COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

MENTAL HEALTH SERVICES ACT (MHSA)

PREVENTION & EARLY INTERVENTION (PEI)

FISCAL YEAR 2017-2020
3-YEAR PROGRAM & EVALUATION REPORT

WELLNESS • RECOVERY • RESILIENCE

Background & Overview

The County of San Luis Obispo Behavioral Health Department's (SLOBHD) Prevention and Early Intervention (PEI) Three-Year Program and Evaluation Report fulfills the requirement (DMH Information Notice 07-19, Enclosure 1) stated in the guidelines put forth by the Mental Health Oversight and Accountability Commission (MHSOAC) in 2015. This report presents summaries and analyses of all PEI programs put forth in the county's plan.

Nineteen percent (19%) of MHSA funding is dedicated to PEI, which is tasked with two key functions: prevent mental illness from becoming severe and disabling, and to improve timely access to services for underserved populations. PEI programs identify individuals who are at risk of or who are exhibiting early signs of mental illness or emotional disturbance and link them to treatment and other resources. SLOBHD complies with the Mental Health Services Oversight and Accountability Commission (MHSOAC) in the requirement for programs, including optional programs. SLOBHD current PEI services fall under the following established programs: prevention, early intervention, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment, stigma and discrimination reduction, improve timely access to services for underserved populations, and suicide prevention programs. PEI programs are intended to build upon and restore protective factors, while reducing risk factors leading to a successful intervention approach, while providing the proper support and linkage to maintain an overall health outcome.

The Center for Disease Control and Prevention (CDC) defines risk factors as "individual or environmental characteristics, conditions, or behaviors that increase the likelihood that a negative outcome will occur" (CDC, School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009). On the other hand, protective factors are "individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events; increase an individual's ability to avoid risks or hazards; and promote social and emotional competence to thrive in all aspects of life now and in the future" (CDC, School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009). Mental and physical wellness improves by minimizing and helping individuals cope with risk factors, and by teaching and helping them to develop stronger protective factors.

The County of San Luis Obispo Behavioral Health Department conducted surveys and held several stakeholder meetings to construct its PEI Plan. Following statewide guidelines (DMH Info Notice 07-19, Enclosure 1) the stakeholder group considered areas of need, current practices available locally, and strategies which would propel the county's underserved populations towards resiliency and wellness. The following five workplans were crafted to serve the needs of the community:

- **Mental Health Awareness and Stigma Reduction Program.** A county-wide universal and selective prevention workplan for all ages that includes education for

school-aged youth, teachers, and parents, a media campaign, and targeted outreach to underserved cultural populations.

- **School-based Wellness Program.** A prevention and early intervention workplan to build wellness and resiliency, and reduce risk factors and stressors among elementary, middle and high school students.
- **Family Education, Training and Support Program.** This prevention and early intervention workplan includes parenting classes and resources, and "on demand" coaching for parents facing specific challenges.
- **Early Care and Support for Underserved Populations Program.** This workplan provides support for self-sufficiency for high-risk transition-aged youth, depression screening and supports for older adults, and outreach and engagement services to the Latino communities.
- **Integrated Community Wellness Program.** Resource Specialists and Community-based, short-term therapeutic services are provided in this program.

The Mental Health Oversight and Accountability Commission required the County of San Luis Obispo Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. *School Based Student Wellness* was selected by stakeholders during the PEI planning process.

The SLOBHD elected to conduct evaluation activities for each of the PEI programs, as included herein. As PEI rolled out in the county, many concepts surrounding prevention (resilience, risk and protective factors, etc.) were more familiar to substance abuse prevention programs than they were to mental health system providers. With leadership from the Department's Drug and Alcohol Services Division, each PEI project was constructed with an outcome-driven design. PEI contract providers conduct quarterly reports based on specific PEI outcomes, and adhere to prevention concepts, cultural competence, and outcomes-based program design.

Upon release of the October, 6th, 2015 PEI Regulations, and re-released in 2018, counties were required to ensure programs aligned to a series of specific work plans (Title 9 CCR Section 3705(a)(1)-(5), (b)(1)). The SLOBHD conducted a review of the current PEI programs and assigned accordingly to the new requirements, which also correlates directly to the Annual Revenue and Expenditure Report (ARER). The revised organization has allowed for better tracking and accurate expense reporting, as well as aligning programs' scope of service goals, implementation, and evaluation (Appendix A). The current workplan and programs, as presented in this report, are the following:

- **Work Plan 1 Prevention Programs:** Refers to a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The SLOBHD programs include Positive Development, Family Education, Training, and Support; The Middle School Comprehensive Program; In-Home Parent Educator; and Successful Launch.

- **Work Plan 2 Early Intervention Programs:** Refers to treatment and other services and intervention, including relapse prevention to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Programs do not exceed 18 months, or four (4) years depending on severity and need of the participant. The SLOBHD programs include Community Based Therapeutic Services, and Integrated Community Wellness.

- **Work Plan 3 Outreach for Increasing Recognition of Early Signs of Mental Illness:** Refers to a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. The SLOBHD program under this work plan is Perinatal Mood Anxiety Disorder.

- **Work Plan 4 Access and Linkage to Treatment:** Refers to a set of related activities to connect children, adults, and seniors with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care treatment, including, but not limited to care provided by county mental health programs. The SLOBHD program under this work plan is the Older Adult Mental Health Initiative.

- **Work Plan 5 Stigma and Discrimination Reduction:** Refers to activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. The SLOBHD programs include Social Marketing Strategy, and College Wellness Program.

- **Work Plan 6 Improve Timely Access to Services for Underserved Populations:** Refers to activities and programs that increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such accessibility, cultural, and language appropriateness, transportation, family focus, hours available and cost of service. The SLOBHD program includes Veteran Outreach.

- **Work Plan 7 Suicide Prevention:** Refers to organized activities that the County undertake to prevent suicide as a consequence of mental illness. This program does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. The SLOBHD program includes the Suicide Prevention Coordination.

Additionally, in Fiscal Year 2018-2019, the PEI Stakeholder Group agreed to fund the first San Luis Obispo County LGBTQ+ Mental Health Needs Assessment. The findings and final report

of the assessment can be found in the following link: https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Mental-Health-Services-Act-(MHSA)/Prevention-and-Early-Intervention-(PEI).aspx. With the implementation of the new work plan for all PEI programs, the SLOBHD continues to provide technical assistance, training, and program support to all in-house staff and PEI contract providers. The support includes establishing an outcomes-based culture, culturally competent interactions, and update information pertinent to PEI regulations and changes. This has allowed the SLOBHD to correct program-drift, build upon successes, and adapt quickly to ever-changing community needs.

County Description & Demographics

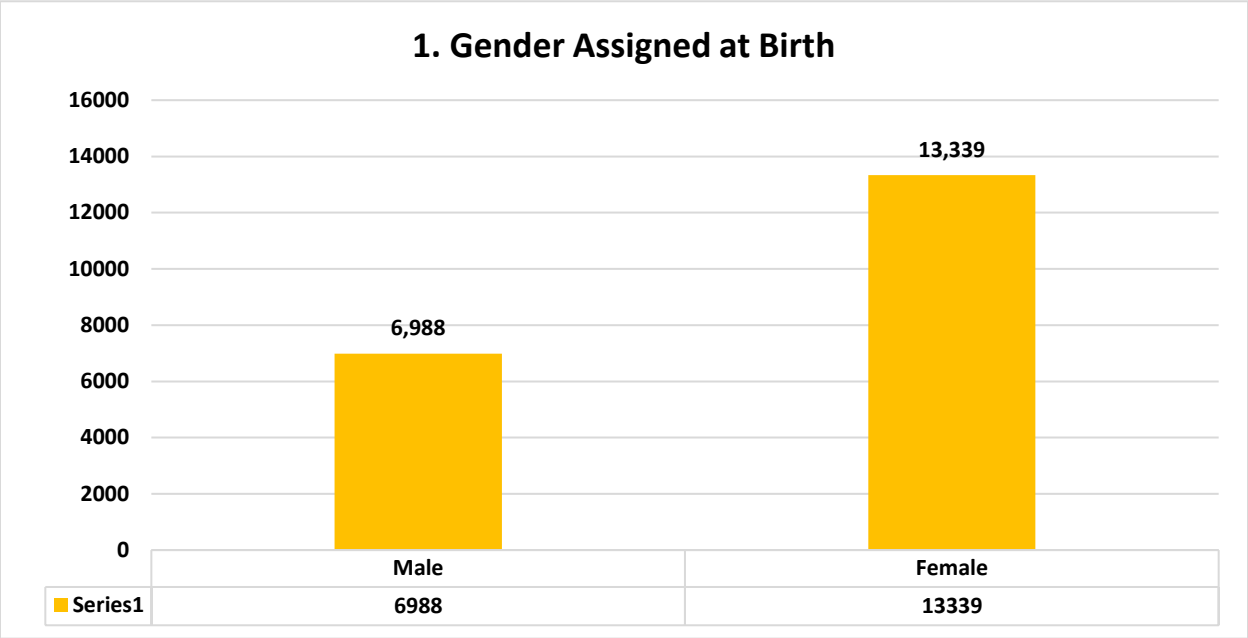
San Luis Obispo (SLO) County is located on the Central Coast of California midway between Los Angeles and San Francisco along U.S. Highway 101, is known to its rolling landscape of beaches, mountain, farms, smalls towns, and neighborhoods, which are anchored by California Polytechnic State University (Cal Poly) in the city of SLO, and Cuesta Community College with campuses west and north. SLO County has an estimated population of 283,111, with 49.4% female and 50.6% male, and with about 20.9% of community members over the age of 65 years (https://www.census.gov/quickfacts/sanluisobispocountycalifornia). According to the most updated census information, white alone, not Hispanic constitutes about 68%, followed by Hispanic/Latino around 23%, Black or African American with a 2%, American Indian and Alaskan Native 1.4%, Asian at 4%, Native Hawaiian and other Pacific Islander 0.2%, and two or more races at 3.6%. As the county's population continues to grow and become more diverse, the Prevention & Early Intervention component, continues to adapt to understand the reach and the populations being served.

To better understand the extend by which the services impact the community and as required by the PEI regulations, the MHSA Leadership Team developed demographic data collection tools for all program providers. The graphs below provide the most accurate data for the San Luis Obispo County community receiving or engaging in PEI services for Fiscal Year 2017-2020. It has been identified that survey fatigue is a primary factor that affects data collection, most of the data provided below for demographic purposes, as well for program outcomes are based on participants willing to complete the surveys. All PEI providers continue to strategize and to encourage community participation for data collection.

Gender Assigned at Birth (n = 20,327)

- Males receiving PEI services represent about 34% (6,988)
- Females receiving PEI services represent about 66% (13,339)

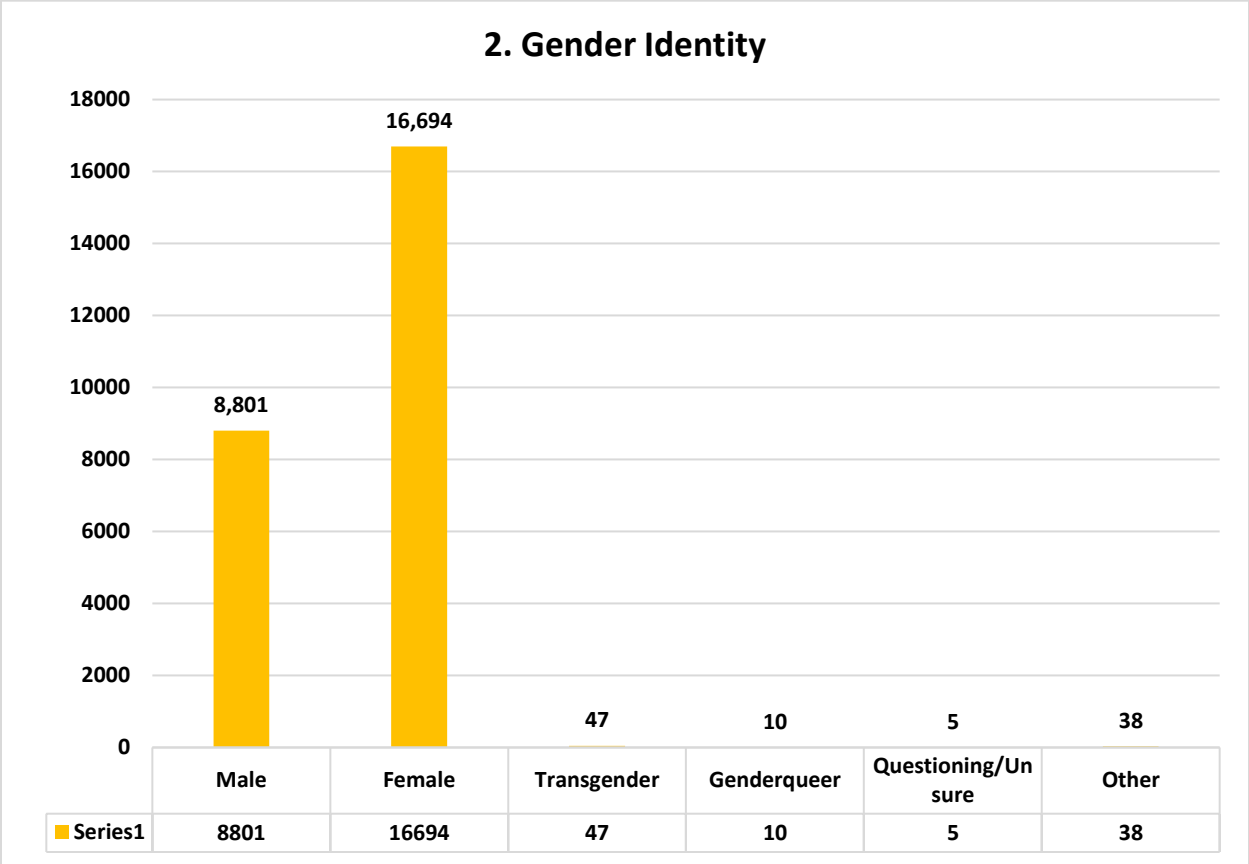
For Fiscal Year 2017-2020 and according to the survey completion, the majority of participants engaging and receiving PEI services were females, which accounted for 66% of overall population, while males accounted for 34%.



Gender Identity (n = 25,595)

- Participants identifying their gender as male receiving PEI services represent about 34% (8,801)
- Participants identifying their gender as females receiving PEI services represent about 65% (16,694)
- Participants identifying their gender as transgender receiving PEI services represent about 0.18% (47)
- Participants identifying their gender as genderqueer receiving PEI services represent about 0.03% (10)
- Participants identifying their gender as questioning/unsure receiving PEI services represent about 0.01% (5)
- Participants identifying their gender as other gender identity receiving PEI services represent about 0.14% (38)

The MHSA Leadership Team has recognized that providing prevention and early intervention services is crucial to the wellbeing of all community members. In the last few months, PEI staff have been actively engaging and increasingly becoming socially aware of the impact of overall wellbeing, particularly paying attention to issues of gender, sexual orientation, race, and ethnicity as it relates to access to care and services. All PEI staff engages in culturally and linguistically responsive practices to ensure a safe and affirming environment is always present, whether this is completed virtually or in person, there is a commitment to ensure a welcoming engagement process leads to a healthy overall interaction.

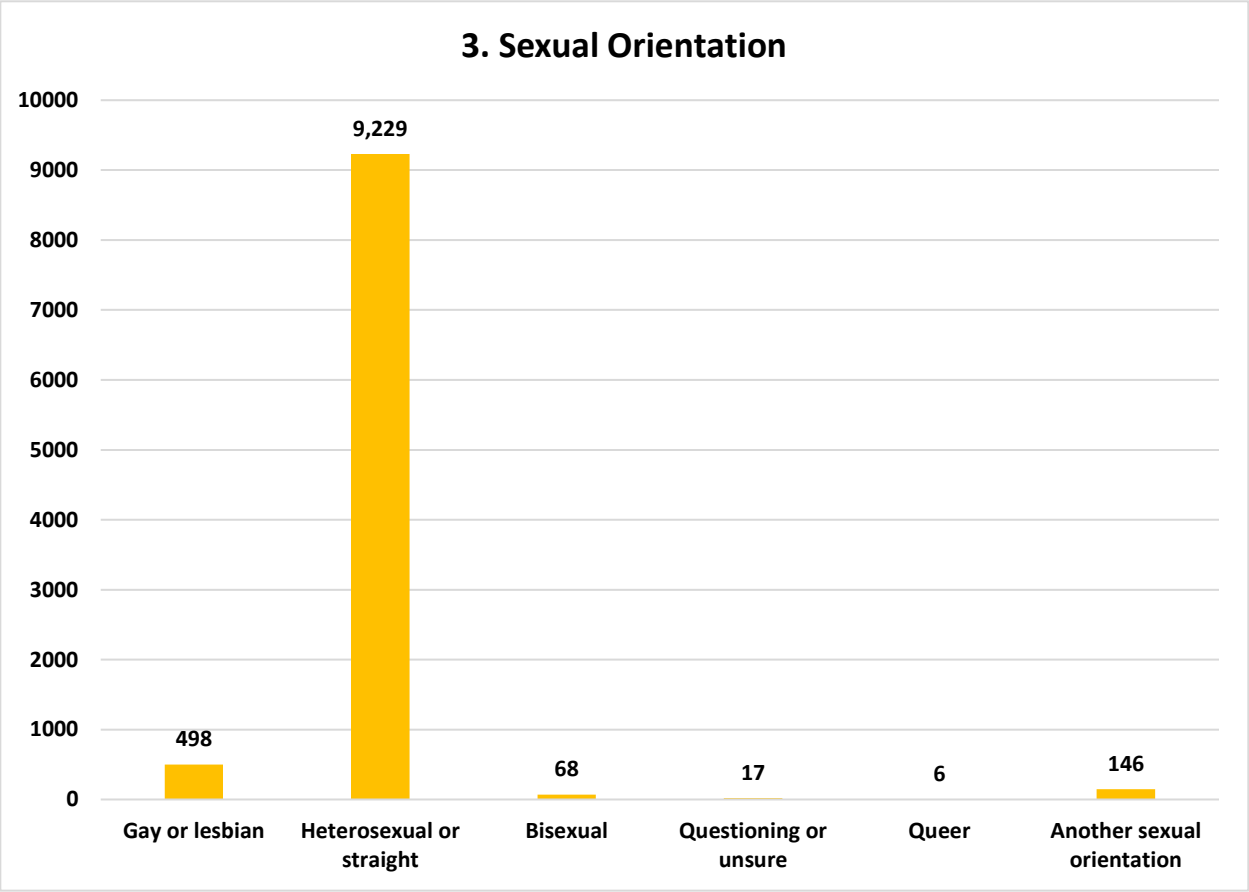


Sexual Orientation (n = 9,964)

