



**MENTAL HEALTH SERVICES ACT  
FISCAL YEAR 2019/20  
ANNUAL UPDATE  
TO THE THREE-YEAR PLAN  
2017-2020**





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## Overview and Executive Summary

San Luis Obispo County's Mental Health Services Act (MHSA) Fiscal Year 2019-2020 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 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 local public mental health system.

In the Update the County reports on the fiscal year (July – June) immediately preceding the publication date of December. **This report includes descriptions of programs and services, as well as results from the 2018-2019 fiscal year**, 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)

This Update was produced by the County of San Luis Obispo's Behavioral Health Department (SLOBHD) MHSA Leadership Team and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. The MHSA Leadership Team is comprised of Frank Warren (Division Manager/MHSA Coordinator), Nestor Veloz-Passalacqua (PEI/INN Coordinator), Kristin Ventresca (CSS Coordinator), Jalpa Shinglot (MHSA Accountant), Christina Menghrajani (FSP Coordinator), and Anne Robin (Behavioral Health Director).

The 2019-2020 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), this report includes an update to the Three-Year Program and Expenditure Plan for the fiscal years 2017-2020. The various work plans outlined herein include proposed program adaptations; any changes to the original component plans or past updates; actual expenses for 2018-2019; and projected planning and budgeting for the final fiscal year of the plan, (FY) 2019-2020.

The goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

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## OVERVIEW AND EXECUTIVE SUMMARY

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This Update will be submitted to the County of San Luis Obispo's Board of Supervisors for approval on or before December 10, 2019. California Assembly Bill 100 (passed in 2011) amended the MHS Act 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 SLOBHD continues to put forth increased efforts to collect data, track results, and revisit programs to monitor efficacy. In January of 2019, the state's Department of Health Care Services (DHCS) conducted an extensive program review of the County's MHS Act work plan and projects. State evaluators credited San Luis Obispo County for its innovative strategies and excellent community partnerships, while providing key recommendations for project and system enhancements. These quality improvement opportunities have led to better definitions of some programs herein, and informed contract language in the current fiscal year.

In this Annual Update, SLOBHD has again included descriptions of Program Goals, Key Objectives, Key Outcomes, and Measures at the front of each CSS and PEI work plan. The County is committed to improved outcome reporting and system accountability. This is an ongoing process and the County will continue to develop strategies and tools to collect, analyze, and report on its many programs.

A key value for the County's MHS Act 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 to maintain a stakeholder presence throughout the MHS Act programs.



State reviewers from the Department of Health Care Services visit SLO County to review innovative MHS Act programs, January 2019.



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## OVERVIEW AND EXECUTIVE SUMMARY

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On January 15, 2019 Frank Warren, the County's MHSa Coordinator, presented the 2018-2019 Annual Update of MHSa programs and plans to the County of San Luis Obispo's Board of Supervisors. This broadcasted public presentation allowed community members to hear about MHSa programs, objectives, and outcomes; and the community planning process.

The Department's MHSa Leadership Team attended the second annual "MHSa Boot Camp" statewide coordination meeting in April 2019. The County presented its Veterans Outreach Program for CSS and PEI providers, as well as participating on a panel describing the Department of Health Care Services' MHSa Program Review experience.

In 2018-2019, the county's MHSa Advisory Committee (MAC), made up of a wide variety of local stakeholders, met six times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. In this year, the County's MHSa Leadership Team introduced "Town Hall" sessions in combination with two Advisory Committee meetings to promote community engagement and bring the meetings into other parts of the county, including rural areas. Town Halls were held in Nipomo in August and Atascadero in December of 2018.

In addition, the Prevention & Early Intervention (PEI) and Innovation (INN) stakeholder committees met and planned programming over the course of the year. Throughout the 2018-2019 fiscal year, the MAC reviewed changes in the County's work plan, and were provided recommendations and proposals for new and enhanced programming. The stakeholders ultimately approved the following changes to the County's MHSa Plans and operations beginning in 2019-2020:

- The MHSa Leadership Team developed new procedures for program proposals and fiscal increases within existing programs. A new process was discussed with the MAC to manage funding requests and schedule presentations to the Committee. Stakeholders agreed to give the Department authority to make adjustments under 3% of program cost, while budget increases over 3% would be subject to the new proposal procedure and require approval by the MAC.
- MAC stakeholders approved the addition of a Training and Communications Coordinator (Behavioral Health Administrative Services Officer) with the assignment of funds from CSS to WET. This position will continue to coordinate the trauma-informed training initiatives of the current Not For Ourselves Alone Innovation project (which ends in 2020) as well as conduct activities to ensure community-wide training for the behavioral health system. In addition, the position will assume responsibility for community education and outreach focused on MHSa programs.
- The MHSa Leadership Team presented a change to the "Forensic Coordination Therapist" (CSS) program to the MAC stakeholders in February 2019. The Department, in response to the State's new mental health diversion law, AB 1810, assigned a Behavioral Health Specialist to the County's new Mental Health Diversion Court. The original MHSa-funded position served to assist court personnel and clients navigate the community behavioral health

system. Forensic coordination remains the core function of the assignment, however this pre-trial diversion program allows the Specialist to work directly with clients participating in the new court program.

- The Innovation Stakeholder Committee approved two new projects which were then presented to the MAC in February 2019. The projects were put forth for a 30-day public review in May 2019 and ultimately approved by the Board of Supervisors to be submitted to the MHSOAC in early 2019-2020. The projects outlined herein include “Holistic Adolescent Health,” focused on testing a wellness curriculum for high schools; and “Behavioral Health Assessment and Response Project (BHARP),” a trial program to strengthen communication between mental health providers, schools, and law enforcement in order to minimize threats of violence.
- The Department received a grant for Homeless Mentally Ill Outreach and Treatment (HMIOT). The County, through its contract with Transitions-Mental Health Association (TMHA) elected to expand the Homeless Outreach Team (HOT) by adding a new team and mobile unit to focus on local homeless shelters and services. MAC stakeholders then approved continued funding for the HOT as a second homeless-focused Full Service Partnership.
- In April of 2019 MAC stakeholders voted to support an expansion of the Promotores medical interpretation services throughout County Behavioral Health clinics. This will be accomplished by moving CSS dollars to the Workforce Education and Training (WET) component.
- In June of 2019, MAC stakeholders approved a slate of programs which would increase the County’s spending on Full Service Partnerships. First, the MAC approved adopting the continuation of the Transition Assistance and Relapse Prevention (TARP) program – and Innovation program ending in FY 19-20. The program, conducted by TMHA, has demonstrated excellent results and will remain in place to assist adult FSP partners as they step down or graduate from intensive treatment.
- Stakeholders approved transferring medication management for Older Adult FSP partners from the County to its Older Adult FSP contractor, Wilshire Community Services. This resulted in the addition of a part time medication manager position at Wilshire.
- Child and Transitional Aged Youth (TAY) FSPs were given additional help when stakeholders approved expanding Peer and Family support positions (from half to full time) at Family Care Network, Inc., the County’s contracted FSP provider.
- Lastly, the MAC approved the development and support for a new Full Service Partnership program targeted at children aged 0-5. This County-run program will be part of Martha’s Place – the county’s child assessment and treatment center. The FSP will focus on intensive, wraparound therapy for 10-12 families with the aim of keeping children in early education, and improvements in behavioral development.

In FY 2018-19, the County spent nearly \$17 million (M) on MHSA programs with \$13.2M coming from MHSA revenue, \$3M from Medi-Cal Federal Financial Participation (FFP)

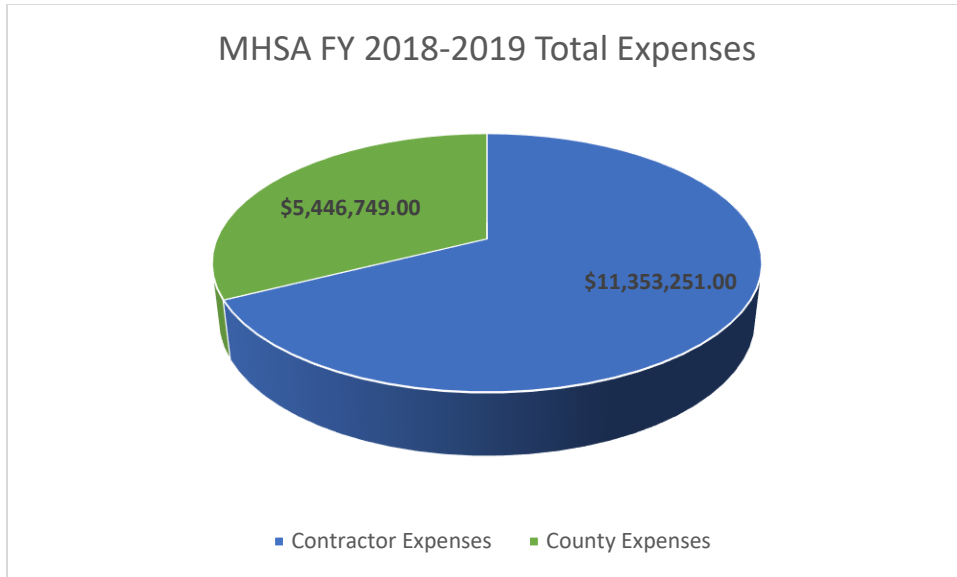


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## OVERVIEW AND EXECUTIVE SUMMARY

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reimbursement and \$670K from grants or other revenue sources. Community partner agencies expended 67% (\$11.3M) of the FY 2018-19 revenue, while the County programs were responsible for the other 33% (\$5.4M). The breakdown per program, including the agency providing the service, and the cost per client, is included in the tables at the beginning of each component section.



In the past year, San Luis Obispo County’s MHSA programs have continued to produce excellent results and meet objectives. Here are some of the highlights of the work done, by component, over the 2018-2019 fiscal year:

**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. 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 and have provided an opportunity for behavioral health providers to engage inmates before and upon release.

Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, “whatever-it-takes” model. Collectively in 2018-2019, there were 152 client “partners” enrolled in FSP programs. In that year, enrolled clients yielded the following results: (1) An 88% reduction in homeless days; (2) an 35% reduction in emergency room visits; (3) a 94% reduction in jail days; and (4) a 73% reduction of days in the County’s Psychiatric Health Facility (PHF).

In October 2018, the County held a press conference to introduce the partnership of Transitions-Mental Health Association (TMHA) and the San Luis Obispo Police Department (SLOPD). Stakeholders had approved the establishment of a clinical support position to be embedded on SLOPD's Community Action Team (CAT). In its first year, the CAT Community Liaison engaged 291 (unduplicated) homeless and other difficult-to-serve individuals, making over 400 contacts.



A group of veterans enjoy a local outing and adventure with the Veterans Outreach Program, July 2018.

Other CSS highlights in 2018-2019 included in this Annual Update feature reporting on 255 unduplicated individuals served in the Crisis Stabilization Unit; TMHA Wellness Centers having over 3,000 contacts and surveys yielding a 33% increase in use of learned coping skills to help manage mental health symptoms; and the Veterans Outreach treatment program serving 109 Veterans—a 20% increase from 2017-2018, and a 100% increase from 2016-2017.

**Prevention and Early Intervention (PEI)** projects remain strong and popular amongst community stakeholders, providers, and program participants. This Annual Update provides a great deal of data, including outcomes which demonstrate the importance of identifying risk and resilience as early as possible.

The Middle School Comprehensive program continues to demonstrate strong results across the county. Six public middle schools from Nipomo to Cambria and Paso Robles offer this integrated early identification and intervention, counseling, prevention, and family advocacy strategy. In 2018-2019 over 830 unduplicated families and children were served. Student self-assessments yielded an average increase of 28% in key protective factors (and a 27% decrease in risk) after program participation.

PEI stakeholders supported the establishment of a suicide prevention program, which launched in 2017-2018. The County's Suicide Prevention Coordinator (Alysia Hendry) made over 1,300 contacts countywide in 2018-2019 via 32 presentations, outreach events, and trainings. Nearly all event participants (93%) demonstrated improved knowledge or capacity for preventing suicide.

**Workforce Education and Training (WET)** funding is no longer being distributed to the County, and all programs have been implemented. Stakeholders agreed to use CSS funding to maintain the current (2017-2018) activities within the WET work plan. In 2018-2019, community stakeholders agreed to support moving funds from CSS to WET to expand Promotores services and establish a Training Coordination position with the Behavioral Health Department. WET continues to fund a wide range of cultural competence training, which expanded in 2018-2019 to include a robust menu of training in LGBTQ+ affirming practices. Some of these trainings included: “Trans-Training 101;” “Ally Training;” and “How to Support LGBTQ+ Youth.”

Other highlights in this Annual Update include the well-received outreach and Journey of Hope forum put on by the Peer Advisory and Advocacy Team, 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 (EHR, using Cerner/Anasazi programs). In 2018-2019, the project met several milestones and training was completed for nearly every provider within the county. In 2018-2019, the County signed a contract with Cerner to implement their new EHR platform known as Millennium. The new platform will be cloud-hosted by the vendor and is modeled on their current hospital-based product. The County also finalized its implementation of the county-wide Health Information Exchange (HIE).

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. In 2018-2019, Innovation stakeholders met and developed two projects which will seek MHSOAC approval in early 2019-2020: “Holistic Adolescent Health,” focused on testing a wellness curriculum for high schools; and “Behavioral Health Assessment and Response Project (BHARP),” a trial program to strengthen communication between mental health providers, schools, and law enforcement in order to minimize threats of violence.

In this Update, the four projects ending in 2019-2020 are described, as well as of two projects which launched in 2018-2019:

- 3-by-3: Developmental Screening Partnership between Parents and Pediatric Practices is a project to connect more young children with important screenings and test three behavioral health screening methods for children 0-3 years of age.
- Affirming Cultural Competence Education and Provider Training: Offering Innovative Solutions to Increase LGBTQ Health Care Access (SLO ACCEPTance) will test a new curriculum for preparing behavioral health care providers to be more confident and skilled when providing LGBTQ-affirming services.



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## OVERVIEW AND EXECUTIVE SUMMARY

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The County of San Luis Obispo's 2019-2020 Annual Update to the Three-Year Expenditure Plan for 2017-2020 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 21 through November 19, 2019. 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 County of San Luis Obispo's Behavioral Health Department website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Behavioral Health services clinic and all county libraries.

The Annual Update 30-day public review concluded with a Public Hearing on November 20, 2019 as part of the monthly Behavioral Health Board Meeting. At that meeting MHSA Leadership staff presented highlights of the Update and Plan, reviewed the Community Planning Process, and shared substantive comments received during the 30-day public review. Those comments are detailed here in the Community Planning Process section of the Update.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update to the Three-Year Plan be submitted to the County Board of Supervisors for approval. On December 10, 2019, the Board received a presentation on the Annual Update and voted to approve the Update to the Three Year Plan.



## Community Planning Process

In preparing this Annual Update to the Three-Year Expenditure Plan for the Mental Health Services Act (MHSA) in San Luis Obispo County, the spirit of community collaboration which is at the foundation of each project continues as stakeholders reviewed the progress and success of each component. 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 to maintain a stakeholder presence within the MHSA programs.

Throughout the year the MHSA Leadership Team, comprised of Frank Warren (Division Manager/MHSA Coordinator), Nestor Veloz-Passalacqua (PEI/INN Coordinator), Kristin Ventresca (CSS Coordinator), Jalpa Shinglot (MHSA Accountant), and Anne Robin (Behavioral Health Director), meets regularly with stakeholder groups, individuals, and organizations to maintain an open dialogue regarding MHSA plans and programming. The primary stakeholder groups include the oversight body: the MHSA Advisory Committee (MAC) which stems from the original CSS workgroup, as well as the component-driven PEI and Innovation workgroups, 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, elected officials, business leaders, students, laborers, and behavioral health clinicians and specialists. The MAC membership is the broadest as that group focuses on the entire MHSA plan and makes recommendations to the Behavioral Health Board, the Department, the County's Board of Supervisors, and ultimately, the state via the Mental Health Services Oversight and Accountability Commission (MHSOAC).

San Luis Obispo County's Behavioral Health Board (BHB) is made up of consumers, family members, and agency leaders. 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 Annual Update outlines many activities with large public profiles, including the "Journey of Hope" forum, suicide prevention efforts, and veterans outreach events. Each activity is promoted within the BHB and with all local stakeholders to ensure public understanding of MHSA endeavors.

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## *Community Planning Process*

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In 2017-2018, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met five times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. In addition, the Prevention & Early Intervention (PEI) and Innovation (INN) stakeholder committees met and conferred over the course of the year. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plans and operations beginning in 2018-2019 – many of which are reported for the first time herein:

- The MAC, as well as the PEI stakeholder group, approved funding up to \$102,000 for a specialist to provide coordination of the suicide prevention efforts and programs.
- Stakeholders approved an expense of \$115,000 to fund a clinical-intern level therapist/social worker to provide field assistance to San Luis Obispo Police Department's Community Action Team (CAT). The CAT is a small team which focuses on homeless and other hard-to-serve individuals throughout the city.
- Both the PEI stakeholder group and the MAC supported a one-time contract with California Polytechnic State University, San Luis Obispo (Cal Poly), and researcher Dr. Jay Bettergarcia, to conduct the "SLO County LGBTQ+ Mental Health Needs Assessment." This project included surveys and focus groups with the community to assess the current state of service and care for those in the LGBTQ+ community.
- The MAC approved \$120,000 to be moved from CSS funds to the Workforce Education and Development (WET) component to maintain programs which would no longer be funded in 2018-2019 (due to the end of the WET funding plan). The projects are described in the Update.
- In Fiscal Year 2017-18, the Department of Health Care Services (DHCS) determined SLOBHD had \$505,421 subject to reversion (\$429,296 in INN funding and \$76,125 in WET funding). SLOBHD presented a plan to spend these funds on existing projects in long-term financial projections. The Spending Plan was provided to MHSA Stakeholders and the public for review May 16, 2018, approved by the Behavioral Health Board June 20, 2018, and approved by the County Board of Supervisors August 7, 2018.
- Stakeholders approved expending \$154,000 in CSS to establish a new case management program within the County's adult outpatient clinics.
- Innovation stakeholders, as well as the MAC, were provided with proposals for new INN projects. The "3x3: Developmental Screening Partnership" and "SLO ACCEPTance" projects were approved and moved forward to the Behavioral Health Board in May 2018, approved by the Board of Supervisors in June 2018, and were presented to and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on August 23, 2018.

In preparing for the 2019-2020 Annual Update to the Three-Year Plan, and to review program progress, the MAC first convened on August 28, 2019 in a special "Town Hall" style meeting held in Nipomo – a community at the furthest point south in the county geography. The MHSA Leadership Team announced to the MAC in 2018-2019 that up to three meetings in the 2019-2020 fiscal year would take place in cities outside of San Luis Obispo (the county



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## Community Planning Process

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seat) to engage members of outlying communities and share information on MHSA programs.

At that first Town Hall, County Supervisor for the district, Lynn Compton, helped welcome stakeholders gathered at the Nipomo Community Library. During the meeting the CSS, PEI, and new Innovation (INN) work plans were reviewed, and updates provided. Presentations at that meeting included an update on the Homeless Outreach Team (CSS), the Middle School Comprehensive Program (PEI), the Customer Awareness Response Effort (C.A.R.E) Program (INN), and Veterans Outreach (PEI/CSS).



Behavioral Health Director, Anne Robin, greets attendees of MHSA Town Hall Meeting in Nipomo, CA August, 2018

In addition, stakeholders were provided information on upcoming guidelines involving the County's Prudent Reserve (a fund established by the Act to hold a percentage of CSS funds in case of a reduction in revenues), an update on the Youth Crisis Triage grant, and various contract adjustments made for the fiscal year. The major point of discussion for the meeting involved Full Service Partnerships and the requirement that those programs consume more than 50% of all CSS expenditures. A computing

change at the State level on the required Revenue and Expenditure Report the year previous adjusted the County's FSP percentile from above 51% to approximately 41%. The MHSA Leadership Team raised the awareness of the stakeholders for the County's need to increase FSP costs to bring the programs closer to the mandated 51% requirement. The County informed stakeholders that future planning and funding would focus on needs and expansion of current FSP operations.

The INN stakeholder group met on October 11, 2019 to introduce a new round of planning for 2019-2020. Stakeholders, new and old, gathered to learn more about the past and current local INN projects and to discuss development of new initiatives. Nestor Veloz-Passalacqua, the PEI/INN Coordinator outlined the principles of INN and invited individuals and organizations to participate in the next round of project development. A web-based project

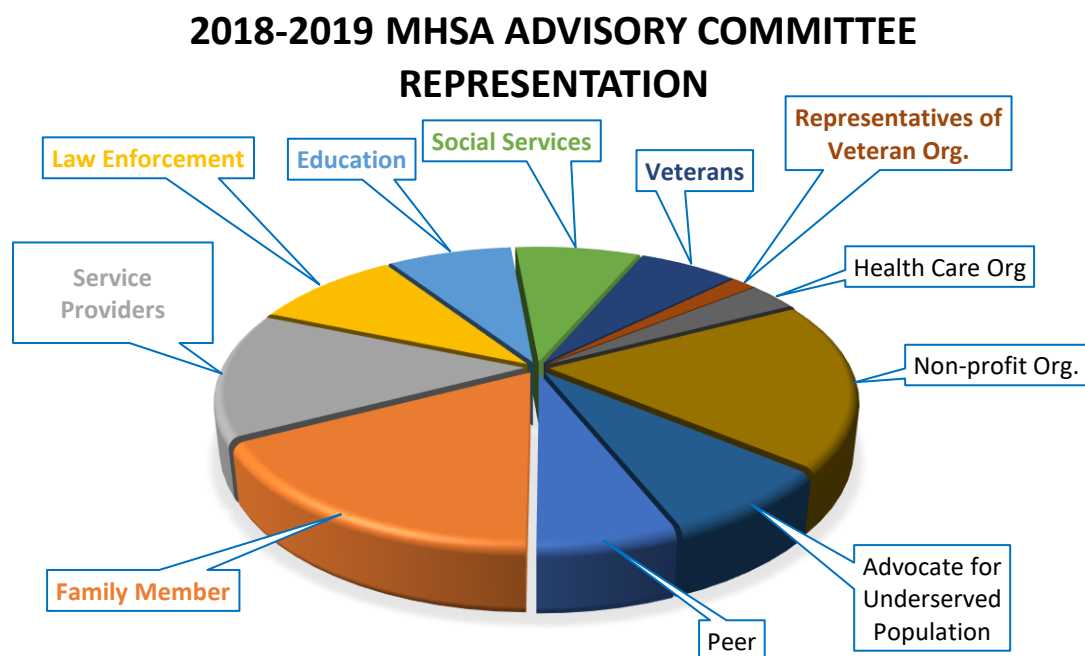
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## Community Planning Process

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development link was provided, as well as a Technical Assistance session was announced to be held October 30, 2019.

The MAC met again on October 30, 2019 to review the 2018-2019 Annual Update, program budgets, CSS program updates, and hear a presentation on the Martha's Place Family Advocate funded as part of the CSS Service Enhancement programs. The program is provided by CAPSLO, a contracted provider of services within CSS and PEI work plans. Stakeholders also heard a presentation on Community Counseling Center, a PEI provider, as well as a report on an extension to the LGBTQ+ assessment project which began earlier in the year. The stakeholder group approved continuing to move CSS funds to WET to maintain established programs. The MAC also approved funding for the new Training and Communication Coordinator position using CSS funds in the WET component, as well as transferring the funds for the new FSP Coordinator position from an original FSP co-occurring treatment position, now being funded by Drug Medi-Cal.



The December 18, 2019 MAC meeting convened as another “Town Hall” at the library in Atascadero (20 miles north of San Luis Obispo). At the meeting Meghan Madsen, of TMHA, presented a wide variety of community services and introduced two Support Groups in Paso Robles, Living Mentally Well and Coping with Anxiety and Depression. Lisa Fraser, Executive Director of the Link and Center for Family Strengthening spoke about the PEI Middle School Family Advocates which connect Middle School youth and their families to mental health resources and community services.

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## *Community Planning Process*

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Stakeholders were invited to meet the Department of Health Care Services (DHCS) staff who visited during the MHSA Program Review in January 2019. Members of the MAC and the Behavioral Health Board had the opportunity to speak with the Reviewers about their experiences in the Community Planning Process and how they interface with County staff. Reviewers commented that it was clear to them that the MHSA Leadership Team has a tremendous working relationship with partners in the community. This, they said, was also evidenced by the County's insistence on including stakeholders in the Review activities.

The Innovation stakeholder group met again on February 5, 2019. Updates were provided on the current six projects and three new projects were presented to stakeholders. After the meeting, a ranking system would allow stakeholders to order their preference for projects to be funded in the 2019-2020 round – regardless of cost. The County's Innovation practice is to first select the programs and then determine what funding will allow. Approximately \$1.5 million will be available for projects over the next four years.

At the February 26, 2019 MAC meeting, stakeholders were presented with program changes and a new spending proposal in CSS, and an overview of the recent DHCS MHSA Program Review. Joe Madsen (TMHA Division Director) outlined the proposal to expand homeless services to build a second Homeless Outreach Team with seed funds from the County's HMIOT grant. Kristin Ventresca (CSS Coordinator) outlined the new Mental Health Diversion Court program, which will now be staffed with the Behavioral Health Specialist assigned to the "Forensic Coordination Therapist" program in the CSS work plan (#9).

PEI Stakeholders convened on April 30, 2019 to get an update on programs and any potential for future spending plans. Recent changes to PEI regulations were detailed, along with updates on projects such as the LGBTQ+ needs assessment slated to end in June 2019. At this meeting, the Successful Launch program, an original PEI plan for reaching underserved TAY, was reported by the providers from Cuesta College that it would be reduced (approx. \$100k) in the coming year due to lower-than-expected enrollment and challenges in establishing a second venue. The County also announced its plan to eliminate the Young Adult Counseling program which has lower-than-expected enrollment, and an opportunity (via a federal grant) to focus on young adults experiencing first episodes of psychosis. This will generate a savings of approximately \$50k.

The MAC met on April 30, 2019 and heard several proposals for expansion of Full Service Partnership programs. A proposal was made by Transitions-Mental Health Association to maintain the Transition and Relapse Prevention (TARP) program once its Innovation trial period ends in FY 19-20. Family Care Network, Inc. requested an expansion of their FSP Peer and Family Partner positions, Wilshire Community Services requested additional time for their medication management of older adult FSP clients. Additionally, Patty Ford, Youth Mental Health Services Division Manager for the County, presented a proposal for a new FSP aimed at children ages 0-5. Stakeholders approved the request to expand HOT from the previous MAC meeting and voted to support an expansion of the Promotores medical



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## Community Planning Process

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interpretation services throughout County Behavioral Health clinics. The Innovation stakeholder recommendation of two projects (“Holistic Adolescent Health,” and “Behavioral Health Assessment and Response Project” (BHARP)) was also discussed and further approved by the MAC.

The MAC met once more, June 11, 2019. County staff and its crisis services provider, Sierra Mental Wellness, updated the stakeholders on the Crisis Stabilization Unit (CSU) and MHET programs. Dr. Jay Bettergarcia (Cal Poly) gave an update on the SLO ACCEPTance Innovation project being launched in 2019-2020. Stakeholders approved the proposals made in April – an expansion of FSP staffing at Family Care Network, Inc., TMHA, and Wilshire Community services – including the development of a Full Service Partnership focused at Martha’s Place and aimed at children ages 0-5. New proposals were heard, including Sierra Mental Wellness’s request for support staffing to expand evening and weekend coverage at the CSU. TMHA requested additional staff to expand adult FSP coverage to create five full FSP teams (from 4.5) which would ensure no wait lists (or significantly reduce wait periods).



Veterans and their guests enjoy a day of climbing with the Veterans Outreach Program, February 2019

In addition to the initiatives discussed and passed by the stakeholder groups, the MAC was provided with information about the County’s Prudent Reserve. The Mental Health Services Act provides that each county may keep a portion of its CSS funds in a reserve (in case revenues decline) in order to maintain level of service. Until recently, the County had kept a healthy, conservative reserve, as the Act had not established a recommended amount or limit

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## *Community Planning Process*

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to be held. Guidance provided by the State (SB 192) this year caps the amount to be held in the Prudent Reserve at 33% of the average of CSS revenue over the past five years.

The County proposed to stakeholders at the June MAC meeting to transfer approximately \$2.9 million out of the Reserve to meet that standard. These funds would then have three years to be spent. Proposals were made in that June MAC to fund a Case Manager position at TMHA's new Bishop Street residential facility using Prudent Reserve funds for the next three years. Additionally, the County requested Prudent Reserve funds to be used to match a Department of State Hospitals grant to establish a Division Manager of forensic programs with the Behavioral Health Department.

The Annual Update 30-day public review concluded with a Public Hearing on November 20, 2019 as part of the monthly Behavioral Health Board Meeting. At that meeting MHSA Leadership staff presented highlights of the Update and Plan, reviewed the Community Planning Process, and shared substantive comments received during the 30-day public review.

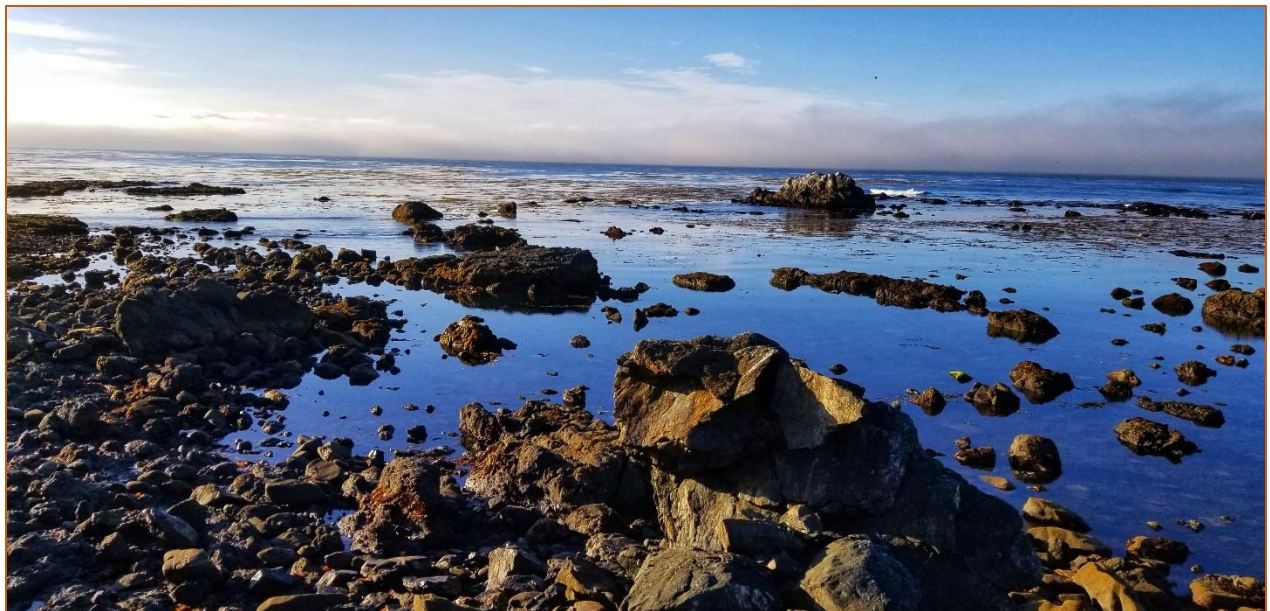
Comments were received through a survey link made available to the public, via email to County staff, and in person during the Public Hearing. Comments not addressing the content of the Update (e.g. "Please listen to family members of clients that are on release of information about what the clients are experiencing...") were provided to the Behavioral Health Board. Comments addressing content errors in the Update have been corrected for this final draft.

Key comments included the need for the County to provide clear information about which programs are being implemented by community partners, and how much funding is attributed through contracts. This draft now includes language in each program description to identify the primary program provider, as well as the budget amounts in programs with multiple providers. Other comments requested further detail on statistical reporting. Where possible, the County has added detailed descriptions of statistical processes and data analysis.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update to the Three-Year Plan be submitted to the County Board of Supervisors for approval. On December 10, 2019, the Board received a presentation on the Annual Update and voted to approve the Update to the Three Year Plan.

*Community Planning Process*

<b>San Luis Obispo County</b>			
<b>2018-2019 MHSA Advisory Committee (MAC)</b>			
<b>Name</b>	<b>Affiliation</b>	<b>Name</b>	<b>Affiliation</b>
<b>John Aparicio</b>	<b>Veterans Services</b>	<b>Joe Madsen</b>	<b>TMHA</b>
<b>Cynthia Barnett</b>	<b>Family Care Network, Inc.</b>	<b>Marcy Paric</b>	<b>PAAT</b>
<b>Jim Bower</b>	<b>Family Member</b>	<b>Geneva Reynaga- Abiko</b>	<b>Cal Poly</b>
<b>Meghan Boaz- Alvarez</b>	<b>Transitions Mental Health Association (TMHA)</b>	<b>David Riester</b>	<b>NAMI</b>
<b>Katie Cruse-Poe</b>	<b>Family Care Network, Inc.</b>	<b>Jeff Smith</b>	<b>SLOPD</b>
<b>Tonya De Rose</b>	<b>Cuesta College/SAFE</b>	<b>Melinda Sokolowski</b>	<b>CAPSLO</b>
<b>Lisa Fraser</b>	<b>Center for Family Strengthening</b>	<b>Ellen Sturtz</b>	<b>LGBTQ Advocate</b>
<b>Matthew Green</b>	<b>Cuesta College</b>	<b>Bonita Thomas</b>	<b>PAAT</b>
<b>Mark Haas</b>	<b>Social Services</b>	<b>Clint Weirick</b>	<b>BH Board</b>
<b>Joseph Kurtzman</b>	<b>Sunny Acres/BHB</b>	<b>Mike Young</b>	<b>SLO Vet's Center</b>
<b>Tonya Leonard</b>	<b>Cuesta College</b>	<b>Pam Zweifel</b>	<b>NAMI/BHB</b>





## Community Services and Supports (CSS)

The Mental Health Services Act (MHSA) provides funding for counties to help people and families who have mental health needs. Funds are allocated within five “components” which address the continuum of care necessary to transform the public mental health system. To access these funds, the County of San Luis Obispo has developed plans for each component; the first of which is the Community Services and Supports (CSS) plan.

The State requires that each county’s CSS plan focuses 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, incarceration, or other institutionalization because of their mental illness. The plan must also provide for underserved 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). Full Service Partnerships provide 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. 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.

San Luis Obispo County FSP includes four distinct programs based on age groups: Child/Youth ages 0-15, Transitional Aged Youth (TAY) ages 16-25, Adult ages 26-59, and Older Adult ages 60+. Collectively, in 2018-2019, there were 152 client “partners” enrolled in FSP programs. In that year, enrolled clients yielded the following results: (1) A 88% reduction in homeless days; (2) an 35% reduction (in emergency room visits; (3) a 94% reduction in jail days; and (4) a 73% 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 monitoring each program’s goals, objectives, and measures to continually ensure the programs are meeting the needs of the community.

**Children & Youth Full Service Partnership**

<b>CSS Work Plan 1: Children &amp; Youth FSP (FCNI)</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>26*</b>	<b>\$808,102</b>	<b>\$31,081</b>
<b>Projection for FY 2019-2020</b>	<b>24</b>	<b>\$944,629</b>	<b>\$39,360</b>

\*3 of the 26 unduplicated clients were served in both Child and TAY FSP programs

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

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 in San Luis Obispo County as an underserved population. This program increases access and provides age-specific, culturally competent interventions for the participants.

The Children and Youth FSP serves young people (ages 0-15) of all cultural, racial, and ethnic backgrounds. 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 Wrap Around services because they are neither wards nor dependents of the court. The County of San Luis Obispo’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 FY 2018-2019. FSP teams included the child and family, a community-provided therapist, and a Personal Services Specialist. The team also includes access to a psychiatrist and supervisor support. Additional partners include appropriate agency personnel, family members, friends, community supports (i.e. school community) and others as identified by the team. Individualized services can change in intensity as the client and family change.



**Figure 1: Team Members for Child and Youth Clients**

In April 2018, stakeholders approved having one provider carry out the entire youth/child and TAY FSP programs. Prior to this, a County Behavioral Health Clinician was provided along with access to a psychiatrist. To best represent the core principles of MHSA and doing “whatever it takes,” which includes engaging a client, determining his or her needs for recovery, and creating collaborative services and support to meet those needs; it is ideal for a single entity to provide all FSP services for that particular age group. In addition to services transferring from the County, the FSP Children/Youth and TAY FSP services will also increase to include 24/7 response to program clients who may need after hours supports to manage



or reduce crises. Being “fully served” is a core principle of FSP, which includes the ability to have someone known to the client or family members able to respond 24 hours a day, seven days a week. This strategy is intended to allow interventions after hours that will decrease negative outcomes for clients including, but not limited to, unnecessary incarcerations or hospitalizations.

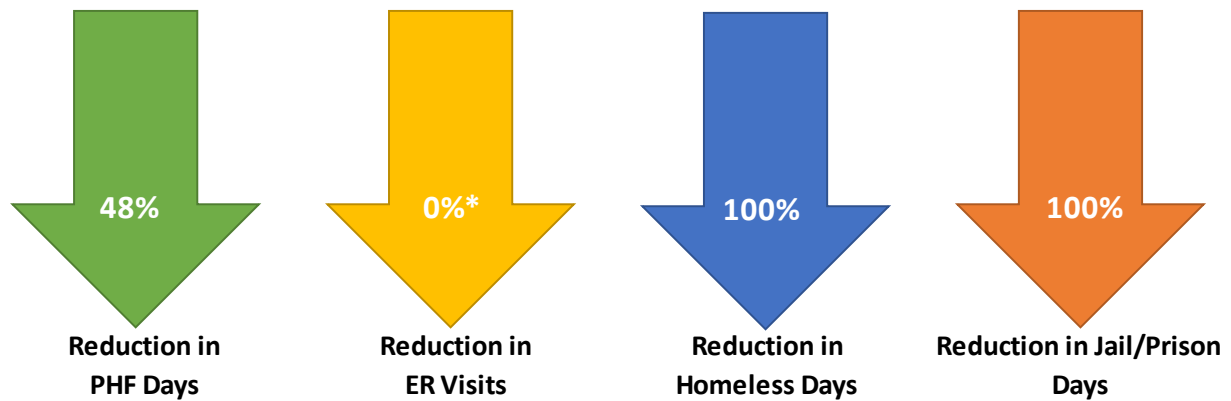
To deliver more effective and efficient Child/Youth and TAY FSP services, a Request for Proposal (RFP) for these services was completed June 1, 2018. After a review process by a selection committee, Family Care Network, Inc. (FCNI), a nonprofit children and families’ services provider was selected as the vendor most suitable to provide the Child/Youth and TAY FSP services.

In 2018-2019, FCN’s FSP teams provided services to 26 clients in the Children and Youth FSP Program, with the target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 2 represents reductions in areas of consequence. These figures are calculated by comparing the 12 months prior to FSP enrollment to the occurrences during 2018-2019. Compared to the 12 months prior to FSP enrollment, Child and Youth FSP participants demonstrated the following results:

- Approximate 48% decrease in days spent in psychiatric health facilities (115 twelve months prior to partnership, 59 during FY 2018-2019);
- 100% reduction in homeless days (121 twelve months prior to partnership, 0 during FY 2018-2019);
- 100% decrease in total days spent in justice facilities (57 twelve months prior to partnership, 0 during FY 2018-2019); and
- 0% reduction in ER visits (0 twelve months prior to partnership, 0 during FY 2018-2019).

Figure 3 below displays the improvement in school attendance, grades, and stable housing throughout the year for those child and youth FSP clients that completed more than one quarterly assessment.

**Figure 2: Child and Youth FSP Clients Enrolled in FY 2018-2019 (n=26)**



\*Zero ER Visits occurred 12 months prior to partnership and Zero ER visits occurred in FY 18-19

**Figure 3: Child & Youth FSP Client Results for Housing and School (n=17)**

**100%** of clients had stable housing all year

**77%** of clients had the same or improved attendance in school

**76%** of clients had the same or improved grades in school

In June 2018, Stakeholders approved a specialty Full Service Partnership at Martha's Place for children ages 0-5. Martha's Place is the primary assessment center for the entire County for children birth to five who have prenatal substance exposure, have experienced trauma and/or exhibit significant behavioral concerns. Those children identified to have the highest needs in the population are provided continued services at Martha's Place. The addition of a birth to five FSP team that is trained to provide treatment to the youngest and most vulnerable children with the highest needs will allow Martha's Place to provide more assessments in a timelier manner. This FSP team will always carry a caseload of 10-12 clients.

