

**MENTAL HEALTH SERVICES ACT
2022-2023 ANNUAL UPDATE and
THREE-YEAR EXPENDITURE PLAN
(Fiscal Years 2023-2026)**

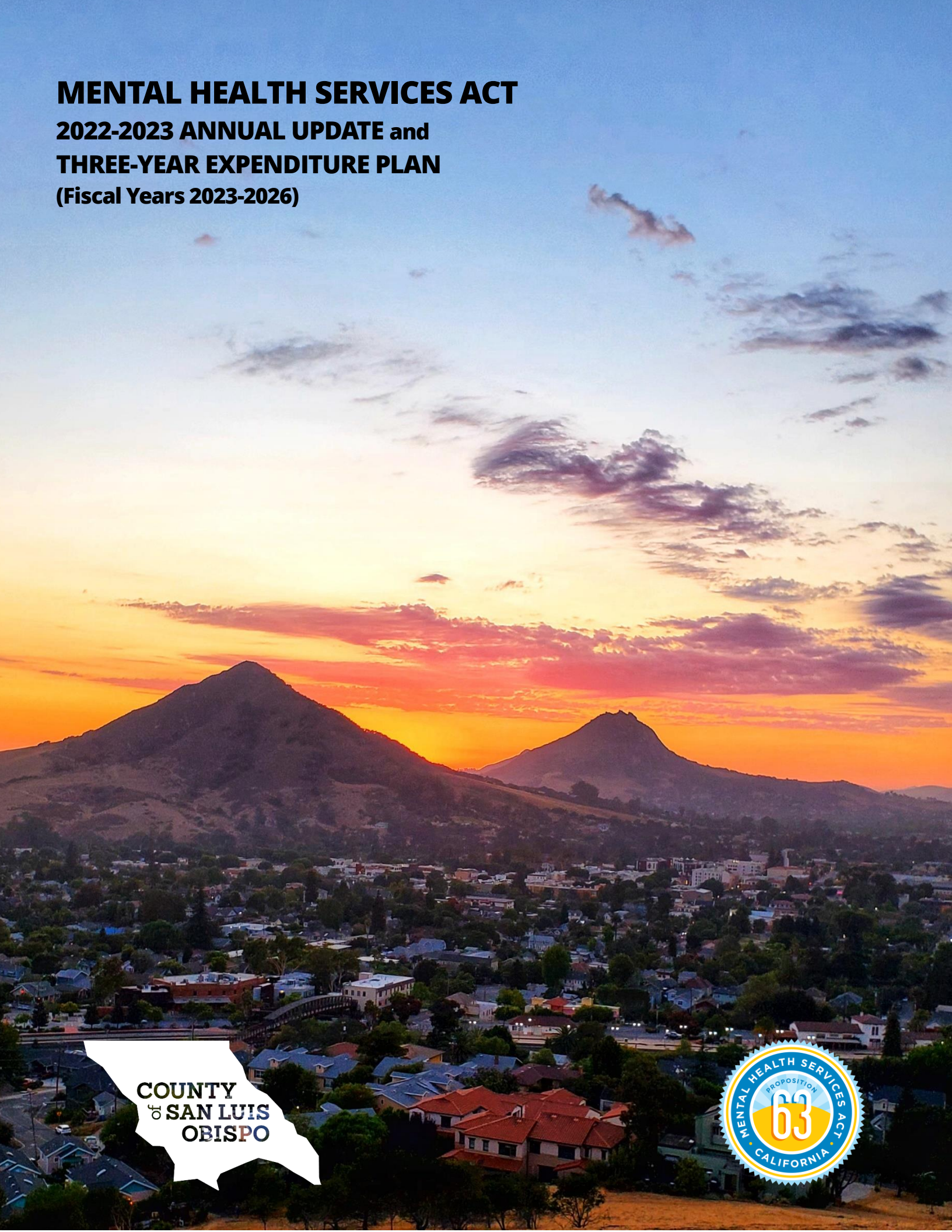


Table of Contents

Table of Contents	2
Overview and Executive Summary	5
Community Planning Process	17
Capacity Assessment	27
Community Services and Supports (CSS)	32
CSS 1.1: Children and Youth Full Service Partnership (FSP).....	33
CSS 2.1: Transitional Age Youth (TAY) Full Service Partnership (FSP).....	37
CSS 3.1: Adult Full Service Partnership (FSP)	41
CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)	44
CSS 3.3: Forensic Adult Full Service Partnership (FSP).....	46
CSS 3.4: Transition Assistance and Relapse Program (TARP/FSP)	48
CSS 4: Older Adult Full Service Partnership (FSP).....	50
CSS: Collective FSP Disenrollment Results.....	53
CSS: Housing.....	54
CSS 5.1: Client & Family Wellness Adult Family Advocates and Youth Family Partners.....	60
CSS 5.2: Client & Family Wellness Co-Occurring Disorders.....	62
CSS 5.3: Client & Family Wellness Family Education Program	64
CSS 5.4: Client & Family Wellness Service Enhancement Program	66
CSS 5.5: Client & Family Wellness Peer Support and Education Program.....	68
CSS 5.6: Client & Family Wellness Vocational Training and Supported Employment Program.....	70
CSS 5.7: Client & Family Wellness Integrated Access Therapists.....	72
CSS 5.8: Client & Family Wellness Wellness Centers.....	75
CSS 6: Latino Outreach Program	77
CSS 7.1: Enhanced Crisis & Aftercare Mental Health Evaluation Team	80
CSS 7.2: Enhanced Crisis & Aftercare Crisis Stabilization Unit.....	84

TABLE OF CONTENTS

CSS 7.3: Enhanced Crisis & Aftercare | Central Coast Hotline Suicide Prevention and Crisis Intervention.....86

CSS 8: School and Family Empowerment88

CSS 9.1: Forensic Mental Health Services | Behavioral Health Treatment Court (BHTC).....91

CSS 9.2: Forensic Mental Health Services | Forensic Re-entry Services (FRS).....93

CSS 9.3 a/b: Forensic Mental Health Services | a. Veterans Treatment Court/b. Veterans Outreach95

CSS 9.4: Forensic Mental Health Services | Mental Health Diversion Court (MHDC)98

CSS 9.5: Forensic Mental Health Services | Community Action Team.....100

Workforce Education and Training (WET)..... 102

MHSA Mini-Grant Project 109

Prevention & Early Intervention (PEI)..... 122

PEI 1.1: Prevention Programs | Positive Development Program123

PEI 1.2: Prevention Programs | Family Education, Training & Support.....126

PEI 1.3: Prevention Programs | Middle School Comprehensive Program129

PEI 1.4: Prevention Programs | In-Home Parent Educator.....136

PEI 2.1: Early Intervention Programs | Community Therapeutic Services138

PEI 2.2: Early Intervention Programs | Integrated Community Wellness – Resources Specialist.....140

PEI 3.1: Outreach for increasing Recognition of Early Signs of Mental Illness | Older Adult Mental Health Initiative.....142

PEI 4.1: Access and Linkage to Treatment | Veterans Outreach Program.....145

PEI 5.1: Stigma and Discrimination Reduction Program | Social Marketing Strategy149

PEI 5.2: Stigma and Discrimination Reduction Program | College Wellness Program151

PEI 6.1: Suicide Prevention Program | Suicide Prevention Coordination154

TABLE OF CONTENTS

Innovation (INN).....157

INN 3.1: 3 by 3 Developmental Screening Partnership Between Parents and Pediatric Practices 159

INN 3.2: Affirming Cultural Competence Education and Provider Training: SLO ACCEPTance 162

INN 4.1: Holistic Adolescent Health Project..... 165

INN 4.2: Behavioral Health Assessment & Response Project 168

INN 5.1: Behavioral Health Education & Engagement Team (BHEET)..... 171

INN 5.2: SoundHeal..... 174

Capital Facilities and Technological Needs (CFTN) 177

MHSA Funding Summary 179

Community Services and Supports (CSS):..... 183

Prevention and Early Intervention (PEI): 186

Innovation (INN): 187

Workforce, Education and Training (WET): 189

Capital Facilities and Technological Needs (CFTN):..... 191

Appendix..... 196

Exhibit A – County Certification..... 196

Exhibit B – MHSA County Fiscal Accountability Certification 197

Exhibit C: Notice of Availability for Public Review & Comment 198

Exhibit D: PEI Demographic Data 199

Exhibit E: FY 2021-2022 Middle School Comprehensive Program Outcomes;.....202

Exhibit F: INNnovation Demographic Data 203

Exhibit G: CSS Full Service Partnership Demographic Data 207

Exhibit H: Annual PEI Demographics and Data Report, FY 2020-2021 209

Exhibit I: PEI/INN Expenditure Sources 213

Overview and Executive Summary

San Luis Obispo County's Mental Health Services Act (MHSA) Annual Update to the Three-Year Program and Expenditure Plan (2021-2023) 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. **This Update reports on the programs and services provided in Fiscal Year 2021-2022** (FY 21-22) as part of the Three-Year Plan for fiscal years 2021-2023. The County has also published its approved next [Three-Year Expenditure Plan for Fiscal Years 2023-2026](#) (beginning FY 2023-2024).

The MHSA provides San Luis Obispo (SLO) County with increased funding, personnel, and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults, and families. MHSA programs address a broad continuum of wellness, prevention, early intervention, treatment, crisis, recovery, and other service needs; and the necessary infrastructure, technology, and training elements that support the local public mental health system.

San Luis Obispo (SLO) County is the beautiful jewel of California's Central Coast and a community that prides itself on a healthy, friendly atmosphere. From the rolling hills surrounding the lush agricultural regions, to the unparalleled beaches and dramatic shorelines, SLO County attracts tourists, students, retirees, businesses, and families seeking an active environment and terrific neighbors. Considered a "medium-sized" county by the Department of Health Care Services (DHCS), SLO County is a mix of suburban and rural communities with an estimated population of 283,159, and a density of 85.6 people per square mile (US Census, 2021).

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

Between July 2021 and June 2022 (FY 21-22) San Luis Obispo County, like communities across the globe, continued to face the challenges of COVID-19 while MHSA programs and plans continued to serve vulnerable populations. While

continuing to navigate variants and breakouts, mask mandates and school closures, and the balance between telehealth and in-person care, the County of San Luis Obispo Behavioral Health Department's (SLOBHD) workforce, in collaboration with its community provider partners, worked to maintain essential services for consumers and those in crisis.

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

During FY 21-22 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, continued to be done using drive-through activities, while others (like Pride events in late Spring) began to re-emerge as in-person events. Clinical programs continued to use virtual therapy and tele-psychiatry when appropriate, while welcoming patients in clinics to remain engaged and on the path to recovery.



Participants at Suicide Awareness and Prevention walk in downtown San Luis Obispo. October 2021

A highlight of the 2021-2022 fiscal year was the County's development and opening of a Health Agency campus in Paso Robles, the largest city at the northern end of the county. In this center, residents of the more rural regions of the Central Coast will be able to access mental health, substance use disorder, and physical health care. MHSA funds have been used to support the project, as well as programs contained within, to increase access to critical mental health care in San Luis Obispo County. The clinic

opened for client care in April 2022 and will be introduced to the public in early FY 2022-2023.

Another highlight this past fiscal year was the County Behavioral Health Department's application and subsequent awards for grants which will support and enhance MHPA programs. The Crisis Care Mobile Units and California Health Facility Finance Authority grants have provided the County with critical funds to expand youth-related crisis response, development of a psychiatric crisis call center, and enhancements such as utility vehicles with screens and computers to provide field-based telehealth. The County was also awarded a grant by the Bureau of Justice Assistance to expand its MHPA-funded Veterans Treatment Court program.

The County's MHPA Leadership Team elected to continue holding virtual stakeholder meetings and using electronic surveys and voting to gather input and feedback in FY 21-22. Going forward, the County will work with stakeholders to adopt and maintain engagement practices which best serve the Community Planning Process. As FY 22-23 has begun, meetings remain virtual, and well-attended.

In this Annual Update the SLOBHD reports on the fiscal year (July – June) immediately preceding the publication date of December. **This report includes descriptions of programs and services, as well as results from the 2021-22 fiscal year**, for the following MHPA 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 MHPA Annual Update details the programs being administered, their operating budgets, and results of past implementation. This report includes an update to the Three-Year Program and Expenditure Plan for the fiscal years 2021-2023. The various work plans outlined herein include proposed program adaptations; any changes to the original component plans or past updates; actual expenses for 2021-2022; and projected planning and budgeting for the remaining fiscal year of the plan, (FY) 2022-2023.

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

The Annual Update to the 2020-2023 Three-Year Plan is prepared and produced by the Department's MHSAs Leadership Team and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSAs. The MHSAs Leadership Team is comprised of Frank Warren (Division Manager/MHSA Coordinator), Karina Silva Garcia, PhD. (CSS Coordinator), Landon King (PEI/INN Coordinator), Jalpa Shinglot (MHSA Accountant), Christina Menghrajani, LMFT (FSP Coordinator), Caroline Schmidt (Communications Coordinator), Andrew Harris (MHSA Data/Grants Coordinator), and Anne Robin, LMFT (Behavioral Health Director).

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 March 2022, DHCS conducted an extensive program review of the County's MHSAs work plan and projects. State auditors credited San Luis Obispo County for its innovative strategies, thorough Annual Updates, and excellent community partnerships. Some key recommendations were made for enhancing this document which include more detail on the county's demographic and stakeholder makeup, and deeper explanations of linkage and follow-through in PEI programs.



Staff greet participants at annual PrideFest celebrations. May 2022

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

A key value for the County's MHSA program is the maintenance of quality partnerships between the Department and community providers, staff, 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 MHSA programs.

On Tuesday, January 5, 2021, the County's MHSA Coordinator, presented the 2020-2023 Annual Update and Three-Year Expenditure Plan to the County of San Luis Obispo's Board of Supervisors. This broadcasted public presentation allowed community members to hear about MHSA programs, objectives, and outcomes, and the community planning process.

In 2021-2022, 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 to host "virtual" Advisory Committee meetings to make community engagement accessible and meet the public health needs of the county. Meeting attendance was robust, with an average of 30 stakeholders at each MAC.

Throughout the 2021-2022 fiscal year, the MAC reviewed changes in the County's work plan, and were provided recommendations and proposals for new and enhanced programming. The stakeholders ultimately approved the following changes to the County's MHSA Plans and operations during the 2021-2022 fiscal year:

- On July 28, 2021, the Mental Health Services Act Advisory Committee (MAC), the county's key stakeholder group, approved a change to the County's annual contractual cost of living increases (an automatic 2% each new fiscal year) for MHSA providers. This change introduced a formula to calculate a pro-rated increase based on the length of the program's existence within the fiscal year.

- At that same meeting MAC stakeholders approved the use of Released Prudent Reserve* funds for expansions to the Mental Health Evaluation Team's (MHET) youth crisis program. This one-time expense included the addition of a 24/7 live hotline response to facilitate entry of current or former foster child/youth into mobile response services from the statewide hotline, and the purchase of a crisis response vehicle for youth triage activities.
- In that meeting, stakeholders approved the County's proposal to create a Mini-Grant Program with Released Prudent Reserve funds. [This program](#) provided current MHSA contractors opportunities to expand programs, purchase needed supplies, and enhance efforts toward workforce education and training.
- At the September 29, 2021, meeting, the MAC stakeholders approved funding a Case Manager in the SLOBHD Adult Mental Health division for the remainder of the fiscal year. This was done in response to additional needs for case management due to an increased number of Public Guardian conservatees being served by the Department.
- Stakeholders also approved the use of Released Prudent Reserve funds to join a statewide effort of MHSA counties to share the cost of an improved electronic health record (EHR). This project, overseen by CalMHSA (a joint powers authority of MHSA counties), will help develop an EHR which better meets the needs of State programs and billing requirements.
- Another local policy was adopted at that meeting as stakeholders agreed that the County should move away from a fixed 2% annual cost of living increase for all MHSA contracts. The agreement was to adopt use of the Consumer Price Index (CPI) which is a flexible rate based on more accurate cost of living rates.



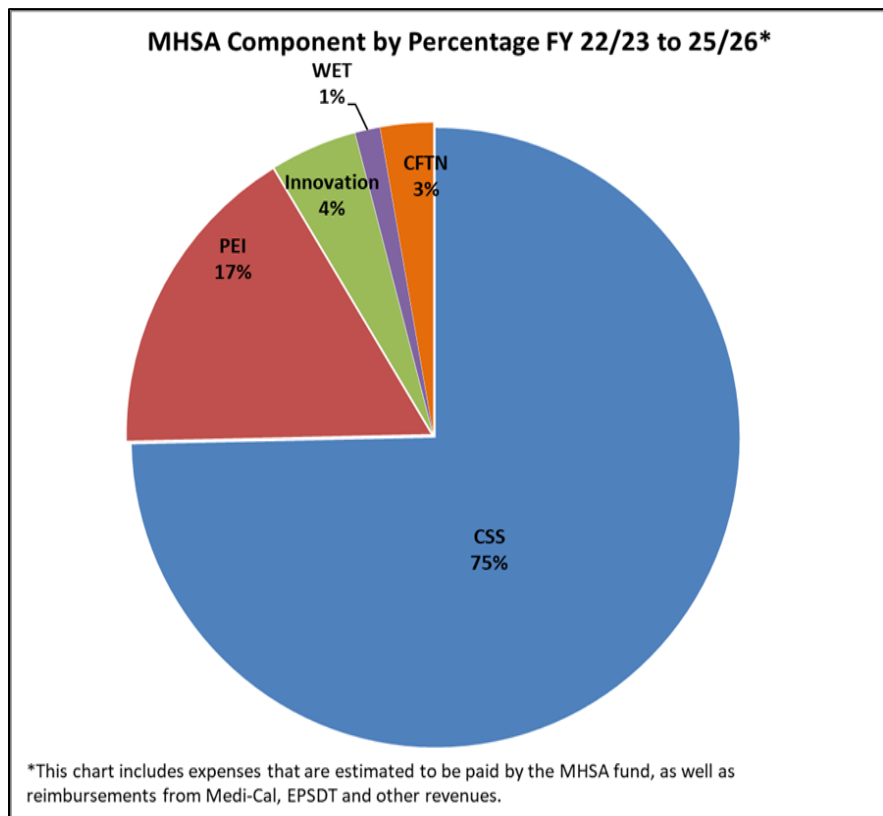
* Outlined in previous Annual Updates, State rules required the County to reduce its Prudent Reserve and put the released funds in the Community Services and Supports component with a deadline to be spent by the end of FY 21-22.

The stakeholders approved the County using variable Los Angeles CPI, with a cap of 4%. If rates were determined to be higher, stakeholders would need to approve any contractor requests more than 1% above the approved cap.

- Stakeholders were also informed of some organizational restructuring and had the opportunity to ask questions and provide feedback. The Department converted the MHSA/PEI-funded Suicide Prevention Coordinator from “Behavioral Health Specialist” to “Program Manager” and increased its responsibilities for oversight of department training and outreach. The MHSA/WET-funded “Training and Communications Coordinator” was reclassified from Administrative Services Officer to Public Information Specialist and the duties were expanded to focus on behavioral health media, web, print, and community-based communications.
- The MAC did not meet again in 2021 and returned to meet on January 26, 2022. At that meeting stakeholders approved the establishment of a “Forensic Full Service Partnership (FSP)” to serve individuals who are currently involved with the criminal justice system or are at risk of involvement with law enforcement. This new FSP would be part of the SLOBHD’s Justice Services Division. The approval included the positions needed to staff the FSP, along with a Program Supervisor position to support the growing division court-related MHSA programs.
- In January 2022 the MAC stakeholders approved the addition of three case managers to the Latino Outreach Program. This program (serving monolingual/Spanish-language-preferred consumers) has faced a significant loss of clinical staffing and difficulties in filling vacant positions. The addition of case managers will allow the Department to continue supporting and serving this vulnerable population.
- At that meeting, stakeholders approved another Mini-Grant program using Released Prudent Reserve funds. This mini grant (up to \$5,000) offered local Community Based Organizations not already part of the public mental health system, opportunities to enhance their workforce education and training on behavioral health issues, or to host cultural activities with a mental health focus. Results of [this program](#) are in this Annual Update.
- At the March 30, 2022, meeting MAC stakeholders reviewed requests to permanently support a few programs which had been funded with one-time released Prudent Reserve dollars (which would be spent before June 30, 2022). One position, a Residential Case Manager for the Bishop Street Studios housing program by Transitions-Mental Health Association (TMHA) was approved for ongoing CSS funding.

- The Diversity, Equity and Inclusion Coordinator position funded at the end of the 2020-2021 fiscal year was supported with ongoing funding (moving costs from CSS to WET).
- A contract with the local Promotores agency (Center for Family Strengthening) was expanded with Released Prudent Reserve funds for the remainder of the fiscal year and approved to be sustained with funds moved from CSS to WET.
- At the March 2022 meeting MAC stakeholders also approved the addition of a Program Supervisor for the County’s Latino Outreach Program, which had been expanded with three case managers in the previous meeting.
- The MAC convened once more in FY 21-22, on May 25, 2022. At that session, stakeholders approved an expansion of the Adult FSP team at TMHA. This expansion included additional medical prescriber (e.g. nurse practitioner) time each week, as well as a part-time Medical Assistant to provide the five Adult FSP teams at TMHA with support for organizing and administering consumer medications.
- The MAC also approved TMHA’s request to increase staffing at its Central Coast Hotline, which included paid staff (the service is primarily volunteer-staffed) to ensure 24/7 coverage, as well as development of a text line.

In FY 2021-22, the County of San Luis Obispo Behavioral Health Department spent \$24.8 million (M) on MHSAs programs with \$18.88M coming from MHSAs revenue, \$4M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$1.92M from grants or other revenue sources. In FY 2021-22, Community partner agencies spending



decreased from 58% (14.86M) to 54% (13.51M) of the FY 2021-22 revenue, while the County programs were responsible for the other 46% (11.29M). The breakdown per program, including the cost per client, is included in the tables at the beginning of each component section.

In the past year, San Luis Obispo County's 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 2021-22 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 2021-2022, there were 174 client "partners" enrolled in FSP programs. In that year, enrolled partners yielded the following results: (1) A 88% reduction in homeless days; (2) an 20% reduction in days spent in general hospital; (3) an 85% reduction in jail days; and (4) a 36% decrease of days in the County's Psychiatric Health Facility (PHF).

Other CSS highlights in 2021-2022 included in this Annual Update include reporting on 451 unduplicated individuals served in the Crisis Stabilization Unit; the Transition Assistance and Relapse Prevention Program (TARP), in its third year, which provided peer mentors as an on-going support and connection to 26 Full Service Partnership (FSP) graduates, of which 100% did not relapse/recidivate to the PHF or back into FSP services; and the Central Coast Hotline served 8,913 calls in the fiscal year. 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.

During 2021–2022 there were a total of eleven (11) Veterans Outreach events offered to veterans and their family members; a total of 300 contacts were made through presentations and outreach activities; and a total of 216 duplicated contacts participated in the events, with 118 veterans and 98 family members.

The College Wellness Program made a total of 2,063 contacts through presentations, information booths, or outreach activities. The Suicide Prevention Coordinator reached over 1,500 individuals by providing 19 presentations, outreach events, and trainings were held during the year. The Social Marketing team at TMHA provided 56 general presentations to a total audience of 2,412 unique individuals during FY 2021-2022, with over 88% (2,133/2,412) of them representing underserved populations.



Workforce Education and Training (WET) programming is based on stakeholder approval to use CSS funding to maintain or expand the activities within the WET work plan. WET funds a wide range of cultural competence activities, which expanded in 2021-2022 to include additional Promotores mental health interpretation services, a virtual “Journey of Hope” forum put on by the Peer Advisory and Advocacy Team, and a return to in-person outreach events with the MHSa outreach support for public Pride and Juneteenth events.

In 2021-2022, the MHSa/WET-funded “Training and Communications Coordinator” was reclassified from Administrative Services Officer to Public Information Specialist and the duties were expanded to focus on behavioral health media, web, print, and community-based communications.

The **Capital Facilities and Technological Needs** work plan involves the development of the county's electronic health record (EHR, using Cerner/Anasazi programs). In 2021-2022, the project met several milestones and training was completed for nearly every provider within the county. The most significant change in FY 21-22 was the stakeholder-approved support for the County to opt-in to a new EHR development project with a statewide consortium of counties with the target of a new and improved EHR product for the county by the 2023-2024 FY.

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 fourth and fifth rounds of Innovation projects (2019-2023; 2021-2025) are well under way and described in this Annual Update, along with the third round of projects which ended in 2021-2022.

As an addendum to this Annual Update, the County is publishing the Final Evaluation of the two projects which concluded in June of 2022. "Three by Three" tested behavioral health screening instruments and methodologies for pediatric patients and families. "SLO Acceptance" tested the adaptation of a curriculum aimed at working with trans individuals to improve the local clinical workforce's capacity to be LGBTQ+-affirming,

2022-2023

In addition to this report on achievements and plans made in 2021-2022, it is important to note here some additional changes to the current Three-Year plan which occurred in the final weeks of the last fiscal year, and in the early part of this current fiscal year, 2022-2023, as of this publication:

- MHSA Advisory Committee (MAC) Stakeholders continued addressing the impact of rising costs of living, staff vacancy issues, and long-serving contractors which had a need to increase wage rates to stay competitive.
- Stakeholders supported the addition of a Case Manager in the SLOBHD Adult Outpatient clinics.
- Stakeholders approved funds to support the addition of medication management for the Child/Youth and TAY FSP programs.

- The MAC has supported ongoing funds to support the new Electronic Health Record (EHR) system and ongoing funds to support expanding the County's MHPA fiscal administration team.
- Stakeholders approved the addition of a Public Information Specialist to provide education and outreach for the Spanish-language community.

The County of San Luis Obispo's Annual Update to fiscal year 2021-2022, and Three-Year Expenditure Plan for FY 2023-2026, was posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 18 through November 16, 2022. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update and Three-Year Plan 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 and Three-Year Plan's 30-day public review included a presentation of the draft, including highlights from 2021-2022 and an outline of the Community Planning Process at the Behavioral Health Board's meeting held October 19, 2022. The review period concluded with a Public Hearing on November 16, 2022 (held as part of the monthly Behavioral Health Board Meeting). At that meeting MHPA Leadership staff shared substantive comments received during the 30-day public review. Those comments are detailed in the Community Planning Process section of this 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 MHPA within 30 days.

The county's Board of Supervisors received a staff report and presentation on January 24, 2023, and unanimously approved (5-0) the Annual Update and Three-Year Expenditure Plan for FY 2023-2026.

Community Planning Process

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

The County's MHSA Leadership Team is led by the MHSA Coordinator, Frank Warren (Division Manager, Prevention & Outreach), under the direction of the Behavioral Health Administrator, Anne Robin, LMFT. The SLOBHD had several staff changes during FY 21-22 and the MSHA Leadership Team had several vacancies which impacted some data collection and program development noted in this Annual Update. Along with the MHSA Coordinator, this Annual Update and Three-Year Plan has been prepared by Karina Silva-Garcia, PhD. (Program Manager/CSS Coordinator), Landon King (PEI/INN Coordinator), Jalpa Shinglot (MHSA Accountant), Christina Menghrajani (FSP Coordinator), Brita Connelly (WET Coordinator), Caroline Schmidt (Communications Coordinator), and Andrew Harris (MHSA Data Coordinator). The Leadership Team met regularly with stakeholder groups, individuals, and organizations regarding MHSA plans and programming.

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

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

San Luis Obispo County's Behavioral Health Board (BHB) is made up of consumers, family members, and agency leaders. The Board's roles include monitoring MHSA programs, 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 stakeholder meetings as well as trainings and other program activities throughout the community.

In 2021-2022, 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. Throughout the fiscal year, the MAC reviewed changes in the County's work plan, and were provided recommendations and proposals for new and enhanced programming. The stakeholders ultimately approved several changes to the County's MHSA Plans and operations. In 2021-2022, the Prevention & Early Intervention (PEI) and Innovation (INN) stakeholder committees did not meet.

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

On July 28, 2021, the Mental Health Services Act Advisory Committee (MAC), the county's key stakeholder group, met via Zoom to discuss the new fiscal year and review the work plans. In each meeting, Frank Warren, the County MHSA Coordinator reviews the goals for the meeting, history of MHSA, the Stakeholder Process, format, and rules for the meeting (e.g., consensus voting, no rules of order, etc.). He discusses what services MHSA provides for the county to introduce the agenda for new stakeholder participants. In this meeting Anne Robin, the Behavioral Health Administrator, discussed the COVID-19 funding, which was coming to the County, as well as promoting recruitments and discussing staffing vacancies.

Kristin Ventresca, the CSS Coordinator at that time reviewed recent upgrades and changes to the FSP programs, including the expansion of the FSP programs and contract adjustments being made. Tim Siler, the PEI/INN Coordinator at that time,

presented program expansion updates, including program and staff increases approved at the end of 2020-2021. He also informed the MAC about the Innovation Plans (Behavioral Health Education & Engagement Team (BHEET) and SoundHeal) having been approved by the Mental Health Services Oversight and Accountability Commission (OAC). Dr. Joseph Holifield gave a presentation on the Innovation project, Behavioral Health Assessment & Response Project (BHARP). Dr. Holifield discussed why we need a community-based threat assessment system.

At each meeting Jalpa Shinglot, MHSA Accountant, provides stakeholders with current budget revenue and expenditures, and reports on any changes made to the Three-Year Plan, and details the current fund balance, Prudent Reserve balance, and FSP percentage. In this meeting, Jalpa also detailed the remaining Released Prudent Reserve funds^{1*} which needed to be spent before June 30, 2022.

At the meeting the county's key stakeholder group, approved a change to the County's annual contractual cost of living increases (an automatic 2% each new fiscal year) for MHSA providers. This change introduced a formula to calculate a pro-rated increase based on the length of the program's existence within the fiscal year. At that same meeting MAC stakeholders approved the use of Released Prudent Reserve funds for expansions to the Mental Health Evaluation Team's (MHET) youth crisis program. This one-time expense included the addition of a 24/7 live hotline response to facilitate entry of current or former foster child/youth into mobile response services from the statewide hotline, and the purchase of a crisis response vehicle for youth triage activities.

In that July meeting, stakeholders approved the County's proposal to create a Mini-Grant Program with Released Prudent Reserve funds. [This program](#) provided current MHSA contractors opportunities to expand programs, purchase needed supplies, and enhance efforts toward workforce education and training.

At the September 29, 2021, meeting, the MAC stakeholders approved funding a Case Manager in the SLOBHD Adult Mental Health division for the remainder of the fiscal year. This was done in response to additional needs for case management due to an increased number of Public Guardian conservatees being served by the Department. Stakeholders also approved the use of Released Prudent Reserve funds to join a

* Outlined in previous Annual Updates, State rules required the County to reduce its Prudent Reserve and put the released funds in the Community Services and Supports component with a deadline to be spent by the end of FY 21-22.

statewide effort of MHSAs to share the cost of an improved electronic health record (EHR). This project, overseen by CalMHSA (a joint powers authority of MHSAs), will help develop an EHR which better meets the needs of State programs and billing requirements.

Stakeholders at that meeting also heard a presentation by Transitions Mental Health (TMHA) on their Family Services and Triple P Program. Family Services assists family members and friends with a mentally ill loved one even with no diagnosis in place. This program promotes wellness, recovery, and self-sufficiency. Triple P is an evidence-based approach for improving parenting practices and children's social and emotional well-being.

Another local policy was adopted at that meeting as stakeholders agreed that the County should move away from a fixed 2% annual cost of living increase for all MHSAs contracts. The agreement was to adopt use of the Consumer Price Index (CPI) which is a flexible rate based on more accurate cost of living rates. The stakeholders approved the County using variable Los Angeles CPI, with a cap of 4%. If rates were determined to be higher, stakeholders would need to approve any contractor requests more than 1% above the approved cap.

Stakeholders were also informed of some organizational restructuring and had the opportunity to ask questions and provide feedback. The Department converted the MHSAs/PEI-funded Suicide Prevention Coordinator from "Behavioral Health Specialist" to "Program Manager" and increased its responsibilities for oversight of department training and outreach. The MHSAs/WET-funded "Training and Communications Coordinator" was reclassified from Administrative Services Officer to Public Information Specialist and the duties were expanded to focus on behavioral health media, web, print, and community-based communications. Frank Warren also announced that Kristin Ventresca, CSS Coordinator, was being promoted within the County to a position in the Planning Department, thanking her for her fantastic leadership and work on behalf of MHSAs.

The MAC reconvened January 26, 2022. Frank Warren introduced Kim Espino as the CSS Coordinator. At that meeting stakeholders approved the establishment of a “Forensic Full Service Partnership (FSP)” to serve individuals who are currently involved with the criminal justice system or are at risk of involvement with law enforcement. This new FSP would be part of the SLOBHD’s Justice Services Division. The approval included the positions needed to staff the FSP, along with a Program Supervisor position to support the growing division court-related MHSA programs.

Nestor Veloz-Passalacqua, DEI Program Manager spoke about strategies/approach to develop a BH proposal focusing on areas of organizational change, trainings for staff and partners, staff evaluation, revision of bylaws for cultural competency committee and committee name change. Tim Siler provided updates on the County’s Veterans Outreach and Middle School Comprehensive PEI programs.

In that meeting the MAC stakeholders approved the addition of three case managers to the Latino Outreach Program. This program (serving monolingual/Spanish-

San Luis Obispo County 2021-2022 MHSA Advisory Committee (MAC)			
Name	Affiliation	Name	Affiliation
Cynthia Barnett	Family Care Network, Inc.	Jenny Luciano	Big Brothers/Sisters
Michelle Call	GALA	Joe Madsen	TMHA
Danijela Dornan	CAPSLO	Shannon McOuat	Hospice of SLO
Lisa Fraser	Center for Family Strengthening	David Riester	NAMI
Mark Haas	Social Services	Bethany Shakespeare	Sierra Mental Wellness Group
Sister Theresa Harpin	Restorative Partners	Jeff Smith	Pismo Beach PD
Dylan Hunt	Family Care Network, Inc.	Morgan Torrel	Community
Barry Johnson	TMHA	Clint Weirick	Community
Joseph Kurtzman	Sunny Acres	Mark Woelfle	Community
Andrea Lawson	Cal Poly	Jessica Yates	Sherriff’s Department
Tonya Leonard	Cuesta College	Pam Zweifel	NAMI/BHB

language-preferred consumers) has faced a significant loss of clinical staffing and difficulties in filling vacant positions. The addition of case managers will allow the

Department to continue supporting and serving this vulnerable population. Stakeholders also approved another Mini-Grant program using Released Prudent Reserve funds. This mini grant of up to \$5,000 offered local Community Based Organizations (not already part of the public mental health system) opportunities to enhance their workforce education and training on behavioral health issues, or to host cultural activities with a mental health focus. Results of this program are in this Annual Update.

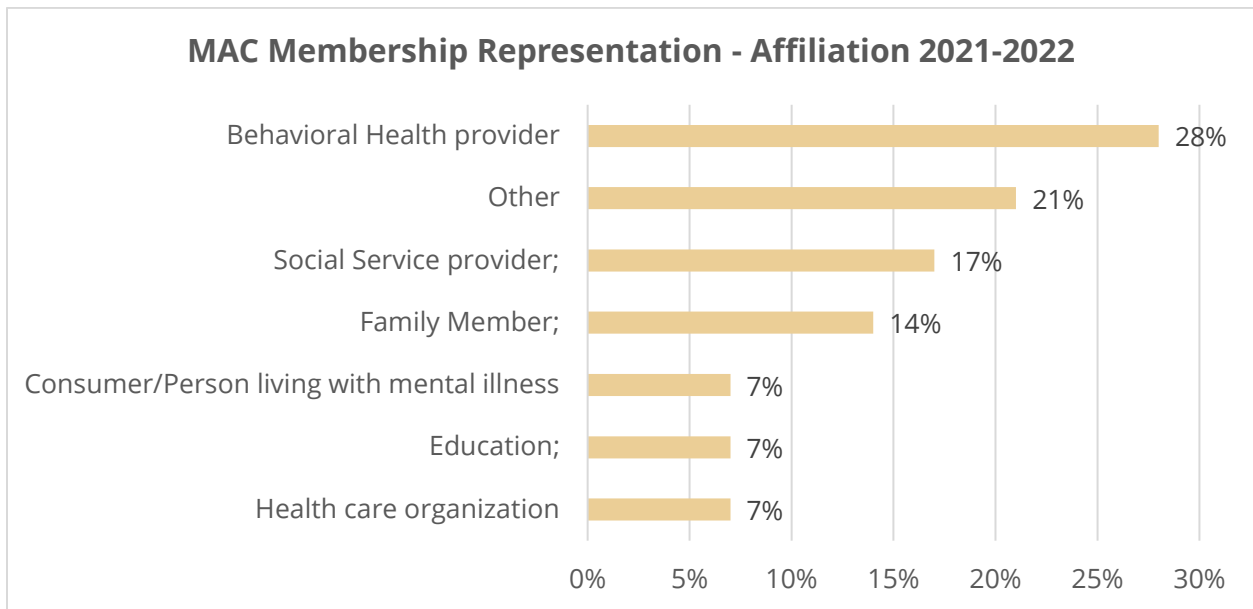
At the March 30, 2022, meeting MAC stakeholders reviewed requests to permanently support a few programs which had been funded with one-time released Prudent Reserve dollars (which would be spent before June 30, 2022). One position, a Residential Case Manager for the Bishop Street Studios housing program by Transitions-Mental Health Association (TMHA) was approved for ongoing CSS funding. The Diversity, Equity and Inclusion Coordinator position funded at the end of the 2020-2021 fiscal year was supported with ongoing funding (moving costs from CSS to WET).

Christina Menghrajani, FSP Coordinator, reported the FSP Program is full, and all collaborations are going well. Brita Connelly (WET and Suicide Prevention Coordinator) gave an update on upcoming outreach events including Earth Day, Mental Health Awareness Month Bike Breakfast, and Pridefest. Frank announced that Tim Siler (PEI/INN Coordinator) had received a promotion and would be moving to the Planning Department, and that Kim Espino (CSS) would be leaving for a position with Cuesta College.

At the March 2022 meeting MAC stakeholders also approved the addition of a Program Supervisor for the County's Latino Outreach Program, which had been expanded with three case managers in the previous meeting. A contract with the local Promotores agency (Center for Family Strengthening) was expanded with Released Prudent Reserve funds for the remainder of the fiscal year and approved to be sustained with funds moved from CSS to WET.

The MAC convened once more, on May 25, 2022. Anne Robin informed stakeholders about the staffing challenges facing the behavioral health field, as well as the search for a new Health Agency Director. County partners echoed the Behavioral Health Director's comments on staffing and discussed vacancies within the MHSA system. Frank Warren welcomed Karina Silva-Garcia, PhD. (Program Manager/CSS Coordinator), Landon King (PEI/INN Coordinators), and Andrew Harris (MHSA Data/Grants Coordinator) to the County team.

At that session, stakeholders approved an expansion of the Adult FSP team at TMHA. This expansion included additional medical prescriber (e.g. nurse practitioner) time each week, as well as a part-time Medical Assistant to provide the five Adult FSP teams at TMHA with support for organizing and administering consumer medications. The MAC also approved TMHA’s request to increase staffing at its Central Coast Hotline, which included paid staff (the service is primarily volunteer staffed) to ensure 24/7 coverage, as well as development of a text line.





In that final session of the 2021-2022 fiscal year, stakeholders paused to reflect on the sudden and sad loss of Joe Madsen, who was part of the county's MHSA program from its inception, and who passed away April 20, 2022. He was 50 years old.



