

MENTAL HEALTH SERVICES ACT
FISCAL YEAR 2020/21
ANNUAL UPDATE & THREE-YEAR PLAN
2020-2023



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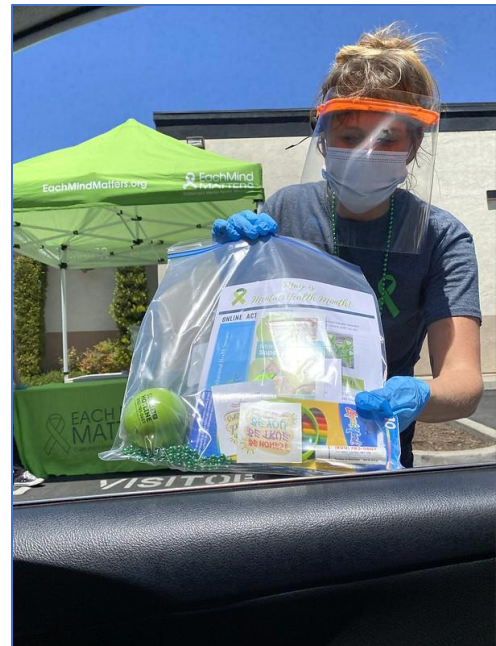
Overview and Executive Summary

San Luis Obispo County's Mental Health Services Act (MHSA) Fiscal Year 2019-2020 Annual Update and Three-Year Program and Expenditure Plan provides an overview of the work plans and projects being implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. The MHSA provides San Luis Obispo County with increased funding, personnel, and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults, and families. MHSA programs address a broad continuum of wellness, prevention, early intervention, treatment, crisis, recovery, and other service needs; and the necessary infrastructure, technology, and training elements that support the local public mental health system.

As San Luis Obispo County, like communities across the globe, faced the challenges of COVID-19's arrival, MHSA programs and plans continued to serve its vulnerable populations. The county's "shelter-at-home" orders took effect on March 19, 2020. In the week preceding the governor and county administrator's orders, the County of San Luis Obispo Behavioral Health Department (SLOBHD) began mobilizing its workforce and, in collaboration with its community provider partners, worked to maintain essential services for consumers and those in crisis.

County employees across departments mobilized as Disaster Service Workers to provide additional supports to the Emergency Operations Center (EOC). MHSA communications staff were engaged to support the EOC in preparing social media and messaging for the community. MHSA prevention and outreach staff provided support to County-operated shelters and campgrounds. MHSA clinicians were deployed to support Public Health call centers, and to provide additional community counseling.

Over the rest of the fiscal year, 2019-2020, as COVID-19 became the reality it remains (as of this publication in Fall, 2020), MHSA program providers adapted and used innovation to ensure quality services and care. Programs in schools adopted platforms and technologies to engage youth. Outreach events, like Mental Health Awareness in May, were done using drive-through, contact-less activities. Homeless outreach and mobile crisis programs adopted Personal Protective Equipment to continue serving people in the field. Clinical programs adopted virtual therapy and tele-psychiatry to keep patients engaged and on the path to recovery.



County and Community MHSA staff conduct safe drive-through Mental Health Awareness event, May

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Along with MHSA programs, the Community Planning Process, and community stakeholder engagement, also adapted. The County's MHSA Leadership Team held virtual stakeholder meetings, a "Facebook Live" town hall meeting, and launched electronic surveys and voting to gather input and feedback. This Annual Update outlines several other examples of how the county's MHSA was impacted by COVID-19.

In this Annual Update the SLOBHD reports on the fiscal year (July – June) immediately preceding the publication date of December. **This report includes descriptions of programs and services, as well as results from the 2019-20 fiscal year**, for the following MHSA components and work plans:

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

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

The 2019-2020 MHSA Annual Update details the programs being administered, their operating budgets, and results of past implementation. In accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), this report includes an outline of the Three-Year Program and Expenditure Plan for the fiscal years 2020-2023. The various work plans outlined herein include proposed program adaptations; any changes to the original component plans or past updates; actual expenses for 2019-2020; and projected planning and budgeting for the fiscal years of the plan, (FY) 2020-2021 through 2022-2023.

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

The SLOBHD continues to put forth increased efforts to collect data, track results, and revisit programs to monitor efficacy. In January of 2019, the state's Department of Health Care Services (DHCS) conducted an extensive program review of the County's MHSA work plan and projects. State evaluators credited San Luis Obispo County for its innovative strategies and excellent community partnerships, while providing key recommendations for project and system

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enhancements. These quality improvement opportunities have led to better definitions of some programs herein, and informed contract language in the current fiscal year.

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

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

On December 10, 2019 Frank Warren, the County’s MHSAs Coordinator, presented the 2019-2020 Annual Update of MHSAs programs and plans to the County of San Luis Obispo’s Board of Supervisors. This broadcasted public presentation allowed community members to hear about MHSAs programs, objectives, and outcomes; and the community planning process.

In 2019-2020, the county’s MHSAs Advisory Committee (MAC), made up of a wide variety of local stakeholders, met five times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. In this year, the County’s MHSAs Leadership Team continued its “Town Hall” sessions in combination with two Advisory Committee meetings to promote community engagement and bring the meetings into other parts of the county, including a “virtual” event. Town Halls were held in Los Osos in August, 2019 and live on Facebook and Zoom in May of 2020.



County Supervisor, Bruce Gibson (District 2), opens the MHSAs Town Hall stakeholder meeting in Los Osos, August 2019

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

- On August 28, 2019, the MHSAs Leadership team presented a recommendation to the Mental Health Services Act Advisory Committee (MAC), the county's key stakeholder group, to reduce the County's Prudent Reserve in alignment with new state guidelines. Stakeholders approved a reduction of approximately \$2.8M in CSS Prudent Reserve, and \$74k in PEI with the intention of using the funds to introduce, enhance, and expand MHSAs projects over the next three years. These funds must be spent before June 30, 2022.
- At that same meeting MAC stakeholders approved using released Prudent Reserve funds to support half the cost for the Department's new "Justice Division" Manager position. The Justice Division houses a variety of MHSAs forensic programs and has expanded in recent years. This position is partly funded by a Department of State Hospitals grant.
- The MAC also agreed to support use of released Prudent Reserve funds to seed a Case Manager position for the new Bishop Street Studios – a housing project developed by Transitions-Mental Health Association (TMHA).
- On October 30, 2019, stakeholders agreed to fund an expansion of Adult FSP services by adding Peer Mentor and Medication Manager staffing to TMHA, using CSS funds. Older Adult FSP was expanded with approval of additional psychiatry for Wilshire Community Services. The SLOBHD's Veterans Outreach Program was expanded with PEI funds to support a case manager for community and Veterans Treatment Court participants.
- An expansion of TMHA's Integrated Community Wellness Advocates was approved help clients obtain and find resources within the community. Stakeholders also approved an expansion of the Parent Connection program through the Center for Family Strengthening.
- The MAC met on January 29, 2020, and approved additional expenses using the released Prudent Reserve funds. A one-time grant of \$60,000 was made available to the County's Sheriff's Office to support expanding Crisis Intervention Training (CIT). Released funds were also made available (\$251k) for Sierra Mental Wellness Group to purchase mobile crisis vehicles.
- After the county entered its shelter-at-home order, the MAC continued to meet. Its first "virtual" meeting was held March 25, 2020, using Go-To Meeting webinar services. This phone-in meeting was well-attended, and business was still conducted, with funding approvals done using "electronic voting" (Survey Monkey). Items that were presented at the January meeting were approved. These included moving CSS funds into the county's WET account to support both ongoing CIT activities as well as additional cultural competence training.

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- The final MAC of the fiscal year was held over Zoom, on May 27, 2020. At this meeting the stakeholders were provided with information about a Homeless Mentally Ill Outreach and Treatment (HMIOT) grant-funded SLOBHD clinician who had been posted at the county’s largest homeless services center (“40 Prado”). Staff recommended CSS funding be allotted to maintain the position after the grant’s sunset (June, 2020). This decision would not be made until July, 2020 (stakeholders approved).
- Following that MAC meeting the MHSA Leadership Team presented a live Town Hall meeting broadcast over Zoom and Facebook Live.

In FY 2019-20, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent just under \$20 million (M) on MHSA programs with \$14.75M coming from MHSA revenue, \$4.33M from Medical Federal Financial Participation (FFP) reimbursement and \$955K from grants or other revenue sources. Community partner agencies spending decreased from 67% (\$11.3M) to 57% (\$11.3M) of the FY 2019-20 revenue, while the County programs were responsible for the other 43% (\$8.5M). The breakdown per program, including the agency providing the service, and the cost per client, is included in the tables at the beginning of each component section.



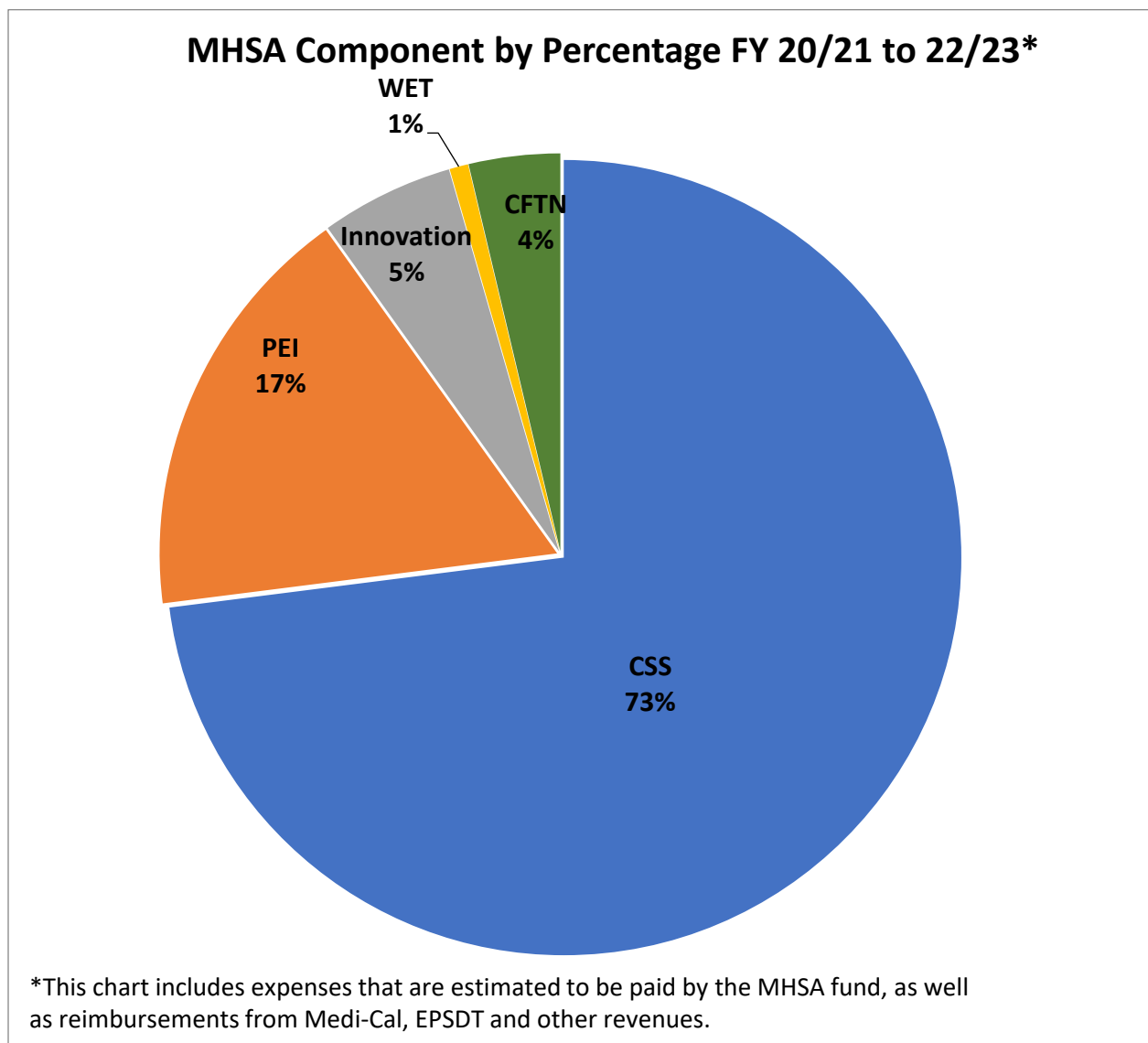
MHSA staff greet community members at the annual Journey of Hope in Pismo Beach, February 2020

In the past year, San Luis Obispo County’s MHSA programs have continued to produce excellent results and meet objectives. Here are some of the highlights of the work done, by component, over the 2019-20 fiscal year:

Community Services and Supports (CSS) programs continue to serve a wide array of severely mentally ill individuals in all parts of the county. Details found in this Annual Update include personal success stories and outcome reporting, which reveals positive changes in meaningful measures such as employment, hospitalizations, education, and quality of life amongst various program participants. Unique designs like the Latino Outreach Program provide culturally competent care and treatment in neighborhood settings. Forensic coordination efforts have

been critical since the state’s adoption of jail realignment and have provided an opportunity for behavioral health providers to engage inmates before and upon release.

Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, “whatever-it-takes” model. Collectively, in 2019-2020, there were 192 client “partners” enrolled in FSP programs. In that year, enrolled clients yielded the following results: (1) A 20% reduction in homeless days; (2) an 58% reduction in emergency room visits; (3) a 95% reduction in jail days; and (4) a 71% reduction of days in the County’s Psychiatric Health Facility (PHF).



OVERVIEW AND EXECUTIVE SUMMARY

In July 2019, a second Homeless Outreach Team FSP (launched in 2018-2019 with HMIOT grant funds) was added to CSS. This team includes a mobile unit and on-board telepsychiatry to better serve local homeless shelters and other community service locations (e.g. libraries).

Other CSS highlights in 2019-2020 included in this Annual Update feature reporting on 344 unduplicated individuals served in the Crisis Stabilization Unit; the Martha's Place Child Assessment Center's Service Enhancement Program which served 181 families and surveys demonstrating 58% of participants reporting decreased stress in navigating the system of care; and the Veterans Outreach treatment program serving 114 Veterans - a 100% increase from 2016-2017. This Annual Update also includes FSP demographic data (Exhibit G).

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

The Older Adult Mental Health Initiative, conducted by Wilshire Community Services, Inc. has been an anchor of the county's PEI plan since 2008. In 2019-2020 nearly 900 unduplicated residents were served. Services include education and depression screenings, Caring Callers, Senior Peer Counseling, and Transitional Therapy. In 2019-2020, 91% (176/194) of clients who received services demonstrated a reduction in risk factors such as depression, anxiety, and hospitalizations.

The County's Suicide Prevention Coordinator made over 1,000 contacts countywide in 2019-2020 via 23 presentations, outreach events, and trainings. A significant number of event participants (83%) demonstrated improved knowledge or capacity for preventing suicide.

Workforce Education and Training (WET) funding is no longer being distributed to the County, and all programs have been implemented. Stakeholders agreed to use CSS funding to maintain the current (2017-2018) activities within the WET work plan. In 2019-2020, community stakeholders agreed to support moving funds from CSS to WET to expand Crisis Intervention Training, and cultural competence trainings and initiatives. WET funds a wide range of cultural competence training, which expanded in 2019-2020 to include a full Department training on implicit bias and health inequity, as well as several community trainings including "Trans 101" and "Bridges to Poverty."

Other WET highlights in this Annual Update include the well-received outreach and Journey of Hope forum put on by the Peer Advisory and Advocacy Team, and electronic learning projects.

The **Capital Facilities and Technological Needs** work plan involves the development of the county's electronic health record (EHR, using Cerner/Anasazi programs). In 2019-2020, the project met several milestones and training was completed for nearly every provider within the county.

OVERVIEW AND EXECUTIVE SUMMARY

The **Innovation** component of MHSA has provided an array of exciting developments to the local mental health system. Local Innovation projects have proven to be novel, new, and creative, and the County has already seen opportunities for projects to be replicated in other communities across the state. The county's second round of Innovation projects ended in 2019-2020 and this Update will include an adjunct 'Innovation Evaluation' produced by California Polytechnic State University's Public Policy program.

A fourth round of Innovation projects were approved and launched in 2019-2020: "Holistic Adolescent Health," focuses on testing a wellness curriculum for high schools; and "Behavioral Health Assessment and Response Project (BHARP)," is a trial program to strengthen communication between mental health providers, schools, and law enforcement in order to minimize threats of violence. In 2019-2020, Innovation stakeholders met and developed projects which will seek MHSOAC approval in early 2020-2021

In addition to this report on achievements and plans made in 2019-2020, it is important to note here some additional changes to the Three-Year plan which occurred in the final weeks of the last fiscal year, and in the early part of this current fiscal year, 2020-2021:

- Over the past two years, three of the county's four hospitals have contracted with the County to provide psychiatric crisis support within their emergency departments. Sierra Mental Wellness Group, Inc, who provide services for the Mental Health Evaluation Team and Crisis Stabilization Unit, also station staff at these hospitals. In 2019-2020 this expansion was in place at Twin Cities Community Hospital in Templeton and Sierra Vista Regional Medical Center in San Luis Obispo. The program expands to Arroyo Grande Community Hospital in 2020-2021. In its first year 380 patients were provided with mental health crisis care.
 - The County, in seeking cost-savings to maintain and expand other programs in the future, elected to terminate the Crisis Response Team position. This position had been providing limited support to local emergency rooms and was originally funded as part of an Investment in Mental Wellness (SB 82) grant in 2013.
- The PEI program aimed at transitional aged youth in court and community school programs ended and funds were reallocated to other programs (described herein). The County thanks Cuesta College for its tremendous efforts and support of MHSA programs.
- In the July 2020 MAC meeting stakeholders approved \$142,000 of CSS funding for the Behavioral Health Clinician assigned to the 40 Prado Homeless Services Center, beginning in the 2020-2021 fiscal year.
- Due to budget shortfalls arising from COVID-19, the Wellness Centers in San Luis Obispo and Arroyo Grande, supported by County General Fund, faced elimination. MHSA

OVERVIEW AND EXECUTIVE SUMMARY

Leadership and stakeholders met to examine how best to continue and expand these critical community wellness and recovery services, while avoiding issues of supplantation. The county's third center, in Atascadero, is funded with MHSA. Stakeholders were provided details on the recommendation and agreed to support all three Wellness Centers going forward.

- Key to this decision was the elimination of a program which was proposed and approved in 2018-2019, the "Martha's Place FSP." The County had developed a plan, which was approved by stakeholders, to launch a full-service partnership targeting difficult-to-serve children, age 0-5, and their families. Due to a number of circumstances, COVID included, that program did not get implemented and no staff were hired or assigned. Stakeholders agreed that because of the change in how services will be delivered to the 0-5 age group over the near future, this program would not have the impact that was projected when it was proposed. Shifting the funding had no impact on any current services or staffing.

The County of San Luis Obispo's 2019-2020 Annual Update and Three-Year Expenditure Plan for 2020-2022 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 19 through November 18, 2020. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also posted on the County of San Luis Obispo's Behavioral Health Department website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Behavioral Health services clinic and all county libraries.

The Annual Update 30-day public review included a presentation of the draft, including highlights from 2019-2020 and outline the Community Planning Process at the Behavioral Health Board's meeting, October 21, 2020. The review period concluded with a Public Hearing on November 18, 2020 as part of the monthly Behavioral Health Board Meeting. At that meeting MHSA Leadership staff shared substantive comments received during the 30-day public review. Those comments are detailed in the Community Planning Process section of the Update.

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

On January 5, 2021, the Board of Supervisors received a presentation on the Annual Update and voted to approve the Update and Three-Year Plan.

Community Planning Process

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

Throughout the year the MHSA Leadership Team comprised of Frank Warren (Division Manager/MHSA Coordinator), Nestor Veloz-Passalacqua (PEI/INN Coordinator), Kristin Ventresca (CSS Coordinator), Jalpa Shinglot (MHSA Accountant), Christina Menghrajani (FSP Coordinator), Caroline Johnson (WET Coordinator), and Anne Robin (Behavioral Health Director), meets regularly with stakeholder groups, individuals, and organizations to maintain an open dialogue regarding MHSA plans and programming. The primary stakeholder groups include the oversight body: the MHSA Advisory Committee (MAC) which stems from the original CSS workgroup, as well as the component-driven PEI and Innovation workgroups, and the county's Behavioral Health Board.



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

COMMUNITY PLANNING PROCESS

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

Board members take part in MHSA-related stakeholder meetings as well as trainings and other program activities throughout the community. The Annual Update outlines many activities with large public profiles, including the "Journey of Hope" forum, suicide prevention efforts, and veterans outreach events. Each activity is promoted within the BHB and with all local stakeholders to ensure public understanding of MHSA endeavors.

In 2019-2020, the county's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met five times to review program progress and budgeting, as well as develop new projects to take advantage of increased revenue projections. In this year, the County's MHSA Leadership Team continued its "Town Hall" sessions in combination with two Advisory Committee meetings to promote community engagement and bring the meetings into other parts of the county, including a "virtual" event. Town Halls were held in Los Osos in August 2019 and live on Facebook and Zoom in May of 2020.

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



Dr. Jay Bettergarcia, presents the results of the PEI-funded "Q-Cares" LGBTQ+ needs assessment to the MHSA Advisory Committee (MAC), October 2019

COMMUNITY PLANNING PROCESS

In preparing for the 2019-2020 Annual Update and Three-Year Plan, and to review program progress, the MAC first convened on August 28, 2019 in a special “Town Hall” style meeting held in Los Osos – a coastal community near Morro Bay. At that Town Hall, County Supervisor for the district, Bruce Gibson, helped welcome stakeholders gathered at the Los Osos Schoolhouse, a County community park facility. Supervisor Gibson lauded the MHSA for being a “bright spot” in County government and reiterated the importance of reducing stigma and addressing crises. During the meeting the CSS, PEI, and new Innovation (INN) work plans were reviewed, and updates provided. Presentations at that meeting included an update on the Middle School Comprehensive Program (PEI).

At that meeting the MHSA Leadership team presented a recommendation to the Mental Health Services Act Advisory Committee (MAC), the county’s key stakeholder group, to reduce the County’s Prudent Reserve in alignment with new state guidelines. The Act requires counties to establish and maintain a prudent reserve to ensure the county can continue services in years in which revenues are below recent averages. Senate Bill 192 (Sept., 2018) added a subsection to the MHSA that requires counties to establish a prudent reserve that does not exceed 33 percent of the average CSS revenue received in the preceding five years. Counties that exceed the limit had until June 30, 2020 to move the funds from the prudent reserve. San Luis Obispo needed to draw down \$2.8M in CSS Prudent Reserve, and \$74k in PEI. Stakeholders approved the fund transfer, with the intention of using the funds to introduce, enhance, and expand MHSA projects over the next three years. These funds must be spent before June 30, 2022.

At that same meeting MAC stakeholders approved using released Prudent Reserve funds to support half the cost for the Department’s new “Justice Division” Manager position. The Justice Division houses a variety of MHSA forensic programs and has expanded in recent years. This position is partly funded by a Department of State Hospitals grant. The MAC also agreed to support use of released Prudent Reserve funds to seed a Case Manager position for the new Bishop Street Studios – a housing project developed by Transitions-Mental Health Association (TMHA).

There were two items presented to the MAC in June, 2019, which were approved at the August, 2019 stakeholder meeting: The MAC agreed to allocate CSS funds to support additional administrative support and psychiatry services for the Crisis Stabilization Unit (Sierra Mental Wellness Group, Inc); and an expansion of Promotores (Center for Family Strengthening) language interpretation services throughout the Behavioral Health Department

The Prevention & Early Intervention (PEI) stakeholder group met immediately prior to the October 30, 2019 MAC. Stakeholders learned about Senate Bill 1004 which established new priorities for PEI programs. Stakeholders discussed how current PEI programs within the County’s plan met these priorities and reviewed the current work plans. These priorities include:

- Childhood trauma prevention and early intervention

COMMUNITY PLANNING PROCESS

- Early psychosis and mood detection
- Youth outreach and engagement targeting secondary schools
- Older adults

At this meeting three proposals were made for available PEI funds. Staff recommended the County's Veterans Outreach Program be expanded with PEI funds to support a case manager for community and Veterans Treatment Court participants. An expansion of TMHA's Integrated Community Wellness Advocates was proposed to help clients obtain and find resources within the community. Stakeholders also reviewed a proposal to expand the Parent Connection program through the Center for Family Strengthening.

Following that PEI stakeholder meeting, the MAC reconvened at the Veterans Hall in San Luis Obispo and heard presentations updating the group on recent approved projects. Case Managers from the County reported on their first year and reported tremendous success engaging severely mentally ill individuals in accessing community resources. Stakeholders also welcomed Dr. Jay Bettergarcia, who presented on the results, recommendations and provided a quick single-sheet fact sheet of the PEI-funded LGBTQ+ Needs Assessment, 'QCARES.'

Stakeholders approved additional program expansions which were introduced at the August meeting. Stakeholders agreed to fund an expansion of Adult FSP services by adding Peer Mentor and Medication Manager staffing to TMHA, using CSS funds. Older Adult FSP was expanded with approval of additional psychiatry for Wilshire Community Services. The SLOBHD's Veterans Outreach Program was expanded with PEI funds to support a case manager for community and Veterans Treatment Court participants.

Two items were brought forth in the October 30, 2019 MAC meeting that were decided "on the spot." The usual process is for staff to provide stakeholders with funding requests in one meeting and seek approval in the next. In 2019-2020 stakeholders expressed a desire to make more decisions within meetings if possible. This was established for the released Prudent Reserve funds. However, in this October meeting two items were approved immediately after discussion, using PEI funds. An expansion of TMHA's Integrated Community Wellness Advocates was approved help clients obtain and find resources within the community. Stakeholders also approved an expansion of the Parent Connection program through the Center for Family Strengthening.

The MAC met (Veterans Hall) on January 29, 2020 and heard staff presentations regarding new priorities for PEI funds, as well as a presentation from Hans Poschman (Veterans Services Office) seeking support for a statewide MHSA grant. Stakeholders approved additional expenses using the released Prudent Reserve funds. A one-time grant of \$60,000 was made available to the County's Sherriff's Office to support expanding Crisis Intervention Training (CIT). Released funds

COMMUNITY PLANNING PROCESS

were also made available (\$251k) for Sierra Mental Wellness Group to purchase mobile crisis vehicles.



Nestor Veloz-Passalacqua, PEI/INN Coordinator, accepts award from GALA/SLO Community Foundation on behalf of Behavioral Health Dept. at the July, 2019 “Pride in the Plaza” for its MHSA initiatives in support of the local LGBTQ community.

Innovation stakeholders met immediately prior to the January MAC to hear proposals from three project developers. First, “SoulWomb” would study the impact of “intent based” sound therapy and meditation with the SLOBHD forensic population. “Mental Health Integration for Older Adults in Residential Facilities” would provide education and consultation to facility staff, so they feel more empowered and comfortable with psychiatric crises. And, “Behavioral Health Education and Engagement Team (BHEET)” would test the development of an outreach and engagement model combining peer case managers and a licensed clinician to offer community education and outreach for individuals who are outside the service range of behavioral health services.

COMMUNITY PLANNING PROCESS

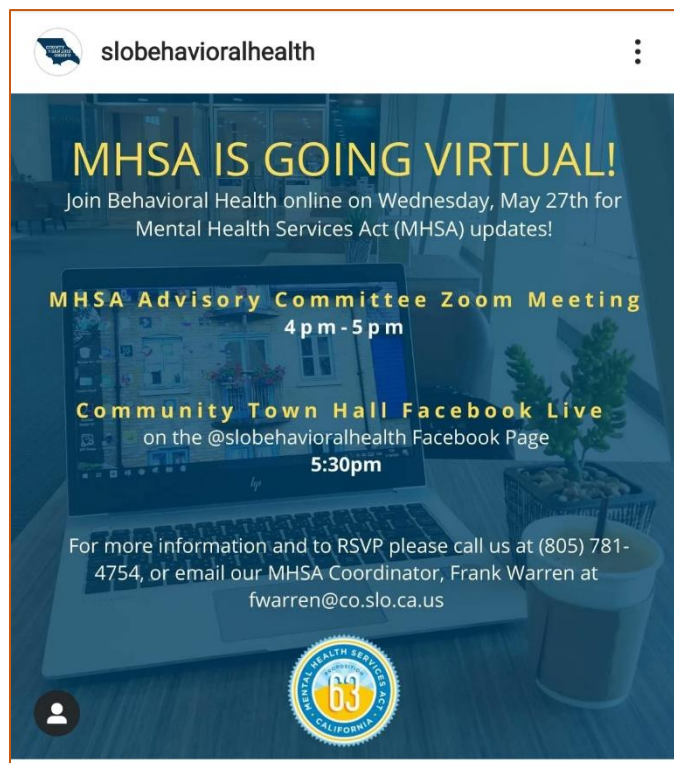
To ensure more deliberation and discussion, the MHSAs Leadership Team invited the INN stakeholders to meet once more with project developers (February 27, 2020) to ask questions and learn more about each proposal. Following the meeting, stakeholders were provided with electronic surveys to rank the proposals in order of interest and learning potential.

After the county entered its shelter-at-home order, the MAC continued to meet. Its first “virtual” meeting was held March 25, 2020, using Go-To Meeting webinar services. The MHSAs Leadership Team provided the stakeholders and community providers with an update on COVID-19 -related issues impacting the County, as well as shared resources for maintaining levels of service during the quarantine. This phone-in meeting was well-attended and business was still conducted, with funding approvals done using “electronic voting” (Survey Monkey).

Items that were presented at the January meeting were approved using an electronic survey following the meeting (stakeholders had a few days in which they could respond or ask further questions). These included moving CSS funds into the county’s WET account to support both ongoing CIT activities as well as additional cultural competence training; and increasing support for the Community Action Partnership of San Luis Obispo (CAPSLO) in the Services Affirming Family Empowerment (S.A.F.E.) system of care.

The final MAC of the fiscal year was held over Zoom, on May 27, 2020. At this meeting community providers provided updates on services impacted by the shelter-at-home orders, which services were being provided in the field, and shared successes with various Mental Health Awareness Month activities. Staff also recommended, and stakeholder approved via electronic voting after the meeting, to increase the

At this meeting, the stakeholders were provided with information about a Homeless Mentally Ill Outreach and Treatment (HMIOT) grant-funded SLOBHD clinician who had been posted at the county’s largest homeless services center (“40 Prado”). Staff recommended CSS funding be allotted to maintain the position after the grant’s sunset (June 2020). This decision would not be made until July 2020 (stakeholders approved). Staff also provided information to the MAC that a case management position in the MHSAs-funded Behavioral Health Treatment Court program, held by



COMMUNITY PLANNING PROCESS

Transitions-Mental Health Association (TMHA) will be transferred to the County and expand its work to include the new Mental Health Diversion Court.

Following that MAC meeting the MHSA Leadership Team presented a live Town Hall meeting broadcast over Zoom and Facebook Live. More than 270 viewers “tuned in” to learn about the Mental Health Services Act, its programs in San Luis Obispo County, and how to participate in community planning. The Town Hall remains available for viewers online and can be used to provide other community members with accessible information regarding the MHSA.

San Luis Obispo County			
2019-2020 MHSA Advisory Committee (MAC)			
Name	Affiliation	Name	Affiliation
Dawn Anderson	Family Members	Tonya Leonard	Cuesta College
Cynthia Barnett	Family Care Network, Inc.	Joe Madsen	TMHA
Nicole Bennet	CenCal	Marcy Paric	PAAT
Katy Bertrand	Community	Christine Pirruccello	Sierra Mental Wellness Group
Michelle Call	GALA	David Riester	NAMI
Elissa Feld	SLO Acceptance	Jeff Smith	SLOPD
Lisa Fraser	Center for Family Strengthening	Jenilee Sneed	Cal Poly
Matthew Green	Cuesta College	Melinda Sokolowski	CAPSLO
Barry Johnson	TMHA	Bonita Thomas	PAAT
Pam and Jack Kretovic	Family Members	Mark Woelfle	Community
Joseph Kurtzman	Sunny Acres/BHB	Pam Zweifel	NAMI/BHB

The County of San Luis Obispo’s 2019-2020 Annual Update and Three-Year Expenditure Plan for 2020-2022 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 19 through November 18, 2020. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also posted on the County of San Luis Obispo’s Behavioral Health Department website and distributed by

COMMUNITY PLANNING PROCESS

email to over 500 stakeholders. In addition, copies were made available at each Behavioral Health services clinic and all county libraries.

The Annual Update 30-day public review included a presentation of the draft, including highlights from 2019-2020 and outline the Community Planning Process at the Behavioral Health Board's meeting, October 21, 2020. The review period concluded with a Public Hearing on November 18, 2020 as part of the monthly Behavioral Health Board Meeting. At that meeting MHSAs Leadership staff heard public comment, including from Behavioral Health Board members, and shared substantive comments received during the 30-day public review.

Substantive comments included a suggestion that MHSAs programs address the public dialogue and consensus to improve mental health crisis response by establishing systems not reliant on law enforcement. While the Annual Update outlines various programs which address mental health crises in the field (e.g. Community Action Teams, Mental Health Evaluation Team), stakeholders recommended more thorough explanations of dispatch protocols and examination of alternatives to law enforcement responses to psychiatric emergencies. Written comments taken into consideration included recommendations for improved explanations of Program Goals, Key Objectives, Program Outcomes, and Methods of Measurements which could shorten the document. Another comment recommends more detail in fiscal sections, particularly in programs with multiple providers, to outline expenses. Finally, several clarifying questions regarding statistics or verbiage were received, and edits were made to the Draft in response.

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

On January 5, 2021, the Board of Supervisors received a presentation on the Annual Update and voted to approve the Update and Three-Year Plan.

COMMUNITY PLANNING PROCESS



Sadly, the community grieved the loss of Adam Hill, County Supervisor, in August 2020. A great champion of the MHSA in San Luis Obispo County, he was a true advocate for many of the causes within the field of behavioral health. He supported programs which promoted the dignity and stabilization of housing, and wellness and prevention to reduce the onset, and severity, of addiction and mental illness. And he was a leader willing to share his own, personal, behavioral health experiences to reduce stigma and help others feel seen and heard.



County Supervisor Adam Hill (1966-2020), pictured here with Anne Robin, Behavioral Health Director (center), and Jill Bolster-White, Executive Director, Transitions-Mental Health Association (right) at the Grand Opening of the Bishop Street Studios project, November 2019.

Community Services and Supports (CSS)

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

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

The majority of CSS component funding is directed towards Full Service Partnerships (FSP). Full Service Partnerships provide comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services or may not have used these services to avoid incurring high costs related to acute hospitalization or long-term care. A principle of FSP is doing “whatever it takes” to help individuals on their path to recovery and wellness. FSP embraces client driven services and supports with each client choosing services based on individual needs. These individuals and their families often have co-existing difficulties, such as substance abuse, homelessness, and involvement with the judicial and/or child welfare systems. Key variables to FSP programs are a low staff to client ratio, crisis availability, and a team approach.

San Luis Obispo County FSP includes four distinct programs based on age groups: Child/Youth ages 0-15, Transitional Aged Youth (TAY) ages 16-25, Adult ages 26-59, and Older Adult ages 60+. Collectively, in 2019-2020, there were 192 client “partners” enrolled in FSP programs. In that year, enrolled clients yielded the following results: (1) A 20% reduction in homeless days; (2) an 58% reduction in emergency room visits; (3) a 95% reduction in jail days; and (4) a 71% reduction of days in the County’s Psychiatric Health Facility (PHF).

On the following pages the various work plans within the county’s CSS plan will be described. At the head of each section is a table outlining the budget and actual costs of each work plan, as well as projected costs for the next three fiscal years. In addition, a table outlining each CSS program’s stated goals, objectives, and measurable outcomes can be found at the front of each work plan’s section. County staff and stakeholders are monitoring each program’s goals, objectives, and measures to continually ensure the programs are meeting the needs of the community.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 1: Children and Youth Full Service Partnership (FSP)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	43*	\$1,006,871	\$ 23,416
Projection for FY 2020-2021	30	\$1,181,623	\$ 39,387
Projection for FY 2021-2022	30	\$1,205,255	\$ 40,175
Projection for FY 2022-2023	30	\$1,229,361	\$ 40,979

*Two clients were served in both Youth and TAY FSP

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

Designed as an integrated service partnership, the **Children and Youth FSP** program honors the family, instills hope and optimism, and achieves positive experiences in the home, school, and

COMMUNITY SERVICES AND SUPPORTS (CSS)

the community. The original CSS Community Planning Process identified youth in San Luis Obispo County as an underserved population. This program increases access and provides age-specific, culturally competent interventions for the participants. Family Care Network, Inc. (FCNI), a nonprofit children and families' services provider provides the Child/Youth and TAY FSP services. FCNI was established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth.

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

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

There were two (2) Children and Youth FSP teams in 2019-2020. FSP teams included the child and family, a community-provided therapist, a peer and parent coach and a Personal Services Specialist. The team also includes access to a psychiatrist and supervisor support. Additional partners include appropriate agency personnel, family members, friends, community supports (i.e. school community) and others as identified by the team. Individualized services can



Figure C1: Team Members for Child and Youth Clients

COMMUNITY SERVICES AND SUPPORTS (CSS)

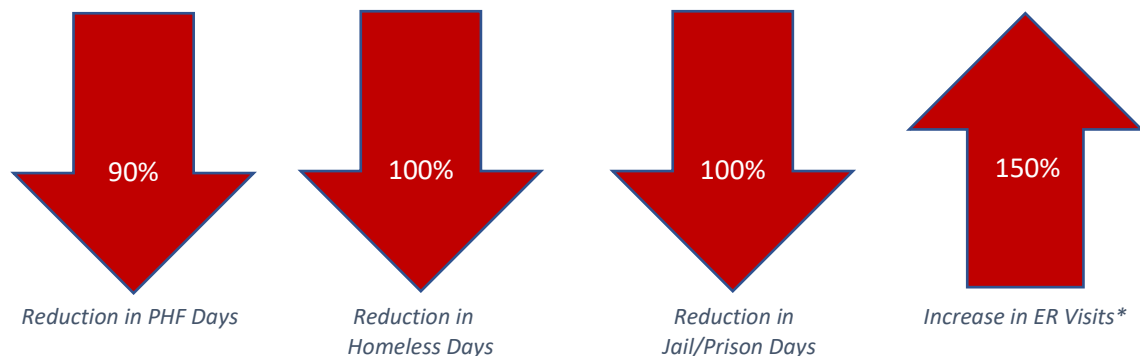
change in intensity as the client and family change.

FSP teams represent the core principles of MHSA and doing “whatever it takes,” which includes engaging a client, determining their needs for recovery, and creating collaborative services and support to meet those needs. The FSP Children/Youth (and TAY) FSP services include 24/7 responses to program clients who may need after hours supports to manage or reduce crises. Being “fully served” is a core principle of FSP, which includes the ability to have someone known to the client or family members able to respond 24 hours a day, seven days a week. This strategy is intended to allow interventions after hours that will decrease negative outcomes for clients including, but not limited to, unnecessary incarcerations or hospitalizations.

In 2019-2020, FCN’s Children and Youth FSP teams provided services to 43 clients with the target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure C2 represents reductions in areas of consequence. These figures are calculated by comparing the 12 months prior to FSP enrollment to the occurrences during 2019-2020. Compared to the 12 months prior to FSP enrollment, Child and Youth FSP participants demonstrated the following results:

- Approximate 90% decrease in days spent in psychiatric health facilities (289 twelve months prior to partnership, 28 during 2019-2020);
- 100% reduction in homeless days (29 twelve months prior to partnership, 0 during 2019-2020);
- 100% decrease in total days spent in justice facilities (22 twelve months prior to partnership, 0 during 2019-2020); and
- 150% increase in ER visits (2 twelve months prior to partnership, 5 during 2019-2020).

