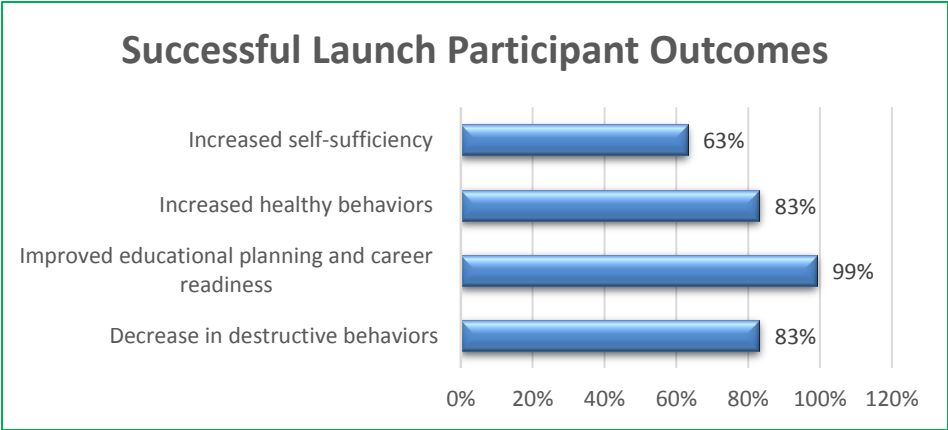
Early Care and Support for Underserved Populations PEI Program 4: FY 2014-2015	P/EI	Total Served	Total Funding	Cost per Client
4.1 Successful Launch Program for at risk Transitional Aged Youth (TAY):	P	606	\$96,161	\$159

Project Goals	Key Objectives
<ul style="list-style-type: none"> Increased self-sufficiency and resiliency of at-risk TAY 	<ul style="list-style-type: none"> Successful Launch Program for at-risk TAY
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> Reduced risk factors (e.g.: lack of education, work, and housing) Increased protective factors (e.g.: access to extended services and supports, decrease in unhealthy behaviors) 	<ul style="list-style-type: none"> Staff pre and post assessments of program participants Rosters 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 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 2014-2015 services included: vocational training, job shadowing, work readiness, academic support, connection with other extended services and supports, and life skills training (Figure 7).

Figure 7. Examples of Successful Launch Participant Outcomes



Cuesta College continues to

increase capacity of the program by extensive community collaboration. Increased collaboration with local businesses has increased employment opportunities for at-risk TAY, and working with John Muir Charter School and local high schools has increased the ability of TAY to obtain a high school diploma. During 2014-2015, Successful Launch continued training students using programs aimed and providing work readiness for participants. Students worked to increase their knowledge of practices such as skills of customer service with potential employers who expressed their commitment to professional growth for these students. Successful Launch also helped link youth to employers that currently honor this certificate such as Smart and Final, TJ Maxx, Ross, and Kohl's.

Early Care and Support for Underserved Populations PEI Program 4: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
4.2 Older Adult Mental Health Initiative:	Both	6,739	\$208,889	\$31

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

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

WCS provides outreach and education regarding mental health as it relates to the Older Adult population, to the community at large and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith based agencies, law enforcement, and retirement homes. There were 1,793 depression screenings conducted in 2014-2015. 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. Of the clients surveyed 2014-2015, 95% reported an increase in their overall satisfaction with life. The reported average increase was 81%; suggesting a significant improvement for clients receiving services through the Caring Callers program. 94% of clients surveyed also reported decreased feelings of loneliness with an average decrease of 78%. Through the social connections supported by the Caring Callers program, feelings of isolation and loneliness appear to be successfully addressed and reduced.

- Senior Peer Counseling (SPC) is a mental health program providing no-cost counseling services to individuals age 60 or over in their place of residence. There are no income qualifications to access the service. The Program recruits volunteers age 55 and over to be peer counselors. In FY 2014-2015, 78% of clients who received services through Senior Peer Counseling reported no prior experience receiving therapy or counseling. Of that 78%, 71% reported experiencing symptoms of mild to moderate/severe depression prior to seeking services through SPC.
- 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. For those individuals who chose to receive individual therapy sessions, their symptoms are closely monitored throughout the therapeutic relationship. Clients receive mid-point evaluation as well as closing evaluations. Those clients, who completed 4-8 sessions of therapy, reported a 69% decrease in the symptoms of depression. Clients receiving transitional therapy reported, on average, a starting Patient Health Questionnaire score of 9.5; upon completion of the program, the reported average score was 4.1. The results indicate a significant decrease in the symptoms of depression when the symptoms are identified and addressed through early intervention.
- After four to eight sessions, the client is either transitioned back to Senior Peer Counseling, or if further services are needed, the Transitional Therapist coordinates treatment with County Mental Health or a private provider. Transitional Therapy is available in home and non-clinic settings.



