

MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE to the
THREE-YEAR EXPENDITURE PLAN
FY 2023-2024

COUNTY
of **SAN LUIS**
OBISPO



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Overview and Executive Summary

The following “Annual Update” report of San Luis Obispo County’s Mental Health Services Act (MHSA) provides an overview of the local work plans and projects implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. **This Update reports on the programs and services provided in Fiscal Year 2022-2023** as part of the Three-Year Program and Expenditure Plan (2020-2023). In early 2023, the County published its approved [Three-Year Expenditure Plan for Fiscal Years 2023-2026](#) (beginning FY 2023-2024).

The MHSA provides San Luis Obispo (SLO) 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 wellness, prevention, early intervention, treatment, crisis, recovery, and other service needs; and the necessary infrastructure, technology, and training elements that support the local public mental health system.

San Luis Obispo (SLO) County is the beautiful jewel of California’s Central Coast and a community that prides itself on a healthy, friendly atmosphere. From the rolling hills surrounding the lush agricultural regions, to the unparalleled beaches and dramatic shorelines, SLO County attracts tourists, students, retirees, businesses, and families seeking an active environment and terrific neighbors. Considered a “medium-sized” county by the Department of Health Care Services (DHCS), SLO County is a mix of suburban and rural communities with an estimated population of 282,013, and a density of 85.6 people per square mile (US Census, 2022).

The communities which make up the county are well-suited for civic engagement, thriving entrepreneurial ventures, art and culture, and innovative solutions to challenges and difficulties. The county, however, is no different than any other in the state, with its share (and, in some cases, more than its share) of problems associated with the lack of behavioral health and wellness. Those issues are at the core of this Mental Health Services Act plan.

Between July 2022 and June 2023 (FY 22-23) San Luis Obispo County, like communities across the globe, continued to emerge from challenges of COVID-19 and MHSA programs and plans continued to serve vulnerable populations. The

county, like many others, has also been impacted by the shifting landscape of the available workforce. As the nation is experiencing record low unemployment, the behavioral health care field has been impacted in many ways. Primarily, the COVID-19-emergency prompted a vast expansion, and acceptance, of telehealth – which created a new market for mental health providers. This has prompted many providers to opt-out of the type of in-person care crucial to county mental health systems, including MHSA services.



However, during FY 22-23 MHSA program providers continued to blend telecommunication advantages with in-person services and activities. Outreach events, like Mental Health Awareness events in May, took advantage of new in-person engagement opportunities, while other events, like Suicide Prevention Month trainings, continued to maximize impacts with online accessibility. Clinical programs continued to use virtual therapy and tele-psychiatry when appropriate, while welcoming patients in clinics to remain engaged and on the path to recovery.

A highlight of the 2022-2023 fiscal year was the successful completion of the Behavioral Health Bridge Housing grant application. This award of \$7.5 million dollars will help the County and its partners add and operate bridge housing settings. Bridge housing is meant to address the immediate and sustainable housing needs of people who have behavioral health conditions including serious mental illness (SMI) and/or substance use disorder (SUD) that are also experiencing homelessness. The project will launch in FY 2023-2024 and will include MHSA support. The grant funding period concludes in June 2027.

Another highlight this past fiscal year was the County Behavioral Health Department's partnership with Transitions-Mental Health Association (TMHA) to

conduct a thorough “gaps analysis.” Capstone Solutions Consulting Group was contracted to examine the current state of adult behavioral health care and provide recommendations on how to improve the delivery of adult mental health and substance use disorder treatment services in San Luis Obispo County. The report was issued in early FY 2023-2024 and highlighted several areas of strengths (e.g., the success of Full Service Partnership programs) and needs for improvement (e.g. the need for residential treatment and acute inpatient care). The Group will also issue an analysis of the children’s system of care in FY 23-24.

The County's MHSa leadership team elected to continue holding virtual Community Advisor meetings. The County surveyed its Community Advisors to learn how participants felt about engagement practices that best serve the Community Planning Process going forward. As FY 23-24 has begun, meetings have been held as “hybrids” with in-person and virtual options. The FY 23-24 meetings have been well attended.

In this Annual Update the SLOBHD 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 2022-2023 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)

The MHSa Annual Update details the programs being administered, their operating budgets, and results of past implementation. This report includes details for the final year of the Three-Year Program and Expenditure Plan for the fiscal years 2021-2023, as well as projected outputs and outcomes for the current Three-Year Plan (FY 23-26). The various work plans outlined herein include proposed program adaptations; any changes to the original component plans or past updates; actual expenses for 2022-2023; and projected planning and budgeting for the remaining fiscal years of the current plan.

As an Addendum to last year's Annual Update the county published its next [Three-Year Plan for Fiscal Years 2023-2026](#). In response to recent audits and guidance from DHCS, the County provides its Three-Year Plan ahead of the start of the first fiscal year. This allows the County to maintain its preferred timeline for producing, reviewing, and approving the Annual Update and Three-Year Plans in the Fall (Oct-Dec).

The Annual Update and Three-Year Plan is prepared and produced by the Department's 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), Karina Silva Garcia, PhD. (CSS Coordinator), Landon King (PEI/INN Coordinator), Jalpa Shinglot (MHSA Accountant), Yesenia Mora, AMFT (FSP Coordinator), Andrew Harris (MHSA Data/Grants Coordinator), Brita Connelly (WET Coordinator), and Rebecca Redman (Administrative Assistant).

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

In this Annual Update, SLOBHD has again included descriptions of Program Goals, Key Objectives, projected Program 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 MHSA program is the maintenance of quality partnerships between the



Department and community providers, staff, Community Advisors, 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 MHSA programs.

On Tuesday, January 4, 2023, the County's MHSA Coordinator, presented the Annual Update for Fiscal Year 2022-2023 and Three-Year Plan for Fiscal Years 2024-26 to the County of San Luis Obispo's Board of Supervisors. This broadcast public presentation allowed community members to hear about MHSA programs, objectives, and outcomes, and the community planning process.

In 2022-2023, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local Community Advisors (formerly referred to as "stakeholders"), met five times to review program progress and budgeting in light of reduced revenues, as well as develop new projects to address the needs of the State payment reform (CalAIM). In this year, the County's MHSA Leadership Team continued to host "virtual" Advisory Committee meetings to make community engagement accessible and meet the public health needs of the county. Meeting attendance was robust, with an average of 30 Advisors at each MAC.

Throughout the 2022-2023 fiscal year, the MAC reviewed changes in the County's work plan, and were provided recommendations and proposals for new and enhanced programming. The Advisors ultimately approved the following changes to the County's MHSA Plans and operations during the 2022-2023 fiscal year:

- On July 27, 2022, the Mental Health Services Act Advisory Committee (MAC), the county's key stakeholder group, approved increased budgets for Family Care Network, Inc. (FCNI) and Transitions-Mental Health Association (TMHA) to expand Full Service Partnership (FSP) programs. Advisors approved a contract expansion with CalMHSA to participate in the new statewide electronic health record project ("Smart Care") and the addition of a full-time case manager in the County's Adult Services division.
- At the September 28, 2022, meeting, the MAC Advisors approved funding three key positions for the Behavioral Health Department. A Spanish-language Public Information Specialist will now serve the growing need for Latino/x engagement and increase the Department's capacity to meet cultural competence needs and increase access to underserved populations.

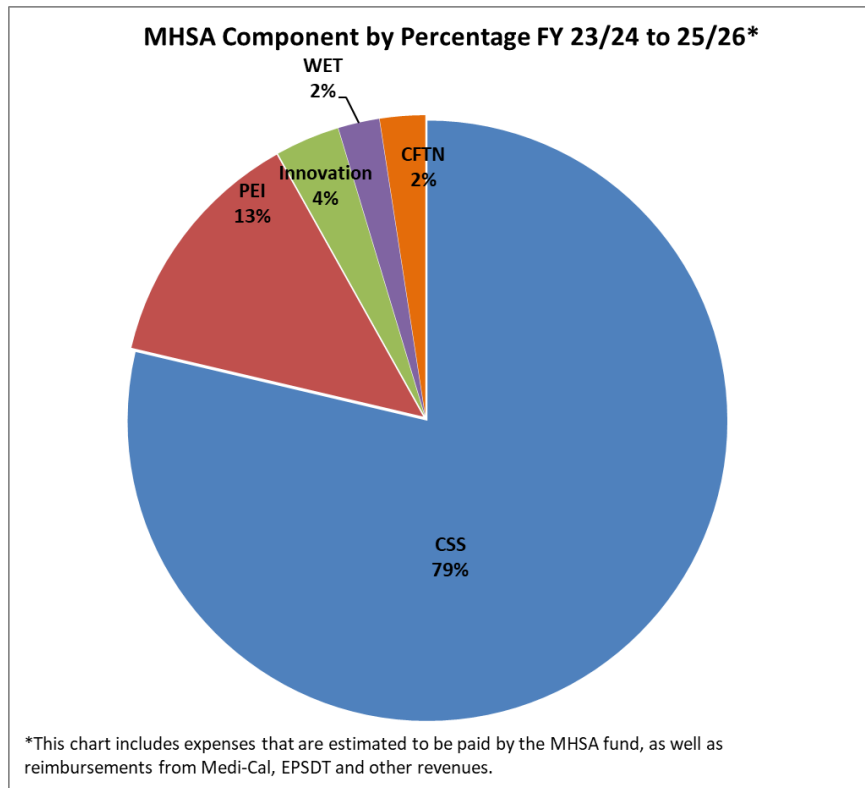
The MAC also approved the addition of an Administrative Services Manager to act as coordinator of the Department's fiscal staff in light of increased CalAIM and other statewide initiatives; and a Business Systems Analyst to manage and coordinate upcoming state-required additions and changes to housing and crisis services.

- Community Advisors also approved additions to Wilshire Community Services older-adult programs (adding a full time clinical supervisor), and an increase in the contract with The LINK for six family advocate positions in Prevention and Early Intervention (PEI).
- The MAC did not meet again in 2023 and returned to meet on January 25, 2023. At that meeting Advisors approved an increase in the County's contract with CalMHSA for statewide PEI projects, as well as funding a Suicide Prevention Coordinator for Central Coast Hotline (TMHA) under PEI. Advisors also approved the conversion of a position once dedicated to Community Schools (now staffed by County Office of Education) to be a Program Manager for countywide Systems Affirming Family Education (SAFE, integrated services) coordination.
- At the March 29, 2023 meeting MAC Advisors reviewed several requests for both program changes and funding. A Behavioral Health Clinician assigned to Co-Occurring Disorder (COD) treatment for adolescents was approved to be reassigned to a Clinical Supervisor position to address workforce issues. The COD program was now integrated within Department services and no longer needed to be supported by MHSA, while increasing Clinical Supervision was seen by Community Advisors to be a good strategy for retaining qualified staff. Advisors also approved the reassignment of a long-vacant homeless shelter clinician position in San Luis Obispo to the new clinic in Paso Robles which had clients on waiting lists and staff available. The Advisors also approved the conversion of a position once dedicated to Community Schools to be an Administrative Services Officer for the Youth Mental Health Services Division.
- Due to the recent announcement of the Governor's pending reforms to MHSA, the County informed the Advisors at that meeting that future requests for new funding would be only considered in limited, time-bound terms. To that end, the Advisors approved three-year funding for two positions: an Administrative Services Officer for the Adult Mental Health Services Division, and a Behavioral Health Specialist to support the CalAIM needs in the Department's Managed Care services.

- In early 2023, the County’s Board of Supervisors selected their “priority” areas for FY 23-24. Behavioral Health was chosen as a key priority for the Board and they asked the Department to conduct a strategic planning process. MHSA Advisors agreed to fund the strategic planning contract, which was filled by Health Management Associated (HMA) after a competitive process. The Strategic Plan should be delivered to the Department by early 2024.
- Advisors also considered and approved a Fiscal Subcommittee structure for the MAC. While MAC meetings are scheduled every other month, the Department asked for help with fiscal decision management in the interim months. The Advisors approved a small panel of volunteers who were not affiliated with any contracted partners to provide one-time funding decisions in lieu of full votes by the MAC. As of this publication, that subcommittee has not been used and all funding decisions have remained with the MAC.
- The MAC convened once more in FY 22-23, on May 31, 2023. At that session, Advisors approved a few more limited-term funding requests. A Spanish-language Administrative Assistant was added to the services in the Paso Robles Behavioral Health clinic. TMHA’s Homeless Outreach Team was expanded to include staff assigned to local County Libraries to provide outreach for unhoused individuals. Both projects will be supported for three years.
- A one-year approval was given for an expansion of Community Action Partnership of San Luis Obispo (CAPSLO) to add capacity to the South County SAFE location, where referrals had increased by 45% in the previous year. Advisors also approved an increase to the Promotores budget to increase Spanish-language interpretation services.



In FY 2022-2023, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$24.87million (M) on MHSAs programs with \$18.64M coming from MHSAs revenue, \$3.9M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$2.33M from grants or other revenue sources. In FY 2022-2023, Community partner agencies spending increased



from 54% (13.51M) to 58% (14.33M) of the FY 2022-2023 revenue, while the County programs were responsible for the other 42% (10.54M). The breakdown per program, including 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 MHSAs programs have continued to produce excellent results and meet objectives. Here are some of the highlights of the work done, by component, over the 2022-2023 fiscal year:

Community Services and Supports (CSS) programs continue to serve a wide array of individuals with severe mental illness 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 2022-2023, there were 196 client “partners” enrolled in FSP programs. Partners yielded the following average results: (1) An 84% reduction in days reported as being unhoused; (2) a 15% reduction in days spent in general hospital; (3) an 88% reduction in jail days; and (4) a 92% decrease of days in the County’s Psychiatric Health Facility (PHF).

Other CSS highlights in 2022-2023 included in this Annual Update include reporting on 1,997 calls responded to by the Mental Health Evaluation Team; the Latino Outreach Program, and original MHSa plan locally, which served 167 individuals of which 83%-100% reported improved symptoms, connections to community, and program satisfaction; the Forensic Reentry program increase clients by 39% and reduced recidivism by 22%; and the Crisis Stabilization Unit increased admissions by 105%. This Annual Update also includes FSP demographic data ([Exhibit G](#)).

Prevention and Early Intervention (PEI) projects remain strong and popular amongst Community Advisors, 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.

During 2022–2023 the Parent Connection provided by the Center for Family Strengthening increased engagement by over 25% and served an additional 200 families in the Parent Coaching program. The County’s Middle School Comprehensive program served 363 youth who showed a 46% reduction in suicidal thoughts and a 47% increase in coping skills, while the Family Advocates provided by the LINK engaged 314 middle school families across the county. Community Counseling Center also increased its output by 10% in providing therapeutic early intervention to 540 individuals.

The College Wellness Program made a total of 2,805 contacts through presentations, information booths, or outreach activities. The Suicide Prevention Coordinator reached nearly 1800 individuals by providing presentations, outreach events, and training throughout the year. The Older Adult Mental Health Initiative

saw an increase of over 200 contacts in the Senior Peer Counseling and Caring Callers programs.

Workforce Education and Training (WET) programming is based on Community Advisor approval to use CSS funding to maintain or expand the activities within the WET work plan. WET funds a wide range of cultural competence activities, which expanded in 2022-2023 to include additional Promotores behavioral health interpretation services, a return to a live “Journey of Hope” forum put on by the Peer Advisory and Advocacy Team, and an expansion of Spanish-language public information campaigns.

In 2022-2023, the MHSA/WET-funded a Spanish-language Public Information Specialist which expanded community engagement through behavioral health media, web, print, radio, and representative communications.

The **Capital Facilities and Technological Needs** work plan involves the development of the county’s electronic health record (EHR, using Cerner/Anasazi programs). In 2022-2023, the project met several milestones and training was completed for nearly every provider within the county. The most significant change in FY 22-23 was the County’s collaboration with CalMHSA and other counties to establish SmartCare as the new and improved EHR product going forward. The County and its provider partners launched SmartCare on July 1, 2023.

The **Innovation** component of MHSA has provided three previous rounds 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.

The fourth round of Innovation projects, Behavioral Health Assessment & Response Project (B-HARP), and the Holistic Adolescent Health Project (HAH) are detailed in the Update. B-HARP concluded the project in FY 2022-2023, while HAH remains active until November 2023. The “Behavioral Health Assessment & Response Project” tested a highly trained community-based and academically informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent. The “The Holistic Adolescent Health Project” tested the development of a new health curriculum and delivery model for youth 13–18 years of age. With the addition of mindfulness training, the project implemented a comprehensive approach to mental, physical, and social health.

The fifth round launched in FY 2021-22 involves two currently active projects; SoundHeal and Behavioral Health Education and Engagement Team (BHEET).

2023-2024

In addition to this report on achievements and plans made in 2022-2023, it is important to note here some additional changes to the current Three-Year plan which occurred in the final weeks of the last fiscal year, and in the early part of this current fiscal year, 2023-2024.

The potential reform of the State's behavioral health system by the Governor, which was revealed in late March 2023, caused a significant shift in MHSA planning and discussions with Community Advisors. As the pending ballot initiative (March 2024) is written, it could cause a shift or reduction in local MHSA programs by more than 30% in FY 2026 and beyond. The County met with Advisors in recent months to outline the proposed changes to MHSA and began discussing how the County and Community Advisors would work together to address the reforms should the proposals become law. The County will continue to limit new funding requests to limited-term proposals and use unspent MHSA revenues to support programs and projects that may be sustainable (or create sustainability) after FY 2026.

The MHSA Advisory Committee (MAC) Community Advisors met in July and September of 2023 and some decisions made as of this publication include:

- Community Advisors supported a one-time package of financial incentives for public behavioral health system Medi-Cal providers to adopt CalAIM productivity measures.
- Advisors supported the expansion of the Community Action Teams (CAT) program by adding four limited term positions to the County's Justice Services division. This team will work with the Sheriff's Department and other local law enforcement to provide field outreach and engagement for unhoused and otherwise hard-to-serve individuals.
- Advisors approved funds to support the addition of a Licensed Practitioner of the Healing Arts (LPHA, e.g., Marriage and Family Therapist, Clinical Social Worker) to Sierra Mental Wellness Group's crisis services team. This position will help the County meet state requirements and serve as an alternative to needing a psychiatrist to lift involuntary holds, as well as providing overnight

support for the agency. The LPHA will ensure that holds are lifted or retained to provide services to agencies such as local hospitals, Law Enforcement, and any other 5150 designated personnel through the County, ensuring 24/7 coverage.

The County of San Luis Obispo's Annual Update for 2022-2023 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 17 through November 15, 2023. A Public Notice (Exhibit C) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update will also be posted on the County of San Luis Obispo's Behavioral Health Department website and distributed by email to over 500 Advisors. In addition, copies are made available at each Behavioral Health services clinic and all county libraries.

The Annual Update's 30-day public review included a presentation of the draft, including highlights from 2022-2023 and an outline of the Community Planning Process at the Behavioral Health Board's meeting on October 18, 2023. The review period concluded with a Public Hearing on November 15, 2023 (held as part of the monthly Behavioral Health Board Meeting). At that meeting MHS Leadership staff heard from Behavioral Health Board members who have reviewed the draft, and share other substantive comments received during the 30-day public review.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update be submitted to the County Board of Supervisors for approval. California Assembly Bill 100 (passed in 2011) 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 county's Board of Supervisors received a staff report and presentation on January 9, 2024, and unanimously approved (5-0) the Annual Update for FY 2023-2024.



Community Planning Process

Community collaboration is the foundation of the projects and programs described within this Annual Update for the Mental Health Services Act (MHSA) in San Luis Obispo County. A key value for the Behavioral Health Department's (SLOBHD) MHSA presence is the maintenance of quality partnerships: between County and community providers, staff, Community Advisors, 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 community-driven presence within the MHSA programs.

The County's MHSA Leadership Team is led by the MHSA Coordinator, Frank Warren (Division Manager, Prevention & Outreach), under the direction of the Behavioral Health Administrator, Anne Robin, LMFT. In July of 2023, Ms. Robin retired from the County and has been replaced by Star Graber, PhD., LMFT. Along with the MHSA Coordinator, this Annual Update and Three-Year Plan has been prepared by Karina Silva-Garcia, PhD. (Program Manager/CSS Coordinator), Landon King (PEI/INN Coordinator), Andrew Harris (MHSA Data Coordinator), Jalpa Shinglot (MHSA Accountant), Yesenia Mora (FSP Coordinator), Brita Connelly (WET Coordinator), and Rebecca Redman (Administrative Assistant). The Leadership Team met regularly with Community Advisory groups, individuals, and organizations regarding MHSA plans and programming throughout the year.

The primary Community Advisor groups include the oversight body: the MHSA Advisory Committee (MAC), which was the original CSS workgroup, as well as the component-driven PEI and Innovation workgroups, and the county's Behavioral Health Board.

The component Community Advisor 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, 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 Community Advisor meetings as well as training and other program activities throughout the community.

In 2022-2023, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local Community Advisors, met five times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. Throughout the fiscal year, the MAC reviewed changes in the County's work plan, and were provided recommendations and proposals for new and enhanced programming. The Advisors ultimately approved several changes to the County's MHSA Plans and operations. In 2022-2023, the Prevention & Early Intervention (PEI) and Innovation (INN) Community Advisor committees also met to discuss current and future opportunities.

In this year, the County's MHSA Leadership Team continued to host "virtual" Advisory Committee meetings to make community engagement accessible and meet the public health needs of the county. The SLOBHD used the Zoom for Health platform whereby Advisors and staff could either videoconference, or phone in to participate. Meeting attendance was robust, with an average of 30 Advisors at each MAC. Agendas, minutes, and presentations were made available for each meeting per the Department's [MHSA web page](#). Each Advisory meeting begins with a brief orientation to MHSA and the role of Community Advisors in the planning and monitoring of the County's work plan.

On July 27, 2022, the Mental Health Services Act Advisory Committee (MAC), the county's key Community Advisor group, met via Zoom to discuss the new fiscal year and review the work plans. In this meeting Anne Robin, the Behavioral Health Administrator, informed the group of the rollout of the 988 National Crisis Line, and gave updates on various grants. At each meeting Jalpa Shinglot, MHSA Accountant, provides Community Advisors with current budget revenue and expenditures, and reports on any changes made to the Three-Year Plan, and details the current fund balance, Prudent Reserve balance, and FSP percentage. In this meeting, Jalpa provided details on the budget including the year-end totals for FY 2021-2022.

Karina Silva Garcia, the CSS Coordinator reviewed recent upgrades and changes to the FSP programs, including the expansion of the FSP programs and contract adjustments being made. She also informed the MAC that the MHSA Veterans Treatment Court/Outreach team was attending the National Drug Court Conference. Landon King, the PEI/INN Coordinator, discussed current program highlights and informed the group that two Innovation projects (SLO ACCEPTance and 3x3) had concluded. An Innovation Advisory meeting was being planned for Fall. Brita Connelly, the WET Coordinator and Suicide Prevention lead, informed the group about September's Suicide Prevention Month activities.

At the July 2022 meeting the MAC approved increased budgets for Family Care Network, Inc. (FCNI) and Transitions-Mental Health Association (TMHA) to expand Full Service Partnership (FSP) programs. Advisors approved a contract expansion with CalMHSA to participate in the new statewide electronic health record project ("Smart Care") and the addition of a full-time case manager in the County's Adult Services division.

At the September 28, 2022, meeting, the MAC Community Advisors approved funding three key positions for the Behavioral Health Department. A Spanish-language Public Information Specialist will now serve the growing need for Latino/x engagement and increase the Department's capacity to meet cultural competence needs and increase access to underserved populations. The funding would be provided within the Workforce Education and Training (WET) component, with funds drawn from CSS.

The MAC also approved the addition of an Administrative Services Manager to act as coordinator of the Department's fiscal staff in light of increased CalAIM and other statewide initiatives; and a Business Systems Analyst to manage and coordinate upcoming state-required additions and changes to housing and crisis services.

Community Advisors also approved additions to Wilshire Community Services older-adult programs (adding a full time clinical supervisor), and an increase in the contract with The LINK for six family advocate positions in Prevention and Early Intervention (PEI). The MHSA team outlined the schedule for the publication of the Draft Annual Update and Three-Year Plan, and subsequent Public Hearing, which would take place in October and November 2022, in lieu of any other Advisory meetings for the year.

The MAC returned to meeting on January 25, 2023. At that meeting Frank Warren announced that the Annual Update and Three-Year Plan (FY 2023-2026) had been approved the day before by the Board of Supervisors. He discussed the questions and comments brought up by County Supervisors, which coincided with the Board electing to make Behavioral Health a fiscal priority for FY 2023-2024. Morgan Torrel was introduced as the Department's new Business Systems Analyst. Karina Silva Garcia revealed the results of a survey for members of the MAC which revealed most members wished for meetings to continue to have a virtual option, and to remain at the standard time (last Wednesday of alternating months, at 3:30p.m.)

Advisors approved an increase in the County's contract with CalMHSA for statewide PEI projects, as well as funding a Suicide Prevention Coordinator for Central Coast Hotline (TMHA) under PEI. Advisors also approved the conversion of a position once dedicated to Community Schools (now staffed by County Office of Education) to be a Program Manager for countywide Systems Affirming Family Education (SAFE, integrated services) coordination.

Landon King reported the PEI Advisory group had met on January 11, 2023, and discussed the options for a limited amount of available funds. The group would meet again in April. The Innovation Advisory group would be meeting in March. Trista Ochoa, from TMHA, reported on the early success of the Behavioral Health Education and Engagement Team (BHEET) project.

The MHSA Leadership team, at that meeting, also presented a discussion about the transition from the use of the term "stakeholder." With its root in colonial context (when settlers used wooden stakes to claim land prior to any treaty or land negotiations with Indigenous groups), and the community's efforts to identify and improve cultural competence, the suggestion was made to find a more inclusive term. The MHSA Leadership team had discussions with the County's Diversity, Equity, and Inclusion manager, and several community members. The term "Community Advisors" was selected to better represent those who are impacted by MHSA decision-making and are asked to participate in advising the County.

At the March 29, 2023 meeting Anne Robin and Frank Warren reviewed the recent announcements by Governor Gavin Newsom of proposed changes to the Behavioral Health system, which would include significant changes to MHSA funding and structure. Morgan Torrel discussed the proposal the County would be submitting for the Behavioral Health Bridge Housing program. Joe Holifield, PhD., presented the results of the Innovation project B-HARP (Behavioral Health

Assessment and Response Project). The project was designed to test youth risk factors of school violence and increase and maintain threat assessment knowledge.

MAC Advisors reviewed several requests for both program changes and funding. A Behavioral Health Clinician assigned to Co-Occurring Disorder (COD) treatment for adolescents was approved to be reassigned to a Clinical Supervisor position to address workforce issues. The COD program was now integrated within Department services and no longer needed to be supported by MHSA, while increasing Clinical Supervision was seen by Community Advisors to be a good strategy for retaining qualified staff. Advisors also approved the reassignment of a long-vacant homeless shelter clinician position in San Luis Obispo to the new clinic in Paso Robles which had clients on waiting lists and staff available. The Advisors also approved the conversion of a position once dedicated to Community Schools to be an Administrative Services Officer for the Youth Mental Health Services Division.

Due to the recent announcement of the Governor's pending reforms to MHSA, the County informed the Advisors at that meeting that future requests for new funding would be only considered in limited, time-bound terms. To that end, the Advisors approved three-year funding for two positions: an Administrative Services Officer for the Adult Mental Health Services Division, and a Behavioral Health Specialist to support the CalAIM needs in the Department's Managed Care services.

In early 2023, the County's Board of Supervisors selected their "priority" areas for FY 2023-2024. Behavioral Health was chosen as a key priority for the Board, and they asked the Department to conduct a strategic planning process. MHSA Advisors agreed to fund the strategic planning contract, which was filled by Health Management Associated (HMA) after a competitive process. The Strategic Plan should be delivered to the Department by early 2024.

Advisors also considered and approved a Fiscal Subcommittee structure for the MAC. While MAC meetings are scheduled every other month, the Department asked for help with fiscal decision management in the interim months. The Advisors approved a small panel of volunteers who were not affiliated with any contracted partners to provide one-time funding decisions in lieu of full votes by the MAC. As of this publication, that subcommittee has not been used and all funding decisions have remained with the MAC.

The MAC convened once more in FY 2022-2023, on May 31, 2023. At that session, Frank Warren once again detailed emerging information about the Governor’s proposal to overhaul the MHSa. Potential impacts could force changes to one-third of local MHSa work plans. Amanda Getten, LMFT, the Division Manager for the County’s Quality Support Team presented the CalAIM redesign of Medi-Cal and how it would impact the county and its providers.

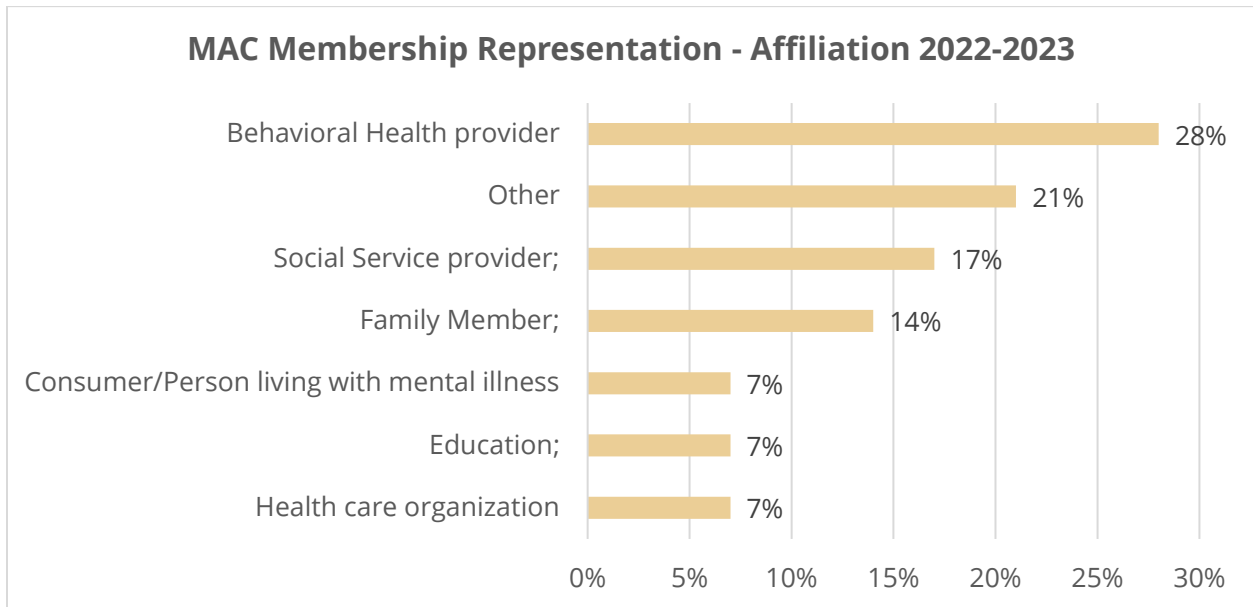
Advisors approved a few more limited-term funding requests. A Spanish-language Administrative Assistant was added to the services in the Paso Robles Behavioral Health clinic. TMHA’s Homeless Outreach Team was expanded to include staff assigned to local County Libraries to provide outreach for unhoused individuals. Both projects will be supported for three years.

A one-year approval was given for an expansion of Community Action Partnership of San Luis Obispo (CAPSLO) to add capacity to the South County SAFE location, where referrals had increased by 45% in the previous year. Advisors also approved

San Luis Obispo County 2023-2024 MHSa Advisory Committee (MAC)			
Name	Affiliation	Name	Affiliation
Cynthia Barnett	Family Care Network, Inc.	Tonya Leonard	Cuesta College
Jill Bolster-White	TMHA	Jenny Luciano	Big Brothers/Sisters
Michael Bossenberry	Community	Barbara Levenson	Behavioral Health Board
Jim Bower	Community	Raven Lopez	Community
Leslie Brown	Behavioral Health Board	Shannon McOuat	Hospice of SLO
Danijela Dornan	CAPSLO	Judith Sanchez	Herencia Indigena
Lisa Fraser	The LNK	Melinda Sokolowski	CAPSLO
Gwendolyn Garcia	Center for Family Strengthening	Clint Weirick	Community
Irebid Gilbert	Herencia Indigena	Mark Woelfle	Community
Amelia Grover	Dignity Hospitals	Jessica Yates	Victim/Witness Program
Dylan Hunt	Family Care Network, Inc.	Pam Zweifel	NAMI/BHB

an increase to the Promotores budget to increase Spanish-language interpretation services. Brita Conelly announced the results of May’s Mental Health Awareness month, with over 600 mental health kits distributed to youth, consumers, and

families across the county. Finally, the MHSA Leadership Team announced that meetings in FY 2023-2024, beginning in July, would be presented as “hybrid” with both in-person and virtual options.



The County of San Luis Obispo's Annual Update for 2022-2023 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 17 through November 15, 2023. A Public Notice (Exhibit C) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also be posted on the County of San Luis Obispo's Behavioral Health Department website and distributed by email to over 500 Advisors. In addition, copies were made available at each Behavioral Health services clinic and all county libraries.

The Annual Update's 30-day public review included a presentation of the draft, including highlights from 2022-2023 and an outline of the Community Planning Process at the Behavioral Health Board's meeting on October 18, 2023. The review period concluded with a Public Hearing on November 15, 2023 (held as part of the monthly Behavioral Health Board Meeting). At that meeting MHSA Leadership staff heard from Behavioral Health Board members who had reviewed the draft, and shared other substantive comments received during the 30-day public review.

- Comments included the need for clarification for terms used within the document, including "unique" vs. "unduplicated." MHSA Leadership Staff have edited this final document to include clarifications and explanations where necessary.
- Some comments suggested incorporating some sections' goals and mission summary (e.g., Workplan 5: Client & Family Wellness). The MHSA Leadership Team will review MHSA sections in the next year to include the mission and goals of the MHSA sections.
- A request was made for more detailed and historical information in the FSP sections, specifically, past outcomes and historical context of the client being seen by the psychiatrist within 15 days. The Annual Update reports on fiscal year data outcomes annually. For past outcomes, please refer to previous Annual Updates. The MHSA Leadership Team will review the FSP sections next year and look for areas to incorporate historical context when necessary.
- A request to clarify why the Forensic FSP program was missing the fiscal year 2021-21 data. Forensic FSP is a new program that started collecting data in the fiscal year 2022-23. The MHSA Leadership Staff have edited this final document to include clarifications and explanations in the Forensic FSP section.
- There were comments suggesting the need to explain cost per client further, specifically when there are reductions in the number of clients on the

program. The MHSA Leadership Team will review the cost per client in the next year to improve data reporting and better describe the cost per client on programs.

- Finally, comments were received about the appreciation for highlighting all the MHSA work in this report and the importance of continuing mental health services, initiatives, and support in San Luis Obispo County.

At the conclusion of the hearing, the Behavioral Health Board recommended the Annual Update and Three-Year Plan be submitted to the County Board of Supervisors for approval. California Assembly Bill 100 (passed in 2011) amended the Act to require the three-year program and expenditure plan and annual updates to be adopted by each County's Board of Supervisors and submitted to the MHSOAC within 30 days.

The county's Board of Supervisors received a staff report and presentation on January 09, 2024, and unanimously approved (5-0) the Annual Update for FY 2023-2024.



The County of San Luis Obispo's Behavioral Health Director, Anne Robin, LMFT, retired in August 2023. Anne led the Department for nearly ten years and oversaw significant growth, changes, and successes within MHSA programs. Anne came to San Luis Obispo County with nearly 30 years of experience in behavioral health leadership and was a strong support for the staff and community providers seeking to meet the promise of the Mental Health Services Act. Anne promoted innovation, the importance of consumer and family member voice, cultural competence, and the spirit of "whatever it takes."

Anne was presented with a certificate of gratitude at the MHAS Advisory Committee meeting in July 2023.



Capacity Assessment

California Code of Regulations, Title 9, § 3650(a)(5)(A)(B)(C), requires that the County's MHSA Plan include an analysis of the strengths and limitations of the County and service providers. This includes their impact on the County's ability to meet the needs of racially and ethnically diverse populations, evaluation of bilingual proficiency in threshold languages, and identification of possible barriers to program implementation and methods to overcome these issues. The following report is broken into three sections outlined in the statute. Detailed information will be included in the Appendix.

- (A) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in threshold languages.

With an estimated population of 282,013, and a density of 85.6 people per square mile (US Census, 2022), San Luis Obispo (SLO) County is a mix of suburban and rural communities. SLO County, despite being considered one of "the happiest, healthiest places in the United States (Gallup, 2016)," has its challenges. Of the 58 counties in California, San Luis Obispo ranks 12th for suicide. While California has a lower age-adjusted rate than the national average (10.5 per 100,000 and 13.9 per 100,000, respectively), SLO County far exceeds both with an age-adjusted rate of 16.2.

On average, in 2021, just over 10 people died every month of overdose in SLO County. Opioid overdoses make up 3/4 of the county's overdose deaths, with almost 80% of opioid overdose deaths involving fentanyl. In that year, there were 123 reported overdose deaths, and six of those were listed as suicide.

SLO County's racial makeup is primarily white/Caucasian (88%), 4% Asian, 2% Black or African American, 1.4% American Indian or Alaska Native, and .2% Native Hawaiian or Pacific Islander. Nearly 4% report two or more races. Ethnicity is predominantly white (68%) and Latinx (24%). Those 65 and older make up 21% of the population, while those 18 and younger account for 22%. Eighty-four percent (84%) of residents primarily speak English in their homes, while 16% speak another language. The threshold language for SLO County is Spanish. The median household income is \$77,948 with an average of 2.51 individuals living in each home. Eleven percent (10.6%) of the population live below the poverty line. Those

identifying as male and female make up 51% and 49% of the population, respectively (U.S. Census Bureau, and American Community Survey, 2021).

There are eleven public school districts with a combined 32,813 students K-12, 13% of which are English Learners. More than half of local students are eligible for free and reduced-price meals (Ed-Data.org, 2021). San Luis Obispo County contains many rural communities, some of which are quite isolated from each other and located at significant distances from the centrally located city of San Luis Obispo. As many supportive services are located in the City of San Luis Obispo, this distance creates inequities to access service for communities impacted by poverty, language barriers, and the lack of transportation.

The County's public mental health system, made up of contractual partnerships provides a culturally competent and client-centered continuum of behavioral health (mental health and substance use disorder) care. The public mental health system includes organizations and individuals providing crisis, prevention, early intervention, outpatient, residential and inpatient services for all eligible residents.

Strengths: The County has an ample number of qualified providers; a strong capacity for providing services in rural areas; and a wide variety of specialty mental health programs.

Limitations: The most significant limitation the County faces in providing services is the need for Spanish and other language capacity throughout the system. Another limitation is the lack of racial, ethnic, and cultural representation in direct service provision throughout the county. Compounding all of this, the County's public mental health system, like many across the country, is struggling to recruit and retain clinicians to provide in-person services. This is partly due to the emergence of telehealth, which has opened a wide new market for mental health care; along with the growing cost-of-living barriers for professionals wishing to live and work on the Central Coast.

According to the Network Adequacy Certification Tool (2022) provided by the Department of Health Care Services the county's public mental health system has 289 qualified providers, 52% of which specialize in serving those under the age of 20, with 31% serving those 21 and older, and 17% serving all ages. Licensed Clinical Social Workers and Marriage and Family Therapists make up 25% of that workforce.

Based on the Department of Health Care Services “Provider-To-Beneficiary Ratio Standards,” San Luis Obispo County has an excellent ratio of service provision for children and youth needing mental health services (1:10 versus the state standard of 1:43). The county also exceeds the state standard for adult services with a ratio of one provider per 15 adults needing services (1:85).

Language capacity remains a limitation as only 14% of the treatment provider network speaks Spanish fluently, compared to the 18% of Medi-Cal members who prefer services in Spanish (CenCal Member Demographics, 2021). Also, 16% of the county population report that a language outside of English is spoken primarily at home (American Community Survey, 2021). No other languages are represented by local providers at a full percentage (one provider is certified in American Sign Language, one fluent in Armenian, and two fluent in Tagalog). Of course, the broader provider network which includes prevention, early intervention, wellness, and recovery programming expands language capacity with a workforce that is only 10% fluent in Spanish.

A recent study by the county’s Behavioral Health Advisory Board determined that there is an “ongoing need for additional bilingual/bicultural staff at all levels of services, particularly in North County.”

(B) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

According to a survey of Behavioral Health Department (SLOBHD) staff by students at California Polytechnic State University (Cal Poly) in recent years, 74% of SLOBHD staff identified as White; 18% as Latino/x; and 9% as “Other.” According to US Census data, San Luis Obispo County’s racial makeup is 88% white/Caucasian, 4% Asian, 2% Black or African American, 1.4% American Indian or Alaska Native, and .2% Native Hawaiian or Pacific Islander. Nearly 4% report two or more races. Ethnicity is predominantly white (68%) and Latinx (24%).

The Medi-Cal population (representing those requiring public mental health system services) in San Luis Obispo County is 40% White and 28% Latino/x/Hispanic (CenCal Member Demographics, 2021).

While other ethnic and cultural populations are represented within the public mental health system, further study is needed to assess the current state of

representation. For instance, a recent Cal Poly study looked at the experience of the LGBTQ+ population in accessing behavioral health services (QCARES, 2020). Approximately one in four respondents to their survey reported “LGBTQ+ folks did not feel they had a choice to work with an LGBTQ+ provider.”

(C) Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers

The most significant barrier to implementing the programs contained within the MHSWA Work Plans is issues of access across the county. While it is good that 40% of the provider network report having the capacity for traveling “Greater than 60 miles” to serve clients, it identifies a barrier created by lack of local access. The need for more clinic and outreach engagement points continues to be addressed in a variety of stakeholder groups. One prominent improvement will be the opening of a Behavioral Health Department facility in Paso Robles in FY 2022-2023. This facility, partially supported with MHSWA funds, will support a wide array of behavioral health services.

In 2021-2022 the local MHSWA work plan added a Program Manager for Diversity, Equity, and Inclusion. This position serves as the Department’s Ethnic Services Manager, and oversees training, policy development, staff support, and recruitment strategies to broaden the representation of the public mental health system. In 2022-2023 a Spanish-language Public Information Specialist was added to serve the growing need for Latinx engagement and increase the Department’s capacity to meet cultural competence needs and increase access to underserved populations.

Another significant barrier is the need for a more representative workforce. Bilingual and bicultural providers are highly sought within the public mental health system, are provided financial incentives for language specialty, and valued for their cultural experiences in program design and implementation. However, the Department and its contractual partners are faced with a growing need for cultural representation and language capacity and face a depleted recruitment pool.