Joseph Peter Madsen, 1971-2022

Joe was employed by TMHA for 24 years. He worked in youth services, homeless outreach and served as the Division Director of Housing and Forensic Services for the past 7 years. He cared intensely about the mission, the community, its most vulnerable members, and the integrity of the MHSA in San Luis Obispo County. Joe worked in FSP, helped create outstanding programs like the Homeless Outreach Team, Forensic Reentry Services, Behavioral Health Treatment Court, Community Action Team, and the excellent housing programs which support MHSA programs.

He also led the county in developing the 50Now program, a collaboration with the Housing Authority of San Luis Obispo (HASLO) and the County of San Luis Obispo Department of Social

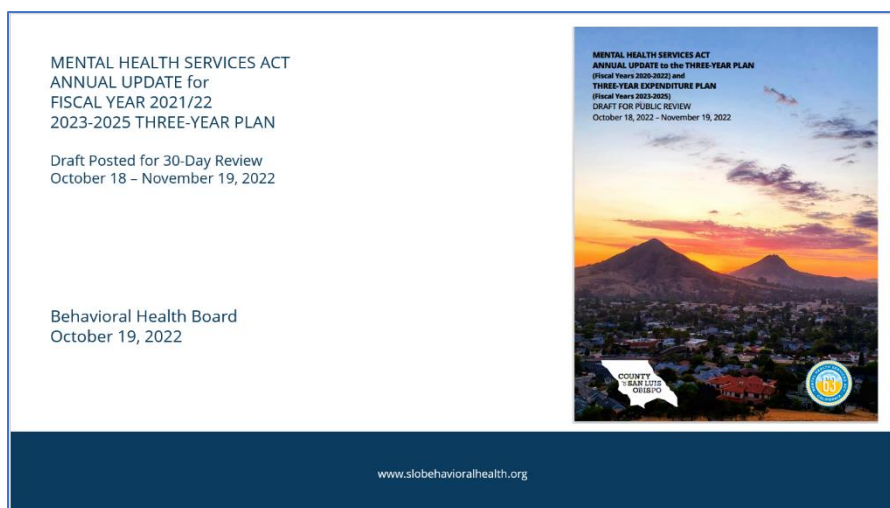
Services. The object was to identify the 50 most vulnerable chronically homeless individuals in the county and provide them with housing. Under Joe's leadership, the program grew to be called 60Now, and ultimately, 80Now!

Joe was an iconic presence at every community mental health event. A gentle giant, with a heart full of compassion and warmth for those who needed it most. The county's Mental Health Services Act work plans, programs, and successes owe much to the leadership and grace of Joe Madsen.



The County of San Luis Obispo’s Annual Update to fiscal year 2021-2022, and Three-Year Plan for FY 2023-2026, will be posted by the Behavioral Health Department for Public Review and Comment for 30 days, October 18 through November 16, 2022. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update and Three-Year Plan 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 and Three-Year Plan’s 30-day public review included a presentation of the draft, including highlights from 2021-2022 and an outline of the Community Planning Process at the Behavioral Health Board’s meeting held October 19, 2022. The



Power-point slide for Behavioral Health Board held on Zoom, October 2022

review period concluded with a Public Hearing on November 16, 2022 (held as part of the monthly Behavioral Health Board Meeting). At that meeting MHSA Leadership staff heard from Behavioral Health Board members who had reviewed the draft, and shared other substantive comments received during the 30-day public review:

- Comments included the need for clarification for terms used within the document, including the calculation of “hospital days,” “long-term care,” and “risk and protective factors.” MHSA Leadership Staff have edited this final document to include clarifications and explanations where necessary.
- Significant comments were received which recommend the County’s MHSA plan continue to address age-related service needs, such as “There are some amazing, positive outcomes contained in this Update, especially among TAY. With the reports of overdoses, suicide attempts, and serious mental illness crises among this age group, you make an excellent case as to why a CSU for TAY and younger is crucial for SLO County, since they represent nearly one-fourth of our population.” Reviewers also pointed to the aging population of

the county and the need to address how “health issues impact treatment options, access to services and more barriers to achieving and maintaining wellness.”

- A request was made for more detailed information to be included in the sections describing the Mental Health Evaluation Team and Crisis Stabilization Unit. The MHSA Leadership Staff will be working with stakeholders and the county’s crisis programs provider to help improve data collection and reporting to better describe how these programs are accomplishing their goals and objectives.
- There were comments suggesting the need to better align the stated “goals, objectives, and outcomes,” in each section with the data being reported in the accompanying narrative. The MHSA Leadership Team will be reviewing each program in the next year to better align data collection and reporting with the stated target goals, outcomes, and objectives.
- Finally, a request was made that the MHSA Leadership Team consider the term “stakeholder” is no longer appropriate to use because it is so deeply rooted in colonial practices. Arguments can be made that the word’s derivation may not reflect inclusive, equitable practices. The MHSA Leadership Team has agreed to bring this discussion to the next MHSA Advisory Committee meeting to discuss potential alternatives. Until then, the term “stakeholder” used throughout this document will continue to reflect *people who are affected by the MHSA plan or have the power to shape decisions impacting the plan and are engaged in the decision-making processes.*

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.

The county’s Board of Supervisors received a staff report and presentation on January 24, 2023, and unanimously approved (5-0) the Annual Update and Three-Year Expenditure Plan for FY 2023-2026.

Capacity Assessment

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

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

With an estimated population of 283,159, and a density of 85.6 people per square mile (US Census, 2021), San Luis Obispo (SLO) County is a mix of suburban and rural communities. SLO County, despite being considered one of "the happiest, healthiest places in the United States (Gallup, 2016)," has its challenges. Of the 58 counties in California, San Luis Obispo ranks 12th for suicide. While California has a lower age-adjusted rate than the national average (10.5 per 100,000 and 13.9 per 100,000, respectively), SLO County far exceeds both with an age-adjusted rate of 16.2.

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

SLO County's racial makeup is primarily white/Caucasian (88%), 4% Asian, 2% Black or African American, 1.4% American Indian or Alaska Native, and .2% Native Hawaiian or Pacific Islander. Nearly 4% report two or more races. Ethnicity is predominantly white (68%) and Latinx (24%). Those 65 and older make up 21% of the population, while those 18 and younger account for 22%. Eighty-four percent (84%) of residents primarily speak English in their homes, while 16% speak another language. The median household income is \$77,948 with an average of 2.51 individuals living in each home. Eleven percent (10.6%) of the population live below the poverty line. Those identifying as male and female make up 51% and 49% of the population, respectively (U.S. Census Bureau, and American Community Survey, 2021).

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

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

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

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

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

Based on the Department of Health Care Services "Provider-To-Beneficiary Ratio Standards," San Luis Obispo County has an excellent ratio of service provision for children and youth needing mental health services (1:10 versus the state standard of

1:43). The county also exceeds the state standard for adult services with a ratio of one provider per 15 adults needing services (1:85).

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

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

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

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

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

While other ethnic and cultural populations are represented within the public mental health system, further study is needed to assess the current state of representation. For instance, a recent Cal Poly study looked at the experience of the LGBTQ population in accessing behavioral health services (QCARES, 2020). Approximately

one in four respondents to their survey reported “LGBTQ+ folks did not feel they had a choice to work with an LGBTQ+ provider.”

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

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

As described in last year’s Annual Update, the local MHP work plan added a Program Manager for Diversity, Equity, and Inclusion. This position serves as the Department’s Ethnic Services Manager, and oversees training, policy development, staff support, and recruitment strategies to broaden the representation of the public mental health system.

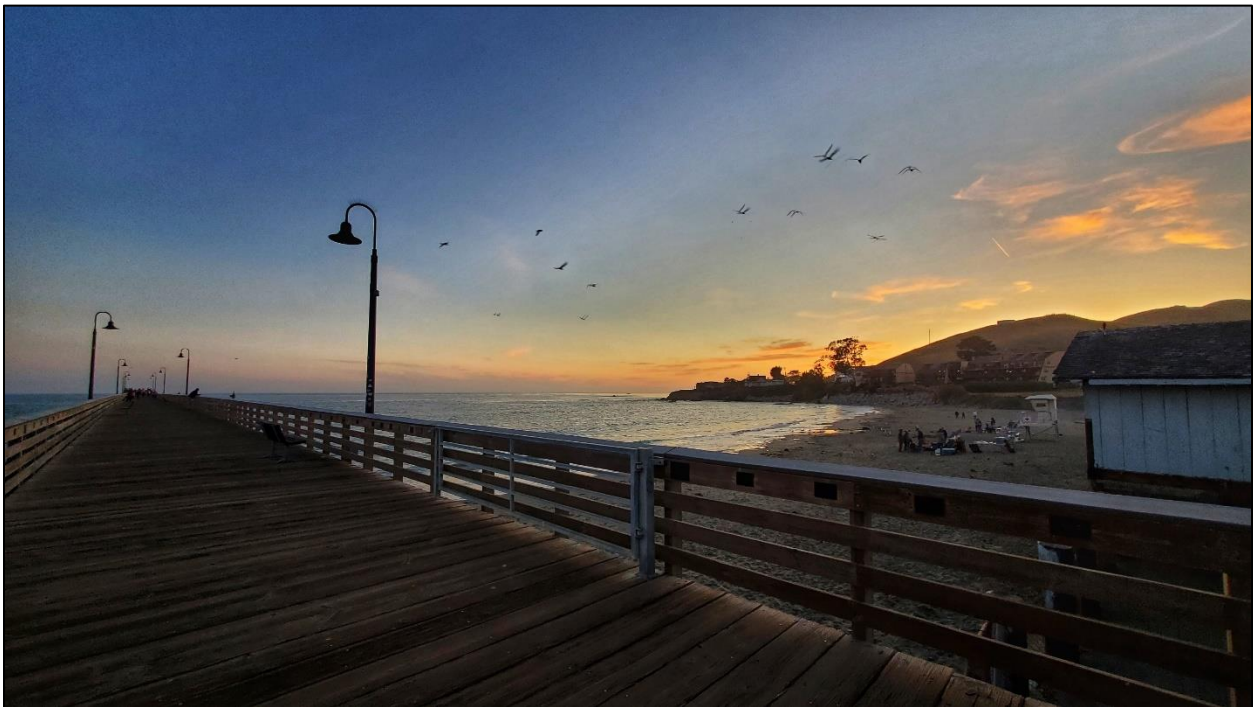
Another significant barrier is the need for a more representative workforce. Bilingual and bicultural providers are highly sought within the public mental health system, are provided financial incentives for language specialty, and valued for their cultural experiences in program design and implementation.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

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

San Luis Obispo County has faced severe staffing shortages over the past year, with vacancy rates as high as 25% for clinical staff. This is also due to the rising costs of

living on the Central Coast. According to recent estimates The San Luis Obispo cost of living is 64% more expensive than the national average. By comparison, the California cost of living is 50% higher than the national average. Recruiting providers from other communities is becoming increasingly difficult. While this has been true for some time with hiring and retaining psychiatrists, the shifting job markets and cost of living have negatively impacted the behavioral health workforce.

In FY 2021-2022, the County worked with MHSAs providers to increase cost of living adjustments within the work plan's budget and provide one-time funds via mini grants to create workforce incentives. Capacity issues remain at the forefront of planning and discussions with Stakeholders in the 2022-2023 fiscal year and have been taken into consideration for the Three-Year Plan for 2023-2026.



Community Services and Supports (CSS)

The Mental Health Services Act (MHSA) provides funding for counties to help people and families with mental health needs. Funds are allocated within five “components” which address the continuum of care 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 is Community Services and Supports (CSS).

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

Full Service Partnerships provide comprehensive, intensive, community-based mental health services to individuals who typically have not responded well to traditional services or may not have used these services to avoid incurring high costs related to acute hospitalization or long-term care. A principle of FSP is doing “whatever it takes” to help individuals on their path to recovery and wellness. FSP embraces client driven services and supports each client by choosing services based on individual needs. Key variables of FSP programs are a low staff to client ratio, crisis availability, and a team approach.

San Luis Obispo County’s FSP includes four distinct programs based on age groups: Child/Youth ages 0-15, Transitional Aged Youth (TAY) ages 16-25, Adult ages 26-59, and Older Adult ages 60+. Collectively, in 2021-2022, there were 174 client “partners” enrolled in FSP programs. In that year, enrolled partners yielded the following average results: (1) A 88% reduction in homeless days; (2) an 20% reduction in days spent in general hospital; (3) an 85% reduction in jail days; and (4) a 36% decrease of days in the County’s Psychiatric Health Facility (PHF).

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

CSS 1.1: Children and Youth Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	34	\$1,051,612	\$30,930
Actual for FY 2021-2022	29	\$827,834	\$28,546
Projection for FY 2022-2023	30	\$1,075,950	\$35,865

*Four partners were served in both Youth and TAY FSP

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

TAY FSP services. FCNI was established in 1987 to create family-based treatment programs as an alternative to a group home or institutional care for children and youth.

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

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

There were two (2) Children and Youth FSP teams in 2021-2022. FSP teams included the child and family, a community-provided therapist, a peer and parent coach, and a Personal Services Specialist. The team also includes access to a psychiatrist and supervisor support. Additional partners include appropriate agency personnel, family members, friends, community supports (i.e., school community), and others as identified by the team. Individualized services can change in intensity as the client and family change.



FSP teams represent the core principles of MHSA and doing “whatever it takes,” which includes engaging a client, determining their needs for recovery, and creating collaborative services and support to meet those needs. The FSP Children/Youth (and

TAY) FSP services include 24/7 responses to program partners who may need after-hours support to manage or reduce crises. Being “fully served” is a core principle of FSP, which includes having someone known to the client or family members able to respond 24 hours a day, seven days a week. This strategy is intended to allow interventions after hours that will decrease negative outcomes for partners, including, but not limited to, unnecessary incarcerations or hospitalizations.

In 2021-2022, FCN’s Children and Youth FSP teams provided services to 29 partners with the target of helping them achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 1.1A represents reductions in areas of consequence. These figures are calculated by comparing the 12 months prior to FSP enrollment to the occurrences during 2021-2022. Compared to the 12 months prior to FSP enrollment, Child and Youth FSP participants demonstrated the following results:

- 89% decrease in days spent in psychiatric health facilities (284 days twelve months prior to partnership, 30 during 2021-2022)
- 100% increase in homeless days (0 twelve months prior to partnership, 33 experienced by one client during 2021-2022).
- 370% increase in total days spent in justice facilities (10 twelve months prior to partnership, 47 during 2021-2022, experienced by one client who served 6 weeks in juvenile hall); and
- No change in total days spent in general hospital (0 twelve months prior to partnership, 0 during 2021-2022).

Figure 1.1A: Child and Youth FSP Partners Enrolled in FY 2021-2022 (n=29)

FSP Key Events	FY 2021-2022	Before Partnership	Percent Change (FY 2021-22 compared to Prior to Partnership)
Count of Arrests	2	4	-50%
Juvenile Hall Days	47	10	370%
Psychiatric Health Facility Days	30	284	-89%
General Hospital Days	0	0	0%
Homeless Days	33	0	100%
Emergency Interventions (physical)	2	4	-50%
Emergency Intervention (mental health)	2	45	-96%

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” text box on Page 41.

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

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

Figure 1.1B: Child & Youth FSP Client Results (n=29)



CSS 2.1: Transitional Age Youth (TAY) Full Service Partnership (FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	37	\$950,250	\$25,682
Actual for FY 2021-2022	36	\$775,820	\$21,551
Projection for FY 2022-2023	30	\$905,287	\$30,176

*Four partners were served in both Youth and TAY

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

providing a bridge to individual self-sufficiency and independence. Thirty-six (36) TAY received FSP services in 2021-2022.

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

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

There were two TAY FSP teams in 2021-2022. The core FSP team includes a community-provided therapist, a peer and parent coach, and a Personal Services Specialist. Additionally, the team has access to a vocational specialist, co-occurring disorders specialist, psychiatrist, medication manager, and program supervisor that serve participants in both age group programs.

In 2021-2022, FCNI provided services to 36 partners in the TAY FSP Program, with a target to help them achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Figure 2.1A represents reductions in areas of consequence. These figures are calculated by comparing the baseline information gathered from the partners for 12 months prior to their start date into the program to the occurrences during 2021-2022.

- 187% increase in days spent in psychiatric health facilities (326 twelve months prior to partnership, 934 during FY 2021-2022).

- 86% reduction in homeless days (1092 twelve months prior to partnership, 157 during FY 2021-2022).
- 22% decrease in total days spent in justice facilities (20 twelve months prior to partnership, 22 during FY 2021-2022); and
- 100% reduction in total days spent in general hospital (30 twelve months prior to partnership, 0 during FY 2021-2022).

Figure 2.1A: TAY Partners Enrolled in 2020-2021 (n=37)

TAY FSP Key Events	FY 2021-2022	Before Partnership	Percent Change (FY 2021-22 compared to Prior to Partnership)
Total Arrests	2	8	-75%
Juvenile Hall/Jail Days	25	32	-22%
Psychiatric Health Facility Days	934	326	187%
General Hospital Days	0	30	-100%
Homeless Days	157	1092	-86%
Emergency Interventions (physical)	2	105	-98%
Emergency Intervention (mental health)	21	96	-78%

In 2021-2022, TAY partners were observed by team providers over several months to compare program outcomes. Providers documented a significant decrease in risk factors. Eighty-six percent (86%) of the 36 TAY partners observed demonstrated a decrease in behaviors such as delinquency, fire setting, and being a runaway, among others. Eighty-one percent (81%) increased their protective factors; eighty-three (83%) obtained housing stability; eighty-one percent (81%) maintained or improved their academic performance; one hundred (100%) of partners were referred and seen by the psychiatrist within 15 business days; and one hundred (100%) of partners surveyed were satisfied with services provided. See Figure 2.1B below.

The teams' peer and parent coaches provide transportation, social support, skills training, and assistance with independent living. These coaches function as role models to partners with regard to rehabilitation and recovery, communication skills, and work behavior; facilitate and encourage partners to access and utilize community resources, services, and opportunities; as well as support parents to be effective caregivers and advocates for their children - which may include trauma-informed parenting skills, implementing a self-care routine, and reconnecting with

family and friends that can be a source of strength and support. The peer and parent coach assists partners in a social rehabilitation setting offering social support, recreational activities, and assisting with independent living skills.

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

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

86% decreased harmful behaviours

81% increased protective factors

83% obtained housing stability

81% maintained or improved academic performance

100% were satisfied with services provided

HOW IS FSP DATA COLLECTED AND REPORTED?

Full Service Partnership (FSP) data is entered into the California Department of Health Care Services Data Collection and Reporting (DCR) system. FSP Teams assess and collect partner outcomes and submit them to the DCR. The SLO Behavioral Health Department pulls from the DCR Key Event Tracker (KET) data for FSP clients currently active in the MHSA programs. KETs keep track of client status and residency on an ongoing basis. The variable “Current” provides residential information in terms of “general living arrangement tonight.”

For instance, to collect general hospital days the code for “medical hospital” is utilized and compared to the following KET which contains a non-medical hospital code, indicating a change in status and hospital discharge.

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

CSS 3.1: Adult Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	53	\$2,337,662	\$44,107
Actual for FY 2021-2022	48	\$2,159,054	\$44,980
Projection for FY 2022-2023	50	\$2,177,529	\$43,551

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

independently as possible. There are five Adult FSP teams provided by Transitions-Mental Health Association (TMHA): three (3) Adult FSP and two (2) Homeless Outreach Team (HOT) FSP teams.

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

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

In 2021-2022, TMHA served 48 FSP partners as part of the Adult FSP program.

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

In addition, a program mentor, psychiatrist, medication manager, and program supervisor serve participants. The medication manager time allows the staff to be available during all business hours to support appointments, refills, and check-ins for the full caseload of 48 partners. The peer mentor provides transportation, social support, skills training, and assistance with independent living to a caseload of 15 clients. In FY 2021-2022, MHSA stakeholders expanded the Adult FSP program with additional medical prescriber (e.g., nurse practitioner) time each week, as well as a part-time Medical Assistant to provide the five Adult FSP teams at TMHA with support for organizing and administering consumer medications.

The psychiatrist position was vacant for over a year, which impeded the ability to see new partners as quickly as desired. The position was filled in late January 2022, and the psychiatrist anticipates seeing 100% of referrals within 15 business days. In the fiscal year 2021-2022, 70% of partners were referred and seen by a psychiatrist.

A survey of participants showed an increase of 42% in their use of learned coping skills to help them better manage their mental health symptoms. Partners surveyed also demonstrated a 39% increase in their use of skills learned from therapeutic interventions to deal better with stress-related triggers; 31% increase in community participation through learned activities such as enhanced self-sufficiency, life skill training and medication education; and 91% of partners surveyed indicated they were satisfied or very satisfied with medication support services.

Figure 3.1A represents the baseline information gathered from the partners for 12 months prior to their start date into the program and compares it to the occurrences during 2021-2022.

- 64% decrease in days spent in psychiatric health facilities (526 twelve months prior to partnership, 189 during FY 2021-2022).
- 92% decrease in homeless days (2372 twelve months prior to partnership, 187 during FY 2021-2022).
- 93% decrease in total days spent in justice facilities (671 twelve months prior to partnership, 44 during FY 2021-2022); and
- 8% reduction in days spent in general hospital (171 twelve months prior to partnership, 157 during FY 2021-2022).

Figure 3.1A: Adult Partners Enrolled in FSP: FY 2021-2022 (n=48)

Adult FSP Key Events	FY 2021-2022	Before Partnership	Percent Change (FY 2021-22 compared to Prior to Partnership)
Total Arrests	1	18	-94%
Jail Days	44	671	-93%
Psychiatric Health Facility Days	189	526	-64%
General Hospital Days	157	171	-8%
Homeless Days	187	2372	-92%
Emergency Interventions (physical)	16	78	-79%
Emergency Intervention (mental health)	37	109	-66%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" text box on Page 41.

CSS 3.2 Homeless Outreach Team Full Service Partnership (FSP)			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	40	\$1,250,626	\$31,266
Actual for FY 2021-2022	38	\$1,157,679	\$30,465
Projection for FY 2022-2023	35	\$1,141,805	\$32,623

Program Provider: Transitions-Mental Health Association (TMHA)

The Homeless Outreach Team (HOT) FSP teams include two therapists, two case managers, and a peer support staff member. Additional supports include a nurse, access to a psychiatrist, medication management, and program supervision. **In 2021-2022, TMHA served 38 FSP partners as part of the Homeless Outreach Team FSP program.** In 2021-2022, the program team met and engaged 391 local homeless individuals. One-hundred sixteen (116) were screened to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders.

In recent years, TMHA expanded its Homeless Outreach FSP to include the second team, which increased HOT’s capacity to ultimately serve 30 partners. The expansion included a mobile outreach unit with assessment and treatment capacity to serve the community most effectively. The teams now use the van for homeless outreach and service delivery. The van has access to a nurse practitioner via telepsychiatry.

Thirty-eight (38) individuals were enrolled in HOT FSP Services 2021-2022 Figure 3.2A represents the baseline information gathered from the partners for 12 months prior to their start date into the program and compares it to the occurrences during 2020-2021.

- 97% decrease in days spent in psychiatric health facilities (480 twelve months prior to partnership, 13 during FY 2021-2022).
- 88% reduction in homeless days (4700 twelve months prior to partnership, 566 during FY 2021-2022).
- 85% decrease in total days spent in justice facilities (2427 twelve months prior to partnership, 371 during FY 2021-2022); and
- 16% increase in days spent in general hospital (95 twelve months prior to partnership, 116 during FY 2021-2022).

In 2021-2022, 100% of the 391 partners engaged accessed support services, such as substance use treatment, vocational training, emotional support, and benefits

eligibility. Ten, or 26% of the 38 partners served had secured housing as of the fourth quarter.

Figure 3.2A: Homeless Outreach Team Partners Enrolled in FY 2021-2022 (n=38)

HOT FSP Key Events	FY 2021-2022	Before Partnership	Percent Change (FY 2021-22 compared to Prior to Partnership)
Total Arrests	6	39	-85%
Jail Days	371	2427	-85%
Psychiatric Health Facility Days	13	480	-97%
General Hospital Days	110	95	16%
Homeless Days	566	4700	-88%
Emergency Interventions (physical)	0	107	-100%
Emergency Intervention (mental health)	1	84	-99%

For more information on how FSP data is generated, please see the "HOW IS FSP DATA COLLECTED AND REPORTED?" text box on Page 41.



CSS 3.3: Forensic Adult Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	-	-	-
Actual for FY 2021-2022	-	\$336,548	-
Projection for FY 2022-2023	15	\$1,026,801	\$68,453

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

In January 2022, MHA stakeholders approved the establishment of a “Forensic Full Service Partnership (FFSP)” to serve individuals who are currently involved with the criminal justice system or are at risk of involvement with law enforcement. This new FFSP is operated by the Behavioral Health Department’s Justice Services Division.

The approval included the positions needed to staff the FSP, including a lead clinician, Personal Support Specialist (PSS), and along with a Program Supervisor position to support the growing division court-related MHSA programs. The clinician provides assessments and diagnoses and works with each client to establish a successful treatment plan. The Clinician interfaces with the justice system, inpatient facilities, crisis teams, and administration to ensure FSP participants are supported throughout the system. The PSS provides supports to FFSP partners (i.e., case management, transportation, system navigation). This expansion includes a half-time Staff Psychiatrist and full-time medication manager to provide medical supports to the FFSP and other forensic MHSA programs.

FFSP assists in navigating the criminal justice system, maintaining compliance with criminal justice mandates, and addressing criminogenic risk and needs to prevent future incarceration. Criminal justice-involved individuals often have complex needs and their mental health and substance use disorders are often interrelated, under-managed, and further complicated by varying degrees of involvement with the system. Often these symptoms increase while in custody and a lack of follow through with community-based treatment upon release can create a cycle of rearrest and court involvement.

FFSP staff specialize in criminal justice treatment which include best practices in cognitive therapies, trauma-informed care, and harm reduction. Staff collaborate with probation officers and work with justice system incentives and sanctions when needed to motivate client behaviors. FFSP will serve individuals who are currently involved with the criminal justice system or are at risk of involvement with law enforcement who also meet the criteria for FSP including severe mental illness, homelessness, at risk of homelessness, involvement or at risk of involvement with the criminal justice system, at risk of institutionalization, frequent hospital users and/or emergency room treatment for mental health care.

In FY 2021-2022, the FFSP program began with the first partner engaging in service in late April 2022, and additional four partners began FFSP services in May and June 2022. One partner has maintained sobriety and attends case management and therapy appointments regularly; another is on housing lists and consistent with medication management; another partner re-engaged with substance abuse rehabilitation services. Four of the five clients have continued FFSP services into the fiscal year 2022-2023. **A total of five (5) unique partners were served in 2021-2022.**

CSS 3.4: Transition Assistance and Relapse Program (TARP/FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	19	\$114,081	\$6,004
Actual for FY 2021-2022	26	\$47,120	\$1,812
Projection for FY 2022-2023	25	\$123,872	\$4,955

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

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

A total of twenty-six (26) unique participants were served in 2021-2022. A total of 502 duplicated contacts occurred in the fiscal year. Of the 26 unique participants in 2021-2022, 100% of participants did not relapse/recidivate to the PHF or the FSP program during the fiscal year. Additionally, 50% (13/26) of the participants engaged in community-based services for two or more sessions. Of the twenty-six (26) reporting via self-report surveys, 62% reported feeling better prepared to manage their long-term recovery after working with the Behavioral Health Navigators, and 89% of partners were deferred from using an acute treatment setting.

CSS 4: Older Adult Full Service Partnership (FSP)

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	27	\$710,180	\$26,303
Actual for FY 2021-2022	23	\$650,512	\$28,283
Projection for FY 2022-2023	20	\$786,361	\$39,318

Program Provider: Wilshire Community Services, Inc.

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

The goal of the **Older Adult Full Service Partnership (OA FSP)** is to offer intensive interventions through a range of services and supports based on each individual's needs. An individualized service plan and a Wellness and Recovery Plan are developed with each participant to address the type of services and specific actions desired. These plans are guided by an assessment of each individual's strengths and resources. Priority populations are individuals who are 60 years of age or older; all

cultural, racial, and ethnic background individuals who are unserved or underserved by the current system; have high risk conditions such as co-occurring, medical, or drug and alcohol issues; suicidal thoughts; suffer from isolation or homelessness; and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults (55 to 59 years old) are also served by this team if their service needs extend into older adulthood.

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

There was one (1) OA FSP team in 2021-2022. The core FSP team includes a Wilshire Community Services or a WCS Mental Health Therapist a Personal Services Specialist (PSS), a medication manager, and a psychiatrist provided by WCS. Additionally, a co-occurring disorders specialist and a WCS program supervisor are available to serve participants in all the occasional Adult and Older Adult FSP age group programs. **In 2021-2022 the OA FSP team served a total of 23 partners.**

In recent years, stakeholders approved the use of MHSA funds for a part-time medication manager to serve the older adult caseload. In the 2019-2020 fiscal year stakeholders approved funding a part-time psychiatrist to serve the OA FSP.

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

- 100% decrease in days spent in psychiatric health facilities (195 twelve months prior to partnership, 0 during FY 2021-2022)
- 77% reduction in homeless days (352 twelve months prior to partnership, 80 during FY 2021-2022).
- 100% decrease in total days spent in justice facilities (32 twelve months prior to partnership, 0 during FY 2021-2022); and

- 42% decrease in days spent in general hospital (134 twelve months prior to partnership, 78 during FY 2021-2022).

Figure 4.1A: Older Adult Partners Enrolled in FY 2020-2021 (n=27)

OAD FSP Key Events	FY 2021-2022	Before Partnership	Percent Change (FY 2021-22 compared to Prior to Partnership)
Total Arrests	0	4	-100%
Jail Days	0	32	-100%
Psychiatric Health Facility Days	0	195	-100%
General Hospital Days	78	134	-42%
Homeless Days	80	352	-77%
Emergency Interventions (physical)	90	98	-8%
Emergency Intervention (mental health)	26	92	-72%

For more information on how FSP data is generated, please see the “HOW IS FSP DATA COLLECTED AND REPORTED?” text box on Page 41.

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

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

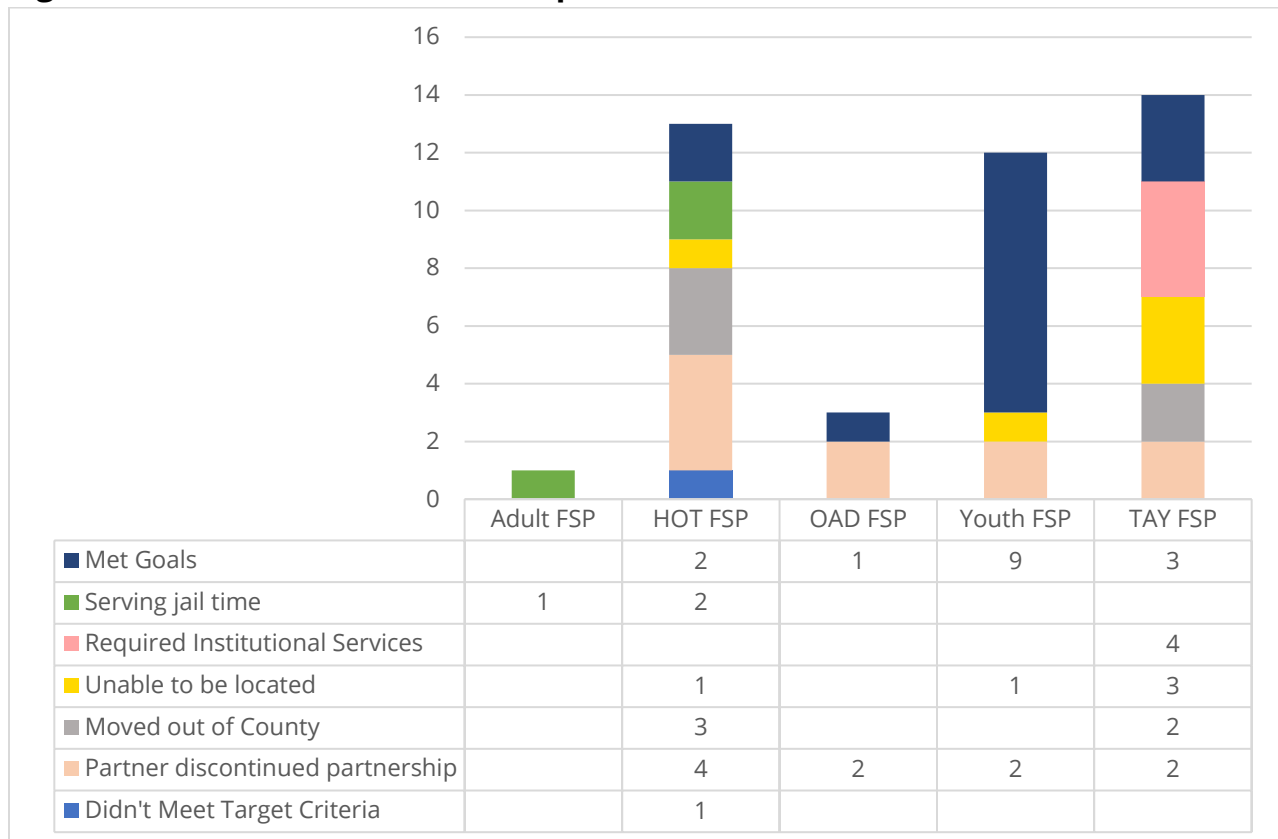
In 2021-2022, the Older Adult FSP team continued to assess and address the medical needs of the medically fragile partners, especially when appropriate resources were limited. Additionally, the COVID-19 pandemic shifted services to be offered via telehealth; however, many of the Older Adult FSP partners preferred face-to-face services. The Older Adult FSP team worked with partners to provide them the services needed while maintaining a safe environment.

CSS: Collective FSP Disenrollment Results

Collectively, in 2021-2022, the Full Service Partnership programs had 43 partners disenroll from services. Disenrollment can be either an interruption or a discontinuation of service. A discontinuation of service is a situation in which the client is not expected to return to FSP services for more than twelve months from the time of disenrollment. The reasons for disenrollment are as follows:

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

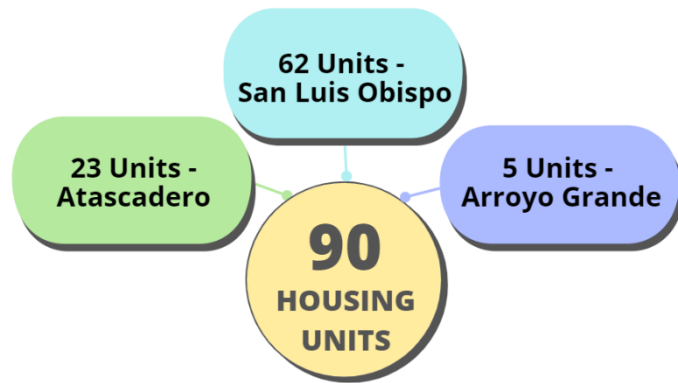
Figure DR1: Full Service Partnership Discontinuation Reason: FY 2021-2022



CSS: Housing

Transitions-Mental Health Association (TMHA), the organization that coordinates the Housing Program, **provided 90 units of housing for MHSA and MHSA-eligible clients in 2021-2022** (62 units in San Luis Obispo, 23 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 90 units.

Figure H1: Number of Housing Units Provided for MHSA clients in FY 2020-2021



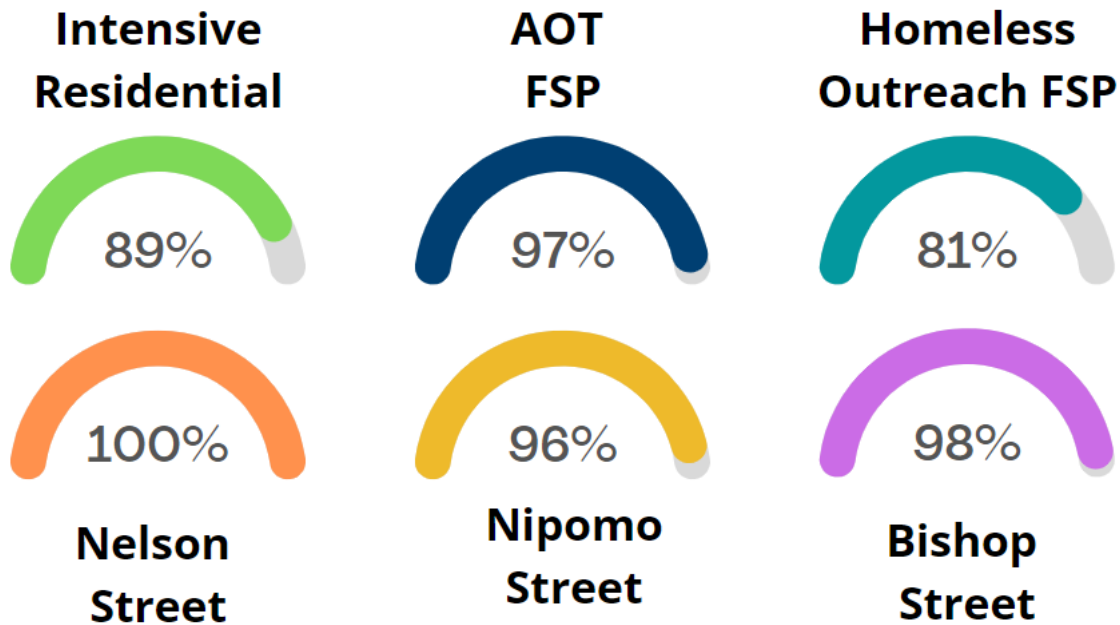
TMHA uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize referrals and gauge them on the intensity and need of the client for housing, rather than simply by the date of the referral. An Adult Placement Committee meets monthly to review the housing program practices, such as referral processing, communication with staff, and prioritization for placement when vacancies occur.

**FSP Program Housing Facilities - CSS Funded
FY 2021-2022**

Program	Location	Total Beds	Total Clients	Occupancy (bed days occupied)
Full Service Partnership (FSP) Intensive Residential	Atascadero /San Luis Obispo	35	45	89% (11,423 /12,775)
Homeless Outreach FSP Housing	Atascadero	4	6	81% (1180/1,460)
Assisted Outpatient Treatment FSP Housing	Atascadero	5	6	97% (1,769/1,825)

FY 2022-2023 *Projected occupancy rate of 90%*
 FY 2023-2024 *Projected occupancy rate of 90%*

Figure H2: Occupancy Rate by Housing Type in FY 2021-2022



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 unhoused, 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. If no viable AOT client is referred within 15 days of a bed opening, TMHA moves to the FSP waitlist for placement.

Program services and activities are provided in residents' homes and within the immediate community. Residents are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each individual to attain their highest level of independence possible. During the fiscal year 2021-2022, clients surveyed demonstrated a 15% increase in the use of Activities of Daily Living skills for independent living and community support services.

MHSA Program Housing

FY 2021-2022

Program (Funding Source)	Location	Total Beds	Total Clients	Occupancy (bed days occupied)
Nelson Street (CSS One-Time Funding)	<i>Arroyo Grande</i>	5	6	100% (1,825/1,825)
Nipomo Street (CalHFA Funded)	<i>San Luis Obispo</i>	8	8	98% (2,792/2,920)
Bishop Street (CSS One-Time Funding)	<i>San Luis Obispo</i>	33	34	98% (11,861/12,045)

FY 2022-2023 Projected occupancy rate of 90%

FY 2023-2024 Projected occupancy rate of 90%

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

The County and TMHA jointly accessed MHSA Housing Funds through the California Housing Finance Authority (CalHFA) to build an eight-unit studio apartment building for MHSA and MHSA-eligible clients. The **Nipomo Street Project**, in the City of San Luis Obispo 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.