Integrated Community Wellness

Integrated Community Wellness PEI Program 5: FY 2014-2015	P/EI	Total Served	Total Funding	Cost per Client
5.1 Community Based Therapeutic Services:	EI	403	\$110,805	\$275

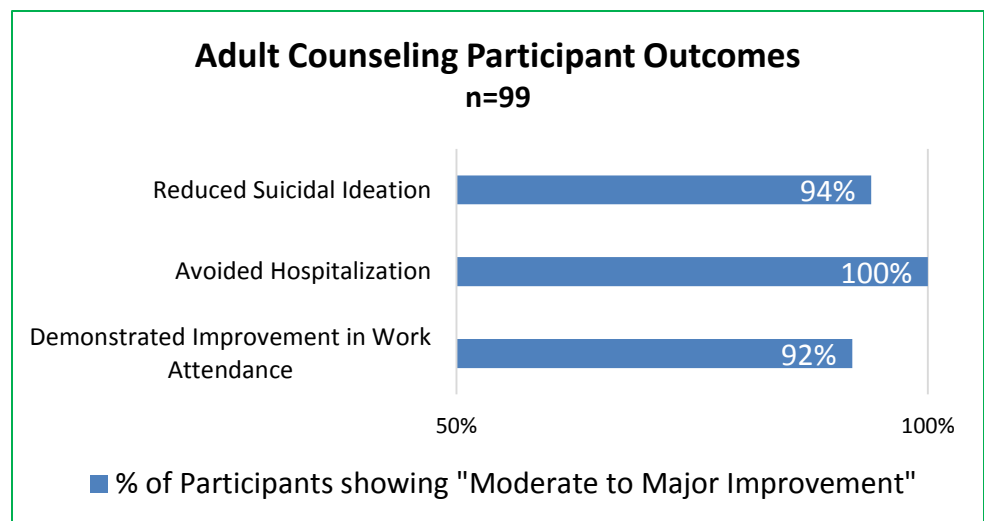
Project Goals	Key Objectives
<ul style="list-style-type: none"> • Early identification of on-set of mental illness • Increased access of therapy to underserved populations 	<ul style="list-style-type: none"> • Provide brief, low intensity Early Intervention counseling at low or no cost to underserved populations throughout the County
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> • Improved mental health and wellness • Reduced risk factors • Increased protective factors 	<ul style="list-style-type: none"> • Rosters • Clinician assessments • Participant self-report surveys • 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 and provides early intervention for mental health issues while increasing access to care by utilizing two programs: Community Based Therapeutic Services, and Integrated Community Wellness Advocates.

Community Based Therapeutic Services provides over 2,000 low (\$5.00) or no cost counseling hours to uninsured and underinsured at-risk populations throughout the County. In 2014-2015, services were provided by Community Counseling Center (CCC), and the SLOBHD.

Figure 8. Adult Counseling Participant Outcomes

In 2014-2015, CCC continued services in the southern (Grover Beach) and northern areas (Paso Robles) of the county. CCC also partnered with other health care agencies. The expansion further increases access to Latino individuals in South San Luis Obispo County. Prior to additional locations added by CCC, families in the North and South County had the longest waits to receive counseling. According to pre-and post-assessments, clients continue to



demonstrate an increase in coping skills and a reduction in suicidal ideation (Figure 7).

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. A majority of participants reported feeling better about themselves (89%), being more aware of the consequences to their actions (94%), and feeling better prepared to handle stressful situations such as bullying (92%) after participating in the program.

