Mental Health Services Act (MHSA)

2015-2016 Annual Update to the Three-Year Program & Expenditure Plan

Fiscal Years 2014-2015 – 2016-2017

San Luis Obispo County
Behavioral Health Department

WELLNESS • RECOVERY • RESILIENCE

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San Luis Obispo County's 2015-2016 Annual Update to the Three-Year Program and Expenditure Plan celebrates and details the programs being administered in each component of Mental Health Services Act work plans. In the following report programs and projects developed in partnership throughout the county will be outlined as well as their operating budget, and results of past implementation. The results of activities in the 2013-2014 year will be presented. The various work plans outlined herein will include: proposed program adaptations; any changes to the original component plans or past updates; projected planning and budgeting for the fiscal years (FY) 2014-2015 through 2016-2017.

Overview & Executive Summary

San Luis Obispo County's Mental Health Services Act (MHSA) Fiscal Year 2015-2016 Annual Update to the Three Year Program and Expenditure Plan provides an overview of the work plans and projects being implemented as part of the series of service components launched with the passing of Proposition 63 in 2004. The passage of MHSA provided San Luis Obispo County with increased funding, personnel, and other resources to support mental health programs for underserved children, transitional age youth (TAY), adults, older adults, and families. MHSA programs address a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements that support the County's public mental health system.

This Update was produced by the San Luis Obispo County Behavioral Health Department (SLOBHD) and is intended to provide the community with a progress report on the various projects being conducted as part of the MHSA. This report includes descriptions of programs and services, as well as results from 2013-2014, for the following MHSA components and work plans:

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

The 2015-2016 MHSA Annual Update details the programs being administered, their operating budget, and results of past implementation. In accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Annual Update includes updates to the Three-Year Program and Expenditure Plan. The various work plans outlined herein will include: proposed program adaptations; any changes to the original component plans or past updates; projected planning and budgeting for the fiscal years (FY) 2014-2015 through 2016-2017.

This Update and Plan was submitted to the San Luis Obispo County Board of Supervisors for approval on July 14, 2015. California Assembly Bill (A.B.) 100, passed in 2011, significantly amended the MHSA to streamline the approval process of programs developed. Among other changes, A.B. 100 deleted the requirement that the three-year plan and updates be approved by the Department of Mental Health (now Department of Health Care Services, DHCS) after review and comment by the Oversight and Accountability Commission. Additionally, A.B. 1467 (passed in June 2012), amended the Act to require the three-year program and expenditure plan, and annual updates, be adopted by the County Board of Supervisors and then submitted to the MHSOAC within 30 days. The goal of the Annual Update is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

In the past year, San Luis Obispo County's MHSA programs have continued to produce excellent results and meet objectives. The SLOBHD has put forth increased efforts to collect data, track results, and revisit programs to monitor efficacy. The MHSOAC's 2013 audit of MHSA programs across the state, and subsequent report, helped SLO County develop new strategies to update program goals and objectives with staff and partner providers. This ongoing process has led to better definitions of some programs herein, and informed contract language in the current fiscal year.

In this Annual Update to the Three Year Plan, SLOBHD has again included descriptions of Program Goals, Key Objectives, Key Outcomes, and Measures at the front of each CSS and PEI work plan. For CSS programs, these stated goals and targets remain in development as the system providers and stakeholders review the past decade of projects

and continue to strengthen data collection and results reporting. The County is committed to improved outcome reporting and system accountability. This is another ongoing process as the County has developed a Request for Proposals (RFP) process for several CSS program services in the current year.

A key value for the County's MHSA program is the maintenance of quality partnerships between 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 in order to maintain a stakeholder presence throughout the MHSA programs.

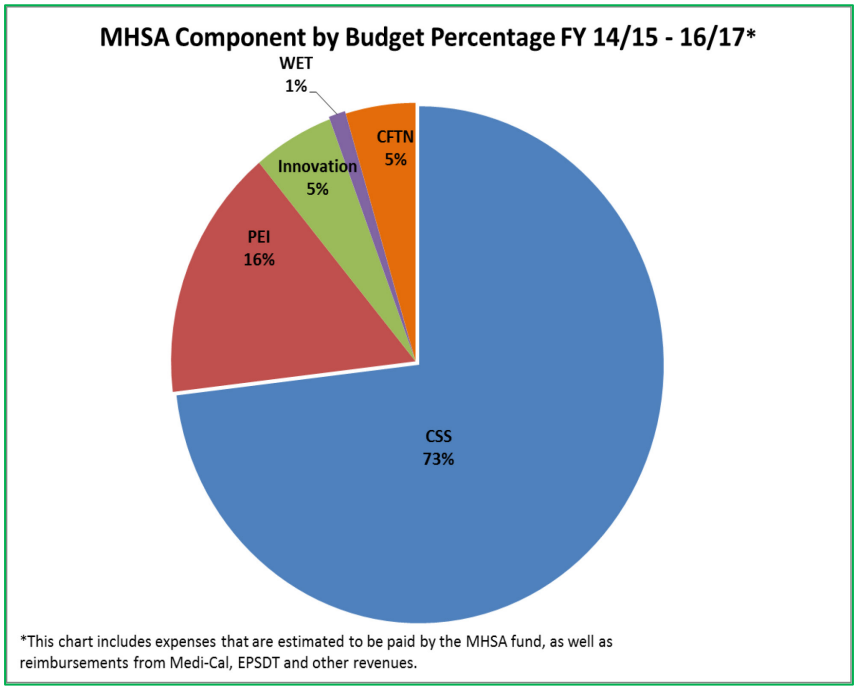
In July 2014, Frank Warren, the Division Manager of Prevention & Outreach for SLOBHD, and the county's MHSA Coordinator, presented the Annual Update of MHSA programs and plans to the County Board of Supervisors. This broadcasted public presentation allows community members to hear about MHSA programs, objectives, and outcomes, thus beginning the public dialogue for each new fiscal year. County MHSA leadership takes part in several panels and community meetings during the summer and fall months, which help craft the plans for the Community Planning Process.

In 2013-2014 San Luis Obispo County's MHSA Advisory Committee (MAC), made up of a wide variety of local stakeholders, met four times to review program progress and budgeting. Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plan in 2014-2015:

- Conversion of up to three current CSS-funded positions to expand crisis capacity as conditions for the County's acceptance of grant funds from the California Health Facilities Financing Authority (CHFFA).
- Conversion of a Licensed Psychiatric Technician position (in the Behavioral Health Treatment Court program) to a Licensed Practitioner of Healing Arts (LPHA). This will allow the program to add capacity for providing therapy to program participants.
- Renaming the positions known as "Caseload Reduction Therapists" to "Integrated Access Therapists" to better reflect the position objectives.
- Moving Latino Outreach Program and Mobile Crisis out of the PEI budget and back into CSS.
- Moving Child and Youth and Transitional Age Youth Full Service Partnership teams focused in Lucia Mar Unified School District into the newly-named work plan "School and Family Empowerment", previously named "Community Schools Mental Health", – which will include the current Community School services.

The major activities of the past year, 2014-2015, included the launch of a new Crisis Resolution Team (CRT), a new RFP process for five of the county's original CSS work plans, the opening of an Integrated (co-occurring) Treatment center for forensic programs, and the county's second round of Innovation planning. The Crisis Resolution Team was created by converting underused CSS-funded positions to staff a small program aimed at improved services for busy emergency rooms in local hospitals. In July of 2014, the County relocated its MHSA-funded forensic programs in a wing adjacent to its Drug & Alcohol Services. This improved access for clients seeking mental health care while attending court-ordered substance use programs, and vice versa. The County's original eight Innovation projects concluded in 2014-2015. New projects were proposed, vetted, and prioritized by the Innovation advisory stakeholder group. The new Innovation plan will be sent to the MHSOAC in the fall of 2015.

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. Full Service Partnership (FSP) programs continue to engage the most in-need clients of all ages in a wraparound, "whatever-it-takes" model. 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 (through the passing of Assembly Bill 109) has provided an opportunity for behavioral health providers to engage inmates before and upon release.



There were a few minor adjustments to CSS programs in 2014-2015, which made significant improvements. The County converted or reassigned three positions, which had become less critical within their original work plans. This allowed the County to expand crisis services by developing a Crisis Resolution Team (CRT). The CRT is specifically aimed at expedited care in local emergency rooms and hospitals. One of the converted positions established a crisis placement coordinator to work with local and out-of-county short-term and long-term respite facilities to improve appropriate levels of care. The CRT is housed within the County's Psychiatric Health Facility (PHF) and works closely with the contracted Mobile Crisis service provider. The establishment of the CRT also allowed the County to be awarded capital improvement funds from the California Health Facilities Financing Authority (CHFFA). Other CSS changes included adjustments to work plans and the conversion of positions to maximize effectiveness.

Prevention and Early Intervention (PEI) projects remain strong and popular amongst community stakeholders, providers, and program participants. The PEI Three-Year Evaluation was published along with the 2013-2014 Annual Update and featured outstanding evidence of successful program implementation and efficacy. The County is planning on its next three-year evaluation to be completed in the 2015-2016 fiscal year, and published as part of next year's Annual Update.