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

No Place Like Home

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	925	\$332,852	\$360
Actual for FY 2021-2022	1001	\$256,323	\$256
Projection for FY 2022-2023	900	\$353,123	\$392

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

Adult Family Advocates and Youth Family Partners provide day-to-day hands-on assistance, link people to resources, provide support, and help clients to “navigate the system.” Partners liaison with family members, care givers, consumers, County

Behavioral Health staff, local National Alliance on Mental Illness (NAMI) groups, and other service providers. Partners assist in orientation of families entering the mental health system. This includes a flexible fund that can be utilized for individual and family needs such as uncovered healthcare, food, short-term housing, transportation, education, and support services. Figure 5.1A below represents the results of family members surveyed in the Adult Family Advocates and Youth Family Partners Program.

In 2021–2022, there were 1,001 unduplicated family members served, and a total of 5,077 duplicated contacts provided to these clients. Of those served, 29 clients participated in surveys. Survey results show family members demonstrated a 36% increase in their familiarity with services available in the community, such as education, information and referral, and community outreach, a 37% increase of family member engagement with services available in the community to support and assist their loved one with mental illness or emotional disturbance was also reported, a 34% increase in their knowledge of the conditions and factors associated with their loved one’s mental illness, and a 33% decrease in levels of anxiety and/or stress due to outreach efforts, program availability, and orientation, among others.

Figure 5.1A: Family Members Surveyed in Adult Family Advocates and Youth Family Partners Program (n=29)



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	77	\$381,316	\$4,952
Actual for FY 2021-2022	29	\$357,765	\$12,337
Projection for FY 2022-2023	100	\$58,362	\$584

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

Method of Measurement

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

A Co-occurring Specialist provides an Integrated Co-occurring Treatment program, developed by the Substance Abuse and Mental Health Services Administration

(SAMHSA) which includes intervention, intense treatment, and education. Individualized case plans are specific to each client's needs. **In 2021-2022 the Integrated Co-occurring Treatment program served 29 unduplicated consumers.**

In FY 2021-2022, the Behavioral Health Clinician position assigned to adult co-occurring disorder clients was vacant most of the year, and the clinician assigned to Co-Occurring Treatment for Adolescents was re-allocated to school-based and youth substance use disorder treatment programs.

As noted previously, staffing issues impacted the MHSA Work Plan in FY 2021-2022 as several programs underwent personnel changes including long periods of vacancy. Though County and community providers attempted to serve MHSA clients without interruption whenever possible, the vacancies impacted some direct service, and the collection of data. Due to staff reassignment no surveys were collected; however, the past year (2020-2021) yielded the following results:

Figure 5.2A: Co-Occurring 2020-2021 survey results



CSS 5.3: Client & Family Wellness | Family Education Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	118	\$10,833	\$92
Actual for FY 2021-2022	102	\$9,524	\$93
Projection for FY 2022-2023	130	\$18,108	\$139

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

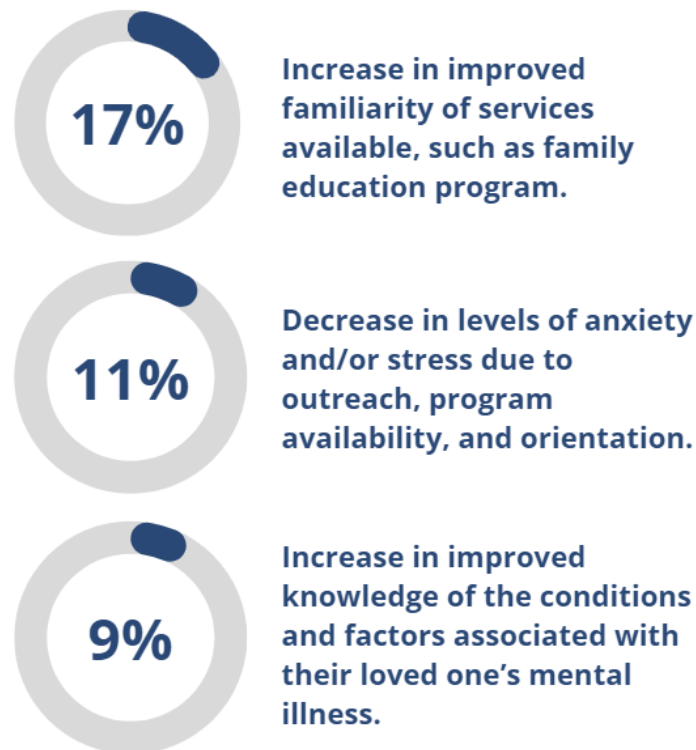
- A variety of pre/posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

The **Family Education Program**, which is coupled in this work plan with TMHA's **Family Orientation Class**, was developed by the National Alliance on Mental Illness (NAMI) and is a 12-week educational course for families of individuals with severe

mental illness. It provides up-to-date information on the diseases, their causes, and clinical treatments, as well as help and provide effective coping tools for family members who are also caregivers. The course focuses on schizophrenia, bipolar disorder, clinical depression, panic disorder and obsessive-compulsive disorder. The TMHA Family Orientation Class provides information regarding services available in the community, including housing and supported employment, Social Security Disability and Special Needs Trusts, promoting self-care, and help with navigating through the mental health system.

TMHA served 102 attendees in 2021-2022. Figure 5.3A below summarizes the results of those surveyed (n=18). A 17% increase in improved familiarity of services available was reported. An 11% decrease in their levels of anxiety and/or stress due to outreach, program availability, and orientation among others. Additionally, a 9% increase in improved knowledge of the conditions and factors associated with their loved one's mental illness was reported.

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



Class (n=18)

CSS 5.4: Client & Family Wellness | Service Enhancement Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	331	\$152,325	\$460
Actual for FY 2021-2022	242	\$149,525	\$618
Projection for FY 2022-2023	350	\$182,271	\$521

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

Method of Measurement

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

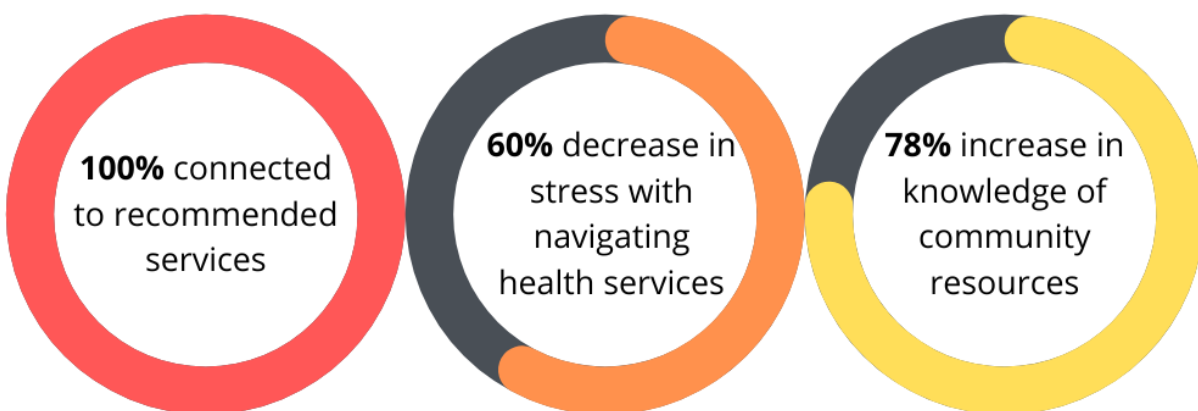
The Service Enhancement Program, originally funded as an Innovation trial, adopted a well-regarded cancer treatment center’s warm reception and navigation program. This service is provided by a Peer Navigator from TMHA. The program helps clients entering County outpatient mental health services, their families, loved ones, and

caregivers navigate through the first steps of receiving services, help assess needs, and engage services for basic necessities within the clinic setting. This Peer Navigator increases the chances of families accessing and remaining engaged in services, which increases the health and well-being of children in the county.

In 2021–22 these efforts resulted in 242 unduplicated clients served and 961 services provided. Of those surveyed (n=23), 83% (19/23) of family members and consumers agreed that they received increased connection to wellness and recovery-based services. Additionally, 70% (16/23) 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 2021–2022, 165 unique families were served** and over 4,289 client contacts were made. Of the families that were enrolled in the service enhancement program, 100% (85/85) were connected to recommended services. Fifty-eight percent 60%, (3/5) families that enrolled in service enhancement program reported a decrease in stress associated with navigating Martha’s Place and/or other healthcare systems. Additionally, 78% (7/9) families reported an increase in knowledge regarding available community resources.

Figure 5.4A: Martha’s Place Service Enhancement Plan



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	149	\$34,205	\$230
Actual for FY 2021-2022	185	\$28,606	\$155
Projection for FY 2022-2023	150	\$45,352	\$302

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

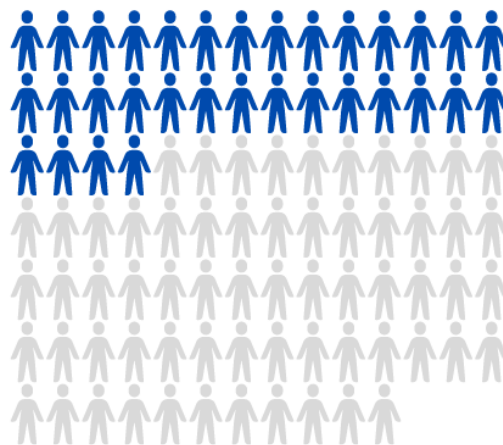
- A variety of pre-posttests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan.

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

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

In 2021-2022, TMHA served 185 clients. This year there were no participant surveys to demonstrate improvements in knowledge of the tools, resources available for improving mental health, and involvement with mental health recovery. TMHA is in the process of finding strategies to build survey time into its classes to promote convenient completion of data collection. Lastly, those that attended Mental Health First Aid, and were surveyed (95), had a 32% improvement in understanding the steps associated with suicide assessment.

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



32% reported improvement in understanding the steps associated with suicide assessment

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	115	\$289,857	\$2,520
Actual for FY 2021-2022	98	\$362,902	\$3,703
Projection for FY 2022-2023	200	\$290,461	\$1,452

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

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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
- 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 2021-2022, 98 mental health, and 21 FSP clients were served, with 26 mental health clients gaining employment because of their participation in the program. Of the 26 that gained employment, seven (7) clients (27%) maintained that employment for at least 90 days. Additionally, clients surveyed (n=25) demonstrated a 13% increase in their use of learned practices, as well as the understanding of conditions and requirements to obtain and maintain employment.

Growing Grounds Retail Vocational Program is a part of the Vocational Training and Supported Employment Program. **In the fiscal year 2021-2022, 15 clients were served.** Of those 15, eight (53%) consumers went into job development, and 38% (3/8) gained employment after going through the program. Lastly, clients surveyed (n=6) demonstrated a 5% increase in the use of learned practices and the understanding of conditions and requirements to obtain and maintain employment.

CSS 5.7: Client & Family Wellness | Integrated Access Therapists

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	876	\$1,227,774	\$1,402
Actual for FY 2021-2022	469	\$479,091	\$1,022
Projection for FY 2022-2023	950	\$804,609	\$847

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

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

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

In 2021-2022, two full-time medication managers in the adult system of care along with three full-time case managers **served 294 unduplicated clients and provided 1353 unduplicated client contacts**, and one clinician at Martha's Place (the county's child assessment center) **served an additional 35 unduplicated clients, providing 469 unduplicated client contacts**. These clinicians allow clinic staff to spend more time with outpatient clients, providing more resources and referrals, groups, system navigation, and wellness activities within the traditional structure of mental health services.

The goal of the program is to help clinic and community clients move to lower levels of care, and toward integrated physical healthcare. Licensed Psychiatric Technicians (LPT/medication managers) located in the adult outpatient mental health clinics provide ongoing support to psychiatrists and clinicians to increase access and maintenance of treatment plans. The medication managers help patients plan and maintain treatment schedules, administer medication, and support the overall physical and emotional health of each client to provide care between therapy sessions.

The case managers (Behavioral Health Specialists) meet with clients linking them to resources and assist with Medi-Cal eligibility. Additionally, they provide support, education, information, referral, and community outreach. The case managers also assist in orientation of families and clients entering the mental health system. The overall goal for the case managers is to provide navigation for various systems, advocacy, and support for loved ones and family members of mental health consumers. Two clients shared their experiences. The first client experienced challenges looking for housing for many years, and shared that "Without their help, I wouldn't have known where to apply and would have shut down from anxiety and not done all the paperwork. I am now all moved into my place. And can focus on getting mentally well, instead of just worrying about finding housing. The second client received support applying for the social security disability program and shared, "It takes a lot of time and a lot of paperwork to apply. I got denied the first time I applied. I was really discouraged. But my case manager got me connected to an advocate who helped me appeal it. After a year of trying, I finally got approved. Now I have benefits and I can pay my bills. I am planning to go back to work part time doing something I enjoy". The Martha's Place position (Behavioral Health Clinician)

will continue to serve the community, to increase access and triage those clients with needs outside of the child's assessment center.

As noted previously, staffing issues impacted the MHSA Work Plan in FY 2021-2022 as several programs underwent personnel changes including long periods of vacancy. Though County and community providers attempted to serve MHSA clients without interruption whenever possible, the vacancies impacted some direct service, and the collection of data. In FY 2021-2022, the Behavioral Health Specialist positions assigned to Case Management were vacant a majority of the year, and no surveys were collected.

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

The Bishop Street Case Manager assists in the development of the client's treatment plans. This includes developing problem-solving skills related to daily living, housing, managing chronic symptoms of illness, decreasing psychiatric hospitalizations and employment. The case manager assists residents with cooking, cleaning, conflict resolution, budgeting, socialization and community integration. Results of the case manager's outputs and outcomes for FY 2022-2023 will be reported in the next Annual Update.

CSS 5.8: Client & Family Wellness | Wellness Centers

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	212	\$639,503	\$3,017
Actual for FY 2021-2022	170	\$731,921	\$4,305
Projection for FY 2022-2023	550	\$809,361	\$1,472

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

- Provide three physical facilities in Atascadero, San Luis Obispo, and Arroyo Grande.
- Make space accessible for program staff, clients, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space.
- Strengthen treatment outcomes by enhancing wellness and recovery efforts.

Program Outcomes

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

Method of Measurement

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

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

elimination due to COVID-19-related shifts in County funding. MHSA Leadership and stakeholders met to examine how best to continue and expand these critical community wellness and recovery services, while avoiding issues of supplantation. Stakeholders were provided details on the recommendation and agreed to support all three Wellness Centers going forward.

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



Support groups and socialization activities as well as NAMI sponsored educational **activities were provided to 170 Behavioral Health, and 575 non-County services clients in 2021-2022.** The Wellness Centers are made available to MHSA program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space.

Of the clients surveyed in 2021-2022 (n=89), **an increase of 30% was reported in their use of learned coping skills** to help them better manage their mental health symptoms and **an increase of 21% (n= 116) was reported regarding community participation** through learned activities, such as enhanced self-sufficiency, life skill training, and medication education among others. A total of 6, 037 recovery-oriented activities were provided throughout the fiscal year.

CSS 6: Latino Outreach Program

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	133	\$765,289	\$5,754
Actual for FY 2021-2022	92	\$316,244	\$3,437
Projection for FY 2022-2023	120	\$959,918	\$7,999

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

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

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

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

Individual and group therapy is provided to children, TAYs, and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60. The County's current (2021) rate for "Latino/Hispanic" individuals eligible for and receiving Med-Cal services is 2.37%, which is lower than the State's 3.29% rate. The County has been meeting with stakeholders to determine strategies to improve the program and increase the "penetration rate."

As noted previously, staffing issues impacted the MHSA Work Plan in FY 2021-2022 as several programs underwent personnel changes, including long vacancy periods. Though County and community providers attempted to serve MHSA clients without interruption whenever possible, the vacancies impacted some direct services and data collection. To address ongoing recruitment and staffing issues, the MHSA stakeholders approved the addition of three full-time Behavioral Health Specialists to provide case management and Program Supervisor for the program in March 2022. These new positions will help address the complex needs of the population being served and increase the capacity for clinicians to provide treatment to more clients. The County also believes the addition of Case Managers and a dedicated bilingual/bicultural Program Supervisor will strengthen the program's representation of the Latino/x community and positively impact the ongoing recruitment of Clinicians.

The program served 92 unduplicated clients in 2021-2022. The services help clients understand and resolve mental health needs, gain internal strength, and feel better about life. Additionally, clients learned coping skills and are now familiar with mental health resources. See below one 17-year-old client's experience in the program (the client improved their relationship with their mother and controlled anger and depressive symptoms).

"I just want to thank you for helping me through this difficult journey in my life, because of you, I feel happy now and actually care about. In the beginning of the treatment, I was super depressed and all I did was stay in my room now I go out and have fun, I feel like life is getting better, I smile out more and although I know there will be moments in my life that can have some challenges, I feel like I will now know how to deal with them in a healthy way. I would also like to thank the people who gave me the check (South County Youth Coalition) because of that I have gained more confidence in learning how to drive. Thank you all for everything."

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	1645	\$1,308,740	\$796
Actual for FY 2021-2022	2160	\$1,423,922	\$659
Projection for FY 2022-2023	1650	\$1,298,794	\$787

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

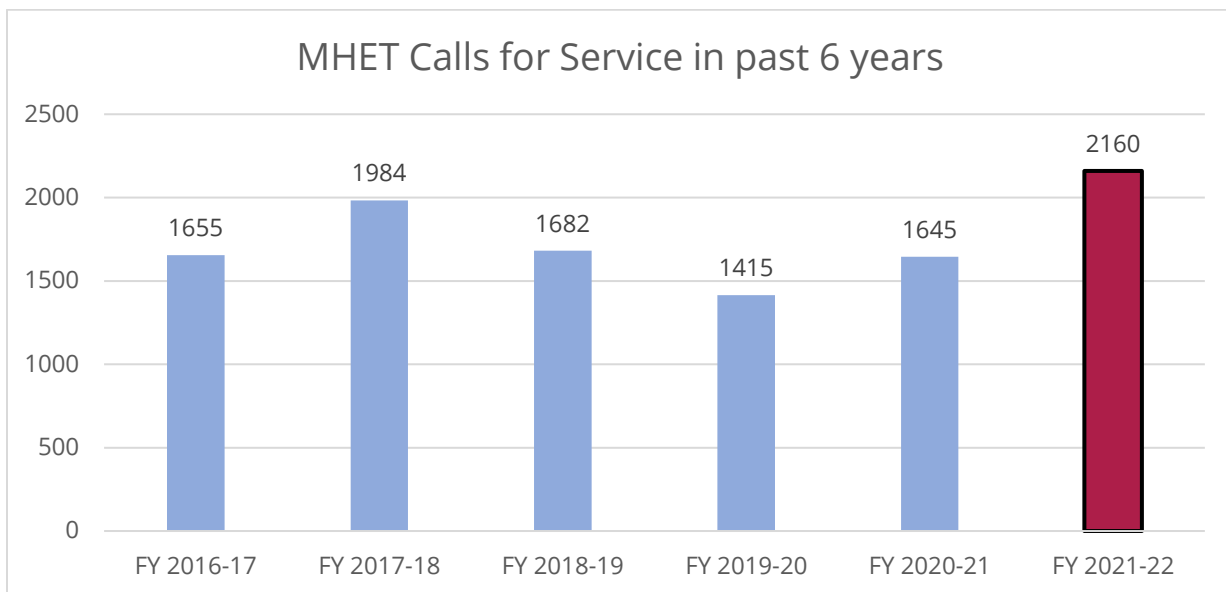
- Sources referring to MHET are provided a feedback survey to track satisfaction and response times.
- Electronic health record data is used to track client access to outpatient care.

The Mental Health Evaluation Team is operated by Sierra Mental Wellness Group, Inc. to provide mobile crisis services. Two responders were available 24/7 and **the team served 2,160 individuals in 2021-2022**. The team intervenes when mental health crisis situations occur in the field (including hospital emergency departments, schools, etc.) and after clinic hours, as well as assisting law enforcement in the field

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

For the fiscal year 2021-22, there was a total of 2,160 calls. MHET has averaged responding to 1,757 individuals in crisis over the past six years. The figure below (Figure 7.1A) demonstrates the total number of unique individuals served by MHET.

Figure 7.1A: 2021-2022 MHET calls compared to prior years



In 2021-22, the Mental Health Evaluation Team received 2,160 calls. Nearly all months saw higher incoming calls than in previous years. Winter 2022 particularly saw higher call volume, containing the peak month, February, and flipping some of the historically quietest months into the busiest. Analysis of the program shows the busiest hours were during the mid-afternoon and later afternoon with peaks around 2pm and 5pm, while the least busy was in the early morning between 6am and 7am.

Figure 7.1B: Total Number of MHET Calls Received in FY 2021-22 compared to previous years

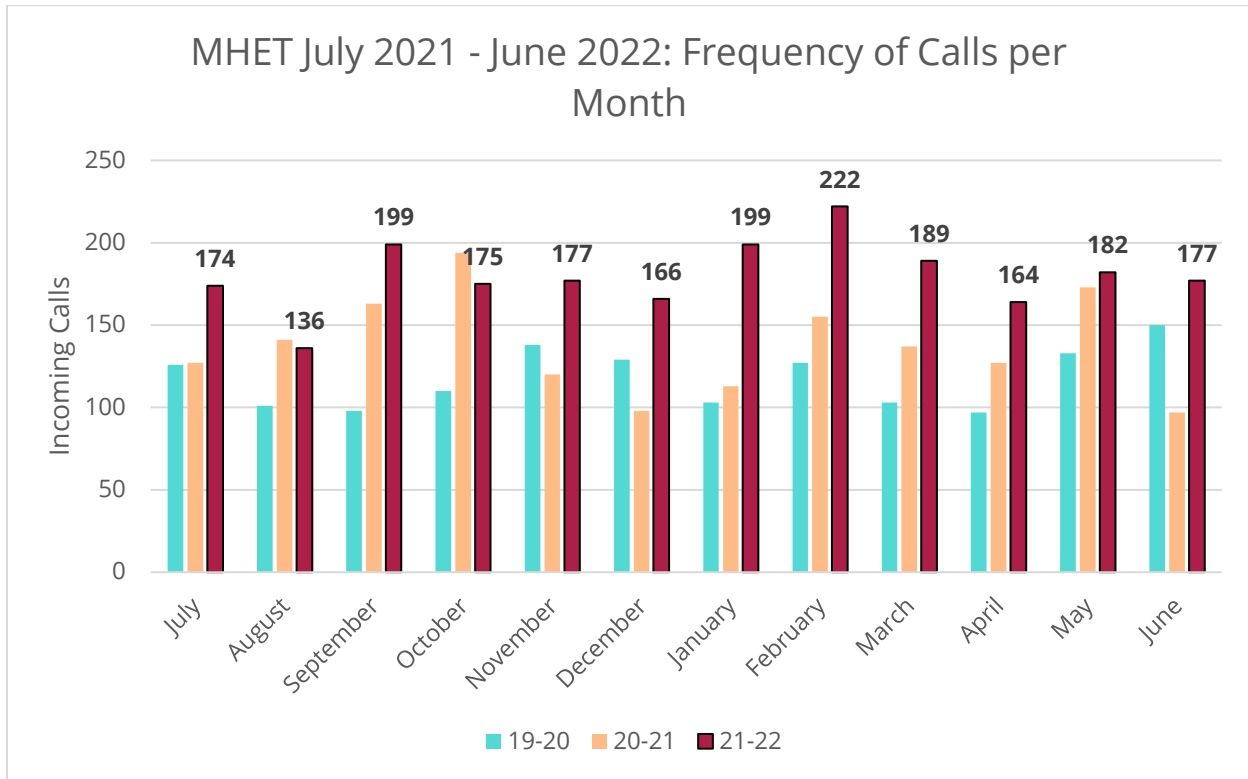
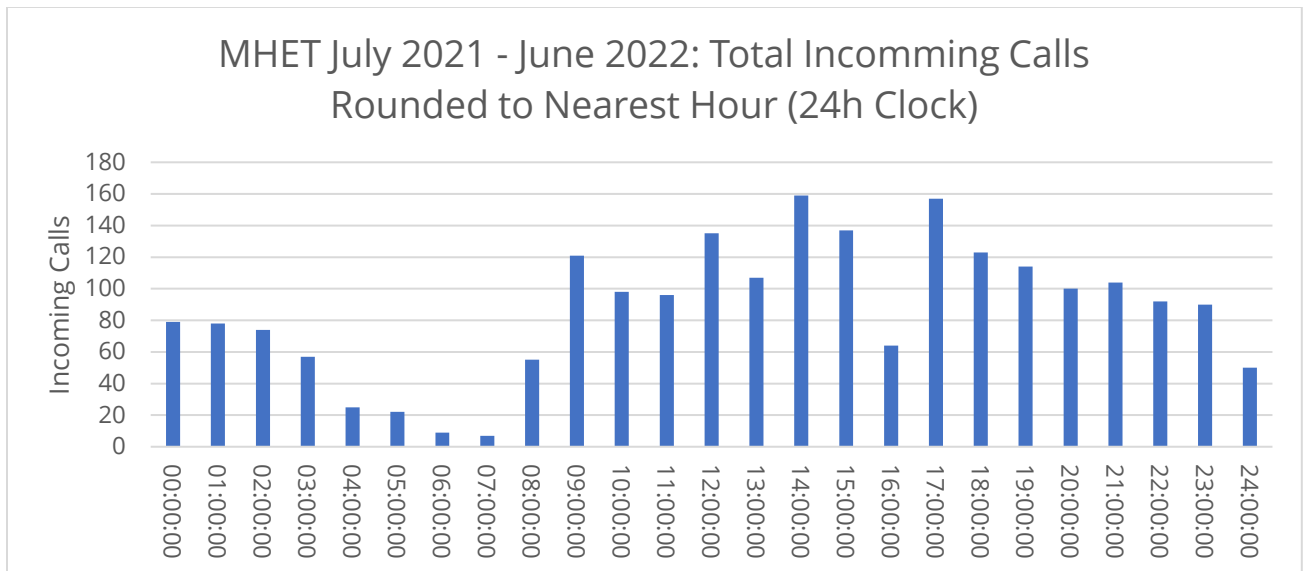
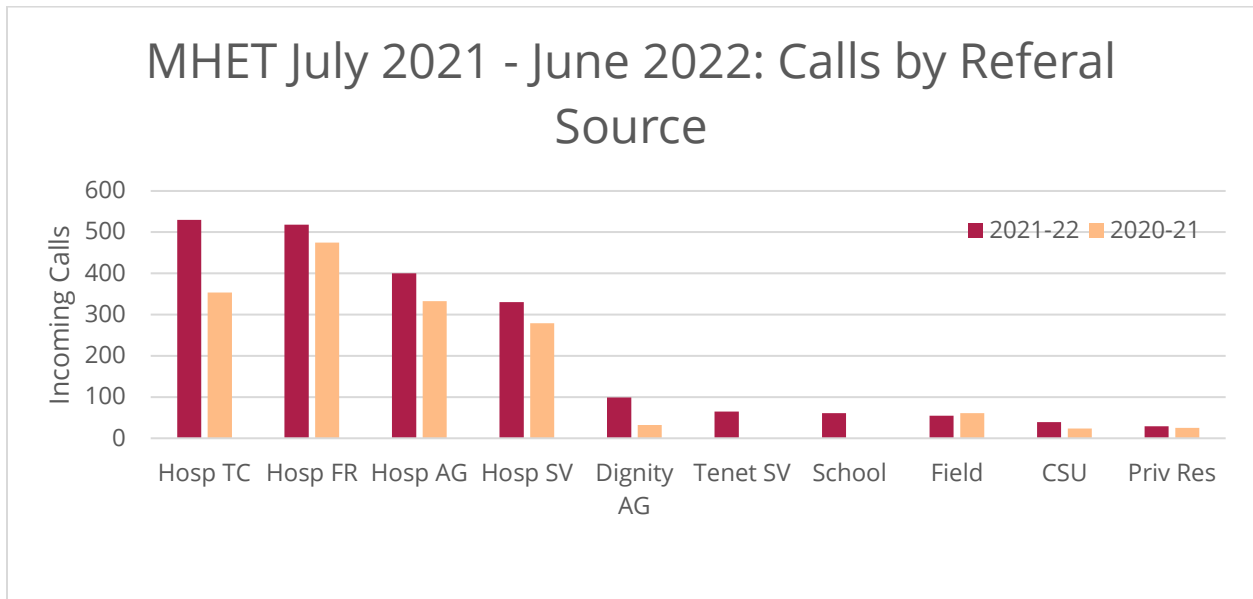


Figure 7.1C: Incoming MHET Calls Rounded to the Nearest Hour in FY 2021-22



Of the 2160 calls received by MHET in 2021-2022, 1,942 (89%) were referred by a hospital in the county. Individuals often self-admit to a local hospital under crisis or are transported there by family or law enforcement prior to MHET being called. Figure 7.1D below displays the breakdown of referrals in FY 2021-2022.

Figure 7.1D: MHET Breakdown of Calls by Referral Source in FY 2021-2022 Compared to FY 2020-2021



The MHET referred a total of 425 individuals to the Crisis Stabilization Unit (CSU) in 2021-22 (24% of total calls).

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

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

CSS 7.2: Enhanced Crisis & Aftercare | Crisis Stabilization Unit

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	363	\$1,701,404	\$4,687
Actual for FY 2021-2022	451	\$1,310,417	\$2,906
Projection for FY 2022-2023	365	\$852,758	\$2,336

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 a determination of the appropriate level of care. The CSU gives individuals in crisis who do not meet the criteria for involuntary treatment on the Psychiatric Health Facility (PHF) an alternative for stabilization, as well as providing an alternative to those who meet the criteria but are better served by a short-term crisis stabilization facility. The CSU also serves as an evaluation point to determine if an individual requires ongoing inpatient treatment. The CSU is expected to reduce certain PHF admissions and re-admissions, facilitate transfer from emergency departments for individuals in psychiatric crisis, and increase successful engagement for individuals presenting in crisis to on-going outpatient care.

Staff provide trainings regarding the CSU for law enforcement agencies. The purpose is to review policies and protocols for admission, criteria, and discharge of clients to the CSU and coordination of care within the law enforcement agencies. Education was also provided for the California Polytechnic State University Health Center, and to local mental health providers and hospitals.

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

In FY 2021-2022, the CSU served a total of 451 clients with an average of 38 clients per month. The CSU allows walk-ins from individuals suffering from a psychological emergency. In the previous fiscal year there were a total of 334 evaluations which resulted in 184 admissions, and only 18 client denials. Most admissions to the CSU were referred by local hospitals and health agencies, a total of 267. The CSU interacted with a total of 153 clients that were associated with a 5150 hold – of those clients 50 had the hold rescinded while a majority non-rescinded clients were transferred to another facility, the PHF, Emergency Departments, or out of county.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	10,801	\$116,983	\$11
Actual for FY 2021-2022	8,913	\$209,409	\$23
Projection for FY 2022-2023	10,000	\$245,897	\$25

Program Provider: Transitions-Mental Health Association (TMHA)

Program Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

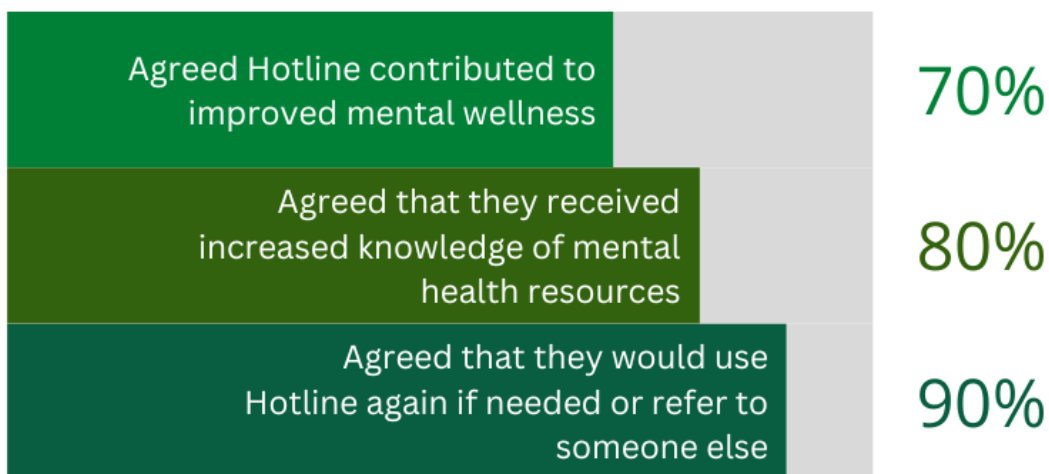
The Central Coast Hotline provides a 24-hour, free and confidential call center that serves the entire County. These one-on-one engagements deliver key information regarding the signs, symptoms and care options related to mental illness for underserved populations. Central Coast Hotline provides support, crisis and/or suicide intervention. In May 2022, stakeholders approved TMHA’s request to increase staffing at Central Coast Hotline, which included increasing paid staff (the service is primarily volunteer staffed) to ensure 24/7 coverage, as well as development of a text line. These results will be reported in the next Annual Update.

Central Coast Hotline invites callers to participate in a follow-up survey, that is administered within two weeks of the initial call.

During FY 2021-2022, there were 8,913 calls reported, and four suicide intervention trainings provided to community members. Community members attending the training reported a 14% (n=10) increase in their confidence that they can help a person at risk of suicide. For those with high or imminent suicidal risk, six reported decreasing their level of intent by 30%, based on self-rated assessments at the beginning and end of the call.

- 70% (7/10) of callers surveyed agree that the support and early intervention they received from Hotline contributed to improved mental wellness.
- 90% (9/10) of callers surveyed agree that they would use Hotline again in the future if needed or refer someone else to Hotline.
- 100% (8/8) of callers surveyed agree that they received an increased knowledge of local mental health resources.

Figure 7.3A: Central Coast Hotline Services Provided and Results Yielded FY 2021-2022



CSS 8: School and Family Empowerment

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	90	\$956,256	\$10,625
Actual for FY 2021-2022	79	\$775,289	\$9,814
Projection for FY 2022-2023	200	\$795,647	\$3,978

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.

The **School and Family Empowerment** work plan offers two distinct programs aimed at reducing poor academic experiences and outcomes based on students

dealing with mental health issues. The first is an effort to provide immediate responses to youth on community school campuses. The other focuses on the county's largest school district and provides more intense screening, assessment, and treatment for youth with the aim of keeping students engaged and in school.

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

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

A County Behavioral Health Clinician is located at each campus and provides an array of mental health services that may include crisis intervention; individual, family and group therapy; individual and group rehabilitation focusing on life skill development; and anger management and problem-solving skills. **In 2021-2022, 79 clients received mental health services on campus.**

Another Behavioral Health 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. That team served 11 clients.

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit organization providing a wide array of services for families in the county. In 2021-2022, CAPSLO provided a full-time Family Advocate offering resource supports for 34 clients in the Lucia Mar Unified School District and providing over 1,449 contacts. Results for CAPSLO clients showed that **100% of clients surveyed (27/27) demonstrated stable functioning at home when interacting positively with all other persons at current residence.** Survey results also yielded **96% of clients (26/27) demonstrated stable functioning at home** receiving appropriate care, shelter, food, and other necessities of life. Of those surveyed, **100% of clients (18/18) demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.**

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	22	\$438,444	\$19,929
Actual for FY 2021-2022	17	\$231,181	\$13,599
Projection for FY 2022-2023	20	\$378,198	\$18,910

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

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

In 2021-2022, BHTC served 17 unduplicated clients. Over the past few years, on average, 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.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	90	\$172,107	\$1,912
Actual for FY 2021-2022	96	\$131,893	\$1,374
Projection for FY 2022-2023	150	\$209,619	\$1,397

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.

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.

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

In 2021-2022, there were 96 unduplicated clients served in FRS. Clients consistently demonstrate an increase in the use of learned applicable interpersonal skills, such as verbal communication, listening skills, problem-solving, and decision-making skills among others to deal with stress-related triggers. Of those referred to Behavioral Health Services (n=58), 19 attended a service within 45 days (33%). Additionally, clients reported a 25% (24/96) annual recidivism rate during the program. Lastly, clients surveyed (3) reported a 16% increase in their use of learned restorative skills, such as recognition of the harm done to self and others, accountability for past criminal activities, and engagement in reparation.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	69	\$255,684	\$3,706
Actual for FY 2021-2022	57	\$246,628	\$4,327
Projection for FY 2022-2023	100	\$318,878	\$3,189

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.

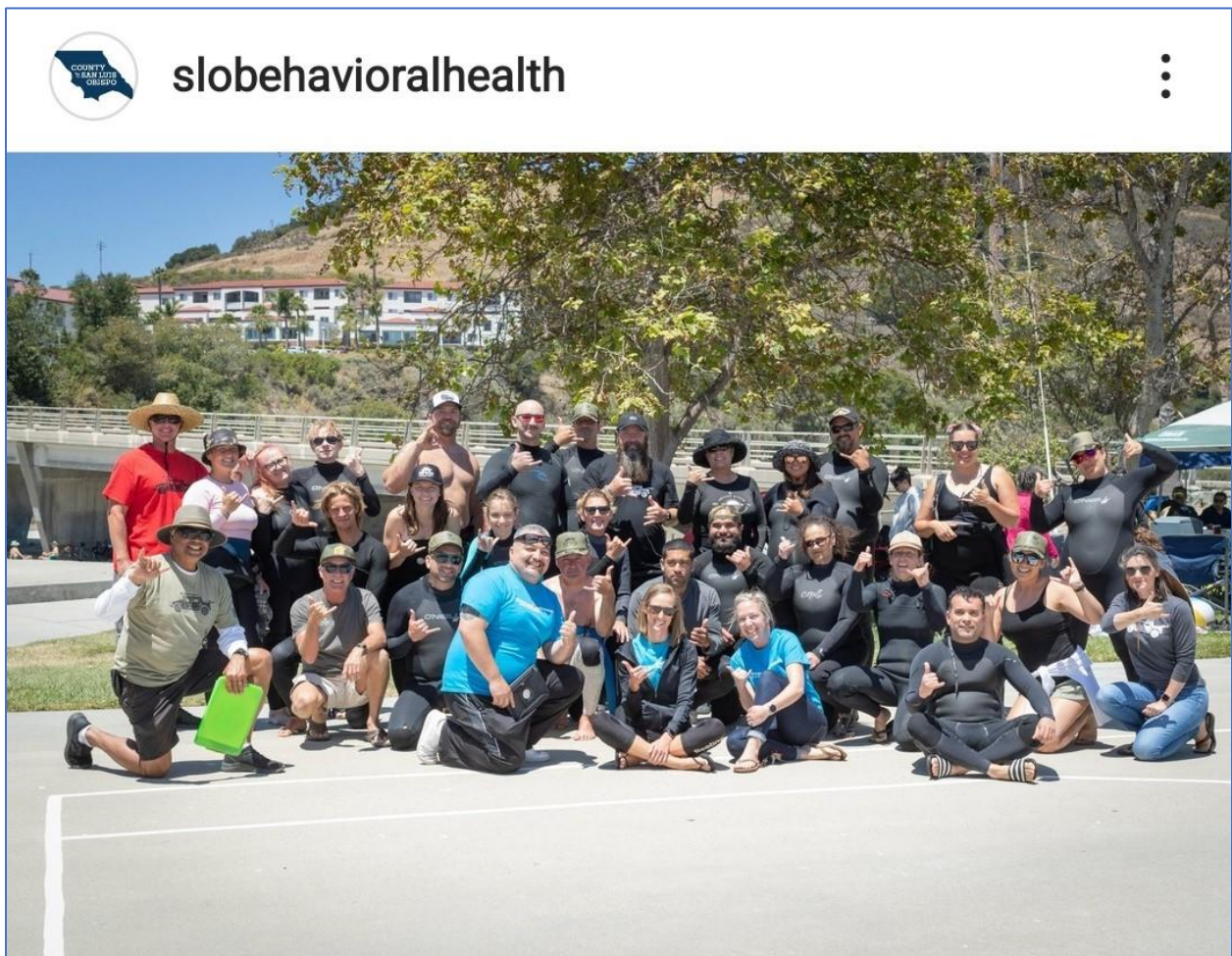
a. **Veteran's Treatment Court** :The Veterans Treatment Court (VTC) was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health treatment services and supports,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

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

In 2021-2022, 12 clients were enrolled in the Veteran's Treatment Court program. In 2021-2022, two veterans successfully completed VTC and graduated. The two graduates successfully completed Skills Training in Affective and Interpersonal Regulation (STAIR), and successfully completed Managing Anger: A Treatment for those with PTSD. The VTC program is an 18-month (on average) voluntary program in which most cases result in the dismissal of charges. In 2021-2022 there were 38 veterans assessed for military diversion, and 34 out of the 38 were accepted. There were 9 out of the 34 veterans in MHSA were provided with treatment and ongoing therapy. Lastly, 25 veterans were referred to other community resources such as the Veterans Administration, Veterans center, and other care in the community.

b. **Veterans Outreach Program**: Launched originally as an Innovation project, the SLOBHD Clinician assigned to the Veterans Treatment Court also provides outreach and clinical services for community veterans. The Clinician attends Veterans

Outreach events (detailed in the PEI section) and engages local veterans and their family members. This activity is reported here as part of the CSS-9 work plan. In 2021–2022, eleven (11) veterans received initial screenings and referrals, and five (5) followed through with referrals.