- Participants identifying their sexual orientation as gay and lesbian receiving PEI services represent about 5% (498)
- Participants identifying their sexual orientation as heterosexual receiving PEI services represent about 92% (9,229)
- Participants identifying their sexual orientation as bisexual receiving PEI services represent about 0.68% (68)
- Participants identifying their sexual orientation as questioning or unsure receiving PEI services represent about 0.17% (17)
- Participants identifying their sexual orientation as queer receiving PEI services represent about 0.06% (6)
- Participants identifying their sexual orientation as other sexual orientation receiving PEI services represent about 1.46% (146)

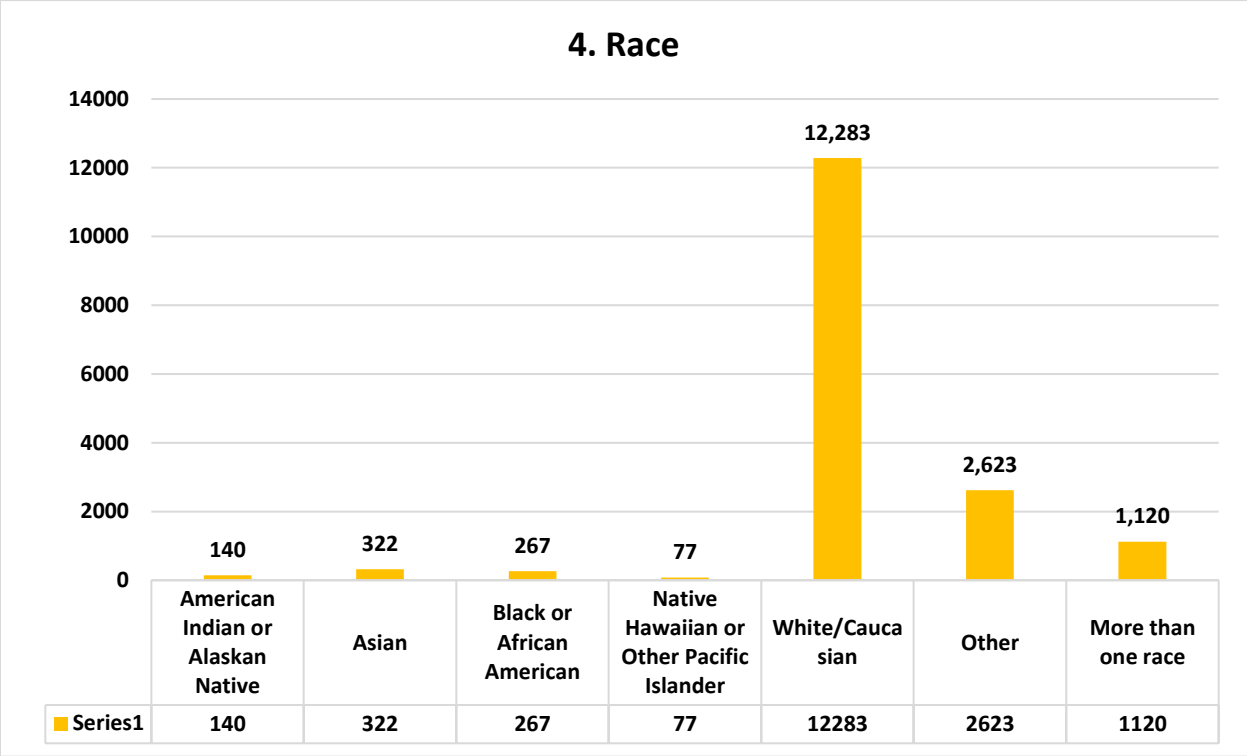
Sexual orientation, as well as other personal and demographic data collected clearly provides an important picture of the population receiving services. While participants who identify as heterosexual, internal program efforts have been put in place to reach out to the unserved and underserved communities. The strategies to develop welcoming posters with cultural appropriate messaging, training, and other efforts show that for Fiscal Year 2017-2020, PEI programs saw an increase in services being accessed by the self-identified LGBTQ+

population. All PEI programs continue to strive for an inclusive and socially conscious engagement practice rooted in individual affirmation, trauma-informed care, and access to care and services.



Race (n = 16,832)

- Participants identifying as American Indian or Alaskan Native receiving PEI services represent about 0.83% (140)
- Participants identifying as Asian receiving PEI services represent about 1.91% (322)
- Participants identifying as Black or African American receiving PEI services represent about 1.58% (267)
- Participants identifying as Native Hawaiian or other Pacific Islander receiving PEI services represent about 0.45% (77)
- Participants identifying as Caucasian receiving PEI services represent about 73% (12,283)
- Participants identifying as Other race receiving PEI services represent about 15.58% (2,623)
- Participants identifying as American Indian or Alaskan Native receiving PEI services represent about 6.65% (1,120)

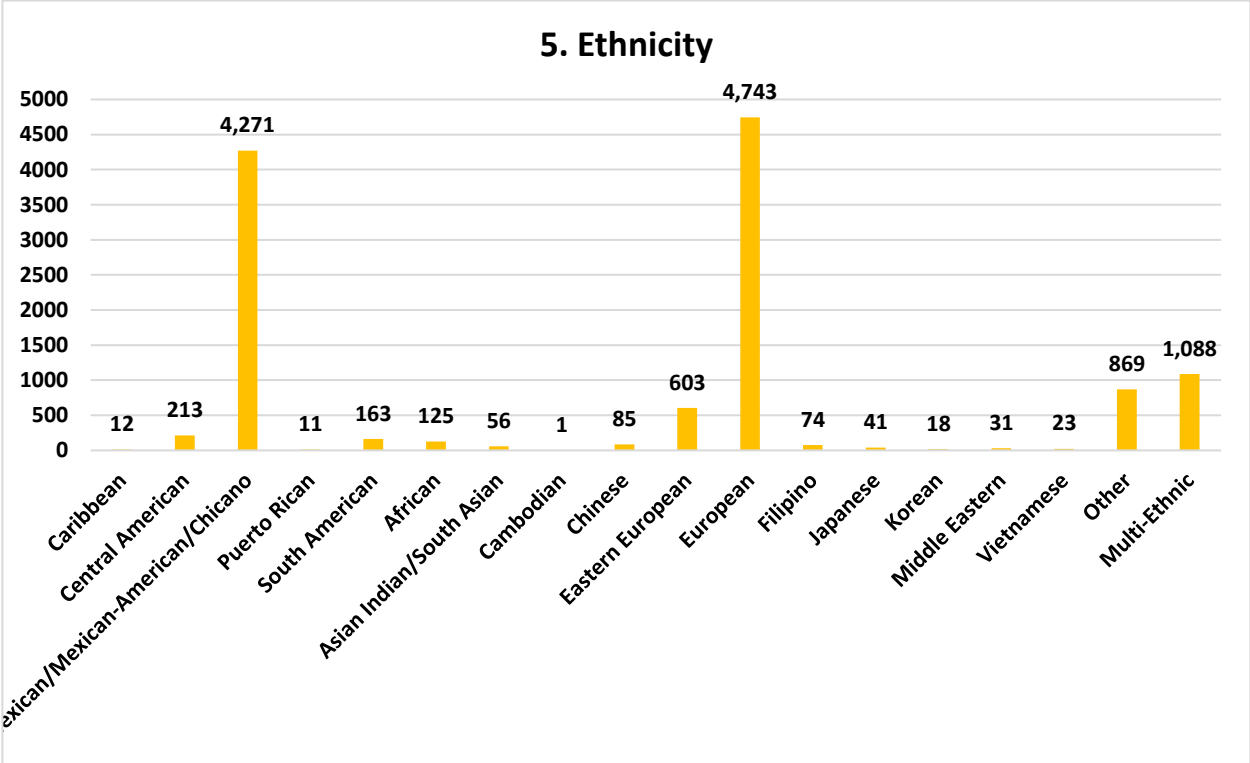


Ethnicity (n = 12,427)

- Participants identifying as Caribbean receiving PEI services represent about 0.09% (12)
- Participants identifying as Central American receiving PEI services represent about 1.71% (213)
- Participants identifying as Mexican American/Chicano receiving PEI services represent about 34.36% (4,271)
- Participants identifying as Puerto Rican receiving PEI services represent about 0.08% (11)
- Participants identifying as South American receiving PEI services represent about 1.31% (163)
- Participants identifying as African receiving PEI services represent about 1.00% (125)
- Participants identifying as Asian Indian/South Asian receiving PEI services represent about 0.45% (56)
- Participants identifying as Cambodian receiving PEI services represent about 0.008% (1)
- Participants identifying as Chinese receiving PEI services represent about 0.58% (85)
- Participants identifying as Eastern Europeans receiving PEI services represent about 4.85% (603)
- Participants identifying as European receiving PEI services represent about 38.16% (4,743)
- Participants identifying as Filipino receiving PEI services represent about 0.59% (74)

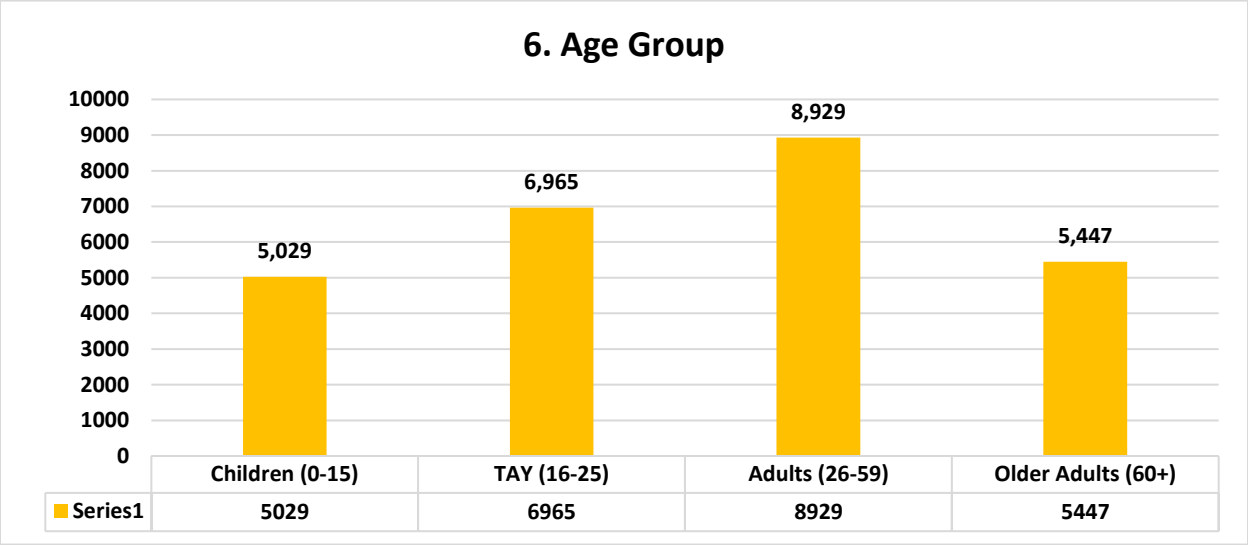
- Participants identifying as Japanese receiving PEI services represent about 0.32% (41)
- Participants identifying as Korean receiving PEI services represent about 0.14% (18)
- Participants identifying as Middle Eastern receiving PEI services represent about 0.24% (31)
- Participants identifying as Vietnamese receiving PEI services represent about 0.18% (23)
- Participants identifying as Other Ethnicity receiving PEI services represent about 6.99% (869)
- Participants identifying as Multi-Ethnic receiving PEI services represent about 8.75% (1,088)

As noted above, although the majority of services are provided to one particular ethnic group, it has been an important role for all providers, as part of the community's response regarding social justice issues, to collect information from the diverse community with the goal to understand the impact of services on mental health for these underserved and unserved populations. Particularly, this last year has seen strategies and interventions to ensure providers continue to maintain a cohesive, welcoming, and culturally competent message to affirm and provide agency to the experience of various ethnic and racial groups. Other strategies to ensure staff is maintaining a level of awareness involves continued cultural competence trainings, resources, and involvement in community outreach. All PEI programs strive, although during the challenging time of a pandemic, to be the forefront to culturally responsiveness, as part of their prevention and early intervention roles.



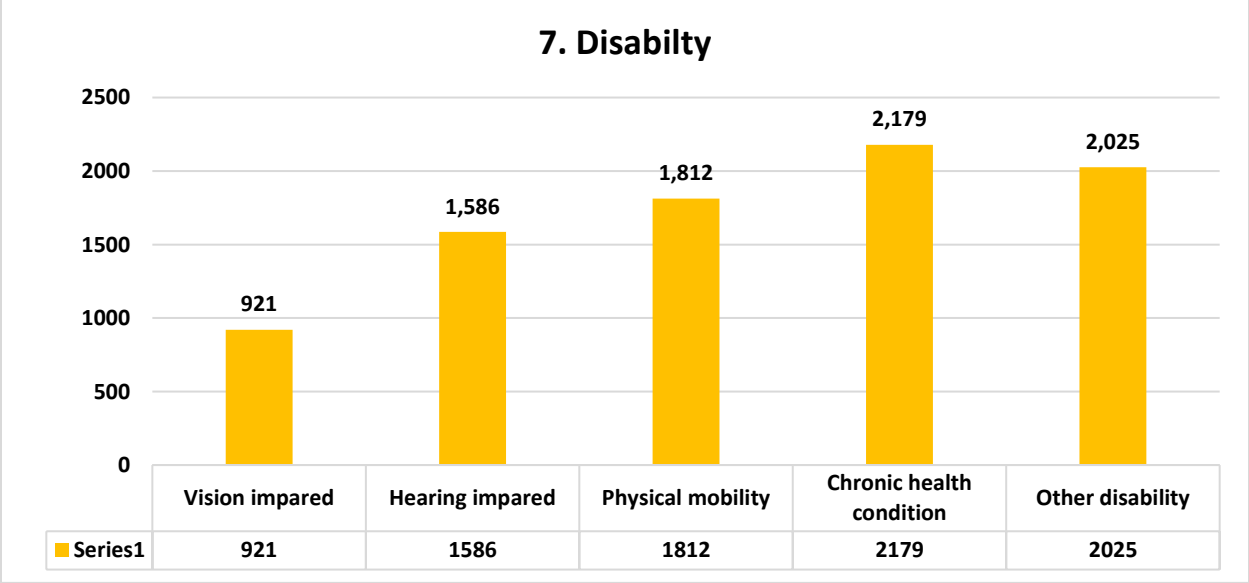
Age Group (n = 26,370)

- Children (0-15) receiving PEI services represent about 19% (5,029)
- Transitional-Age Youth (TAY 16-25) receiving PEI services represent about 26% (6,965)
- Adults (26-59) receiving PEI services represent about 34% (8,929)
- Older Adults (60+) receiving PEI services represent about 21% (5,447)



Disability (n = 8,523)

- Participants with vision impaired receiving PEI services represent 10.80% (921)
- Participants with hearing impaired receiving PEI services represent 18.60% (1,586)
- Participants with physical mobility receiving PEI services represent 21% (1,812)
- Participants with chronic health condition receiving PEI services represent 25% (2,179)
- Participants with other disabilities receiving PEI services represent 24% (2,025)



For Fiscal Year 2017-2020, PEI providers reported engaging a total of 877 veterans, and a total of 613 community members experiencing homelessness. Additional resources are always provided to both populations depending on their needs to ensure proper care and ancillary services to help them get food, housing, or other services.

PEI Veteran Population FY 2017-2020	
Veterans	877

PEI Homelessness Population FY 2017-2020	
Experiencing homelessness	613

Work Plan I: Prevention Program
Positive Development

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Prevention	*$255,724*	*2,808*	*$91*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0
Kind of treatment to which the individual was referred: Not applicable

Number of individuals who followed through on the referral and engaged in treatment: 0
Average duration of untreated mental illness: Not applicable
Average interval between the referral and participation in treatment: 0 days

Improve Timely Access to Services

Underserved population(s): children, parents, and primary caregivers of all age and ethnic groups

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: outreach, presentations, children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.

Outreach

Number of potential responders: 2,308

The settings(s) in which the potential responders were engaged: *childcare providers, family centers, classrooms*

Types of potential responders engaged in each setting: children, parents, and primary caregivers of all age and ethnic groups.

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$255,724	PEI Funding	$30,930	PEI Funding	$3,654
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 1.

Provider	Community Action Partnership of San Luis Obispo (CAPSLO)
2017-2020 Outputs	• 348 child activities 267 in Family Child Care Homes 81 in Childcare centers • 1,489 unduplicated participating children • 359 parent activities • 1,319 unduplicated participating parents • 17 staff trainings, 17 parent meetings, 29 side-by-side facilitation • 17 new programs recruited • 330 providers received technical assistance and consultation services 137 unduplicated sites received technical assistance

Community Action Partnership of San Luis Obispo's (CAPSLO) Child Care Resource Connection (CCRC) administers the Positive Development project. The CCRC partners with private childcare providers to build problem solving skills, self-esteem, social, emotional, and behavioral health competencies for children ages 3-5. The CCRC provides facilitation of the *I Can Problem Solve* (ICPS) curriculum, considered an Exemplary Mental Health Program by the National Association of School Psychologists (NASP). The *I Can Problem Solve* curriculum is also included in the Substance Abuse and Mental Health Administration's (SAMSHA) National Registry of Evidence-Based Programs and Practices (NREPP), the registry identifies scientific-based approaches to prevention and treatment of mental illness and/or substance abuse. The CCRC combines ICPS with other exemplary tools, and training to private childcare providers in both English and Spanish including the *Ages and Stages Questionnaire* (ASQ) (Appendix B), and *Behavior Rating* Scale (Appendix B). Prior to PEI, these providers, traditionally, did not receive training on mental health issues or prevention and resiliency principles.

For the past three years the program has been successfully and increasingly building up their capacity and reach in the community. The CCRC administers several different programs that provide services to childcare providers county-wide. These programs are dedicated to intensifying outreach and engagement opportunities. One successful service through CAPSLO is the Child Care Food Program, which they continue to enroll new providers in the community. Other outreach and engagement activities have allowed them to connect directly with parents and encourage them to have their childcare provider contact them to participate in the Positive Development Program (PDP). In fiscal year 2017-2018, the PDP continued the expansion of a variety of materials as a means of promotion and to increase program participation. Materials included the "*I can Problem Solve Ladder*". This material demonstrates how to effectively engage children to help them be problem solvers, rather than having teachers think for children. In the last three years of the program implementation, evaluation has been a crucial element to determine efficacy and impact. Through the program's evaluation component, it has been identified that an improvement in children's social, emotional, and behavioral skills have been attained.