The Middle School Comprehensive Program has motivated school districts to seek additional resources in order to replicate the model in non-PEI funded sites. The growth of the Community Counseling Center (CCC) has built tremendous capacity for brief and early intervention by both licensed and intern therapists who volunteer for the non-profit provider. The CCC engages low income and hard-to-serve populations throughout the county. The parenting programs in the Family Education, Training and Support program report significant success with more than 90% of participants demonstrating reduced levels of stress and anxiety.

As Workforce Education and Training (WET) funding is no longer being distributed to the County, and all programs have been implemented, work plans will continue to decrease over the next few years. In 2015-2016 the County will continue to offer internships, Crisis Intervention Training, and electronic learning projects which are funded through the WET component.

The Capital Facilities and Technological Needs work plan involves the development of the county's electronic health record (Anasazi). In 2013-2014 the project met several milestones and training was completed for nearly every provider within the county. This five-year project is expected to be completed in June of 2015.

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. Some of the highlights in the past year have included the release of trainings developed by partnerships forged at the System Empowerment Retreat, the adoption of the Wellness Arts 101 course into Cuesta College's permanent catalogue, and the powerful stigma-reduction activities being generated by youth in the Atascadero High School Wellness Center Career Project.

SLOBHD has applied the lessons learned during the first round of Innovation to streamline, properly plan, and better implement future projects. Community planning for future innovation plans is currently underway and the submittal of a new Innovation plan is anticipated to follow the evaluation in 2015-2016.

Some MHSA program leadership changes at SLOBHD occurred over the past year as the longtime Division Manager of Youth Mental Health Services, Brad Sunseri, retired; replaced by Patty Ford. Ford was replaced by Jill Rietjens as Program Supervisor for a variety of youth MHSA programs. Josh Peters stepped in as Program Supervisor for Outreach programs. Coralyn Brett, the original Program Supervisor for child, youth, and TAY FSP and Latino Outreach programs retired and has been replaced by Heather Anderson. Darci Hafley, Administrative Services Officer II, and coordinator of PEI and Innovation plans has moved over to the SLOBHD fiscal team, and her replacement will be selected in early 2015-2016.

The MAC convened three times over the past year to prepare for the 2015-2016 Annual Update to the Three Year Plan, review program progress, and make recommendations. For 2015-2016, stakeholders have approved the following changes to the CSS and PEI work plans:

- After completion of the Request for Proposals (RFP) process, the following providers were determined:
    - Sierra Mental Wellness Group, Inc. will be the provider for Mobile Crisis Services, replacing the prior mobile crisis provider, Sandy Friedlander. Sierra will expand the current services by providing two dedicated staff during the daytime shift, placed in high need areas (e.g., mental health clinics and county-wide emergency rooms). The prior provider used on-call staff to cover all areas of the county. Sierra will increase client follow-up and service referral and linkage, decrease response times, and provide more trainings around crisis intervention and WIC 5150 procedures.

    - Family Care Network, Inc. will continue to be provider for rehabilitation services for the Child & Youth and Transitional Age Youth (TAY) Full Service Partnership (FSP) teams with no changes;

    - Transitions Mental Health Association (TMHA) will continue to be the provider for rehabilitative services, as well as now providing clinical services for Adult FSP. Clinical Services for Adult FSP was previously provided by County staff. The Department assessed that the program may be more effective and seamless for the client if the clinical and rehabilitative services were provided by one agency. This change will reduce the Department's current Position Allocation List (PAL) by 2.0 FTE Mental Health Therapists. The County staff in those positions will be moved into the newly added Mental Health Therapist positions within the Department's Mental Health Core programs. A formal PAL modification and corresponding budget adjustment will be submitted when TMHA's renewal contract goes to the Board for approval at the end of July or early August.

- Wilshire Community Services will be the clinical and rehabilitative service provider for Older Adult FSP. Similar to TMHA, the clinical services that Wilshire will provide were previously provided by a 1.0 FTE County Mental Health Therapist. The County staff in those positions will be moved into the newly added Mental Health Therapist positions within the Department's Mental Health Core programs. A formal PAL modification and corresponding budget adjustment will be submitted when Wilshire's contract goes to the Board for approval at the end of July or early August.

  Funding for these contracts will be included in the CSS budget.

- Expand the time and caseload of the County Mental Health Therapist assigned to the Homeless Outreach Team FSP from .50 FTE to 1.0 FTE. This will allow for 10-15 additional clients annually. Funding for this expansion will be included in the CSS budget. No position allocation adjustments will be needed to meet this increase, as staff assignments within MHSA programs have been slightly shifted to accommodate this enhancement.
- The Innovation "Service Enhancement Program" will be maintained using CSS funds, and moved to the Quality Support Team division and Managed Care program of the Department. This includes a 1.0 FTE County Administrative Services Officer I, and a 1.0 FTE contracted Peer Navigator.
- The Innovation "Veterans Outreach Program" will be maintained using additional PEI and CSS funding. This includes a County Mental Health Therapist (.50 FTE), and Drug & Alcohol Specialist assigned to the prevention activities (.50 FTE).
- The County will establish a College-Based PEI Specialist from an existing 1.0 FTE SLOBHD Drug & Alcohol Specialist vacancy. This individual will coordinate Stigma, Suicide Prevention and Mental Health First Aid training for Cal Poly University and Cuesta College. The Specialist will support WOW, SOAR, and Cuesta orientation programs, liaison with Active Minds Chapters, PULSE, etc. Additionally, the position may include media relations, social marketing, and policy development on the local college campuses.

The San Luis Obispo County Annual Update for 2015-2016 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 16 through June 17, 2015. A Public Notice (Appendix A) was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Behavioral Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review concluded with a Public Hearing on June 17, 2015 as part of the monthly Behavioral Health Board Meeting.

The Behavioral Health Board recommended the Annual Update to the Three Year Plan for final approval. The Annual Update was submitted to, and approved by, the County Board of Supervisors on July 14, 2015.

County Certification – Exhibit A

County: **San Luis Obispo** **X Three-Year Program and Expenditure Plan & Annual Update**

Local Mental Health Director	**Program Lead**
Name: Anne Robin Telephone Number: (805) 781-4719 E-mail: arobin@co.slo.ca.us	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 nonsupplantation 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 Association5848 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 July 22, 2014.

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 _____ _____ 7-14-15
Local Mental Health Director (PRINT) Signature Date

Three-Year Program and Expenditure Plan and Annual Update County/City Certification Final (07/26/2013)

MHSA Fiscal Accountability Certification – Exhibit B

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: San Luis Obispo

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Ame Robin	Name: James P. Erb
Telephone Number: (805) 781-4719	Telephone Number: (805) 788-2964
E-mail: arobin@co.slo.ca.us	E-mail: jerb@co.slo.ca.us

Local Mental Health Mailing Address:
San Luis Obispo County Behavioral Health Dept.
2180 Johnson Avenue, 2nd Floor
San Luis Obispo, CA 93401

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

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

Anne Robin, L.M.F.T.
Local Mental Health Director (PRINT)

Signature 5/15/15
Date

I hereby certify that for the fiscal year ended June 30, 2013, 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 12/16/14 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2013, 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 P. Erb
County Auditor Controller / City Financial Officer (PRINT)

Signature 5-14-15
Date

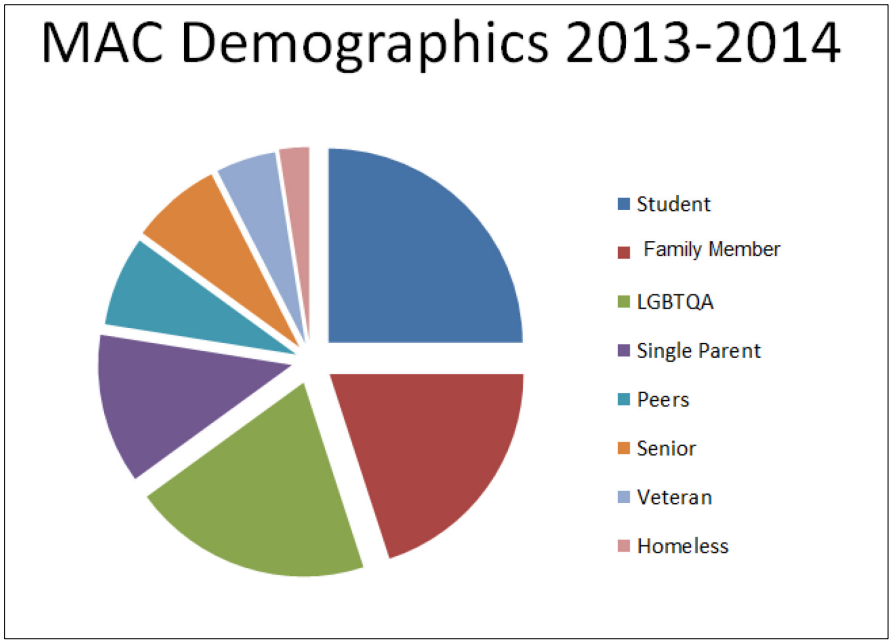
[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Stakeholder Planning Process

In preparing this Annual Update to the Three Year Plan for the Mental Health Services Act (MHSA) in San Luis Obispo County, the spirit of community collaboration utilized to develop the work plans continued as stakeholders reviewed their progress and success. 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 in order to maintain a stakeholder presence throughout the MHSA programs.