Veterans Outreach surfing event at Avila Beach, June 2022

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	37	\$237,910	\$6,430
Actual for FY 2021-2022	17	\$278,591	\$16,388
Projection for FY 2022-2023	10	\$187,922	\$18,792

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.

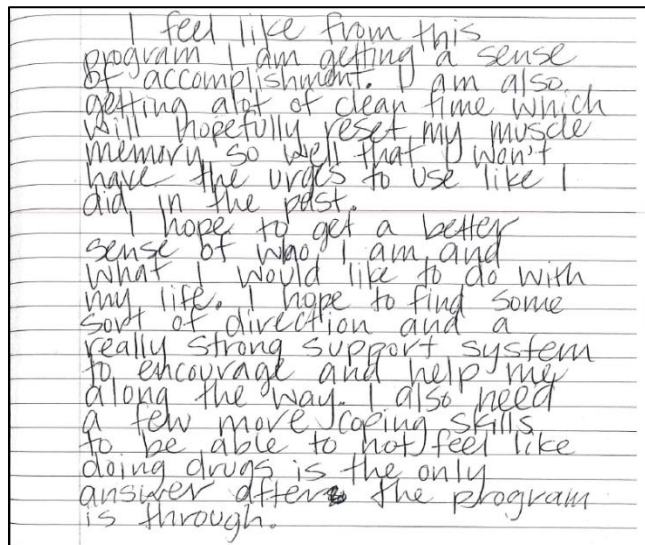
The Mental Health Diversion Court (MHDC) is a pre-trial diversion program. MHSA funds a Behavioral Health Specialist to work directly with clients participating in the court program. Along with court coordination, assisting system partners with navigating the community behavioral health system, the Specialist carries a caseload of ten (10) clients.

This court sets up a procedure of diversion for defendants with mental disorders for a period no longer than two years, to allow the defendant to undergo mental health treatment. Weekly medication management groups are provided along with individual sessions to clients that are being diverted from the legal system through the MHDC program. Coordination with jail psychiatric services to have medications started in custody and to ensure medications are ready for discharge also occurs.

Additionally, case management for these clients is imperative to have resources ready when clients are released from custody. During 2021-2022, all the clients that remained open at the end of the fiscal year had 98% medication compliance. This program compliments the MHSA-funded Behavioral Health Treatment Court.

In 2021-2022, there were 17 unduplicated clients served in MHDC. One client shared their experience in the program. The client has shown remarkable resiliency through treatment and has actively pushed themselves to identify their symptoms.

The client is sober and has a part-time job. Additionally, the client has continued to attend services, learn more about mental health and coping skills, and utilize resources/support to work toward goals. The client has maintained medication compliance and is currently in a sober environment. The client is emotionally stable and actively working toward long-term remission. Read below the client's journal notes (this image has the client's permission to be posted).



I feel like from this program I am getting a sense of accomplishment. I am also getting a lot of clean time which will hopefully reset my muscle memory so well that I won't have the urges to use like I did in the past. I hope to get a better sense of who I am and what I would like to do with my life. I hope to find some sort of direction and a really strong support system to encourage and help me along the way. I also need a few more coping skills to be able to not feel like doing drugs is the only answer after the program is through.

CSS 9.5: Forensic Mental Health Services Community Action Team			
Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	478	\$124,298	\$260
Actual for FY 2021-2022	300	\$147,144	\$490
Projection for FY 2022-2023	400	\$314,285	\$786

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

Program Provider: Transitions-Mental Health Association (TMHA)

Project Goals

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

Key Objectives

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

Program Outcomes

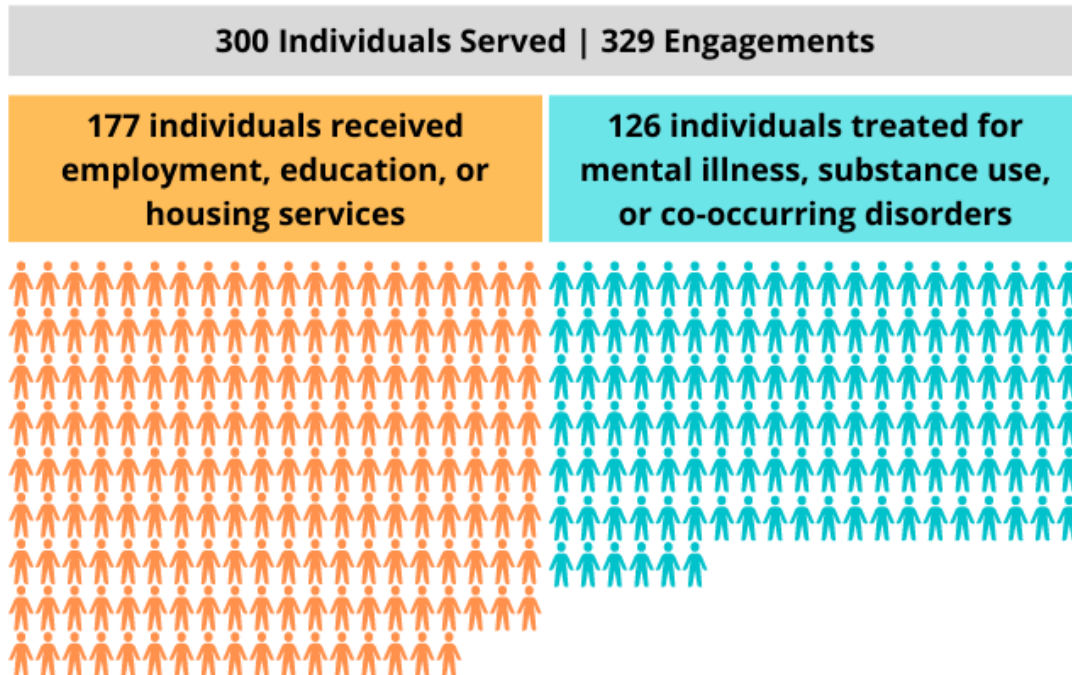
- A majority of clients in treatment court programs will demonstrate reduced symptoms of serious mental illness.
- Clients will demonstrate a reduction in substance use/suicidal ideations/levels of depression.
- Reduce recidivism for individuals in criminal justice system because of, or inclusive of,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

Method of Measurement

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

In its fifth year (2021-2022) the Community Action Team (CAT) program with the San Luis Obispo Police Department continues to benefit from the partnership of a behavioral health care provider on the patrol team which focuses on engaging unhoused and other individuals in the city. The MHSA-funded CAT consists of a clinical social worker embedded within the municipal police department to respond directly to individuals experiencing behavioral health crises who need outreach and engagement. **In FY 2021-2022, the CAT Community Liaison engaged 300 unduplicated individuals** (over 329 engagements total). One hundred and twenty-six (126) unduplicated individuals were treated for mental illness, substance use, or co-occurring disorders. Additionally, 177 individuals received employment, education, or housing services.

Figure 9.5A: Community Action Team Results FY 2021-2022



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 2021-2022 as part of the WET Plan:

1. Peer Advisory and Advocacy Team (PAAT) (TMHA): PAAT members meet bi-monthly to enhance the mental health system and develop and implement plans to: advocate and educate the community about mental health and recovery, eliminate stigma, advocate and provide education within the mental health system, and promote the concept of wellness versus illness by focusing attention on personal responsibility and a balanced life grounded in self-fulfillment. The consumer advisory council of mental health stakeholders met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. In 2021-2022, 58% (15/26) of PAAT members worked within the community behavioral health system (paid employment, peer presentation stipends, peer education stipends, etc.).

PAAT held 30 meetings in 2021-2022, and members conducted two events focused on stigma reduction for over 200 attendees. While that figure did not reach the attendee target for the fiscal year, the virtual and alternative events held were quite successful. One of those events, Journey of Hope, is an annual community-wide forum on living mentally well. Journey of Hope offers an opportunity to interact with mental health and community leaders, learn about local resources, and celebrate hope. This past year's event was held on May 11, 2022 in celebration of Mental Health Awareness Month. The keynote presenter was WNBA Rookie of the Year and six-time All-Star, Chamique Holdsclaw, who shared her own personal struggles with depression and her inspiring journey of recovery. The event also featured live music, local speakers, a virtual resource fair, and a tribute to Joe Madsen – a TMHA staff



manager, as well as a great partner to local MHSA providers, and local pioneer for mental health and outreach, who passed away a few weeks prior to the event.

PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement and the County's Behavioral Health Board, and MHSA Advisory Committee. PAAT members surveyed consistently report an increase in their

JOURNEY OF
H O P E

Presented by Transitions-Mental Health Association

featuring

Chamique Holdsclaw,
an illustrious basketball player whose accomplishments include WNBA Rookie of the Year, six WNBA All-Star appearances, and winning an Olympic Gold Medal with Team USA at the 2000 Sydney Olympic Games. Chamique will share her own personal struggles with depression and her inspiring journey of hope!

<p>DATE</p> <p>Wednesday May 11</p>	<p>TIME</p> <p>Resource Fair 5-6 PM</p> <p>Speakers 6-8 PM</p>	<p>LOCATION</p> <p>New Life Community Church, 990 James Way, Pismo Beach</p>
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knowledge and understanding of community planning processes. In 2021-2022, PAAT welcomed a total of 32 new meeting attendees, surpassing their goal of 25 new attendees annually.

2. E-Learning (SLOBHD): SLOBHD contracts with Relias Learning to provide electronic access to a Behavioral Health library of curricula for over 500 San Luis Obispo County behavioral health providers, consumers, and family members. In 2021-2022, over 3,300 hours of training were completed electronically. The capacity to be trained online supports a decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also uses online learning increase productivity.

In 2021-2022, 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 two overview trainings titled “Understanding and Minimizing Cultural Bias for Paraprofessionals,” and “Using Telehealth in Clinical Practice.” Providers of adult-focused services were also assigned “Illness Management and Recovery Model.” Providers of youth-focused services were assigned “Fetal Alcohol Spectrum Disorders.” Staff course completion was 61%, with 114 (out of 186) direct service employees (including temporary and volunteer staff) completing the curriculum.

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

As part of this work plan, the MHSA Advisory Committee approved the addition of a Program Manager for Diversity, Equity, and Inclusion in FY 2020-2021. This Program Manager chairs the Committee, develops, reviews, and edits policies and procedures, creates trainings, develops communication strategies for the Behavioral Health Department and the community, engages in community outreach, and aims to increase diversity in hiring and recruitment practices to ensure the capacity to provide culturally and linguistically appropriate staff to address the needs of the entire community. Some of the accomplishments in the last year include:

- In collaboration with the LGBTQIA+ Workgroup and key staff, the DEI Committee began the implementation of various recommendations for the following areas: (1) Environmental Enhancements, (2) Ongoing Staff Development, and (3) Structural Alignment. The current strategies being implemented include:
 - Conducting a quality audit of environmental elements at all clinic settings: development of an audit checklist to be added on improvement and compliance checks for all behavioral health clinics. This includes the DEI Program Manager working in collaboration with the Patient Rights Advocate to visit clinics by June 30, 2023 and ensure audit checklist items have been met.
 - Enhance common areas in clinics with display of visuals and embedded messages of welcoming and inclusion: development and

distribution of inclusive and gender affirming visuals and messaging for all behavioral health clinics.

- Improve website with LGBTQIA+ resources and representation: DEI Program Manager and the DEI Intern have identified tools, resources, and information for the LGBTQIA+ community to have easy access on the county DEI website.
- The DEI Committee aims to produce and release six newsletters in one fiscal year focused on behavioral health topics applying a cultural-and DEI-lens. In 2021-2022, the DEI Committee released a total of four newsletters, along with information on local resources and articles highlighting various topics relevant to the local behavioral health system. The goal is to enhance access to information and knowledge in the community on justice-related topics impacting service provision and the importance of community engagement and support.

The DEI Committee provided two Behavioral Health Interpretation Training sessions in May and June 2022. The training was designed for bilingual and bicultural staff, including partner providers, to enhance their skills and gain additional language and applicable skills on best practices for interpretation services. A total of 43 participants attended the training, and 28 of them completed the evaluation survey. Evaluation outcomes revealed the following:

- 66% of attendees rated the training as excellent, and 34% rated the training as good.
- 76% of attendees reported the training met their expectations, and 24% reported the training met somewhat their expectations.
- Attendees' comments on useful part of the training included:
 - "in-depth discussion of the roles of an interpreter"
 - "the pre-session and post-session along with the interpreter introduction"
 - "roles, ethics, rights, and self-care"
 - "different types of interpreting, best way to be seated and how to properly present yourself and also hear the provider point of view"
- The Program Manager has worked with the Committee and County Human Resources on the draft of a DEI Proposal to construct a system change within the Behavioral Health Department focused on four areas: Organizational Culture, Career, Communication, and Service and Community. The DEI Proposal is to be presented to the Behavioral Health Department Leadership Team in FY 2022-2023 for approval and implementation.

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

In FY 2021-2022, a total of 307 clients were served with over 532 service sessions provided. The Promotores substantially increased their data collection, receiving 59 surveys compared to 20 the year prior. Survey results show that Latino/x participants receiving interpretation and translation services attended 57% (307/543 sessions) of scheduled mental health appointments. Survey participants reported 86% (51/59) were highly satisfied with the Promotores interpretation services, while the remaining surveys reflected that there were no clients that were dissatisfied. The return to in-person sessions resulted in only 10% of services requiring Zoom or phone communications, a conditional correlation with the rise in data collection and satisfaction rates.

5. 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 2021-2022, no interns were hired for these positions. As noted in other parts of this Annual Update, staffing issues impacted the MHSA Work Plan in FY 2021-2022 as several programs underwent personnel changes including long periods of vacancy. As per the goals of the plan, the County continues to utilize the internship program to develop permanent staffing and promote hiring.

6. Public Information Specialist (SLOBHD): This position (formerly known as the Training and Communications Coordinator), was supported by assigning CSS funds to WET in FY 2019-2020 (renamed and reassigned in FY 2021-2022) serves as the lead communications coordinator for MHSA and the Behavioral Health Department and oversees activities to ensure community-wide training for the behavioral health system.

In the 2021-2022 fiscal year, the Behavioral Health Department reorganized this position along with the PEI-funded Suicide Prevention Coordinator position. The Training and Communications Coordinator was reclassified as the Department's "Public Information Specialist." The California Behavioral Health Directors Association (CBHDA) has recognized the importance for public communications regarding wellness, recovery, and reducing stigma, and the Department has seen a tremendous increase in public engagement since the start of the pandemic. The role will continue to train student interns in behavioral health communications, as well as develop outreach strategies for underserved populations, and will remain funded in WET.

For its part, the County classification for its Suicide Prevention Coordinator (PEI) will be converted to Program Manager and assume the responsibilities for MHSA training coordination and continuing education. This position will oversee the team of outreach and training specialists (including the Public Information Specialist described above), and coordinate community trainings, such as Mental Health First Aid. The position's primary role will be to implement the County's Suicide Prevention Plan. In 2021-2022, this position was funded in PEI.

Overall reach across all Behavioral Health social media accounts totaled to 92,887 persons in FY 2021-2022. One objective for the Public Information Specialist was to increase the number of posts provided in Spanish. The department successfully translated over 50 social media posts and stories on Facebook and Instagram during FY 2021-2022. This was an especially important goal given the ongoing rise in Spanish speaking clients served across the department and as well as the increase in Diversion, Equity, and Inclusion standards set for Behavioral Health practices.



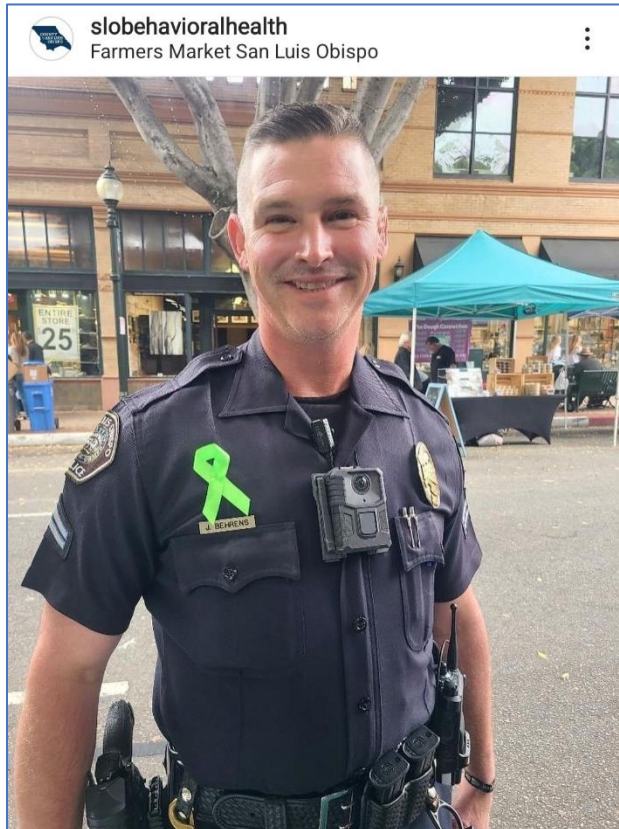
A second was to increase substance use content on all channels. This was successfully done by increasing postings on substance use disorders, department programs, driving under the influence prevention, overdose and fentanyl education and prevention, and campaign content for Drug and Alcohol Facts week.

The department reached an estimated 47,906 persons through local media and news coverage, radio stations, and print publications in FY 2021-2022. Over 50 local media interviews and news segments were completed covering various Behavioral Health

topics around mental health, substance use, and overdose and suicide prevention. Interviews steamed from the posting of department press releases online and email correspondence to local news stations and reporters. In FY 2021-2022 Behavioral Health also established and maintained a relationship with KCOY Channel 3-12 to provide ongoing updates on programs and campaigns on Wednesday afternoons.

7. Crisis Intervention Training (CIT):

The WET Work Plan sponsors training for local law enforcement agencies to receive training on best practices in responding to mental health crises. CIT programs create connections between law enforcement and mental health providers to improve response protocols and develop a greater understanding of those experiencing psychiatric crises. This program is operated by the San Luis Obispo County Sherriff's Office and nearly every law enforcement agency in the county participates. In FY 2021-2022 there were four 94 trainings held and 92 officers trained. Students strongly agree or agree that the class left them more informed, knowledgeable, and more prepared to deal with individuals in crisis.



Perinatal Mood Anxiety Disorder (PMAD): PMAD is a training program to educate women and health care providers on how to recognize the early signs and symptoms of perinatal mood and anxiety disorders. In FY 20-21, MHSA stakeholders approved PMAD to be repositioned from a Prevention and Early Intervention program to a WET project that would end in June of 2022. In its closeout year, PMAD's outreach efforts delivered a variety of educational materials through print and social media, posters, flyers, and resource cards. PMAD printed eight (8) ads in SLO Life magazine, distributing materials to 24 pediatric and obstetric provider offices, and generating over 4,000 views on PMADSLO.org. The program also facilitated a variety of in-service training that attracted over 70 participants, 16 of which received certifications for providing postpartum support.

MHSA Mini-Grant Project

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. (W&I Code Section 5847(b)(7)). A 2019 amendment (Senate Bill 192) required counties to establish a prudent reserve that does not exceed 33 percent of the average Community Service and Support (CSS) revenue received in the local Mental Health Services Fund in the preceding five years. Due to this new guidance, the County reduced its prudent reserve by nearly \$3 million to comply with the 33 percent cap, transferring funds to CSS, which would need to be spent prior to June 30, 2022.

In July 2021, the MHSA Advisory Committee stakeholder group approved the use of up to \$600,000 of released prudent reserve funds for a Mini-Grant Program. The goal of the MHSA Mini-Grant Program was to provide one-time grants to MHSA providers towards either CSS or Workforce Education and Training (WET) funded programming, services, or goods by releasing a portion of the remaining prudent reserve funds to ongoing MHSA program. Eleven programs were awarded grants in November 2021.

In January 2022, the MHSA Advisory Committee approved an extension of the Mini-Grant Program to community organization programs for up to \$100,000 to be spent on Workforce Education and Training (WET) initiatives prior to June 30, 2022. MHSA defines WET as the component of education and training programs and activities for prospective and current Public Mental Health System employees, contractors, and volunteers. The goal of the proposed MHSA Mini-Grant Program Extension was to provide one-time grants to partners to fund programming, services, or goods that adhere to WET goals, by releasing a portion of the remaining released prudent reserve funds to non-MHSA programs. Ten local non-profit organizations (that are not currently contracted as MHSA partners) received awards.

The Mini-Grant Awards and projects for both current contracted MHSA partners, and community-based organizations are detailed below.

Contracted MHSA Partners

SLO Public Health Department: Perinatal Mood and Anxiety Disorders (PMAD)

Grant Funding Amount: \$12,500.00

Grantee: The County of San Luis Obispo Public Health Department promotes, preserves and protects the health of all County residents through disease surveillance, health education, direct services, and health policy development.

Description of Project: The PMAD Project requested funding for training in the Collaborative Care Model (CoCM). CoCM is a specific type of integrated care, developed at the University of Washington, that treats common mental health conditions such as PMAD which requires systematic follow-up care. In the CoCM, trained primary care providers and embedded behavioral health professionals provide evidence-based medication or psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustment.

Holifield Psychological Services, Inc.: B-HARP

Grant Funding Amount: \$50,000.00

Grantee: The Behavioral Health Assessment Response Project (B-HARP) project is an MHSA Innovation that 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 project is administered by Holifield Psychological Services, Inc.

Description of Project: The MHSA Mini Grant was utilized to fund additional training to accommodate local demand, including a full-day training event with crisis response professionals at the Embassy Suites in San Luis Obispo. The event allowed for the trainees to interact and collaborate with each other in groups, significantly increasing the effectiveness of the case study exercises. The response was outstanding, with 61 people registering, and 55 attending. The numbers were bolstered by the presence of new partner districts that sent staff, including Lucia Mar Unified, Paso Robles Unified, Templeton Unified, and Atascadero Unified. TMHA: Transitions Mental Health Association

Transitions Mental Health Association (TMHA)

Grant Funding Amount: \$74,000.00

Grantee: Transitions Mental Health Association (TMHA) operates over 40 programs on the Central Coast offering a wide variety of mental health services that assist individuals and family members with treatment and recovery.

Description of Project: Mini-grant funds were used to supplement a variety of program needs, such as: the purchase of a vehicle for the Wellness Centers and FSP Homeless Outreach Team, hiring additional personnel for Growing Grounds Farm and Nursery, the cost of the keynote speaker for the *Journey for Hope* event and resource fair, and the addition of a text line for Central Coast Hotline.

CAPSLO: SAFE Workforce Training, Positive Development Workforce Training; Holistic Adolescent Health Workforce Training

Grant Funding Amount: \$90,000.00

Grantee: The Community Action Partnership of San Luis Obispo County, Inc. (CAPSLO) was established in 1965 as a private, nonprofit, public benefit agency. CAPSLO addresses the causes of poverty by empowering low-income people to achieve self-sufficiency through a wide array of community-based collaborations and programs.

Description of Project: The Prevention and Early Intervention (PEI) Positive Development Program utilized the MHSAs Mini-Grant funding to support the development and distribution of curriculum kits to child cohorts in privately funded childcare programs county-wide. Funding was also used for childcare provider workforce education and resources to train programs to better support the children in their care who have been trauma exposed. CAPSLO: Health & Prevention Division Teen Wellness

Grant Funding Amount: \$4,900.00

Description of Project: MHSAs Mini-Grants provided CAPSLO's Health and Prevention Division's Teen Wellness program with training dollars to support Health Educators who are serving SLO County teens in the classroom and provide individualized education services covering teen health topics including reproductive health, mindfulness, and nutrition education. CAPSLO used MHSAs Mini Grant funds

to help develop the capacity of Health Educators to serve teens more effectively through one-on-one coaching. This was accomplished by enrolling three CAPSLO Health Educators in the Mayo Clinic's Nationally Board-Certified Health and Wellness Coaching Certification program.

Wilshire Health & Community Services

Grant Funding Amount: \$75,000.00

Grantee: Wilshire Health & Community Services provides a variety of healthcare services and supports including hospice care, home health care, older adult services, mediation services, and provider solutions. **Description of Project:** The Older Adult Full-Service Partnership (OA FSP) at Wilshire Community Services (WCS) has utilized a recovery-based approach to treatment since its inception. However, there has never been a formalized or uniformed approach adopted by the OA FSP program. The funds from this grant allowed WCS to adopt and train all OA FSP team members on an evidence-based model of treatment that focuses on wellness and recovery. OA FSP team utilized an Enhanced Illness Management and Recovery (E-IMR) model for treating mental illness and co-occurring disorders. The E-IMR training and certification was completed through the University of Minnesota online format. The Mini-Grant funding enabled training and certification for one program manager, two clinicians, two case managers, a medication manager, and a psychiatrist.

The Link Family Advocates

Grant Funding Amount: \$39,250.00

Grantee: The team of Family Advocates help children, youth and families thrive. County-wide services include supporting access to nutritious food, housing, clothing, childcare, utility assistance, health services, family strengthening resources for parenting, mental wellness and thriving relationships, student advocacy to promote academic success, and immediate support during times of crisis.

Description of Project: MHSA Mini Grant funds supported Social Solutions technical assistance to expand The Link Family Resource Center (FRC) data management capacity and to improve data analysis. Training was provided on the Reaching Teens curriculum to enhance the capacity of PEI Family Advocates working with teens,

helping staff understand the mental health needs of clients. Funding also helped the FRC invest in computer hardware upgrades, as well as ongoing training and coaching of new and current staff on internal data systems. The MHSA mini grant promoted career development among 19 FRC staff by providing educational stipends to assist with tuition, books, and resources to further educational attainment in the field of behavioral health services.

Sierra Mental Wellness Group (SMWG)

Grant Funding Amount: \$74,960.00

Grantee: The mission of Sierra Mental Wellness Group (SMWG) is to provide professional and affordable individual, couple and family counseling, crisis services, child and adolescent programs, and comprehensive mental health assessments. SMWG seeks to provide innovative as well as traditional approaches to solve problems and to address the identified needs of the people in and around SLO county.

Description of Project: Mental Health Evaluation Team (MHET) technology upgrades: As treatment support and modalities improve and change, a barrier to maintaining services that is culturally relevant, family and individual driven, timely and effective is updated programming, accurate real-time data collection, effective digital communications, and service implementation. Mini grant funding for updated equipment, and increased training provided stable infrastructure supporting clinicians who provide direct care and administrative support to all those served. New accessible equipment is expected to prevent delays in service, provide access to service, and improve data tracking, and maintain reimbursement for services provided.

Center for Family Strengthening (CFS)

Grant Funding Amount: \$47,076

Grantee: The Center for Family Strengthening (CFS) serves as the designated Child Abuse Prevention Council of San Luis Obispo County. As an established non-profit organization, CFS provides the leadership and advocacy required to ensure a county-

wide prevention agenda with a focus on promoting the prevention child abuse and neglect.

Description of Project: The Promotores Collaborative of San Luis Obispo County used the MHSA Mini-Grant to provide a training retreat involving group and one-on-one sessions with a Behavioral Health Clinician/ Therapist, Jackelyn Llamas LMFT to a total of 17 Promotores interpreters. Topics included: Anxiety and Depression with Suicidal Thoughts, Bipolar and PTSD, Bulling, Burnout and life balance, Life after pandemic.



Family Care Network (FCN)

Grant Funding Amount: \$63,000.00

Grantee: Family Care Network Inc. (FCNI) serves children and families representing a broad range of ages and needs. FCNI's primary service population continues to be youth, foster youth, and young adults who are classified as Severely Emotionally Disturbed (SED), suffering from Severe and Persistent Mental Illness (SPMI), or who have experienced trauma (Adverse Childhood Experiences (ACEs)).

Description of Grant: The MHSA Mini-Grant funded a number of improvements related to the agency's data analytics reporting system, clinical staff training

programs, IT infrastructure/tools, client database, and compliance related to MHSA programs. These improvements included a robust client data analytics reporting system, Dialectical Behavioral Therapy (DBT) and Seeking Safety training materials, and procuring printing licenses and leases for Health Insurance Portability and Accountability Act (HIPAA) compliance standards.

Community Counseling Centers (CCC)

Grant Funding Amount: \$11,211.00

Grantee: The Community Counseling Center (CCC) is a mental health care safety net for the economically disadvantaged, underinsured, and uninsured residents of San Luis Obispo County with mild to moderate conditions.

Description of Project: The CCC provided a pair of accredited Continuing Education (CE) trainings (LMFTs, LCSWs, LPCCs) on the topics of mental health counseling for Veterans and their family members, as well as play therapy models for youth and adults. The CCC partnered with the San Luis Obispo Veterans Center to recruit and select a certified trainer to provide virtual training 25 CCC clinicians 11 other licensed clinicians from various Community Based Organizations and private practices. The goal of the training was to develop greater capacity amongst CCC based clinician's and Prevention and Early Intervention (PEI) partners to serve and refer Veteran's and their family members for mental health counseling treatment more effectively. Additionally, CCC identified a need for great play therapy capacity amongst clinicians at CCC and in the community.

Community Based Organizations

Along Comes Hope

Grant Funding Amount: \$4,999.00

Grantee: Along Comes Hope provides resources for children with cancer and their families. These services include financial assistance with travel for treatment, creative and emotional support programs for the entire family, advocacy to promote policy changes, and education and awareness programs to understand the traumatic impact cancer has on families.

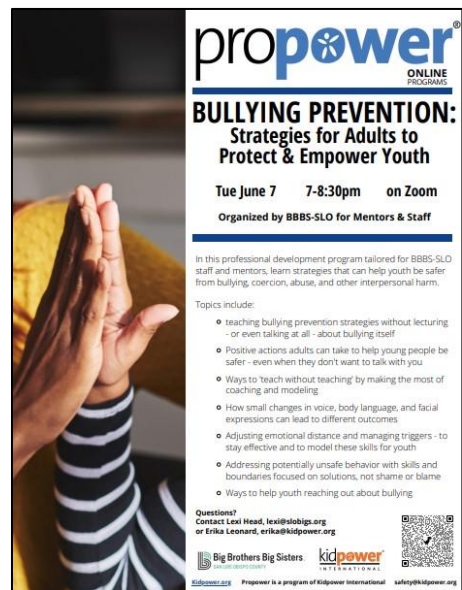
Description of Project: Under the umbrella of the Emotional Support Programs and with support from the MHS Mini-Grant project, Along Comes Hope added a new program: The Circle of Hope Cancer Support. The Circle of Hope network creates an online virtual wellness program to assist families with childhood cancer diagnosis. Along Comes Hope used Mini-Grant funding to provide emotional support through a community of cancer patients and caregivers. MHS Mini-Grant funding supported an engineer to build an online platform for release in Spring of 2022. On the platform Along Comes Hope provided coaches, guests, experts, survivors and caregivers to provide live sessions to provide their expertise in guiding children and family through mental wellness while fighting cancer.

Big Brothers Big Sisters (BBBS)

Grant Funding Amount: \$4,650.00

Grantee: Big Brothers Big Sisters (BBBS) SLO's mission is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. Annually BBBS support 220 unduplicated at-risk children and youth, ages 8 to 15, throughout San Luis Obispo County.

Description of Project: The award was used to provide in-depth training for adult volunteers and BBBS SLO staff to increase their knowledge of compassionate communication, bullying prevention, and trauma informed parenting support skills training. BBBS utilized Compassionate Communication training from the Center for Nonviolent Communication for 13 attendees; trainings were all provided virtually, reducing barriers to access and costs and consisted of 16 hours of total training. BBBS also provided 45 program staff and volunteers access to the Kidpower Bullying Prevention training. BBBS SLO staff and volunteers utilized training to improve their ability to support the children, youth, and families in the program. This training provided the opportunity to increase staff and volunteer's knowledge of effective, compassionate communication, bullying prevention and trauma informed parenting support.



CASA of SLO

Grant Funding Amount: \$4,999.00

Grantee: Court Appointed Special Advocates (CASA) advocates for the best interests of abused and neglected children within the court system. CASA recruits, trains, and supervises volunteers who advocate for this vulnerable population with the goal of ensuring that each and every child grows up in a safe, nurturing, and permanent home.

Description of Project: Funds were used to enable members of the program staff attend the National CASA/GAL Association conference in Seattle, Washington on June 4-7, 2022. Program Staff include a Program Director, Senior Advocate Supervisor, 4 Advocate Supervisors, and a Program Associate. This team is the front line that coaches and supervises the over 150 volunteers who provide direct services (including mental health support) to children and youth in the foster care system in San Luis Obispo County.



Child Development Resource Center (CDRC)

Grant Funding Amount: \$4,995.00

Grantee: The San Luis Obispo Child Development Resource Center (CDRC) focuses on making San Luis Obispo County a better place by ensuring the children and families we serve are successful and flourishing in life. Their mission is to provide therapeutic early education and mental health programs focused on protecting children through our commitment to heal, support and strengthen families within

San Luis Obispo County for the prevention and treatment of child abuse in all of its forms.

Description of Project: Funds from the Mental Health Service Act supported the education and training of our Associate and Intern Therapists in regards to cultural and linguistic competencies to help better assist CDRC's underserved populations. From July 2021 to June 2022, the San Luis Obispo Child Development Resource Center's team offered specialized therapeutic preschool services to 88 children and 118 parents for a total of 206 San Luis Obispo County residents. SLO CDRC's therapy team provided individual and in class therapeutic behavior services to 49 children and social skill building sessions to 70 children. Several children received both services. In total, SLO CDRC provided 75 children and 83 parents with individual, and/or family therapy to support families with success in school, work, parenting, and community integration.

Hospice of SLO

Grant Funding Amount: \$4,997.00

Grantee: Hospice SLO County is a non-medical volunteer hospice and community grief center. Hospice SLO supports those facing a life-limiting illness, end of life, or grief by providing in-home support, caregiver respite, care management, grief counseling, support groups, community grief response, pet support, and education.

Description of Project: The MHSA/WET mini-grant supported Hospice SLO's in-home hospice volunteer training program. The comprehensive 30-hour In-Home Volunteer Training is offered four times a year to prepare volunteers to assist clients with their needs, including in-home respite services for clients' caregivers and family. The training prepares volunteers to not only be excellent listeners with high levels of awareness around dying and grieving, but also informs them how to effectively connect clients and caregivers to relevant community resources. Trainings explored personal attitudes towards death and dying, the history of hospice, current medical and non-medical approaches to end-of-life care, communication skills, anticipatory grief and bereavement, and practical and emotional support needs of clients and families, including sensitive attention to family dynamics. Mini-Grant funding supported three comprehensive in-home volunteer trainings (each training consists of eight three-hour sessions).

NAACP

Grant Funding Amount: \$4,999.00

Grantee: The mission of the National Association for the Advancement of Colored People is to ensure the political, educational, social and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination. The principal objectives of the Association shall be to ensure the political, educational, social and economic equality of all citizens; to achieve equality of rights and eliminate race prejudice among the citizens of the United States; to remove all barriers of racial discrimination.

Description of Project: The NAACP SLO County Branch utilized mini-grant funds to assist with hosting its 5th Annual Juneteenth Celebration and Resource Fair, a two-day celebration of the emancipation of those who had been enslaved in the United States. The event featured vendors with local products and/or services (mental health employment opportunities), live music, dancing, art, speakers, a silent auction, a soul food dinner (for purchase), and the Freedom Lounge hosted by The History Center of SLO County. The celebration provided entertainment and education for the San Luis Obispo County community. “Juneteenth is about Freedom, Liberty, the Pursuit of Happiness and the Coming Together as One” said Rev. Stephen Vines, President SLO County Branch.



NAMI SLOCO

Grant Funding Amount: \$4,999.00

About the Grantee: The National Alliance of Mental Illness (NAMI) is a charitable non-profit, and the largest grassroots organization in the nation addressing and advocating for improved and better services for people and families living with mental illness. NAMI of San Luis Obispo County (NAMI SLOCO) is the active local chapter and are represented within the MHSA Advisory Committee among other stakeholder groups.

Description of Project: The MHSA mini-grant assisted in funding a project based upon NAMI's core pillars of education and support. NAMI SLOCO regularly partners with local schools, primarily middle and high schools, to bring in the educational program Ending the Silence. Ending the Silence is an engaging presentation that helps youth learn about the warning signs of mental health condition and what steps can be taken if they, or a loved one is showing symptoms of a mental health condition. The grant supported the certification of two (2) volunteers in Mindful Meditation practices and four (4) volunteers in youth focused mindfulness-based stress reduction for teens. Providing two opportunities for certification will allow volunteers to teach different techniques and variations on modalities for youth.

Pregnancy & Parenting Support (PPS)

Grant Funding Amount: \$4,999.00

Grantee: Pregnancy and Parenting Support (PPS) of SLO provides local families with emotional support, practical assistance, and compassionate connections to community resources from pregnancy through child's fifth year.

Description of Project: PPS utilized the MHSA mini-grant to assist with their internship program. Interns assisted at Car Seat Check Events, Children's Days in the Plaza, and shadowed PPS Board of Directors Meetings. The funding also sponsored the PPS Executive Director in presentations to the Community Mental Health Students in the Masters of Psychology Graduate Program at Cal Poly.

SLO Noor Foundation

Grant Funding Amount: \$4,999.00

Grantee: SLO Noor provides no-cost medical, dental, and vision care to uninsured adults. The organization treats more than 1,400 unduplicated patients each year with over 3,850 patient visits at the SLO medical clinic location.

Description of Project: The SLO Noor Foundation established a process to assess patients for Mental Health risks as part of the organization's regular intake process. The funds from the MHSA Mini-Grant were used to purchase assessment tools and to train staff to appropriately assess and identify patients whose results or conduct demonstrate a mental health need. SLO Noor's intake process also included initial assessments like the Patient Health Questionnaire (PHQ), which is one of the most commonly used measures of depression symptoms in the primary care industry.