As mentioned above, the most urgent issue of the past two years has been the shifting landscape of the available workforce. As the nation is experiencing record low unemployment, the behavioral health care field has been impacted in many ways. Primarily, the COVID-19-emergency prompted a vast expansion, and acceptance, of telehealth – which created a new market for mental health

providers. This has prompted many providers to opt-out of the type of in-person care crucial to county mental health systems, including MHSA services.

San Luis Obispo County has faced severe staffing shortages over the past year, with vacancy rates as high as 25% for clinical staff. This is also due to the rising costs of living on the Central Coast. According to recent estimates The San Luis Obispo cost of living is 64% more expensive than the national average. By comparison, the California cost of living is 50% higher than the national average. Recruiting providers from other communities is becoming increasingly difficult. While this has been true for some time with hiring and retaining psychiatrists, the shifting job markets and cost of living have negatively impacted the behavioral health workforce.

In FY 2022-2023, the County worked with MHSA providers to increase cost of living adjustments within the work plan's budget. Capacity issues remain at the forefront of planning and discussions with Community Advisors in the 2022-2023 fiscal year and were taken into consideration for the Three-Year Plan for 2023-2026.

Community Services and Supports (CSS)

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

The State requires each county’s CSS plan to focus on children and families, transitional aged youth (TAY), adults, and older adults with the most severe and persistent mental illnesses or serious emotional disturbances. This includes those 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.

Full Service Partnerships provide comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional 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 each client by choosing services based on individual needs. Key variables of FSP programs are a low staff to client ratio, crisis availability, and a team approach.

San Luis Obispo County’s 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 2022-2023, 196 unduplicated client “partners” were enrolled in FSP programs. In that year, enrolled partners yielded the following average results: (1) An 84% reduction in homeless days; (2) a 15% reduction in days spent in general hospital; (3) an 88% reduction in jail days; and (4) a 92% decrease of days in the County’s Psychiatric Health Facility (PHF).

On the following pages, the various work plans within the county’s CSS plan are described. At the head of each section is a table outlining the budget and actual costs of each work plan. In addition, an outline of each CSS program’s stated goals, objectives, and measurable outcomes can be found at the front of each section. County staff and Community Advisors monitor programs to ensure they are meeting the community’s needs.

HOW IS FSP DATA COLLECTED AND REPORTED?

Full Service Partnership (FSP) data is entered into the California Department of Health Care Services Data Collection and Reporting (DCR) system. FSP Teams assess and collect partner outcomes and submit them to the DCR. The SLO Behavioral Health Department pulls from the DCR data reports on FSP clients. These reports include:

- *Key Event Tracker (KET) data. KETs keep track of client status and residency on an ongoing basis and are collected upon a significant event. The key variable within the KETs is the “Current” datapoint, which provides residential information in terms of “general living arrangement tonight.”*
- *3 Month (3M) data, basic information collected quarterly and is more useful for FSP administrators)*
- *Personnel Action File (PAF) data. PAFs contain extensive demographic and residency information collected for FSP clients upon entrance into the FSP program. It generally serves as the baseline for clients experience before FSP partnership. Critically the PAFs contain data on previous years days spent in homelessness, psychiatric hospital, etc.*

The PAFs serve as the baseline data while KETs logged over the past Fiscal Year indicate the current status of the FSP client.

For example, to collect general hospital days in the past year, a client who has a KET in which the key event changes their “Current” status to “medical hospital” is tracked and compared to that client’s following KET which contains a non-medical hospital code (for example, “Current” status is logged as “Apartment Alone”), indicating a change in status and hospital discharge. The days between the two KETs are tracked and tallied with all other program clients to produce the total days in general hospital. PAFs contain a variable on clients days spent in hospital the past 365 days before FSP enrollment – the sum of program participants PAF days are compared to the sum of KET days to produce data comparing the before/after program participation which is the primary measure used to show aggregate FSP program outcomes.

The FSP data available does not distinguish between ER visits or Inpatient stays, however the medical hospital stay must have been long enough to be cited as a key event which denotes a change in current status.

CSS 1.1: Children and Youth Full Service Partnership (FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	29	\$827,834	\$28,546
Actuals for FY 2022–2023	30	\$897,748	\$29,925
Projections for FY 2023-2024	30	\$1,119,932	\$37,331

*Four partners were served in both Youth and TAY FSP

Program Provider: Family Care Network, Inc. (FCNI)

Program Goals

- Reduce subjective suffering from severe mental illness or emotional disorders for children and youth.
- Increase in self-help and consumer/family involvement.
- Reduce the frequency of emergency room visits and unnecessary hospitalizations.

Key Objectives

- Reduce out-of-home placement and institutional living arrangements (including hospitalization and incarceration).
- Increase positive changes in educational level and status.
- Decrease legal encounters.
- Decrease crisis involvement.

Program Outcomes

- Decreased hospitalizations.
- Decreased juvenile justice involvement.
- Increased number of partners living with family.
- Reduced number of partners/families who are homeless.

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking, and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on MHA regulations.

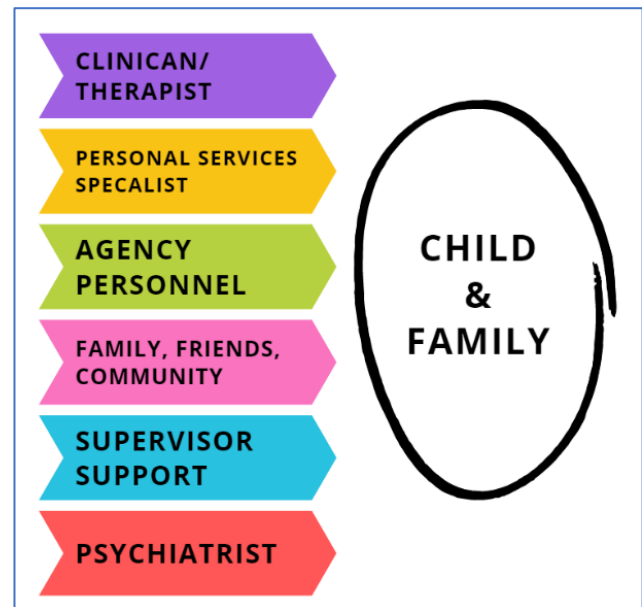
The **Children and Youth FSP** program honors the family, instills hope and optimism, and achieves positive experiences in the home, school, and community. The original CSS Community Planning Process identified youth in San Luis Obispo County as an underserved population. This program increases access and provides age-specific, culturally competent interventions for the participants. Family Care Network, Inc. (FCNI), a nonprofit children and families’ services provider, provides Child/Youth and TAY FSP services. FCNI was established in 1987 to create family-

based treatment programs as an alternative to a group home or institutional care for children and youth.

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 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 support. The family's desired outcomes drive the method of service delivery. The services are provided in the home, school, and community in a strength-based, culturally competent manner and in an integrated fashion. Coordinated graduation to a lower level of care is an essential element of the FSP with discharge planning beginning at the onset of enrollment.

There were two (2) Children and Youth FSP teams in 2022-2023. FSP teams included the child and family, a community-provided therapist, a peer and parent coach, 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.

FSP teams represent the core principles of MHSA and doing “whatever it takes,” which includes engaging a client, determining their needs for recovery, and creating collaborative services and support to meet those needs. The FSP Children/Youth (and TAY) FSP services include 24/7 responses to program partners who may need

after-hours support to manage or reduce crises. Being “fully served” is a core principle of FSP, which includes having 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 partners, including, but not limited to, unnecessary incarcerations or hospitalizations.

In 2022-2023, FCN’s Children and Youth FSP teams provided services to 30 partners with the target of helping them achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 1.1A represents reductions in areas of consequence. These figures are calculated by comparing the 12 months prior to FSP enrollment to the occurrences during 2022-2023. Compared to the 12 months prior to FSP enrollment, Child and Youth FSP participants demonstrated the following results:

- 100% decrease in days spent in psychiatric health facilities (272 days twelve months prior to partnership, 0 during 2022-2023);
- 0% change in homeless days (0 twelve months prior to partnership, 0 experienced by one client during 2022-2023);
- 150% increase in total days spent in justice facilities (10 twelve months prior to partnership, 25 during 2022-2023; and
- No change in total days spent in general hospital (0 twelve months prior to partnership, 0 during 2022-2023).

Figure 1.1A: Child and Youth FSP Partners Enrolled in FY 2022-2023 (n=30)

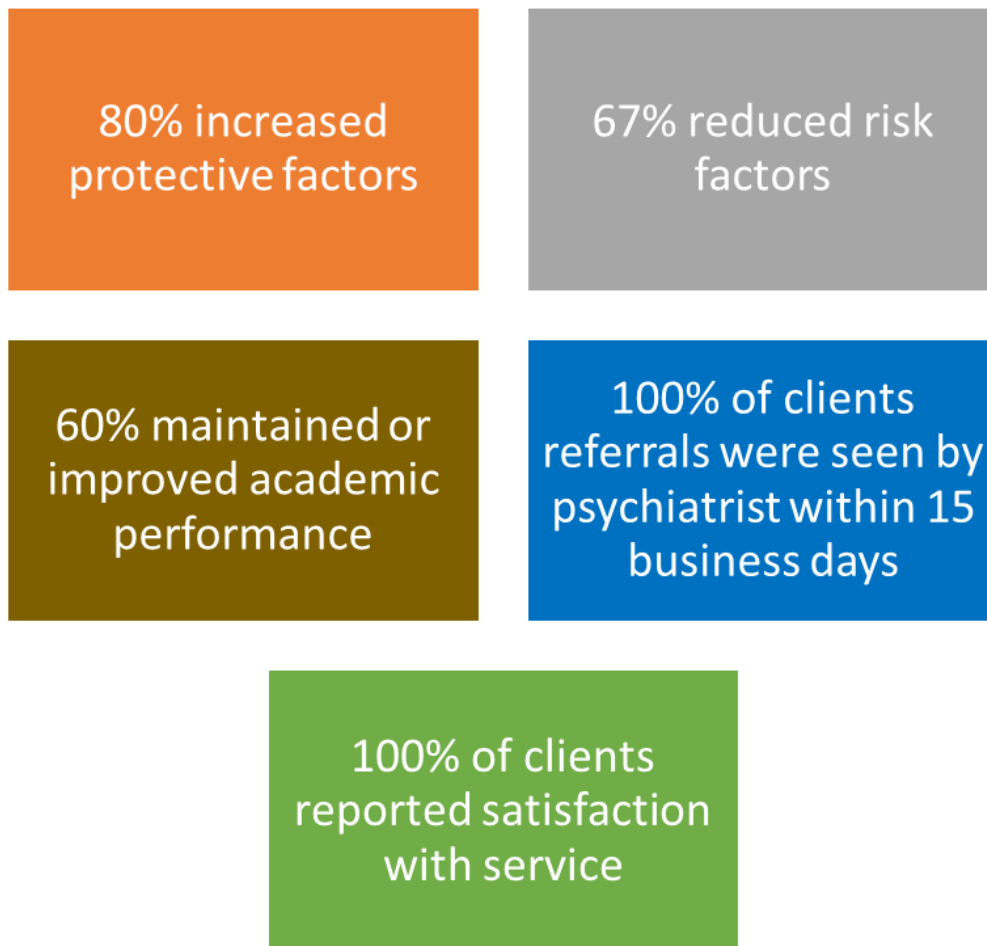
FSP Key Event	2022-2023	Before Partnership	Percent Change (FY 2022-2023 compared to Prior to Partnership)
Days in General Hospital	0	0	0.0%
Days in Homelessness	0	0	0.0%
Days in Jail	25	10	150.0%
Days in PHF	0	272	-100%
Total Arrests	0	4	-100.0%
Total Mental Emergency Interventions	2	43	-95.3%
Total Physical Emergency Interventions	0	3	-100.0%

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” on Page 32.

Throughout this Annual Update there will be references to “Risk and Protective factors.” Risk and protective factors are defined as personal attributes, situations, or environments associated with an increased likelihood of a negative mental health outcome (risk) or a lower likelihood of a negative mental health outcome (protective).

Figure 1.1B, below, displays the improvement in protective factors, decreased risk factors, and improved academic performance throughout the year for those children and youth FSP partners (completing more than one quarterly assessment).

Figure 1.1B: Child & Youth FSP Client Results (n=30)



CSS 2.1: Transitional Age Youth (TAY) Full Service Partnership (FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	36	\$775,820	\$21,551
Actuals for FY 2022–2023	28	\$561,415	\$20,051
Projections for FY 2023-2024	32	\$906,208	\$28,319

*Four partners were served in both Youth and TAY

Program Provider: Family Care Network, Inc. (FCNI)

Program Goals

- Reduce subjective suffering from severe mental illness for adults and severe emotional disorders for children and youth.
- Increase in self-help and consumer/family involvement.
- Reduce the frequency of emergency room visits and unnecessary hospitalizations.

Key Objectives

- Reduce out-of-home placement and institutional living arrangements (including hospitalization and incarceration).
- Positive changes in educational level and status.
- Decrease in legal encounters.
- Decrease crisis involvement.

Program Outcomes

- Decrease in hospitalizations.
- Decrease in juvenile justice/jail involvement.
- Increase number of partners living with family or independently, or independently with support.
- Reduced number of partners/families who are homeless.

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on regulation.

The **Transitional Aged Youth Full Service Partnership (TAY FSP)** provides wraparound-like services. It 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-eight (28) TAY received FSP services in 2022-2023.

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 with a chronic history of psychiatric hospitalizations, law enforcement involvement, co-occurring disorders, and/or foster youth with multiple placements, or those aging out of the Children's System of Care. Local Community Advisors have identified the priority issues for TAY as substance use, 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 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 support when needed, case management, crisis services, therapy, and psycho-education services to make informed decisions regarding their own treatment. This facilitates client-centered, culturally competent treatment and empowerment and promotes optimism and recovery for the future.

There were two TAY FSP teams in 2022-2023. The core FSP team includes a community-provided therapist, a peer and parent coach, and a Personal Services Specialist. Additionally, the team has access to a vocational specialist, co-occurring disorders specialist, psychiatrist, medication manager, and program supervisor that serve participants in both age group programs.

In 2022-2023, FCNI provided services to 28 partners in the TAY FSP Program, with a target to help them achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 2.1A represents reductions in areas of consequence. These figures are calculated by comparing the baseline information gathered from the partners for 12 months prior to their start date into the program to the occurrences during 2022-2023.

- 89% decrease in days spent in psychiatric health facilities (308 twelve months prior to partnership, 34 during FY 2022-2023).
- 64.8% reduction in homeless days (1038 twelve months prior to partnership, 365 during FY 2022-2023).
- 153.1% increase in total days spent in justice facilities (32 twelve months prior to partnership, 81 during FY 2022-2023); and
- 100% reduction in total days spent in general hospital (23 twelve months prior to partnership, 0 during FY 2022-2023).

Figure 2.1A: TAY Partners Enrolled in 2022-2023 (n=28)

FSP Key Events	2022-2023	Before Partnership	Percent Change (FY 2022-2023 compared to Prior to Partnership)
Days in General Hospital	0	23	-100.0%
Days in Homelessness	365	1038	-64.8%
Days in Jail	81	32	153.1%
Days in PHF	34	308	-89.0%
Total Arrests	2	6	-66.7%
Total Mental Emergency Interventions	6	68	-91.2%
Total Physical Emergency Interventions	0	13	-100.0%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

In 2022-2023, TAY partners were observed by team providers over several months to compare program outcomes. Providers documented a significant decrease in risk factors. Eighty-two percent (82%) of TAY partners observed demonstrated a decrease in behaviors such as delinquency, fire setting, and being a runaway, among others. Eighty-two percent (82%) increased their protective factors; seventy-six (76%) obtained housing stability; seventy-six percent (76%) maintained or improved their academic performance; one hundred (100%) of partners were referred and seen by the psychiatrist within 15 business days; and one hundred (100%) of partners surveyed were satisfied with services provided. See Figure 2.1B below.

The teams' peer and parent coaches provide transportation, social support, skills training, and assistance with independent living. These coaches function as role

models to partners with regard to rehabilitation and recovery, communication skills, and work behavior; facilitate and encourage partners to access and utilize community resources, 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, and reconnecting with family and friends that can be a source of strength and support. The peer and parent coach assists partners in a social rehabilitation setting offering social support, recreational activities, and assisting with independent living skills.

Partners are given the option to choose telehealth or in-person contacts. FCNI has increased its face-to-face contacts, while following the health and safety recommendations for essential health care services as provided by the County of San Luis Obispo.

Figure 2.1B: TAY FSP Clients Survey Results for Social Behaviors



CSS 3.1: Adult Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	48	\$2,159,054	\$44,980
Actuals for FY 2022–2023	43	\$1,985,838	\$46,182
Projections for FY 2023-2024	45	\$2,194,374	\$48,764

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with the greatest level of independence possible.
- Reduce subjective suffering from severe mental illness for adults.

Key Objectives

- Reduce homelessness/maintain suitable housing.
- Reduce or eliminate the need for crisis services.
- Reduce or eliminate acute psychiatric and/or medical hospitalizations.
- Reduce substance use/dependence to a level that no longer harms the partner or the community.

Program Outcomes

- Decrease in hospitalizations.
- Decrease in jail days.
- Decrease in homelessness.

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking, and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on MHSA regulations.

The **Adult Full Service Partnership (FSP)** programs serve adults 26-59 years of age with serious mental illness. Adult FSP participants are at risk of institutional care because their needs are greater than most outpatient services can 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 from a co-occurring substance use disorder. The overall goal of Adult FSP is to divert adults with severe 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): three (3) Adult FSP and two (2) Homeless Outreach Team (HOT) FSP teams.

The Adult FSP programs provide a full range of services. Participants are empowered to select from various services and supports to move them towards achieving greater independence. 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, each are guided by an assessment of each individual's strengths and resources. Services include:

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

In 2022-2023, TMHA served 43 FSP partners as part of the Adult FSP program.

The three (3) core FSP teams include a TMHA Clinical Therapist and a Personal Services Specialist (PSS). The PSS is involved in day-to-day client skills-building and resource support to include dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers.

In addition, a program mentor, psychiatrist, medication manager, and program supervisor serve participants. The medication manager time allows the staff to be available during all business hours to support appointments, refills, and check-ins for the full caseload of 43 partners. The peer mentor provides transportation, social support, skills training, and assistance with independent living to a caseload of 15 clients. In FY 2022-2023, MHSA Community Advisors expanded the Adult FSP program with additional medical prescriber (e.g., nurse practitioner) time each week, as well as a part-time Medical Assistant to provide the five Adult FSP teams at TMHA with support for organizing and administering consumer medications.

In the fiscal year 2022-2023, 100% of partners were referred and seen by a psychiatrist within 15 business days. A survey of participants showed an increase of 23% in their use of learned coping skills to help them better manage their mental health symptoms. Partners surveyed also demonstrated a 24% increase in their use of skills learned from therapeutic interventions to deal better with stress-related triggers; 14% increase in community participation through learned activities such as enhanced self-sufficiency, life skill training and medication education; and 78% of partners surveyed indicated they were satisfied or very satisfied with medication support services.

Figure 3.1A represents the baseline information gathered from the partners for 12 months prior to their start date into the program and compares it to the occurrences during 2022-2023.

- 99.8% decrease in days spent in psychiatric health facilities (416 twelve months prior to partnership, 1 during FY 2022-2023).
- 99.6% decrease in homeless days (2372 twelve months prior to partnership, 10 during FY 2022-2023).
- 100% decrease in total days spent in justice facilities (665 twelve months prior to partnership, 0 during FY 2022-2023); and
- 99.3% reduction in days spent in general hospital (137 twelve months prior to partnership, 1 during FY 2022-2023).

Figure 3.1A: Adult Partners Enrolled in FSP: FY 2021-2022 (n=43)

FSP Key Events	2022-2023	Before Partnership	Percent Change (FY 2022-2023 compared to Prior to Partnership)
Days in General Hospital	1	137	-99.3%
Days in Homelessness	10	2372	-99.6%
Days in Jail	0	665	-100.0%
Days in PHF	1	416	-99.8%
Total Arrests	1	16	-93.8%
Total Mental Emergency Interventions	0	100	-100.0%
Total Physical Emergency Interventions	3	71	-95.8%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	38	\$1,157,679	\$30,465
Actuals for FY 2022–2023	30	\$1,074,367	\$35,812
Projections for FY 2023-2024	34	\$1,159,128	\$34,092

Program Provider: Transitions-Mental Health Association (TMHA)

The Homeless Outreach Team (HOT) FSP teams include two therapists, two case managers, and a peer support staff member. Additional supports include a nurse, access to a psychiatrist, medication management, and program supervision. **In 2022-2023, TMHA served 30 FSP partners as part of the Homeless Outreach Team FSP program.** In 2022-2023, the program team met and engaged 342 local homeless individuals. Ninety (90) individuals were screened for Mental Health Services, and fifty-two (52) individuals received health screenings and check-ups performed by the program nurse. In recent years, TMHA expanded its Homeless Outreach FSP to include the second team, which increased HOT’s capacity to ultimately serve 30 partners. The expansion included a mobile outreach unit with assessment and treatment capacity to serve the community most effectively. The teams now use the van for homeless outreach and service delivery. The van has access to a nurse practitioner via telepsychiatry.

Thirty (30) individuals were enrolled in HOT FSP Services 2022-2023. Figure 3.2A represents the baseline information gathered from the partners for 12 months prior to their start date into the program and compares it to the occurrences during 2022-2023.

- 76.8% decrease in days spent in psychiatric health facilities (366 twelve months prior to partnership, 85 during FY 2022-2023).
- 84.4% reduction in homeless days (3509 twelve months prior to partnership, 549 during FY 2022-2023).
- 89.7% decrease in total days spent in justice facilities (2330 twelve months prior to partnership, 239 during FY 2022-2023); and
- 670.8% increase in days spent in a general hospital setting (24 days reported twelve months prior to partnership, 185 during FY 2022-2023); this large increase is due to an increase in hospital days compared to FY 2021-22,

however the percent change is primarily driven by the far lower than typical number of days in hospital experienced by FSP Partners prior to enrollment.

In 2022-2023, 100% of the 30 partners engaged accessed support services, such as substance use treatment, vocational training, emotional support, and benefits eligibility. Three, or 10% of the 30 partners served had secured housing as of the fourth quarter.

Figure 3.2A: Homeless Outreach Team Partners Enrolled in FY 2022-2023 (n=30)

FSP Key Events	2022-2023	Before Partnership	Percent Change (FY 2022-2023 compared to Prior to Partnership)
Days in General Hospital	185	24	670.8%
Days in Homelessness	549	3509	-84.4%
Days in Jail	239	2330	-89.7%
Days in PHF	85	366	-76.8%
Total Arrests	0	34	-100.0%
Total Mental Emergency Interventions	0	68	-100.0%
Total Physical Emergency Interventions	0	28	-100.0%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" on Page 32.

CSS 3.3: Forensic Adult Full Service Partnership (FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	-	\$336,548	-
Actuals for FY 2022–2023	16	\$910,471	\$56,904
Projections for FY 2023-2024	16	\$1,244,734	\$77,796

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Program Goals

- Assist partners who are currently involved with the criminal justice system or are at risk of involvement with law enforcement.
- Provide the support necessary to prevent future incarceration and increase long-term mental health recovery success rates.

Key Objectives

- Reduce homelessness/maintain suitable housing.
- Reduce or eliminate acute psychiatric and/or medical hospitalizations.
- Reduce substance use/dependence to a level that is no longer harmful to the community.

Program Outcomes

- Decrease in emergency room visits.
- Decrease in jail days.
- Decrease in homelessness.
- Decrease in psychiatric health facility days.
- Increase in utilization of community behavioral health support systems

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.
- Data elements collected are based on MHPA regulations.

The “Forensic Full Service Partnership” (FFSP) serves individuals currently involved with the criminal justice system or at risk of involvement with law enforcement who also meet the criteria for FSP including severe mental illness, homelessness, at risk of homelessness, involvement or at risk of involvement with the criminal justice system, at risk of institutionalization, frequent hospital users and/or emergency room treatment for mental health care.

The FFSP is operated by the Behavioral Health Department's Justice Services Division. The staff positions include a lead Clinician, a Personal Support Specialist (PSS), and a Program Supervisor to support the growing division of court-related MHSA programs. The Clinician provides assessments and diagnoses and works with each client to establish a successful treatment plan. The Clinician interfaces with the justice system, inpatient facilities, crisis teams, and administration to ensure FSP participants are supported throughout the system. The PSS supports FFSP partners by providing case management, transportation, and system navigation among other services.

This program includes a half-time Staff Psychiatrist and full-time medication manager to provide medical support to the FFSP and other forensic MHSA programs. FFSP assists in navigating the criminal justice system, maintaining compliance with criminal justice mandates, and addressing criminogenic risk and needs to prevent future incarceration. Criminal justice-involved individuals often have complex needs and their mental health and substance use disorders are often interrelated, under-managed, and further complicated by varying degrees of involvement with the system. Often these symptoms increase while in custody and a lack of follow through with community-based treatment upon release can create a cycle of rearrest and court involvement.

FFSP staff specialize in criminal justice treatment which includes best practices in cognitive therapies, trauma-informed care, and harm reduction. Staff collaborate with probation officers and work with justice system incentives and sanctions when needed to motivate client behaviors.

In FY 2022-2023, the FFSP program served 16 unique partners. The FFSP program is new in FY 2022-2023 (no reported data for FY 2021-2022), and this number of partners reflects the intended program enrollment. Figure 3.3A represents the baseline information gathered from the partners for 12 months prior to their start date into the program and compares it to the occurrences during 2022-2023.

- 70% decrease in days spent in psychiatric health facilities (79 twelve months prior to partnership, 24 during FY 2022-2023).
- 96% decrease in homeless days (2167 twelve months prior to partnership, 85 during FY 2022-2023).
- 47% decrease in total days spent in justice facilities (162 twelve months prior to partnership, 85 during FY 2022-2023); and

- 0% reduction in days spent in general hospital (0 twelve months prior to partnership, 0 during FY 2022-2023).

Figure 3.3A: Forensic FSP Partners Enrolled in FY 2022-2023 (n=16)

FSP Key Events	2022-2023	Before Partnership	Percent Change (FY 2022-2023 compared to Prior to Partnership)
Days in General Hospital	0	0	0.0%
Days in Homelessness	85	2167	-96.1%
Days in Jail	85	162	-47.5%
Days in PHF	24	79	-69.6%
Total Arrests	5	12	-58.3%
Total Mental Emergency Interventions	0	9	-100.0%
Total Physical Emergency Interventions	1	3	-66.7%

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” on Page 32.

CSS 3.4: Transition Assistance and Relapse Program (TARP/FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	26	\$47,120	\$1,812
Actuals for FY 2022–2023	26	\$19,615	\$754
Projections for FY 2023-2024	26	\$127,594	\$4,907

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Assist partners who are in transition out of intensive FSP services into a more traditional self-supported system of care.
- Provide coaching and assistance necessary to increase success rates in long-term recovery.

Key Objectives

- Improve treatment outcomes for FSP partners by developing a post-graduation transition and recovery plan using a peer advocate/mentor.

Program Outcomes

- Reduce relapse and recidivism rates among partners.
- Partners deferred from using an acute treatment setting.
- Increase engagement in community-based services.
- Demonstrate preparedness to manage long-term recovery.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

Transition Assistance and Relapse Prevention Program (TARP) provides peer mentors as an on-going support and connection to Full Service Partnership (FSP) graduates. When FSP client cases are closed, and the partnership with the FSP team ends, the client is usually transferred to an outpatient clinic for ongoing general services. The community examined (via an MHSA-funded Innovation project) that graduates may still meet medical necessity for services. Still, because of their success in recovery, they may no longer access the level of supportive services they had received in FSP. 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 partners. The loss of

connectedness to the FSP “family” can be a significant factor that contributes to relapse.

Peer mentors in TARP extend that continued connection to the team beyond FSP. This includes providing access to resources and activities to which graduates have not had access to previously. TARP ensures continuity of care for FSP partners 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 partners showing signs of improvement, allowing others in more need of the wraparound program to enroll. Additionally, the presence of a TARP mentor can signal hope that recovery can and does occur, serving as a guidepost for new FSP partners.

A total of twenty-six (26) unduplicated participants were served in 2022-2023.

A total of 515 duplicated contacts occurred in the fiscal year. Of the 26 unduplicated participants in 2022-2023, 100% of participants did not relapse/reviviate to the PHF or the FSP program during the fiscal year. Additionally, 81% (21/26) of the participants engaged in community-based services for two or more sessions. Of the twenty-six (26) reporting via self-report surveys, 70% reported feeling better prepared to manage their long-term recovery after working with the Behavioral Health Navigators, and 100% of partners were deferred from using an acute treatment setting.

CSS 4: Older Adult Full Service Partnership (FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	23	\$650,512	\$28,283
Actuals for FY 2022–2023	23	\$733,844	\$31,906
Projections for FY 2023-2024	23	\$786,591	\$34,200

Program Provider: Wilshire Community Services, Inc.

Program Goals

- Provide culturally sensitive mental health services that assist individuals in maintaining their recovery in the community with greatest level of independence possible.
- Reduce the subjective suffering from serious mental illness for adults.

Key Objectives

- Reduce homelessness/maintain suitable housing.
- Reduce or eliminate need for crisis services.
- Reduce or eliminate acute psychiatric and/or medical hospitalizations.
- Reduce substance use/dependence to a level that is no longer harmful to the partner or the community.

Program Outcomes

- Decrease in hospitalizations.
- Decrease in jail days.
- Decrease in homelessness.

Method of Measurement

- Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP.
- Data elements collected are based on MHSA regulations.

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 an 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 their service needs extend into older adulthood.

The OA FSP serves 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 unhoused, 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 use 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 (1) OA FSP team in 2022-2023. The core FSP team includes a Wilshire Community Services or a WCS Mental Health Therapist a Personal Services Specialist (PSS), a medication manager, and a psychiatrist provided by WCS. Additionally, a co-occurring disorders specialist and a WCS program supervisor are available to serve participants in all the occasional Adult and Older Adult FSP age group programs. **In 2022-2023 the OA FSP team served a total of 23 partners.**

Figure 4.1A presents a comparison of the baseline information gathered from these partners for 365 days prior to their start date into the program, to the end of the fiscal year.

- 100% decrease in days spent in psychiatric health facilities (164 twelve months prior to partnership, 0 during FY 2022-2023);
- 56.9% reduction in homeless days (432 twelve months prior to partnership, 186 during FY 2022-2023);
- 100% decrease in total days spent in justice facilities (30 twelve months prior to partnership, 0 during FY 2022-2023); and
- 45.2% decrease in days spent in general hospital (104 twelve months prior to partnership, 57 during FY 2022-2023); this comparatively smaller decrease is primarily due to two outliers.

Figure 4.1A: Older Adult Partners Enrolled in FY 2020-2021 (n=23)

Row Labels	2022-2023	Before Partnership	Percent Change (FY 2022-2023 compared to Prior to Partnership)
Days in General Hospital	57	104	-45.2%
Days in Homelessness	186	432	-56.9%
Days in Jail	0	30	-100.0%
Days in PHF	0	164	-100.0%
Total Arrests	0	2	-100.0%
Total Mental Emergency Interventions	7	77	-90.9%
Total Physical Emergency Interventions	48	87	-44.8%

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” on Page 32.

The OA FSP program provides a full range of services. Participants are empowered to select from various services and supports to move them towards achieving greater independence. Services include assessment, individualized treatment planning, therapeutic services, independent living skills support, case management, integrated co-occurring treatment, medication support, housing, and vocational services are available if appropriate.

The PSS is involved in day-to-day client skills-building and resource support to include dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers.

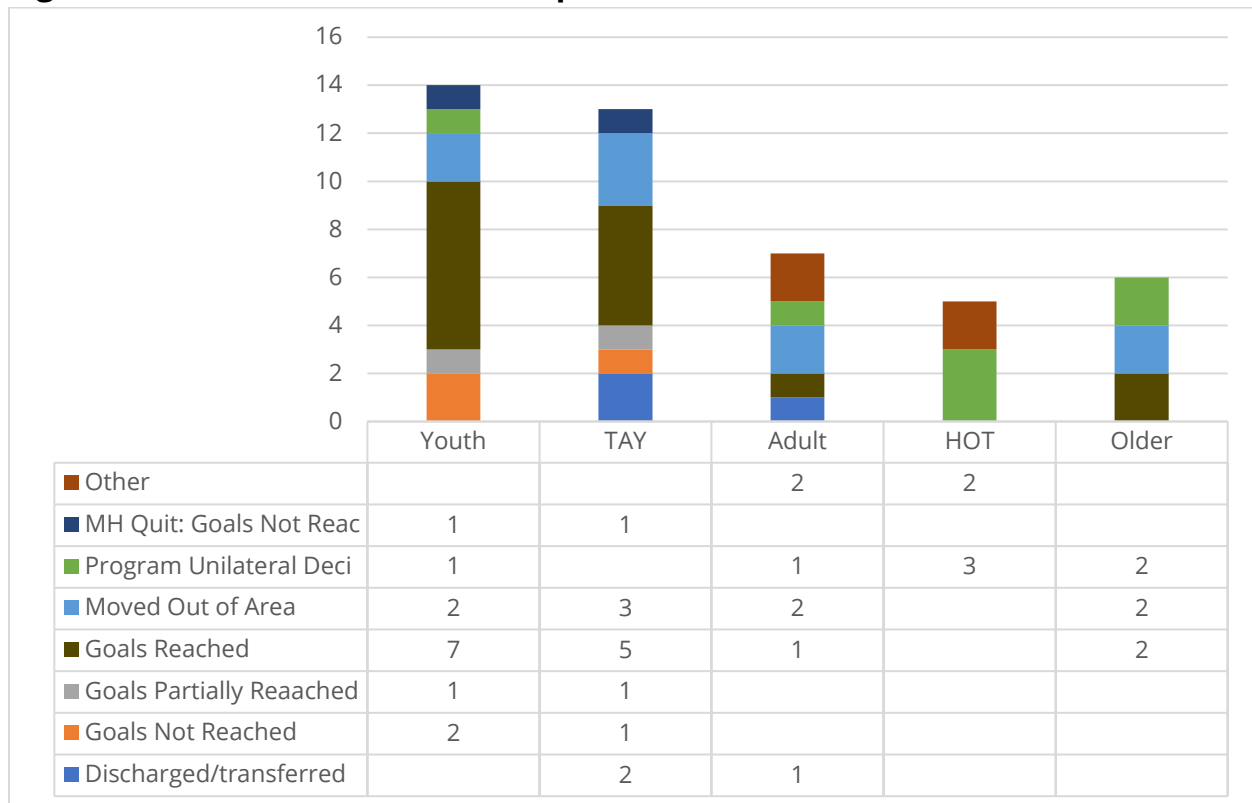
In 2022-2023, the Older Adult FSP team continued to assess and address the medical needs of the medically fragile partners. Partners reported a 55% reduction in the presentation of symptoms at the end of six (6) months following OA FSP enrollment. Additionally, partners reported an 82% reduction in the presentation of symptoms at the end of one (1) year following OA FSP enrollment. The psychiatrist saw 100% of enrolled OA FSP partners within 15 business days, and 95% of partners surveyed reported satisfaction with medication support services.

CSS: Collective FSP Disenrollment Results

Collectively, in 2022-2023, the Full Service Partnership programs had 45 partners 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 needs residential/institutional mental health services.
- Client has successfully met their goals such that discontinuation of FSP is appropriate; and
- The client is serving a prison sentence.

Figure DR1: Full Service Partnership Discontinuation Reason: FY 2022-2023

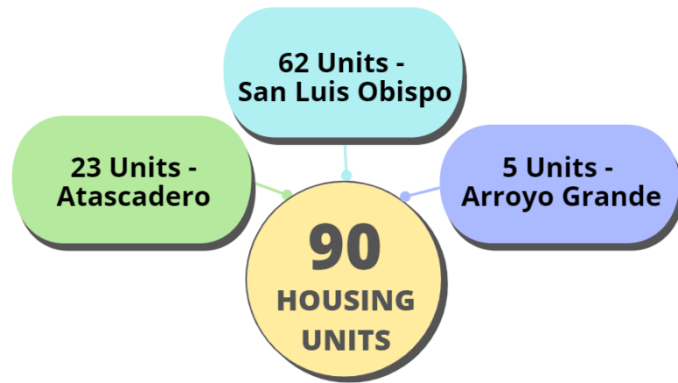


CSS: Housing

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, **provided 90 units of housing for MHA and MHA-eligible clients in 2022-2023** (62 units in San Luis Obispo, 23 units in Atascadero, 5 units in Arroyo Grande). All of the residents of these programs initially receive services from the San Luis Obispo County Behavioral Health Department and TMHA. The services at the residential sites 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.

Figure H1: Number of Housing Units Provided for MHA clients in FY 2022-2023

TMHA uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) 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. An Adult Placement Committee meets monthly to review the housing program practices, such as referral processing, communication with staff, and prioritization for placement when vacancies occur.

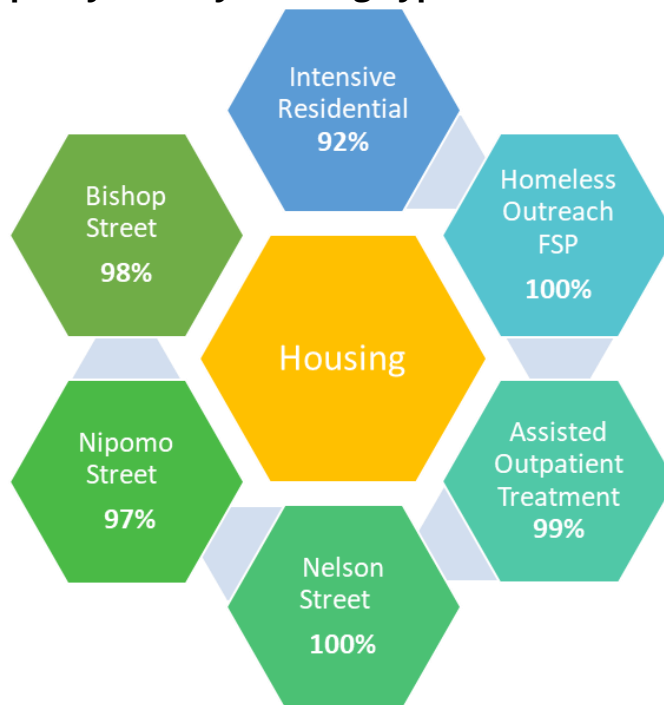


FSP Program Housing Facilities - CSS Funded FY 2022-2023

Program	Location	Total Beds	Total Clients	Occupancy (bed days occupied)
Full Service Partnership (FSP) Intensive Residential	<i>Atascadero /San Luis Obispo</i>	35	38	92% (11,699 /12,775)
Homeless Outreach FSP Housing	<i>Atascadero</i>	4	4	100% (1,460/1,460)
Assisted Outpatient Treatment FSP Housing	<i>Atascadero</i>	5	6	99% (1,802/1,825)

FY 2023-2024 *Projected occupancy rate of 90%*
FY 2024-2025 *Projected occupancy rate of 90%*

Figure H2: Occupancy Rate by Housing Type in FY 2022-2023



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. A total of **38** clients resided in the FSP Housing Program during the 2022-2023 FY.

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 unhoused, or in other difficult environments. A total of four clients resided at Homeless Outreach Housing during the 2022-2023 FY.

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 meeting the criteria for Assisted Outpatient Treatment. If no viable AOT client is referred within 15 days of a bed opening, TMHA moves to the FSP waitlist for placement. The program has five beds available in Atascadero city, and the housing has no maximum length of stay.

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. During fiscal year 2022-2023, a total of six clients resided at Assisted Outpatient Treatment FSP Housing Program.

Clients surveyed demonstrated a 15% increase in the use of Activities of Daily Living skills for independent living and community support services.

**MHSA Program Housing
FY 2022-2023**

Program (Funding Source)	Location	Total Beds	Total Clients	Occupancy (bed days occupied)
Nelson Street (CSS One-Time Funding)	<i>Arroyo Grande</i>	5	6	100% (1,825/1,825)
Nipomo Street (CalHFA Funded)	<i>San Luis Obispo</i>	8	10	97% (2,821/2,920)
Bishop Street (CSS One-Time Funding)	<i>San Luis Obispo</i>	33	33	98% (11,690/11,895)

FY 2023-2024 Projected occupancy rate of 90%

FY 2024-2025 Projected occupancy rate of 90%

The **Nelson Street Project** was given one-time General System Development 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 includes access to a Wellness Center. A total of **six** clients resided at Nelson Street Studios during FY 2022-2023.

The County and TMHA jointly accessed MHSAs Housing Funds through the California Housing Finance Authority (CalHFA) to build an eight-unit studio apartment building for MHSAs and MHSAs-eligible clients. The **Nipomo Street Project**, in the City of San Luis Obispo includes a Wellness Center for the residents and community to utilize. The Behavioral Health Department has priority for all eight units at this site for its clients. Support services, shopping, bus lines, restaurants, and employment opportunities are all within walking distance. All units are fully furnished and complete with housewares and linens. Residential case management support is provided to the residents as well. A total of **10** clients resided at Nipomo Street Studios during FY 2022-2023.

The **Bishop Street Project**, developed by TMHA included CSS one-time funding and CalHFA funding, consists of 33 studios and one-bedroom units. TMHA renovated the abandoned Sunny Acres building above Johnson Avenue in San Luis Obispo and built three new buildings to create supportive housing for adults with mental illness, plus an apartment for a Resident Manager. The project includes 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 Bishop Street Studios project opened on October 1, 2019, and through a staggered move-in system, full occupancy was reached in November 2019. A total of **33** clients resided at the Bishop Street Studios Program during FY 2022-2023.

No Place Like Home

On July 1, 2016, the Governor passed Assembly Bill (AB) 1618, also known as the “No Place Like Home” (NPLH) Initiative, which created a \$2 billion revenue bond supported by MHSAs funds. The Department of Housing and Community Development administered a competitive program among counties to finance capital costs for permanent supportive housing.

While NPLH is not part of any local MHPA work plan, its grants and contracts are managed within the MHPA Leadership Team, and will be reported herein:

Round One Competitive Grant: The County and its housing partners were unable to secure an eligible property and obtain site control by the January 31, 2019, grant deadline.

Round Two Competitive Grant: In June 2020, the County and its housing partner, People's Self-Help Housing Corporation, received a grant award of \$10,435,350 to fund the Pismo Terrace project in Pismo Beach, CA.

Pismo Terrace is a 50-unit new construction project with 38 one-bedroom, and 11 two-bedroom units serving households with incomes ranging from 30-60 percent of Area Median Income (AMI), and one manager unit. Of the total units, 17 one-bedroom, and seven (7) two-bedroom units will be reserved for NPLH qualified households with incomes at or below 30 percent AMI. Each unit will have a refrigerator, range, dishwasher, curtains/blinds, and storage area. On-site amenities include 1 laundry room (5 washers and 5 dryers), a community room, community kitchen, computer room and tot lot or playground. Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment.