Throughout the year the SLOBHD, under the direction of Frank Warren (County MHSA Coordinator and Prevention & Outreach Division Manager), meets regularly with stakeholder groups, individuals, and organizations in order to maintain an open dialogue regarding MHSA plans and programming. The primary stakeholder groups include the component-driven PEI and Innovation workgroups, the MHSA Advisory Committee (MAC) which stems from the original CSS workgroup, 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, political figures, business leaders, students, laborers, and behavioral health clinicians and specialists. The MAC membership is the most broad as that group focuses on the entire MHSA plan and makes recommendations to the Behavioral Health Board, the Department, the County Board of Supervisors, and, ultimately, the Mental Health Services Oversight and Accountability Commission (MHSOAC).



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

Board members take part in MHSA-related stakeholder meetings as well as trainings and other program activities throughout the community. The following report outlines many activities with large public profiles, including the "Journey of Hope" forum, consumer art shows, and veterans outreach events. Each activity is promoted within the Behavioral Health Board and with all local stakeholders to ensure public understanding of MHSA endeavors.

In November 2014, the Innovation (INN) Stakeholder Group reconvened to begin planning for a new round of learning activities to begin in 2015-2016. Attendees included several stakeholders who were part of the original Innovation work group which first met in Fiscal Year 2009-2010. Darci Hafley, the Administrative Services Officer and Coordinator for PEI and INN programs, presented a new web-based project development tool and detailed timeline for future Innovation planning. The INN stakeholders met again in December 2014, and January 2015, to preview the evaluation report being developed by Becca Carsel, the contracted evaluator. These meetings also allowed stakeholders to review proposals for new INN projects.

An online "ranking" system was utilized to assess stakeholder priorities for future INN projects. The highest ranked proposals were presented to the MAC, and a new INN plan is scheduled to be proposed in fall of 2015.

In 2013-2014 the MAC met four times - on November 21, 2013; February 20, 2014; March 20, 2014; and again, April 23, 2014. Stakeholders were provided fiscal information, including budget forecasts. Program updates and presentations by providers and consumers were featured to give stakeholders accounts of how MHSA projects were operating in the community. Updates were given on the Innovation programs which would enter their final year in 2014-2015, as well as the Capital Facilities and Technology Needs project which is funding the county's conversion to Electronic Health Records.

Stakeholders were provided recommendations and ultimately approved the following changes to the County's MHSA Plan in 2014-2015:

- Conversion of up to three current CSS-funded positions to expand crisis capacity as conditions for the County's acceptance of grant funds from the California Health Facilities Financing Authority (CHFFA).
- Conversion of a Licensed Psychiatric Technician position (in the Behavioral Health Treatment Court program) to a Licensed Practitioner of Healing Arts (LPHA). This will allow the program to add capacity for providing therapy to program participants.
- Renaming the positions known as "Caseload Reduction Therapists" to "Integrated Access Therapists" to better reflect the position objectives.
- Moving Latino Outreach Program and Mobile Crisis out of the PEI budget and back into CSS.
- Move Child and Youth and Transitional Age Youth Full Service Partnership teams focused in Lucia Mar Unified School District into the newly-named work plan "School and Family Empowerment" ", previously named "Community Schools Mental Health", – which will include the current Community School services.

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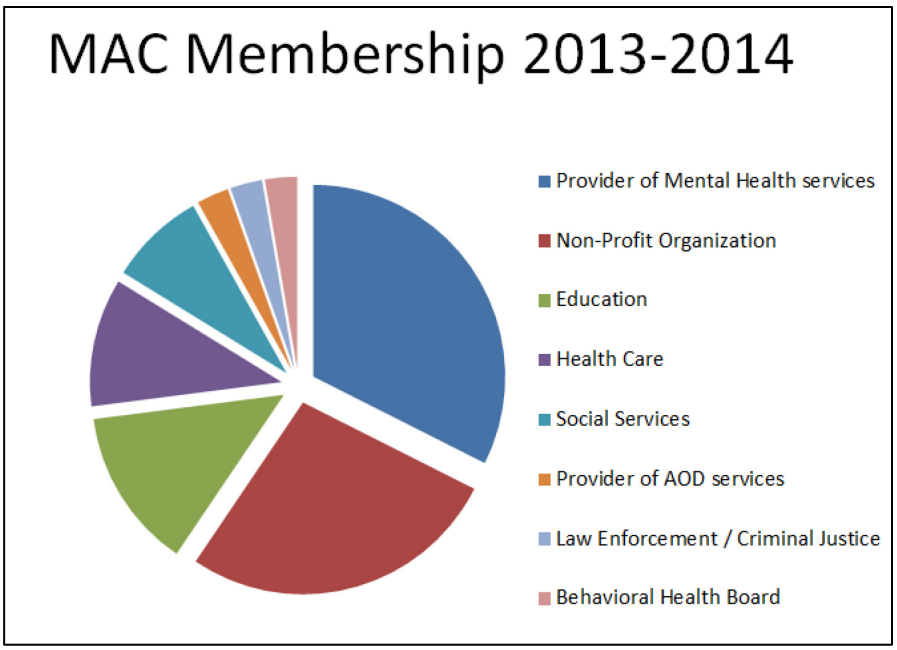
The major activities of the past year, 2014-2015, included the launch of the new Crisis Resolution Team (CRT), a new RFP for five of the county's original CSS work plans, the opening of an Integrated (co-occurring) Treatment center for forensic programs, and the county's second round of Innovation planning. The County's original eight Innovation projects concluded in 2014-2015. New projects were proposed, vetted, and prioritized by the Innovation advisory stakeholder group. The new Innovation plan will be sent to the MHSOAC in the fall of 2015.



In preparing for the 2015-2016 Annual Update to the Three Year Plan, and to review program progress, the MAC first convened on February 26, 2015. At that meeting the MHSA statewide Little Hoover Commission report was discussed, including how San Luis Obispo County meets the data collection and communication issues brought forth in the report. The meeting also featured presentations on the Veterans Outreach program (INN), the process for the latest round of Innovation planning, an update on the proposed PEI regulation changes, as well as budget reviews and projections for the MHSA plan. The MAC met again on March 26, 2015 and reviewed program budgets, along with CSS program updates including a presentation by the new Crisis Resolution Team. The stakeholder group provided feedback to Department staff regarding preferences for Innovation proposals going forward.

The MAC met once more, April 23, 2015 to hear about the impact of reducing WET funds, including a presentation by the Peer Advisory and Advocacy Team (PAAT). At that meeting several recommendations were made and approved, with regards to the Annual Update to the Three Year Plan. First, the MAC approved the continuance of funding for CalMHSA's statewide PEI initiatives. This funding will continue to be made available at four percent of the overall PEI budget.

Stakeholders also approved the expansion of time and caseload for the SLOBHD Mental Health Therapist assigned to the Homeless Outreach Team FSP. This position will increase from half-time to full-time which will allow for 10-15 additional clients to be provided therapy as part of this unique homeless-focused FSP. Funding for this expansion will be included in the CSS budget.

Other stakeholder recommendations included the adoption of two Innovation programs which will end at the conclusion of the 2014-2015 fiscal year. First, the Veterans Outreach Program which consists of a half-time licensed clinical social worker and half-time prevention specialist providing monthly outreach and physical rehabilitative activities for local veterans and their families will be maintained in CSS and PEI, respectively. The Innovation project called the "Service Enhancement Program," which adopted a well-regarded cancer treatment center's warm reception and navigation program, will be maintained in CSS as part of the SLOBHD's Quality Support Team division, operating within its Managed Care program. This includes a 1.0 FTE Administrative Services Officer I and a 1.0 FTE Peer Navigator.

Finally, the stakeholders approved the creation of a College-Based PEI Specialist. This individual (1.0 FTE) will coordinate Stigma, Suicide Prevention and Mental Health First Aid training for Cal Poly and Cuesta College. The Specialist will support WOW, SOAR, and Cuesta orientation programs, liaison with Active Minds Chapters, PULSE, etc. Additionally, the position may include media relations, social marketing, and policy development on the local college campuses.

Public Review and Approval

The San Luis Obispo County Annual Update to the Three Year Plan for 2015-2018 was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 16 through June 17, 2015. A Public Notice (Appendix A) was posted in the *San Luis Obispo Tribune*, and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Behavioral Health Department website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

San Luis Obispo County 2014-2015 MHSA Advisory Committee (MAC)			
Name	**Affiliation**	**Name**	**Affiliation**
Mike Young	SLO Vet's Center	Kelly Schamber	Sheriff's Dept.
Joseph Kurtzman	Wellness Centers	Traci Mello	Wilshire Community Services
Jill Bolster-White	Transitions Mental Health Association (TMHA)	Laurie Morgan	SAFE
Dan Cano	The LINK	Cynthia Barnett	Family Care Network
Erin Cunningham-Smith	Cuesta College Active Minds	David Riester	Behavioral Health Board
Mathew Green	Cuesta College	Dr. Hannah Roberts	Cal Poly
Joyce Heddleson	Family Member/BH Board	Bonita Thomas	PAAT
Henry Herrera	TMHA	Barry Johnson	TMHA
Mason Pauer	NAMI	LaVeta DiSimone	Wellness Advocate
Clint Weirick	Behavioral Health Board	Dr. Lisa Sweatt	Cal Poly/Cultural Competence Committee
Anne Robin	Behavioral Health Administrator	Judy Vick	Behavioral Health Adult Services

The Annual Update 30-day public review concluded with a Public Hearing on June 17, 2015 as part of the monthly Behavioral Health Board Meeting. At that meeting the highlights of the Annual Update were provided by Frank Warren, and Board members and the public were invited to ask questions or make comments. At the meeting the Department received two written comments from Board members praising the Update and the efforts of the MHSA teams.