Through interviews conducted with childcare providers, it was determined that children have developed and enhanced social and emotional skills which allows them to communicate better and to cope with daily routine. According to anecdotal information from the providers, the use of the current curriculum has a positive impact on the children. The provider reports that "we hear a lot about how the vocabulary is key during times of conflict and situations that require problem solving. Circle time is a great opportunity to have conversations with children using I Can Problem Solve vocabulary." Additionally, data collection and outcomes has revealed a positive impact as provided by the surveyed parents. Some of the responses listed below, which come from a survey provided in fiscal years 17-20, exemplify the continued work put forward by the program in impacting positive behavior in the lives of the children and parents:

Regarding Parenting skills:

- ***"[My child] is more talkative and open about [their] needs, and shares experiences with me from school" FY 17-18***
- ***"I have learned new ways to speak to my children so that learning at home and school are similar" – FY 18-19***
- ***"He estado con la mentalidad positive todo este tiempo y estoy contenta de para mas tiempo con mis hijas" (I have been able to have a positive outlook through this time and I am happy to be able to spend time with my children) FY 19-20***

Regarding social emotional and behavioral skills:

- ***"My child is kind, sharing, and respectful. Thanks for the help of the program and provider" – FY 17-18***
- ***"[My child] communicates wants and needs so much better and [the] listening skills are excellent" – FY 18-19***
- ***"El niño aprende a reconocer las emociones de otros niños mas major y aprender a compartir o decir no sin empujar" (My child has learned to better recognize emotions of other kids and is learning to share and say no without hitting or pushing) – FY 19-20***

Ongoing evaluation continues to improve parent engagement via evening group sessions, take-home flyers, parent newsletters, and meet-and-greet information booths in the morning when parents drop their children off. In addition, in the last six (6) years the CCRC expanded the program to include *I Can Problem Solve Kindergarten*, a curriculum created for children 5 years of age, who are preparing to enter kindergarten. Childcare providers were very pleased as children who had grown with the program were ready for new challenges.

As of the end of March 2020, the Positive Development Program was on track for completing all MSHA outcome goals and measurable objectives. However, due to the outbreak of COVID-19 and the safety guidelines associated with it, the Child Development Specialist has had to cease all in-person site visits and several of the childcare programs that participate have temporarily closed and cancelled their face-to-face activities as well. Due to this, child activities, parent meetings, and side-by-side facilitation for the new programs were temporarily halted. The Child Development Specialist has been working with providers on ways to remotely continue providing services to parents, children, and providers that are still open for the benefit of the youth in the community. The PDP staff transitioned activities over the online platform Zoom, and invited providers and parents who expressed desire to focus on health, safety, and coping practices as a way to address the pandemic, and the stress or difficulties imparting in the family. Parent meetings were also adapted and completed remotely. PDP collaborated strategically and provided parents with direct online services explaining the purpose and goals of the program, while offering the support, as well as the education needed in this unprecedented time.

Table 2.

Method of Collection	**Data Collection Period**		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Existing programs will actively use Behavior Rating Scale (BRS) or ASQ:SE	76 trained/used BRS 20 trained/used ASQ:SE	11 trained/used BRS 14 trained/used ASQ:SE	8 trained/used BRS 15 trained/used ASQ:SE
Children will demonstrate improved social competence and skills	53% (132/247)	69% (229/332)	75% (59/78)
Children assessed with impulsiveness will report a decrease in impulsivity	63% (45/72)	96% (81/84)	83% (35/42)
Children assessed as emotionally aggressive will demonstrate a decrease in their emotionally aggressive behavioral scores	40% (2/5)	86% (6/7)	Measure under revision
New Outcome Fiscal Year 2015-2016 & 2016-2017: Parents will demonstrate improved parenting skills	87% (33/38)	82% (38/46)	91% (32/35)

Work Plan I: Prevention Program
Family Education, Training, and Support

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Prevention	*$330,754*	*2,954*	*$112*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0
Kind of treatment to which the individual was referred: Not applicable

Number of individuals who followed through on the referral and engaged in treatment: 0
Average duration of untreated mental illness: 0 days
Average interval between the referral and participation in treatment: 0 days

Improve Timely Access to Services

Underserved population(s): children, parents, and primary caregivers of all age and ethnic groups

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: outreach, presentations, children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.

Outreach

Number of potential responders: 948,905 (duplicated)

The settings(s) in which the potential responders were engaged: community presentations, childcare locations, family centers.

Types of potential responders engaged in each setting: children, parents, and primary caregivers of all age and ethnic groups

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$330,754	PEI Funding	$39,867	PEI Funding	$4,516
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, ...).*

Table 3.

Provider	Center for Family Strengthening (CFS)
2017-2020 Outputs	• 195,917 visits to sloparents.org, which is the County's website coordination of Parenting Programs and classes • 2,954 unduplicated participants engaged in parenting classes/coaching activities • 1,364 families attended Coaching for Parents/Caregivers • 127 universal and selective prevention classes • 1,607 participants in universal and selective prevention classes • 48 provider trainings

The Center for Family Strengthening (CFS) administers the Family Education, Training and Support Program, a multi-level approach to building the overall capacity of all county parents and other caregivers raising children. The target population include parents and caregivers in "stressed families" living with or at high risk for mental illness, trauma, substance abuse and domestic violence; as well as those parents/caregivers who are doing well and wishing to maintain stability. The program promotes access to bilingual services for parents and children. The CFS expanded the "Partnership for Excellence in Family Support" and launched a bilingual website www.sloparents.org which serves as a central clearinghouse to disseminate information on parenting classes, family support programs, and services. All promotional materials are available in English and Spanish.

In addition to promoting parent education classes funded by PEI, the website also advertises course offerings from ten (10) agencies, resulting in a comprehensive calendar of parent education classes. Currently, the approximate number of class offerings is around two-hundred and fifteen (215) in a given fiscal year. Class offerings focus on parenting, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness and addiction. Information topics for parents and professionals range from child development articles to autism, gang involvement, and asset-building. Listings are grouped by region for the convenience of viewers searching for local support; regions include San Luis Obispo City, South County, North County, and North Coast. The parenting website exceeded all expectations and has now become fully sustainable without MHSA funding. Table six (6) below displays website traffic during fiscal years 2017-2018, 2018-2019, and 2019-2020. With the COVID-19 pandemic impact, the website saw an increase in number of visits and the number of unique visitors.

Table 4.

Year	Number of Visits	Average # of Visits per Month	Unique Visitors
FY 2017-2018	22,444	1,870	19,648
FY 2018-2019	41,079	3,423	21,687
FY 2019-2020	132,394	11,032	53,552

For fiscal years 2017-2020, CFS continued to exceed its projected number of offered classes (Figure 1). The number of Spanish speaking classes delivered to the community increased and the program has served a total of one-thousand three-hundred sixty-five (1,365) unduplicated Spanish speaking participants from fiscal year 2017-2020. In addition, CFS focused on families receiving coaching services and support, which increased within the last three years (Figure 2).

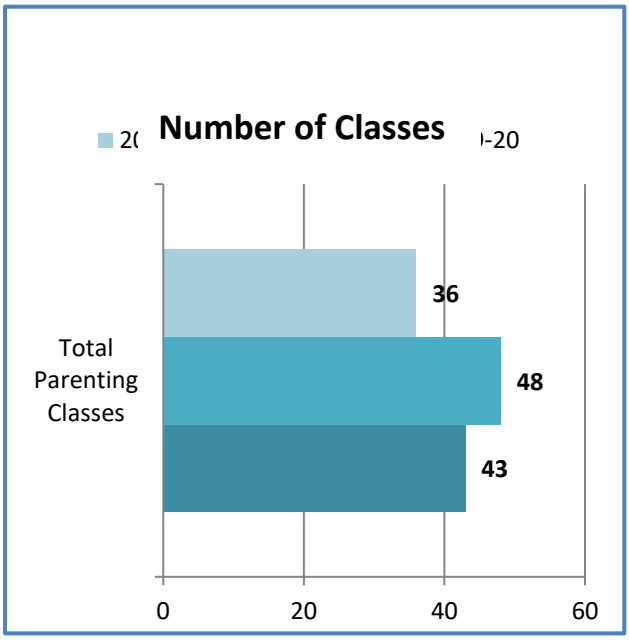


Figure 1.

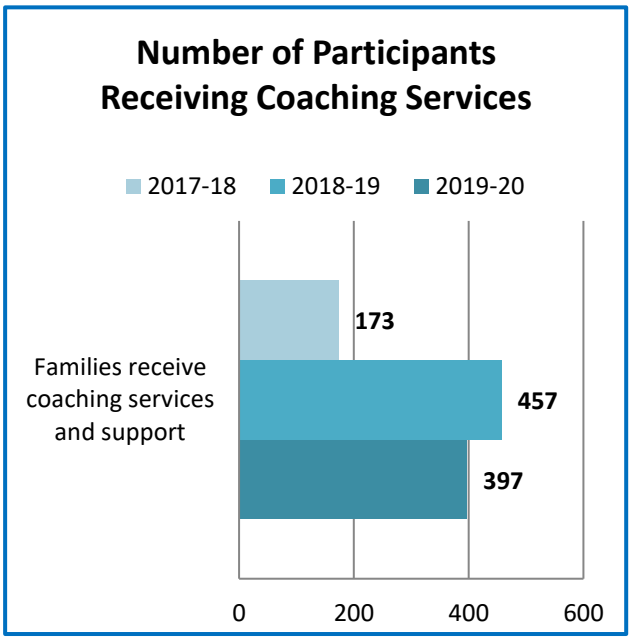


Figure 2.

Evaluation procedures and data collection were refined, which led parent coaches to conduct many in depth one-on-one coaching sessions with parents and allowed for a fluid development of community outreach, class promotion, and social presence. Qualified Spanish speaking Parent Educators were identified for the entire County and continued work and outreach was established to successfully engage and provide leadership in needed areas. The program continues to inform with key specific outcomes the success and improvements made internally to collect meaningful data.

The impact of COVID-19 in the delivery of services forced the program to strategize and innovate in ways to continue to assist families. Like many other providers, the program moved interaction and services via online connectivity. Within the first few weeks of social distancing and Shelter-at-Home order, the program connected via Zoom with families and parents. As the program continued to offered services online, it was determined that evening online classes would be better to establish. Further evaluation in the service delivery was conducted and one key feedback was presented. The program reports that "Parent Connection received feedback for Spanish Speaking Families regarding online classes. Parents would rather have a recording then try to meet online. Parents would rather watch

a video on Parent Education at a more convenient time, and attending online classes was hard due to a lack of technology or knowledge of how to use online systems." As a response, the following measures and activities took place to address the need of education for the parents:

- Parent Connection developed a 5-part video series to help families know how to "Build Resiliency During Challenging Times." The video series is on sloparents.org and through the Center for Family Strengthening's YouTube page.
- Parent Connection developed a "2020 Summer Family Wellness Campaign." Through this campaign, they will relaunch the video series. This campaign will start in July 2020, and report findings will be in Quarter 1 2020-2021.
- Parent Connection developed an online series to educate parents and children on how to keep themselves safe. The program collaborated with the Kidz Toolbox for the Personal Safety program. Kidz Toolbox is a program that goes into elementary schools in SLO County and teaches live classes to children about personal safety. Parent Connection and Kidz Toolbox worked together to respond to the necessary safety lesson, but the inability to go into schools.
- The program developed a Parent Education video to inform parents about the importance of talking to children about staying safe and inform parents what topics would be covered. The video series was a 9-part video series with over 40 views on each video. The program connected with schools in SLO County to help promote the video and received positive feedback from teachers and parents about what a great resource.
- Parent Connection connected with an Educator, Jackie Llamas, in South County, who provides a Parent Group for Spanish families. This group is online and opened to anyone in the County. When this group transitioned to online, there was a decrease in attendance, but the provider continued to hold the space for parents, and there has been a steady number of parents staying to join the support group.
- Parent Connections Parenting Sober Support Group transitioned online. The facilitator stated, "our group remained intact, and grew by 3 members, due to the COVID-19 stay at home order. In mid-March, we moved the in-person meetings to Zoom and did not miss a step. In fact, we saw increased attendance. New attendees are in the local San Luis Obispo area. Length of sobriety among all members spans from 2 weeks to 33 years."

Parent Connection continues to work with its partner agencies to learn how it is doing serving SLO County and what things, if any, need to change in the current delivery. Parent Connection and Parent Participation in SLO city worked together to develop and deliver a survey to learn the needs of the parents that were enrolled in Parent Participation. Through this survey the provider learned some topics to present to the community via online. Parent Connection continues to research and learn ways to engage parents to fill out post surveys. Most demographic information can be captured through the registration process for classes. Educators obtain a digital sign-in sheet to know how many participants are active during the

course. Although the program has encountered difficulties in low return rate on post-survey/satisfaction; the program is finding ways to engage parents in this process. The table below explains the outcomes observed for FY 2017-2020:

Table 5.

Method of Collection	Data Collection Period		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes : Parent Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Parents and caregiver participants will report improved parenting skills, reduced risk factors, and improved protective factors.	96% (342/355)	95% (645/680)	99% (359/362)
Parents and caregiver participants will report improvement in their knowledge about their child's stage of development.	92% (326/355)	93% (631/680)	96% (345/362)
Parent and caregiver participants will report better understanding on how to discipline and guide their children more effectively.	96% (340/355)	92% (626/680)	96% (348/362)
Parents and caregiver participants will report knowing how to communicate better and feel less stress with their children.	97% (344/355)	92% (622/680)	93% (337/362)
Parents and caregiver participants will report an increase in self-esteem managing their child's behavior.	97% (345/355)	97% (659/680)	93% (336/362)
Parents and caregiver participants will report children increase school attendance.	Tracking measure under development	93% (633/680)	89% (321/362)
Parents and caregiver participants will report a reduction of child's behavioral problem at home and school.	Tracking measure under development	96% (655/680)	98% (354/362)
Parents and caregiver participants will report a reduction in anxiety and stress.	93% (331/355)	92% (624/680)	92% (332/362)
Parents and caregiver participants will report feeling less stressed about home life as it relates to their increase knowledge in parenting.	97% (344/355)	94% (641/680)	95% (345/362)

Parents and caregiver participants will report child's better relationships with siblings and peers.	Tracking measure under development	92% (624/680)	90% (327/362)

Work Plan I: Prevention Program
Middle School Comprehensive Program

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Prevention	*$2,058,666*	*3,004**	*$685*

*Some tracking changes have been made to improve accuracy of counts. This figure may differentiate from that reported in the Annual Update.

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0
Kind of treatment to which the individual was referred: Not applicable

Number of individuals who followed through on the referral and engaged in treatment: 0
Average duration of untreated mental illness: 0
Average interval between the referral and participation in treatment: 0

Improve Timely Access to Services

Underserved population(s): children, parents, and primary caregivers of all age and ethnic groups

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: outreach, presentations, children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.

Outreach

Number of potential responders: 4,342

The settings(s) in which the potential responders were engaged: School classrooms, community presentations, outreach events, family resource center fairs.

Types of potential responders engaged in each setting: Children and parents of all age and ethnic groups, and all school officials.

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$2,058,666	PEI Funding	$248,699	PEI Funding	$28,399
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 6.

Provider	School Districts, County of San Luis Obispo Behavioral Health Department, and Central Coast The Link
2017-2020 Outputs	• Student Support Counselors: 388 unduplicated students served • Family Advocates: 2,213 unduplicated families served • Youth Development: 403 unduplicated students served

The Substance Abuse Mental Health Services Administration (SAMHSA) published a strategic plan to make prevention of substance abuse and mental health disorders a number one priority. The report indicated that half of all lifetime cases of behavioral health disorders begin by age 14. Symptoms expressing the likelihood of future behavior disorders, such as substance abuse, adolescent depression, and conduct disorders, often manifest two to four years before a developed disorder is present. If communities and families had opportunities to intervene earlier in an individual's life—before behavioral health disorders are typically diagnosed—future disorders could be prevented or, at least, the symptoms could be mitigated. In order to successfully reach at risk youth, there needs to be multiple, consistent interventions in place through different systems with which these children and youth come in contact (SAMHSA, Leading Change, 2011).

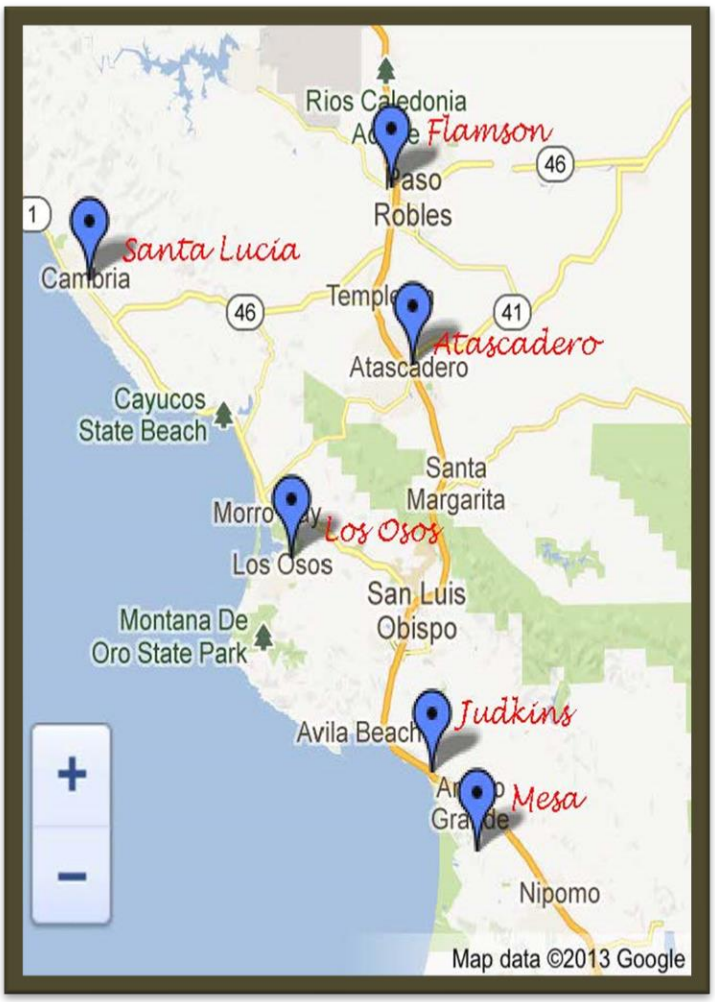
The Prevention and Early Intervention Middle School Comprehensive Project, administered in collaboration between the County of San Luis Obispo Behavioral Health Department, Central Coast The Link, and multiple school districts, is an integrated program with the goal to provide consistent, multiple interventions to reduce the risk and symptoms of behavioral health issues. Six middle schools in the county operate a Student Assistance Program (SAP) on campus. The Center for Prevention Research and Development (CPRD) indicates that SAPs reduce risk factors, such as reduced school violence and substance use, and increases protective factors, such as improved school attendance, academic performance, and access to supportive services (CPRD, 2005).

The program is designed to refer students when identified as at-risk based on poor attendance, academic failure, disciplinary referrals, or if the student exhibits other signs of behavioral health issues. Each program contains three key team members: the Student Support Counselor, the Family Advocate, and the Youth Development Specialist. Because of the various campus cultures, administrative styles, and community-specific issues, this integrated team carves out a unique role of service delivery for each location.