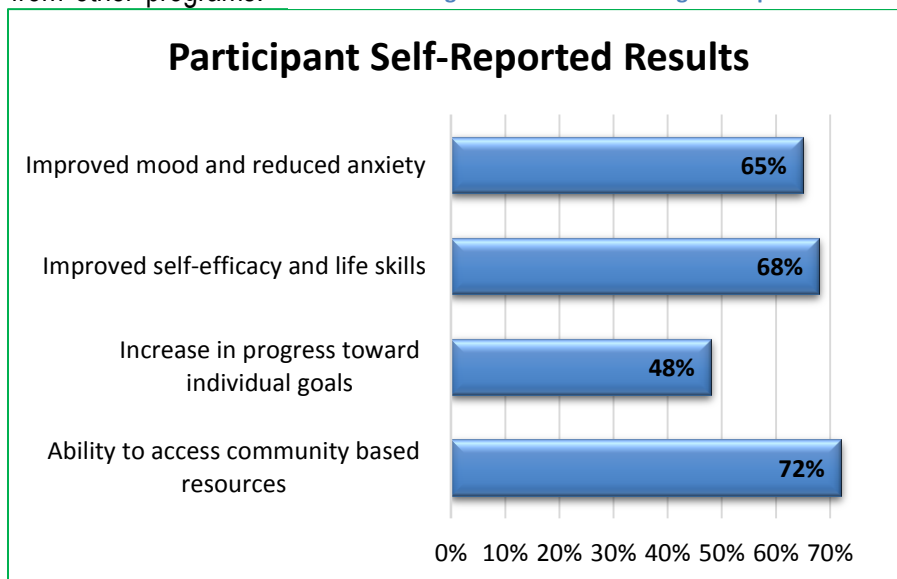
Integrated Community Wellness PEI Program 5: FY 2014-2015	P/EI	Total Served	Total Funding	Cost per Client
5.2 Resource Specialists: Transitions Mental Health Association	P/EI	929	\$159,538	\$172

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

TMHA provides Integrated Community Wellness Advocates, who are individuals with lived experience as either a client or a family member. Wellness Advocates collaborate with other PEI providers to deliver system navigation services and wellness supports to individuals referred from other programs.

Figure 9. Adult Counseling Participant Outcomes

The Wellness Advocates provide assistance and referrals toward securing basic needs such as food, clothing, housing, health care, employment, and education. They focus on minimizing stress, supporting resilience, and increasing individuals' self-efficacy. During the PEI evaluation, SLOBHD and TMHA discovered the number of clients receiving services was being under-reported, and that 900 PEI clients and families receive over 2,700 different services from the Advocates.



During 2014-2015, TMHA offered over 2,500 contacts with program participants in the form of assistance and referral to services such as housing, clothing, food, transportation, mental health and/or drug and alcohol services.

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 new and creative, and not duplicated in another community. Innovation funding was created for the purpose of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.

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



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.

Half of the original eight Innovation projects concluded in 2013-2014, and the remaining four trials concluded at the first part of 2014-2015. Those results are included below.

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

The County has begun the process of launching the following four projects:

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

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

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

To view the evaluation of the San Luis Obispo County’s initial Innovation Plan, please go to the following link:

<http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm>

Atascadero High School Student Wellness Center

Innovation Project 2 (original work plan #)	2014-2015 Total Served	Total Funding	Cost per Client
Atascadero High School Student Wellness Center	604	\$121,917	\$202

Primary Purpose	Learning Activities
<ul style="list-style-type: none"> Increase the quality of services, including better outcomes 	<ul style="list-style-type: none"> A peer based, clinically supervised wellness center on a High School Campus
Learning Outcomes	Method of Measurement
<ul style="list-style-type: none"> Will more graduating seniors enter an educational path which leads to a career in behavioral health? Will there be a reduction in stigma surrounding mental health on campus? 	<ul style="list-style-type: none"> School wide survey Wellness center participant self-report surveys Teacher surveys Interviews and focus groups

The Atascadero High School Student Wellness Center created a peer counseling model that included a youth-directed stigma reduction campaign and exposed students to behavioral health education and careers. The wellness project was unique to other known models: a mental health provider and youth development specialist were 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 were 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.

In FY 2014-2015, Wellness Center Interns continued to be trained to facilitate 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.

The Atascadero High School Wellness Center project ended in January, 2015. The school continued to provide stigma reduction activities in partnership with the County and its Friday Night Live youth development program. Wellness Center interns continued to serve the school under the guidance of a faculty advisor. In 2015-2016 the high school elected to maintain the program using campus-staff and the Wellness Center remained a key place on campus where young people could gain education, seek safety and help, and develop skills to promote wellness amongst their peers and community.

Wellness Arts 101

Innovation Project 5 (original work plan #)	Total Served	Total Funding	Cost per Client
Wellness Arts 101	119	\$95,116	\$802

Primary Purpose	Learning Activities
<ul style="list-style-type: none"> Increase the quality of services, including better outcomes 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Will consumers attending community college have improved academic and wellness outcomes by participating in a credited course designed for mentally ill students? 	<ul style="list-style-type: none"> Class participant survey Instructor interviews Participant and instructor reports of academic success

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

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

According to the Cuesta College Institutional Research Department’s analysis, more students attempted and completed units following participating in Wellness Arts than prior to Wellness Arts. A total of 71% of Wellness Arts students completed at least one class in the following semester, an increase of 24%.