The Behavioral Health Board recommended the Annual Update to the Three Year Plan for final approval. The Annual Update was submitted to, and approved by, the County Board of Supervisors on July 14, 2015.

Community Service & Supports (CSS)

In November 2004 California voters passed Proposition 63, the Mental Health Services Act (MHSA). The Act provides funding for counties to help people and families who have mental health needs. Funds were established within components which would address the continuum of care necessary to transform the public mental health system. To access these funds, San Luis Obispo County developed five different component plans; the first of which is the Community Services and Supports (CSS) plan.

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

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

San Luis Obispo County CSS programs include four distinct FSP programs based on focal age groups. Collectively, in 2013-2014, the 179 client "partners" enrolled in FSP programs yielded the following results: (1) A 39% reduction in homelessness; (2) A 72% reduction in emergency room visits and hospitalizations; (3) An 89% reduction in jail days; and (4) A 73% reduction of days in the County's Psychiatric Health Facility (PHF). On the following pages the various work plans within the County's CSS plan will be described. At the head of each work plan section is a table outlining the budget and actual costs of each work plan, as well as projected costs for the next three years. In addition, the County has added an additional table for 2015-2016 outlining each CSS program's stated goals, objectives, and measurable outcomes. County staff and stakeholders are currently reviewing each program's goals, objectives, and measures to continually ensure the programs are meeting the needs of the community.

Children & Youth Full Service Partnership

CSS Work Plan 1: Children & Youth FSP	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	66	$844,162	$12,790
Projection for FY 2014-2015	51*	$476,392	$9,341
Projection for FY 2015-2016	51*	$489,810	$9,604
Projection for FY 2016-2017	51*	$490,739	$9,622

*Reduction based on transfer of LMUSD FSP to School & Family Empowerment work plan

Program Goals	Key Objectives
• Reduce the subjective suffering from serious mental illness or emotional disorders for children and youth • Increase in self-help and consumer/family involvement • Reduce the frequency of emergency room visits and unnecessary hospitalizations	• Reduce out-of-home placement and institutional living arrangements (including hospitalization, incarceration) • Increase positive changes in educational level and status • Decrease legal encounters • Decrease crisis involvement
Key Outcomes	**Method of Measurement**
• Decreased hospitalizations • Decreased juvenile justice involvement • Increased number of clients living with family • Reduced number of clients/families who are homeless	• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP • Data elements collected are based on regulation

Designed as an integrated service partnership, the Children and Youth FSP program honors the family, instills hope and optimism, and achieves positive experiences in the home, school, and the community. The original CSS Community Planning Process identified youth to be underserved in San Luis Obispo County overall. This program increases access and provides age-specific, culturally competent interventions for the participants.

The Children and Youth FSP serves children and youth (ages 0-15) of all races and ethnicities. 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 SB163 Wrap Around because they are neither wards nor dependents of the court.

San Luis Obispo County's Behavioral Health Department (SLOBHD) has been a longtime leader in the Children's System of Care and has initiated multi-agency partnerships for service delivery to youth. SLOBHD has integrated service

delivery via community collaborations. Because of its capacity and local leadership, San Luis Obispo County has consistently served more children and youth than originally projected, serving 60 youth during Fiscal Year 2013-2014.

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

There were three Children and Youth FSP teams in 2013-2014. Two core FSP teams include the child and family, a County Mental Health Therapist, and a community-provided Personal Services Specialist. The team also includes access to a psychiatrist and program supervisor support. Additional partners include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change. These teams served a combined average of 50 youth per month in 2013-2014.

A third team concentrates on students within the county's largest school district (Lucia Mar Unified) in the diverse, southern region of the county. This team provides an intense-but-brief engagement, focusing on family, school, and socialization outcomes. This team served an average of 35 youth per month in 2013-2014. The County has studied this "low-intensity" FSP model and concluded that it is successful, but dissimilar enough to the original FSP model that outcome reporting may be affected. In 2014-2015 this team will be moved out of the Child and Youth FSP work plan and into a newly-named "School and Family Empowerment" work plan, previously named "Community Schools Mental Health". Stakeholders have agreed that this will allow for more accurate data collection and outcome measurement.

SLOBHD partners with local community mental health providers to enhance the services outlined herein. In the Children and Youth FSP the Personal Services Specialists are provided by Family Care Network (FCN), a nonprofit children and families' services provider. In 2013-2014 FCN provided services to 23 clients in the Children and Youth FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Results for FCN clients include:

- 37% of clients served demonstrated stable functioning-at home when interacting positively with all other persons at current residence.
- 96% of clients served demonstrated stable functioning-at home receiving appropriate care, shelter, food and other necessities of life.

- 44% of clients served demonstrated stable functioning-out of trouble and engaged in self-controlled, positive, and non-violent behavior.
- 62% of clients remained in their current residence.

Community Action Partnership of San Luis Obispo County (CAPSLO) is a nonprofit providing a wide array of services for families in the county. In 2013-2014, CAPSLO provided a full-time Family Advocate offering resource supports for 27 clients in the Lucia Mar Unified School District Children and Youth FSP. Results for CAPSLO clients (both FSP and non-FSP clients) include:

- 96.8% of clients demonstrated stable functioning at home when interacting positively with all other persons at current residents.
- 95.8% of clients demonstrated stable functioning at home receiving appropriate care, shelter, food, and other necessities of life.
- 97% of clients demonstrated stable functioning out of trouble and engaged in self-controlled, positive, and non-violent behavior.

When Chase, age 7, was brought in by his mother due to emotional/behavioral dysregulation, school refusal, and parent-child relational issues, he was observed to be oppositional defiant. He engaged in tantrums/property destruction lasting up to an hour when he didn't get his way. When the FSP therapist began working with Chase and his mother, it became clear that mother's mental health difficulties and substance abuse issues would require attention before family therapy could begin. Mother was referred for mental health assessment/services and substance abuse services. Shortly after, Chase's mother determined that she felt unable to care for him.

Mother sent Chase to live with grandmother.

The FSP In-Home Resource Specialist worked with Chase on learning interpersonal and social skills, and appropriate boundaries. She also assisted grandmother with setting appropriate limits, enforcing consequences consistently, and positive reinforcement for good behaviors. Chase and his grandmother participated in family therapy in order to foster a healthy attachment with his new caregiver/guardian. As a result, Chase increased his ability to self-regulate, and understand appropriate boundaries. He experienced a significant decrease in tantrums, eliminated aggressive behaviors, and increased positive interaction between Chase and his caregivers.

Transitional Aged Youth (TAY) Full Service Partnership

CSS Work Plan 2: Transitional Aged Youth FSP	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	46*	$568,930	$12,368
Projection for FY 2014-2015	29**	$550,000	$18,966
Projection for FY 2015-2016	29**	$736,311	$25,493
Projection for FY 2016-2017	29**	$695,422	$23,980

* TAY meeting the service needs of the Homeless FSP are reported in the Adult FSP work plan. Four individuals were served in that work plan in 13-14, although reported to the State in age category.
**Reduction based on transfer of LMUSD FSP to School & Family Empowerment work plan

Program Goals	Key Objectives
• Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth • Increase in self-help and consumer/family involvement • Reduce the frequency of emergency room visits and unnecessary hospitalizations	• Reduce out-of-home placement and in institutional living arrangements (including hospitalization, incarceration) • Positive changes in educational level and status • Decrease in legal encounters • Decrease crisis involvement
Key Outcomes	**Method of Measurement**
• Decrease in hospitalizations • Decrease in juvenile justice/jail involvement • Increase number of clients living with family or independently, or independently with support • Reduced number of clients/families who are being homeless	• 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 wrap around-like services and includes intensive case management, housing and employment linkages and supports, independent living skill development, crisis response, and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and incarcerations, while providing a bridge to individual self-sufficiency and independence. In 2013-2014, 45 TAY received FSP services.

TAY FSP provides services for both males and females (ages 16 to 25) of all races and ethnicities. Young adults served include those with severe emotional disturbances/serious mental illnesses who have a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders; and/or foster youth with multiple placements, or those who are aging out of the Children's System of Care. Spanish speaking therapists from the Latino Outreach Program (LOP) are available (interpreters are also available for those who speak other languages). The priority issues for TAY have been identified by local stakeholders as substance abuse; inability to be in a regular school environment; involvement in the legal system/ jail; inability to work; and homelessness.

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

There were two TAY FSP teams in 2013-2014. The core FSP team includes a County Mental Health Therapist and a community-provided Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, and access to a psychiatrist and program supervisor that serve participants in all of the FSP age group programs. The teams served a combined average of 29 clients per month in 2013-2014. The Lucia Mar FSP served an additional 9 clients per month.

The Personal Services Specialists for TAY FSP are provided by Family Care Network (FCN). Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, FCN offers FSP support for children from birth to age 25. In 2013-2014 FCN provided services to 23 clients in the TAY FSP Program, with a target to help clients achieve stable functioning (out-of-trouble, and engaged in self-controlled, positive, non-violent behavior). Results for FCN clients include:

- 51% of clients served demonstrated stable functioning-at home when interacting positively with all other persons at current residence.
- 77% of clients served demonstrated stable functioning at home - receiving appropriate care, shelter, food and other necessities of life.
- 54% of clients served demonstrated stable functioning-out of trouble and engaged in self-controlled, positive, and non-violent behavior.
- 62% of clients remained in their current residence.