The role of the Student Support Counselor is intended to provide individual and group counseling to the students as well as identify and give referrals for more intensive behavioral health services when appropriate. The Student Support Counselor works as a team leader to ensure all prevention and mental wellness activities are integrated, as well as meeting the

needs of each specific population. The Family Advocate coordinates extended case management services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation, including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Youth Development specialist provides evidenced-based youth development opportunities on campus, a key in building resiliency which reduces the risk of mental health issues. This team provides information outreach to the schools and parents regarding behavioral and emotional health issues, including participating in "Back to School" nights, "Open Houses," and providing a staff orientation early in the school year.

Six Middle Schools were selected to participate in the Middle School Comprehensive Project through a competitive process. In their applications the schools had to demonstrate need for the services, cultural and geographic diversity, and the capacity to support this innovative and cohesive approach. The selected schools, Atascadero Junior High, George H. Flamson Middle School, Judkins Middle School, Los Osos Middle School, Mesa Middle School, and Santa Lucia Middle School, span the entire county, from Paso Robles to Nipomo, and Santa Lucia and Mesa to the coast. Schools were given a choice of youth development strategies to implement – ranging from Friday Night Live's "Club Live" to programs from agencies such as YMCA and 4-H. All Schools selected Friday Night Live's "Club Live" (a SLOBHD program) as their Youth Development component.



Central Coast the Link, a local non-profit with expertise in serving families in the rural north county, was selected to provide the project's six bilingual and bicultural (Latino/Latinx/Hispanic) Family Advocates. SLOBHD provided the three Student Support Counselors and one Youth Development Specialist. With the program in place, PEI and middle school administrative staff, school counselors, PEI Student Support Counselors,

Family Advocates, Youth Development Specialists, and other support staff work to coordinate efforts.

Regarding data collection and evaluation techniques, all staff continued to solidify qualitative and quantitative data, outcomes, outputs, and proper administration of data collection tools. During the 2017-2018 through 2019-2020 school years, over 790 students were enrolled in the SAPs and an additional 2,213 family members of those students received extended services and supports, and a total of 403 unduplicated students were seen by Youth Development Specialists. The SAP serves a more diverse population; students identified as Latino/Latinx/Hispanic and Multiracial make up 36% and 24% respectively, LGBTQ+ students make up 17%. Part of the evaluation of the program is to also learn and address changes to ensure a complete and accurate representation of the successes and challenges as the Youth Counselors, the Family Advocate, and the Youth Development Specialist engage with the students and their families. To maintain evaluation processes up-to-day, revision of outcomes and performance outcome tools take place on a yearly basis, this leads to more accurate information, as well as experiencing some delays in responses. The table below explains the outcomes observed for FY 2017-2020 for the Family Advocacy component:

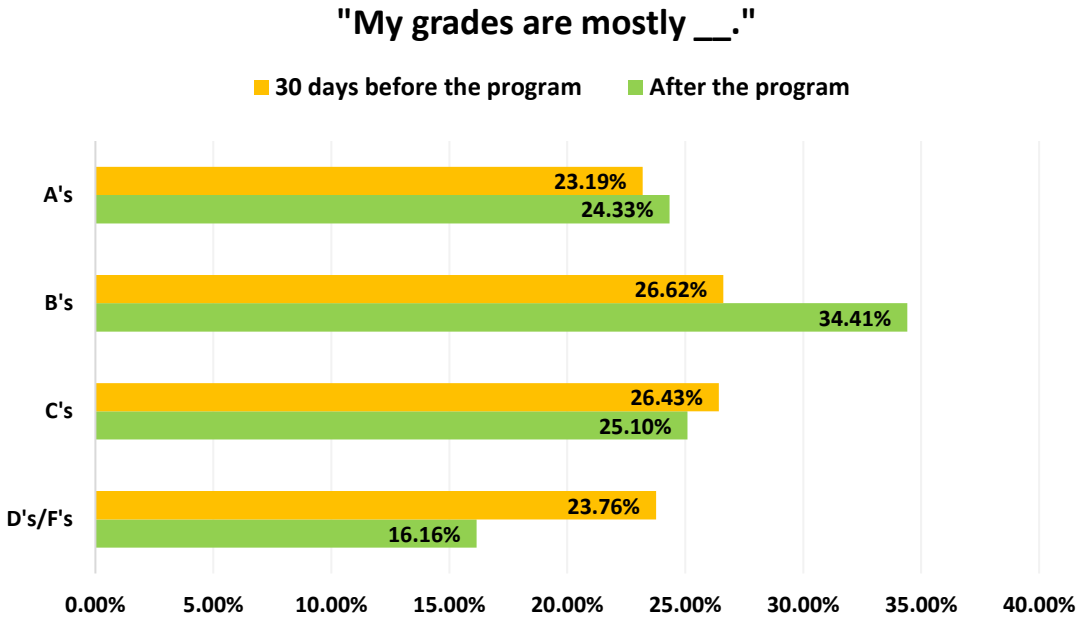
Table 7.

Method of Collection	**Data Collection Period**		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Unique/unduplicated youth and family/caregivers receive intensive case management.	75% (106/140)	47% (67/140)	76% (107/140)
Participants (youth and parents/primary caregivers) will engage in intensive services and supports.	47% (106/229)	29% (67/232)	45% (107/238)
Participants (youth/families) with managed cases will show progress measured on a scale of 1 to 5 regarding components of Services Affirming Family Empowerment.	86% (79/92)	89% (17/19) 1st year of new survey method reduced responses	74% (28/38)

Due to each school campus culture and administrative styles, efforts were made to ensure the successful implementation of the Student Assistance Program. Schools that continued to integrate counselors and advocates into their school staff and held regular team meetings showed most successful implementation and outputs. Overall, all schools identify and work to decrease three indicators of student success: grades, attendance, and referrals. Research has indicated that middle school students who exhibit one or more of these risk factors: 1)

failing grade, especially in English or math, 2) poor attendance, and 3) unsatisfactory behavior scores, have a less than 25% chance of graduating high school (Balfanz, 2009).

For Fiscal Year 2017-2018 to 2019-2020, the number of students participating in the surveys varied. The graph below displays an increase in students whose grades are A's and B's and there is a decrease in letter grade C's and D/F's. Survey records are indicative of the impact of the program in assisting students in increasing better grades and decreasing the number of instances in which students report lower grades. This is the reason that after participating in the program, as analyzed in the last three years, students reported a decreased from 23% of earning lower grades to 16%. In the same analysis, there is a positive change for students who reported an increase from 26% to 34% in earning letter grade B, this is the same for students earning a letter grade A. The graph and table below breakdown the percentages and actual values of students responding to this survey question. Although multiple attempts are made to collect data from participating students, the response rate for all three (3) fiscal years provide a clear indication of the impact of the program. An overall consideration in asking students about their academic performance and wellbeing is conditioned to develop an approach in which mental and physical wellbeing are key factors that influence academic performance. Along the same lines, consistency in delivering services and the continue engagement with the students and their families by addressing the needs in the household, allow participating students to see that their involvement and experience in the program is fundamental to their academic success and overall healthy wellbeing.

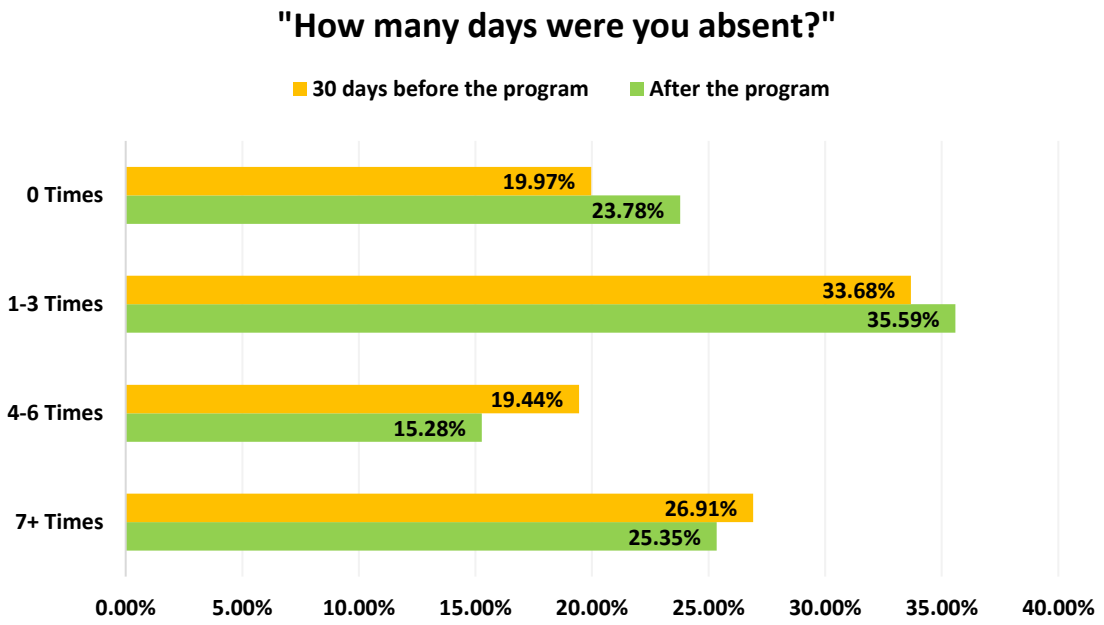


FY 2017-2020	30 days before the program	After the program
A's	23.19% (122)	24.33% (128)
B's	26.62% (140)	34.41% (181)

C's	26.43% (139)	25.10% (132)
D's/F's	23.76% (125)	16.16% (85)
MISSING; *n*	83; *n* = 526	

The retrospective surveys also gather information regarding attendance/absenteeism. It is correlational expected that participating students would continue a high level of participation as services and engagement activities are provided by the counselors, family advocates, and youth development specialists. Attendance and absenteeism can be key factors that impact the physical and mental wellbeing of students as well as members of the household. To understand the causes that may hinder attendance or that induce absenteeism, and to primarily mitigate them, the family advocates' primary function is to address household needs that may lead to a reduction or increase in attendance. The family advocates work with the students and the parents or primary caregivers to identify barriers and provide referrals to services or connect them directly to services. In such way, the household unit is secure. Along the same lines, the student support counseling piece addresses emotional and mental elements impacting the lives of the students in private and group settings, and in collaboration with the youth development component, a myriad of activities and engagement processes are put in place to support and involve students in the school settings and their communities. The integrative approach developed and provided in the family advocacy, the student support counseling, and the youth development activities try to mitigate the conditions that may lead to absenteeism.

In fiscal year 2017-2020, as described in the graph and table below, the Middle School Comprehensive Program has seen a positive impact in the number of times in which students remain in school. Primarily, aggregate data show an increase from 19% to 23% of students reporting no missing classes after participating in the program. Additionally, students also reported a decrease from 19% to 15% of students failing to attend classes from 4-6 times.



FY 2017-2020	30 days before the program	After the program
0 Times	19.97% (115)	23.78% (137)
1-3 Times	33.68% (194)	35.59% (205)
4-6 Times	19.44% (112)	15.28% (88)
7+ Times	26.91% (155)	25.35% (146)
MISSING; *n*	31; *n* = 576	

The following indicator, school connectedness, is the belief by students that adults and peers in the school care about their learning as well as themselves as individuals, and has the direct impact to increase protective factors and reduces the risk of behavioral health issues (CDC, 2009). From 2017-2020, the Middle School Comprehensive program has continued to actively reduce the key risk factors, improve protective factors, and aimed to increase and promote school connectedness and school environment for all participating students and families.

For fiscal year 2017-2020, there was a cumulative average increase of protective factors of 16.86%, and a cumulative average decrease of risk factors of 81.66%. The table below (Figure 3) breaks down all the measurable protective and risk factors for all three fiscal years.

FY 2017-2020 Results for the SAP Pre-Post Survey, n=609

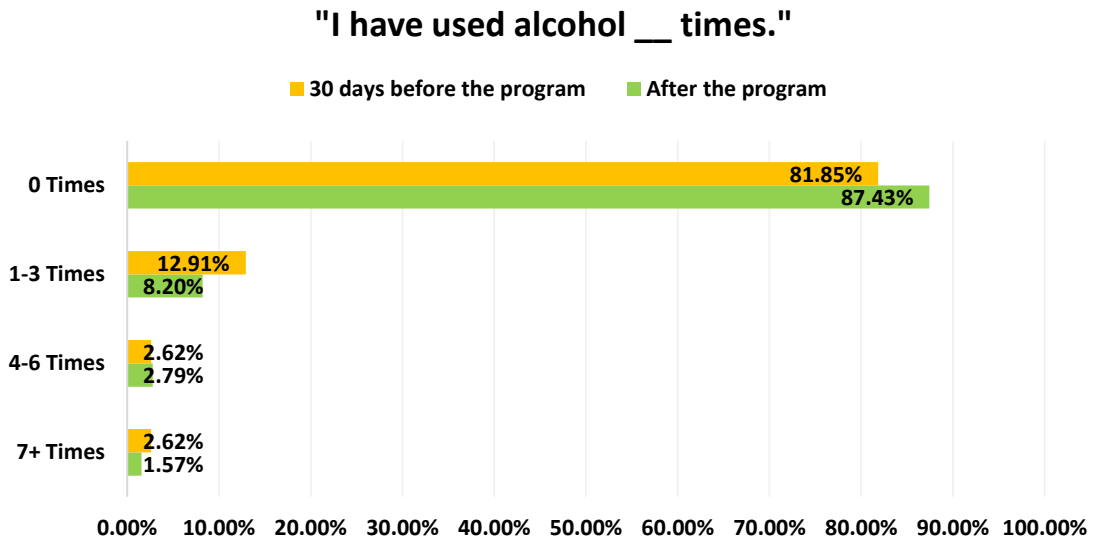
RISK FACTORS	% CHANGE
How many days were you absent?	-9.37%
The number of times I have gotten into a physical fight or threatened someone	-43.47%

The number of times I've used marijuana is	-22.30%
The number of times I've used alcohol is	-37.36%
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	-200.00%
The number of times I've misused prescription drugs is	-158.82%
The number of times I've hurt myself on purpose	-122.39%
The number of times I've seriously thought about suicide is	-100.84%
The number of behavioral referrals I've received is	-40.37%
Risk Factors Cumulative Average	**-81.66%**

PROTECTIVE FACTORS	% CHANGE
My grades are mostly	5.88%
I can ask a trusted adult or family member for help if I need it	24.27%
I have a good relationship with my parents or caregivers	11.00%
I generally feel good about myself	26.70%
I consider the consequences to my actions	23.09%
I have friends who make positive and healthy choices	15.47%
I know how to handle a situation if I'm bullied or harassed	26.79%
I know how to better cope with stress, depression, and anxiety	38.52%
I enjoy being at school	20.03%
I understand that alcohol is harmful for me	3.11%
I understand that marijuana is harmful for me and how	4.10%
I know that misusing prescription drugs is harmful for me	3.34%
Protective Factors Cumulative Average	**16.86%**

Figure 3.

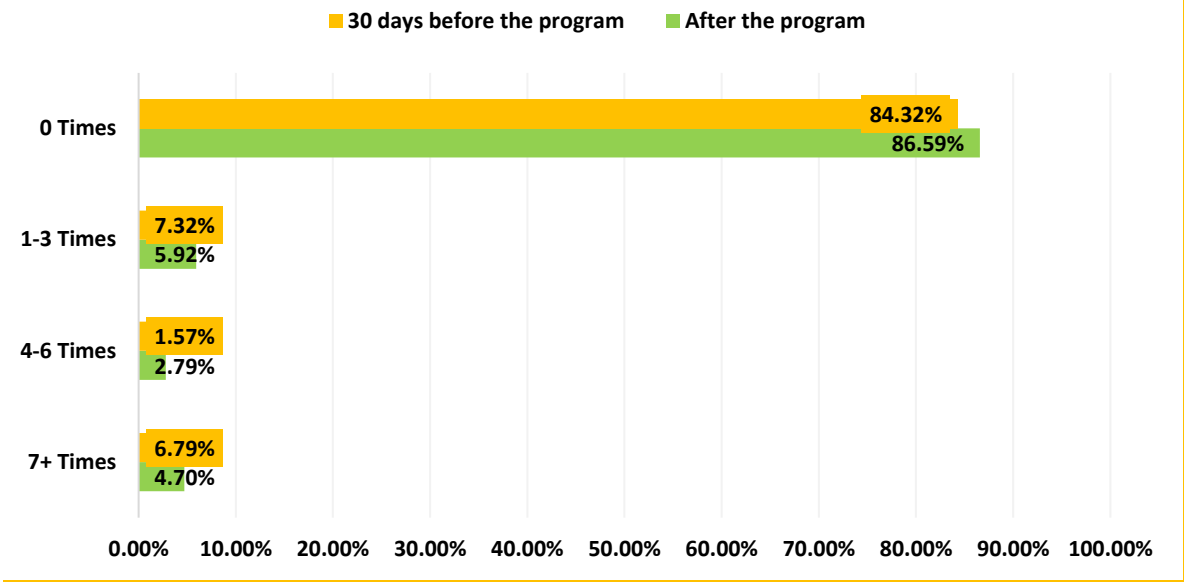
Another indicator is the alcohol and drug use among adolescents, which is linked to future dependence and mental health issues. As adults who begin drinking before age 21 are more likely to develop alcohol dependence and abuse than those who had their first drink after 21. The Middle School Comprehensive Program team provides drug and alcohol prevention education, as well as referral to treatment for both youth and their families if needed. The graph and table below depict the number of responses collected from the surveyed participants for fiscal year 2017-2020. The outcome measure is intended to capture the number of times in which students engage in alcohol consumption before and after entering the program. The aggregate data show that students that engaged in alcohol consumption one (1) to three (3) times reduced from 12% to 8%, and for students who engaged in consumption of seven (7) times or more, it reduced from 2.62% to 1.57%. Conversely, the number of students, as part of the program, who do not use alcohol increased from 81% to 87%.



FY 2017-2020	30 days before the program	After the program
0 Times	81.85% (469)	87.43% (501)
1-3 Times	12.91% (74)	8.20% (47)
4-6 Times	2.62% (15)	2.79% (16)
7+ Times	2.62% (15)	1.57% (9)
MISSING; *n*	36; *n* = 573	

Besides capturing information for alcohol use, the Middle School Comprehensive Program strives to engage students in preventing and understanding the harmful effects of drug use. The graph and table below depict the percentage decrease of marijuana use collected from the surveyed participants for all fiscal years. As reported in the data collected, there has been a reduction from 7.32% to 5.92% from one (1) to three (3) times of marijuana use; there was also a decrease from 2.79% to 1.57% from four (4) to six (6) times of marijuana use, and a decrease from 6.79% to 4.70% from seven (7) times or more of marijuana use. Conversely, the zero (0) number of times of marijuana use increased from 84% to 86%.

Fig. 1.4: "I have used marijuana __ times."