Construction is due to be completed in the Fall of 2023.

Round Three Competitive Grant: In June 2021, the County and its housing partner, People's Self-Help Housing Corporation, received a grant award of \$11,011,965 to fund the Tiburon Place project in San Luis Obispo, CA.

Tiburon Place is a 68-unit new construction project with 18 studios, 24 one-bedroom, and 26 two-bedroom units serving households with incomes ranging from 25-60 percent of Area Median Income (AMI), and one manager's unit. Of the total units, 13 Studios, 5 one-bedroom, 6 two-bedroom units will be reserved for NPLH qualified households with incomes at or below 30 percent AMI. Each unit will have air conditioner, refrigerator, range, dishwasher, and curtains/blinds. On-site amenities include a learning center, after-school and college prep programming to support the youth and create pathways to career development for our adult learners. Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment.

Construction is due to be completed in the Fall of 2024.

Round Four Competitive Grant: In September 2022, the County and its housing partner, Transitions Mental Health Association (TMHA) received a grant award of \$2,034,961 to fund the Palm Street Studios project in San Luis Obispo, CA.

Palm Street Studios is an 8-unit new construction/ acquisition rehabilitation project with 8 one-bedroom units serving households with incomes at 30 percent of Area Median Income (AMI). Of the total units, 8 one-bedroom units will be reserved for NPLH qualified households with incomes at 30 percent AMI. Each unit will have air conditioning, refrigerator, range, disposal, dishwasher, curtains/blinds, gated entry and building key card. On-site amenities include two elevators, one laundry room, community room, community kitchen, picnic/BBQ area and a tot lot or playground. Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment.

Final award contracts were being submitted at the end of FY 2022-2023. The project has been impacted by the rising costs of construction in San Luis Obispo County. TMHA is currently seeking additional support to expedite the project's completion.

Non-Competitive Grant: In June 2022, the County and its housing partner, Transitions Mental Health Association (TMHA) received a grant award of \$1,493,335 to fund the Branch Street Permanent Housing project in San Luis Obispo, CA.

Branch St. Permanent Housing is a 6-unit acquisition project on two contiguous parcels, with 2 studio and 4 one-bedroom units serving households with incomes at 30 percent of Area Median Income (AMI). All 6 units will be reserved for NPLH qualified households with incomes at or below 30 percent AMI. Each unit has air conditioning, refrigerator, range, microwave, disposal, curtains/blinds, balcony/patio, walk-in closet and storage area. On-site amenities include laundry room, picnic/BBQ area. Off-site amenities, located within two miles of the project include public transportation, shopping, medical services, recreation, schools, and employment.

Currently, six formerly unhoused Behavioral Health clients reside at the Branch Street Permanent Housing Project.

CSS 5.1: Client & Family Wellness | Adult Family Advocates and Youth Family Partners

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	1001	\$256,323	\$256
Actuals for FY 2022–2023	1269	\$314,536	\$248
Projections for FY 2023-2024	1135	\$360,904	\$318

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

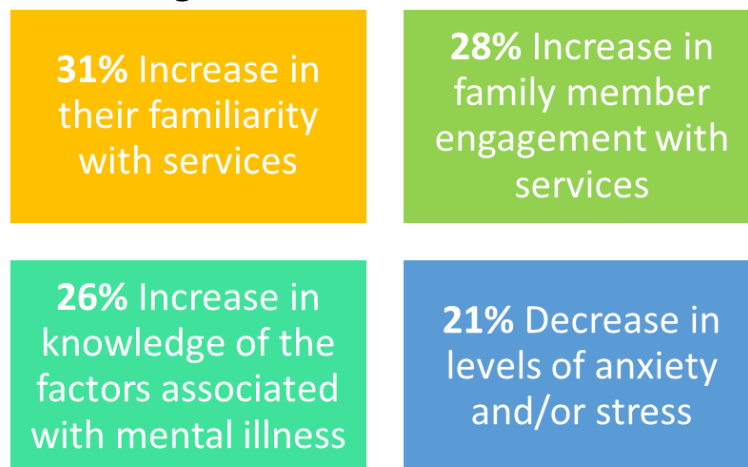
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

Adult Family Advocates and Youth Family Partners provide day-to-day hands-on assistance, link people to resources, provide support, and help clients 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 5.1A below represents the results of family members surveyed in the Adult Family Advocates and Youth Family Partners Program.

In 2022–2023, there were 1,269 unduplicated family members served, and a total of 7,954 duplicated contacts provided to these clients. A sample of program participants (n=28) were surveyed, and results show family members demonstrated a 31% increase in their familiarity with services available in the community, such as education, information and referral, and community outreach. Also, a 28% increase of family member engagement with services available in the community to support and assist their loved one with mental illness or emotional disturbance was also reported. Also reported, a 26% increase in their knowledge of the conditions and factors associated with their loved one’s mental illness, and a 21% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation, among others.

Figure 5.1A: Family Members Surveyed in Adult Family Advocates and Youth Family Partners Program (n=28)



CSS 5.2: Client & Family Wellness Co-Occurring Disorders			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	29	\$357,765	\$12,337
Actuals for FY 2022–2023	25	\$259,994	\$10,400
Projections for FY 2023-2024	27	\$458,164	\$16,969

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Program Goals

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with the greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

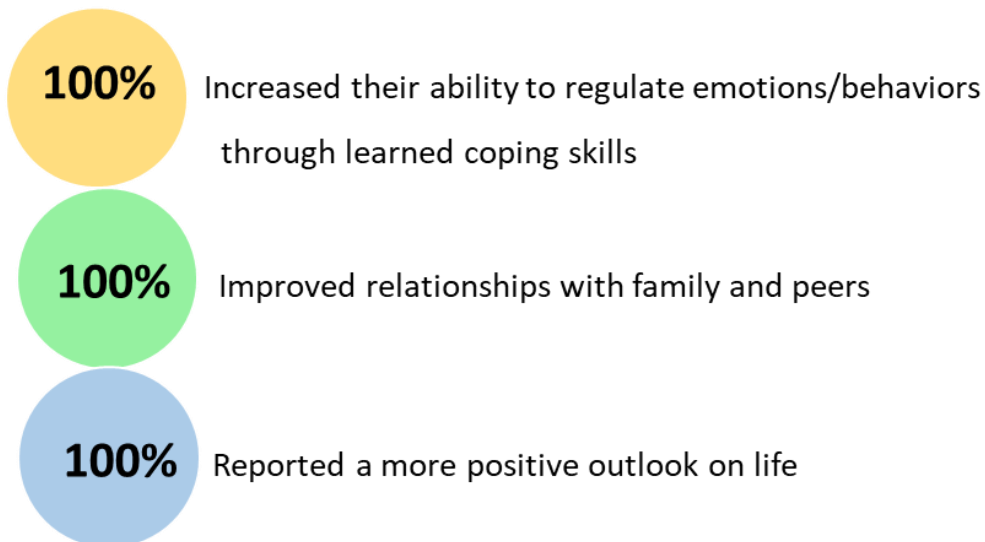
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

A Co-occurring Specialist provides an Integrated Co-occurring 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 2022-2023 the Integrated Co-occurring Treatment program served 25 unduplicated consumers.**

In FY 2021-2022, the Behavioral Health Clinician position assigned to adult co-occurring disorders experienced challenges such as the Dual Diagnosis Program (DDP) not addressing the client's needs other than individual therapy. This challenge was addressed by starting a DDP group once a week and focusing on play and art-based utilizing the seeking safety method. The Clinician attended the seeking safety training that better equipped them to work with this population.

In FY 2022-2023, **four clients** reported on their experience with the treatment program and how they compared it to before the program. 100% reported better regulating their emotions/behaviors through learned coping skills; 100% have better relationships with family and peers; and 100% have a more positive outlook on life.

Figure 5.2A: Co-Occurring 2022-2023 survey results



CSS 5.3: Client & Family Wellness Family Education Program			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2021–2022	102	\$9,524	\$93
Projection for FY 2022–2023	104	\$14,063	\$135
Projections for FY 2023-2024	103	\$18,597	\$181

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with the greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

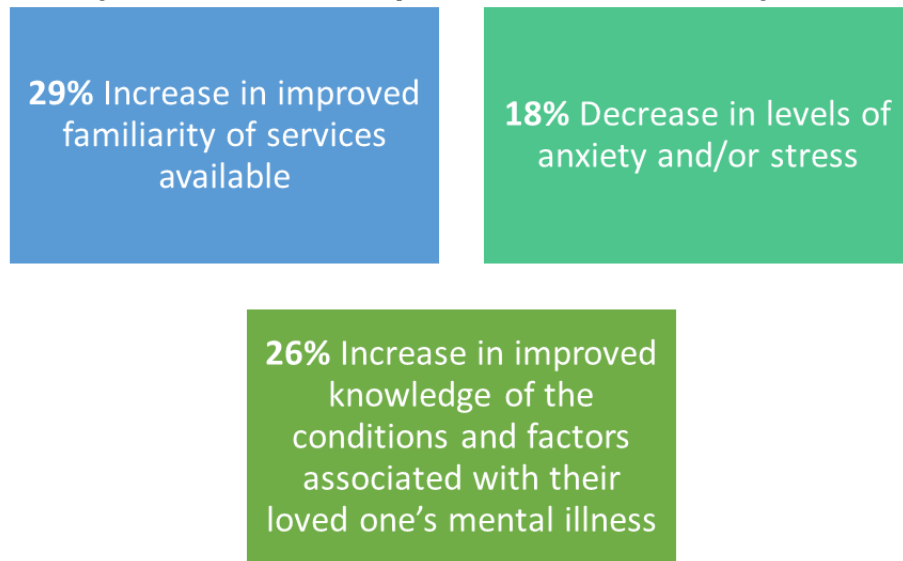
- A variety of pre/posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

The **Family Education Program**, which is coupled in this work plan with TMHA's **Family Orientation Class**, was developed by the National Alliance on Mental

Illness (NAMI) and is a 8-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.

TMHA served 104 attendees in 2022–2023. Figure 5.3A below summarizes the results of those surveyed (n=50). There were 11.5 sessions completed. A 29% increase in improved familiarity of services available was reported. An 18% decrease in their levels of anxiety and/or stress due to outreach, program availability, and orientation among others. Additionally, a 26% increase in improved knowledge of the conditions and factors associated with their loved one’s mental illness was reported.

Figure 5.3A: Survey Results of Participants Enrolled in Family Orientation



CSS 5.4: Client & Family Wellness Service Enhancement Program			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	242	\$149,525	\$618
Actuals for FY 2022–2023	424	\$184,636	\$435
Projections for FY 2023-2024	333	\$186,665	\$561

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.

Program Providers: Transitions-Mental Health Association (TMHA) and Community Action Partnership of San Luis Obispo (CAPSLO)

Program Goals

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with the greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

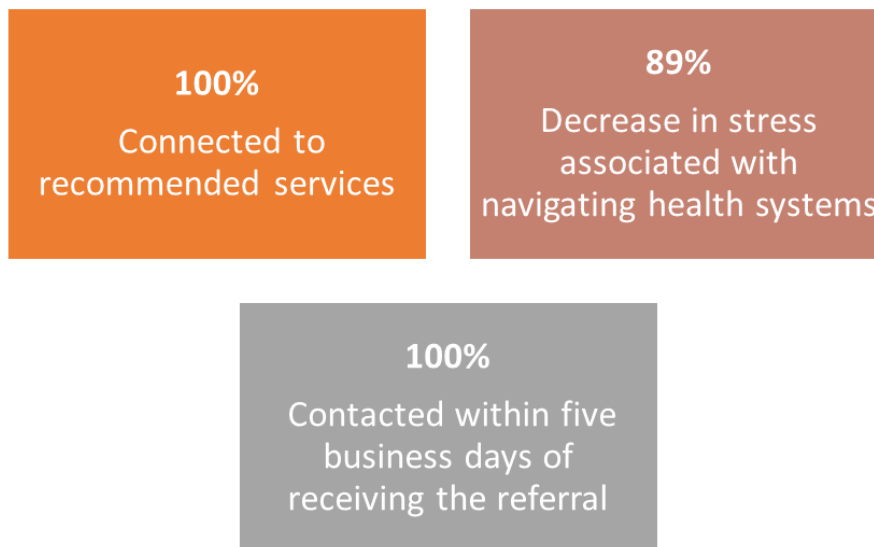
The Service Enhancement Program, originally funded as an Innovation trial, adopted a well-regarded cancer treatment center’s warm reception and navigation

program. This service is provided by a Peer Navigator from TMHA. The program helps clients entering County outpatient mental health services, 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 adults in the county.

In 2022–23 these efforts resulted in 288 unduplicated clients served and 916 services provided. Of those surveyed (n=14), 18% of family members and consumers reported increased knowledge of and ability to access community-based resources, a 24% decrease in stress, a 25% increase in their ability to reach self-determined health goals, and a 16% increase in their self-management skills.

Additionally, CAPSLO, in partnership with the County, provides a service enhancement program for Martha’s Place, the County’s child assessment center. **In 2022–2023, 136 unique families were served** and over 1,323 client contacts were made. Of the families that were enrolled in the service enhancement program, 100% (58/58) were connected to recommended services. Eighty-nine percent 89%, (17/19) families that enrolled in service enhancement program reported a decrease in stress associated with navigating Martha’s Place and/or other healthcare systems. Additionally, 100% (55/55) of referred families were contacted within five business days of receiving the referral, and 75% (68 / 91) of families contacted by the staff attended their Martha’s Place intake meeting.

Figure 5.4A: Martha’s Place Service Enhancement Plan



CSS 5.5: Client & Family Wellness | Peer Support and Education Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	185	\$28,606	\$155
Actuals for FY 2022–2023	106	\$42,650	\$402
Projections for FY 2023-2024	146	\$46,580	\$319

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with the greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

The Peer Support and Education Program provides a course on recovery that is free to any person with a mental illness. It is taught by a team of experienced peer mentors in 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 2022-2023, TMHA served 106 unduplicated clients. Of those surveyed (n=2), at the post-test, they reported a 24% improvement in their knowledge of the tools and resources available for their mental health, and a 47% improvement in their involvement with their mental health recovery. Lastly, those that attended Mental Health First Aid, and were surveyed (27), had a 24% improvement in understanding the steps associated with suicide assessment.

Figure 5.5A: Participants Surveyed who Received Peer Support and Education Program Services

24%

**Improvement in
understanding the steps
associated with suicide
assessment**

CSS 5.6: Client & Family Wellness | Vocational Training and Supported Employment Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	98	\$362,902	\$3,703
Actuals for FY 2022–2023	76	\$333,122	\$4,383
Projections for FY 2023-2024	87	\$338,544	\$3,891

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with the greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

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

- Vocational counseling and assessment
- Work adjustment
- Job preparation and interview skills training
- Job development and coaching
- Transitional employment opportunities
- 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 2022-2023, 76 mental health, and 41 FSP clients were served, with 27 mental health clients gaining employment because of their participation in the program. Of the 27 that gained employment, six (6) clients (22%) maintained that employment for at least 90 days. Additionally, clients surveyed (n=26) demonstrated a 20% increase in their use of learned practices, as well as the understanding of conditions and requirements to obtain and maintain employment.

Growing Grounds Retail Vocational Program is a part of the Vocational Training and Supported Employment Program. **In the fiscal year 2022-2023, 19 clients were served.** Of those 19, ten (53%) consumers went into job development, and 90% (9/10) gained employment after going through the program. Lastly, clients surveyed (n=10) demonstrated a 14% increase in the use of learned practices and the understanding of conditions and requirements to obtain and maintain employment.

CSS 5.7: Client & Family Wellness Integrated Access Therapists			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	469	\$479,091	\$1,022
Actuals for FY 2022–2023	669	\$548,988	\$821
Projections for FY 2023-2024	569	\$786,616	\$1,382

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD); Transitions Mental Health Association (TMHA)

Program Goals

- Develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with greatest level of independence possible.
- Integrate families into the process of wellness and recovery.

Key Objectives

- Provide culturally competent community-based support services for those seeking mental health care.
- Reduce stigma by educating families and the public.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.
- Reduce co-occurring disorder symptoms to strengthen options for recovery.

Program Outcomes

- Program participants will demonstrate improvements in quality of life because of intervention.
- Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones.
- Outpatient program participants will demonstrate improved wellness and recovery outcomes.

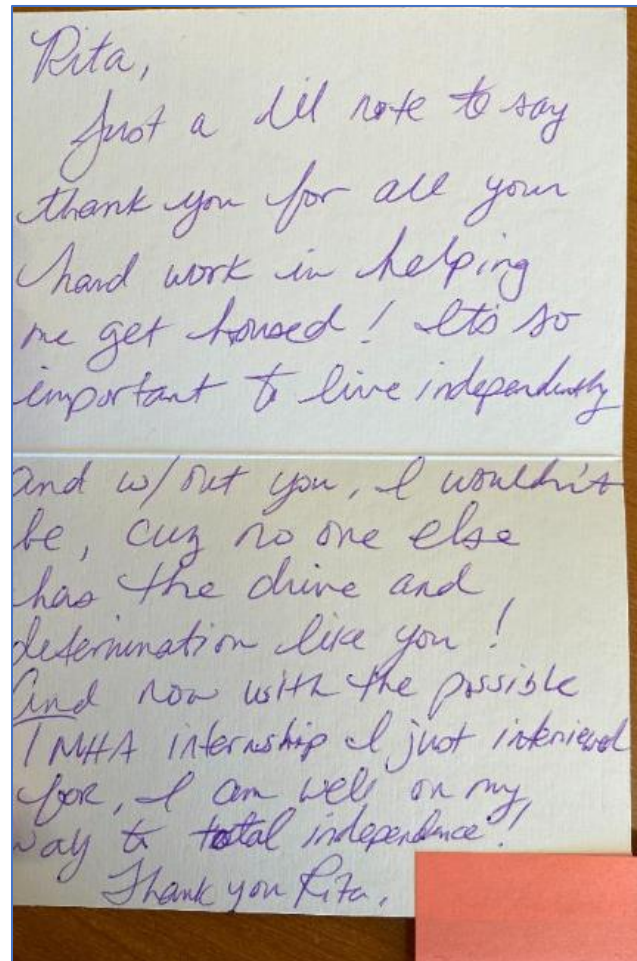
Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

In 2022-2023, two full-time medication managers in the adult system of care along with three full-time case managers **served 204 unduplicated clients and provided 296 unduplicated client contacts**, and one clinician at Martha's Place (the county's child assessment center) **served an additional 136 unduplicated clients, providing 635 unduplicated client contacts**. 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 and community clients move to lower levels of care, and toward integrated physical healthcare. Licensed Psychiatric Technicians (LPT/medication managers) located in the adult outpatient mental health clinics provide ongoing support to psychiatrists and clinicians to increase access and maintenance of treatment plans. The medication managers help patients plan and maintain treatment schedules, administer medication, and support the overall physical and emotional health of each client to provide care between therapy sessions.

The case managers (Behavioral Health Specialists) 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. The Martha's Place position (Behavioral Health Clinician) will continue to serve the community, to



increase access and triage those clients with needs outside of the child's assessment center.

Case Manager Satisfaction Pre-Post Survey	Yes Response Percent BEFORE	Yes Response Percent AFTER
I am aware of resources in my community.	34.4%	93.8%
I am aware of how I can access resources in my community.	6.3%	81.3%
I feel I can complete the paperwork required for services.	12.5%	68.8%
I know why I came to see my case manager (ex: Housing, Medicare, State Benefits, etc.).	84.4%	96.9%

(Survey Results from English and Spanish Surveys, n=32)

Bishop Street Studios Case Manager - The Bishop Street Studios residential program consists of 33 studios and one-bedroom units. TMHA renovated the abandoned Sunny Acres building above Johnson Avenue in San Luis Obispo and built three new buildings to create supportive housing for adults with mental illness, plus an apartment for a Resident Manager. The MHA Advisory Committee (MAC) Community Advisor group approved funding to support the Residential Case Manager with released Prudent Reserve funds (2019-2022), and in March 2022 agreed to fund the position permanently going forward.

The Bishop Street Case Manager assists in the development of the client's treatment plans. This includes developing problem-solving skills related to daily living, housing, managing chronic symptoms of illness, decreasing psychiatric hospitalizations and employment. The case manager assists residents with cooking, cleaning, conflict resolution, budgeting, socialization and community integration. In FY 2022-2023, 34 unduplicated clients were served. Clients reported a 16% increase in their community participation through learned activities, a 20% increase in their use of learned coping skills to help them better manage their mental health symptoms, and a 41% increase in their use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem-solving, and decision-making skills, among others, to deal with stress-related triggers.

CSS 5.8: Client & Family Wellness Wellness Centers			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	170	\$731,921	\$4,305
Actuals for FY 2022–2023	196	\$716,506	\$3,656
Projections for FY 2023-2024	183	\$838,113	\$4,580

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Provide person-centered, trauma informed, recovery-based services for individuals with mental illness who would otherwise remain withdrawn and isolated.
- Provide services for multiple age groups and various cultures with a focus on recovery, independence, wellness and empowerment.

Key Objectives

- Provide three physical facilities in Atascadero, San Luis Obispo, and Arroyo Grande.
- Make space accessible for program staff, clients, 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.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.

Program Outcomes

- Program participants will demonstrate community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education.
- Clients will use learned coping skills to help them better manage their mental health symptoms.

Method of Measurement

- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

Starting in 2021-2022, the CSS Work Plan included increased funding to support two additional Wellness Centers in San Luis Obispo (SLO), and Arroyo Grande (AG). The third, in Atascadero, had been funded through CSS for over a decade. This addition was supported by Community Advisors to expand socialization opportunities within

MHSA. The SLO and AG Centers had been supported by County General Fund and faced elimination due to COVID-19-related shifts in County funding. MHSA Leadership and Community Advisors met to examine how best to continue and expand these critical community wellness and recovery services, while avoiding issues of supplantation. Advisors were provided details on the recommendation and agreed to support all three Wellness Centers going forward.

All three Wellness Centers are managed by Transitions-Mental Health Association (TMHA) and are consumer driven socialization and recovery sites in each region of the county. The MHSA Wellness Centers provide person-centered, trauma informed, recovery-based services designed for life enrichment, personal development, peer support, community resources, recovery education, social skill development and social rehabilitation workshops for individuals with mental illness who would otherwise remain withdrawn and isolated. Services are gauged for multiple age groups and various cultures with focus on recovery, independence, wellness, and empowerment.

Support groups and socialization activities as well as NAMI sponsored educational **activities were provided to 196 Behavioral Health, and 402 non-County services clients in 2022-2023.** The Wellness Centers are 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.

Of the clients surveyed in 2022-2023 (n=53), **an increase of 32% was reported in their use of learned coping skills** to help them better manage their mental health symptoms and **an increase of 27% (n= 67) was reported regarding community participation** through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others. A total of 5, 957 recovery-oriented activities were provided throughout the fiscal year.

CSS 6: Latino Outreach Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	92	\$316,244	\$3,437
Actuals for FY 2022–2023	167	\$535,301	\$3,205
Projections for FY 2023-2024	260	\$1,311,806	\$5,045

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

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

Key Objectives

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

Program Outcomes

- The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the State’s for Latino/x 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.

The primary objective of the **Latino Outreach Program (LOP)** is to provide culturally appropriate treatment services by bilingual/bicultural therapists in community settings. The targeted population is the underserved Latino/x 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 the community issues identified in the original local CSS Community Planning Process, is the lack of access to the behavioral health care system for Latino/x individuals. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino/x population in the county reside in rural areas, thus exacerbating issues of access, transportation, language barriers (i.e., Mixteco-speaking individuals), and information distribution difficulties associated with serving minoritized groups.

LOP clients often have different needs for mental health treatment and are often underserved because of language and cultural barriers. Some clients have recently immigrated to the US and require support navigating multiple systems that impact their mental health and ability to access mental health services (e.g., immigration, housing, healthcare, education, stereotypes). Some adults served in LOP do not qualify for Medi-Cal and need support in finding and accessing alternative resources to pay for medication and meet other medical and mental health needs.

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. The County's current (2021) rate for "Latino/Hispanic" individuals eligible for and receiving Med-Cal services is 2.37%, which is lower than the State's 3.29% rate. The County has been meeting with Advisors to determine strategies to improve the program and increase the "penetration rate."

In FY 2022-2023, the LOP experienced staff vacancies, recruitment, and retention challenges. Although the program was short-staffed, the County and community providers attempted to serve MHSA clients without interruption whenever possible. Additionally, the LOP has been the access and the reach to the Latino/x community, especially to those who, in any other circumstances, would not have had access to mental health services due to their documentation/legal status. This program has brought education to the Latino/x community and has impacted breaking stigmas and misconceptions culturally seen in the Latino/x community.

The program served 167 unduplicated clients in 2022-2023. Of the clients surveyed in 2022-2023 (n=15), 100% reported that mental health services were offered in their preferred Latino language; **83% reported being more connected**

with services in my community; **83% learned healthy coping skills** such as deep breathing or relaxation techniques; **100% reported the services helped improve their mental health**; **100% were satisfied with the services** offered to them.

"Before therapy, the client was anxious, and she had panic attacks. The mother didn't know what to do and was frustrated when the client became emotional. Once the client started attending therapy sessions with the clinician, it helped the client's relationship with her mother. It allowed the client to open up about her emotions. The mother used to talk to the client with frustration. However, the clinician helped the client understand her feelings and how to use healthy coping skills. Therapy has helped her manage her anxiety and panic attacks. Because of LOP staff support, the client can obtain employment and regulate her emotions. The mother reports that the client is self-motivated and optimistic about her future, thanks to therapy"

"Working with the clinician was a great experience. It helped me open up and talk about my emotions and life experiences. The clinician helped me learn healthy coping skills that will benefit me throughout my life. I would highly recommend others to participate in the LOP program because there is such a stigma with mental health and we all need someone to talk to. I recently obtained a job and have been using the healthy coping skills I've learned from the clinician to help me get through stressful days. I'm grateful for these services".

CSS 7.1: Enhanced Crisis & Aftercare | Mental Health Evaluation Team

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	2160	\$1,423,922	\$659
Actuals for FY 2022–2023	1985	\$1,113,396	\$561
Projections for FY 2023-2024	2073	\$1,551,837	\$749

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.

Program Provider: Sierra Mental Wellness Group, Inc. (SMWG)

Program Goals

- Provide immediate care and relief for those individuals suffering from psychiatric emergencies.
- Improve mental health outcomes and access to services for those individuals involved in the criminal justice system.

Key Objectives

- Increase access to emergency care.
- Increase access to outpatient care for those individuals utilizing crisis services and those involved in the criminal justice system.
- Reduce admissions to psychiatric health facility.

Program Outcomes

- MHET services will respond within 45 minutes of initial crisis calls.
- A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization.

Method of Measurement

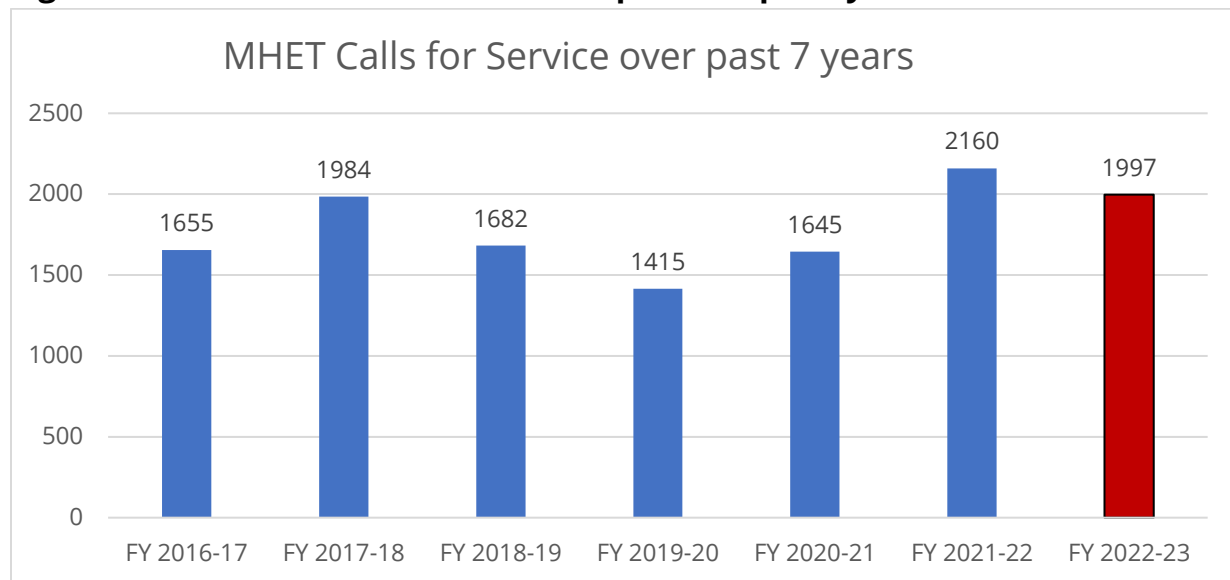
- Sources referring to MHET are provided with a feedback survey to track satisfaction and response times.
- Electronic health record data is used to track client access to outpatient care.

The Mental Health Evaluation Team is operated by Sierra Mental Wellness Group, Inc. to provide mobile crisis services. Two responders were available 24/7 and **the team served 1,985 individuals in 2022-2023**. The team intervenes when mental health crisis situations occur in the field (including hospital emergency departments, schools, etc.) 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 do not result in hospitalization. Interventions are client 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.

For the fiscal year 2022-2023, there was a total of 1997 calls (12 of which were cancelled and did not result in services). MHET has averaged responding to 1,791 individuals in crisis over the past seven years. The figure below (Figure 7.1A) demonstrates the total number of unique individuals served by MHET.

Figure 7.1A: 2022-2023 MHET calls compared to prior years



In 2022-2023, the Mental Health Evaluation Team received 1997 calls. While this figure is lower than last year’s record of over 2100 calls, the figure is still the second highest number of MHET calls for service on record. Call volume matched more closely with years prior fiscal years – the exceptionally busy winter of 2022 highlighted in the previous report was not repeated in 2023, as is more typical the months of August and September were the most impacted in FY 22-23. Analysis of the program shows the busiest hours were during the mid-afternoon and later

afternoon with a peak at the 5pm hour, while the least busy was in the early morning between 6am and 8am. Across the County's service locations, individual MHET response times were consistently between 30 to 60 minutes, with the average response time being just under 34 minutes.

Figure 7.1B: Total Number of MHET Calls Received in FY 2022-2023 compared to previous years

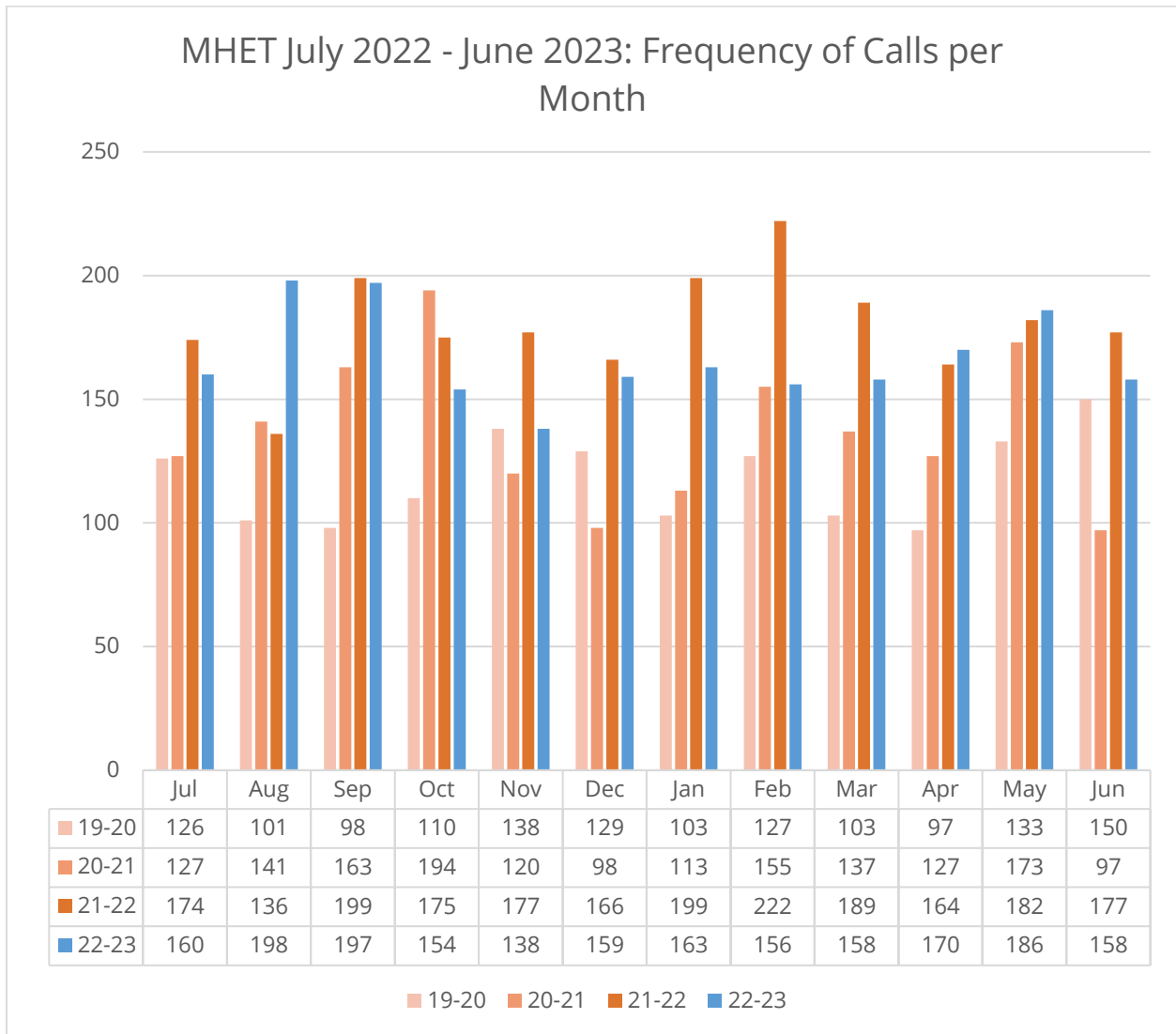
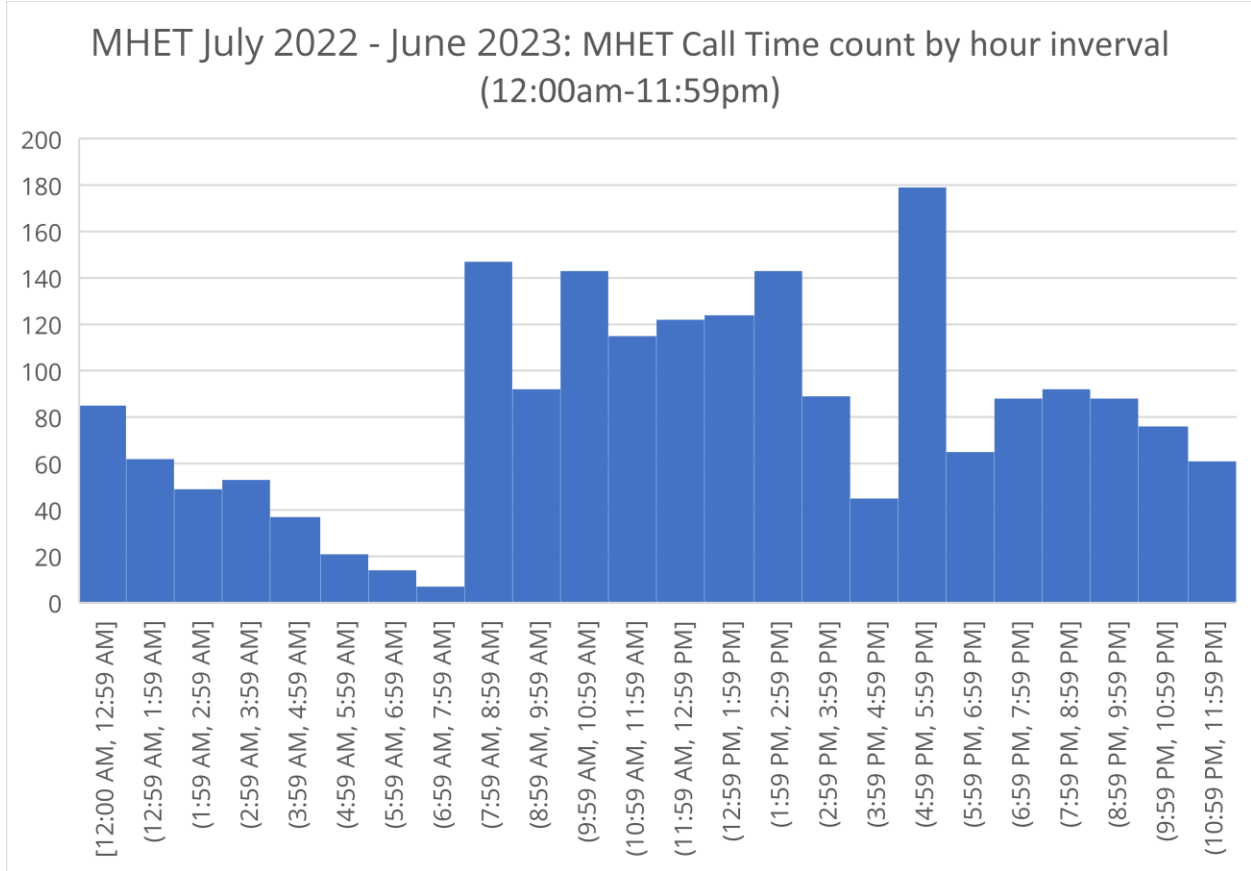
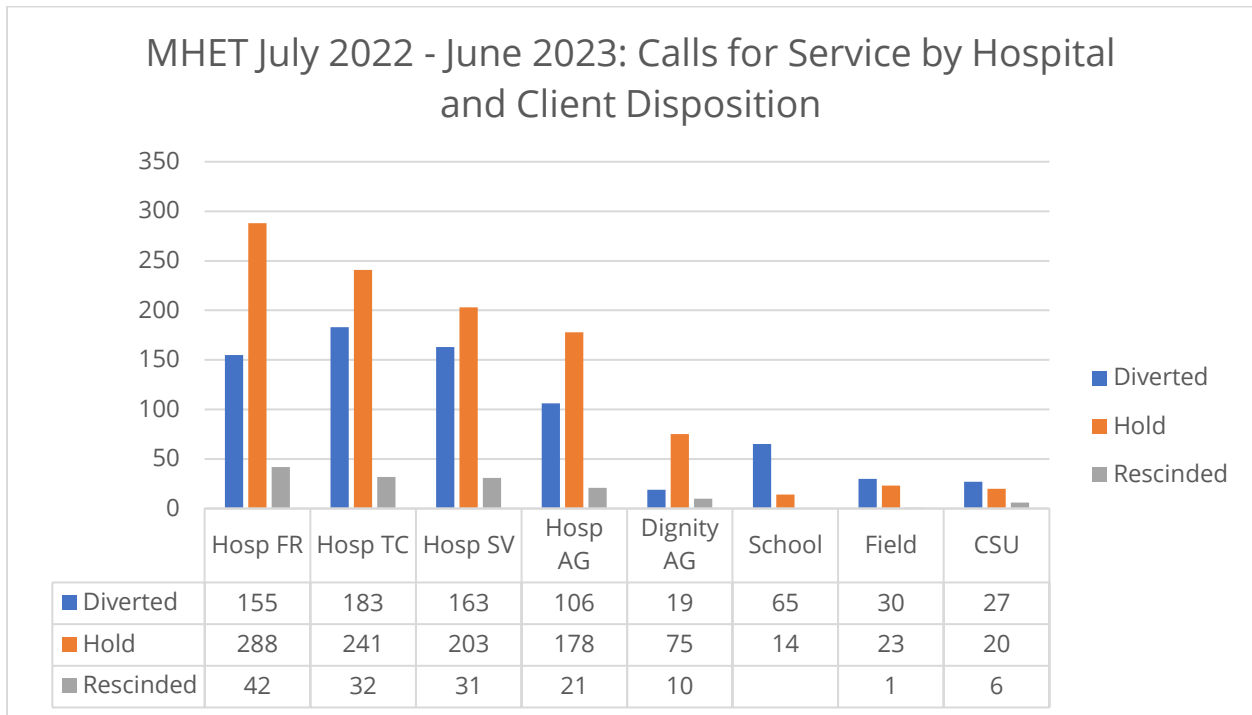


Figure 7.1C: Incoming MHET Calls Rounded to the Nearest Hour in FY 2022-2023



Of the 1997 calls received by MHET in 2022-2023, 1,747 (87%) were referred by a hospital in the county. Individuals often self-admit to a local hospital under crisis or are transported there by family or law enforcement prior to MHET being called. Figure 7.1D below displays the breakdown of referrals in FY 2022-2023 while also showing the proportion of clients who were placed on a Hold or were Diverted to other care/services.

Figure 7.1D: MHET Breakdown of Calls by Referral Source and Disposition



In June of 2021 the SLOBHD received a grant from the California Health Facilities Financing Authority to sustain and expand the youth crisis services through 2025.

Sierra Mental Wellness Group, Inc, who provide services for the Mental Health Evaluation Team and Crisis Stabilization Unit, also stations staff at Arroyo Grande Community Hospital. Though privately funded, this program works in alignment with the MHSAs programs in this workplan.

CSS 7.2: Enhanced Crisis & Aftercare Crisis Stabilization Unit			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	451	\$1,310,417	\$2,906
Actuals for FY 2022–2023	573	\$1,532,697	\$4,055
Projections for FY 2023-2024	415	\$865,352	\$2,085

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.

Program Provider: Sierra Mental Wellness Group (SMWG)

Program Goals

- Provide immediate care and relief for those individuals suffering from psychiatric emergencies.
- Improve mental health outcomes and access to services for those individuals involved in the criminal justice system.

Key Objectives

- Increase access to emergency care.
- Increase access to outpatient care for those individuals utilizing crisis services and those involved in the criminal justice system.
- Reduce admissions to psychiatric health facility.

Program Outcomes

- Mobile Crisis services will respond within 45 minutes of initial crisis calls.
- A majority of individuals receiving crisis intervention services will be diverted from psychiatric hospitalization.
- A majority of individuals receiving Forensic Re-entry Services will access BH system of care.

Method of Measurement

- Sources referring to Mobile Crisis are provided a feedback survey to track satisfaction and response times.
- Electronic health record data is used to track client access to outpatient care.