Prevention & Early Intervention (PEI)

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

Prevention focuses on reducing the impact of risk factors and improving well-being by expanding services through parent education, promoting a positive school climate and connectedness, and promoting participation in community networks while increasing access to support services and treatment. Early Intervention activities are intended to prevent mental illness from becoming severe, and reduce the duration of untreated severe mental illness, allowing people to live fulfilling, productive lives.

PEI programs receive 17% of available MHSA funding. In FY 2021-2022 the county's PEI Program included the following work plans: 1. Prevention, 2. Early Intervention, 3. Outreach for Increasing Recognition of Early Signs of Mental Illness, 4. Access and Linkage to Treatment Programs, 5. Stigma and Discrimination Reduction, 6. Improve Timely Access to Services to Underserved Populations, and 7. Suicide Prevention.

In March 2022, MHSA stakeholders approved the County's plan to adjust the PEI Work Plan titles and numbering to meet the state PEI Guidelines.

The MHSA requires each county to conduct a local evaluation of one PEI program. SLOBHD elects to conduct an evaluation of each of its PEI programs. PEI program evaluations are available to review at [the County's website](#). Fiscal Year 2021-2022 demographic data such as race, ethnicity, gender assigned at birth, gender identity, sexual orientation, age, homelessness status, veteran count, and disabilities are compiled in [Exhibit D](#). Total funds including administration and evaluation allocations are compiled in [Exhibit I](#).

[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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	293	\$115,053	\$393
Actual for FY 2021-2022	257	\$119,564	\$465
Projection for FY 2022-2023	400	\$98,269	\$246

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

Program Goals:

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

Key Objectives:

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

Program Outcomes:

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

Method Measurement:

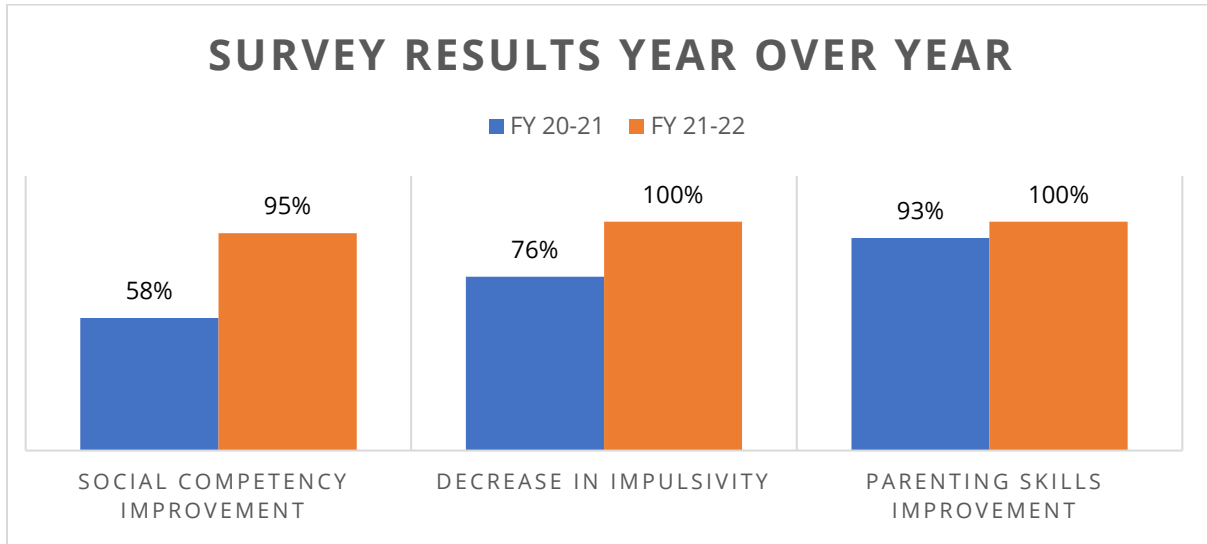
- Rosters.
- Ages and Stages Questionnaire.
- Behavior Rating Scale.

Overview: Community Action Partnership of San Luis Obispo’s (CAPSLO) Child Care Resource Connection (CCRC) administers the Positive Development Project. The project centers on delivery of the “I Can Problem Solve” curriculum as well as the accompanying “Early Childhood Behavior” (ECB) and “Ages and Stages Questionnaire” (ASQ) training to private childcare providers located throughout San Luis Obispo County. Emphasis is placed upon providers in underserved areas from Nipomo in the south, to San Miguel in the north. Materials and trainings are provided in both English and Spanish. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles. CCRC works with programs to support screening and assessment in alignment with Quality Counts, a state and nation-wide effort to support continuous quality improvement in childcare.

In 2021-2022: 404 family units received 195 parent activity summary distributions, 188 child activities were facilitated, and 6 new childcare programs were recruited. Pre and post Behavioral Rating Scale assessments (ASQ)

and surveys of children and parents participating in the program demonstrated a 95% (81/85) social competency improvement; 100% (26/26) of children, initially assessed as impulsive, demonstrated a decrease in impulsivity; and 100% (55/55) of surveyed parents demonstrated an improvement in their parenting skills as it relates to their children wellbeing and behavior. All key measurables resulted in substantial improvements of success rate from 2020-2021 to 2021-2022 (Figure 1.1A).

Figure 1.1A: Positive Development Program Outcomes FY 2021–2022



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

“My daughter used to yell and demand, she is learning to control how she is feeling and explain what it is she wants and is feeling”

“We have thought about why a certain behavior starts not just why it’s happening”

“It gives me new ideas, I hadn’t thought about and furthers my understanding on how my child may feel”

“La guía, folletos, materiales y lecciones han sido de gran enseñanza para mi y mejor forma de redirigir el comportamiento no aceptable” (The guides, flyers, and materials have been a great learning tool, it showed me how to redirect unwanted behaviors).

The Positive Development Program was highly successful in FY 21-22 after weathering the challenges of the early stages of pandemic, which saw the temporary closing of many childcare providers, limited data collection, and reduced

participation. CAPSLO's CCRC navigated towards improved performance outcomes. The program also prioritized outreach efforts and referral generation from current childcare providers. Through these efforts, the program is trending back towards meeting yearly projections for children served annually. CCRC currently provides training and education to over 30 childcare providers in SLO County, equating to 257 children ages two to six (2-6) active with the program.

Based on pre and post assessment behavioral rating scores, CCRC analysis showed that children participating in the program year-round maintained prosocial scores. These results can be directly correlated to the consistent implementation of curriculum and parent utilization of newsletters and activity summary ideas that extended and reinforced concepts. Children that started the program mid-year or had inconsistent routines scored lower on the prosocial scales or higher in the impulsive categories. Below are examples of the curriculum and newsletter concepts in action:



Good or bad Idea

"Children knew how to identify good and bad ideas, they explained to me why they thought they were good or bad ideas. I asked various questions and they responded very well, they have a clear idea of the differences. While coloring the images, one child stood on his chair, I asked if that was a good idea, he responded "no because I can fall" that was a teachable moment and he had the opportunity to see why it was a bad idea." - MD

"I used the sensory paper during a moment of frustration on the children's part. The paper and crayons helped them calm down as the texture of the paper brought their awareness to something else. Once they calmed down, they drew how they were feeling and we talked about emotions and things we can do to feel better" LP

(Sensory paper provided with calm basket)



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

Fiscal Year Estimate	Program Item	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	Parent Education	854	\$175,301	\$128
	Coaching of Parents/Caregivers	514		
Actual for FY 2021-2022	Parent Education	714	\$182,011	\$144
	Coaching of Parents/Caregivers	554		
Projection for FY 2022-2023	Parent Education	300	\$167,178	\$209
	Coaching of Parents/Caregivers	500		

Program Provider: Center for Family Strengthening (CFS)

Project Goals:

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

Key Objectives

- Parent education.
- Parent coaching.

Program Outcomes

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

Method of Measurements

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

Overview: The Center for Family Strengthening’s “Parent Connection” is the center of 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 exposed to domestic violence or in stressed families, living with or at high risk for mental illness, substance use, or trauma, monolingual Latino parents, or parents in rural areas of the county.

The website www.sloparents.org (which features Spanish translation) serves as a clearinghouse to disseminate information on parenting classes, family support programs, and services. In addition to promoting parent education classes funded by PEI, the website lists thirty-four (34) parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness or addiction. Listings are grouped by age ranges, co-parenting, ongoing support groups, and community partner classes for the convenience of viewers searching for local support.

In 2021–2022, the program registered a total of 18,220 unique website visitors and 34,416 website 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, unhoused, and teen parents. In 2021–2022 Parent Connection offered 56 classes, 15% (8/56) of which were in Spanish. Thirteen (13) parent provider trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in the community.

Parent Coaches provide supportive and skill building coaching services on the phone or in person when requested. The coaching services include support groups for specific high-risk parent groups: parents who are unhoused, in recovery, teen parents, and single parents. Self-report surveys (below) of parents and caregivers participating in education or coaching services demonstrate the effectiveness of the coaching and the positive impact on parenting strategies.

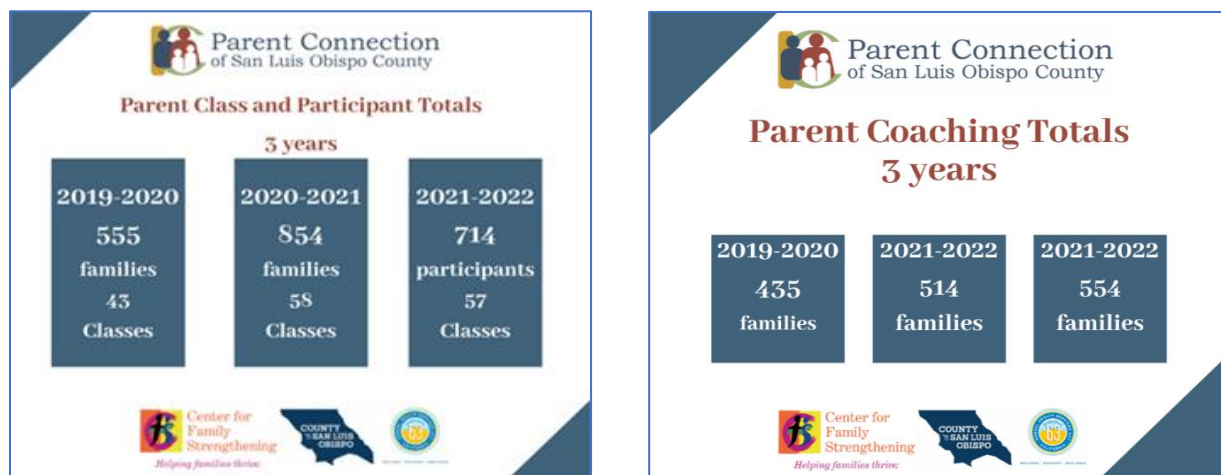
The Family Education, Training, & Support (FETS) program continues to build capacity moving into FY 22-23. Their continued engagement efforts with the Latino community have resulted in increased class offerings and participation. In the coming year, Parent Connection will be hiring a part-time Parent Educator to provide parenting classes on Zoom year around. The focus will be on offering Active Parenting classes for ages 0-5, 6-12, and 13-18. A significant goal in this next year will be to build relationships with school districts and the public library system. The

outcome of these partnerships will be to offer one night parent workshop topics such as social media and technology, emotional regulation, and other subjects to the community. Creating public spaces for these class opportunities will result in larger audiences and help to create a streamlined approach for parents to access in-person classes and training.

Table 1.2A: Targets and Outcomes Based on Survey Results.

Target Units of Service	Performance Outcomes
Ninety percent (90%) of parents and caregivers shall report increased confidence in their parenting skills.	<u>97.83%</u> (568/583) increased their own confidence in parenting.
Ninety percent (90%) of parents and caregivers shall report increased knowledge of available resources in SLO County.	<u>97.03%</u> (561/583) improved their knowledge of family strengthening resources available in SLO County.
Ninety percent (90%) of parents and caregivers shall report improved knowledge of positive parenting strategies.	<u>95.75%</u> (563/583) improved their knowledge of positive parenting strategies when parenting their children.
Ninety percent (90%) of parents and caregivers shall report improved knowledge of communication skills with their children.	<u>96.29%</u> (561/583) Improved their knowledge with effective communication strategies with their children.

Figure 1.2B: 3-year Program Participation.



PEI 1.3: Prevention Programs | Middle School Comprehensive Program

Fiscal Year Estimate	Program Item	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	Student Support Counselors	180	\$312,337	\$1,735
	Family Advocates	471	\$157,275	\$334
	Youth Development	199	\$91,080	\$458
Actual for FY 2021-2022	Student Support Counselors	270	\$308,713	\$1,143
	Family Advocates	446	\$160,421	\$360
	Youth Development	112	\$90,204	\$805
Projection for FY 2022-2023	Student Support Counselors	300	\$485,648	\$1,619
	Family Advocates	350	\$335,246	\$958
	Youth Development	150	\$87,819	\$585

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurements

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

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

Students are identified as at-risk because of indicators such as poor attendance, academic failure, and disciplinary referrals. SLOBHD Counseling staff work closely with school counselors and Family Advocates to address impacts of school climate and community specific to emotional and behavioral health needs. Issues such as self-harm, depression, bullying, violence, substance use, family changes, homelessness, and suicidal ideation are some of the topics addressed in group or individual counseling.

Student Assistance Program survey results (n=213) showed dramatic improvements in all "protective factor" survey questions; for example, a 32% increase in ability to cope with stress, depression, and anxiety. The Student Assistance Program also saw a decrease in all surveyed "risk factors" such as a decrease in the amount of suicidal ideation by 38% and a reduction in reported self-harm by 51%. The Student Assistance Program participants reported an improvement in academic grades after program participation, and a decrease in absent days. Full results of the survey can be seen in the table in Appendix E.

In fiscal year 2020-2021, the County received and implemented a grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to expand its Middle School Comprehensive programs. This grant allows the County to provide this program to six additional sites, and now serve 12 of the county's 14 public middle schools.

Family Advocates

The Link's Family Advocates provide direct contact with families and help coordinate referral and intervention services to at-risk families and youth. Family Advocates assist youth and their families by connecting them with access to system navigation including essential resources such as disability benefits support for family reunification, accessing healthcare needs, clothing, food, tutoring, parent education, and treatment referrals. Other Family Advocate responsibilities include facilitating connections with community partners for domestic violence services, homeless services, transportation, employment resources, and to represent The Link at school events such as "Back to School" nights, "Open Houses," and providing an orientation to school personnel early in the school year.

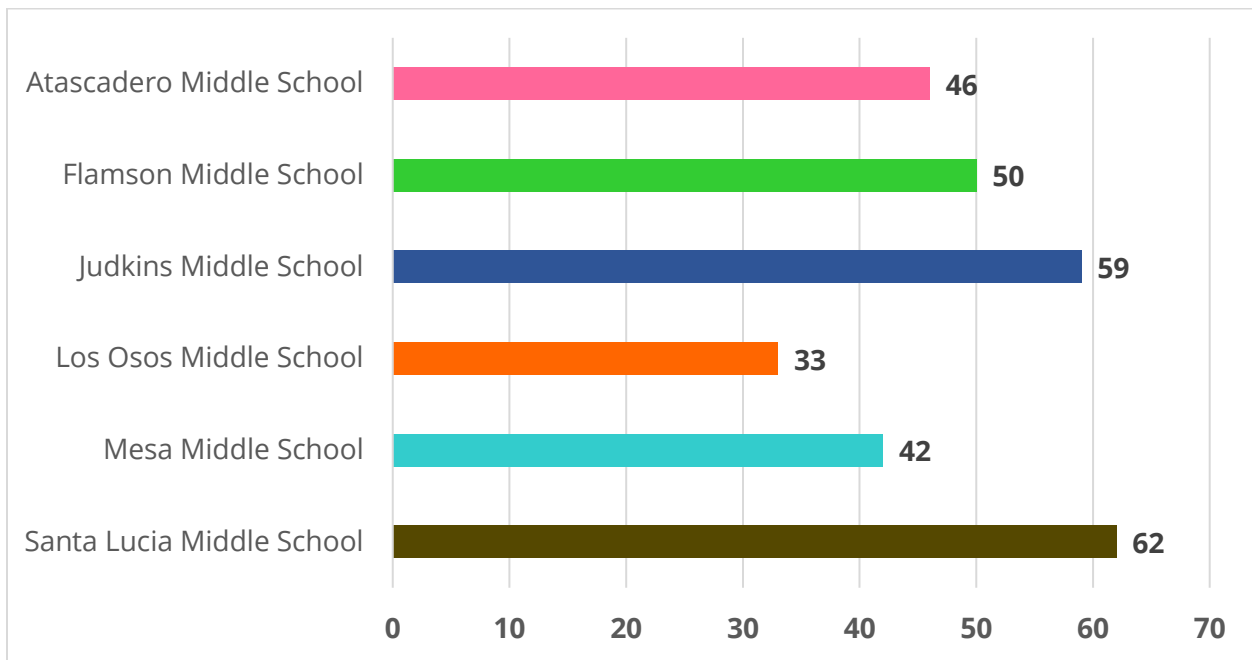
In FY 2021-2022, Family Advocate services experienced a surge in referrals and families served. The explanatory variables include the first full year of grant funded services, the return of in-person classes, and economic difficulties caused by the pandemic and global phenomena that contributed to lack of resources for essential needs. Overall, families receiving information and referrals from The Link's Advocates climbed by 80% from the previous year (156 to 281). Youth that were referred and received intensive case

management, services, and support rose to 32% (90/281). Youth reported 90% (81/90) improvement in school attendance and behavior after receiving case management services, and 100% of cases showed progress on the components of the SAFE scale (Safe, At-Home, In-School, Healthy, and Out of trouble), which is assessed on entry and at 3-month intervals. Family Advocates conducted 72 outreach and training events at the middle schools including Back to School Night, Food Bank events, Children's Day in the Park, and multiple PEI meetings.



The graph below lists each PEI middle school served by The Link through either MHSA or grant funds as part of the Comprehensive Middle School Program. **Figure 1.3A** below reflects number of PEI Middle School families served by The Link at MHSA funded schools.

Figure 1.3A: 2021-2022 Count of Families Served by The Link FRC Family Advocates



Student Support Counselor

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

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

In FY 2021-2022, the Student Support Counselors returned all counseling sessions to in-person services on middle school campuses during school hours. Overall, there were more counseling referrals and more individual and group counseling services provided to students throughout the school year. These services included tangible coping skills, relationship building activities, and active discussions around issues related to mental health awareness and drug prevention. Also, early intervention counseling services continued beyond the school year on-campus during summer school.

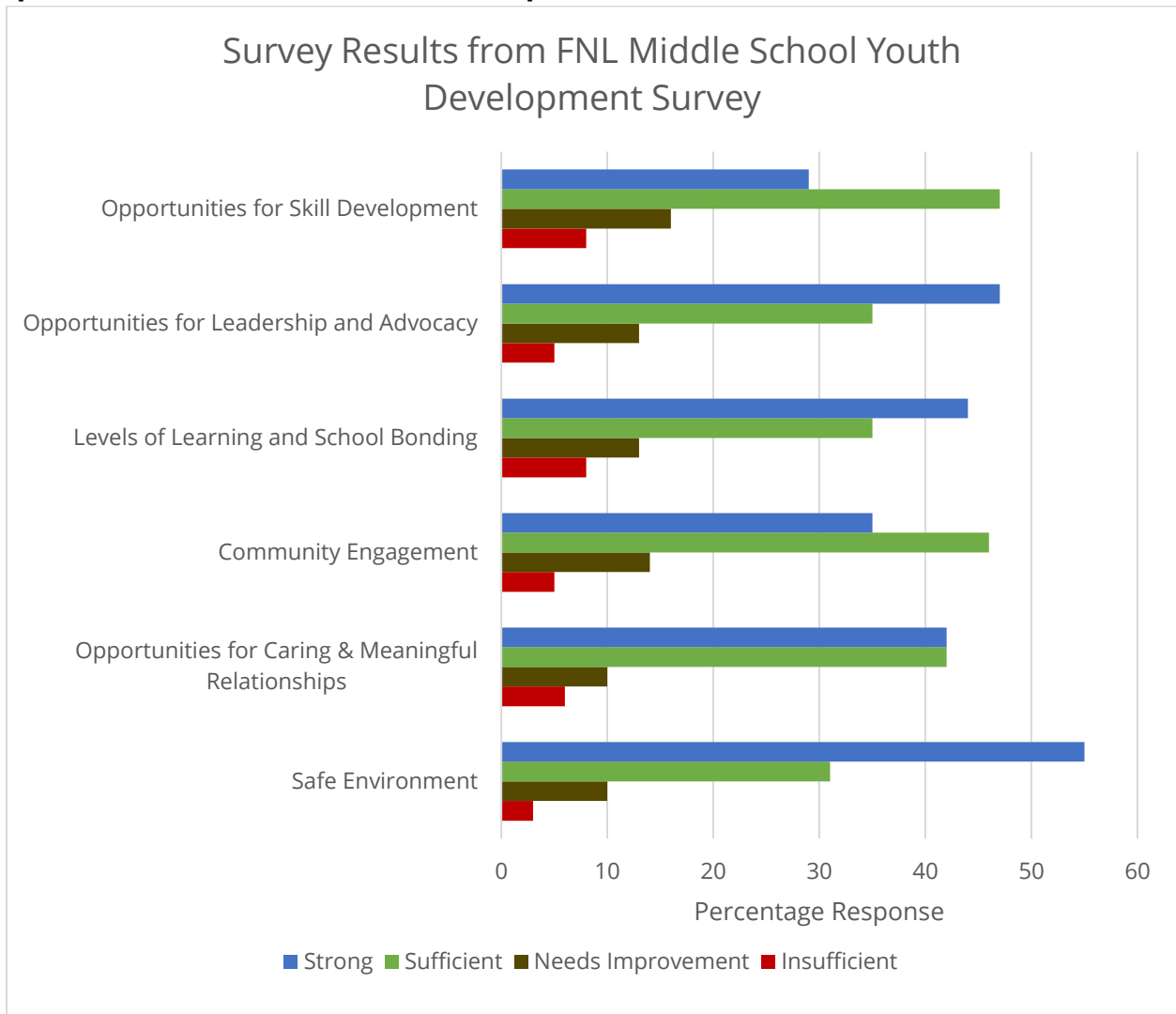
Youth Development/"Club Live"

Each participating school receives Club Live Youth Development programming provided by the SLOBHD's Friday Night Live staff. Youth Development (an evidence-based strategy for building resiliency) reduces the risk of mental illness by engaging young people as leaders and resources in the community and providing opportunities to build skills which strengthen bonds to school and improve overall wellness. Over 3,000 students 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, to measure the impact of the increased PEI Club Live programming. Figure 1.3B provides an average of the different components associated with leadership, advocacy, learning, and school bonding from FY 2021-2022.

Figure 1.3B. Youth Development Survey 2021-22: Youth Responses to questions on the five standards of practice (n = 123)



In addition to the six Middle School Comprehensive sites, MHSA-supported youth development programs are present on all public middle school campuses in San Luis Obispo County. The Club Live 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 (e.g. "No Place for Hate)," stigma reduction campaigns, Red Ribbon Week, and various community service opportunities.



In FY 2021-2022, all Club Live Youth Development meetings and events returned to in-person services on middle school campuses allowing for students to be connected to extra-curricular activities and maintain a presence in the school setting. Throughout this past school year, FNL had great success hosting weekly chapter meetings with students on middle school campuses and assisting students with coordinating campus-wide activities promoting positive, safe, and healthy choices, including drug-free lifestyles, mental health awareness, and friendship and kindness. FNL also had several opportunities to team up with the entire PEI team to promote their wraparound services to students, parents, families, and community members during school and community outreach events.

PEI 1.4: Prevention Programs | In-Home Parent Educator

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	35	\$107,970	\$3,085
Actual for FY 2021-2022	31	\$112,340	\$3,624
Projection for FY 2022-2023	50	\$91,554	\$1,831

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 provides parent education services to families at their house or at other specified locations, using an evidence-based curriculum and assessments of families to identify immediate needs to be met to stabilize the family unit. The program aims to build parenting skills, improve knowledge of appropriate behaviors, increase positive discipline skills, and increase attachment through positive parent/child interactions.

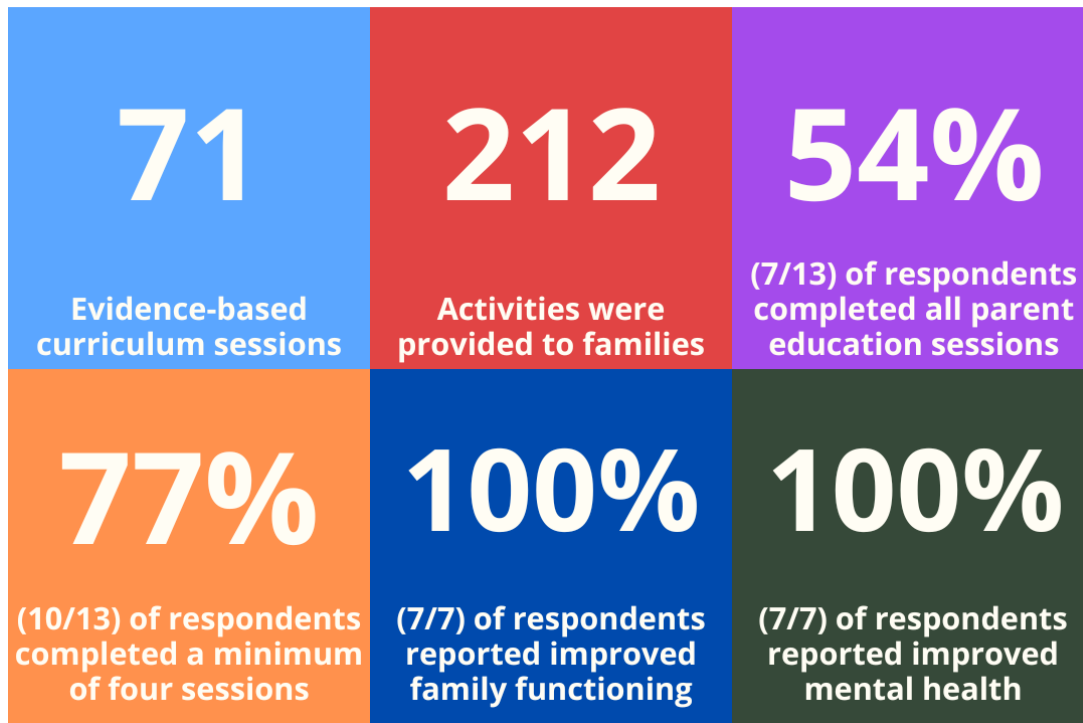
In 2021-2022, a total 31 unique families received parenting education services.

Additionally, a total of 71 evidence-based curriculum sessions and 212 engaged activities were provided to parents. A total of 54% (7/13) of families receiving parenting education completed all service sessions, and 77% (10/13) of families

received a minimum of four parenting sessions. All seven (7) families (100%) that completed the service sessions reported improved family functioning, and improved mental health either for the parents, children, or both.

As the community transitioned back to in-person interactions, referrals for this program decreased. One key contributing factor was that the long-standing parent/educator, who had developed many relationships with families in the county, resigned during first quarter. A temporary employee was assigned to continue services until a permanent Educator was hired in December 2021. Since then, the program has been focused on outreach efforts to increase their referrals and regain the momentum lost during the pandemic and staff transition. The impact of these efforts was reflected in the fourth quarter which resulted in the highest increase in families onboarded to the program for the fiscal year. Considering the output trend in the second half of the year, the program projects to be back on track with estimated outcomes in fiscal year 2022-2023.

Figure 1.4A: In-Home Parent Educator, Evidence-Based, Practice Sessions, Activities, and Outcomes, FY 2021-2022



PEI 2.1: Early Intervention Programs | Community Therapeutic Services

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	335	\$47,189	\$141
Actual for FY 2021-2022	409	\$52,620	\$129
Projection for FY 2022-2023	400	\$51,401	\$129

Program Provider: Community Counseling Center (CCC)

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurements

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

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

During 2021-2022, the program experienced a substantial increase in demand coming off the strenuous early years of the pandemic. Clients assessed surged by 25%, individuals enrolled in early intervention services increased by 20%, and an additional 200 hours of counseling was performed compared to the previous year. Referrals to County funded mental health and substance use services totaled 17 clients.

Surveys indicate that 88% (360/409) of participants experienced an improvement in their health and wellbeing; 100% (409/409) of surveyed participants avoided inpatient psychiatric or emergency room hospitalizations; 84% (199/236) of surveyed participants followed through with referrals; 86% (82/95) surveyed participants demonstrated an improve in protective factors such as increase work attendance and improved parenting skills. Finally, 89% (124/140) of surveyed participants demonstrated a reduction in behavioral health problems and decrease risk factors.

The focus of CBTS is to provide counseling to at-risk communities that are underserved and/or underinsured. The segments below detail some of those populations and the program's contributions to the accessibility of mental health services in SLO county. The data reflects only fourth quarter results:

- LGBTQ+ Identifying Clients: The agency counseled five (5) LGBTQ+ identifying clients ranging in age from 22 to 63.
- Clients without housing: The agency counseled 12 identifying adults (9 seen at 40 Prado through CAPSLO collaboration).
- Veterans: The agency counseled one (1) adult veteran client during the reporting period.
- Latino/x and Monolingual Clients: The agency counseled 28 English/Spanish bilingual Latino/x and 14 monolingual Latino/x. The CCC continued to recruit and retain bilingual/bicultural, Spanish/English-speaking clinicians and was able to add two new bilingual clinicians to the team for FY 2021-22.
- Of the PEI clients counseled during FY 2021-2022, an average of 77% were low income medically under/un-insured and serviced via the sliding scale core program, and 23% had CenCal/Medi-Cal as their primary insurance were placed with a CCC-credentialed therapist.

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	830	\$231,038	\$278
Actual for FY 2021-2022	844	\$281,896	\$334
Projection for FY 2022-2023	1040	\$403,908	\$388

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 Family Support Specialists (FSS) and Behavioral Health Navigators (BHN) — individuals with lived experience as either a participant or family member. These Specialists and Navigators collaborate with other PEI providers to deliver system navigation services towards securing basic needs such as food, clothing, housing, healthcare, employment, and education and wellness supports focusing on minimizing stress, supporting resilience, and increasing individual’s self-efficacy to individuals who self-refer or are referred from other programs. The BHNs also focus on establishing direct linkages for youth, including community-based mental health services, suicide prevention, and providing culturally competent and inclusive LGBTQ+ outreach and system navigation. Specialists and Navigators help minimize stress, support wellness and resilience, and increase an individual’s ability to follow through on referrals and care. Meeting basic daily life needs removes barriers to work and life success, while

reducing stressors linked to behavioral problems, violence, substance abuse, and suicide.

During 2021–2022, TMHA provided 6,031 community contacts with BHN's. Eight hundred and forty four (844) of those contacts became participants in the form of assistance and referrals to services such as housing, clothing, food, transportation, mental health, and/or substance use disorder services. Of those participants, 252 received intensive services. A total of four (4) clients were referred to County outpatient mental health services.

The Behavioral Health Navigators focused and refined their efforts on improving response time over the past year. The result was 97% of all contacts received an initial response within 72 hours. The rapid follow up time led to almost half of participants surveyed reporting that they followed through on referrals, whereas the common expectation is far less without assistance. Self-report surveys reflected a 30% increase in knowledge of and ability to access community-based resources and a 25% decrease in stress. Survey responses from Transitional Aged Youth (TAY) participants demonstrated a 37% increase in connectivity with community resources.



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	771	\$263,970	\$342
Actual for FY 2021-2022	523	\$271,774	\$520
Projection for FY 2022-2023	785	\$284,767	\$363

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

Project Goals

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

Key Objectives

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

Program Outcomes

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

Method of Measurement

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

Overview: The Older Adult Mental Health Initiative is administered by Wilshire Community Services (WCS), a community-based non-profit serving 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. The initiative features outreach and education regarding mental health to the community at large as it relates to the Older Adult population, and individuals who serve Older Adults. This includes

primary care physicians, estate planners, fiduciaries, faith-based agencies, law enforcement, and retirement homes.

In 2021-2022, 749 unique prospective Senior Peer Counseling or Caring Caller clients received depression screenings. 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. Of the clients screened and assessed, 329 enrolled in WCS programs. A total of 10 clients were referred to County funded mental health services.

Caring Callers is a countywide, in-home visiting program serving senior citizens who are 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 2021–2022, 95% reported an increase in their overall satisfaction and improvement in quality of life. Through social connections supported by the program, participant's activity levels increase while feelings of isolation and loneliness are successfully addressed and reduced.

Senior Peer Counseling (SPC) is a mental health program providing no-cost counseling services to individuals aged 60 or over in their place of residence. There are no income qualifications to access the service. The program recruits volunteers (age 55 and over) to be peer counselors. In 2021–2022, based on completed standard depression scales, 97% of clients who received services demonstrated a reduction in risk factors such as depression, anxiety, and hospitalizations.

Transitional Therapy is available for clients who need a deeper level of care. The transitional therapist works with the client in both individual and group counseling to address any issues such as grief, loss, mild to moderate depression, anxiety, and other mental health issues related to aging. For those individuals who chose to receive individual therapy sessions, their symptoms are closely monitored throughout the therapeutic relationship. A total of 51 clients received individual sessions, along with 15 group sessions which included 276 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.

WSC maintained their services from the beginning of the pandemic, and in FY 2021-2022, volunteers and staff provided 11,000 hours of engagement with their clients and outreach. The efforts of the WSC Senior Services department were recognized by the Senior Volunteer Service Agency by being awarded “Station of the Year” in 2021 shown in image below. State Senator John Laird acknowledged their contributions in May 2021, stating:

“In recognition for outstanding dedication to meet the need of our senior community through services including counseling, friendly visits, transportation, specialty behavioral health services and conflict resolution. All have assisted seniors through challenging experience to find a way back to a meaningful and comfortable life.”



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	63	\$132,432	\$2,102
Actual for FY 2021-2022	102	\$143,760	\$1,409
Projection for FY 2022-2023	100	\$147,656	\$1,477

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 Behavioral Health Clinician 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.

Breanne Salmon, LMFT, the VOP’s Behavioral Health Clinician (therapist) attends each event and speaks about mental health issues which veterans may be experiencing and encourages those identifying with needs (including family members/loved ones) to speak with her at the event or in a follow-up appointment. The Clinician assesses and responds to participants’ mental health issues such as depression, anxiety,

addiction, and post-traumatic stress disorder. These issues are assessed both on-site during program events and through follow-up assessment and treatment in comfortable, confidential environments.

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

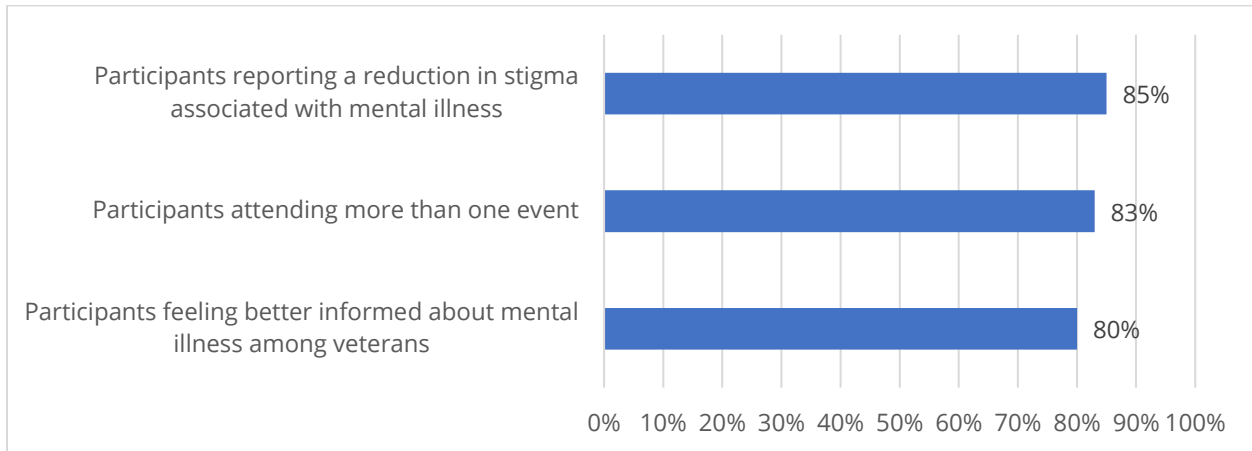
SLOBHD provides a Behavioral Health Specialist to be the VOP Coordinator. The Coordinator provides education activities, while hosting free events for veterans and their families and provides case management as part of the service provision and delivery. The coordinator also educates the community and increases awareness surrounding mental health issues specific to veterans and has been successful in finding several businesses willing to donate and host events for veterans and their families. Additionally, the Coordinator attends the Veterans Treatment Court (VTC) every first and third Friday of the month.

During 2021–2022 there were a total of eleven (11) events offered to veterans and their family members; an estimated 300 contacts were made through presentations, event participation, and outreach activities; and a total of 216 (i.e., 118 were veterans and 98 were family members) duplicated contacts participated in the outreach events. The average attendance of outreach events approached 20 participants. A goal of the VOP is to continually offer a variety of different activities that would attract a diverse range of interest, specifically 50% of all events have not been tried before. This year's events included: Top Golf at Dairy Creek, wood-fire pizza making, historic military model building, and axe throwing. Presentations and tabling are held at in-person and virtual resource fairs, the largest of which occurred on Veteran's Day at SLO Farmer's Market.

The program's therapist (funded in the CSS work plan) is located at the County of San Luis Obispo's Prevention & Outreach office. In 2021–2022, eleven (11) veterans received initial screenings and referrals, and five (5) followed through for services. Out of the surveyed participants, 85% (34/40) reported a reduction in stigma associated with mental illness; 83% (33/40) of participants reported having attended

more than one (1) event; and 80% (32/40) of participants reported feeling better informed about mental illness among veterans (Figure 4.1A).

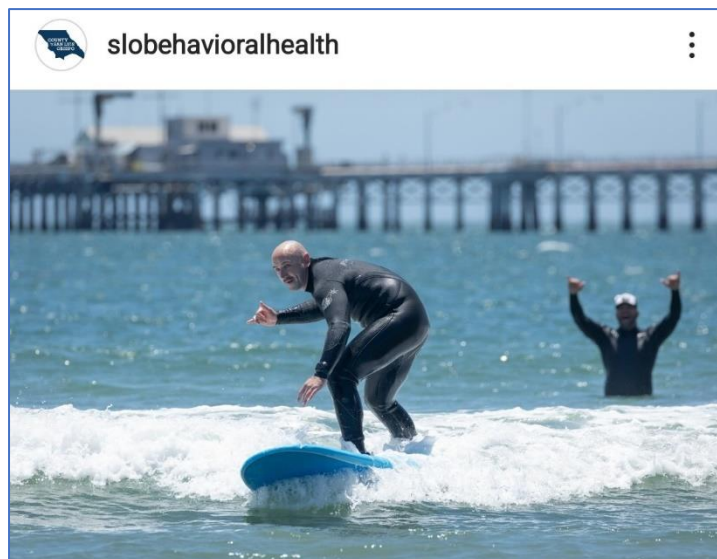
Figure 4.1A: Veterans Outreach Program – Participant Outcome Results FY 2021–2022, n=40



The impact of the pandemic included decreased participation and the VOP returned to in-person events in the summer of 2021. Survey responses were highly positive, and participants expressed enthusiastic gratitude towards the opportunities:

“This program surely makes my decision to relocate to this area and start over. My mental health has its inner peace being here in this country”

“As an active-duty service member I am very grateful for programs such as these that take care of vets. I believe that there is a lot of support programs for veterans, however awareness of these programs is where the problem lies. I learned a lot today and intend to share this info with coaches. Thank you for all that you do to support vets.”