The Wellness Arts 101 project ended in January of 2015, but Cuesta College committed to continue serving vulnerable students, and offering this innovative course.

Service Enhancement Program

Innovation Project 6 (original work plan #)	2014-2015 Total Served	Total Funding	Cost per Client
Service Enhancement Project	212	\$142,387	\$670

Primary Purpose	Learning Activity
<ul style="list-style-type: none"> Increase access to services 	<ul style="list-style-type: none"> Adaptation of Stanford’s Cancer Center “Cancer Concierge Services” model to serve Mental Health Services clients
Learning Goals	Method of Measurement
<ul style="list-style-type: none"> Will improving the reception and guidance practices of County Mental Health result in better rates of follow-through amongst new clients? Will family member and caregivers be stronger advocates when given educational and organizational material upon entering the system? 	<ul style="list-style-type: none"> Client and family surveys Recording of community provider statistics

The Service Enhancement Program was initially entitled the Warm Reception and Family Guidance project. This project originally intended to adapt Stanford’s “Cancer Concierge Services” model to serve clients entering the county mental health system. The Innovation project ended in January 2015, but continued to serve incoming clients utilizing cost savings from other Innovation projects that were under budget. Stakeholders were supportive of continuing these unique services and eventually elected to continue the program with CSS funds beginning in the 2015-2016 year.

The intention of this program is for clients and supporting family members new to the mental health system 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 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 Model. Going forward, the program will expand into the northern and southern regions of the county.

Operation Coastal Care

Innovation Project 7 (original work plan #)	2014-2015 Total Served	Total Funding	Cost per Client
Operation Coastal Care	247	\$113,608	\$460

Primary Purpose	Learning Activity
<ul style="list-style-type: none"> Increase access to underserved groups 	<ul style="list-style-type: none"> Embedding a therapist in outdoor, rehabilitative activities, non-military, and non-clinic settings
Learning Goals	Method of Measurement
<ul style="list-style-type: none"> Will this model reduce stigma amongst veterans and their families, and/or create increased interest in seeking Mental Health services? Will this model increase access to services for veterans and their families? 	<ul style="list-style-type: none"> Event rosters Surveys Clinician reports

The Operation Coastal Care project, which ended in January, 2015, was so popular that stakeholders supported ongoing activities using cost savings from other Innovation projects that were under budget). This ended in July of 2015, when stakeholders ultimately elected to fund the program using both CSS and PEI dollars beginning in 2015-2016. The project 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. The project therapist is located at San Luis Obispo County's Veteran's Services Office, a culturally competent setting for the therapist to identify potential veterans in need of services. In 2014-2015, 86 veterans were engaged and provided screening, referral, or therapeutic care.

Operation Coastal Care also offers the coordination of local Veteran centered events. The MHSA-funded Coordinator provides outreach and education, while hosting free events, for veterans and their families. The coordinator also educates the community and increases awareness surrounding mental health issues specific to veterans. The coordinator has been successful in finding a number of businesses willing to donate and host events for veterans and their families. Events included horseback riding, kayaking, climbing gym, CrossFit, surfing, ziplining, and Mud Mash participation. During FY 2014-15 there were a total of eight events offered to veterans and their family members. One hundred and sixty-one (161) people participated in these events.

Capital Facilities & Technological Needs

Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental illness service delivery. San Luis Obispo County accessed its CFTN funds to build a comprehensive integrated behavioral health system. In order to modernize and transform clinical and administrative information systems, a Behavioral Health Electronic Health Record (BHEHR) System, allowing for a “secure, real-time, point-of-care, client-centric information resource for service providers” and the exchange of client information according to a standards-based model of interoperability was developed with stakeholder input. Due to delays caused with the software development, the project is now slated to be completed in June 2017.

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

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

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

2014-15 Results

- Psychiatric Health Facility (PHF) Forms Implemented (Phase 3 assessments)
- PHF Functionality for eMAR Implemented

Additionally, SLOBHD added a 1.0 FTE Health Information Technician to the BHEHR support team to strengthen the infrastructure for the on-going support and maintenance of the system. The cost for the BHEHR support team continues to be shared between the divisions within Behavioral Health.

2015-16 Results

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

The Administrative Services Manager position, responsible for the oversight of the development of the BHEHR, ended in October, 2015. To absorb those responsibilities, SLOBHD added a 1.0 FTE Program Manager II position to provide ongoing oversight and management of the BHEHR and for the upcoming Public Health EHR (PHEHR) development. The cost of the Program Manager will be shared between the Behavioral Health and Public Health Departments.