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

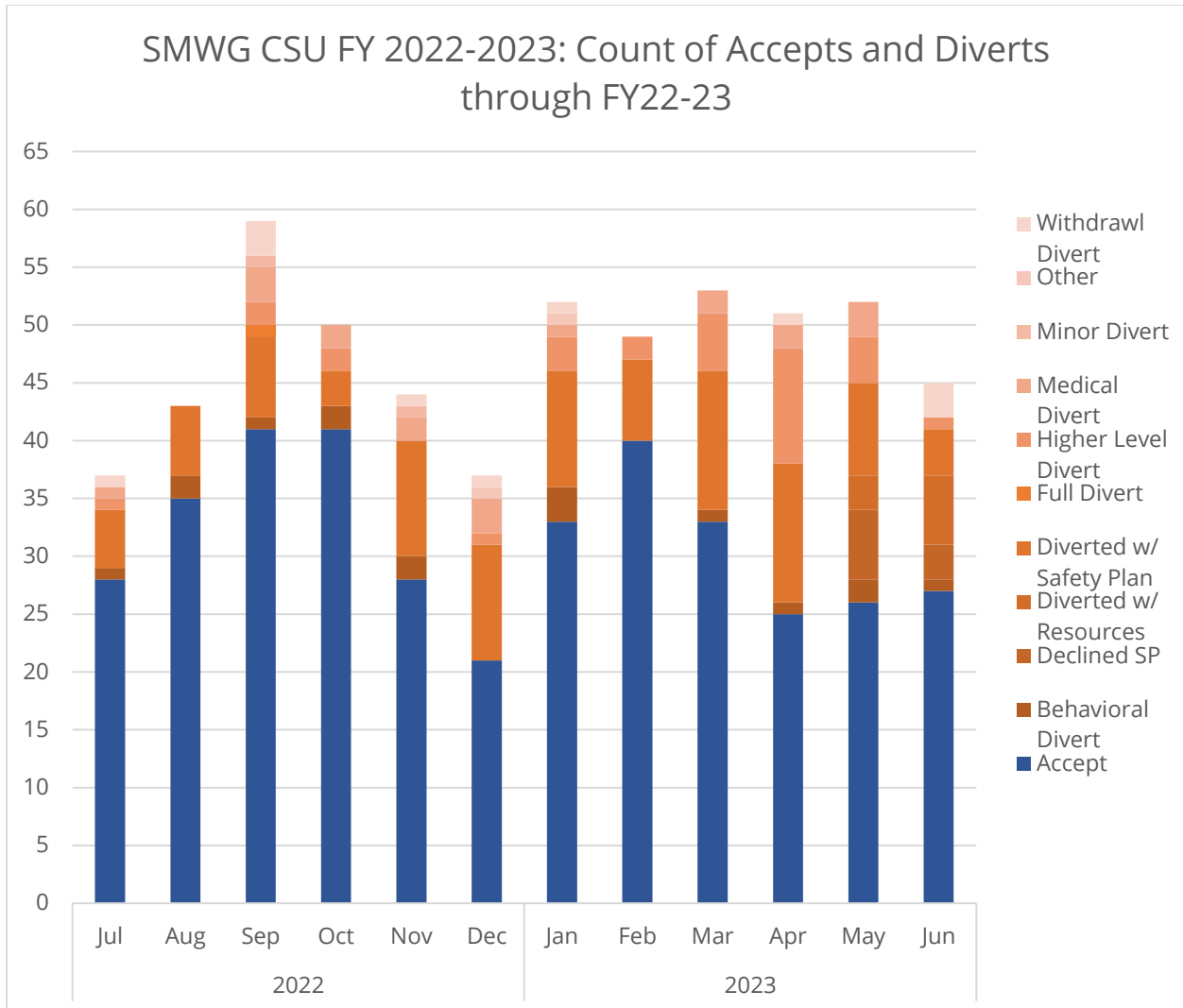
Campus. Crisis stabilization is a direct service that provides individuals in severe distress urgent care associated with a mental health disorder for up to 23 hours. The primary objectives of this service are prompt assessments, stabilization, and/or a determination of the appropriate level of care. The CSU gives 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.

The CSU also serves as an evaluation point to determine if an individual requires ongoing inpatient treatment. The 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.

Staff provide training regarding the CSU for law enforcement agencies. The purpose 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 for the California Polytechnic State University Health Center, and to local mental health providers and hospitals.

The CSU has created specific liaison positions to facilitate coordination of care and resource utilization. The liaison positions include law enforcement, local colleges, community partners, community hospitals, and military. The liaison also provides additional training and education regarding the CSU in efforts to decrease inpatient psychiatric hospitalizations by utilizing least restrictive practices.

Figure 7.2A: Client Counts by Accept and Divert Options



In fiscal year 2022-2023 there were a total of 573 evaluations which resulted in 378 admissions (an average of 32 admits per month), and 195 client diverts or denials. The CSU allows walk-ins for individuals suffering from a psychological emergency. Most admissions to the CSU were the result of referrals by local hospitals and health agencies, a total of 194 from the County’s four major hospitals combined; however, the single individual largest source of clients originated from walk-ins: 167 in the previous fiscal year. **Clients typically stay at the CSU for approximately 21 ½ hours.** In FY 2022-2023 the County and SMWG collected additional data on outcomes for clients who were not accepted into the CSU for a wide variety of reasons – these encounters, while not resulting in CSU intake, do

result in services being offered: most commonly a prepared safety plan or a diversion to a higher level of care.

Figure 7.2B: Acceptances by Referral Source

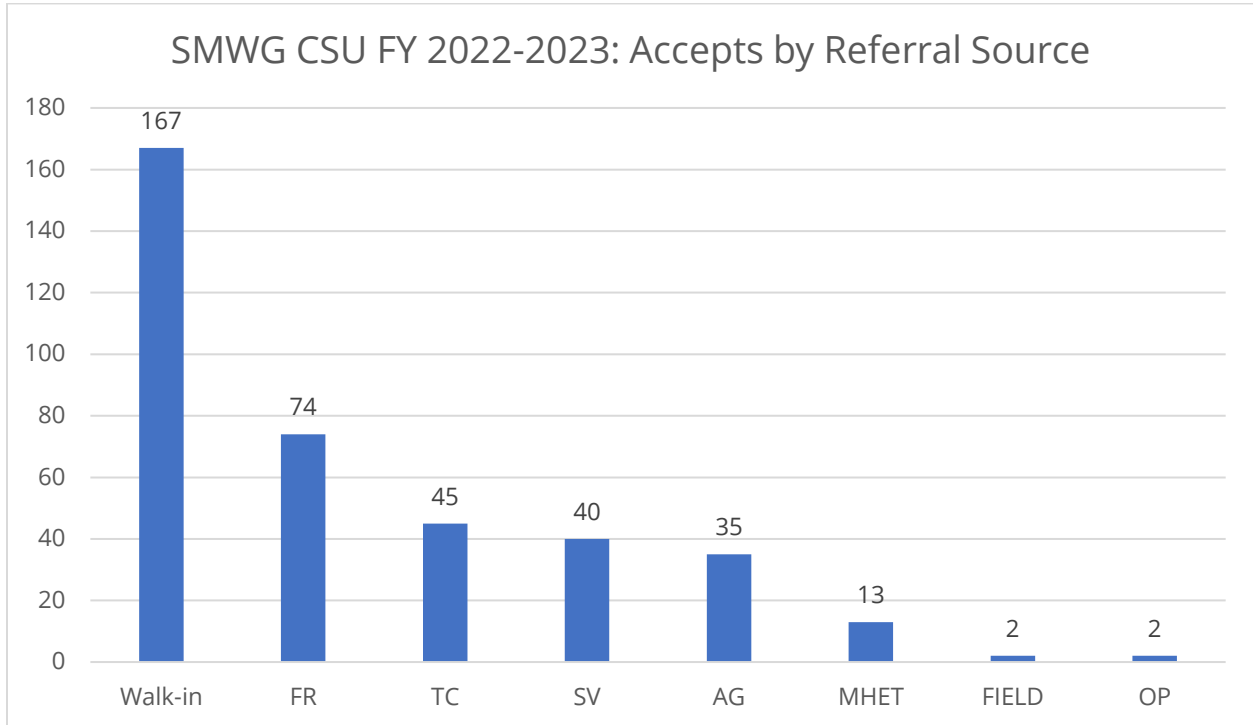
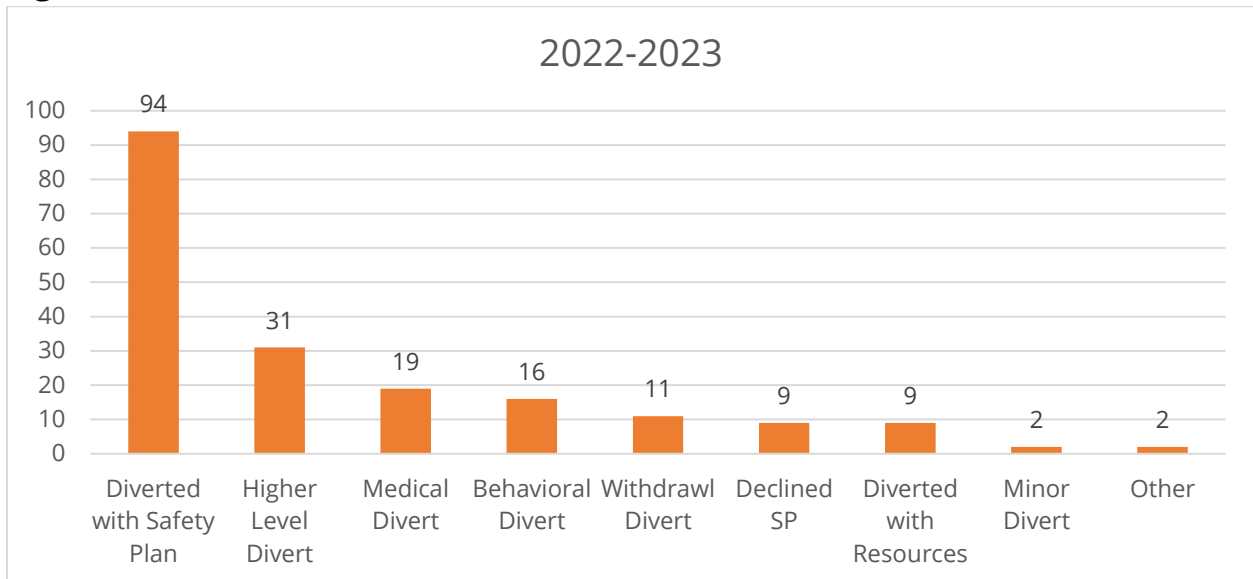


Figure 7.2C: Divert/Declined Outcome



CSS 7.3: Enhanced Crisis & Aftercare | Central Coast Hotline Suicide Prevention and Crisis Intervention

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	8,913	\$209,409	\$23
Actuals for FY 2022–2023	8,786	\$302,969	\$34
Projections for FY 2023-2024	8,850	\$254,401	\$29

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

- Provide a 24-hour, free and confidential call center, Central Coast Hotline, serving the entire county.
- Provide one-to-one engagements to deliver psychoeducation and referral options related to mental health concerns for underserved populations.
- Provide support, crisis and/or suicide intervention as a means of immediate support to callers.

Key Objectives

- Recruit, train and supervise staff and community volunteers to maintain a 24/7 hotline.
- Provide mental health referrals, information, support, stigma reduction and crisis and/or suicide intervention, including MHET referral.
- Provide suicide prevention and intervention training throughout the county to health and human service agencies, community-based organizations, churches, law enforcement, etc.
- Provide English and Spanish language support to callers transferred from the County’s BH Central Access Line after business hours.

Program Outcomes

- People calling with high or imminent suicidal risk will decrease their level of intent.
- Community members attending suicide intervention training will increase their confidence that they can help a person at-risk of suicide.

Method of Measurement

- Individuals calling the center are provided with a feedback survey (post crisis) to track satisfaction and referrals.
- Call center staff provide detailed logs.

The Central Coast 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. Central Coast Hotline provides support, crisis and/or suicide intervention. In May 2022, Community Advisors approved TMHA's request to increase staffing at Central Coast Hotline, which included increasing paid staff (the service is primarily volunteer staffed) to ensure 24/7 coverage, as well as development of a text line. In July 2022, the 988 Lifeline was launched nationwide. TMHA continues to work with the State and federal government to put Central Coast Hotline on the 988 Lifeline network, made up of over 200 local crisis centers. Callers from San Luis Obispo County are able to access services from 988 Lifeline, but local call centers have not gone online as of this Update.

During FY 2022-2023, there were 8,786 calls reported, 232 text messages received, and nineteen suicide intervention training courses provided to community members. Community members attending the training reported a 27% (n=559) increase in their confidence that they can help a person at risk of suicide.

- 96% (25/26) of callers surveyed agree that the support and early intervention they received from Hotline contributed to improved mental wellness.
- 96% (25/26) of callers surveyed agree that they would use Hotline again in the future if needed or refer someone else to Hotline.
- 96% (25/26) of callers surveyed agree that they received an increased knowledge of local mental health resources.

Figure 7.3A: Central Coast Hotline Services Provided and Results Yielded FY 2022-2023

96% Agreed Hotline contributed to improved mental wellness

96% Agreed that they would use Hotline again if needed or refer someone else

96% Agreed that they received an increased knowledge of local mental health resources

CSS 8: School and Family Empowerment

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	79	\$775,289	\$9,814
Actuals for FY 2022–2023	191	\$447,752	\$2,344
Projections for FY 2023-2024	135	\$714,223	\$5,291

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD) and Community Action Partnership of San Luis Obispo (CAPSLO)

Project Goals

- Strengthen academic growth and community success for community school students who are significantly impacted by symptoms of serious mental illness/serious emotional disturbance.

Key Objectives

- Provide on campus mental health support to increase access to services.
- Increase student attendance in school and promote re-entry to mainstream education settings.
- Reduce symptoms of serious mental illness/serious emotional disturbance impacting student academic success.

Program Outcomes

- Client students will demonstrate improvements in grades, attendance, and disciplinary actions.
- Client students will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce truancy and drop-out rates for students with serious mental illness/serious emotional disturbance.

Method of Measurement

- The County tracks individual health, wellness, and academic progress.
- Electronic health record data is used to track some client outcomes.

The **School and Family Empowerment** work plan offers two distinct programs aimed at reducing poor academic experiences and outcomes based on students dealing with mental health issues. The first is an effort to provide immediate responses to youth on community school campuses. The other focuses on the county's largest school district and provides more intense screening, assessment, and treatment for youth with the aim of keeping students engaged in school.

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 Behavioral Health Clinicians 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 2022-2023, 130 clients received mental health services on campus.**

As of FY 2023-2024 the county's MHSAs work plan will no longer include Community Schools in its service array. Over the past few school years, the County

Office of Education has consolidated three campuses to one and hired its own clinical staff. Community Advisors have approved the conversion of three Clinician positions to other MHSa program components serving youth. Those programs will be presented in next year's Annual Update.

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit organization providing a wide array of services for families in the county. In 2022-2023, CAPSLO provided a full-time Family Advocate offering resource support for **61 clients** in the Lucia Mar Unified School District and providing over 1,999 contacts. Results for CAPSLO clients showed that **87% of clients surveyed (41/47) demonstrated stable functioning at home** when interacting positively with all other people at their current residence. The survey results also yielded **98% of clients (46/47) demonstrated stable functioning at home** receiving appropriate care, shelter, food, and other necessities of life. Of those surveyed, **98% of clients (41/42) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.**

CSS 9.1: Forensic Mental Health Services | Behavioral Health Treatment Court (BHTC)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	17	\$231,181	\$13,599
Actuals for FY 2022–2023	22	\$188,756	\$8,580
Projections for FY 2023-2024	20	\$393,130	\$19,656

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in the criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in the criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

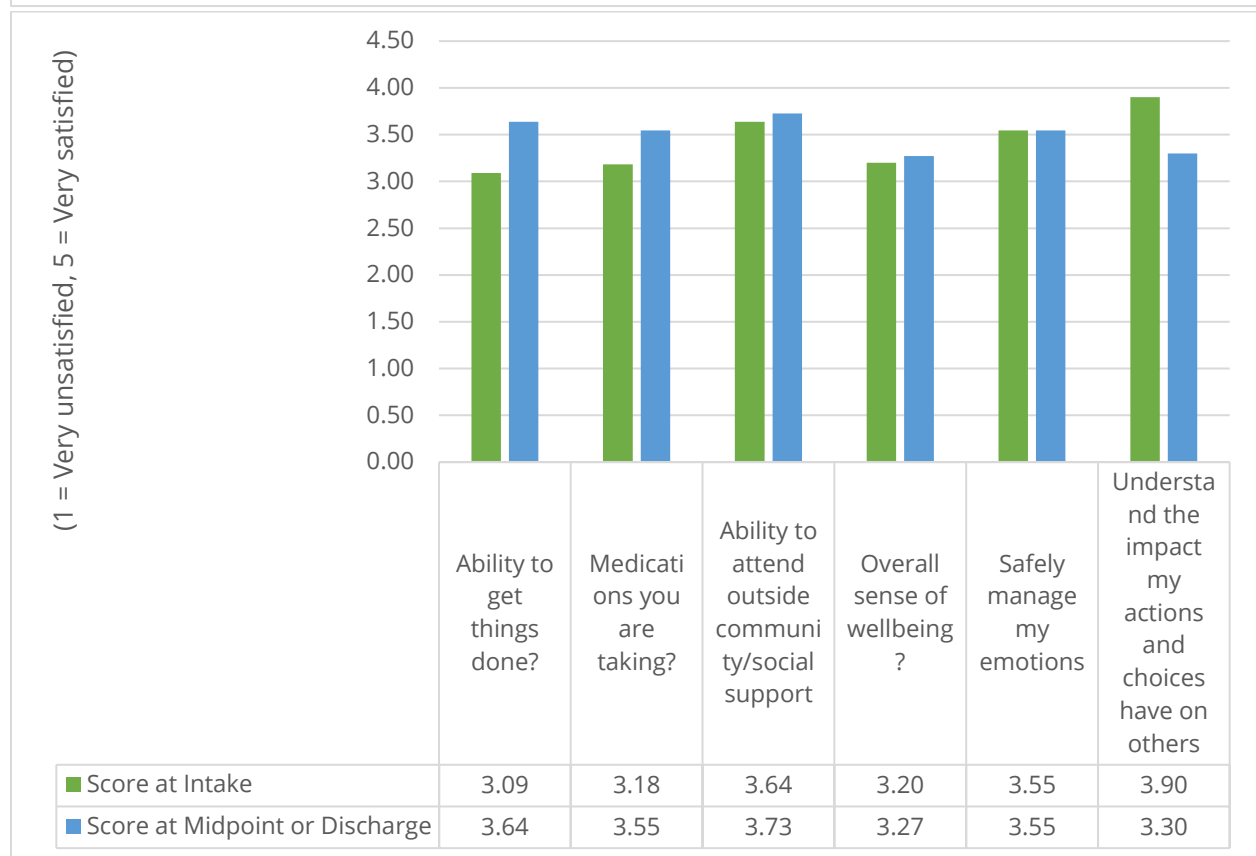
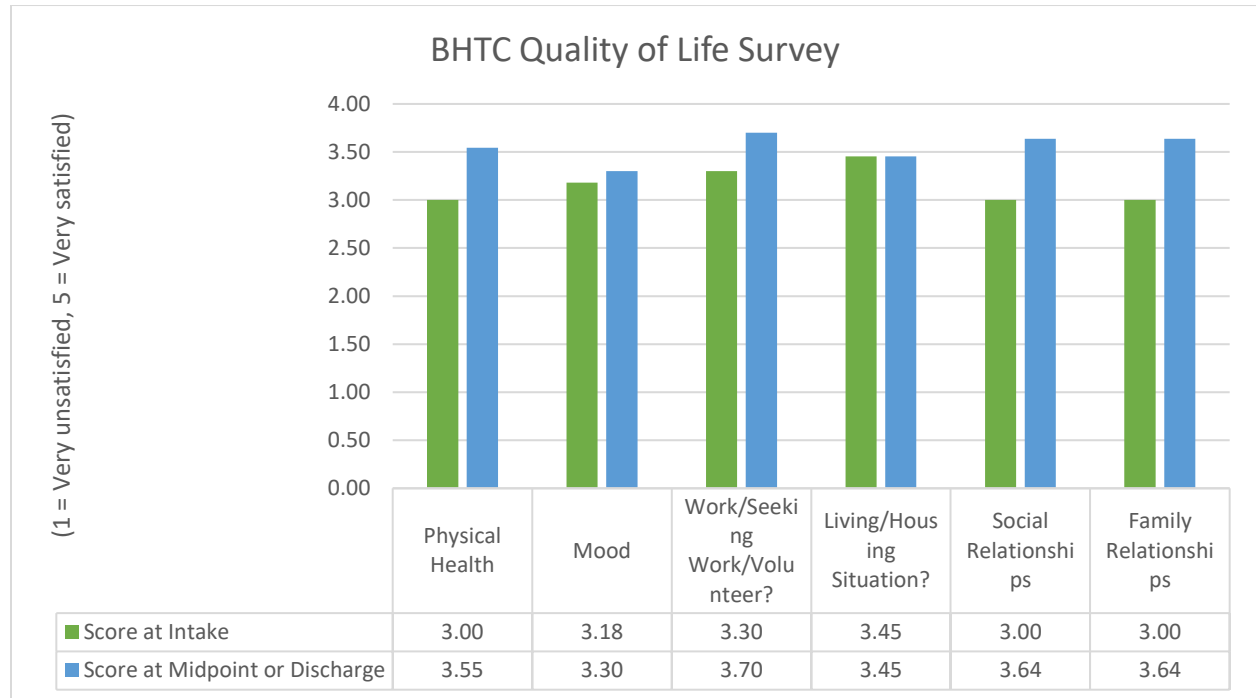
- The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post-tests and health scales.
- Electronic health record data is used to track some client outcomes.

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.

BHTC clients participate voluntarily in services for 12-18 months. Clients agree to a drug-free commitment (i.e., not use any illegal drugs or medications without a prescription unless first discussed with the BHTC psychiatrist or BHTC therapist). Additionally, the client agrees to substance abuse testing and (if applicable) a commitment to medication compliance. Once the client has successfully graduated from the program, they are eligible for a decrease or waiver of fines, a reduction in probation time, and the possibility of decreasing the severity of charges (depending on legal charges).

In 2022-2023, BHTC served 22 unduplicated clients. The clients reported on their quality of life (i.e., physical health, mood, work, living/housing, social relationships, family relationships, ability to get things done, medication, social support, well-being, managing emotions, and understanding the impact of their own emotions). Overall, clients reported relatively higher scores during intake. At midpoint or discharge, the survey scores increased for physical health (3.55); mood (3.30); work (3.70); social relationships (3.64), ability to get things done (3.64), social support (3.73), and overall well-being (3.27).

Figure 9.1A: BHTC Quality of Life Survey



CSS 9.2: Forensic Mental Health Services Forensic Re-entry Services (FRS)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	96	\$131,893	\$1,374
Actuals for FY 2022–2023	133	\$184,722	\$1,389
Projections for FY 2023-2024	115	\$184,163	\$1,601

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in the criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in the criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

- The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post tests and health scales.
- Electronic health record data is used to track some client outcomes.

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 building a “bridge” for individuals leaving the jail. This comes in the form of assessment and referral to all appropriate health and community services and support, in addition to short-term case management during this transition.

The Forensic Personal Service Specialist (PSS) provides linkage to behavioral health services for jailed adult offenders being released. Specifically, the PSS also provides resource support by being involved in day-to-day client skills-building and resource support to include dress/grooming/hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, taking to appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers. The PSS mainly serves as a support in connecting clients to behavioral health services in the community.

In 2022-2023, there were 133 unduplicated clients served in FRS, a 39% increase from last year. Clients consistently demonstrate an increase in the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem-solving, and decision-making skills among others to deal with stress-related triggers. Of those referred to Behavioral Health Services (n=120), 66 attended a service within 45 days (55%). Lastly, clients reported a 3% (4/133) annual recidivism rate during the program, a 22% decrease from the prior fiscal year.

CSS 9.3 a/b: Forensic Mental Health Services | a. Veterans Treatment Court/b. Veterans Outreach

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	57	\$246,628	\$4,327
Actuals for FY 2022–2023	55	\$309,703	\$5,631
Projections for FY 2023-2024	56	\$358,097	\$6,395

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in the criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in the criminal justice system because of, or inclusive of, their behavioral health issue.

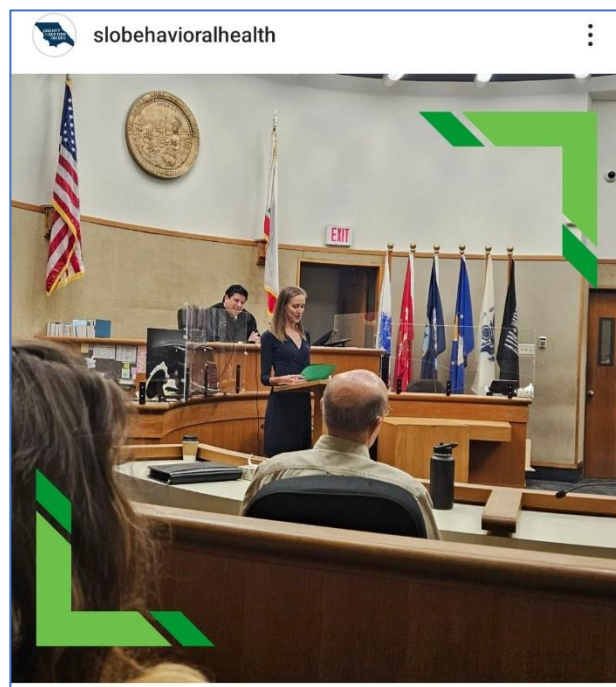
Method of Measurement

- The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post tests and health scales.

- Electronic health record data is used to track some client outcomes.

a. Veteran's 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 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 veterans with VA services, other 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 2022-2023, 11 clients were enrolled in the Veteran's Treatment Court program. In 2022-2023, one veteran successfully completed VTC and graduated. The one graduate successfully completed *Skills Training in Affective and Interpersonal Regulation (STAIR)*, and successfully completed *Managing Anger: A Treatment for those with PTSD*. The VTC program is an 18-month (on average) voluntary program in

which most cases result in the dismissal of charges. In 2022-2023 there were 48 veterans assessed for military diversion, and 39 out of the 48 were accepted and continued in the program. Five veterans completed military diversion. Lastly, veterans were referred to other community resources such as the Veterans Administration, Veterans Center, and other care in the community when they were found ineligible for VTC or military diversion.

b. Veterans Outreach

Program: Launched originally as an Innovation project, the SLOBHD Clinician assigned to the Veterans Treatment Court also provides outreach and clinical services for community veterans. The Clinician attends Veterans Outreach events (detailed in the PEI section) and engages local veterans and their family members. This activity is reported here as part of the CSS-9 work plan.



CSS 9.4: Forensic Mental Health Services | Mental Health Diversion Court (MHDC)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	17	\$278,591	\$16,388
Actuals for FY 2022–2023	22	\$209,048	\$9,502
Projections for FY 2023-2024	20	\$137,473	\$6,874

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.

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in the criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in the criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

- The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post tests and health scales.

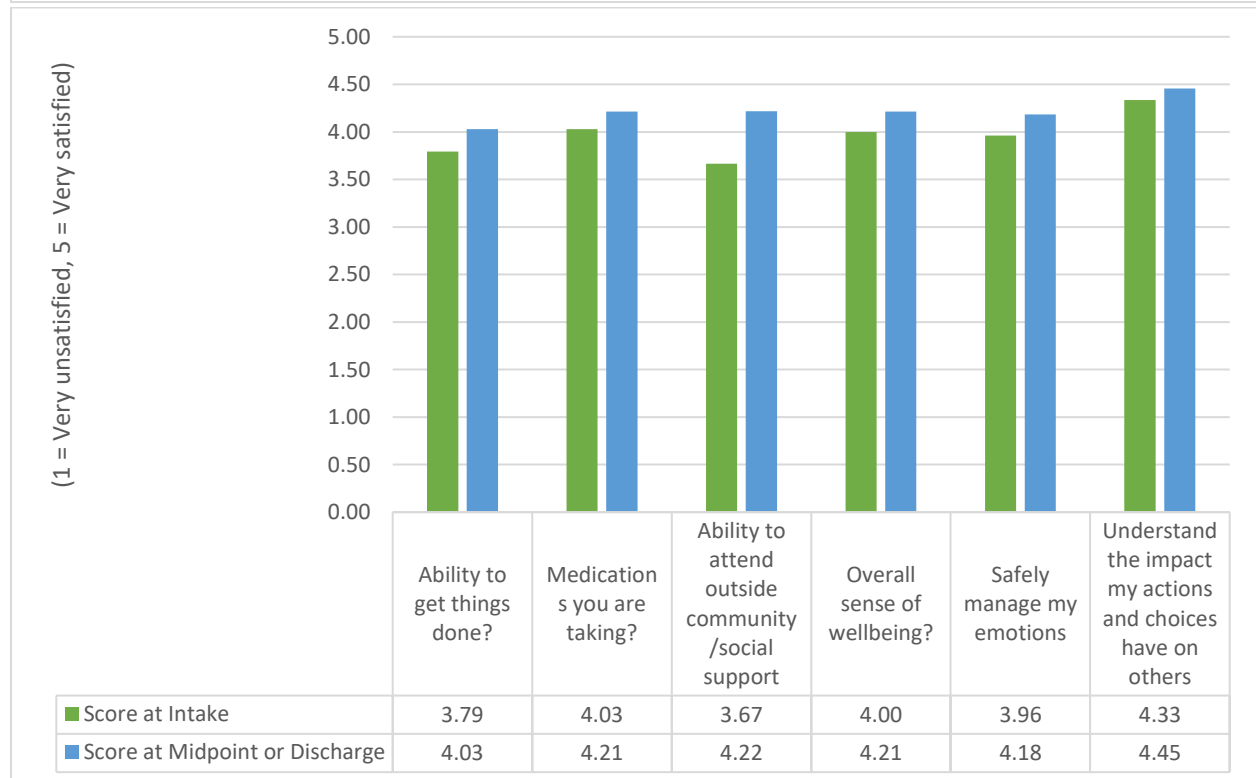
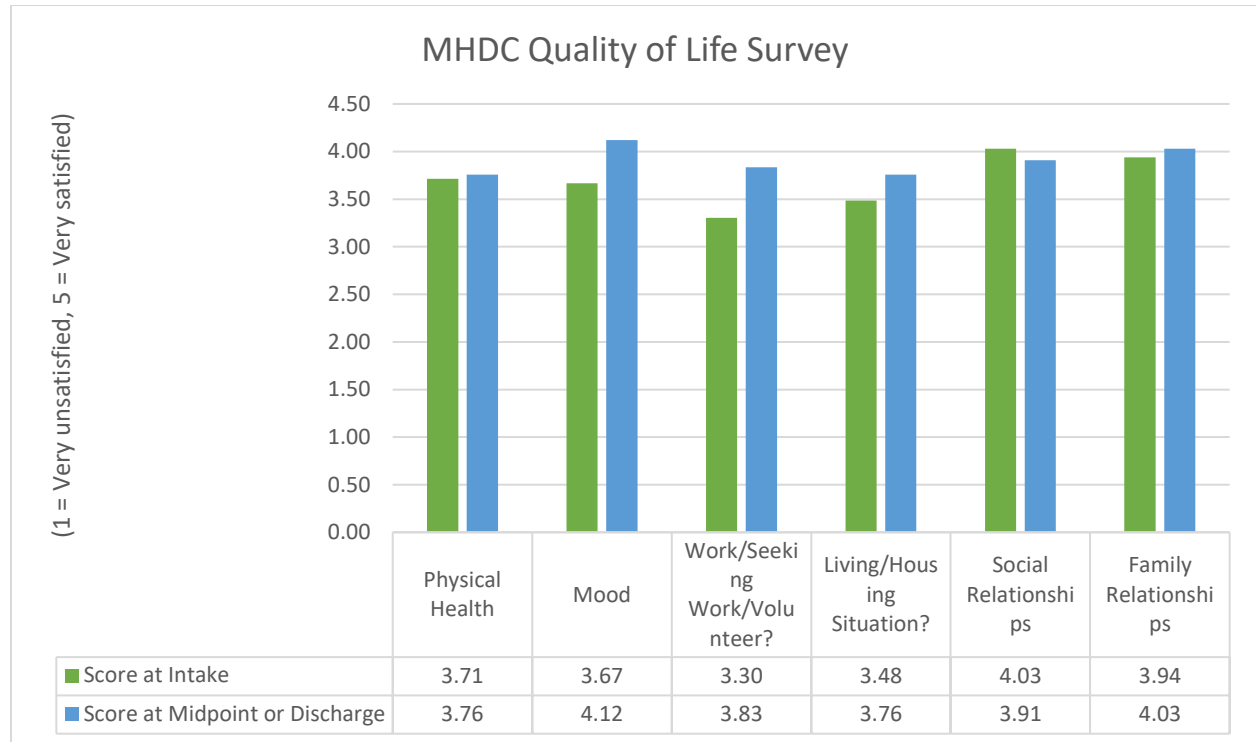
- Electronic health record data is used to track some client outcomes.

The Mental Health Diversion Court (MHDC) is a pre-trial diversion program. MHSA funds a 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 carries 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 two years, to allow the defendant to undergo mental health treatment. Weekly medication management groups are provided along with individual sessions to clients that are being diverted from the legal system through the MHDC program. Coordination with jail psychiatric services to have medications started in custody and to ensure medications are ready for discharge also occurs.

Additionally, case management for these clients is imperative to have resources ready when clients are released from custody. This program compliments the MHSA-funded Behavioral Health Treatment Court. **In 2022-2023, there were 22 unduplicated clients served in MHDC.** The clients reported on their quality of life (i.e., physical health, mood, work, living/housing, social relationships, family relationships, ability to get things done, medication, social support, well-being, managing emotions, and understanding the impact of their own emotions). Overall, clients reported relatively higher scores during intake. At midpoint or discharge, the survey scores increased for physical health (3.76); mood (4.12); work (8.83); living/housing (3.76), family relationships (4.03), ability to get things done (4.03), medication (4.21), social support (4.22), overall well-being (4.21), managing emotions (4.18), and understanding the impact of their own emotions (4.45).

Figure 9.4A: MHDC Quality of Life Survey



CSS 9.5: Forensic Mental Health Services Community Action Team			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	300	\$147,144	\$490
Actuals for FY 2022–2023	179	\$38,913	\$217
Projections for FY 2023-2024	240	\$440,162	\$1,834

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.

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Enhance public safety by developing wellness and recovery pathways for those individuals involved in the criminal justice system.
- Improve mental health outcomes and access to service for those individuals involved in the criminal justice system.

Key Objectives

- Provide access to treatment for those in criminal justice system because of, or inclusive of, their behavioral health issue.
- Increase linkage to behavioral health supports in the community for those in the criminal justice system or exiting incarceration.
- Reduce symptoms of serious mental illness impacting safe and prosperous lifestyles.

Program Outcomes

- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of, their behavioral health issue.

Method of Measurement

- The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post tests and health scales.
- Electronic health record data is used to track some client outcomes.

In its sixth year (2022-2023) the Community Action Team (CAT) program with the San Luis Obispo Police Department continues to benefit from the partnership of a behavioral health care provider on the patrol team which focuses on engaging unhoused and other individuals in the city. The MHSA-funded CAT consists of a clinical social worker embedded within the municipal police department to respond directly to individuals experiencing behavioral health crises who need outreach and engagement. Due to workforce shortages this position was unfilled for a significant portion of FY 2022-2023.

In FY 2022-2023, the CAT Community Liaison engaged 179 unduplicated individuals (over 66 engagements total). Fifteen (15) unduplicated individuals were treated for mental illness, substance use, or co-occurring disorders. Additionally, 2 individuals received employment, education, or housing services.

Figure 9.5A: Community Action Team Results FY 2022-2023

15 Unduplicated individuals treated for mental illness, substance use, or co-occurring disorders

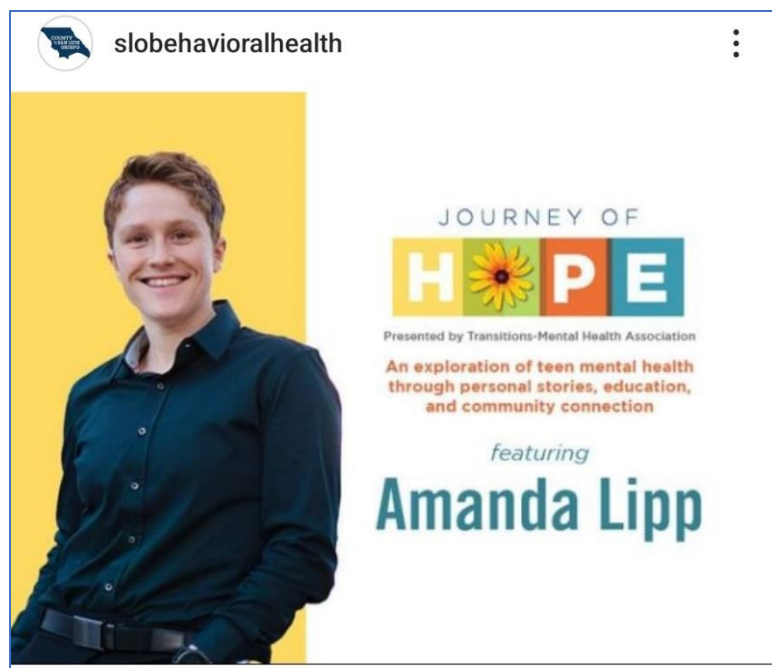
2 Individuals received employment, education, or housing services

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 2022-2023 as part of the WET Plan:

1. Peer Advisory and Advocacy Team (PAAT) (TMHA): 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. The consumer advisory council met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. In 2022-2023, 60% (15/266/10) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.).

PAAT held 15 meetings in 2022-2023, and members conducted four events focused on stigma reduction for over 419 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. This past year's event was held on May 1, 2023 in celebration of Mental Health Awareness Month. The keynote presenter was Amanda Lipp, a documentary filmmaker working at the intersection of health care, storytelling, and technology. The forum featured honest discussions about youth psychosis, mass trauma, LGBTQ advocacy, and recreation therapy.



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, and MHSA Advisory Committee. PAAT members surveyed consistently report an increase in their knowledge and understanding of community planning processes. In 2022-2023, PAAT welcomed a total of 54 new meeting attendees, surpassing their goal of 25 new attendees annually.

2. 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 2022-2023, over 2,700 hours of training were completed electronically. The capacity to be trained online supports a decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also uses online learning increase productivity.

In 2022-2023, 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 "Health Agency Cultural Competence Plan Training," developed by the MHSA-funded Diversity, Equity, and Inclusion Manager. Providers of adult-focused services were also assigned "Identifying and Addressing Older and Dependent Adult Abuse." Providers of youth-focused services were assigned "Identifying and Responding to Child Abuse and Neglect." Staff course completion was 61%, with 196 (out of 320) direct service employees (including temporary and volunteer staff) completing the curriculum.

3. Diversity, Equity, & Inclusion (DEI) (formerly Cultural Competence): The WET work plan named "Cultural Competence," was renamed "Diversity, Equity, and Inclusion (DEI)" in 2021-2022. A DEI Committee meets every other month to review DEI practices and develop and monitor strategies related to trainings, policies, and procedures. The DEI Committee is designed to enhance and provide support to the behavioral health leadership team and the entire local behavioral health system by impacting the way services and programs are developed and delivered to all individuals and their families seeking services.

As part of this work plan, the MHSA Advisory Committee approved the addition of a Program Manager for Diversity, Equity, and Inclusion. This Program Manager chairs the Committee, develops, reviews, and edits policies and procedures, creates

trainings, develops communication strategies for the Behavioral Health Department and the community, engages in community outreach, and aims to increase diversity in hiring and recruitment practices to ensure the capacity to provide culturally and linguistically appropriate staff to address the needs of the entire community.

An accomplishment for the DEI committee in FY 2022-2023 was the development and launch of an LGBTQ+ workgroup, which reported to SLOBHD Division Managers in March 2023. The report spotlighted three critical areas for action along with recommendations to strengthen and welcome an inclusive environment at SLOBHD clinics. The three areas included: Environmental Enhancements, Ongoing Staff Development, and Structural Alignment.

- Environmental Enhancements: Transforming clinic spaces to be more welcoming for all.
- Ongoing Staff Development: Committing to continuous education and training for staff on issues affecting the LGBTQ+ community.
- Structural Alignment: Harmonizing our policies and practices to be more inclusive and equitable.

An outcome of this workgroup was the development of an LGBTQ+ Inclusive Poster that has been widely distributed throughout the SLOBHD Clinics. The poster is designed to cultivate a sense of belonging and inclusion for all individuals and community members entering the clinic environment. Another outcome was the redesign of the website with the inclusion of LGBTQ+, BIPOC, and gender affirming care services and resources.

4. Promotores Interpretation Services: The WET work plan also includes cultural competence-based workforce development and training. Using WET funds with Community Advisor approval, the Department partnered with the Center for Family Strengthening (CFS) to establish a contract for Promotores services. Promotores are bilingual and bicultural community members with training specific to providing healthcare system navigation to the monolingual Spanish-speaking population. Promotores have been co-located in several County clinics to provide medication-management translation, interpretation, and system supports for Latino Outreach Program (LOP) clients. An expansion of the service approved by Advisors in the last two years now includes co-occurring disorder clients who are receiving mental health and substance use disorder services.

In FY 2022-2023, the community's need for interpretation services grew considerably. A total of 394 clients were served, with over 751 service sessions provided, a 25% and 30% increase respectively from the previous year. The escalating demand for services led to a request for additional investment into the program. In early 2023, the MHSA Advisory Committee agreed to add WET funds to the Promotores budget to assign an interpreter to each section of the County (South, Central, and North) to boost efficiency and guarantee staff a minimum number of hours. The system change helped interpreters reach their assignments in less time and has allowed the schedule coordinator to manage the higher demand in a logistically efficient manner.

5. Public Information Specialists (SLOBHD): This position (formerly known as the Training and Communications Coordinator), is classified within the County as a Public Information Specialist (PIS) and was supported by assigning CSS funds to WET. The PIS serve as communications coordinators for MHSA and the Behavioral Health Department. The PIS also oversee activities to ensure community-wide training for the behavioral health system. In FY 2022-2023 Community Advisors approved the addition of a Spanish-language-focused PIS to address the growing demand for language capacity and strengthen representation when engaging the community around issues of behavioral health and access.



The California Behavioral Health Directors Association (CBHDA) has recognized the importance for public communications regarding wellness, recovery, and reducing stigma, and the Department has seen a tremendous increase in public engagement since the start of the pandemic. The role will continue to train student interns in behavioral health communications, as well as develop outreach strategies for underserved populations under WET funding.