" Never did this before but it made me feel better that I was able to participate in Veteran Outreach again, always an awesome experience. Staff are always welcoming and friendly thank you."



" Always a fun and uplifting experience I look forward to future events. Excellent bonding time for me and my son. Thank You"

" This is a great opportunity for vets in the community to meet each other! Loved it!!! I hope to make connections with transportation providers so that vets with no transportation have an opportunity to participate as well. Informing vets of more mental health resources in the county would be helpful for the vets who attend."

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	2,055	\$200,971	\$98
Actual for FY 2021-2022	2,379	\$130,118	\$55
Projection for FY 2022-2023	2,000	\$140,717	\$70

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

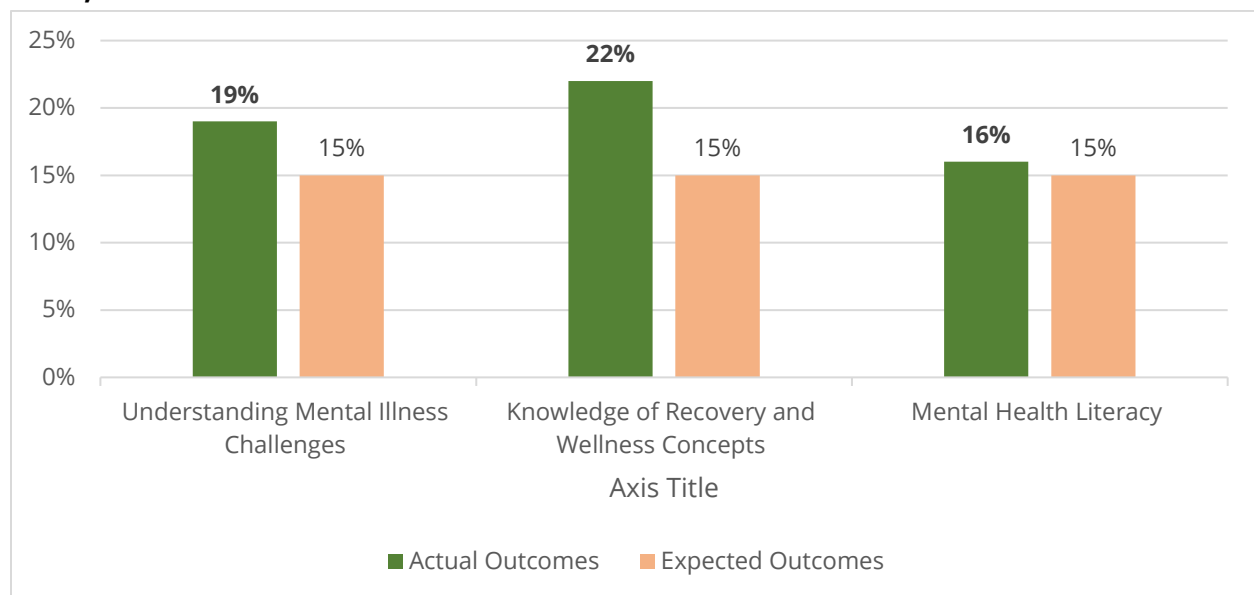
TMHA provides large-scale outreach at community events, forums, and activities year-round, as well as targeted presentations and trainings such as the National Alliance on Mental Illness’ (NAMI) Out of Darkness Walk, Stamp Out Stigma, In Our

Own Voice, and screenings of two local documentaries: SLOtheStigma and The Shaken Tree.

In FY 2021-2022, the program participated in outreach events at SLO Earth Day, SLO PRIDE Fest, the SLO County Juneteenth Celebration, the SLO Behavioral Health Bike Breakfast, Public Health Mobile Vaccination Clinics, and multiple Farmer’s Markets. Through this program, TMHA also provides numerous free mental health education and suicide prevention and intervention presentations at county high schools and colleges. The focus of these activities is to reduce the barriers to access for services and to foster consumer empowerment and wellness.

TMHA provided 56 general presentations to a total audience of 2,379 unique individuals during FY 2021-2022, with over 88% (2,133/2,412) of them representing underserved populations. In addition, there were three (3) professional presentations to 48 individual providers of PEI services. Participants who were surveyed (352) demonstrated a 19% increase in their understanding of mental illness challenges, a 22% increase in their knowledge of recovery and wellness concepts, and a 16% increase in mental health literacy (Figure 5.1A).

Figure 5.1A: Social Marketing Strategy – Participant Outcome Results FY 2021–2022, n=352



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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	191	\$117,339	\$614
Actual for FY 2021-2022	388	\$150,688	\$388
Projection for FY 2022-2023	400	\$155,393	\$388

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 College Wellness Program (CWP) is designed to provide mental health and substance use education, along with supports for wellness initiatives in the county’s campus communities of California Polytechnic State University San Luis Obispo (Cal Poly) and Cuesta College. The County’s College Prevention and Wellness Promotion Specialist acts as a liaison between the community mental health system and the campus populations. The Specialist helps bridge the gap between community education (e.g., suicide prevention efforts, stakeholder committees, speakers, 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 2021–2022 represents the information for all events conducted in the college community. A total of 2,063 contacts were made through presentations, information booths, or outreach activities. There were five (5) events held: Suicide Prevention Forum Screening, Mustang Mile, Inner Child Party, Weekly Wellness Challenge, and Well-Chella. A total of 167 unique participants were reached between seven (7) college and community events. Question, Persuade, and Refer (QPR) trainings were presented to 132 participants. Six (6) Mental Health First Aid (MHFA) trainings were held for both adults and youth, resulting in 89 participants trained.

The CWP had difficulty acquiring survey results in FY 2021-2022. However, of the participants surveyed all reported feeling better informed about mental health and the effects of substance use and nearly all reported feeling better informed about services in their community. In 2022-2023, an objective of the College Wellness Program is to prioritize the methods of data collection for increased volume.

Cuesta College

Education and outreach at Cuesta College in 2021-2022 included a resource sharing event, suicide prevention training for staff and faculty, and program planning for 2022-2023. The CWP Behavioral Health Specialist partnered with on-campus organizations to provide packages of wellness resources and stress-reduction tools to 150 students during the fall semester. During winter break the CWP Behavioral Health Specialist facilitated a QPR Suicide Prevention Gatekeeper Training to staff and faculty. While Cuesta College remained hybrid during the 2021-2022 academic year with a de-densified campus population, the CWP Behavioral Health Specialist was able to build new relationships, re-establish partnerships on campus, and begin planning large scale events that will take place during 2022-2023.

California Polytechnic State University San Luis Obispo

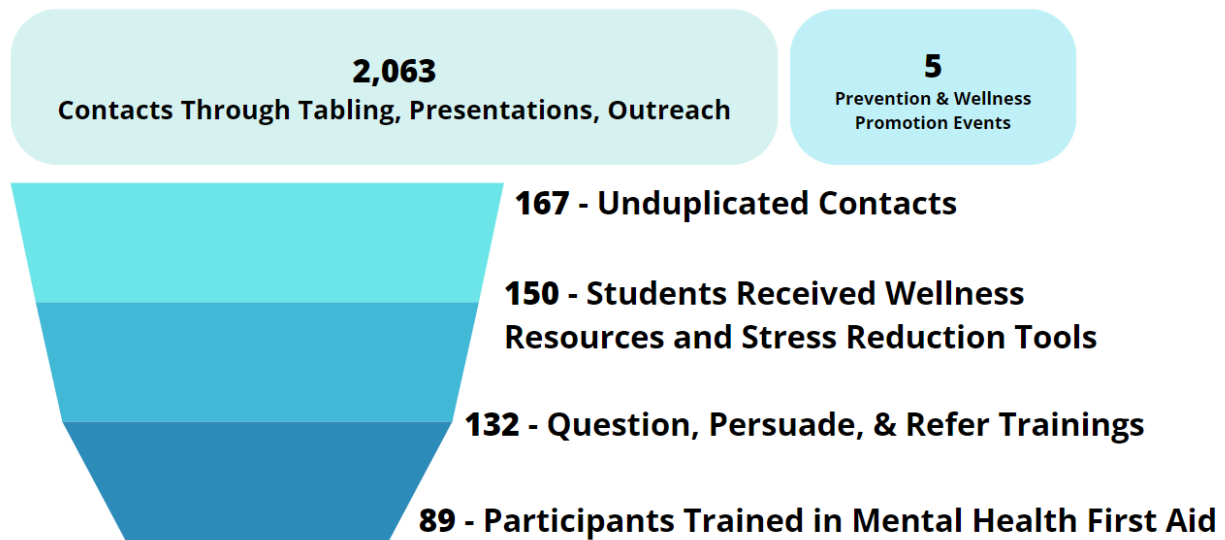
The CWP is highly active at the local state university in San Luis Obispo. The program facilitated five (5) QPR Suicide Prevention Gatekeeper Trainings at Cal Poly State University in 2021-2022. In addition, the CWP facilitated three (3) classroom presentations, five (5) outreach events, and one (1) campus-wide impaired driving prevention campaign. CWP also developed and supervised three (3) Cal Poly Friday Night Live Interns. Outreach at the college included a screening of the SLO County Suicide Prevention Forum and distributed 60 mental health resource packages during three (3) resource fairs. The CWP Behavioral Health Specialist participated in

three (3) campus policy and activity groups and co-advised three (3) student leadership groups on campus.

Cal Poly Friday Night Live Internship

The CWP’s Cal Poly Friday Night Live Interns (CPFNL) co-hosted two (2) events: a self-care event for LGBTQ+ students during winter quarter and a wellness-focused festival during spring quarter. CPFNL created three (3) campaigns; an impaired driving prevention social media campaign, a mindfulness social media campaign, and a week-long wellness challenge campaign posted in the University Library. CPFNL participated in five (5) outreach events: a St. Patrick’s Day alcohol and drug prevention outreach event, a tobacco and vaping prevention outreach event during Earth Day, impaired driving prevention at the Cal Poly Rodeo, the annual Mustang Mile event educating students about the signs of alcohol poisoning and the dangers of binge drinking, and music festival safety and overdose prevention outreach. CPFNL interns supported SLO County Friday Night Live youth development programming at two (2) middle schools and one (1) high school.

Figure 5.2A. College Wellness Program Contacts, Activities, and Outcomes FY 2021–2022



PEI 6.1: Suicide Prevention Program | Suicide Prevention Coordination

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2020-2021	1250	\$133,910	\$107
Actual for FY 2021-2022	1500	\$339,060	\$226
Projection for FY 2022-2023	1200	\$307,481	\$256

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.

Overview: The Suicide Prevention Coordination program (SPC) addresses risk, protective factors, and aftermath of suicide has been identified as a significant issue to be addressed in San Luis Obispo County. The suicide rate in San Luis Obispo County is above the state average. Of the 58 counties in California, San Luis Obispo ranks 12th for suicide. While California has a lower age-adjusted rate than the national average (10.5 per 100,000 and 13.9 per 100,000, respectively), SLO County far exceeds both with an age-adjusted rate of 16.2.

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 approved a position solely dedicated to form, integrate, launch, and educate a suicide prevention plan

and efforts throughout the county, establishing the Suicide Prevention Coordinator (SPC) position.

The SPC has been central in building coalitions and collaborations which results in education engagements, trainings, and prevention strategies that ultimately have a reduction in the impact of suicide. This began by establishing a plan of implementation and networking with community providers and with the ad hoc Suicide Prevention Council, ultimately leading to the SPC becoming the chair of the Suicide Prevention Council. The SPC meets with the council monthly, drawing participation of 10-20 community members and agency representatives. The SPC also worked in collaboration with Each Mind Matters to ensure a local message and presence is reinforced by the State’s approach to address suicide, culminating in the [San Luis Obispo County Suicide Prevention Strategic Plan](#) (SPP) for fiscal year 2021–2022 through 2023–2024. The SPP was accepted and received May 04, 2021, by the San Luis Obispo County Board of Supervisors. The SPP is the result of community engagement and planning from various stakeholders and lays out aims, goals, and objectives to address suicide prevention, intervention, and postvention strategies.

In the 2021-2022 fiscal year, the Behavioral Health Department reorganized this position along with the WET-funded Training and Communications Coordinator position. The Suicide Prevention Coordinator (PEI) was converted from the classification of Behavioral Health Specialist to Program Manager and assumed the responsibilities for MHSA training coordination and continuing education. This position oversees the team of outreach and training specialists (including the communications coordinator described above), and coordinate



community trainings, such as Mental Health First Aid. The position's primary role remains to implement the County's Suicide Prevention Plan in collaboration with local partners and community members. The new SPC started this position in early 2022.

During FY 2021-2022, over 3,000 contacts were reached, an estimated 1,500 of which were unduplicated participants. A total of 19 presentations, outreach events, and trainings were held during the year. Many of these events occurred during Suicide Prevention Month in September. Each year, SLOBHD and the SPC facilitate the Suicide Prevention Forum with field expert speakers and clinicians geared towards engaging and informing the community. Also occurring during Suicide Prevention Month is the Suicide Prevention Summit, a continued education training focused on updating and informing mental health professionals.

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

Innovation (INN)

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

The development of the San Luis Obispo Behavioral Health Department (SLOBHD) Innovation plan is overseen by an Innovation 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 first plan in March 2011. The learning curve was steep, as the concepts of Innovation had to be approved by local leadership, and policies surrounding these unique ventures had to be developed.

SLOBHD applied the lessons learned during the first round of Innovation to properly plan, streamline, and better implement future projects. A second Innovation plan was put forth to the MHSOAC and approved February 25, 2016. The county's third round was approved in 2018 and concluded in FY 2021-2022. Another plan was put forth to stakeholders and the MHSOAC in 2019 and will conclude in 2023. The project is in this fourth round of Innovation are updated below. The fifth and latest Innovation plan was presented in 2020 and received final approval from the MHSOAC at the end of the 2020-2021 fiscal year. Both projects received Behavioral Health Board approval on April 21, 2021; Board of Supervisors approval was received on May 04, 2021; and the MHSOAC approved the projects on June 28, 2021. The two projects, SoundHeal and Behavioral Health Education and Engagement Team (BHEET) were launched in FY 2021-2022. SoundHeal is an additional, ancillary service for the forensic mental health population in SLOBHD Justice Services clinic, using a sound meditation pod for a holistic, mindfulness-based treatment, focused on helping anxiety, coping skills, stress, depress, irritability, etc. BHEET adopts a peer-based outreach and engagement model within the community mental health system

for individuals outside of the higher level of service range of SLOBHD or FSP services, to help engage those individuals to access mental health services.

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



In 2021-2022, two (2) community partners completed their Innovation projects. First 5 SLO finalized their operations and evaluation on the 3-by-3 Developmental Screening Partnership that began in 2018. First 5 tested three methods for delivering comprehensive screening results for young children at pediatric offices. SLO ACCEPTance was also launched 2018 and facilitated by Cal-Poly. This project tested the adaptation of a LGBTQ+ affirmative training curriculum to increase skills and knowledge for mental health providers. The final project evaluation reports will be located published in December 2023.

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

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2021–2022	646	\$115,653	N/A
Projection for FY 2022–2023	-	\$0	-

Program Provider: First 5 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

Overview: This Innovation project, conducted by First 5 San Luis Obispo, tested three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methodologies included the administration of up to three developmentally appropriate screening encounters before the age of three years old. Screenings took place at ages 9 months, 18 months, and 24–30 months and was offered in English and Spanish. The three methodologies

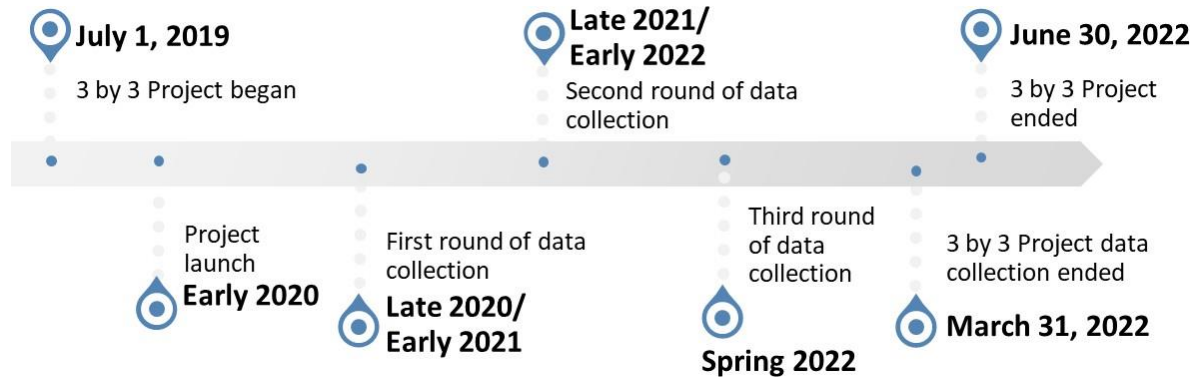
tested included 1) screening administered by an in-clinic Health Educator, 2) screening by self-administration, and 3) screening by a Child Care Provider.

The 3 By 3 Developmental Screening Partnership project was rooted in three basic facts: 1 in 4 children ages 0-5 are at risk for mental health, behavioral, or developmental delays; low numbers of children are being screened (only 25% of Medi-Cal children were screened for risk of developmental, behavioral, and social delays in 2019); and early intervention improves long-term outcomes. Therefore, the project set out to determine the best ways to increase screening within pediatric practices.

Implementation: The 3-by-3 project began implementation in 2019. The project built on a previous pilot project launched in 2016 with Community Health Centers of the Central Coast (CHC) called 2 By 2, through which the CHC Health Education Department worked with at one of its clinic sites to screen young children twice by the age of two. The MHSAs Innovation-funded 3 By 3 Project expanded on this concept to include the American Academy of Pediatrics' recommended three screenings by the age of three (at 9 months, 18 months, and 24-30 months). It emphasized social-emotional screening to promote early mental health and early identification of mental health challenges. This social-emotional focus proved timely, as the stress of the pandemic led both providers and parents to an increased understanding of and focus on the social-emotional needs of young children.

Fiscal Year 2021-2022: In the final year of the innovation project, 3-by-3 completed their second and third round of testing the Ages & Stages Questionnaires and screening methods at CHC and Bravo Pediatrics, a local private pediatric practice. Project operations ended in March of 2022. Outcomes and results are widely positive given the challenges of the pandemic not allowing for the projected volume of in-person/in-clinic screenings. Over 2,500 screenings were performed between the three (3) methodologies resulting in 256 children being referred for additional services including early intervention services, Help Me Grow support, and medical specialists. After operations were complete, the final stage was a comprehensive evaluation of the project. A standout lesson learned during the project was that there is no one-size-fits-all best method of screening support for parents, and a hybrid model that supports self-administration tailored to the needs of each unique parenting unit may be the best approach.

Project Timeline:



A comprehensive evaluation of the project will be available in December 2023.

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	339.5
4. 25 referrals provided to participants or parents/primary caregivers	181
5. 70% of parents surveyed report that the ASQ helped them better understand their child’s development.	78%
6. 60% of parents surveyed reported that they now know more about what social and emotional abilities to expect at this age.	65%
7. 25% of parents surveyed report that they plan to do something different with their children’s learning programs.	36%
8. 100% of pediatric survey responses	100%
4. Program information – participants served	1,079

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2021–2022	0	\$249,563	N/A
Projection for FY 2022–2023		\$0	

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

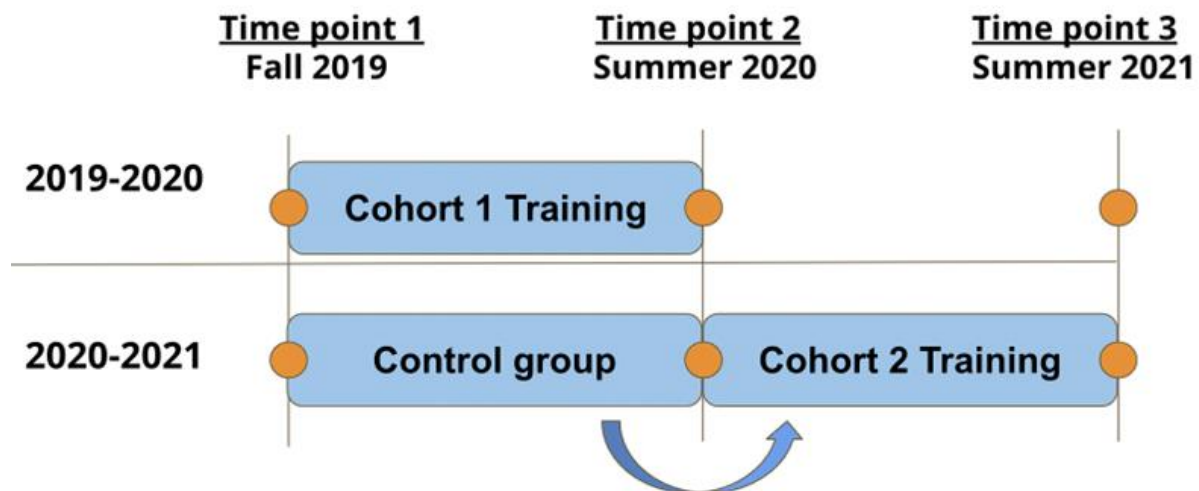
- Participant Pre/Post Surveys

Overview: The Affirming Cultural Competence Education & Provider Training (SLO ACCEPTance) wrapped up the 4-year Innovation project in December 2021 and evaluation in June 2022. The project aimed to provide highly trained community-based and academically informed mental health services for LGBTQ+ individuals. The SLO ACCEPTance team rolled out a new 9-month curriculum and professional training program in the mental health field. This comprehensive and empirically based training module was delivered across a three-phase, 2-3 day trainings for

mental health professionals (MHP). Trainings included cultural sensitivity, clinical issues, and potential provider issues, as well as professional consultation and network provider development components. SLO ACCEPTance employed a skill and learning development approach to better prepare Mental Health Practitioners (MHP) in various settings to provide comfort and affirmation for the LGBTQ+ community. The learning goals of the project were 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.

Implementation: SLOBHD established a contract with California Polytechnic State University (Cal Poly) to implement the project, with Professor Dr. Jay Bettergarcia as the lead researcher. In FY 2018–2019, SLO ACCEPTance hired a Project Coordinator and began working with two expert training consultants and two expert research consultants. SLO ACCEPTance identified several components of the project implementation, training content, multi-layered assessment, and logistics for the training outline. This 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 worked to identify criteria and recruit MHPs to participate in the testing phase. The timeline to complete the training would be over nine (9) months, conducted twice with differing participants, in FY 2019-2020 and again in FY 2020-2021.

Project Timeline:



FY 2021-2022: SLO ACCEPTance completed the final training and consultation group in the summer of 2021. The final phase of the project was data organization and preparation, comparative analysis between the two trainings, and the comprehensive evaluation of the project in its entirety which will be submitted as a separate report. Initial results have shown from the pre and post testing that the project demonstrated successes in educating clinicians in a safe environment, increasing the knowledge and skills of clinicians working with LGBTQ+ clients, as well as increased confidence with this population. Surveys of participating clinicians showed that 58% (19/33) reported an increase in transgender and gender diverse clients, while 66% (22/33) of participants reported serving more queer and sexual minority clients, and 36% (12/33) saw an increase in the number of LGBTQ clients served compared to their pre-training caseload.

A comprehensive evaluation of the project will be available in December 2023.

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	96%
4. 30% of participants will engage in LGBTQ+ affirming practices	75.5%
5. 10% increase of services engaging LGBTQ+-identified clients	66%
6. 10% increase of LGBTQ+=identified clients served in the community	36%
4. Program information – participants served	33

INN 4.1: Holistic Adolescent Health Project

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2021-2022	142	\$220,257	N/A
Projection for FY 2022-2023	200	\$199,534	

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

Primary Purpose

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

Learning Activities

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

Learning Goals

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

Method of Measurement

- Participant Pre/Post Surveys

Overview: The Holistic Adolescent Health Innovation Project is designed to test the development of a new health curriculum and delivery model for youth 13–18 years of age. With the addition of mindfulness training, the project implements a comprehensive approach to mental, physical, and social health. The delivery method of the new curricula includes 1) a blended health education model provided in 15 sessions comprised of mental health, physical health, and sexual health education to

students through their regular health classes, and 2) a one-on-one health coaching program providing in-depth mental, physical, and sexual health support.

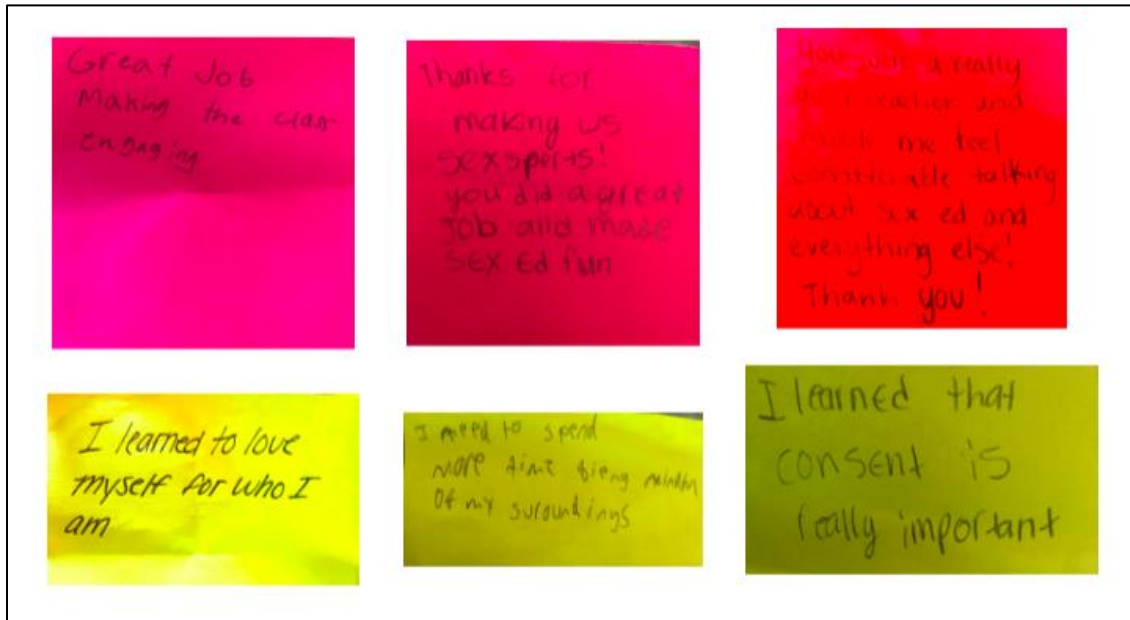
Implementation: In 2019–2020 The Holistic Adolescent Health (HAH) Project began the early steps for implementation by Community Action Partnership of San Luis Obispo’s (CAPSLO) Teen Wellness Program. Through human center design principles, the project began by engaging key stakeholders (students): interviewing nine youth participants who volunteered to share about their experiences navigating support around their mental health and wellbeing and how they cope with things like stress, depression, and anxiety. The youth insights were shared with the adult 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 COVID-19 pandemic posed potential uncertainty as to whether the originally intended, in-person HAH project would need a back-up plan for implementing via virtual formats. This challenge was used as an opportunity to learn and discover ways in which to elevate capacity to serve and empower youth through virtual and digital platforms.

Fiscal year 2021-2022: The project experienced a recalibration as schools reopened, in-person contact resumed, and the apparent need for health education and coaching increased. Participation jumped 20% year-over-year as both in-person classes and virtual services proved to attract more students by providing multiple options to engage. One-on-one health coaching saw an increase of student participation in the final quarter of FY 21-22, many of which participated in 3 or more sessions.

Classroom management has been a challenge at Morro Bay High School. This is primarily caused by the high turnover of substitute teachers in the health classroom. However, by the end of the 15 sessions, students became more engaged in their learning and express enjoying the style of teaching offered by the project educators. At the end of the school year, CAPSLO and the Holistic Adolescent Health facilitators received a collective thank you card from students in both classes engaged in the project.

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



The Holistic Adolescent Health Project continues into the final Innovation year with MHSA armed with new measurement tools and avenues to reach more students. The focused objectives in this final year of operation include capturing the impacts of mindfulness activities from students that participate in one-on-one coaching. Analysis from pre-post surveys has yet to produce statistically significant results, although a shift is underway given HAH's growing popularity with students and resource allocation to recruit students for one-on-one coaching.

INNOVATION PROJECT	
1. Name of Project	Holistic Adolescent Health Project
2. Changes made to the INN project and reasons	Trainings and one-on-one coaching are now offered both in-person and virtually
3. Project participants will report a 30% increase in mood stability and overall feelings of wellbeing	32%
4. Project participants will report a 30% increase in physical fitness activity and nutrition knowledge	49%
5. Project participants will report a 30% increase to identify and cope with feelings, especially negative emotions, depression, and anxiety.	N/A
6. Project participants will report a 30% increase in their engagement in behaviors related to health	46%
7. Project participants will report a 30% improvement in health knowledge for one-on-one coaching experience	Reported at the conclusion of project.
8. 10% of project participants will receive referrals according to their needs.	Reported at the conclusion of project.
9. Project participants will report a 30% increase in overall student level of sexual health knowledge and awareness.	49%
4. Program information – participants served	142

INN 4.2: Behavioral Health Assessment & Response Project

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2021–2022	205	\$275,019	N/A
Projection for FY 2022–2023	200	\$251,119	N/A

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

Overview: The BHARP project aims to provide a highly trained community-based and academically informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent. BHARP is also designed to create a new learning and language model between the mental health system, law

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

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

Following the ramp-up and initial implementation, Dr. Holifield and the B-HARP team hit the ground running in 2021-2022. In total, the number of participants for training or presentations jumped from 72 to 205 year-over-year. In fall of 2021, presentations were made to the SLO County Children’s Service Network, SLO Office of Education, Transitions Mental Health Agency, Central Coast Psychological Association, SLO Public Safety, and the Tri-Counties Regional Center. A press release by the Paso Robles Daily News was published to promote the threat assessment training events. Intro training, refresher training, and training for triaging dangerous behaviors was held over a 3-day span in October 2021.

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

In 2021-2022, as schools returned to in-person classes, the country experienced several new tragic incidents. These events led to unforeseen demand from school districts for training on threat assessments. The threat assessment experts assisting with the project were also in high demand, limiting B-HARP’s ability to accommodate every request. After the daunting task of matching venue availability with the limited

schedule of the experts, B-HARP was successful in providing a series of workshops in April 2022. In May 2022, a catastrophic school shooting in Texas spawned another wave of interest in the training, many of which are currently arranged for late 2022, and early 2023.

Highlight: In 2022, Dr. Holifield and the B-HARP team was contacted by a state senator to provide recommendations for organizational sponsors for Senate Bill (SB) 906, a bill that require the State Department of Education, in consultation with local educational agencies, to develop model content that includes content that informs parents or guardians of California’s child access prevention laws relating to the safe storage of firearms. Dr. Holifield assisted with the sponsorships, the legislation passed and was signed into action.

B-HARP was contacted by the California Association of School Psychologists Executive Director and Legislative Affairs Chair regarding Assembly Bill (AB) 99, a law that requires school districts and county offices of education to be responsible for the overall development of a comprehensive school safety plan and establishment of a crisis intervention and targeted violence prevention program. Since B-HARP is a pilot program that may act as a model for counties and educational institutions to comply with this law, Dr. Holifield was invited to Sacramento to provide testimonial on the background, status, and outcomes of B-HARP thus far to the Senate Education Committee. AB-99 was passed by the committee and is currently in further deliberation for amendments intent on supporting legislative approval and implementation in the near future.

INNOVATION PROJECT	
1. Name of Project	Behavioral Health Assessment & Response Project
2. Changes made to the INN project and reasons	Improvement to measurement and evaluation tools to include feedback. This informed B-HARP of training effectiveness and areas to shift priority.
3. Project participants will demonstrate a thirty percent (30%) increase in the level of skill and knowledge to identify and prevent school and community threats.	Reported at the conclusion of project.
4. Thirty percent (30%) increase of interagency collaboration through the development and use of the coordinated and collaborative training system and model for threat assessment.	Reported at the conclusion of project.
5. Ten percent (10%) decrease in number of apparent or potential threats identified through referral.	Reported at the conclusion of project.
6. Ten percent (10%) increase of the number of mental health professionals available to provide therapy as defined by the threat assessment team or report recommendations.	Reported at the conclusion of project.
4. Program information – participants served	205

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

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2021–2022		\$146,617	N/A
Projection for FY 2022–2023		\$270,709	N/A

Program Provider: Transitions-Mental Health Association

Primary Purpose

- Increase access to managed behavioral healthcare services.

Learning Activities

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

Learning Goals

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

Method of Measurement

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

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

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

Implementation: The project officially began start-up at the mid-way point of FY 2021-2022. During early 2022, TMHA's prepared the operations plan build-out, creation of the documentation database for client tracking, hiring and training staff, and collaborated with SLOBHD to establish referral pathways.

Highlight: BHEET became operational at the end of FY 2021-2022. Referrals in the final month of the fiscal year led to 14 unduplicated participants and produced 48 contacts overall. Participants are individuals or family members receiving one (1) to four (4) contacts with BHN's, and contacts are defined as one-on-one personal interface or group session. Interface with participants have been via telephone, video conferencing, text messages, and emails and can involve assessment, orientation, or low-intensive referral to services.



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

INN 5.2: SoundHeal

Fiscal Year Estimate	Persons Served	Total Funding	Cost per Client
Actual for FY 2021–2022		\$186,615	N/A
Projection for FY 2022–2023		\$163,494	N/A

Program Provider: SoundHeal

Primary Purpose

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

Learning Activities

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

Learning Goals

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

Method of Measurement

- Pre/Post Surveys
- Biometrics

Overview: SoundHeal is a sound immersive meditation pod (HealPod) intended to aid in building participant’s self-medication practice and assist relaxation, relieving symptoms of mental health issues, and building self-care skills. Partnering with the San Luis Obispo Behavioral Health Department (SLOBHD), a customized holistic, mindfulness-based, sound medication treatment support program, titled “The SoundHeal Curriculum” was implemented for clients of the Justice Services Division. The Pod is a semi-enclosed space with a cushioned bench, audio speakers, vibrational speakers, a touch screen interface, and tracks progress with biofeedback

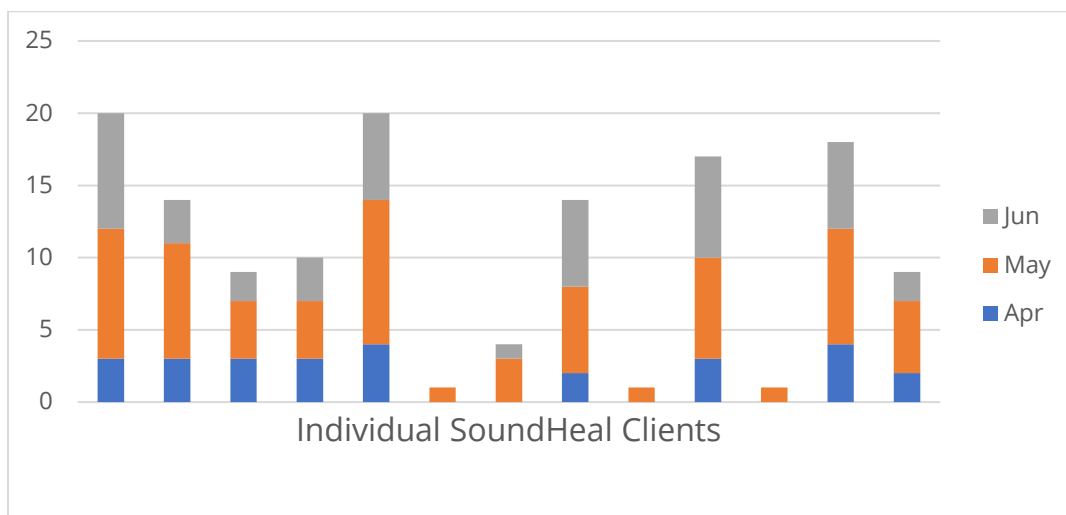
devices such a heart rate monitor. Participants complete pre and post meditation surveys and are also encouraged to journal their experiences.

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

Implementation: The project began mid-way through the fiscal year, with three months of prep time, and client services and testing beginning in spring 2022. The early stages of the project will produce pre and post survey data as well as journaling. Participants also have the option of recording biofeedback such as heartrate and heartrate variability. The next step in the implementation process is the development and installation of an upgraded HealPod at the Justice Services Division of SLOBHD and advancing the analysis as more data is collected in the first full year of operation.

Highlight: The initial response has been positive, reflected by the high number of client retention visits. 13 clients volunteered during the first quarter of operations. Ten (10) of 13 returned to the Pod for at least four additional sessions, and seven of those 10 have returned for 10+ visits between April 1st and June 30th. Cumulatively, 141 sessions were provided in the first two months suggesting a proclivity for the test population to want to return for additional self-care.

Figure 5.2A: Frequency of SoundHeal Client Sessions



INNOVATION (INN)

INNOVATION PROJECT	
1. Name of Project	SoundHeal
2. Changes made to the INN project and reasons	Project launched in Q4, no changes at this time.
3. Thirty percent (30%) of participants will report they have the foundation for their own self-meditation or wellness practice:	Reporting at conclusion of project.
4. Thirty percent (30%) of participants will report they are more optimistic about themselves:	Reporting at the conclusion of project.
5. Thirty percent (30%) of participants will report improvement in self-awareness:	Reporting at the conclusion of project.
6. Twenty-five percent (25%) of participants will report a decrease in anxiety, stress, or feelings of detachment:	Reporting at the conclusion of project.

Capital Facilities and Technological Needs (CFTN)

Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental illness service delivery. San Luis Obispo County accessed its CFTN funds to build a comprehensive integrated behavioral health system. 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.

A highlight of the 2021-2022 fiscal year was the County’s development and opening of a Health Agency campus in Paso Robles, the largest city at the northern end of the county. In this center, residents of the more rural regions of the Central Coast will be able to access mental health, substance use disorder, and physical health care. MHSA funds have been used to support the project, as well as programs contained within, to increase access to critical mental health care in San Luis Obispo County. The clinic opened for client care in April 2022 and will be introduced to the general public in early FY 2022-2023.

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

A contract with Anasazi Software, Inc. (now Cerner, Inc.) was approved by the Board of Supervisors in May 2010. It was announced in early 2018 that Cerner would no longer be offering the Anasazi platform. In 2022 SLOBHD entered into a cooperative partnership (with a group of 23 other counties) with the California Mental Health Services Authority (CalMHSA), a JPA (Joint Powers Authority) supporting the Public Behavioral Health system.