Figure C2: Child and Youth FSP Clients Enrolled in FY 2019-2020 (n=43)

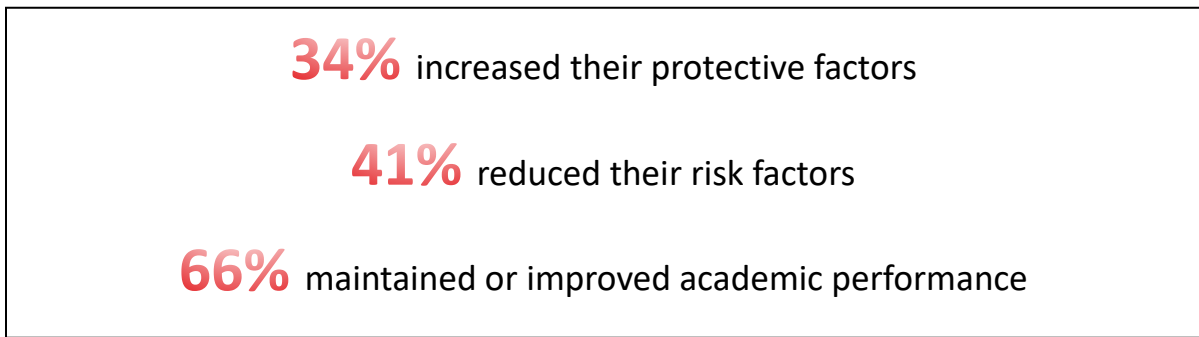


**Two (2) ER visits 12 months prior to partnership, five (5) in FY 2019-2020*

COMMUNITY SERVICES AND SUPPORTS (CSS)

Figure C3, below, displays the improvement in protective factors, decreased risk factors, and improved academic performance throughout the year for those child and youth FSP clients that completed more than one quarterly assessment.

Figure C3: Child & Youth FSP Client Results (n=41)



The COVID-19 pandemic created numerous challenges in the contractor’s ability to provide face-to-face services for clients. Clients were given the option to choose tele-health or in-person contacts. During the difficult time, mental health services continued to be provided as requested by the client and family. While tele-health became the preferred contact method after shelter-at-home orders were enacted in the county, some clients refused or cancelled services. Additionally, when services were provided, the length of the contact was significantly reduced. FCNI is working to transition to more face-to-face contacts, while following the health and safety recommendations for essential services as provided by the County of San Luis Obispo.

OLLY AND AXEL'S STORY

Olly and Axel, at only 9 and 7, had their lives completely rearranged when their parents were arrested. They were put into a new home with new caregivers, enrolled at a new school with new kids and expectations. Even though the brothers were placed with family friends, Evan and Josie, people who knew and loved them, the transition still left them emotionally unstable. The boys struggled with past trauma and being separated from their parents. Evan and Josie, new to parenthood, found themselves dealing with tantrums, bed wetting, sibling rivalry, and homework and bedtime arguments. For critical support, the family was referred to FCNI's FSP program.

FCNI met with the family to learn more about them and talk through everyone's needs in order to create a plan. Staff began meeting with the family once a week for several hours, helping the boys build better coping and communication skills, and showing Evan and Josie how to support their emotional needs. Staff also worked with the whole family to set up new routines to help the boys feel secure. The boys first needed help identifying their emotions and needs, after which staff could show them different ways to self-regulate themselves when anxious or stressed. Triggers for the boys seemed to exist around every corner, so Evan and Josie and their team tried different interventions and had to revise in the moment what did and did not work.

Time and affection were the key ingredients to this family's success. It took time for the whole team to build trust and rapport, and for the boys to learn to express themselves. Eventually, the boys could voice how much comfort they received when Evan, Josie and even workers held their hands or hugged them during emotional episodes. The team then really focused on employing empathy and affection with the boys, demonstrating physically that the boys were deeply cared for and being heard. Slowly the boys changed from being highly reactive to calmly voicing their needs and advocating for themselves.

Today, the new family finds real joy in one another, having weathered so much together already. And even though they still have a lot to learn as they all grow and change, they still enjoy the simple tools which helped bond them in the beginning--a hand to hold, a hug when needed and just being comforted when things get hard.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 2: Transitional Age Youth (TAY) Full Service Partnership (FSP)

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2019-2020	33*	\$900,063	\$27,275
Projection for FY 2020-2021	30	\$ 980,072	\$32,669
Projection for FY 2021-2022	30	\$999,673	\$33,322
Projection for FY 2022-2023	30	\$1,019,667	\$33,989

*Two clients were served in both Youth and TAY

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

The **Transitional Aged Youth Full Service Partnership (TAY FSP)** provides wraparound-like services and includes intensive case management, housing and employment linkages and supports, independent living skill development, crisis response, and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and

COMMUNITY SERVICES AND SUPPORTS (CSS)

incarcerations, while providing a bridge to individual self-sufficiency and independence. Thirty-three (33) TAY received FSP services in 2019-2020.

TAY FSP provides services for young adults (ages 16 to 25) of all cultural, racial, and ethnic backgrounds. Those served include individuals with severe emotional disturbances/serious mental illnesses who have a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements, or those who are aging out of the Children's System of Care. The priority issues for TAY have been identified by local stakeholders as substance abuse, inability to be in a regular school environment, involvement in the legal system/jail, inability to work, and homelessness.

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

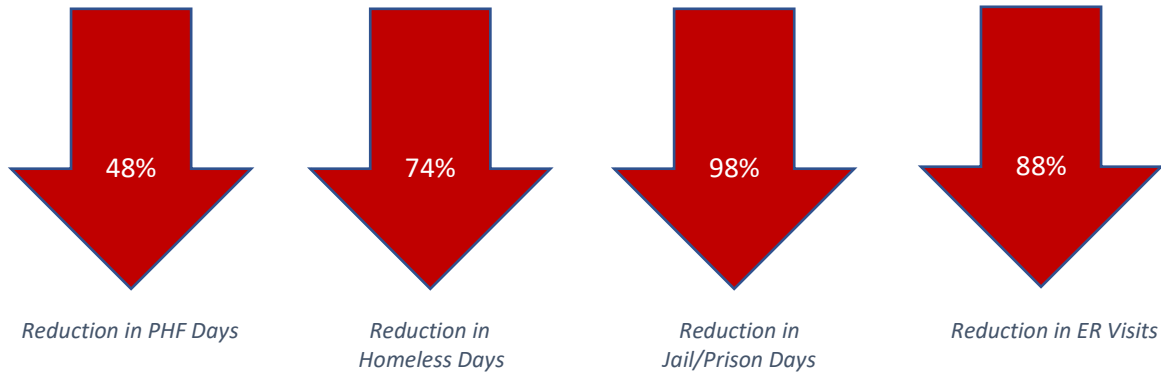
There were two TAY FSP teams in 2019-2020. The core FSP team includes a community-provided therapist, a peer and parent coach and a Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, and access to a psychiatrist, medication manager, and program supervisor that serve participants in both age group programs.

In 2019-2020, FCNI provided services to 33 clients in the TAY FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure C4 represents reductions in areas of consequence. These figures are calculated by comparing the baseline information gathered from the clients for 12 months prior to their start date into the program to the occurrences during 2019-2020.

- Approximate 46% decrease in days spent in psychiatric health facilities (455 twelve months prior to partnership, 244 during FY 2019-2020);
- Approximate 74% reduction in homeless days (1628 twelve months prior to partnership, 427 during FY 2019-2020);
- Approximate 98% decrease in total days spent in justice facilities (223 twelve months prior to partnership, 5 during FY 2019-2020); and
- 88% reduction in ER visits (8 twelve months prior to partnership, 1 during FY 2019-2020).

COMMUNITY SERVICES AND SUPPORTS (CSS)

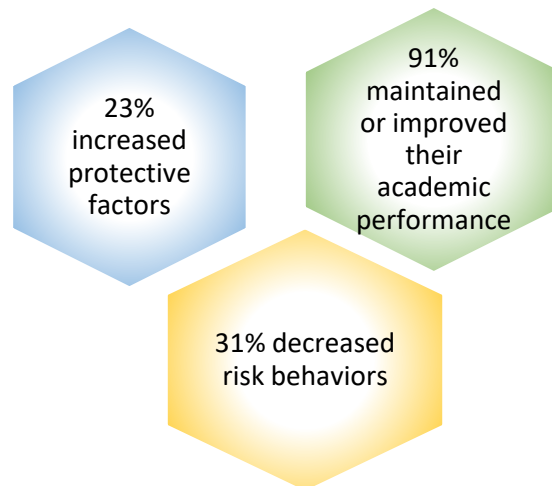
Figure C4: TAY Clients Enrolled in 2019-2020 (n=33)



In 2019-2020, 33 of Child/Youth and TAY clients were observed by team providers over several months in order to compare program outcomes. Figure C5 at right demonstrates a significant decrease in risk factors. Thirty-one percent (31%) of TAY clients observed demonstrated a decrease in risk behaviors such as delinquency, fire setting, and being a runaway, among others. Twenty-three percent (23%) increased their protective factors. Ninety-one percent (91%) maintained or improved their academic performance. Stakeholders approved in April of 2019 the addition of a Peer and Parent Coach for both Child/Youth and TAY FSP programs.

The peer and parent coach provide transportation, social support, skills training, and assistance with independent living. These coaches function as role models to clients with regard to rehabilitation and recovery, communication skills, and work behavior; facilitate and encourage clients to access and utilize community resources, services, and opportunities; as

Figure C5: TAY FSP Clients Survey Results for Social Behaviors



well as support parents to be effective caregivers and advocates for their children - which may include trauma-informed parenting skills, implementing a self-care routine, and reconnecting with family and friends that can be a source of strength and support. The peer and parent coach

COMMUNITY SERVICES AND SUPPORTS (CSS)

assists clients in a social rehabilitation setting offering social support, recreation activities, and assisting with independent living skills.

The COVID-19 pandemic created numerous challenges in the contractor’s ability to provide face-to-face services for clients. Clients were given the option to choose tele-health or in-person contacts. During the difficult time, mental health services continued to be provided as requested by the client and family. While tele-health became the preferred contact method after shelter-at-home orders were enacted in the county, some clients refused or cancelled services. Additionally, when services were provided, the length of the contact was significantly reduced. FCNI is working to transition to more face-to-face contacts, while following the health and safety recommendations for essential services as provided by the County of San Luis Obispo.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 3.1: Adult Full Service Partnership (FSP)

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2019-2020	53	\$2,155,853	\$40,676
Projection for FY 2020-2021	50	\$2,482,681	\$49,654
Projection for FY 2021-2022	50	\$2,532,335	\$50,647
Projection for FY 2022-2023	50	\$2,582,981	\$51,660

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

Mental Health Association (TMHA): three (3) Adult FSP and two (2) Homeless Outreach Team (HOT) FSP teams.

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

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

There were three (3) Adult FSP teams in 2019-2020, serving a combined total of 53 clients. The core FSP teams include a TMHA Clinical Therapist and a Personal Services Specialist (PSS) provided by TMHA. In addition, there is a program mentor, psychiatrist, medication manager, lead clinician, and program supervisor that serve participants. The PSS is involved in day-to-day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, individual rehabilitation activities, crisis care, and interface with other treatment providers.

In 2019-2020, the program developed (in 2016) as Assisted Outpatient Treatment (AOT), having served no court ordered clients to date, was reorganized. The County's Behavioral Health Department continues to provide assessment, program support and coordination with the court for potential participants, and additional capacity was established with TMHA to create a third Adult FSP team. This team has the capacity to serve court ordered clients if needed. Combined, TMHA's three Adult FSP teams will serve 45 clients at all times.

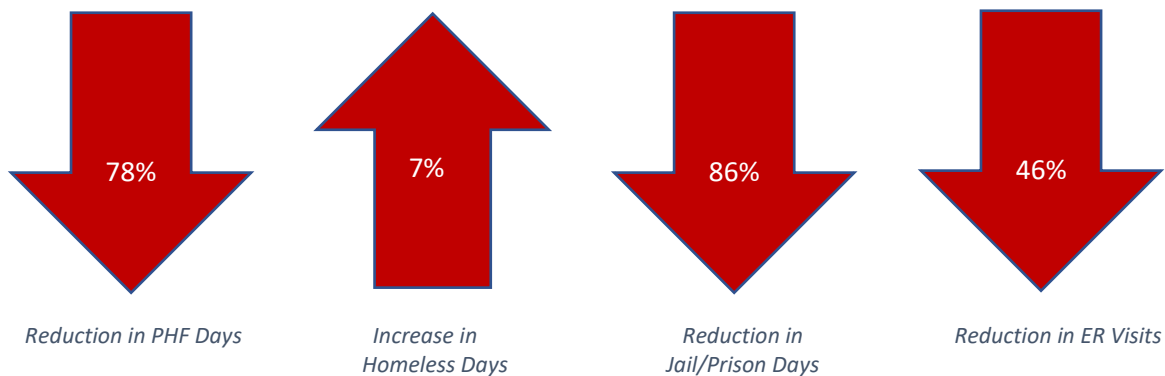
In 2019-2020, TMHA served 53 FSP clients as part of the Adult FSP program. A survey of participants showed an average increase of 47% in their use of learned coping skills to help them better manage their mental health symptoms. Clients surveyed also demonstrated a 37% increase in their use of skills learned from therapeutic interventions in order to deal better with stress-related triggers.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Figure C6 represents the baseline information gathered from the clients for 12 months prior to their start date into the program and compares it to the occurrences during 2019-2020.

- Approximate 78% decrease in days spent in psychiatric health facilities (631 twelve months prior to partnership, 138 during FY 2019-2020);
- Approximate 7% increase in homeless days (1,998 twelve months prior to partnership, 2135 during FY 2019-2020);
- Approximate 86% decrease in total days spent in justice facilities (419 twelve months prior to partnership, 57 during FY 2019-2020); and
- Approximate 46% reduction in ER visits (26 twelve months prior to partnership, 14 during FY 2019-2020).

Figure C6: Adult Clients Enrolled in FSP: FY 2019-2020 (n=51)



In October of 2019 community MHSAs stakeholders approved the addition of medication manager (16 hrs/wk) and additional peer mentor time (20 hrs/wk) for adult FSP. The additional medication manager time allows for the staff to be available during all business hours to support appointments, refills, and check-ins for the full caseload of 45 clients. The additional peer mentor time allows the contractor to continue to provide transportation, social support, skills training, and assistance with independent living to a caseload of 15 clients.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	43	\$1,161,989	\$27,023
Projection for FY 2020-2021	35	\$1,277,678	\$36,505
Projection for FY 2021-2022	35	\$1,303,232	\$37,235
Projection for FY 2022-2023	35	\$1,329,297	\$37,980

Program Provider: Transitions-Mental Health Association (TMHA)

The Homeless Outreach Team (HOT) FSP team features a therapist, medication manager, case manager and two outreach workers. Additional supports include a nurse, access to a psychiatrist, and program supervision. **In 2019-2020, TMHA served 53 FSP clients as part of the Homeless Outreach Team FSP program.** In 2019-2020, the program team met and engaged 388 local homeless individuals. Seventy-six (76) were screened to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders.

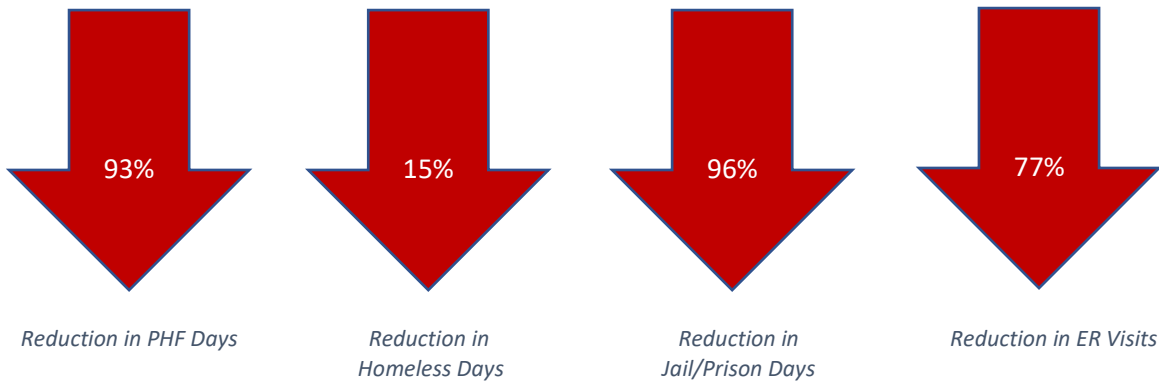
Forty-three (43) individuals were enrolled in HOT FSP Services 2019-2020. Of the 43 enrolled, five (5) were TAY, 33 adults, and five (5) older adults. Figure C7 represents the baseline information gathered from the clients for 12 months prior to their start date into the program and compares it to the occurrences during 2019-2020.

- Approximate 93% decrease in days spent in psychiatric health facilities (376 twelve months prior to partnership, 27 during FY 2019-2020);
- Approximate 15% reduction in homeless days (5,418 twelve months prior to partnership, 4,627 during FY 2019-2020);
- Approximate 96% decrease in total days spent in justice facilities (2,603 twelve months prior to partnership, 111 during FY 2019-2020); and
- Approximate 77% decrease in ER visits (79 twelve months prior to partnership, 18 during FY 2019-2020).

In 2019-2020, 100% of the 43 clients engaged accessed support services, such as substance abuse treatment, vocational training, emotional support, and benefits eligibility. Thirteen, or 30% of the 43 clients served had secured housing as of the fourth quarter.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Figure C7: Homeless Outreach Team Clients Enrolled in FY 2019-2020 (n=43)



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



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 3.3: Transition Assistance and Relapse Program (TARP/FSP)

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2019-2020	6	\$51,220	\$8,537
Projection for FY 2020-2021	25	\$114,639	\$4,586
Projection for FY 2021-2022	25	\$116,932	\$4,677
Projection for FY 2022-2023	25	\$119,270	\$4,771

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

Transition Assistance and Relapse Prevention Program (TARP) provides peer mentors as an ongoing support and connection to Full Service Partnership (FSP) graduates. When FSP client cases are closed and the partnership with the FSP team ends, the client is usually transferred to an outpatient clinic for ongoing general services. The community examined (via a MHSA-funded Innovation project) that graduates may still meet medical necessity for services, but because of their success in recovery, they may no longer access the level of supportive services they had been receiving in FSP. Over the years, it has become evident that the sudden shift from intensive services to the standard, every-3-month, appointment-based treatment can be very jarring for even the most successful clients. The loss of connectedness to the FSP “family” can be a significant factor that contributes to relapse.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Peer mentors in TARP extend that continued connection to the team beyond FSP. This includes providing access to resources and activities to which graduates have not had access to previously. TARP ensures continuity of care for FSP clients as they transition to non-intensive mental health services and create the opportunity to rely on peer-led services and supports rather than acute mental health care. It also alleviates the demand for FSP services from those clients showing signs of improvement, allowing others in more need of the wraparound program to enroll. Additionally, the presence of a TARP mentor can signal hope that recovery can and does occur, serving as a guidepost for new FSP clients.

In 2019-2020 the Innovation program was approved by stakeholders to be sustained using CSS funding beginning January 1, 2020. In quarters three and four, six (6) participants were served, with a total of **18 served for the fiscal year**. A total of 314 duplicated contacts occurred in quarters three and four. Of the 18 unique participants in 2019-2020, 100% of participants did not relapse/relapse to the PHF or the FSP program during the fiscal year. Additionally, of the eight (8) reporting via self-report surveys:

- 75% (6/8) of participants engaged in community-based services for 2 or more sessions.
- 75% (6/8) of participants also reported feeling better prepared to manage their long-term recovery after working with the peer mentor.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 4: Older Adult Full Service Partnership (FSP)

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2019-2020	22	\$733,898	\$33,359
Projection for FY 2020-2021	20	\$707,988	\$35,399
Projection for FY 2021-2022	20	\$722,148	\$36,107
Projection for FY 2022-2023	20	\$736,591	\$36,830

Program Provider: Wilshire Community Services, Inc.

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

The goal of the **Older Adult Full Service Partnership (OA FSP)** is to offer intensive interventions through a range of services and supports based on each individual’s needs. An individualized service plan and a Wellness and Recovery Plan are developed with each participant to address

COMMUNITY SERVICES AND SUPPORTS (CSS)

the type of services and specific actions desired. These plans are guided by an assessment of each individual's strengths and resources. Priority populations are individuals who are 60 years of age or older; all cultural, racial, and ethnic background individuals who are unserved or underserved by the current system; have high risk conditions such as co-occurring, medical, or drug and alcohol issues; suicidal thoughts; suffer from isolation or homelessness; and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults (55 to 59 years old) are also served by this team if their service needs extend into older adulthood.

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

There was one (1) OA FSP team in 2019-2020. The core FSP team includes a Wilshire Community Services or a WCS Mental Health Therapist a Personal Services Specialist (PSS), a medication manager, and a psychiatrist provided by WCS. Additionally, a co-occurring disorders specialist and a WCS program supervisor are available to serve participants in all of the occasional adult and older adult FSP age group programs. **In 2019-2020 the OA FSP team served a total of 22 partners.**

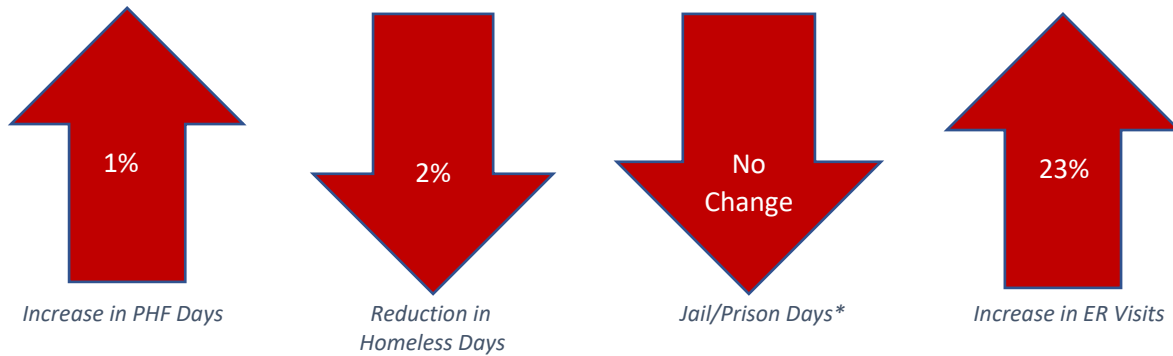
In 2018-2019, stakeholders approved the use of MHSA funds for a part-time medication manager to serve the older adult caseload. Prior to this, the County retained the medication management services. In October of 2019, stakeholders approved funding a part-time psychiatrist to serve the OA FSP. The County retained the position in prior years.

Figure C8 presents a comparison of the baseline information gathered from these clients for 365 days prior to their start date into the program, to the end of the fiscal year.

- Approximate 1% increase in days spent in psychiatric health facilities (99 twelve months prior to partnership, 100 during FY 2019-2020);
- 2% reduction in homeless days (371 twelve months prior to partnership, 365 during FY 2019-2020);
- No Change in total days spent in justice facilities (0 twelve months prior to partnership, 0 during FY 2019-2020); and
- Approximate 23% increase in ER visits (13 twelve months prior to partnership, 16 during FY 2019-2020).

COMMUNITY SERVICES AND SUPPORTS (CSS)

Figure C8: Older Adult Clients Enrolled in FY 2019-2020 (n=22)



**Zero jail/prison days reported 12 months prior to partnership and 0 during FY 2019-2020*

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

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

In 2019-2020, the Older Adult FSP team continued to assess and address the medical needs of the medically fragile clients, especially when appropriate resources are limited. Additionally, the COVID-19 pandemic shifted services to be offered via tele-health; however, many of the older adult FSP clients preferred face-to-face services. The Older Adult FSP team worked with clients in order to provide them the services needed while maintaining a safe environment.

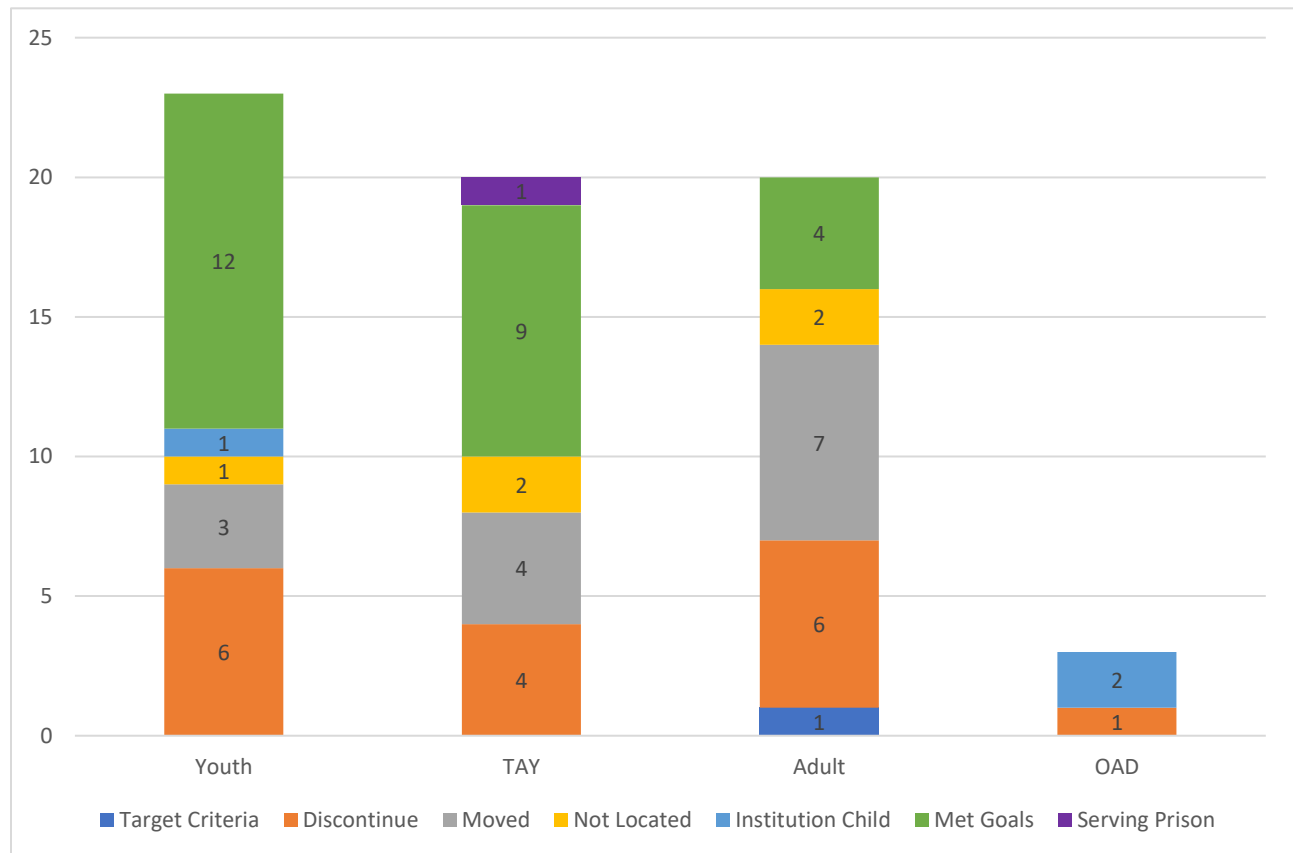
COMMUNITY SERVICES AND SUPPORTS (CSS)

Collective FSP Results

Collectively, in 2019-2020, the Full Service Partnership programs had 66 clients disenroll from services. Disenrollment can be either an interruption or a discontinuation of service. A discontinuation of service is a situation in which the client is not expected to return to FSP services for more than twelve months from the time of disenrollment. The reasons for disenrollment are as follows:

- Target population criteria are not met
- Client decided to discontinue FSP participation after partnership established
- Client moved to another county/service area
- After repeated attempts to contact client, client cannot be located
- Client needs residential/institutional mental health services
- Client has successfully met their goals such that discontinuation of FSP is appropriate
- Client is serving a prison sentence

Figure C9: Full Service Partnership Discontinuation Reason: FY 2019-2020

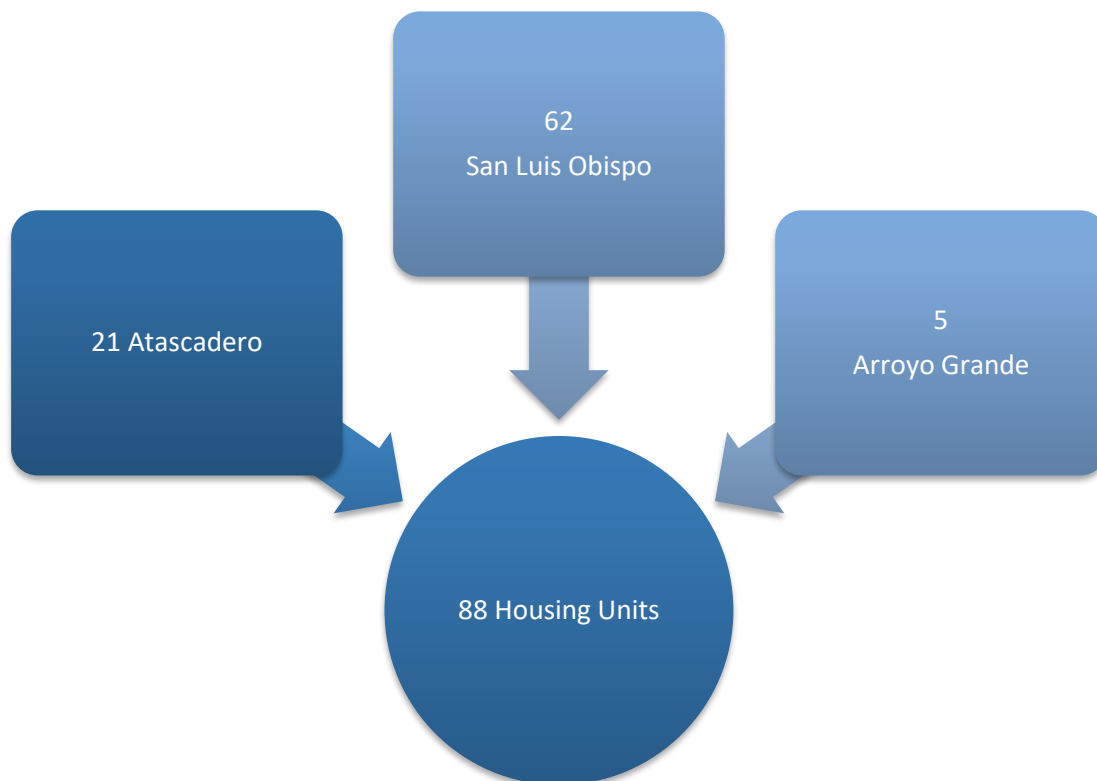


Housing

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, **provided 88 units of housing for MHSA and MHSA-eligible clients in 2019-2020** (62 units in San Luis Obispo, 21 units in Atascadero, 5 units in Arroyo Grande). The services at the residential sites include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, rehabilitative mental health services, and regular appointments with psychiatrists and other physicians. In 2019-2020, TMHA added 33 units of housing in San Luis Obispo at the Bishop Street Studios Housing Project which is included in the total of 88 units.

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

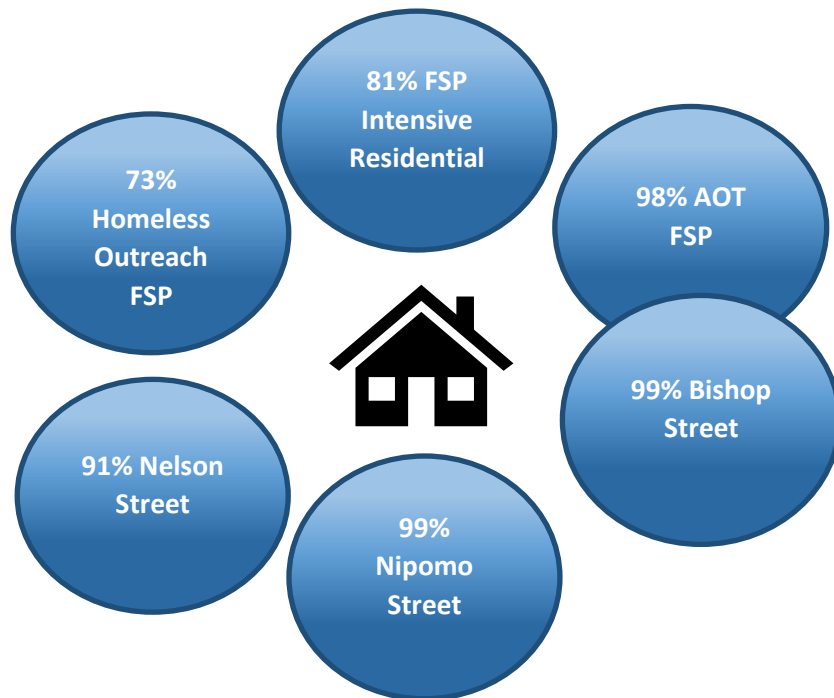
Figure C10: Number of Housing Units Provided for MHSA clients in FY 2019-2020



COMMUNITY SERVICES AND SUPPORTS (CSS)

Housing Facilities- CSS Funded	
FY 2019-2020	Full Service Partnership (FSP) Intensive Residential (33 total beds) <i>Atascadero/San Luis Obispo - Total = 38 clients 81% Occupancy (9,831 bed days/12,078 bed days available)</i>
	Homeless Outreach FSP Housing (4 total beds) <i>San Luis Obispo - Total = 5 clients 73% Occupancy (1,069/1,464)</i>
	Assisted Outpatient Treatment FSP Housing (5 total beds) <i>Atascadero - Total = 5 clients 98%Occupancy (1,799/1,830)</i>
FY 2020-2021	Projected occupancy rate of 90%
FY 2021-2022	Projected occupancy rate of 90%
FY 2022-2023	Projected occupancy rate of 90%

Figure C11: Occupancy Rate by Housing Type in FY 2019-2020



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

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

The **Assisted Outpatient Treatment FSP Housing Program** was started in FY 2016-17. It provides supported housing with intensive residential case management services for adults with mental illness meeting the criteria for Assisted Outpatient Treatment.

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

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



Transitions-Mental Health Association held a community-wide grand opening of its Bishop Street Studios, November 2019

COMMUNITY SERVICES AND SUPPORTS (CSS)

Completed Housing Development Projects	
FY 2019-2020	<p>Nelson Street, Arroyo Grande (5 total beds)</p> <p><i>6 clients, 91% Occupancy (1,670 bed days/1,830) bed days available)</i></p> <p><i>CSS One-Time Funding</i></p>
	<p>Nipomo Street, San Luis Obispo (8 total beds)</p> <p><i>9 clients, 99% Occupancy (2,913/2,928)</i></p> <p><i>CalHFA Funded</i></p>
	<p>Bishop Street, San Luis Obispo (33 total beds)</p> <p><i>36 clients, 99% Occupancy (8,292/8,393)</i></p>
FY 2020-2021	Projected occupancy rate of 90%
FY 2021-2022	Projected occupancy rate of 90%
FY 2022-2023	Projected occupancy rate of 90%

The County and TMHA jointly accessed MHA Housing Funds through the California Housing Finance Authority (CalHFA) to build an eight-unit studio apartment building for MHA and MHA-eligible clients. The **Nipomo Street Project**, in the City of San Luis Obispo includes a Wellness Center for the residents and community to utilize. The Behavioral Health Department has priority for all eight units at this site for its clients.

A new project developed by TMHA was approved in FY 2016-2017. The project included CSS one-time funding of \$300K and CalHFA funding of \$134K. The **Bishop Street Project** consists of 34 studios and one-bedroom units. TMHA renovated the abandoned Sunny Acres building above Johnson Avenue in San Luis Obispo and built three new buildings to create a total of 33 units of supportive housing for adults with mental illness, plus an apartment for a Resident Manager. The project includes a community room for support groups and wellness workshops, and an office for meetings with case managers and employment staff. This housing is in an extremely convenient location for clients, within easy walking distance of Behavioral Health facilities, grocery, and drug stores, as well as public transportation on Johnson Avenue. The Bishop Street Studios project opened on October 1, 2019, and through a staggered move-in system, full occupancy was reached in November 2019.

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	909	\$339,530	\$374
Projection for FY 2020-2021	900	\$350,474	\$389
Projection for FY 2021-2022	900	\$357,483	\$397
Projection for FY 2022-2023	900	\$364,633	\$405

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

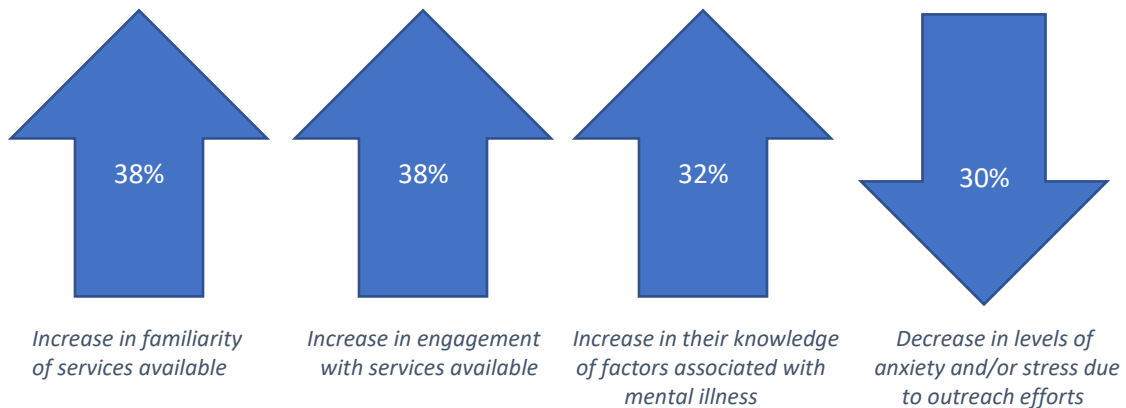
Adult Family Advocates and Youth Family Partners provide day-to-day hands-on assistance, link people to resources, provide support, and help clients to “navigate the system.” Partners liaison with family members, care givers, consumers, County Behavioral Health staff, local National Alliance on Mental Illness (NAMI) groups, and other service providers. Partners assist in

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orientation of families entering the mental health system. This includes a flexible fund that can be utilized for individual and family needs such as uncovered healthcare, food, short-term housing, transportation, education, and support services. Figure C12 below represents the results of family members surveyed in the Adult Family Advocates and Youth Family Partners Program.

In 2019-2020, 909 unduplicated family members were served and a total of 4,433 services provided to these clients. Of those served, 63 clients participated in surveys, family members demonstrated a 38% increase in their familiarity of services available in the community, such as education, information and referral, and community outreach. Survey results demonstrated a 38% increase of family member engagement, with services available in the community, in order to support and assist their loved one with mental illness or emotional disturbance was also reported. Additionally, there was a 32% increase in their knowledge of the conditions and factors associated with their loved one's mental illness. There was a 30% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation, among others.

Figure C12: Family Members Surveyed in Adult Family Advocates and Youth Family Partners Program (n=63)



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.2: Client & Family Wellness | Co-Occurring Disorders

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	108	\$355,180	\$3,552
Projection for FY 2020-2021	100	\$371,875	\$3,719
Projection for FY 2021-2022	100	\$379,313	\$3,793
Projection for FY 2022-2023	100	\$386,899	\$3,869

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

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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A Co-occurring Specialist provides an Integrated Co-occurring Treatment program, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which includes intervention, intense treatment, and education. Individualized case plans are specific to each client's needs. **In 2019-2020 the Integrated Co-occurring Treatment program served 108 unduplicated consumers.** Of these 108 consumers, 28 were youth-aged clients.

Of the 28 youth clients, 19 clients navigated through the screening, assessment, and treatment planning process.

79% increased their ability to regulate emotions/behaviors through learned coping skills.

74% established at least four weeks of sobriety through negative drug tests during treatment episodes.