**Transitional Aged Youth (TAY) Full Service Partnership**

<b>CSS Work Plan 2: Transitional Aged Youth FSP (FCNI)</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>29*</b>	<b>\$709,151</b>	<b>\$24,454</b>
<b>Projection for FY 2019-2020</b>	<b>30</b>	<b>\$1,130,873</b>	<b>\$37,696</b>

\*3 of the 29 unduplicated clients were served in both the Child and TAY FSP.

<b>Program Goals</b>	<b>Key Objectives</b>
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- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth</li> <li>• Increase in self-help and Consumer/family involvement</li> <li>• Reduce the frequency of emergency room visits and unnecessary hospitalizations</li> </ul> | <ul style="list-style-type: none"> <li>• Reduce out-of-home placement and in institutional living arrangements (including hospitalization, incarceration)</li> <li>• Positive changes in educational level and status</li> <li>• Decrease in legal encounters</li> <li>• Decrease crisis involvement</li> </ul> |
|--|---|

<b>Key Outcomes</b>	<b>Method of Measurement</b>
---------------------	------------------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Decrease in hospitalizations</li> <li>• Decrease in juvenile justice/jail involvement</li> <li>• Increase number of clients living with family or independently, or independently with support</li> <li>• Reduced number of clients/families who are homeless</li> </ul> | <ul style="list-style-type: none"> <li>• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP</li> <li>• Data elements collected are based on regulation</li> </ul> |
|---|---|

The **Transitional Aged Youth Full Service Partnership (TAY FSP)** provides wraparound-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. Twenty-nine (29) TAY received FSP services in 2018-2019.

TAY FSP provides services for young adults (ages 16 to 25) of all cultural, racial, and ethnic backgrounds. Those served include individuals with severe emotional disturbances/serious

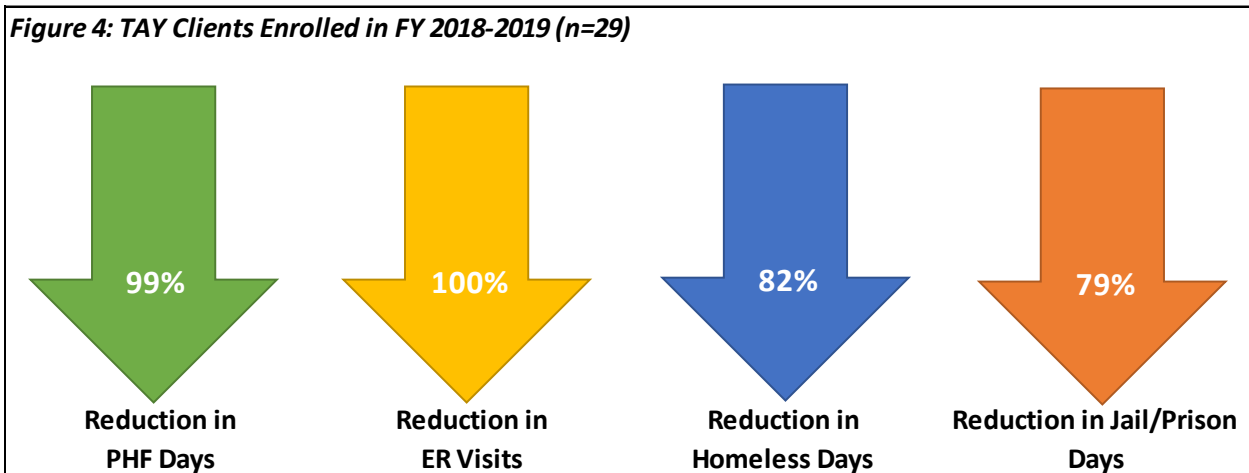


mental illnesses who have a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements, or those who are aging out of the Children’s System of Care. The priority issues for TAY have been identified by local stakeholders 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 their 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 to be able to make informed decisions regarding their own treatment. This facilitates client-centered, culturally competent treatment and empowerment, and promotes optimism and recovery for the future.

There were two TAY FSP teams serving 29 clients in 2018-2019. The core FSP team includes a community-provided therapist and a 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 the FSP age group programs.

**Figure 4: TAY Clients Enrolled in FY 2018-2019 (n=29)**



Twenty-nine (29) TAY FSP clients were enrolled in 2018-2019. Figure 4 represents reductions in areas of consequence. These figures are calculated by comparing the baseline information gathered from the clients for 12 months prior to their start date into the program to the occurrences during FY 2018-2019.

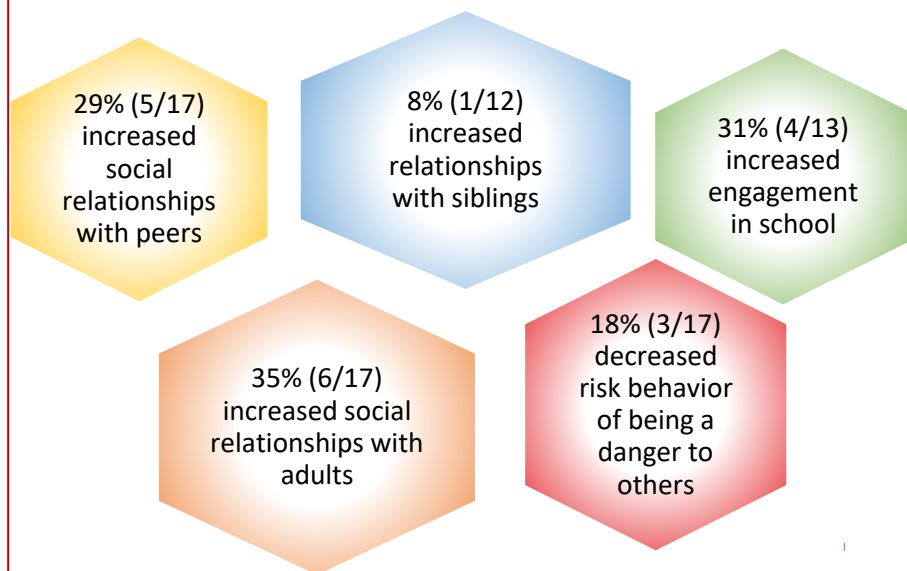
- Approximate 99% decrease in days spent in psychiatric health facilities (358 twelve months prior to partnership, 3 during FY 2018-2019);

- Approximate 82% reduction in homeless days (786 twelve months prior to partnership, 141 during FY 2018-2019);
- Approximate 79% decrease in total days spent in justice facilities (126 twelve months prior to partnership, 26 during FY 2018-2019); and
- 100% reduction in ER visits (2 twelve months prior to partnership, 0 during FY 2018-2019).

In 2017-2018, Family Care Network, Inc. (FCNI) responded to a Request for Proposal (RFP) to provide all services for Child/Youth and TAY FSP programs. FCNI was awarded the contract after a competitive process. FCNI was 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. FCNI offers FSP support for children from birth to age 25. In 2018-2019, FCNI provided services to 29 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).

In 2018-2019, 17 of Child/Youth and TAY clients were observed by team providers over several months in order to compare key outcomes. Figure 5 at right demonstrates a significant increase in social relationships with peers and adults, as well as siblings. Seventy one percent (71%) of Child and TAY clients observed demonstrated a decrease in risk

**Figure 5: Child/Youth & TAY FSP Clients Survey Results for Social Behaviors**

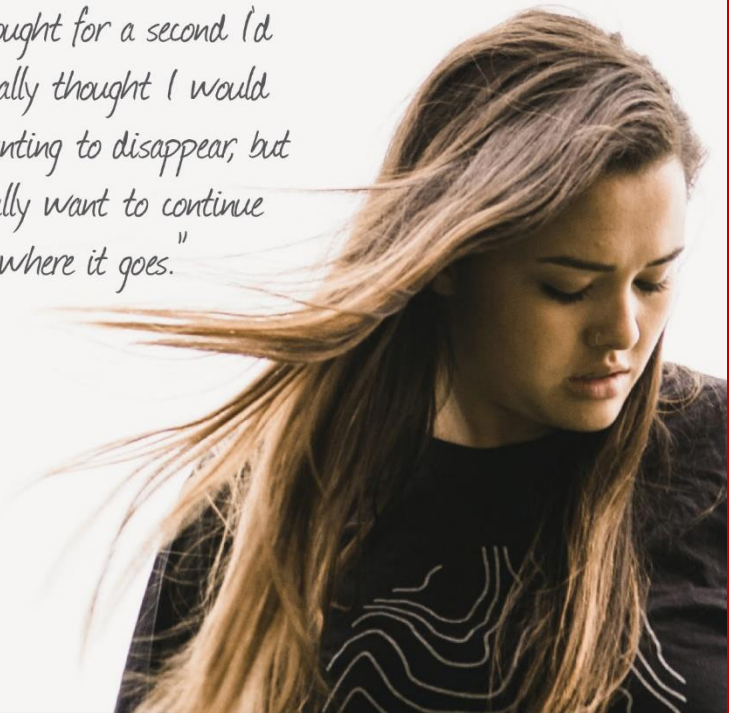


behaviors such as delinquency, fire setting, and being a runaway, among others. Eighteen percent (18%) decreased their risk of being a danger to others. Stakeholders approved in

April of 2019 the addition of 1.0 Peer and Parent Coach for both Child/Youth and TAY FSP programs.

The peer and parent coach provide transportation, social support, skills training, and assistance with independent living. These coaches will function as role models to clients with regard to rehabilitation and recovery, communication skills, and work behavior; facilitate and encourage clients to access and utilize community resources, support systems, services, and opportunities; as well as support parents to be effective caregivers and advocates for their children, which may include trauma-informed parenting skills, implementing a self-care routine, reconnecting with family and friends that can be a source of strengthening and support. The peer and parent coach will support and assist clients in a social rehabilitation setting offering social support, skills training, recreation activities, and assisting with independent living skills.

*"A year ago, I would've never thought for a second I'd be where I am right now. I really thought I would still be isolating in my house, wanting to disappear, but it's quite the opposite--I actually want to continue bettering my life and see where it goes."*



Excerpt from Family Care Network FSP brochure.



**Adult Full Service Partnership**

<b>CSS Work Plan 3: Adult FSP (TMHA)</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>79</b>	<b>\$3,140,007</b>	<b>\$39,747</b>
<b>Projection for FY 2019-2020</b>	<b>85</b>	<b>\$3,955,881</b>	<b>\$46,540</b>

<b>Program Goals</b>	<b>Key Objectives</b>
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- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible</li> <li>• Reduce the subjective suffering from serious mental illness for adults</li> </ul> | <ul style="list-style-type: none"> <li>• Reduce homelessness/maintain suitable housing</li> <li>• Reduce or eliminate need for crisis services</li> <li>• Reduce or eliminate acute psychiatric and/or medical hospitalizations</li> <li>• Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community</li> </ul> |
|---|--|

<b>Key Outcomes</b>	<b>Method of Measurement</b>
---------------------	------------------------------

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Decrease in hospitalizations</li> <li>• Decrease in jail days</li> <li>• Decrease in homelessness</li> </ul> | <ul style="list-style-type: none"> <li>• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP</li> <li>• Data elements collected are based on regulation</li> </ul> |
|---|---|

The **Adult Full Service Partnership (FSP)** programs target 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 use 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. There are five adult FSP teams provided by Transitions-Mental Health Association (TMHA): 3 Adult FSP and 2 HOT FSP teams.

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

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*COMMUNITY SERVICES AND SUPPORTS (CSS)*

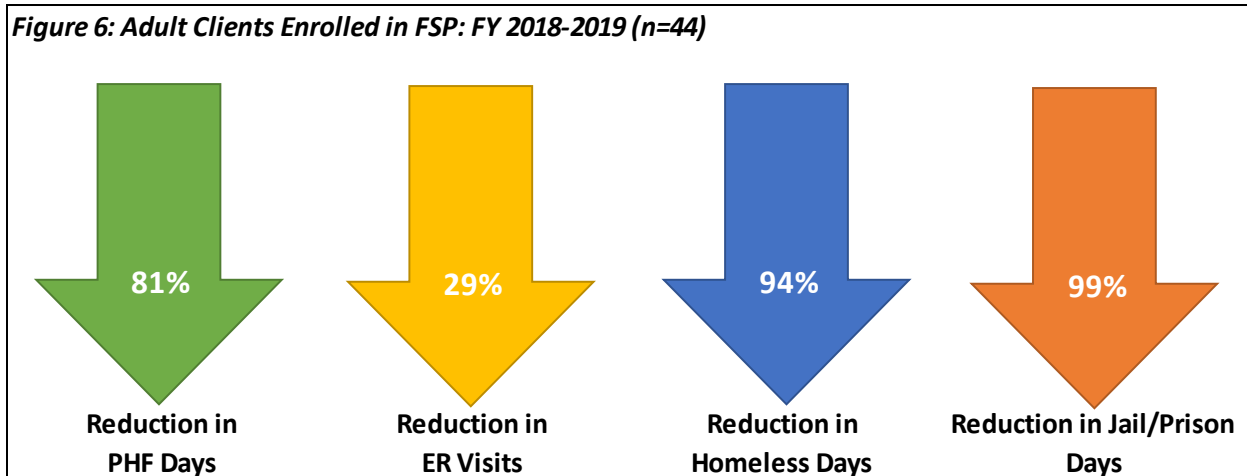
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independence. An individualized service plan, as well as a Wellness and Recovery Plan, are developed with each participant to address the type of services and specific actions desired and are guided by a community-based assessment of each individual's strengths and resources. Services include:

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

There were two core Adult FSP teams in 2018-2019, serving a combined total of 79 clients. The core FSP teams include a TMHA Clinical Therapist and a Personal Services Specialist (PSS) provided by TMHA. In addition, available to the team is a psychiatrist and program supervisor that serve participants in the transitional aged youth, adult and older adult FSP age group programs. 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.

**Figure 6: Adult Clients Enrolled in FSP: FY 2018-2019 (n=44)**



In 2018-2019, TMHA served 78 FSP clients as part of the Adult program and the Homeless Outreach Team. A survey of participants showed an average increase of 30% in their use of learned coping skills to help them better manage their mental health symptoms. Clients

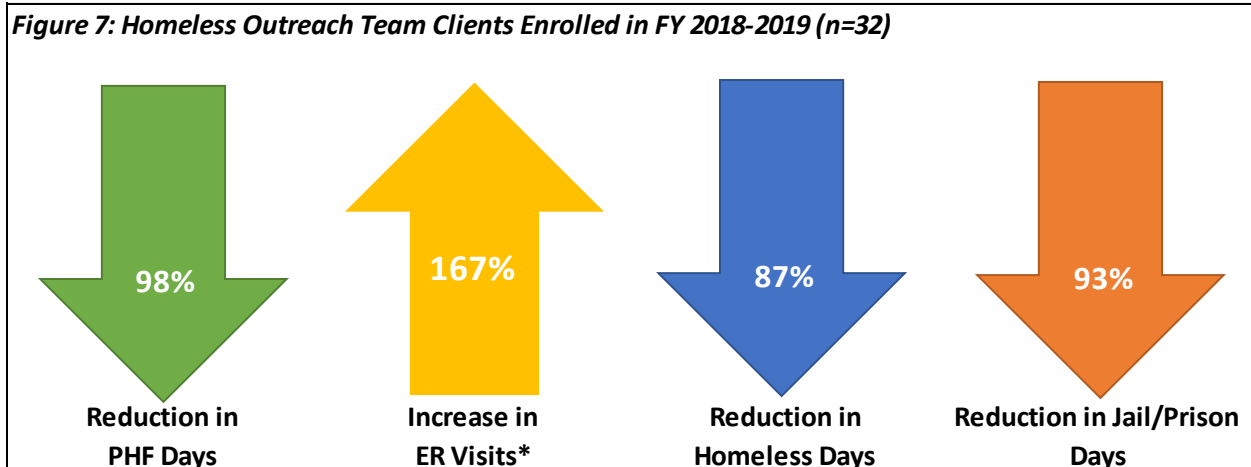
surveyed also demonstrated a 30% increase in their use of skills learned from therapeutic interventions in order to deal better with stress-related triggers.

Forty-four (44) Adult FSP clients were enrolled in 2018-2019. Figure 6 represents the baseline information gathered from the clients for 12 months prior to their start date into the program and compares it to the occurrences during 2018-2019.

- Approximate 81% decrease in days spent in psychiatric health facilities (252 twelve months prior to partnership, 49 during FY 2018-2019);
- Approximate 94% reduction in homeless days (1,255 twelve months prior to partnership, 78 during FY 2018-2019);
- Approximate 99% decrease in total days spent in justice facilities (687 twelve months prior to partnership, 1 during FY 2018-2019); and
- Approximate 29% reduction in ER visits (17 twelve months prior to partnership, 12 during FY 2018-2019).

The Homeless Outreach Team FSP team features a therapist, medication manager, case manager and two outreach workers. Additional supports include a nurse, access to a psychiatrist, and program supervision. In 2018-2019, the program team met and engaged 166 local homeless individuals. Fifty-nine (59) were screened in 2018-2019 to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders.

Thirty-two (32) FSP clients were enrolled in Homeless Team FSP Services 2018-2019. Of the 32 enrolled HOT clients, 3 were TAY, 26 adults, and 3 older adults. Figure 7 represents the baseline information gathered from the clients for 12 months prior to their start date into the program and compares it to the occurrences during 2018-2019. In FY 2018-2019, the Homeless Outreach Team held its first graduation, in which 6 graduates participated and stepped down from FSP services.



\*Twelve months prior to partnership, a total of 3 ER visits were recorded for the 32 enrolled clients. In FY 2018-2019, 8 ER visits were recorded, with 5 being for a single client.

- Approximate 98% decrease in days spent in psychiatric health facilities (149 twelve months prior to partnership, 3 during FY 2018-2019);
- Approximate 87% reduction in homeless days (3,975 twelve months prior to partnership, 533 during FY 2018-2019);
- Approximate 93% decrease in total days spent in justice facilities (3,111 twelve months prior to partnership, 216 during FY 2018-2019); and
- Approximate 167% increase in ER visits (3 twelve months prior to partnership, 8 during FY 2018-2019).

In 2018-2019, 100% of the 32 clients engaged accessed support services, such as substance abuse treatment, vocational training, emotional support and benefits eligibility. Twelve, or 38% of the 32 clients served had secured housing as of the fourth quarter. Stakeholders approved a 2015-2016 expansion of the County Mental Health Therapist assigned to the Homeless Outreach FSP from .50 FTE to 1.0 FTE. This allowed for 10-15 additional clients annually. In 2016-2017 this position, along with the County Medication Manager was transferred to TMHA.

In 2018-2019, TMHA expanded its homeless outreach FSP, adding an additional team with both teams combined now having the capacity to have a caseload of 40 clients at all times. The County received Homeless Mentally Ill Outreach and Treatment (HMIOT) funds to begin this program and sustain it through June 30, 2018. In FY 2018-2019 stakeholders approved to use MHSA funding to sustain the second HOT. Included with HMIOT funding, was the purchase of a van to provide mobile outreach with assessment and treatment capacity to most effectively serve the community. This additional team will use one van for homeless outreach and service delivery. The van will have access to a nurse practitioner via telepsychiatry.

A new collaborative FSP for Adults in Assisted Outpatient Treatment (AOT) was established in 2016. This collaboration includes AOT outreach and treatment services provided by a FSP team comprised of TMHA staff. SLOBHD staff provide assessment, program support and coordination with the court. In 2017-2018 and 2018-2019, 0 clients were served as court ordered AOT clients. Beginning in 2019-2020, the team assigned to serve AOT court ordered clients will merge with adult FSP and create a third team with the capacity to serve court ordered clients if needed. Combined, the three adult FSP teams will serve 45 clients at all times.



**Older Adult Full Service Partnership**

<b>CSS Work Plan 4: Older Adult FSP (Wilshire)</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>21</b>	<b>\$556,261</b>	<b>\$26,489</b>
<b>Projection for FY 2019-2020</b>	<b>25</b>	<b>\$673,581</b>	<b>\$26,943</b>

<b>Program Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible</li> <li>• Reduce the subjective suffering from serious mental illness for adults</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce homelessness/maintain suitable housing</li> <li>• Reduce or eliminate need for crisis services</li> <li>• Reduce or eliminate acute psychiatric and/or medical hospitalizations</li> <li>• Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Decrease in hospitalizations</li> <li>• Decrease in jail days</li> <li>• Decrease in homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP</li> <li>• Data elements collected are based on regulation</li> </ul>

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 cultural, racial, and ethnic background individuals 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

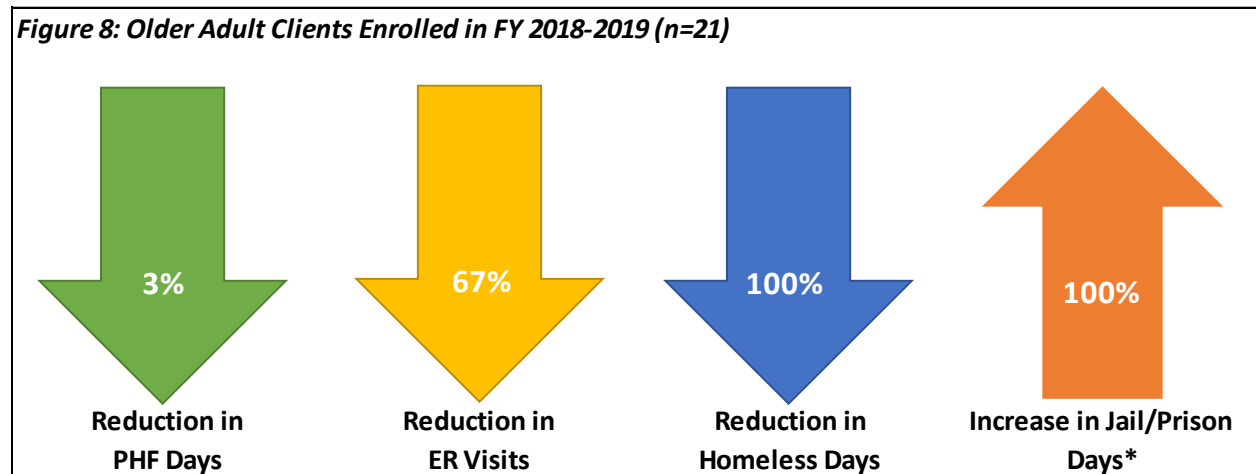
premature out-of-home placement. Transitional aged adults (55 to 59 years old) are also served by this team if the service needs extend into older adulthood.

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. Another 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 2018-2019. The core FSP team includes a Wilshire Community Services or a WCS Mental Health Therapist and a Personal Services Specialist (PSS) provided by WCS. Additionally, a co-occurring disorders specialist, psychiatrist, and a WCS program supervisor are available to serve participants in all of the occasional adult and older adult FSP age group programs. In 2018-2019 the OA FSP teams served a total of 21 partners.

In 2018-2019, stakeholders approved Wilshire to hire a part-time medication manager in order to serve the older adult caseload. Prior to this, the County retained the medication management services.

Figure 8 presents a comparison of the baseline information gathered from these clients for 365 days prior to their start date into the program, to the end of the fiscal year.



\* Twelve months prior to partnership, a total of 0 jail/prison days were recorded for the 21 enrolled clients. In FY 2018-2019, 1 jail/prison day was recorded.

- Approximate 3% decrease in days spent in psychiatric health facilities (177 twelve months prior to partnership, 172 during FY 2018-2019);

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*COMMUNITY SERVICES AND SUPPORTS (CSS)*

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- 100% reduction in homeless days (6 twelve months prior to partnership, 0 during FY 2018-2019);
- 100% increase in total days spent in justice facilities (0 twelve months prior to partnership, 1 during FY 2018-2019); and
- Approximate 67% reduction in ER visits (18 twelve months prior to partnership, 6 during FY 2018-2019).



Support comes in many forms. Growing Grounds Downtown offers supportive employment for many program participants.

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.

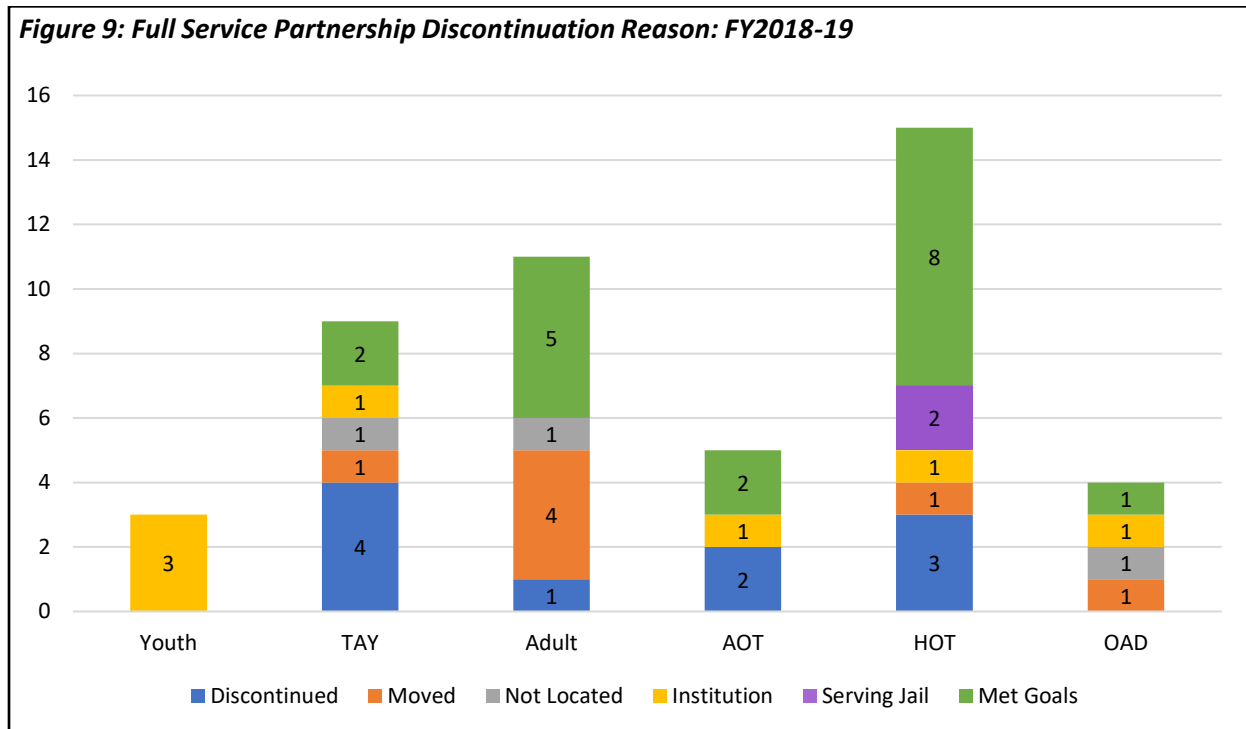
The PSS is involved in day-to-day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping,

*COMMUNITY SERVICES AND SUPPORTS (CSS)*

household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers. In 2017-2018, 23 Older Adult clients were served, and in 2018-2019, 21 Older Adult clients were served.

Collectively, in 2018-2019, the Full Service Partnership programs had 47 clients disenroll from services. Disenrollment can be either an interruption or a discontinuation of service. A discontinuation of service is a situation in which the client is not expected to return to FSP services for more than twelve months from the time of disenrollment. The reasons for disenrollment are as follows:

- Target population criteria are not met
- Client decided to discontinue FSP participation after partnership established
- Client moved to another county/service area
- After repeated attempts to contact client, client cannot be located
- Client has successfully met their goals such that discontinuation of FSP is appropriate
- Client is deceased



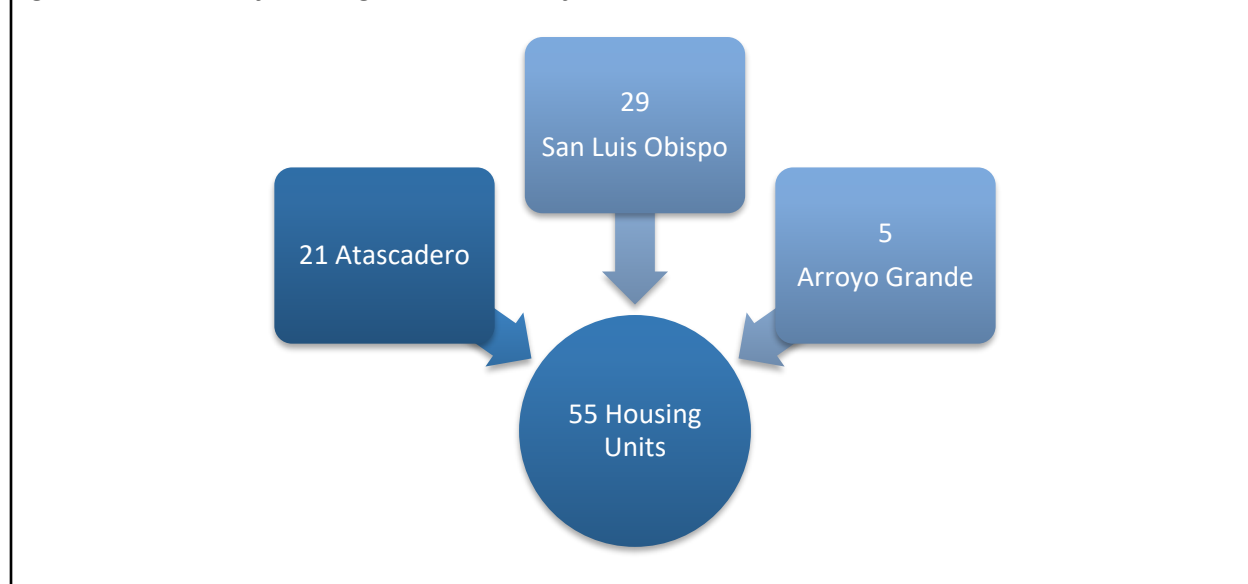


## Housing

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, provided 55 units of housing for MHSA and MHSA-eligible clients in 2018-2019 (29 units in San Luis Obispo, 21 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 FY 2018-2019, the Housing Program had an overall occupancy rate of 94%. In 2017-2018, TMHA added another three units of housing in Atascadero for the Assisted Outpatient Treatment Full Service Partnership Team which is included in the total of 55 units.

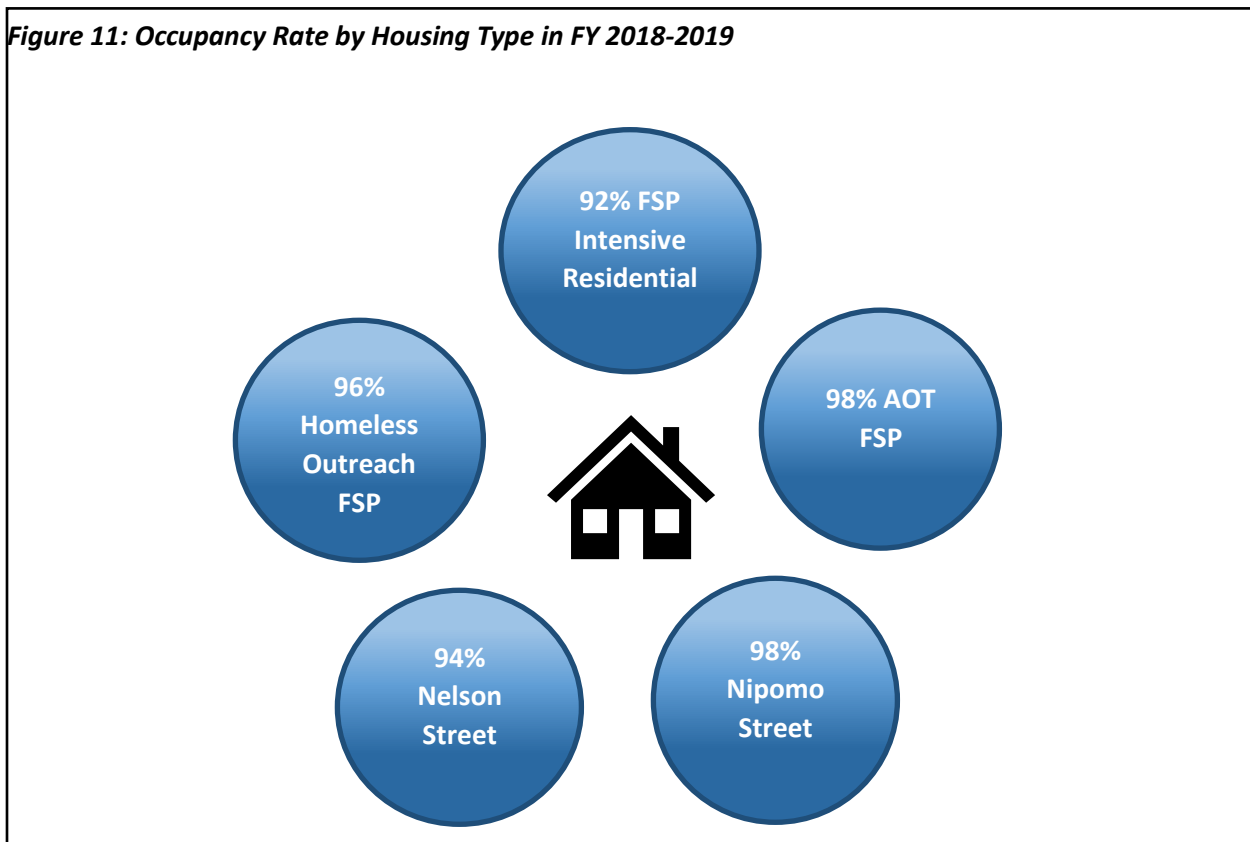
An Adult Placement Committee began meeting in the Spring of 2017 and continues to hold monthly sessions. The group has reviewed several of the housing program practices; such as referral processing, communication with staff, and prioritization for placement when vacancies occur. TMHA has implemented the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) in order to prioritize referrals and gauge them on the intensity and need of the client for housing, rather than simply by the date of the referral.

**Figure 10: Number of Housing Units Provided for MHSA clients in FY 2018-2019**



Housing Facilities - CSS Funded	
<b>FY 2018-2019</b>	<b>Full Service Partnership (FSP) Intensive Residential</b> <i>Atascadero/San Luis Obispo - Total = 45 clients (92%) Occupancy</i>
	<b>Homeless Outreach FSP Housing</b> <i>San Luis Obispo - Total = 4 clients (96%) Occupancy</i>
	<b>Assisted Outpatient Treatment FSP Housing</b> <i>Atascadero - Total = 5 clients (98%) Occupancy</i> <i>New housing – 2 beds May 2017, 3 beds September 2017</i>
<b>FY 2019-2020</b>	Projected occupancy rate of 90%

**Figure 11: Occupancy Rate by Housing Type in FY 2018-2019**



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.

The **Homeless Outreach FSP Housing Program** was started in FY 2015-16. It provides stable, supportive housing dedicated to homeless individuals participating in the FSP program. By providing more permanent supportive housing for this population of clients, it will be possible to assist clients in utilizing community behavioral health support systems which are often not accessed by those community members living on the streets, or in other difficult environments.

The **Assisted Outpatient Treatment FSP Housing Program** was started in FY 2016-17. It provides supported housing with intensive residential case management services for adults with mental illness and operates in conjunction with Adult Assisted Outpatient Treatment Full Service Partnership Team.

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.

The **Nelson Street Project** was given one-time General System Development CSS funding to develop a five-unit studio apartment building. It has the primary purpose to serve the South County public by providing necessary housing to MHSA-eligible clients and also includes access to a Wellness Center.

Completed Housing Development Projects	
<b>FY 2018-2019</b>	<b>Nelson Street, Arroyo Grande</b> - Total = 7 clients (94%) Occupancy <i>CSS One-Time Funding</i>
	<b>Nipomo Street, San Luis Obispo</b> - Total = 9 clients (98%) Occupancy <i>CalHFA Funded</i>
<b>FY 2019-2020</b>	Projected occupancy rate of 90%

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 **Nipomo Street Project**, 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 developed by TMHA was reported and approved in FY 2016-2017. The project included CSS one-time funding of \$300K and CalHFA funding of \$134K. The **Bishop Street Project** will consist of 34 studios and one-bedroom units. TMHA is renovating the abandoned Sunny Acres building above Johnson Avenue in San Luis Obispo and building 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 Behavioral Health facilities, grocery and drug stores, as well as public transportation on Johnson Avenue. The County does not expect occupancy to take place until 2019.



COMMUNITY SERVICES AND SUPPORTS (CSS)

<b>Client &amp; Family Wellness</b>			
<b>CSS Work Plan 5: Client &amp; Family Wellness</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>2,353</b>	<b>\$1,743,637</b>	<b>\$741</b>
<i>5.1 Adult Family Advocates and Youth Family Partners (TMHA)</i>	781	\$387,041	\$496
<i>5.2 Dual Diagnosis (SLOBHD)</i>	142	\$354,365	\$2,496
<i>5.3 Family Education Program (TMHA)</i>	105	\$15,507	\$148
<i>5.4 Service Enhancement Program (TMHA &amp; CAPSLO)</i>	374	\$142,140	\$380
<i>5.5 Peer to Peer Program (TMHA)</i>	155	\$34,569	\$223
<i>5.6 Vocational Training &amp; Supportive Employment Program (TMHA)</i>	243	\$292,535	\$1,204
<i>5.7 Integrated Access Therapists/Case Mgt (SLOBHD)</i>	553	\$517,481	\$936
<b>Projection for FY 2019-2020</b>	<b>2,615</b>	<b>\$2,069,786</b>	<b>\$792</b>

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

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency the projection number for clients served has been lowered to reflect the unduplicated number served. Three full-time case managers were added FY 2018-2019; the projected increase reflect the additional staff.*

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.

Figure 12 displays different programs offered in work plan 5.

Figure 12: Programs Offered in CSS Work Plan 5: Client & Family Wellness

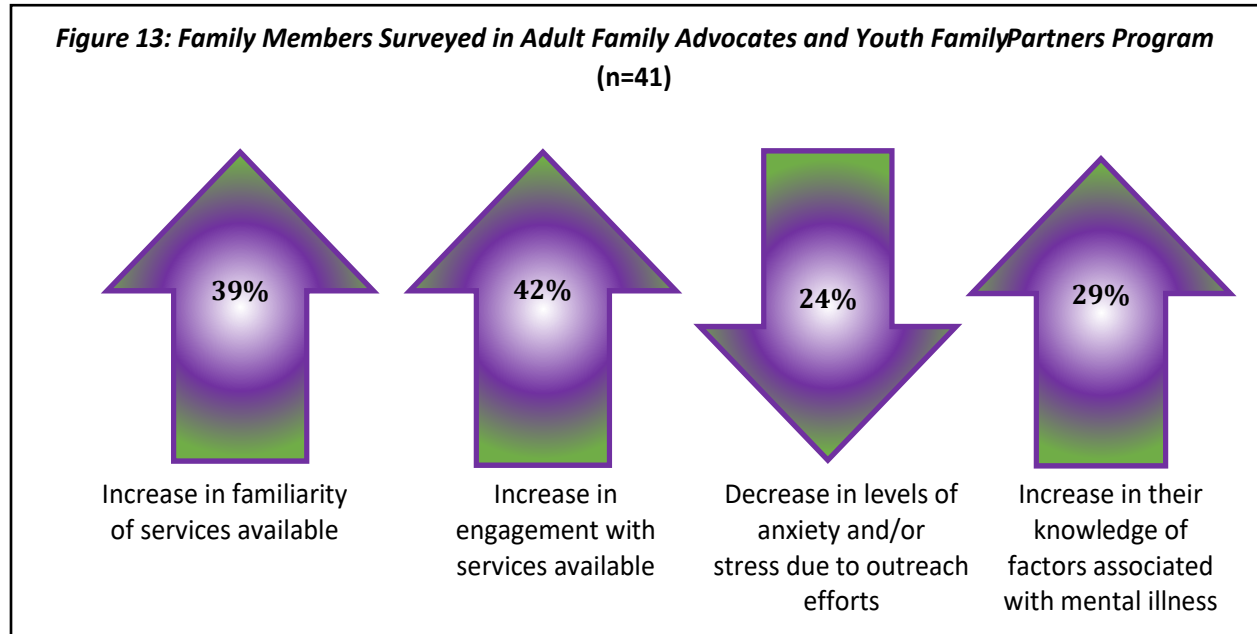


### **Adult Family Advocates and Youth Family Partners**

Adult Family Advocates and Youth 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 Behavioral 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 healthcare, food, short-term housing, transportation, education, and support services. Figure 13 below represents the results of family members surveyed in the Adult Family Advocates and Youth Family Partners Program.