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

Updates for 2021-2022:

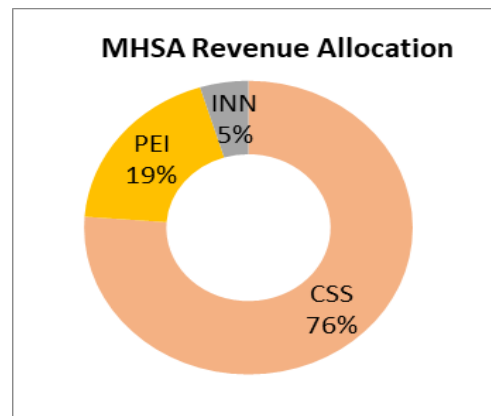
- The County entered into an agreement with CalMHSA to implement their new semi-statewide EHR. The EHR will be Streamline Healthcare Solution's product, SmartCare. The system is slated to go-live July 1st, 2023, to align with the CalAIM Payment Reform implementation deadline of the same date.
- The new DUI database, ClientTrack went live in October, 2021.
- SLOBHD implemented newly developed documentation requirements (new workflows, data entry forms, and templates) within the EHR to meet the new CalAIM Documentation Reform Requirements.
- Stakeholders approved the addition of an Administrative Services Officer to the Health Applications team to increase support for Behavioral Health EHRs and other related platforms. This position was originally a limited term position that has now been converted to be a full time permanent position.
- SLOBHD restructured the Health Agency Information Technology department to include the Health Applications team and provide expanded support capabilities to the organization.
- A new Business Systems Analyst position was created and filled (not MHSA-funded). This position will help with bettering current and future technology used by Behavioral Health.
- A new Systems Administrator position has been created and will soon be filled, also without MHSA funding. This position will be vital to the winding down of our current EHR, Anasazi, and in the data migration needed when we move to the new SmartCare EHR.
- A new, custom-built solution was created to meet the needs of the 274 Project. This newly created solution will help to track and meet mandatory state reporting requirements related to Mental Health providers and the Counties Mental Health facilities. Phase two of this project will expand the solution to track Drug and Alcohol Services providers and facilities as well.

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 2021-22, the County of San Luis Obispo Behavioral Health Department (SLOBHD) spent \$24.8million (M) on MHSA programs with \$18.88M coming from MHSA revenue, \$4M from Medi-Cal Federal Financial Participation (FFP) reimbursement and \$1.92M from grants or other revenue sources. In FY 2021-22, Community partner agencies spending decreased from 58% (14.86M) to 54% (13.51M) of the FY 2021-22 revenue, while the County programs were responsible for the other 46% (11.29M). The breakdown per program, including the cost per client, is included in the tables at the beginning of each component section.



On July 1, 2016, the Governor passed Assembly Bill (AB) 1618, also known as the “No Place Like Home” Initiative, which created a \$2 billion revenue bond supported by MHSA funds. The Department of Housing and Community Development administered a competitive program among counties to finance capital costs for permanent supportive housing. As a result of the Initiative, the amount of MHSA revenue distributed to each County has been and will most likely continue to

decrease in future years. SLOBHD has made the appropriate adjustments to its a long-term financial projection for the County's MHSA programs and has informed MHSA Stakeholders of the impact. As such, the reduction in revenue will not affect current or newly added programs.

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

The Mental Health Services Act (MHSA) requires Counties to establish and maintain a Prudent Reserve to ensure that County MHSA programs will continue to be able to serve those currently being served should MHSA revenues decrease. In establishing the Prudent Reserve, counties were given the guideline that "the target prudent reserve (would be) equal to 50 percent of each county's CSS planning estimate." Over the years, this direction 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 given clear direction on a recommended cap to the Prudent Reserve. Senate Bill 192 caps the amount to be held in the Prudent Reserve at 33% of the average of CSS revenue over the past five years. County staff engaged the Mental Health Services Act Advisory Committee (MAC) and other 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 had three years to be spent and were fully expended by the end of FY 2021-22. Detailed expenditures are explained later in the financial report under Local Prudent Reserve Section.

MHSA revenue increased in FY 2021-22 and is expected to increase the next two years but is projected to decrease in FY 2024-25. As previously noted, MHSA revenue is generated from personal income tax which can fluctuate considerably and is dependent on the State's economy. SLOBHD takes a conservative approach in its

projections and uses information provided periodically by the California Behavioral Health Directors Association (CBHDA) as the basis.

The summary table below is the projected amount of MHSA funds that will be spent on the County's MHSA programs for FY 2022-23. This summary does not include other revenues such as Medi-Cal reimbursement (Federal Financial Participation, FFP) or grants, but it does include interest earned on MHSA allocated funds. All components include a projected 4% overall increase for contracts, services and supplies, and personnel expenditures.

MHSA FUNDING SUMMARY

FY 2022-23 Mental Health Services Act Annual Update						
Funding Summary						
County: San Luis Obispo					Date:	10/6/22
	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Actual FY 2021-22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,592,183	3,462,067	1,251,035	151,389	95,224	
2. Actual FY 2021-22 Funding	15,650,200	3,912,550	1,029,618		0	
3. Transfer in FY 2021-22 ^{a/}	(1,037,834)			497,948	539,886	0
4. Access Local Prudent Reserve in FY 2021-22	0	0				0
5. Estimated Available Funding for FY 2021-22	27,204,549	7,374,617	2,280,653	649,337	635,110	
B. Actual FY 2021-22 MHSA Expenditures						
	13,541,249	2,641,061	1,371,890	649,337	635,110	
C. Estimated FY 2022-23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,663,300	4,733,556	908,763	0	0	
2. Estimated New FY 2022-23 Funding	16,062,742	4,015,686	1,056,760			
3. Transfer in FY 2022-23 ^{a/}	(1,211,616)			573,463	638,153	0
4. Access Local Prudent Reserve in FY 2022-23	0	0				0
5. Estimated Available Funding for FY 2022-23	28,514,426	8,749,242	1,965,523	573,463	638,153	
D. Estimated FY 2022-23 Expenditures						
	15,550,504	3,231,024	1,351,754	573,463	638,153	
E. Estimated FY 2023-24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,963,922	5,518,218	613,769	0	0	
2. Estimated New FY 2023-24 Funding	18,751,220	4,687,805	1,233,633			
3. Transfer in FY 2023-24 ^{a/}	(1,260,081)			596,401	663,680	0
4. Access Local Prudent Reserve in FY 2023-24	0	0				0
5. Estimated Available Funding for FY 2023-24	30,455,061	10,206,023	1,847,402	596,401	663,680	
F. Estimated FY 2023-24 Expenditures						
	18,014,942	3,495,871	1,155,152	596,401	663,680	
E. Estimated FY 2024-25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,440,119	6,710,152	692,250	0	0	
2. Estimated New FY 2024-25 Funding	17,433,113	4,358,278	1,146,915			
3. Transfer in FY 2024-25 ^{a/}	(1,310,484)			620,257	690,227	0
4. Access Local Prudent Reserve in FY 2024-25	0	0				0
5. Estimated Available Funding for FY 2024-25	28,562,748	11,068,430	1,839,165	620,257	690,227	
F. Estimated FY 2024-25 Expenditures						
	18,735,540	4,481,607	1,290,135	620,257	690,227	
E. Estimated FY 2025-26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	9,827,208	6,586,823	549,030	(0)	0	
2. Estimated New FY 2025-26 Funding	17,069,875	4,267,469	1,123,018			
3. Transfer in FY 2025-26 ^{a/}	(1,362,904)			645,068	717,836	0
4. Access Local Prudent Reserve in FY 2025-26	0	0				0
5. Estimated Available Funding for FY 2025-26	25,534,179	10,854,292	1,672,048	645,068	717,836	
F. Estimated FY 2025-26 Expenditures						
	19,484,961	4,656,771	1,325,995	645,068	717,836	
G. Estimated FY 2025-26 Unspent Fund Balance						
	6,049,218	6,197,521	346,053	(0)	0	

MHTA FUNDING SUMMARY

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

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

Community Services and Supports (CSS):

Actual expenses for CSS in FY 2021-22 were \$17.89M with \$13.5M funded through MHTA revenue, \$4M from Medi-Cal FFP, and \$386 thousand (K) from grants or other revenues.

A transfer to the CFTN component in the amount of \$540K was completed during FY 2021-22 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 MHTA. A transfer to the WET component in the amount of \$498K was completed during FY 2021-22 to continue the WET programs. The transfer amounts meet the guidelines of Welfare and Institutions Code 5892 (b).

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 in San Luis Obispo. Initial project planning and preparation began in FY 2019-20 and was completed in August 2021. The new Justice Division is now open and servicing the community.

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

MHSA FUNDING SUMMARY

based on the calculation provided on the FY 2020-21 RER, the County spent 41% of the funding on FSP services.

In FY 2021-22, using the State guidance, total FSP Mental Health Expenditures of \$7,961,382 divided by total Mental Health Expenditures (excluding administrative costs) of \$17,686,517 results in 45%. With guidance from the State, SLOBHD is making every effort to expand the FSP services in a sustainable way so that the majority requirement is met.

New in FY 2022-23: The following are the projected changes for FY 2022-23:

- The County provided an increase of 4%, a cost-of-living adjustment for all MHSA contracts.
- The MHSA Advisory Committee also approved the 4.0FTE positions (1.0 FTE Administrative Services Manager, 1.0 FTE Business Analysts, 1.0FTE Behavioral Health Specialist, and 1.0FTE Program Manager) to be added to MHSA CSS team.
- Stakeholders also approved additional funding to add a Clinical Supervisor to Older Adult FSP program. Expanding the Older Adult FSP program and adding a Clinical Supervisor will make clinical services available to all clients at the desired and necessary level.

The chart below summarizes the CSS projections for FY 2022-23 through FY 2025-26 and includes all revenue sources:

FY 2022/23 Mental Health Services Act Annual Update						
Community Services and Supports (CSS) Component Worksheet						
County:	San Luis Obispo					Date: 10/6/22
	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	1,320,316	1,075,950	244,365		0	0
2. TAY FSP	1,091,585	905,287	186,298		0	
3. Adult FSP	5,561,819	4,470,007	966,812			125,000
4. Older Adult FSP	916,360	786,361	129,999			
Non-FSP Programs						
5. GSD: Client & Family Wellness	2,933,444	2,561,647	370,947		0	850
6. GSD: Latino Outreach Program	1,214,042	959,918	252,973		0	1,150
7. GSD: Enhanced Crisis & Aftercare	5,115,392	2,397,449	1,564,728			1,153,215
8. GSD: School & Family Empowerment	1,049,000	795,647	243,354		0	10,000
9. GSD: Forensic Mental Health Services	2,071,031	1,408,900	230,600			431,530
CSS Administration	332,560	189,337	143,223			0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	21,605,549	15,550,504	4,333,300	0	0	1,721,745

MHSA FUNDING SUMMARY

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	1,373,128	1,118,988	254,140		0	0
2. TAY FSP	1,135,249	941,499	193,750		0	
3. Adult FSP	5,921,710	4,791,226	1,005,484			125,000
4. Older Adult FSP	953,014	817,815	135,199			
Non-FSP Programs						
5. GSD: Client & Family Wellness	3,050,781	2,664,113	385,785		0	884
6. GSD: Latino Outreach Program	1,262,603	998,315	263,092		0	1,196
7. GSD: Enhanced Crisis & Aftercare	6,988,308	3,993,347	2,377,317			617,644
8. GSD: School & Family Empowerment	1,290,960	1,027,473	253,088		0	10,400
9. GSD: Forensic Mental Health Services	2,153,872	1,465,256	239,824			448,791
CSS Administration	345,863	196,911	148,952			0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	24,475,489	18,014,942	5,256,632	0	0	1,203,915
	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	1,428,053	1,163,748	264,306		0	0
2. TAY FSP	1,180,659	979,159	201,500		0	
3. Adult FSP	6,153,578	4,982,875	1,045,704			125,000
4. Older Adult FSP	991,135	850,528	140,607			
Non-FSP Programs						
5. GSD: Client & Family Wellness	3,172,813	2,770,677	401,216		0	919
6. GSD: Latino Outreach Program	1,313,107	1,038,248	273,616		0	1,244
7. GSD: Enhanced Crisis & Aftercare	7,194,130	4,153,081	2,472,410			568,639
8. GSD: School & Family Empowerment	1,342,599	1,068,571	263,211		0	10,816
9. GSD: Forensic Mental Health Services	2,240,027	1,523,867	249,417			466,743
CSS Administration	359,697	204,787	154,910			0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	25,375,798	18,735,540	5,466,897	0	0	1,173,361
	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	1,485,175	1,210,298	274,878		0	0
2. TAY FSP	1,227,885	1,018,325	209,560		0	
3. Adult FSP	6,394,722	5,182,190	1,087,532			125,000
4. Older Adult FSP	1,030,780	884,549	146,231			
Non-FSP Programs						
5. GSD: Client & Family Wellness	3,299,725	2,881,504	417,265		0	956
6. GSD: Latino Outreach Program	1,365,632	1,079,778	284,560		0	1,294
7. GSD: Enhanced Crisis & Aftercare	7,277,310	4,319,204	2,571,307			386,800
8. GSD: School & Family Empowerment	1,396,303	1,111,314	273,740		0	11,249
9. GSD: Forensic Mental Health Services	2,329,628	1,584,821	259,394			485,413
CSS Administration	374,085	212,979	161,106			0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	26,181,245	19,484,961	5,685,573	0	0	1,010,711

Prevention and Early Intervention (PEI):

Actual expenses for PEI in FY 2021-22 were \$3.95M with \$2.64M funded through MHSA revenue and \$1.31M 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 2022-23.

New in FY 2022-23: In the FY 2020-21, the County was awarded \$3,856,907 in Middle School grant funds through Mental Health Services Oversight and Accountability Commission (MHSOAC) for period of 48 months (September 1, 2020, through August 31, 2024), to expand mental health partnerships between the Behavioral Health Department and local schools throughout the county. Initial program planning and preparation began in FY 2020-21 and was fully operational in FY 2021-22. Funds are still available to support the program through the grant terms.

The chart below summarizes the PEI projections for FY 2022-23 through FY 2025-26 including all revenue sources:

FY 2022-23 Mental Health Services Act Annual Update						
Prevention and Early Intervention (PEI) Component Worksheet						
County: San Luis Obispo					Date:	10/6/22
	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	2,134,871	1,301,671				833,200
2. Early Intervention	676,210	455,310				220,900
3. Outreach	0	0				
4. Access & Linkage	284,767	284,767				
5. Stigma & Discrimination Reduction	345,202	296,110				49,092
6. Improve Timely Access	147,656	147,656				
7. Suicide Prevention	441,935	307,481				134,454
PEI Administration	335,417	335,417				
PEI Assigned Funds - CalMHSA JPA	102,613	102,613				
Total PEI Program Estimated Expenditures	4,468,670	3,231,024	0	0	0	1,237,646

MHSA FUNDING SUMMARY

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	2,190,146	1,353,738				836,408
2. Early Intervention	698,840	473,522				225,318
3. Outreach	0	0				
4. Access & Linkage	296,158	296,158				
5. Stigma & Discrimination Reduction	357,046	307,954				49,092
6. Improve Timely Access	153,562	153,562				
7. Suicide Prevention	459,491	459,491				
PEI Administration	348,833	348,833				
PEI Assigned Funds - CalMHSA JPA	102,613	102,613				
Total PEI Program Estimated Expenditures	4,606,689	3,495,871	0	0	0	1,110,818
	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	2,257,887	2,257,887				0
2. Early Intervention	722,287	492,463				229,824
3. Outreach	0	0				
4. Access & Linkage	308,004	308,004				
5. Stigma & Discrimination Reduction	369,365	320,273				49,092
6. Improve Timely Access	159,704	159,704				
7. Suicide Prevention	477,876	477,876				
PEI Administration	362,787	362,787				
PEI Assigned Funds - CalMHSA JPA	102,613	102,613				
Total PEI Program Estimated Expenditures	4,760,523	4,481,607	0	0	0	278,916
	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	2,348,203	2,348,203				0
2. Early Intervention	746,582	512,161				234,421
3. Outreach	0	0				
4. Access & Linkage	320,324	320,324				
5. Stigma & Discrimination Reduction	382,176	333,084				49,092
6. Improve Timely Access	166,093	166,093				
7. Suicide Prevention	496,996	496,996				
PEI Administration	377,298	377,298				
PEI Assigned Funds - CalMHSA JPA	102,613	102,613				
Total PEI Program Estimated Expenditures	4,940,284	4,656,771	0	0	0	283,513

Innovation (INN):

Actual expenses for Innovation in FY 2021-22 were \$1.37M, which were fully funded by MHSA. Funding continued for four projects: Holistic Adolescent Health (HAH),

MHSA FUNDING SUMMARY

Behavioral Health Assessment and Response Project (BHARP), Behavioral Health Education & Engagement Team (BHEET), and SoundHeal.

New in FY 2022-23:

The chart below summarizes the Innovation projections for FY 2022-23 through FY 2025-26 including all revenue sources:

FY 2022-23 Mental Health Services Act Annual Update						
Innovations (INN) Component Worksheet						
County:	San Luis Obispo					Date: 10/6/22
	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. 3X3	0	0				
2. SLO Acceptance	0	0				
3. CAPSLO - Holistic Adolescent Health	238,105	238,105				
4. BHARP	332,413	332,413				
5. Behavioral Health Education & Engagement Team (BHEET)	391,903	391,903				
6. Soundheal	148,465	148,465				
7. Innovation Projects - TBD FY 22/23	200,000	200,000				
INN Evaluation	30,000	30,000				
INN Administration	284,690	284,690				
Total INN Program Estimated Expenditures	1,625,576	1,625,576	0	0	0	0
	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Behavioral Health Education & Engagement Team (BHEET)	153,275	153,275				
2. Soundheal	140,240	140,240				
3. Innovation Projects - TBD FY 22/23	300,000	300,000				
4. Innovation Projects - TBD FY 23/24	300,000	300,000				
INN Evaluation	30,000	30,000				
INN Administration	290,384	290,384				
Total INN Program Estimated Expenditures	1,213,899	1,213,899	0	0	0	0

MHSA FUNDING SUMMARY

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Behavioral Health Education & Engagement Team (BHEET)	156,926	156,926				
2. SoulWomb	111,940	111,940				
3. Innovation Projects - TBD FY 22/23	250,000	250,000				
4. Innovation Projects - TBD FY 23/24	200,000	200,000				
5. Innovation Projects - TBD FY 24/25	200,000	200,000				
INN Evaluation	35,000	35,000				
INN Administration	296,191	296,191				
Total INN Program Estimated Expenditures	1,250,057	1,250,057	0	0	0	0
	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Innovation Projects - TBD FY 22/23	300,000	300,000				
2. Innovation Projects - TBD FY 23/24	200,000	200,000				
3. Innovation Projects - TBD FY 24/25	200,000	200,000				
4. Innovation Projects - TBD FY 25/26	200,000	200,000				
INN Evaluation	30,000	30,000				
INN Administration	302,115	302,115				
Total INN Program Estimated Expenditures	1,232,115	1,232,115	0	0	0	0

Workforce, Education and Training (WET):

Actual expenses for WET in FY 2021-22 were \$658K with \$649K from MHSA revenue transferred from the CSS allocation, and \$9K 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 2022-23:

- The MHSA Advisory Committee approved a 1.0FTE Public Information Specialist position to be added to MHSA WET team.

The chart below summarizes the WET projections for FY 2022-23 through FY 2025-26 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2022-23 Mental Health Services Act Annual Update						
Workforce, Education and Training (WET) Component Worksheet						
County:	San Luis Obispo				Date:	10/6/22
	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	29,995	29,995				
2. E-Learning - CSS Transfer	15,300	15,300				
3. Cultural Competence - CSS Transfer	32,385	32,385				
4. Promotores - CSS Transfer	79,240	79,240				
5. Internship Program - CSS Transfer	23,167	16,287	6,880			
6. Training & Communications Co-Ordinator - CSS Transfer	238,197	238,197				
7. Diversity, Equity, & Inclusion - CSS Transfer	155,225	155,225				
8. Crisis Intervention Training - CSS Transfer	6,834	6,834				
WET Administration	0	0				
Total WET Program Estimated Expenditures	580,343	573,463	6,880			
	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	31,195	31,195				
2. E-Learning - CSS Transfer	15,912	15,912				
3. Cultural Competence - CSS Transfer	33,680	33,680				
4. Promotores - CSS Transfer	82,410	82,410				
5. Internship Program - CSS Transfer	24,094	16,938	7,156			
6. CSS Transfer	247,725	247,725				
7. Diversity, Equity, & Inclusion - CSS Transfer	161,434	161,434				
8. Crisis Intervention Training - CSS Transfer	7,107	7,107				
WET Administration	0	0				
Total WET Program Estimated Expenditures	603,557	596,401	7,156	0	0	0

MHSA FUNDING SUMMARY

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	32,443	32,443				
2. E-Learning - CSS Transfer	16,548	16,548				
3. Cultural Competence - CSS Transfer	35,028	35,028				
4. Promotores - CSS Transfer	85,706	85,706				
5. Internship Program - CSS Transfer	25,057	17,616	7,442			
6. Training & Communications Co-Ordinator - CSS Transfer	257,634	257,634				
7. Diversity, Equity, & Inclusion - CSS Transfer	167,891	167,891				
8. Crisis Intervention Training - CSS Transfer	7,392	7,392				
WET Administration	0	0				
Total WET Program Estimated Expenditures	627,699	620,257	7,442	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. PAAT - CSS Transfer	33,740	33,740				
2. E-Learning - CSS Transfer	17,210	17,210				
3. Cultural Competence - CSS Transfer	36,429	36,429				
4. Promotores - CSS Transfer	89,134	89,134				
5. Internship Program - CSS Transfer	26,060	18,320	7,740			
6. CSS Transfer	267,940	267,940				
7. Diversity, Equity, & Inclusion - CSS Transfer	174,607	174,607				
8. Crisis Intervention Training - CSS Transfer	7,687	7,687				
WET Administration	0	0				
Total WET Program Estimated Expenditures	652,807	645,068	7,740	0	0	0

Capital Facilities and Technological Needs (CFTN):

Actual expenses for CFTN in FY 2021-22 were \$635K fully funded by MHSA. The ongoing 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 2022-23: As system and reporting requirements for SLOBHD have been changing, primarily due to the new State of California Advancing and Innovating

Medi-Cal (CalAIM) initiative, the current Electronic Health Record is no longer sufficient. The County has entered into an agreement with CalMHSA for SmartCare, which was selected through a CalMHSA RFP process and meets all the mandatory requirements. Increased funding has been presented to and approved by the MHSA Stakeholders.

The chart below summarizes the CFTN projections for FY 2022-23 through FY 2025-26 including all revenue sources:

MHSA FUNDING SUMMARY

FY 2022-23 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Component Worksheet						
County: San Luis Obispo					Date: 10/6/22	
	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	638,153	638,153				0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	638,153	638,153	0	0	0	0
	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	663,680	663,680				0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	663,680	663,680	0	0	0	0
	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	690,227	690,227				0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	690,227	690,227	0	0	0	0
	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	717,836	717,836				0
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	717,836	717,836	0	0	0	0

Local Prudent Reserve: Pursuant to Welfare and Institutions Code 5847(b)(7), the County must establish and maintain a local prudent reserve to ensure that programs will continue to serve children, adults and seniors currently being served by CSS and

PEI programs. The reserve should be used in years where the allocation of funds for services is not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year.

With the signing of Senate Bill 192 on September 10, 2018, a change on the maximum Prudent Reserve balance was established. The bill clarified that the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund in the preceding 5 years. The County must reassess the maximum amount of the prudent reserve every 5 years and certify the reassessment as part of its 3-year program and expenditure plan. 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 MAC, the county's key stakeholder group, to reduce the County's Prudent Reserve in alignment with new state guidelines. A transfer of \$3M for FY 2019-20 was approved to bring the balance under the 33% maximum limit. Stakeholders approved a reduction of approximately \$2.9M in CSS Prudent Reserve, and \$67k in PEI with the intention of using the funds to introduce, enhance, and expand MHSA projects over the next three years. These funds were required and were spent by June 30, 2022.

The chart below summarizes the expenditures for Released Prudent Reserve over the Three year period ending in FY 2021-22:

The prudent reserve balance after the transfer to CSS & PEI was \$2,774,412 at the end of FY 2021-22.

MHSA FUNDING SUMMARY

Prudent Reserve Fund Actuals	
Prudent Reserve Fund transferred to CSS	\$ 2,994,144.00
Prudent Reserve Fund transferred to PEI	\$ 67,608.00
Total Prudent Reserve Funds Transferred	\$ 3,061,752.00
CSS & PEI Expenditures	
CSS & PEI Expenditures	Actuals over the Three Year Period Ending in FY 2021-22
CalMHSA Dues paid using PEI PR (balance paid using PEI funds)	\$ (67,608)
Forensics Division Manager- 0.50 FTE	\$ (227,400)
Case Manager for Bishop Street for 3 Years	\$ (233,407)
5 Year WET Fund to State -- OSHPOD	\$ (74,102)
CIT	\$ (60,000)
Sierra Mental Wellness Group- 6 Vehicles Purchase	\$ (251,000)
Center for Family Strengthening- Telehealth Equipment	\$ (13,525)
CAPSLO - 40 Prado Medication Assisted Residential Treatment Facility (MAT)	\$ (217,875)
Diversity, Equity, Inclusion Coordinator (DEI/ESM Program Manager) one year Limited Term Position	\$ (81,771)
Funding PMAD FY 2021-22	\$ (50,000)
Vehicle for Youth Mobile Crisis	\$ (40,000)
Youth & Foster Care Response Team 24/7 Crisis for one year	\$ (154,573)
MHSA Mini-Grant Program- Contractual	\$ (626,884)
New EHR Health Record System (With other CalMHSA Counties)	\$ (100,000)
BHS II (temp CM for Adult Services)	\$ (19,833)
New Latino Outreach Team	\$ (8,637)
New Forensic FSP Team under Justice Division	\$ (31,232)
Extend Mini-Grant program to Non-Contractual	\$ (49,536)
Telehealth & other Computer equipments	\$ (39,431)
UCLA FSP Patient Cost	\$ (55,100)
New Paso 4th St, 2nd floor facility rent, Furniture, & Equipment Cost	\$ (39,454)
Mental Health Month events costs & Additional Training Cost	\$ (14,953)
FY 2021-22 Salary Accurals	\$ (3,784)
FSP Clients cost for IMD, Board and Care, Out of County Hospital stay	\$ (614,067)
FSP Client cost for Eating Disorders	\$ (170,802)
Expenditure Sub-Total	\$ (3,244,973)
Medi-Cal Revenue Received	\$ 183,221
Total Expenditures	\$ -

Appendix

Exhibit A – County Certification

County: San Luis Obispo

Three-Year Program and Expenditure Plan & Annual Update

Local Mental Health Director Name: Anne Robin Telephone Number: (805) 781-4719 E-mail: arobin@co.slo.ca.us	Program Lead Name: Frank Warren Telephone Number: (805) 788-2055 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 24, 2023.

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

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

Anne Robin

Local Mental Health Director (PRINT)

Exhibit B – MHSA County Fiscal Accountability Certification

County/City: San Luis Obispo

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

<p align="center">Local Mental Health Director</p> <p>Name: Anne Robin, LMFT Telephone Number: (805) 781-4719 E-mail: arobin@co.slo.ca.us</p>	<p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: James W. Hamilton, CPA Telephone Number: (805) 788-2964 E-mail: jhamilton@co.slo.ca.us</p>
<p>Local Mental Health Mailing Address: County of San Luis Obispo Behavioral Health Department 2180 Johnson Ave., 2nd Floor San Luis Obispo, CA 93401</p>	

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

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

Anne Robin, LMFT



10/17/2022

 Local Mental Health Director (PRINT)

 Signature Date

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



10/17/2022

 County Auditor Controller / City Financial Officer (PRINT)

 Signature Date

Exhibit C: Notice of Availability for Public Review & Comment



And

NOTICE OF PUBLIC HEARING

San Luis Obispo County

Mental Health Services Act

- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The MHSA Annual Update and Three-Year Plan for Fiscal Years 2023-25, is available for a 30-day public review and comment from October 18 through November 16, 2022.
- HOW: To review the Update and Plan,
Visit: <https://www.slocounty.ca.gov/MHSA.aspx>
To Submit Comments or Questions:
https://www.surveymonkey.com/r/MHSA_2021-22_AnnualUpdate
Comments must be received no later than November 16, 2022.

NOTICE OF PUBLIC HEARING

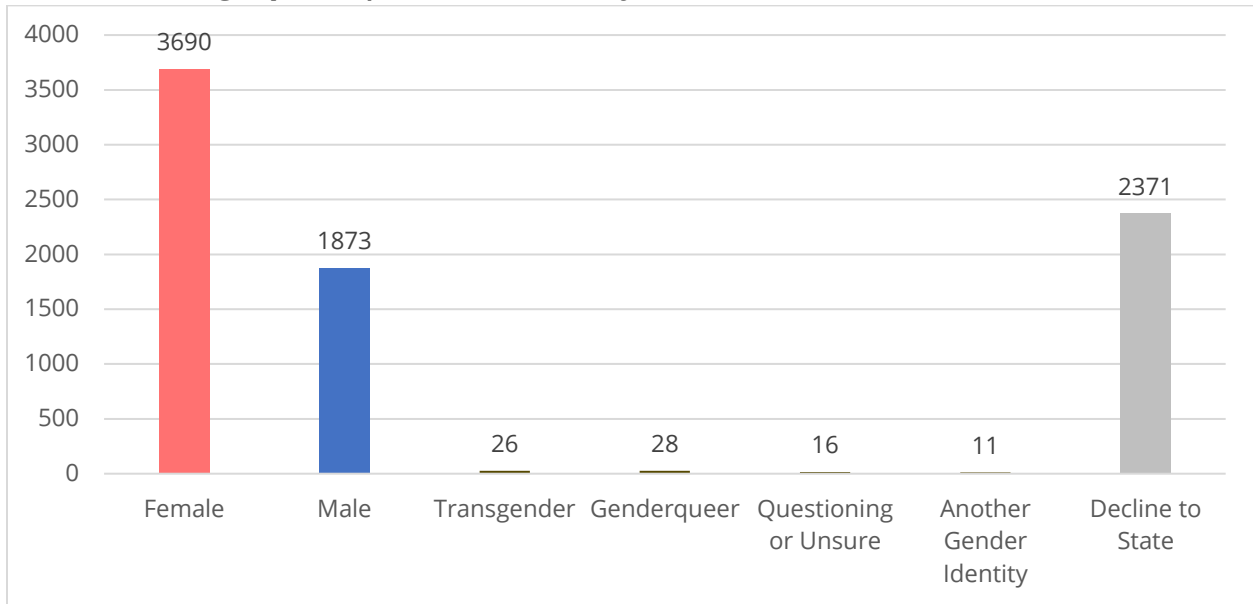
- WHO: San Luis Obispo County Behavioral Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Mental Health Services Act Annual FY 2021-22 Update to the Three-Year Plan for Fiscal Years 2020-23.
- WHEN: Wednesday, November 16, 2022, 3:00 p.m.
- WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO. (Hearing held on Zoom)
<https://slohealth.zoom.us/j/92248351901?pwd=Z0hMYU9oNmZNRGszSUZJMDNkcGpzQT09>
Meeting ID: 922 4835 1901
Passcode: 178399
Phone: 1-669-900-6833

FOR FURTHER INFORMATION:

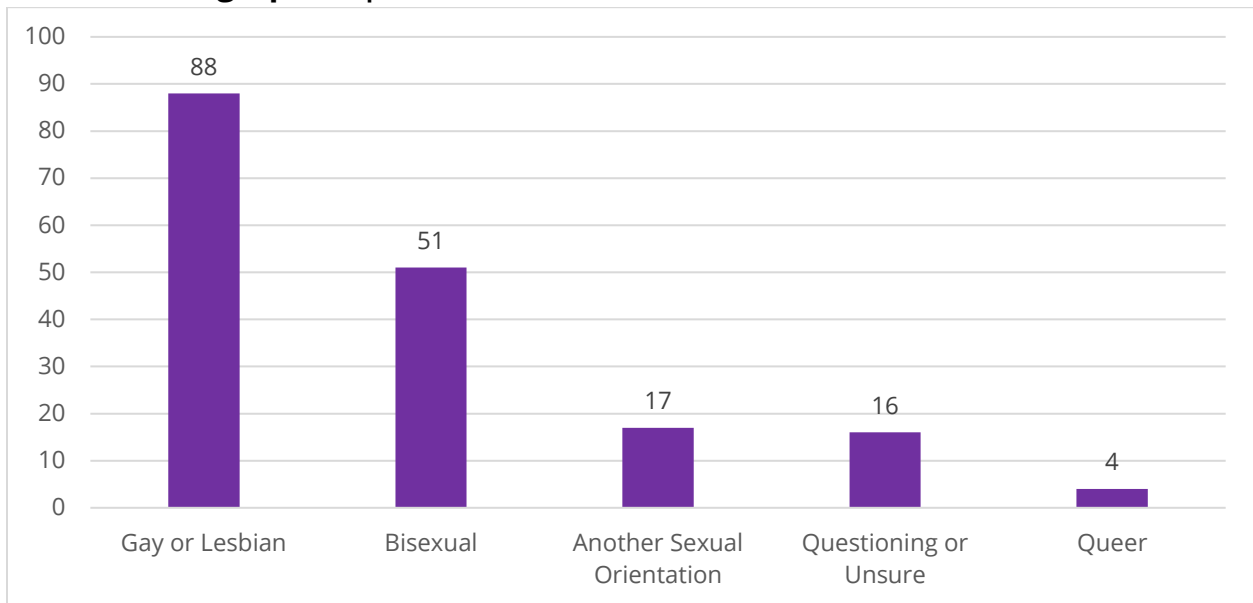
Please contact Frank Warren, (805) 788-2055, fwarren@co.slo.ca.us

Exhibit D: PEI Demographic Data

D1. PEI Demographics | Gender Identity

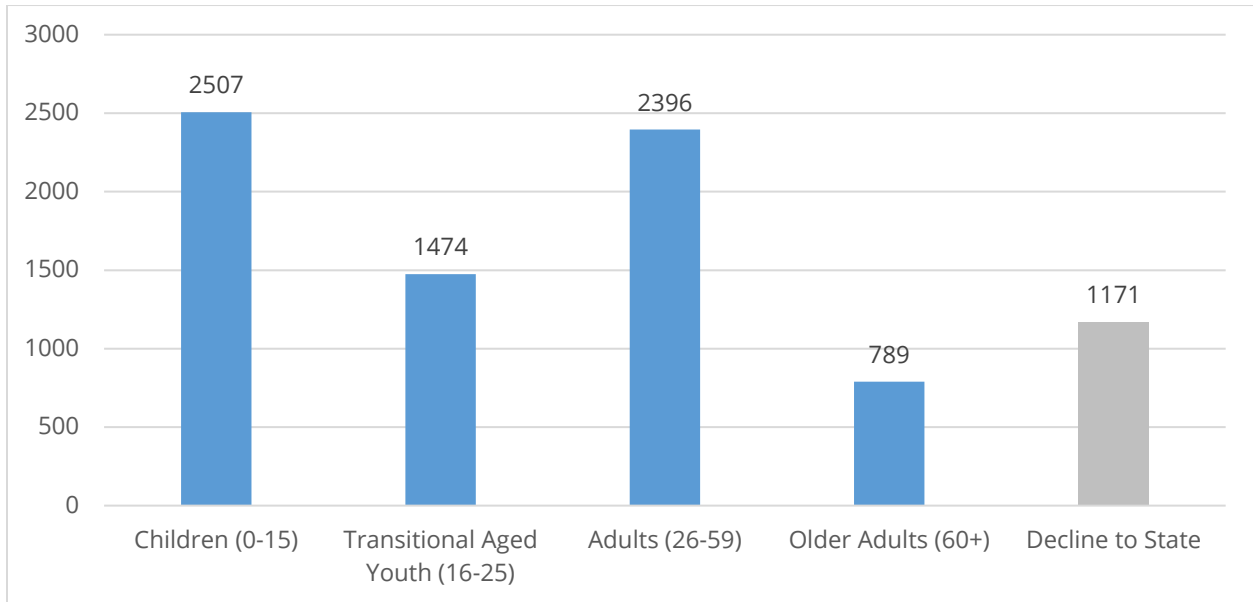


D2. PEI Demographics | Sexual Orientation*

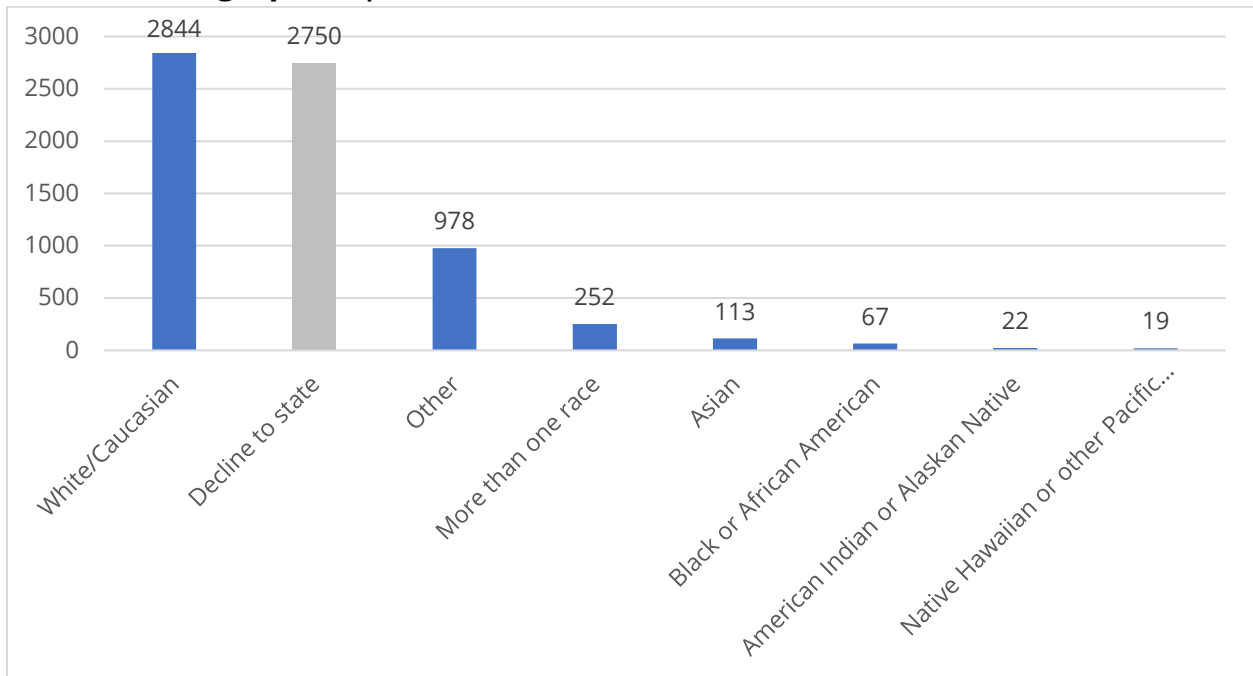


*Does not include “Heterosexual or Straight” (Count = 2652) and “Declined to Answer” (Count = 3545)