FY 2017-20	30 days before the program	After the program
0 Times	84.32% (484)	86.59% (497)
1-3 Times	7.32% (42)	5.92% (34)
4-6 Times	1.57% (9)	2.79% (16)
7+ Times	6.79% (39)	4.70% (27)
MISSING; *n*	21; *n* = 574	

As with other PEI programs, the Middle School Comprehensive Program had to adapt service provision due to the COVID-19 pandemic. One particular component, the family advocacy piece, experienced the most impact as they not only engage with the participating student, but with the entire family, which brings a whole set of challenges that deepens and brings to surface the lack of or limited resources in the county. Beyond participating in online meetings with the school staff, the Student Support Counselors, and the Youth Development Specialists, Family Advocates engaged directly with the needs experienced by the parents and primary caregivers. Although various direct face-to face restrictions were put in place, Family Advocates throughout the county had to identify ways to provide the needed support. As several families were financially impacted with less working hours and being laid off, a strategic plan was put in place to reach out to local businesses. Currently, and following the State and the local Public Health Department guidelines, Family Advocates partnered with local restaurants donating food that advocates deliver directly to families. Additionally, advocates are also assisting in delivering school lunches directly to children in rural communities who do not have transportation. The advocates are staying connected with school principals and staff on a weekly basis and provide bilingual and bicultural services as needed in order for families to apply for local and state funding resources. Below is a

summary of a successful story departed from the work that family advocates complete in the schools and in the community:

Middle School Comprehensive Program – Family Advocates

- ***A family advocate received a referral to assist a family with several emotional and social hardship situations affecting the primary caregiver to be employed while also facing partner abuse. The family advocate identified the needed supports and provided case management from the onset of the referral. A myriad of services were provided within the school setting to the children as well as outside that setting. A school psychiatrist, a counselor, and proper school officials work together, with leadership of the family advocate, to fully engage and provide the needed support. The entire family were referred to received school supplies, clothing, and other ancillary services. Although the pandemic had a negative impact, currently, the family is stable, the primary caregiver is now working, and the children are attending schools and the family receive assistance from local community-based organizations.***

Additionally, the Student Support Counselors and the Youth Development Specialists move all activities and sessions with students to virtual platforms. All Club Live Youth Development meetings and events slowly migrated to online learning opportunities that still allowed for students to be connected to extra-curricular activities and maintain a presence in the school setting via teleconferencing. In the same regards, the Student Support Counselors moved all sessions to virtual telehealth options that allow continuity and engagement of students seeking services. Although, the transition did take some time as part of the adjustment process, all staff is currently ready and already engaging students through meaningful topics related to mental and physical health wellbeing.

Work Plan I: Prevention Program
In-Home Parent Educator

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Prevention	*$202,410*	*150**	*$1,349*

*Some tracking changes have been made to improve accuracy of counts. This figure may differentiate from that reported in the Annual Update.

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 7
Kind of treatment to which the individual was referred: mental health treatment

Number of individuals who followed through on the referral and engaged in treatment: 1
Average duration of untreated mental illness: not available
Average interval between the referral and participation in treatment: 21 days

Improve Timely Access to Services

Underserved population(s): children, parents, and primary caregivers of all age and ethnic groups

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: Activities include outreach, presentations, and children and parent activities and education.

Outreach

Number of potential responders: 280

The settings(s) in which the potential responders were engaged: Community presentations, childcare locations, family centers, parents/primary caregiver's home.

Types of potential responders engaged in each setting: children, parents, and primary caregivers of all age and ethnic groups

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$202,410	PEI Funding	$24,058	PEI Funding	$2,657
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, ...).*

Table 8.

Provider	Community Action Partnership of San Luis Obispo (CAPSLO)
2017-2020 Outputs	• 150 unduplicated families served • 124 unduplicated families received parenting education services • 841 evidence-based curriculum sessions were provided • 2,391 activities were provided to participants

In fiscal year 2016-2017 the Prevention and Early Intervention stakeholders approved the implementation of the In-Home Parent Educator Program. The Community Action Partnership of San Luis Obispo (CAPSLO) administers this program. The program was implemented in the last quarter of the 2016-2017 fiscal year, the program continued implementation during fiscal year 2017-2018 which encountered success and challenges. Th program continues to identify best ways to reach and deliver services, while collecting appropriate data. The program provides in-home parent education services to families at their house or at another specified location, using evidence-based curriculum, and assessments of families to identify immediate needs to be met to stabilize the family unit. The program builds parenting skills, knowledge of appropriate behaviors, increases positive discipline skills, and increases attachment through positive parent/child bonding and interactions.

The In-Home Parent Educator position is currently filled by a bilingual and bicultural staff member. This has allowed to reach all community members and offer the respective assistance as specified by the parents' needs. For the last three years, the evidence-based curriculum used has a set number of sessions to be provided to parents, but due to many of the referred families being in crisis, the parent educator found that some sessions are not appropriate for presenting, and instead require listening and addressing the needs of the situation at hand. The parent education piece is still present and used in the session. This has resulted in families receiving support for a longer period of time in the parent educator's caseload. Additionally, continued partnerships continued to increase. For example, the Youth Clinic in the City of San Luis Obispo introduced the parent educator to the families while they were at the clinic, so they can meet initially in person rather than by phone. This has assisted in the increase of participants, and also allows the parent educator to build rapport with the parent and the family. By FY 2018-19, the parent educator was making presentations and attending two Youth Clinics throughout the county and carrying a maximum caseload. This has allowed us to understand the need in the community and amount of time spent per family on a weekly basis. In FY 2019-20, the In-Home Parent Educator Program continued to assess and better assess the reach and proper program delivery considering the families' current needs that must be addressed first.

As the program continued to provide services in the community, and the impact of the COVID-19 pandemic hit all areas in the County, the program strategized and responded in ways to maintain safety and healthy interactions, while continuing the delivery of services and the implementation of evaluation processes. The program has remained the same with some adaptation due to the stay at home order. Parent education is now virtual through Zoom, FaceTime, or Google Hangouts. Weekly parent education sessions have continued with the addition of focusing on self-care and basic needs. The Parent Educator has also been sending parent workbooks to the home and providing services through the phone for clients that do not have access to technology. Some of the topics focus on the ever-changing situation of "routines", positive discipline, and self-care. In order to meet clients' basic needs, the Parent Educator has delivered donated food from Sprouts, Trader Joes, and other produce/meat items from another reputable food sources.

Finally, the Parent Educator has solidified ties and collaboration with the SAFE family advocates to provide other basic needs such as clothing, utility assistance, and assistance with applications for various benefits. The EA has also provided financial support through various funds provided to the Family and Community Support Services Division, which have mostly helped families with rental assistance. The table below explains the outcomes observed for FY 2017-2020:

Table 9.

Method of Collection	**Data Collection Period**		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Families receiving services will complete all program sessions.	74% (23/31)	(71%) 31/44	70% (35/50)
Participating families receiving services will complete a minimum of four meeting sessions.	84% (26/31)	93% (41/44)	82% (41/50)
Participating families receiving services will report improved family functioning.	80% (15/17)	88% (28/32)	92% (33/36)
Participating families receiving services will report improved mental health.	100% (17/17)	100% (32/32)	86% (31/36)

Work Plan I: Prevention Program
Successful Launch

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Prevention	*$284,422*	*288*	*$988*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0
Kind of treatment to which the individual was referred: not applicable

Number of individuals who followed through on the referral and engaged in treatment: 0
Average duration of untreated mental illness: 0
Average interval between the referral and participation in treatment: 0

Improve Timely Access to Services

Underserved population(s): Transitional-Aged Youth of any ethnic and linguistic background.

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: Activities include outreach and presentation of services.

Outreach

Number of potential responders: 340

The settings(s) in which the potential responders were engaged: Community presentations, community school and college classrooms.

Types of potential responders engaged in each setting: Transitional Aged Youth, family members, parents/primary caregivers.

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$284,422	PEI Funding	$35,577	PEI Funding	$5,786
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 9.

Provider	Cuesta Community College
2017-2020 Outputs	• 340 unique TAY participants identified and provided information on supportive services, system navigation, and linkages • 288 unique TAY participants enrolled in Successful Launch Program and provided more intensive and ongoing supportive services • 47 active participants in peer support network provide mentoring and skill development groups

The National Alliance on Mental Illness (NAMI) indicates that the transition period from adolescence into adulthood is a time of increased risk for the onset of new psychiatric illnesses (NAMI, 2006). About "half of all chronic mental illness begins by age 16; three-quarters by age 24. Despite effective treatment, there are long delays -sometimes decades- between the first appearance of symptoms and when people get help" (NAMI, Mental Health by the Numbers, 2017). Transitional Aged Youth (TAY) who are wards of the court, involved in juvenile justice, community school participants, experienced dropouts, or homelessness are at an elevated level of risk. Research suggests that TAY require significant support and effective services throughout the transition period (NAMI, 2006). These services include educational, vocational and housing support, service coordination, and mental health and substance abuse treatment. Without these services and supports, vulnerable, at-risk TAY are only half as likely as their counterparts to obtain a high school diploma or GED. At-risk TAY are four times less likely to be engaged in employment, college or obtain self-sufficiency prior to turning 30 (NAMI, 2006).

The Successful Launch Program, administered by Cuesta Community College, is designed to provide a multi-focused effort to address and support the mental health prevention and early intervention needs of transitional-aged youths. Successful Launch provides services and supports to increase self-sufficiency, such as vocational training, life skills training, job shadowing, academic support, work readiness, and connection with other extended services and supports in the community. Cuesta College has increased its capacity by continued community collaboration and outreach, and as a result Successful Launch has partnered with John Muir Charter School and local high schools to continue to offer needed services and supports to TAY. In fiscal year 2014-2015 the program had eighteen (18) students graduate from John Muir, which has been the highest number in the first three years the collaboration started, and many of the students continued their post-secondary education or entered the workforce.

Fiscal years 2017-2020 saw changes in the program from delivery of services in different locations to evaluation, and measurable outcomes. As the program continued to deliver services, some of the achievements completed in the last three fiscal years include the following:

1. Incorporation of self-sufficiency based upon key life skills indicators;
2. Work employment presentations by employers in topics related to money management, budgeting options, and housing search;
3. Completion of pre and post life-skills assessments within various topics related to life functioning skills; and
4. Organization and transportation became available for participants for special events.

Throughout fiscal year 2018-2019 the San Luis Obispo County Office of Education had conducted the closure of services of the two main locations offering continuing education for youth, these two locations are John Muir Charter School and Pacific Beach. Additionally, at the end of the FY 18-19 Cuesta Community College was assessing their capacity of continuation and administrative support of the Successful Launch Program. The Cuesta College Successful Launch Program administrator contacted the PEI Coordinator advising that Cuesta College would no longer be able to support the implementation of the program past FY 19-20. As capacity for the program changed, the last fiscal year the program was active served to continue offering services in a lower scale and set foundations with youth to continue accessing ancillary resources in the community through other educational providers.

During the last three years, all evaluation components and performance outcome tools were in place to allowed us to tell the story of the program in a more comprehensive manner. Additionally, qualitative data collected from the participants has helped demonstrate the success, impact, and importance of this program in the community. The extracted narrative and table below explain the outcomes observed for FY 2017-2020:

Regarding impact of the program in the livelihoods of the participants, their loved-ones and partners in the community:

- ***"Thank you for helping me get my food handlers card, now I don't have to sell drugs and do things illegally when I get out"***
- ***"What would I do without this program?! I can't believe my [child] is enrolled in college as a high school student"***
- ***"This program has been amazing and has helped many youths at Loma Vista Continuation School."***

Direct staff experience on success and challenges:

- ***"I have been working with a youth for the last year that was in juvenile hall. [The youth] came to America and raised themselves in the streets. Which resulted in [...] turning to drugs and gangs. [The youth] was in and out of the juvenile hall, until we met. [The youth] came to Cuesta [College] prepare for the Fall [semester] but ended up taking a 4-day summer class in Auto Body. An example of [the youth's] determination, [the youth] comes from North County and has no vehicle. [The youth] brought a sibling along and has been on time and there every day. In addition, [the youth] registered for Fall semester and [...] signed up for an on-campus club as well as a college trip. [The youth] is walking around the college campus with a sense of confidence and pride."***

Table 10.

Method of Collection	**Data Collection Period**		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Participants will demonstrate a decrease in destructive behaviors.	100% (31/31)	47% (32/67) New tracking performance tool in place	100% (9/9) Edited measures and refined performance
Participants will demonstrate improved educational planning and career readiness.	100% (52/52)	85% (85/100) New tracking performance tool in place	100% (9/9) Edited measures and refined performance
Participants will demonstrate increased healthy behaviors.	100% (31/31)	36% (32/87) New tracking performance tool in place	100% (9/9) Edited measures and refined performance
Participants will demonstrate increased self-sufficiency.	100% (31/31)	80% (31/41) New tracking performance tool in place	100% (9/9) Edited measures and refined performance

The Successful Launch Program continued offering services until the end of the 2nd quarter of calendar year 2019, and was ready to move toward termination as it continued to offer final services and beginning to close all administrative and fiscal duties by the end of June 2020. The program was not impacted by COVID-19 in the same way other County's active PEI

programs were. The County retains a successful partnership with Cuesta College and continues to refer youth and at-risk youth to their educational counseling services to seek or increase their technical skills. Additionally, key individuals of Cuesta College are part of the overall implementation of the County's PEI programming which include the College Wellness Program and the Suicide Prevention Coordination.

Work Plan II: Early Intervention Program
Community Based Therapeutic Services

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Early Intervention	*$148,583*	*1,319*	*$113*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 117
Kind of treatment to which the individual was referred: County Behavioral Health

Number of individuals who followed through on the referral and engaged in treatment: 35
Average duration of untreated mental illness: 0
Average interval between the referral and participation in treatment: 12.5 days

Improve Timely Access to Services

Underserved population(s): At-risk youth, TAY, Adults, Older Adults of any ethnic and linguistic background.

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 15

Ways the County encouraged access to services and follow-through on referrals: Activities include outreach and presentation of services, and linkage.

Outreach

Number of potential responders: 1,708

The settings(s) in which the potential responders were engaged: Community Counseling Center office locations

Types of potential responders engaged in each setting: At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$148,583	PEI Funding	$17,811	PEI Funding	$1,995
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 11.

Provider	Community Counseling Center of San Luis Obispo
2017-2020 Outputs	• 1,708 PEI participants assessed and received referrals to partnered agencies and supportive community services • 1,319 participants enrolled in early intervention • 6,313 hours of counseling services provided (individual and group therapy)

Community Based Therapeutic Services, administered by Community Counseling Center (CCC), offers to many diverse individuals the opportunity to access prevention and early intervention mental health services. The program provides brief (less than 10 sessions), low intensity, and solution-focused therapy to individuals and families throughout San Luis Obispo County. The program is designed to provide over one-thousand seven hundred (1,700) low cost ($5.00) or no cost counseling hours to uninsured and underinsured at-risk populations throughout the County.

Access to therapy has increased. Community Counseling Center expanded locations to include Paso Robles and Grover Beach, and they continue to offer extended hours, weekend appointments, and collaborate with other agencies and family resource centers to offer counseling along the coast and rural areas. Their community and organization presence, as well as collaborative approach with other organizations in the mental health field, has made the program a success regarding service provisions focused on providing support and care to a wide range of individuals. The information and referral component of CCC continues to be vital for integrating outside mental health resources and staying within available services. The information and referral component of CCC has an integrative function where resources and services are maintained through the counseling program. In fiscal year 2017-2020, a total of one-thousand seven-hundred and eight (1,708) referrals and services were made to a number of local community organizations outside of the scope of service offered by CCC, which includes: Transitions-Mental Health Association's Hotline, The Link Family Resource Center, and the Center for Family Strengthening's parenting classes and coaching.

The Community Counseling Center's partnership with agencies, such as the Center for Family Strengthening, has allowed a seamless process of referral and services. For fiscal year 2017-2020 the program has continued to add therapists to their counseling team, those who are pre-licensed and/or bilingual and bicultural. Since fiscal year 2017-2020, CCC's ability to link PEI clients through their CenCal benefit with a licensed provider has been a major breakthrough in services since it has promoted increased fiscal and programmatic efficacy. This had led to clients receiving full coverage therapy from a licensed clinician with no out-of-pocket expense.

As services have continued to increase, efforts have been made to track and connect clients to their proper level of care. From the last PEI 3-Year Program & Evaluation Report (FY 14-17) to this report, there has been almost a 200% increase in the number of Latino/Latinx/Hispanic identifying clients who were served by CCC, a total of three-hundred sixty-two (362) clients were served compared to one-hundred and twenty-one (121) in FY 14-17. Additional efforts have been made in partnership with community organizations to serve and connect clients who experience homelessness. The efforts involve conducting assessments and individual and small therapy for adults and youth. Additional coordinated efforts led by CCC include continued outreach and collaboration with the agencies, such as Community Action Partnership of San Luis Obispo (CAPSLO), 5 Cities Homeless Coalition, El Camino Homeless Organization (ECHO), and the School Districts.

With the development and impact of COVID-19 and the San Luis Obispo County Shelter-at-Home order, closure of local schools and Universities, and the CCC's perception of the public limited access at the various clinic sites throughout the County, the agency encouraged clients to connect via Teletherapy/Telehealth and the two way virtual video streaming services offered through SimplePractice. Promotion and communication to current clients and partners in the community came directly from the agency in an effort to transition and continue the support of online services as a new way of providing services, and keeping the community informed of their services during this difficult time. Currently about 98% of all counseling services have transitioned to the telehealth platform. CCC anticipates continuing using the virtual platform and its features to offer services and to continue to support clients with travel, health, and safety to continue services and maintaining a healthy community approach.

Additional messaging released to the community during the end of the fourth quarter for fiscal year 2019-2020 was meant to change the perception of seeking mental health services during the national public health crisis. Some of the messaging released in the community include the following:

> ***Don't get caught on an island of social isolation and mental distress in the midst of all the distancing and uncertainty. You can stay safe, and get the help you want by becoming part of the telehealth revolution. Join CCC through the online and fully HIPAA compliant client portal and Teletherapy platform offered from industry leader, SimplePractice.***
>
> ***Who Qualifies?***
> ***Teletherapy is available through CCC's sliding scale core program and for individuals with Medi-Cal/CenCal, and CALVCB insurance.***
>
> ***Youth Services/K-12:***

Telehealth services are available to qualifying students and parents of the Lucia Mar Unified School District and Atascadero Unified School District in partnership with CCC.

How to Get Started with Teletherapy at CCC:
Contact the CCC main office by phone at (805) 543-7969 and talk directly with our Administrative reception staff about which program is the best fit for you and how to schedule an intake or connect about transferring your existing services to Telehealth.

What is Needed?
Each client's email address will be required by CCC to setup the initial SimplePractice Teletherapy appointment invita-tion (or text message if email barrier is in place). The Telehealth program is easily run through the SimplePractice Telehealth app on your mobile phone and tablet, or free software download to laptop or your home desktop computer (microphone and camera required).

Table 12.