In 2018-2019, 781 unduplicated family members were served and a total of 2,931 services provided to these clients. Of those served, 41 clients participated in surveys, family members demonstrated a 39% increase in their familiarity of services available in the community, such as education, information and referral, and community outreach. A 42% increase of family

member engagement, with services available in the community, in order to support and assist their loved one with mental illness or emotional disturbance was also reported. Additionally, there was a 29% increase in their knowledge of the conditions and factors associated with their loved one's mental illness. Lastly, there was a 24% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation among others.



### Peer Support and Education Program

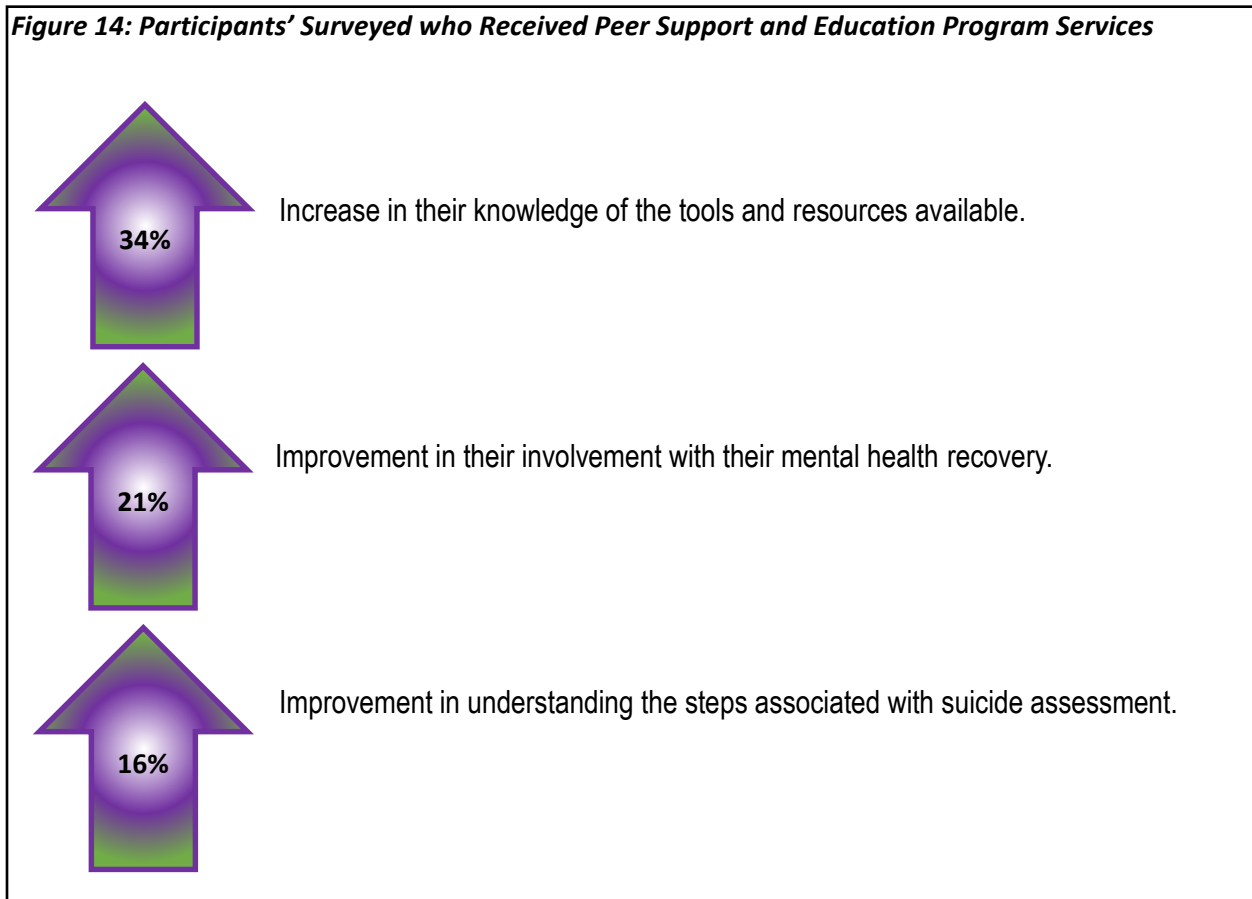
The Peer Support and Education Program provides a course on recovery that is free to any person with a mental illness, and served over 150 consumers in FY 2018-2019. It is taught by a team of peer mentors who are experienced at wellness and recovery. Participants receive education and reference materials 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. Clients and community members also receive training to provide Mental Health First Aid (MHFA), a public education program that helps individuals identify, understand, and respond to signs of mental illnesses, substance use disorders, and suicidal ideation.

In 2018-2019, TMHA served 155 clients. Figure 14 below represents the results of the 33 surveyed. There was a 34% increase in their knowledge of the tools and resources available



for improving their mental health as indicated in pre and post class surveys. Additionally, there was a 21% improvement in their involvement with their mental health recovery. Lastly, those that attended Mental Health First Aid, and were surveyed (45), had a 16% improvement in understanding the steps associated with suicide assessment.

**Figure 14: Participants' Surveyed who Received Peer Support and Education Program Services**

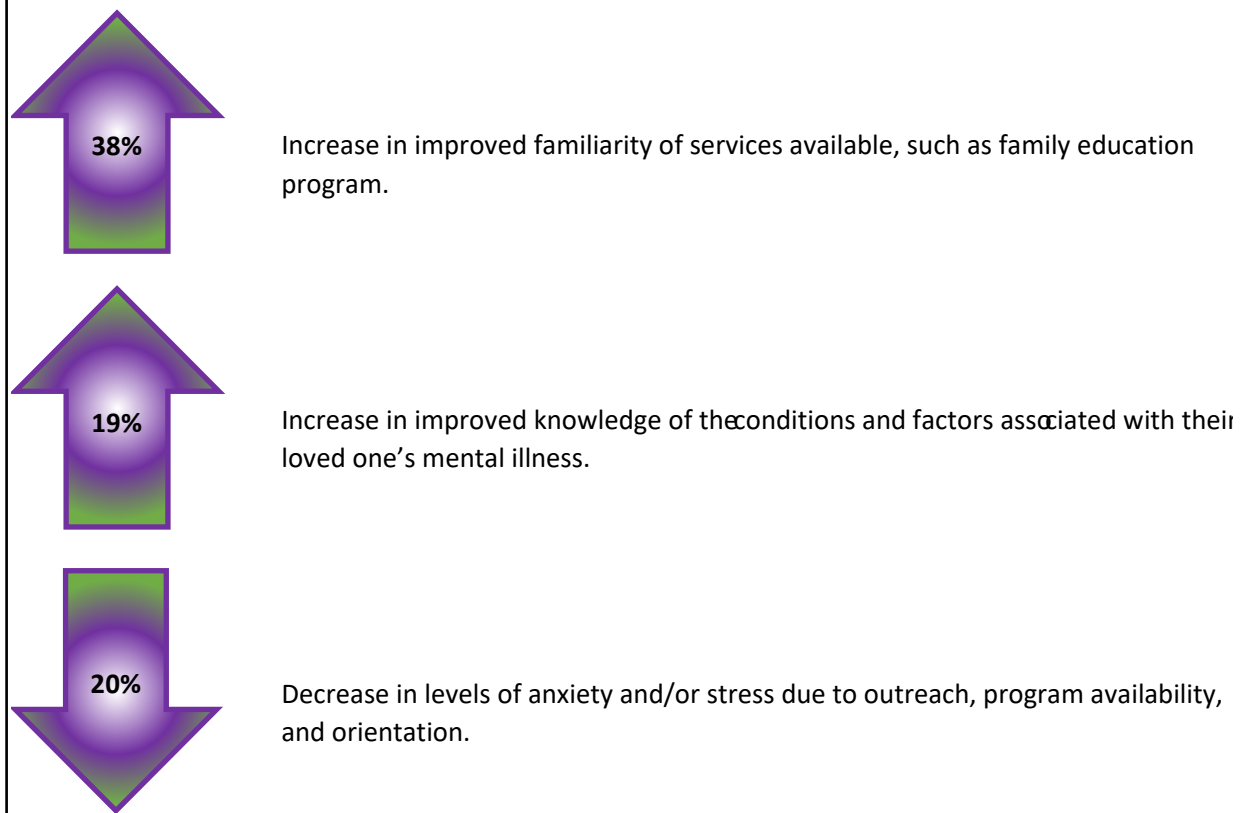


### **Family Education Program**

The 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 provide 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 the 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 is also provided.

TMHA served 105 attendees in 2018-2019. Figure 15 below summarizes the results of those surveyed (n=63). A 38% increase in improved familiarity of services available was reported, as well as a 20% decrease in their levels of anxiety and/or stress due to outreach, program availability, and orientation among others. Additionally, a 19% increase in improved knowledge of the conditions and factors associated with their loved one's mental illness was reported.

**Figure 15: Survey Results of Participants' Enrolled in Family Orientation Class (n=63)**



### **Vocational Training and Supported Employment Program**

A robust Vocational Training and Supported Employment Program has been a stakeholder favorite since the launch of MESA 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 clients 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 2018-2019, 223 clients were served, with 60 mental health clients gaining employment as a result of their participation in the program. Of those 60 that gained employment, 20 clients maintained that employment for at least 90 days. Additionally, clients surveyed (n=52) demonstrated a 10% increase in their use of learned practices, as well as the understanding of conditions and requirements in order to obtain and maintain employment.

**24%** of mental health clients gained employment as a result of their participation in the program

**Growing Grounds Retail Vocational Program** is a part of the Vocational Training and Supported Employment Program. In fiscal year 2018-2019, 20 clients were served. Of those 20, 19 consumers went into job development. Of those 19 consumers, ten (10) gained employment after going through the program.

**53%** of mental health consumers who went into job development gained employment after going through the program.

## Wellness Centers

**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 330 clients in 2018-2019. The Life House is made available to MHSA program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space. MHSA funded programs receive priority in utilization of this support center. Of the clients surveyed in 2018-2019 (n=20), an increase of 33% was reported in their use of learned coping skills to help them better manage their mental health symptoms and an increase of 26% was reported regarding community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others. A total of 955 recovery-oriented activities were provided throughout the fiscal year. Additionally, 3,008 duplicated clients were served.

**Figure 16: Wellness Center Clients Survey Results (n=20)**

**33%**

Increase in use of learned coping skills to help manage mental health symptoms.

**26%**

Increase in community participation through learned activities

**955**

Recovery-Oriented Activities Provided

**3,008**

Contacts provided\*

\*Represents duplicated contacts

### **Integrated Access Therapists**

This work plan includes three full-time equivalent positions, named “Integrated Access Therapists” (renamed from “Caseload Reduction Therapists”). In 2018-2019, two full-time clinicians in the adult system of care along with three full-time case managers who were hired in FY 2018-2019 provided 510 unduplicated client contacts, and one clinician at Martha’s Place (the county’s child assessment center) served an additional 43 unduplicated clients. These clinicians 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

The goal of the program is to help clinic clients move to lower levels of care, and toward integrated physical healthcare. 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.

At the February 27, 2018 MAC meeting, the request to hire three case managers in the County’s adult outpatient clinics was presented and approved by stakeholders. The case managers meet with clients linking them to resources and assist with Medi-Cal eligibility. Additionally, they provide support, education, information, referral, and community outreach. The case managers also assist in orientation of families and clients entering the

mental health system. The overall goal for the case managers is to provide navigation for various systems, advocacy and support for loved ones and family members of mental health consumers. Along with this, a reduction of stress associated with navigating through the mental health system is anticipated and increased access to engagement for clients and their families. These case managers were onboarded in FY 2018-2019. Two of their success stories are presented below:

**Joe\*, age 62**, had been homeless, staying at the local shelter and then living in a mini camper without any kitchen or bathroom facilities since he moved back to California last year. He had no private area to park this mini camper that he towed behind his truck and would constantly be engaged by the police who would have him move the vehicle. Joe met with Mary\*, Behavioral Health Specialist, for links to housing resources and Mary assisted him with applying to many affordable housing rental properties wait lists. Mary also linked him to a housing resource that Mary found on craigslist by a private owner. Joe was able to secure that housing. Joe told Behavioral Health Specialist, “I can’t get a computer to research things like that daily, without you giving me that information I would not be housed right now.”

**Helen\*, age 70**, was living in substandard housing, a 5th wheel camper without bathroom facilities in a mobile home park where she could access bathroom facilities by taking a 10-minute walk. She walks with a cane and has physical health issues as well as mental health struggles. Helen has no family or friend support in the area and no transportation. Mary assisted Helen with the process to get into the Bishop Street Studios housing project which involved HASLO and TMHA. Mary assisted Helen with obtaining a birth certificate, verification of income, bank statements and took her to all appointments in SLO with HASLO and TMHA. Mary also assisted Helen with staying on track to pack and move and physically assisted Helen with moving into new housing. Helen is on SSI income, has no other support, walks with a cane and would not have been able to move into this new housing opportunity without the support and assistance of the this new Behavioral Health Specialist position in the County’s outpatient services.

*\*Names and some details have been altered for privacy.*





### **Co-Occurring Disorders**

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 2018-2019 the Integrated Dual Disorders Treatment program served 142 unduplicated consumers.

### **Service Enhancement Program**

The Service Enhancement Program, originally funded as an Innovation trial, adopted a well-regarded cancer treatment center's warm reception and navigation program. It is maintained in CSS by the SLOBHD's Quality Support Division, operating within its Managed Care program. This includes a 1.0 FTE Administrative Services Officer I and a 1.0 FTE Peer Navigator. The program helps clients, their families, loved ones, and caregivers navigate through the first steps of receiving services, help assess needs, and engage services for basic necessities within the clinic setting. This peer navigator increases the chances of families accessing and remaining engaged in services, which increases the health and well-being of children in the County. The program resulted in 209 unduplicated clients served and 685 services provided. Additionally, CAPSLO, in partnership with the County, provides a service enhancement program for Martha's Place.

In FY 18-19, 165 unique families were served and over 3,800 client contacts were made. Of the families that were enrolled in the service enhancement program and closed out services during FY 2018-2019 (fifty-five (55)) 96% of those families were connected to recommended services.

**Latino Outreach Program**

<b>CSS Work Plan 6: Latino Outreach Program (SLOBHD)</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>154</b>	<b>\$709,519</b>	<b>\$4,607</b>
<b>Projection for FY 2019-2020</b>	<b>120</b>	<b>\$755,624</b>	<b>\$6,297</b>

**Project Goals**

- Increase access to mental health care for monolingual and/or low-acculturated Latinos
- Eliminate the stigma associated with mental illness and treatment amongst Latino population

**Key Objectives**

- Bilingual/bicultural therapists will provide culturally appropriate treatment services in community settings

**Key Outcomes**

- 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

**Method of Measurement**

- 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

**Latino Outreach Program (LOP)**

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

the county reside in rural areas, thus exacerbating issues of access, transportation, and information distribution difficulties associated with serving minority groups.

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, TAYs, and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60.

**Figure 17: Results of LOP Clients Surveyed in FY 2018-2019 (n=48)**

**94%**

Stated that the services provided helped understand and resolved mental health needs

**98%**

Stated that the services provided helped gain internal strength and feel better about life

**88%**

Learned coping skills

**96%**

Now familiar with mental health resources

**88%**

Resilience and positive outlook in life has improved

**85%**

Stated that the services provided has helped improve when they feel nervous, anxious, or scared

The program served 154 unduplicated clients in 2018-2019. Of the clients surveyed (n=48), 94% said the services helped them understand and resolve their mental health needs and 98% stated the services helped them gain internal strength and feel better about life. Additionally 88% learned coping skills, and 96% are now familiar with mental health resources. Lastly, 88% said their resilience and positive outlook in life has improved and

85% stated that the services provided helped them improve when they feel nervous, anxious, or scared.

A Behavioral Health Clinician assigned to the Latino Outreach Program reported the following success story:

*Eugenia\* is the daughter of Mexican immigrants living in San Luis Obispo County. When she first started school in the US, the language barrier made learning difficult. With her parents' education levels, she found herself without much support, but this helped her develop a strong work ethic. She put in considerable effort to study more and review as much as possible, and by high school, she was placed in AP and honors classes.*

*It was in 6th period honors English, her sophomore year, that she experienced her first panic attack. Excusing herself to the bathroom, she was overwhelmed by the physical symptoms of a panic attack and the feeling that she was going to die. Once home, her parents wanted to know what was wrong, but she avoided telling them out of fear that, if she couldn't understand what was happening, how could they?*

*She blamed it all on stress from school or dehydration, and she thought it would only be temporary like a cold. Her experience in school led her to believe that she could push through it by just working harder, but before long, she was experiencing a panic attack every other day. Feeling isolated, eventually, she confided in her friends, but unfortunately, her friends didn't know how to help her. The situation continued to escalate.*

*Her motivation dwindled and she became depressed. The depression became so severe that she found herself experiencing suicidal thoughts. She kept this from her family and friends as well, because she wanted to protect them from the pain and sorrow that she was feeling. The situation reached a breaking point, and she ended up in the hospital. As she lay there in the hospital, she realized that by not telling her parents she was only prolonging her suffering and causing her parents pain as they desperately wanted to understand the situation and help her.*

*Through the Latino Outreach Program, Eugenia and her parents were able to overcome the cultural stigmas surrounding mental health, and she was able to get the therapy and medication that she needed to begin the long road to recovery. With hard work and support from her family and friends, she graduated from high school with a 4.42 GPA and was accepted to five of the six universities to which she applied. Of those universities, she chose one where she plans to study engineering and hopes to mentor other young Latinas to follow the same path despite the small percentage of women in the field.*

*Eugenia has come to define herself by her accomplishments rather than by her anxiety. She learned to love herself and to take control of her life. She says that she's secure in who she is and that she's never been happier.*

*\*Names and some details have been altered for privacy.*

<b>Enhanced Crisis &amp; Aftercare</b>			
<b>CSS Work Plan 7: Enhanced Crisis and Aftercare</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>2,073</b>	<b>\$3,114,218</b>	<b>\$1,502</b>
<b>7.1 Mental Health Evaluation Team/Crisis Resolution Team (SMWG)</b>	<b>1818</b>	<b>\$1,450,463</b>	<b>\$798</b>
<b>7.2 Crisis Stabilization Unit (SMWG)</b>	<b>255</b>	<b>\$1,663,755</b>	<b>\$6,525</b>
<b>Projection for FY 2019-2020</b>	<b>2,050</b>	<b>\$3,398,313</b>	<b>\$1,658</b>

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency, the projection number for clients served has been lowered to reflect unduplicated number served.*

<b>Program Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Provide immediate care and relief for those individuals suffering from psychiatric emergencies</li> <li>• Improve mental health outcomes and access to services for those individuals involved in criminal justice system</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to emergency care</li> <li>• Increase access to outpatient care for those individuals utilizing crisis services and those involved in criminal justice system</li> <li>• Reduce admissions to psychiatric health facility</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Mobile Crisis services will respond within 45 minutes of initial crisis calls</li> <li>• A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization</li> <li>• A majority of individuals receiving Forensic Re-entry Services will access BH system of care</li> </ul>	<ul style="list-style-type: none"> <li>• Sources referring to Mobile Crisis are provided a feedback survey to track satisfaction and response times</li> <li>• Electronic health record data is used to track client access to outpatient care</li> </ul>



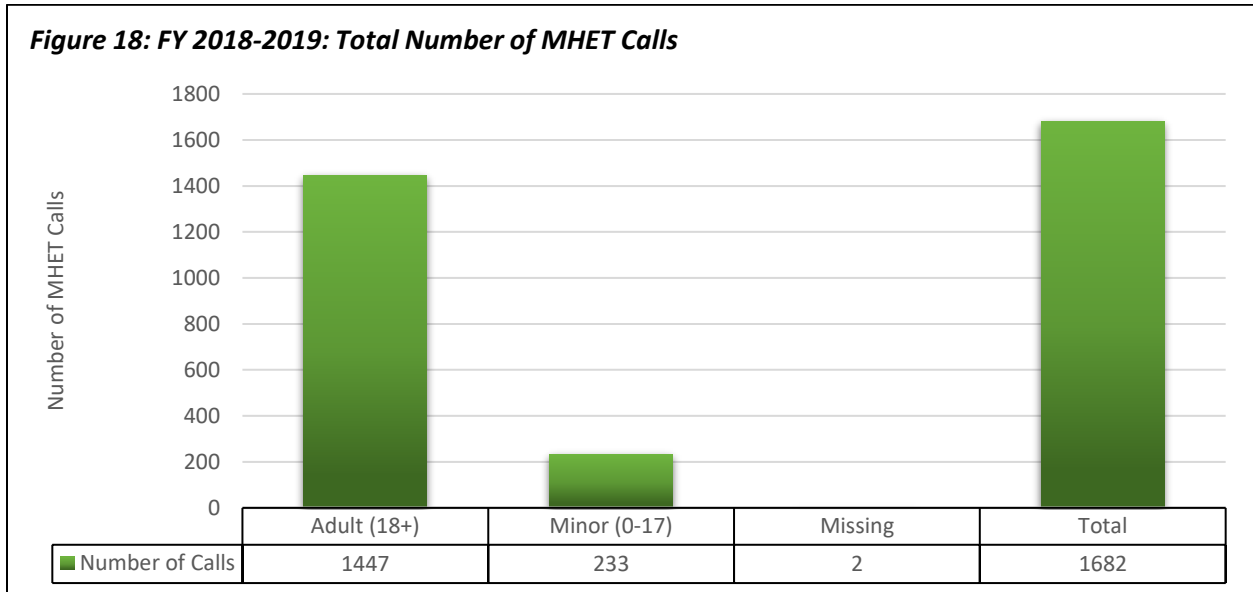
The Enhanced Crisis Response and Aftercare work plan combines the efforts of the Mental Health Evaluation Team (MHET), also known as “Mobile Crisis;” and a Crisis Resolution Team to increase the County’s capacity to meet the needs of individuals requiring specialized, critical intervention and aftercare. In 2017-2018, the County opened its Crisis Stabilization Unit (CSU). 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.

### **Mental Health Evaluation Team**

The Mental Health Evaluation Team was established in 2015-2016 with a contract awarded to Sierra Mental Wellness Group, Inc. to provide mobile crisis services. Two responders were available 24/7 and the team served 1,682 individuals in 2018-2019. 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.

A comparison of the past three years indicates in FY 2016-2017 a total of 1,655 calls were made, 1,984 in FY 2017-2018, and 1,682 in FY 2018-2019. Figure 18 breaks down the total number of MHET calls received in FY 2018-2019 by minors (0-17) and adults (18+). Of the total number of calls, 86% of calls were for adult clients while 13.9% of the total number of calls were for clients who were minors.

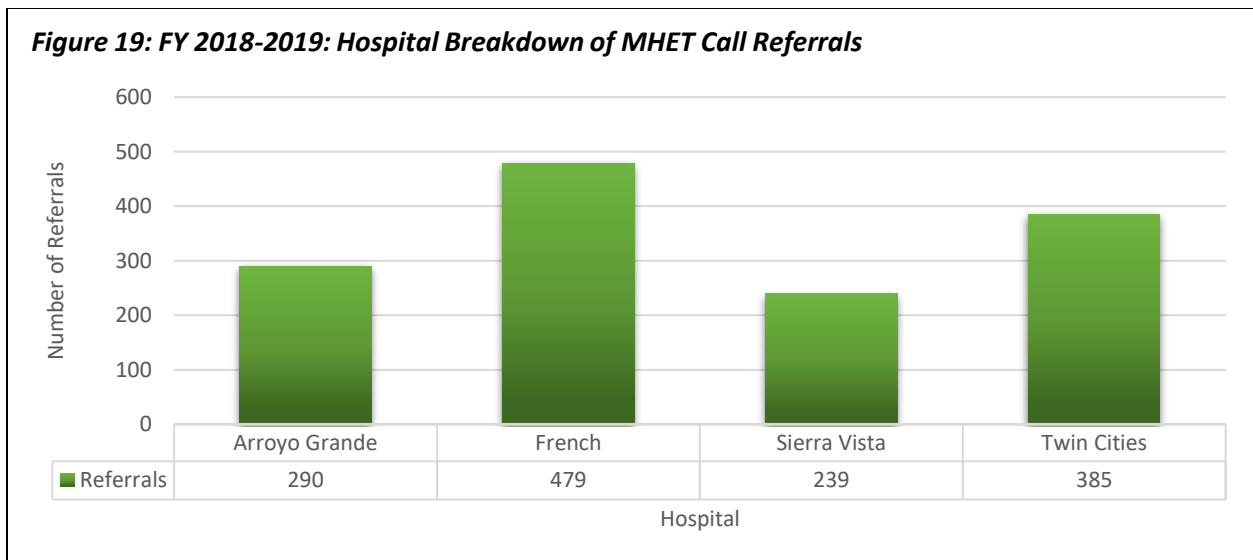
**Figure 18: FY 2018-2019: Total Number of MHET Calls**



In FY 2018-2019, of the 1,682 calls, August and July yielded the highest number of calls with 166 and 165 respectively. Additionally, minors (ages 0-17) had the highest number of calls in April and February, followed by March. Adults (ages 18+) had the highest volume of calls in August, followed by July. When looking at the total number of MHET calls by time of day broken into three-hour increments, the busiest time of day, for minors fell in the 12:00pm-3:00pm time frame, while the busiest time of day for adult calls fell in the 4:00pm-7:00pm time frame.

Of the 1,682 calls received by MHET in 2018-2019, 1,393 (83%) were referred by a hospital in the County. Figure 19 below displays the breakdown of referrals by hospital.

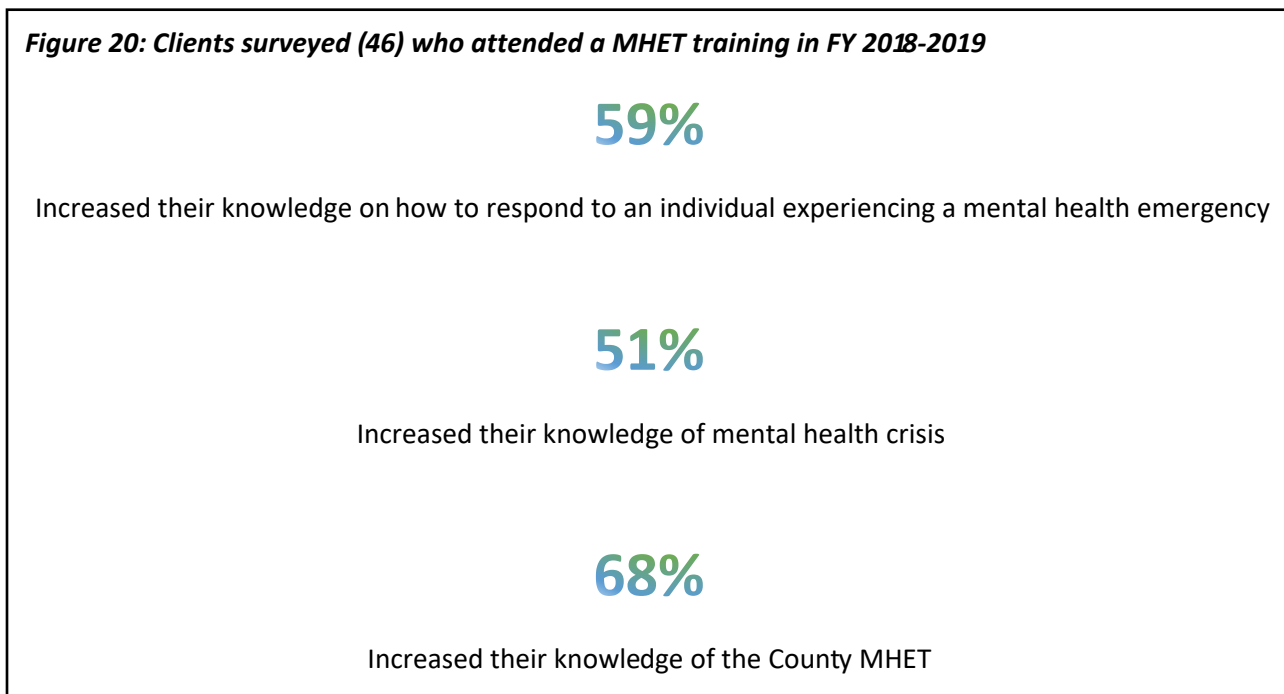
**Figure 19: FY 2018-2019: Hospital Breakdown of MHET Call Referrals**



In 2018-19, the Mental Health Evaluation Team received 1,682 calls. Of these calls, 55% were put on 5150 or 5585 holds. Of the 926 that were put on holds, 119 (13%) were minors of 0-17 years of age and 807 (87%) were adults 18+.

The Mental Health Evaluation Team also provides 5150 and crisis intervention trainings for law enforcement and first responders as well as to staff and the community. In FY 2018-2019, MHET provided 17 trainings. Figure 20 below represents the results of those surveyed (n=46), 59% increased knowledge on how to respond to an individual experiencing a mental health emergency, 51% had increased knowledge of mental health crisis, 68% increased knowledge of County MHET.

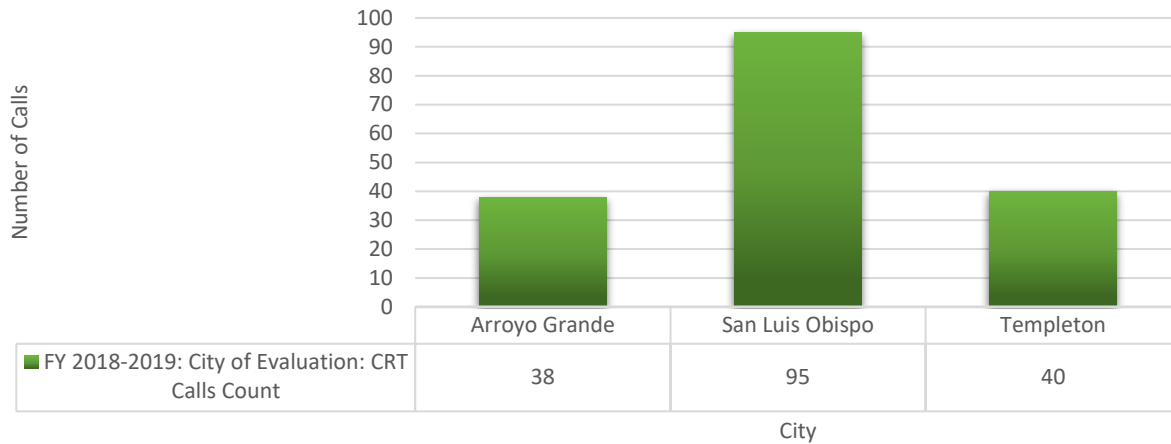
**Figure 20: Clients surveyed (46) who attended a MHET training in FY 2018-2019**



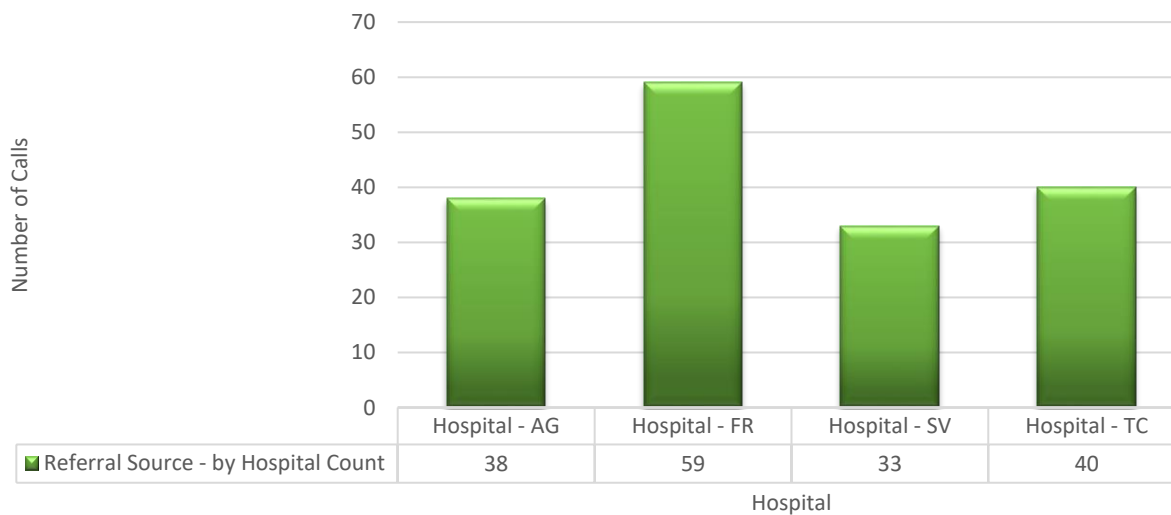
### **Crisis Resolution Team**

This team focuses on two of the four emergency room departments across the county: French Hospital Medical Center and Arroyo Grande Community Hospital. The Crisis Resolution 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 it had been critically needed. In 2018-2019 the Crisis Resolution Team (CRT) served 173 clients. Of the 173 calls, 47 were put on 5150 or 5585 holds (27%). Figure 21 & 22 represent a summary of FY 2017-2018 CRT calls received regarding city of evaluation and referral source.

**Figure 21: FY 2018-2019: City of Evaluation: CRT Calls**



**Figure 22: FY 2018-2019: Referral Source Broken Down by Hospital: CRT Calls**



### Crisis Stabilization Unit

On December 3, 2015, the California Health Facilities Financing Authority CHFFA awarded the County with one-time funds in the amount of \$971,070 for the construction of a four-bed crisis stabilization unit (CSU) at the Health Agency Campus. Crisis stabilization is a direct service that provides individuals in severe distress urgent care associated with a mental health disorder for up to 23 hours. The primary objectives of this service are prompt assessments, stabilization, and/or a determination of the appropriate level of care. The CSU will give individuals in crisis who do not meet the criteria for involuntary treatment on the Psychiatric Health Facility (PHF) an alternative for stabilization, as well as providing an

alternative to those who meet the criteria but are better served by a short-term crisis stabilization facility. A CSU may also serve as an evaluation point to determine if an individual requires ongoing inpatient treatment. If so, the individual would be transferred to the PHF or another inpatient facility prior to the end of the 23-hour period. An operational CSU is expected to reduce certain PHF admissions and re-admissions, facilitate transfer from emergency departments for individuals in psychiatric crisis, and increase successful engagement for individuals presenting in crisis to on-going outpatient care.

The Crisis Stabilization Unit had its official opening and began seeing clients on April 1, 2018. Figure 23 displays the results for the first year the CSU was open and operating (April 1, 2018-March 31, 2019). Since accepting clients on April 1, 2018, the Program Manager of Crisis Services and CSU supervisor provided and continue to provide trainings regarding CSU for law enforcement agencies. The purpose of these trainings is to review policies and protocols for admission, criteria, and discharge of clients to the CSU and coordination of care within the law enforcement agencies. Education was also provided at the Cuesta College job fair, California Polytechnic State University Health Center, and to local mental health providers and hospitals.



Sierra Mental Wellness Group and County staff gather to celebrate the first anniversary of the opening of the Crisis Stabilization Unit, April 2019

The CSU has created specific liaison positions to facilitate coordination of care and resource utilization to effectively serve individuals within San Luis Obispo County. The liaison positions include: law enforcement, local colleges, community partners, community hospitals, and military. The liaison also provides additional trainings and education regarding the CSU in efforts to decrease inpatient psychiatric hospitalizations by utilizing least restrictive practices.



Figure 23: CSU Client Data Report, first year of operation: April 1, 2018-March 31, 2019

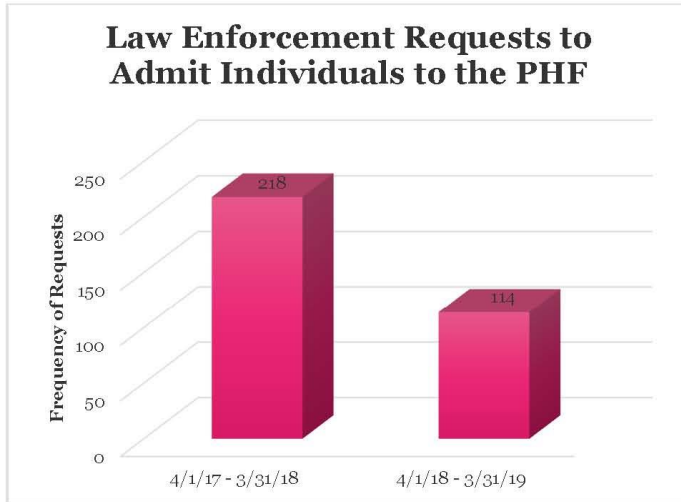


Figure 1

## YEAR 1: 4/1/18 - 3/31/19 CRISIS STABILIZATION UNIT

Since implementation of the Crisis Stabilization Unit with Sierra Mental Wellness Group on April 1, 2018, there have been a total of 271 unduplicated persons in the CSU through March 31, 2019. In total, 307 people have been admitted in the last year. A total of 65 CSU clients were referred to outpatient services and 46 were enrolled.



\*Data provided by Sierra Mental Wellness Group and County Electronic Health Record

**Reduced law enforcement requests to admit individuals to the PHF by 47.7%**

**(Figure 1)**

**69 law enforcement requests for CSU admissions**

**From 7/1/18 – 3/31/19 46 CSU clients were referred to community-based services and 25 were verified**

**Wellness scores for CSU clients increased an average of 6.89 on a scale to 40 from intake to discharge, a 17.2% increase**

### SLO Hotline – Suicide Prevention and Crisis Intervention Services (TMHA)

The SLO Hotline provides a 24-hour, free and confidential call center that serves the entire County. These one-on-one engagements deliver key information regarding the signs, symptoms and care options related to mental illness for underserved populations. SLO Hotline provides support, crisis and/or suicide intervention. A summary of the services provided, and results yielded are represented in Figure 24 below. SLO Hotline invite callers to participate in a follow-up survey, that is administered within two weeks of the initial call.

Figure 24: SLO Hotline Services Provided and Results Yielded FY 2018-2019



**School and Family Empowerment**

<b>CSS Work Plan 8: School and Family Empowerment (SLOBHD &amp; CAPSLO)</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>125</b>	<b>\$778,197</b>	<b>\$6,226</b>
<b>Projection for FY 2019-2020</b>	<b>200</b>	<b>\$970,509</b>	<b>\$4,853</b>

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency, the projection number for clients served has been lowered to reflect the unduplicated number served.*

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>Strengthen academic growth and community success for community school students who are significantly impacted by symptoms of serious mental illness/serious emotional disturbance</li> </ul>	<ul style="list-style-type: none"> <li>Provide on campus mental health support to increase access to services</li> <li>Increase student attendance in school and promote re-entry to mainstream education settings</li> <li>Reduce symptoms of serious mental illness/serious emotional disturbance impacting student academic success</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>Client students will demonstrate improvements in grades, attendance, and disciplinary actions</li> <li>Client students will demonstrate a reduction in substance use/suicidal ideations/levels of depression</li> <li>Reduce truancy and drop-out rates for students with serious mental illness/serious emotional disturbance</li> </ul>	<ul style="list-style-type: none"> <li>The County is developing a pre/post survey to administer for students which will track health, wellness, and academic progress</li> <li>Electronic health record data is used to track some client outcomes</li> </ul>

## **School and Family Empowerment**

As of 2014-2015, the School and Family Empowerment work plan offered two distinct programs aimed at reducing poor academic experiences and outcomes based on students dealing with mental health issues. The first was an effort to provide express responses to youth on community school campuses. The other focused 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 409 students and their families were engaged in services in 2017-2018 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.