MHPA Funding Summary

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

In FY 2014-15, the County spent a total of \$10.8 million on MHPA programs with \$7.9 million coming from MHPA revenue and \$2.9 million from Medi-Cal Federal Financial Participation (FFP) reimbursement, Realignment 2011, and other revenue sources. The breakdown per program, including the cost per client, is included in the tables at the beginning of each program section.

At the end of FY 2015-16, the County spent a total of \$12.2 million on MHPA programs with \$9.2 million coming from MHPA revenue and \$3 million from Medi-Cal (FFP) reimbursement, Realignment 2011, and other revenue sources. Medi-Cal revenue has increased over the past two fiscal years as a result of newly eligible and newly enrolled clients in Medi-Cal from the Affordable Care Act. The additional revenue has helped leverage the County's MHPA funds.

On July 1, 2016 the Governor passed Assembly Bill (AB) 1618, also known as the "No Place Like Home" Initiative, which will create a \$2 billion revenue bond supported by MHPA funds. The Department of Housing and Community Development will administer a competitive program among counties to finance capital costs for permanent supportive housing. As a result of the Initiative, the amount of MHPA revenue distributed to each County will decrease in future years. Due to the timing of the bond issuance, the County may not see a reduction until FY 2017-18. SLOBHD has made the appropriate adjustments when preparing long-term financial projections for the County's MHPA programs, as well as informed stakeholders of the impact. As such, the reduction in revenue will not affect current or newly added programs. However, the reduction in revenue will reduce the potential of expanding and adding new programs beyond what has been added in FY 2016-17.

In the coming years, MHPA revenue is projected to increase in FY 2016-17, and then stay relatively flat through FY 2018-19. As previously noted, MHPA revenue is generated from personal income tax which can fluctuate considerably and is dependent on the State's economy. The County takes a conservative approach in its projections and uses information provided periodically by the California Behavioral Health Directors Association as the basis.

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

- 1) Submitted a timely MHPA Annual Update & Three Year Program and Expenditure Plan for FY 2014-15 through 2016-17 which met the Mental Health Oversight and Accountability Commission requirements.

MHSA Funding Summary

- 2) Demonstrated fiscal and programmatic accountability in accordance with the Three-Year Program and Expenditure Plan.
- 3) Has adopted reasonable methods for establishing performance measures and monitoring contract performances.
- 4) Utilized data collected to improve mental health systems and communicated program results to key stakeholders.

The results of the audit were published in FY 2016-17 and will be included in next year's Annual Update.

The summary below is the projected amount of MHSA funds that will be spent on the county's MHSA programs for FY 2016-17. This summary does not include other revenues such as Medi-Cal reimbursement (Federal Financial Participation, FFP), Realignment 2011, or insurance revenue.

FY 2016/17 Mental Health Services Act Annual Update						
Funding Summary						
County:	San Luis Obispo					Date: 11/28/16
	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 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,812,430	1,528,117	1,415,793	180,941	0	
2. Estimated New FY 2016/17 Funding	9,094,971	2,273,743	598,353			
3. Transfer in FY 2016/17 ^{a/}	(877,159)			0	877,159	0
4. Access Local Prudent Reserve in FY 2016/17	0	0				0
5. Estimated Available Funding for FY 2016/17	17,030,242	3,801,860	2,014,146	180,941	877,159	
B. Estimated FY 2016/17 MHSA Expenditures	8,345,403	2,330,717	632,741	149,066	877,159	
G. Estimated FY 2016/17 Unspent Fund Balance	8,684,839	1,471,143	1,381,405	31,875	0	
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2016		2,813,066				
2. Contributions to the Local Prudent Reserve in FY 2016/17		0				
3. Distributions from the Local Prudent Reserve in FY 2016/17		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2017		2,813,066				

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): Actual expenses for CSS in FY 2015-16 were \$9.5 million with \$6.6 million funded through MHSA revenue and \$2.9 from Medi-Cal FFP, Realignment 2011, and other revenues.

A transfer to the CFTN component in the amount of \$494K was completed during FY 2015-16 to fund the on-going maintenance and support of the Behavioral Health Electronic Health Record (BHEHR). The total on-going maintenance and support expense is shared between the Drug and Alcohol Division and MHSA. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

New in FY 2016-17: As detailed in the Executive Summary, the CSS budget now includes the addition of the Assisted Outpatient Treatment Full Service Partnership (FSP) program, an expansion of co-occurring services for youth, increased housing for the FSP Homeless program, a new Service Enhancement program for Martha's Place (children's clinic), and one-time funds for Transitions-Mental Health Association's housing project for clients with mental health issues. A portion of the one-time housing expenditure (\$134,285) will come from funding that was released from the California Housing Finance Agency (CalHFA) that was unencumbered and available to be drawn down. The remaining \$300K will be used in the development of a new housing project led by TMHA. The "Bishop Street" project will provide stable housing for 34 MHSA clients. In order to access these General System Development Housing funds, the County has included the required certification and project fact sheet. See attached Enclosures 2 and 3, located in the Appendix.