The PIS team manages social media content, acts as the proxy to local media outlets, and coordinates coverage of mental and behavioral health topics. The

team coordinated or performed 50 local media interviews covering behavioral health topics and campaigns in FY 22-23 reaching over 50,000 viewers/listeners. The campaigns coordinated by the team included: July Black, Indigenous, People of Color (BPIOC) Mental Health Month, September Suicide Prevention Month, September Recovery Month, December Holiday Mental Health/ Substance Use Support Guide, February School Counselor Week, May Mental Health Awareness Month, June Pride/LGBTQ+ Month.

Overall reach across all Behavioral Health social media accounts totaled 119,361 persons in FY 2022-2023, nearly 25,000 more contacts than the previous year. Contacts made through local media including news coverage, radio stations, and print material reached approximately 236,150 duplicated contacts. A key contributor for this output was Spanish-speaking PIS, Laura Zarate, who regularly guest hosts two local radio shows reaching Spanish and Mixteco-speaking communities. “En Confianza Con Laura” on the local station La Mexicana 102.9 FM / 1480 AM reaches approximately 2,500 listeners per segment, and “Radio Ranchito” on station 92.9 FM / 1600AM attracts approximately 1,800 listeners per segment. These platforms allow listeners to call in with questions and discover local behavioral and mental health resources.

6. Crisis Intervention Training (CIT): The WET Work Plan sponsors training for local law enforcement agencies to receive training on best practices in responding to mental health crises. CIT programs create connections between law enforcement and mental health providers to improve response protocols and develop a greater understanding of those experiencing psychiatric crises. This program is operated by the San Luis Obispo County Sheriff’s Office and nearly every law enforcement agency in the county participates. In FY 2022-2023 there were four (4) trainings held and 92 officers trained. Students report they “strongly agree” or “agree” that the class left them more informed, knowledgeable, and more prepared to deal with individuals in crisis.

Prevention & Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs are designed to increase protective factors and diminish an individual's risk factors for developing mental illness. For this report, risk and protective factors are defined as personal attributes, situations, or environments associated with an increased likelihood of a negative mental health outcome (risk) or a lower likelihood of a negative mental health outcome (protective). PEI programs focus on reducing risk factors such as exposure and trauma in youth, increasing access to services, and reducing mental health stigma in adults.

Prevention focuses on reducing the impact of risk factors and improving well-being by expanding services through parent education, promoting a positive school climate and connectedness, and promoting participation in community networks while increasing access to support services and treatment. 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.

PEI programs receive up to 19% of available MHSA funding. In FY 2022-2023 the county's PEI Program included the following work plans: 1. Prevention, 2. Early Intervention, 3. Outreach for Increasing Recognition of Early Signs of Mental Illness, 4. Access and Linkage to Treatment Programs, 5. Stigma and Discrimination Reduction, and 6. Suicide Prevention.

Fiscal Year 2022-2023 demographic data such as race, ethnicity, gender assigned at birth, gender identity, sexual orientation, age, homelessness status, veteran count, and disabilities are compiled in [Exhibit D](#). Total funds including administration and evaluation allocations are compiled in [Exhibit I](#).

[Atop each section is a table outlining the budget and actual costs of each work plan as well as projected costs for the next three fiscal years. Work plans are organized 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. Persons served are unique participants.]

PEI 1.1: Prevention Programs Positive Development Program			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	257	\$119,564	\$465
Actuals for FY 2022–2023	256	\$91,943	\$359
Projections for FY 2023-2024	257	\$103,171	\$401

Program Provider: Community Action Partnership of San Luis Obispo (CAPSLO)

Program Goals:

Build the capacity of and identify early behavioral health issues in underserved children, ages 2-6.

Key Objectives:

Provide behavioral health related training and education to private childcare providers (gatekeepers).

Program Outcomes:

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

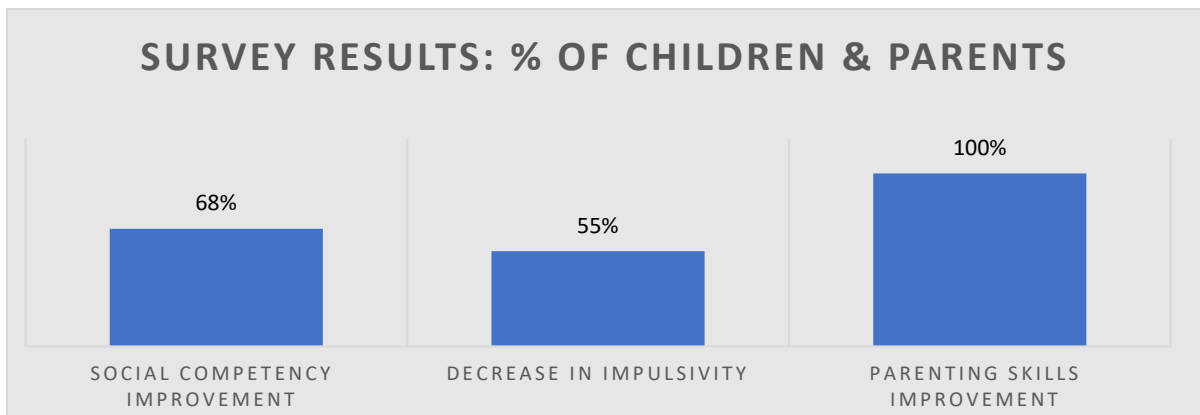
Method Measurement:

Rosters.
 Ages and Stages Questionnaire.
 Behavior Rating Scale.

Overview: 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” (ICPS) 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 trainings 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 works with programs to support screening and assessment in alignment with Quality Counts, a state and nation-wide effort to support continuous quality improvement in childcare.

In 2022–2023: 542 family units received 201 parent activities, 122 child activities were facilitated, and 7 new childcare programs were recruited. Pre and post Behavioral Rating Scale assessments (ASQ) and surveys of children and parents participating in the program demonstrated a 68% (36/53) social competency improvement; 55% (7/12) of children, initially assessed as impulsive, demonstrated a decrease in impulsivity; and 100% (85/85) of surveyed parents demonstrated an improvement in their parenting skills as it relates to their children wellbeing and behavior.

Figure 1.1A: Positive Development Program Outcomes FY 2022-2023



Parent activity requests increased substantially in FY 22-23 as providers reached out for more individualized support. Activities include group meetings, individualized assistance with referrals, forms and questionnaires, and consultations to build a child’s social, emotional, and behavioral competencies. In recent years, the program output averaged 130-140 parent activities annually; in the last year, the requests for individualized support contributed to an increase of 60% from the average to over 200 activities facilitated by the Positive Development Program.

During FY 22-23, participating childcare providers shared that the use of facemasks resulted in children’s inability to view natural facial expressions/emotions causing slight developmental and cognitive delays in younger children and children with different learning abilities. One provider offered this statement:

“The year started with its own challenges based on COVID-19 regulations and the use of face masks being more lenient. Once things started to ‘normalize,’ I noticed children didn’t recognize facial expressions.”

Some participants shared that they observed younger children’s behavior was not typical of a child their age. Though developmentally children’s motor behaviors were on track, participants noticed that the 2–3-year-olds had a lack of facial expression recognition, emotion recognition, and trouble communication needs. Participants shared that they tended to use behaviors such as hitting, pushing, yelling, or pointing to get their needs met.



In order to guide and give children the appropriate tools to communicate, participants became more intentional with the “I Can Problem Solve” (ICPS) curriculum targeting social-emotional vocabulary, creating calm spaces to help children learn and implement self-regulation skills. They were also encouraged to use more visuals during transitions as well as more animated literacy stories to increase exposure to facial expressions and emotions.



Based on provider observations and Ages and Stages-Social Emotional Questionnaires (ASQ-SE), four (4) children were assessed and are now receiving services. These children originally scored high on the impulsive/relational aggression category raising concerns for providers. Providers partnered with Martha’s Place therapists and are implementing the ICPS curriculum along with each child’s individual therapy strategy to continue to give children consistency.



Parent and primary caregiver narrative responses provided positive feedback on their children’s social-emotional and behavior skills over the past year:

"Si me ayuda para saber el desarrollo de mi hijo y poder guiar su comportamiento. (They help me understand children's behaviors and development)."

"Si mis hijos tienen autismo y me ayuda para ver cómo debe ser su desarrollo y buscar ayuda. (My children have autism, they help me see how they can develop and understand behavior)."

"It has helped me understand my kids' moods, and offer them what they need." Let's put these in a pretty box or boxes.

PEI 1.2: Prevention Programs | Family Education, Training & Support

Fiscal Year Estimate	Program Item	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	Parent Education	714	\$182,011	\$144
	Coaching of Parents/Caregivers	554		
Actuals for FY 2022–2023	Parent Education	514	\$156,889	\$123
	Coaching of Parents/Caregivers	764		
Projections for FY 2023-2024	Parent Education	614	\$285,786	\$224
	Coaching of Parents/Caregivers	660		

Program Provider: Center for Family Strengthening (CFS)

Project Goals:

- Build competencies and skills in parents and caregivers.
- Decrease the impact of trauma in families.
- Respond to the urgent needs in families at risk for abuse.

Key Objectives

- Parent education.
- Parent coaching.

Program Outcomes

- Reduced risk factors.
- Increased protective factors.
- Improved parenting.
- Improvements in child behaviors.

Method of Measurements

- Pre-post surveys.
- Satisfaction surveys.
- Coaching intake forms.
- Focus groups.
- Client interviews.

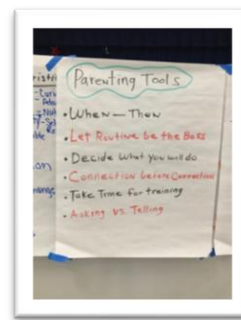
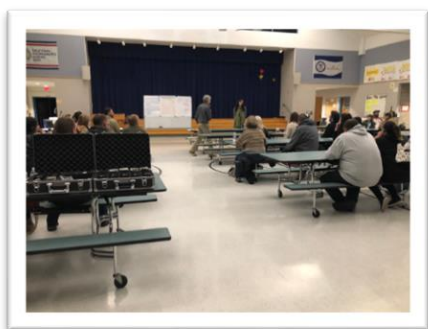
Overview: The Center for Family Strengthening’s “Parent Connection” is the primary service of the county’s Family Education, Training, and Support Program. This program uses a multi-level approach to reduce risk factors and increase protective factors for all parents and other caregivers raising children. Target populations include parents and caregivers exposed to domestic violence or in stressed families, living with or at high risk for mental illness, substance use, or trauma, monolingual Latino/x parents, or parents in rural areas of the county.

The website www.sloparents.org (featuring 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 thirty-four (34) 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 age ranges, co-parenting, ongoing support groups, and community partner classes for the convenience of viewers searching for local support.

In 2022–2023, the program registered 23,000 unique website visitors and nearly 40,000 website hits. These visits represent an increase of 5,000 for each category over the previous fiscal year. 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, unhoused, and teen parents. In 2022–2023 Parent Connection offered 48 classes, and 23 parent provider training courses were held for community parent educators, family advocates, social services, schools, and other agencies serving families in the community.

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 unhoused, in recovery, teen parents, and single parents. Self-report surveys (below) of parents and caregivers participating in education or coaching services demonstrate the effectiveness of the coaching and the positive impact on parenting strategies.



The Family Education, Training, & Support (FETS) program continues to build capacity in FY 22-23. Their continued engagement efforts with our Spanish-speaking community have resulted in increased class offerings and participation. In the past two years, these efforts have built an online community of over 100 Spanish-speaking parents interested in coaching and education services. Year over year, the program doubled the amount of online traffic visiting the website (1,800 visits per month on average in FY 21-22 increased to 3,600 visits per month on average in FY 22-23). Newsletter subscribers increased by 322 (600 to 922) from the end of the previous FY, and the program gained nearly 100 more followers on their social media platforms as well (934 increased to 1,028 followers).

In Spring of 2023, the MHSA Advisory Committee approved a 1-year expansion of FETS by adding a Spanish Parent Educator in a full-time position to meet this demand. FETS has shown consistent success with education offerings in English, and going forward into FY 23-24, they will focus on capacity and system improvements for the Spanish Parent Education offerings to bring this area up to equal levels.

Parent Coaching Narratives

1. A current parent coach is working with a parent with a 10- and 4-year-old. The mom called and said that the discipline she was using was not working and that her children were always upset with one another. She stated she scolded and dismissed the children's feelings to stop the behaviors. The coach worked with the parent to identify different ways of disciplining. The parent decided to try listening and demonstrating respect. After meeting with the coach for the 2nd time, the mom reported the new techniques were helping and that she already saw a positive relationship with her. Her son seems calmer and more engaged, including talking and sharing with the mom. The mom has successfully used the Positive Discipline Cards to identify different parenting techniques.
2. A parent coach is working with a mom who has a 13-year-old son who has an anxiety disorder. He is at home hospital and refuses to go to school. The coach and mom talked about ways she could encourage him. Mom gave the son structured choices and told him that not going to school was not an option. He has started summer school and has attended the first four days without a problem.

PEI 1.3: Prevention Programs | Middle School Comprehensive Program

Fiscal Year Estimate	Program Item	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	Student Support Counselors	270	\$308,713	\$1,143
	Family Advocates	446	\$160,421	\$360
	Youth Development	112	\$90,204	\$805
Actuals for FY 2022–2023	Student Support Counselors	245	\$434,775	\$1,775
	Family Advocates	314	\$317,983	\$1,013
	Youth Development	118	\$199,250	\$1,689
Projections for FY 2023-2024	Student Support Counselors	258	\$511,507	\$1,983
	Family Advocates	380	\$243,030	\$640
	Youth Development	115	\$123,358	\$1,073

Program Providers: County of San Luis Obispo Behavioral Health Dept. (SLOBHD) and The Link Family Resource Center (LINK)

Project Goals

Identify mental health issues of at-risk middle school youth and their families.
 Provide services intent on building resiliency and a healthy lifestyle for the students and support for their families.

Key Objectives

- Student Assistance Programs.
- Student Support Counselors.
- Family Advocates.
- Youth Development Programming.

Program Outcomes

- Reduced risk factors.
- Increased protective factors.
- Increased access to extended services and supports for at-risk families.

Method of Measurements

- Rosters.
- School records.

Participant and staff surveys.
Youth development surveys.
Participant focus groups.

Overview: The Middle School Comprehensive Program is an integrated collaboration between schools, SLOBHD staff, and community-based organizations. This project uses the evidence-based 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 process. In their proposals, schools had to 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 as well as Services Affirming Family Empowerment (SAFE) coordinators for case management, training, and outreach. SLOBHD provides three Student Support Counselors and one Youth Development Specialist to serve the six sites.

Students are identified as at-risk because of indicators such as poor attendance, academic failure, and disciplinary referrals. SLOBHD Counseling staff work closely with school counselors and Family Advocates to address impacts of school climate and community specific to 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.

In fiscal year 2020-2021, the County received and implemented a grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to expand its Middle School Comprehensive programs. This grant, combined with MHSA, has allowed the County to provide the Middle School Comprehensive Program services in 12 of the 14 public middle schools in SLO County.

Family Advocates

The Link's Family Advocates provide direct contact with families and help coordinate referral and intervention services to at-risk families and youth. Family Advocates assist youth and their families by connecting them with access to system navigation including essential resources such as disability benefits support for

family reunification, accessing healthcare needs, clothing, food, tutoring, parent education, and treatment referrals. Other Family Advocate responsibilities include facilitating connections with community partners for domestic violence services, homeless services, transportation, and employment resources. The Family Advocates also represent The Link at school events such as “Back to School” nights, “Open Houses,” and provide an orientation to school personnel early in the school year to provide details of their services.



In FY 2022-2023, families receiving information and referrals from Family Advocates climbed by 12% from the previous year (281 to 314), and more than doubled over the past two years (156 to 314). A total of 108 youth was referred and received intensive case management, services, and support; and 100% of those youth reported improvement in school attendance and behavior after receiving case management services. Each of these students showed progress on the components of the SAFE scale (Safe, At-

Home, In-School, Healthy, and Out of trouble), which is assessed on entry and at 3-month intervals. Family Advocates conducted 86 outreach and training events at the middle schools including Back to School Night, Food Bank events, Children’s Day in the Park, health fairs, and multiple PEI Middles School program meetings.

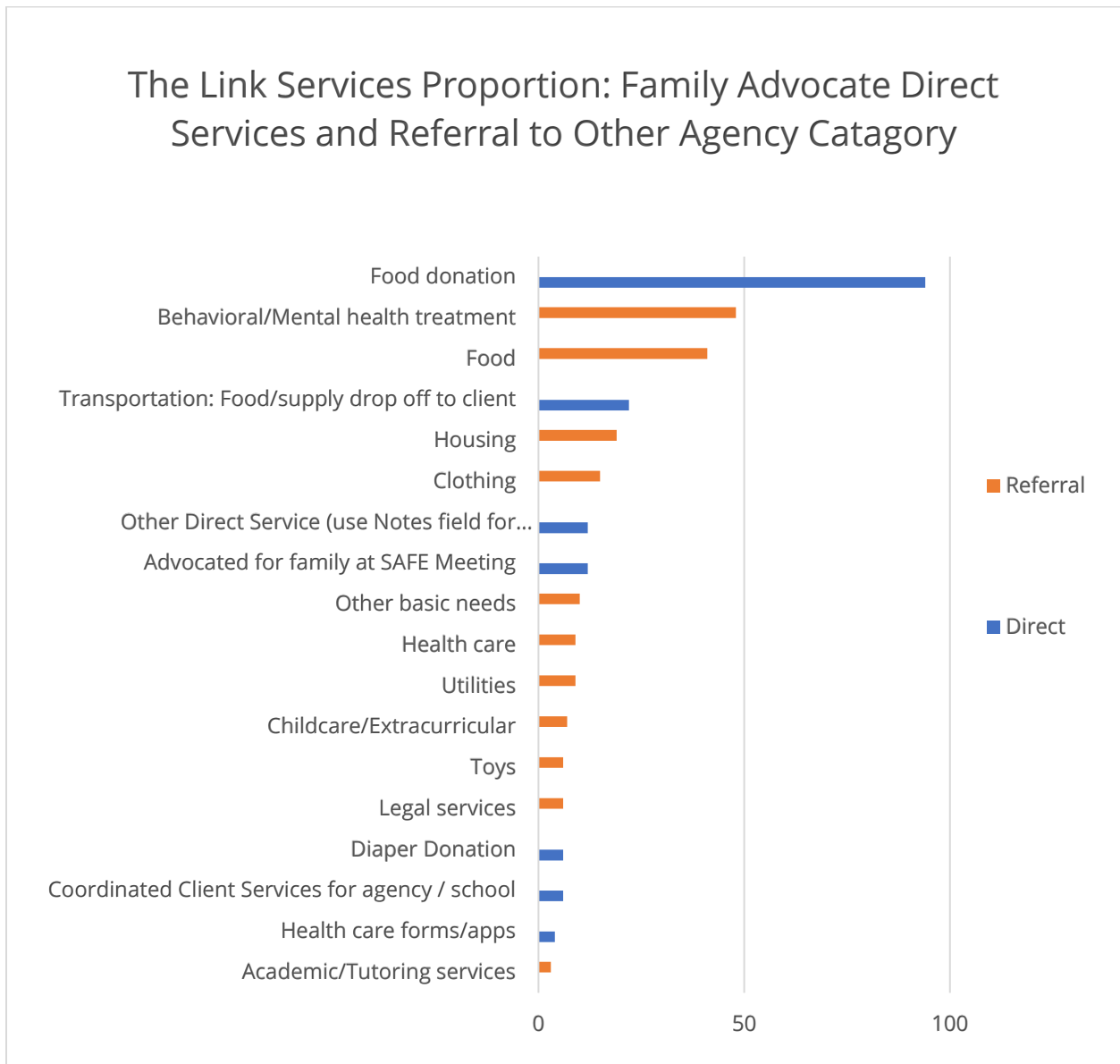
SLOBHD receives dozens of success stories such as these throughout the year:

Judkins Middle School: The Family Advocate assisted a single working mother of 4 children. The Family was living in Santa Maria. The long commute from Santa Maria to Judkins Middle School, and the mother

working in San Luis Obispo was taking a big financial toll on the family. Through Family Advocate services, a plan was created to save money until the family moved closer to the 5 cities area. The FA provided the family gas gift cards, bill support, diapers, biweekly grocery bags, and assistance in applying to the Affordable Connectivity Program. In the month of May, the family was able to move into a 3-bedroom home with the assistance of Five Cities Homeless Coalition closer to the children's school.

Santa Lucia Middle School: In May 2023 the PEI Family Advocate received a referral for a family that was admitted to the school that came from Mexico to Cambria. Dad a single father with two children who immigrated to this country from Mexico. The children's mother lives in Mexico and the children and they live in a room in the house of a relative. The Family Advocate represented the family at the children's SST/FST meeting at the school, and determined that the family needed: Medical (Referred to DSS in Morro Bay), Dental Care (referred to Family Dentistry in Cambria), Eye exam for father (referred to North Clinic in SLO), School clothes, (referred to Operation school Bell), and Referrals for Summer school. Currently, the family is stable and connected to the community services they need.

Figure 1.3A: 2022-2023 The Link Family Resource Center Services/Referrals by Category (Proportion of Total Services)



In the Spring of 2023, the MHSA Advisory committee agreed to increase The Link’s budget from funding 3 full-time advocates at 6 schools, to 5 full-time advocates at 10 schools after federal grants from COVID-19 were depleted. The FY 2023-2024 MHSA Annual Update will reflect data from all 10 schools.

Student Support Counseling

The SLOBHD-provided Student Support Counselor (Behavioral Health Specialist) provides individual, group, and crisis counseling services to middle school students at school during school hours to assist with a variety of concerns ranging from academic, personal, and social issues to substance use education as needed. Early intervention counseling services are voluntary and free of charge; these services are also available to all students attending the designated PEI middle school site. This allows the student and family to access counseling services with minimal barriers. The primary goals of early intervention counseling services are to reduce risk factors and to build protective factors. Therefore, counseling sessions emphasize Social Emotional Learning (SEL) by developing appropriate communication and social skills, friendship and conflict resolution skills, emotional expression and regulation skills, safe and healthy coping strategies, healthy boundaries and relationships, positive self-talk, and positive decision-making and problem-solving skills.

Counseling referrals can come from the students themselves, parents/guardians, and/or school staff, including teachers, counselors, and administration. To receive early intervention counseling services, the student and parent/guardian must consent by signing a Participation Agreement and Authorization to Disclose forms. Once the referral has been made and consent has been received, counselors meet with the student individually to assess the level of need. If it is determined that a higher level of care is required, counselors then refer the student and family to outside support services. Counselors also facilitate monthly PEI team meetings with the entire Middle School Comprehensive Program (Counselor, Family Advocate, and FNL Coordinator) and school administration. During these meetings, the team works together to triage services for high-risk students to receive wraparound services to better improve the student's overall school success and coordinate community outreach events to connect services directly to parents.

In FY 22-23, the Student Support Counselors continued in-person counseling services on middle school campuses during school hours. A steady referral stream continued throughout the school year maxing out most of the counselors' caseloads. Overall, the counselors increased group counseling opportunities/services and responded to many emotional crises occurring on-campus. The counselors also made many outside agency referrals for additional support services, such as The Link, Behavioral Health treatment, Child Welfare

Services (CWS), Mental Health Evaluation Team (MHET), and more. Also, early intervention counseling services continued beyond the school year on-campus during summer school for another consecutive year.

Student Assistance Program survey results (n=245) showed dramatic improvements in all “protective factor” survey questions; for example, a 47.1% increase in ability to cope with stress, depression, and anxiety. The Student Assistance Program also saw a decrease in all surveyed “risk factors” such as a decrease in the amount of suicidal ideation by 46% and a reduction in reported self-harm by 54.3%. The Student Assistance Program participants reported an improvement in academic grades after program participation, and a decrease in absent days. Full results of the survey can be seen in the table in Appendix E.

Figure 1.3B: Middle School Program Before/After Engaged in Self-Harm

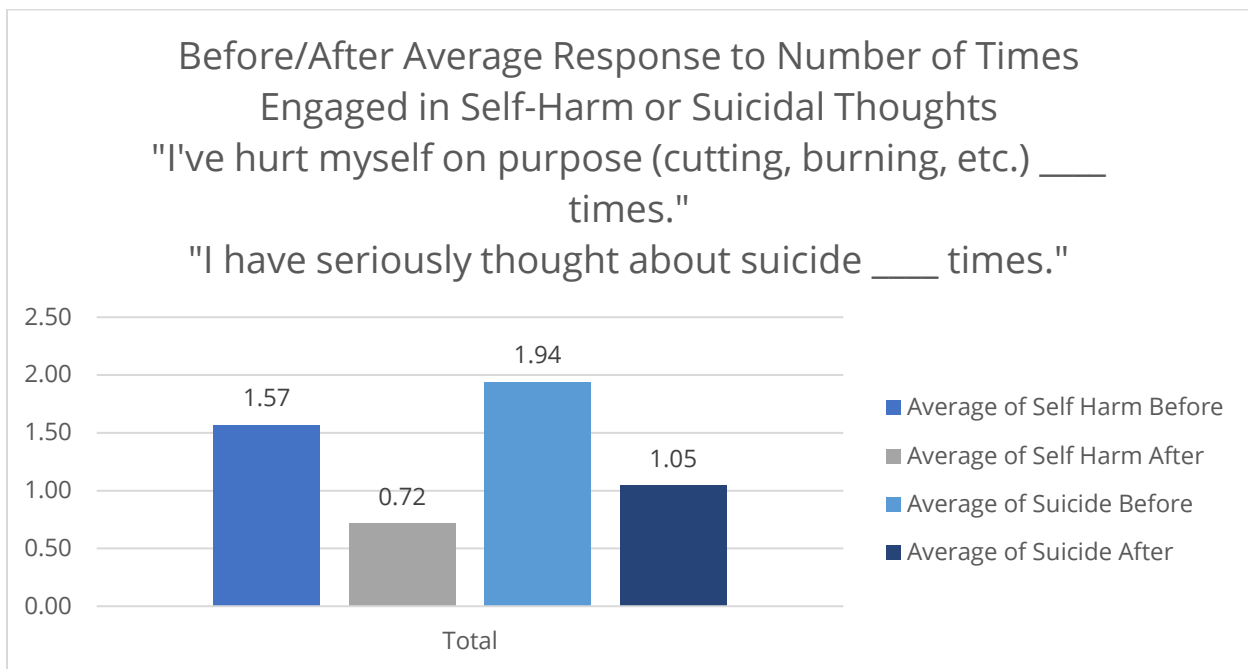
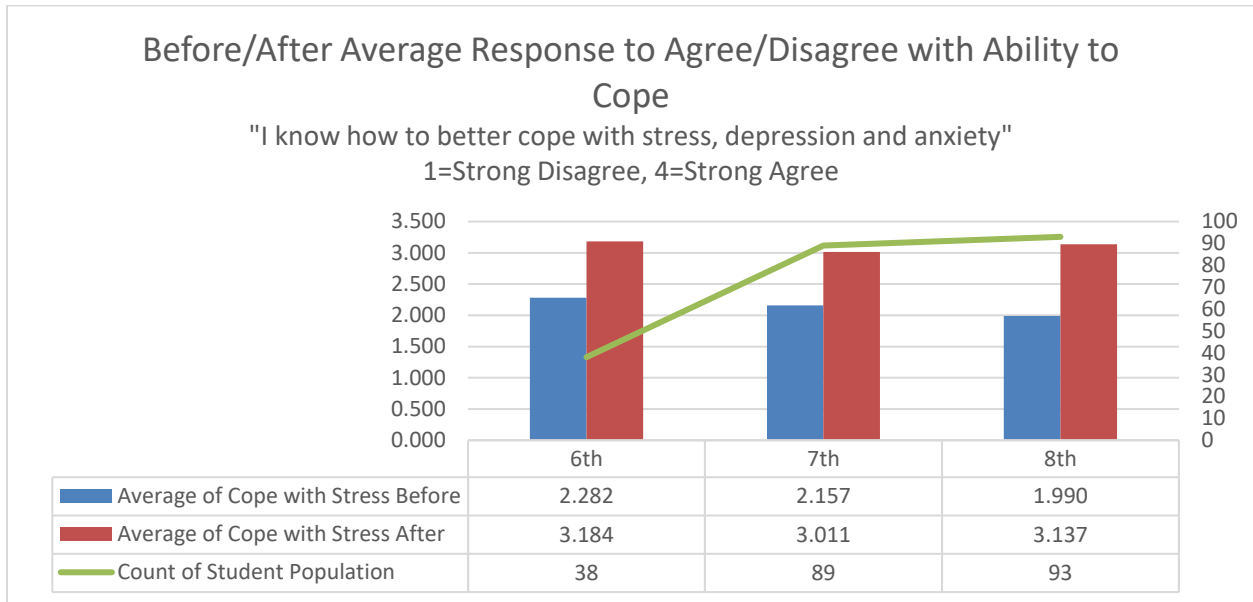


Figure 1.3C: Middle School Program Impact on Student’s Ability to Cope with Stress, Depression, and Anxiety.



Youth Development/“Club Live”

Each participating school receives Club Live Youth Development programming provided by the SLOBHD’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 are exposed to Youth Development annually.

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, to measure the impact of the increased PEI Club Live programming. Figure 1.3B provides an average of the different components associated with leadership, advocacy, learning, and school bonding from FY 2022-2023.

MHSA-supported youth development programs are present at 12 of the 13 public middle school campuses in San Luis Obispo County. Club Live programming integrates a youth development approach into the prevention work of its programs and chapters. Youth development engages students in building the skills, attitudes, knowledge, and experiences that prepare them for the present and the future. These skills provide youth with 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, stigma reduction campaigns, Red Ribbon Week, and various community service opportunities.

In FY 2022-2023, all Club Live Youth Development continued in-person services on middle school campuses during school hours. Student participation with Club Live has increased this past school year. Club Live has continued weekly chapter meetings with students on campus during their lunch time; during these meetings, Club Live students plan universal prevention activities for their entire campus population



promoting overall wellness, including mental health awareness, substance use education, and bullying prevention. Club Live works in collaboration with the other components of the MHSA Middle School Comprehensive Program to promote wraparound services to students, parents, families, and community members during school and community outreach events. Finally, Club Live offered several summertime activities for middle school students to participate in to continue peer, school, and club connection including movie nights, escape room experiences, and more, all free of charge.

PEI 1.4: Prevention Programs In-Home Parent Educator			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	31	\$112,340	\$3,624
Actuals for FY 2022–2023	43	\$84,430	\$1,963
Projections for FY 2023-2024	37	\$94,740	\$2,561

Program Provider: Community Action Partnership of San Luis Obispo (CAPSLO)

Project Goals

- Build developing parenting skills.
- Increase knowledge of appropriate expectation and age-appropriate behavior.
- Increase positive discipline and attachment through positive parent/child interactions.

Key Objectives

- Parent education.
- Parent coaching.

Program Outcomes

- Reduced risk factors.
- Increased protective factors.
- Improved parenting.

Method of Measurement

- Client intake form.
- Programmatic Assessment Form.
- Parent Pre and Post Surveys.

Overview: The Community Action Partnership of San Luis Obispo (CAPSLO) administers the In-Home Parent Educator Program. The program provides parent education services to families at their house or at other specified locations, using an evidence-based curriculum and assessments of families to identify immediate needs to be met to stabilize the family unit. These services are offered to families at elevated risk who have children aged 0-18 enrolled in, or who meet the need for, Mental Health Youth Services.

The program aims to build parenting skills, improve knowledge of appropriate behaviors, increase positive discipline skills, and increase attachment through positive parent/child interactions. Parent and family units participate in a minimum

of 4 sessions to complete the course, and “graduation” from the program is when families complete the full curriculum of the parent education courses.

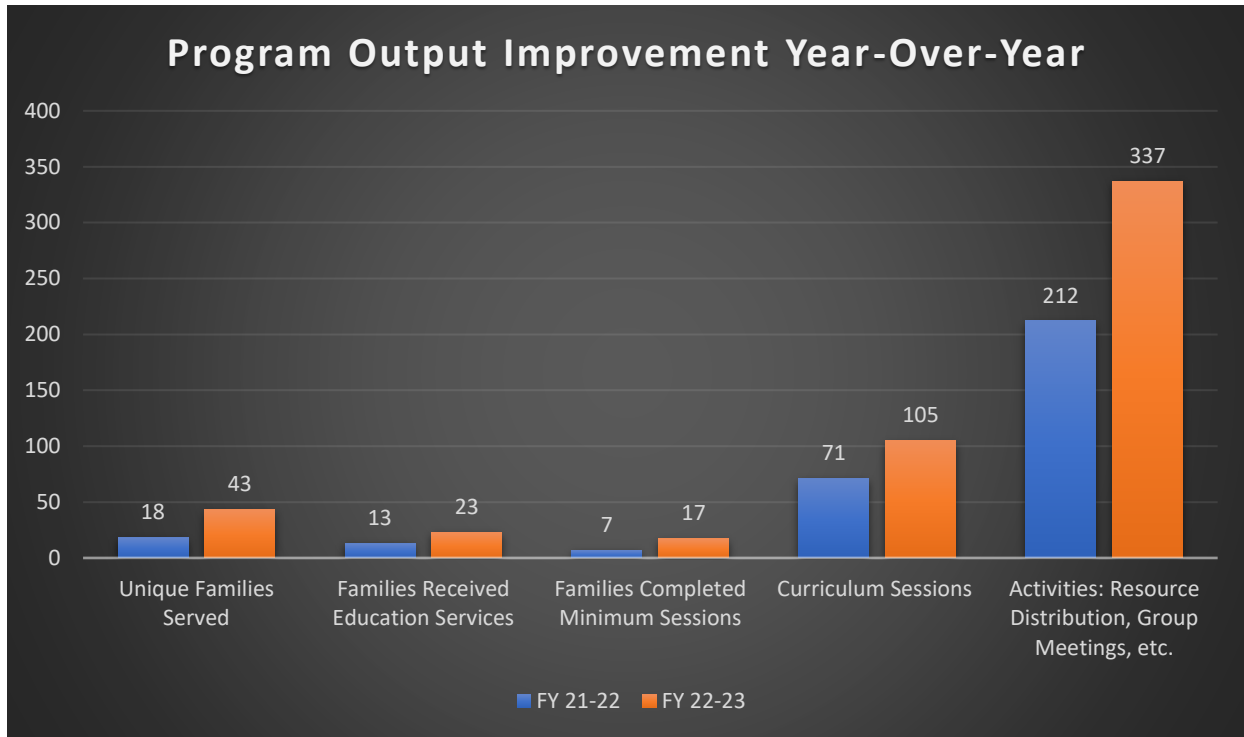
In 2022–2023, 43 unique families were served by the In-Home Parent Educator.

Additionally, 105 evidence-based curriculum sessions and 337 engaged activities were provided to parents. Program graduation success rate was 23% (10/43) for families receiving parenting education and completed all service sessions, and 40% (17/43) of families received a minimum of four parenting sessions. Out the 10 graduating families, 9 reported improved family functioning, and overall mental health and wellness for either the parents, children, or both.



A new Parent Educator (PE) took over the program late in FY 21-22. FY 22-23 was the first full year for the new PE and the program experienced a noticeable rebound in output and referrals. The newly established PE focused on outreach efforts to increase their referrals and regain the momentum lost during the pandemic and staff transition. A noticeable difference this year from previous years was that families are experiencing an increase in stressors resulting in the need for more attention per family. The results of these needs have led to less unduplicated contacts throughout the year as the scales have tilted towards quality of service over quantity of participants. Regardless, the program experienced substantial improvement from the previous year of transition (see Figure 1.4).

Figure 1.4: In-Home Parent Educator Output Improvements from FY 21-22 to FY 22-23



SLO C The Behavioral Health Department and CAPSLO initially intended to house a Parent Educator at 3 clinics to cover the regions of the county (South, Central, North). Due to the high demand in the initial launch for South County, the former PE was unable to grow the program into the other two regions. In an effort to expand the reach of the program, the new PE agreed to work out of the SLO County Youth Services clinic one-day per week in the latter half of FY 22-23. Along with becoming firmly established in the role and adding another region to the program’s capacity, the PE has made significant strides in reinvigorating the program to previous levels of output. The program seeks to carry this momentum into FY 23-24 and continue the positive trends that the new PE has begun to cultivate.

PEI 2.1: Early Intervention Programs | Community Therapeutic Services

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	409	\$52,620	\$129
Actuals for FY 2022–2023	540	\$54,878	\$102
Projections for FY 2023-2024	475	\$52,977	\$112

Program Provider: Community Counseling Center (CCC)

Project Goals

- Early identification of onset mental illness.
- Increased access of therapy to underserved populations.

Key Objectives

- Provide brief, low intensity Early Intervention counseling at low or no cost to underserved populations throughout the County.

Program Outcomes

- Improved mental health and wellness.
- Reduced risk factors.
- Increased protective factors.

Method of Measurements

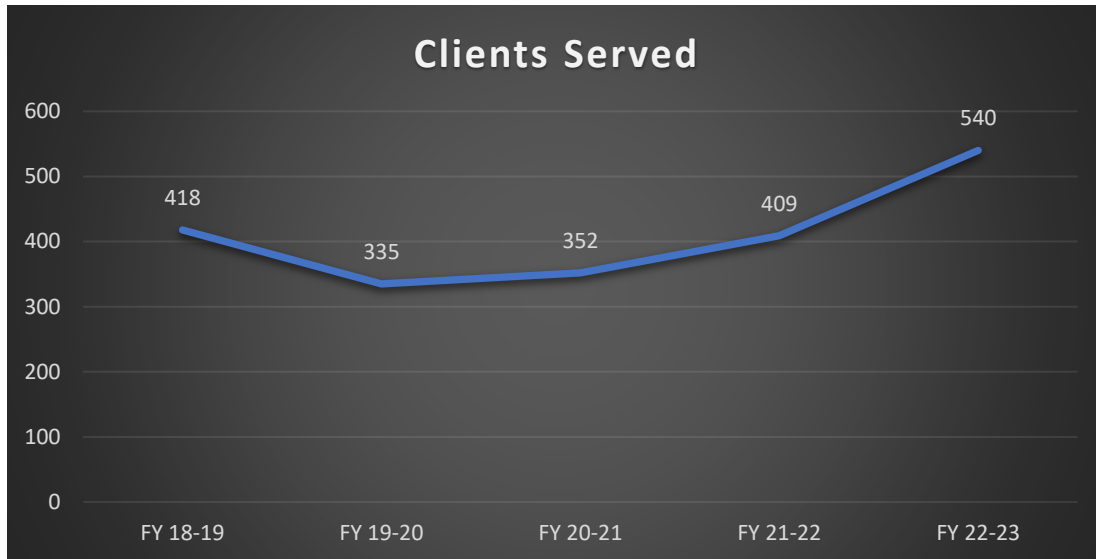
- Rosters.
- Clinician assessments.
- Participant self-report surveys.
- Participant focus groups.

Overview: Community Based Therapeutic Services (CBTS) maximizes the opportunity for many 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 an average of 1,700 low cost (\$5.00 per session) to no-cost counseling hours for uninsured and underinsured at-risk populations throughout the County.

In recent years, the program has grown substantially (see Figure 2.1A). The number of clients assessed increased by 10% in FY 2022-2023 from 495 to 540; individuals enrolled in early intervention services increased by 12% from 409 to 458; and for

the first time in program history, counseling hours surpassed 2,000 total throughout the year. Additionally, 20 clients were referred to County funded mental health and substance use services.

Figure 2.1A: Community Therapeutic Services Growth

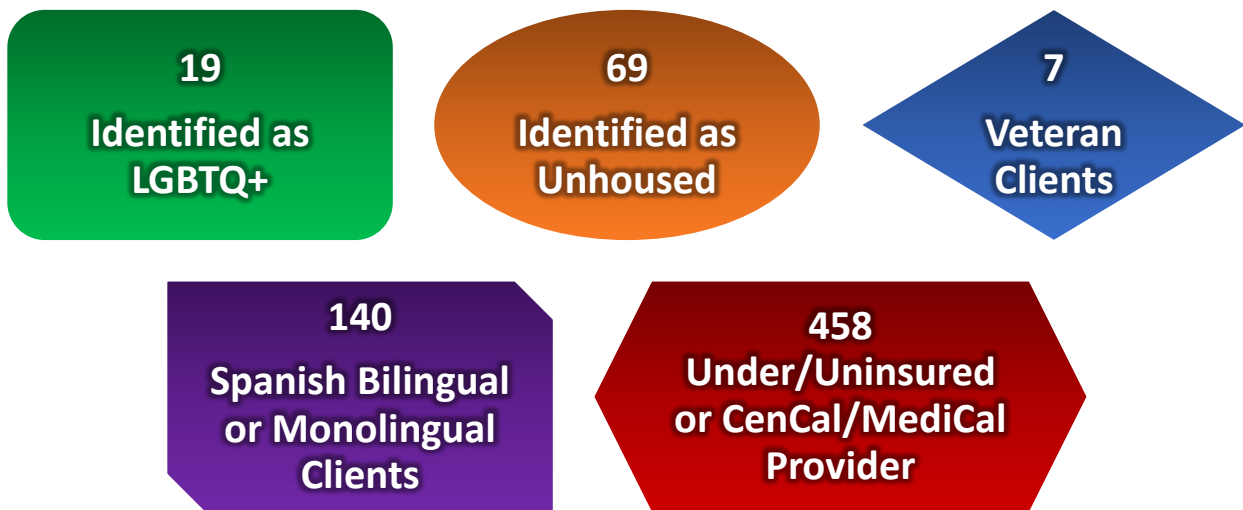


Surveys indicate that 86% (394/458) of participants experienced an improvement in their health and wellbeing; 99% (457/458) of surveyed participants avoided inpatient psychiatric or emergency room hospitalizations; 85% (169/200) of surveyed participants followed through with referrals; 84% (108/128) surveyed participants demonstrated an improve in protective factors such as increase work attendance and improved parenting skills; and 89% (116/135) of surveyed participants demonstrated a reduction in behavioral health problems and decrease risk factors.



The focus of Community Based Therapeutic Services is to provide counseling to at-risk communities that are underserved and/or underinsured populations. Below are the number of clients specific to this objective (some may be duplicated contacts) that show the program's contribution to improving accessibility of mental health services in SLO county.

Figure 2.1B: Community Therapeutic Services for Underserved/Underinsured Populations



PEI 2.2: Early Intervention Programs | Integrated Community Wellness – Resources Specialist

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	844	\$281,896	\$334
Actuals for FY 2022–2023	1004	\$308,687	\$307
Projections for FY 2023-2024	924	\$330,022	\$357

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

Reduce barriers to treatment outcomes and improve wellness.

Key Objectives

Provide Wellness Advocates to individuals and families throughout the County.