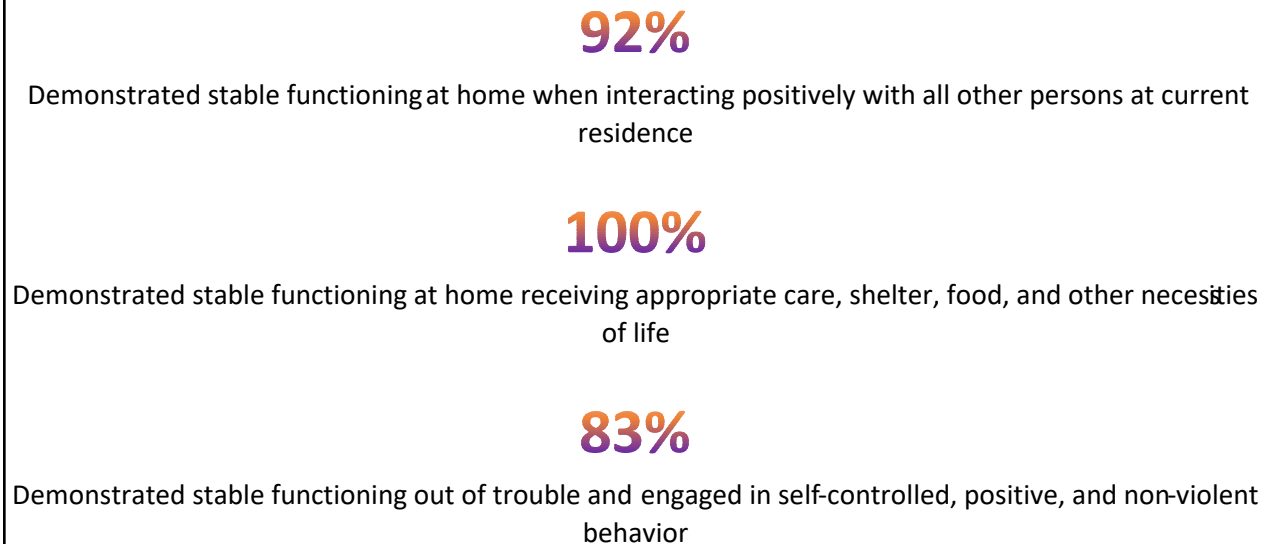
Community School, provided by San Luis Obispo County's Office of Education (SLOCOE), is one of the Alternative Education options available for students who have been expelled from their home school district. Many students at the Community Schools have under-identified mental health issues or are underserved because the traditional school setting lacks the capacity to 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 Behavioral Health Clinician 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 2015-2016, SLOBHD therapists were assigned to three Community Schools in each region of the county. In 2017-2018, the three schools condensed to one, with two staff staying at the expanded site, and the third staff offers services to two continuation schools. In 2018-2019, 78 clients received mental health services on campus.

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 47 unduplicated youth in 2018-2019.

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2018-2019, CAPSLO provided a full-time Family Advocate offering resource supports for 33 clients in the Lucia Mar Unified School District. Results for CAPSLO clients (both FSP and non-FSP clients) are represented in Figure 25 below and include 92% of clients (12/13) demonstrated stable functioning at home when interacting positively with all other persons at current residence. 100% of clients (13/13) demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life. 83% of clients (5/6) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.

**Figure 25: Survey Results for Clients Enrolled in Family Advocate Services**





*COMMUNITY SERVICES AND SUPPORTS (CSS)*

**Forensic Mental Health Services**

<b>CSS Work Plan 9: Forensic Mental Health Services</b>	<b>Unduplicated Number Served</b>	<b>Total Funding</b>	<b>Cost Per Client</b>
<b>Actual for FY 2018-2019</b>	<b>643</b>	<b>\$1,248,161</b>	<b>\$1,941</b>
<b>9.1 Behavioral Health Treatment Court (SLOBHD &amp; TMHA)</b>	36	\$626,377	\$17,399
<b>9.2 Forensic Re-entry Services (TMHA)</b>	130	\$193,850	\$1,491
<b>9.3a Veterans Treatment Court (SLOBHD)</b>	109	\$204,449	\$1,876
<b>9.3b Veterans Outreach (SLOBHD)</b>			
<b>9.4 Forensic Coordination Therapist (SLOBHD)</b>	51	\$80,024	\$1,569
<b>Community Action Team (TMHA)</b>	291	\$106,358	\$366
<b>Mental Health Diversion Court (SLOBHD)</b>	26	\$37,103	\$1,427
<b>Projection for FY 2019-2020</b>	<b>550</b>	<b>\$1,374,418</b>	<b>\$2,499</b>

*Although some clients are served multiple times throughout the year, for annual reporting the state requires an unduplicated number served. For consistency, the projection number for clients served has been lowered to reflect unduplicated number served.*

Project Goals	Key Objectives
<ul style="list-style-type: none"> <li>• Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system</li> <li>• Improve mental health outcomes and access to service for those individuals involved in the criminal justice system</li> </ul>	<ul style="list-style-type: none"> <li>• Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue</li> <li>• Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration</li> <li>• Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles</li> </ul>

Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>• A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness</li> <li>• Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression</li> <li>• Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Electronic health record data is used to track some client outcomes</li> </ul>

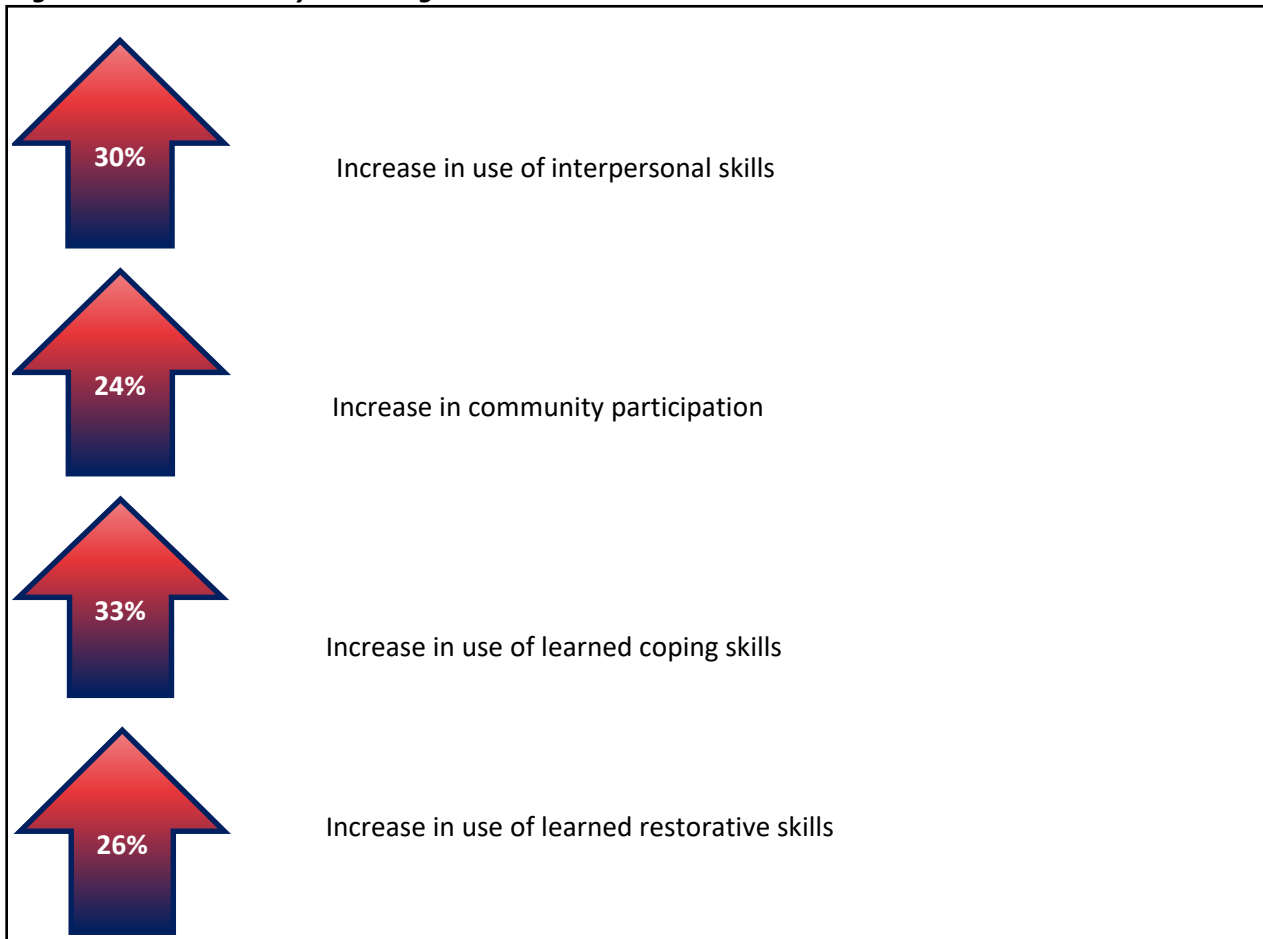
This work plan includes the Behavioral Health Treatment Court, Forensic Re-entry Services, the Forensic Coordination Therapist, and the services performed as part of the Veterans Treatment Court.

### **Behavioral Health Treatment Court (BHTC)**

The 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. 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. In 2018-2019, BHTC served 36 unduplicated clients. Figure 26 below displays the results of the clients surveyed (n=7). These clients reported a 30% increase in their use of interpersonal skills, such as verbal communication, listening skills, problem solving, and decision-making skills, to deal with stress-related triggers. A 24% increase was reported in community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education. Additionally, clients reported a 33% increase in their use of learned

coping skills to help them better manage their mental health symptoms. Lastly, a 26% increase was reported in the use of learned restorative skills, such as recognition of harm done to self and others, accountability for past criminal activities, and engagement in reparation.

**Figure 26: Clients Surveyed Through BHTC**



### **Forensic Re-entry Services (FRS)**

A Forensic Re-entry Services (FRS) team, comprised of two Personal Services Specialists (PSS) provided a “reach-in” strategy in the County Jail, adding capacity for delivering aftercare needs for persons exiting from incarceration. The Forensic PSSs are provided by TMHA and are 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 2018-2019, there were 130 unduplicated clients served in FRS. Of the clients surveyed (n=12), a 25% increase was reported in the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem solving, and decision-making skills among others. Of those referred to Behavioral Health Services, 70 attended a service within 45 days (57%). Of the 130 clients, only four were re-incarcerated in FY 2018-2019.

### **Forensic Coordination Therapist (FCT)/Mental Health Diversion Court (MHDC)**

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 2018-2019, the number of contacts served was 51 individuals.

A Forensic Coordination Team, comprised of nearly every law enforcement jurisdiction in the county, along with service providers, meets periodically 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.

In February 2019, the stakeholders approved the transition of the forensic coordination therapist program to Mental Health Diversion Court (MHDC). While forensic coordination remains the core function of the assignment, this pre-trial diversion program will also allow the Behavioral Health Specialist to work directly with clients participating in the court program. Along with court coordination, assisting system partners with navigating the community behavioral health system, the Specialist will carry a caseload of ten (10) clients. This court sets up a procedure of diversion for defendants with mental disorders for a period no longer than 2 years, to allow the defendant to undergo mental health treatment. This program compliments the MHSA-funded Behavioral Health Treatment Court.

### **Veterans Treatment Court**

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 Behavioral Health Clinician 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.

In 2018-2019, the VTC therapist assessed 28 veterans and enrolled 11 veterans into VTC. Additionally, two VTC participants graduated from the program. The VTC program is on average, 18 months that veterans voluntarily agree to participate, in which most cases result in the dismissal of charges.

### **Veteran's Outreach**

As part of the Innovation project ("Operation Coastal Care") which was maintained in CSS in 2015-2016, the SLOBHD Therapist is co-located within the County's Behavioral Health Prevention and Outreach office. The Therapist attends "Veterans Outreach" events (PEI) and engages local veterans and their family members. This portion (.5 FTE) is being reported in CSS-9. In 2016-2017, there were 54 participants in veterans' treatment programs, 91 in 2017-2018, and 109 in 2018-2019.

### **Community Action Team**

Lastly, at the August 2017 stakeholder meeting, the stakeholders unanimously agreed on implementing the community action team (CAT). CAT consists of a behavioral health care professional embedded within a municipal police department to respond directly to individuals experiencing behavioral health crises who are in need of outreach and engagement. The behavioral health professional (CAT Community Liaison) works closely with highly trained officers establishing a new behavioral health unit within the SLO police department (SLOPD) focused on homeless, transient, and other high-risk individuals. The CAT Community Liaison recruitment occurred late in the fiscal year and will began providing services in October of FY 2018-2019. In FY 2018-2019, the CAT Community Liaison engaged



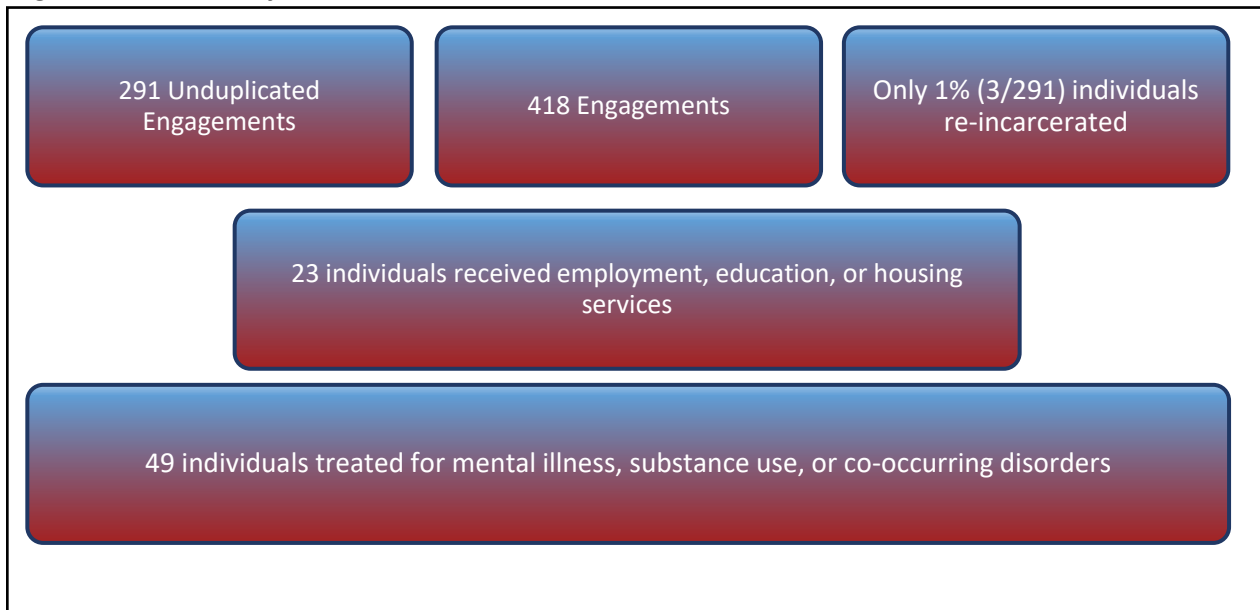
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*COMMUNITY SERVICES AND SUPPORTS (CSS)*

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291 unduplicated individuals and over 400 engagements. Forty-nine (49) unduplicated individuals were treated for mental illness, substance use, or co-occurring disorders. Additionally, 23 individuals received employment, education, or housing services in FY 2018-2019.

**Figure 27: Community Action Team Results**



Members of SLO Police Department and TMHA introduce Community Action Team partnership, Press Conference, October 2018

## Workforce Education and 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 2018-2019 as part of the WET Plan:

**Peer Advisory and Advocacy Team (PAAT) (TMHA):** 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 and develop and implement 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. In 2018-2019, 33% (10/30) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.).

PAAT held 23 meetings in 2018-2019, and members conducted two forums on stigma reduction for over 680 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 celebrate hope. In February 2019, the featured keynote speaker was Dr. Eleanor Longden. Dr. Longden drew on her own experiences of recovery from trauma and psychosis to promote person-centered approaches to complex mental health problems. Her message emphasized promoting the lived experience and expertise of individuals more fully. Dr. Longden's research interests include the associations between voice hearing, trauma, and dissociation. Her keynote addressed learning and finding balance in accepting her voices - as they are part

**JOURNEY OF HOPE**  
A COMMUNITY FORUM ON LIVING MENTALLY WELL

**6-8PM WEDNESDAY FEB. 6<sup>TH</sup>**

**New Life Community Church**  
990 James Way, Pismo Beach

This is a free community event with Spanish translation. Enjoy resource tables before the event starting at 5pm, and after the event at 8pm. No childcare will be provided.

Free CEUs offered through SLO County Behavioral Health. Register for CEUs: <https://sloco.wufoo.com/forms/z1rxtdol0h14sc/>

**Featuring keynote: ELEANOR LONGDEN**  
National Institute of Health Research Postdoctoral Fellow

Dr. Longden draws on her own experiences of recovery from trauma and psychosis to promote person-centered approaches to complex mental health problems that emphasize the lived experience and expertise of individuals more fully. Her specialist research interests are the associations between voice hearing, trauma, and dissociation. She has published and lectured internationally on these issues, including events for the World Health Organization, the American Psychological Association, the Royal College of Psychiatrists, and the British Psychological Society.

Her **2013 TED Talk** on voice hearing has been viewed over 4m times and translated into 37 languages. Dr. Longden is also the author of *Learning from the Voices in my Head* (TED Books, New York: 2013).

FOR MORE INFO CONTACT [CCRUSSI@T-MHA.ORG](mailto:CCRUSSI@T-MHA.ORG)

**TMHA** CELEBRATING 40 YEARS OF WELLNESS Transitions Mental Health Association  
**PAAT** PEER ADVISORY AND ADVOCACY TEAM  
SLO COUNTY BEHAVIORAL HEALTH  
COUNTY OF SAN LUIS OBISPO

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## WORKFORCE EDUCATION AND TRAINING (WET)

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of her experience and understanding of the world, while focusing on maintaining a centered approach to wellbeing.

In 2018-2019, PAAT welcomed a total of 34 new meeting attendees.

PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement and the County's Behavioral Health Board. PAAT exceeded its goal of new members (34/25) in 2018-2019.

### Surveys of PAAT and forum participants yielded the following results 2018-2019:

PAAT members surveyed (n=4) reported a 40% increase in their level of confidence in affecting positive change within the behavioral health system.

PAAT members surveyed (n=4) reported a 40% increase in their knowledge and understanding of community planning processes.

Journey of Hope attendees surveyed reported a 44% increase in their awareness of the discrimination experienced by people with mental illness (n=117).

Of PAAT members surveyed, 33% (10/30) work within the Behavioral Health System as of the 4<sup>th</sup> quarter.

**E-Learning (SLOBHD):** SLOBHD contracts with Relias Learning to provide electronic access to a Behavioral Health library of curricula for over 500 San Luis Obispo County behavioral health providers, consumers, and family members. In 2018-2019, over 3,000 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 2018-2019, the Cultural Competence Committee selected training courses on Relias Learning for Behavioral Health staff focused on multicultural care and issues of abuse. The Department assigned a cultural competence curriculum to all direct service employees that featured an overview training titled "Community-Based Suicide Prevention." Providers of adult-focused services were also assigned "Meeting the Behavioral Health Needs of Returning Veterans." Providers of youth-focused services were assigned "Substance Use and Misuse in the Family." Staff course completion was 85%, with 200 (out of 235) direct service employees (including temporary and volunteer staff) completing the curriculum.

**Cultural Competence (SLOBHD):** The Cultural Competence Committee (CCC) meets quarterly to monitor and develop strategies related to trainings, 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 accomplishments for 2018-2019 include:

- In July 2018, the CCC hosted the second Trans-Training 101. The training hosted over 50 participants from various partnered agencies, educational institutions, and private providers. The training is designed to enhance knowledge and skills for mental health professionals to become LGBTQ+ affirming in their interaction with the community, while increasing their cultural competence and engagement.
- In 2018-2019, the County was selected to be part of the OUT4MentalHealth campaign established by the State. A task force was developed and comprised of various non-profit and social agencies advancing access and services for the LGBTQ+ community. The CCC partnered with OUT4MentalHealth Task Force and hosted two trainings: one titled “Ally Training” and another titled “How to Support LGBTQ+ Youth”. Both trainings were offered to a large range of professionals and institutions.
- In 2018-2019, the Ethnic Services Manager/Cultural Competence Coordinator provided Cultural Competence Trainings as part of Crisis Intervention Training organized by the Sheriff’s Department in order to increase cultural competency in the workforce. Over 250 law enforcement staff were trained in implicit bias, race, ethnicity, disparities, intersectionality, and cultural humility.
- In 2018-2019, the Southern Counties Regional Partnership, a collaborative of county WET Coordinators, funded training with Dr. Jonathan Martinez of California State University, Northridge. Dr. Martinez worked with the County to establish its key area of training engagement: Cultural Humility. Two evidence-based trainings were scheduled. One training was held in June 20, 2019 with the next training held in FY19-20 (August 20, 2019).



**Trans Training 101**

**Click the link to register:**  
<https://sloco.wufoo.com/forms/tuon3p1leo565/>

**Description:**  
 The purpose of this workshop is to enhance the attendee's ability to work in an effective and affirming manner with transgender clients across the lifespan. A broad overview of trans-related terms and topics will be presented in an informative and accessible manner. Attendees will have the opportunity to engage in experiential activities, watch video clips, and observe mock therapy sessions. Attendees will be taught about the subtleties in language and perspective that make interactions with trans people truly affirming.

**Objectives:**

- Attendees will effectively identify three (3) differences between each of the following: biological sex, gender identity, gender presentation, and gender attribution.
- Attendees will list two (2) ways in which they can alter their work environment to be more trans-affirming
- Attendees will identify and categorize a list of 10 statements into trans-affirming and non-affirming columns
- Attendees will identify (2) two personal skills that increases their confidence in working with trans clients across the lifespan

**Trainers:**  
 Dr. Jay Bettergarcia and Dr. Stacy Hutton.

**Who should attend:**  
 Direct Care Staff, Counselors, Support Staff, Agency Supervisors, Managers, Resource (Foster) Parents, Social Workers, Teachers, and Law Enforcement

**Location:**  
 French Hospital Copeland  
 Health Education Pavilion Third Floor  
 1823 Johnson Ave.,  
 San Luis Obispo, CA

**Training Day:**

- Tuesday, July 10th, 2018
- 8:30 AM – 12:30 PM

**Check-In:**  
 • 8:00 AM – 8:30 AM

**Training:**

- 8:30 AM – 12:30 PM
- 4 Training Hours
- Training is FREE
- Morning snacks, coffee, tea, and water will be provided

**Registration Accommodations, and CEU Questions?**  
 Contact Rebecca Redman  
 San Luis Obispo County  
 Behavioral Health Department  
 redman@co.slo.ca.us

**Grievance, Refunds, or Cancellations?**  
 Please contact nvelozpallaslacqua@co.slo.ca.us to provide you with our Grievance Policy and Procedure Refunds and Cancellations

County of San Luis Obispo Behavioral Health Department is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health professionals. County of San Luis Obispo Behavioral Health Department maintains responsibility for this program/course and its content. Please allow two weeks for completion of training and evaluation to receive certificate. County of San Luis Obispo Behavioral Health Department course meets the qualifications for four hours of continuing education credits for MFTs, LPCCs and/or LSWs as required by the California Board of Behavioral Sciences. Approval #55442. Supported by the Cultural Competence Committee.



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## WORKFORCE EDUCATION AND TRAINING (WET)

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- In 2018-2019, the Cultural Competence Plan was re-written highlighting updates to services, programs, practices, engagement processes, trainings, and policies. The 2018 CC Plan was sent to External Quality Review Organization (EQRO) and the Department of Health Care Services Drug Medi-Cal-Organized Delivery System (DMC-ODS) for compliance purposes.
- In 2018-2019, the CCC introduced three new required online (Relias) trainings for Behavioral Health staff: Suicide Prevention, Meeting the Behavioral Health Needs of Returning Veterans, and Substance Use in the Family.
- In 2018-2019, the CCC developed and coordinated an ambitious training objective for FY 19-20. The CCC worked in collaboration with a local expert in cultural inclusion and diversity. The training, scheduled for early FY 19-20, will be mandatory for all Behavioral Health staff. The training, titled “Toward a Culturally Informed Behavioral Health Practice,” is designed at helping all behavioral health employees better serve an increasingly diverse client population. The training covered modules related to intersectionality, structural inequality, cultural proficiency, equity, diversity, inclusion, and healthcare disparities.
- In 2018-2019, the CCC created a Cultural Competence Survey for Providers. The survey became available in May, and it’s being distributed to various community providers for the next year. The CCC is gathering a sizeable amount of information to better understand the larger sense of cultural competence in the local mental health system.
- In 2018-2019, the Department, in collaboration with stakeholders and the community, held a Mental Health Services Act Innovation Component planning round. Two projects are scheduled to be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). One specific project is dedicated to test a new health curriculum and delivery model for youth ages 13-18, including a mindfulness component, and a new model and infrastructure to assess and intervene in cases of apparent and imminent threat.
- The Committee produces quarterly newsletters focused on cultural topics in relation to mental health issues. In 2018-2019, the CCC released a total of four newsletters, along with information on local resources and articles highlighting various topics related to the mental health field.

The WET work plan also includes cultural competence-based workforce development and training. Using WET funds and stakeholder approval, the Department partnered with the Center for Family Strengthening (CFS) to establish a contract for **Promotores** services. Promotores have been co-located in several County clinics to provide medication-management translation, interpretation, and system supports for Latino Outreach Program (LOP) clients. For FY 2018-2019, a total of 186 clients were served with over 276 service sessions provided. Outcomes revealed that ninety percent (90%; 33/36 surveyed) of Latino participants receiving interpretation and translation services attended the mental health appointment, and ninety-four (94%; 34/36 surveyed) Latino participants indicated high

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## WORKFORCE EDUCATION AND TRAINING (WET)

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satisfaction with Promotores interpretation services. Due to its success and rising demand, the Promotores contract and service was increased for FY 19-20, which expands the number of clients served as well as expected outcomes. The goal of the Promotores Collaborative is to develop a sustainable, diverse, and comprehensive culture that promotes equal access to community resources and services among all members of the Hispanic community in San Luis Obispo County.

The expansion of the service will now also include co-occurring disorder clients who are receiving mental health and substance use disorder services.

**Internships (SLOBHD):** The County's WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department. In 2018-2019, 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 continues to utilize the internship program to develop permanent staffing and promote hiring.

**Training and Communications Coordinator (SLOBHD):** Beginning in 2019-2020, the Behavioral Health Department will house a Training and Communications Coordinator (Behavioral Health Administrative Services Officer). This position, supported by assigning CSS funds to WET, will continue to coordinate the trauma-informed training initiatives of the current Not For Ourselves Alone Innovation project (which ends in 2020) as well as conduct activities to ensure community-wide training for the behavioral health system. In addition, the position will assume responsibility for community education and outreach focused on MHSA programs.





## Prevention & Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs receive 19% of MHSA funding. The County of San Luis Obispo PEI Program includes the following work plans: prevention, early intervention, outreach and education, efforts to increase access and linkage to services, stigma and discrimination reduction, improve timely access to services to underserved populations, and suicide prevention. PEI programs are designed to increase protective factors and diminish an individual's risk factors for developing mental illness. Mental health and wellness are improved by helping individuals cope with risk factors and develop stronger protective factors. Early Intervention activities 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.

The County of San Luis Obispo 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 workplans included strategies to increase mental health awareness, family education, training and support, early care for underserved populations, and more. The Act requires the County 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 of each of the PEI programs, but at a less intensive level due to limitations from funding and infrastructure. The first PEI program evaluation was published in July of 2013 and a second was produced in 2017.

Program evaluation is fluid and ongoing - allowing the County's Behavioral Health Department (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 continue to be refined as new amendments to the PEI regulations are provided. The County continues to collect and store data reports from all providers on a quarterly basis, which also includes narrative and qualitative information.

Individuals receiving PEI services are currently not tracked through electronic health records and all services are voluntary. As a result, demographic data collection can be difficult and time consuming. To address this issue, SLOBHD developed a centralized, web-based, quarterly reporting tool for PEI providers. SLOBHD continues to work in collaboration with all providers in refining this tool. The goal is to use this tool to comply and provide the required demographics allowing better tracking. Demographic data, such as race, ethnicity, gender assigned at birth, gender identity, sexual orientation, age, homelessness status, veteran count, and disabilities are fully explained in Appendix D.

### PEI Updates for 2019-2020

- In adherence to State regulations, each PEI program is identified in this Annual Update to the Three Year Plan as a Prevention (P), Early Intervention (EI), Outreach (O), Access and Linkage (AL), Stigma & Discrimination Reduction (SDR), Improve Timely Access (ITA), or Suicide Prevention (SP) program in each subproject heading. This allows for easy data tracking as well as consistency for programming, spending, and being able to better tell the story of each program - such as their successes, challenges, and problem-solving engagement processes.
- At the end of FY 2017-2018, the County hired a Suicide Prevention Coordinator, which aligns with suicide prevention efforts. Data and outcomes for the Suicide Prevention Coordination will be presented for FY 2018-2019. Other data points will continue to be implemented as the program continues to unfold.
- SLOBHD established a partnership with California Polytechnic State University, San Luis Obispo for a countywide LGBTQ Needs Assessment. Results of the project became available in June 2019. A full detailed report is available [here](#). A formal presentation to the community and the Behavioral Health Board will be planned before the end of the current calendar year.
- The PEI stakeholder group approved a recommendation by the MHSA Coordinator to eliminate the Young Adult Counseling Program (now funded by a federal grant) in order to address the needs of other populations and possibly expand other services.

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, by PEI classifications, meeting State regulations. For all PEI programs listed below, the cost per person served is intended to be an estimate; although every effort is made to take as accurate account as possible, individuals served are unique clients.



Bike Breakfast: An annual Mental Health Awareness Month event held at the Prevention & Outreach offices in San Luis Obispo. May, 2019.

**Prevention Programs**

<b>PEI Program 1.1: Positive Development Program (CAPSLO)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018-2019</b>	<b>776</b>	<b>\$85,230</b>	<b>\$110</b>
<b>Projection for FY 2019-2020</b>	<b>750</b>	<b>\$94,004</b>	<b>\$125</b>

**Project Goals**

- Build the capacity of and identify behavioral health issues in underserved children, ages 0-5.

**Key Objectives**

- Behavioral Health related training and education to private childcare providers (gatekeepers)

**Key Outcomes**

- Increased knowledge of emotional and behavioral health issues
- Reduced risk factors and increased protective factors

**Method of Measurement**

- Rosters
- Ages and Stages Questionnaire
- Behavior Rating Scale

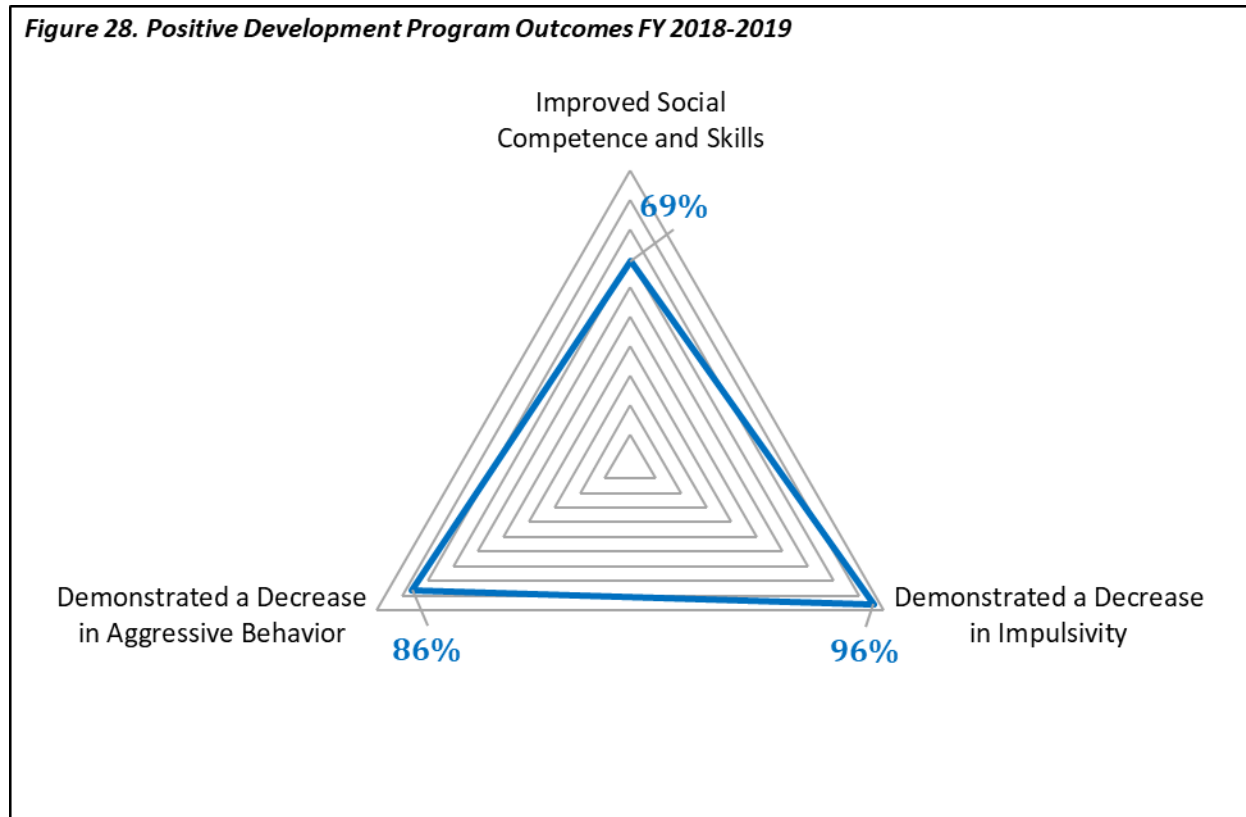
**Positive Development Program**

Community Action Partnership of San Luis Obispo’s (CAPSLO) Child Care Resource Connection (CCRC) administers the Positive Development Project. The project centers on delivery of the I Can Problem Solve curriculum as well as the accompanying Early Childhood Behavior (ECB) and Ages and Stages Questionnaire (ASQ) training to private childcare 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. CCRC has expanded their original program by adding a curriculum for children over five years old (but not yet enrolled full time in school), as well as adapting the curriculum for young toddlers. CCRC included I can Problem Solve Kindergarten, increasing the capacity of the program.

In order to increase participation in the 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 aid in completing them where appropriate.

The reported data for FY 2018-2019 includes the unduplicated number of participants served (776). Eighty-two percent (82%) of parents (38/46) surveyed indicated an improvement in their parenting skills as a result of an increase in training and support in social, emotional, and behavioral issues related to their child. Pre and post ECB and ASQ assessments of children participating in the program demonstrated a 69% (229/331) social competency and skills improvement; 96% (81/84) of children, initially identified as impulsive, demonstrated a decrease in impulsivity, and 86% (6/7), identified as initially aggressive, demonstrated a decrease in aggressive behavior (Figure 28). Along the same information, qualitative parent survey data reveals the importance and impact of the program in the parents' interaction with their children and increased skills:



*PREVENTION AND EARLY INTERVENTION (PEI)*

*Eighty-eight percent (88%) of parents said activities and lesson extension activities were helpful*

*Eighty (80%) of parents said parenting skills have improved as a result of these resources*

*Ninety percent (90%) of parents said their child's social emotional and behavior skills have improved*

*Some specific responses are included below:*

*"I have learned new way[s] to speak to my children so that learning at home and school are similar."*

*"Learn how to help when my son is angry."*

*"I learned what is doing and why."*

*"Understanding what is expected at [my child's] age."*

*"Just understanding my child's development skills allows me to parent better."*

*"He communicates his wants and needs so much better and his listening skills are excellent"*

*"Love seeing positive interactions with others."*

*"[My child] has been able to use her words rather than whine."*

*"[My child] has learned to be kind and share and [...] is also less shy. My [other child] is learning to follow instructions and share."*

PREVENTION PROGRAM	
1. Name of Program	Positive Development Program
2. Unduplicated # of individuals served	776
3. # of individual family members served	776
<b>Strategy:</b> Access & Linkage to Treatment	<b>Results</b>
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	None
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	None
2b. Average interval between referral and treatment	0 days
<b>Strategy:</b> Improve Timely Access to Services	<b>Results</b>

*PREVENTION AND EARLY INTERVENTION (PEI)*

1. Specific underserved population		Children and parents of all age groups and ethnic backgrounds.			
2. # of referrals made to a PEI program		0			
2a. # of individuals who followed through with referral		0			
2b. Average interval between referral and treatment		0			
3. County description to encourage access and follow-through		Activities include outreach, presentations, children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.			
<b>Strategy: Outreach</b>		<b>Results</b>			
1. # of potential responders		1,655			
2. Settings where potential responders were engaged		Childcare providers, family centers, classrooms.			
3. Types of potential responders engaged in each setting		Children and parents of all age groups and ethnic backgrounds.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$85,230	PEI Funding	\$9,920	PEI Funding	\$1,750
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					



*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>PEI Program 1.2: Family Education, Training &amp; Support (CFS)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018 - 2019</b>			
<b>Coordination of County's Parenting Programs</b>	<b>815,521</b>		
<b>Parent Education</b>	<b>576</b>	<b>\$105,472</b>	<b>\$0.13</b>
<b>Coaching of Parents/Caregivers</b>	<b>558</b>		
<b>Projection for FY 2019 - 2020</b>			
<b>Coordination of County's Parenting Programs</b>	<b>350,000</b>		
<b>Parent Education</b>	<b>300</b>	<b>\$116,329</b>	<b>\$0.33</b>
<b>Coaching of Parents Caregivers</b>	<b>300</b>		

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Build competencies and skills in parents and caregivers</li> <li>• Decrease the impact of trauma in families</li> <li>• Respond to the urgent needs in families at-risk for abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Parent education</li> <li>• Parent coaching</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> <li>• Improved parenting</li> <li>• Improvements in child behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Number of website hits</li> <li>• Class rosters and call logs</li> <li>• Parent self-report surveys</li> <li>• Parent coaching assessments</li> <li>• Parent interviews</li> </ul>

**Family Education, Training & Support**

The Center for Family Strengthening's 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.

*PREVENTION AND EARLY INTERVENTION (PEI)*

The website [www.sloparents.org](http://www.sloparents.org) (with Spanish translation) 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. Their new analytic tool allows the program to better record the actual number of unique hits and contacts accessing the website for information. For FY 2018-2019, the program registered a total of 815,521 hits. Website hits refer to the action of requesting files, such as flyers, program information, and pages displaying information.

PEI-funded classes are offered specifically for parents of children in certain age groups in addition to special topics for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, homeless, and teen parents. In 2018-2019 Parent Connection offered 48 classes, 38% (18/48) of which were in Spanish. Sixteen (16) parent provider trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in the 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 680 calls on the warmline in 2018-2019. 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. Self-report surveys (below) of parents and caregivers participating in education or coaching services demonstrate how increasing protective factors and reducing risk factors in the parents have positive effects on the children of stressed and at-risk families.

Parent Outcomes	Child Outcomes
92% decreased stress levels about children	92% improved behavior
95% improved communication skills	93% increased school attendance
92% improved discipline skills	92% increased peer relationships
93% more informed about child development	94% improved communication skills
97% increased confidence parenting skills	96% improved relationship with child

*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>PREVENTION PROGRAM</b>					
1. Name of Program		Family Education, Training, and Support			
2. Unduplicated # of individuals served		815,521			
3. # of individual family members served		1,134			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results</b>		
1. # of individuals with SMI referred to treatment		0			
1a. The kind of treatment individuals were referred		N/A			
2. # of individuals who followed through with referral		0			
2a. Average duration of untreated mental illness		0			
2b. Average interval between referral and treatment		0			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results</b>		
1. Specific underserved population		Children and parents of all age groups and ethnic backgrounds.			
2. # of referrals made to a PEI program		0			
2a. # of individuals who followed through with referral		0			
2b. Average interval between referral and treatment		0			
3. County description to encourage access and follow-through		Activities include outreach, presentations, and children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.			
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders		815,521			
2. Settings where potential responders were engaged		Community presentations, childcare locations, family centers, etc.			
3. Types of potential responders engaged in each setting		Children and parents of all age groups and ethnic backgrounds.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$105,472	PEI Funding	\$12,276	PEI Funding	\$2,165
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

*PREVENTION AND EARLY INTERVENTION (PEI)*

**PEI Program 1.3:**

**Middle School Comprehensive Program  
(SLOBHD & The LINK)**

	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018 - 2019</b>			
<b>Student Support Counselors</b>	<b>483</b>	<b>\$378,008</b>	<b>\$783</b>
<b>Family Advocates</b>	<b>232</b>	<b>\$151,168</b>	<b>\$652</b>
<b>Youth Development</b>	<b>117</b>	<b>\$111,657</b>	<b>\$954</b>
<b>Projection for FY 2019 - 2020</b>			
<b>Student Support Counselors</b>	<b>400</b>	<b>\$427,943</b>	<b>\$1,070</b>
<b>Family Advocates</b>	<b>350</b>	<b>\$154,191</b>	<b>\$441</b>
<b>Youth Development</b>	<b>160</b>	<b>\$118,233</b>	<b>\$739</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Build resiliency and identify mental health issues of at-risk middle school youth and their families</li> </ul>	<ul style="list-style-type: none"> <li>• Student Assistance Programs</li> <li>• Student Support Counselors</li> <li>• Family Advocates</li> <li>• Youth Development Programming</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> <li>• Increased access to extended services and supports for at-risk families</li> </ul>	<ul style="list-style-type: none"> <li>• Rosters</li> <li>• School records</li> <li>• Participant and staff surveys</li> <li>• Youth development surveys</li> <li>• Participant focus groups</li> </ul>

**Middle School Comprehensive Program**

The Middle School Comprehensive Program is an integrated collaboration between schools, SLOBHD staff, and community-based organizations. This project is based on the Student Assistance Program (SAP) model and involves six middle schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson). Each site was selected to participate in the project through a competitive (request for) application. In their proposals, schools had to

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demonstrate the need for 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, healthcare, 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.