Additionally, the County was awarded \$971,070 in S.B. 82 grant funds through the California Health and Facilities Financing Authority (CHFFA) to build a 4-bed Crisis Stabilization Unit in the City of San Luis Obispo in FY 2015-16. The FY 2016-17 budget includes \$860,805 in revenue and expenses for construction costs under the General System Development (GSD): Crisis & Aftercare program (see chart below). The balance of the funds will be used to purchase furniture, equipment, and additional start-up costs once construction is completed (estimated completion date October of 2017).

The chart below summarizes the FY 2016-17 budget for CSS and includes all revenue sources:

FY 2016/17 Mental Health Services Act Annual Update						
Community Services and Supports (CSS) Funding						
County:	San Luis Obispo					Date: 11/28/16
	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	417,143	226,543	140,000	0	50,000	600
2. TAY FSP	736,186	406,186	250,000	0	80,000	0
3. Adult FSP	2,668,419	1,868,233	800,186	0	0	0
4. Older Adult FSP	461,696	331,696	130,000	0	0	0
Non-FSP Programs						
1. GSD: Wellness & Recovery	1,928,391	1,656,132	165,000	0	50,000	57,259
2. GSD: Latino Services	827,243	501,343	225,000	0	100,000	900
3. GSD: Crisis & Aftercare	2,342,619	1,198,814	280,000	0	0	863,805
4. GSD: School & Family Empowerment	924,778	593,076	215,000	0	116,702	0
5. GSD: Forensic Mental Health Services	1,077,089	814,132	192,000	0	0	70,957
6. GSD: Housing	300,000	300,000	0	0	0	0
7. Outreach & Engagement	5,000	5,000				
CSS Administration	320,679	309,963	10,716			
CSS MHSA Housing Program Assigned Funds	134,285	134,285				
Total CSS Program Estimated Expenditures	12,143,528	8,345,403	2,407,902	0	396,702	993,521
FSP Programs as Percent of Total	51.3%					

Prevention and Early Intervention (PEI): Actual expenses for PEI in FY 2015-16 were \$2.1 million with the majority of the funds coming from MHSA. The MHSA Stakeholder group approved the allocation of \$67,308 annually to the California Mental Health Services Authority (CalMHSA) to help support Statewide PEI projects.

New in FY 2016-17: As detailed in the Executive Summary, the PEI budget now includes the addition of the following: an In-Home Parent Educator through the County’s SAFE program, a collaborative Perinatal Mood and Anxiety Disorder Project, an increase in Hotline services which was previously funded with CalMHSA grants (funding no longer available), and a one-time expense to assess current school-based mental health resources.

The chart below summarizes the FY 2016-17 budget for PEI and includes all revenue sources:

FY 2016/17 Mental Health Services Act Annual Update						
Prevention and Early Intervention (PEI) Funding						
County:	San Luis Obispo				Date:	11/28/16
Fiscal Year 2016/17						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. MH Awareness & Stigma Reduction	337,812	289,683				48,129
2. School Based Wellness	424,213	424,213				
3. Family, Education, Training & Support	178,404	178,404				
4. Early Care & Support for Underserved	299,815	299,815				
5. Integrated Community Wellness	88,750	88,750				
PEI Programs - Early Intervention						
1. MH Awareness & Stigma Reduction	0	0				
2. School Based Wellness	340,654	340,654				
3. Family, Education, Training & Support	0	0				
4. Early Care & Support for Underserved	109,091	109,091				
5. Integrated Community Wellness	273,940	213,530				60,410
PEI Administration	319,270	319,270				
PEI Assigned Funds	67,308	67,308				
Total PEI Program Estimated Expenditures	2,439,256	2,330,717	0	0	0	108,539

Innovation: Actual expenses for Innovation in FY 2015-16 were \$90,486 fully funded by MHSA. The Community Planning Process was in full swing during the year as new projects were being developed and submitted for approval by the Mental Health Services Oversight and Accountability Commission (OAC).

New in FY 2016-17: As detailed under the Innovation section, four new projects were approved by the OAC and are set to begin in FY 2016-17.