When Jimmy first began in FSP, his intrusive thoughts and obsessions/compulsions prevented him from sleeping in his own room, or even touching items of daily living (e.g. ipod, phone, computer, personal grooming items, pets, etc.). The FSP team worked with Jimmy to increase his ability to identify intrusive thoughts and supported him in finding ways to combat those thoughts and manage his behaviors. Jimmy was also able to create and access personal supports and resources in his community, while also processing and exploring his personal history which helped reduce mental illness symptoms. He became able to identify and manage triggers and coping skills, thus reducing his emotional distress. Over the course of his FSP experience, Jimmy returned to school, obtained part time work, and reconnected with friends. He eventually transitioned to a lower level of treatment and has maintained his success.

Adult Full Service Partnership

CSS Work Plan 3: Adult FSP	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	**56***	**$1,846,090**	**$32,966**
Projection for FY 2014-2015	**65**	**$2,000,000**	**$30,769**
Projection for FY 2015-2016	**65**	**$2,332,692**	**$35,888**
Projection for FY 2016-2017	**65**	**$2,373,380**	**$36,514**

*Numbers served include individuals who may be reported to the State based on their age group (e.g. TAY. OA) yet receive their services, and are reported for the purpose of this Annual Update within this work plan. In 2013-2014, four TAY and three OA were served under the Adult FSP to participate in the homeless-focused FSP.

Program Goals	Key Objectives
• 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	• Reduce homelessness/maintain suitable housing • Reduce or eliminate need for crisis services • Reduce or eliminate acute psychiatric and/or medical hospitalizations • Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community
Key Outcomes	**Method of Measurement**
• Decrease in hospitalizations • Decrease in jail days • Decrease in homelessness	• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP • Data elements collected are based on regulation

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

The Adult FSP programs provide a full range of services. Participants are empowered to select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan, as well as a Wellness and Recovery Plan, are developed with each participant to address the type of services and specific actions

desired, and are guided by a community based assessment of each individual's strengths and resources. Services include:

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

There were two traditional Adult FSP teams in 2013-2014, serving a combined average of 36 clients per month. The core FSP teams include a County Mental Health Therapist and a Personal Services Specialist (PSS) provided by Transitions-Mental Health Association (TMHA). Also available to the team is a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is made available to these programs to assist in providing a full range of mental health treatment.

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 2013-2014, TMHA served 27 Adult FSP clients; with 95% of those surveyed agreeing the program had improved their quality of life and helped them deal more effectively with daily problems.

In 2012-2013, a FSP focusing on homeless individuals was launched. Modeled after the AB 2034 Homeless Outreach Program which ended in 2007, the FSP team works to identify chronically homeless, severely mentally ill individuals who are unlikely to seek or enroll in mental health services on their own. The FSP Homeless Team consists of a County Mental Health Therapist (.5 FTE) and Medication Manager (1.0 FTE), working in concert with a Case Manager and two Outreach Workers from TMHA. Additional supports include a part-time Public Health Nurse, access to a psychiatrist, and program supervision. In 2013-2014, the program team met and engaged 161 local homeless individuals. Thirty (30) were referred to the Public Health Nurse, and 42 were screened to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders. Of those, 31 individuals were open to Mental Health for medication and case management, and 20 received intensive FSP therapeutic services. These clients received individual therapy and other treatment strategies to reduce and manage the effects of their illness (i.e. medication management, case management, medical supports).

Those 31 individuals yielded the following results:

- 32% reduction in homelessness
- 60% reduction in E.R. visits and psychiatric hospitalizations
- 86% reduction in jail days
- 24% of the 161 engaged received housing placement during the time they worked with the FSP Homeless Team

Stakeholders have approved adding an additional .5 FTE to the Mental Health Therapist position assigned to the FSP in 2015-2016. This will result in an increased FSP caseload of 10-15 clients.

Older Adult Full Service Partnership

CSS Work Plan 4: Older Adult FSP	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	**11***	**$306,277**	**$27,843**
Projection for FY 2014-2015	**15**	**$320,000**	**$21,333**
Projection for FY 2015-2016	**15**	**$342,878**	**$22,859**
Projection for FY 2016-2017	**15**	**$347,165**	**$23,144**

* Older Adults meeting the service needs of the Homeless FSP are reported in the Adult FSP work plan. Three individuals were served in that work plan in 13-14, although reported to the State in age category.

Program Goals	Key Objectives
• 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	• Reduce homelessness/maintain suitable housing • Reduce or eliminate need for crisis services • Reduce or eliminate acute psychiatric and/or medical hospitalizations • Reduce substance abuse/dependence to a level that is no longer harmful to the partner or the community
Key Outcomes	**Method of Measurement**
• Decrease in hospitalizations • Decrease in jail days • Decrease in homelessness	• Collection and entry of FSP baseline, key event changes/tracking and quarterly progress reports for each client enrolled in an FSP • Data elements collected are based on regulation

The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions through a range of services and supports based on each individual's needs. An individualized service plan and a Wellness and Recovery Plan are developed with each participant to address the type of services and specific actions desired. These plans are guided by a community based assessment of each individual's strengths and resources. Priority populations are individuals who are 60 years of age or older; all races and ethnicities who are unserved or underserved by the current system; have high risk conditions such as co-occurring, medical, or drug and alcohol issues; suicidal thoughts; suffer from isolation or homelessness; and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults (55 to 59 years old) are also served by this team if the service needs extend into older adulthood.

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

There was one OA FSP team in 2013-2014. The core FSP team includes a County Mental Health Therapist and a Personal Services Specialist (PSS) provided by TMHA. Additionally, a co-occurring disorders specialist, psychiatrist, and program supervisor are available to serve participants in all of the FSP age group programs. The OA FSP team served an average of 11 partners per month.

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

The PSS is involved in day to day client skills-building and resource support to include: dressing, grooming, hygiene, travel, budgeting, family/social interactions, coping with symptoms, managing stress, managing the illness, assistance with appointments, shopping, household management, referrals, rehabilitation activities, crisis care, and interface with other treatment providers. In 2013-2014, TMHA served 13 Older Adult FSP clients, with 100% of those surveyed agreeing the program had improved their overall quality of life.

The older woman had been wandering in the streets in her nightgown. Fearful and delusional, and off her medications for her schizophrenia, she avoided her daughter who wanted to get her help. Now she allows her daughter to set up medications, attends doctor appointments, is invited to holiday and family celebrations, and has reconnected with her family. She is learning how to budget. She is positively engaged in social conversations. She writes: "I traveled with OAFSP to the zoo, and Monterey Bay Aquarium. I was able to go to the cemetery to see my husband's grave and was able to see my daughter after her surgery. I attend the cooking group where I learned about new foods and was able to work cooperatively with others. I took a budgeting class, got a rep payee and am learning how to buy food and get my bills paid. The relationship with my adult daughter has gotten better; she listens to me, is less judgmental, and she doesn't try to control me so much. It has been great."

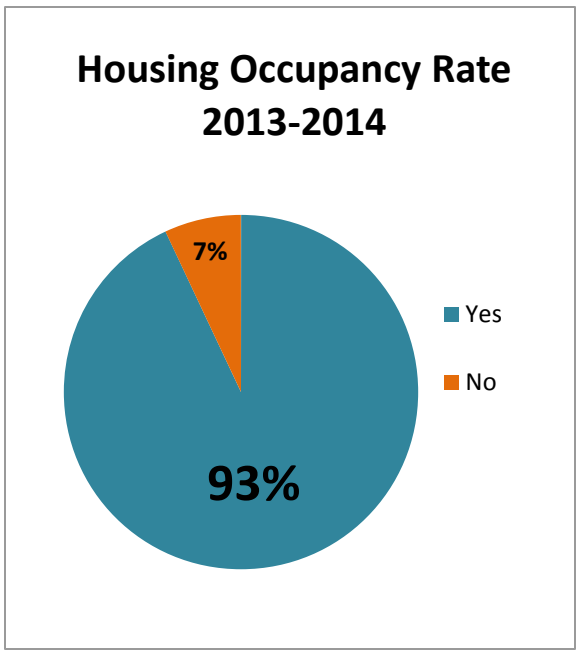
Housing

Housing Development Projects	
FY 2013-2014	**Nelson Street** - Total Units Occupied = 5 (100%) *CSS One-Time Funding*
	Nipomo Street - Total Units Occupied = 8 (100%) *CalHFA Funded*
FY 2014-2015	**Nelson Street** - Total Units Occupied = 5 (100%) *CSS One-Time Funding*
	Nipomo Street - Total Units Occupied = 8 (100%) *CalHFA Funded*
FY 2015-2016	Projected occupancy rate of 90%
FY 2016-2017	Projected occupancy rate of 90%

Other Housing Facilities - CSS Funded	
FY 2013-2014	**Full Service Partnership Intensive Residential** *Atascadero - Total Units Occupied = 12 (100%)* *San Luis Obispo - Total Units Occupied = 17 (100%)*
FY 2014-2015	**Full Service Partnership Intensive Residential** *Atascadero - Total Units Occupied = 12 (100%)* *San Luis Obispo - Total Units Occupied = 17 (100%)*
FY 2015-2016	Projected occupancy rate of 90%
FY 2016-2017	Projected occupancy rate of 90%

Transitions Mental Health Association (TMHA) coordinates the Housing program, providing 34 units of housing for MHSA and MHSA-eligible clients in 2012-2013 (17 units in SLO, 12 units in Atascadero, 5 units with Nelson Street in Arroyo Grande). In November 2013, eight studio units in San Luis Obispo (Nipomo Street) were added, increasing the total number of housing units available from 34 to 42. The services at the residential sites may include: vocational and educational opportunities, social rehabilitation support groups, supportive care, case management, rehabilitative mental health services, and regular appointments with psychiatrists and other physicians. During Fiscal Year 2013-2014, the Housing Program had an overall occupancy rate of 93%. In 2014-2015, TMHA added another four units of housing in Atascadero, increasing the total to 46.