Program Outcomes

Increase in protective factors and reduction in risk factors through increased access to community supports.

Method Measurement

- Rosters.
- Advocate notes.
- Surveys.

Overview: Transitions-Mental Health Association (TMHA) provides Family Support Specialists (FSS) and Behavioral Health Navigators (BHN) — individuals with lived experience as either a participant or family member. These Specialists and Navigators collaborate with other PEI providers to deliver system navigation services towards securing basic needs such as food, clothing, housing, healthcare, employment, and education and wellness supports focusing on minimizing stress, supporting resilience, and increasing individual’s self-efficacy to individuals who self-refer or are referred from other programs.

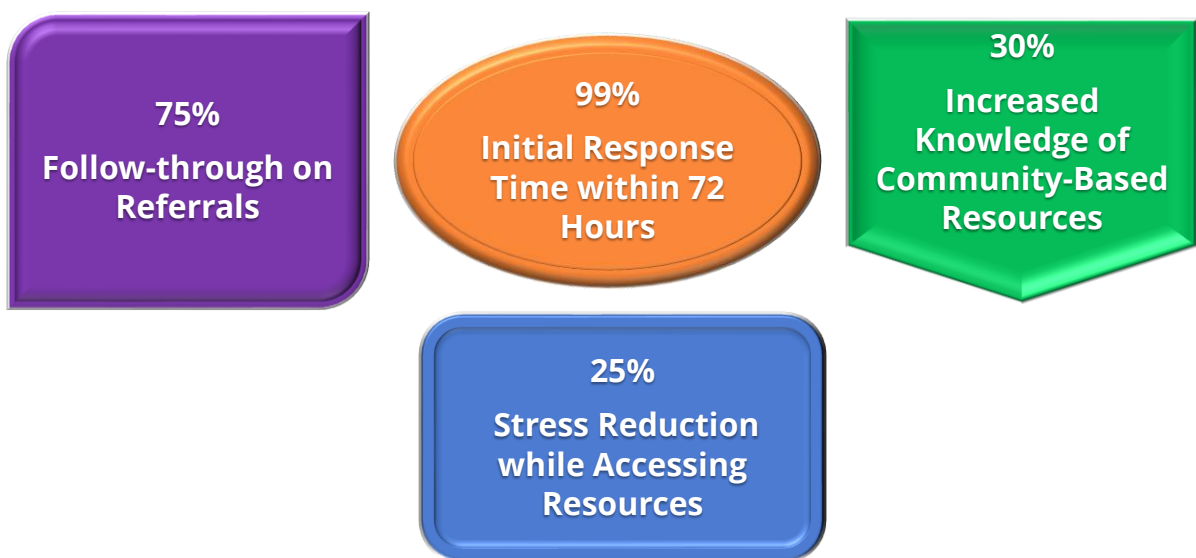
The BHNs also focus on establishing direct linkages for youth and transitional aged young adults, including community-based mental health services, suicide prevention, and providing culturally competent and inclusive LGBTQ+ outreach and system navigation. Specialists and Navigators help minimize stress, support wellness and resilience, and increase an individual’s ability to follow through on

referrals and care. Meeting basic daily life needs removes barriers to work and life success, while reducing stressors linked to behavioral problems, violence, substance abuse, and suicide.

During 2022–2023, **BHNs increased outputs from 6,000 to 7,975 community contacts from the previous year.** Out of the total contacts, one thousand four (1,004) became participants in the form of assistance and referrals to services such as housing, clothing, food, transportation, mental health, and/or substance use disorder services. Of those participants, 225 received intensive early intervention services. Twelve (12) participants were referred to County outpatient substance use and behavioral health services.

During the previous fiscal year (2021-2022), the BHNs refined their efforts on improving response time over the past year. The result was 97% of all contacts received an initial response within 72 hours. In FY 2022-2023, their continued efforts led to a 99% initial response time within 72 hours. The rapid follow-up time led to 75% of participants surveyed reporting that they followed through on referrals, whereas the unassisted average expectation is nearly 25% without this form of assistance. Self-report surveys reflected a 30% increase in knowledge of and ability to access community-based resources and a 25% decrease in stress.

Figure 2.2A: Behavioral Health Navigator Outcomes



A focal point for BHNs is to assist those members of the community that may be unaware of system resources and inexperienced in how to locate and access

services. This is often the case with Transition Aged Youth (TAY, 16-25 yrs). The program served 72 TAY clients in FY 2022-2023 and is concentrated on expanding the reach to this high-risk age demographic. In addition to outreach efforts at Paso Robles and Arroyo Grande High Schools, the program was awarded a SLO Community Foundation grant to launch a teen support group for girls in San Luis Obispo proper. The goal is for BHNs to serve an additional 50+ clients in this age range in 2023-2024.

The Integrated Community Wellness program produced a video to expand community awareness of their services. For digital readers, click on the link below to view the video. To locate it manually, search "Behavioral Health Navigators" on www.YouTube.com.

[Behavioral Health Navigators - We Share The Journey - YouTube](#)

PEI 3.1: Outreach for Increasing Recognition of Early Signs of Mental Illness | Older Adult Mental Health Initiative

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	523	\$271,774	\$520
Actuals for FY 2022–2023	768	\$283,259	\$369
Projections for FY 2023-2024	646	\$293,492	\$454

Program Provider: Wilshire Community Services, Inc. (WCS)

Project Goals

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

Key Objectives

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

Program Outcomes

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

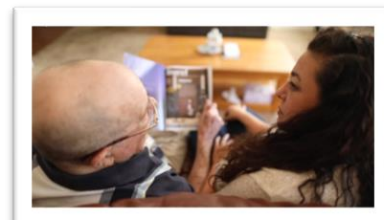
Method of Measurement

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

Overview: The Older Adult Mental Health Initiative is administered by Wilshire Community Services (WCS), a community-based non-profit serving older adults countywide. WCS provides an intensive continuum of mental health prevention and early intervention services for Older Adults, which consists of outreach and education, depression screenings, the Caring Callers Program, Senior Peer Counseling, and Older Adult Transitional Therapy. The initiative features outreach

and education regarding mental health to the community at large as it relates to the Older Adult population, and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith-based agencies, law enforcement, and retirement homes.

In 2022-2023, 768 unique prospective Senior Peer Counseling (SPC) or Caring Caller (CC) clients received depression screenings; an increase of over 200 contacts made from the previous year. Clients who are referred to WCS programs are assessed to determine if they are at risk for isolation and which program(s) would be most appropriate for their needs. Using the Patient Health Questionnaire (an evidence-based tool), depression screenings are conducted through individual sessions, at health fairs throughout the county, and at locations where seniors naturally gather such as nutrition sites, senior centers, and senior living facilities. The increase in the number of screenings is attributed to a combination of increased public awareness and collaboration across other WCS agencies to offer screenings to a greater number of older adults. Of the clients screened and assessed, 292 enrolled in WCS programs. A total of 16 clients were referred to County funded mental health services.

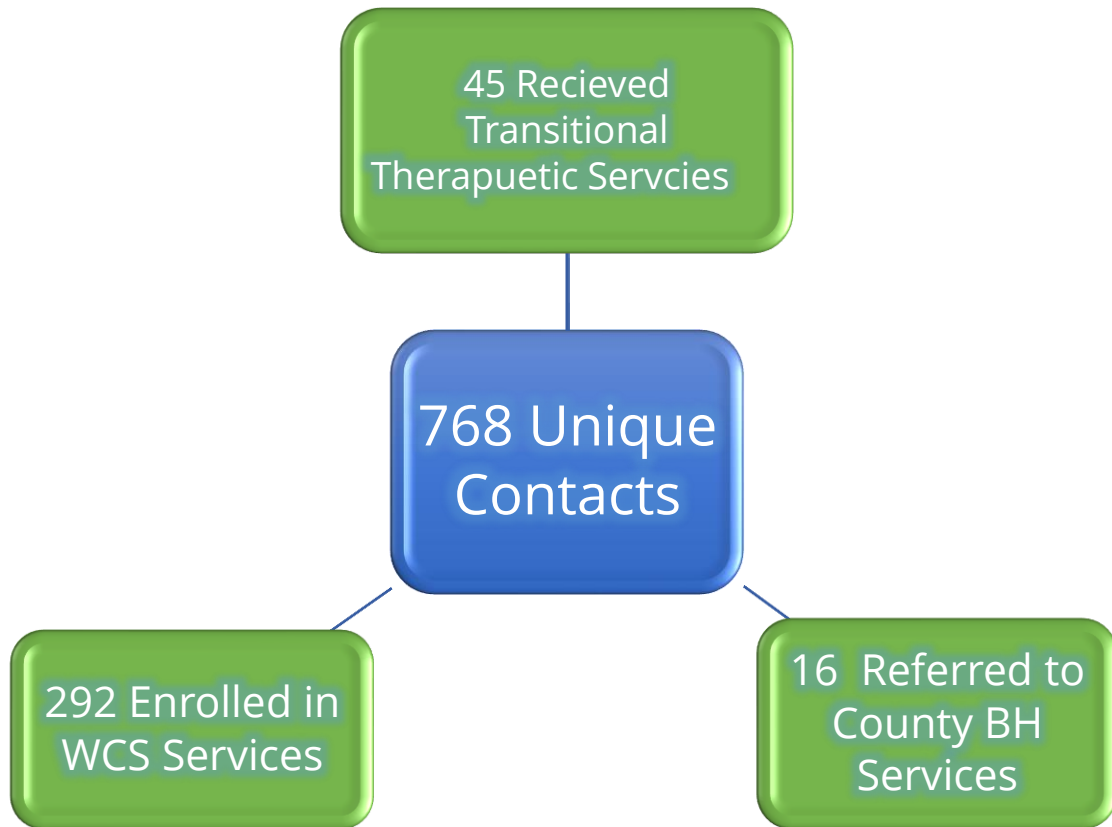


Caring Callers (CC) is a countywide, in-home visiting program serving senior citizens who are homebound and at risk for social isolation. 95% of clients surveyed in FY 22-23 reported an increase in their overall satisfaction and an improvement in their quality of life. Through social connections supported by these programs, participant's activity levels increase while feelings of isolation and loneliness are successfully addressed and reduced. At any given time, there are as many as 150 matched older adults in the CC program or receiving weekly counseling. A rolling

waitlist of another 20-30 receives a weekly check-in phone call until they can enter the program. Additionally, WCS operates the Good Neighbor Program to supplement the CC program through the delivery of food and medical equipment.

Senior Peer Counseling (SPC) is a mental health program providing no-cost counseling services to individuals aged 60 or over in their place of residence. SPC is a peer led and clinically supervised mental health program providing no cost counseling services focusing on individuals over the age of 65. There are no income qualifications to access the service. The program recruits volunteers (age 55 and over) to be peer counselors that must complete a 65-hour training program. The counselors are then able to provide a unique mental health service that assists older adults to remain healthy and independent in their homes. The confidential meetings occur once a week in the client's residence and last one hour. Issues confronting many older adults include major life challenges such as health problems, anxiety, depression, loss, grief, caregiver issues, and family problems. This intervention is valuable to older adult clients who are often isolated and/or home bound. The volunteer counselors and program staff are mandated to report suspected elder abuse and threats of harm to the clients or others. These factors make the SPC program a unique service in San Luis Obispo County. In 2022–2023, based on completed standard depression scales, 95% of clients who received services demonstrated a reduction in risk factors such as depression, anxiety, and hospitalizations.

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 45 clients received individual sessions, along with 16 group sessions which included 283 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 SLOBHD or a private provider. Transitional Therapy is available in home and non-clinic settings.



In FY 2022-2023, the Senior Peer Counseling and Caring Caller programs faced staffing challenges due to the increase in referrals generated by the success of the program during the COVID-19 pandemic. WCS is focused on the recruitment of more volunteers to increase capacity and reduce waitlists in 2023-2024. Through community engagement and presentations, the WCS staff has 8-10 new volunteers ready for CC or SPC training in fall of 2023.

Program Testimonial:

"I receive benefits of two of your programs right now. Good Neighbor Steven is an extremely capable, courteous, helpful driver and also Bob from Senior Peer Counseling who has proved to be a valuable addition to my life in so many positive, encouraging, and comforting ways just to mention a few. Your volunteers are definitely an asset to Wilshire and I am very blessed to be able to be receiving these two wonderful people to help me in my life."

PEI 4.1: Access and Linkage to Treatment | Veterans Outreach Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	102	\$143,760	\$1,409
Actuals for FY 2022–2023	97	\$142,474	\$1,469
Projections for FY 2023-2024	100	\$172,328	\$1,723

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Mental Health awareness and education.
- Stigma reduction.

Key Objectives

- Community outreach.
- Targeted presentations/activities.

Program Outcomes

- Increased awareness of risk and protective factors.
- Reduced stigma.

Method of Measurement

- Presentation participant surveys.
- Rosters.
- Counseling Surveys.

Overview: 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 Behavioral Health Clinician is embedded within local rehabilitative activities for veterans and their families. The Behavioral Health Department sponsors monthly events to create opportunities for veterans to engage in community activities, connect with peers, and discover local resources. Activities include horseback riding, kayaking, climbing gyms, surfing, zip-lining, and art events. The therapeutic nature of this program is aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, open, and culturally competent settings.

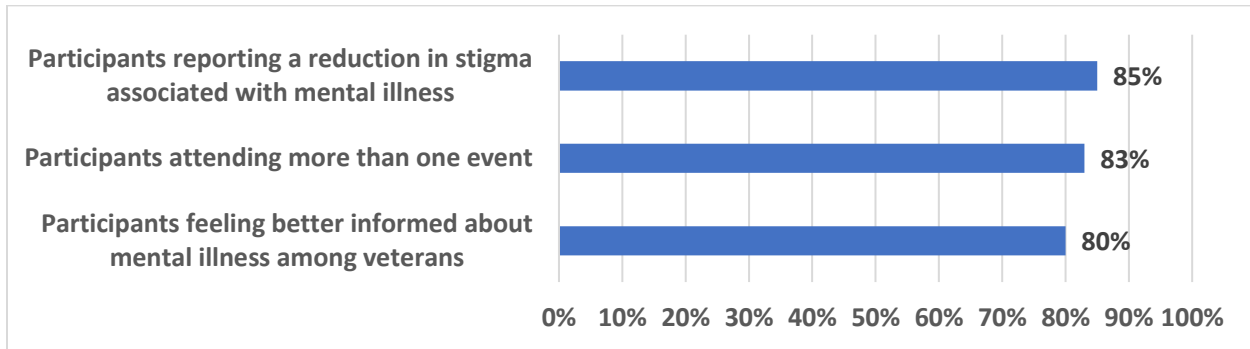
The VOP's Behavioral Health Clinician (therapist) attends each event to be available to speak with veterans about common mental health issues they may be at risk of experiencing. The Clinician then encourages and assists with navigation for those identifying with these needs (including family members/loved ones) to seek support. The Clinician 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 and confidential environments.

Veterans who access the VOP Clinician may also be referred to community and military providers. Veterans whose needs may be appropriately met with private insurance, or provided by the Veterans Administration (VA), are warmly referred to partners at the Community Action Partnership of SLO, as well as the VA. The Clinician and Case Manager (VOP Coordinator) work closely with all providing partners to ensure veterans receive immediate access and attention. All veterans assessed by the Clinician, regardless of engagement, are continually invited to Veterans Outreach programming to maintain pathways to accessing treatment.

SLOBHD provides a Behavioral Health Specialist to be the VOP Coordinator. The Coordinator arranges and hosts these free events for veterans and their families and provides case management as part of the service provision and delivery. The coordinator also educates the community and increases awareness surrounding mental health issues specific to veterans through tabling at local events. Over the years, they have been extremely successful in finding several businesses willing to donate and host events for veterans and their families.

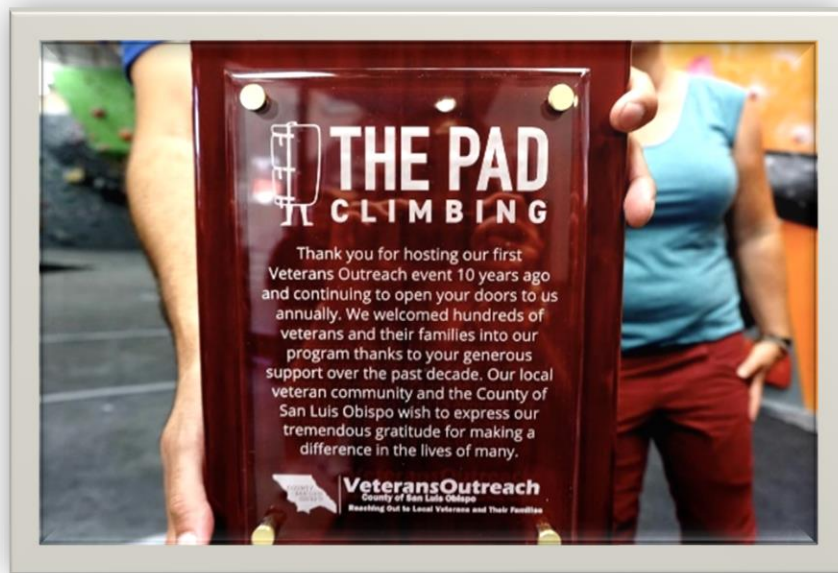
During 2022–2023 there were a total of ten (10) events offered to veterans and their family members; an estimated 400 contacts were made through presentations, event participation, and outreach activities; and the outreach events drew the participation of 217 veterans and family members (133 veterans, 84 family members). This year's events included a tour of Hearst Castle, archery, and the Christmas 5k Reindeer Run sponsored by Friday Night Live.

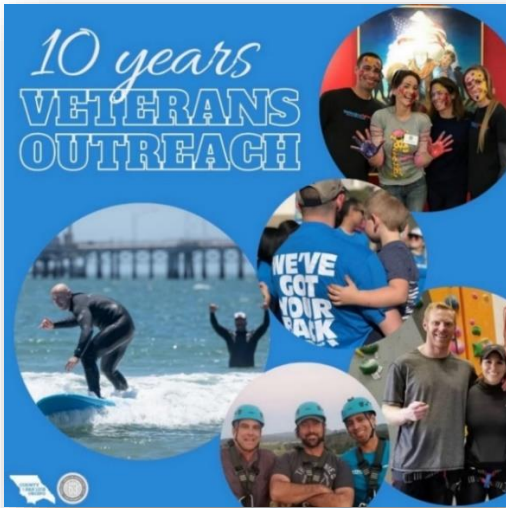
Figure 4.1A: Veterans Outreach Program Survey Results; n=82



VOP Anniversary

September 2022 marked the 10-year anniversary of the Veteran’s Outreach Program in San Luis Obispo County. Originally titled the “Operation Coastal Care” project as part of the County’s inaugural MHSA Innovation round in 2012, the approach was to utilize the popularity of local surf academies that embedded therapists in non-military or clinic settings with the goal of determining how best to treat returning soldiers to the County. In 2015, the project earned wide-spread support from the community, so much so that Community Advisors elected to sustain the service using both CSS and PEI funding. One of the very first outreach events was held The Pad climbing gym in San Luis Obispo, and in commemoration of a decade of existence, the Veteran’s Outreach team chose to ascend the walls with the veteran community once again.





Finally, the San Luis Obispo Behavioral Health Department expresses a sincere appreciation for the work of Gabriel Granados. Gabriel was integral in the launch of the Veterans Outreach Program and served as the coordinator until this year. Gabriel developed a strong collective of volunteers and forged many key relationships with the veteran community, community leaders and countless businesses who wanted to be involved in supporting the veterans in SLO County.

PEI 5.1: Stigma and Discrimination Reduction Program | Social Marketing Strategy

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	2,379	\$130,118	\$55
Actuals for FY 2022–2023	2,460	\$135,221	\$55
Projections for FY 2023-2024	2,420	\$143,584	\$59

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Mental Health awareness and education.
- Stigma reduction.

Key Objectives

- Community outreach.
- Targeted presentations.

Program Outcomes

- Increased awareness of risk and protective factors.
- Reduced stigma.

Method of Measurement

- Presentation participant surveys.
- Rosters.
- Consumer presenter surveys.

Overview: The Social Marketing Strategy program is facilitated by Transitions-Mental Health Association (TMHA), a recognized community leader in mental health awareness and engagement. The program aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and externalized discrimination towards those in need of services. Program goals are accomplished by creating awareness of mental illness: signs, symptoms, treatments, etc. The concentration on educating those populations most at risk for mental illness. Stigma Reduction addresses disparities in access to services by providing outreach to underserved and trauma-exposed high-risk groups, as well as gatekeepers in

schools, civic groups, faith-based organizations, and other agencies in the helping field. TMHA provides large-scale outreach at community events, forums, and activities year-round, as well as targeted presentations and trainings such as the National Alliance on Mental Illness' (NAMI) Stamp Out Stigma and the American Society for Suicide Prevention's Out of Darkness Walk




In FY 2022-2023, the program participated in outreach events at SLO Earth Day, SLO PRIDE Fest, the SLO County Juneteenth Celebration, the SLO Behavioral Health Bike Breakfast, Cal Poly Resource Fair, and various Farmer's Markets throughout SLO County. Through this program, TMHA also provides numerous free mental health education and suicide prevention and intervention presentations at county high schools and colleges. The focus of these activities is to reduce the barriers to access for services and to foster consumer empowerment and wellness.



TMHA provided 33 general presentations to a total audience of 1,492 unique individuals during FY 2022-2023, with over 80% (1,202/1,492) representing underserved populations. In addition, there were seven (7) professional presentations to 97 attendees representing providers of PEI services. More than 701 contacts returned surveys from presentations, the results are below (Figure 5.1A).

PEER TO PEER CLASS



This newly updated NAMI Peer-to-Peer class is a free, 8-week educational program for adults with mental health issues who are looking to better understand their condition and journey toward recovery.

This confidential and supportive class will give you the tools you need to own your mental wellness. Come and learn why so many participants say, "I wish I would have taken this when I was first diagnosed."

Registration for this training is required.

For information and to RSVP, please contact Victoria Hordell at vmoredit@tmha.org

8 week class held on Tuesdays
October 4 — November 22, 2022
12pm to 2pm

Class held at Hope House
1306 Nipomo Street
San Luis Obispo


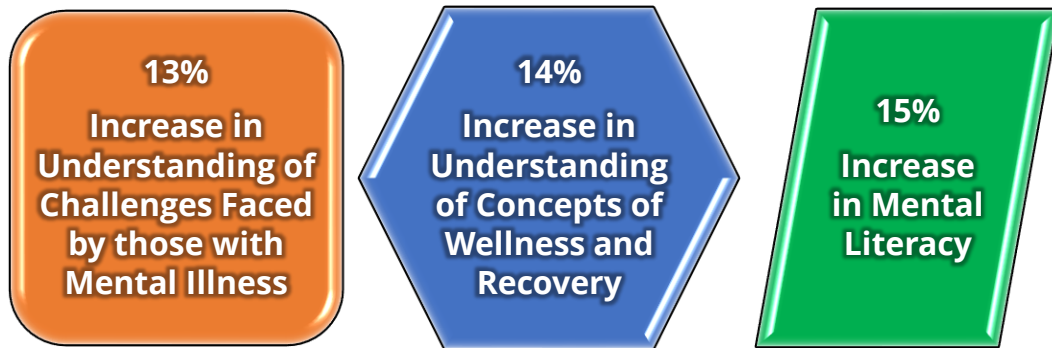


Figure 5.1A: Social Marketing Strategy Survey Results, n=703



PEI 5.2: Stigma and Discrimination Reduction Program | College Wellness Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	388	\$150,688	\$388
Actuals for FY 2022–2023	540	\$168,539	\$312
Projections for FY 2023-2024	464	\$179,312	\$386

Program Provider: County of San Luis Obispo Behavioral Health Dept. (SLOBHD)

Project Goals

- Create community linkage for mental health, wellness, and recovery initiatives with local college communities.

Key Objectives

- Campus wellness and outreach activities.
- Liaison to promote collaboration and share resources.

Program Outcomes

- Reduced risk factors.
- Increased protective factors.
- Increased access to extended services and supports for college communities.

Method of Measurement

- Participant and staff surveys.
- Participant focus groups.

Overview: The College Wellness Program (CWP) is designed to provide mental health and substance use education, along with supports for wellness initiatives in the SLO County’s campus communities of California Polytechnic State University (Cal Poly) 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 County provides a Behavioral Health Specialist that builds bridges between community education (e.g., suicide prevention efforts, Community Advisor committees, speakers, education, etc.) and on-campus activities and student organizations (e.g., PULSE, the peer health educators program). The CWP Specialist provides Mental Health First Aid training (MHFA), 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 2022–2023 represents the information for all events conducted in the college community. A total of 2,805 contacts were made through presentations, information booths, or outreach activities. A total of 540 unique participants were reached between nine (9) Question, Persuade, and Refer (QPR) trainings and three (3) Mental Health First Aid (MHFA) trainings. 506 students, staff, and faculty were trained as QPR Suicide Prevention Gatekeepers, and 34 students, staff, and faculty were trained as Mental Health First Aiders. There were five (5) events held: Awareness Gallery, Buck the Stigma, National Public Health Week, AFSP Out of the Darkness Campus Walk, and Mustang Mile.

The CWP team increased survey participation substantially this past year (from 16 responses collected in FY 21-22 to 88 in FY 22-23). The participants surveyed all reported feeling better informed about mental health and the effects of substance use and nearly all reported feeling better informed about services in their community. Thirty (30) respondents indicated a medium to low level understanding of suicide prevention prior to participating in QPR training, post survey results showed that all had increased their awareness and knowledge of suicide prevention to a high to very high level. The training of staff and students to identify peers in need is paramount to the overall wellness of a college campus.

Figure 5.2A. College Wellness Program Contacts, Activities, and Outcomes FY 2022–2023



Cuesta College

Education and outreach at Cuesta College in 2022-2023 began with a month-long interactive awareness gallery detailing information and resources related to mental health promotion, substance use prevention, basic needs, healthy relationships, social connection, and wellness. This display provided opportunities for resource fairs, conversations with counselors, and audio guides in English and Spanish reaching over 250 students at the SLO and North County campuses. The CWP Specialist provided two (2) QPR Suicide Prevention Gatekeeper Trainings for 36 students, staff, and faculty and one (1) Mental Health First Aid Training for 13 staff and faculty. During the spring semester, Annie partnered with Cuesta College Student Health Services to coordinate an on-campus resource fair of 16 campus and community organizations reaching about 100 students at the SLO and North County campuses. Additional programming around cannabis and nicotine prevention was conducted, connecting with over 35 students.

California Polytechnic State University San Luis Obispo

The CWP Specialist facilitated seven (7) QPR Suicide Prevention Gatekeeper Trainings reaching 470 students and two (2) Mental Health First Aid for Higher Education trainings reaching 21 staff and faculty in the College of Engineering and the College of Agriculture, Food and Environmental Sciences. Two (2) campaigns were featured in University Housing reaching the over 8,000 students living on campus: a men's suicide prevention campaign for 'Movember', an annual event in November raising awareness of men's health issues, and a sleep awareness week campaign in March, with tips for developing healthy sleep habits. The CWP Specialist attended five (5) outreach fairs at Cal Poly, connecting with over 350 students.

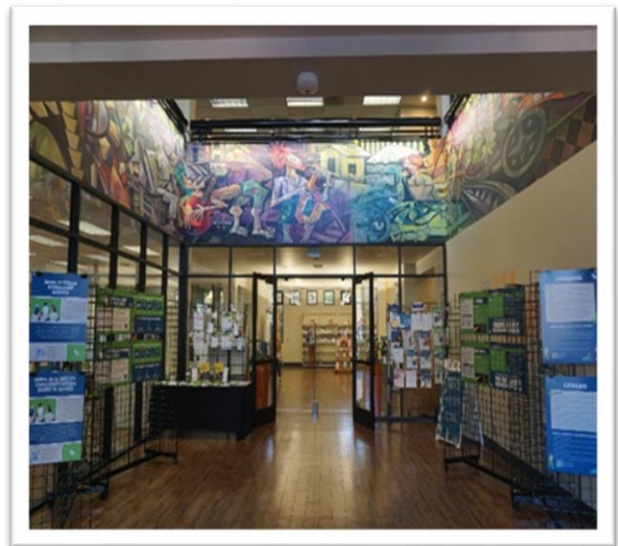
In addition to education and outreach, the CWP Specialist organized a tour and brief orientation of the Crisis Stabilization Unit and Psychiatric Health Facility for the staff in the Cal Poly Dean of Students Office who assist students experiencing psychological distress. Through a partnership with the American Foundation for Suicide Prevention (AFSP), Cal Poly, and Cuesta College, the CWP Specialist was able to assist in coordinating an Out of the Darkness Campus Walk. The gathering supported AFSP's education, research, and survivor support programs, and overall raising awareness and funds to fight suicide. The walk gave over 200 attendees a chance to connect with others who have been impacted by suicide and honor lost community members.

Cal Poly Friday Night Live Internship

The CWP's Cal Poly Friday Night Live Interns (CPFNL) participated in nine (9) outreach events: a tobacco and vaping quit day during the Great American Smoke Out, National Eating Disorder Awareness Week outreach, a St. Patrick's Day alcohol and drug prevention outreach event, a tobacco and vaping prevention outreach event during Earth Day, impaired driving prevention at the Cal Poly Rodeo, the annual Mustang Mile event educating students about the signs of alcohol poisoning and the dangers of binge drinking, and three (3) music festival safety and overdose prevention outreach events. CPFNL created four (4) campaigns: a gratitude social media campaign, a winter wellness social media campaign, an alcohol and other drugs interaction social media campaign, and a Men's Health Week mental health social media campaign. CPFNL interns supported SLO County Friday Night Live youth development programming at three (3) high schools.

Community Trainings & Outreach

In addition to the activities and expectations of the CWP at college campuses, the program branched out in FY 22-23 to add the coordination of Youth Mental Health First Aid, Adult Mental Health First Aid, and Question, Persuade, and Refer (QPR) Suicide Prevention Gatekeeper trainings in the community. Annie coordinated a QPR Suicide Prevention Instructor training that trained 15 new QPR instructors from the SLO County Behavioral Health Department, SLO County Sheriff's Office, SLO County Department of Social Services, Cal Poly, Cuesta College, Transitions-Mental Health Association, and Central Coast Behavioral Health. Behavioral Health trainers completed five (5) QPR Suicide Prevention Gatekeeper Trainings for 66 participants, three (3) Youth Mental Health First Aid trainings for 50 participants, and ten (10) Adult Mental Health First Aid trainings for 158 participants.



The coordinator developed what would become a great success for County Libraries. The “Behavioral Health Awareness Gallery”, started as a month-long exhibit at Cuesta College Library devoted to raising awareness of mental wellness, substance use, and overdose prevention in SLO County. T. In April of 2023, libraries in Atascadero, Arroyo Grande, and San Luis Obispo expanded the concept and offered free exhibits with the help of the CWS and the Department’s Public Information team to create a month-long community event.



PEI 6.1: Suicide Prevention Program | Suicide Prevention Coordination

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	1500	\$339,060	\$226
Actuals for FY 2022–2023	1779	\$204,403	\$115
Projections for FY 2023-2024	1640	\$203,395	\$124

Program Provider: County of San Luis Obispo Behavioral Health Department (SLOBHD)

Project Goals

- Suicide prevention awareness and education.
- Stigma reduction.
- Countywide training.

Key Objectives

- Suicide Prevention Council and other collaboratives.
- Community outreach and training.

Program Outcomes

- Reduced suicide risk and rate.
- Increased protective factors.
- Increased access to extended services and support for at-risk families.

Method of Measurement

- Participant and staff surveys.
- Participant focus groups.

Overview: The Suicide Prevention Coordination program (SPC) addresses risk, protective factors, and aftermath of suicide has been identified as a significant issue to be addressed in San Luis Obispo County. The most recent data on suicide rate suggests that San Luis Obispo County is above the state average. Of the 58 counties in California, San Luis Obispo ranked 12th for suicide rate as of 2020 according to the most recent studies performed by the California Department of Public Health. While California has a lower age-adjusted rate than the national average (10.5 per 100,000 compared to 13.9 per 100,000 nationally), SLO County far exceeds both with an age-adjusted rate of 16.2 deaths by suicide per 100,000 in population.

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 Advisory Committee approved a position solely dedicated to form, integrate, launch, and educate a suicide prevention plan and efforts throughout the county, establishing the Suicide Prevention Coordinator (SPC) position. In FY 2022-2023, the MHSA PEI Advisory Committee approved funding to support the SPC position for Transitions Mental Health Association which oversees the Central Coast Hotline and works in collaboration with the SLO County SPC.



The SPC also assumes the responsibilities of the WET-funded training and communications coordinator. The SPC is a Program Manager classification that oversees a team that includes public information and training specialists, in addition to their primary role which is the implementation the County's Suicide Prevention Plan in collaboration with local partners and community members. This organizational structure allows the SPC to integrate programs to work in congruity on initiatives such as Mental Health First Aid, Mental Health Awareness Month, Suicide Prevention Month, and the Library Awareness Galleries (additional details can be found in the College Wellness Program section of PEI).



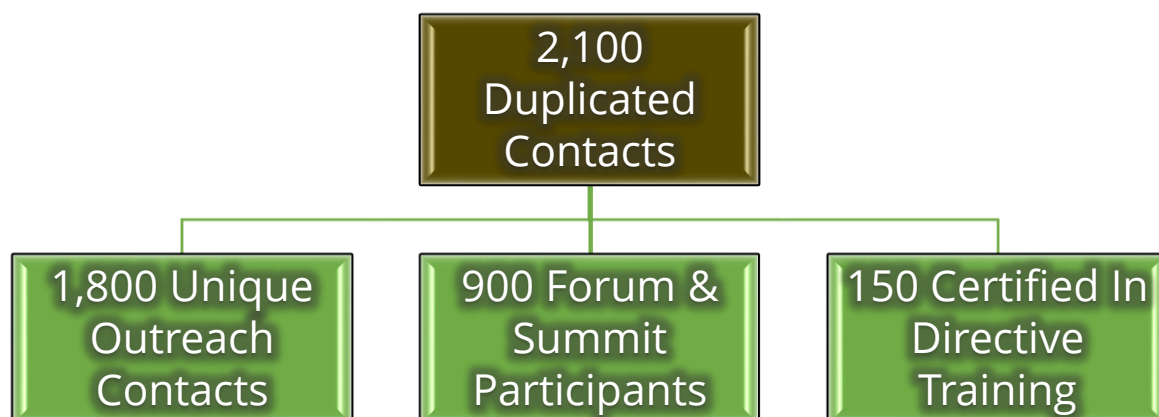
The SPC has been central in building coalitions and collaborations which results in education engagements, trainings, and prevention strategies that ultimately have a reduction in the impact of suicide. This began by establishing a plan of implementation and networking with community providers and with the ad hoc Suicide Prevention Council, ultimately leading to the SPC becoming the chair of the Suicide Prevention Council.

The SPC meets with the council monthly. In 2022-2023, committee participation resulted in an average of nearly 20 community members and agency representatives each month, an increase from an average participation of under 15 participants the previous year.

During FY 2022-2023, over 2,100 contacts were reached with an estimated 1,800 unique participants in presentations, forums, events, and trainings. Many of these contacts were made during Suicide Prevention Month in September. Each year, SLOBHD and the SPC facilitate the Suicide Prevention Forum with field expert speakers and clinicians geared towards engaging and informing the community. Also occurring during Suicide Prevention Month is the Suicide Prevention Summit, a continued education training focused on updating and informing mental health professionals. Between the Summit and the Forum, over 900 unduplicated contacts were reached.

The SPC also distributes materials and resources to over 20 community partners and agencies including organizations supporting high risk populations such as Veterans, LGBTQ+, and older adults. Social media messaging is elevated during this time to promote awareness, World Suicide Prevention Day, and “Knowing the Signs”, which is a collection of historical signs compiled over the years from lived experience individuals, family members, and mental health professionals.

A portion of the SPC contacts is generated through training such as Mental Health First Aid and Question, Persuade, Refer (QPR) trainings. The objective of these curriculums is to educate and empower the community to effectively approach and engage in difficult conversations with those that are showing signs of crisis and assist them in seeking support. Nearly 150 SLO County residents were certified in at least one of these training courses in FY 22-23.



A highlight of the PEI Suicide Prevention Coordinator Program in FY 22-23 was the utilization of a unique training focused on appropriately presenting information related to suicide via media and online content. The Safe Messaging-Reporting on Suicide in the Media Training was provided to various SLO County Department PIO teams along with representation from local news outlets and the Cal Poly University Department of Journalism. The objective of the training was to teach best practices and guidelines regarding the language and images used that may have negative connotations or reinforce inaccurate stereotypes about people who are suicidal or who are living with mental illnesses. A point of emphasis from the training was that the media presentation of suicide or mental illnesses can influence dangerous behaviors if not reported accurately, and alternatively should focus on seeking help and connection. The training event was recognized by local news outlet KEYT via a story ran on their website, resulting in over 150 views.



Innovation (INN)

The Innovation (INN) component of MHSAs offers counties a unique opportunity to work with their 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 for assessing and evaluating their efficacy.

The development of the San Luis Obispo Behavioral Health Department (SLOBHD) Innovation plan is overseen by an Innovation Advisory group, which is responsible for guiding the planning process, analyzing local input, and selecting projects in accordance with community priorities. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the County's first plan in March 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.

SLOBHD applied the lessons learned during the first round of Innovation to properly plan, streamline, and better implement future projects. A second Innovation plan was put forth to the MHSOAC and approved February 25, 2016. The county's third round was approved in 2018 and concluded in FY 2021-2022. The fourth round launched in 2019 and included 2 projects; the Behavioral Health Assessment & Response Project (B-HARP) facilitated by Holifield Psychological Services, and the Holistic Adolescent Health Project (HAH) administered by Community Action Partnership of San Luis Obispo (CAPSLO). The B-HARP project concluded in June 2023, while HAH remains active until November 2023.

The fifth round launched in FY 2021-22 involves two currently active projects; SoundHeal and Behavioral Health Education and Engagement Team (BHEET). This section of the MHSAs Annual Update will briefly describe these projects and the expected outcomes, although Innovation output is not analyzed until the project's final evaluation period at the end of the funding term.



As part of the continued efforts to best understand and learn from these projects, SLOBHD contracted with an Innovation Evaluator in 2019. California Polytechnic State University San Luis Obispo's Public Policy graduate program was selected due to its research and evaluation expertise, cadre of internal educators and data analysts, and proximity and local knowledge. Evaluations are shared with community partners, advisors, and published on the SLOBHD MHSA webpage within 6-months of project completion. The final evaluations for B-HARP and HAH are scheduled to be published by January 1st, 2024.

Total funds including administration and evaluation allocations are compiled in [Exhibit 1](#).

INN 4.1: Holistic Adolescent Health Project

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	142	\$220,257	\$1,551
Actuals for FY 2022–2023	104	\$220,343	\$2,119

Program Provider: Community Action Partnership of San Luis Obispo’s (CAPSLO)

Primary Purpose

- To provide a youth-centered skill-building health curriculum to promote positive life choices related to adolescents’ health and well-being.

Learning Activities

- Testing a youth co-created school health curriculum that enhances sexual health education with mindfulness and nutrition education, equipping students with the skills to make decisions that are aligned with their health goals. For more personalized support, students are invited to attend one-on-one health coaching sessions with trained health coaches.

Learning Goals

- Does the model effectively increase the ability of teens ages 13-18 to cope with stress and anxiety?
- Will the incorporation of mindfulness practices in conjunction with other health-focused curricula increase teens’ ability to make healthy decisions regarding their mental, physical, and sexual well-being?
- Will the inclusion of one-on-one coaching increase the likelihood that students will practice what they learned in health classes?
- What are the best methods to increase prevention and early detection of mental health-related issues?

Method of Measurement

- Participant Pre/Post Surveys

Overview: The Holistic Adolescent Health Innovation Project is designed to test the development of a new health curriculum and delivery model for youth 13–18 years of age. With the addition of mindfulness training, the project implements a

comprehensive approach to mental, physical, and social health. The delivery method of the new curricula includes 1) a blended health education model provided in 15 sessions comprised of mental health, physical health, and sexual health education to students through their regular health classes, and 2) a one-on-one health coaching program providing in-depth mental, physical, and sexual health support.

Implementation: In 2019–2020 The Holistic Adolescent Health (HAH) Project began the early steps for implementation by Community Action Partnership of San Luis Obispo’s (CAPSLO) Teen Wellness Program. Through human center design principles, the project began by engaging key community advisors (students): interviewing nine youth participants who volunteered to share about their experiences navigating support around their mental health and wellbeing and how they cope with things like stress, depression, and anxiety. The youth insights were shared with the adult advisors at each school site, who then shared their perspectives and experiences supporting and observing their students in the arena of mental health and wellbeing.

Participants’ willingness and openness to sharing their experiences resulted in important feedback that serves as a basis to outline an in-class curriculum and health coaching structure that will best support the student participants’ developmental needs. The COVID-19 pandemic posed potential uncertainty as to whether the originally intended, in-person HAH project would need a back-up plan for implementing via virtual formats. This challenge was used as an opportunity to learn and discover ways in which to elevate capacity to serve and empower youth through virtual and digital platforms.

Project Update: In FY 2022-2023, HAH curriculum was presented to 104 students at Morro Bay High School and Lopez Continuation High School over 90 sessions. Twelve (12) students completed at least 6 sessions of one-on-one health coaching. One significant outcome reflected in the post survey results suggested that students increased their frequency in being able to “pause without immediately reacting in difficult situations”. On the last day of the in-classroom program component, participants were given the option to share additional anonymous feedback about their experience in the program. The following are notes left by participating students:

Highlight: Program participants shared feedback on the program and what they’ve learned:



The Holistic Adolescent Health Project was slated to finish operations in Spring of 2023, but due to a late start in implementing the curriculum in-person at the schools, they were able to utilize remaining budget to extend into the fall semester of 2023. In collaboration with SLOBHD and the Cal Poly Evaluation team, CAPSLO’s HAH team will test the delivery method of the curriculum by examining how students respond to implementation of the program from school staff as opposed to the CAPSLO team. The final evaluation of the program will be published by the end of calendar year 2023 with an analysis of the program’s efficacy as a standard class at the sample high schools.

INNOVATION PROJECT	
1. Name of Project	Holistic Adolescent Health Project
2. Changes made to the INN project and reasons	Trainings and one-on-one coaching are now offered both in-person and virtually
3. Project participants will report a 30% increase in mood stability and overall feelings of wellbeing	32%
4. Project participants will report a 30% increase in physical fitness activity and nutrition knowledge	49%
5. Project participants will report a 30% increase to identify and cope with feelings, especially negative emotions, depression, and anxiety.	75%
6. Project participants will report a 30% increase in their engagement in behaviors related to health	46%
7. Project participants will report a 30% improvement in health knowledge for one-on-one coaching experience	Reported at the conclusion of project.
8. 10% of project participants will receive referrals according to their needs.	Reported at the conclusion of project.
9. Project participants will report a 30% increase in overall student level of sexual health knowledge and awareness.	49%

INN 4.2: Behavioral Health Assessment & Response Project

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	205	\$275,019	\$1,342
Actuals for FY 2022–2023	348	\$312,364	\$898

Program Provider: Holifield Psychological Services

Primary Purpose

- Increase the quality of services, including better outcomes.