Method of Collection	Data Collection Period		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Participants will report improved health and wellness following therapeutic interventions (improved mood, reduced depression, reduced suicidal ideation).	95% (400/418)	89% (356/400)	88% (316/361)
Participants will avoid inpatient psychiatric or emergency room hospitalization due to mental health crisis.	99% (415/418)	100% (549/549)	100% (361/361)
Participants will demonstrate successful follow through on linkages/referrals.	79% (136/173)	84% (192/228)	84% (188/225)
Participants will demonstrate improved protective factors such as increased work attendance and improved parenting skills.	96% (42/44)	88% (64/73)	88% (29/33)
Participants will demonstrate reduced behavioral health problems and decreased risk factors	93% (188/202)	89% (211/239)	90% (148/165)

Work Plan II: Early Intervention Program
Integrated Community Wellness

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Early Intervention	*$551,168*	*2,103*	*$262*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 924
Kind of treatment to which the individual was referred: County Behavioral Health

Number of individuals who followed through on the referral and engaged in treatment: 539
Average duration of untreated mental illness: Not available
Average interval between the referral and participation in treatment: Not available

Improve Timely Access to Services

Underserved population(s): At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 377

Average interval between referral and participation in services: Not available

Ways the County encouraged access to services and follow-through on referrals: Activities include outreach and presentation of services

Outreach

Number of potential responders: 6,381

The settings(s) in which the potential responders were engaged: Clinics, wellness centers, public buildings, etc.

Types of potential responders engaged in each setting: At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$551,168	PEI Funding	$66,330	PEI Funding	$7,826
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, ...).*

Table 13.

Provider	Transitions-Mental Health Association
2017-2020 Outputs	• 2,103 unduplicated participants served • 8,502 duplicated contacts • 597 unduplicated participants received intensive services • 36 TAY participants served (new output added in fiscal year 2019-2020)

The Integrated Community Wellness Advocates program administered by Transitions-Mental Health Association (TMHA) provides early intervention system navigation services for individuals who self-refer or are referred by other PEI programs. The program is designed to provide assistance and referral towards securing basic needs such as food, clothing, housing, health care, transportation, accessing mental health and substance use disorder services, and other social services. The program also provides employment assistance, including aid and relief; navigating the legal system and courts; and providing educational services such as parenting training. The program has helped in reducing stress, support wellness and resilience, and increase individuals' ability to follow through on referrals and care. Ultimately, the program is a key factor to remove barriers to work and life success, and reduces stressors linked to behavioral problems, such as violence, substance abuse, and suicide.

In the second quarter of Fiscal Year 2019-2020 the provider approached the MHSA PEI Coordinator and submitted a formal budget increase request with the goal to expand services under the Integrated Community Wellness Program. Over the last two (2) years, the program identified services had become highly impacted, which led to provide triage services due to the level of demand. Upon further analysis of the impact, it was identified that about 20% of service demand came from Transitional Age Youth (TAY) seeking services for the first time or making the transition from services designed for youth to services for adults. A negative impact on this demand is that the Behavioral Health Navigator (BHN) services had slowed their response from 24 hours within initial contact to five (5) business days on average.

Over the past five (5) years, the program has shown a positive impact on those it has served with participants reporting an overall fifty percent (50%) increase in self-efficacy and improved life skills and a forty-one percent (41%) increase in their knowledge and ability to access community-based resources, compared to program levels. In Fiscal Year 2018-2019, follow-through with referred appointments was very high, with clients of the program reporting that 63% of referrals given by the BHN resulted in at least one contact with the referred service provider. The formal budget increase request amounted to about $65,000, which increased the BHN to a full-time position and another added a part-time BHN position dedicated to support the TAY population. The request was presented to and approved by the Mental Health Services Act Advisory Committee on October 30, 2019.

Part of the increase in the program also included two new outcomes. One outcome targets a timely response by the BHN within 48 hours for all incoming requests. The second outcome focuses on demonstrating an increase in connectivity to community resources for TAY. Evaluation development and data collection were revised at the end of the third quarter of FY 2019-2020, particularly for the second new outcome. All other outcomes were established in time and data collection and analysis took place. As with any other PEI program, Integrated Community Wellness was impacted by COVID-19. When the Shelter-at-Home order was released in the County, the program took necessary steps to remain fully staffed, providing services through telephone and video conferencing, including emotional support for clients including referrals, mental health information, coping skills, and resources in the community.

As the Shelter-At-Home order is still in effect (as of this writing), some in-person services have been delivered with social distancing and the proper use of personal protective equipment (PPE). Pivoting quickly to telephone and video conferencing services allowed the program to maintain a level of service in the community, as well as to provide additional assistance and support relating to pandemic issues. In this time of need, the program's team are now linking participants to food, PPE, electronic devices, and other pandemic-related needs, as well as providing mental health resources and emotional support. Although pandemic safety measures are limiting the in-person contact, which diminishes some of the rapport building and overall efficiency of services, video conferencing and telephonic contact has allowed us to see more clients as well as clients who would not normally reach out for services. There has been an increased in online, social media presence, and postings for both Family Services and Behavioral Health Navigators, with several anecdotal reports of people discovering about services through these channels. The program remains active and robust as it continues to move through the pandemic with consistent staffing, technology dialed in, and the community continuing to become aware of the services and how best to get connected.

Table 14.

Method of Collection	Data Collection Period		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Initial response time from Integrated Community Wellness Health Navigator will be completed within first 48 hours.	Outcome added in FY 19-20	Outcome added in FY 19-20	74% (236/318)
Participants will demonstrate an increase in knowledge of and ability to access community-based resources.	41% of surveyed participants (34) demonstrated an increase.	37% of surveyed participants (39) demonstrated an increase.	19% of surveyed participants (31) demonstrated an increase.

Participants will follow through on referrals, defined as attending at least one (1) appointment within the contract year.	39% (125/323)	63% (396/633)	16% (143/898)
Participants will demonstrate a decreased in stress.	28% of surveyed participants (31) demonstrated a decrease.	23% of surveyed participants (39) demonstrated a decrease.	13% of surveyed participants (31) demonstrated a decrease.
TAY Participants will demonstrate an increase in connectivity with community resources.	Outcome added in FY 19-20	Outcome added in FY 19-20	To be reported next FY

Work Plan II: Early Intervention Program
Young Adult Counseling

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Early Intervention	*$148,245*	*49*	*$3,025*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 2
Kind of treatment to which the individual was referred: County Behavioral Health

Number of individuals who followed through on the referral and engaged in treatment: 2
Average duration of untreated mental illness: 60 days
Average interval between the referral and participation in treatment: 5 days

Improve Timely Access to Services

Underserved population(s): transitional-aged youth (TAY)

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: outreach and presentation of services in local community college and university

Outreach

Number of potential responders: 44

The settings(s) in which the potential responders were engaged: Prevention & Outreach Division clinic office

Types of potential responders engaged in each setting: youth and parents

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$148,245	PEI Funding	$38,378	PEI Funding	$6,512
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, ...).*

Table 15.

Provider	County of San Luis Obispo Behavioral Health Department
2017-2020 Outputs	• 49 unduplicated participants served (program only ran from FY 17-18 to FY 18-19)

The Young Adult Counseling Program provided services to TAY, who "must piece together the financial, social, academic, mental health, employment, and spiritual supports that they have in combination with their resilience and unique skill sets in order to create a place for themselves in the adult world" (Regional Research Institute for Human Services, 2010, p.14). It is evident that this group needs support to help them enhance their skills and guide them to a path of wellness. The Young Adult Counseling Program, administered by the County of San Luis Obispo Behavioral Health Department, offered free individual and/or small counseling opportunities. The program engaged clients who are experiencing early signs of mental health issues or seeking help or support as it addresses symptoms of depression, anxiety, or associated risk behaviors including substance use.

The program was successful in including various topics concerning the population needs, such as education, assessments, and referral to other services. Primarily, the program was designed to include and provide a level of support to clients who do not meet diagnostic criteria for other county services, as well as provide mental health support to clients who would not otherwise have access to services for various reasons, such as insurance or symptom levels. At the end of Fiscal Year 2018-2019, the PEI Stakeholder Group and the Mental Health Services Act Advisory Committee approved the termination of the program, based on analysis and recommendation of the MHSA Team as other programs and services offer the same intervention for the TAY population, which is currently funded under the Substance Abuse and Mental Health Services Administration (SAMHSA) Grant. Additionally, this provided and redirected savings to other programs that needed additional support.

In Fiscal Year 2017-2018 all evaluation tools and data collection processes were redesigned. This allowed for a more descriptive and appropriate level of reporting, as well as measuring the impact of the program. The table below explain the outcomes observed in FY 2017-2019:

Table 16.

Method of Collection	**Data Collection Period**	
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.	
Key Outcomes	**FY 17-18**	**FY 18-19**
Participants will report an increase in healthy activities.	94% (16/17)	90% (9/10)
Participants will report an increase in better communication with parents.	48% (8/17)	60% (6/10)

Participants will report an increase about feeling better about themselves.	94% (16/17)	80% (8/10)
Participants will report an increase in being more accepting of people's differences.	48% (8/17)	60% (6/10)
Participants will report an increase in initiating conversation with new people.	30% (5/17)	50% (5/10)
Participants will report an increase to better manage difficult situations.	76% (13/17)	90% (6/10)
Participants will report a decrease in cannabis and alcohol use.	41% (7/17)	30% (3/10)
Participants will report a decrease in the use of other drugs.	18% (3/17)	10% (1/10) *
Participants will report a decrease in the amount of times they think about hurting themselves.	18% (3/17)	90% (9/10)
Participants will report a decrease in suicide ideation.	41% (7/17)	20% (2/10)
Participants will report an increase in their ability to cope with stress, depression, and anxiety.	88% (15/17)	80% (8/10)
Participants will report an increase in their ability to ask for help.	76% (13/17)	80% (8/10)
Participants will report greater self-awareness of their actions.	65% (11/17)	80% (8/10)

* most responses were N/A

Work Plan III: Outreach for Increasing Recognition of Early Signs of Mental Illness Program
Perinatal Mood Anxiety Disorder

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Outreach for Increasing Recognition of Early Signs	*$144,969*	*44**	*$3,295*

*This figure may differentiate from that reported in the Annual Update, which reported duplicate numbers over the years.

Number of potential responders	44
The settings(s) in which the potential responders were engaged	Training facilities, clinics, hospitals, community areas.
Types of potential responders engaged in each setting	Physicians, nurses, mental health professionals, clerical staff.

Improve Timely Access to Services

Underserved population(s): females within the transitional-aged youth and adult age range

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: outreach and presentation of services, identification of symptoms, and knowledge increase

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0

Kind of treatment to which the individual was referred: Not applicable

Number of individuals who followed through on the referral and engaged in treatment: 0

Average duration of untreated mental illness: 0
Average interval between the referral and participation in treatment: 0

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$144,969	PEI Funding	$17,636	PEI Funding	$2,315
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 17.

Provider	County of San Luis Obispo Behavioral Health Department
2017-2020 Outputs	• 23 participating partners certified from Post-Partum Support International. • 38 mental health staff and volunteers received PMAD training.

The Perinatal Mood Anxiety Disorder (PMAD) program, administered by the County of San Luis Obispo Public Health Department, brings together new and meaningful ways to have a positive impact on the future of healthy pregnancies, women, and children. The program was approved by the stakeholders in 2015-2016. The Perinatal Mood Anxiety Disorder program had created a comprehensive system of care based on collective engagement of public and private community partners to develop sustainable coordinated PMAD services and programs.

The program's goal is to decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms in the community. The Perinatal Mood Anxiety Disorder goal is to reduce mood disorder hospitalizations, increase community-wide knowledge of PMAD signs, symptoms, and treatment options available through public and private community providers. The program has developed a schematic approach through four different stages: preconception, pregnancy, delivery, and motherhood. Throughout this process, a comprehensive system becomes available through different community providers ensuring a preventive engagement in every single stage is available, while allowing for a system of support and referral to ensure healthy pregnancies and children (Figure).

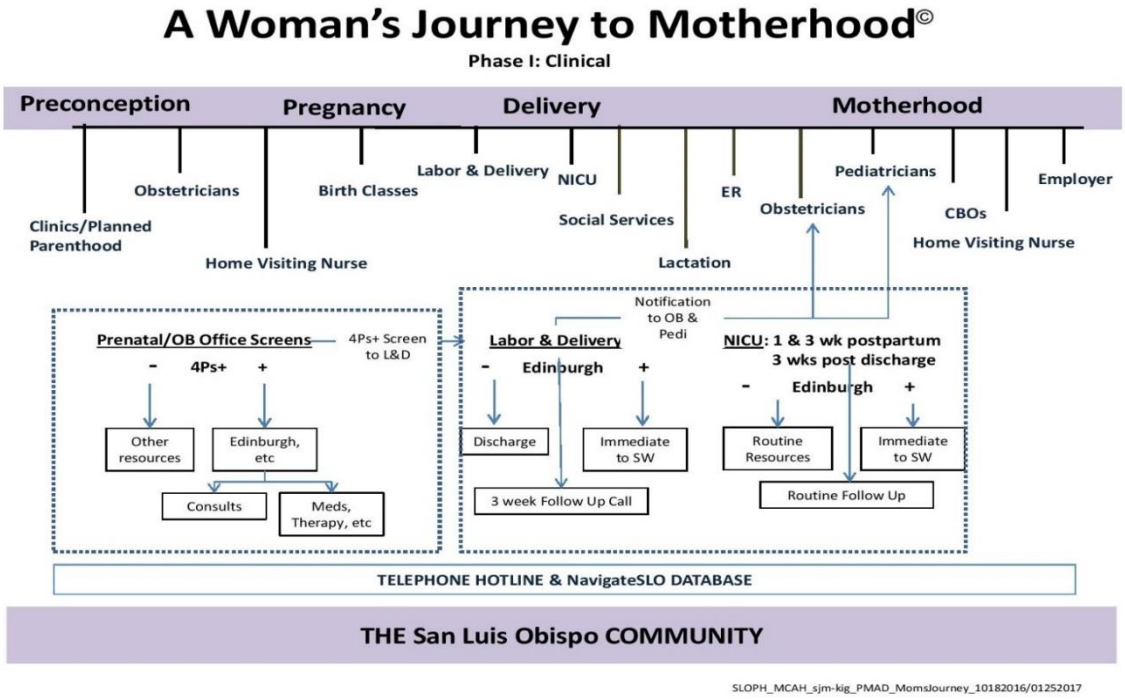


Figure .

The program has created a collective that emphasizes a sustainable and coordinated PMAD system of care by developing a universal screening, brief intervention, referral, and treatment process with providers, clinics, and hospitals. In Fiscal Year 2017-2020 the began consolidating efforts to train and retrain community partners offering PMAD services. This allowed a consistent approach of engagement for meeting the program outcomes by aggregating learning opportunities. unique participants received training. Outreach activities took place at pediatricians office to screen for PMAD, the program created NavigateSLO, a searchable database of PMAD services, specialists, and program providers, and expanded 24/7 multi-lingual hotline with the ability to answer and refer diverse PMAD callers to local resources and services. Due to the impact of COVID-19, a total of three (3) trainings were cancelled but are being scheduled to take place in the upcoming fiscal year.

Table 18.

Method of Collection	**Data Collection Period**		
Presentation/events participant surveys Rosters	Yearly report period submitted in July		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Post-partum Trainings	New outcome added	4 trainings with 40 attendees	2 trainings with 67 attendees
Perinatal-Mood Anxiety Disorder Trainings	7 trainings with 264 attendees	10 trainings with 226 attendees	15 trainings with 188 attendees
Clinical professionals receive Maternal Mental Health Certificate	44 clinical staff		
Program partners report a formalized PMAD referral process and linkage	100% (10/10)	100% (70/70)	100% (89/89)
Program partners report an increase in knowledge of PMAD	100% (264/264)	100% (193/193)	100% (67/67)
Program partners report use of validates PMAD screening tools	100% (7/7)		

Work Plan IV: Access and Linkage to Treatment Program
Older Adult Mental Health Initiative

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Access and Linkage to Treatment	*$712,327*	*3,508**	*$203*

*Some tracking changes have been made to improve accuracy of counts. This figure may differentiate from that reported in the Annual Update.

Number of individuals w/ SMI referred to treatment	203
Kind of treatment to which the individual was referred	County Behavioral Health
Number of individuals who followed through on the referral and engaged in treatment	2
Average duration of untreated mental illness	Not available
Average interval between the referral and participation in treatment	14

Improve Timely Access to Services

Underserved population(s): Older adults of any ethnic or linguistic background

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: Activities include outreach and presentation of services.

Outreach

Number of potential responders: 4,708

The settings(s) in which the potential responders were engaged: Local clinics, community forums and presentations, homeless shelters, etc.

Types of potential responders engaged in each setting: Older adults of any racial, ethnic, and linguistic background

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$712,327	PEI Funding	$85,835	PEI Funding	$9,941
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, ...).*

Table 19.

Provider	Wilshire Community Services
2017-2020 Outputs	• 1,296 unique clients were assessed by Caring Callers and Senior Peer Counselors • 853 unique Older Adults enrolled in Senior Peer Counseling or Caring Callers program • 2,212 unique Older Adults screened for depression • 131 unique Older Adult clients receive Transitional Therapy • 246 unique professional presentations • 72 group therapy sessions • 1,267 hours of services designated to individuals and group therapy sessions.

According to the World Health Organization, "Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Conversely, untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease" (Mental Health and older adults: Fact sheet, 2016). It is evident that services are needed to provide support to this population. The Older Adult Mental Health Initiative, which is administered by Wilshire Community Services provides a continuum of services focused on prevention and early intervention support for older adults at risk of isolation, depression, or other mental health challenges. The services include Outreach, Depression Screening, the Caring Callers Program, and Senior Peer Counseling.

Caring Callers is a county-wide, preventive social enrichment program targeted at older adults at risk for depression and other mental health issues due to isolation and loneliness. The program serves older adults who are frail, homebound, and at risk of social separation. The program is a vital component of the community-based long-term care system where volunteer caring callers work to stimulate, expand, and enhance the social activities of older adults. In the course of services, they provide critical social support and referral to other resources when needed, thus decreasing the potential for mental health problems. The Senior Peer Counseling Program provides no-cost emotional and psychological counseling services to individuals age 60 or above in their place of residence. Professionally trained senior peer volunteers offer these services and they go through a 65-hour intense training program. This kind of intervention is valuable to the senior clients as it allows for an outlet and system of support dedicated to the experience of the clients.

The program has successfully established a stronghold serving and continuing constant contact with the older adult community. Besides offering outreach activities and Caring Callers, the program also offers depression screenings as an additional service. This service, besides including mental wellness screenings for older adults, combines outreach to other

community, public and private agencies working to improve the health and wellbeing of older adults, which leads to expansion of depression screenings to all of their clients and caregivers. As a result, Wilshire Community services conducted over two-thousand two hundred (2,200) depression screenings from Fiscal Year 2017-2018 to 2019-2020. As part of their evaluation tool, all participants receive pre-post and mid-post assessments proctored by trained clinicians or volunteer personnel under supervision of a trained clinician.