The chart below summarizes the FY 2016-17 budget for Innovation and includes all revenue sources:

FY 2016/17 Mental Health Services Act Annual Update						
Innovations (INN) Funding						
County:	San Luis Obispo					Date: 10/10/16
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. COLEGA	168,475	168,475	0	0	0	0
2. Late Life Empowerment & Affirmation	101,642	101,642	0	0	0	0
3. Transition Assistance & Relapse Prevention	81,010	81,010	0	0	0	0
4. Not for Ourselves Alone: Trauma Informed Care	153,236	153,236	0	0	0	0
INN Administration	128,378	128,378				
Total INN Program Estimated Expenditures	632,741	632,741	0	0	0	0

Workforce, Education and Training (WET): Actual expenses for WET in FY 2015-16 were \$112K with \$88K from MHSA revenue and the remaining from Medi-Cal FFP and Realignment 2011 revenue. The County is estimating the initial WET allocation will be depleted by the end of FY 2017-18. This date was pushed back a fiscal year due to higher than anticipated revenue being generated in the Internship program and expenses coming in lower than budgeted. The MHSA Stakeholder group will convene to determine next steps with the programs under WET. Additionally, there are no expected changes to the WET program in FY 2016-17.

The chart below summarizes the FY 2016-17 budget for WET and includes all revenue sources:

FY 2016/17 Mental Health Services Act Annual Update						
Workforce, Education and Training (WET) Funding						
County:	San Luis Obispo					Date: 10/10/16
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. PAAT	25,000	25,000	0	0	0	0
2. E-Learning	20,000	20,000	0	0	0	0
3. Crisis Intervention Training	6,950	6,950	0	0	0	0
4. Cultrual Competence	21,010	21,010	0	0	0	0
5. Co-Occurring Training	0	0	0	0	0	0
6. CASRA	0	0	0	0	0	0
7. Internship Program	86,425	55,708	20,717	0	10,000	0
8. Stipends & Scholarships	0	0	0	0	0	0
WET Administration	20,398	20,398				
Total WET Program Estimated Expenditures	179,783	149,066	20,717	0	10,000	0

Capital Facilities and Technological Needs (CFTN): Actual expenses for CFTN in FY 2015-16 were \$627K with \$494K funded with MHSA revenue, and \$133K funded by the Drug and Alcohol division (internal transfer). The on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between divisions in Behavioral Health and is based on number of users. Stakeholders approved the continued transfer of CSS revenue to CFTN to fund the annual support costs, as well as the final phase of the Behavioral Health Electronic Health Record (BHEHR) system development. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

New in FY 2016-17: The County expects the final enhancements to the BHEHR system to be completed by June 30, 2017. The estimated total cost for the BHEHR system is \$3.7 million, which is in-line with what was originally approved by the Department of Mental Health and the County’s Board of Supervisors.

The chart below summarizes the FY 2016-17 budget for CFTN and includes all revenue sources:

FY 2016/17 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Funding						
County:	San Luis Obispo				Date:	10/10/16
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 - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	827,257	652,331				174,926
2. EHR Project Enhancements	224,828	224,828				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,052,085	877,159	0	0	0	174,926

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 2015-16 for CSS and PEI combined was \$2,813,066. No prudent reserve funds are expected to be used during FY 2016-17

Appendix

Appendix A



NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT And NOTICE OF PUBLIC HEARING San Luis Obispo County Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Fiscal Year 2016-2017 Annual Update and Three-Year Plan for Fiscal Years 2014-17, is available for a 30-day public review and comment from October 18 through November 16, 2016.
- HOW: To review the Update and Plan,
Visit: <http://www.slocounty.ca.gov/health/mentalhealthservices.htm>
To Submit Comments or Questions:
https://www.research.net/r/2015_2016_MHSA_Annual_Update_Public
Comments must be received no later than November 16, 2016.

NOTICE OF PUBLIC HEARING

- WHO: San Luis Obispo County Behavioral Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2016-2017 Update to the Three-Year Plan for Fiscal Years 2014-17.
- WHEN: Wednesday, November 16, 2016, 3:00 p.m.
- WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

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

County Certification- General System Development Housing

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for San Luis Obispo County and that the following statements and written explanation are true and correct:

1. The County plans to use Mental Health Services Act (MHSA) General System Development (GSD) Funds to acquire renovate and/or construct housing.
2. The primary purpose of the project will be dedicated for MHSA purposes for a minimum of 20 years, which include serving the public by providing necessary housing to individuals with serious mental illness and/or serious emotional disturbance who are homeless or at risk of homelessness. Any benefit to private developer(s) is merely incidental to the primary public purpose.
3. All necessary outside sources of funding have been secured and the MHSA GSD funds requested will only be used to acquire, renovate and/or construct those portions of the property that will be used for the provision of MHSA services.
4. For any proposed renovations to privately owned housing, the costs of renovation are reasonable and consistent with what a prudent buyer would incur and the County has secured its financial investment in the project via regulatory agreement, deed restriction or other mechanism commonly used by the county for this purpose.
5. The County will maintain and update the housing as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.
6. The County ensures that the project is appropriately managed and will: (1) monitor construction, (2) regulate agreements between the developer and the residents, (3) maintain records (including budget information) for reporting and audit requirements, (4) assure all project expenditures serve a public purpose, and (5) that the project continues to serve a primary public purpose.
7. The County will report to the Department, within 60 days, any finding by the County project manager that expenditures have been made that do not serve a public purpose.
8. The project may be subject to random audit. All records and information for the project will be maintained and will be produced upon request of a DMH auditor.
9. If the Department determines that the project is not serving primarily a public purpose, either through an audit or on the basis of other information, the County may be required to return all or part of the GSD funds used for the project.

10. The County will submit an annual report on the status of the project, including the number of clients housed, the types of services provided and a list of project expenditures.
 11. The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction or renovation project using GSD funds.
 12. The project will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.
 13. Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.
 14. The project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.
-

Date: 12/9/16 Signature 
County Mental Health Director

Date: 12-9-16 Signature 
Auditor and Controller

Executed at: San Luis Obispo, California.

GENERAL SYSTEM DEVELOPMENT PROJECT FACT SHEET

Project Title: Bishop Street Studios

Project Location: 1600 Bishop Street San Luis Obispo, CA 93401

Project Description (short paragraph):

Transitions-Mental Health Association (TMHA) will renovate the abandoned Sunny Acres building above Johnson Avenue and build three new buildings to create a total of 33 units of supportive housing for adults with mental illness, plus an apartment for a Resident Manager. The project will include a community room for support groups and wellness workshops, and an office for meetings with case managers and employment staff. This housing is in an extremely convenient location for our clients, within easy walking distance of San Luis Obispo County Behavioral Health facilities, grocery and drug stores, as well as public transportation on Johnson Avenue.

Project Primary Public Purpose: (Not applicable when government owned)

- Local need that will be met by the project:

The project will offer 33 single, affordable housing units for low and very low income individuals with a mental illness served by San Luis Obispo County Behavioral Health Services, plus one apartment designated for a Resident Manager who may be a person with lived experience with mental illness.

- Description of MHSA services that individual(s)/families will be accessing:

Residents can access TMHA's Wellness Centers, TMHA's Mental Health Advocates program, employment at Growing Grounds Downtown, case management and support from the Full Service Partnership team, and the SLO Hotline.

Priority Population (please check all that apply):

- Children
- Transition Age Youth
- Adults
- Older Adults
- Other

Projected number of clients, including their families, to be served annually: 34 housed

Appendix D
 PEI Work plan 2.2
 Middle School Comprehensive: Student Assistance Programs

FY 2014-15 results for the SAP Pre-Post Survey

N=283

Protective Factors	Increase
I am involved in activities outside of class	13.0%
If I had a personal problem, I could ask my mom or dad (or other family member) for help	20.0%
I have a good relationship with my parents	15.0%
I feel good about myself	30.0%
I think about the consequences to my actions	28.0%
I'm accepting of people who are different than me	11.0%
It is easy for me to talk to people I don't know very well.	30.0%
If I were bullied or harassed, I feel confident in my ability to handle the situation	23.0%
I feel confident in my ability to cope with stress, depression and anxiety	35.0%
I enjoy being at school	22.0%
I understand that alcohol is harmful to me.	4.0%
I understand that marijuana is harmful to me.	7.0%
I understand the misuse of prescription drugs is harmful to me.	6.0%
My grades are (as converted to GPA) (scored as estimate of self-reported GPA)	11.0%
Risk Factors	Decrease
The number of times I got into a physical fight or threatened someone is	-22.0%
The number of times I used marijuana is	-9.0%
The number of times I used alcohol is	-9.0%
The number of times I used other drugs is	-2.0%
The number of times I have misused prescription drugs is	-7.0%
The amount of time I've hurt myself on purpose	-21.0%
The number of times I have seriously thought about suicide is	-23.0%
How many days were you absent?	-15.0%
Of your closet friends, how many have ever used alcohol or other drugs?	-7.0%