Student Assistance Program Team at Los Osos Middle School.  
January 2019

Student Assistance Program survey results showed an average improvement in protective factors of 28.16%, and a decrease in risk factors of 26.22% (Appendix E).

Each participating 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.

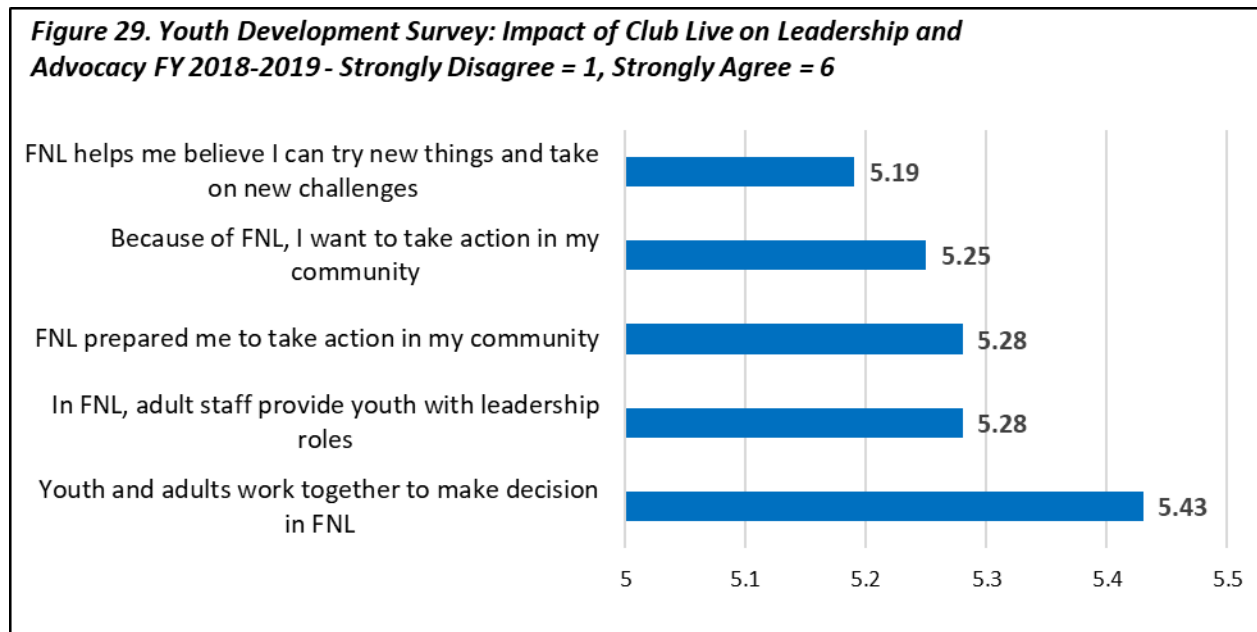
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Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, improving peer relationships, supportive adult relationships, and offering leadership and advocacy opportunities. 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 29 and 30 provide an average of the different components associated with leadership and advocacy, and learning and school bonding.

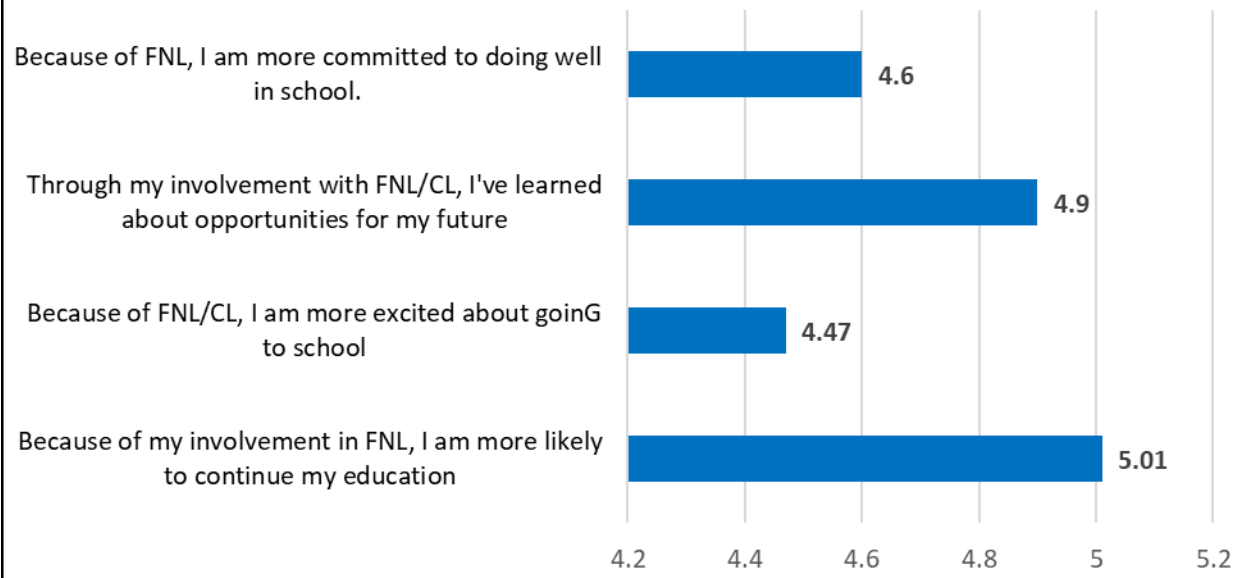
In addition to the six SAP Schools, Youth Development is present on all public middle school campuses in San Luis Obispo County. The Club Live Youth Development Programming integrates a youth development approach into the prevention work of its programs and chapters. Youth Development engages youth in 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,” stigma reduction campaigns, Red Ribbon Week, and various community service opportunities.





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**Figure 30. Youth Development Survey: Impact of Club Live on Learning and School Bonding FY 2018-2019 - Strongly Disagree = 1, Strongly Agree = 6**



PREVENTION PROGRAM	
1. Name of Program	Middle School Comprehensive Program
2. Unduplicated # of individuals served	832
3. # of individual family members served	232
<b>Strategy: Access &amp; Linkage to Treatment</b>	<b>Results</b>
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	N/A
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	0
2b. Average interval between referral and treatment	0
<b>Strategy: Improve Timely Access to Services</b>	<b>Results</b>
1. Specific underserved population	Children and parents of all age groups and ethnic backgrounds.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach, presentations, and children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.

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<b>Strategy: Outreach</b>		<b>Results</b>			
1. # of potential responders		0			
2. Settings where potential responders were engaged		School classrooms, community presentations, outreach events, family resource center fairs.			
3. Types of potential responders engaged in each setting		Children and parents of all age groups and ethnic backgrounds.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$640,833	PEI Funding	\$74,585	PEI Funding	\$13,157
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

*PREVENTION AND EARLY INTERVENTION (PEI)*

**PEI Program 1.4:**

<b>In-Home Parent Educator (CAPSLO)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
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<b>Actual for FY 2018-2019</b>	<b>54</b>	<b>\$78,406</b>	<b>\$1,452</b>
<b>Projection for FY 2019-2020</b>	<b>140</b>	<b>\$84,375</b>	<b>\$603</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Build developing parenting skills</li> <li>• Increase knowledge of appropriate expectation and age appropriate behavior</li> <li>• Increase positive discipline and attachment through positive parent/child interactions</li> </ul>	<ul style="list-style-type: none"> <li>• Parent education</li> <li>• Parent coaching</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> <li>• Improved parenting</li> </ul>	<ul style="list-style-type: none"> <li>• Client intake form</li> <li>• Programmatic Assessment Form</li> <li>• Parent Pre and Post Surveys</li> </ul>

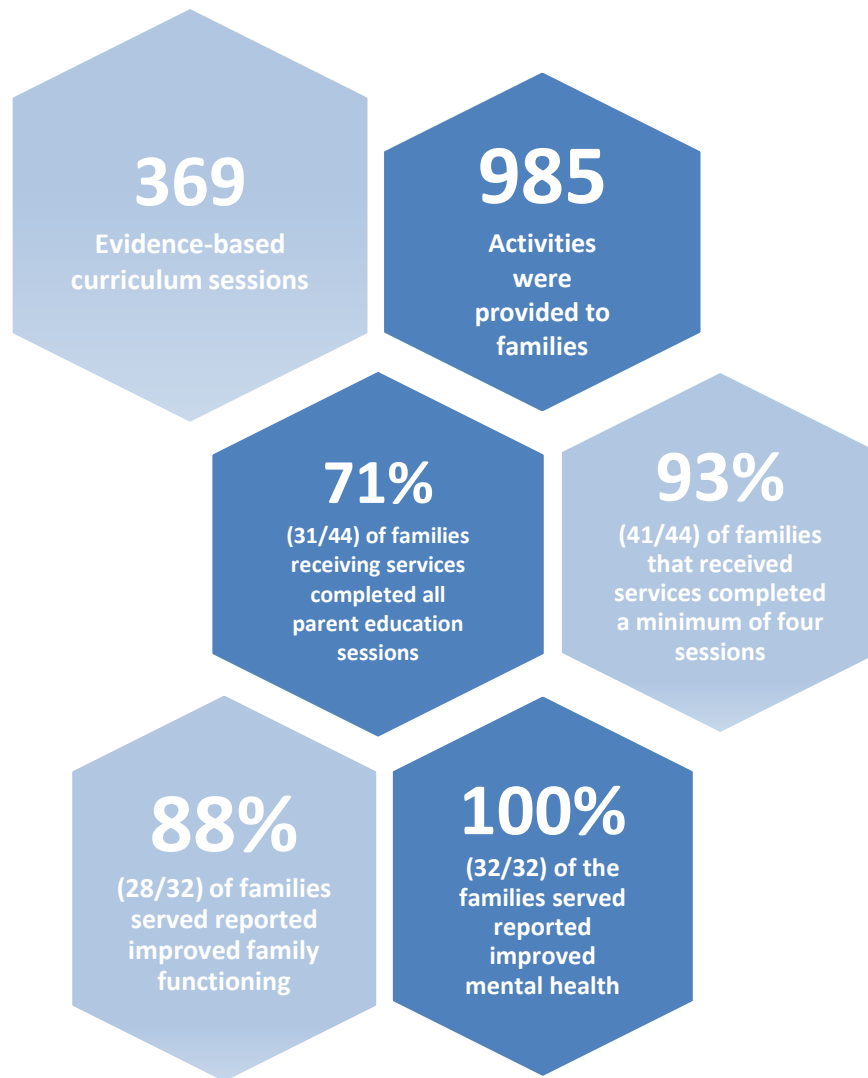
**In-Home Parent Educator**

The Community Action Partnership of San Luis Obispo (CAPSLO) administers the In-Home Parent Educator Program. The program began in 2016-2017. The program provides parent education services to families at their house or at another specified locations, using evidence-based curriculum and assessments of families to identify immediate needs to be met in order to stabilize the family unit. The program aims to build parenting skills, improve knowledge of appropriate behaviors, increase positive discipline skills, and increase attachment through positive parent/child interactions.

For 2018-2019, a total of 54 unique families were served and 44 unique families received parenting education services. Additionally, a total of 369 evidence-based curriculum sessions and 985 engaged activities were provided to parents. A total of 70% (31/44) of families receiving parenting education completed all service sessions. 93% (41/44) of families received a minimum of four parenting sessions. 87% (28/32) of the families served reported improved family functioning, and 100% (32/32) of the families served reported improved mental health. CAPSLO continues to work toward a full caseload with a consistent bicultural and bilingual specialist. The reduction in unique/unduplicated participants (based

on projections) is likely due to the identification of special needs, which extended the time for each participant receiving services.

**Figure 31. In-Home, Parent Educator, Evidence-Based, Practice Sessions, Activities, and Outcomes FY 2018-2019**



*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>PREVENTION PROGRAM</b>					
1. Name of Program:		In-Home Parent Educator			
2. Unduplicated # of individuals served:		54			
3. # of individual family members served		54			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results</b>		
1. # of individuals with SMI referred to treatment		0			
1a. The kind of treatment individuals were referred		0			
2. # of individuals who followed through with referral		0			
2a. Average duration of untreated mental illness		0			
2b. Average interval between referral and treatment		0 days			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results</b>		
1. Specific underserved population		Children and parents of all age groups and ethnic backgrounds.			
2. # of referrals made to a PEI program		0			
2a. # of individuals who followed through with referral		0			
2b. Average interval between referral and treatment		0			
3. County description to encourage access and follow-through		Activities include outreach, presentations, and children and parent activities and education.			
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders		54			
2. Settings where potential responders were engaged		Community presentations, childcare locations, family centers, parents/primary caregiver's home.			
3. Types of potential responders engaged in each setting		Children and parents of all age groups and ethnic backgrounds.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$78,406	PEI Funding	\$9,125	PEI Funding	\$1,610
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**PEI Program 1.5:**

Cuesta College Successful Launch (Cuesta College)	Total Served	Total Funding	Cost per Client
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<b>Actual for FY 2018-2019</b>	<b>157</b>	<b>\$131,250</b>	<b>\$836</b>
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<b>Projection for FY 2019-2020</b>	<b>150</b>	<b>\$149,633</b>	<b>\$998</b>
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**Project Goals**

- Increased self-sufficiency and resiliency of at-risk TAY

**Key Objectives**

- Successful Launch Program for at-risk TAY

**Key Outcomes**

- 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)

**Method of Measurement**

- Staff pre and post assessments of program participants
- Rosters
- Completion of educational, vocational, and personal goals by program participants

**Cuesta College Successful Launch**

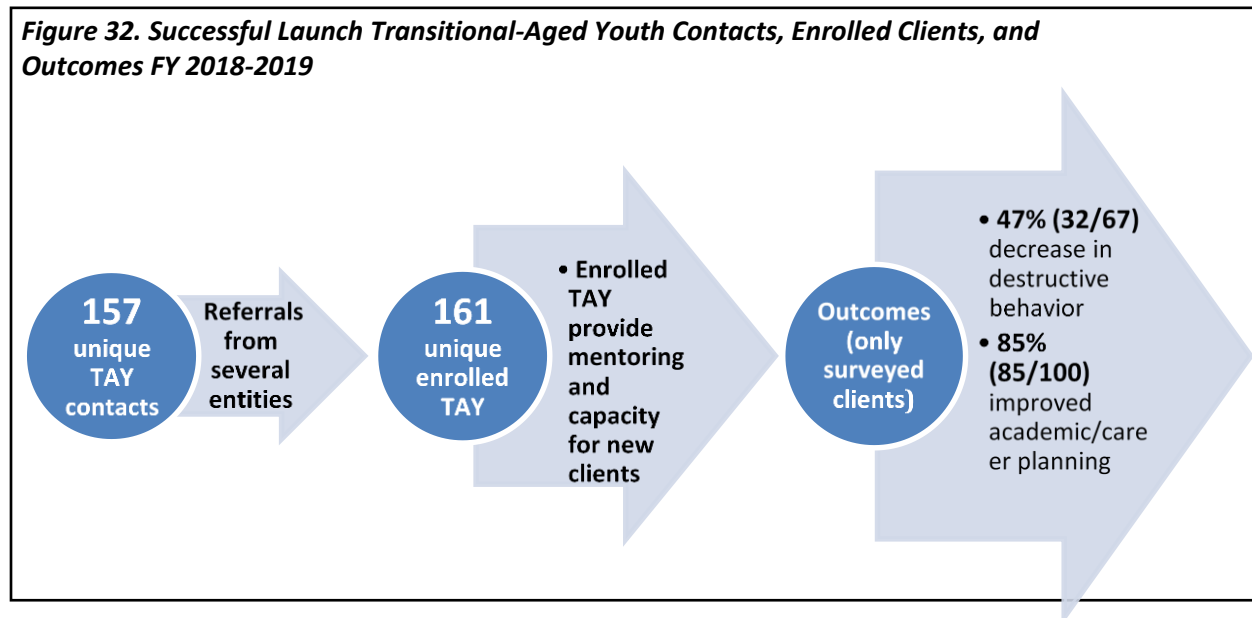
The Successful Launch program is administered by Cuesta College. Successful Launch provides services to at-risk TAY youth with the goal of increasing self-sufficiency and success of TAYs who are at risk for mental health issues because they have dropped out of school, are homeless or at risk of being homeless, former Wards of the Court, or are graduating from Community School. In 2018-2019, services included: vocational training, job shadowing, work readiness, academic support, connection with other extended services and supports, and life skills training.

At the end of FY 2018-2019, Cuesta College informed the County that it would no longer be able to support the program due to internal capacity and planning. After several meetings highlighting the need for the program and its success in the community, the County and the provider reached an agreement to maintain the program as originally designed, but to reduce its capacity to its most successful regional location, which is Pacific Beach High School – an alternative education site located in San Luis Obispo.

Cuesta College maintains the strong program and will build on its past success. Collaboration with local businesses has increased employment opportunities for at-risk TAY and working with local charter schools and high schools have increased the ability of TAY to obtain a high



school diploma. During 2018-2019, Successful Launch continued training students using programs aimed and providing work readiness for participants. Students worked to increase their knowledge of practices such as customer service skills with potential employers who expressed their commitment to professional growth for these students. A total of 161 unique participants enrolled, including 157 referred, and four (4) who independently sought the service. Eight-five percent (85%) of students experienced increased access to enrichment classes. Thirty-six percent (36%) reported increased healthy behavior. Eighty percent (80%) reported increased self-sufficiency, and forty-seven percent (47%) reported a decrease in destructive behavior (Figure 32).



PREVENTION PROGRAM	
1. Name of Program	Successful Launch
2. Unduplicated # of individuals served	157
3. # of individual family members served	N/A
<b>Strategy: Access &amp; Linkage to Treatment</b>	<b>Results</b>
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	N/A
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	0
2b. Average interval between referral and treatment	0
<b>Strategy: Improve Timely Access to Services</b>	<b>Results</b>
1. Specific underserved population	Transitional-Aged Youth of any ethnic and linguistic background.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0

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2b. Average interval between referral and treatment		0			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services.			
<b>Strategy: Outreach</b>		<b>Results</b>			
1. # of potential responders		157			
2. Settings where potential responders were engaged		Community presentations, community school and college classrooms.			
3. Types of potential responders engaged in each setting		Transitional Aged Youth, family members, parents/primary caregivers.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$131,250	PEI Funding	\$15,276	PEI Funding	\$2,695
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Early Intervention Programs**

**PEI Program 2.1:**

Community Therapeutic Services (CCC)	Total Served	Total Funding	Cost per Client
<b>Actual for FY 2018-2019</b>	<b>624</b>	<b>\$51,211</b>	<b>\$82</b>
<b>Projection for FY 2019-2020</b>	<b>400</b>	<b>\$46,713</b>	<b>\$117</b>

Project Goals	Key Objectives
<ul style="list-style-type: none"> <li>• Early identification of on-set of mental illness</li> <li>• Increased access of therapy to underserved populations</li> </ul>	<ul style="list-style-type: none"> <li>• Provide brief, low intensity Early Intervention counseling at low or no cost to underserved populations throughout the County</li> </ul>

Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>• Improved mental health and wellness</li> <li>• Reduced risk factors</li> <li>• Increased protective factors</li> </ul>	<ul style="list-style-type: none"> <li>• Rosters</li> <li>• Clinician assessments</li> <li>• Participant self-report surveys</li> <li>• Participant focus groups</li> </ul>

**Community Therapeutic Services**

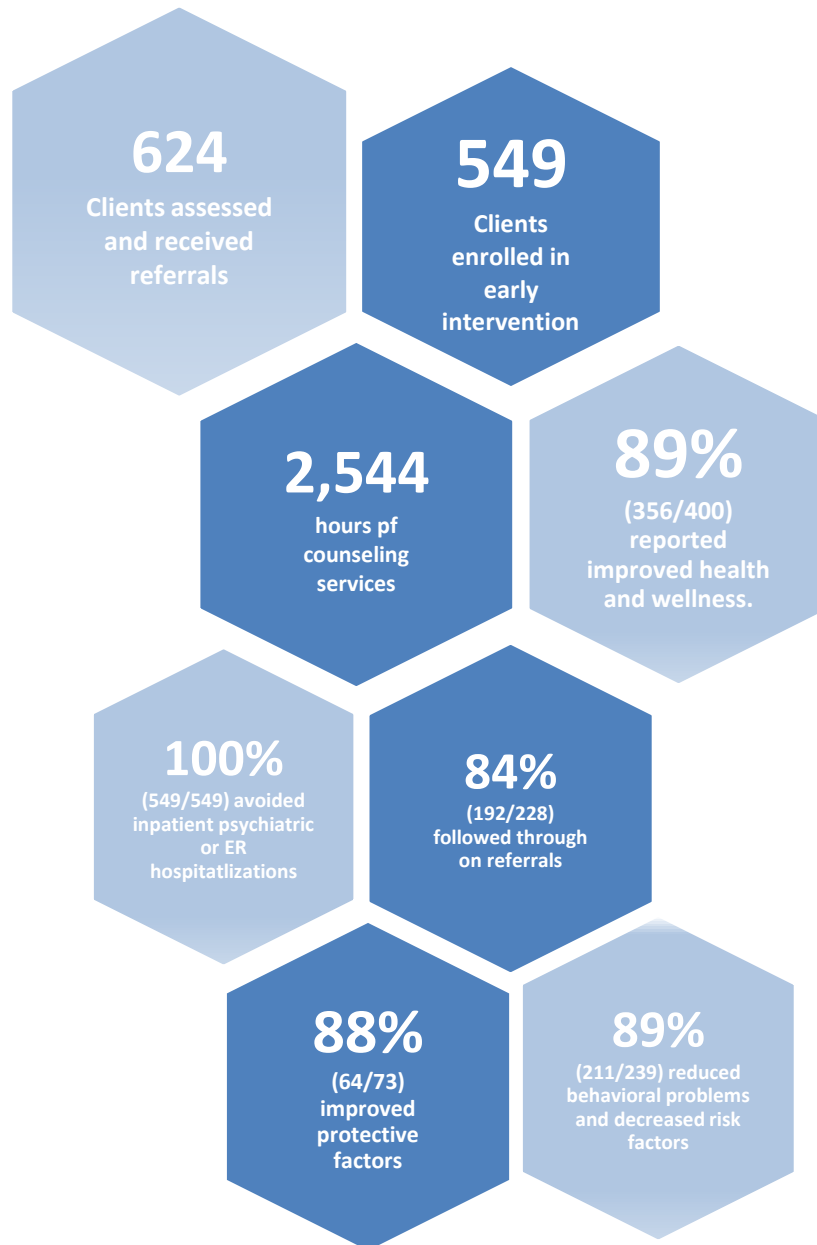
Community Based Therapeutic Services (CBTS) maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services. CBTS improves early detection and provides early intervention for mental health issues while increasing access to care. The program provides over 2,500 low (\$5.00 per session) or no-cost counseling hours to uninsured and underinsured at-risk populations throughout the County. Services are provided by Community Counseling Center (CCC).

In 2018-2019, CCC continued services in the southern (Grover Beach) and northern areas (Paso Robles) of the county. CCC also partnered with other healthcare 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. Clients continue to demonstrate an increase in coping skills and a reduction in suicidal ideation (Figure 33). The program continues to develop inclusive strategies to ensure various individuals are given the proper care. For FY 2018-

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2019, a total of 14 LGBTQ+ identifying clients ranging in age from 13-62 received services. A total of 6 adult individuals who experienced homelessness received services at the 40 Prado Homeless Services Center, and a total of 28 bilingual/bicultural Latinos and three monolingual Latinos received services.

**Figure 33. Community Based Therapeutic Services Clients Served, Enrolled, Hours of Counseling, and Outcomes FY 2018-2019**



*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>EARLY INTERVENTION PROGRAM</b>					
1. Name of Program		Community Based Therapeutic Services			
2. Unduplicated # of individuals served		624			
3. # of individual family members served		624			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results</b>		
1. # of individuals with SMI referred to treatment		100			
1a. The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		27			
2a. Average duration of untreated mental illness		0			
2b. Average interval between referral and treatment		15			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results</b>		
1. Specific underserved population		At-risk youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
2. # of referrals made to a PEI program		0			
2a. # of individuals who followed through with referral		27			
2b. Average interval between referral and treatment		15			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services			
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders		624			
2. Settings where potential responders were engaged		Community Counseling Center office			
3. Types of potential responders engaged in each setting		At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$51,211	PEI Funding	\$5,960	PEI Funding	\$1,051
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**PEI Program 2.2:**

<b>Integrated Community Wellness – Resources Specialist (TMHA)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018 – 2019</b>	<b>712</b>	<b>\$200,848</b>	<b>\$282</b>
<b>Projection for FY 2019 – 2020</b>	<b>700</b>	<b>\$200,129</b>	<b>\$286</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Reduce barriers to treatment outcomes and improve wellness</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Wellness Advocates to individuals and families throughout the County</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Increase in protective factors and reduction in risk factors through increased access to community supports</li> </ul>	<ul style="list-style-type: none"> <li>• Rosters</li> <li>• Advocate notes</li> <li>• Surveys</li> </ul>

**Integrated Community Wellness – Resources Specialist**

Transitions-Mental Health Association (TMHA) provides Integrated Community Wellness Advocates, who are individuals with lived experience as either a participant 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. The Wellness Advocates provide assistance and referrals toward securing basic needs such as food, clothing, housing, healthcare, employment, and education. They focus on minimizing stress, supporting resilience, and increasing individuals’ self-efficacy.

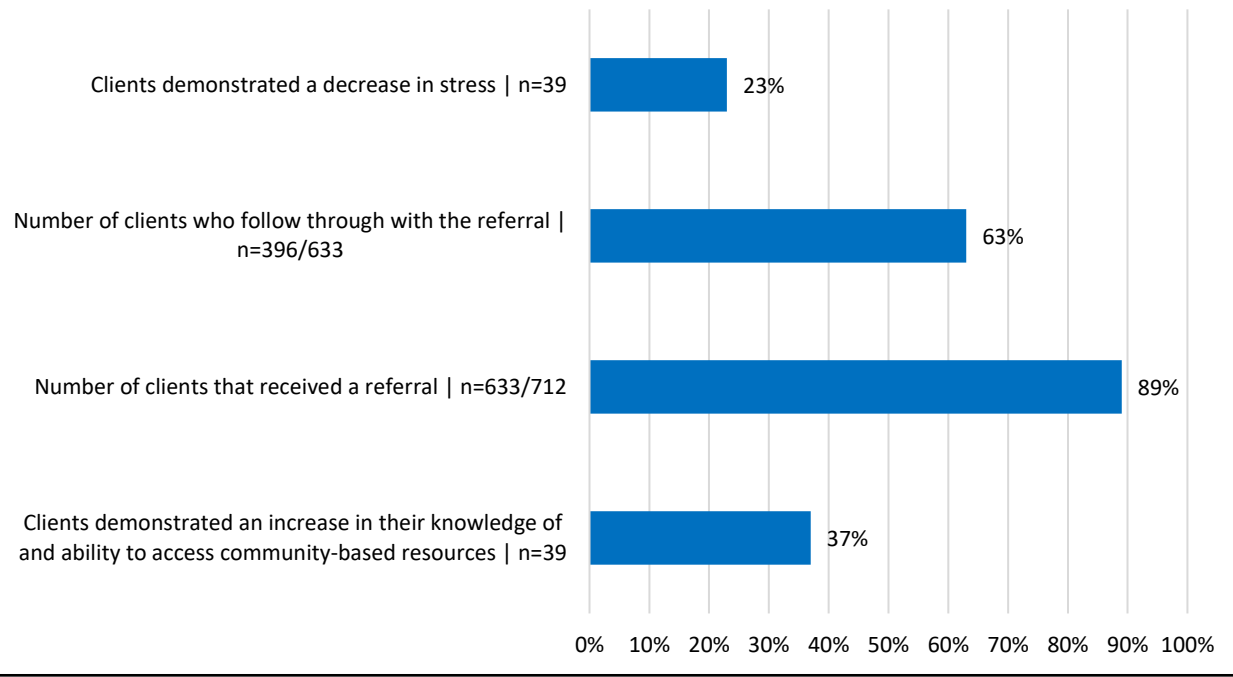
During 2018-2019, TMHA provided over 2,442 contacts with program participants in the form of assistance and referral to services such as housing, clothing, food, transportation, mental health and/or drug and alcohol services. In 2018-2019, the number of unduplicated and intensive participants were exceeded as established by the contractual terms. Current outcomes show that 39% (39 surveyed participants) demonstrated an increase in their knowledge of and ability to access community-based resources. 89% (633/712) of participants received a referral. Of these referrals, 63% (396/633) have followed through on at least one (1) referral, and 23% (39 surveyed participants) demonstrated a reduction in stress (Figure 34).



*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>EARLY INTERVENTION PROGRAM</b>					
1. Name of Program		Integrated Community Wellness			
2. Unduplicated # of individuals served		712			
3. # of individual family members served		2,442			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results</b>		
1. # of individuals with SMI referred to treatment		633			
1a. The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		396			
2a. Average duration of untreated mental illness		N/A			
2b. Average interval between referral and treatment		N/A			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results</b>		
1. Specific underserved population		At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
2. # of referrals made to a PEI program		633			
2a. # of individuals who followed through with referral		396			
2b. Average interval between referral and treatment		N/A			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services			
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders		2,442			
2. Settings where potential responders were engaged		Clinics, wellness centers, public buildings, etc.			
3. Types of potential responders engaged in each setting		At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$200,848	PEI Funding	\$23,376	PEI Funding	\$4,124
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

Figure 34. Integrated Community Wellness Participant Outcomes FY 2018-2019



TMHA offers many opportunities for community members to learn about mental health and wellness resources.

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**PEI Program 2.3:**

**Young Adult Counseling (SLOBHD)**                      **Total Served**    **Total Funding**    **Cost per Client**

**Actual for FY 2018 – 2019**                      **19**                      **\$51,143**                      **\$2,692**

**Projection for FY 2019 – 2020**                      **N/A**                      **N/A**                      **N/A**

**Project Goals**

**Key Objectives**

- Reduce barriers to treatment outcomes and improve wellness
- Provide Wellness Advocates to individuals and families throughout the County

**Key Outcomes**

**Method of Measurement**

- Increase in protective factors and reduction in risk factors through increased access to community supports
- Decrease level of depression, anxiety, and associated behaviors including substance use
- Participant surveys
- Therapist notes

**Young Adult Counseling**

The Behavioral Health Department provides the Young Adult Counseling program. The program offers free individual and/or small group counseling opportunities for Transitional Aged Youth who are experiencing early signs of mental health issues or seeking help or support. Young Adult Counseling aims to address feelings of depression, anxiety, or associated risk behaviors including substance use. SLOBHD provides services to students in non-traditional settings, 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.

The program also offers individuals sessions (up to 10) designed to include education, assessment, and referrals as needed. Participants are provided with opportunities to gain knowledge and skills in areas of self-esteem, relationships, communication, and trust. The program is also designed to offer mental health support to clients who would not otherwise have access to services for various reasons, such as insurance coverage or symptom levels that do not meet diagnostic criteria for other county services. This allows clients to be seen

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at their convenience throughout the county. The program was developed in 2015-2016. Data for 2018-2019 reflects the total number of unique clients served (19), and during this year, most outcomes show an increase in protective factors and a decrease in risk factors. These include an increase in healthy activities, better communication with parents, and feeling better about themselves among others (Figure 35).

The PEI stakeholder group approved a recommendation by the MHSA Coordinator to eliminate the Young Adult Counseling Program (now funded by a federal grant) in FY 2019-2020 in order to address the needs of other populations and possibly expand other services.

**Figure 35. Young Adult Counseling Participant Outcomes FY 2018-2019**

If applicable, clients will report an increase in healthy activities	<b>90% (9/10) increase</b>
If applicable, clients will report an increase in better communication with parents	<b>60% (6/10) increase</b>
If applicable, clients will report an increase about feeling better about themselves	<b>80% (8/10) increase</b>
If applicable, clients will report an increase in being more accepting of people's differences	<b>60% (6/10) increase</b>
If applicable, clients will report an increase in initiating conversation with new acquaintances	<b>50% (5/10) increase</b>

EARLY INTERVENTION PROGRAM	
1. Name of Program	Young Adult Counseling
2. Unduplicated # of individuals served	19
3. # of individual family members served	N/A
Strategy: Access & Linkage to Treatment	
1. # of individuals with SMI referred to treatment	2
1a. The kind of treatment individuals were referred	County Behavioral Health Programs
2. # of individuals who followed through with referral	2
2a. Average duration of untreated mental illness	60 days
2b. Average interval between referral and treatment	5 days
Strategy: Improve Timely Access to Services	
1. Specific underserved population	Transitional Aged Youth
2. # of referrals made to a PEI program	0

*PREVENTION AND EARLY INTERVENTION (PEI)*

2a. # of individuals who followed through with referral		0			
2b. Average interval between referral and treatment		0			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services			
<b>Strategy: Outreach</b>		<b>Results</b>			
1. # of potential responders		22			
2. Settings where potential responders were engaged		Prevention and Outreach Division office and clinic			
3. Types of potential responders engaged in each setting		Youth and parents			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$51,143	PEI Funding	\$5,952	PEI Funding	\$1,050
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Outreach for Increasing Recognition of Early Signs of Mental Illness Program**

**PEI Program 3.1:**

**Perinatal Mood Anxiety Disorder Program (SLO Public Health)**

	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018 – 2019</b>	<b>193</b>	<b>\$57,387</b>	<b>\$297</b>
<b>Projection for FY 2019 – 2020</b>	<b>70</b>	<b>\$51,000</b>	<b>\$728</b>

<b>Project Goals</b>	<b>Key Objectives</b>
<ul style="list-style-type: none"> <li>• Early identification of mental health issues in women who experience postpartum depression</li> <li>• Develop a universal Perinatal Mood Anxiety Disorder process system of care</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach and education</li> </ul>

<b>Key Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Increase reported community linkages</li> <li>• Increased knowledge of PMAD services symptoms of depression</li> <li>• Increased knowledge to identify PMAD symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Number of presentation and outreach activities</li> <li>• Community Health Status Report</li> </ul>

**Perinatal Mood Anxiety Disorder Program**

The Perinatal Mood Anxiety Disorder (PMAD) program brings together new and meaningful ways to have a positive impact on the future of healthy pregnancies, women, and children. The program began in 2015-2016 and is coordinated by the County’s Public Health Department. The Perinatal Mood Anxiety Disorder program creates a comprehensive system of care based on collective engagement of public and private community partners to develop sustainable coordinated services and programs.

The program aims to decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms. The Perinatal Mood Anxiety Disorder



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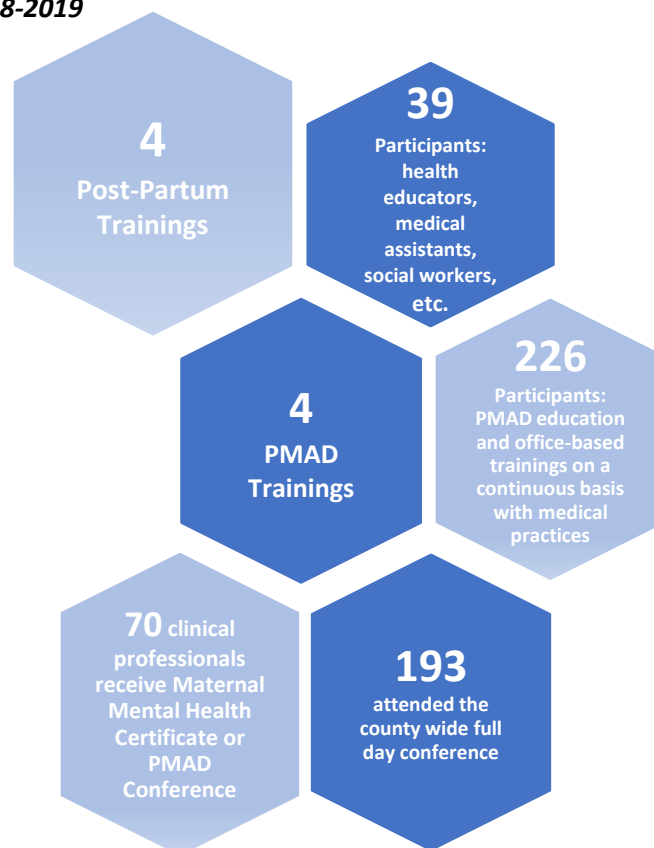
*PREVENTION AND EARLY INTERVENTION (PEI)*

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program seeks to reduce mood disorder hospitalizations, and increase community-wide knowledge of PMAD signs, symptoms, and treatment options. The program has created a collective that emphasizes a sustainable and coordinated PMAD system of care by developing a universal screening, brief intervention, referral, and treatment process with providers, clinics, and hospitals. In 2018-2019, the program held four (4) postpartum trainings with a total of 39 participants, which included health educators, medical assistants, social workers, mental health professionals, community-based organizations, and primary care staff. A total of ten (10) PMAD trainings were held with a total of 226 participants.

In FY 2018-2019, the program determined that it was best for educational and outreach purposes to combine outputs highlighting the learning experience of participants. In 2018-2019, the program exceeded this goal by training 193 participants by either obtaining a Maternal Mental Health Certificate or completing the county wide conference targeted to therapists, hotline and hospital staff, and community-based organizations front-line staff. This approach allowed to build a stronger network and system change with the already established trained staff. Efforts were implemented to continue focusing on solidifying and expanding knowledge and skills on PMAD with the already served behavioral and physical staff in the county. Additionally, the program continued the promotion of NavigateSLO, a searchable database of PMAD services, specialists, and program providers, and expanded 24/7 multi-lingual hotline with the ability to answer and refer diverse PMAD callers to local resources and services.