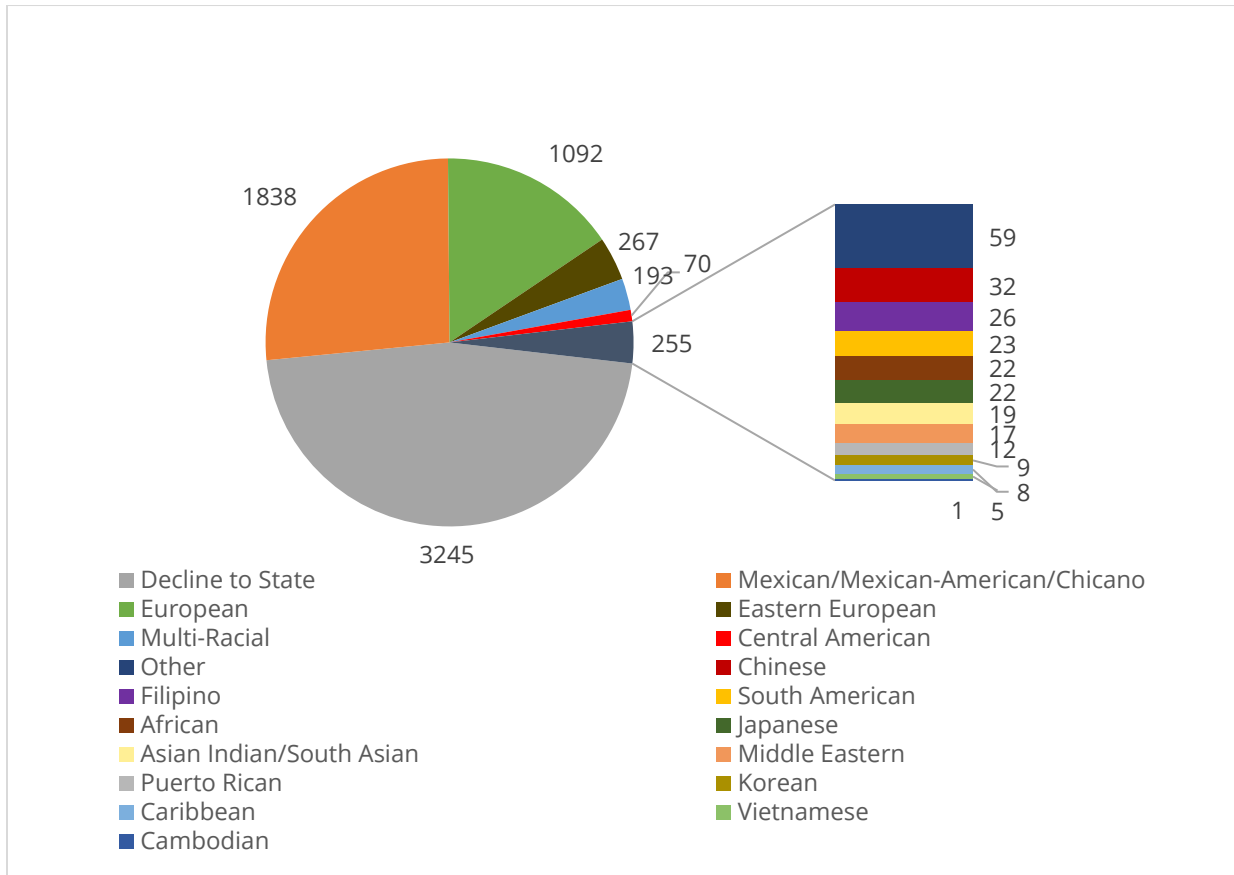
D3. PEI Demographics | Age Cohort



D4. PEI Demographics | Race



D5. PEI Demographics | Ethnicity



D6. PEI Demographics | Additional Status or Condition

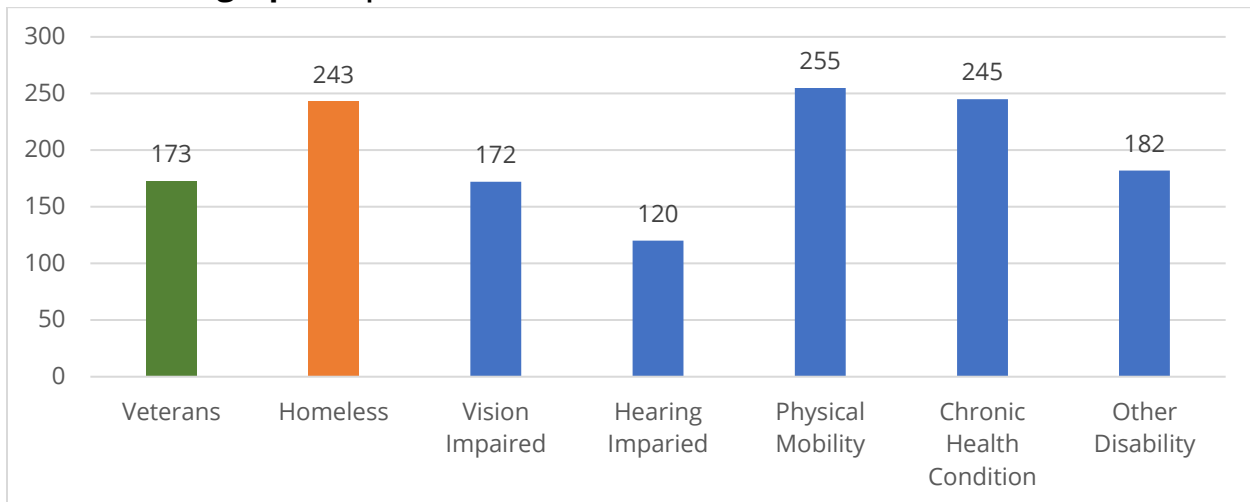


Exhibit E: FY 2021-2022 Middle School Comprehensive Program Outcomes;

n=213

RISK FACTORS	% Change between Risk Factor occurrences before and after	Net Number of Clients who had risk factor occurrences
How many days were you absent? *	-11.7%	-69
The number of times I have gotten into a physical fight or threatened someone is	-26.2%	-11
The number of times I've used marijuana is	-46.4%	-13
The number of times I've used alcohol is	-40.0%	-14
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	-66.7%	-4
The number of times I've misused prescription drugs is	-80.0%	-8
The number of times I've hurt myself on purpose	-51.8%	-33
The number of times I've seriously thought about suicide is	-38.4%	-38
The number of behavioral referrals I've received is	-36.2%	-21

PROTECTIVE FACTORS	% Change between Protective Factor agreement before and after	Net Number of Clients whose response changed from Disagree to Agree
Grades improved from mostly F's**	85.7%	18
Grades improved from D's **	88.0%	22
Grades improved from C's or B's **	39.8%	41
I can ask a trusted adult or family member for help if I need it	21.5%	66
I have a good relationship with my parents or caregivers	10.0%	26
I generally feel good about myself	24.8%	64
I consider the consequences to my actions	14.7%	43
I have friends who make positive and healthy choices	9.8%	27
I know how to handle a situation if I'm bullied or harassed	16.9%	45
I know how to better cope with stress, depression, and anxiety	32.1%	91
I enjoy being at school	17.2%	45
I understand that alcohol is harmful for me	4.9%	13
I understand that marijuana is harmful for me and how	5.2%	17
I know that misusing prescription drugs is harmful for me	4.6%	10

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

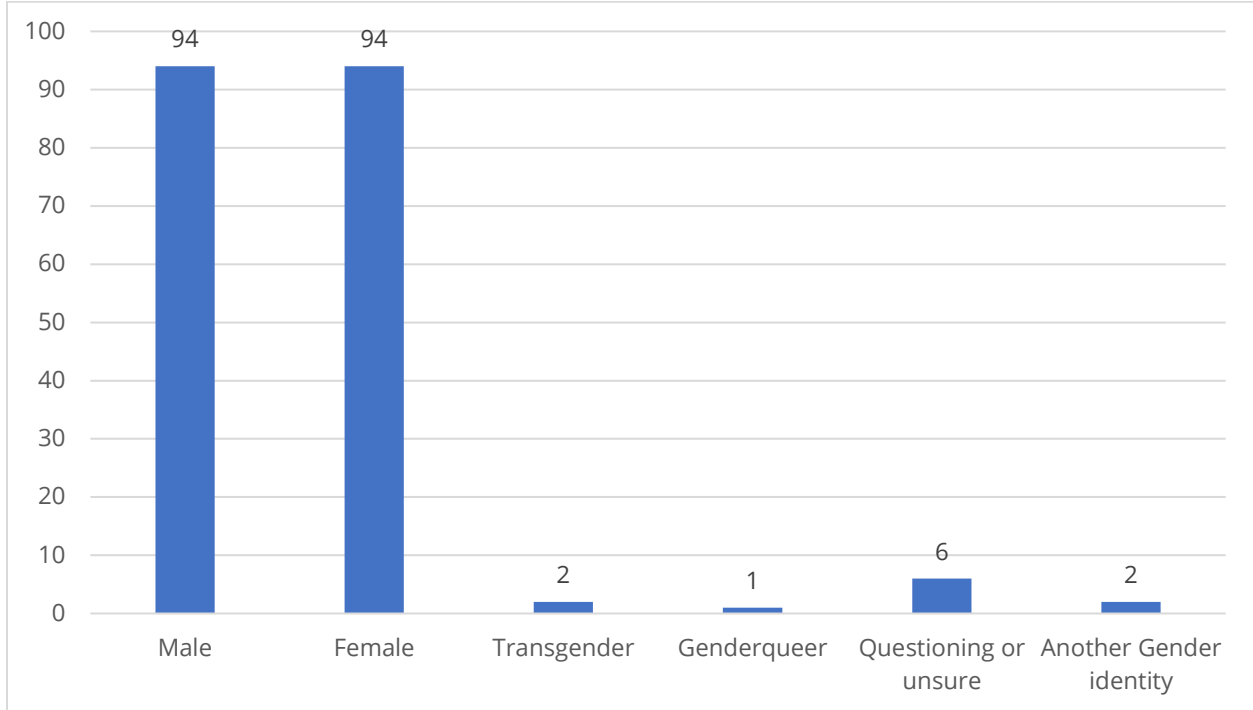
* Average Calculated change in days absent – before/after

** Grades as reported by students – before/after

Exhibit F: INNOvation Demographic Data

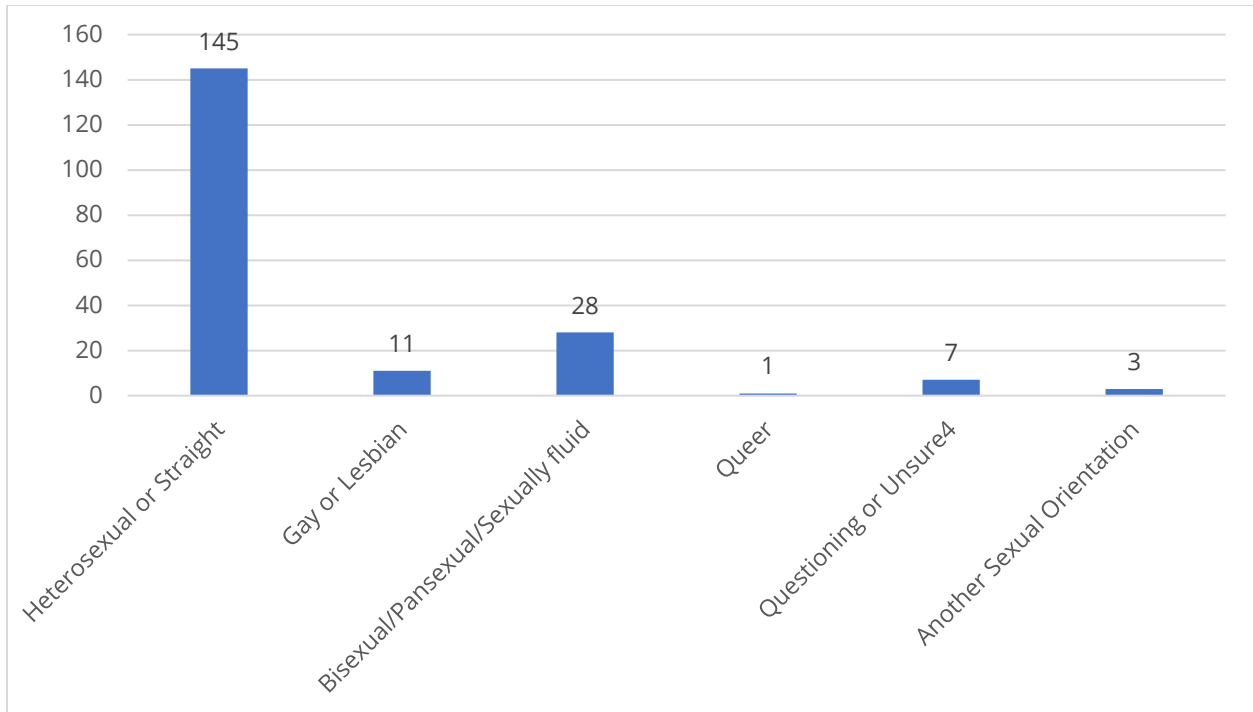
This data was aggregated from "INN Quarterly Report Submission Entries" provided by project providers. Demographics provided are a sample of Innovation participants.

F1. INN Demographics | Gender Identity



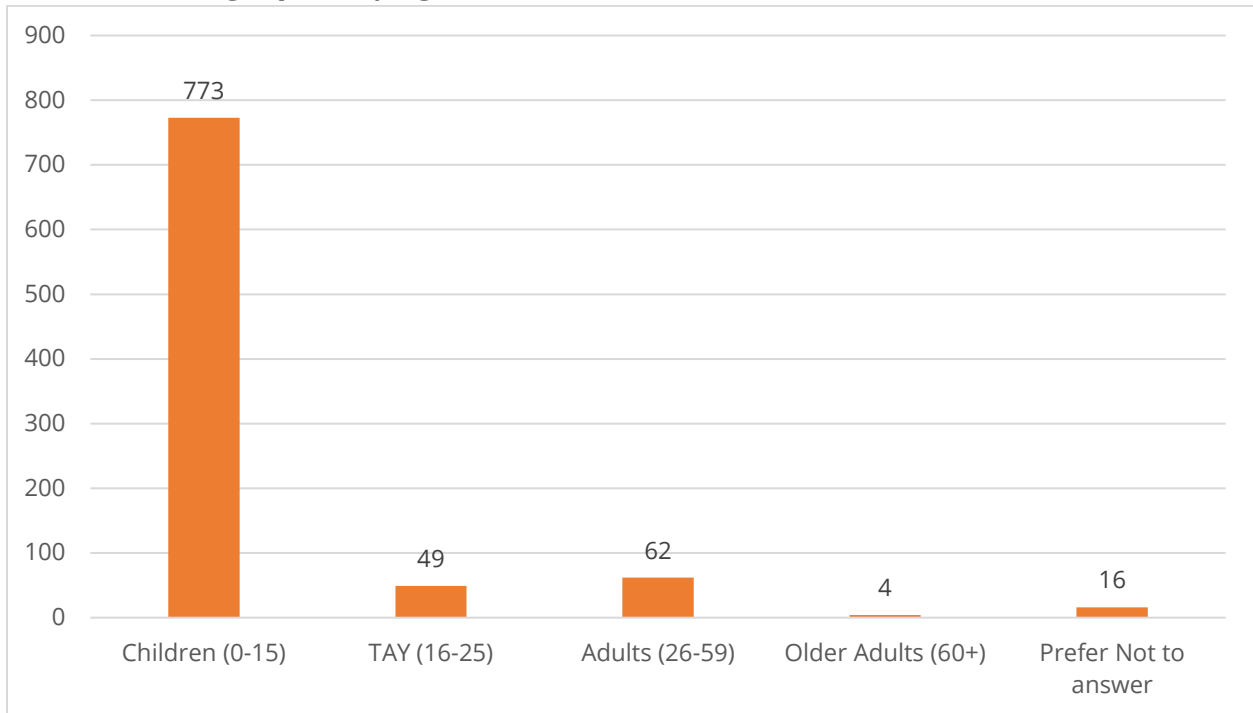
Does not show "Prefer Not to Answer" (Count = 707)

F2. INN Demographics | Sexual Orientation



Does not show "Prefer Not to Answer" (Count = 709)

F3. INN Demographics | Age Cohort

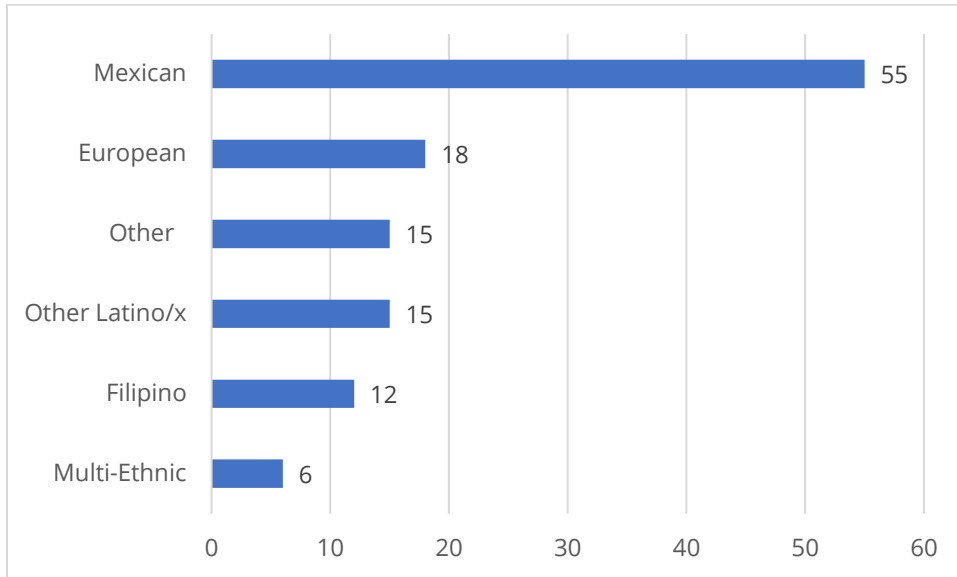


F4. INN Demographics | Race



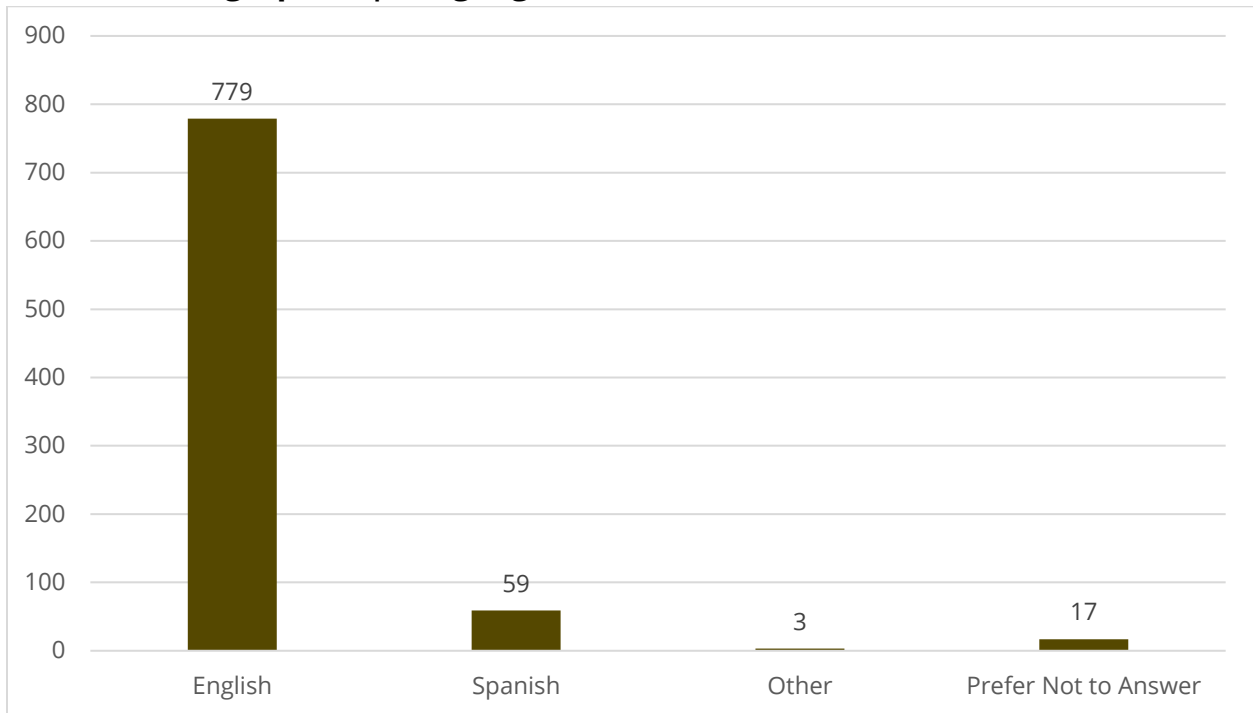
Does not show "Prefer Not to Answer" (Count = 709)

F5. INN Demographics | Ethnicity

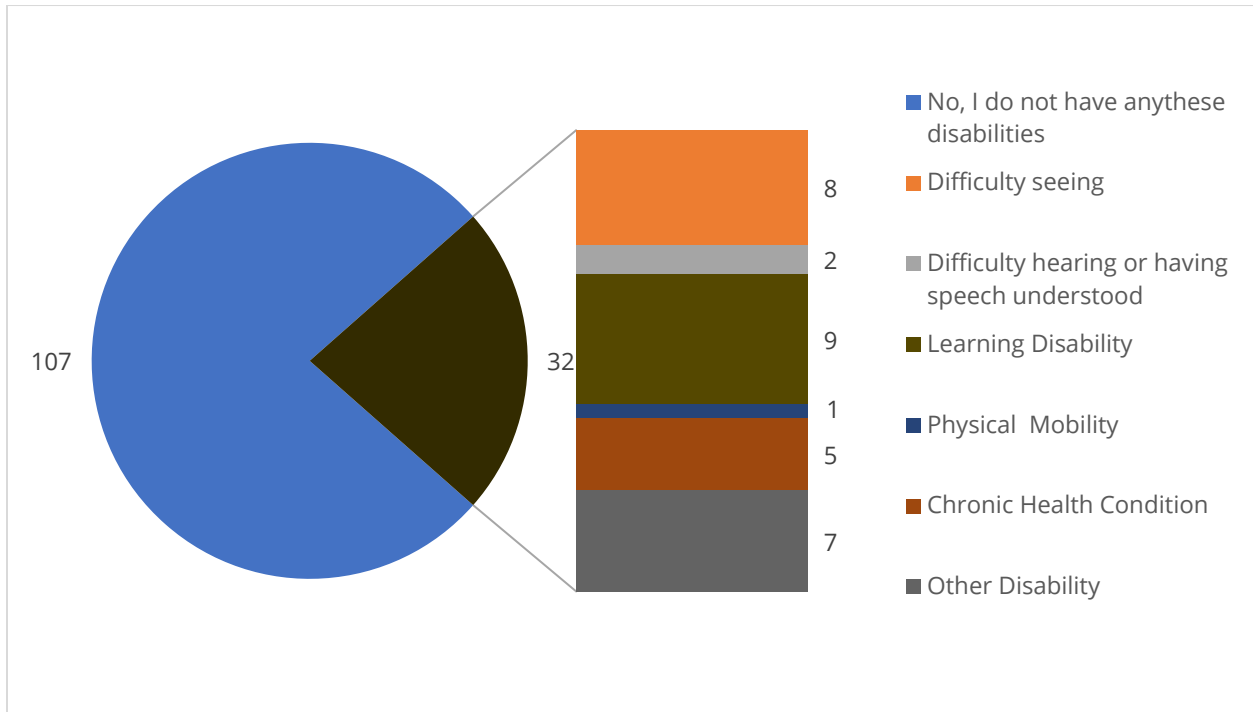


Does not show "Prefer Not to Answer" (Count = 725)

F6. INN Demographics | Language



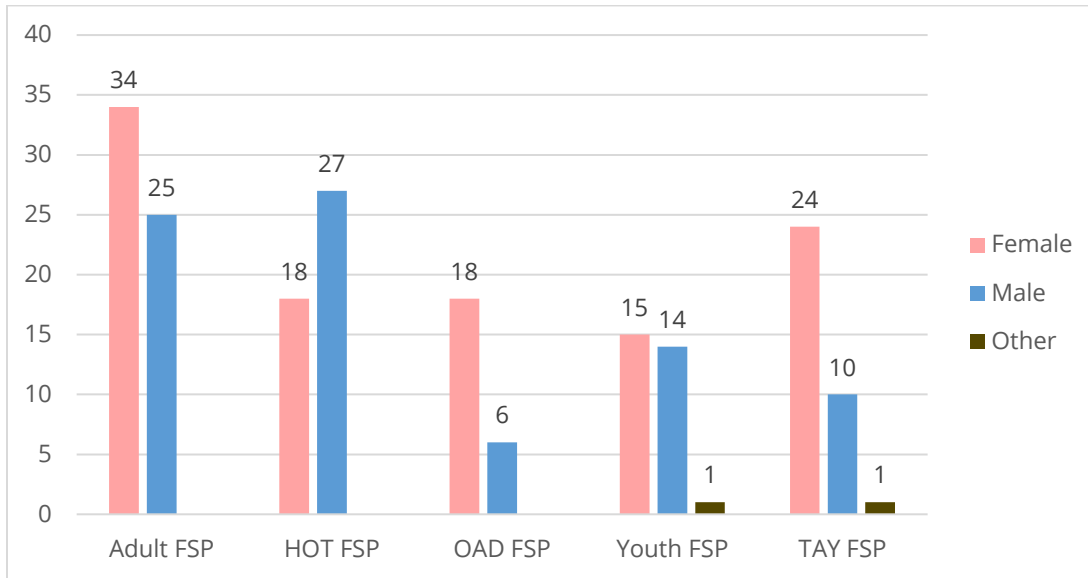
F7. INN Demographics | Disability



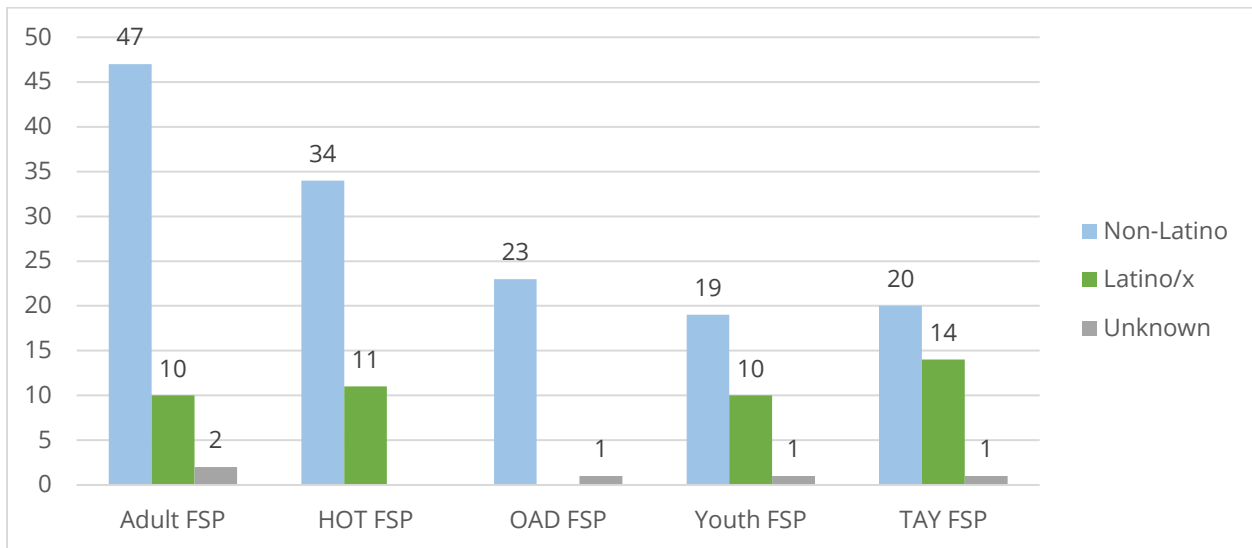
Does not show "Prefer Not to Answer" (Count = 706)

Exhibit G: CSS Full Service Partnership Demographic Data

G1. FSP Clients in FY 2021-2022: Gender Breakdown



G2. FSP Clients in FY 2021-2022: Ethnic Breakdown



G3. FSP Clients in FY 2021-2022: Racial Breakdown

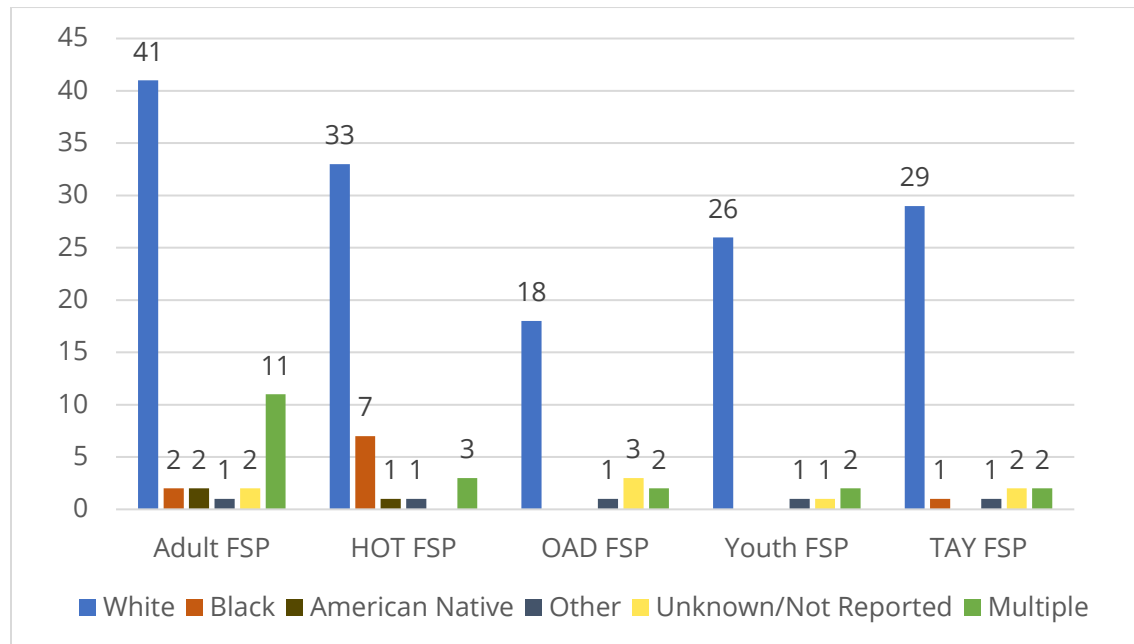


Exhibit H: Annual PEI Demographics and Data Report, FY 2020-2021

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

Program Name	Prevention						Early Intervention		Access and Linkage	Improve Access	Stigma/Discrimination Reduction		Suicide Prevention Program
	1.1	1.2	1.3			1.4	2.1	2.2	3.1	4.1	5.1	5.2	6.1
Project	PDP	FETS	FA	SAP	FNL	IHPE	CCC	ICW	OAMH	VP	SMS	CWP	SPC
# of Unduplicated Clients	257	1268	90	213	112	20	235	844	523	97	2379	167	
# of Duplicated Clients	100		916		862	256	312	6031	839		2412	2063	1681
# of Family Units	608	1251	474			25	12	844	29		1572		
Sex at Birth													
# of Female	450	910	492	119		25	281	0	359	40	139	10	
# of Male	276	177	419	55		2	214	0	150	57	97	3	
# of Decline to State	0	182	5	39		0	0	844	1	0	3002	1	
Gender Identity													
# of Female		834	492	80	54	25	275	370	357	38	704	11	

APPENDIX

Program Name	Prevention						Early Intervention		Access and Linkage	Improve Access	Stigma/Discrimination Reduction		Suicide Prevention Program
	1.1	1.2	1.3			1.4	2.1	2.2	3.1	4.1	5.1	5.2	6.1
Project	PDP	FETS	FA	SAP	FNL	IHPE	CCC	ICW	OAMH	VP	SMS	CWP	SPC
# of Male		147	419	51	34	2	209	123	150	56	403	3	
# of Transgender		0	0	7	0	0	9	2	0	1	7		
# of Genderqueer		0	2	21	0	0	0	0	0	1	4	0	
# of Questioning or Unsure		0	2	11	0	0	0	0	0	0	3	0	
# of Another Gender Identity		1	1	6	0	0	0	0	0	1	2	0	
# of Decline to State		287	0	37	1	0	0	349	3	0	1694	0	
Age													
# of Children (0-15)	562	6	463	213	89	0	75	50	0	4	1045	0	
# of TAY (16-25)	26	75	76	0	0	2	185	67	3	6	1023	11	
# of Adults (26-59)	130	958	185	0	0	24	214	363	34	74	412	2	
# of Older Adults (60+)	8	22	0	0	0	1	11	111	474	13	148	1	
# of Decline to State	0	208	192	0	0	0	0	253	0	1	517	0	
Race													
# of American Indian or Alaskan Native	0	5	0	1	0	0	4	3	0	6	3	0	
# of Asian	3	18	1	3	4	0	24	10	5	4	41	0	
# of Black or African American	1	19	2	1	3	0	18	3	3	2	15	0	
# of Native Hawaiian or other Pacific Islander	4	2	0	2	1	0	4	0	0	2	4	0	
# of White/Caucasian	625	748	144	82	79	27	343	209	310	60	205	12	
# of Other	0	67	747	46	0	0	0	38	51	11	17	1	
# of More than one race	48	57	20	29	2	0	0	6	55	15	19	1	
# of Decline to State	45	253	2	16	0	0	0	540	87	1	1806	0	
Ethnicity: Latino/x													
# of Caribbean	0	6	0	0		0	0	0	0	0	2	0	
# of Central American	15	18	5	3		0	8	0	3	6	11	1	
# of Mexican/Mexican-American/Chicano	461	309	742	77		26	91	0	47	28	54	3	
# of Puerto Rican	0	5	0	1		0	0	0	1	0	5	0	
# of South American	0	9	0	0		0	7	0	0	2	5	0	
Ethnicity: Non-Latino/x													

APPENDIX

Program Name	Prevention						Early Intervention		Access and Linkage	Improve Access	Stigma/Discrimination Reduction		Suicide Prevention Program
	1.1	1.2	1.3			1.4	2.1	2.2	3.1	4.1	5.1	5.2	6.1
Project	PDP	FETS	FA	SAP	FNL	IHPE	CCC	ICW	OAMH	VP	SMS	CWP	SPC
# of African	1	5	0	0		0	0	0	3	0	13	0	
# of Asian Indian/South Asian	4	4	1	0		0	0	0	1	0	9	0	
# of Cambodian	0	0	0	0		0	0	0	0	0	1	0	
# of Chinese	1	1	0	0		0	5	1	0	1	23	0	
# of Eastern European	0	59	0	4		0	169	0	15	1	18	1	
# of European	149	481	143	13		1	101	0	71	34	94	5	
# of Filipino	2	7	0	3		0	2	2	2	0	8	0	
# of Japanese	0	2	0	0		0	12	1	2	0	5	0	
# of Korean	0	2	0	0		0	3	0	0	2	2	0	
# of Middle Eastern	0	4	4	1		0	0	0	0	0	8	0	
# of Vietnamese	0	1	0	0		0	0	1	0	0	3	0	
# of Other6	0	1	0	14		0	0	0	16	6	21	1	
# of Multi-Racial	48	47	13	17		0	0	6	35	10	17	0	
# of Decline to State	45	308	6	21		0	0	833	258	5	1769	0	
Sexual Orientation													
# of Gay or Lesbian	0	3	1	12		0	22	11	4	2	33	0	
# of Heterosexual or Straight	95	902	681	79		27	244	126	400	85	1539	13	
# of Bisexual	0	12	1	31		0	2	0	0	4	0	1	
# of Questioning or Unsure8	0	0	2	14		0	0	0	0	0	0	0	
# of Queer	0	0	1	3		0	0	0	0	0	0	0	
# of Another Sexual Orientation	0	0	0	17		0	0	0	0	0	0	0	
# of Decline to Answer	631	352	230	24		0	0	656	107	6	0	0	
Disability													
# of Vision Impaired		8	1	0		0	0	7	147	9	0	0	
# of Hearing Impaired		9	3	1		0	0	5	85	17	0	0	
# of Physical Mobility		10	14	2		1	18	0	195	15	0	0	
# of Chronic Health Condition		25	4	0		0	73	0	129	13	0	0	
# of Other Disability		18	17	26		0	17	28	48	28	0	0	
# of Veterans		19	4			0	6	11	61	66	5	1	

APPENDIX

Program Name	Prevention						Early Intervention		Access and Linkage	Improve Access	Stigma/Discrimination Reduction		Suicide Prevention Program
	1.1	1.2	1.3			1.4	2.1	2.2	3.1	4.1	5.1	5.2	6.1
Project	PDP	FETS	FA	SAP	FNL	IHPE	CCC	ICW	OAMH	VP	SMS	CWP	SPC
# of Homeless		25	109			1	56	41	3	2	6	0	
Language Services													
Percentage of services provided in Spanish	83%	44%	60%			71%	0.38	22%	5%		33%	0%	
Referrals													
# of clients who reported having any mental/behavioral health symptoms prior to referral/contact with			24				130	70	78				
# of clients referred to County funded mental health/behavioral health and substance use services.			19				58	17	26				
# of clients referred to County funded mental health/behavioral health services.	3		51				43	17	28				
Estimated total number between date of referral and date of first service received for mental/behavioral	11.25		30				14.75		30				
# of clients referred to County funded substance use services.			7				42		6				
Estimated total number between date of referral and date of first service received for substance use			3.5				13.75		22.5				

Exhibit I: PEI/INN Expenditure Sources

Total Mental Health Expenditures					
	PEI/INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
PEI 1.1	\$119,564				
PEI 1.2	\$182,011				
PEI 1.3	\$559,338				
PEI 1.4	\$112,340				
PEI 2.1	\$52,620				
PEI 2.2	\$281,896				
PEI 3.1	\$271,774				
PEI 4.1	\$143,760				
PEI 5.1	\$130,118				
PEI 5.2	\$150,688				
PEI 6.1	\$339,060				
INNs					
INN 3.1	\$115,653				
INN 3.2	\$249,563				
INN 4.1	\$220,257				
INN 4.2	\$275,019				
INN 5.1	\$146,617				
INN 5.2	\$186,615				

Administration					
	PEI/INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
PEI 1.1	\$10,291.21				
PEI 1.2	\$15,666.22				
PEI 1.3	\$129,858.50				
PEI 1.4	\$9,669.40				
PEI 2.1	\$4,529.14				
PEI 2.2	\$24,263.63				
PEI 3.1	\$23,392.39				
PEI 4.1	\$12,373.83				
PEI 5.1	\$14,600.72				
PEI 5.2	\$12,970.18				

APPENDIX

PEI 6.1	\$19,953.92				
INN 3.1	\$9,432.68				
INN 3.2	\$20,354.35				
INN 4.1	\$17,964.11				
INN 4.2	\$22,430.48				
INN 5.1	\$11,958.09				
INN 5.2	\$15,220.33				

Evaluation					
	PEI/INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
PEI 1.1	\$753.64				
PEI 1.2	\$1,147.25				
PEI 1.3	\$9,509.66				
PEI 1.4	\$708.10				
PEI 2.1	\$331.67				
PEI 2.2	\$1,776.85				
PEI 3.1	\$1,713.05				
PEI 4.1	\$906.15				
PEI 5.1	\$1,069.23				
PEI 5.2	\$949.82				
PEI 6.1	\$1,461.25				
INN 3.1	\$7,828.80				
INN 3.2	\$16,893.41				
INN 4.1	\$14,909.60				
INN 4.2	\$18,616.54				
INN 5.1	\$9,924.81				
INN 5.2	\$12,632.35				

Three Year Projection Total Mental Health Expenditures					
	PEI/INN Funding	Medi-Cal	1991 Realignment	Behavioral Health Subaccount	Any other funding
PEI 1.1	\$323,676				
PEI 1.2	\$552,307				

APPENDIX

PEI 1.3	\$4,786,631				
PEI 1.4	\$297,227				
PEI 2.1	\$166,871				
PEI 2.2	\$1,311,273				
PEI 3.1	\$924,486				
PEI 4.1	\$479,358				
PEI 5.1	\$456,834				
PEI 5.2	\$504,478				
PEI 6.1	\$1,434,348				
INN 3.1	\$0.00				
INN 3.2	\$0.00				
INN 4.1	\$0.00				
INN 4.2	\$0.00				
INN 5.1	\$310,201.00				
INN 5.2	\$252,180.00				