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slobehavioralhealth Congrats Andrew for becoming our newest Licensed Professional Clinical Counselor (LCPP) 🎉! Andrew works within the Youth Co-Occurring Disorders Treatment program helping young adults in our community who experience mental health and substance-related problems. Andrew finds it fulfilling to watch his "clients make good decisions, successfully reframe life events, and establish clear-headed sobriety." Thank you for making a huge difference in the lives of our community's youth, and wearing some pretty cool boots while doing it! 😊

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CSS 5.3: Client & Family Wellness | Family Education Program

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	102	\$10,061	\$99
Projection for FY 2020-2021	130	\$17,266	\$133
Projection for FY 2021-2022	130	\$17,611	\$135
Projection for FY 2022-2023	130	\$17,964	\$138

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

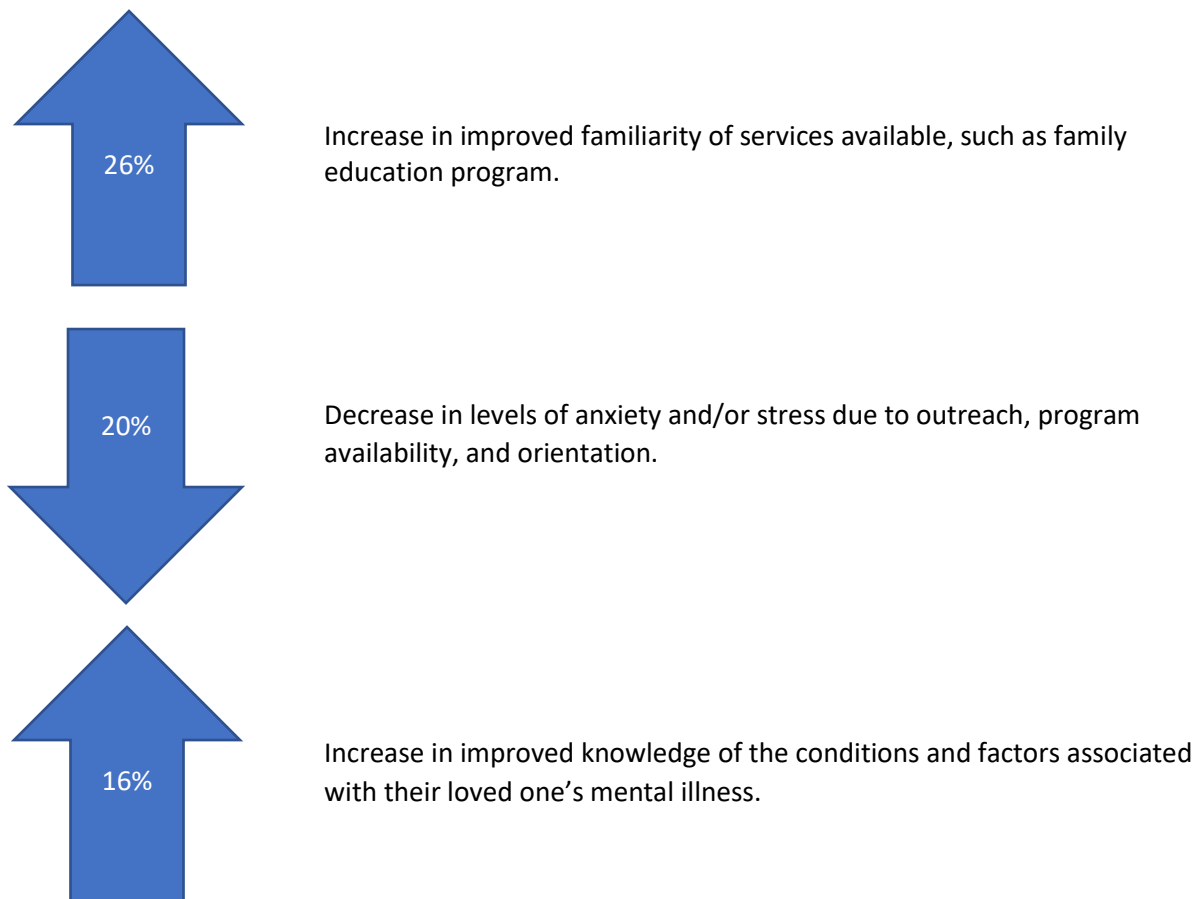
The Family Education Program, which is coupled in this work plan with TMHA’s **Family Orientation Class**, was developed by NAMI and is a 12-week educational course for families of individuals with severe mental illness. It provides up-to-date information on the diseases, their causes and clinical treatments, as well as help and provide effective coping tools for family members who are also

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caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and obsessive-compulsive disorder. The TMHA Family Orientation Class provides information regarding services available in the community including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system is also provided.

TMHA served 102 attendees in 2019-2020. Figure C13 below summarizes the results of those surveyed (n=55). A 26% increase in improved familiarity of services available was reported, as well as a 20% decrease in their levels of anxiety and/or stress due to outreach, program availability, and orientation among others. Additionally, a 16% increase in improved knowledge of the conditions and factors associated with their loved one's mental illness was reported.

Figure C13: Survey Results of Participants Enrolled in Family Orientation Class (n=55)



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.4: Client & Family Wellness | Service Enhancement Program

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	409	\$146,604	\$358
Projection for FY 2020-2021	350	\$153,655	\$439
Projection for FY 2021-2022	350	\$156,728	\$448
Projection for FY 2022-2023	350	\$159,863	\$457

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

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

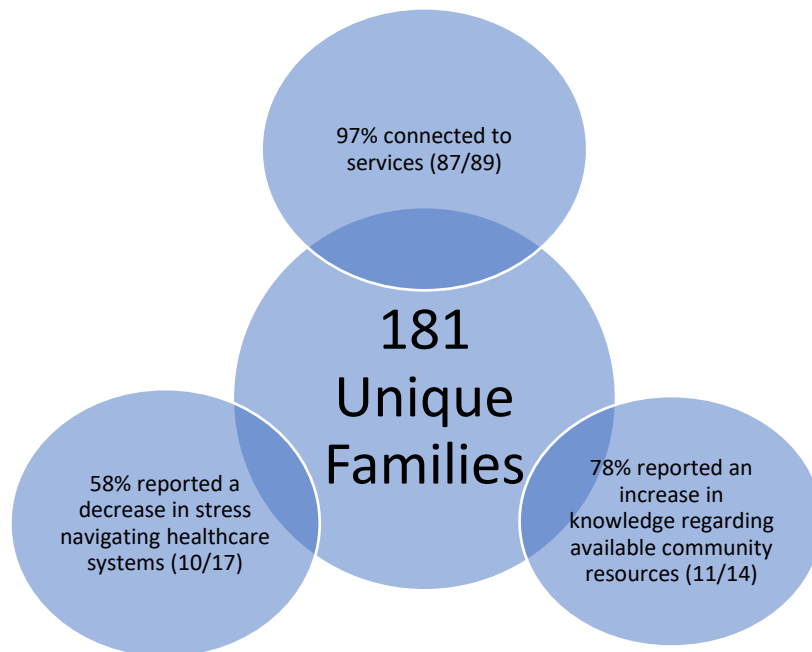
The Service Enhancement Program, originally funded as an Innovation trial, adopted a well-regarded cancer treatment center’s warm reception and navigation program. It is maintained in CSS by the SLOBHD’s Quality Support Division, operating within its Managed Care program. This

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service is provided by a Peer Navigator from TMHA. The program helps clients, their families, loved ones, and caregivers navigate through the first steps of receiving services, help assess needs, and engage services for basic necessities within the clinic setting. This Peer Navigator increases the chances of families accessing and remaining engaged in services, which increases the health and well-being of children in the County. **In 2019-2020 these efforts resulted in 228 unduplicated clients served** and 612 services provided. Of those surveyed (n=51), 71% (36/51) of family members and consumers agreed that they received increased connection to wellness and recovery-based services. Additionally, 92% (47/51) of family members and consumers surveyed agreed that the service enhancement program staff helped create a wellness and recovery-based environment.

Additionally, CAPSLO, in partnership with the County, provides a service enhancement program for Martha's Place, the county's child assessment center. **In 2019-2020, 181 unique families were served** and over 3,400 client contacts were made. Of the families that were enrolled in the service enhancement program 97% (87/89) were connected to recommended services. Fifty-eight percent (58%, 10/17) families that enrolled in service enhancement program reported a decrease in stress associated with navigating Martha's Place and/or other healthcare systems. The remaining seven surveys reflected no change. Additionally, 78% (11/14) families reported an increase in knowledge regarding available community resources.

Figure C14: Martha's Place Service Enhancement Plan



COMMUNITY SERVICES AND SUPPORTS (CSS)

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

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	114	\$39,098	\$343
Projection for FY 2020-2021	150	\$33,545	\$224
Projection for FY 2021-2022	150	\$34,216	\$228
Projection for FY 2022-2023	150	\$34,900	\$233

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

The Peer Support and Education Program provides a course on recovery that is free to any person with a mental illness. It is taught by a team of peer mentors who are experienced at wellness and recovery. Participants receive education and reference materials from peers that help to improve and maintain their mental health wellness. Participants improve their knowledge of the different


COMMUNITY SERVICES AND SUPPORTS (CSS)

types of mental illnesses, develop their own advance directives, and create their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills. Program components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. Clients and community members also receive training to provide Mental Health First Aid (MHFA), a public education program that helps individuals identify, understand, and respond to signs of mental illnesses, substance use disorders, and suicidal ideation.

In 2019-2020, TMHA served 114 clients. Figure C15 below represents the results of 14 participants surveyed. There was a 29% increase in their knowledge of the tools and resources available for improving their mental health as indicated in pre and post class surveys. Additionally, there was a 27% improvement in their involvement with their mental health recovery. Lastly, those that attended Mental Health First Aid, and were surveyed (57), had a 23% improvement in understanding the steps associated with suicide assessment.

The COVID-19 pandemic has caused attendance to be lower than expected for classes. Because of this, the program offered an additional three full length courses and four shortened Wellness and Recovery Action Plan (WRAP) courses. TMHA is working to make these courses virtual for the coming fiscal year to serve consumers and to adhere to State COVID-19 guidelines.

PEER TO PEER CLASS



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


This group experience provides the opportunity for mutual support and positive impact. The class is confidential.

"I wish I would have taken this when I was first diagnosed."

**8 week Class held on Wednesdays beginning
January 22, 2020 — March 11, 2020
3pm to 5pm**

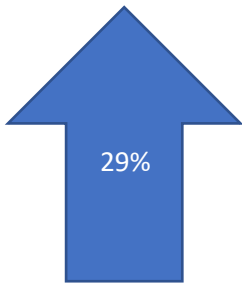
Training held at Transitions Mental Health Association
784 High Street
San Luis Obispo

Registration for this training is **required**. For more information and to RSVP contact:
Victoria Meredith vmeredith@t-mha.org (805) 540-6586

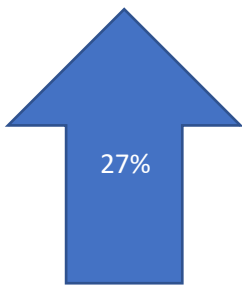


COMMUNITY SERVICES AND SUPPORTS (CSS)

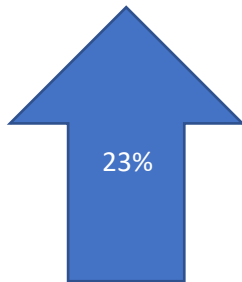
Figure C15: Participants Surveyed who Received Peer Support and Education Program Services



Increase in their knowledge of the tools and resources available.
(N = 14)



Improvement in their involvement with their mental health recovery.
(N = 14)



Improvement in understanding the steps associated with suicide assessment.
(N = 57)

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	226	\$337,969	\$1,495
Projection for FY 2020-2021	200	\$322,504	\$1,613
Projection for FY 2021-2022	200	\$328,954	\$1,645
Projection for FY 2022-2023	200	\$335,533	\$1,678

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

- Vocational counseling and assessment

COMMUNITY SERVICES AND SUPPORTS (CSS)

- Work adjustment
- Job preparation and interview skills training
- Job development and coaching
- Transitional employment opportunities
- Basic job skills training

These resources help assist clients in gaining competitive employment within the community. The provider links mental health consumers to the Department of Rehabilitation and other vocational resources, serves as a liaison with employers, and provides benefits counseling and follow-up with employed individuals.

In 2019-2020, 209 clients were served, with 36 mental health clients gaining employment as a result of their participation in the program. Of those 36 that gained employment, 14 clients (38%) maintained that employment for at least 90 days. Additionally, clients surveyed (n=28) demonstrated a 10% increase in their use of learned practices, as well as the understanding of conditions and requirements in order to obtain and maintain employment.

Growing Grounds Retail Vocational Program is a part of the Vocational Training and Supported Employment Program. **In fiscal year 2019-2020, 17 clients were served.** Of those 17, sixteen (16, 94%) consumers went into job development. Of those 16 consumers, seven (7, 43%) gained employment after going through the program.

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LOOK FOR OUR YELLOW TAGS AT GROWING GROUNDS DOWNTOWN AND LOCAL NURSERIES

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.7: Client & Family Wellness | Integrated Access Therapists

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	665	\$640,888	\$964
Projection for FY 2020-2021	950	\$741,177	\$780
Projection for FY 2021-2022	950	\$756,001	\$796
Projection for FY 2022-2023	950	\$771,121	\$812

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

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

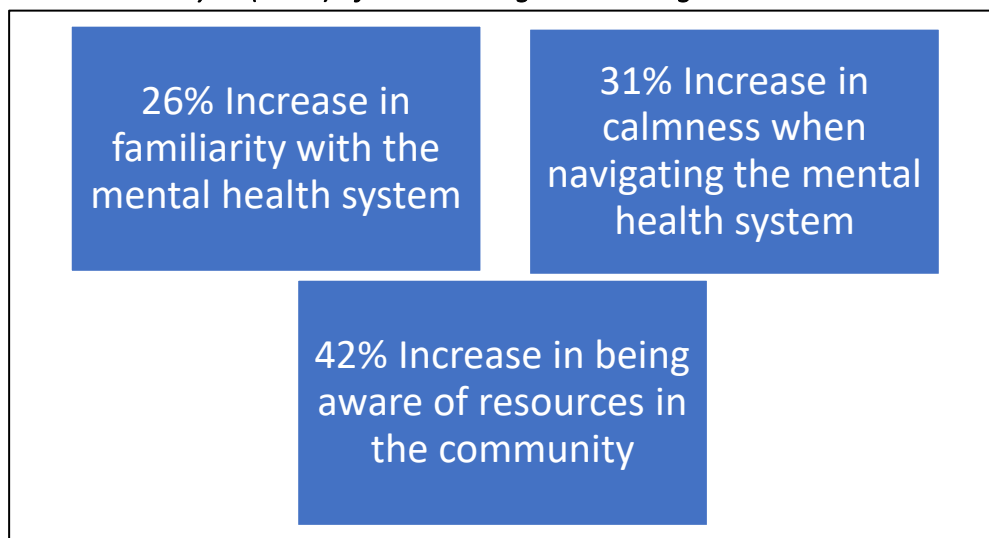
COMMUNITY SERVICES AND SUPPORTS (CSS)

In 2019-2020, two full-time clinicians in the adult system of care along with three full-time case managers who were hired in FY 2018-2019 **provided 633 unduplicated client contacts**, and one clinician at Martha's Place (the county's child assessment center) **served an additional 32 unduplicated clients**. These clinicians allow clinic staff to spend more time with outpatient clients, providing more resources and referrals, groups, system navigation, and wellness activities within the traditional structure of mental health services.

The goal of the program is to help clinic clients move to lower levels of care, and toward integrated physical healthcare. The Martha's Place position will continue to serve the community, to increase access and triage those clients with needs outside of the child's assessment center. This renaming and assignment of clear objectives will allow for improved data collection and outcome reporting. At the February 27, 2018 MAC meeting, the request to hire three case managers in the County's adult outpatient clinics was presented and approved by stakeholders. The case managers meet with clients linking them to resources and assist with Medi-Cal eligibility. Additionally, they provide support, education, information, referral, and community outreach. The case managers also assist in orientation of families and clients entering the mental health system. The overall goal for the case managers is to provide navigation for various systems, advocacy, and support for loved ones and family members of mental health consumers.

A reduction of stress associated with navigating through the mental health system is anticipated and increased access to engagement for clients and their families. These case managers were onboarded in 2018-2019. Figure C16 below outlines the clients who were surveyed by the case managers in 2019-2020 (n=57).

Figure C16: Clients Surveyed (n=57) after accessing case management services



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 5.8: Client & Family Wellness | Wellness Centers

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	267	\$184,576	\$691
Projection for FY 2020-2021	550*	\$704,060	\$1,280
Projection for FY 2021-2022	550	\$718,141	\$1,306
Projection for FY 2022-2023	550	\$732,504	\$1,332

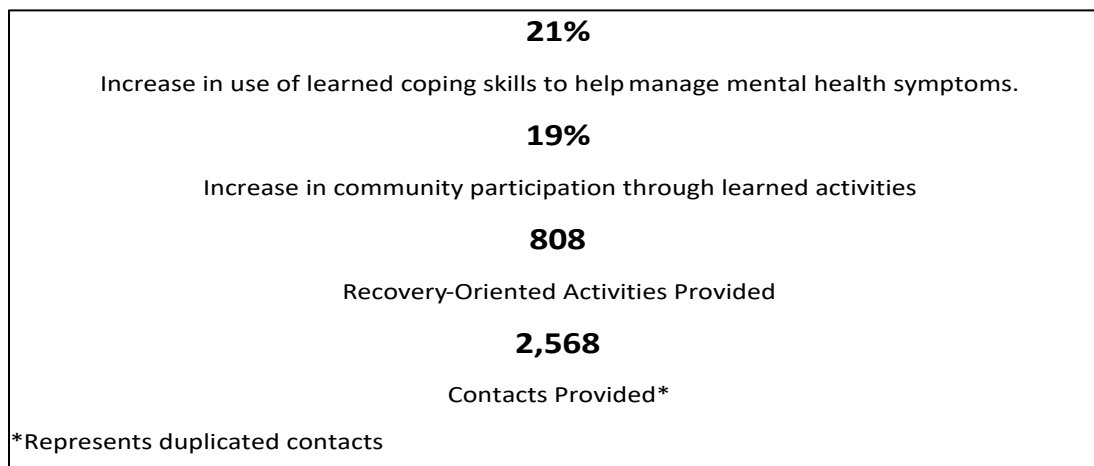
**In early FY 2020-2021, stakeholders approved to support three Wellness Centers with MHSA funding. Projection increase reflects two additional MHSA-funded Wellness Centers.*

Program Provider: Transitions-Mental Health Association (TMHA)

Life House is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored educational **activities were provided to 267 clients in 2019-2020**. Life House is made available to MHSA program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space. MHSA funded programs receive priority in utilization of this support center.

Of the clients surveyed in 2019-2020 (n=29), an increase of 21% was reported in their use of learned coping skills to help them better manage their mental health symptoms and an increase of 19% was reported regarding community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others. A total of 808 recovery-oriented activities were provided throughout the fiscal year. Additionally, 2,568 services were provided to clients through the wellness center.

Figure C17: Wellness Center Clients Survey Results (n=29)



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 6: Latino Outreach Program

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2019-2020	117	\$676,921	\$5,786
Projection for FY 2020-2021	120	\$771,325	\$6,428
Projection for FY 2021-2022	120	\$786,752	\$6,556
Projection for FY 2022-2023	120	\$802,487	\$6,687

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

Project Goals

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

Key Objectives

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

Program Outcomes

- The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the State’s for Latino clients.
- Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs.
- Clients upon program completion will demonstrate improved coping skills to improve resiliency and recovery.

Method of Measurement

- Clients participating in the Latino Outreach Program are invited to complete a satisfaction survey and a retrospective pre-post test to determine improvements in recovery.
- All client treatment plans and goals are monitored using the electronic health record software.

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the original local CSS Community Planning Process, is the lack of access to the behavioral health care system for Latino individuals. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in the county reside in rural areas, thus exacerbating issues of access, transportation, and information distribution difficulties associated with serving minority groups.

Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAYs, and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60.

The program served 117 unduplicated clients in 2019-2020. Of the clients surveyed (n=18), all (100%) said the services helped them understand and resolve their mental health needs and gain internal strength and feel better about life. Additionally they learned coping skills, and are now familiar with mental health resources. Lastly, each respondent said their resilience and positive outlook in life has improved and stated that the services provided helped them improve when they feel nervous, anxious, or scared.

The following passages were contributed by Latino Outreach Program participants in 2019-2020:

“Hay veces que buscamos la ayuda en el lugar equivocado. “

Nuestra propia familia está en el la misma situación ,hay veces que no tienen las palabras necesarias o no dicen lo que queremos escuchar; Mental health me ayudó a entender que no estoy sólo , poco a poco encontramos las herramientas necesarias para encontrar el balance que necesito en mi vida. Hoy entiendo que no todos los días serán buenos y los malos días hay que aprender a enfrentarlos lo mejor posible. Antes buscaba por sentirme normal ¿pero quien es normal ? Normal es algo difícil de explicar , ahora me mantengo alejado de lo que me hace mal . Las drogas, malas compañías solo son un laberinto que me llevan al mismo lugar. Hoy no me siento 100% normal pero me hace feliz saber que soy un trabajo en progreso y poco a poco conseguir mis metas.



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Translation:

"Sometimes we seek help in the wrong place. "

Sometimes our own family is in the same situation, there are times when they do not have the necessary words or do not say what we want to hear; Mental health helped me understand that I'm not alone, we gradually found the tools to find the balance I need in my life. Today I understand that not every day will be good and bad days, but we must learn to face them as best as possible. I used to be looking to feel normal, but who's normal? Normal is a difficult thing to explain, now I stay away from what makes me feel bad such as drugs, unhealthy relationships. They were just like a labyrinth that took me to the same place. Today I don't feel 100% normal but it makes me happy to know that I continue working in myself and gradually I will achieve my goals.

*Quiero hablar sobre la importancia de cuidar nuestra salud mental ya que es tan importante o más que cuidar otra parte de nuestro cuerpo, puesto que nuestra mente dicta las emociones de todos y cada uno de los acontecimientos de nuestra vida, en mi opinión personal, tener una buena salud mental o tratar mi salud mental me ha ayudado a sobrellevar situaciones que creía imposibles de solucionar y que me llegaron a provocar serias crisis de ansiedad y depresión creándome una angustia desesperante que creía que todo estaba perdido, tenía la falsa idea de que era fuerte y solo con decirlo era suficiente, hasta que no pude más y me refirieron a Salud Mental, y gracias a eso he aprendido a conocerme y a saber controlar mis emociones para que las situaciones que no puedo controlar no me afecten tanto, recomiendo ampliamente los servicios de Salud Mental y agradezco al personal tan profesional que me han ayudado a tener una mejor calidad de vida en estos últimos 5 años.
Gracias.*

Translation:

I want to talk about the importance of taking care of our mental health as it is so important or more than taking care of another part of our body, since our mind dictates the emotions of each and every event of our life, in my personal opinion, having good mental health or treating my mental health has helped me cope with situations that I thought impossible to solve and that led me to serious anxiety and depression crises by creating me a desperate anguish that I thought everything was lost, I had the false idea that I was strong and just to say it was enough, until I couldn't do it anymore and I was referred to Mental Health, and thanks to that I have learned about myself and how to control my emotions so when I face some situations I can't control do not let those situation affect me so much, I highly recommend mental health services and thank the professional staff who have helped me have a better quality of life in the last 5 years.

Thank you

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	1415	\$1,442,425	\$1,019
Projection for FY 2020-2021	1650	\$1,974,727	\$1,197
Projection for FY 2021-2022	1650	\$2,014,222	\$1,221
Projection for FY 2022-2023	1650	\$2,054,506	\$1,245

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

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

The Mental Health Evaluation Team was established in 2015-2016 with a contract awarded to Sierra Mental Wellness Group, Inc. to provide mobile crisis services. Two responders were available 24/7 and **the team served 1,415 individuals in 2019-2020**. The team intervenes when mental health crisis situations occur in the field and after clinic hours, as well as assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions

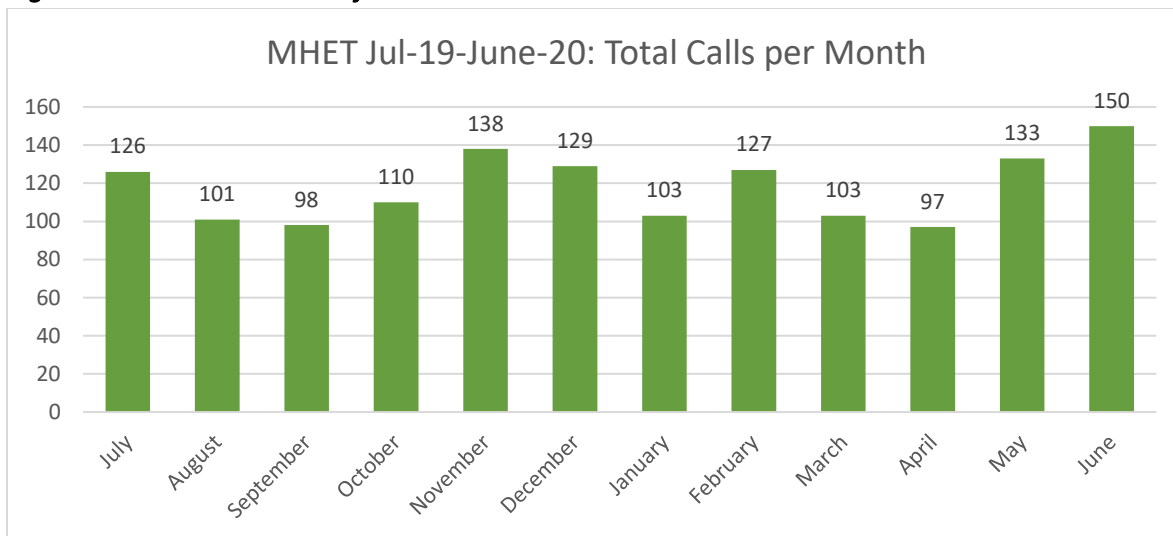
COMMUNITY SERVICES AND SUPPORTS (CSS)

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

A comparison of the past four years indicates a total of 1,655 calls were made in FY 2016-2017; 1,984 in FY 2017-2018; 1,682 in FY 2018-2019; and 1,415 in FY 2019-2020. The decrease in FY 2019-2020 may be attributed to factors including the launch of a youth-focused crisis program, as well as a significant reduction in calls at the beginning of the COVID-19 pandemic. The Behavioral Health Department received a Mental Health Wellness Act of 2013 grant, made available by the Mental Health Services Oversight and Accountability Commission (MHSOAC). The grant program was established to strengthen and expand the county mental health services system by augmenting existing county crisis services and creating linkages to new services for children and youth aged 21 and under in need of assistance.

Figure C18 breaks down the total number of MHET calls received in FY 2019-2020. Of the total number of calls, 88% of calls were for adult clients while 12% of the total number of calls were for clients who were minors.

Figure C18: Total Number of MHET Calls Received in FY 2019-2020

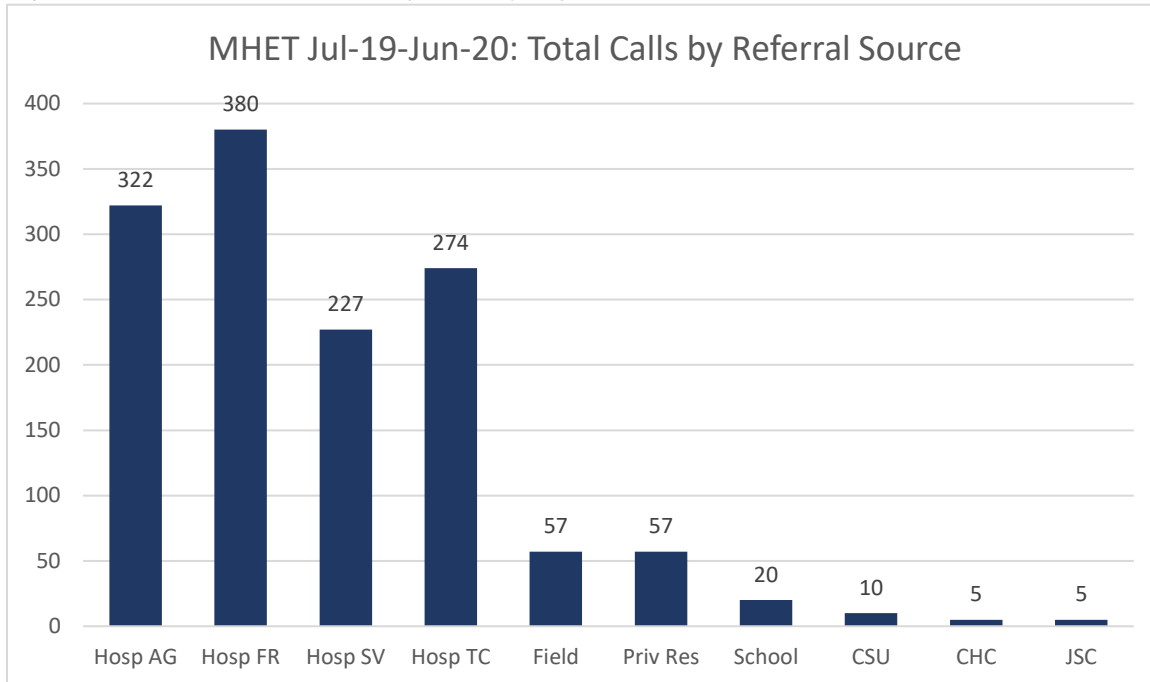


In 2019-20, the Mental Health Evaluation Team received 1,415 calls. November and June yielded the highest number of calls with 138 and 150, respectively. Analysis of the program shows the busiest hours were 8:01pm-12:00am, while the least busy was in the 4:01am-8:00am time frame.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Of the 1,415 calls received by MHET in 2019-2020, 1,203 (85%) were referred by a hospital in the county. Individuals often self-admit to a local hospital under crisis or are transported there by family or law enforcement prior to MHET being called. Figure C19 below displays the breakdown of referrals in FY 2019-2020.

Figure C19: MHET Breakdown of Calls by Referral Source in FY 2019-2020



Of these calls, 50% were put on 5150 or 5585 holds. Of the 705 that were put on holds, 90 (13%) were minors of 0-17 years of age and 615 (87%) were adults 18+.

The Mental Health Evaluation Team also provides 5150 training to County staff and the community mental health system (the California law code for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others due to signs of mental illness), and participates in Crisis Intervention Trainings for law enforcement and first responders. In 2019-2020, MHET provided nine 5150 trainings. Of those surveyed (n=18), respondents showed a 15.6% increase in knowledge on how to respond to an individual experiencing a mental health emergency, a 51% increase in knowledge was reported on the knowledge of MHET, and a 10.3% increase in knowledge was reported on mental health crisis.

Crisis Resolution Team

Over the past two years, three of the county's four hospitals have entered into contracts with the County to provide psychiatric crisis support within their emergency departments. Sierra Mental

COMMUNITY SERVICES AND SUPPORTS (CSS)

Wellness Group, Inc, who provide services for the Mental Health Evaluation Team and Crisis Stabilization Unit, also station staff at these hospitals. In 2019-2020 this expansion was in place at Twin Cities Community Hospital in Templeton and Sierra Vista Regional Medical Center in San Luis Obispo. The program expands to Arroyo Grande Community Hospital in 2020-2021. In its first year 380 patients were provided with mental health crisis care.

The County, in seeking cost-savings in order to maintain and expand other programs in the future, elected to terminate the Crisis Response Team position in early 2020. This position had been providing limited support to local emergency rooms and was originally funded as part of an Investment in Mental Wellness (SB 82) grant in 2013.



Staff representing Sierra mental Wellness Groups, Inc.'s Mental Health Evaluation Team (MHET)

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 7.2: Enhanced Crisis & Aftercare | Crisis Stabilization Unit

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	344	\$1,602,205	\$4,658
Projection for FY 2020-2021	365	\$1,718,086	\$4,707
Projection for FY 2021-2022	365	\$1,752,448	\$4,801
Projection for FY 2022-2023	365	\$1,787,497	\$4,897

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

Program Provider: Sierra Mental Wellness Group (SMWG)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

On December 3, 2015, the California Health Facilities Financing Authority CHFFA awarded the County with one-time funds in the amount of \$971,070 for the construction of a four-bed crisis stabilization unit (CSU) at the Health Agency Campus. Crisis stabilization is a direct service that provides individuals in severe distress urgent care associated with a mental health disorder for up to 23 hours. The primary objectives of this service are prompt assessments, stabilization, and/or

COMMUNITY SERVICES AND SUPPORTS (CSS)

a determination of the appropriate level of care. The CSU will give individuals in crisis who do not meet the criteria for involuntary treatment on the Psychiatric Health Facility (PHF) an alternative for stabilization, as well as providing an alternative to those who meet the criteria but are better served by a short-term crisis stabilization facility. A CSU may also serve as an evaluation point to determine if an individual requires ongoing inpatient treatment. If so, the individual would be transferred to the PHF or another inpatient facility prior to the end of the 23-hour period. An operational CSU is expected to reduce certain PHF admissions and re-admissions, facilitate transfer from emergency departments for individuals in psychiatric crisis, and increase successful engagement for individuals presenting in crisis to on-going outpatient care.

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

The CSU has created specific liaison positions to facilitate coordination of care and resource utilization to effectively serve individuals within San Luis Obispo County. The liaison positions include: law enforcement, local colleges, community partners, community hospitals, and military. The liaison also provides additional trainings and education regarding the CSU in efforts to decrease inpatient psychiatric hospitalizations by utilizing least restrictive practices. In August, 2019, the MHSA Advisory Committee approved funding an additional full time administrative assistant to the Crisis Stabilization Unit. This allows for expanded administrative assistance outside of Monday-Friday, 8-5 hours. The additional staff supports the CSU after hours and on weekends. Compared to the first operational year, April 1, 2018-March 31, 2019 (n = 69), there was a 23% increase in law enforcement requests for CSU admission in 2019-2020 (n = 85). Additionally, there was a 22% decrease in CSU clients who return within 30 days. Lastly, clients' wellness scores are measured during intake and discharge to the CSU. In 2019-2020, clients displayed an average increased score of 16%.

COMMUNITY SERVICES AND SUPPORTS (CSS)

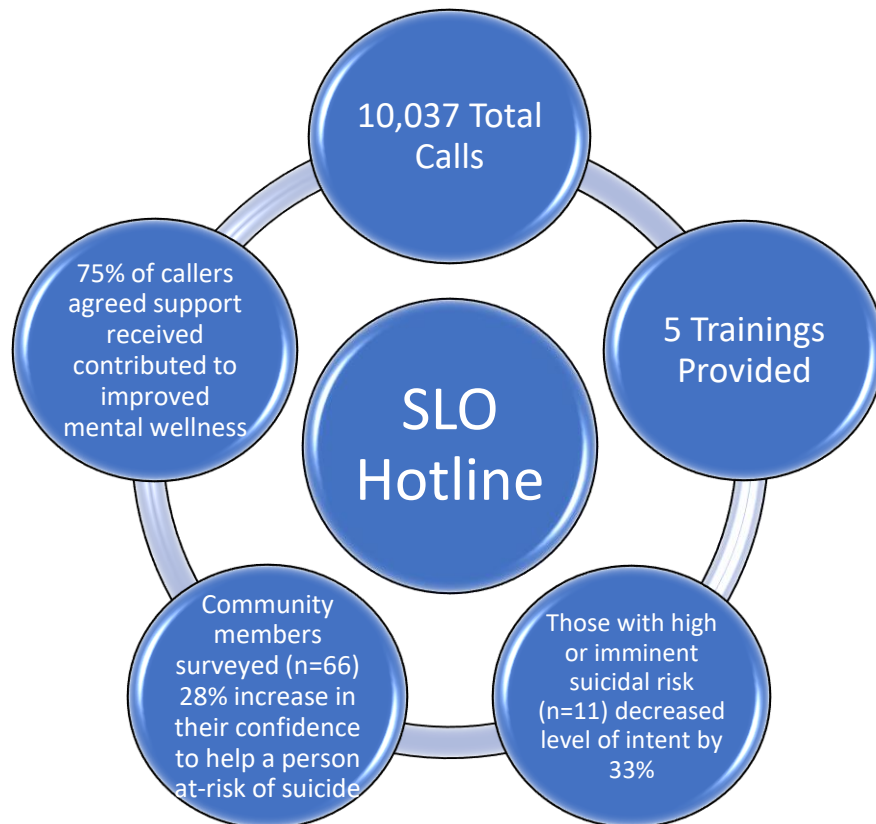
CSS 7.3: Enhanced Crisis & Aftercare | SLO Hotline Suicide Prevention and Crisis Intervention

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2019-2020	10,037	\$149,246	\$15
Projection for FY 2020-2021	10,000	\$145,519	\$15
Projection for FY 2021-2022	10,000	\$148,429	\$15
Projection for FY 2022-2023	10,000	\$151,398	\$15

Program Provider: Transitions-Mental Health Association (TMHA)

The SLO Hotline provides a 24-hour, free and confidential call center that serves the entire County. These one-on-one engagements deliver key information regarding the signs, symptoms and care options related to mental illness for underserved populations. SLO Hotline provides support, crisis and/or suicide intervention. A summary of the services provided, and results yielded are represented in Figure C20 below. SLO Hotline invite callers to participate in a follow-up survey, that is administered within two weeks of the initial call.

Figure C20: SLO Hotline Services Provided and Results Yielded FY 2019-2020



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 8: School and Family Empowerment

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	150	\$917,330	\$6,116
Projection for FY 2020-2021	200	\$995,979	\$4,980
Projection for FY 2021-2022	200	\$1,015,899	\$5,080
Projection for FY 2022-2023	200	\$1,036,217	\$5,181

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

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

- The County is developing a pre/post survey to administer for students which will track health, wellness, and academic progress.
- Electronic health record data is used to track some client outcomes.

COMMUNITY SERVICES AND SUPPORTS (CSS)

As of 2014-2015, the **School and Family Empowerment** work plan offered two distinct programs aimed at reducing poor academic experiences and outcomes based on students dealing with mental health issues. The first was an effort to provide express responses to youth on community school campuses. The other focused on the county's largest school district and provides more intense screening, assessment, and treatment for youth with the aim of keeping students engaged and in school. Approximately 409 students and their families were engaged in services in 2017-2018 that enabled them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.

Seriously emotionally disturbed (SED) youth and their families are engaged in services that enable them to stay in school and return to their home school district. The work plan is designed to create a more efficient continuum of care and to assist youth to remain in less restrictive school settings. The programs function as a fully integrated components of the schools with Mental Health Therapists partnering with teachers, aides, probation officers, the family, and other appropriate community members to create a team that responds to the identified SED student's individual needs and desires.

Community School, provided by San Luis Obispo County's Office of Education (SLOCOE), is one of the Alternative Education options available for students who have been expelled from their home school district. Many students at the Community Schools have under-identified mental health issues or are underserved because the traditional school setting lacks the capacity to accommodate their needs. This program identifies and serves seriously emotionally disturbed (SED) youth ages 12 to 18 who are placed at Community School for behavioral issues, and/or have been involved in the juvenile justice system. Some of these youth are qualified under Special Education and have an Individualized Education Plan (IEP). Community School youth are at great risk for school drop-out, further justice system involvement, psychiatric hospitalizations, and child welfare involvement.