**Figure 36. Perinatal Mood Anxiety Disorder Program Contacts, Activities, and Outcomes FY 2018-2019**



*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>OUTREACH FOR INCREASING RECOGNITION FOR EARLY SIGNS OF MENTAL ILLNESS PROGRAM</b>					
1. Name of Program		Perinatal Mood Anxiety Disorder			
2. Unduplicated # of potential responders		0			
3. Settings potential responders were engaged		Training facilities, clinics, hospitals, community			
4. Type of potential responders engaged		Physicians, nurses, mental health professionals, clerical staff.			
Strategy: Access & Linkage to Treatment			Results		
1. # of Individuals with SMI referred to treatment		0			
1a. The kind of treatment individuals were referred		County Behavioral Health Programs			
2. # of individuals who followed through with referral		0			
2a. Average duration of untreated mental illness		0			
2b. Average interval between referral and treatment		0			
Strategy: Improve Timely Access to Services			Results		
1. Specific underserved population		TAY and adult mothers			
2. # of referrals made to a PEI program		0			
2a. # of individuals who followed through with referral		0			
2b. Average interval between referral and treatment		0			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services, identification of symptoms, and knowledge increase in PMAD.			
TOTAL		Administration*		Evaluation*	
PEI Funding	\$57,387	PEI Funding	\$6,679	PEI Funding	\$1,178
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Access and Linkage to Treatment Programs**

**PEI Program 4.1:**

**Older Adult Mental Health Initiative (Wilshire)**

**Total Served**

**Total Funding**

**Cost per Client**

**Actual for FY 2018 – 2019**

**1,334**

**\$242,112**

**\$182**

**Projection for FY 2019 – 2020**

**1,835**

**\$249,747**

**\$136**

**Project Goals**

**Key Objectives**

- Early identification of mental health issues in older adults
- Increased mental wellness in older adults

- Outreach and education
- Depression screenings
- Caring Callers
- Senior Peer Counseling
- Early Intervention Therapy

**Key Outcomes**

**Method of Measurement**

- Reduced risk factors (e.g.: isolation)
- Increased protective factors
- Decreased symptoms of depression
- Improved quality of life

- Rosters and log
- Patient Health Questionnaire – Depression Scale (PHQ-9)
- Clinician Assessments
- Self-report surveys

**Older Adult Mental Health Initiative**

The Older Adult Mental Health Initiative is administered by Wilshire Community Services (WCS), a community-based 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,

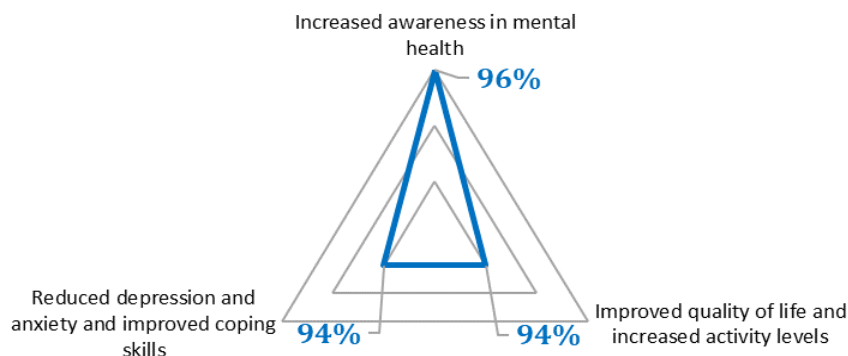
and retirement homes. There were 677 depression screenings conducted in 2018-2019. Clients who are referred to WCS programs are assessed to determine, first, if they are at risk for isolation, and secondly, which program(s) would be most appropriate for their needs. For 2018-2019, the low number of volunteers recruited in north county impacted the number of clients screened and assessed. WCS continues to identify strategies to increase volunteer recruitment and outreach.

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 focusing on individuals over the age of 65. Of the clients surveyed in 2018-2019, 85% reported an increase in their overall satisfaction and improvement in quality of life. Through social connections supported by the program, feelings of isolation and loneliness are successfully addressed and reduced, while increasing activity levels.

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 2018-2019, 85% of clients who received services demonstrated a reduction in risk factors such as depression, anxiety, and hospitalizations. 85% of clients also demonstrated an improvement in coping skills.

Transitional Therapy is available for clients who need a deeper level of care. 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. A total of 62 clients received individual and group therapy sessions, with a total of 24 group sessions, which includes 537 hours of service. 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.

Figure 37. Older Adult Mental Health Initiative Participant Outcomes FY 2018-2019



*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>ACCESS AND LINKAGE TO TREATMENT PROGRAM</b>					
1. Name of Program		Older Adult Mental Health Initiative			
2. # of individuals with SMI referred to treatment		16			
2a. The kind of treatment individuals were referred		County Behavioral Health Programs			
3. # of individuals who followed through with referral		0			
3a. Average duration of untreated mental illness		0			
3b. Average interval between referral and treatment		0			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results</b>		
1. Specific underserved population		Older adults of any ethnic or linguistic background			
2. # of referrals made to a PEI program		0			
2a. # of individuals who followed through with referral		0			
2b. Average interval between referral and treatment		0			
3. County description to encourage access and follow-through		Activities include outreach and presentation of services.			
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders		1,334			
2. Settings where potential responders were engaged		Local clinics, community forums and presentations, homeless shelters, etc.			
3. Types of potential responders engaged in each setting		Older adults of any ethnic or linguistic background			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$242,112	PEI Funding	\$28,179	PEI Funding	\$4,971
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Stigma and Discrimination Reduction Program**

<b>PEI Program 5.1: Social Marketing Strategy (TMHA)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018 - 2019</b>	<b>2,165</b>	<b>\$130,637</b>	<b>\$60</b>
<b>Projection for FY 2019 - 2020</b>	<b>2,000</b>	<b>\$122,017</b>	<b>\$61</b>

**Project Goals**

- Mental Health awareness and education
- Stigma reduction

**Key Objectives**

- Community outreach
- Targeted presentations

**Key Outcomes**

- Increased awareness of risk and protective factors
- Reduced stigma

**Method of Measurement**

- Presentation participant surveys
- Rosters
- Consumer presenter surveys

**Social Marketing Strategy**

The Mental Health Awareness and Stigma Reduction project is carried out by the County Behavioral Health Department (SLOBHD) and 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.

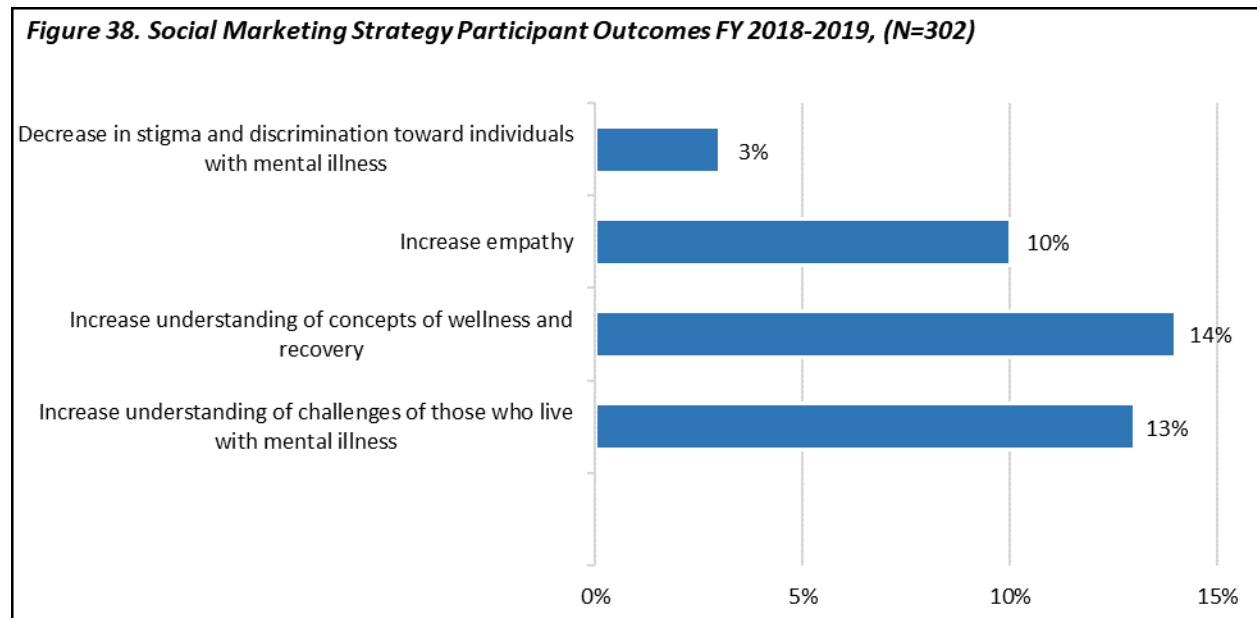
The Social Marketing Strategy plan is implemented by TMHA, a recognized community leader in mental health awareness and engagement. TMHA provides large-scale outreach at community events, forums, and activities year-round, as well as targeted presentations and



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trainings such as the National Alliance on Mental Illness’ (NAMI), 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 31 general presentations to a total audience of 1,352 unique individuals during 2018-2019, with over 75% (1,030) of them representing underserved populations. In addition, there were seventeen (17) professional presentations to 448 providers of PEI services. Participants who were surveyed (302) demonstrated a 13% increase in their understanding of mental illness challenges, and a 14% increase in their knowledge of recovery and wellness concepts. Empathy toward mental health system clients, among participants, increased by an average of 10%, after attending these events. Surveyed professionals (217) who attended the trainings also reported a 4% increase in their personal knowledge of stigmatizing and discriminating attitudes and beliefs.



STIGMA AND DISCRIMINATION REDUCTION PROGRAM	
1. Name of Program	Social Marketing Strategy – Community Outreach & Engagement
2. Unduplicated # of individuals reached	2,165
<b>Strategy: Access &amp; Linkage to Treatment</b>	<b>Results</b>
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	None
2. # of individuals who followed through with referral	0

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2a. Average duration of untreated mental illness	None				
2b. Average interval between referral and treatment	0 days				
<b>Strategy: Improve Timely Access to Services</b>			<b>Results</b>		
1. Specific underserved population	1,030 PEI participants (youth, older adult, LGBTQ, veterans)				
2. # of referrals made to a PEI program	0				
2a. # of individuals who followed through with referral	0				
2b. Average interval between referral and treatment	0 days				
3. County description to encourage access and follow-through	Activities include outreach, presentation, and booths to provide information to community.				
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders	2,165				
2. Settings where potential responders were engaged	Wellness centers, community forums and presentations, outreach events, etc.				
3. Types of potential responders engaged in each setting	Healthcare professionals, peers, parents and primary caregivers, community members.				
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$130,637	PEI Funding	\$15,205	PEI Funding	\$2,682
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

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**PEI Program 5.2**

<b>College Wellness Program (SLOBHD)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018 – 2019</b>	<b>280</b>	<b>\$97,483</b>	<b>\$348</b>
<b>Projection for FY 2019 – 2020</b>	<b>100</b>	<b>\$122,976</b>	<b>\$1,230</b>

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

**College Wellness Program**

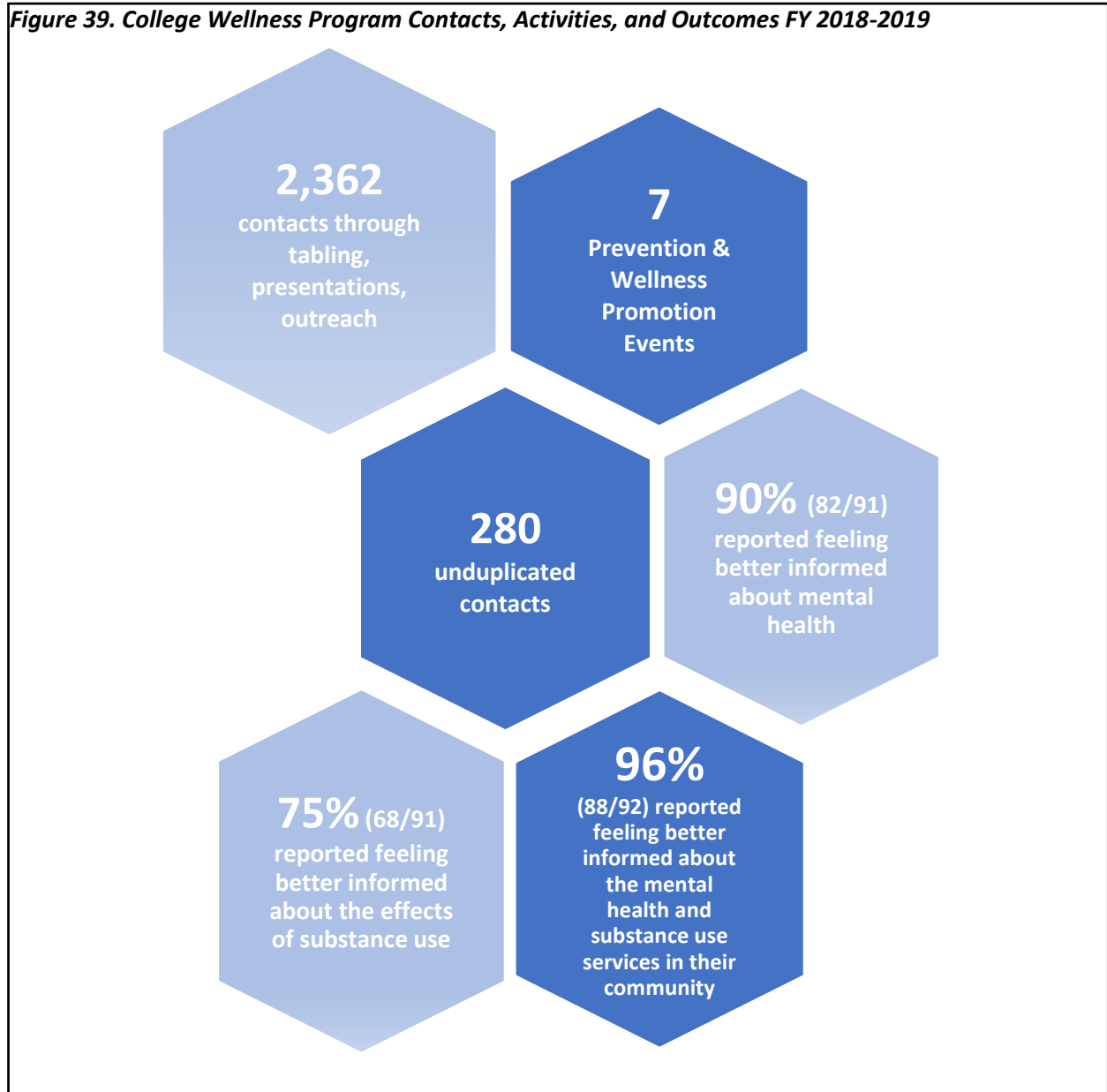
The Prevention & Early Intervention College Wellness Program started in FY 2015–2016. It is designed to provide mental health education, along with supports for wellness initiatives in the County’s campus communities of California Polytechnic State University and Cuesta College. The County’s College Prevention and Wellness Promotion Specialist acts as a liaison between the community mental health system and the campus populations. The Specialist helps bridge the gap between community education (e.g. suicide prevention efforts, stakeholder committees, speakers and education, etc.) and on-campus activities and student organizations (e.g. Active Minds). The Specialist provides Mental Health First Aid training, coordinates the Cal Poly Friday Night Live Chapter, participates in campus policy and activity groups, plans outreach and community events, and coordinates campaigns and activities that promote student wellness.

The data reported for FY 2018-2019 represents the information for all events conducted in the college community. A total of 2,362 contacts were made through presentations, information booths or outreach activities, and the seven (7) events that were held. Of the surveyed students, 90% (82/91) reported feeling better informed about mental health. 75% (68/91) reported feeling better informed about the effects of substance use, and 96%

PREVENTION AND EARLY INTERVENTION (PEI)

(88/92) reported feeling better informed about the mental health and substance use services in their community (Figure 39).

**Figure 39. College Wellness Program Contacts, Activities, and Outcomes FY 2018-2019**



STIGMA AND DISCRIMINATION REDUCTION PROGRAM	
1. Name of Program	College Wellness Program
2. Unduplicated # of individuals reached	280
<b>Strategy:</b> Access & Linkage to Treatment	<b>Results</b>
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	County Behavioral Health

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2. # of individuals who followed through with referral		0			
2a. Average duration of untreated mental illness		0 days			
2b. Average interval between referral and treatment		0 days			
<b>Strategy: Improve Timely Access to Services</b>		<b>Results</b>			
1. Specific underserved population		College-aged population			
2. # of referrals made to a PEI program		0			
2a. # of individuals who followed through with referral		0			
2b. Average interval between referral and treatment		0 days			
3. County description to encourage access and follow-through		Activities include outreach, presentation, and booths to provide information to community.			
<b>Strategy: Outreach</b>		<b>Results</b>			
1. # of potential responders		2,362			
2. Settings where potential responders were engaged		College areas, classrooms, auditoriums, student center building, etc.			
3. Types of potential responders engaged in each setting		College-aged students, faculty, staff, and administrators.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$97,483	PEI Funding	\$11,346	PEI Funding	\$2,001
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Improve Timely Access to Services for Underserved Populations Program**

**PEI Program 6.1:**

Veterans Outreach Program (SLOBHD)	Total Served	Total Funding	Cost per Client
<b>Actual for FY 2018-2019</b>	<b>88</b>	<b>\$77,981</b>	<b>\$886</b>
<b>Projection for FY 2019-2020</b>	<b>100</b>	<b>\$85,669</b>	<b>\$857</b>

Project Goals	Key Objectives
<ul style="list-style-type: none"> <li>• Mental Health awareness and education</li> <li>• Stigma reduction</li> </ul>	<ul style="list-style-type: none"> <li>• Community outreach</li> <li>• Targeted presentations/activities</li> </ul>
Key Outcomes	Method of Measurement
<ul style="list-style-type: none"> <li>• Increased awareness of risk and protective factors</li> <li>• Reduced stigma</li> <li>• Improvement in mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation participant surveys</li> <li>• Rosters</li> <li>• Counseling Surveys</li> </ul>

**Veterans Outreach Program**

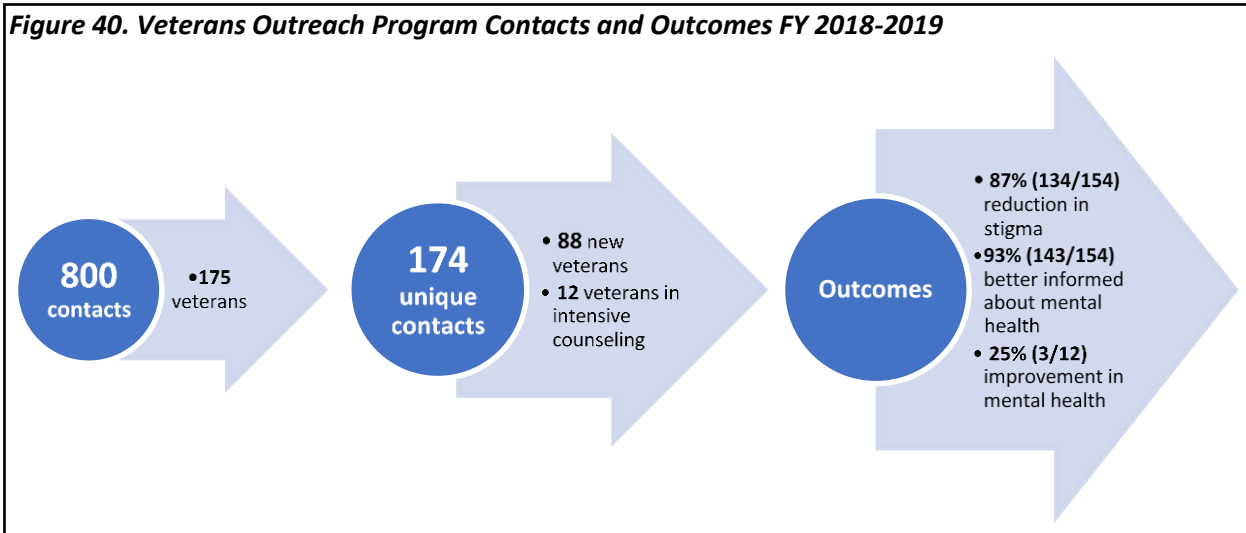
The Veterans Outreach Program (VOP) was developed as an Innovation project in 2010 and continues to engage local military members and their families. In this strategy, a mental health therapist is embedded within local rehabilitative activities for veterans and their families. The Behavioral Health Department offers monthly events and opportunities for veterans to stay active, meet others, and engage with community resources. Activities include horseback riding, kayaking, climbing gyms, CrossFit, surfing, zip-lining, and art events. Activities are aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, culturally competent settings. The VOP’s 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. When the Innovation project ended, stakeholders elected to fund the program using both CSS and PEI dollars.



*PREVENTION AND EARLY INTERVENTION (PEI)*

A Behavioral Health Specialist, also known as the Outreach Coordinator (PEI), provides education activities, 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 several businesses willing to donate and host events for veterans and their families. During 2018-2019 there were a total of eleven (11) events offered to veterans and their family members. A total of 800 contacts were made through presentations and outreach activities. A total of 349 duplicated contacts participated in the events, with 175 veterans and 174 family members. Eighty-eight (88) new veterans and their family members (86) participated in these events.

The program therapist (funded in the CSS work plan) is located at the County of San Luis Obispo’s Prevention & Outreach office. In 2018-2019, fifty-nine (59) veterans were engaged in intensive counseling services. In 2018-2019, thirty-five (35) veterans received initial screenings and referral efforts, and a total of five (5) veterans followed through with referrals. Out of the surveyed participants, 87% (134/154) reported a reduction in stigma associated with mental illness. 48% (74/154) of participants reported having attended more than one (1) event, and 93% (143/154) of participants reported feeling better informed about mental illness among veterans (Figure 40).



IMPROVE TIMELY ACCESS TO SERVICES PROGRAM	
1. Name of Program	Veterans Outreach Program
2. Unduplicated # of individuals served	174
3. Specific underserved populations	Veterans and their families
4. # of referrals made to a PEI program	0

*PREVENTION AND EARLY INTERVENTION (PEI)*

4a. # of individuals who followed through with referral	0				
4b. Average interval between referral and treatment	0				
5. County description to encourage access and follow-through	0				
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders			800		
2. Settings where potential responders were engaged			Community forums, presentations at the library, meetings, outreach events, CIT trainings, etc.		
3. Types of potential responders engaged in each setting			Healthcare professionals, peers, parents and primary caregivers, community members, veterans-related employees, etc.		
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$77,983	PEI Funding	\$9,076	PEI Funding	\$1,601
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

**Suicide Prevention Program**

**PEI Program 7.1:**

**Suicide Prevention Coordination (SLOBHD)      Total Served      Total Funding      Cost per Client**

**Actual for FY 2018 -2019                                  630                                  \$117,007                                  \$186**

**Projection for FY 2019 – 2020                                  600                                  \$127,855                                  \$213**

**Project Goals**

**Key Objectives**

- Build resiliency and identify mental health issues of at-risk middle school youth and their families
- Student Assistance Programs
- Student Support Counselors

**Key Outcomes**

**Method of Measurement**

- Reduced risk factors
- Increased protective factors
- Increased access to extended services and supports for at-risk families
- Participant and staff surveys
- Participant focus groups

**Suicide Prevention Coordination**

The Suicide Prevention Coordination is a brand-new program for the County of San Luis Obispo beginning in FY 2018-2019. Suicide, as well as its risk, protective factors, and aftermath, has been identified as a significant issue to be addressed in San Luis Obispo County. Historically, the Behavioral Health Department Prevention and Outreach division, other local providers, and the ad-hoc Suicide Prevention Council have received increased requests for suicide prevention tools and training. In FY 2017-2018, The MHSA Prevention and Early Intervention Stakeholder group was provided an overview of current suicide prevention efforts and a decision was made to fund a position solely dedicated to form, integrate, launch, and educate a suicide prevention plan and efforts throughout the county. The Suicide Prevention Coordinator (SPC) has been central in building coalitions and collaborations which results in education engagements, trainings, and prevention strategies that ultimately have a reduction in the impact of suicide.

During 2018-2019, the program began by establishing a plan of implementation, networking, and direct connection with community providers and with the ad hoc Suicide

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*PREVENTION AND EARLY INTERVENTION (PEI)*

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Prevention Council. As the beginning of the year progressed, various components of collaboration were identified within large suicide prevention efforts, this included a strong presence of the SPC within the council to not only participate, but to chair the group. The SPC now meets with the council on a monthly basis. The first meetings were to identify the strengths and weaknesses perceived in the community, along with the local resources and providers who are part of the prevention movement.

Along with this process, the SPC has worked in collaboration with Each Mind Matters to ensure a local message and presence is reinforced by the State's approach to address suicide. The follow-up meetings with the council have been intended to work on the Suicide Prevention Plan. The SPC has led the design, data collection, and creation of work groups to begin writing the plan according to the most appropriate local data for the last ten (10) years. The SPC has joined the Each Mind Matters Learning Collaborative, which has been of great assistance in designing and creating the Suicide Prevention Plan.

In FY 2018-2019, over 1,300 contacts have been reached by the SPC, with 630 of them being unduplicated participants, and a total of 32 presentations, outreach events, and trainings were held. Out of all the participants that completed the outcome survey, 93% (20/22) of participants demonstrated an improved knowledge and capacity for preventing suicide. 84% (18/22) of local secondary schools demonstrated reduced stigma and increased strategies for addressing suicide and mental illness, and 92% (225/245) of suicide prevention forum attendees demonstrated an awareness of suicide signs of risk and an increased capacity for responding to a person in need (Figure 41).

**Figure 41. Suicide Prevention Coordinator, Contacts, Activities, and Outcomes FY 2018-2019**



*PREVENTION AND EARLY INTERVENTION (PEI)*

<b>SUICIDE PREVENTION PROGRAM</b>					
1. Name of Program		Suicide Prevention Program			
2. Unduplicated # of individuals reached		630			
<b>Strategy: Access &amp; Linkage to Treatment</b>			<b>Results</b>		
1. # of individuals with SMI referred to treatment		Under implementation and reported next fiscal year			
1a. The kind of treatment individuals were referred		County Behavioral Health			
2. # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2a. Average duration of untreated mental illness		Under implementation and reported next fiscal year			
2b. Average interval between referral and treatment		Under implementation and reported next fiscal year			
<b>Strategy: Improve Timely Access to Services</b>			<b>Results</b>		
1. Specific underserved population		College-aged population			
2. # of referrals made to a PEI program		Under implementation and reported next fiscal year			
2a. # of individuals who followed through with referral		Under implementation and reported next fiscal year			
2b. Average interval between referral and treatment		Under implementation and reported next fiscal year			
3. County description to encourage access and follow-through		Activities include outreach, presentation, and booths to provide information to community.			
<b>Strategy: Outreach</b>			<b>Results</b>		
1. # of potential responders		2,286			
2. Settings where potential responders were engaged		College areas, classrooms, auditoriums, student center building, etc.			
3. Types of potential responders engaged in each setting		College-aged students, faculty, staff, and administrators.			
<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
PEI Funding	\$117,007	PEI Funding	\$13,618	PEI Funding	\$2,402
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

## **Innovation (INN)**

The Innovation (INN) component of MHSA offers counties a unique opportunity to work with its communities and develop new, original, best practices. An Innovation project is designed mainly to contribute to learning, rather than simply providing a service. Innovation projects must be new and creative and have not been duplicated in another community. Innovation funding is used 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 plan is overseen by an Innovation stakeholder group, which is responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The Mental Health Services Oversight and Accountability Commission (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 ventures had to be developed. The County's original eight Innovation projects concluded in 2014-2015.

SLOBHD applied the lessons learned during the first round of Innovation to properly plan, streamline, 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 design commenced in the Fall of 2015. A final Innovation plan was put forth to the community via a 30-day public review, and a subsequent public hearing as part of the Behavioral Health Board's calendar in February 2016. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the County's plan at their hearing on February 25, 2016.

The County began the process of launching four projects in 2016. The description and achievements of these projects are listed below.

SLOBHD presented two new projects that were approved by the Behavioral Health Board on May 16, 2018. Approval by the Board of Supervisors was obtained on June 5, 2018, and final approval from MHSOAC was received on August 23, 2018. Two new projects are underway and budgeted to expend \$1.5M through 2022. To view the current Innovation plan, or the evaluation of the San Luis Obispo County's initial Innovation plan, visit the following link: [http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHSA\)/Innovation-\(INN\).aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/Innovation-(INN).aspx)

In the summer of 2019, the SLOBHD put forward two innovation projects to be approved and launched in FY 2019-2020. One project titled Holistic Adolescent Health aims to test a new curriculum focused on creating a better process in assisting youth to be better connected in their mental and physical wellbeing. The second project titled Behavioral Health Assessment and Response Project (BHARP) tests a new comprehensive and



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## INNOVATION (INN)

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collaborative system between mental health professionals, law enforcement, and educational institution staff to better engage and respond in cases of threats. Both projects received Behavioral Health Board approval on June 19, 2019. Board of Supervisors approval was received on July 16, 2019, and it is waiting to receive approval from the MHSOAC under their new delegation of authority process.

Finally, as part of the continued efforts to best understand and learn what the projects have tested, SLOBHD put forward a Request for Proposal (RFP) for the County Innovation Evaluator. On December 20, 2018, SLOBHD released the RFP, and by February 5, 2019, California Polytechnic State University San Luis Obispo was selected as the County Innovation Evaluator. The contractor was selected due to its research and evaluation expertise, cadre of internal educators and data analysts, and proximity and local knowledge. A contract was established on August 2, 2019 and the provider has begun working in the implementation of a plan outlining the evaluation procedures to conduct in the upcoming years.

SLOBHD continues to ensure adherence to Innovation regulations. SLOBHD also implemented the INN regulations for data collection, which were revised last year. New demographic data will be available this and future fiscal years for every single innovation project.



Successful Innovation projects, such as the Veterans Outreach Program, have continued to grow in the community after their initial trial. Pictured, local Veterans Collaborative providing support to countywide suicide prevention efforts.

*INNOVATION (INN)*

<b>Transition Assistance &amp; Relapse Prevention</b>			
<b>Innovation Project 1 (TMHA)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018-2019</b>	<b>20</b>	<b>\$90,507</b>	<b>\$4,525</b>
<b>Projection for FY 2019-2020 (July – December 2019)</b>	<b>10</b>	<b>\$71,625</b>	<b>\$7,163</b>
<b>Projection for FY 2019-2020 (January – July 2020)</b>	<b>Final Project Evaluation and Development</b>		<b>\$45,385</b>

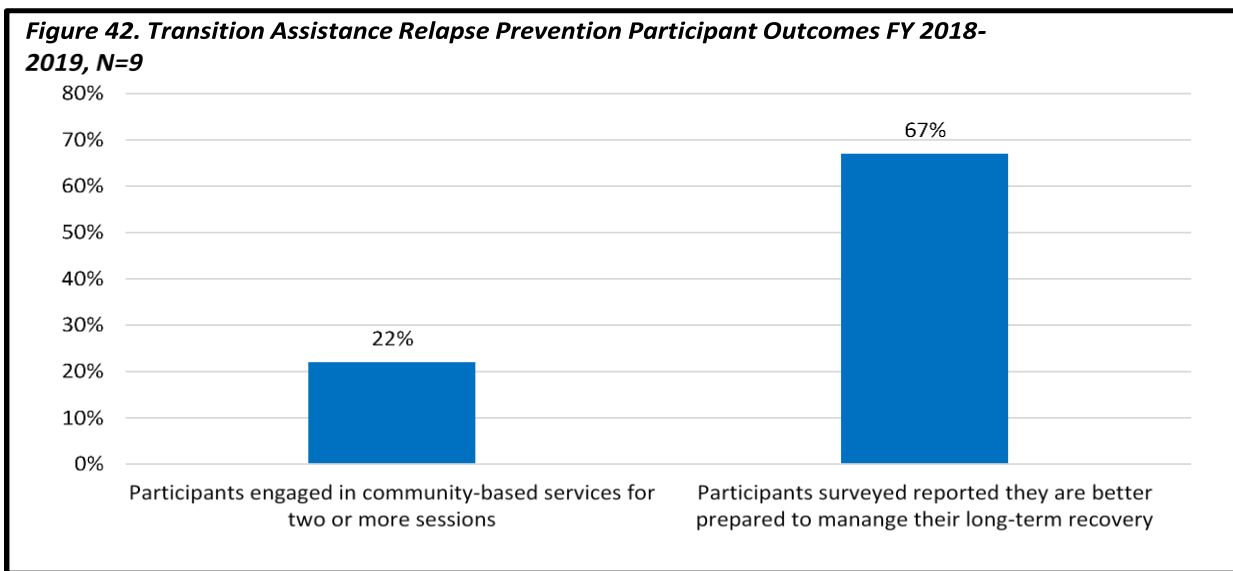
<b>Primary Purpose</b>	<b>Learning Activities</b>
<ul style="list-style-type: none"> <li>• Increase the quality of services, including better outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of a transition partner to help individuals move from intensive services to supportive recovery.</li> </ul>
<b>Learning Outcomes</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Will participants demonstrate significant reductions in relapse and recidivism?</li> <li>• Will participants demonstrate significant increases in wellness and recovery when compared to non-participants?</li> </ul>	<ul style="list-style-type: none"> <li>• Participant surveys</li> <li>• Graduation rates from FSP programs</li> <li># of clients admitted to County’s Psychiatric Health Facility</li> </ul>

The **Transition Assistance and Relapse Prevention Project (TARP)** seeks to learn if rates of recidivism and relapse are reduced by embedding peer mentors among adult Full Service Program (FSP) clients who are 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.

TARP is being implemented by Transitions-Mental Health Association and provides peer mentors as an on-going support and connection to Full Service Partnership (FSP) graduates. Once FSP clients' cases are closed and the partnership with the FSP team ends as the client is transferred to the outpatient clinic for general services, graduates may still meet medical necessity for services, but their recovery progress in FSP thus reduces their access to that same level of supportive care. Over the years, it has become evident that the sudden shift from intensive services to the standard, every-3-month, appointment-based treatment can be very jarring for even the most successful clients. The loss of connectedness to the FSP "family" can be a significant factor that contributes to relapse.

In this project, Transition and Relapse Prevention (TARP), peer mentors extend that continuing connection to the team beyond FSP; this includes providing access to FSP resources and activities to which graduates have not had access to previously. TARP would ensure continuity of care for FSP clients as they transition to non-intensive mental health services and create the opportunity to rely on peer-led services and supports rather than acute mental health care. It also alleviates the demand for FSP services from those clients showing signs of improvement, allowing others in more need of this wraparound program to enroll. Additionally, the presence of a TARP mentor can signal hope that recovery can and does occur, lending legitimacy to the project for new FSP clients.

For 2018-2019, a total of 20 unduplicated participants were served. Eighty-five percent (85%, 17/20) of the participants saw a reduction in relapse and recidivism as compared to current TARP participants from the same year, and 67% (6/9) of surveyed participants reported feeling better prepared to manage their long-term recovery after working with a mentor. Additionally, two peer mentors demonstrated a 31% increase in their own wellness and recovery outcomes as a result of being a TARP Mentor (Figure 42). Finally, a total of 177 duplicated contacts were made.



**INNOVATION (INN)**

INNOVATION PROJECT	
1. Name of Project	Transition Assistance Relapse Prevention
2. Changes made to the INN project and reasons	The project expanded the peer mentor position and made it one (1) FTE. The project now has one (1) full time peer mentor dedicated to 20 clients. The change was made as it proved that one consistent peer mentor and constant engagement provided security and had a greater impact on the client's wellbeing.
3. Evaluation Data and Outcomes	
3.1 30% reduction in relapse and recidivism rates as compared to non-participants	85% (17/20) of TARP participants did not relapse or recidivate during this fiscal year.
3.2 60% participants will engage in community-based services for 2 or more sessions	22% (2/9) participants engaged in community-based services for two or more sessions.
3.3 60% of participants will report feeling better prepared to manage their long-term recovery	67% (6/9) of participants surveyed reported that they felt better prepared to manage their long-term recovery after working with the mentor.
3.4 Mentors will demonstrate a 30% increase in their own wellness and recovery outcomes	Mentors surveyed (1) demonstrated a 31% increase in their own wellness and recovery outcomes as a result of being a TARP Mentor.
3.5 Total length of reenrollment in Adult FSP will be reduced by 15%	Measure is being re-study to capture data for only current TARP clients.
4. Program information – participants served:	20
Age	Results
1. 0-15 (children youth)	0
2. 16-25 (transitional aged youth)	3
3. 26-59 (adult)	11
4. ages 60+ (older adults)	2
5. Prefer not to answer	5
Race (as reported)	Results
White/Caucasian	7
Other	1
More than one race	12
Ethnicity (as reported):	Results
None reported by clients	None reported by clients
Primary Language	Results
1. English	21
2. Spanish	0
Sexual Orientation (as reported):	Results
Heterosexual/Straight	3

**INNOVATION (INN)**

Gay or Lesbian	1
<b>Disability (as reported)</b>	<b>Results</b>
Difficulty seeing	3
Difficulty hearing	1
Other disability	11
<b>Veteran Status (as reported)</b>	<b>Results</b>
Prefer not to answer	10
<b>Gender (assigned at birth)</b>	<b>Results</b>
Male	4
Female	6
Prefer not to answer	1
<b>Current Gender Identify (as reported)</b>	<b>Results</b>
Male	9
Female	10
Prefer not to answer	1

<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
INN Funding	\$90,507	INN Funding	\$8,160	INN Funding	\$9,672
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Innovation programs.</i>					

*INNOVATION (INN)*

<b>Late Life Empowerment &amp; Affirmation Program</b>			
<b>Innovation Project 2 (Wilshire)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018-2019</b>	<b>46</b>	<b>\$101,569</b>	<b>\$2,208</b>
<b>Projection for FY 2019-2020 (July-December 2019)</b>	<b>25</b>	<b>\$39,874</b>	<b>\$1,595</b>
<b>Projection for FY 2019-2020 (January - July 2020)</b>	<b>Final Project Evaluation and Development</b>		<b>\$11,346</b>

<b>Primary Purpose</b>	<b>Learning Activities</b>
------------------------	----------------------------

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Increase the quality of services, including better outcomes</li> </ul> | <ul style="list-style-type: none"> <li>• Use of skill development approach and adapted curriculum</li> </ul> |
|---|--|

<b>Learning Goals</b>	<b>Methods of Measurement</b>
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- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Will Participants demonstrate significant reductions in mental illness symptoms, including depression and anxiety rates?</li> <li>• Will participants demonstrate significant reductions in the need for long-term placements and/or mental health services?</li> <li>• Will participants demonstrate significant increase in wellness and recovery?</li> <li>• Will participants demonstrate higher awareness of elder abuse when compared to non-program participants?</li> </ul> | <ul style="list-style-type: none"> <li>• Participant surveys</li> <li>• Patient Health Questionnaire – Depression Scale (PHQ-9)</li> </ul> |
|--|--|

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 act as 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 displayed by domestic violence victims (i.e. depression, PTSD, isolation, anxiety, etc.).



LLEAP is being implemented by Wilshire Community Services, Inc. and aims to provide older adults with mental health services and tools that will help them become the head of their household and feel self-empowered after the loss of a spouse. The project does not focus on bereavement as there are programs that address this already. LLEAP focuses on improving mental health by providing tools that help participants feel empowered and confident, while reducing the risk factors associated with mental illness and/or severe mental illness (SMI), such as isolation and depression. The project uses a skill development approach to engage widows and widowers socially and provides a setting where they can find comfort and affirmation among peers.

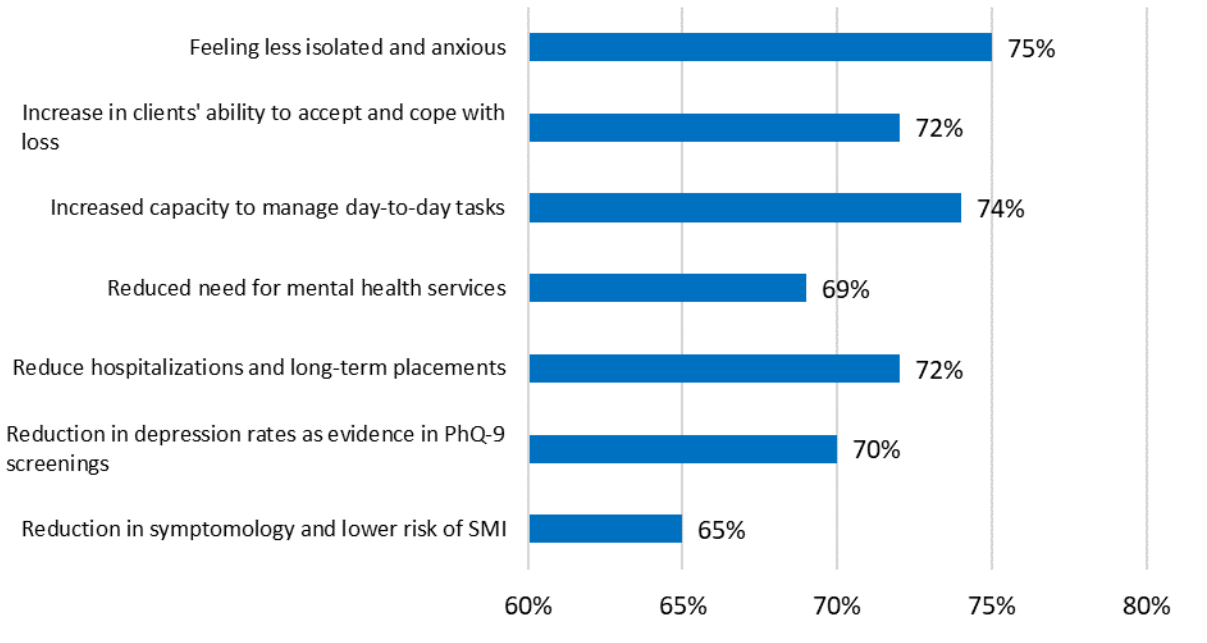
The LLEAP project adapts a curriculum used with victims of domestic violence (DV) to address the mental health needs of widowed older adults. One of the most paralyzing issues for someone dealing with spousal loss is feeling incapable of managing simple tasks. LLEAP provides the tools and affirmation needed to manage all aspects of the client's mental health. By doing so, LLEAP reduces symptomology while building resiliency, self-empowerment, and providing a lifeline for those participants who may struggle with daily tasks during this process.