With the Shelter-at-Home order, the Older Adult Mental Health Initiative program continued to operate with added safety measures in place to protect the participants and the volunteers. Some of the strategies still in implementation are the following:

- Understanding that social interaction for the older adult population is critical to their mental and physical wellbeing, all volunteers and participants are screened to ensure that services are provided cautiously and in accordance with Public Health Department's guidelines. In order to minimize infection, services continued to be provided via telephone or other telehealth options until it was determined that the participant and the volunteer were not at risk of exposure. Additionally, both participants and volunteers are provided with personal protective equipment at all times of interaction.

- In order to retain and train volunteers, the program moved all screening processes and trainings were made available online. Volunteers continue to be vetted and enrolled accordingly, and due to scale of the pandemic, and the impact of social distancing impacting the older adult population, the number of county volunteers increased in the last quarter for FY 2019-2020.

- Caring Callers and Senior Peer Counseling continue to provide services through phone calls and telehealth options. Clearings are available to participants via phone calls and telehealth, and rarely in person for participants in needy situations and with all safety precautions in place.

- The program's efforts moved services seamlessly and continued to offer connection to the older adult population. Since services are now able to be provided via telephone and other telehealth means, the reach to other rural areas in the county has increased allowing the program to expand, and with this success it also came some difficulties in setting up and utilizing technology, however, these issues were quickly overcome.

Table 20.

Method of Collection	Data Collection Period
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.

Key Outcomes	FY 17-18	FY 18-19	FY 19-20
Participants will demonstrate increased awareness in mental illness issues.	98%	96%	95% (695/730)
Participants will demonstrate increased activity levels, reduced feelings of loneliness.	98%	94%	92% (246/266)
Participants will demonstrate reduced depression, reduced anxiety, and hospitalizations.	97%	94%	91% (176/194)

Work Plan V: Stigma and Discrimination Reduction Program
Social Marketing Strategy

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Stigma & Discrimination Reduction	*$430,750*	*5,551**	*$78*

*Some tracking changes have been made to improve accuracy of counts. This figure may differentiate from that reported in the Annual Update.

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0
Kind of treatment to which the individual was referred: Not available

Number of individuals who followed through on the referral and engaged in treatment: 0
Average duration of untreated mental illness: 0
Average interval between the referral and participation in treatment: 0

Improve Timely Access to Services

Underserved population(s): youth, older adult, LGBTQ+, veterans, and ethnic/racial groups

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: Activities include outreach, presentation, and booths to provide information to community.

Outreach

Number of potential responders: 10,743

The settings(s) in which the potential responders were engaged: Family resource centers, senior centers, schools, community classrooms, recreation centers, libraries, and shelters.

Types of potential responders engaged in each setting: Type 1, Type 2, …

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$430,750	PEI Funding	$57,331	PEI Funding	$6,505
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$

Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 21.

Provider	Transitions-Mental Health Association (TMHA)
2017-2020 Outputs	• 7,653 contacts via community outreach events • 108 unique outreach presentations • 5,551 unique attendees from outreach presentations • 3,537 unique underserved PEI population attendees from outreach presentations • 33 professional education trainings • 810 individual attendees of professional education trainings

The PEI Social Marketing Strategy program, administered by Transitions-Mental Health Association (TMHA), focuses on showing the community how family, friends, and loved-ones can offer support to people living with mental illness, dispel myths and reduce stigma, and encourage those in need to seek help. The program emphasizes strategies to reach out to the local Veteran community, the LGBTQ+ community, people experiencing homelessness, and underserved populations in rural pockets of the county. Ultimately, the Social Marketing Strategy program produces events and trainings targeted to enhance group support systems and the public.

An original Project activity still in use, the ***SLO the Stigma*** documentary, features local consumers telling their stories of struggle, recovery, and hope. The accompanying SLOtheStigma website (https://www.t-mha.org/slothestigma.php) served as a resource for families, friends, those suffering with mental illness, and the general public to explore and find information, such as a comprehensive guide to services. The target audience was the community at large but there was an emphasis on outreach to target specific population groups, such as second language learners, (the documentary is titled ***Superar*** in Spanish), the veteran community, the LGBTQ+ community, people experiencing homelessness, and college students. The campaign was a great success, due in large part to the efficient and consistent information dissemination that occurred with this campaign. SLO the Stigma continues to be a hallmark piece of prevention and early intervention engagement in the community as it still resonates with the public.

Transitions-Mental Health Association continued to provide interpersonal outreach and information dissemination regarding mental health awareness, education, and stigma reduction for underserved and at-risk populations. Some of the activities include one-to-one personal contact, referrals, and support resources throughout the county. TMHA also held information booths at various community venues to reach broader audiences through events such as the Health and Fitness Expo, the Farmer's Market, Pride at the Plaza, and

others. TMHA also expanded other stigma reduction and awareness activities conducted through presentations, such as the TMHA's "The Shaken Tree", National Alliance on Mental Illness' (NAMI) *In Our Own Voice* and *Ending the Silence* presentations, *Stamp out Stigma* and SLOtheStigma, as well as other educational and stigma reducing mental health promotion activities. Surveys conducted online and at outreach events for fiscal years 2017-2018 to 2019-2020 are presented in the table below (Table XX). In the last one year, collaboration with TMHA staff has led to the development of refinement of outcomes and measurement tools to best capture information related to the impact of trainings and events.

As with other activities, the Social Marketing Strategy program had to adapt to address the effects of COVID-19. Presentations and trainings were able to resume through video conferencing. Staff continue to reach out to organizations and groups to schedule mental health and stigma reducing trainings and presentations. Examples of presentations provided during pandemic period include: Understanding Mental Health Through a Trauma Informed Lens for RISE Crisis Call Handlers and AMDAL transportation staff; Stamp out Stigma for multiple Cal Poly classes, Active Minds Club, and Center for Service in Action at Cal Poly; and the Daisy Project – Panel on Mental Health, discussing local resources and how to access said resources, reaching over 415 individuals.

The program's staff collaborated with SLO County Public Health and Behavioral Health departments to host Mental Health Drive-thru events in May, following safety protocols and guidelines. The Drive-thru events were successful with 256 outreach bags handed out (with materials in English and Spanish) in three parts of the county, as well as media coverage to help educate the community on resources available. The program is developing further drive-thru events to coincide with Suicide Prevention month in September 2020. The program will continue to be providing video conferencing trainings and presentations including a Suicide Prevention forum in September, and will continue mapping out future outreach drive-throughs and drops countywide in various establishments such as coffee shops, libraries, and partner businesses that follow proper and safety guidelines.

Table 22.

Method of Collection	**Data Collection Period**		
Presentation participant surveys Rosters Consumer presenter surveys	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Increase participants' understanding of challenges those who live with mental illness face	14% increase in surveyed participants (581)	13% increase in surveyed participants (302)	12% increase in surveyed participants (1,028)
Increase participants' understanding of the concepts of wellness and recovery	14% increase in surveyed	14% increase in surveyed	11% increase in surveyed

	participants (581)	participants (302)	participants (1,028)
Participants will demonstrate an increase in empathy	9% increase in surveyed participants (581)	10% increase in surveyed participants (302)	8% increase in surveyed participants (1,028)
Increase participants' empathy and decrease stigma and discrimination toward individuals living with mental health challenges	4% decrease in surveyed participants (581)	3% increase in surveyed participants (302)	4% increase in surveyed participants (1,028)
Increase professional education training participants' knowledge of stigmatizing and discriminating attitudes and beliefs	4% increase in surveyed participants (80)	4% increase in surveyed participants (217)	Outcome and survey tool are being edited

Work Plan V: Stigma and Discrimination Reduction Program
College Wellness

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Stigma & Discrimination Reduction	*$283,738*	*694*	*$409*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0

Kind of treatment to which the individual was referred to: Not available

Number of individuals who followed through on the referral and engaged in treatment: 0

Average duration of untreated mental illness: 0
Average interval between the referral and participation in treatment: 0

Improve Timely Access to Services

Underserved population(s): College-aged population

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0

Ways the County encouraged access to services and follow-through on referrals: outreach, presentations, and booths to provide information to community

Outreach

Number of potential responders: 8,565

The settings(s) in which the potential responders were engaged: Family resource centers, senior centers, schools, community classrooms, recreation centers, libraries, and shelters.

Types of potential responders engaged in each setting: college-aged population, faculty, staff, and administrators

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$283,738	PEI Funding	$33,965	PEI Funding	$3,758
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 23.

Provider	County of San Luis Obispo Behavioral Health Department
2014-2017 Outputs	• 8,565 contracts through presentations, information booths, or outreach activities • 694 unduplicated participants • 18 prevention and wellness promotion events • 11 Question, Persuade, Refer (QPR) trainings

In 2012 the National Alliance of Mental Illness (NAMI) reported that "Sixty-four percent of students who experience mental health problems in college and withdraw from school do so because of their mental health issues [...] of that group, 50 percent never access college mental health services" (NAMI, College Survey: 50 Percent of College Students With Mental Health Problems Who Withdraw From School Because of Mental Health Issues Never Access College Mental Health Services, 2012). In 2014-2015, in an effort to expand and support mental health services for the college population, the County of San Luis Obispo with the approval of the Prevention & Early Intervention stakeholder group agreed to establish a college-focused PEI position. The College Wellness Program (CWP) started in 2015-2016 and it is designed to provide mental health education, along with supported wellness initiatives in the local campus communities of California Polytechnic State University, San Luis Obispo and Cuesta Community College.

The College Wellness Program Specialist bridges the gap between community education, such as suicide prevention efforts, stakeholder committees, speakers, and education, etc., and on-campus activities and student organizations (e.g. Active Minds). The Specialist provides Mental Health First Aid training, coordination of the Cal Poly Friday Night Live Chapter, participation in campus policy and activity groups, plans outreach and community events, and coordinates campaigns and activities that promote student wellness. The first year the program was approved served for program development, which included staff hiring, program design and relationship building with Cal Poly and Cuesta College. For fiscal year 2016-2017 the program continued to develop and make community connections, and data collection began taking place. Outcome development and data collection continues to be fine-tuned to ensure the County truly captures the specialist's role in impacting the college campus community.

Fiscal Year 2017-2020 has proven to be a successful year for the program's capacity to increase outreach and impact on the college campus community. These last three years have seen an increase in participation, outreach events, trainings, and the presence of the College Wellness Program Specialist having a greater impact on the positive information shared with the community. The Specialist has become a leader and liaison within the mental health college community, and as a certified QPR trainer, their role has expanded and now provides skilled training for suicide prevention. During the 2019-2020 academic year, the CWP Specialist trained 539 students, staff, and faculty (415 at Cal Poly and 124 at Cuesta College). This is roughly 2.5 times more students, staff, and faculty trained in QPR Gatekeeper

Training. Additionally, the program has helped connect the campus communities to annual county-wide mental health and suicide prevention events. In FY 2019-2020, additional nights of the Suicide Prevention Forum in October 2019 and Journey of Hope in February 2020 were held at Cal Poly and Cuesta College, respectively. As the program continues to expand, the array of knowledge and experience brought by the CWP Specialist is crucial to the success of the program, and having a robust experienced and trained staff in QPR, ASIST, Mental Health First Aid (youth and adult), and More-than-Sad show the positive impact in the community.

As with other PEI Programs, the CWP was impacted by COVID-19. When large gatherings were postponed and then in-person classes moved online after the Shelter-at-Home order came into effects, many scheduled events and trainings were cancelled or adapted. Among some of the events cancelled at Cal Poly for this program were a self-care fair in May, a Suicide Prevention Week, a Prescription Drug Prevention Campaign scheduled during finals week, Outreach and Education at the April Earth Day Festival, and a QPR Training at Cuesta College. However, many events were quickly adapted or created for virtual participation for the purpose of reaching the college campus community. For example, a Cannabis Prevention & Education Panel Discussion that was scheduled for April 20th, 2020 was turned into a social media campaign and survey. In addition, the CWP Specialist actively participated in National Drug & Alcohol Facts Week and Mental Health Awareness Month through social media posts, virtual activities, and community collaboration. Finally, instead of conducting outreach through in-person tabling events, presentations are being recorded and provided to college campus staff for online courses. Although, the adaption happened quickly and impact of social interaction with the program is present, all planned trainings, events, and presentations are to be completed virtually, and still offering the same level of support and information that the community needs.

Table 24.

Method of Collection	**Data Collection Period**		
Presentation/events participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Participants will report feeling better informed about mental illness	88% (99/113)	90% (82/91)	97% (253/261)
Participants will report feeling better informed about substance use education	83% (94/113)	75% (68/91)	97% (31/32)
Participants will report increase knowledge about mental health and substance use services in the community.	96% (109/113)	96% (88/92)	96% (251/260)

Work Plan VI: Improve Timely Access to Services to Underserved Populations Program
Veterans Outreach

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Improve Timely Access to Services	*$275,181*	*385**	*$715*

*Some tracking changes have been made to improve accuracy of counts. This figure may differentiate from that reported in the Annual Update.

Underserved population(s)	Veterans and their families
Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset	14
Average interval between referral and participation in services	10 days
Ways the County encouraged access to services and follow-through on referrals	Community forums, presentations at libraries, meetings, outreach events, CIT trainings, etc.

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$275,181	PEI Funding	$32,979	PEI Funding	$3,418
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, …).*

Table 25.

Provider	County of San Luis Obispo Behavioral Health Department
2017-2020 Outputs	• 2,460 contacts through presentations, outreach activities, and events • 32 events held for veterans and their guests • 875 duplicated participants attended events • 447 duplicated participants were veterans that attended events • 385 unduplicated participants attended events

	• 209 unduplicated participants were veterans that attended events

In 2014, "Veterans accounted for 18 percent of all deaths by suicide among U.S. adults and constituted 8.5 percent of the U.S. adult population (ages 18 and older). In 2010, Veterans accounted for 20.1 percent of all deaths by suicide and represented 9.6 percent of the U.S. adult population" (U.S. Department of Veterans Affairs, 2016, p. 4). It is evident from these data that this vulnerable population is affected by conditions that need to be addressed by connecting strategies that emphasize physical and mental health wellbeing. The County of San Luis Obispo Behavioral Health Department's Veterans Outreach program (VOP) employs resources by embedding a mental health therapist within local rehabilitative activities for veterans and their families. The Behavioral Health Department organizes monthly events and opportunities for veterans to stay physically and mentally active, encourages socializing activities and promotes engagement with community resources. The activities include horseback riding, kayaking, climbing gyms, CrossFit, surfing, zip-lining and art events. All activities are aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, culturally competent settings. The VOP's mental health therapist's role is to participate, develop a welcoming and trusting environment during events, as well as assess, and respond 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, treatment, and referrals in comfortable, confidential environments.

The Veterans Outreach program was originally developed as part of the County's original Innovation plan. When the Innovation project concluded in July of 2015, stakeholders elected to fund the program using both Community Services and Supports (CSS) and Prevention and Early Intervention dollars beginning in 2015-2016. The VOP Behavioral Health Coordinator (PEI) provides outreach and education, and support and logistic planning of free events, for veterans and their families. The coordinator role has expanded, and it also ensures opportunities to educate the community and increase awareness surrounding mental health issues specific to veterans. The coordinator has had a successful role in establishing partnerships and connecting services to veterans and finding several businesses willing to donate and host events.

The County of San Luis Obispo Behavioral Health Department's VOP Coordinator also attends and hosts informational booths and tables throughout the county as part of the mental health outreach initiative, at events such as Out of Darkness Walk, Journey of Hope, Bike to School Breakfast, etc. The program therapist (CSS) provides engagement in a culturally competent setting while participating in outreach activities and within the clinic location to identify potential veterans in need of services. In Fiscal Year 2019-2020, the Mental Health Services Advisory Committee Group reviewed and approved a proposal to

increase and fully cover using PEI dollars the VOP Behavioral Health Specialist (Coordinator) for the program. The increase was implemented as it was identified that additional support and navigation services needed to be extended to the veteran community and their loved ones. The increase took effect on January 1, 2020. This resulted in an update of outcomes, which now include an increase in contacts, outreach events, the total number of unduplicated veterans contacted through the program, and most importantly, the Coordinator now provides case management as part of the service provision and delivery. Within the last quarter of FY 2019-2020, the VOP Coordinator has offered case management to a total of three (3) participants with over twenty-eight (28) hours of service. As the Coordinator continues to receive the proper training to engage participants and offer the best management service based on the specific needs, the County anticipates an increase in the following fiscal years. Additionally, the Coordinator has attended the Veterans Treatment Court every first and third Friday of the month and offers case management services to clients.

As the case management service was progressively implemented, COVID-19 impacted the face-to-face interaction that help build rapport and improve the participants' mental health progress and navigation. Currently, all outreach activities have moved online, and the Coordinator has planned and kept a series of engaging activities through virtual means that support the veteran community and their loved ones' wellbeing.

Table 26.

Method of Collection	**Data Collection Period**		
Presentation participant surveys Rosters Counseling surveys	Quarterly report period submitted in October, January, April, and August.		
Key Outcomes	**FY 17-18**	**FY 18-19**	**FY 19-20**
Participants report a reduction in stigma associated with mental illness.	89% (141/157)	87% (134/154)	87% (78/90)
Participants and guests will report feeling better informed about mental illness in the veteran community.	78% (123/158)	93% (143/154)	81% (73/90)
Participants will attend more than one (1) event hosted by the VOP.	57% (89/156)	48% (74/154)	64% (56/88)
Participants who receive an initial assessment will receive a referral to services.	90% (18/20)	30% (3/10)	100% (17/17)
Clients in intensive services will report an improvement in their mental health.	80% (16/20)	25% (3/12)	94% (16/17)

Work Plan VII: Suicide Prevention Program
Suicide Prevention Coordination

Program Type	Total Funding	Unduplicated Total Served	Cost per Client
Suicide Prevention	*$245,377*	*1,180*	*$208*

Access and Linkage to Treatment

Number of individuals w/ SMI referred to treatment: 0
Kind of treatment to which the individual was referred: Not available

Number of individuals who followed through on the referral and engaged in treatment: 0
Average duration of untreated mental illness: 0
Average interval between the referral and participation in treatment: 0

Improve Timely Access to Services

Underserved population(s): youth, adults, and Latino/Latinx/Hispanic as identified with higher risk of suicide risk

Number of referrals of members of underserved populations to a Prevention Program, Early Intervention Program, and/or treatment beyond early onset: 0

Average interval between referral and participation in services: 0 days

Ways the County encouraged access to services and follow-through on referrals: outreach, presentations, and trainings to community and schools

Outreach

Number of potential responders: 3,298

The settings(s) in which the potential responders were engaged: college campus, community venues, auditoriums, etc.

Types of potential responders engaged in each setting: youth, adults, Latino/Latinx/Hispanic of any origin, race, or language.

Amount of Funding Expended for Prevention & Early Intervention Component

Total		Administration*		Evaluation*	
PEI Funding	$245,377	PEI Funding	$27,956	PEI Funding	$2,402
Medi-Cal	$	Medi-Cal	$	Medi-Cal	$
1991 Realignment	$	1991 Realignment	$	1991 Realignment	$
Behavioral Health Subaccount	$	Behavioral Health Subaccount	$	Behavioral Health Subaccount	$
Any other funding	$	Any other funding	$	Any other funding	$

*The administration and evaluation funding represents all of Program ## (*Program Name, Program Name, ...).*

Table 27.