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.



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.

In 2011-12, CSS funding supported the addition of five units in the city of Arroyo Grande (Nelson Street). These studio apartments were developed in order to increase housing capacity for MHSA-eligible clients. The department has priority to three units at this facility for behavioral health clients. In 2013-2014 all five units were occupied.

Additionally, the County and TMHA jointly accessed MHSA Housing Funds through the California Housing Finance Authority (CalHFA) to build an eight unit studio apartment building for MHSA and MHSA-eligible clients. The building is located on Nipomo Street, in the City of San Luis Obispo, and also includes a Wellness Center for the residents and community to utilize. The department has priority for all eight units at this site for behavioral health clients. All units were occupied by the end of FY 2013-14.

Client & Family Wellness

CSS Work Plan 5: Client & Family Wellness	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	1,712	$1,508,302	$881
Projection for FY 2014-2015	1,400	$1,397,953	$999
Projection for FY 2015-2016	1,600	$1,435,154	$897
Projection for FY 2016-2017	1,600	$1,454,703	$909

Program Goals	Key Objectives
• 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	• 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
Key Outcomes	**Method of Measurement**
• Program participants will demonstrate improvements in quality of life as a result of intervention • Parent and family member program participants will demonstrate improved relations and capacity for providing mental health care with loved ones • Outpatient program participants will demonstrate improved wellness and recovery outcomes	• A variety of pre-post tests, surveys, and electronic health record data reports will be used to measure the various programs within this work plan

Individuals and family members are able to access any of the following services through participation in one of the county's CSS Client and Family Wellness programs. The client-centered services are coordinated and integrated through individualized treatment plans which are wellness-focused, strength based and support recovery, resiliency, and self-sufficiency. Individuals may utilize one or several of the components, dependent upon their concerns and goals.

Transitions Mental Health Association (TMHA) is the community provider for many innovative MHSA programs. In 2013-2014, TMHA made over 5,000 contacts through various Client and Family Wellness programs:

Client & Family Partners act as advocates, to provide day-to-day hands-on assistance, link people to resources, provide support, and help to "navigate the system." Partners liaison with family members, care givers, consumers, County Mental 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 health care, food, short-term housing, transportation, education, and support services. Of the 94 participants surveyed, 95% agreed that the quality of life for their family has improved as a direct result of Client & Family Partner services. TMHA conducted eight sessions of parenting classes in 2013-2014.

95% (89/94) of family members surveyed agreed that the quality of life for their family member has improved as a direct result of the services received from CFP.

Peer Support and Education Program is an education course on recovery that is free to any person with a mental illness, and serves approximately 85 consumers annually. It is taught by a team of peer teachers who are experienced at wellness and recovery. Participants receive education and reference materials from peers that help to improve and maintain their mental health wellness. Participants improve their knowledge of the different types of mental illnesses, develop their own advance directives, and create their own personal relapse prevention plan. Group and interactive mindfulness exercises help participants gain the ability to calmly focus their thoughts and actions on positive individual, social and community survival skills. Program components include developing a wellness toolbox and daily maintenance plan, learning about triggers and early warning signs, and developing a crisis and post-crisis plan. In 2013-2014, TMHA served 90 consumers, who demonstrated a 34% increase in their knowledge of the tools and resources available for improving their mental health as indicated in pre and post class surveys.

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 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 the services available in our 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 82 attendees in 2013-2014, with 100% of those surveyed (n=76) reporting they feel more comfortable and confident dealing with their family member who has a mental illness as a result of taking the class.

"The class provided me with wonderful insight and understanding toward my loved ones. There was a great deal to take in, but going through it all was not only good for me, but also in my profession, as a Family Advocate. I would recommend that all families take the course; it is crucial to have the right resources in dealing with mental illness. I have so many different aspects of mental illness in my family, having a clearer picture of what each member is dealing with is nice, so that instead of being frustrated, I can have compassion, as well as empathy."

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

- vocational counseling and assessment,
- work adjustment,
- job preparation and interview skills training,
- job development and coaching,
- transitional employment opportunities,
- basic job skills training

These resources help assist consumers 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 2013-2014, 136 (167 if you include FSP participants) consumers were served, with 96% of those agreeing that the overall quality of their lives had improved since engaging in the program. Of the 167 clients in the program, 31% (52/167) gained employment

The **Life House** is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI sponsored educational activities were provided to over 207 clients in 2013-2014. The Life House is made available to MHSA program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, vocational work clubs, education and outreach presentations, and office and meeting space. MHSA funded programs receive priority in utilization of this support center. Of the clients surveyed, 93% agreed that the services provided at the facility have helped them to better deal with crisis situations and deal more effectively with their daily problems.

Life House hosted a successful open house in June 2014, led by committed peer leaders. The open house welcomed the community into the program and made a significant connection with local business leaders and politicians. The Atascadero Chamber of Commerce held a ribbon cutting ceremony for the Center. Attendees included Chamber representative Marie Roth, TMHA Board Member Jerel Haley, and Atascadero Mayor Tom O'Malley.

The 2013 Rhythm of Recovery Awards honored a member of Life House who went above and beyond leadership at the center, empowering other members in their journey to wellness. The member showed his dedication and commitment to Life House by leading and proactively engaging in landscaping and center upkeep, skillfully teaching and facilitating meal prep for the evening program, and helping out by preparing food for open houses. His positive energy and spirit empowers others with personal advice and guidance to help them in their recovery journey. He models initiative and inclusion by consistently recruiting new and past members alike to Life House. He accomplished all of this after years of bouncing from homelessness and in and out of institutions and board and cares. He was able to sustain his housing throughout his time with the Wellness Center in 2013-14.

Another successful activity, coordinated through the Wellness Centers was the participation of ten San Luis Obispo peers in Mental Health Awareness Day on May 12, 2014. CalMHSA, the Mental Health Services Act-supported statewide PEI administration, provided the resources for the group to travel comfortably in a charter bus, allowing for bonding time and networking between programs and counties. After a great night's sleep the SLO County contingency marched a few blocks to the Capitol to join over 1,500 mental health advocates from throughout the state. The Mental Health Matters Day at the State Capitol featured information booths, an art show, a strolling drum line, and speeches from several Sacramento dignitaries. The event captured the energy of the growing Each Mind Matters Movement, with leaders and visionaries from all over the state coming together to share ideas, tools and resources for reducing stigma and raising awareness of mental health. Attendees were empowered to bring learning opportunities back to their communities through a dynamic speaking program and resource booths hosted by mental health and community-based organizations across California. Diverse perspectives from the movement were shared by mental health champion and Senate President pro tem Darrell Steinberg, and new mental health leaders such as students and elected leaders.

After the event, the group attended the Sacramento River Cats baseball game at Raley Field. Hundreds of advocates were in attendance, wearing lime green and Each Mind Matters shirts, helping to raise awareness about the growing mental health movement in California. Upon return, attendees have had the opportunity to share their experience at the Wellness Centers, TMHA's Board meeting, PAAT meeting, and with family and friends.

Additionally, SLOBHD has increased capacity to serve clients and their families through the following:

Caseload Reduction Therapists were established in the Adult outpatient clinics in the 2007 and 2009 plan updates. A third Case Reduction Therapist was added in the 2012-2013 plan to increase capacity at the County's childhood mental health assessment center, Martha's Place' These therapists 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. In 2013-2014 two full-time therapists in the adult system of care were utilized to provide 112 client contacts per month. The new Martha's Place position served an additional 19 clients per month.

In the 2014-2015 plan these positions were renamed as "Integrated Access Therapists." The goal of the program is to help clinic clients move to lower levels of care, and toward integrated physical health care. The Martha's Place position will continue to serve the community, to increase access and triage those clients with needs outside of the child's assessment center. This renaming and assignment of clear objectives will allow for improved data collection and outcome reporting.

Additionally, stakeholders approved moving the therapeutic efforts of the Innovation project called "Operation Coastal Care" into the Integrated Access Therapists program within the Client and Family Wellness work plan for 2015-2016.

A **Co-occurring Specialist** provides an Integrated Dual Disorders Treatment program, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which includes intervention, intense treatment, and education. Individualized case plans are specific to each client's needs. In 2013-2014 the Integrated Dual Disorders Treatment program served an average of 36 consumers each month.

Stakeholders approved moving the Innovation project called the "Service Enhancement Program," into the Client and Family Wellness work plan for 2015-2016. The project, which adopted a well-regarded cancer treatment center's warm reception and navigation program, will be maintained in CSS as part of the SLOBHD's Quality Support Team division, operating within its Managed Care program. This includes a 1.0 FTE Administrative Services Officer I and a 1.0 FTE Peer Navigator.