The project will determine if there are similarities in treatment and outcomes between widowed older adults and domestic violence victims related to mental health, in turn offering new curricula for providers of older adult mental health services. Programs and services aimed at addressing the mental health needs of widows/widowers are scarce, highlighting a need for the development of such curricula. Most research suggests that older adults with moderate or high risk of mental illness (such as widows) live better lives and report higher feelings of wellbeing when they stay socially engaged and active.

The program began with the development of outreach materials, referral forms, intake assessments, and curriculum. During FY 2018-2019, twenty (20) outreach presentations were made to strategic community partners who were identified as most likely to refer to and utilize the LLEAP program. A total of forty-six (46) unduplicated participants were served, and seventeen (17) contacts were made via one-to-one personal interfaces and group sessions including monitoring, orientation, and low-intensive referral to services. Participant outcomes have shown (Figure 43) a decrease in symptomology and risk of Serious Mental Illness, a decrease in depression rates, hospitalizations, and long-term placements, and feeling less isolated and anxious.

**INNOVATION (INN)**

**Figure 43. Late Life Empowerment and Affirmation Project Participant Outcomes  
FY 2018-2019, N=46**



INNOVATION PROJECT	
1. Name of Project	Late Life Empowerment and Affirmation Project
2. Changes made to the INN project and reasons	No changes have been made to the project
3. Evaluation Data and Outcomes	
3.1 Reduction in symptomology and lower risk of Serious Mental Illness (SMI)	65% (30/46) reduced in symptomology and lower risk on SMI
3.2 Reduction in depression rates as evidence in PhQ-9 screening	70% (32/46) reduction in depression rates as evidence in PhQ-9 screenings
3.3 Reduce hospitalizations and long-term placements	72% (33/46) reduce in hospitalizations and long-term placements
3.4 Reduced need for mental health services	69% (32/46) reduce their need for mental health services
3.5 Increased capacity to manage day-to-day tasks	74% (34/46) increased capacity to manage day-to-day tasks
3.6 Increase in participants' ability to accept and cope with loss (or anticipated loss) of a spouse	74% (34/46) increase in ability to accept and cope with loss (or anticipated loss) of a spouse.
3.7 Feeling less isolated and anxious	72% (33/46) feel less isolated and anxious
4. Program information – participants served	46
Age	Results
1. 0-15 (children youth)	0

**INNOVATION (INN)**

2. 16-25 (transitional aged youth)	0
3. 26-59 (adult)	0
4. ages 60+ (older adults)	46
<b>Race (as reported)</b>	<b>Results</b>
White/Caucasian	43
Prefer not to answer	3
<b>Ethnicity (as reported)</b>	<b>Results</b>
European	43
<b>Primary Language</b>	<b>Results</b>
1. English	46
2. Spanish	0
<b>Sexual Orientation (as reported)</b>	<b>Results</b>
Heterosexual/Straight	46
<b>Disability (as reported)</b>	<b>Results</b>
Difficulty seeing	17
Difficulty hearing or having speech understood	11
<b>Veteran Status (as reported)</b>	<b>Results</b>
1. Yes	3
2. No	0
3. Decline to answer	0
<b>Gender (assigned at birth)</b>	<b>Results</b>
Male	11
Female	35
Decline to answer	0
<b>Current Gender Identify (as reported)</b>	<b>Results</b>
Male	17
Female	29

<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
INN Funding	\$101,569	INN Funding	\$9,158	INN Funding	\$10,854
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

*\*The administration and evaluation funding represent all the expenditure for Innovation programs.*

*INNOVATION (INN)*

**Not for Ourselves Alone: Customer Awareness Response Effort**

<b>Innovation Project 3 (SLOBHD)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018-2019</b>	<b>113</b>	<b>\$143,033</b>	<b>\$1,266</b>
<b>Projection for FY 2019-2020</b>	<b>0</b>	<b>\$99,072</b>	<b>\$</b>
<b>Projection for FY 2019-2020 (January – July 2020)</b>	<b>Final Project Evaluation and Development</b>		<b>\$101,417</b>

<b>Primary Purpose</b>	<b>Learning Activity</b>
<ul style="list-style-type: none"> <li>• Promote interagency collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptation of Trauma Informed Care trainings across public agencies and programs in the County of San Luis Obispo</li> </ul>

<b>Learning Goals</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Will mental health consumers satisfaction rates increase?</li> <li>• Will participants demonstrate a decrease in stigma related to mental health consumers, and an increase in awareness of mental illness?</li> </ul>	<ul style="list-style-type: none"> <li>• Participant pre/post surveys</li> <li>• Participants’ organizational pre and post assessments</li> <li>• Mental health consumer satisfaction rates</li> </ul>

The “Not for Ourselves Alone” innovation program, implemented by Behavioral Health Department staff, provides trauma-informed care training across public 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. They are in libraries, at the tax collector’s window, in parks, in courts, using the airport, and seeking assistance from the registrar, alongside those involved with probation, jail, and the Sheriff’s Department. These organizations are relied upon to provide customer-service-based on traditional government models. This project asks the entire County to learn about trauma and how it may impact its constituents – including its own employees. This understanding will lead to better, more informed public engagement and aid in delivering quality customer service. Essentially, the Behavioral Health Department took a concept and practice, which has already found success within mental health services, and adapted it to work in structures outside of the public mental health system.

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**INNOVATION (INN)**

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Taking steps to shift an organization into a Trauma-Informed Care (TIC) model changes its perceptions about the individuals that it works with, including both clients and staff. A trauma-informed system of care provides services that allow clients to feel safe, accepted, and understood at all levels of agency interaction—free from judgment and exchanges that could potentially be re-traumatizing, or that could trigger traumatic reactions. When an organization learns how to provide TIC, they educate their staff about the effects of violence, victimization, and trauma on individuals. Their services allow both clients and employees to feel safe and supported.

The project tests the capacity of the Behavioral Health Department to build a collaborative learning community amongst non-health and social service agencies within the government structure of the County of SLO. By establishing a training course, the County of San Luis Obispo Behavioral Health Department provides TIC model training and policy development for each County agency. The project implemented a total of 4 different trainings, offered at quarterly intervals, required for program completion. Each one builds on the learnings from the previous class:

- 1) General TIC training, mixed audience and larger class size
- 2) Agency-specific training with smaller class size
- 3) Site-specific training to address physical aspects of trauma-informed care
- 4) Site lead will offer internal update courses to colleagues and program expansion on specific concepts

The program began in 2016-2017 with a capacity building and testing phase which included programming, training, policy development, and marketing and outreach material. The term TIC was translated into language that was easy to understand to all county employees and the emphasis lied on the interaction with the consumer. The project, for outreach, marketing, and registration purposes, was presented to the county agencies as the Customer Awareness Response Effort (CARE) training.

INNOVATION PROJECT	
1. Name of Project	Not for Ourselves Alone – Customer Awareness Response Effort
2. Changes made to the INN project and reasons	To better engage and reach out to various County departments, the trainings had to be offered in various times and dates based on the available schedule for each department.
3. Evaluation Data and Outcomes 3.1 Mental health clients’ satisfaction rates will increase by 20%	Mental Health consumer’s satisfaction rates increased by 2%. (as reported by participants’ perceptions and feedback)

**INNOVATION (INN)**

3.2 30% of targeted County employees and agencies will receive CARE training	97.34% (107/110) of targeted County employees and agencies received CARE trainings.
3.3 30% decrease in the stigma related to mental health consumers, and increase in awareness of mental illness	There was a 5% decrease in the stigma related to mental health consumers and a 4% increase in the awareness of mental illness.
4. Program information – participants served	A total of 113 unduplicated and 195 duplicated participants were served.
<b>Age</b>	<b>Results</b>
1. 0-15 (children youth)	0
2. 16-25 (transitional aged youth)	3
3. 26-59 (adult)	50
4. ages 60+ (older adults)	4
5. Prefer not to answer	1
<b>Race (as reported)</b>	<b>Results</b>
American Indian or Alaskan Native	1
Asian	2
Black or African American	1
Native American or other Pacific Islander	1
White or Caucasian	43
Other	2
More than one race	5
Prefer not to answer	3
<b>Ethnicity (as reported)</b>	<b>Results</b>
Central American	4
Mexican American	8
African	1
European	21
Filipino	2
Vietnamese	1
Other	6
Multi-ethnic	17
Prefer not to answer	7
<b>Primary Language</b>	<b>Results</b>
1. English	57
2. Spanish	1
3. Other	1
4. Prefer not to answer	1
<b>Sexual Orientation (as reported)</b>	<b>Results</b>
Heterosexual or Straight	54



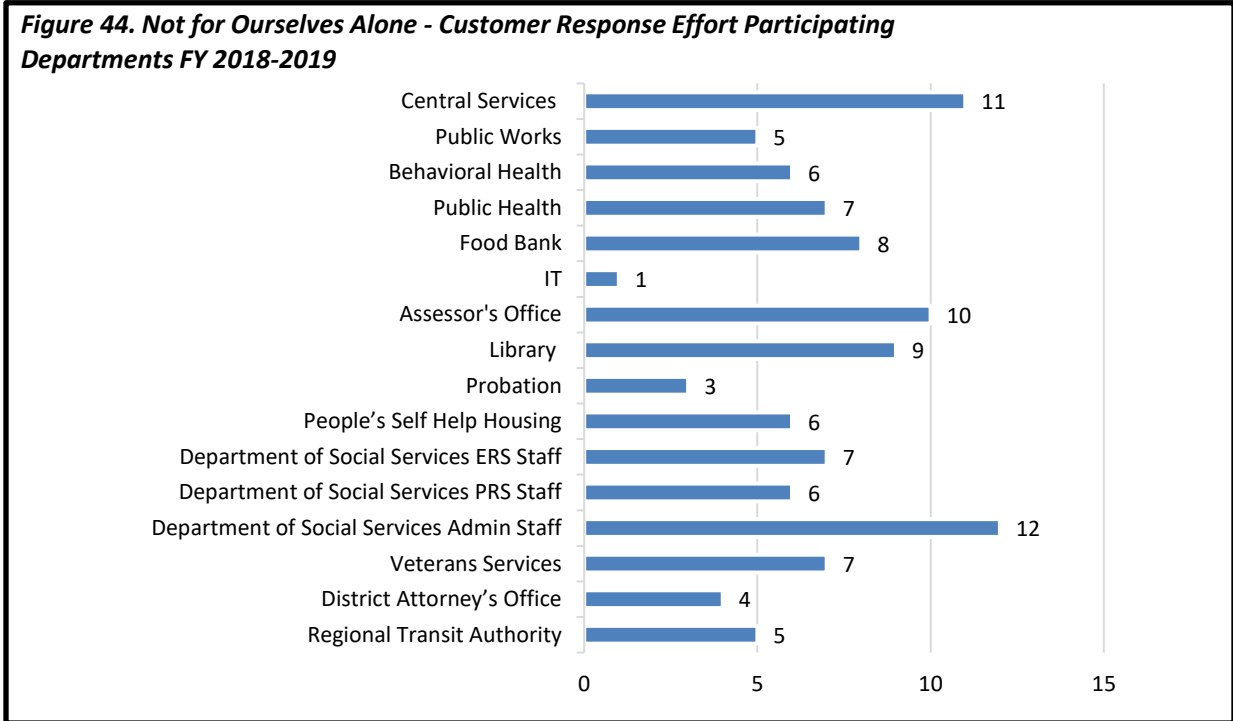
**INNOVATION (INN)**

Gay or Lesbian	2
<b>Disability (as reported)</b>	<b>Results</b>
I do not have any of these disabilities	49
Difficulty seeing	1
Difficulty hearing	1
Learning disability	1
Physical Mobility	1
Chronic health condition	2
Prefer not to answer	2
<b>Veteran Status (as reported)</b>	<b>Results</b>
1. Yes	1
2. No	0
3. Prefer not to answer	3
<b>Gender (assigned at birth)</b>	<b>Results</b>
Male	13
Female	44
Prefer not to answer	0
<b>Current Gender Identify (as reported)</b>	<b>Results</b>
Male	13
Female	44
Prefer not to answer	1

<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
INN Funding	\$143,033	INN Funding	\$12,896	INN Funding	\$15,285
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Innovation programs.</i>					

By the end of 2018-2019, out of a total number of 110 targeted County employees whose work included public contact, 113 unduplicated employees received at least one CARE training for a percentage of 97.34% participation. A total of 195 duplicated employees participated in the training program during 2018-2019. (This number reflects duplicated attendees for participation in CARE 101, 102, 103 or 104 trainings.) A decision was made to

open the training program to departments and agencies outside the SLO County Government. This decision was put into place to increase attendance numbers and expand the training to more customer service-facing agencies within the county that encounter mental health clients. Fourteen (14) different County departments and agencies were trained during 2018-2019 (Figure 44).

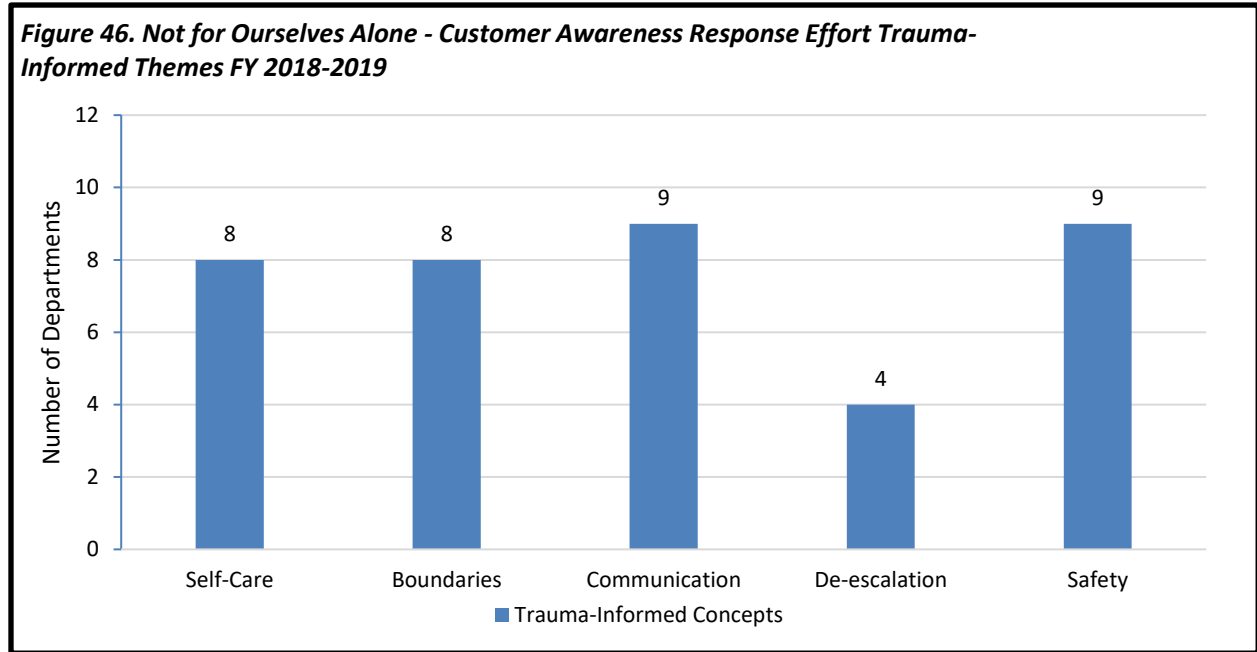


Two CARE 101 trainings occurred over the course of 2018-2019. At the 101 trainings, pre/post assessments were administered. The assessments showed participants have reported an increase of 2% of satisfaction rates with the service provided by the participating county agencies. Participating agencies also reported a 5% decrease in the stigma related to mental health clients, and 4% increase in awareness of mental illness in the community (Figure 45).

**Figure 45. Not for Ourselves Alone – Customer Awareness Response Effort Outcomes and Measurements (CARE 101) FY 2018-2019**

Key Outcomes FY 2018-2019	Target %	Actual %
Participants' satisfaction rates with services received will increase	20%	2%
Percentage of targeted County employees who have received TIC training	30%	97.34%
Decrease in stigma related to mental health participants	30%	5%
Increase in awareness of mental illness in the community	30%	4%

A narrative analysis of each participating department in 2018-2019 showed participants wanted to expand their knowledge on several main trauma-informed concepts. These re-occurring major themes included self-care, boundaries, communication, de-escalation and safety. Figure 46 shows data for this topics for nine different departments or work groups that partook in the CARE training series during FY 2018-2019 trainings.



Several additional training materials were administered to participants in FY 2018-2019 including monthly newsletters and a CARE workbook. These materials were created to help participants better retain training concepts based upon the feedback they had provided. The monthly newsletters and workbook served as consistent reminders of key concepts from the CARE 101 training. They were provided to attendees in both hard copy and digital formats. This allowed participants to learn between subsequent sessions by reviewing the monthly newsletters, reading in depth articles, and completing trauma-informed CARE worksheets.

*INNOVATION (INN)*

**Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA)**

<b>Innovation Project 4 (Stand Strong)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018-2019</b>	<b>153</b>	<b>\$185,695</b>	<b>\$1,214</b>
<b>Projection for FY 2019-2020</b>	<b>48</b>	<b>\$106,339</b>	<b>\$2,215</b>
<b>Projection for FY 2019-2020 (January – July 2020)</b>	<b>Final Project Evaluation and Development</b>		<b>\$54,403</b>

<b>Primary Purpose</b>	<b>Learning Activity</b>
<ul style="list-style-type: none"> <li>• Increase the quality of services, including better outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• 3 peer counselors with lived-experience to determine higher positive impact in overall mental health</li> </ul>

<b>Learning Goals</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• Does a peer’s level of lived experience matter when providing a mental health support service?</li> <li>• Can overall usage of mental health services among Latinos increase by using peer services and support groups?</li> <li>• Will more clients enroll in services, and will they follow through on treatment?</li> <li>• Can the stigma of seeking help decrease among this population?</li> <li>• Can peers play a role in the reduction of stigma among Latinos?</li> <li>• Will support groups help keep the conversation around mental health going?</li> <li>• Will more Latinos see the value of seeking services and be better informed about available resources?</li> <li>• Will there be significant differences between peer definitions among project clients and the responses from other mental health system clients and peer organizations?</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Health Questionnaire – Depression Scale (PHQ-9)</li> <li>• Participant Pre/Post Surveys</li> </ul>

The Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA) project tests an innovative approach to working with Latinx and Latina women who are victims of domestic violence (DV), and who also exhibit moderate or greater mental health needs. The project attempts 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 domestic violence experience, or a Latina with DV history who is also a mental health system client) 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.

The Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA) innovation project, being tested by Stand Strong dba Women’s Shelter Program of San Luis Obispo County, provides peer support and services for Latinas and seeks to answer what level of support is effective in improving treatment rates and outcomes. The peers provide support and services in three areas of experience:

- 1) Latina woman
- 2) Latina woman with lived mental health experience
- 3) Latina woman with a history of domestic abuse and lived mental health experience

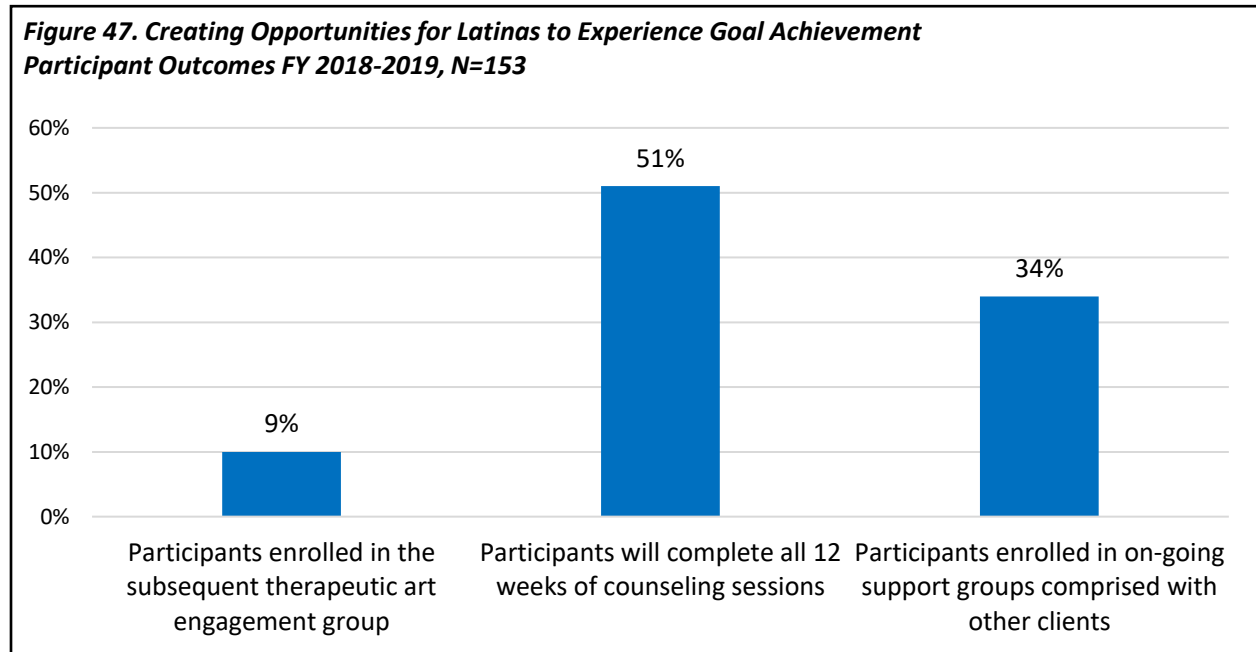
Stigma, culture, and the lack of qualified bilingual, bicultural licensed professionals are all barriers for Latinos seeking mental health services. This project answers the questions of whether offering peer services can increase the overall volume of Latino participants seeking mental health services. It also seeks to answer whether there is a quantifiable difference in outcomes based on which peer participants work with, and if this new approach can reduce the stigma that is such a strong barrier to entry for so many. The project will focus its work on Latinx and Latina Women with lived experience of domestic violence who are also consumers of the mental health system. This demographic group faces strong barriers to accessing services and would thus provide clear answers to the questions raised by this project.

The project tests an adaptation of evidence-based alcohol and drug prevention models which build an internal support group to continue past the duration of a prescribed-term group or curriculum. This part of the Innovation will test whether participants can increase their long-term wellbeing by creating social support groups, comprised of project participants with peer support.

In 2016-2017, the program began by designing and adapting the Latina Power curriculum by training new peer-counselors in group facilitation and the evaluation tool development. For 2018-2019, results indicated that 51% (78/153) completed all 12-weeks of counseling sessions, and 9% (13/153) of participants joined the therapeutic art engagement group.

**INNOVATION (INN)**

Topics during counseling sessions included psychoeducation around intimate partner violence, mental health awareness, effective coping skills, healthy relationship education, stress management, self-care, how to build a healthy support system, positive communication, healthy family dynamics, and empowerment (Figure 47).



INNOVATION PROJECT	
1. Name of Project	Creating Opportunities for Latinas to Experience Goal Achievement
2. Changes made to the INN project and reasons	Outcome tool measures were updated on time to ensure proper data collection. Additionally, the project design hired only one peer with all three levels of experience. Client engagement would then be focused on the themes and curriculum being covered by the peer utilizing the level of personal experience correspondent to the curriculum or theme being discussed. This has allowed for participants to connect with the subject and curriculum at hand and removing the subjective factor of assessing the peer due to personality and likeness, but instead focus on experience and engagement as it relates to the themes at hand.
3. Evaluation Data and Outcomes 3.1 50% Participants will enroll in subsequent Latina support groups. These groups shall be a part of the therapeutic art engagement group.	9% (13/153) of surveyed participants from both groups enrolled in the therapeutic art engagement group.



**INNOVATION (INN)**

3.2 85% of participant will complete all 12 weeks of counseling sessions.	51% (78/153) of surveyed participants completed all 12 weeks of counseling sessions.
3.3 75% of participants will provide feedback on each of the peer counselors they work with and rate their experience.	44% (68/153) surveyed participants provided feedback on each peer counselor.
3.4 40% of enrolled clients will join an on-going support group comprised of other project participants.	34% (42/153) of surveyed participants joined an on-going support group.
3.5 Participants will demonstrate a 30% reduction in depression levels at the end of the counseling compared to initial screening.	28% (11/40) demonstrated a 30% or higher reduction in depression levels.
3.6 Participants will demonstrate a 30% increase in resiliency and their outlook on life at the end of counseling.	30% (12/40) demonstrated a 40% increase or higher in resiliency and their outlook on life.
4. Program information – participants served	153
<b>Age</b>	<b>Results</b>
1. 0-15 (children youth)	4
2. 16-25 (transitional aged youth)	4
3. 26-59 (adult)	154
4. ages 60+ (older adults)	4
<b>Race (as reported)</b>	<b>Results</b>
American Indian	1
Other	153
Prefer not to answer	12
<b>Ethnicity (as reported)</b>	<b>Results</b>
None provided by clients	None provided by clients
<b>Primary Language</b>	<b>Results</b>
1. English	15
2. Spanish	150
<b>Sexual Orientation (as reported)</b>	<b>Results</b>
Under implementation and reported next FY.	Under implementation and reported next FY.
<b>Disability (as reported)</b>	<b>Results</b>
None provided by clients	None provided by clients
<b>Veteran Status (as reported)</b>	<b>Results</b>
1. Yes	0
2. No	0
3. Decline to answer	0
<b>Gender (assigned at birth)</b>	<b>Results</b>
Male	4

**INNOVATION (INN)**

Female	161
<b>Current Gender Identify (as reported)</b>	<b>Results</b>
Male	2
Female	161
Transgender	2

<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
INN Funding	\$185,695	INN Funding	\$16,743	INN Funding	\$19,844
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Innovation programs.</i>					

**INNOVATION (INN)**

The following two projects are for fiscal year 2018-2019 to 2021-2022.

**3 by 3 Developmental Screening Partnership Between Parents and Pediatric Practices**

<b>Innovation Project 1 (First 5)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018-2019</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Projection for FY 2019-2020</b>	<b>450</b>	<b>\$200,428</b>	<b>\$445.40</b>

<b>Primary Purpose</b>	<b>Learning Activity</b>
<ul style="list-style-type: none"> <li>• Promotes interagency and community collaboration related to Mental Health Services or support of outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Testing three (3) methods of comprehensive and recurring screenings for children zero (0) to three (3) in a Community Health Clinic (CHC) and a private pediatric practice.</li> </ul>

<b>Learning Goals</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• What specific practices will be most likely to increase behavioral health screening in early childhood?</li> <li>• What methods increase conversations with parents/primary caregivers that allow an increase in mental health knowledge?</li> <li>• How specific settings can integrate mental health screenings into their location?</li> <li>• How specific strategies would increase referrals when needed?</li> <li>• How specific strategies support recurring mental health screenings and allow increased parents/primary caregiver engagement?</li> <li>• Which specific screenings and strategies allow increased mental health knowledge for pediatricians?</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Pre/Post Surveys</li> </ul>

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**INNOVATION (INN)**

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This Innovation project, conducted by First 5 San Luis Obispo, tests three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methodologies will include the administration of up to three developmentally appropriate screening encounters before the age of three years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English and Spanish. The three methodologies tested include: screening administered by an in-clinic Health Educator, screening by self-administration, and screening by a Child Care Provider.

For FY 2018-2019, extensive groundwork was accomplished during the planning phase of the project. First 5 recruited, interviewed, and hired a part-time Program Coordinator, with input from Health Education staff from Community Health Centers (CHC). This was followed by the completion and execution of two subcontracts established between First 5 San Luis Obispo with CHC to begin the testing phase, and with Carsel Consulting Group for research and evaluation activities. Upon completion of the above two phases, First 5 SLO has focused on establishing program implementation procedures, identifying best practice protocols, and building a repository referral source.

As a result of on-going conversations with CHC, stakeholders, and key staff, First 5 SLO set out to identify the best mechanism for tracking screenings, track referrals, and facilitate the collection of de-identified data. This was followed for a Request for Proposals to identify and select a private pediatric office to participate in the testing phase as well. Currently the project is being implemented, and demographic data as well as other requirements (as stated by the Innovation regulations) will be available for FY 2019-2020.

INNOVATION PROJECT	
1. Name of Project	3 by 3 Developmental Screening Partnership Between Parents and Pediatric Practices
2. Changes made to the INN project and reasons	No changes have been made to this project.
3. Evaluation Data and Outcomes	
3.1 50% Participants will enroll in subsequent Latina support groups. These groups shall be a part of the therapeutic art engagement group.	Under development and implementation and reported next FY.
3.2 85% of participant will complete all 12 weeks of counseling sessions.	Under development and implementation and reported next FY.
3.3 75% of participants will provide feedback on each of the peer counselors they work with and rate their experience	Under development and implementation and reported next FY.
3.4 40% of enrolled participants will join an on-going support group comprised of other project participants	Under development and implementation and reported next FY.

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*INNOVATION (INN)*

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3.5 Participants will demonstrate a 30% reduction in depression levels at the end of the counseling compared to initial screening	Under development and implementation and reported next FY.
3.6 Participants will demonstrate a 30% increase in resiliency and their outlook on life at the end of counseling	Under development and implementation and reported next FY.
4. Program information – participants served	Under development and implementation and reported next FY.

*INNOVATION (INN)*

**Affirming Cultural Competence Education and Provider Training: SLO ACCEPTance**

<b>Innovation Project 2 (Cal Poly)</b>	<b>Total Served</b>	<b>Total Funding</b>	<b>Cost per Client</b>
<b>Actual for FY 2018-2019</b>	<b>0</b>	<b>\$17,845.54</b>	<b>\$17,845.54</b>
<b>Projection for FY 2019-2020</b>	<b>25</b>	<b>\$162.108</b>	<b>\$6,484</b>

<b>Primary Purpose</b>	<b>Learning Activity</b>
<ul style="list-style-type: none"> <li>• Increase the quality of services, including better outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• 3 peer counselors with lived-experience to determine higher positive impact in overall mental health</li> </ul>

<b>Learning Goals</b>	<b>Method of Measurement</b>
<ul style="list-style-type: none"> <li>• What are the best approaches for teaching and training MHPs to work with LGBTQ clients countywide?</li> <li>• What learning and training settings impact the development of a group of MHP and peers to become LGBTQ-affirming professionals able to provide appropriate services?</li> <li>• Are the training program and curriculum the best methods to increase access to the underserved LGBTQ community?</li> <li>• Is there a direct impact between the training program and curriculum and an increase of LGBTQ clients seen?</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Pre/Post Surveys</li> </ul>

The Affirming Cultural Competence Education & Provider Training (SLO ACCEPTance): Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access project aims to provide highly trained community-based and academically informed mental health services for LGBTQ+ individuals. The project will test a 9-month new, never-before implemented curriculum and professional training program in the mental health field that comprises a comprehensive and empirically-based training module delivered across three intensive 2-3



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**INNOVATION (INN)**

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day training for mental health professionals (MHP), which will also include professional consultation and network provider development components.

The training will be tested with MHP in a three-phase training module that includes Cultural Sensitivity, Clinical Issues, and Potential Provider Issues. Each training module receives group consultation. The project employs a skill and learning development approach in order to better prepare MHP in various settings in order to provide comfort and affirmation for the LGBTQ+ community. The learning goal of the project will be to assess the training modules to determine the skills and attitudes that can be measured to establish a baseline for MHP to support and engage LGBTQ+ clients in a culturally appropriate manner.

SLOBHD established a contract with California Polytechnic State University (Cal Poly) and Dr. Jay Bettergarcia as the lead researcher. For FY 2018-2019, SLO ACCEPTance hired a Project Coordinator and began working with two expert training consultants and two expert research consultants. At the current point, SLO ACCEPTance has identified several components of the project implementation, training content, multi-layered assessment, and training logistics.

The training outline for the three, two-day training weekends have been fully designed and are ready to be implemented. The training outline includes a series of 16 training modules, 1-4 measurable learning objectives, and several activities, reflections, and vignettes throughout each module. Throughout the development phase, SLO ACCEPTance has been working to identify criteria and recruit MHPs to participate in the testing phase. The first training has been scheduled for October, February, and May with follow-up consultation groups in November, December, January, March, April, and June. Currently, the project is under implementation, and demographic data as well as other requirements (as stated by the Innovation regulations) will be available for FY 2019-2020.

INNOVATION PROJECT	
1. Name of Project	Affirming Cultural Competence Education and Provider Training SLO ACCEPTance
2. Changes made to the INN project and reasons	No changes have been made to this project.
3. Evaluation Data and Outcomes	Under development and implementation and reported next FY.
3.1 50% Participants will enroll in subsequent Latina support groups. These groups shall be a part of the therapeutic art engagement group.	
3.2 85% of participant will complete all 12 weeks of counseling sessions.	
3.3 75% of participants will provide feedback on each of the peer counselors they work with and rate their experience.	Under development and implementation and reported next FY.

**INNOVATION (INN)**

3.4 40% of enrolled clients will join an on-going support group comprised of other project participants.	Under development and implementation and reported next FY.
3.5 Participants will demonstrate a 30% reduction in depression levels at the end of the counseling compared to initial screening.	Under development and implementation and reported next FY.
3.6 Participants will demonstrate a 30% increase in resiliency and their outlook on life at the end of counseling.	Under development and implementation and reported next FY.
4. Program information – participants served	Under development and implementation and reported next FY.

<b>TOTAL</b>		<b>Administration*</b>		<b>Evaluation*</b>	
INN Funding	\$17,846	INN Funding	\$1,609	INN Funding	\$1,907
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Innovation programs.</i>					

## Capital Facilities and Technological Needs (CFTN)

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.

This project applies current technology to modernize and transform the delivery of service. The 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. It was announced in early 2018 that Cerner would no longer be offering the Anasazi platform. In 2018-2019 the BHEHR Leadership team reviewed several vendors and elected to remain a customer of Cerner and adopt their Millennium software.

### **2018-19 Results**

- Finalized implementation of a county-wide Health Information Exchange (HIE).
- Signed a contract with Cerner to implement their new EHR platform known as Millennium. The new platform will be cloud-hosted by the vendor and is modeled on their current hospital-based product.

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*CAPTIAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)*

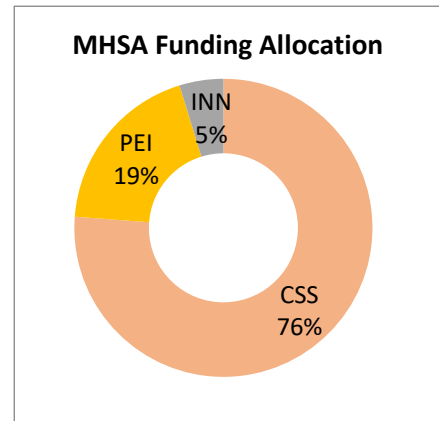
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- Selected a new drug testing service (Cordant) with improved client and billing services, modifying current interfaces to ensure continued connection.
- Updated Comprehensive Support and Improvement (CSI) Reporting tools to capture state required timeliness metrics.
- Created a new, customized report to automate the creation to the Child and Adolescent Needs and Strengths (CANS) Assessment report.

## MHSA Funding Summary

Revenue for the Mental Health Services Act (MHSA), also known as Proposition 63, is generated from a 1% personal income tax on Californians with income in excess of \$1 million. Prior to Fiscal Year (FY) 2012-2013 counties were given an allocation based on their State approved Plan. Due to legislative changes, counties are now given a monthly allocation based on unreserved and unspent revenue received in the State’s Mental Health Trust Fund for the MHSA. The methodology of the distribution to each County is determined by the Department of Health Care Services and is reviewed annually.

Counties are responsible for allocating MHSA funds by component. Pursuant to Welfare and Institutions Code 5892 (a) and (b), the distribution of funds by MHSA component is as follows: Innovation will receive 5% of the total funding, Prevention and Early Intervention (PEI) will receive 19% 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 2018-19, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent just over \$16 million (M) on MHSA programs with \$13.2M coming from MHSA revenue, \$3M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$670K from grants or other revenue sources. The breakdown per program, including the cost per client, is included in the tables at the beginning of each component section.

On July 1, 2016 the Governor passed Assembly Bill (AB) 1618, also known as the “No Place Like Home” Initiative, which created a \$2 billion revenue bond supported by MHSA funds. The Department of Housing and Community Development administered a competitive program among counties to finance capital costs for permanent supportive housing. As a result of the Initiative, the amount of MHSA revenue distributed to each County will most likely decrease in future years. SLOBHD has made the appropriate adjustments to its a long-term financial projection for the County’s MHSA programs, and has informed MHSA Stakeholders of the impact. As such, the reduction in revenue will not affect current or newly added programs.

Funds deposited to the County by Proposition 63 tax revenue have three years in which they need to be spent or placed in a Prudent Reserve (which allows a county to put a portion of its planning estimate away in case of an extreme revenue decrease). Funds not spent within three years are subject to “reversion” (being sent back to the State). The Behavioral Health Department manages its MHSA spending and savings plans, so there are funds available to

**MHSA FUNDING SUMMARY**

cover the costs and growth of each program, with efforts to avoid any reversion of MHSA revenue. In Fiscal Year 2018-19 the Department of Health Care Services (DHCS) determined SLOBHD had \$505,421 subject to reversion, of which \$429,296 was INN funding and \$76,125 was WET funding.

On July 10, 2017 Assembly Bill (AB) 114 became effective and provided guidance on the process for funds subject to reversion as of July 1, 2017. Funds subject to reversion were deemed to have been reverted and then reallocated to the County of origin to be used for its original purpose. Counties were required to have a plan to spend these funds by July 1, 2020. The County of San Luis Obispo’s Spending Plan was provided to MHSA Stakeholders and the public for review on May 16, 2018. The plan was approved by the Behavioral Health Board on June 20, 2018, and by the County Board of Supervisors on August 7, 2018. The following table outlines the funds affected by AB 114 by fiscal year:

San Luis Obispo	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ -		\$ -
FY 2007-08	\$ -	\$ -		\$ 76,125	\$ -	\$ 76,125
FY 2008-09	\$ -	\$ -	\$ 364,098			\$ 364,098
FY 2009-10	\$ -	\$ -	\$ -			\$ -
FY 2010-11	\$ -	\$ -	\$ 23,728			\$ 23,728
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ -			\$ -
FY 2013-14	\$ -	\$ -	\$ -			\$ -
FY 2014-15	\$ -	\$ -	\$ 41,470			\$ 41,470
<b>Total</b>	\$ -	\$ -	\$ 429,296	\$ 76,125	\$ -	\$ 505,421

\$ - No Funds Subject to Reversion

On September 10, 2018 the Governor signed Senate Bill (SB) 192 (Chapter 38, Statutes of 2018) that amends Sections 5892 and 5892.1 of the Welfare and Institutions Code regarding MHSA reversion and prudent reserve. Section 5892 (h)(1) states that allocated funds that have not been spent within three years, including interest accrued on those funds, shall revert to the state. The calculation by DHCS for the AB 114 funds included interest and SB 192 codifies that interest will be subject to reversion. In February 2018 this new guidance on interest was presented to MHSA Advisory Committee (MAC) and the stakeholders approved a policy of first spending interest funds in each new fiscal year. All interest funds, including those subject to AB 114, were spent in FY 2018-19. These funds were included in long-term financial projections, so there was no effect to current program funding.

The Mental Health Services Act (MHSA) requires Counties to establish and maintain a Prudent Reserve to ensure that County MHSA programs will continue to be able to serve

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## *MHSA FUNDING SUMMARY*

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those currently being served should MHSA revenues decrease. In establishing the Prudent Reserve, counties were given the guideline that “the target prudent reserve (would be) equal to 50 percent of each county’s CSS planning estimate.” Over the years, this direction was allowing counties to leave dollars in reserve which could be better spent in the community.