Learning Activities

- Testing training models and system to learn, assess, and intervene when cases of threat become apparent or imminent.

Learning Goals

- What are the best approaches for the teaching and training of threat assessment procedures for Mental Health Providers (MHP), Law Enforcement (LE) and Education Institution (EI) staff in a community with limited resources?
- What are the best components that make an efficient, coordinated, and collaborative system and model related to threat assessment for MHP, LE and EI staff?
- What are the best methods to increase prevention and early detection and engagement as it relates to threat assessment?
- How should MHP approach and treat individuals who have made threats or gestures towards homicidal violence?
- How do we best educate parents, educators, mental health professionals and the community about threat assessment principles and include them in the referral and monitoring process?
- How do we avoid stigmatization and criminalization of individuals, families, and community members who have participated in the threat assessment process when the threat was not found to be credible?

Method of Measurement

- Participant Pre/Post Surveys

Overview: The BHARP project aims to provide a highly trained community-based and academically informed training model and system to learn, assess, and

intervene when cases of threat become apparent or imminent. BHARP is also designed to create a new learning and language model between the mental health system, law enforcement, and educational institutions, employing a new curriculum derived from proven and effective models but tailored to San Luis Obispo County and directed to the coordinating efforts between entities. The Innovation project is meant to educate and decrease the criminalization and stigmatization of youth in cases of threats. The project will test the new, never-before-implemented, coordinated, and collaborative curriculum over the course of three years with agency participants throughout the County. The learning goal of the project will be to assess the training model to determine the skills and attitudes that can be measured to establish a baseline for system partners to support and engage clients who may pose a threat.



Implementation: In fiscal year 2020–2021, B-HARP General Training took place over two days with threat management and grant coordinator, Dr. Joseph Holifield, threat assessment experts, Dr. Manny Tau and John Van Dreal. A total of 66 participants completed the general training: 29 from the education field, 14 mental health professionals, four (4) law enforcement officials, and 19 participants listing “other” professions. The advanced training in October 2020 had 12 participants.

In total, the number of participants for training or presentations jumped from 72 to 205 year-over-year. In fall of 2021, presentations were made to the SLO County Children’s Service Network, SLO Office of Education, Transitions Mental Health Agency, Central Coast Psychological Association, SLO Public Safety, and the Tri-Counties Regional Center. A press release by the Paso Robles Daily News was published to promote the threat assessment training events. Intro training,

refresher training, and training for triaging dangerous behaviors was held over a 3-day span in October 2021.

The training, facilitated by Dr. Holifield with presentations again by Dr. Tau and John Van Dreal, was attended by educators and administrators from local schools, mental health professionals, and members of law enforcement. Pre and post exams were conducted after each training, each of which produced an outcome average of 15-20% improvement in overall knowledge to identify and prevent school and community threats at all levels. B-HARP requested input and feedback for this training. Below are listed the responses received:

“Remarkable training. It has helped me to better understand threat management and how to handle potential threats in the workplace.”

“Presenters were extremely knowledgeable, and the topic was very relevant.”

“Very well organized and managed event with engaging experts. This will generate discussion within my agency.”

Project Update: As B-HARP approached the end of the Innovation term, the team focused on networking and partnering with local groups and agencies to sustain the program into the near future. They partnered with the SLO Chamber of Commerce to connect with the community beyond the reach of the district-based training. These efforts led to the foundation of an Adult Community Threat Assessment Network via collaborations with local business owners, school district staff, local mental health facilities, law enforcement, and the SLO District Attorney. After attending the Adult Community Training in May of 2022, the SLO District Attorney took an interest in the B-HARP Project. This eventually led to Dr. Holifield and the DA’s office partnering to apply for a federal funded grant to support county activities related to K-12 grade threat assessment referred to as the Bureau of Justice Administration STOP School Violence Grant. Accompanied with letters of support from the community collected by the SLO County Office of Education and SLOBHD leadership, they were awarded a 3-year grant to begin activities in March of 2023, 3 months prior to the end of the MHSAs Innovation funding round. The B-HARP final evaluation will be shared with MHSAs Community Advisors and published on the SLOBHD MHSAs webpage in December, 2023.

INNOVATION (INN)

INNOVATION PROJECT	
1. Name of Project	Behavioral Health Assessment & Response Project
2. Changes made to the INN project and reasons	Improvement to measurement and evaluation tools to include feedback. This informed B-HARP of training effectiveness and areas to shift priority.
3. Project participants will demonstrate a thirty percent (30%) increase in the level of skill and knowledge to identify and prevent school and community threats.	Reported at the conclusion of project.
4. Thirty percent (30%) increase of interagency collaboration through the development and use of the coordinated and collaborative training system and model for threat assessment.	Reported at the conclusion of project.
5. Ten percent (10%) decrease in number of apparent or potential threats identified through referral.	Reported at the conclusion of project.
6. Ten percent (10%) increase of the number of mental health professionals available to provide therapy as defined by the threat assessment team or report recommendations.	Reported at the conclusion of project.
4. Program information – participants served	348

INN 5.1: Behavioral Health Education & Engagement Team (BHEET)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	N/A	\$146,617	N/A
Actuals for FY 2022–2023	164	\$175,046	\$1,067
Projections for FY 2023-2024	160	\$266,846	\$1,668

Program Provider: Transitions-Mental Health Association

Primary Purpose

- Increase access to managed behavioral healthcare services.

Learning Activities

- Embeds peer system navigators within the county’s local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities.

Learning Goals

- When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer-term services?
- When provided with peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?
- When provided peer engagement and short-term case management, and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?
- When provided peer engagement and short-term case management, and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?
- When provided peer engagement and short-term case management, and/or therapy, does self-empowerment and advocacy increase for participating individuals?

Method of Measurement

- Client tracking sheet.
- Surveys conducted retrospectively at least bi-annually.
- Managed Care referral and service participation reports.

Overview: BHEET is designed to assist: (1) people in the community that do not meet severity criteria for SLOBHD outpatient services (and/or Full Service Partnership services); (2) people who have recently closed their cases at SLOBHD after experiencing success in their treatment and may have stepped down to a lower level of care; or (3) people who are in the process of terminating services with SLOBHD due to a reduction in symptoms and impairments but could benefit from follow-up support and assistance for a successful transition into community-based services. By embedding Behavioral Health Navigators (BHNs) with CenCal, the Medi-Cal health plan provider, clients are offered mentorship, engagement, case management, navigation with community resources, and educational presentations and activities. Individuals referred for services who are outside the range of SLOBHD criteria are often found to be at risk of dropping out or not engaging in services without assistance in making and keeping the connection to the local managed care plan.

BHNs connect and increase access to managed behavioral healthcare services, providing support, referral, and resources for clients and their families to increase linkage to initial managed care referrals as well as reduce no-shows of scheduled appointments and emergency room hospital visits. Navigators also assist those stepping down from inpatient psychiatric care to outpatient services, and the transition to navigating the mental health system on their own.

Implementation: The project officially began start-up at the mid-way point of FY 2021-2022. During early 2022, TMHA's prepared the operations plan build-out, creation of the documentation database for client tracking, hiring and training staff, and collaborated with SLOBHD to establish referral pathways. BHEET became operational at the end of FY 2021-2022. Referrals in the final month of the fiscal year led to an initial 14 unduplicated participants and produced 48 contacts overall. Participants are individuals or family members receiving one (1) to four (4) contacts with BHNs, and contacts are defined as one-on-one personal interface or group session. Interface with participants have been via telephone, video conferencing, text messages, and emails. Correspondence can involve assessment, orientation, or low-intensive referral to services.

Project Update: The first full year of the project produced better than estimated results in terms of contacts made. The annual target for BHEET is to engage three hundred (300) duplicated contacts that would receive information dissemination, education, and referrals; one hundred (100) of those contacts would be unduplicated. The project got off to a very strong start producing six hundred fifty-seven (657) contacts, one hundred sixty-four (164) of which were unduplicated. 54% (85/164) of unduplicated contacts were referred to managed mental health services, and 19% (16/85) of those referrals were confirmed to followed through with services. The BHEET project continues to move forward as an MHSA INN project until June 30th, 2025.

INNOVATION PROJECT	
1. Name of Project	Behavioral Health Education and Engagement Team
2. Changes made to the INN project and reasons	Project in 1 st year, no changes at this time
3. Seventy-five percent (75%) of participants will follow through with their initial referral to managed care mental health services, seventeen percent (17%) above 2019 levels.	Reporting at end of project.
4. Thirty percent (30%) of participants will continue with a second managed care mental health service, fifty percent (50%) above 2019 levels.	Reporting at end of project.
5. Participants will report a twenty percent (20%) decrease in the debilitating symptoms they experience as a direct result of their involvement with the BHEET program.	Reporting at end of project.
6. Participants who have prior law enforcement, emergency room visits, or utilization of other crisis services within the last year will demonstrate a recidivism rate of less ten percent (10%).	Reporting at end of project.
7. Participants will report a thirty percent (30%) improvement in depression, anxiety, and other behavioral health screening scores within six (6) months from initial contact with BHN.	Reporting at end of project.

INN 5.2: SoundHeal

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actuals for FY 2021–2022	N/A	\$186,615	N/A
Actuals for FY 2022–2023	30	\$166,308	\$5,544
Projections for FY 2023-2024	100	\$170,304	\$1,703

Program Provider: SoundHeal

Primary Purpose

- Project seeks to improve health behaviors and outcomes through sound meditation.

Learning Activities

- Tests the impact of voluntary self-care through a mindfulness-based, sound meditation for clients of the SLOBHD Justice Services Division.

Learning Goals

- Does the use of sound meditation intervention with the SoundHeal pod increase the wellbeing and overall outlook of life of participants?
- Which specific SoundHeal pod sound meditations have the greatest impact for participants with dual diagnosis?
- What is the appropriate number of times the SoundHeal intervention is most positively effective in the participants’ behavior?
- What is the optimal duration of an individual SoundHeal session to most positively be effective in the participants’ behavior?
- Does the SoundHeal intervention positively impact the medication intake of participants?

Method of Measurement

- Pre/Post Surveys
- Biometrics

Overview: SoundHeal is a sound immersive meditation pod (HealPod) intended to aid in building participant’s self-medication practice and assist relaxation, relieving symptoms of mental health issues, and building self-care skills. Partnering with the San Luis Obispo Behavioral Health Department (SLOBHD), a customized holistic, mindfulness-based, sound medication treatment support program, titled “The

SoundHeal Curriculum” was implemented for clients of the Justice Services Division. The Pod is a semi-enclosed space with a cushioned bench, audio speakers, vibrational speakers, a touch screen interface, and tracks progress with biofeedback devices such as a heart rate monitor. Participants complete pre and post meditation surveys and are also encouraged to journal their experiences.

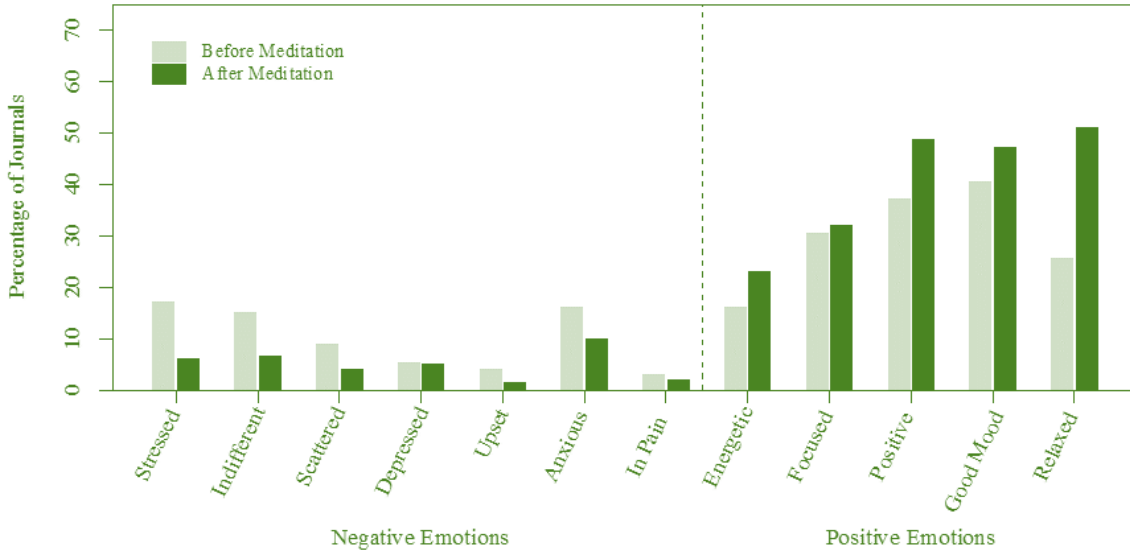
The population chosen is known to typically avoid actively engaging in self-care practices such as medication or yoga, thus the goal of SoundHeal is to assist clients in developing their own self-meditation or wellness practice, and increase ability to stay calm, relieve stress, and improve focus. Developing these skill sets can contribute to a healthier and more optimistic future for these clients.

Implementation: The project began mid-way through the fiscal year, with three months of prep time, and client services and testing beginning in spring 2022. The early stages of the project produce pre and post survey data as well as journaling. Participants also have the option of recording biofeedback such as heart rate and heart rate variability. Following the meditation session, clients fill out a daily meditation journal and attend their scheduled therapy session, which can be used by the clinician to open avenues of dialog and self-exploration. The initial response was positive, reflected by the high number of client retention visits. 13 clients volunteered during the first quarter of operations. Ten (10) of 13 returned to the Pod for at least four additional sessions, and seven of those 10 have returned for 10+ visits between April 1st and June 30th. Cumulatively, 141 sessions were provided in the first quarter of operations suggesting a proclivity for the test population to want to return for this type of self-care technique.

Project Update: In the first year of the project, SoundHeal attracted more than 30 consistently returning participants and produced over 200 journal entries. In total, the HealPod has accumulated over 500 meditation sessions in the first 15 months. The Innovation Evaluation team is underway with ongoing analysis. Figure 5.2A is a snapshot of client surveys from the first year as it pertains to negative and positive emotions described pre and post meditation. The feedback reflects a significant reduction in negative emotions such as stress, indifference, and anxiety, while showing improvements in energy, positivity, and relaxation.

Figure 5.2A: Frequency of SoundHeal Client Sessions

Figure 1: Client Emotions Before and After



The SoundHeal project continues its journey into the 2nd year by exploring the addition of substance use disorder (SUD) clients to increase the sample that would produce more statistically significant results. The project will remain in effect until June 30th, 2025.

INNOVATION PROJECT	
1. Name of Project	SoundHeal
2. Changes made to the INN project and reasons	Pod will be available for SUD clients.
3. Thirty percent (30%) of participants will report they have the foundation for their own self-meditation or wellness practice:	Reporting at conclusion of project.
4. Thirty percent (30%) of participants will report they are more optimistic about themselves:	Reporting at the conclusion of project.
5. Thirty percent (30%) of participants will report improvement in self-awareness:	Reporting at the conclusion of project.
6. Twenty-five percent (25%) of participants will report a decrease in anxiety, stress, or feelings of detachment:	Reporting at the conclusion of project.

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. 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 Community Advisor input.

The most significant change in FY 22-23 was the County’s collaboration with the California Mental Health Services Authority (CalMHSA), a JPA (Joint Powers Authority) supporting the Public Behavioral Health system and 23 other counties to establish SmartCare as the new and improved EHR product going forward. The County and its provider partners launched SmartCare on July 1, 2023.

The BHEHR 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.

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 2022 SLOBHD entered a cooperative partnership (with a group of 23 other counties) with CalMHSA to develop a more robust and accessible tool for counties to increase productive documentation.

This new partnership, representing more than 37% of the Medi-Cal population, is aimed at developing a platform that is more conducive to the unique needs of the mental health system, including new payment reforms starting in FY 2023-2024. The new EHR system, “SmartCare EHR,” has been established with Streamline Healthcare Solutions.

In FY 2022-2023:

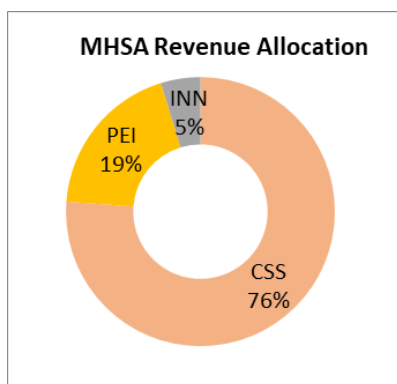
- The Behavioral Health Department successfully prepared for and implemented a new Electronic Health Records (EHR) System, *SmartCare*.

- The implementation of the new SmartCare EHR helped the County to meet CalAIM payment reform requirements that went into effect on July 1st, the beginning of the fiscal year.
- The Behavioral Health Department is now focused on ironing out system process and procedures within the new EHR. Long term goals related to the new SmartCare EHR include utilizing the system for its faster and more efficient clinical workflows, better reporting, data analysis, and productivity tracking tools. San Luis Obispo County continues to collaborate with CalMHSA and the other participating California SmartCare Counties to develop consistency in clinical workflows and processes used across the State in the new EHR.
- The County of San Luis Obispo Behavioral Health Department successfully met their September 2022 and March 2023 CalAIM Behavioral Health Quality Improvement Plan (BHQIP) deliverables. The September 2023 deliverables have been submitted and are pending approval by DHCS.
- The Health Applications Team hired two more additional Administrative Service Officers in 2023. The Health Applications team is now better staffed and equipped to support the Health Agency.
- Health Agency IT hired a new Systems Administrator in 2023. This new position is supporting the winding down of the Behavioral Health department's legacy Electronic Health Records system, Cerner/Oracle's *Anasazi*.

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 2022-2023, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$24.87million (M) on MHSA programs with \$18.64M coming from MHSA revenue, \$3.9M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$2.33M from grants or other revenue sources. In FY 2022-2023, Community partner agencies spending increased from 54% (13.51M) to 58% (14.33M) of the FY 2022-2023 revenue, while the County programs were responsible for the other 42% (10.54M). 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 has been and will most likely continue to 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 Community Advisors 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 cover the costs and growth of each program, with efforts to avoid any reversion of MHSA revenue.

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 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 allowed 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 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 Mental Health Services Act Advisory Committee (MAC) and other Advisory groups with information about the local reserve and made recommendations in FY 2018-2019 to reduce the current reserve. In early 2019-2020 the MAC approved the transfer of approximately \$3 million out of the Reserve to meet the new standard. These funds had three years to be spent and were fully expended by the end of FY 2021-22.

Detailed expenditures are explained later in the financial report under Local Prudent Reserve Section.

MHSA revenue decreased in FY 2022-2023. It is expected to increase in the next year but is projected to decrease in FY 2024-25. 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 2023-2024. 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 4% overall increase for contracts, services and supplies, and personnel expenditures.

MHSA FUNDING SUMMARY

FY 2023-24 Mental Health Services Act Annual Update						
Funding Summary						
County:	San Luis Obispo				Date:	10/13/23
	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Actual FY 2022-23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,972,574	4,560,874	863,322	0	0	
2. Actual FY 2022-23 Funding	9,436,969	2,217,747	613,407		0	
3. Transfer in FY 2022-23 ^{a/}	(935,906)			549,033	386,873	0
4. Access Local Prudent Reserve in FY 2022-23	0	0				0
5. Estimated Available Funding for FY 2022-23	21,473,637	6,778,621	1,476,729	549,033	386,873	
B. Actual FY 2022-23 MHSA Expenditures	13,782,755	2,857,203	1,067,064	549,033	386,873	
C. Estimated FY 2023-24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,690,883	3,921,417	409,666	0	0	
2. Estimated New FY 2023-24 Funding	23,883,977	5,970,994	1,571,314			
3. Transfer in FY 2023-24 ^{a/}	(2,505,919)			1,580,560	925,359	0
4. Access Local Prudent Reserve in FY 2023-24	0	0				0
5. Estimated Available Funding for FY 2023-24	29,068,941	9,892,411	1,980,980	1,580,560	925,359	
D. Estimated FY 2023-24 Expenditures	17,530,172	3,113,121	1,344,224	1,580,560	925,359	
E. Estimated FY 2024-25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,538,769	6,779,290	636,756	0	(0)	
2. Estimated New FY 2024-25 Funding	16,030,601	4,007,650	1,054,645			
3. Transfer in FY 2024-25 ^{a/}	(1,703,389)			741,016	962,373	0
4. Access Local Prudent Reserve in FY 2024-25	0	0				0
5. Estimated Available Funding for FY 2024-25	25,865,981	10,786,940	1,691,401	741,016	962,373	
F. Estimated FY 2024-25 Expenditures	18,072,716	4,117,938	1,199,583	741,016	962,373	
E. Estimated FY 2025-26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,793,265	6,669,002	491,819	0	(0)	
2. Estimated New FY 2025-26 Funding	15,754,193	3,938,548	1,036,460			
3. Transfer in FY 2025-26 ^{a/}	(1,771,525)			770,657	1,000,868	0
4. Access Local Prudent Reserve in FY 2025-26	0	0				0
5. Estimated Available Funding for FY 2025-26	21,775,933	10,607,550	1,528,279	770,657	1,000,868	
F. Estimated FY 2025-26 Expenditures	21,400,705	4,289,125	1,184,731	770,657	1,000,868	
G. Estimated FY 2025-26 Unspent Fund Balance	375,228	6,318,424	343,548	0	(0)	

MHSA FUNDING SUMMARY

H. Estimated Local Prudent Reserve Balance		
	1. Actual Local Prudent Reserve Balance on June 30, 2022	2,774,412
	2. Contributions to the Local Prudent Reserve in FY 2022/23	0
	3. Distributions from the Local Prudent Reserve in FY 2022/23	0
	4. Estimated Local Prudent Reserve Balance on June 30, 2024	2,774,412
	5. Contributions to the Local Prudent Reserve in FY 2023/24	0
	6. Distributions from the Local Prudent Reserve in FY 2023/24	0
	7. Estimated Local Prudent Reserve Balance on June 30, 2025	2,774,412
	8. Contributions to the Local Prudent Reserve in FY 2024/25	0
	9. Distributions from the Local Prudent Reserve in FY 2024/25	0
	10. Estimated Local Prudent Reserve Balance on June 30, 2025	2,774,412
	11. Contributions to the Local Prudent Reserve in FY 2025/26	0
	12. Distributions from the Local Prudent Reserve in FY 2025/26	0
	13. Estimated Local Prudent Reserve Balance on June 30, 2026	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.

Community Services and Supports (CSS):

Actual expenses for CSS in FY 2022-2023 were \$18.46M with \$13.78M funded through MHSA revenue, \$3.83M from Medi-Cal FFP, and \$850 thousand (K) from grants or other revenues.

A transfer to the CFTN component in the amount of \$387K was completed during FY 2022-2023 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 \$549K was completed during FY 2022-2023 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

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 2021-22 RER, the County spent 45% of the funding on FSP services.

In FY 2022-2023, using the State guidance, total FSP Mental Health Expenditures of \$8,237,688 divided by total Mental Health Expenditures (excluding administrative costs) of \$18,170,554 results in 45%. 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 2023-2024: The following are the projected changes for FY 2023-2024:

- The County provided an increase of 4%, a cost-of-living adjustment for all MHSA contracts.
- The MHSA Advisory Committee also approved the 4.0 FTE position to be added to MHSA CSS CAT team.
 - 2.0 FTE Licensed
 - 1.0 FTE Behavioral Specialists
 - 1.0 FTE Administrative Assistant
- Stakeholders also approved additional funding to add a Licensed Practitioner of the Healing Arts (LPHA) to Sierra Mental Wellness Group MHET program. The LPHA will be responsible for responsible for covering consultations for lifting or retaining 5150 holds throughout San Luis Obispo County.

The chart below summarizes the CSS projections for FY 2023-2024 through FY 2025-26 and includes all revenue sources:

MHSA FUNDING SUMMARY

FY 2023/24 Mental Health Services Act Annual Update							
Community Services and Supports (CSS) Component Worksheet							
County:	San Luis Obispo				Date:	10/12/23	
Fiscal Year 2023/24							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
FSP Programs							
1. Children & Youth FSP	1,380,987	1,119,932	261,055		0	0	
2. TAY FSP	1,105,230	906,208	199,021		0		
3. Adult FSP	5,883,673	4,850,832	1,032,841			0	
4. Older Adult FSP	925,468	786,591	138,877				
Non-FSP Programs							
5. GSD: Client & Family Wellness	3,431,314	3,034,183	396,281		0	850	
6. GSD: Latino Outreach Program	1,525,203	1,311,806	212,247		0	1,150	
7. GSD: Enhanced Crisis & Aftercare	5,074,919	2,613,340	1,619,728			841,851	
8. GSD: School & Family Empowerment	974,197	714,223	259,974		0	0	
9. GSD: Forensic Mental Health Services	2,065,461	1,513,024	246,349			306,088	
CSS Administration	760,463	574,895	185,568			0	
CSS MHSA Housing Program Assigned Funds	105,139	105,139					
Total CSS Program Estimated Expenditures	23,232,053	17,530,172	4,551,941	0	0	1,149,939	
FSP Programs as Percent of Total	53.0%						
Fiscal Year 2024/25							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
FSP Programs							
1. Children & Youth FSP	1,436,226	1,164,729	271,497		0	0	
2. TAY FSP	1,149,439	942,456	206,982		0		
3. Adult FSP	6,119,020	5,044,865	1,074,155			0	
4. Older Adult FSP	962,487	818,054	144,433				
Non-FSP Programs							
5. GSD: Client & Family Wellness	3,568,566	3,155,550	412,132		0	884	
6. GSD: Latino Outreach Program	1,586,211	1,364,278	220,737		0	1,196	
7. GSD: Enhanced Crisis & Aftercare	5,264,282	2,900,072	1,684,517			679,693	
8. GSD: School & Family Empowerment	925,165	654,792	270,373		0	0	
9. GSD: Forensic Mental Health Services	2,148,080	1,573,545	256,203			318,332	
CSS Administration	538,020	345,030	192,990			0	
CSS MHSA Housing Program Assigned Funds	109,345	109,345					
Total CSS Program Estimated Expenditures	23,806,840	18,072,716	4,734,019	0	0	1,000,105	
FSP Programs as Percent of Total	53.5%						
Fiscal Year 2025/26							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
FSP Programs							
1. Children & Youth FSP	1,493,675	1,211,318	282,357		0	0	
2. TAY FSP	1,195,416	980,155	215,262		0		
3. Adult FSP	6,363,781	5,246,659	1,117,121				
4. Older Adult FSP	1,000,986	850,776	150,210				
Non-FSP Programs							
5. GSD: Client & Family Wellness	3,711,309	3,281,772	428,617		0	919	
6. GSD: Latino Outreach Program	1,649,659	1,418,849	229,567		0	1,244	
7. GSD: Enhanced Crisis & Aftercare	7,474,853	5,621,155	1,751,898			101,800	
8. GSD: School & Family Empowerment	962,172	680,984	281,188		0	0	
9. GSD: Forensic Mental Health Services	2,234,003	1,636,486	266,451			331,065	
CSS Administration	559,541	358,831	200,710			0	
CSS MHSA Housing Program Assigned Funds	113,718	113,718					
Total CSS Program Estimated Expenditures	26,759,113	21,400,705	4,923,380	0	0	435,028	
FSP Programs as Percent of Total	47.0%						

Prevention and Early Intervention (PEI):

Actual expenses for PEI in FY 2022-2023 were \$4.15M with \$2.86M funded through MHSA revenue and \$1.29M from federal grants or other revenue. The MHSA Community Advisor 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 2023-2024.

New in FY 2023-2024: In the FY 2020-21, the County was awarded \$3,856,907 in Middle School grant funds through Mental Health Services Oversight and Accountability Commission (MHSOAC) for period of 48 months (September 1, 2020, through August 31, 2024), to expand mental health partnerships between the Behavioral Health Department and local schools throughout the county. Initial program planning and preparation began in FY 2020-21 and was fully operational in FY 2021-22. Funds are still available to support the program the grant terms.

The chart below summarizes the PEI projections for FY 2023-2024 through FY 2025-26 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2023-24 Mental Health Services Act Annual Update							
Prevention and Early Intervention (PEI) Component Worksheet							
County:	San Luis Obispo					Date:	10/13/23
	Fiscal Year 2023/24						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
PEI Programs - Prevention							
1. Prevention	2,302,891	1,361,592				941,299	
2. Early Intervention	673,907	453,007				220,900	
3. Outreach	0	0					
4. Access & Linkage	293,492	293,492					
5. Stigma & Discrimination Reduction	371,988	322,896				49,092	
6. Improve Timely Access	172,328	172,328					
7. Suicide Prevention	203,395	203,395					
PEI Administration	203,797	203,797					
PEI Assigned Funds - CalMHSA JPA	102,613	102,613					
Total PEI Program Estimated Expenditures	4,324,412	3,113,121	0	0	0	1,211,291	
	Fiscal Year 2024/25						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
PEI Programs - Prevention							
1. Prevention	2,300,447	2,300,447				0	
2. Early Intervention	696,446	471,128				225,318	
3. Outreach	0	0					
4. Access & Linkage	305,232	305,232					
5. Stigma & Discrimination Reduction	384,903	335,811				49,092	
6. Improve Timely Access	179,221	179,221					
7. Suicide Prevention	211,537	211,537					
PEI Administration	211,949	211,949					
PEI Assigned Funds - CalMHSA JPA	102,613	102,613					
Total PEI Program Estimated Expenditures	4,392,348	4,117,938	0	0	0	274,410	
	Fiscal Year 2025/26						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
PEI Programs - Prevention							
1. Prevention	2,403,034	2,403,034				0	
2. Early Intervention	719,797	489,973				229,824	
3. Outreach	0	0					
4. Access & Linkage	317,441	317,441					
5. Stigma & Discrimination Reduction	398,336	349,244				49,092	
6. Improve Timely Access	186,390	186,390					
7. Suicide Prevention	220,003	220,003					
PEI Administration	220,427	220,427					
PEI Assigned Funds - CalMHSA JPA	102,613	102,613					
Total PEI Program Estimated Expenditures	4,568,042	4,289,125	0	0	0	278,916	

Innovation (INN):

Actual expenses for Innovation in FY 2022-2023 were \$1.07M, which were fully funded by MHSA. Funding continued for four projects: Holistic Adolescent Health (HAH), Behavioral Health Assessment and Response Project (BHARP), Behavioral Health Education & Engagement Team (BHEET), and SoulWomb.

New in FY 2023-2024: N/A

The chart below summarizes the Innovation projections for FY 2023-2024 through FY 2025-26 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2023-24 Mental Health Services Act Annual Update							
Innovations (INN) Component Worksheet							
County:	San Luis Obispo					Date: 10/13/20232	
		Fiscal Year 2023/24					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
1.	Behavioral Health Education & Engagement Team (BHEET)	266,846	266,846				
2.	Soundheal	170,304	170,304				
3.	Innovation Projects - TBD FY 23/24	300,000	300,000				
4.	Innovation Projects - TBD FY 23/24	300,000	300,000				
INN Evaluation		65,294	65,294				
INN Administration		241,780	241,780				
Total INN Program Estimated Expenditures		1,344,224	1,344,224	0	0	0	0
		Fiscal Year 2024/25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
1.	Behavioral Health Education & Engagement Team (BHEET)	156,926	156,926				
2.	SoulWomb	111,940	111,940				
3.	Innovation Projects - TBD FY 22/23	250,000	250,000				
4.	Innovation Projects - TBD FY 23/24	250,000	250,000				
5.	Innovation Projects - TBD FY 24/25	200,000	200,000				
INN Evaluation		30,000	30,000				
INN Administration		200,717	200,717				
Total INN Program Estimated Expenditures		1,199,583	1,199,583	0	0	0	0
		Fiscal Year 2025/26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
1.	Innovation Projects - TBD FY 23/24	250,000	250,000				
2.	Innovation Projects - TBD FY 23/24	250,000	250,000				
3.	Innovation Projects - TBD FY 24/25	250,000	250,000				
4.	Innovation Projects - TBD FY 25/26	200,000	200,000				
INN Evaluation		30,000	30,000				
INN Administration		204,731	204,731				
Total INN Program Estimated Expenditures		1,184,731	1,184,731	0	0	0	0

Workforce, Education and Training (WET):

Actual expenses for WET in FY 2022-2023 were \$549K with \$532K from MHSA revenue transferred from the CSS allocation, and \$17K from Medi-Cal FFP. The MHSA Community Advisor 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).

New in FY 2023-2024: The following are the projected changes for FY 2023-2024:

- Community Advisors supported a one-time package of financial incentives for public behavioral health system Medi-Cal providers to adopt CalAIM productivity measures.

The chart below summarizes the WET projections for FY 2023-2024 through FY 2025-26 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2023-24 Mental Health Services Act Annual Update						
Workforce, Education and Training (WET) Component Worksheet						
County: San Luis Obispo					Date:	10/13/23
	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	31,195	31,195				
2. E-Learning - CSS Transfer	14,685	14,685				
3. Cultural Competence - CSS Transfer	17,400	17,400				
4. Promotores - CSS Transfer	138,306	138,306				
5. Internship Program - CSS Transfer	22,620	15,270	7,350			
6. Training & Communications Co-Ordinator - CSS Transfer	322,718	322,718				
7. Diversity, Equity, & Inclusion - CSS Transfer	166,109	166,109				
8. Crisis Intervention Training - CSS Transfer	6,834	6,834				
WET Administration	0	0				
Total WET Program Estimated Expenditures	719,866	712,516	7,350	0	0	0
	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	32,443	32,443				
2. E-Learning - CSS Transfer	15,272	15,272				
3. Cultural Competence - CSS Transfer	18,096	18,096				
4. Promotores - CSS Transfer	143,838	143,838				
5. Internship Program - CSS Transfer	23,525	15,880	7,644			
6. Training & Communications Co-Ordinator - CSS Transfer	335,626	335,626				
7. Diversity, Equity, & Inclusion - CSS Transfer	172,753	172,753				
8. Crisis Intervention Training - CSS Transfer	7,107	7,107				
WET Administration	0	0				
Total WET Program Estimated Expenditures	748,661	741,016	7,644	0	0	0
	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	33,741	33,741				
2. E-Learning - CSS Transfer	15,883	15,883				
3. Cultural Competence - CSS Transfer	18,820	18,820				
4. Promotores - CSS Transfer	149,592	149,592				
5. Internship Program - CSS Transfer	24,466	16,516	7,950			
6. Training & Communications Co-Ordinator - CSS Transfer	349,051	349,051				
7. Diversity, Equity, & Inclusion - CSS Transfer	179,663	179,663				
8. Crisis Intervention Training - CSS Transfer	7,392	7,392				
WET Administration	0	0				
Total WET Program Estimated Expenditures	778,607	770,657	7,950	0	0	0

Capital Facilities and Technological Needs (CFTN):

Actual expenses for CFTN in FY 2022-2023 were \$387K fully funded by MHSA. 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 Community Advisors 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 2023-2024: SLOBHD have migrated to the new State California Advancing and Innovating Medi-cal (CalAIM) initiative as of July 1st, 2023. The County has entered into an agreement with CalMHSA for SmartCare, which was selected through a CalMHSA RFP process and meets all the mandatory requirements. Increased funding has been approved by the MHSA Community Advisors.

The chart below summarizes the CFTN projections for FY 2023-2024 through FY 2025-26 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2023-24 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Component Worksheet						
County: San Luis Obispo					Date: 10/13/23	
	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	1,082,760	925,359	157,401			0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,082,760	925,359	157,401	0	0	0
	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	1,126,070	962,373	163,697			0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,126,070	962,373	163,697	0	0	0
	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	1,171,113	1,000,868	170,245			0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,171,113	1,000,868	170,245	0	0	0

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.

With the signing of Senate Bill 192 on September 10, 2018, a change on the maximum Prudent Reserve balance was established. The bill clarified 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.

The prudent reserve balance after the transfer to CSS & PEI was \$2,774,412 at the end of FY 2022-2023.

Appendix

Exhibit A – County Certification

County: San Luis Obispo

Three-Year Program and Expenditure Plan & Annual Update

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Starlene Graber, PHD, LMFT	Name: James W. Hamilton, CPA
Telephone Number: (805) 781-4719	Telephone Number: (805) 781-5043
E-mail: sgraber@co.slo.ca.us	E-mail: jhamilton@co.slo.ca.us
Local Mental Health Mailing Address:	
County of San Luis Obispo Behavioral Health Department 2180 Johnson Ave., 2 nd Floor San Luis Obispo, CA 93401	

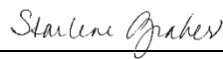
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws, and statutes of the Mental Health Services Act in preparing and submitting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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of Community Advisors, 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 Community Advisor 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 January 9, 2023.

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.

Star Graber, PhD., LMFT



Local Mental Health Director (PRINT)

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

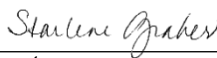
<p align="center">Local Mental Health Director</p> <p>Name: Starlene Graber, PHD, LMFT</p> <p>Telephone Number: (805) 781-4719</p> <p>E-mail: sgraber@co.slo.ca.us</p>	<p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: James W. Hamilton, CPA</p> <p>Telephone Number: (805) 781-5043</p> <p>E-mail: jhamilton@co.slo.ca.us</p>
<p>Local Mental Health Mailing Address: County of San Luis Obispo Behavioral Health Department 2180 Johnson Ave., 2nd Floor San Luis Obispo, CA 93401</p>	

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.

Starlene Graber, PHD, LMFT

 Local Mental Health Director (PRINT)



 Signature


10-12-2023

I hereby certify that for the fiscal year ended June 30, 2023, 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 January 15, 2023, for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2023, 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

Nov 1, 2023

Date

Exhibit C: Notice of Availability for Public Review & Comment



And

NOTICE OF PUBLIC HEARING

San Luis Obispo County

Mental Health Services Act

WHO: San Luis Obispo County Behavioral Health Department
WHAT: The MHSA Annual Update for Fiscal Year 2023-2024, is available for a 30-day public review and comment from October 17 through November 15, 2023.

HOW: To review the Update and Plan,
Visit: <https://www.slocounty.ca.gov/MHSA.aspx>
To Submit Comments or Questions:
[Public Comment County of San Luis Obispo Behavioral Health Department Mental Health Services Act \(MHSA\) Annual Update for Fiscal Year 2022-2023 Survey \(surveymonkey.com\)](#)

Comments must be received no later than November 15, 2023.