Latino Outreach Program

CSS Work Plan 6: Latino Outreach Program	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	154	$585,274	$3,800
Projection for FY 2014-2015	175	$760,000	$4,343
Projection for FY 2015-2016	175	$780,888	$4,462
Projection for FY 2016-2017	175	$789,648	$4,512

Project Goals	Key Objectives
• Increase access to mental health care for monolingual and/or low-acculturated Latinos • Eliminate the stigma associated with mental illness and treatment amongst Latino population	• Bilingual/bicultural therapists will provide culturally appropriate treatment services in community settings.
Key Outcomes	**Method of Measurement**
• The County will maintain a Medi-Cal-eligible penetration rate equal to or higher than the State's for Latino clients • Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs • Clients upon program completion will demonstrate improved coping skills to improve resiliency and recovery	• 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 for bilingual/bicultural therapists to provide culturally appropriate treatment services in community settings. The targeted population is the underserved Latino community, particularly those in identified pockets of poverty in the north and south county areas, and rural residents.

The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the original local CSS Community Planning Process, is the under-representation of Latino individuals. Latinos comprise 22% of the total county population, but they represent 28% of the poverty population. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in our county reside in rural areas, thus exacerbating issues of access, transportation, and information distribution difficulties associated with serving minority groups.

Culturally appropriate services were developed in consultation and partnership with Dr. Silvia Ortiz, a local psychologist, community leader and expert in clinical care for Latino mental health consumers and families. The outreach efforts are

coordinated with existing Latino interest groups, allies, and advocates that are trusted by the community. The individuals and families are encouraged and supported in developing a knowledge and a resource base to help them adapt to bicultural living - thus encouraging the development of coping skills to improve resiliency and recovery. Outreach services target all age groups in the Latino community.

Funding for the LOP was originally fully contained within the CSS component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention (PEI) budget. Part of the LOP objective was to outreach and engage potential clients, reduce stigma, and increase access to clinic services. County stakeholders have recognized that the demand for services has increased and more efforts need to be placed in treating those Latinos who are now more comfortable with seeking clinical care. The County and its stakeholders agree that it is best tracked and reported within the CSS plan. Stakeholders have approved a plan to move the entirety of the PEI LOP budget back to CSS in 2014-2015.

Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY's and adults. Clients are monolingual Spanish or limited English speakers and range in age from birth to over 60. Of the 154 clients served annually by LOP clinicians, 93% indicated that they would recommend these services to others. Ninety-two percent (92%) of clients reported improvements in coping and internal strength after program participation. All participants agreed the services were culturally considerate and helped clients resolve problems.

LOP Case Study

A 43-year-old Latina female originally born in Guerrero, Mexico, presented with severe depression and anxiety surrounding her sexual abuse and domestic violence history. She was the first to immigrate to the U.S. from her family of origin and had no extended family in the area. The sole-provider for her family of three, she continuously struggled living below the poverty level and caring for her two sons who had a history of drug abuse. Culturally sensitive assessment and treatment was provided and constructs were conceptualized and utilized as protective factors in her treatment. She received a diagnosis of Major Depressive Disorder. Client received treatment for about a year-and-a-half. Her therapeutic goals included: (1) learning positive communication skills, (2) recognizing triggers, (3) decreasing depressive symptoms, (4) processing trauma, and (5) learning to use healthy coping skills. Client followed all therapeutic recommendations and implemented and generalized newly acquired skills outside of the therapeutic setting.

Enhanced Crisis & Aftercare

CSS Work Plan 7: Enhanced Crisis and Aftercare	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	1,539	$677,410	$440
Projection for FY 2014-2015	1,486	$1,019,697	$686
Projection for FY 2015-2016	2,000	$1,467,515	$734
Projection for FY 2016-2017	2,000	$1,471,554	$736

Program Goals	Key Objectives
• 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	• 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
Key Outcomes	**Method of Measurement**
• 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 Behavioral Health system of care	• 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

In 2013-2014 the Enhanced Crisis Response and Aftercare work plan combined the efforts of the Mobile Crisis team and a Crisis Mental Health Therapist to increase the County's capacity to meet the needs of individuals requiring specialized, critical intervention and aftercare. The goal and objectives of the work plan include the aim to increase access to emergency care, prevent further exacerbation of mental illness, and be available to all county residents, across all ages, ethnicities and language groups. A key to this work plan is the coordinated efforts which have been built between emergency rooms, law enforcement, jails, the SLOBHD Psychiatric Health Facility (PHF), and the crisis and aftercare specialists. Collaborative networking results in better communication between all parties involved, and improves community health outcomes, such as fewer hospital and psychiatric inpatient admissions.

Two **Mobile Crisis** responders are available 24/7 and serve over 1,000 clients annually, intervening when mental health crisis situations occur in the field and after clinic hours, as well as assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and

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

After completion of Request for Proposals (RFP) process, the County selected Sierra Mental Wellness Group, Inc. to be the provider for Mobile Crisis Services beginning in 2015-2016.

Funding for Mobile Crisis was originally fully contained within the CSS component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention budget. It was agreed that nearly half of the engagements by Mobile Crisis teams should result in no hospitalization. Over time the County has recognized that the service, although preventive in some circumstances, is a direct mental health intervention that is best tracked and reported within the CSS plan. Stakeholders approved a plan to move the entirety of the PEI Mobile Crisis budget back to CSS in 2014-2015.

In 2013-2014, based on a staff vacancy, SLOBHD reassigned the activities of the Aftercare Specialist position to a specialist already working within the Psychiatric Health Facility (inpatient), eliminating the need for MHSA funding. In 2014-2015, and going forward, stakeholders have approved converting the CSS funded position to a Placement Coordinator within the newly formed **Crisis Resolution Team**. This new position assists crisis clients in accessing the most appropriate level of care (including out-of-county facilities). This service currently does not exist in San Luis Obispo, yet is critically needed.

The work plan's original **Crisis Mental Health Therapist** provided after-hours crisis intervention services, coordinating with the Mobile Crisis Unit regarding community requests for on-site intervention. The Therapist assisted in communication with law enforcement, emergency rooms, and other agencies. In addition, this therapist provides crisis intervention services over the telephone to the entire county after business hours in order to successfully resolve crises in the community. In 2013-2014, approximately 256 crisis calls were handled by this position. As MHSA funds have expanded the capacity for SLO Hotline to support crisis triage and dispatch, this position is no longer critical. In 2014-2015, and going forward, stakeholders have approved reassigning this CSS funded position to the Crisis Resolution Team, expanding crisis capacity. This position will be stationed within Behavioral Health Department sites to address crisis issues which arise in nearby emergency rooms and hospitals.

In 2013-2014 the County was awarded a grant from the California Health Facilities Financing Authority (CHFFA) to increase mobile crisis services to emergency rooms in San Luis Obispo. This grant allowed the County to expand capacity with additional equipment. To meet the grant's obligations, the Department reassigned three positions currently funded by MHSA and created a Crisis Resolution Team in the current year. In addition to the two positions named above, a third position (Mental Health Therapist, 1.0 FTE) was added to the team using additional CSS funds in 2014-2015.

Community Schools Mental Health Services

CSS Work Plan 8: Community Schools Mental Health Services	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	**59**	**$345,707**	**5,859**
Projection for FY 2014-2015	**60**	**$650,000**	**$10,833**
Projection for FY 2015-2016	**100**	**$721,201**	**$7,212**
Projection for FY 2016-2017	**100**	**$776,665**	**$7,767**

Project Goals	Key Objectives
• Strengthen academic growth and community success for community school students who are significantly impacted by symptoms of serious mental illness/serious emotional disturbance	• 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
Key Outcomes	**Method of Measurement**
• 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	• The County is developing a pre-post survey to administer for students which will track health, wellness, and academic progress • Electronic health record data is used to track some client outcomes

Community 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 are unidentified or unserved because the traditional school setting cannot accommodate their needs. A County Mental Health Therapist is located at each school 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. Approximately 60 students and their families are engaged in services that enable them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.

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.

SED youth and their families are engaged in services that enable them to stay in school and return to their home school district. The program is designed to create a more efficient continuum of care and to assist the youth to remain in a less restrictive school setting. The program functions as a fully integrated component of the school with the Mental Health Therapist 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.

In 2013-2014, SLOBHD therapists were assigned to three Community Schools in each region of the county. Fifty-nine students received mental health services on campus, while another 17 were seen for brief interventions including crisis issues. Of the 76 youth engaged, 52% successfully transitioned back to their home school/district, graduated, or completed their community school program.

Outreach and Engagement

CSS Work Plan 10: Outreach and Engagement	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	0	$0	$0
Projection for FY 2014-2015	0	$0	$0
Projection for FY 2015-2016	50	$5,000	$100
Projection for FY 2016-2017	50	$5,000	$100

The Outreach and Engagement work plan was created in Fiscal Year 2013-14 with the primary purpose to engage unserved individuals, and when appropriate their families, in the mental health system so that they receive the appropriate services. The funds will be used primarily for food and clothing for those individuals during the engagement period. The engagement period ends once an individual is enrolled into a mental health program.

No funds were spent during Fiscal Year 2013-14 or 2014-15 as the County was developing fiscal procedures to access the funds. The new procedures will be in place during Fiscal Year 2015-16 and is estimated to engage 50 clients during the year.