Based on legislation (SB 192) in September 2018, and the guidelines provided by the State Department of Health Care Services (DHCS) in August 2019, the County was now given clear direction on a recommended cap to the Prudent Reserve. Senate Bill 192 caps the amount to be held in the Prudent Reserve at 33% of the average of CSS revenue over the past five years. County staff engaged the MAC and other stakeholder groups with information about the local reserve, and made recommendations in FY 2018-2019 to reduce the current reserve. In early FY 2019-2020 the MAC approved the transfer of approximately \$2.9 million out of the Reserve to meet the new standard. These funds have three years to be spent. Initial expenditures include funding case management at the new Bishop Street Studios project, and the Division Manager for the newly forming Justice Division at Behavioral Health.

MHSA revenue decreased in FY 2018-19 due to No Place Like Home, with an expected increase in FY 2019-20. As previously noted, MHSA revenue is generated from personal income tax which can fluctuate considerably and is dependent on the State’s economy. SLOBHD takes a conservative approach in its projections and uses information provided periodically by the California Behavioral Health Directors Association (CBHDA) as the basis.

The summary table below is the projected amount of MHSA funds that will be spent on the County’s MHSA programs for FY 2019-20. This summary does not include other revenues such as Medi-Cal reimbursement (Federal Financial Participation, FFP) or grants but it does include interest earned on MHSA allocated funds. All components include a projected 2% overall increase for contracts, services and supplies, and personnel expenditures.



**MHSA FUNDING SUMMARY**

<b>FY 2019/20 Mental Health Services Act Annual Update</b>							
<b>Funding Summary</b>							
County:	San Luis Obispo				Date:	10/7/19	
	<b>MHSA Funding</b>						
	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	
<b>A. Actual FY 2018/19 Funding</b>							
1. Unspent Funds from Prior Fiscal Years	8,705,004	2,176,598	1,732,122	81,498	0		
2. New FY 2018/19 Funding	9,948,019	2,487,005	654,475	0			
3. Transfer in FY 2018/19	(587,990)			50,532	537,458	0	
4. Access Local Prudent Reserve in FY 2018/19**	0	0				0	
5. Estimated Available Funding for FY 2018/19	18,065,033	4,663,603	2,386,597	132,030	537,458		
<b>B. Actual FY 2018/19 MHSA Expenditures</b>	9,560,385	2,483,604	641,262	77,381	497,617		
<b>C. Estimated FY 2019/20 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	8,504,648	2,179,999	1,745,335	54,649	39,841		
2. Estimated New FY 2019/20 Funding	10,933,332	2,733,333	719,298				
3. Transfer in FY 2019/20	(662,477)			134,670	527,807	0	
4. Access Local Prudent Reserve in FY 2019/20**	2,994,144	67,608				(3,061,752)	
5. Estimated Available Funding for FY 2019/20	21,769,647	4,980,940	2,464,633	189,319	567,648		
<b>D. Estimated FY 2019/20 Expenditures</b>	10,261,422	2,509,111	1,015,413	132,030	497,617		
<b>G. Estimated FY 2020/21 Unspent Fund Balance</b>	11,508,225	2,471,829	1,449,220	57,289	70,031		
<b>H. Estimated Local Prudent Reserve Balance</b>							
1. Actual Local Prudent Reserve Balance on June 30, 2018	5,836,164						
2. Contributions to the Local Prudent Reserve in FY 2018/19	0						
3. Distributions from the Local Prudent Reserve in FY 2018/19	0						
4. Actual Local Prudent Reserve Balance on June 30, 2019	5,836,164						
5. Contributions to the Local Prudent Reserve in FY 2019/20	0						
** 6. Distributions from the Local Prudent Reserve in FY 2019/20	(3,061,752)						
7. Estimated Local Prudent Reserve Balance on June 30, 2020	2,774,412						

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.

\*\*Pursuant to SB 192 the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. The County plans to bring the Prudent Reserve down to this level over a few fiscal years.

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## MHSA FUNDING SUMMARY

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**Community Services and Supports (CSS):** Actual expenses for CSS in FY 2018-19 were \$12.9M with \$9.5M funded through MHSA revenue, \$3M from Medi-Cal FFP, and \$410 thousand (K) from grants or other revenues. This funding was used to offset Full Service Partnership (FSP) housing.

A transfer to the CFTN component in the amount of \$498K was completed during FY 2018-19 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 Services Division and MHSA. A transfer to the WET component in the amount of \$77K was completed during FY 2018-19 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

As discussed in the FY 2017-18 Three Year Expenditure Plan, the County was awarded \$971,070 in SB 82 grant funds through the California Health and Facilities Financing Authority (CHFFA) to build a 4-bed Crisis Stabilization Unit (CSU) in the City of San Luis Obispo in FY 2015-16. Initial project planning and preparation began in FY 2015-16 and ground breaking was August 25, 2017. The CSU was open for services on April 1, 2018. There was \$54K of MHSA funding spent in FY 2018-19 for the infrastructure costs including a security system, computer servers, and flooring.

Regulations state that a majority of CSS expenditures must be dedicated to Full Service Partnership (FSP) services. SLOBHD has been preparing the Annual Report and Three Year Expenditure Plan using the templates provided by the State. The Three Year Expenditure Plan template calculated the FSP majority requirement and based on the calculation provided on the FY 2017-18 RER, the County spent 38% of the funding on FSP services.

In FY 2019-2020, using the State guidance, total FSP Mental Health Expenditures of \$6,704,964 divided by total Mental Health Expenditures (excluding administrative costs) of \$15,273,615 results in 43.9%. With guidance from the State, SLOBHD is making every effort to expand the FSP services in a sustainable way so that the majority requirement is met.

**New in FY 2019-20:** The County will continue to develop and reassess CSS programs to address FSP funding majority requirement. The following are the projected changes for FY 2019-20:

- FSP Coordinator to oversee the operation of all FSP services.
- Expand the Homeless Outreach Team (HOT) in conjunction with the Homeless Mentally Ill Outreach and Treatment (HMIOT) Grant to increase services by adding new team and mobile unit to focus on local homeless shelters and services.
- Transfer Medication management for Older Adult FSP partners from the County to its contractor.
- Additional support to Child and Transitional Aged Youth (TAY).

**MHSA FUNDING SUMMARY**

- Development and support for a new Full Service Partnership Program targeted at children aged 0-5, a part of Martha’s place.
- Work on developing or expanding additional FSP programs in the area of forensic services and jail diversion.

The chart below summarizes the CSS projections for FY 2019-20 and includes all revenue sources:

<b>FY 2019/20 Mental Health Services Act Annual Update</b>						
<b>Community Services and Supports (CSS) Component Worksheet</b>						
County:	San Luis Obispo				Date:	10/7/19
<b>Fiscal Year 2019/20</b>						
	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
<b>FSP Programs</b>						
1. Children & Youth FSP	944,630	711,323	233,307			
2. TAY FSP	1,130,873	953,006	177,867			
3. Adult FSP	3,955,880	2,808,357	923,059			224,464
4. Older Adult FSP	673,581	549,465	124,116			
<b>Non-FSP Programs</b>						
5. GSD: Client & Family Wellness	2,069,786	1,715,026	354,160			600
6. GSD: Latino Outreach Program	755,624	564,937	189,687			1,000
7. GSD: Enhanced Crisis & Aftercare	3,398,313	2,205,389	860,712			332,212
8. GSD: School & Family Empowerment	970,509	723,168	232,341			15,000
9. GSD: Forensic Mental Health Services	1,374,419	1,058,801	220,165			95,453
<b>CSS Administration</b>	121,316	114,980	6,336			
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	15,394,931	11,404,452	3,321,750	0	0	668,729
<b>FSP Programs as Percent of Total excluding Admin</b>	43.9%					

**Prevention and Early Intervention (PEI):** Actual expenses for PEI in FY 2018-19 were \$2.63M with \$2.48M funded through MHSA revenue and \$150K from federal grants. The MHSA Stakeholder group also approved the continued allocation of 4% PEI funding to the California Mental Health Services Authority (CalMHSA) to help support Statewide PEI projects, which remains the same for FY 2019-20.

**MHSA FUNDING SUMMARY**

**New in FY 2019-20:** There are no anticipated changes to the PEI programs for FY 2019-20. The chart below summarizes the PEI projections for FY 2019-20 and includes all revenue sources:

<b>FY 2019/20 Mental Health Services Act Annual Update</b>							
<b>Prevention and Early Intervention (PEI) Component Worksheet</b>							
County:	San Luis Obispo					Date: 10/7/19	
		<b>Fiscal Year 2019/20</b>					
		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
<b>PEI Programs - Prevention</b>							
1.	Prevention	1,144,708	1,144,708				
2.	Early Intervention	498,642	295,995				202,647
3.	Outreach	50,000	50,000				
4.	Access & Linkage	250,745	250,745				
5.	Stigma & Discrimination Reduction	293,963	244,993				48,970
6.	Improve Timely Access	85,669	85,669				
7.	Suicide Prevention	127,855	127,855				
<b>PEI Administration</b>		211,972	211,972				
<b>PEI Assigned Funds - CalMHSA JPA</b>		101,413	101,413				
<b>Total PEI Program Estimated Expenditures</b>		2,764,967	2,513,350	0	0	0	251,617

**Innovation:** Actual expenses for Innovation in FY 2018-19 were \$641K, which were fully funded by MHSA. Funding continued for four projects; COLEGA, Late Life Empowerment & Affirmation Program (LLEAP), Transition Assistance & Relapse Prevention (TARP), Not for Ourselves Alone: Trauma Informed Care (TIC), which were approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC), all of which began in FY 2016-17. These projects will be completed in FY 2019-20.

The MHSOAC approved two additional new projects “3X3” and “SLO Acceptance” on August 23, 2018 which began in FY 2018-19 and will be completed in FY 2021-2022. AB 114 funds were used to support all six ongoing INN projects in FY 2018-19.

**New in FY 2019-20:** The Innovation Stakeholder Committee approved two new projects, “Holistic Adolescent Health (HAH)” and “Behavioral Health Assessment and Response Project (BHARP)” which were approved by MAC in February 2019. These new projects were approved by the Board of Supervisors on July 16<sup>th</sup>, 2019 and were submitted to the MHSOAC. Both projects are expected to begin in FY 2019-20.

**MHSA FUNDING SUMMARY**

The chart below summarizes the Innovation projections for FY 2019-20 and includes all revenue sources:

<b>FY 2019/20 Mental Health Services Act Annual Update</b>							
<b>Innovations (INN) Component Worksheet</b>							
County:	San Luis Obispo					Date:	10/7/19
	<b>Fiscal Year 2019/20</b>						
	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	
<b>INN Programs</b>							
<u>Round 2 Projects FY 2016-2020</u>							
1. TARP	117,010	117,010					
2. LLEAP	39,874	39,874					
3. Not for Ourselves Alone	200,489	200,489					
4. COLEGA	160,742	160,742					
<u>Round 3 Projects FY 2018-2022</u>							
1. 3-by-3	200,428	200,428					
2. SLO ACCEPTance	162,108	162,108					
<u>Round 4 Projects FY 2019-2023</u>							
1. Innovation Projects - TBD FY 19/20 (Including HAH & SLO TAP)	250,000	250,000					
<b>INN Evaluation</b>	37,500	37,500					
<b>INN Administration</b>	103,146	103,146					
<b>Total INN Program Estimated Expenditures</b>	<b>1,271,297</b>	<b>1,271,297</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**Workforce, Education and Training (WET):** Actual expenses for WET in FY 2018-19 were \$82K with \$77K from MHSA revenue transferred from the CSS allocation, and \$5K from Medi-Cal FFP. The MHSA Stakeholder group approved the transfer of CSS revenue to continue funding the programs under WET. This amount meets the guidelines of Welfare and Institutions Code 5892 (b). AB 114 funds were used to support WET program in FY 2018-19.

***New in FY 2019-20:***

- Expansion of the Promotores medical interpretation services throughout the County Behavioral Health clinics. This will be accomplished by transfer of CSS dollars to WET in FY 2019-20.
- Add a Behavioral Health Administrative Services Officer to coordinate the trauma-informed training. This will be accomplished by transfer of CSS dollars to WET in FY 2019-20.

**MHSA FUNDING SUMMARY**

The chart below summarizes the WET projections for FY 2019-20 and includes all revenue sources:

<b>FY 2019/20 Mental Health Services Act Annual Update</b>							
<b>Workforce, Education and Training (WET) Component Worksheet</b>							
County:	San Luis Obispo					Date:	10/7/19
	<b>Fiscal Year 2019/20</b>						
	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	
<b>WET Programs</b>							
1. PAAT - CSS Transfer	25,500	25,500					
2. E-Learning - CSS Transfer	24,095	24,095					
3. Crisis Intervention Training - CSS Transfer	5,150	5,150					
4. Cultural Competence - CSS Transfer	41,000	41,000					
5. Co-Occurring Training - CSS Transfer	3,000	3,000					
6. Internship Program - CSS Transfer	88,659	82,090	6,569		0		
<b>WET Administration</b>	600	600					
<b>Total WET Program Estimated Expenditures</b>	<b>188,004</b>	<b>181,435</b>	<b>6,569</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**Capital Facilities and Technological Needs (CFTN):** Actual expenses for CFTN in FY 2018-19 were \$498K fully funded by MHSA. The final enhancements to the BHEHR system were completed by December 31, 2018. 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. MHSA Stakeholders approved the continued transfer of CSS revenue to CFTN to fund the annual support costs 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 2019-20:** As system and reporting requirements for SLOBHD’s Electronic Health Record have been changing, a system upgrade called “Millennium” has been selected to meet all the mandatory requirements and will be presented to MHSA Stakeholders along with any effect it may have to MHSA funding.

The chart below summarizes the CFTN projections for FY 2019-20 and includes all revenue sources:

**MHSA FUNDING SUMMARY**

<b>FY 2019/20 Mental Health Services Act Annual Update</b>						
<b>Capital Facilities/Technological Needs (CFTN) Component Worksheet</b>						
County: San Luis Obispo					Date: 10/7/19	
	<b>Fiscal Year 2019/20</b>					
	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
<b>CFTN Programs - Capital Facilities Projects</b>	0					
<b>CFTN Programs - Technological Needs Projects</b>						
1. EHR On-Going Support - CSS Transfer	647,913	518,331				129,582
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	647,913	518,331	0	0	0	129,582

**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 is 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 2018-19 was \$5,836,164, of which \$ 5,768,556 is CSS and \$67,608 is PEI.

**New in FY 2019-20:** With the signing of Senate Bill 192 on September 10, 2018 there is a new maximum on the Prudent Reserve balance. This bill clarifies that the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. The County must reassess the maximum amount of the prudent reserve every 5 years and certify the reassessment as part of its 3-year program and expenditure plan. SLOBHD's current Prudent Reserve maximum is approximately \$2.7M. With this change in legislation the current Prudent Reserve balance for CSS is at 69%, which is above the maximum limit. above this maximum limit. On August 28<sup>th</sup>, 2019, MHSA Stakeholder (MAC) approved to transfer \$3M in FY 2019-20 to bring the balance under the 33% maximum limit. Unless other guidelines are given, SLOBHD plans to restore the Prudent Reserve overage to CSS operating funds for use in FY 2019-20 thru FY 2021-22.



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**APPENDIX**

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## Exhibit A – County Certification

County: **San Luis Obispo**

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

<b>Local Mental Health Director</b>	<b>Program Lead</b>
Name: <b>Anne Robin</b>	Name: <b>Frank Warren</b>
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: <b>San Luis Obispo County Behavioral Health Dept.</b> <b>2180 Johnson Ave.</b> <b>San Luis Obispo, CA 93401</b>	

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 non-supplantation 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 10, 2019.

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



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Local Mental Health Director (PRINT)

**APPENDIX**

**Exhibit B – MHSA County Fiscal Accountability Certification**

County/City: San Luis Obispo

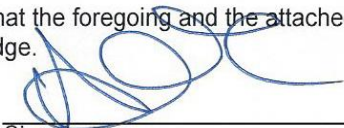
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<b>Local Mental Health Director</b>	<b>County Auditor-Controller / City Financial Officer</b>
Name: Anne Robin, LMFT Telephone Number: (805) 781-4719 E-mail: arobin@co.slo.ca.us	Name: Jim Hamilton, CPA Telephone Number: (805) 788-5043 E-mail: jhamilton@co.slo.ca.us
<b>Local Mental Health Mailing Address:</b> County of San Luis Obispo Behavioral Health Dept. 2180 Johnson Ave., 2 <sup>nd</sup> 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)

  
Signature  
12/10/19  
Date

I hereby certify that for the fiscal year ended June 30, 2017, June 30, 2018 and June 30, 2019, 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 December 14, 2018 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2017, June 30, 2018 and June 30, 2019, 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 W. Hamilton, CPA  
County Auditor Controller / City Financial Officer (PRINT)


  
Signature  
12/10/19  
Date

Exhibit C: Notice of Availability for Public Review & Comment



**And  
NOTICE OF PUBLIC HEARING**

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

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- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Fiscal Year 2019-2020 Annual Update to the Three-Year Plan for Fiscal Years 2017-20, is available for a 30-day public review and comment from October 21 through November 19, 2019.
- HOW: To review the Update and Plan,  
Visit: [http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-\(MHSA\).aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-(MHSA).aspx)  
To Submit Comments or Questions:  
[https://www.research.net/r/MHSA\\_2019-20\\_AnnualUpdate](https://www.research.net/r/MHSA_2019-20_AnnualUpdate)  
**Comments must be received no later than November 19, 2019.**

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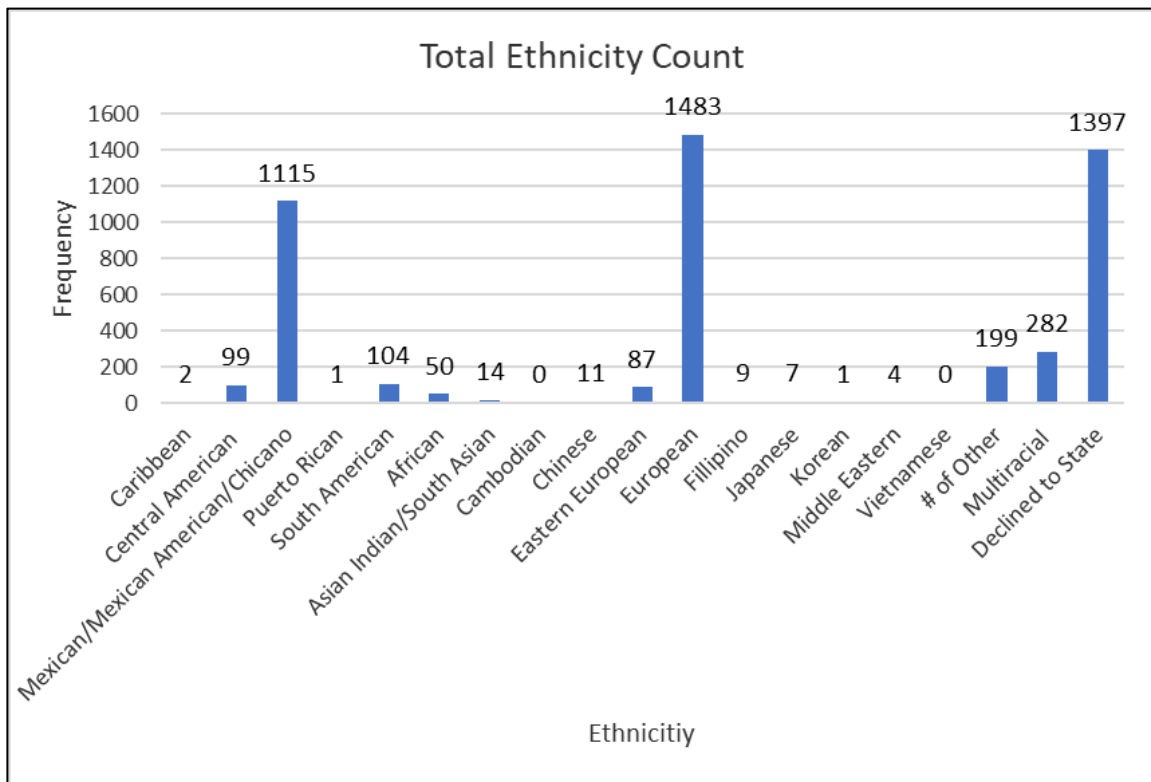
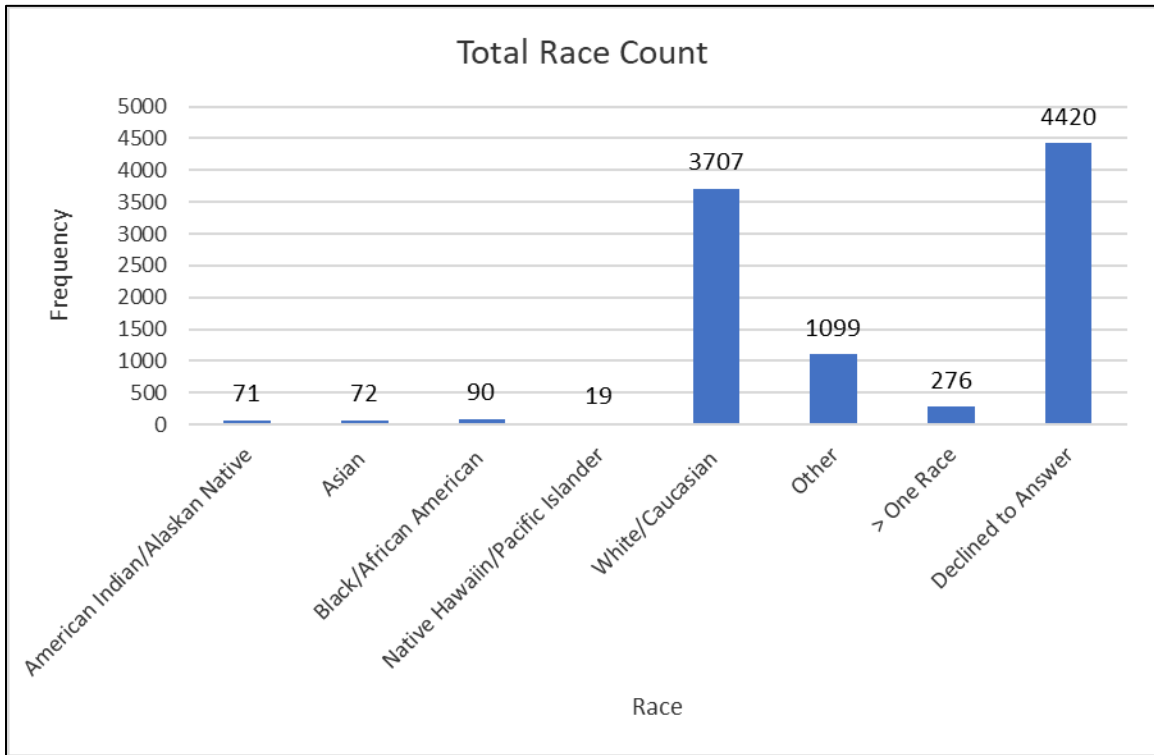
**NOTICE OF PUBLIC HEARING**

- WHO: San Luis Obispo County Behavioral Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2019-20 Update to the Three-Year Plan for Fiscal Years 2017-20.
- WHEN: Wednesday, November 20, 2019, 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](mailto:fwarren@co.slo.ca.us)

APPENDIX

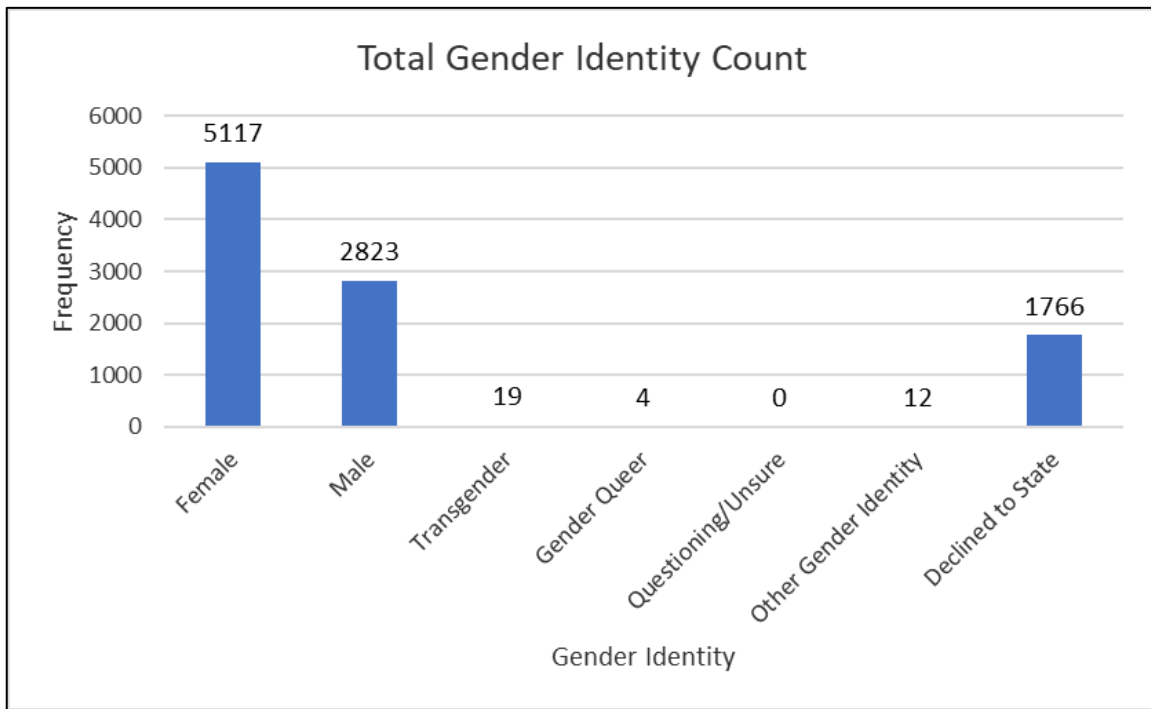
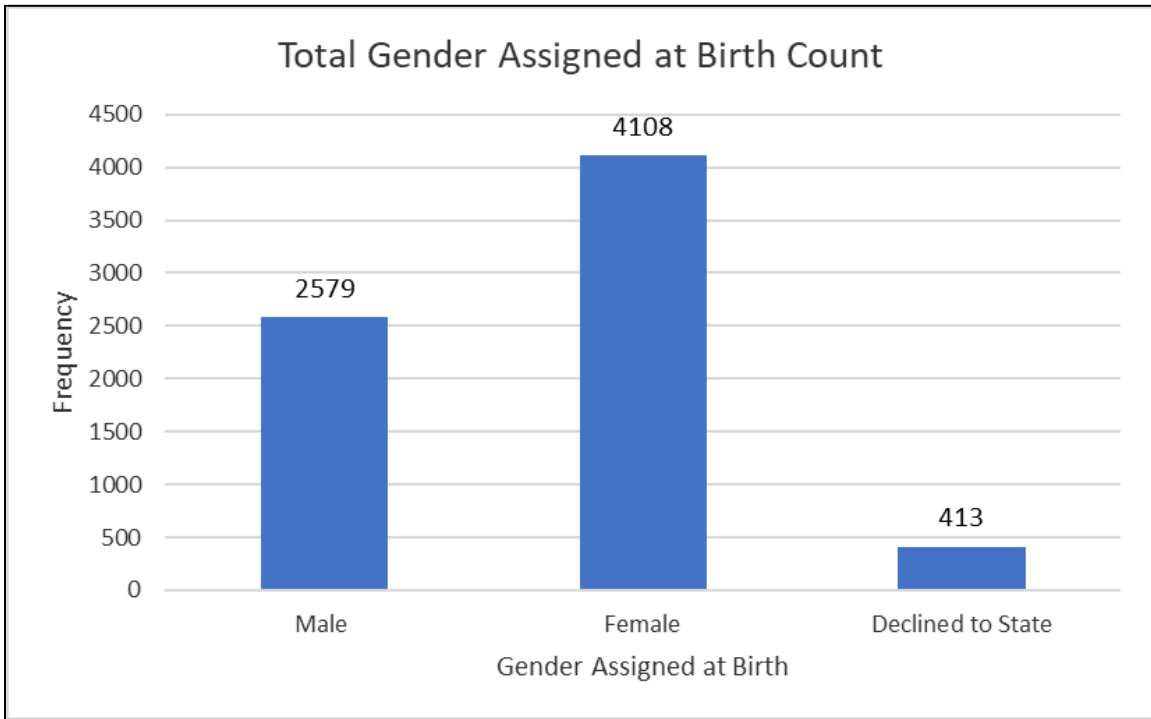
Exhibit D: PEI Demographic Data



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**APPENDIX**

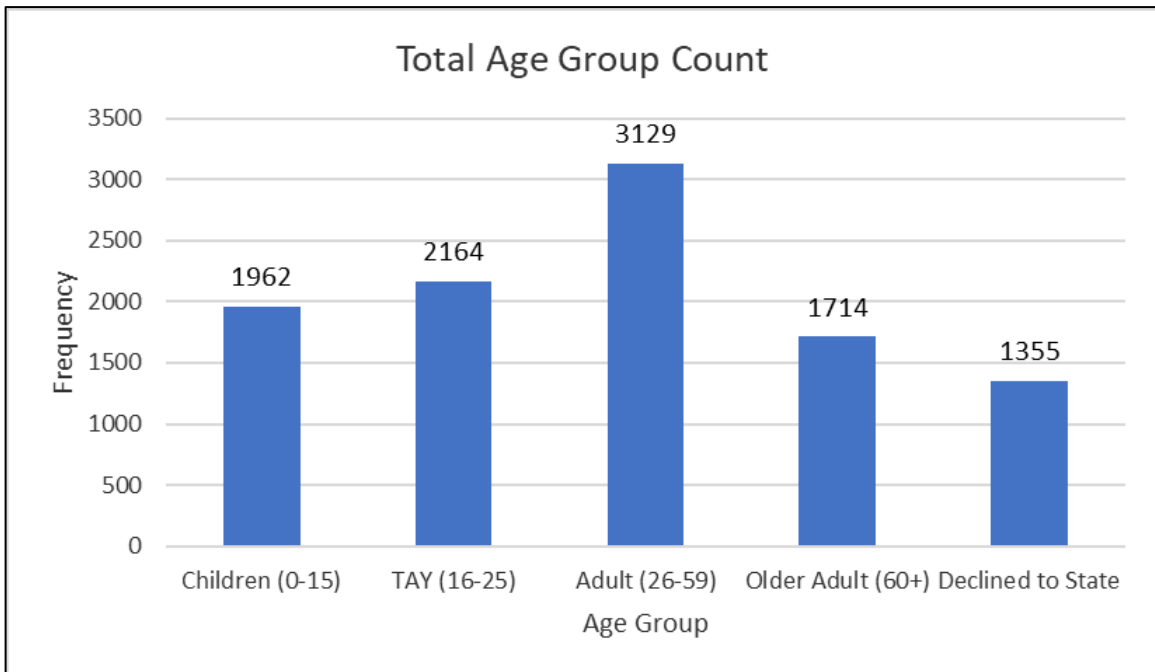
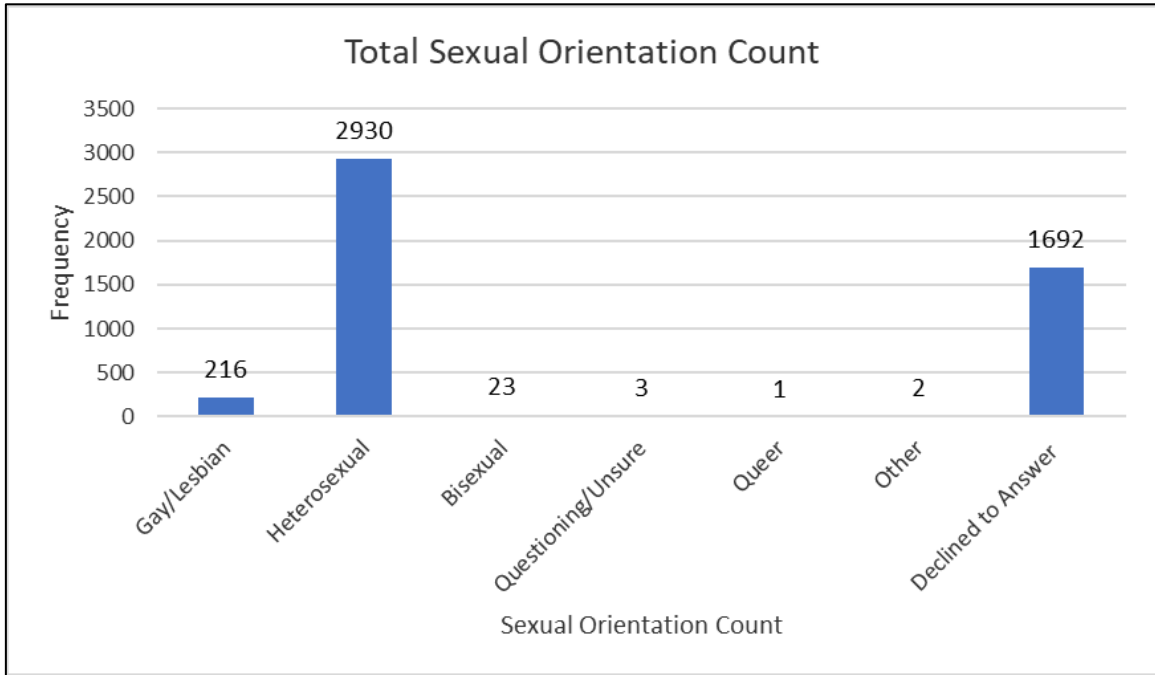
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**APPENDIX**

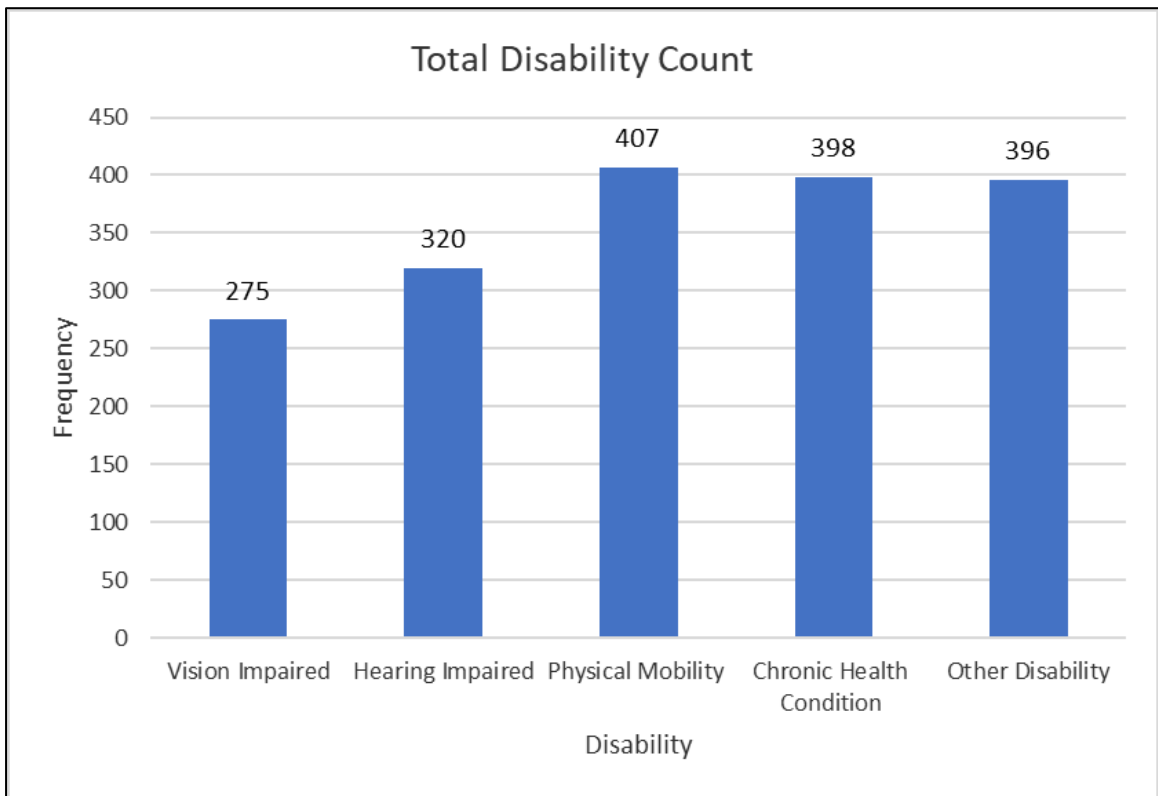
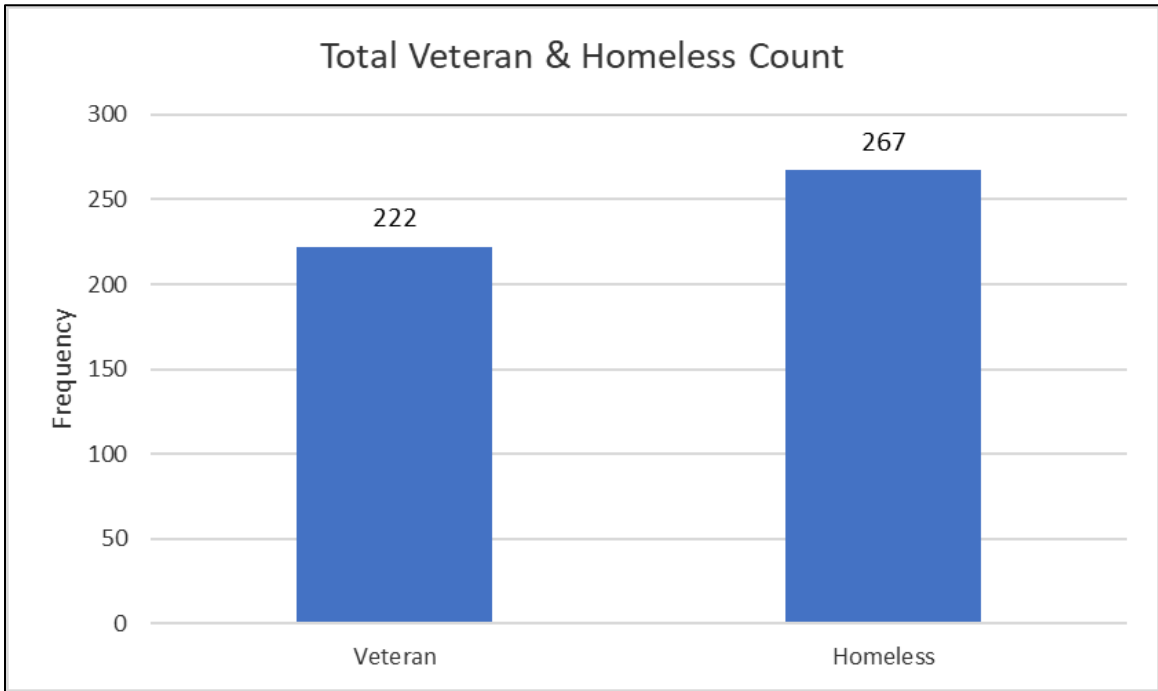
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**APPENDIX**

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**APPENDIX**

Exhibit E: Middle School Comprehensive Program Outcomes; N=230

Risk Factors	% Increase
How many days were you absent?	-1%
The number of times I have gotten into a physical fight or threatened someone is	-18%
The number of times I've used marijuana is	-13%
The number of times I've used alcohol is	-32%
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	-0%
The number of times I've misused prescription drugs is	-59%
The number of times I've hurt myself on purpose	-44%
The number of times I've seriously thought about suicide is	-45%
The number of behavioral referrals I've received is	-15%
<b>Risk Factors Cumulative Average</b>	<b>-26.22%</b>
Protective Factors	% Increase
My grades are mostly	7%
I can ask a trusted adult or family member for help if I need it	34%
I have a good relationship with my parents or caregivers	15%
I generally feel good about myself	46%
I consider the consequences to my actions	34%
I have friends who make positive and healthy choices	19%
I know how to handle a situation if I'm bullied or harassed	30%
I know how to better cope with stress, depression and anxiety	76%
I enjoy being at school	44%
I understand that alcohol is harmful for me	5%
I understand that marijuana is harmful for me and how	7%
I know that misusing prescription drugs is harmful for me	4%
<b>Protective Factors Cumulative Average</b>	<b>28.16%</b>