Provider	County of San Luis Obispo Behavioral Health Department
2017-2020 Outputs	• 2,327 duplicated contacts through presentations, outreach events, and trainings • 1,180 unduplicated participants served • 18 presentations • 31 outreach events • 29 trainings • 21 suicide prevention related trainings

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

Fiscal Year 2018-2019 was use for program implementation, networking, and direct connection with community providers and with the ad hoc Suicide Prevention Council. Within the first six (6) months, the SPC established a stronghold in the chairing the Suicide Prevention Council. The first meetings were to identify the strengths and weaknesses perceived in the community, along with the local resources and providers who are part of the prevention movement. Along with this process, the SPC has worked in collaboration with Each Mind Matters to ensure a local message and presence is reinforced by the State's approach to address suicide. Several follow-up meetings with the council have been intended to work on the Suicide Prevention Plan. The SPC has led the design, data collection, and creation of work groups to begin writing the plan according to the most appropriate local information for the last ten (10) years. The SPC has joined the Each Mind Matters Learning Collaborative, which has been of great assistance in designing and developing a local approach based on resource mapping and needs.

This current report provides information for FY 2018-2020. Over 2,300 contacts have been reached through presentations, outreach events, and trainings, with 1,180 of them being unduplicated participants, and with a total of 78 presentations, outreach events, and trainings. In this last two years, the program went through a process of outcome measures development and revisions to best capture the impact in the community. Beyond providing

training and outreach, the SPC also engaged local high schools to ensure suicide prevention activities took place on school campuses, it fostered new practices to provide support, and held large suicide prevention forums intended to educate community-wide. To address the type of training and population being targeted, several surveys were created to best capture demographic and program outcome data. Fiscal Year 2019-2020 brought many achievements. While still navigating the development of the program, the Suicide Prevention Coordinator engaged new stakeholders and strengthen and expanded the relationship with current members. In 2019, the Council created a "Suicide Loss Support Guide" available in English and Spanish and it has been distributed to county-wide agencies, including the Sheriff's Coroner office.

As with all PEI programs, the Suicide Prevention Coordination program was impacted by COVID-19. The Council and the SPC quickly adapted to concerns around the pandemic and were able to connect virtually, allowing more members who had previous barriers of attending to join the meetings. Since COVID-19, attendance has increased by about 50%, a co-chair position was established, and the Council is now working on target priorities and supporting a community-wide survey to help inform the County's strategic plan for suicide prevention. In order to address the negative impact on community engagement, a strategic and safe plan was put in place to host three (3) county-wide "Mental Health Drive Throughs" where community members could drive (or walk through) and pick up a mental health/self-care bag and food donated by a local company. After the first event, Fresno County gained interest in hosting a similar event and consulted the Suicide Prevention Coordinator about event operations and logistics. This sparked a new relationship between the two counties and their work in suicide prevention. Fresno County is now working with San Luis Obispo County and successfully put together the Suicide Prevention Awareness Forum. The Suicide Prevention Coordinator is still working with school districts to implement the mandated suicide prevention training, as well as other community organizations to offer trainings and other outreach events while focusing on new messaging as it relates to suicide awareness.

Table 28.

Method of Collection	Data Collection Period	
Presentation participant surveys Rosters	Quarterly report period submitted in October, January, April, and August.	
Key Outcomes	**FY 18-19**	**FY 19-20**
Participants in suicide prevention trainings will demonstrate improved knowledge and capacity for preventing suicide.	93% (20/22)	83% (45/54)
Secondary public schools will demonstrate reduced stigma and increased strategies for addressing suicide and mental illness.	84% (18/22)	83% (40/48)
Participants will demonstrate increased awareness of suicide signs of risk, and increased capacity for responding to a person in need.	92% (225/245)	83% (45/54)

References

Balfanz, Robert. "Putting Middle Grades Students on the Graduation Path: A Policy and Practice Brief." (2009): 1-15.

Center for Disease Control and Prevention. *School Connectedness: Strategies for Increasing Protective Factors Among Youth*. Atlanta, GA: U.S. Department of Health and Human Services; 2009.

Center for Prevention Research and Development (2005). *Background research: Student assistance programs.* Champaign, IL: Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois.

National Alliance on Mental Illness (2012, Dec 6), *College survey: 50 percent of college students with mental health problems who withdraw from school because of mental health issues never access college mental health services.* NAMI. Retrieved from https://www.nami.org/Press-Media/Press-Releases/2012/College-Survey-50-Percent-of-College-Students-with

National Alliance on Mental Illness (2017, Oct. 30). *Mental health by the numbers.* NAMI, Retrieved from https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

National Alliance on Mental Illness (2006). *Negotiating the transition-age years.* NAMI Beginnings 8, p. 1-16. Retrieved from http://mindpeacecincinnati.com/wp-content/uploads/NAMINewsletter.pdf

Regional Research Institute for Human Services (2010). *Transition-aged youth, mental health challenges, and survival self-reliance.* Retrieved from https://www.pathwaysrtc.pdx.edu/pdf/fpS1005.pdf

Substance Abuse and Mental Health Services Administration, *Leading Change: A plan for SAMHSA's roles and actions 2011-2014.* HHS Publication No/ (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

U.S. Department of Veterans Affairs (2016). "Suicide among veterans and other Americans: 2001-2014." Office of Suicide Prevention. Retrieved from <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

U.S. Census Bureau (2020). Quick Facts, San Luis Obispo County. Retrieved from <https://www.census.gov/quickfacts/sanluisobispocountycalifornia>

World Health Organization (2016). *Mental health and older adults: Fact sheet.* Retrieved from http://www.who.int/mediacentre/factsheets/fs381/en/

Appendix A: MENTAL HEALTH SERVICES ACT (MHSA) – PREVENTION & EARLY INTERVENTION (PEI) PROGRAMS – FY 17-19

WORK PLAN I: **Prevention Program:** a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Examples of risk factors include, but are not limited to serious chronic medical condition, adverse childhood experiences, severe trauma, ongoing stress, exposure to drugs or toxins, poverty, etc.	**1.1 Positive Development**	**1.2 Family Education, Training & Support**	**1.3 Middle School Comprehensive Program:**	**1.4 In-Home Parent Educator**	**1.5 Cuesta College Successful Launch**
	1. ASQ & Behavior Rating Scale 2. Parent Surveys & Provider Reports 3. Client Intake Form 4. Programmatic Assessment 5. Parent Pre/Post Surveys	1. Rosters and Sign-in Sheets 2. Call Logs and Website hits 3. Presentation Surveys and coaching assessments 4. Excel Database developed by SLOBHD	1. Family Advocate Activities by type 2. SAFE Assessments and Family Surveys and Focus Groups 4. Key Outcomes and Retrospective Surveys 5. School Staff Surveys and Student Focus Groups 6. Youth Development Survey and YD Coordinator Logs 7. PPSDS Prevention and EdData 8. Probation Reports and School Report Cards	1. Client Intake Form 2. Programmatic Assessment Form 3. Parent Pre and Post Surveys	1. Excel Database developed in Collaboration with SLOBHD 2. Pre/Post needs and skill assessments (paper to Excel) 3. Case reports and client observation

WORK PLAN II: **Early Intervention Program:** treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early intervention shall not exceed 18 months, unless the person is identified as experiencing first onset of a serious mental illness, or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.	**2.1 Community Based Therapeutic Services**	**2.2 Integrated Community Wellness**	**2.3 Young Adult Counseling**
	1. Intake 2. Post counseling survey (clinician) 3. Post counseling survey (client) 4. Focus Groups	1. Family Advocates Surveys 2. Mental Health Advocate Surveys 3. Contractor Database	1. Rosters 2. Retrospective Surveys

WORK PLAN III: **Outreach for Increasing Recognition of Early Signs of Mental Illness:** a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Potential responders include, but are not limited to families, employers, primary health care providers, law enforcement, and school personnel. Outreach may include reaching out to individuals with signs and symptoms of a mental illness so they can recognize and respond to their own symptoms.	**3.1 Perinatal Mood Anxiety Disorder**
	1. Rosters of attendees 2. Demographic surveys, presentation surveys, and learning assessment tools

WORK PLAN IV: **Access and Linkage to Treatment Program:** a set of related activities to connect children, adults, and seniors with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs. Examples include screening, assessments, referrals, telephone help lines, and mobile response.	**4.1 Older Adults Mental Health Initiative**
	1. Contractor Database including PHQ-9 assessment 2. Anxiety Screening, Clinician Assessments, and Peer Counseling Assessments 3. Roster and Satisfaction Surveys

WORK PLAN V: **Stigma and Discrimination Reduction Program:** activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.	**5.1 Social Marketing Strategy – Community Outreach & Engagement:**	**5.2 College Wellness Program**
	1. Pre/Post Surveys 2. Rosters and Contractor Database	1. Rosters 2. Surveys

WORK PLAN VI: **Improve Timely Access to Services for Underserved Populations Program:** activities and programs that increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural, and language appropriateness, transportation, family focus, hours available and cost of services.	**6.1 Veterans Outreach Program**
	1. Surveys 2. Attendance Rosters

WORK PLAN VII: **Suicide Prevention Program:** organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This program does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Programs include, but not limited to, public and targeted information campaigns, suicide prevention hotlines, training, and education.	**7.1 Suicide Prevention Coordination**
	1. Pre/Post Presentation Surveys 2. Roster and Satisfaction Surveys

COUNTY OF SAN LUIS OBISPO – MENTAL HEALTH SERVICES ACT (MHSA) – PREVENTION & EARLY INTERVENTION (PEI) PROGRAMS – FY 19-20

WORK PLAN I: Prevention Program: a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Examples of risk factors include, but are not limited to serious chronic medical condition, adverse childhood experiences, severe trauma, ongoing stress, exposure to drugs or toxins, poverty, etc.	**1.1 CAPSLO - Positive Development** 1. ASQ & Behavior Rating Scale 2. Parent Surveys & Provider Reports 3. Client Intake Form 4. Programmatic Assessment 5. Parent Pre/Post Surveys	**1.2 CFS - Family Education, Training & Support** 1. Rosters and Sign-in Sheets 2. Call Logs and Website hits 3. Presentation Surveys and coaching assessments 4. Excel Database developed by SLOBHD	**1.3 The LINK - Middle School Comprehensive Program:** 1. Family Advocate Activities by type 2. SAFE Assessments and Family Surveys and Focus Groups 4. Key Outcomes and Retrospective Surveys 5. School Staff Surveys and Student Focus Groups 6. Youth Development Survey and YD Coordinator Logs 7. PPSDS Prevention and EdData 8. Probation Reports and School Report Cards	**1.4 CAPSLO - In-Home Parent Educator** 1. Client Intake Form 2. Programmatic Assessment Form 3. Parent Pre and Post Surveys	**1.5 Cuesta College - Cuesta College Successful Launch** 1. Excel Database developed in Collaboration with SLOBHD 2. Pre/Post needs and skill assessments (paper to Excel) 3. Case reports and client observation
WORK PLAN II: Early Intervention Program: treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early intervention shall not exceed 18 months, unless the person is identified as experiencing first onset of a serious mental illness, or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.	**2.1 CCC - Community Based Therapeutic Services** 1. Intake 2. Post counseling survey (clinician) 3. Post counseling survey (client) 4. Focus Groups	**2.2 TMHA - Integrated Community Wellness** 1. Family Advocates Surveys 2. Mental Health Advocate Surveys 3. Contractor Database			
WORK PLAN III: Outreach for Increasing Recognition of Early Signs of Mental Illness: a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Potential responders include, but are not limited to families, employers, primary health care providers, law enforcement, and school personnel. Outreach may include reaching out to individuals with signs and symptoms of a mental illness so they can recognize and respond to their own symptoms.	**3.1 PUBLIC HEALTH - Perinatal Mood Anxiety Disorder** 1. Rosters of attendees 2. Demographic surveys, presentation surveys, and learning assessment tools				
WORK PLAN IV: Access and Linkage to Treatment Program: a set of related activities to connect children, adults, and seniors with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs. Examples include screening, assessments, referrals, telephone help lines, and mobile response.	**4.1 WILSHIRE COMM. SERVICES - Older Adults Mental Health Initiative** 1. Contractor Database including PHQ-9 assessment 2. Anxiety Screening, Clinician Assessments, and Peer Counseling Assessments 3. Roster and Satisfaction Surveys				
WORK PLAN V: Stigma and Discrimination Reduction Program: activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.	**5.1 TMHA - Social Marketing Strategy – Community Outreach & Engagement:** 1. Pre/Post Surveys 2. Rosters and Contractor Database	**5.2 SLOBHD - College Wellness Program** 1. Rosters 2. Surveys			
WORK PLAN VI: Improve Timely Access to Services for Underserved Populations Program: activities and programs that increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural, and language appropriateness, transportation, family focus, hours available and cost of services.	**6.1 SLOBHD - Veterans Outreach Program** 1. Surveys 2. Attendance Rosters				
WORK PLAN VII: Suicide Prevention Program: organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This program does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Programs include, but not limited to, public and targeted information campaigns, suicide prevention hotlines, training, and education.	**7.1 SLOBHD – Suicide Prevention Coordination** 1. Pre/Post Presentation Survey 2. Roster and Satisfaction Survey				

Appendix B: Ages & Stages Questionnaire: Social & Emotional

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked?	☐ z	☐ v	☐ x	○
19. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ v	☐ z	○
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	☐ z	☐ v	☐ x	○
21. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	☐ x	☐ v	☐ z	○
22. Does your child hurt himself on purpose?	☐ x	☐ v	☐ z	○
23. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ v	☐ x	○
24. Does your child destroy or damage things on purpose?	☐ x	☐ v	☐ z	○
25. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	☐ z	☐ v	☐ x	○

TOTAL POINTS ON PAGE ___

5

ASQ-SE™ **36 months/3 years**

Appendix B: Behavior Rating Scale (English and Spanish)

Childs Name_____ **Provider Name**_____
Childs Age_____

Date_____

Pre Behavior Rating Scale □ **Post Behavior Rating Scale** □

Please rate the student on each of the following items; using the nine-point scale to indicate the degree to which each statement is true of the child (please check the appropriate box). Consider each statement separately.

To what extent is each item true of the child?

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
1) Says or does nice things for other kids.									
2) Verbally threatens to physically harm a peer in order to get what he/she wants.									
3) Hurts other children by pinching them.									
4) Is kind to peers.									
5) Is teased, picked on, threatened, or otherwise bullied.									

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
6) Tells a peer that she/he won't play with a peer, or be that peers friend, unless he/she does what this child asks.									
7) Tries to get others to dislike a peer (e.g., by whispering mean things behind the peers back.									
8) Is overly inhibited: child withdraws; is overly timid or shy; watches others, and/or avoids joining others in play.									
9) When mad at a peer this child keeps that peer from being in the play group.									
10) Is helpful to peers.									
11) Kicks or hits others.									
12) Is good at sharing and taking turns.									
13) Gives up or gives in too easily with peers and/or adults.									

Appendix B: Behavior Rating Scale (English and Spanish)

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
14) Verbally threatens to keep a peer out of the play group if the peer doesn't do what the child asks.									
15) Pushes or shoves other children.									
16) Tells others not to play with or be a peer's friend.									
17) Verbally threatens to hit or beat up other children									
18) Ruins peer's things when he/she is upset.									
19) Tells a peer that they won't be invited to his/her birthday party unless he/she does what this child wants.									
20) Easily upset by peers or adults when things don't go his/her way.									
21) Can't wait, grab toys, generally impatient.									
22) Completes activities, overcomes obstacles by him/herself.									

Nombre del niño_____ **Nombre de Proveedor**_____
Edad del niño_____

Fecha_____

Escala de Comportamiento de Antemano □ **Escala de Comportamiento Prefijo** □

Por favor califique el estudiante en cada uno de los siguientes puntos; usando una escala de nueve puntos para indicar el punto en que cada frase es verdadera del niño (por favor marque la caja indicada). Considere cada frase por separado.

Hasta que punto es cada una de las cada frases verdaderas sobre el niño?

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
1) Dice o hace cosas buenas para otros niños.									
2) Amenaza verbalmente con dañar fisicamente a un compañero(a) para conseguir lo que quiere.									
3) Lastima a otros niños al pellizcarlos.									
4) Es amable con sus compañeros.									
5) Se burlan de el, lo amenazan o se burlan de ellos.									

Appendix B: Behavior Rating Scale (English and Spanish)

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
6) Le dice a un compañero que no va a jugar con el/ella, o ser su amigo, a menos que el/ella haga lo que el niño diga.									
7) Trata de hacer que otros no quieran a su compañero (e.j., susurrando cosas malas a espaldas de su compañero)									
8) Es demasiado cohibido: niño se retira; es demasiado tímido o vergonzoso; mira a otros, y/o evita jugar con otros niños.									
9) Cuando esta enojado con un compañero el niño mantiene a ese compañero fuera del grupo de juego.									
10) Es útil a sus compañeros.									
11) Patea o pega a otros.									
12) Es bueno en compartir y tomar turnos.									
13) Cede o se da por vencido muy fácilmente con sus compañeros y/o adultos.									

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
14) Verbalmente amenaza con mantener a un compañero fuera del juego si el compañero no hace lo que el niño dice.									
15) Empuja otros niños.									
16) Dice a otros no jugar o ser amigos de un compañero.									
17) Verbalmente amenaza con pegar a otros niños.									
18) Arruina las cosas de su compañero cuando esta enojado(a).									
19) Le dice a un compañero(s) que no serán invitados a su fiesta de cumpleaños si no hacen lo que el/ella quiere.									
20) Se enoja muy fácilmente con sus compañeros o adultos cuando las cosas no van como el/ella quiere.									
21) No se puede esperar, agarra juguetes, generalmente impaciente.									
22) Termina actividades, vence obstáculos por si mismo.									

Appendix B: Behavior Rating Scale (English and Spanish)

Child _____
Program_____

The Early Childhood Behavior (ECB) Rating Scale
Myrna B. Shure, Ph.D
Pre Test

Forming the Factors:

Factor 1: Overt/Physical Aggression Items: 2, 3, 11, 15, 17, 18

Factor 2: Impatience/Over-emotionality Items: 20, 21

Factor 3: Relational (Emotional Aggression) Items: 6, 7, 9, 14, 16, 19

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

Factor 7: Prosocial/Social Competence Items: 1, 4, 10, 12

The Early Childhood Behavior (ECB) Rating Scale
Myrna B. Shure, Ph.D
Post Test

Forming the Factors:

Factor 1: Overt/Physical Aggression Items: 2, 3, 11, 15, 17, 18

Factor 2: Impatience/Over-emotionality Items: 20, 21

Factor 3: Relational (Emotional Aggression) Items: 6, 7, 9, 14, 16, 19

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

Factor 7: Prosocial/Social Competence Items: 1, 4, 10, 12