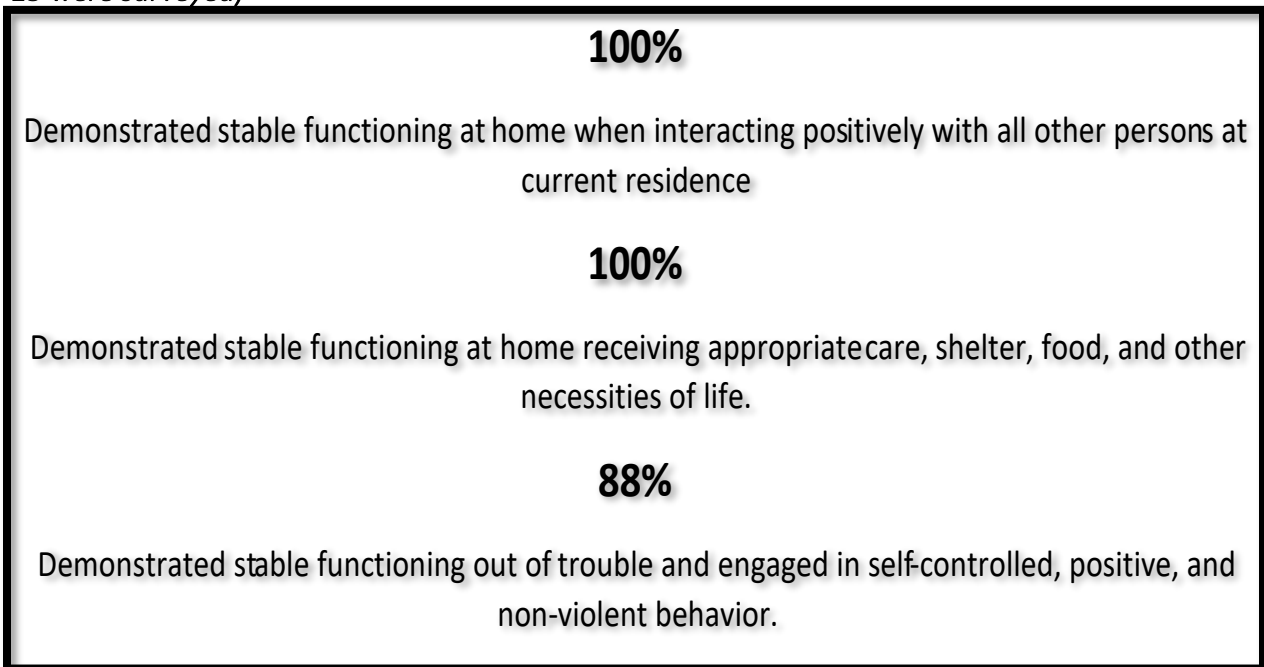
A County Behavioral Health Clinician is located at each campus and provides an array of mental health services that may include: crisis intervention; individual, family and group therapy; individual and group rehabilitation focusing on life skill development; and anger management and problem solving skills. **In 2019-2020, 72 clients received mental health services on campus.**

Another team concentrates on students within the county's largest school district (Lucia Mar Unified) in the diverse, southern region of the county. This team provides an intense-but-brief engagement, focusing on family, school, and socialization outcomes. **This team served an average of 44 unduplicated youth in 2019-2020.**

COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2019-2020, CAPSLO provided a full-time Family Advocate offering resource supports for 34 clients in the Lucia Mar Unified School District and providing over 800 contacts. Results for CAPSLO clients are represented in Figure C21 below and include 100% of clients (15/15) demonstrated stable functioning at home when interacting positively with all other persons at current residence. 100% of clients (15/15) demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life. Of those surveyed, 88% of clients (7/8) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior. In May 2020, stakeholders approved an increase in administrative assistant time for CAPSLO. The increase allows for five (5) hours a week of administrative time to receive and track nearly 450 referrals for South County school and family empowerment.

Figure C21: Survey Results for Clients Enrolled in Family Advocate Services (34 unique clients served, 15 were surveyed)



COMMUNITY SERVICES AND SUPPORTS (CSS)

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

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	21	\$580,272	\$27,632
Projection for FY 2020-2021	20	\$614,275	\$30,714
Projection for FY 2021-2022	20	\$626,561	\$31,328
Projection for FY 2022-2023	20	\$639,092	\$31,955

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

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

The Behavioral Health Treatment Court (BHTC) serves adults, ages 18 and older, with a serious and persistent mental illness, who are on formal probation for a minimum of two years, and who

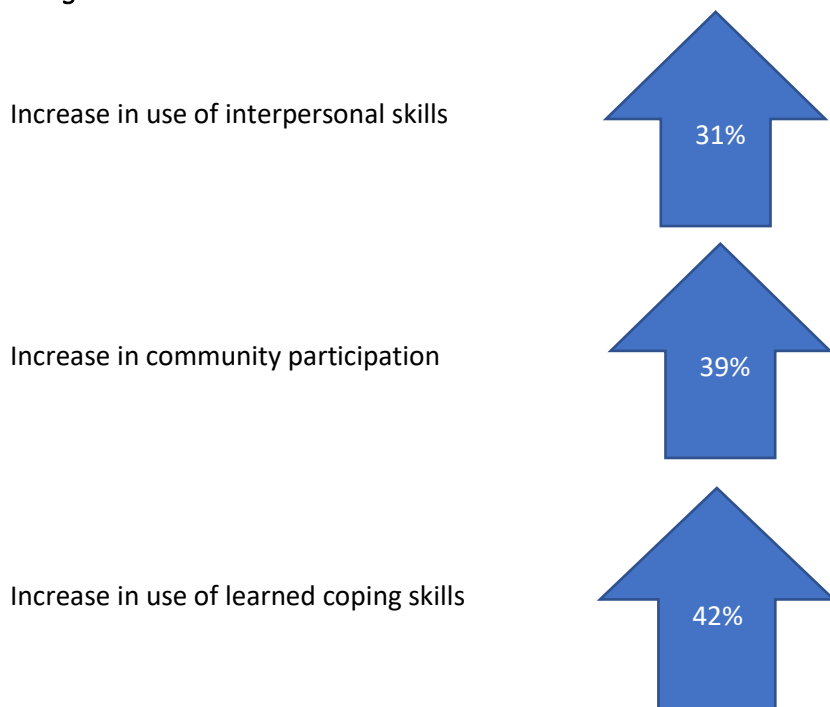
COMMUNITY SERVICES AND SUPPORTS (CSS)

have had chronic use of mental health treatment observed as a factor in their legal difficulties. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital.

In 2019-2020, BHTC served 21 unduplicated clients. Figure C22 below displays the results of the clients surveyed (n=10). These clients reported a 31% increase in their use of interpersonal skills, such as verbal communication, listening skills, problem solving, and decision-making skills, to deal with stress-related triggers. A 39% increase was reported in community participation through learned activities, such as enhanced self-sufficiency, life skill training, and medication education. Additionally, clients reported a 42% increase in their use of learned coping skills to help them better manage their mental health symptoms. Surveys also yielded a 37% increase in the use of learned restorative skills, such as recognition of harm done to self and others, accountability for past criminal activities, and engagement in reparation.

In July of 2020, the County and its MHSAs partners and stakeholders chose to convert the case manager under TMHA's contract to a County Behavioral Health Specialist. This will allow the newly formed Justice Division more supervisory control to utilize the position within other MHSAs programs (including BHTC, MHDC, and AOT). The Justice Services Case manager will provide case management support to adults aged 18 and older who have been involved in the legal system as a result of their mental health or who have chronic use of mental health resources primarily in jail or are at risk of entering the criminal justice system.

Figure C22: Clients Surveyed Through BHTC



COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 9.2: Forensic Mental Health Services | Forensic Re-entry Services (FRS)

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	119	\$184,570	\$1,551
Projection for FY 2020-2021	150	\$225,538	\$1,504
Projection for FY 2021-2022	150	\$230,049	\$1,534
Projection for FY 2022-2023	150	\$234,650	\$1,564

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

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

In 2019-2020, there were 119 unduplicated clients served in FRS. Of the clients surveyed (n=9), a 40% increase was reported in the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem solving, and decision-making skills among others. Of those referred to Behavioral Health Services (n=80), 48 attended a service within 45 days (60%). Of the 119 clients, only six were re-incarcerated.



In 2019-2020 MHSAs stakeholders approved use of released Prudent Reserve funds (p. 6) to fund a new Justice Division Manager position. Teresa Pemberton, LMFT was selected to launch this important new Behavioral Health Department division.

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	114	\$231,909	\$2,034
Projection for FY 2020-2021	100	\$255,502	\$2,555
Projection for FY 2021-2022	100	\$260,612	\$2,606
Projection for FY 2022-2023	100	\$265,824	\$2,658

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

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

The Veterans Treatment Court (VTC) was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health treatment services and supports, as well as finding appropriate dispositions to their criminal charges by considering the defendant's treatment needs and the seriousness of the offense. The Behavioral Health Clinician funded by MHSA is assigned as the treatment provider for VTC participants. The therapist administers initial assessments of veterans involved in the criminal justice system and determines eligibility based on diagnosis, mental health history associated with military service, and motivation for participation.

Additionally, the therapist links veteran with VA services, County Behavioral Health services, and/or additional mental health supports in the community. The MHSA provider works closely with the Veterans Justice Outreach Social Worker with the VA to develop treatment plans for participants who are VA eligible, as well as working separately on treatment plans for those veterans who are not VA eligible. The therapist provides individual, couple, family and group treatment services to veterans and their families during participation in the program, as well as monitors progress with other treatment providers.

In 2019-2020, 12 clients were enrolled in the Veteran's Treatment Court program. In 2019-20, four veterans successfully completed VTC and graduated. Six out of the twelve enrolled successfully completed Skills Training in Affective and Interpersonal Regulation (STAIR), and eight of the twelve successfully completed Managing Anger: A Treatment for those with PTSD. The VTC program is an 18-month (on average) voluntary program in which most cases result in the dismissal of charges.

Veteran's Outreach

As part of a local Innovation project ("Operation Coastal Care" which was maintained with CSS funds in 2015-2016) the SLOBHD Therapist assigned to the Veterans Treatment Court also provides outreach and clinical services for community veterans. The Therapist attends Veterans Outreach events (detailed in the PEI section) and engages local veterans and their family members. This activity is reported here as part of the CSS-9 work plan. In 2016-2017, there were 54 participants in veterans' treatment programs, 91 in 2017-2018, 109 in 2018-2019, and 102 in 2019-2020.

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

	Persons Served (unduplicated)	Total Funding	Cost Per Client
Actual for FY 2019-2020	10	\$213,690	\$21,369
Projection for FY 2020-2021	10	\$154,157	\$15,416
Projection for FY 2021-2022	10	\$157,240	\$15,724
Projection for FY 2022-2023	10	\$160,385	\$16,038

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

The actual expense for 2019-2020 reflects the transfer of Prudent Reserve funds (p. 6) to fund a new Justice Division Manager position. In future years, this expense is spread throughout the Forensic Mental Health Services work plan.

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

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

A Forensic Coordination Team, comprised of nearly every law enforcement jurisdiction in the county, along with service providers, meets periodically to review frequent arrestees, inmates that required attention to address MH needs, aftercare planning/suggestion and follow-up that could be provided for inmates or individuals with serious MH issues.

In February 2019, the stakeholders approved the transition of the forensic coordination therapist program to Mental Health Diversion Court (MHDC). While forensic coordination remains the core function of the assignment, this pre-trial diversion program will also allow the Behavioral Health Specialist to work directly with clients participating in the court program. Along with court coordination, assisting system partners with navigating the community behavioral health system, the Specialist will carry a caseload of ten (10) clients. This court sets up a procedure of diversion for defendants with mental disorders for a period no longer than 2 years, to allow the defendant to undergo mental health treatment. Weekly medication management groups are provided along with individual sessions to clients that are being diverted from the legal system through the MHDC program. Coordination with jail psychiatric services to have medications started in custody and to ensure medications are ready for discharge also occurs.

Additionally, case management for these clients is imperative to have resources ready when clients are released from custody. During 2019-2020, all of the clients that remained open at the end of the fiscal year had 100% medication compliance. This program compliments the MHSA-funded Behavioral Health Treatment Court.

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS 9.5: Forensic Mental Health Services | Community Action Team

	Persons Served <small>(unduplicated)</small>	Total Funding	Cost Per Client
Actual for FY 2019-2020	418	\$132,365	\$317
Projection for FY 2020-2021	400	\$138,563	\$346
Projection for FY 2021-2022	400	\$141,334	\$353
Projection for FY 2022-2023	400	\$144,161	\$360

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

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

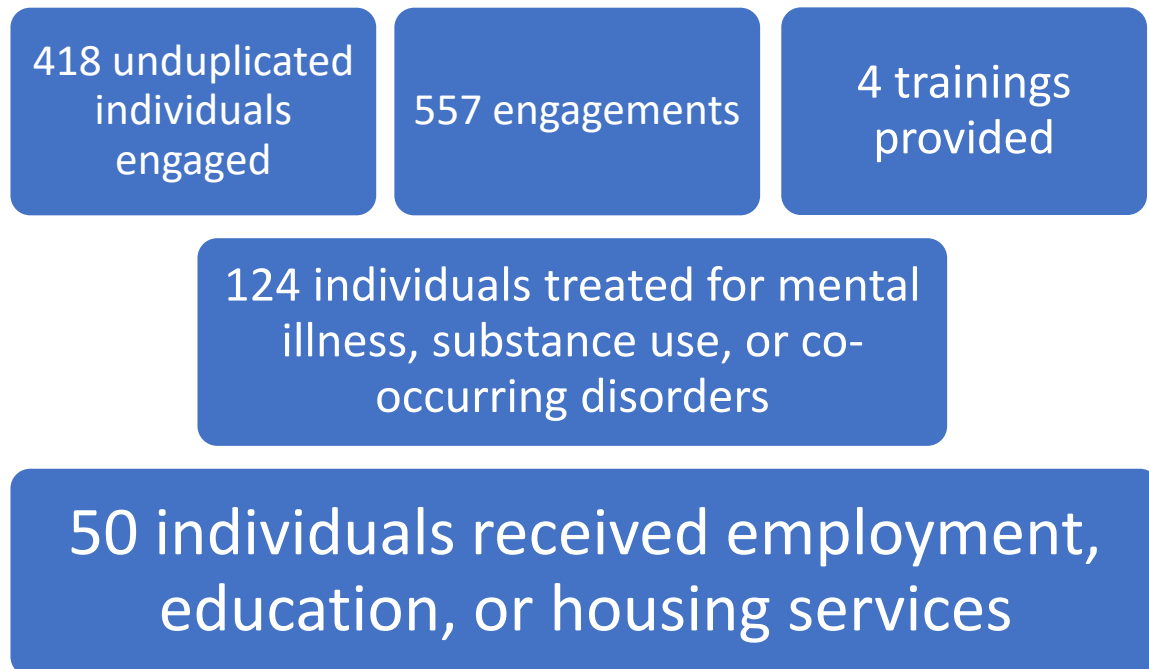
- The programs within the Forensic Mental Health Services work plan utilize a variety of data collection and analysis tools, including pre/post tests and health scales.
- Electronic health record data is used to track some client outcomes.

In 2017-2018, MHSA stakeholders unanimously agreed on expanding the San Luis Obispo Police department’s Community Action Team (CAT) program by adding a behavioral health care provider to the team which focuses on engaging homeless and other individuals in the city. The MHSA-

COMMUNITY SERVICES AND SUPPORTS (CSS)

funded CAT consists of a behavioral health care professional embedded within a municipal police department to respond directly to individuals experiencing behavioral health crises who are in need of outreach and engagement. **In FY 2019-2020, the CAT Community Liaison engaged 418 individuals** and over 550 engagements. One hundred and twenty four (124) unduplicated individuals were treated for mental illness, substance use, or co-occurring disorders. Additionally, 50 individuals received employment, education, or housing services.

Figure C23: Community Action Team Results



WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training (WET)

San Luis Obispo County's Workforce Education and Training (WET) program includes work plans which encourage and enhance employee development and community capacity building within the field of behavioral health. The following projects continued in 2019-2020 as part of the WET Plan:

Peer Advisory and Advocacy Team (PAAT) (TMHA): The consumer advisory council of mental health stakeholders met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. PAAT members meet bi-monthly to enhance the mental health system and develop and implement plans to: advocate and educate the community about mental health and recovery, eliminate stigma, advocate and provide education within the mental health system, and promote the concept of wellness versus illness by focusing attention on personal responsibility and a balanced life grounded in self-fulfillment. In 2019-2020, 40% (12/30) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.).

PAAT held 24 meetings in 2019-2020, and members conducted three events focused on stigma reduction for over 675 attendees. One of those events, Journey of Hope, is an annual community-wide forum on living mentally well. Journey of Hope offers an opportunity to interact with mental health and community leaders, learn about local resources, and celebrate hope. In February 2019 the featured keynote speaker was comedian Adam Grabowski. An acclaimed performer and leader of the #sayitanyway campaign, Adam spoke about his depression and anxiety, empowering others to talk about their own mental health experiences, at two separate events. This was the first time hosting multiple Journey of Hope events (one in the south and one in north county) to engage diverse audiences.

In 2019-2020, PAAT welcomed a total of 82 new meeting attendees, more than doubling their new attendee rate the prior year. This may be one of the "benefits" of the shelter at home period after COVID-19, as meetings became

JOURNEY OF HOPE
Presented by Transitions-Mental Health Association

FREE EVENT FEATURING COMEDIAN Adam Grabowski

Adam Grabowski has performed at over 600 colleges and headlined in 48 states, speaking about his depression and anxiety. He introduces the #SAYITANYWAY Campaign, which empowers individuals to talk about their own mental health experiences. His message about finding your voice and understanding that you are not alone leaves audiences feeling empowered and connected through the art of comedy.
Spanish translation will be available.

"College Comic of the Year"
- APCA and Campus Activities Magazine

"Funniest Comedian"
- Simon Cowell, America's Got Talent, Season 11

WEDNESDAY Feb. 5th 6-8 PM
New Life Community Church
990 James Way
Pismo Beach

THURSDAY Feb. 6th 6-8 PM
Cuesta, North County Campus
2800 Buena Vista Dr. Paso Robles
Dallon's Hall, Room N3102

Resource Fair 5-6 PM
will be available at both locations

No RSVP Required | For more info contact Elissa Feld, efeld@t-mha.org

Logos: Cuesta College, PAAT, Student Health Center, County of San Luis Obispo, TMHA

Funding for this program is provided by the County of San Luis Obispo through the Mental Health Services Act and in collaboration with the County Behavioral Health Department.

WORKFORCE EDUCATION AND TRAINING (WET)

“virtual” it allowed for access that was once reliant on physical presence.

PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement and the County’s Behavioral Health Board, and MHSA Advisory Committee. PAAT members surveyed (15) reported a 31% increase in their level of confidence in effecting positive change within the behavioral health system.

E-Learning (SLOBHD): SLOBHD contracts with Relias Learning to provide electronic access to a Behavioral Health library of curricula for over 500 San Luis Obispo County behavioral health providers, consumers, and family members. In 2019-2020, over 2,000 hours of training were completed electronically. The capacity to be trained online supports a decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also uses online learning to reduce lost productivity.

In 2019-2020, the Cultural Competence Committee selected training courses on Relias Learning for Behavioral Health staff focused on multicultural care and issues of abuse. The Department assigned a cultural competence curriculum to all direct service employees that featured an overview training titled “Working with People Experiencing Homelessness.” Providers of adult-focused services were also assigned “Suicide and Depression in Older Adults.” Providers of youth-focused services were assigned “Developmental Concerns, Childhood to Adolescence.” Staff course completion was 85%, with 365 (out of 384) direct service employees (including temporary and volunteer staff) completing the curriculum.

Cultural Competence (SLOBHD): The Cultural Competence Committee (CCC) meets quarterly to monitor and develop strategies related to trainings, policies, and procedures of the public mental health system and their relative enhancements of cultural competence in serving consumers and families. The primary objective of the group is to coordinate training to improve engagement with underserved populations. The CCC accomplishments for 2019-2020 include:

- In August 2019 and February 2020, the CCC hosted a powerful training focused on implicit bias, systemic racism, and racial inequities in behavioral health. "Cultural Competence: Toward a Culturally-Informed Behavioral Health Practice " was presented by Dr. Leola Dublin Macmillan and associates to the entire Behavioral Health Department over three weeks, with a follow-up session to enroll all staff. Nearly four hundred staff were engaged by Dr. Macmillan on issues of structural inequality, implicit bias, cultural relevance, and dismantling oppression within the behavioral health continuum of care. Participants reported (83%, 110/131 surveyed) a greater understanding of the intersection of social justice and behavioral health, and how those terms relate to behavioral health. Participants also gained (85%, 111/131) knowledge of health care disparities in marginalized and underserved communities and how those disparities are salient issues for behavioral health practitioners.

WORKFORCE EDUCATION AND TRAINING (WET)

- In partnership with the regional WET collaborative – Southern California Regional Partnership – the CCC (also in August, 2019) presented “Enhancing Cultural Humility in Working With Diverse Families in Community Based Mental Health Settings.” The training was presented by Jonathan Martinez, PhD., of California State University, and was attended by 96 local providers. All participants reported the ability to understand culture, cultural humility, race/ethnicity, and diversity. And, 87% (36/41 surveyed) reported gaining the knowledge to implement culturally-responsive, evidence-based strategies to enhance cultural humility values in daily practice.
- The last training held prior to shelter at home orders, due to COVID-19, was a ‘Trans Training 101’ presented by Dr. Jay Bettergarcia (Cal Poly) and Stacy Hutton, on March 12, 2020. The purpose of the workshop (which had 75 attendees) was to enhance the ability to work in an effective and affirming manner with transgender clients across the lifespan. A broad overview of trans-related terms and topics was presented in an informative and accessible manner. Attendees engaged in experiential activities, watched video clips, and observed mock therapy sessions. All attendees surveyed (21) reported better understanding of subtleties in language and perspective that make interactions with trans people truly affirming.
- The CCC brought an important perspective to local providers in April, 2020 – “Bridges Out of Poverty” provided key lessons in dealing with individuals from poverty. Topics included increasing awareness of the differences in economic cultures and how those differences affect opportunities for success. This workshop was based on the book *Bridges Out of Poverty: Strategies for Professionals and Communities*, and was presented by Jodi Pfarr, an author focused on community training. All attendees surveyed (n = 14) reported the ability to develop a mental model of generational poverty and explore the impact of poverty on those served by the organization and understand the six poverty registers of language, discourse patterns, and cognitive issues.
- In 2019-2020, the CCC introduced three new required online (Relias) trainings for Behavioral Health staff: Community Inclusion, Supporting Adults in the Grieving Process, and Bullying: Strategies for Prevention and Intervention.
- The Committee produces quarterly newsletters focused on cultural topics in relation to mental health issues. In 2019-2020, the CCC released a total of four newsletters, along with information on local resources and articles highlighting various topics related to the mental health field.

The WET work plan also includes cultural competence-based workforce development and training. Using WET funds and stakeholder approval, the Department partnered with the Center for Family Strengthening (CFS) to establish a contract for **Promotores** services. Promotores have been co-located in several County clinics to provide medication-management translation, interpretation, and system supports for Latino Outreach Program (LOP) clients. For FY 2019-2020, a total of 193 clients were served with over 322 service sessions provided. Outcomes revealed that 74% (192/259 sessions) of Latino participants receiving interpretation and translation

WORKFORCE EDUCATION AND TRAINING (WET)

services attended the mental health appointment, and 79% (48/61 surveyed) Latino participants indicated high satisfaction with Promotores interpretation services.

Due to its success and rising demand, the Promotores contract and service was increased in 2019-2020. The expansion of the service will now also include co-occurring disorder clients who are receiving mental health and substance use disorder services.

The goal of the Promotores Collaborative is to develop a sustainable, diverse, and comprehensive culture that promotes equal access to community resources and services among all members of the Hispanic community in San Luis Obispo County.

Internships (SLOBHD): The County's WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department. In 2019-2020, two of the three (budgeted) bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the plan, the County continues to utilize the internship program to develop permanent staffing and promote hiring.

Training and Communications Coordinator (SLOBHD): Beginning in 2019-2020, the Behavioral Health Department launched a Training and Communications Coordinator (Behavioral Health Administrative Services Officer) position. This position, supported by assigning CSS funds to WET, continued to coordinate the trauma-informed training initiatives of the current Not For Ourselves Alone Innovation project (which ends in 2020) as well as conducted activities to ensure community-wide training for the behavioral health system.

As COVID-19 became the sole focus of attention for the Department in March of 2020, the WET Training and Communications Coordinator (Caroline Johnson) took a lead role in the County's communication with the public. The Coordinator established a critical COVID-19 [resource web page for behavioral health services](#) and launched a popular social media video series to provide tips, strategies, and maintain a public dialogue on important health topics. In addition, the Coordinator provided key communications and training support to the County's Emergency Operations Center.

Prevention & Early Intervention (PEI)

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



Congressman Salud Carbajal (CA-24) joins the Veterans Outreach Program at the Out of Darkness Walk, October, 2019 in downtown San Luis Obispo

The County of San Luis Obispo conducted surveys and held several stakeholder meetings over a one-and-a-half-year period between 2007 and 2008 to construct its PEI Plan. The workplans included strategies to increase mental health awareness, family education, training and support, early care for underserved populations, and more. The Act requires the County to conduct a local evaluation of one PEI program. School Based Student Wellness was selected by stakeholders during the PEI planning process. SLOBHD also elected to conduct

evaluation of each of the PEI programs, but at a less intensive level due to limitations from funding and infrastructure. The first PEI program evaluation was published in July of 2013, a second in 2017, and a third is presented as an adjunct to this Annual Update and Three-Year Plan, and is available here: [https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHSA\)/Prevention-and-Early-Intervention-\(PEI\)/FY17-20-PEI-Program-Evaluation-Report-Final.pdf](https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/Prevention-and-Early-Intervention-(PEI)/FY17-20-PEI-Program-Evaluation-Report-Final.pdf)

Program evaluation is fluid and ongoing - allowing the County's Behavioral Health Department (SLOBHD) to build upon successes and adapt quickly to ever-changing community needs. Interim evaluation results were presented to the PEI stakeholder group, and pending any regulation changes, emphasis remains on sustaining existing PEI programs. Data collection and outcome

PREVENTION AND EARLY INTERVENTION (PEI)

measurement tools continue to be refined as new amendments to the PEI regulations are provided. The County continues to collect and store data reports from all providers on a quarterly basis, which also includes narrative and qualitative information.

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

PEI Updates for 2019-2020

- In adherence to State regulations, each PEI program is identified in this Annual Update and Three-Year Plan as a Prevention (P), Early Intervention (EI), Outreach (O), Access and Linkage (AL), Stigma & Discrimination Reduction (SDR), Improve Timely Access (ITA), or Suicide Prevention (SP) program in each subproject heading. This allows for easy data tracking as well as consistency for programming, spending, and being able to better tell the story of each program - such as their successes, challenges, and problem-solving engagement processes.
- SLOBHD established a partnership with California Polytechnic State University, San Luis Obispo for a countywide LGBTQ Needs Assessment. Results of the project became available in June 2019. A full detailed report is available [here](#). Formal presentations to the community's MHSA stakeholders and the Behavioral Health Board were made in early 2019-2020.
- The PEI stakeholder group approved a recommendation by the MHSA Coordinator to eliminate the Young Adult Counseling Program (now funded by a federal grant) to address the needs of other populations and possibly expand other services.
- The PEI stakeholder group and the MHSA Advisory Committee (MAC) reviewed and approved a proposal to increase funding and programming for the Veterans Outreach Program's (VOP) Behavioral Health Specialist for the program as of January 1, 2020. The VOP Coordinator now provides case management and system navigation for veterans engaged in CSS-funded programming. This expansion resulted in updated outcomes, an increase in contacts, and additional outreach events.
- The PEI stakeholder group and the MAC approved a budget increase for the Behavioral Health Navigator (BHN) program at Transitions-Mental Health Association (TMHA). This expansion, approved on October 30, 2019, added a full-time and part-time BHN dedicated to support the TAY population in the Integrated Community Wellness Program. Part of the increase in the program 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.

PREVENTION AND EARLY INTERVENTION (PEI)

[At the top of each section is a table outlining the budget and actual costs of each work plan as well as projected costs for the next three fiscal years. Work plans are organized by PEI classifications, meeting State regulations. For all PEI programs listed below, the cost per person served is intended to be an estimate - although every effort is made to take as accurate account as possible. Persons served are unique participants.]

PEI 1.1: Prevention Programs | Positive Development Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020	499	\$86,935	\$174
Projection for FY 2020-2021	525	\$96,320	\$184
Projection for FY 2021-2022	550	\$98,246	\$179
Projection for FY 2022-2023	550	\$100,211	\$182

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

Project Goals:

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

Key Objectives:

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

Program Outcomes

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

Method Measurement

- Rosters.
- Ages and Stages Questionnaire.
- Behavior Rating Scale.

Community Action Partnership of San Luis Obispo’s (CAPSLO) Child Care Resource Connection (CCRC) administers the Positive Development Project. The project centers on delivery of the I Can Problem Solve curriculum as well as the accompanying Early Childhood Behavior (ECB) and Ages and Stages Questionnaire (ASQ) training to private childcare providers located throughout San Luis Obispo County. Emphasis is placed upon providers in underserved areas from Nipomo in the south, to San Miguel in the north. Materials and training are provided in both English and Spanish. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles. CCRC has expanded their original program by adding a

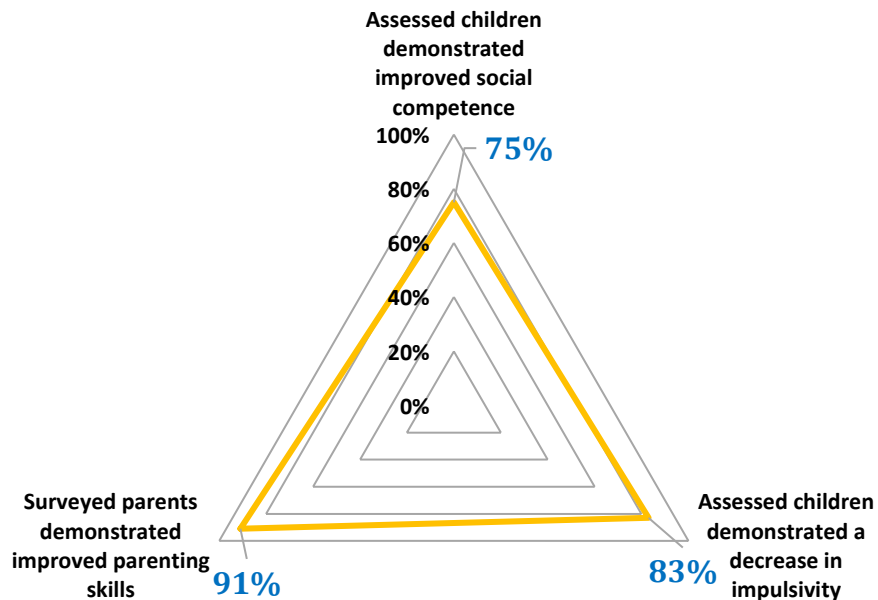
PREVENTION AND EARLY INTERVENTION (PEI)

curriculum for children over five years old (but not yet enrolled full time in school), as well as adapting the curriculum for young toddlers. CCRC included I Can Problem Solve Kindergarten, increasing the capacity of the program.

In order to increase participation in the administration of various assessment tools, the CCRC became more active participants in the Child Care Planning Council, which allows them to provide input into the training content and schedule more frequent training on assessment tools. In addition, CCRC scheduled more parent meetings to share the value of the tools and aid in completing them where appropriate.

In 2019-2020, 499 participants were served. Pre and post ECB and ASQ assessments of children participating in the program demonstrated a 75% (59/78) social competency and skills improvement; 83% (35/42) of children, initially identified as impulsive, demonstrated a decrease in impulsivity, and 91% (32/35) of surveyed parents demonstrated an improve in their parenting skills as it relates to their children wellbeing and behavior (Figure P1).

Figure P1. Positive Development Program Outcomes FY 2019-2020



Additional parent/primary caregiver narrative data reveals an important role of the program on the overall wellbeing of the child/children:

“Buena información de niños (good information about children)”

“Good information about COVID-19, good idea for teaching kindness!”

PREVENTION AND EARLY INTERVENTION (PEI)

“He estado con la mentalidad positiva todo este tiempo y estoy contenta de pasar mas tiempo con mis seres queridos.” (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)

Regarding social-emotional and behavior skills, there has been a perceived improvement. Parents/primary caregivers report that:

“[My child] is more social and likes to play with others more.”

“No esta pegando como antes. [The child] is not hitting like before.”

“Have seen a lot of improvement on all areas, speech and attention.”

“El niño aprende a reconocer las emociones de otros niños mas major y aprender a compartir o decir no sin empujar.” ([The child] has learned to better recognize emotions of other kids and is learning to share and say no without hitting or pushing).

The program encountered several changes in light of the pandemic. Many childcare programs temporarily closed their programs which led to the inability of collecting a major portion of data. Furthermore, it was increasingly difficult this year to collect surveys due to some families keeping their children at home during the Shelter-at-home order. With social distancing in place, the program switched over conducting child activities over the virtual platform Zoom. The program engaged various childcare providers who were enthusiastic to maintain service virtually, although some experienced technology difficulties. Additionally, all other activities such as parenting meetings were moved online in which parents participated by being in direct contact with program staff. This adaptation worked out well and allowed parents to maintain a level of connectivity.

PREVENTION PROGRAM	
1. Name of Program	Positive Development Program
2. Unduplicated # of individuals served	499
3. # of individual family members served	42

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	None
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	None
2b. Average interval between referral and treatment	0 days

PREVENTION AND EARLY INTERVENTION (PEI)

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	Children and parents of all age groups and ethnic backgrounds.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach, presentations, children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.

Strategy: Outreach	Results
1. # of potential responders	653
2. Settings where potential responders were engaged	Childcare providers, family centers, classrooms.
3. Types of potential responders engaged in each setting	Children and parents of all age groups and ethnic backgrounds.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$86,935	PEI Funding	\$9,710	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

PREVENTION AND EARLY INTERVENTION (PEI)

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

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 - 2020			
Coordination of County's Parenting Programs	132,394		
Parent Education	555	\$122,085	\$0.92
Coaching of Parents/Caregivers	435		
Projection for FY 2020 - 2021			
Coordination of County's Parenting Programs	200,000		
Parent Education	300	\$160,648	\$0.61
Coaching of Parents Caregivers	450		
Projection for FY 2021 - 2022			
Coordination of County's Parenting Programs	200,000		
Parent Education	300	\$163,861	\$0.62
Coaching of Parents Caregivers	450		
Projection for FY 2022 - 2023			
Coordination of County's Parenting Programs	200,000		
Parent Education	300	\$167,138	\$0.64
Coaching of Parents Caregivers	450		

Program Provider: Center for Family Strengthening (CFS)

Project Goals:

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

Key Objectives

- Parent education
- Parent coaching.

Program Outcomes

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

Method of Measurements

- Number of website hits.
- Class rosters and call logs.
- Parent self-report surveys.
- Parent coaching assessments.
- Parent interviews.

The Center for Family Strengthening's Parent Connection administers the Family Education, Training, and Support Program. This program uses a multi-level approach to reduce risk factors and increase protective factors for all parents and other caregivers raising children. Target populations include parents and caregivers in stressed families living with or at high risk for mental illness and substance abuse, trauma and domestic violence exposed families, monolingual Spanish speaking parents, and parents in rural areas of the county.

The website www.sloparents.org (with Spanish translation) serves as a clearinghouse to disseminate information on parenting classes, family support programs, and services. In addition to promoting parent education classes funded by PEI, the website lists approximately two-hundred fifteen (215) parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness or addiction. Listings are grouped by region for the convenience of viewers searching for local support. Their new analytic tool allows the program to better record the actual number of unique hits and contacts accessing the website for information. For 2019-2020, the program registered a total of 132,394 hits. Website hits refer to the action of requesting files, such as flyers, program information, and pages displaying information.

PEI-funded classes are offered specifically for parents of children in certain age groups in addition to special topics for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, homeless, and teen parents. **In 2019-2020 Parent Connection offered 43 classes**, 51% (21/43) of which were in Spanish. Seventeen (17) parent provider trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in the community.

Parent Connection also provides a parent warmline and coaching services. This warmline provides support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bilingual, bicultural staff answered over 580 calls on the warmline in 2019-2020. Parent Coaches provide supportive and skill building coaching services on the phone or in person when requested. The coaching services include support groups for specific high-risk parent groups: parents who are homeless, in recovery, teen parents, and single parents. Self-report surveys (below) of parents and caregivers participating in education or coaching services demonstrate how increasing protective factors and reducing risk factors in the parents have positive effects on the children of stressed and at-risk families.

PREVENTION AND EARLY INTERVENTION (PEI)

Parent Outcomes	Child Outcomes
99% (359/362) increased communication and listening skills	89% (321/362) of children increased school attendance
96% (348/362) understand how to discipline & guide children	98% (354/362) reduced behavioral problems at home and school
96% (345/362) know more about child's stage of development	92% (332/362) reduced anxiety about children/child
93% (337/362) feel less stressed about their children	95% (345/362) feel less stress about home life
93% (336/362) of child's behavior and ability will improve	90% (327/362) of children have better relationships with siblings and peers

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 the Shelter-at-home order, the program connected via Zoom with families and parents. As the program continued to offer services online, it was determined that evening online classes would be better to establish as a way to support and provide availability to working parents and primary caregivers. 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 than 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.” 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.
- The program developed a 9-part Parent Education video series to inform parents about the importance of talking to children about staying safe and inform parents what topics would be covered.
- 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.
- Parent Connections Parenting Sober Support Group transitioned online.

PREVENTION AND EARLY INTERVENTION (PEI)

PREVENTION PROGRAM	
1. Name of Program	Family Education, Training, and Support
2. Unduplicated # of individuals served	133,384
3. # of individual family members served	177

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	N/A
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	0
2b. Average interval between referral and treatment	0

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	Children and parents of all age groups and ethnic backgrounds.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach, presentations, and children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.

Strategy: Outreach	Results
1. # of potential responders	133,384
2. Settings where potential responders were engaged	Community presentations, childcare locations, family centers, etc.
3. Types of potential responders engaged in each setting	Children and parents of all age groups and ethnic backgrounds.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$122,085	PEI Funding	\$13,636	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 1.3: Prevention Programs | Middle School Comprehensive Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 - 2020			
Student Support Counselors	388	\$352,162	\$908
Family Advocates	798	\$154,191	\$193
Youth Development	153	\$242,363	\$1,584
Projection for FY 2020 - 2021			
Student Support Counselors	800	\$1,068,553	\$1,336
Family Advocates	980	\$342,829	\$350
Youth Development	320	\$222,675	\$696
Projection for FY 2021 - 2022			
Student Support Counselors	800	\$1,146,296	\$1,433
Family Advocates	980	\$279,993	\$286
Youth Development	320	\$227,129	\$710
Projection for FY 2022 - 2023			
Student Support Counselors	800	\$1,167,637	\$1,460
Family Advocates	980	\$273,857	\$279
Youth Development	320	\$231,671	\$724

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

Project Goals

- Build resiliency and identify mental health issues of at-risk middle school youth and their families

Key Objectives

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

Program Outcomes

- Reduced risk factors
- Increased protective factors

PREVENTION AND EARLY INTERVENTION (PEI)

- Increased access to extended services and supports for at-risk families

Method of Measurements

- Rosters
- School records
- Participant and staff surveys
- Youth development surveys
- Participant focus groups

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

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



homelessness, and suicidal ideation are some of the topics addressed in group or individual counseling.

The Family Advocates coordinate referral and intervention services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation including job development, healthcare, clothing, food, tutoring, parent education, and treatment referrals.

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The Family Advocates provide information outreach to the schools including participating in “Back to School” nights, “Open Houses,” and providing a staff orientation early in the school year.

Student Assistance Program survey results showed an average improvement in protective factors of 13.14%, and a decrease in risk factors of 33.18% (Appendix E).

Each participating school receives Club Live Youth Development programming provided by the SLOBHD Friday Night Live staff. Youth Development (an evidence-based strategy for building resiliency) reduces the risk of mental illness by engaging young people as leaders and resources in the community and providing opportunities to build skills which strengthen bonds to school and improve overall wellness. Over 3,000 students at SAP Schools are exposed to Youth Development programming annually, with an average of eight prevention activities occurring per student.



Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, improving peer relationships, supportive adult relationships, and offering leadership and advocacy opportunities. The Youth Development Institute, in partnership with SLOBHD’s Friday Night Live programs, administers Youth Development Surveys annually to middle schools across the county, in order to measure the impact of the increased PEI Club Live programming. Figures P2 and P3 provide an average of the different components associated with leadership and advocacy, and learning and school bonding.