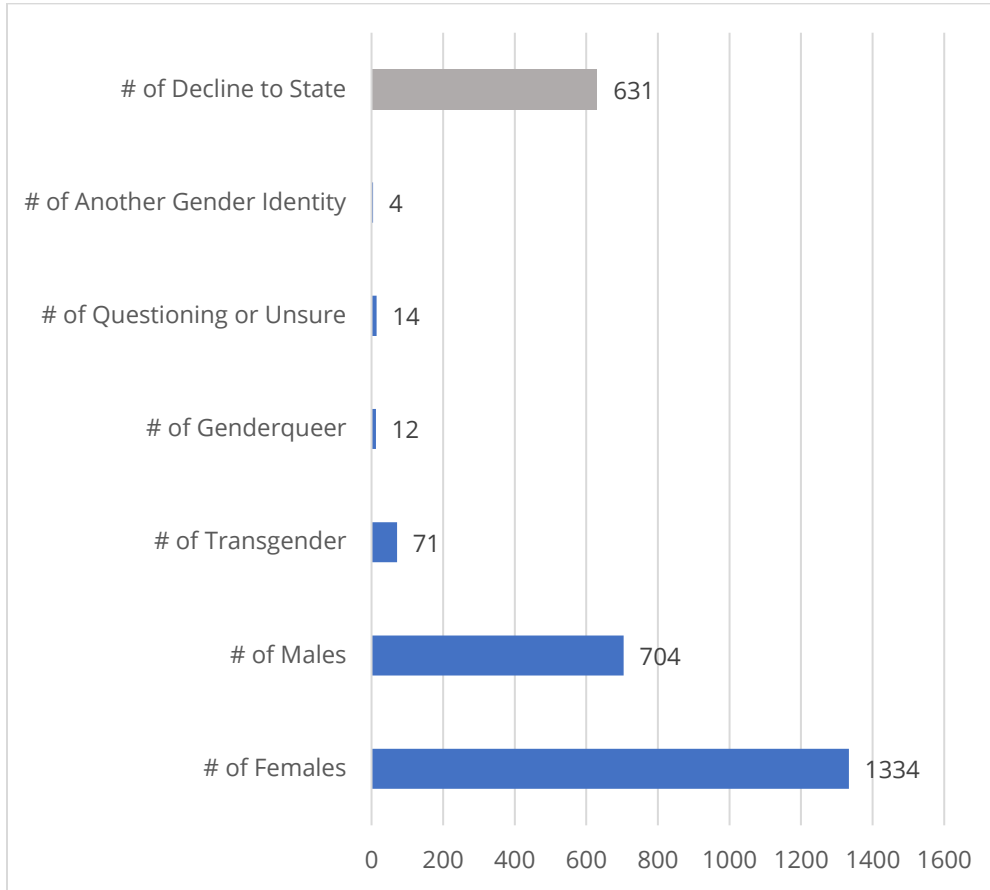
NOTICE OF PUBLIC HEARING

WHO: San Luis Obispo County Behavioral Health Advisory Board
WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2022-2023 Update to the Three-Year Plan for Fiscal Years 2020-23.
WHEN: Wednesday, November 15, 2023, 3:00 p.m.
WHERE: Ag Auditorium. 2156 Sierra Way, San Luis Obispo. (Hearing held in person)

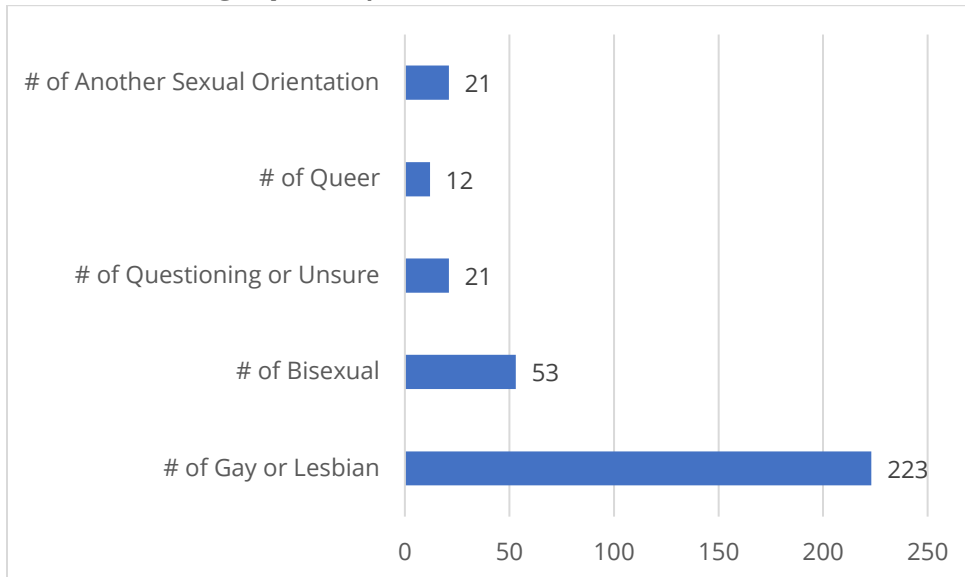
FOR FURTHER INFORMATION:
Please contact Karina Silva Garcia, (805) 781-1104, ksilvagarcia@co.slo.ca.us

Exhibit D: PEI Demographic Data

D1. PEI Demographics | Gender Identity

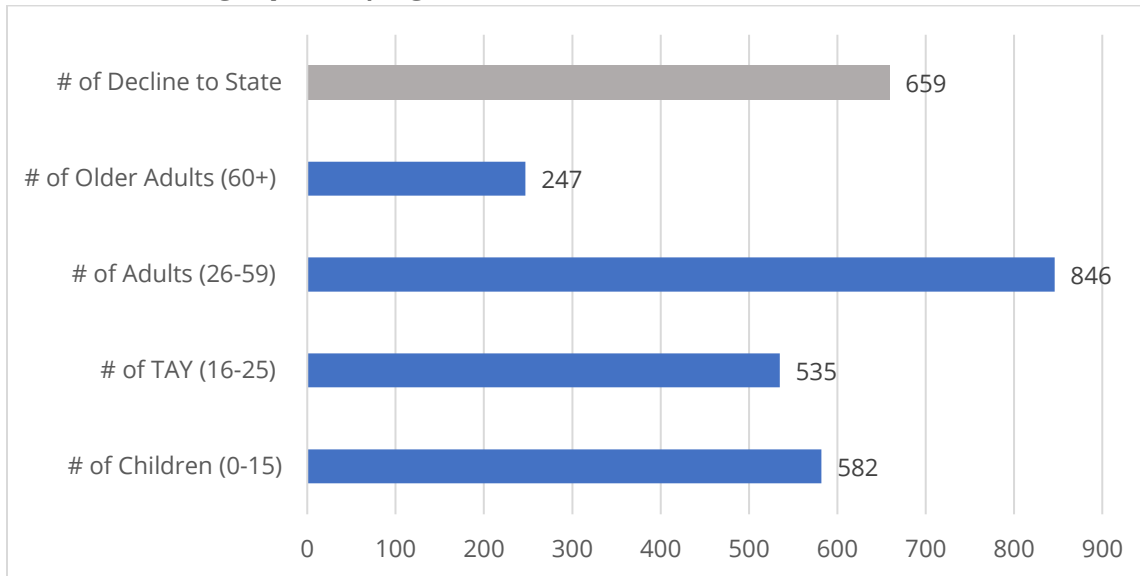


D2. PEI Demographics | Sexual Orientation*

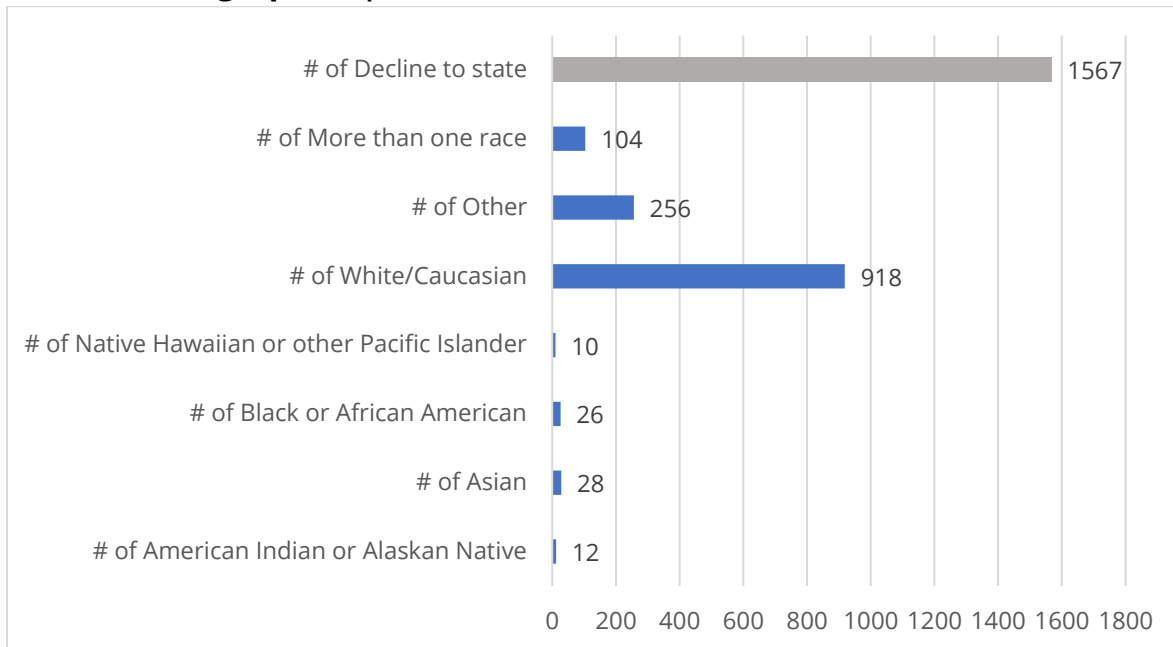


*Does not include “Heterosexual or Straight” (Count = 2185) and “Declined to Answer” (Count = 231)

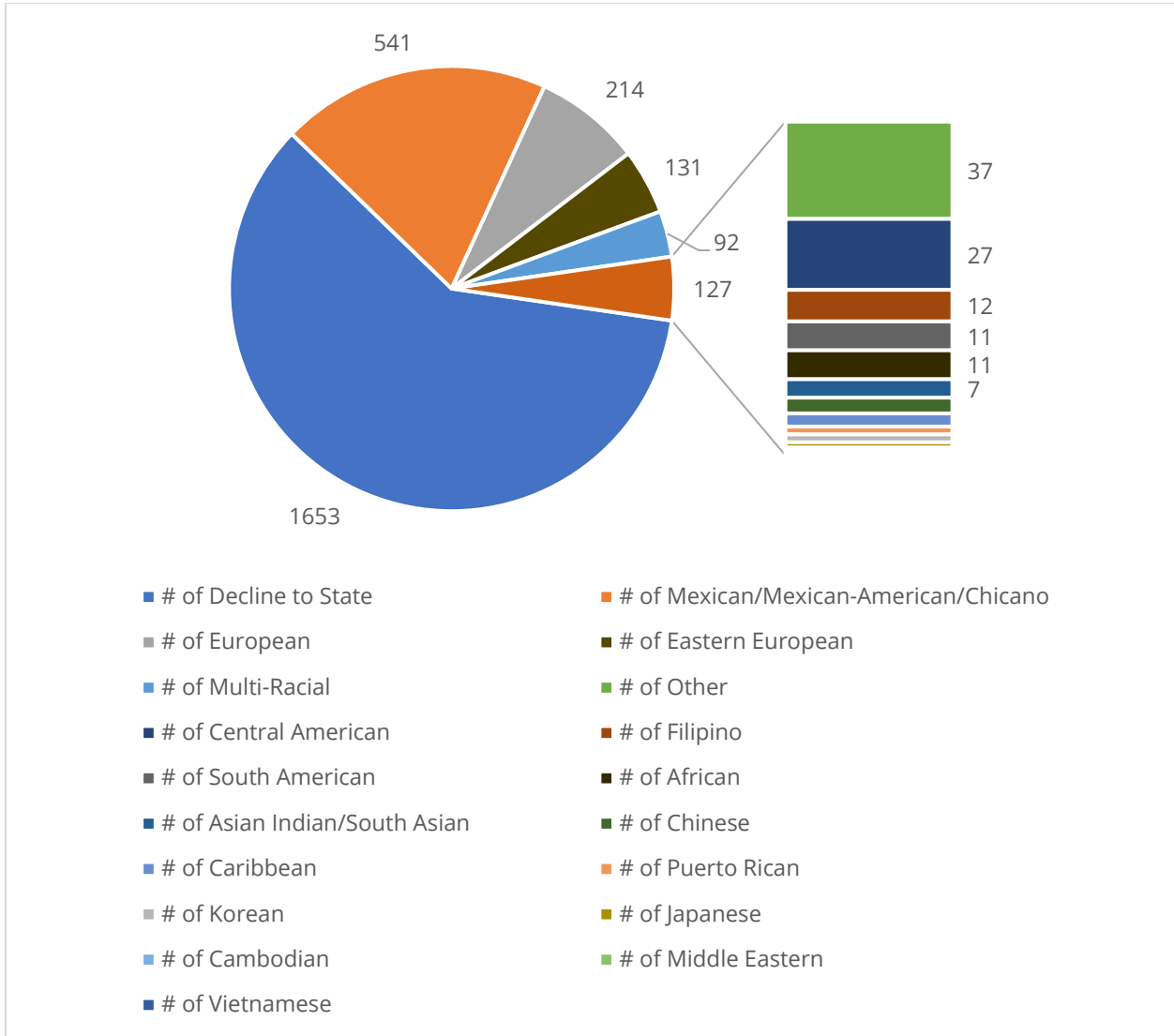
D3. PEI Demographics | Age Cohort



D4. PEI Demographics | Race



D5. PEI Demographics | Ethnicity**



**All ethnicity groups not without data labels include fewer than 7 clients.

D6. PEI Demographics | Additional Status or Condition

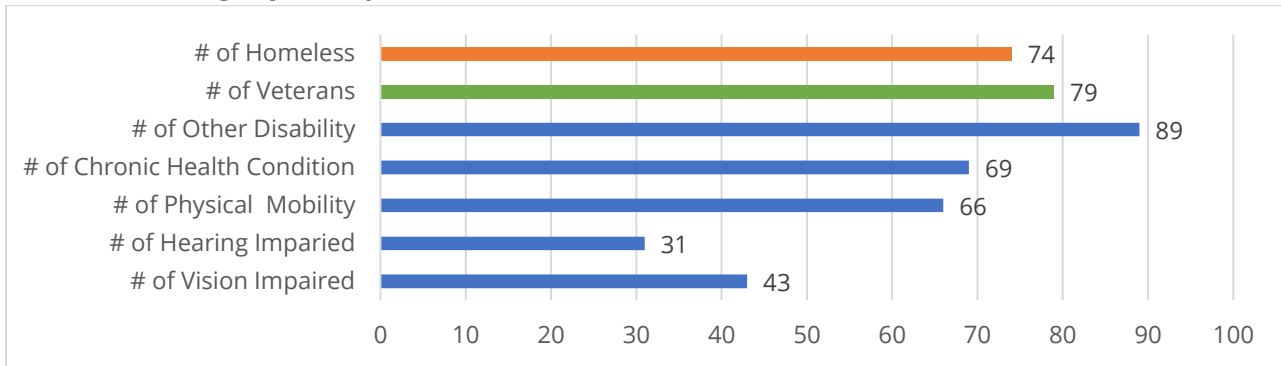


Exhibit E: FY 2022-2023 Middle School Comprehensive Program Outcomes;
n=245

RISK FACTORS	% Change between Risk Factor occurrences before and after	Net Number of Clients who had risk factor occurrences
How many days were you absent? *	-10.60%	-199
The number of times I have gotten into a physical fight or threatened someone is	-42.9%	-33
The number of times I've used marijuana is	-46.0%	-17
The number of times I've used alcohol is	-30.5%	-12
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	-66.7%	-1
The number of times I've misused prescription drugs is	-27.6%	-2
The number of times I've hurt myself on purpose	-54.3%	-47
The number of times I've seriously thought about suicide is	-46.0%	-39
The number of behavioral referrals I've received is	-42.9%	-32

PROTECTIVE FACTORS	% Change between Protective Factor agreement before and after	Net Number of Clients whose response changed from Disagree to Agree
Grades improved from mostly F's**	85.7%	25
Grades improved from D's **	88.0%	29
Grades improved from C's or B's **	39.8%	41
I can ask a trusted adult or family member for help if I need it	33.0%	71
I have a good relationship with my parents or caregivers	13.5%	37
I generally feel good about myself	29.6%	72
I consider the consequences to my actions	19.7%	53
I have friends who make positive and healthy choices	15.5%	44
I know how to handle a situation if I'm bullied or harassed	18.5%	49
I know how to better cope with stress, depression, and anxiety	47.1%	102
I enjoy being at school	19.6%	38
I understand that alcohol is harmful for me	4.4%	15
I understand that marijuana is harmful for me and how	7.7%	24
I know that misusing prescription drugs is harmful for me	4.4%	15

Certain questions are separated from the color scale because the question asked is distinct from the rest of the column.

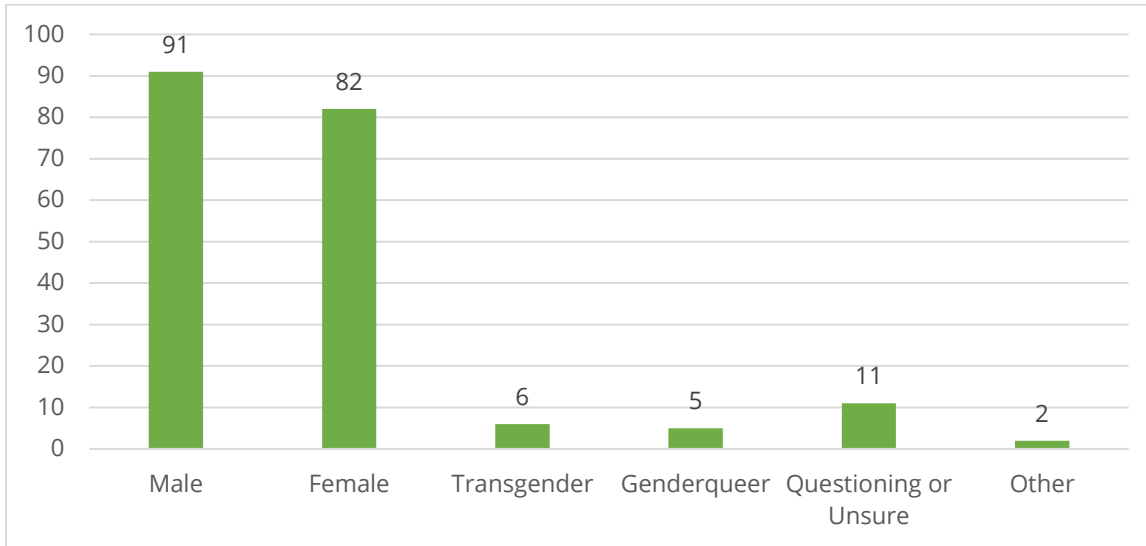
* Average Calculated change in days absent – before/after

** Grades as reported by students – before/after

Exhibit F: INNOvation Demographic Data

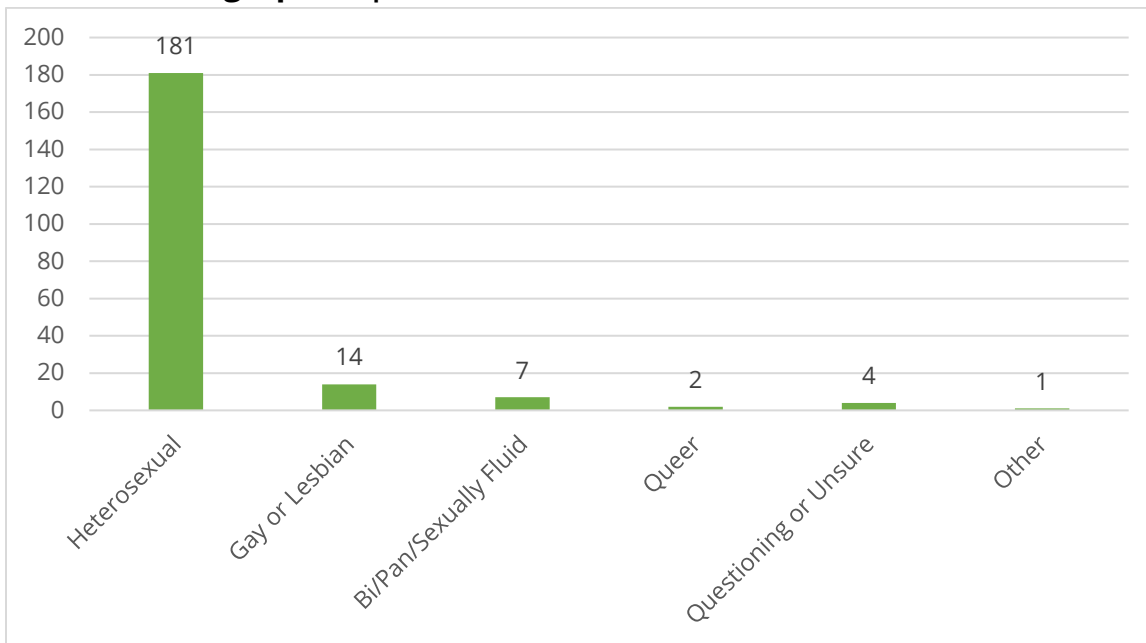
This data was aggregated from "INN Quarterly Report Submission Entries" provided by project providers. Demographics provided are a sample of Innovation participants.

F1. INN Demographics | Gender Identity



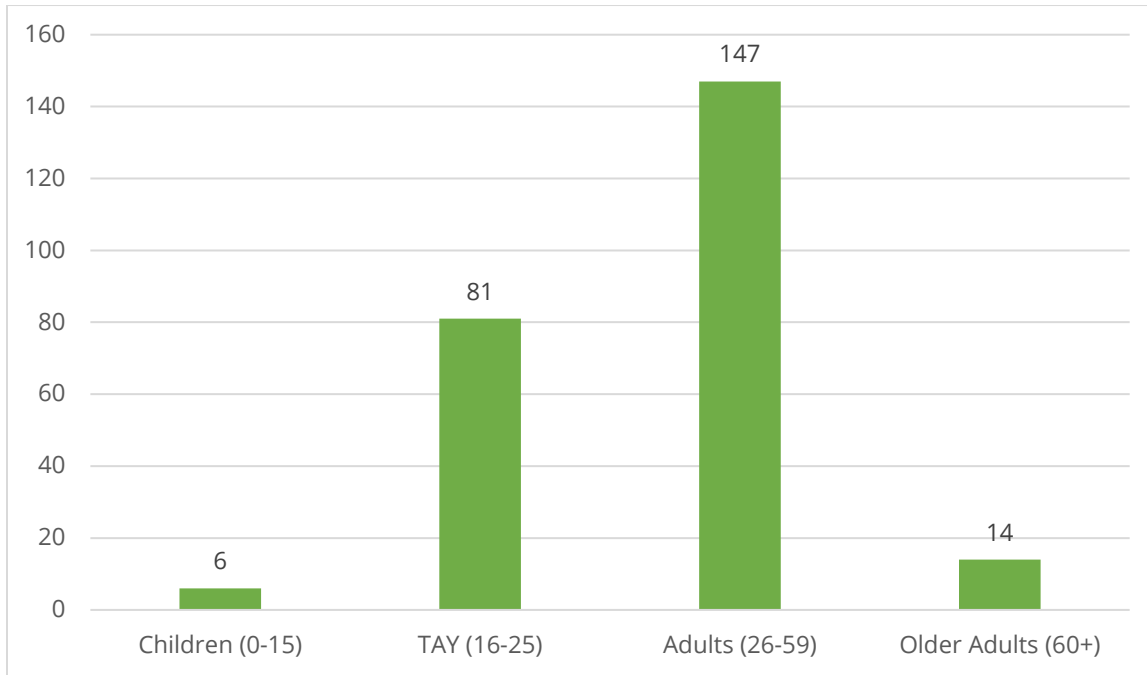
Does not show "Prefer Not to Answer" (Count = 256)

F2. INN Demographics | Sexual Orientation



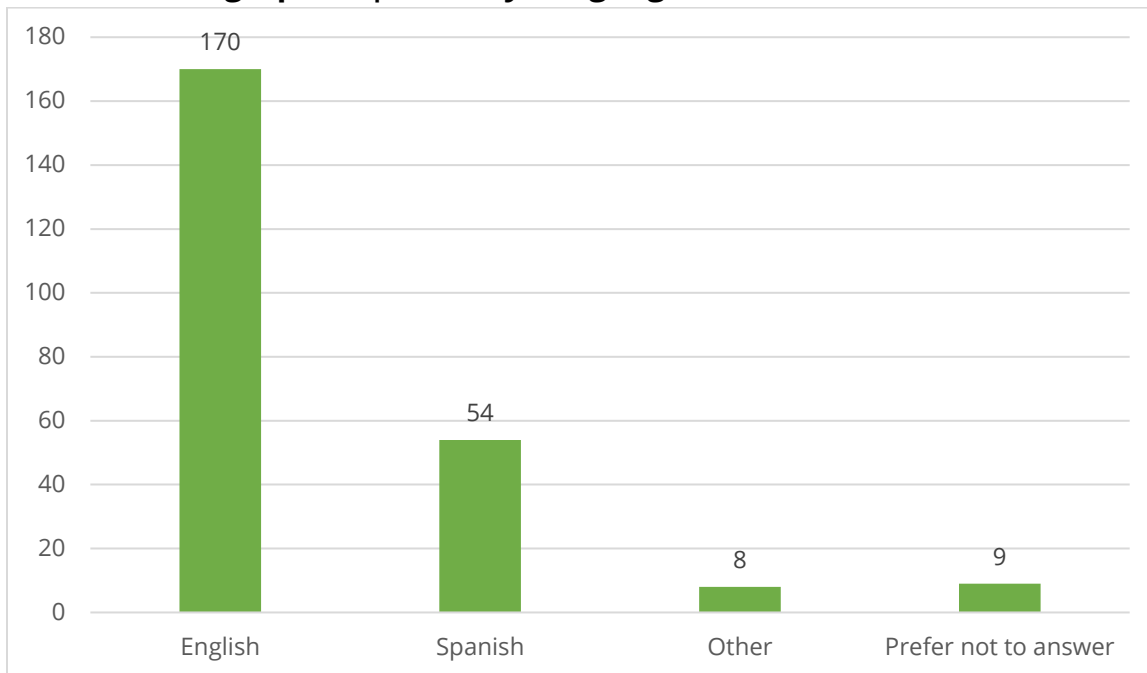
Does not show "Prefer Not to Answer" (Count = 256)

F3. INN Demographics | Age Cohort

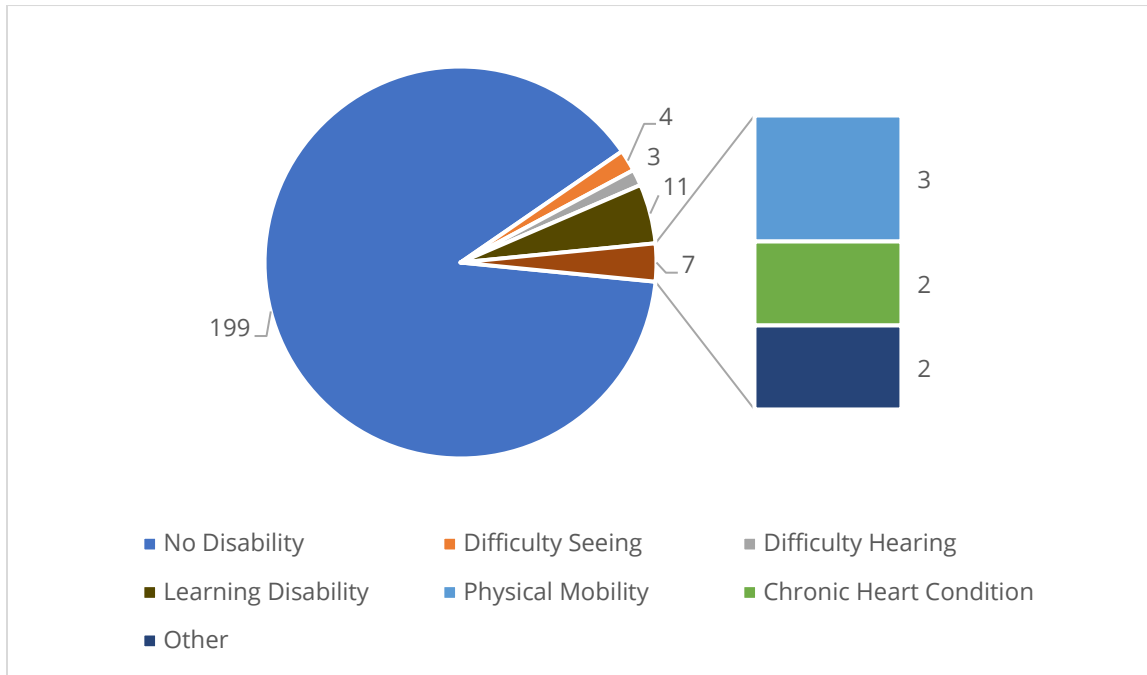


Does not show "Prefer Not to Answer" (Count = 256)

F4. INN Demographics | Primary Language



F5. INN Demographics | Disability



Does not show "Prefer Not to Answer" (Count = 256)

F6. INN Demographics | Race

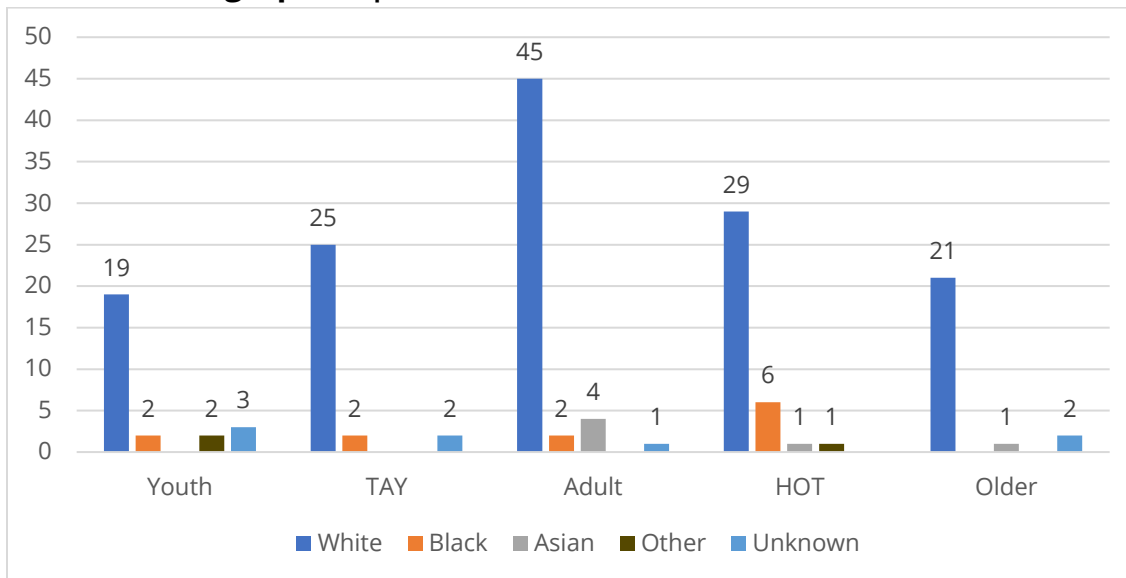
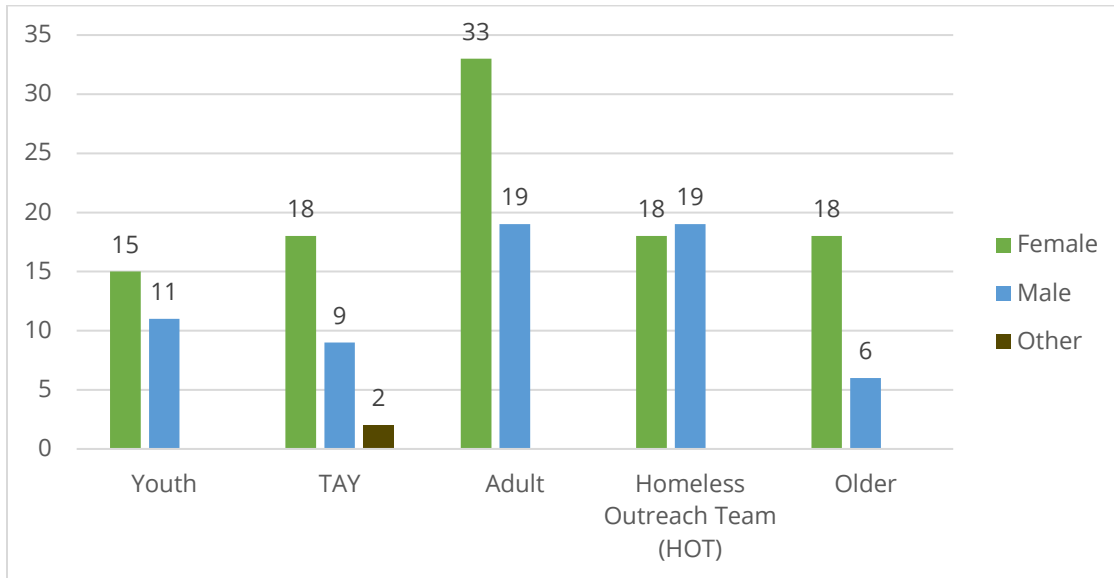
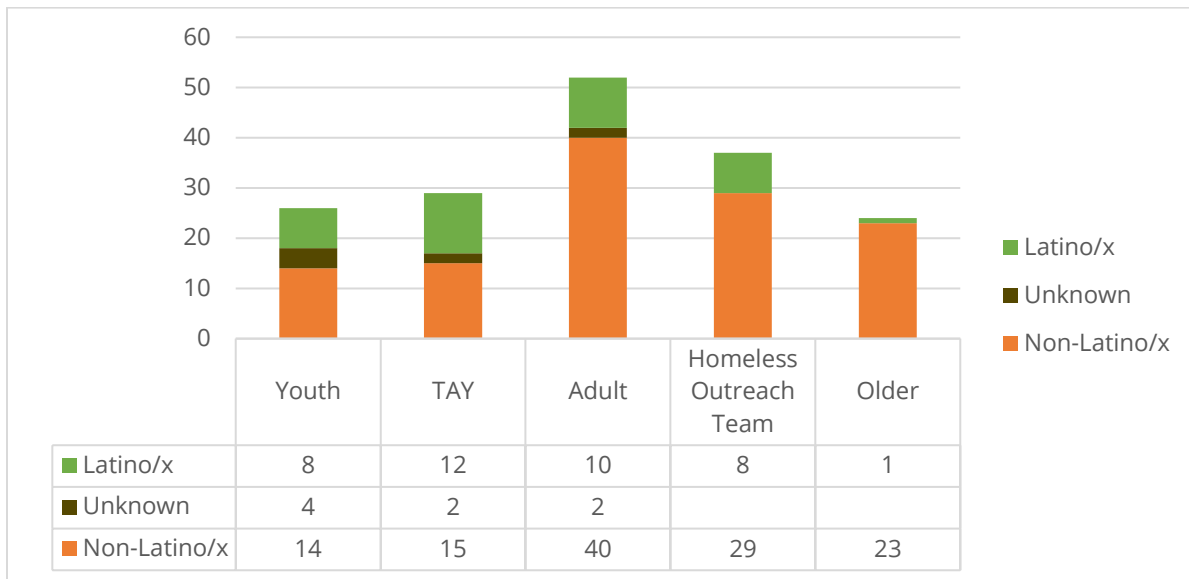


Exhibit G: CSS Full Service Partnership Demographic Data

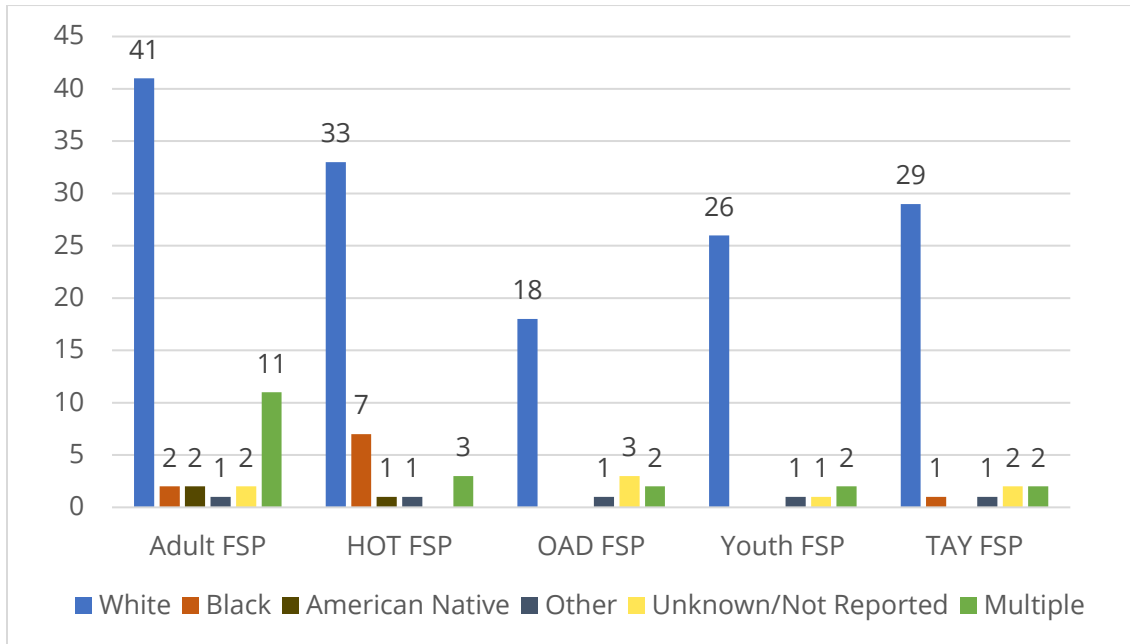
G1. FSP Clients in FY 2022-2023: Gender Breakdown



G2. FSP Clients in FY 2022-2023: Ethnic Breakdown



G3. FSP Clients in FY 2022-2023: Racial Breakdown***



*** The Asian Pacific Islander population is not broken out specifically but is represented in the data above.

Exhibit H: Annual PEI Demographics and Data Report, FY 2022-2023

Program Name	Acronym
Positive Development Program	PDP
Family Education, Training & Support	FETS
Middle School Comprehensive - Family Advocates	FA
Middle School Comprehensive - Student Assistant Program (SLOBHD)	SAP
In-Home Parent Educator	IHPE
CCC Community Based Therapeutic Services	CCC
Integrated Community Wellness	ICW
Older Adults Mental Health Initiative	OAMH
Veterans Program (SLOBHD)	VP
Social Marketing Strategy	SMS
College Wellness Program (SLOBHD)	CWP
Suicide Prevention Coordination (SLOBHD)	SPC

Program Number	Prevention				Early Intervention		Access and Linkage	Improve Access	Stigma/Discrimination Reduction		Suicide Prevention Program	
	1.1	1.2	1.3	1.4	2.1	2.2	3.1	4.1	5.1	5.2	6.1	
Project	PDP	FETS	FA	SAP	IHPE	CCC	ICW	OAMH	VOP	SMS	CWP	SPC
# of Unduplicated Individuals Year to Date (YTD)	256	1109	1112	245	45	540	1004	161				
# of Duplicated Individuals/Contacts Year to Date (YTD)	714	14	108		783	133	7353	587	82	4049		
# of Family Units	86	323	70		24	2	182	3		1320		
Sex at Birth												
# of Females	65	242	97	160	22	75	0	69	28	0	78	
# of Males	33	64	76	62	4	63	0	29	54	0	38	
# of Decline to State	0	17	0	2	0	138	182	0		1320		
Gender Identity												
# of Females	65	236	97	132	21	75	97	69	27	440	75	
# of Males	33	70	76	62	4	62	33	27	53	255	29	
# of Transgender		0	0	0	0	1	2	0	1	67	0	
# of Genderqueer		0	0	10	0		0	0	0	0	2	

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# of Questioning or Unsure		0	0	14	0		0	0	0	0	0	
# of Another Gender Identity		0	0	2	0		0	0	0	0	2	
# of Decline to State		17	0	2	1		50	2	1	558	0	
Age												
# of Children (0-15)	75	4	87	310	0	16	4	0	3	83	0	
# of TAY (16-25)	1	30	13	0	0	72	9	0	7	287	116	
# of Adults (26-59)	22	261	25	0	26	50	117	4	51	288	2	
# of Older Adults (60+)	0	7	0	0	0	0	23	94	21	101	1	
# of Decline to State	0	21	48	0	0	0	29	0	0	561	0	
Race												
# of American Indian or Alaskan Native	0	3	0	5	1	0	0	0	2	0	1	
# of Asian	1	2	0	3	0	2	0	2	2	0	16	
# of Black or African American	0	7	2	11	0	3	0	1	2	0	0	
# of Native Hawaiian or other Pacific Islander	1	1	0	3	0	0	0	0	2	0	3	
# of White/Caucasian	90	224	36	150	25	133	45	73	56	0	86	
# of Other	0	32	126	58	0	0	24	1	9	0	6	
# of More than one race	6	9	6	55	0	0	3	12	10	0	3	
# of Decline to state	0	45	3	76	0	0	110	9	4	1320	0	
Ethnicity: Latino/x												
# of Caribbean	1	2	0	1	0	0	0	0	0	0	1	
# of Central American	0	6	0	6	0	6	0	1	5	0	3	
# of Mexican/Mexican-American/Chicano	69	122	126	117	25	35	0	11	20	0	16	
# of Puerto Rican	0	1	0	2	0	0	0	0	0	0	0	
# of South American	0	5	0	4	0	2	0	0	0	0	0	
Ethnicity: Non-Latino/x												
# of African	0	3	2	3	0	1	0	1	1	0	0	
# of Asian Indian/South Asian	1	0	0	3	0	0	0	0	0	0	3	
# of Cambodian	0	0	0	1	0	0	0	0	0	0	0	
# of Chinese	0	0	0	0	0	1	0	0	0	0	5	
# of Eastern European	21	2	0	6	0	92	0	1	5	0	4	
# of European	0	82	36	34	0	0	0	0	22	0	40	
# of Filipino	0	2	0	2	0	0	0	1	3	0	4	
# of Japanese	0	0	0	0	0	1	0	1	0	0	0	

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# of Korean	0	0	0	1	0	0	0	0	0	0	2	
# of Middle Eastern	0	0	0	0	0	0	0	0	0	0	1	
# of Vietnamese	0	0	0	0	0	0	0	0	0	0	1	
# of Other	0	0	0	23	1	0	0	0	8	0	5	
# of Multi-Racial	6	3	6	55	0	0	3	5	5	0	9	
# of Decline to State		95	3	24	0	0	179	22	10	1320	0	
Sexual Orientation												
# of Gay or Lesbian	0	3	0	10	0	5	3	1	4	192	5	
# of Heterosexual or Straight	22	243	155	193	25		179	76	71	1128	93	
# of Bisexual		2	0	37	0		0	0	3	0	11	
# of Questioning or Unsure		3	0	16	0		0	0	1	0	1	
# of Queer		0	0	6	0		0	0	2	0	4	
# of Another Sexual Orientation		0	0	21	0		0	0	0	0	0	
# of Decline to Answer	76	72	18	42	1		0	21	1	0	0	
Disability												
# of Vision Impaired		5	0	0	0	1	1	32	4	0	0	
# of Hearing Impaired		3	0	0	0		0	21	7	0	0	
# of Physical Mobility		10	0	3	0	2	0	39	12	0	0	
# of Chronic Health Condition		10	2	4	0		0	38	12	0	3	
# of Other Disability		14	4	11	3		3	6	41	0	7	
# of Veterans		4	2	0	0	2	0	13	54	3	1	
# of Homeless		10	21		0	23	12	2	2	4	0	
Language Service												
Percentage of services provided in Spanish	72%	30%	50%		85%	9%	11%	5%		0.6		
Referrals												
# of clients who reported having any mental/behavioral health symptoms prior to referral/contact with your PEI program:			0		0	36	7	21				
# of clients referred to County funded mental health/behavioral health and substance use services.	1		0		0	11	12	9				
# of clients referred to County funded mental health/behavioral health services.			26		0	18	12	7				

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Estimated total number between date of referral and date of first service received for mental/behavioral health services.			30		0	20	999	30				
# of clients referred to County funded substance use services.			1		0	9	0	2				
Estimated total number between date of referral and date of first service received for substance use services.			7		0	15	999	30				

Exhibit I: PEI/INN Expenditure Sources

PEI/INN programs, administration, and evaluation are solely funded by MHSA.

Total Mental Health Expenditures					
	PEI/INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
PEI 1.1	\$91,973				
PEI 1.2	\$156,889				
PEI 1.3	\$952,008				
PEI 1.4	\$84,430				
PEI 2.1	\$54,878				
PEI 2.2	\$308,687				
PEI 3.1	\$283,259				
PEI 4.1	\$142,474				
PEI 5.1	\$135,221				
PEI 5.2	\$168,539				
PEI 6.1	\$204,403				
INN					
INN 3.1	\$0				
INN 3.2	\$0				
INN 4.1	\$220,343				
INN 4.2	\$312,364				
INN 5.1	\$175,046				
INN 5.2	\$166,308				

Administration					
	PEI/INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
PEI 1.1	\$5,932				
PEI 1.2	\$10,122				
PEI 1.3	\$108,661				
PEI 1.4	\$5,447				
PEI 2.1	\$3,541				
PEI 2.2	\$30,552				
PEI 3.1	\$18,276				
PEI 4.1	\$9,192				

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PEI 5.1	\$12,046				
PEI 5.2	\$10,874				
PEI 6.1	\$35,320				
INN 3.1	\$0				
INN 3.2	\$0				
INN 4.1	\$25,072				
INN 4.2	\$35,543				
INN 5.1	\$19,918				
INN 5.2	\$18,924				

Evaluation					
	PEI/INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
PEI 1.1	\$582				
PEI 1.2	\$992				
PEI 1.3	\$10,654				
PEI 1.4	\$534				
PEI 2.1	\$347				
PEI 2.2	\$2,996				
PEI 3.1	\$1,792				
PEI 4.1	\$901				
PEI 5.1	\$1,181				
PEI 5.2	\$1,066				
PEI 6.1	\$3,463				
INN 3.1	\$0				
INN 3.2	\$0				
INN 4.1	\$23,582				
INN 4.2	\$33,431				
INN 5.1	\$18,734				
INN 5.2	\$17,799				