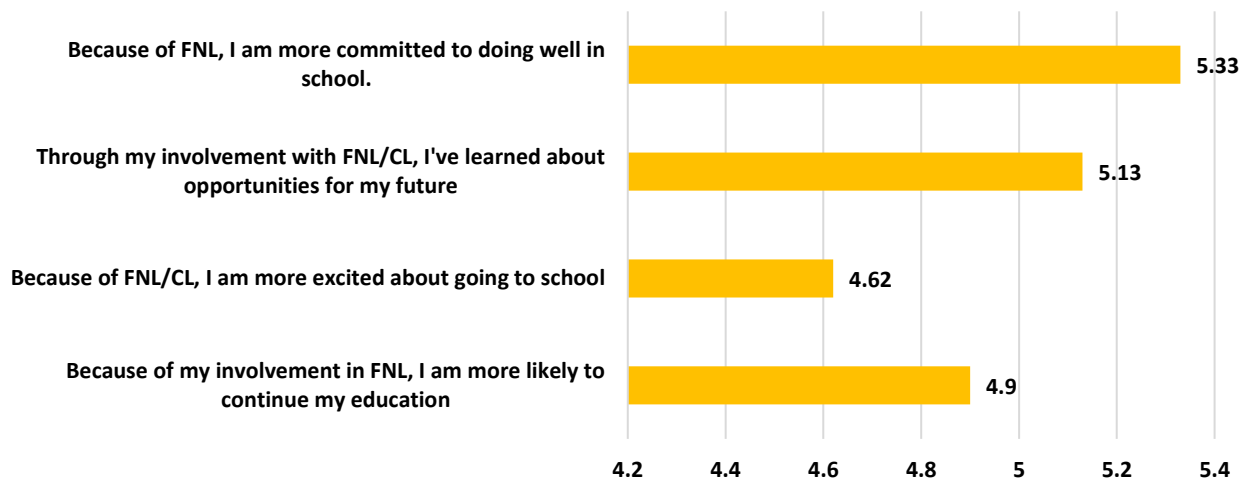
In addition to the six SAP Schools, MHSA-supported youth development programs are present on all public middle school campuses in San Luis Obispo County. The Club Live Youth Development Programming integrates a youth development approach into the prevention work of its programs and chapters. Youth Development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

PREVENTION AND EARLY INTERVENTION (PEI)

Figure P2. Youth Development Survey: Impact of Club Live on Leadership and Advocacy FY 2019-2020 – Strongly Disagree = 1; Strongly Agree = 6 (n = 495)



Figure P3. Youth Development Survey: Impact of Club Live on Learning and School Bonding FY 2019-2020 – Strongly Disagree = 1; Strongly Agree = 6 (n = 495)



The Middle School Comprehensive Program had to adapt service provision due to the COVID-19 pandemic. 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

PREVENTION AND EARLY INTERVENTION (PEI)

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 to provide support to those in higher needs. Currently, and following the State and the local Public Health Department guidelines, Family Advocates partnered with local restaurants to deliver donated meals directly to program 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.

The Student Support Counselors and the Youth Development Specialists moved 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.

PREVENTION PROGRAM	
1. Name of Program	Middle School Comprehensive Program
2. Unduplicated # of individuals served	1339
3. # of individual family members served	748

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	N/A
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	0
2b. Average interval between referral and treatment	0

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	Children and parents of all age groups and ethnic backgrounds.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0

PREVENTION AND EARLY INTERVENTION (PEI)

2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach, presentations, and children and parent activities, technical assistance to childcare providers, staff trainings, and parent trainings.

Strategy: Outreach	Results
1. # of potential responders	2,678
2. Settings where potential responders were engaged	School classrooms, community presentations, outreach events, family resource center fairs.
3. Types of potential responders engaged in each setting	Children and parents of all age groups and ethnic backgrounds.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$748,716	PEI Funding	\$83,629	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 1.4: Prevention Programs | In-Home Parent Educator

	Families Served	Total Funding	Cost per Client
Actual for FY 2019-2020	50	\$78,030	\$1,561
Projection for FY 2020-2021	105	\$86,453	\$823
Projection for FY 2021-2022	105	\$88,182	\$840
Projection for FY 2022-2023	105	\$89,946	\$857

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

Project Goals

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

Key Objectives

- Parent education
- Parent coaching

Program Outcomes

- Reduced risk factors
- Increased protective factors
- Improved parenting

Method of Measurement

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

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

In 2019-2020, a total 50 unique families received parenting education services. Additionally, a total of 326 evidence-based curriculum sessions and 915 engaged activities were provided to parents. A total of 70% (35/50) of families receiving parenting education completed all service sessions. 82% (41/50) of families received a minimum of four parenting sessions. Thirty-six families completed the education sessions and, of those, 92% (33/36) reported improved family

PREVENTION AND EARLY INTERVENTION (PEI)

functioning, and 86% (31/36) of the families served reported improved mental health either for the parents, children, or both. CAPSLO continues to work toward a full caseload with a consistent bicultural and bilingual specialist. The reduction in unique/unduplicated participants (based on projections) is due to the identification of special needs, which extended the time for each participant and their family members receiving services.

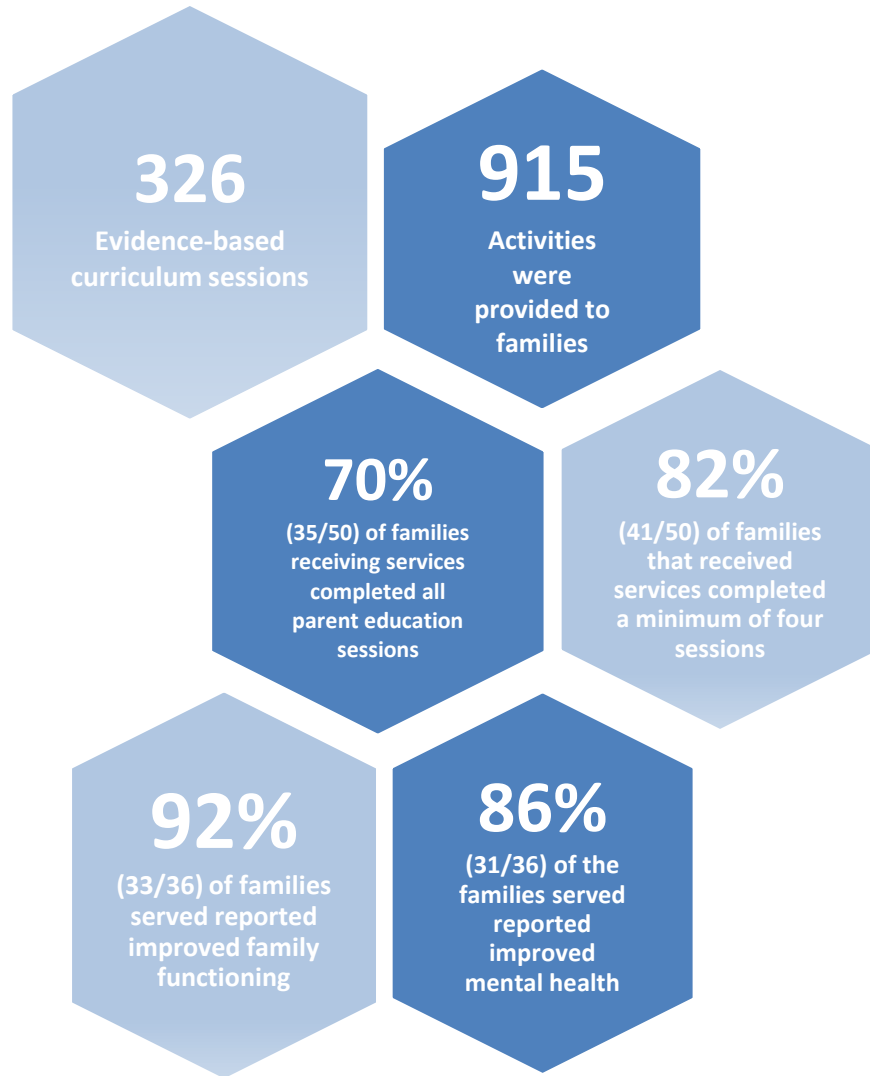
As the program continued to provide services in the community, and the impact of the COVID-19 pandemic hit all areas in the County, the program strategized and responded in ways to maintain safety and healthy interactions, while continuing the delivery of services and the implementation of evaluation processes. The program has remained the same with some adaptation due to the shelter-at-home order. Parent education is now being completed virtually through Zoom, FaceTime, or Google Hangouts ensuring that all elements are in compliance with HIPAA. Weekly parent education sessions have continued focusing on self-care and basic needs, as this was determined to be one area in which the most community members needed to be addressed in the current climate.

The Parent Educator has sent e-mail and parent workbooks to the home and provided additional follow-up services through telephone for clients that do not have access to virtual or telehealth technology. The topics covered in the workbook and followed up in subsequent phone calls focus on the ever-changing situation of “routines” and the impact to create some level of normalcy as the community faces the pandemic and the financial hardships, positive discipline, and self-care.

Another major component being impacted by the pandemic was the restriction of household income as many experienced job loss, reduction of employment hours, or current income could not sustain the entire family and their basic needs. The program’s Parent Educator identified that this as a barrier affecting the family unit and offered support by developing partnerships with local organizations distributing food. It is the intention of the program to continue providing this assistance to the families and expand to others when additional food sources partner with the Parent Educator.

PREVENTION AND EARLY INTERVENTION (PEI)

Figure P4. In-Home Parent Educator, Evidence-Based, Practice Sessions, Activities, and Outcomes, FY 2019-2020



PREVENTION PROGRAM	
1. Name of Program:	In-Home Parent Educator
2. Unduplicated # of individuals served:	50
3. # of individual family members served	N/A

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	7
1a. The kind of treatment individuals were referred	Mental health treatment
2. # of individuals who followed through with referral	1

PREVENTION AND EARLY INTERVENTION (PEI)

2a. Average duration of untreated mental illness	Not available
2b. Average interval between referral and treatment	21 days

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	Children and parents of all age groups and ethnic backgrounds.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach, presentations, and children and parent activities and education.

Strategy: Outreach	Results
1. # of potential responders	140
2. Settings where potential responders were engaged	Community presentations, childcare locations, family centers, parents/primary caregiver's home.
3. Types of potential responders engaged in each setting	Children and parents of all age groups and ethnic backgrounds.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$78,030	PEI Funding	\$8,716	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 1.5: Prevention Programs | Successful Launch

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020	50	\$17,504	\$350

Program terminated.

Program Provider: Cuesta College

Project Goals

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

Key Objectives

- Successful Launch Program for at-risk TAY

Program Outcomes

- Reduced risk factors (e.g.: lack of education, work, and housing)
- Increased protective factors (e.g.: access to extended services and supports, decrease in unhealthy behaviors)

Method of Measurement

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

The Successful Launch program was administered by Cuesta College. Successful Launch provided services to at-risk TAY youth with the goal of increasing self-sufficiency and success of TAYs who are at risk for mental health issues because they have dropped out of school, are homeless or at risk of being homeless, former Wards of the Court, or are graduating from Community School. In 2019-2020, services included: vocational training, job shadowing, work readiness, academic support, connection with other extended services and supports, and life skills training.

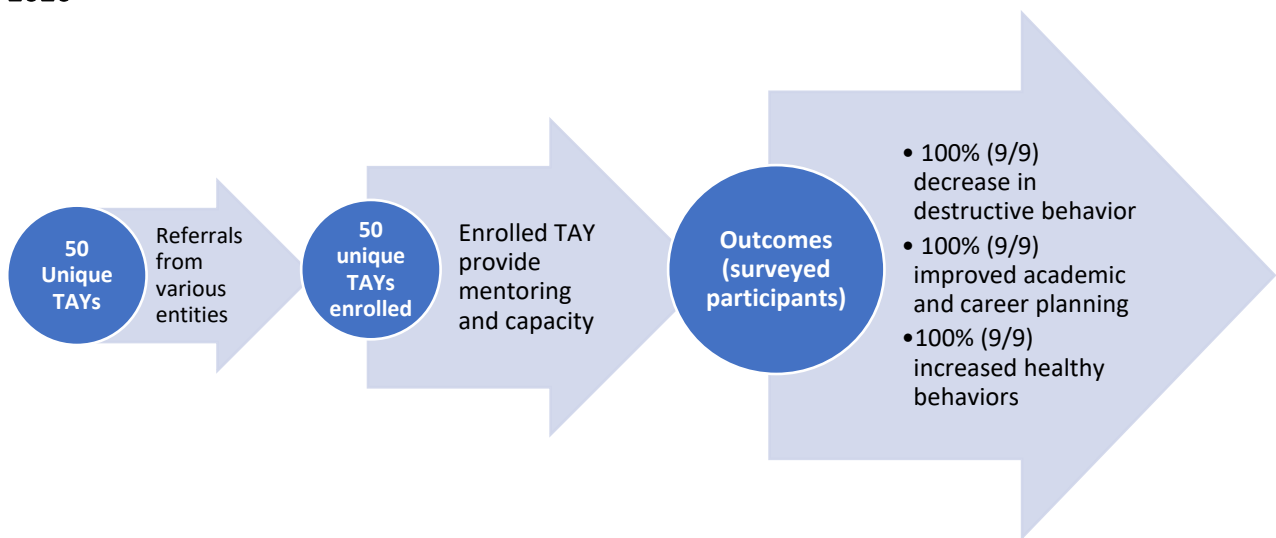
At the end of FY 2018-2019, Cuesta College informed the County that it would no longer be able to support the program due to internal capacity and planning. After several meetings highlighting the need for the program and its success in the community, the County and the provider reached an agreement to maintain the program as originally designed, but to reduce its capacity to its most successful regional location. In 2019-2020, 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.

In its final year, the program maintained and built on its past success. Collaboration with local businesses has increased employment opportunities for at-risk TAY and working with local charter schools and high schools have increased the ability of TAY to obtain a high school diploma. Although, program outcomes had been revised to match the new capacity. During 2019-2020,

PREVENTION AND EARLY INTERVENTION (PEI)

Successful Launch continued training students using programs aimed and providing work readiness for participants. Students worked to increase their knowledge of practices such as customer service skills with potential employers who expressed their commitment to professional growth for these students. **A total of 50 unique participants enrolled in the Successful Launch program.** Due to a lower number of participants and the short time in which the service was provided for the first two quarters of the fiscal year, current outcomes show a greater successful rate for performance measures as shown in Figure P5.

Figure P5. Successful Launch Transitional-Aged Youth Contacts, Enrolled, and Outcomes FY 2019-2020



PREVENTION PROGRAM	
1. Name of Program	Successful Launch
2. Unduplicated # of individuals served	50
3. # of individual family members served	0

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	N/A
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	0
2b. Average interval between referral and treatment	0

PREVENTION AND EARLY INTERVENTION (PEI)

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	Transitional-Aged Youth of any ethnic and linguistic background.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach and presentation of services.

Strategy: Outreach	Results
1. # of potential responders	50
2. Settings where potential responders were engaged	Community presentations, community school and college classrooms.
3. Types of potential responders engaged in each setting	Transitional Aged Youth, family members, parents/primary caregivers.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$17,504	PEI Funding	\$1,955	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

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

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 2.1: Early Intervention Programs | Community Therapeutic Services

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020	352	\$55,942	\$159
Projection for FY 2020-2021	400	\$48,230	\$121
Projection for FY 2021-2022	400	\$49,195	\$123
Projection for FY 2022-2023	400	\$50,179	\$126

Program Provider: Community Counseling Center (CCC)

Project Goals

- Early identification of on-set of mental illness
- Increased access of therapy to underserved populations

Key Objectives

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

Program Outcomes

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

Method of Measurements

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

Community Based Therapeutic Services (CBTS) maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services. CBTS improves early detection and provides early intervention for mental health issues while increasing access to care. The program provides over 1,700 low (\$5.00 per session) or no-cost counseling hours to uninsured and underinsured at-risk populations throughout the County. Services are provided by Community Counseling Center (CCC).

In 2019-2020, CCC continued services in the southern (Grover Beach) and northern areas (Paso Robles) of the county. CCC also partnered with other healthcare agencies. The expansion further increases access to Latino individuals in South San Luis Obispo County. Prior to additional locations added by CCC, families in the North and South County had the longest waits to receive counseling. The program continues to develop inclusive strategies to ensure various individuals are given the proper care. For 2019-2020, outcomes report a steady impact on the community. About 88% (316/361) of surveyed participants indicated an improvement in their health and

PREVENTION AND EARLY INTERVENTION (PEI)

wellbeing; a 100% (361/361) of surveyed participants avoided inpatient psychiatric or emergency room hospitalizations; 84% (188/225) of surveyed participants followed through with referrals; 88% (29/33) surveyed participants demonstrated an improve in protective factors such as increase work attendance and improved parenting skills. Finally, 90% (148/165) of surveyed participants demonstrated a reduction in behavioral health problems and decrease risk factors (Figure P6).

With the impact and difficult times due to COVID-19 and the San Luis Obispo County Shelter-at-home order, closure of local schools and Universities had a negative effect on the number of potential community members seeking services.

The CCC experienced a limiting of the public's 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. The promotion and communication to current community members and participants 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.

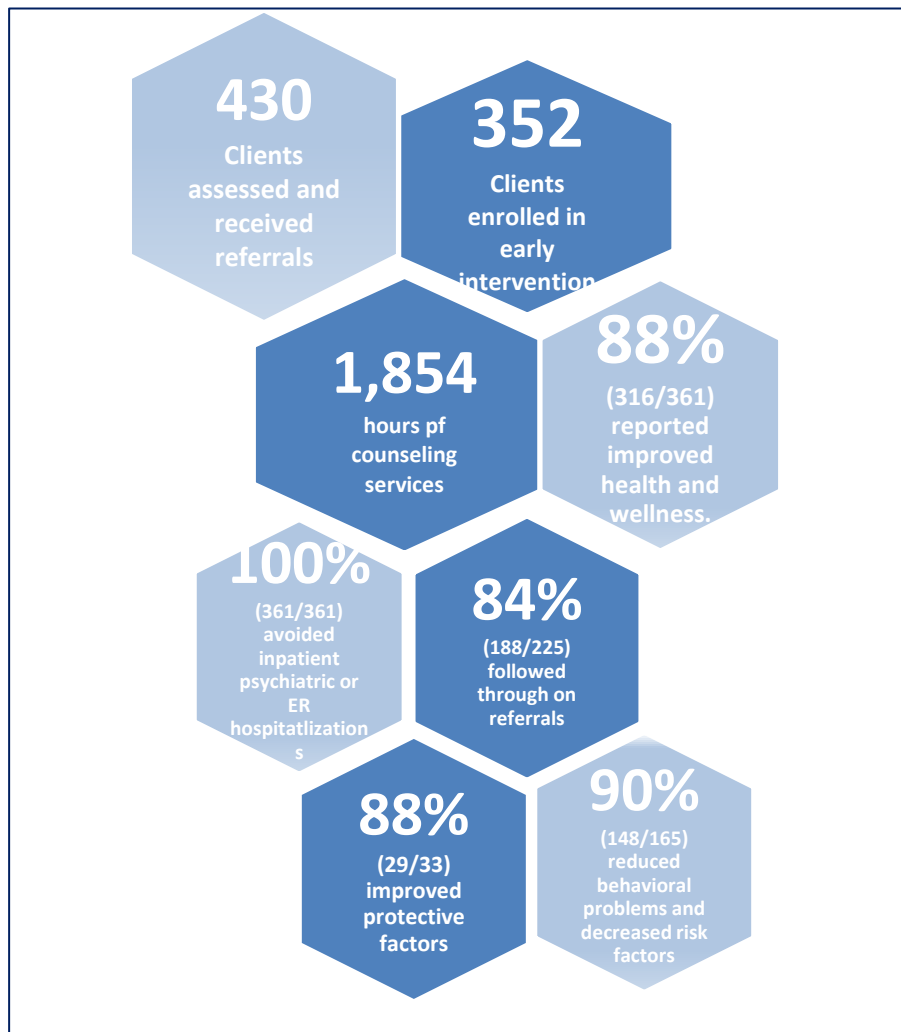


Figure P6. Community Based Therapeutic Services Clients Served, Enrolled, Hours of Counseling, and Outcomes FY 2018-2019

PREVENTION AND EARLY INTERVENTION (PEI)

EARLY INTERVENTION PROGRAM	
1. Name of Program	Community Based Therapeutic Services
2. Unduplicated # of individuals served	352
3. # of individual family members served	2

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	17
1a. The kind of treatment individuals were referred	County Behavioral Health Programs
2. # of individuals who followed through with referral	8
2a. Average duration of untreated mental illness	N/A
2b. Average interval between referral and treatment	10

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	At-risk youth, TAY, Adults, Older Adults of any ethnic and linguistic background.
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	8
2b. Average interval between referral and treatment	15
3. County description to encourage access and follow-through	Activities include outreach and presentation of services

Strategy: Outreach	Results
1. # of potential responders	400
2. Settings where potential responders were engaged	Community Counseling Center office
3. Types of potential responders engaged in each setting	At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$55,942	PEI Funding	\$6,248	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

PREVENTION AND EARLY INTERVENTION (PEI)

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

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 – 2020	898	\$187,806	\$209
Projection for FY 2020 – 2021	1,040	\$274,654	\$264
Projection for FY 2021 – 2022	1,040	\$280,147	\$269
Projection for FY 2022 – 2023	1,040	\$285,750	\$275

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Reduce barriers to treatment outcomes and improve wellness

Key Objectives

- Provide Wellness Advocates to individuals and families throughout the County

Program Outcomes

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

Method Measurement

- Rosters
- Advocate notes
- Surveys

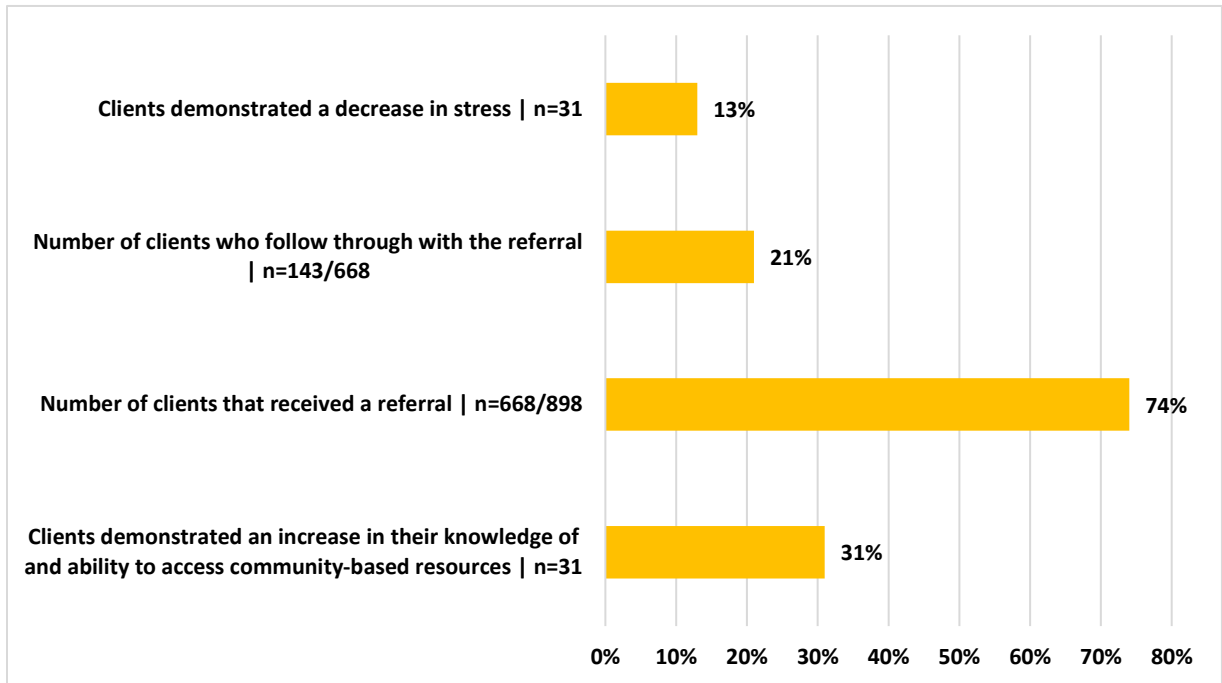
Transitions-Mental Health Association (TMHA) provides Integrated Community Health Navigators, who are individuals with lived experience as either a participant or a family member. Behavioral Health Navigators (BHNs) collaborate with other PEI providers to deliver system navigation services and wellness supports to individuals referred from other programs. The BHNs provide assistance and referrals toward securing basic needs such as food, clothing, housing, healthcare, employment, and education. They focus on minimizing stress, supporting resilience, and increasing individuals’ self-efficacy.

During 2019-2020, TMHA provided over 3,939 contacts with program participants in the form of assistance and referral to services such as housing, clothing, food, transportation, mental health and/or drug and alcohol services. In 2019-2020, the number of unduplicated and intensive participants were exceeded as established by the contractual terms. Current outcomes show that 19% (31 surveyed participants) demonstrated an increase in their knowledge of and ability to access community-based resources, and 74% (668/898) of participants received a referral. Of

PREVENTION AND EARLY INTERVENTION (PEI)

these referrals, 21% (143/668) have followed through on at least one (1) referral, and 13% (31 surveyed participants) demonstrated a reduction in stress (Figure P7).

Figure P7. Integrated Community Wellness Participant Outcomes FY 2019-2020



In the second quarter of 2019-2020 the provider requested to expand the Integrated Community Wellness Program. Over the last two (2) years, 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 BHN services had slowed their response from 24 hours within initial contact to five (5) business days on average. This expansion, approved on October 30, 2019, added a full-time and part-time BHN dedicated to support the TAY population in the Integrated Community Wellness Program. Part of the increase in the program 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.

As with any other PEI program, Integrated Community Wellness was impacted by COVID-19. When the shelter-at-home order began, 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.

TMHA's Behavioral Health Navigators in their own words...

I first met my client in August of 2018; she was dealing with severe mental health concerns, was homeless, and was using alcohol and drugs to help cope. Over the past two years, I have supported her through two DUIs, the loss of custody of her child, jail time, the loss of multiple jobs, and homelessness. I have provided in-person support through doctor's appointments and court dates and met with her out in the community regularly since she did not have transportation. Now, my client has not used drugs or alcohol since December of 2019, has an apartment, a fulltime job, and has a stable therapist and medication regimen. She has shared with me that she feels like she is finding herself again and is feeling better than she has in many years.

I first met my client in May of 2019; she had been living in her car for a year and a half, was just detoxing from meth, and was dealing with severe mental health concerns. We completed the VI-SPDAT and I spent the next nine months advocating for her to get housing at the coordinated case entry meetings. I met with her regularly throughout that period to provide resources and consistent support. At the end of February this year, I was able to secure her housing through the 70 Now program. She has been thriving in the program and finally has stable housing for the first time in over two years. I keep in touch with her and each time we talk, she tells me that she is doing well and is happy.

I first met with my client in October of 2019; she was fleeing an abusive relationship and was staying at a women's shelter. She had severe physical and mental health concerns and only had a couple months in the shelter. In December, she received a notice that she had to leave the shelter and had nowhere to go except to live in her car. I was able to secure housing for her within a week in the 70 Now program and she has been in housing ever since. We have since worked on resources for her mental health and she has thanked me many times, saying that I was the "catalyst" to get her where she is in her recovery.

PREVENTION AND EARLY INTERVENTION (PEI)

EARLY INTERVENTION PROGRAM	
1. Name of Program	Integrated Community Wellness
2. Unduplicated # of individuals served	898
3. # of individual family members served	3,939

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	291
1a. The kind of treatment individuals were referred	County Behavioral Health Programs
2. # of individuals who followed through with referral	143
2a. Average duration of untreated mental illness	N/A
2b. Average interval between referral and treatment	N/A

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.
2. # of referrals made to a PEI program	377
2a. # of individuals who followed through with referral	143
2b. Average interval between referral and treatment	N/A
3. County description to encourage access and follow-through	Activities include outreach and presentation of services

Strategy: Outreach	Results
1. # of potential responders	3,939
2. Settings where potential responders were engaged	Clinics, wellness centers, public buildings, etc.
3. Types of potential responders engaged in each setting	At-risk populations, youth, TAY, Adults, Older Adults of any ethnic and linguistic background.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$187,806	PEI Funding	\$20,977	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

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

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 3: Outreach for Increasing Recognition of Early Signs of Mental Illness Program | Perinatal Mood Anxiety Disorder Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 – 2020	44	\$37,665	\$856

Projections TBD.

Program Provider: County of San Luis Obispo Public Health Department

Project Goals

- Early identification of mental health issues in women who experience postpartum depression
- Develop a universal Perinatal Mood Anxiety Disorder process system of care

Key Objectives

- Outreach and education

Program Outcomes

- Increase reported community linkages
- Increased knowledge of PMAD services symptoms of depression
- Increased knowledge to identify PMAD symptoms

Method of Measurement

- Number of presentation and outreach activities
- Community Health Status Report

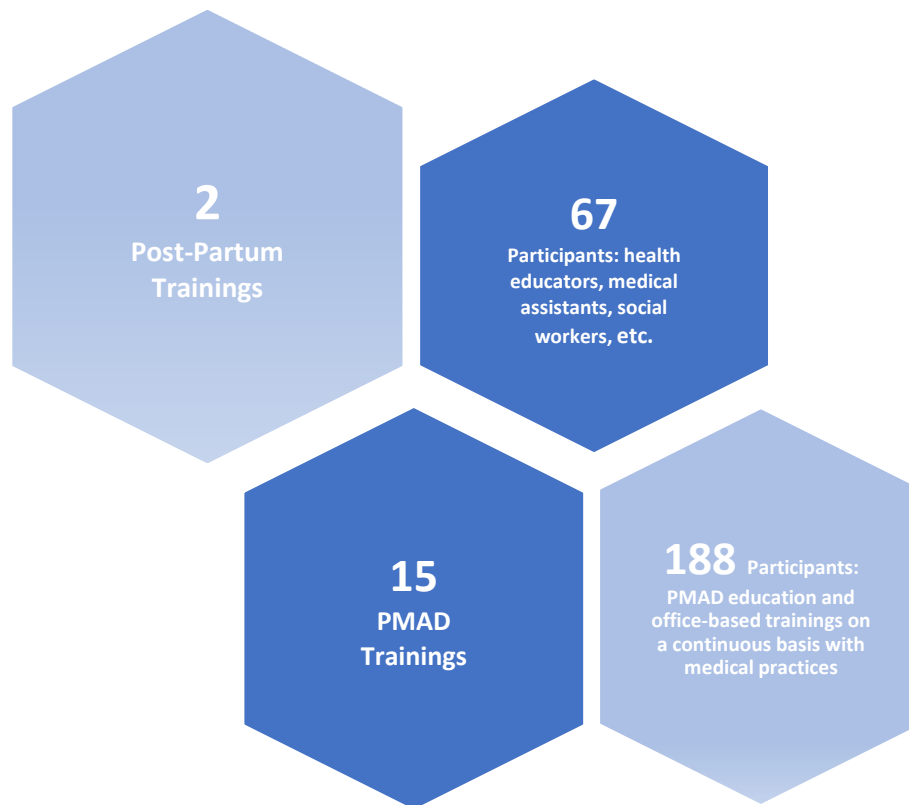
The Perinatal Mood Anxiety Disorder (PMAD) program brings together new and meaningful ways to have a positive impact on the future of healthy pregnancies, women, and children. The program began in 2015-2016 and is coordinated by the County’s Public Health Department. The Perinatal Mood Anxiety Disorder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

The program aims to decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms. The Perinatal Mood Anxiety Disorder program seeks to reduce mood disorder hospitalizations, and increase community-wide knowledge of PMAD signs, symptoms, and treatment options. The program has created a collective that emphasizes a sustainable and coordinated PMAD system of care by developing a universal screening, brief intervention, referral, and treatment process with providers, clinics, and hospitals. In 2019-2020, the program held two (2) postpartum trainings with a total of 67 participants, which included health educators, medical assistants, social workers, mental health professionals, community-based organizations, and primary care staff. A total of fifteen (15) PMAD trainings were held with a total of 188 participants.

PREVENTION AND EARLY INTERVENTION (PEI)

In 2019-2020, the program determined that it was best for educational and outreach purposes to combine outputs highlighting the learning experience of participants. This strategy has allowed for previously trained and contacted participants to receive continued trainings, while helping them in solidifying their skills and knowledge. The targeted participants were therapists, hotline and hospital staff, and community-based organizations front-line staff. This approach allowed to build a stronger network and system change with the already established trained staff. Additionally, the program continued the promotion of NavigateSLO, a searchable database of PMAD services, specialists, and program providers, and expanded 24/7 multi-lingual hotline with the ability to answer and refer diverse PMAD callers to local resources and services.

Figure P9. Perinatal Mood Anxiety Disorder Program Contacts, and Activities FY 2019-2020



PREVENTION AND EARLY INTERVENTION (PEI)

OUTREACH FOR INCREASING RECOGNITION FOR EARLY SIGNS OF MENTAL ILLNESS PROGRAM	
1. Name of Program	Perinatal Mood Anxiety Disorder
2. Unduplicated # of potential responders	0
3. Settings potential responders were engaged	Training facilities, clinics, hospitals, community
4. Type of potential responders engaged	Physicians, nurses, mental health professionals, clerical staff.

Strategy: Access & Linkage to Treatment	Results
1. # of Individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	County Behavioral Health Programs
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	0
2b. Average interval between referral and treatment	0

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	TAY and adult mothers
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach and presentation of services, identification of symptoms, and knowledge increase in PMAD.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$37,665	PEI Funding	\$4,207	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

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

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 4: Access and Linkage to Treatment Programs | Older Adult Mental Health Initiative

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 – 2020	898	\$252,033	\$281
Projection for FY 2020 – 2021	785	\$263,660	\$336
Projection for FY 2021 – 2022	785	\$268,933	\$343
Projection for FY 2022 – 2023	785	\$274,312	\$349

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

WCS provides outreach and education regarding mental health as it relates to the Older Adult population, to the community at large, and individuals who serve Older Adults. This includes

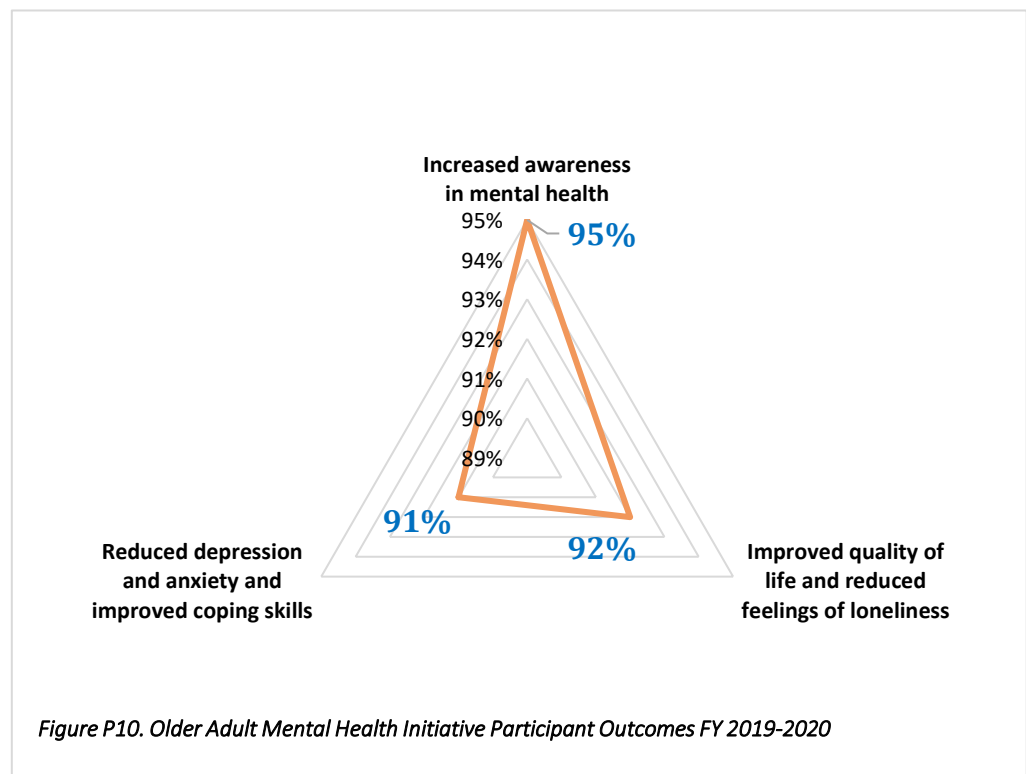
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primary care physicians, estate planners, fiduciaries, faith-based agencies, law enforcement, and retirement homes. **There were 693 depression screenings conducted in 2019-2020.** Clients who are referred to WCS programs are assessed to determine, first, if they are at risk for isolation, and secondly, which program(s) would be most appropriate for their needs. For 2019-2020, the low number of volunteers recruited in the north county region was a struggle and, with the impact of the pandemic, this resulted in a community response that slightly increased volunteers countywide.

Caring Callers is a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation. Senior Peer Counseling is a peer led, yet clinically supervised, mental health program, providing no cost counseling services focusing on individuals over the age of 65. Of the clients surveyed in 2019-2020, 92% (246/266) reported an increase in their overall satisfaction and improvement in quality of life. Through social connections supported by the program, feelings of isolation and loneliness are successfully addressed and reduced, while increasing activity levels.

Senior Peer Counseling (SPC) is a mental health program providing no-cost counseling services to individuals age 60 or over in their place of residence. There are no income qualifications to access the service. The program recruits volunteers age 55 and over to be peer counselors. In 2019-2020, 91% (176/194) of clients who received services demonstrated a reduction in risk factors such as depression, anxiety, and hospitalizations.

Transitional Therapy is available for clients who need a deeper level of care. The transitional therapist works with the client in both individual and group counseling to address any issues such as grief, loss, mild to moderate depression, anxiety, and other mental health issues related to



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aging. For those individuals who chose to receive individual therapy sessions, their symptoms are closely monitored throughout the therapeutic relationship. A total of 28 clients received individual and group therapy sessions, with a total of 12 group sessions, which includes 387 hours of service. After four to eight sessions, the client is either transitioned back to Senior Peer Counseling, or if further services are needed, the Transitional Therapist coordinates treatment with SLOBHD or a private provider. Transitional Therapy is available in home and non-clinic settings.

When the shelter-at-home order began, 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 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.

ACCESS AND LINKAGE TO TREATMENT PROGRAM	
1. Name of Program	Older Adult Mental Health Initiative
2. # of individuals with SMI referred to treatment	187
2a. The kind of treatment individuals were referred	County Behavioral Health Programs
3. # of individuals who followed through with referral	28
3a. Average duration of untreated mental illness	Not available

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3b. Average interval between referral and treatment	14
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Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	Older adults of any ethnic or linguistic background
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0
3. County description to encourage access and follow-through	Activities include outreach and presentation of services.

Strategy: Outreach	Results
1. # of potential responders	1,835
2. Settings where potential responders were engaged	Local clinics, community forums and presentations, homeless shelters, etc.
3. Types of potential responders engaged in each setting	Older adults of any racial, ethnic, and linguistic background

TOTAL		Administration*		Evaluation*	
PEI Funding	\$252,033	PEI Funding	\$28,151	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	

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

PREVENTION AND EARLY INTERVENTION (PEI)

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

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 – 2020	2,352	\$173,986	\$74
Projection for FY 2020 – 2021	2,000	\$190,159	\$95
Projection for FY 2021 – 2022	2,000	\$192,983	\$97
Projection for FY 2022 – 2023	2,000	\$195,853	\$98

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

- Mental Health awareness and education
- Stigma reduction

Key Objectives

- Community outreach
- Targeted presentations

Program Outcomes

- Increased awareness of risk and protective factors
- Reduced stigma

Method of Measurement

- Presentation participant surveys
- Rosters
- Consumer presenter surveys

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

The Social Marketing Strategy plan is implemented by TMHA, a recognized community leader in mental health awareness and engagement. TMHA provides large-scale outreach at community events, forums, and activities year-round, as well as targeted presentations and trainings such as the National Alliance on Mental Illness’ (NAMI), Stamp Out Stigma, In Our Own Voice, and two

PREVENTION AND EARLY INTERVENTION (PEI)

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

TMHA provided 38 general presentations to a total audience of 2,146 unique individuals during 2019-2020, with over 43% (943) of them representing underserved populations. In addition, there were eight (8) professional presentations to 205 individual providers of PEI services. Participants who were surveyed (1,028) demonstrated a 12% increase in their understanding of mental illness challenges, and a 11% increase in their knowledge of recovery and wellness concepts. Empathy toward mental health system clients, among participants, increased by an average of 8%, after attending these events (Figure P11).



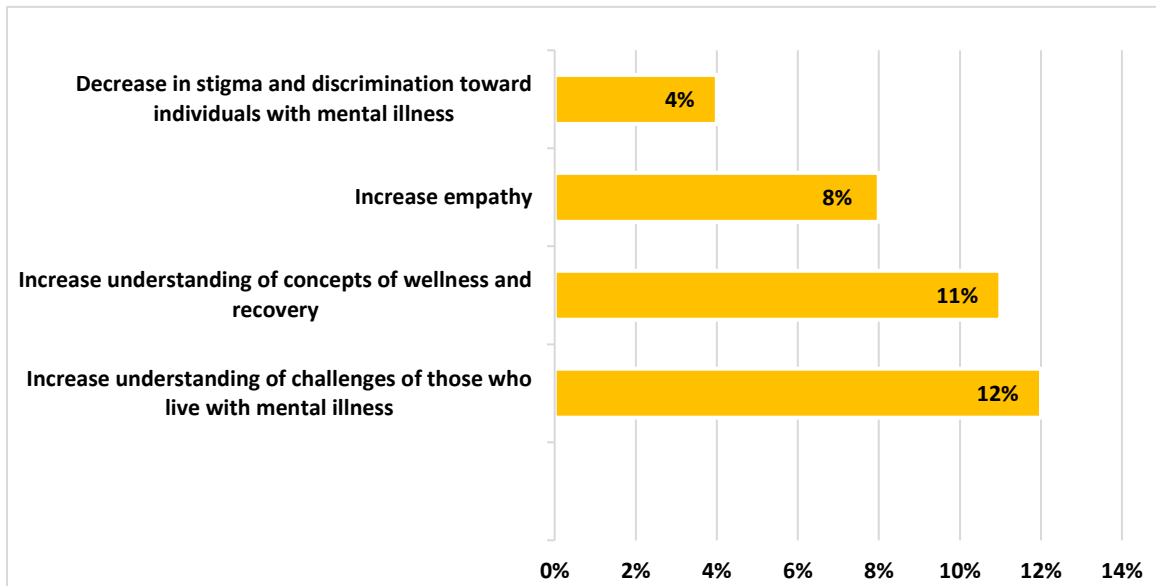
As with other providers, the program was also impacted by COVID-19. Presentations and trainings were able to resume through video conferencing. Currently, staff continue to reach out to organizations and groups to schedule mental health and stigma reducing trainings and presentations. Some of these presentations 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, reaching over 415 individuals. Staff collaborated with the 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. All services have now moved to video conferencing trainings and presentations including a Suicide Prevention forum in September. To engage the community, the program continues to map out future

PREVENTION AND EARLY INTERVENTION (PEI)

outreach activities and events with partnered organizations such as coffee shops, libraries, social service businesses.

Figure P11. Social Marketing Strategy – Participant Outcome Results FY 2019-2020, n=1,028



STIGMA AND DISCRIMINATION REDUCTION PROGRAM	
1. Name of Program	Social Marketing Strategy – Community Outreach & Engagement
2. Unduplicated # of individuals reached	2,352

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	None
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	None
2b. Average interval between referral and treatment	0 days

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	1,030 PEI participants (youth, older adult, LGBTQ, veterans)
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0

PREVENTION AND EARLY INTERVENTION (PEI)

2b. Average interval between referral and treatment	0 days
3. County description to encourage access and follow-through	Activities include outreach, presentation, and booths to provide information to community.

Strategy: Outreach	Results
1. # of potential responders	2,000
2. Settings where potential responders were engaged	Wellness centers, community forums and presentations, outreach events, etc.
3. Types of potential responders engaged in each setting	Healthcare professionals, peers, parents and primary caregivers, community members.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$173,986	PEI Funding	\$19,434	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Prevention programs.</i>					

PREVENTION AND EARLY INTERVENTION (PEI)

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

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 – 2020	306	\$109,137	\$357
Projection for FY 2020 – 2021	100	\$130,083	\$1,300
Projection for FY 2021-2022	100	\$132,685	\$1,326
Projection for FY 2022-2023	100	\$135,338	\$1,353

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

- Participant and staff surveys
- Participant focus groups

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

The data reported for 2019-2020 represents the information for all events conducted in the college community. A total of 3,917 contacts were made through presentations, information booths or outreach activities, and the five (5) events were held, which include The S Word, Buck

PREVENTION AND EARLY INTERVENTION (PEI)

the Stigma, Drug & Alcohol Facts Week, 4/20 Campaign, and May Mental Health Awareness Month. A total of 306 unduplicated or unique participants were reached in 2019-2020, and a total of seven (7) QPR trainings were held. Of the surveyed students, 97% (253/261) reported feeling better informed about mental health. 97% (31/32) reported feeling better informed about the effects of substance use, and 96% (251/260) reported feeling better informed about the mental health and substance use services in their community (Figure P12).

One of the largest areas of growth for the CWP is the expansion of suicide prevention training (namely QPR Gatekeeper Training) for the college community. During the 2019-2020 academic year, the College PEI program trained 539 students, staff, and faculty (415 at Cal Poly, 124 at Cuesta College). This is roughly 2.5x more students, staff, and faculty than were trained during the 2018-



2019 academic year (214 total, 166 at Cal Poly, and 48 at Cuesta College). This brings the total number of students, staff, and faculty trained in QPR Gatekeeper Training through the program to 753. Additionally, this program has helped connect the campus communities to annual county-wide mental health and suicide prevention events.

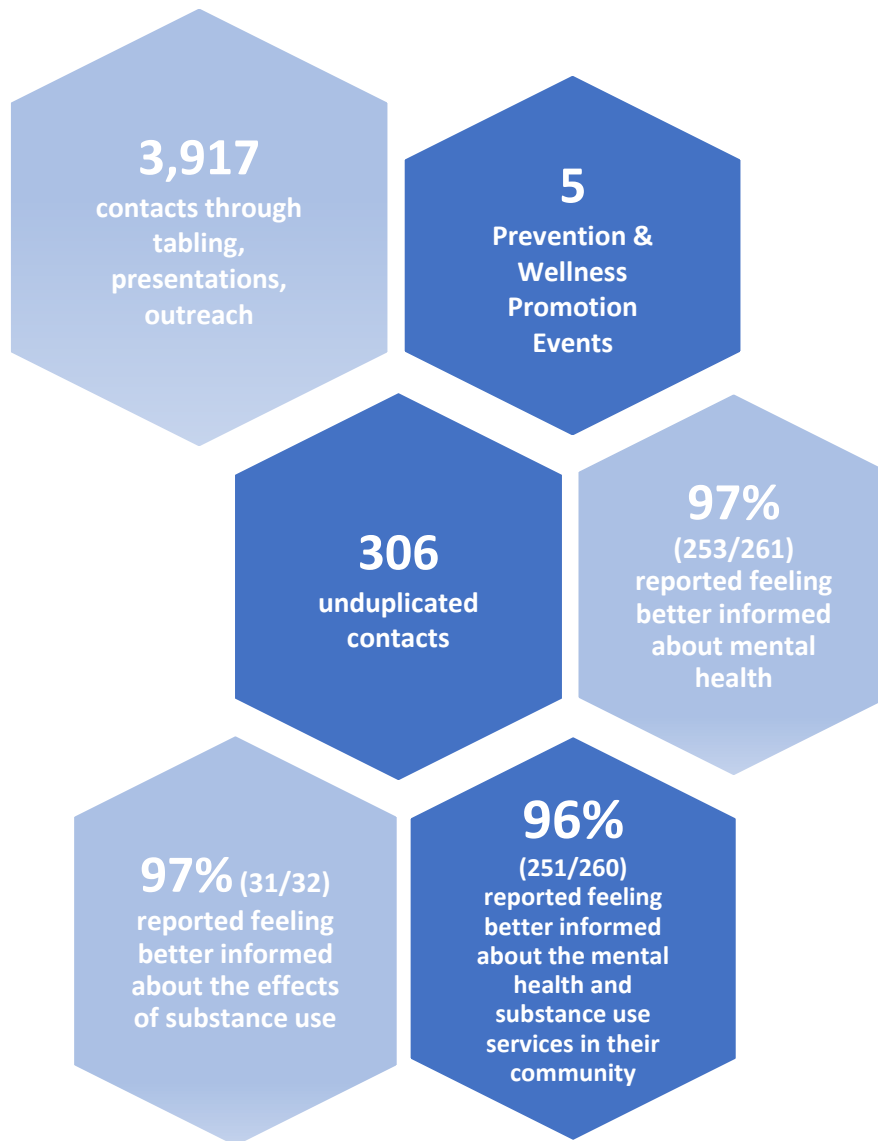
The arrival of COVID-19 and its impact in face-to-face interaction challenged the program. When large gatherings were postponed and classes moved online, many events were cancelled or adapted. Among some of the events cancelled for this program were a self-care fair at in May, a Suicide Prevention Week, a Prescription Drug Prevention Campaign scheduled for finals week at, outreach at the April Earth Day Festival, and a QPR training at Cuesta College. However, many events were adapted or created for the purpose of reaching students virtually. For example, a Cannabis Prevention & Education Panel Discussion that was scheduled for 4/20 was turned into a social media campaign and a survey was created and followed to determine impact of the campaign.

In addition, the program actively participated in the National Drug & Alcohol Facts Week and the Mental Health Awareness Month through social media posts, virtual activities, and community collaboration. Instead of conducting outreach through in-person tabling events, presentations were recorded and provided to faculty and staff in all the college campuses for their online

PREVENTION AND EARLY INTERVENTION (PEI)

courses. College Prevention and Wellness Promotion Specialist, in collaboration with the college campuses continue to establish and design virtual events to provide the information and support needed to the college community, and as face-to-face restrictions lessen, more direct activities will be implemented.

Figure P12. College Wellness Program Contacts, Activities, and Outcomes FY 2019-2020



PREVENTION AND EARLY INTERVENTION (PEI)

STIGMA AND DISCRIMINATION REDUCTION PROGRAM	
1. Name of Program	College Wellness Program
2. Unduplicated # of individuals reached	306

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	0
1a. The kind of treatment individuals were referred	County Behavioral Health
2. # of individuals who followed through with referral	0
2a. Average duration of untreated mental illness	0 days
2b. Average interval between referral and treatment	0 days

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	College-aged population
2. # of referrals made to a PEI program	0
2a. # of individuals who followed through with referral	0
2b. Average interval between referral and treatment	0 days
3. County description to encourage access and follow-through	Activities include outreach, presentation, and booths to provide information to community.

Strategy: Outreach	Results
1. # of potential responders	3,917
2. Settings where potential responders were engaged	College areas, classrooms, auditoriums, student center building, etc.
3. Types of potential responders engaged in each setting	College-aged students, faculty, staff, and administrators.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$109,137	PEI Funding	\$12,190	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 6: Improve Timely Access to Services for Underserved Populations Program | Veterans Outreach Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020	102	\$117,454	\$1,152
Projection for FY 2020-2021	150	\$146,260	\$975
Projection for FY 2021-2022	150	\$149,185	\$995
Projection for FY 2022-2023	150	\$152,169	\$1,014

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

Project Goals

- Mental Health awareness and education
- Stigma reduction

Key Objectives

- Community outreach
- Targeted presentations/activities

Program Outcomes

- Increased awareness of risk and protective factors
- Reduced stigma

Method of Measurement

- Presentation participant surveys
- Rosters
- Counseling Surveys

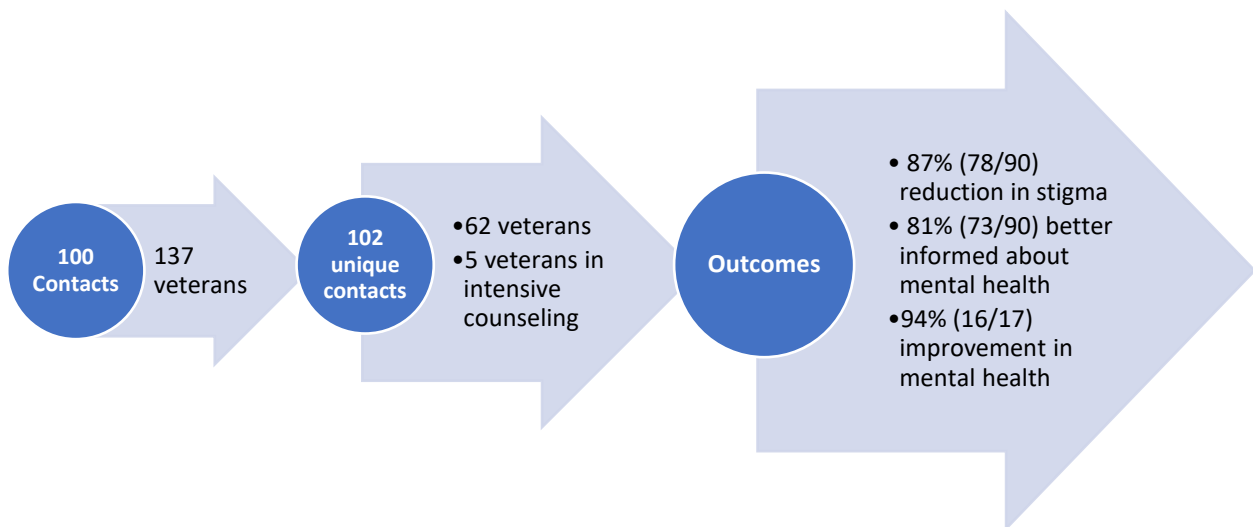
The Veterans Outreach Program (VOP) was developed as an Innovation project in 2010 and continues to engage local military members and their families. In this strategy, a mental health therapist is embedded within local rehabilitative activities for veterans and their families. The Behavioral Health Department offers monthly events and opportunities for veterans to stay active, meet others, and engage with community resources. Activities include horseback riding, kayaking, climbing gyms, CrossFit, surfing, zip-lining, and art events. Activities are aimed at reducing stigma and encouraging veterans to seek out mental health services in safe, culturally competent settings. The VOP’s mental health therapist assesses and responds to participants’ mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder. These issues are assessed both on-site during program events and through follow-up assessment and treatment in comfortable, confidential environments. When the Innovation project ended, stakeholders elected to fund the program using both CSS and PEI dollars.

PREVENTION AND EARLY INTERVENTION (PEI)

A Behavioral Health Specialist, also known as the Outreach Coordinator (PEI), provides education activities, while hosting free events for veterans and their families. The coordinator also educates the community and increases awareness surrounding mental health issues specific to veterans. The coordinator has been successful in finding several businesses willing to donate and host events for veterans and their families. During 2019-2020 there were a total of ten (10) events offered to veterans and their family members. A total of 1,000 contacts were made through presentations and outreach activities. A total of 249 duplicated contacts participated in the events, with 137 veterans and 112 family members. Sixty-two (62) new veterans and their family members (75) participated in these events.

The program therapist (funded in the CSS work plan) is located at the County of San Luis Obispo's Prevention & Outreach office. In 2019-2020, fourteen (14) veterans received initial screenings and referrals, and ten (10) followed through with referrals. A total of five (5) veterans were engaged in intensive counseling services. Out of the surveyed participants, 87% (78/90) reported a reduction in stigma associated with mental illness. 64% (56/88) of participants reported having attended more than one (1) event, and 81% (73/90) of participants reported feeling better informed about mental illness among veterans (Figure P13).

Figure P13. Veterans Outreach Program Contacts and Outcomes FY 2019-2020



At the beginning of Fiscal Year 2019-2020, the Mental Health Services Advisory Committee Group reviewed and approved a proposal to increase and fully cover using PEI funding 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. 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

PREVENTION AND EARLY INTERVENTION (PEI)

quarter of 2019-2020, the VOP Coordinator has offered case management to a total of three (3) participants with over twenty-eight (28) hours of service. Additionally, the Coordinator attends 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.

IMPROVE TIMELY ACCESS TO SERVICES PROGRAM	
1. Name of Program	Veterans Outreach Program
2. Unduplicated # of individuals served	102
3. Specific underserved populations	Veterans and their families
4. # of referrals made to a PEI program	0
4a. # of individuals who followed through with referral	14
4b. Average interval between referral and treatment	10
5. County description to encourage access and follow-through	Program now provides case management assisting existing and new potential participants to access and follow-through with referrals.

Strategy: Outreach	Results
1. # of potential responders	1,000
2. Settings where potential responders were engaged	Community forums, presentations at libraries, meetings, outreach events, CIT trainings, etc.
3. Types of potential responders engaged in each setting	Healthcare professionals, peers, parents and primary caregivers, community members, veterans-related employees, etc.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$117,454	PEI Funding	\$13,119	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

PREVENTION AND EARLY INTERVENTION (PEI)

PEI 7: Suicide Prevention Program | Suicide Prevention Coordination

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019 -2020	550	\$128,370	\$233
Projection for FY 2020 – 2021	550	\$137,600	\$250
Projection for FY 2021 – 2022	550	\$140,352	\$255
Projection for FY 2022 – 2023	550	\$143,159	\$260

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

- Participant and staff surveys
- Participant focus groups

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

PREVENTION AND EARLY INTERVENTION (PEI)

During 2018-2019, the program began by establishing a plan of implementation, networking, and direct connection with community providers and with the ad hoc Suicide Prevention Council. As the beginning of the year progressed, various components of collaboration were identified within large suicide prevention efforts, this included a strong presence of the SPC within the council to not only participate, but to chair the group. The SPC now meets with the council on a monthly basis. The first meetings were to identify the strengths and weaknesses perceived in the community, along with the local resources and providers who are part of the prevention movement.

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

In 2019-2020, over 1,000 contacts have been reached by the SPC, with 550 of them being unduplicated participants, and a total of 23 presentations, outreach events, and trainings were held. Out of all the participants that completed the outcome survey, 83% (45/54) of participants demonstrated an improved knowledge and capacity for preventing suicide. 83% (40/48) of local secondary schools demonstrated reduced stigma and increased strategies for addressing suicide and mental illness, and 83% (45/54) of suicide prevention forum attendees demonstrated an awareness of suicide signs of risk and an increased capacity for responding to a person in need (Figure P14). As the Shelter-at-home order was placed as a respond and the impact of COVID-19, the SPC, in collaboration with the Suicide Prevention Council, developed strategies and moved all trainings, meetings, and outreach activities to an online platform accessible to all community members. With virtual connectivity, the Council saw an increase in participation, resulting in appointing a co-chair allowing to expand and providing continued support in the transition to virtual engagement.



February Social at the Paso Robles Senior Center, event put on Suicide Prevention Council's Older Adult Committee, Feb. 2020

Other additional activities included the partnership with Transitions-Mental Health Association for the implementation of "Mental Health Drive-Throughs". This socially distant and carefully planned activity aimed to provide information and mental health/self-care bags to community members with the goal to support continued recovery during this difficult time. This activity was

PREVENTION AND EARLY INTERVENTION (PEI)

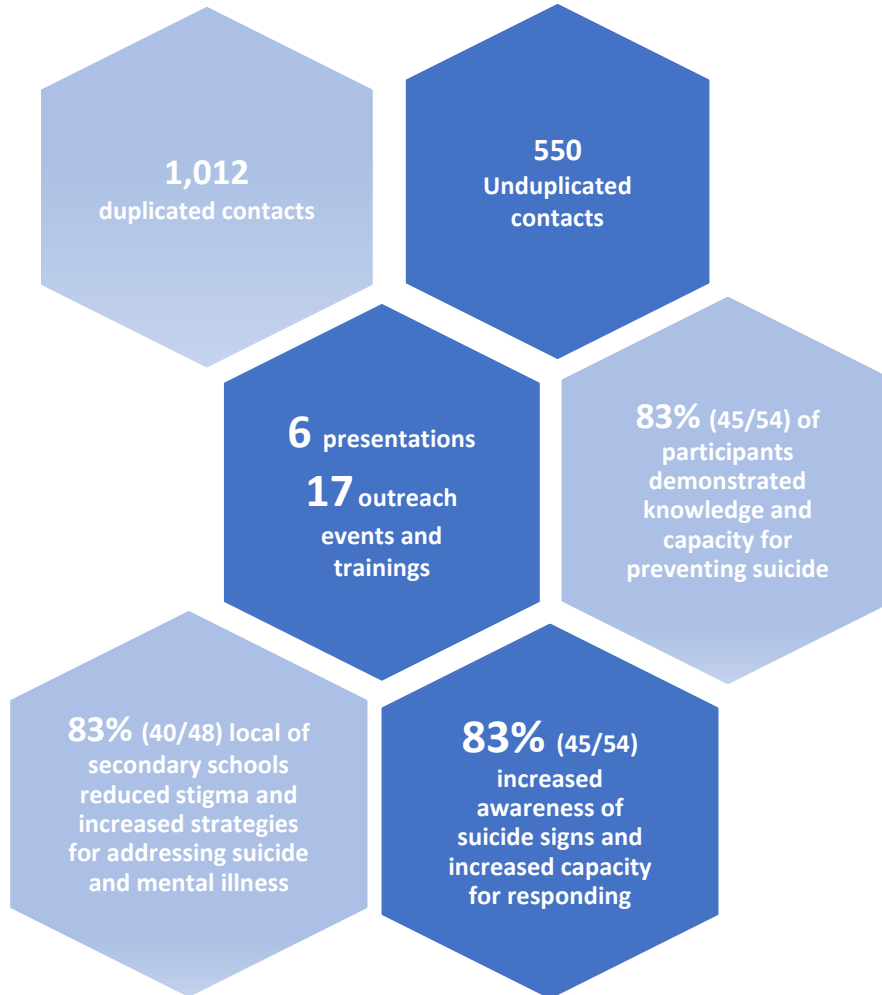
well received by the community and resulted in collaboration with Fresno County who inquired about the logistics and operations of the activity that could be replicated on their county. This partnership has led to the Fresno and San Luis Obispo working together in the 2020 Suicide Awareness activities taking place in the month of September. Finally, the SPC continues to plan virtual and in-person activities maintaining clear public health guidelines, to support and continue the engagement needed in the community.



County staff received More Than Sad (American Foundation for Suicide Prevention) training, January, 2020

PREVENTION AND EARLY INTERVENTION (PEI)

Figure P14. Suicide Prevention Coordinator, Contacts, Activities, and Outcomes FY 2018-2019



SUICIDE PREVENTION PROGRAM	
1. Name of Program	Suicide Prevention Program
2. Unduplicated # of individuals reached	550

Strategy: Access & Linkage to Treatment	Results
1. # of individuals with SMI referred to treatment	Under implementation and reported next fiscal year
1a. The kind of treatment individuals were referred	County Behavioral Health
2. # of individuals who followed through with referral	Under implementation and reported next fiscal year

PREVENTION AND EARLY INTERVENTION (PEI)

2a. Average duration of untreated mental illness	Under implementation and reported next fiscal year
2b. Average interval between referral and treatment	Under implementation and reported next fiscal year

Strategy: Improve Timely Access to Services	Results
1. Specific underserved population	Youth, Adults, and Latino/Latinx/Hispanic as identified with higher risk of suicide in the county.
2. # of referrals made to a PEI program	Under implementation and reported next fiscal year
2a. # of individuals who followed through with referral	Under implementation and reported next fiscal year
2b. Average interval between referral and treatment	Under implementation and reported next fiscal year
3. County description to encourage access and follow-through	Activities include trainings, outreach, presentation, and booths to provide information to community.

Strategy: Outreach	Results
1. # of potential responders	1,012
2. Settings where potential responders were engaged	College campuses, community settings, classrooms, auditoriums, student center building, etc.
3. Types of potential responders engaged in each setting	Entire community of all ages and all cultural and linguistic backgrounds.

TOTAL		Administration*		Evaluation*	
PEI Funding	\$128,370	PEI Funding	\$14,338	PEI Funding	\$
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Prevention programs.					

Innovation (INN)

The Innovation (INN) component of MHA offers counties a unique opportunity to work with its communities and develop new, original, best practices. An Innovation project is designed mainly to contribute to learning, rather than simply providing a service. Innovation projects must be new and creative and have not been duplicated in another community. Innovation funding is used for the purpose of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.

The development of the county's Innovation plan is overseen by an Innovation stakeholder group, which is responsible for guiding the planning process, analyzing local input, and selecting projects in accordance with community priorities. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the County's original plan in March of 2011. The learning curve was steep, as the concepts of Innovation had to be approved by local leadership, and policies surrounding these unique ventures had to be developed. The County's original eight Innovation projects concluded in 2014-2015.

SLOBHD applied the lessons learned during the first round of Innovation to properly plan, streamline, and better implement future projects. New projects were proposed, vetted, and prioritized by the Innovation advisory stakeholder group throughout 2014-2015. Further stakeholder collaboration and project design commenced in the Fall of 2015. A second Innovation plan was put forth to the MHSOAC and approved February 25, 2016. The total four projects for FY 2016-2020 culminated and a final evaluation report is available at the following link:



INNOVATION (INN)

[https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-\(MHSA\)/Innovation-\(INN\)/MHSA-INN-Evaluation-Report-9-21-2020-Final.pdf](https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Mental-Health-Services-Act-(MHSA)/Innovation-(INN)/MHSA-INN-Evaluation-Report-9-21-2020-Final.pdf)

SLOBHD presented its third plan in 2018, with approval by the MHSOAC on August 23 of that year. The complete plan for this plan [can be found here](#).

In the summer of 2019, the SLOBHD put forward another two Innovation projects which were approved and launched in 2019-2020. One project titled Holistic Adolescent Health aims to test a new curriculum focused on helping youth to be better connected in their mental and physical wellbeing. The second project titled Behavioral Health Assessment and Response Project (BHARP) tests a new comprehensive and collaborative system between mental health professionals, law enforcement, and educational institution staff to better engage and respond in cases of threats. Both projects received Behavioral Health Board approval on June 19, 2019. Board of Supervisors approval was received on July 16, 2019, and the MHSOAC approved the projects in August 2019. [The complete plan can be found here](#).

Finally, as part of the continued efforts to best understand and learn from these projects, SLOBHD contracted with an Innovation Evaluator. California Polytechnic State University San Luis Obispo's Public Policy graduate program was selected due to its research and evaluation expertise, cadre of internal educators and data analysts, and proximity and local knowledge. The contract was established on August 2, 2019 and the provider began working to both evaluate the County's second and third Innovation plans, and to develop an outline for evaluation procedures to conduct in the upcoming years. The complete evaluation report [can be found here](#).

SLOBHD continues to ensure adherence to Innovation regulations. SLOBHD also implemented the INN regulations for data collection, which were revised last year. Demographic data for all programs are located in Exhibit F.

INNOVATION (INN)

INN 2.1: Transition Assistance & Relapse Prevention

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020 (July – December 2019)	12	\$44,942	\$3,745
Actual for FY 2019-2020 (January – July 2020)	Final Project Evaluation and Development		\$6,278

Program Provider: Transitions-Mental Health Association (TMHA)

Primary Purpose

- Increase the quality of services, including better outcomes

Learning Activities

- Introduction of a transition partner to help individuals move from intensive services to supportive recovery

Learning Outcomes

- Will participants demonstrate significant reductions in relapse and recidivism?
- Will participants demonstrate significant increases in wellness and recovery when compared to non-participants?

Method of Measurement

- Participant surveys
- Graduation rates from FSP programs

The Transition Assistance and Relapse Prevention Project (TARP) seeks to learn if rates of recidivism and relapse are reduced by embedding peer mentors among adult Full Service Program (FSP) clients who are preparing to “graduate.” This test practice introduced a peer mentor into the individual’s FSP team within 90 days of graduation. The peer mentor assists the client in transitioning into a non-intensive, self-supported system of care. The County projected rates of recidivism and relapse among FSP clients are reduced by this bridge approach, in comparison to those traditionally graduated or transferred to lower levels of care in other parts of the mental health system. TARP is provided by Transitions-Mental Health Association and provides peer mentors as an on-going support and connection to FSP graduates.

Once FSP clients’ cases are closed and the partnership with the team ends as the client is transferred to the outpatient clinic for general services, graduates may still meet medical necessity for services, but their recovery progress in FSP thus reduces their access to that same level of supportive care. Over the years, it has become evident that the sudden shift from intensive services to the standard, every-3-month, appointment-based treatment can be very jarring for even the most successful clients. The loss of connectedness to the FSP “family” can be a significant factor that contributes to relapse.

INNOVATION (INN)

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

Fiscal Year 2019-2020 was the last year the program was active. The first and second quarter saw a reduced number of participant service and data collection. By the end of quarter two, 12 participants were served, with a total of 69 duplicated participants. Since the project was approved for continuation and it is now sustained under MHSA CSS, all reporting for upcoming future years will be located in the CSS portion of the Annual Update. Finally, as part of the evaluation process for all innovation projects for fiscal year 2016-2020, a full detailed evaluation report [can be found here](#).

INNOVATION PROJECT	
1. Name of Project	Transition Assistance Relapse Prevention
2. Changes made to the INN project and reasons	Project is to be sustained with MHSA CSS funding
3. Evaluation Data and Outcomes	Data collected and provided under CSS
3.1 30% reduction in relapse and recidivism rates as compared to non-participants	
3.2 60% participants will engage in community-based services for 2 or more sessions	
3.3 60% of participants will report feeling better prepared to manage their long-term recovery	
3.4 Mentors will demonstrate a 30% increase in their own wellness and recovery outcomes	
3.5 Total length of reenrollment in Adult FSP will be reduced by 15%	Measure is being re-study for sustainability under CSS
4. Program information – participants served:	12 by end of INNnovation funding and contract

TOTAL		Administration*		Evaluation*	
INN Funding	\$51,220	INN Funding	\$4,996	INN Funding	\$7,547
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Innovation programs.					

INNOVATION (INN)

INN 2.2: Late Life Empowerment & Affirmation Program

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020 (July-December 2019)	15	\$24,800	\$1,653
Actual for FY 2019-2020 (January – July 2020)	Final Project Evaluation and Development		\$15,756

Program Provider: Wilshire Community Services, Inc.

Primary Purpose

- Increase the quality of services, including better outcomes

Learning Activities

- Use of skill development approach and adapted curriculum

Learning Goals

- Will Participants demonstrate significant reductions in mental illness symptoms, including depression and anxiety rates?
- Will participants demonstrate significant reductions in the need for long-term placements and/or mental health services?
- Will participants demonstrate significant increase in wellness and recovery?
- Will participants demonstrate higher awareness of elder abuse when compared to non-program participants?

Methods of Measurement

- Participant surveys
- Patient Health Questionnaire – Depression Scale (PHQ-9)

The Late Life Empowerment and Affirmation Program (LLEAP) will test whether a curriculum developed for victims of domestic violence (DV) can be adapted to meet the needs of older adults who have lost their spouse or partner and are feeling overwhelmed by having to act as the “head of household.” The project seeks to learn whether DV curricula can be effective in the treatment of mental health issues among older adult widows, who often exhibit similar symptoms to those displayed by domestic violence victims (i.e. depression, PTSD, isolation, anxiety, etc.).

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

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and widowers socially and provides a setting where they can find comfort and affirmation among peers.

Fiscal Year 2019-2020 was the last year the program was active. The first and second quarter offered participant service and data collection. By the end of quarter two, twenty (20) outreach presentations were made to strategic community partners who were identified as most likely to refer to and utilize the LLEAP program. A total of 154 duplicated participants were served, and fifteen (15) unduplicated contacts were made via one-to-one personal interfaces and group sessions including monitoring, orientation, and low-intensive referral to services. Finally, as part of the evaluation process for all innovation projects for fiscal year 2016-2020, a complete evaluation report [can be found here](#).

INNOVATION PROJECT	
1. Name of Project	Late Life Empowerment and Affirmation Project
2. Changes made to the INN project and reasons	No changes have been made to the project
3. Evaluation Data and Outcomes	68% (10/15) reduced in symptomology and lower risk on SMI
3.1 Reduction in symptomology and lower risk of Serious Mental Illness (SMI)	
3.2 Reduction in depression rates as evidence in PhQ-9 screening	68% (10/15) reduction in depression rates as evidence in PhQ-9 screenings
3.3 Reduce hospitalizations and long-term placements	100% (15/15) reduce in hospitalizations and long-term placements
3.4 Reduced need for mental health services	72% (11/15) reduce their need for mental health services
3.5 Increased capacity to manage day-to-day tasks	64% (9/15) increased capacity to manage day-to-day tasks
3.6 Increase in participants' ability to accept and cope with loss (or anticipated loss) of a spouse	62% (9/15) increase in ability to accept and cope with loss (or anticipated loss) of a spouse.
3.7 Feeling less isolated and anxious	68% (10/15) feel less isolated and anxious
4. Program information – participants served	15

TOTAL		Administration*		Evaluation*	
INN Funding	\$40,556	INN Funding	\$3,956	INN Funding	\$5,976
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Innovation programs.</i>					

INNOVATION (INN)

INN 2.3: Not for Ourselves Alone: Customer Awareness Response Effort

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020 (July -December 2019)	0	\$107,353	\$0.00
Actual for FY 2019-2020 (January – July 2020)	Final Project Evaluation and Development		\$35,995

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

Primary Purpose

- Promote interagency collaboration

Learning Activity

- Adaptation of Trauma Informed Care trainings across public agencies and programs in the County of San Luis Obispo

Learning Goals

- Will mental health consumers satisfaction rates increase?
- Will participants demonstrate a decrease in stigma related to mental health consumers, and an increase in awareness of mental illness?

Method of Measurement

- Participant pre/post surveys
- Participants’ organizational pre and post assessments
- Mental health consumer satisfaction rates

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

The project tests the capacity of the Behavioral Health Department to build a collaborative learning community amongst non-health and social service agencies within the government

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structure of the County of SLO. By establishing a training course, the County of San Luis Obispo Behavioral Health Department provides TIC model training and policy development for each County agency. The project implemented a total of 4 different trainings, offered at quarterly intervals, required for program completion. Each one builds on the learnings from the previous class:

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

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

INNOVATION PROJECT	
1. Name of Project	Not for Ourselves Alone – Customer Awareness Response Effort
2. Changes made to the INN project and reasons	To better engage and reach out to various County departments, the trainings had to be offered in various times and dates based on the available schedule for each department.
3. Evaluation Data and Outcomes	
3.1 Mental health clients’ satisfaction rates will increase by 20%	Information located on Evaluation Report
3.2 30% of targeted County employees and agencies will receive CARE training	Information located on Evaluation Report
3.3 30% decrease in the stigma related to mental health consumers, and increase in awareness of mental illness	Information located on Evaluation Report
4. Program information – participants served	Information located on Evaluation Report

TOTAL		Administration*		Evaluation*	
INN Funding	\$143,348	INN Funding	\$13,982	INN Funding	\$21,123
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Innovation programs.					

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As the program was culminating, training materials were administered to participants at the beginning of 2019-2020 including monthly newsletters and a CARE workbook. These materials were created to help participants better retain training concepts based upon the feedback they had provided. The monthly newsletters and workbook served as consistent reminders of key concepts from the CARE 101 training. They were provided to attendees in both hard copy and digital formats. This allowed participants to learn between subsequent sessions by reviewing the monthly newsletters, reading in depth articles, and completing trauma-informed CARE worksheets.

Fiscal Year 2019-2020 was the last year the program was active. The first and second quarter offered participating agencies internal support to continue making system change and implement practices related to TIC. Finally, as part of the evaluation process for all innovation projects for fiscal year 2016-2020, a complete evaluation report [can be found here](#).

INNOVATION (INN)

INN 2.4: Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA)

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020 (July – December 2019)	51	\$65,554	\$1,285
Actual for FY 2019-2020 (January – July 2020)	Final Project Evaluation and Development		\$45,085

Program Provider: Stand Strong, Inc.

Primary Purpose

- Promote interagency collaboration

Learning Activity

- 3 peer counselors with lived experience to determine higher positive impact in overall mental health

Learning Goals

- Does a peer’s level of lived experience matter when providing a mental health support service?
- Can overall usage of mental health services among Latinos increase by using peer services and support groups?
- Will more clients enroll in services, and will they follow through on treatment?
- Can the stigma of seeking help decrease among this population?
- Can peers play a role in the reduction of stigma among Latinos?
- Will support groups help keep the conversation around mental health going?
- Will more Latinos see the value of seeking services and be better informed about available resources?
- Will there be significant differences between peer definitions among project clients and the responses from other mental health system clients and peer organizations?

Method Measurement

- Patient Health Questionnaire – Depression Scale (PHQ-9)
- Participant Pre/Post Surveys

The Creating Opportunities for Latinas to Experience Goal Achievement (COLEGA) project tests an innovative approach to working with Latinx and Latina women who are victims of domestic violence (DV), and who also exhibit moderate or greater mental health needs. The project attempts to determine whether a certain level of “peer status” is more beneficial than another in providing support to a treatment group. Groups will be paired with one of three different “peers” (a Latina woman, a Latina with lived domestic violence experience, or a Latina with DV history who is also a mental health system client) in an attempt to better define “peer” as it

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relates to the client. The County will test whether the peer’s experience, when other variables are somewhat constant, has a greater or reduced impact on treatment outcomes.

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

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

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

The project tests an adaptation of evidence-based alcohol and drug prevention models which build an internal support group to continue past the duration of a prescribed-term group or curriculum. This part of the Innovation will test whether participants can increase their long-term wellbeing by creating social support groups, comprised of project participants with peer support. For 2019-2020, results indicated that 88% (45/51) completed all 12-weeks of counseling sessions, and as part of their continued engagement support groups were developed for the last two quarters in an effort to provide linkage and networking between the participants. Finally, as part of the evaluation process for all innovation projects for fiscal year 2016-2020, a complete evaluation report [can be found here](#).

INNOVATION PROJECT	
1. Name of Project	Creating Opportunities for Latinas to Experience Goal Achievement
2. Changes made to the INN project and reasons	Outcome tool measures were updated on time to ensure proper data collection. Additionally, the project design hired only one peer with all three levels of experience. Client engagement would then be focused on the themes and curriculum being covered by the peer utilizing the level of personal experience correspondent to the curriculum or theme being discussed. This has allowed for participants to connect

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	with the subject and curriculum at hand and removing the subjective factor of assessing the peer due to personality and likeness, but instead focus on experience and engagement as it relates to the themes at hand.
3. Evaluation Data and Outcomes 3.1 50% Participants will enroll in subsequent Latina support groups. These groups shall be a part of the therapeutic art engagement group.	10% (5/51) of surveyed participants from both groups enrolled in the therapeutic art engagement group.
3.2 85% of participant will complete all 12 weeks of counseling sessions.	88% (45/51) of surveyed participants completed all 12 weeks of counseling sessions.
3.3 75% of participants will provide feedback on each of the peer counselors they work with and rate their experience.	88% (45/51) surveyed participants provided feedback on each peer counselor.
3.4 40% of enrolled clients will join an on-going support group comprised of other project participants.	69% (35/51) of surveyed participants joined an on-going support group.
3.5 Participants will demonstrate a 30% reduction in depression levels at the end of the counseling compared to initial screening.	88% (45/51) demonstrated a 30% or higher reduction in depression levels.
3.6 Participants will demonstrate a 30% increase in resiliency and their outlook on life at the end of counseling.	88% (45/51) demonstrated a 59% increase or higher in resiliency and their outlook on life.
4. Program information – participants served	51

TOTAL		Administration*		Evaluation*	
INN Funding	\$110,639	INN Funding	\$10,792	INN Funding	\$16,303
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Innovation programs.</i>					

INNOVATION (INN)

INN 3.1: 3 by 3 Developmental Screening Partnership Between Parents and Pediatric Practices

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020	349	\$60,648	\$174
Projection for FY 2020-2021	450	\$382,126	\$849
Projection for FY 2021-2022	450	\$376,366	\$836

Program Provider: First Five San Luis Obispo

Primary Purpose

- Promotes interagency and community collaboration related to Mental Health Services or support of outcomes

Learning Activity

- Testing three (3) methods of comprehensive and recurring screenings for children zero (0) to three (3) in a Community Health Clinic (CHC) and a private pediatric practice.

Learning Goals

- What specific practices will be most likely to increase behavioral health screening in early childhood?
- What methods increase conversations with parents/primary caregivers that allow an increase in mental health knowledge?
- How specific settings can integrate mental health screenings into their location?
- How specific strategies would increase referrals when needed?
- How specific strategies support recurring mental health screenings and allow increased parents/primary caregiver engagement?
- Which specific screenings and strategies allow increased mental health knowledge for pediatricians?

Method of Measurement

- Participant Pre/Post Surveys

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

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For FY 2018-2019, extensive groundwork was accomplished during the planning phase of the project. First 5 recruited, interviewed, and hired a part-time Program Coordinator, with input from Health Education staff from Community Health Centers (CHC). This was followed by the completion and execution of two subcontracts established between First 5 San Luis Obispo with CHC to begin the testing phase, and with Carsel Consulting Group for research and evaluation activities. In FY 2019-2020 upon completion of the above two phases, First 5 SLO has focused on establishing program implementation procedures, identifying best practice protocols, and building a repository referral source. As a result of on-going conversations with CHC, stakeholders, and key staff, First 5 SLO set out to identify the best mechanism for tracking screenings, track referrals, and facilitate the collection of de-identified data. This was followed for a Request for Proposals to identify and select a private pediatric office to participate in the testing phase as well. Currently the project is being implemented, and demographic data as well as other requirements (as stated by the Innovation regulations) are being collected.

INNOVATION PROJECT	
1. Name of Project	3 by 3 Developmental Screening Partnership Between Parents and Pediatric Practices
2. Changes made to the INN project and reasons	No changes have been made to this project.
3. 50 hours of education encounter	56
4. 25 referrals provided to participants or parents/primary caregivers	47
5. 15% increase in parent/primary caregiver knowledge of age appropriate social-emotional development	Under development and implementation and reported next FY.
6. 15% increase in parent/primary caregiver mental health knowledge	Under development and implementation and reported next FY.
7. 50% parent/primary caregiver survey responses	Under development and implementation and reported next FY.
8. 100% of pediatric survey responses	Under development and implementation and reported next FY.
4. Program information – participants served	349

TOTAL		Administration*		Evaluation*	
INN Funding	\$60,648	INN Funding	\$5,916	INN Funding	\$8,937
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Innovation programs.					

INNOVATION (INN)

INN 3.2: Affirming Cultural Competence Education and Provider Training: SLO ACCEPTance

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020	27	\$145,604	\$5,393
Projection for FY 2020-2021	25	\$218,397	\$8,736
Projection for FY 2021-2022	25	\$119,282	\$4,771

Program Provider: California Polytechnic State University, San Luis Obispo (Cal Poly)

Primary Purpose

- Increase the quality of services, including better outcomes

Learning Activities

- Testing a training curriculum to increase skills and knowledge for Mental Health Providers (MHP) to become LGBTQ+ affirmative

Learning Goals

- What are the best approaches for teaching and training MHPs to work with LGBTQ clients countywide?
- What learning and training settings impact the development of a group of MHP and peers to become LGBTQ-affirming professionals able to provide appropriate services?
- Are the training program and curriculum the best methods to increase access to the underserved LGBTQ community?
- Is there a direct impact between the training program and curriculum and an increase of LGBTQ clients seen?

Method of Measurement

- Participant Pre/Post Surveys

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

The training will be tested with MHP in a three-phase training module that includes Cultural Sensitivity, Clinical Issues, and Potential Provider Issues. Each training module receives group consultation. The project employs a skill and learning development approach in order to better

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prepare MHP in various settings in order to provide comfort and affirmation for the LGBTQ+ community. The learning goal of the project will be to assess the training modules to determine the skills and attitudes that can be measured to establish a baseline for MHP to support and engage LGBTQ+ clients in a culturally appropriate manner.

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

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

INNOVATION PROJECT	
1. Name of Project	Affirming Cultural Competence Education and Provider Training SLO ACCEPTance
2. Changes made to the INN project and reasons	Trainings have been moved to online platform
3. Participants will demonstrate a 30% increase in knowledge, awareness, skills to interact with members of the LGBTQ+ community	Under development and implementation and reported next FY.
4. 30% of participants will engage in LGBTQ+ affirming practices	Under development and implementation and reported next FY.
5. 10% increase of services engaging LGBTQ+-identified clients	Under development and implementation and reported next FY.
6. 10% increase of LGBTQ+=identified clients served in the community	Under development and implementation and reported next FY.
4. Program information – participants served	27

TOTAL		Administration*		Evaluation*	
INN Funding	\$145,604	INN Funding	\$14,202	INN Funding	\$21,455
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Innovation programs.					

INNOVATION (INN)

INN 4.1: Holistic Adolescent Health Project

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020	120	\$25,000	\$208
Projection for FY 2020-2021	120	\$268,686	\$2,239
Projection for FY 2021-2022	120	\$173,820	\$1,449
Projection for FY 2022-2023	120	\$151,437	\$1,262

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

Primary Purpose

- Increase the quality of services, including better outcomes

Learning Activities

- Testing a school curriculum to increase skills and knowledge for MHP to become LGBTQ+ affirmative

Learning Goals

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

Method of Measurement

- Participant Pre/Post Surveys

The Holistic Adolescent Health Innovation Project is designed to test the development of a new health curriculum and delivery model for youth 13-18 years of age. With the addition of mindfulness training, the project implements a comprehensive approach to mental, physical, and social health. The delivery method of the new curricula includes: 1) a blended health education model provided in 15 sessions comprised of mental health, physical health, and sexual health education to students through their regular health classes, and 2) a one-on-one health coaching program providing in-depth mental, physical, and sexual health support.

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In 2019-2020 The Holistic Adolescent Health (HAH) Project began the early steps for implementation by Community Action Partnership of San Luis Obispo’s (CAPSLO) Teen Wellness Program. Through human center design principles the project began by engaging key stakeholders (students) by interviewing nine youth participants who volunteered to share about their experiences navigating support around their mental health and wellbeing, and how they cope with things like stress, depression, and anxiety. The youth insights were shared with the adult stakeholders at each school site, who then shared their perspectives and experiences supporting and observing their students in the arena of mental health and wellbeing. Participants’ willingness and openness to sharing their experiences resulted in important feedback that serves as a basis to outline an in-class curriculum and health coaching structure that will best support the student participants’ developmental needs. The project staff will work to integrate stakeholder feedback as they develop the structure and content areas of the curriculum.

The project has established ongoing meetings with project evaluation partners from Philliber Research Associates in working more on the assessment tool that will integrate proposed measures as listed above. It also received youth feedback about the survey instrument and received stakeholder feedback from teachers on compatible virtual learning formats as well as feedback about current progress of the curriculum development. The COVID-19 pandemic posed potential uncertainty as to whether the originally intended in-person HAH project will need to have a back -up plan for implementing via virtual formats. This challenge was used as an opportunity to learn and discover ways in which to elevate capacity to serve and empower youth to make their health a priority in their lives via different ways of connecting, engaging, and supporting through virtual and digital platforms.

INNOVATION PROJECT	
1. Name of Project	Holistic Adolescent Health Project
2. Changes made to the INN project and reasons	Trainings have been moved to online platform
3. Project participants will report a 30% increase in mood stability and overall feelings of wellbeing	Under development and implementation and reported next FY.
4. Project participants will report a 30% increase in physical fitness activity and nutrition knowledge	Under development and implementation and reported next FY.
5. Project participants will report a 30% increase to identify and cope with feelings, especially negative emotions, depression, and anxiety.	Under development and implementation and reported next FY.
6. Project participants will report a 30% increase in their engagement in behaviors related to health	Under development and implementation and reported next FY.
7. Project participants will report a 30% improvement in health knowledge for one-on-one coaching experience	Under development and implementation and reported next FY.
8. 10% of project participants will receive referrals according to their needs.	Under development and implementation and reported next FY.

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9. Project participants will report a 30% increase in overall student level of sexual health knowledge and awareness.	Under development and implementation and reported next FY.
4. Program information – participants served	To be reported next fiscal year

TOTAL		Administration*		Evaluation*	
INN Funding	\$25,000	INN Funding	\$2,438	INN Funding	\$3,684
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
<i>*The administration and evaluation funding represent all the expenditure for Innovation programs.</i>					

INNOVATION (INN)

INN 4.2: Behavioral Health Assessment & Response Project

	Persons Served	Total Funding	Cost per Client
Actual for FY 2019-2020		\$159,197	\$
Projection for FY 2020-2021		\$252,133	\$
Projection for FY 2021-2022		\$207,242	\$
Projection for FY 2022-2023		\$220,302	\$

Program Provider: Holifield Psychological Services

Primary Purpose

- Increase the quality of services, including better outcomes

Learning Activities

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

Learning Goals

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

Method of Measurement

- Participant Pre/Post Surveys

The BHARP project aims to provide a highly-trained community-based and academically-informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent. The innovation project is also designed to create a new learning and language model between the mental health system (MHS), law enforcement (LE), and educational institutions (EI) employing a new curriculum derived from proven and effective models, but tailored to San Luis Obispo and directed to the coordinating efforts between MHS,

INNOVATION (INN)

LE, and EI. The innovation project is meant to educate and decrease the criminalization and stigmatization of youth in cases of threats. The project will test the new, never-before-implemented, coordinated, and collaborative curriculum over the course of three years with a sample of MHS, LE, and EI throughout the County. The learning goal of the project will be to assess the training model to determine the skills and attitudes that can be measured to establish a baseline for MHS, LE, and EI to support and engage clients who may pose a threat.

During 2019-2020 the project lead researcher continued to explore threat assessment models and training practices. The lead researcher actively screened potential trainers and consultants and conducted the ongoing recruitment and organization of community partners to participate in training activities. Engagement with partners was continuous and planned meetings were organized. With the impact of COVID-19, training implementation was moved to online platforms and a plan has been set in motion to register and to host the first training in September 2020. Measurement and evaluation tools are also being implemented in the upcoming fiscal year

INNOVATION PROJECT	
1. Name of Project	Behavioral Health Assessment & Response Project
2. Changes made to the INN project and reasons	Trainings have been moved to online platform
3. Project participants will demonstrate a thirty percent (30%) increase in the level of skill and knowledge to identify and prevent school and community threats.	Under development and implementation and reported next FY.
4. Thirty percent (30%) increase of interagency collaboration through the development and use of the coordinated and collaborative training system and model for threat assessment.	Under development and implementation and reported next FY.
5. Ten percent (10%) decrease in number of apparent or potential threats identified through referral.	Under development and implementation and reported next FY.
6. Ten percent (10%) increase of the number of mental health professionals available to provide therapy as defined by the threat assessment team or report recommendations.	Under development and implementation and reported next FY.
4. Program information – participants served	To be reported next fiscal year

TOTAL		Administration*		Evaluation*	
INN Funding	\$159,197	INN Funding	\$15,528	INN Funding	\$23,458
Medi-Cal		Medi-Cal		Medi-Cal	
1991 Realignment		1991 Realignment		1991 Realignment	
Behavioral Health Subaccount		Behavioral Health Subaccount		Behavioral Health Subaccount	
Any other funding		Any other funding		Any other funding	
*The administration and evaluation funding represent all the expenditure for Innovation programs.					

Capital Facilities and Technological Needs (CFTN)

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

This project applies current technology to modernize and transform the delivery of service. The goal is to provide more effective and efficient service, facilitating better overall community and client outcomes.

A contract with Anasazi Software, Inc. (now Cerner, Inc.) was approved by the Board of Supervisors in May 2010. It was announced in early 2018 that Cerner would no longer be offering the Anasazi platform. In 2018-2019 the BHEHR Leadership team reviewed several vendors and elected to remain a customer of Cerner and adopt their Millennium software.

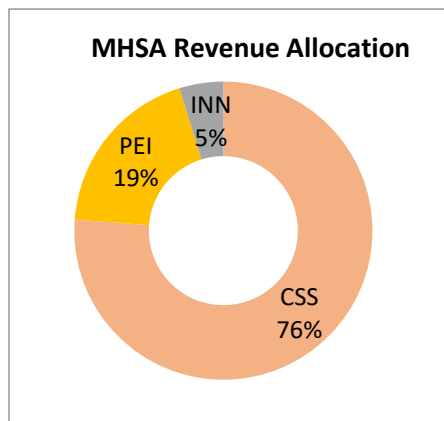
Achievements in 2019-2020 include:

- Continued discussion and development with Cerner in preparation for the new EHR platform, Millennium. Currently working on optimizing the move to Cerner’s cloud hosted environment.
- Implemented and developed procedures for Cordant, the new drug testing service and DUI database.
- Developed and supported Behavioral Health Staff with new workflows, billing codes, assessments and documentation related to telehealth services. Telehealth has become a vital tool in providing services during the county’s COVID-19 response.
- Maintained essential support to staff and the EHR system throughout the COVID-19 crisis. Support procedures, development, implementation, and training continued seamlessly throughout the shelter-at-home order.
- Adapted procedures and trainings to be conducted remotely during the COVID-19 response.
- By the end of 2020, the County will have hired a new Data Analyst to improve upon and build reports to improve services and State reporting.

MHSA Funding Summary

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

Counties are responsible for allocating MHSA funds by component. Pursuant to Welfare and Institutions Code 5892 (a) and (b), the distribution of funds by MHSA component is as follows: Innovation will receive 5% of the total funding, Prevention and Early Intervention (PEI) will receive 19% of the balance, and Community and Supports Services (CSS) will receive the remaining amount. Annually, up to 20% of the average amount of funds allocated for the past five years may be transferred from CSS to prudent reserve, Workforce, Education and Training (WET), and Capital Facilities and Technological Needs (CFTN).



In FY 2019-20, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent just under \$20 million (M) on MHSA programs with \$14.75M coming from MHSA revenue, \$4.33M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$955K from grants or other revenue sources. Community partner agencies spending decreased from 67% (\$11.3M) to 57% (\$11.3M) of the FY 2019-20 revenue, while the County programs were responsible for the other 43% (\$8.5M). The breakdown per program, including the cost per client, is included in the

tables at the beginning of each component section.

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

Funds deposited to the County by Proposition 63 tax revenue have three years in which they need to be spent or placed in a Prudent Reserve (which allows a county to put a portion of its

MHSA FUNDING SUMMARY

planning estimate away in case of an extreme revenue decrease). Funds not spent within three years are subject to “reversion” (being sent back to the State). The Behavioral Health Department manages its MHSA spending and savings plans, so there are funds available to cover the costs and growth of each program, with efforts to avoid any reversion of MHSA revenue. In Fiscal Year 2018-19 the Department of Health Care Services (DHCS) determined SLOBHD had \$505,421 subject to reversion, of which \$429,296 was INN funding and \$76,125 was WET funding.

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

Department of Health Care Services MHSA Funds Subject to Reversion by Fiscal Year by Component FINAL						
San Luis Obispo	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ -		\$ -
FY 2007-08	\$ -	\$ -		\$ 76,125	\$ -	\$ 76,125
FY 2008-09	\$ -	\$ -	\$ 364,098			\$ 364,098
FY 2009-10	\$ -	\$ -	\$ -			\$ -
FY 2010-11	\$ -	\$ -	\$ 23,728			\$ 23,728
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ -			\$ -
FY 2013-14	\$ -	\$ -	\$ -			\$ -
FY 2014-15	\$ -	\$ -	\$ 41,470			\$ 41,470
Total	\$ -	\$ -	\$ 429,296	\$ 76,125	\$ -	\$ 505,421

\$ - No Funds Subject to Reversion

On September 10, 2018 the Governor signed Senate Bill (SB) 192 (Chapter 38, Statutes of 2018) that amends Sections 5892 and 5892.1 of the Welfare and Institutions Code regarding MHSA reversion and prudent reserve. Section 5892 (h)(1) states that allocated funds that have not been spent within three years, including interest accrued on those funds, shall revert to the state. The calculation by DHCS for the AB 114 funds included interest and SB 192 codifies that interest will be subject to reversion. In February 2018, this new guidance on interest was presented to MHSA Advisory Committee (MAC) and the stakeholders approved a policy of first spending interest funds in each new fiscal year. All interest funds, including those subject to AB 114, were spent in FY 2019-20. These funds were included in long-term financial projections, so there was no effect to current program funding.

MHSA FUNDING SUMMARY

The Mental Health Services Act (MHSA) requires Counties to establish and maintain a Prudent Reserve to ensure that County MHSA programs will continue to be able to serve those currently being served should MHSA revenues decrease. In establishing the Prudent Reserve, counties were given the guideline that “the target prudent reserve (would be) equal to 50 percent of each county’s CSS planning estimate.” Over the years, this direction was allowing counties to leave dollars in reserve which could be better spent in the community.

Based on legislation (SB 192) in September 2018, and the guidelines provided by the State Department of Health Care Services (DHCS) in August 2019, the County was now given clear direction on a recommended cap to the Prudent Reserve. Senate Bill 192 caps the amount to be held in the Prudent Reserve at 33% of the average of CSS revenue over the past five years. County staff engaged the MAC and other stakeholder groups with information about the local reserve and made recommendations in FY 2018-2019 to reduce the current reserve. In early 2019-2020 the MAC approved the transfer of approximately \$3 million out of the Reserve to meet the new standard. These funds have three years to be spent. Initial expenditures include funding case management at the new Bishop Street Studios project, and the Division Manager for the newly forming Justice Division at Behavioral Health.

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

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

MHSA FUNDING SUMMARY

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan							
Funding Summary							
County:	San Luis Obispo					Date:	9/25/20
	MHSA Funding						
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
A. Estimated FY 2020-21 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	9,880,189	2,251,189	1,411,221	86,264	89,409		
2. Estimated New FY 2020-21 Funding	11,834,909	2,958,727	778,612				
3. Transfer in FY 2020-21 ^{a/}	(675,727)			137,364	538,363	0	
4. Access Local Prudent Reserve in FY 2020-21	0	0				0	
5. Estimated Available Funding for FY 2020-21	21,039,371	5,209,916	2,189,833	223,628	627,772		
B. Estimated FY 2020-21 MHSA Expenditures	12,286,295	2,827,056	1,655,196	165,192	488,585		
C. Estimated FY 2021-22 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	9,115,508	2,382,864	534,637	58,436	139,187		
2. Estimated New FY 2021-22 Funding	11,616,422	2,906,282	764,238				
3. Transfer in FY 2021-22 ^{a/}	(689,241)			140,111	549,130	0	
4. Access Local Prudent Reserve in FY 2021-22	0	0				0	
5. Estimated Available Funding for FY 2021-22	20,042,689	5,289,146	1,298,875	198,547	688,317		
D. Estimated FY 2021-22 Expenditures	12,532,036	2,857,453	1,298,978	168,496	498,357		
E. Estimated FY 2022-23 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	7,510,653	2,431,693	(103)	30,051	189,961		
2. Estimated New FY 2022-23 Funding	9,086,674	2,277,035	597,808				
3. Transfer in FY 2022-23 ^{a/}	(703,026)			142,913	560,113	0	
4. Access Local Prudent Reserve in FY 2022/23	0	0				0	
5. Estimated Available Funding for FY 2022-23	15,894,301	4,708,728	597,705	172,964	750,074		
F. Estimated FY 2022-23 Expenditures	12,782,677	2,915,720	797,852	171,866	508,324		
G. Estimated FY 2022-23 Unspent Fund Balance	3,111,624	1,793,008	(200,147)	1,098	241,750		
H. Estimated Local Prudent Reserve Balance							
1. Estimated Local Prudent Reserve Balance on June 30, 2020	2,774,412						
2. Contributions to the Local Prudent Reserve in FY 2020/21	0						
3. Distributions from the Local Prudent Reserve in FY 2020/21	0						
4. Estimated Local Prudent Reserve Balance on June 30, 2021	2,774,412						
5. Contributions to the Local Prudent Reserve in FY 2021/22	0						
6. Distributions from the Local Prudent Reserve in FY 2021/22	0						
7. Estimated Local Prudent Reserve Balance on June 30, 2022	2,774,412						
8. Contributions to the Local Prudent Reserve in FY 2022/23	0						
9. Distributions from the Local Prudent Reserve in FY 2022/23	0						
10. Estimated Local Prudent Reserve Balance on June 30, 2023	2,774,412						

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

MHSA FUNDING SUMMARY

Community Services and Supports (CSS): Actual expenses for CSS in FY 2019-20 were \$15.58M with \$10.79M funded through MHSA revenue, \$4.28M from Medi-Cal FFP, and \$510 thousand (K) from grants or other revenues. This funding was used to offset Full Service Partnership (FSP) housing.

A transfer to the CFTN component in the amount of \$478K was completed during FY 2019-20 to fund the on-going maintenance and support of the Behavioral Health Electronic Health Record (BHEHR). The total on-going maintenance and support expense is shared between the Drug and Alcohol Services Division and MHSA. A transfer to the WET component in the amount of \$103K was completed during FY 2019-20 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

In the FY 2020-21 Three-Year Expenditure Plan, the County was awarded \$855,832 in SB 82 grant funds through the California Health and Facilities Financing Authority (CHFFA) for period of 36 months (July 25, 2019 through June 30, 2022), to provide renovation of office space for jail diversion programs at the Health Agency Campus un San Luis Obispo. Initial project planning and preparation began in FY 2019-20.

Regulations state that a majority of CSS expenditures must be dedicated to Full Service Partnership (FSP) services. SLOBHD has been preparing the Annual Report and Three-Year Expenditure Plan using the templates provided by the State. The Three-Year Expenditure Plan template calculated the FSP majority requirement and based on the calculation provided on the FY 2018-19 RER, the County spent 38% of the funding on FSP services.

In FY 2020-21, using the State guidance, total FSP Mental Health Expenditures of \$6,652,870 divided by total Mental Health Expenditures (excluding administrative costs) of \$16,223,647 results in 41%. With guidance from the State, SLOBHD is making every effort to expand the FSP services in a sustainable way so that the majority requirement is met.

New in FY 2020-21: The County will continue to develop and reassess CSS programs to address FSP funding majority requirement. The following are the projected changes for FY 2020-21:

- Added Behavioral Health Clinician to serve homeless individuals at 40 Prado center.
- Expand the Wellness Centers program to include support for Arroyo Grande and San Luis Obispo sites.
- Transfer case management for Behavioral Health Treatment Court from community provider to County employed.

The chart below summarizes the CSS projections for FY 2020-21 through FY 2022-23 and includes all revenue sources:

MHSA FUNDING SUMMARY

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet						
County:	San Luis Obispo					Date: 9/25/20
Fiscal Year 2020/21						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	1,164,020	904,977	259,043			
2. TAY FSP	962,469	764,981	197,488			
3. Adult FSP	3,831,597	2,806,714	1,024,883			
4. Older Adult FSP	694,784	556,977	137,807			
Non-FSP Programs						
5. GSD: Client & Family Wellness	2,646,148	2,252,070	393,228			850
6. GSD: Latino Outreach Program	753,722	541,960	210,612			1,150
7. GSD: Enhanced Crisis & Aftercare	3,772,316	2,491,101	1,137,982			143,233
8. GSD: School & Family Empowerment	969,573	701,602	257,971			10,000
9. GSD: Forensic Mental Health Services	1,429,018	951,654	244,452			232,912
CSS Administration	459,645	314,259	139,050			6,336
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	16,683,292	12,286,295	4,002,516	0	0	394,481
FSP Programs as Percent of Total	54.1%					
Fiscal Year 2021/22						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	1,187,300	923,077	264,224		0	0
2. TAY FSP	981,718	780,281	201,438		0	
3. Adult FSP	3,908,229	2,862,848	1,045,381			
4. Older Adult FSP	708,680	568,117	140,563			
Non-FSP Programs						
5. GSD: Client & Family Wellness	2,699,071	2,297,111	401,093		0	867
6. GSD: Latino Outreach Program	768,796	552,799	214,824		0	1,173
7. GSD: Enhanced Crisis & Aftercare	3,703,501	2,540,923	1,160,742			1,836
8. GSD: School & Family Empowerment	988,964	715,634	263,130		0	10,200
9. GSD: Forensic Mental Health Services	1,379,887	970,687	249,341			159,858
CSS Administration	462,390	320,559	141,831			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	16,788,537	12,532,036	4,082,566	0	0	173,934
FSP Programs as Percent of Total	54.1%					
Fiscal Year 2022/23						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	1,211,046	941,538	269,508		0	0
2. TAY FSP	1,001,353	795,886	205,467		0	
3. Adult FSP	3,986,394	2,920,105	1,066,288			
4. Older Adult FSP	722,853	579,479	143,374			
Non-FSP Programs						
5. GSD: Client & Family Wellness	2,753,052	2,343,054	409,114		0	884
6. GSD: Latino Outreach Program	784,172	563,855	219,121		0	1,196
7. GSD: Enhanced Crisis & Aftercare	3,777,571	2,591,741	1,183,956			1,873
8. GSD: School & Family Empowerment	1,008,744	729,947	268,393		0	10,404
9. GSD: Forensic Mental Health Services	1,407,484	990,101	254,328			163,056
CSS Administration	471,638	326,970	144,668			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	17,124,307	12,782,677	4,164,218	0	0	177,413
FSP Programs as Percent of Total	54.1%					

MHSA FUNDING SUMMARY

Prevention and Early Intervention (PEI): Actual expenses for PEI in FY 2019-20 were \$2.60M with \$2.40M funded through MHSA revenue and \$198K from federal grants or other revenue. The MHSA Stakeholder group also approved the continued allocation of 4% PEI funding to the California Mental Health Services Authority (CalMHSA) to help support Statewide PEI projects, which remains the same for FY 2020-21.

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

The chart below summarizes the PEI projections for FY 2020-21 through FY 2022-23 and includes all revenue sources:

MHSA FUNDING SUMMARY

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan							
Prevention and Early Intervention (PEI) Component Worksheet							
County:	San Luis Obispo					Date:	9/25/20
Fiscal Year 2020/21							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
PEI Programs - Prevention							
1. Prevention	2,027,735	1,173,565				854,170	
2. Early Intervention	584,268	386,594				197,674	
3. Outreach	55,000	55,000					
4. Access & Linkage	263,660	263,660					
5. Stigma & Discrimination Reduction	320,242	271,262				48,980	
6. Improve Timely Access	146,260	146,260					
7. Suicide Prevention	137,600	137,600					
PEI Administration	291,702	291,702					
PEI Assigned Funds - CalMHSA JPA	101,416	101,413					
Total PEI Program Estimated Expenditures	3,927,883	2,827,056	0	0	0	1,100,824	
Fiscal Year 2021/22							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
PEI Programs - Prevention							
1. Prevention	2,002,974	1,172,920				830,054	
2. Early Intervention	595,953	394,326				201,627	
3. Outreach	56,100	56,100					
4. Access & Linkage	268,933	268,933					
5. Stigma & Discrimination Reduction	325,667	276,687				48,980	
6. Improve Timely Access	149,185	149,185					
7. Suicide Prevention	140,352	140,352					
PEI Administration	297,536	297,536					
PEI Assigned Funds - CalMHSA JPA	101,413	101,413					
Total PEI Program Estimated Expenditures	3,938,114	2,857,453	0	0	0	1,080,661	
Fiscal Year 2022/23							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
PEI Programs - Prevention							
1. Prevention	2,032,725	1,199,525				833,200	
2. Early Intervention	607,872	402,212				205,660	
3. Outreach	57,222	57,222					
4. Access & Linkage	274,312	274,312					
5. Stigma & Discrimination Reduction	331,191	282,221				48,970	
6. Improve Timely Access	152,169	152,169					
7. Suicide Prevention	143,159	143,159					
PEI Administration	303,487	303,487					
PEI Assigned Funds - CalMHSA JPA	101,413	101,413					
Total PEI Program Estimated Expenditures	4,003,550	2,915,720	0	0	0	1,087,830	

MHSA FUNDING SUMMARY

Innovation: Actual expenses for Innovation in FY 2019-20 were \$916K, which were fully funded by MHSA. Funding continued for four projects; COLEGA, Late Life Empowerment & Affirmation Program (LLEAP), Transition Assistance & Relapse Prevention (TARP), Not for Ourselves Alone: Trauma Informed Care (TIC), which were approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC), all of which began in FY 2016-17. These projects were completed in FY 2019-20.

The MHSOAC approved two additional new projects “Holistic Adolescent Health (HAH)” and “Behavioral Health Assessment and Response Project (BHARP)” on November 08, 2019, which began in FY 2019-20 and will be completed in FY 2022-23. AB 114 funds were used to support all six ongoing INN projects in FY 2019-20.

New in FY 2020-21: A fourth round of Innovation projects were approved and launched in 2019-2020: “Holistic Adolescent Health,” focuses on testing a wellness curriculum for high schools; and “Behavioral Health Assessment and Response Project (BHARP),” is a trial program to strengthen communication between mental health providers, schools, and law enforcement in order to minimize threats of violence. In 2019-2020, Innovation stakeholders met and developed projects which will seek MHSOAC approval in early 2020-2021

The chart below summarizes the Innovation projections for FY 2020-21 through FY 2022-23 and includes all revenue sources:

MHSA FUNDING SUMMARY

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan						
Innovations (INN) Component Worksheet						
County:	San Luis Obispo				Date:	9/25/20
Fiscal Year 2020/21						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. 3X3	382,126	382,126				
2. SLO Acceptance	218,397	218,397				
3. CAPSLO- Holistic Adolescent Health	268,686	268,686				
4. BHARP	252,133	252,133				
5. Innovation Projects - TBD	300,000	300,000				
INN Evaluation	33,100	33,100				
INN Administration	200,754	200,754				
Total INN Program Estimated Expenditures	1,655,196	1,655,196	0	0	0	0
Fiscal Year 2021/22						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. 3X3	376,366	376,366				
2. SLO Acceptance	119,282	119,282				
3. CAPSLO - Holistic Adolescent Health	173,820	173,820				
4. BHARP	207,242	207,242				
5. Innovation Projects - TBD	200,000	200,000				
INN Evaluation	30,000	30,000				
INN Administration	192,268	192,268				
Total INN Program Estimated Expenditures	1,298,978	1,298,978	0	0	0	0
Fiscal Year 2022/23						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. CAPSLO - Holistic Adolescent Health	151,437	151,437				
2. BHARP	220,302	220,302				
5. Innovation Projects - TBD FY 21/22	200,000	200,000				
INN Evaluation	30,000	30,000				
INN Administration	196,113	196,113				
Total INN Program Estimated Expenditures	797,852	797,852	0	0	0	0

MHSA FUNDING SUMMARY

Workforce, Education and Training (WET): Actual expenses for WET in FY 2019-20 were \$122K with \$103K from MHSA revenue transferred from the CSS allocation, and \$19K from Medi-Cal FFP. The MHSA Stakeholder group approved the transfer of CSS revenue to continue funding the programs under WET. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

New in FY 2020-21:

- Expansion of the Promotores medical interpretation services throughout the County Behavioral Health clinics. This will be accomplished by transfer of CSS dollars to WET in FY 2020-21.

The chart below summarizes the WET projections for FY 2020-21 through FY 2022-23 and includes all revenue sources:

MHSA FUNDING SUMMARY

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan						
Workforce, Education and Training (WET) Component Worksheet						
County:	San Luis Obispo				Date:	9/25/20
	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT	25,500	25,500				
2. E-Learning	12,515	12,515				
3. Crisis Intervention Training	5,700	5,700				
4. Cultural Competence	68,470	68,470				
5. Co-Occurring Training	3,000	3,000				
6. Internship Program	42,780	35,486	7,294			
WET Administration	14,521	14,521				
Total WET Program Estimated Expenditures	172,486	165,192	7,294			
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	26,010	26,010				
2. E-Learning - CSS Transfer	12,765	12,765				
3. Crisis Intervention Training - CSS Transfer	5,814	5,814				
4. Cultural Competence - CSS Transfer	69,839	69,839				
5. Co-Occurring Training - CSS Transfer	3,060	3,060				
6. Internship Program - CSS Transfer	43,636	36,196	7,440			
WET Administration	14,811	14,811				
Total WET Program Estimated Expenditures	175,936	168,496	7,440			
	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	26,530	26,530				
2. E-Learning - CSS Transfer	13,021	13,021				
3. Crisis Intervention Training - CSS Transfer	5,930	5,930				
4. Cultural Competence - CSS Transfer	71,236	71,236				
5. Co-Occurring Training - CSS Transfer	3,121	3,121				
6. Internship Program - CSS Transfer	44,508	36,920	7,589		0	
WET Administration	15,108	15,108				
Total WET Program Estimated Expenditures	179,454	171,866	7,589	0	0	0

MHSA FUNDING SUMMARY

Capital Facilities and Technological Needs (CFTN): Actual expenses for CFTN in FY 2019-20 were \$526K fully funded by MHSA. The on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between divisions in Behavioral Health and is based on number of users. MHSA Stakeholders approved the continued transfer of CSS revenue to CFTN to fund the annual support costs of the Behavioral Health Electronic Health Record (BHEHR) system development. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

New in FY 2020-21: As system and reporting requirements for SLOBHD’s Electronic Health Record have been changing, a system upgrade called “Millennium” has been selected to meet all the mandatory requirements and will be presented to MHSA Stakeholders along with any effect it may have to MHSA funding.

The chart below summarizes the CFTN projections for FY 2020-21 through FY 2022-23 and includes all revenue sources:

MHSA FUNDING SUMMARY

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan							
Capital Facilities/Technological Needs (CFTN) Component Worksheet							
County:	San Luis Obispo					Date:	9/25/20
	Fiscal Year 2020/21						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
CFTN Programs - Capital Facilities Projects	0						
CFTN Programs - Technological Needs Projects							
1. EHR On-Going Support - CSS Transfer	1,296,120	488,585				807,535	
CFTN Administration	0						
Total CFTN Program Estimated Expenditures	1,296,120	488,585	0	0	0	807,535	
	Fiscal Year 2021/22						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
CFTN Programs - Capital Facilities Projects	0						
CFTN Programs - Technological Needs Projects							
1. EHR On-Going Support - CSS Transfer	631,079	498,357				132,722	
CFTN Administration	0						
Total CFTN Program Estimated Expenditures	631,079	498,357	0	0	0	132,722	
	Fiscal Year 2022/23						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
CFTN Programs - Capital Facilities Projects	0						
CFTN Programs - Technological Needs Projects							
1. EHR On-Going Support - CSS Transfer	643,701	508,324				135,377	
CFTN Administration	0						
Total CFTN Program Estimated Expenditures	643,701	508,324	0	0	0	135,377	

Local Prudent Reserve: Pursuant to Welfare and Institutions Code 5847(b)(7), the County must establish and maintain a local prudent reserve to ensure that programs will continue to serve children, adults and seniors currently being served by CSS and PEI programs. The reserve should

MHSA FUNDING SUMMARY

be used in years where the allocation of funds for services is not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year.

With the signing of Senate Bill 192 on September 10, 2018 there is a new maximum on the Prudent Reserve balance. This bill clarifies that the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. The County must reassess the maximum amount of the prudent reserve every 5 years and certify the reassessment as part of its 3-year program and expenditure plan. With the change in legislation the current Prudent Reserve balance for CSS at the end of FY 2018-19 was at 69%, which was above the maximum limit.

On August 28, 2019, the MHSA Leadership team presented a recommendation to the Mental Health Services Act Advisory Committee (MAC), the county's key stakeholder group, to reduce the County's Prudent Reserve in alignment with new state guidelines. On August 28th, 2019, MHSA Stakeholder (MAC) approved to transfer \$3M for FY 2019-20 to bring the balance under the 33% maximum limit. Stakeholders approved a reduction of approximately \$2.8M in CSS Prudent Reserve, and \$74k in PEI with the intention of using the funds to introduce, enhance, and expand MHSA projects over the next three years. These funds must be spent before June 30, 2022. Unless other guidelines are given, SLOBHD plans to restore the Prudent Reserve overage to CSS operating funds for use in FY 2019-20 thru FY 2021-22.

At that same meeting MHSA Stakeholder (MAC) approved to allocate \$555K funding for several onetime program related expenses. MAC stakeholders approved using released Prudent Reserve funds to support half the cost for the Department's new "Justice Division" Manager position. The Justice Division houses a variety of MHSA forensic programs and has expanded in recent years. This position is partly funded by a Department of State Hospitals grant. The MAC also agreed to support use of released Prudent Reserve funds to seed a Case Manager position for the new Bishop Street Studios – a housing project developed by Transitions-Mental Health Association (TMHA).

In subsequent meetings, stakeholders also approved the purchase of six mobile crisis vehicles, expanded Crisis Intervention Training, and a contribution to the Office of Statewide Health Planning and Development's (OSHPD) Workforce Education and Training grant program.

The prudent reserve balance after the transfer to CSS was \$2,774,412 at the end of FY 2019-20.

New in FY 2020-21:

- MHSA Stakeholder (MAC) approved additional allocation of \$207K for 40 Prado Medication Assisted Residential Treatment Facility (MAT), a \$74K for SLOBHD contribution to OSHPD, and a \$13K to purchase Telehealth Equipment.

APPENDIX

Exhibit A – County Certification

County: **San Luis Obispo**

X Three-Year Program and Expenditure Plan & Annual Update

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section Transitions Mental Health Association 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on January 5, 2021.

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

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

Anne Robin



Local Mental Health Director (PRINT)

APPENDIX

Exhibit B – MHA County Fiscal Accountability Certification

MHA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Luis Obispo

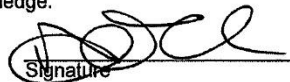
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

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

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

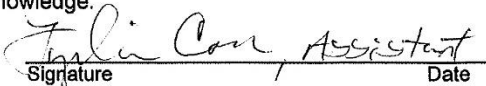
I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Anne Robin, LMFT
 Local Mental Health Director (PRINT)

 11/16/2020
 Signature Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated January 17, 2020 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

James W. Hamilton, CPA
 County Auditor Controller / City Financial Officer (PRINT)

 11/16/2020
 Signature Date

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

Exhibit C: Notice of Availability for Public Review & Comment



And NOTICE OF PUBLIC HEARING

San Luis Obispo County Mental Health Services Act

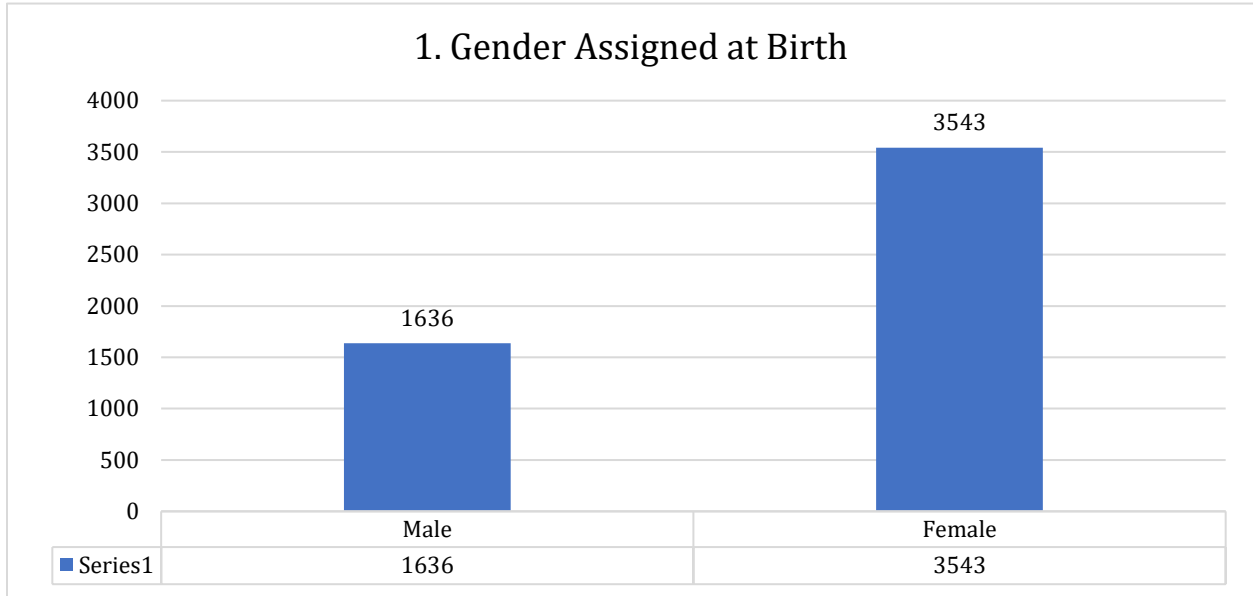
-
- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Fiscal Year 2020-2021 Annual Update and Three-Year Plan for Fiscal Years 2020-22, is available for a 30-day public review and comment from October 19 through November 18, 2020.
- HOW: To review the Update and Plan,
Visit: [http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-\(MHSA\).aspx](http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-(MHSA).aspx)
- To Submit Comments or Questions:
https://www.surveymonkey.com/r/MHSA_2020-21_AnnualUpdate
- Comments must be received no later than November 18, 2020.**

NOTICE OF PUBLIC HEARING

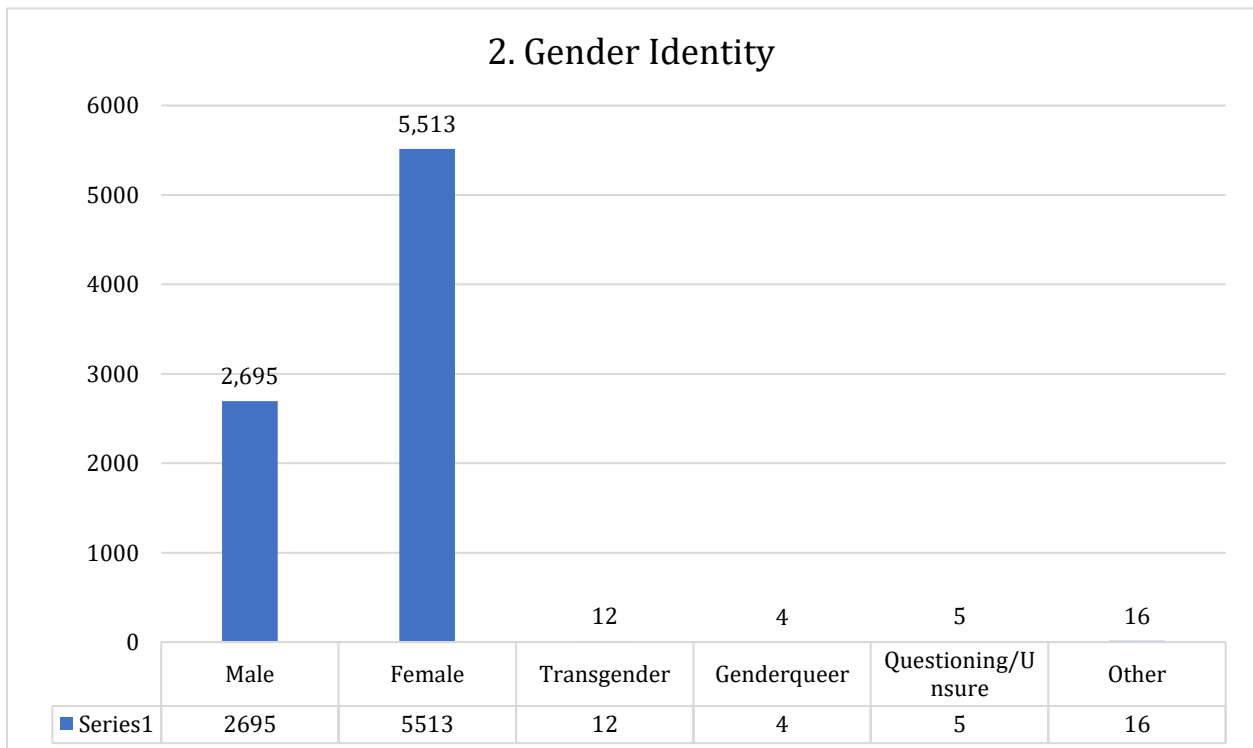
- WHO: San Luis Obispo County Behavioral Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2020-21 Update and Three-Year Plan for Fiscal Years 2020-22.
- WHEN: Wednesday, November 18, 2020, 3:00 p.m.
- WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO. (Hearing held on Zoom)
<https://slohealth.zoom.us/j/97894501175?pwd=OHRBZjhoWlozZFh0MEwxVjR6STYxZz09>
- ZOOM: Meeting ID: 978 9450 1175 Passcode: 144868

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

Exhibit D: PEI Demographic Data

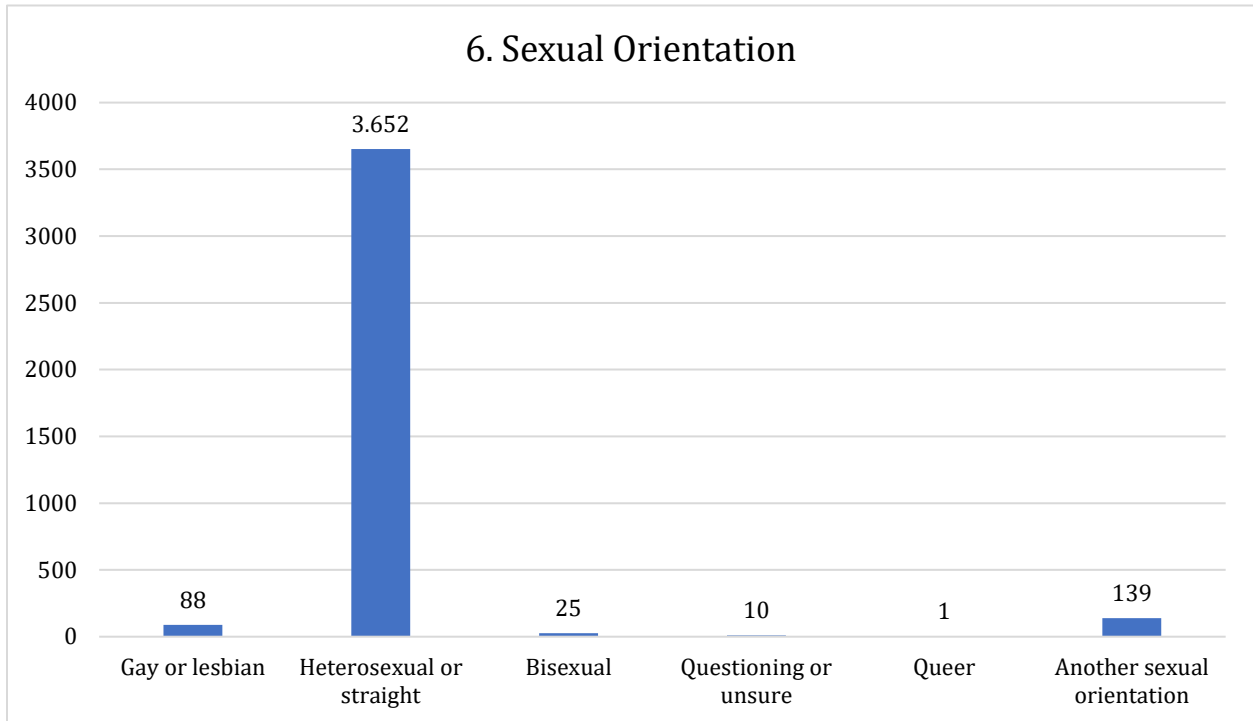


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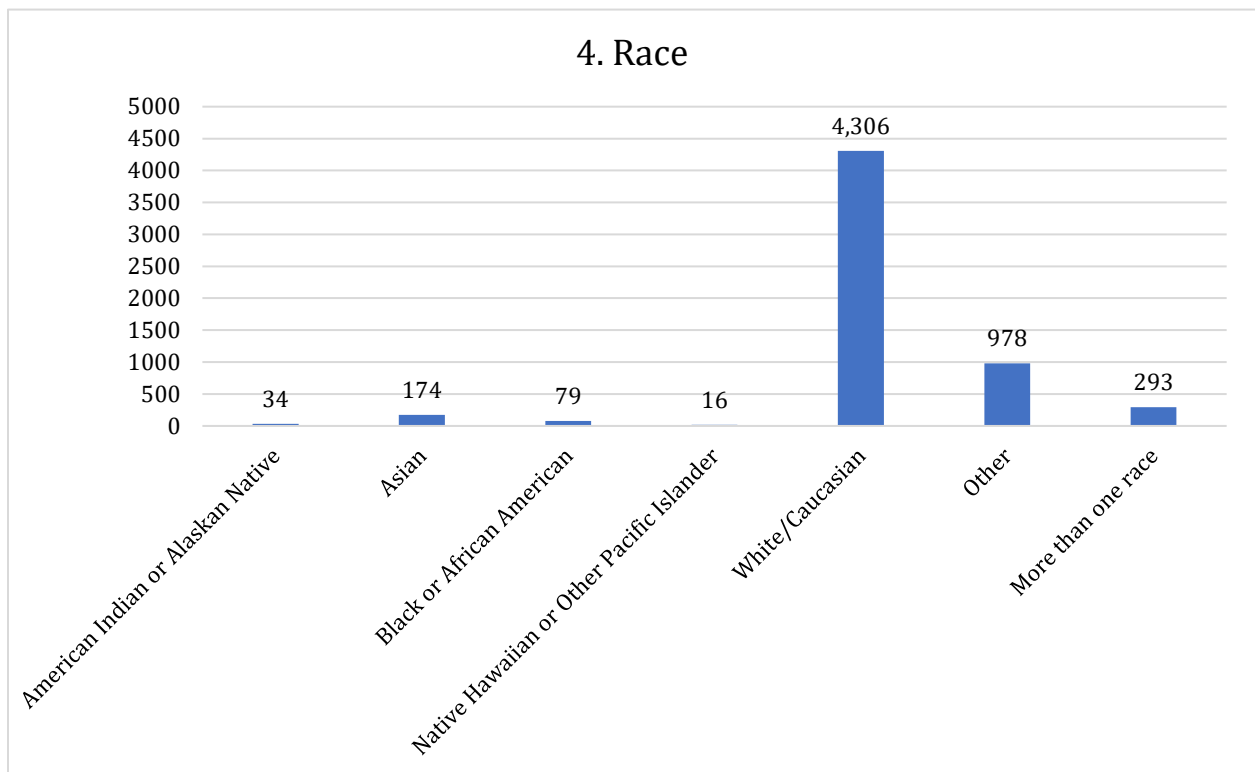


APPENDIX

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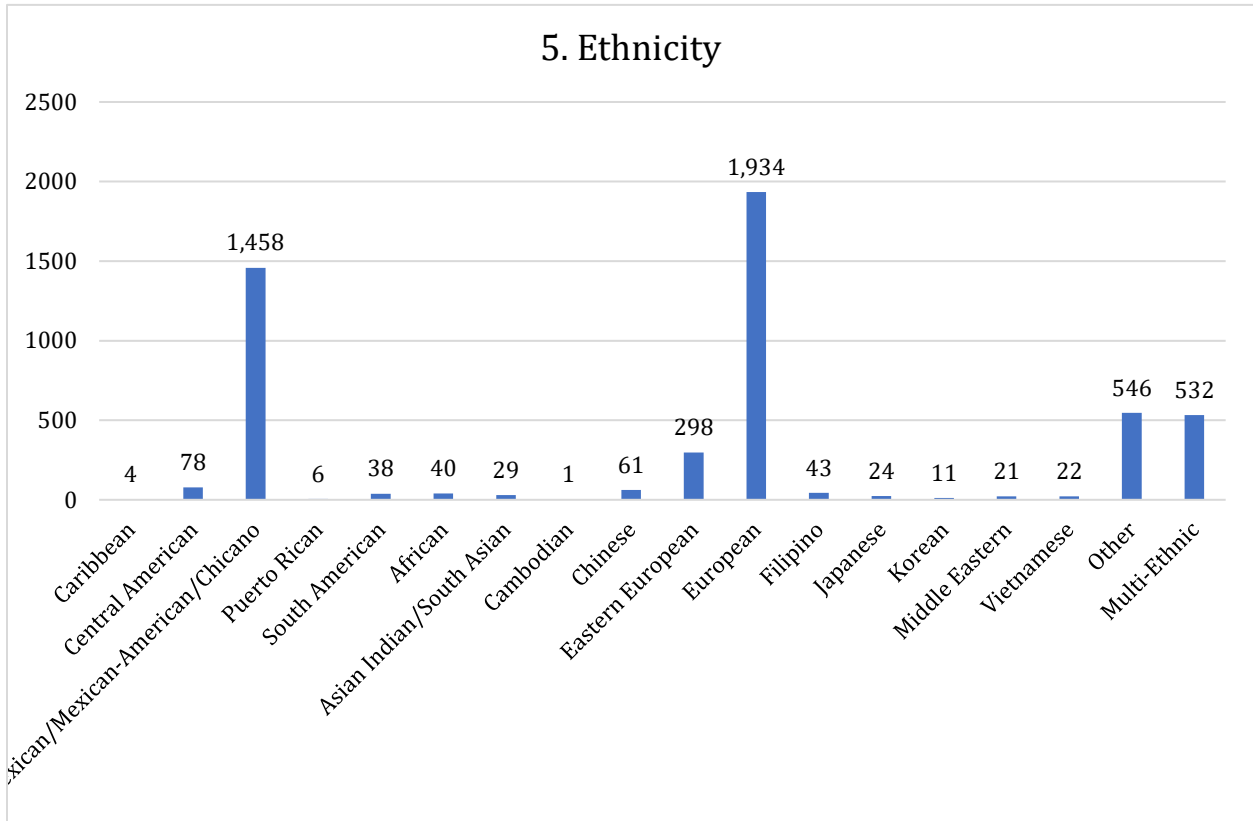


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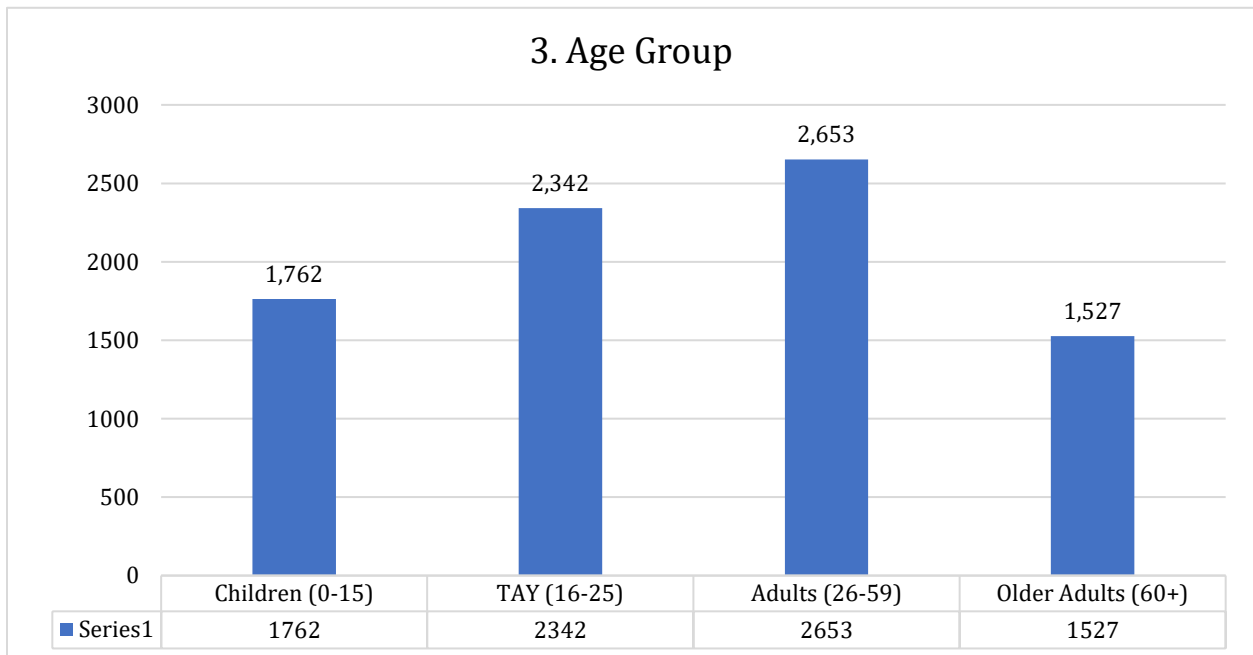


APPENDIX

n = 10,975 (5,095 missing values)



n = 10,632 (5,486 missing values)



APPENDIX

n = 10,534 (2,250 missing values)

Figure 8: Veteran Status

Veteran	
Veterans	191

Figure 9: Homelessness Status

Homelessness	
Experiencing homelessness	266

APPENDIX

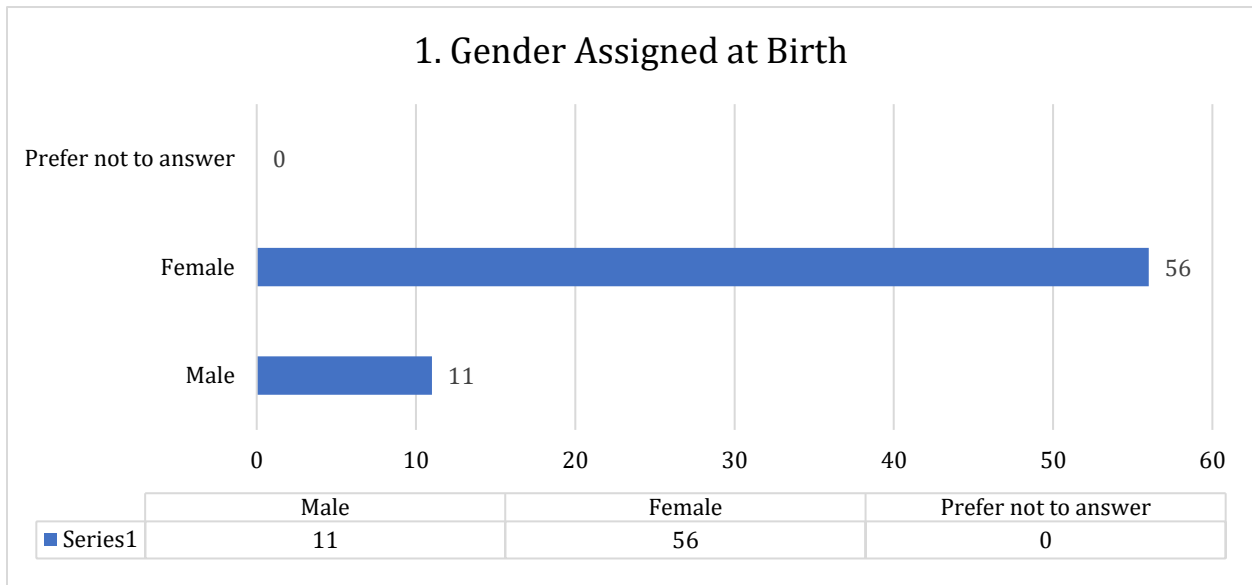
Exhibit E: FY 2019-2020 Middle School Comprehensive Program Outcomes; n= 125

RISK FACTORS	% CHANGE
How many days were you absent?	-33.33%
The number of times I have gotten into a physical fight or threatened someone is	-46.90%
The number of times I've used marijuana is	-23.68%
The number of times I've used alcohol is	0.00%
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	0.00%
The number of times I've misused prescription drugs is	-33.33%
The number of times I've hurt myself on purpose	-63.28%
The number of times I've seriously thought about suicide is	-68.05%
The number of behavioral referrals I've received is	-30.08%
Risk Factors Cumulative Average	-33.18%

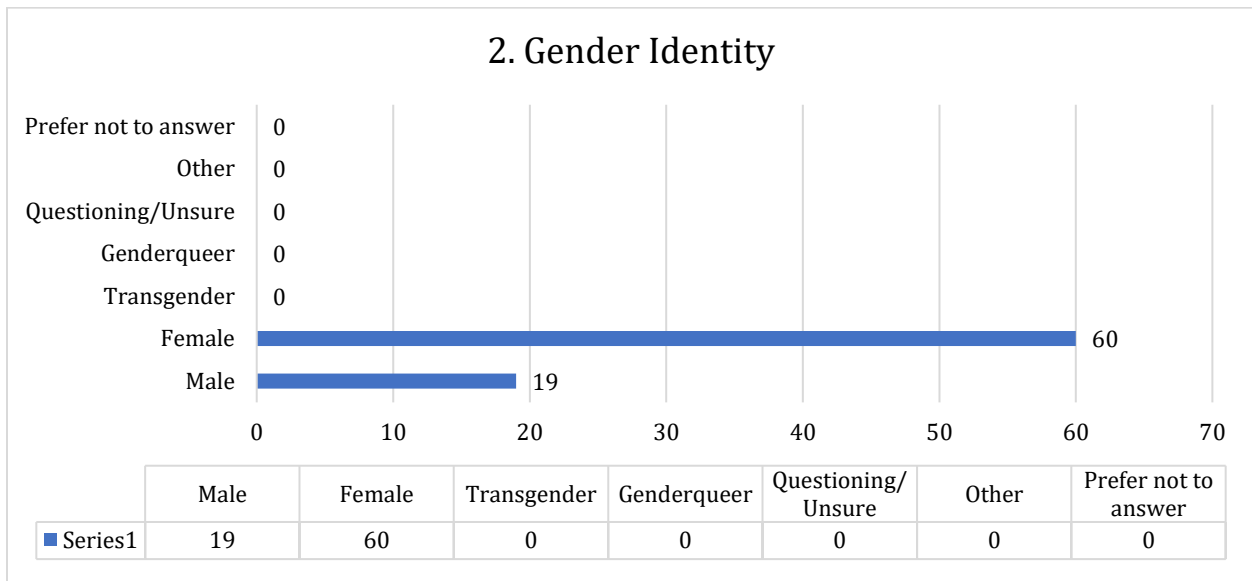
PROTECTIVE FACTORS	% CHANGE
My grades are mostly	8.37%
I can ask a trusted adult or family member for help if I need it	16.20%
I have a good relationship with my parents or caregivers	10.61%
I generally feel good about myself	27.31%
I consider the consequences to my actions	14.39%
I have friends who make positive and healthy choices	14.33%
I know how to handle a situation if I'm bullied or harassed	18.87%
I know how to better cope with stress, depression and anxiety	27.71%
I enjoy being at school	20.16%
I understand that alcohol is harmful for me	-0.26%
I understand that marijuana is harmful for me and how	0.26%
I know that misusing prescription drugs is harmful for me	-0.25%
Protective Factors Cumulative Average	13.14%

Exhibit F: INNOvation Demographic Data

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

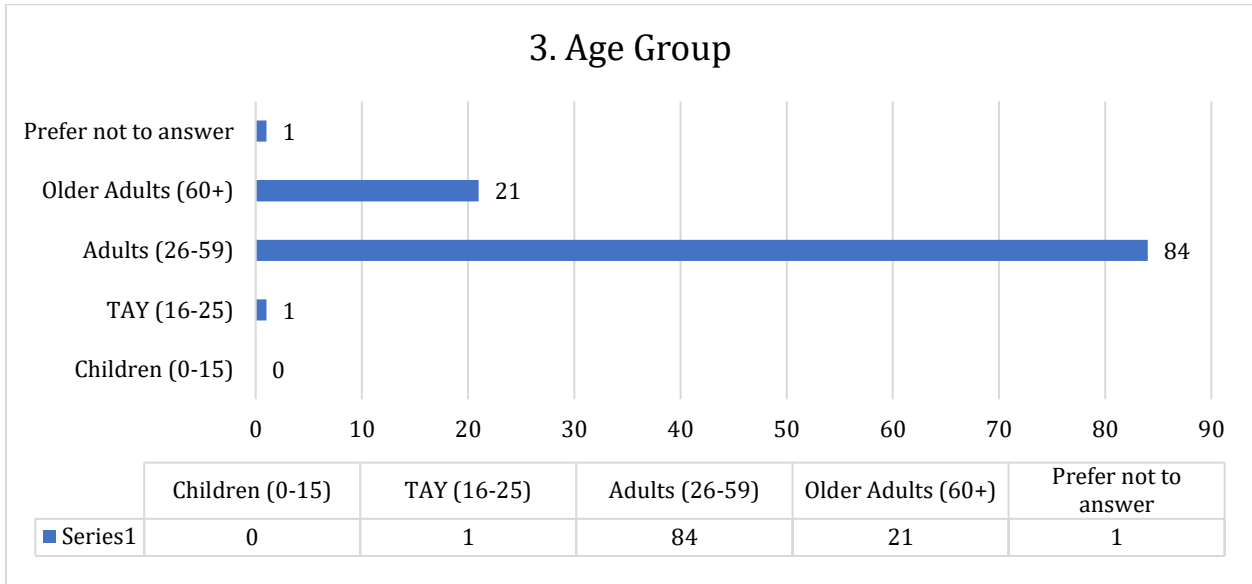


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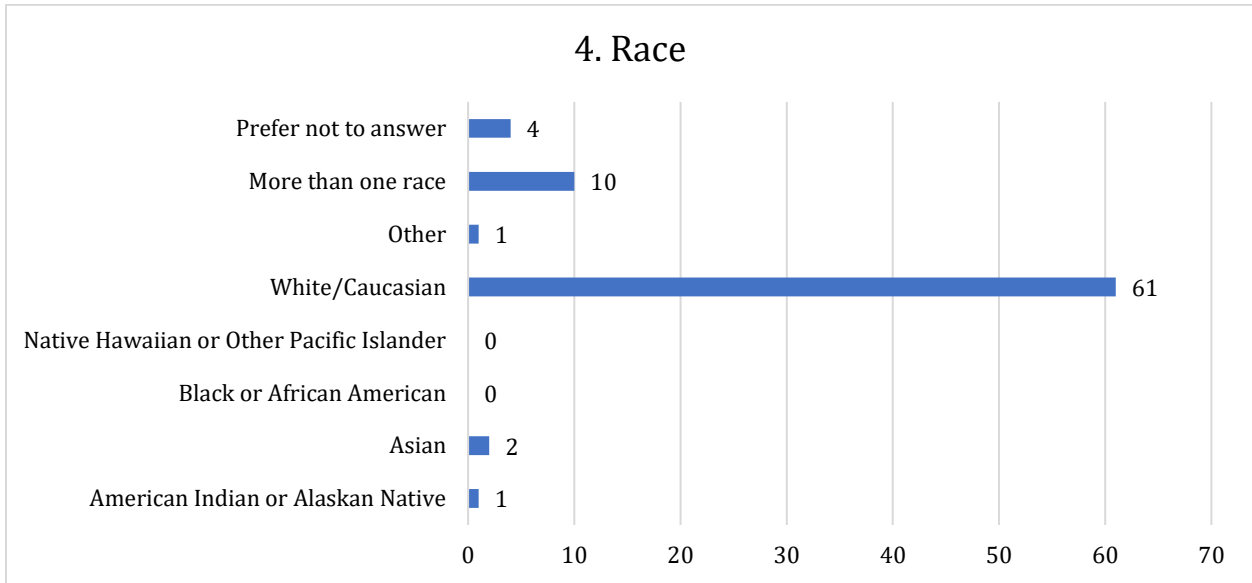


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APPENDIX

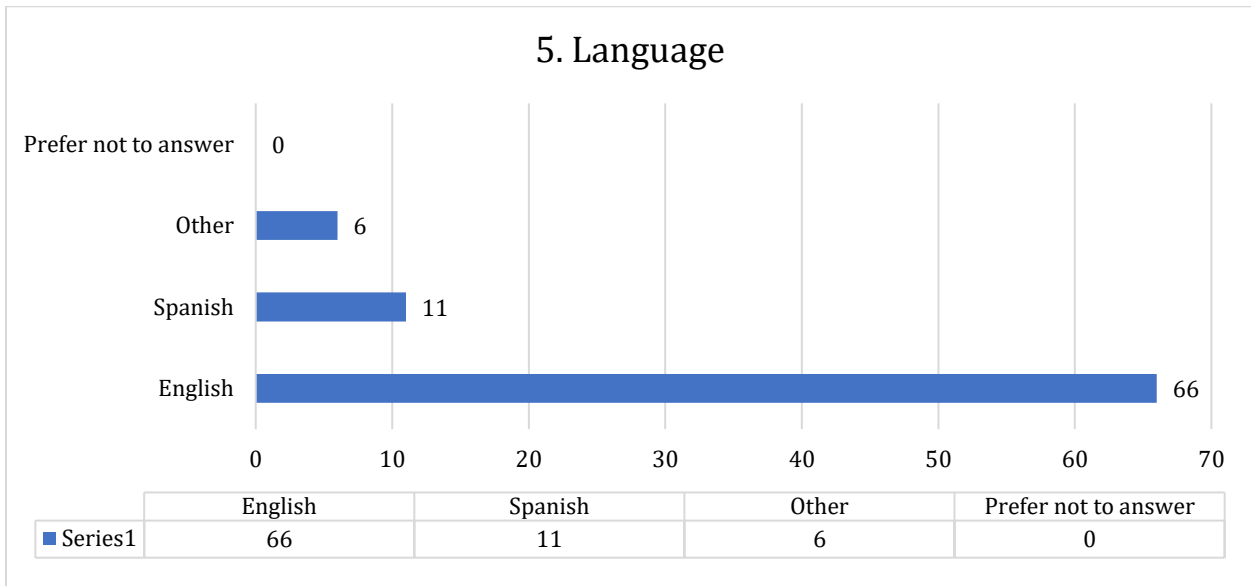


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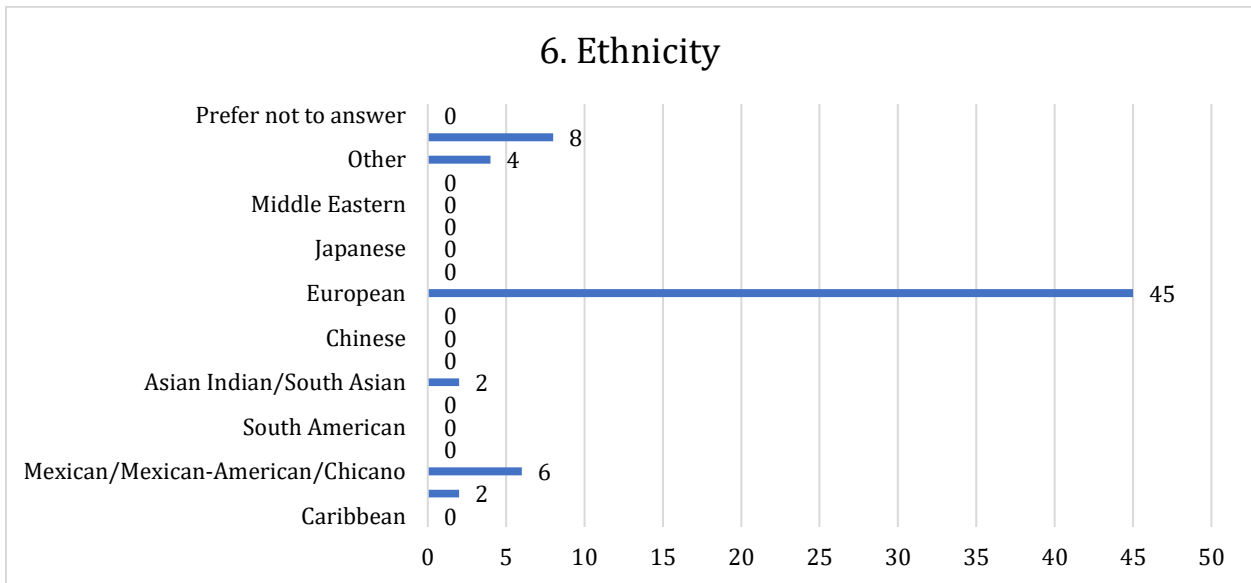


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APPENDIX

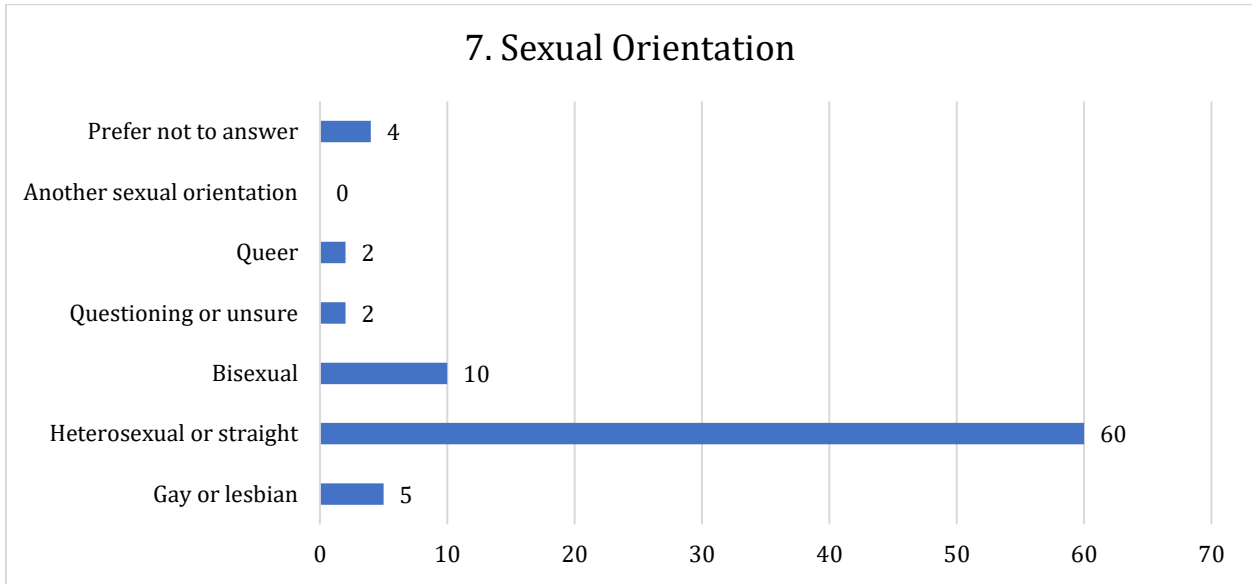


n = 88 (5 missing values)



n = 80 (13 missing values)

APPENDIX



n = 117 (38 missing values)

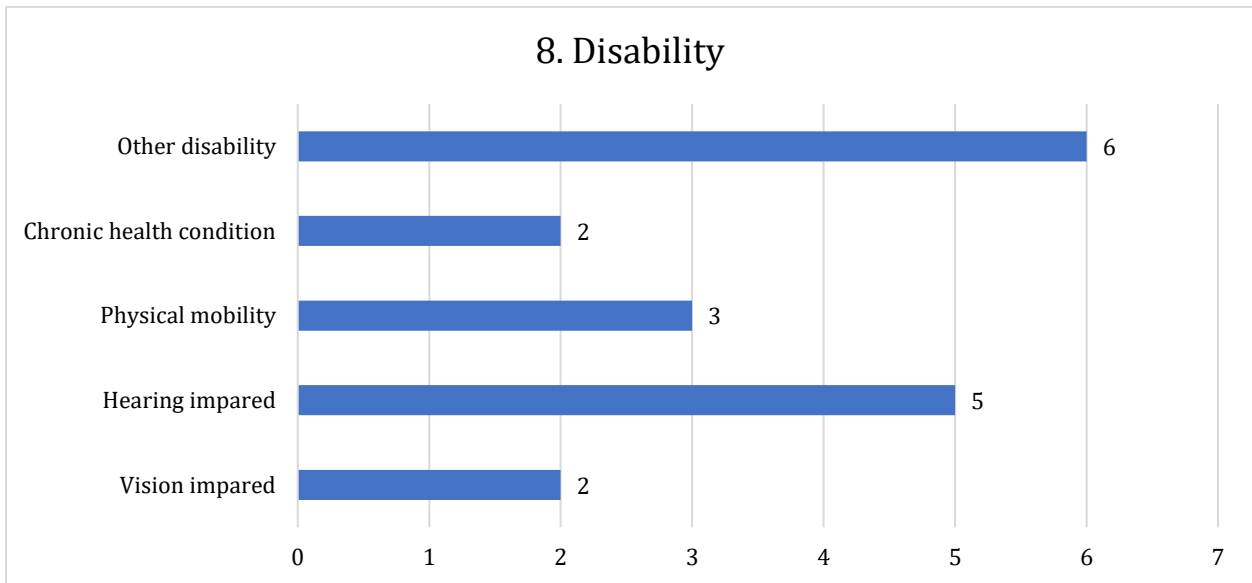


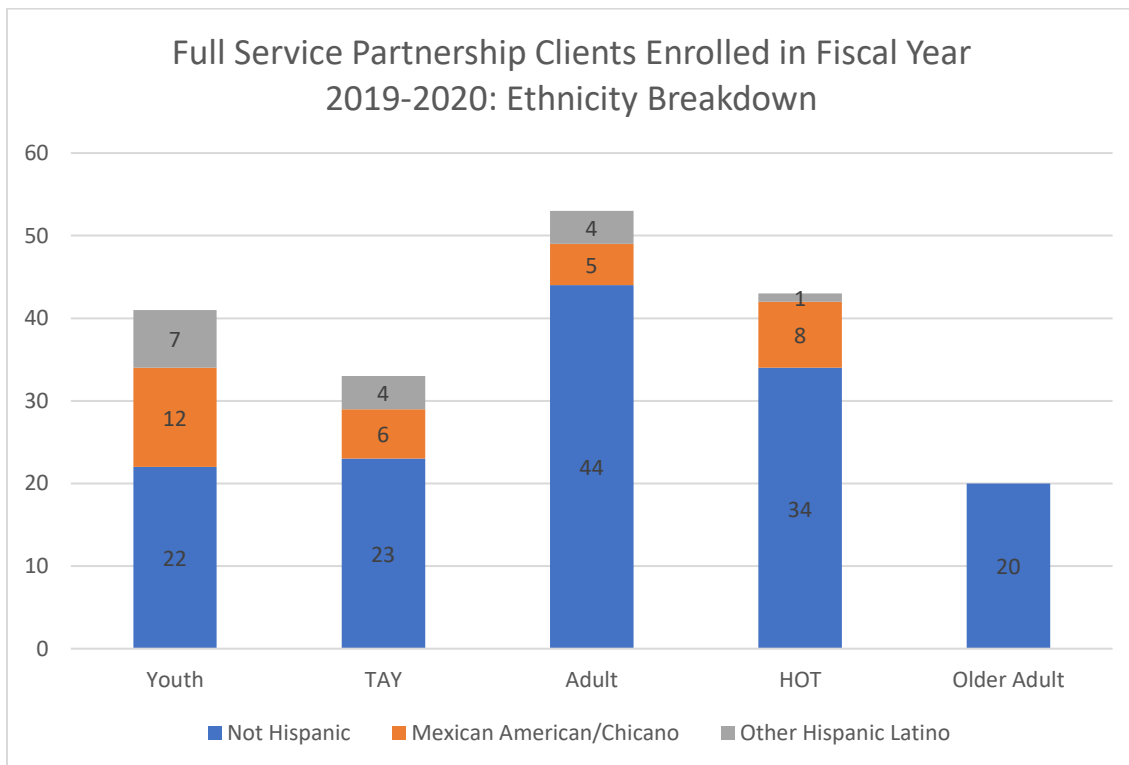
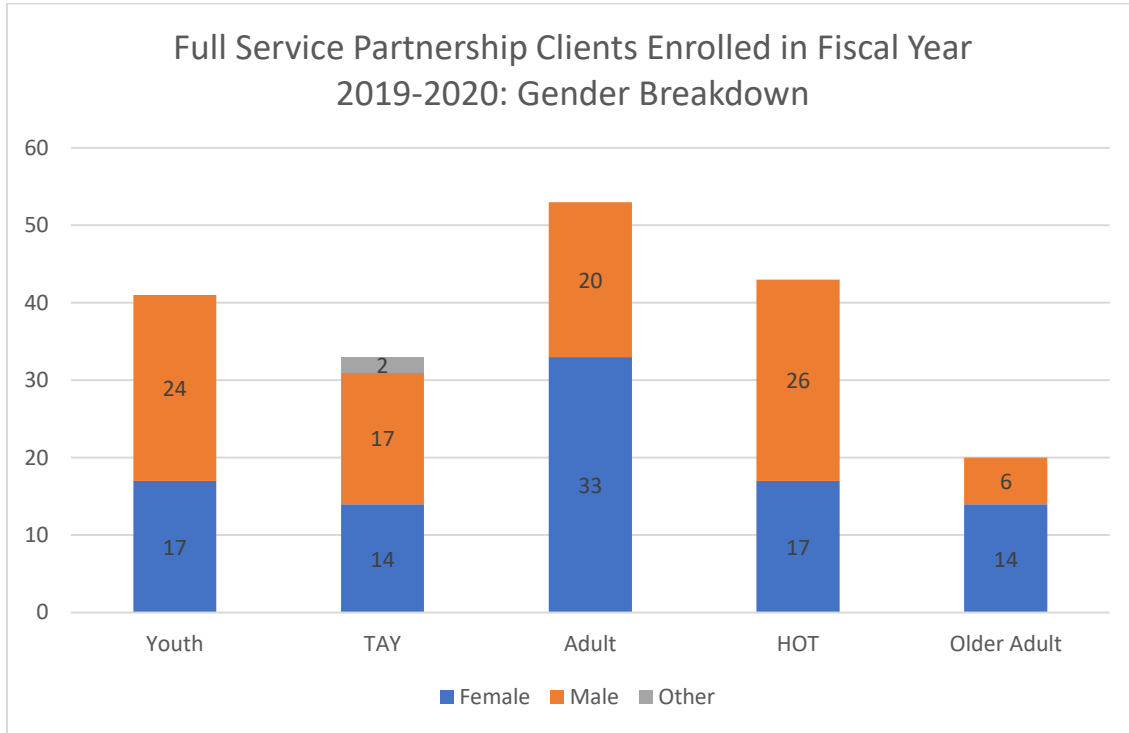
Figure 9: Veteran Status

Veteran	
Veterans	6

Figure 10: Homelessness Status

Homelessness	
Experiencing homelessness	6

Exhibit G: CSS Full Service Partnership Demographic Data



APPENDIX