Forensic Mental Health Services

CSS Work Plan 9: Forensic Mental Health Services	Number Served:	Total Funding	Cost Per Client
Actual for FY 2013-2014	269	$968,033	$5,728
Projection for FY 2014-2015	270	$770,000	$2,852
Projection for FY 2015-2016	270	$994,962	$3,685
Projection for FY 2016-2017	270	$1,012,308	$3,749

Project Goals	Key Objectives
• 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	• 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
Key Outcomes	**Method of Measurement**
• 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	• 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

This new work plan, as of 2013-2014, includes the Behavioral Health Treatment Court (formerly Adult FSP), Forensic Re-entry Services and the Forensic Coordination Therapist (formerly in Enhanced Crisis and Aftercare), and the new services performed as part of the Veterans Treatment Court. This work plan allows the County to report services more focused on the criminal justice system, while crisis services are maintained and reported as such.

The County's **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. BHTC clients volunteer for the program forming a contractual agreement as part of their probation orders. 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, in many cases, have little insight or understanding about having a mental illness or how enhanced collaborative services could meet their needs. In 2013-2014, BHTC served an average of 24 clients per month, with 10 unduplicated and newly enrolled.

A **Forensic Re-entry Services** (FRS) team, comprised of a County Mental Health Therapist and a community-provided Personal Services Specialist (PSS) provided a "reach-in" strategy in the County Jail, adding capacity for providing aftercare needs for persons exiting from incarceration. The Forensic PSS is provided in partnership with TMHA and is responsible for providing a "bridge" for individuals leaving the jail. This comes in the form of assessment and referral to all appropriate health and community services and supports, in addition to short-term case management during this transition. In 2013-2014 there were 120 unduplicated clients served in FRS. The TMHA PSS worked with 55 unique clients.

Stakeholders in 2013-2014 engaged in discussions regarding the need for more outreach and system navigation support, rather than treatment capacity within the FRS team. In 2014-2015 and going forward the County has re-allocated the Mental Health Therapist position originally assigned to FRS to the newly formed Crisis Resolution Team, as described above. In November 2014, the county expanded its contract with TMHA to add an additional PSS to the FRS team and increased the projected output from 65 to 150 unique client contacts annually.

The **Forensic Coordination Therapist**, in partnership with a Sherriff's Deputy assigned to the team, continued to meet the demand to assist law enforcement with difficult, mental illness-related cases. In 2013-2014, the team served over 100 clients (some duplicated). The team worked closely with all local law enforcement and court personnel in training and case management issues to reduce crises. Improving crisis response and assistance to mentally ill adults involved in the criminal justice system is a community priority.

The **Veterans Treatment Court** (VTC) was launched in 2013-2014 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 Mental Health Therapist funded by MHSA (.5 FTE INN, .5 FTE CSS) is assigned as the treatment provider for VTC participants. The therapist administers initial assessments of veterans involved in the criminal justice system and determines eligibility based on diagnosis, mental health history associated with military service, and motivation for participation. Additionally, the therapist links veteran with VA services, County Behavioral Health services, and/or additional mental health supports in the community. The MHSA provider works closely with the Veterans Justice Outreach Social Worker with the VA to develop treatment plans for participants who are VA eligible; as well as working separately on treatment plans for those veterans who are not VA eligible. The therapist provides individual, couple, family and group treatment services to veterans and their families during participation in the program as well as monitors progress with other treatment providers. Lastly, the provider works closely with the County Veterans Services Office staff to assist with linkage to veteran benefits services and opportunities in the community. In 2013-2014, there were 25 VTC participants.

Workforce Education & 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 2013-14 as part of the WET Plan:

Peer Advisory and Advocacy Team (PAAT): The consumer advisory council of mental health stakeholders met throughout the year and held public forums to engage the community around wellness, recovery, and stigma reduction. PAAT members meet bi-monthly to enhance the mental health system, developing and implementing 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. Sixty-six percent (66%) of PAAT members work within the Behavioral Health system (paid employment, peer presentation stipends, peer education stipends, etc.)

PAAT met 24 times in 2013-2014, and members conducted two forums on stigma reduction for 1,000 attendees. One of those events, Journey of Hope, is an annual community-wide forum on living mentally well. Journey of Hope offers an opportunity to interact with mental health and community leaders, learn about local resources and, best of all, to celebrate hope. In 2014, the featured keynote speaker was Keris Myrick, CEO of Project Return Peer Support Network in Los Angeles, President of NAMI National Board of Directors, and a nationally-known advocate for consumers and families. More than 600 attended the event held January 2014.

PAAT members also take active roles to promote wellness and reduce stigma in Behavioral Health Department committees including Performance Quality and Improvement, and the County's Behavioral Health Board. PAAT exceeded its goal of new members (20) in 2013-2014 and hosted 24 new attendees.

Surveys of PAAT and forum participants yielded the following results in 2013-14:

100% of PAAT participants surveyed agreed that the PAAT team has made a significant positive impact on the mental health system.

97% of forum audience participants surveyed reported that they are more aware of mental health stigma and the tools necessary to reduce it.

E-Learning: Essential Learning went live in January 2011 to provide electronic access to a Behavioral Health library of curricula for 500 San Luis Obispo County behavioral health providers, consumers, and family members. In the 2013-2014 fiscal year 695 hours of training were completed electronically. The capacity to be trained online has resulted in a 30% decrease in tuition reimbursements and reduced travel claims often associated with out-of-town training. The Department also expects to demonstrate a reduction in lost productivity.

In the 2013-2014 year the Department assigned a cultural competence curriculum to all employees that featured an overview on age-specific issues in behavioral health, and a course specific to working with the homeless. Staff course completion was 88%.

Cultural Competence: The Cultural Competence Committee (CCC) meets regularly to monitor the training, policies, and procedures of the public mental health system and their relative enhancements of cultural competence in serving consumers and families. The primary objective of the group is to coordinate training to improve engagement with underserved populations. The CCC coordinated the following activities and trainings in 2013-2014:

- The establishment of a Cultural Competence curriculum within the County's E-Learning system. All 500 participants (County and community) are required to enroll in a course selected by the committee. In 2013-2014 the Committee chose to focus in working with the homeless on behavioral health issues as its E-Learning objective.
- The Committee produces semi-annual newsletters focused on cultural topics in relation to mental health issues. In April of 2014 a Master's of Public Policy student at California Polytechnic State University (Cal Poly) San Luis Obispo facilitated the Committee's newsletter focusing on Lesbian, Gay, Bisexual, Transgender, & Questioning (LGBTQ) issues in behavioral health. The newsletter was a popular download from the County's website with over 500 views and downloads.
- In September 2013, the Cultural Competence Committee brought Karin Lettau of Working Well Together to San Luis Obispo to present a workshop titled "Supporting Lived Experience in the Workforce: A New Needs Paradigm." One of the learning objectives of this training was to understand contextual perspectives of the converging cultures of public mental health, consumer, family members, and parent/caregiver cultures contributing to the demand for consumer and family member employment in the mental health system. Another objective was to identify research, policy, legal, and ethical issues supporting consumer/family member employment in the public mental health system. Eighty percent (80%) of attendees felt the training met these objectives, as well as understanding how to apply key elements of recovery and resiliency-based practices.
- The Committee, along with Family Care Network, Transitions Mental Health Association, and the National Latino Fatherhood and Family Institute, presented "Meeting the Needs for Latinos in Behavioral Health." The training featured keynote addresses by Dr. Gustavo Loera, EdD, Director of Educational Research and Development and Lina R. Méndez, Ph.D. Center for Reducing Health Disparities. Training focused on the critical skills and efforts needed to provide culturally competent care in our various service teams and communities. The training was held on Wednesday, May 21 in San Luis Obispo. Sixty-five percent (65%) of attendees rated the program as 'Excellent," and 76% felt it met the planned objectives:
    - Understanding of the results of the California Reducing Disparities Project – Latino Report, as it pertains to the demographics and treatment disparities in our County.
    - Better understanding of how to outreach and engage Latinos to behavioral health with successful results and improved penetration rates.
    - Learning aspects of Latino cultures to more successfully provide beneficial treatment interventions.
    - Discuss language barriers and brainstorm ways to improve language accessibility in the clinics, schools, and in the community as a whole.
    - Hear from the speakers who are representing the identified agencies, and learn how their treatment and interventions have been named as evidence-based. In this way we may gather ideas as to how our county can tailor their approaches to fit our clinics and our communities.

Internships: The County's WET plan has a workplace training program designed to build capacity for threshold language services within the Behavioral Health Department. In Fiscal Year 2013-2014, two of the three (budgeted) bilingual clinical interns were hired and assigned regionally throughout the county. As per the goals of the plan, the

County has utilized the internship program to develop permanent staffing, and hired one of the 2013-2014 Interns as a Mental Health Therapist in a permanent position, while a second was hired by a system provider.

Stipends & Scholarship Program: The County WET Plan has generated a great deal of excitement and support for its scholarship and stipend opportunities. In coordinating the State's Mental Health Loan Assumption Program for local staff, the WET Coordination team has taken the opportunity to engage providers across the public mental health system in recognizing the need for expanded cultural competency, language skills, and the importance of supporting those in hard-to-fill/retain positions.

The County's WET Scholarship program has been tremendously popular with local students, peers, and organizations seeking further development in behavioral health careers. A scholarship task force comprised of staff, community college and university staff, community providers, consumers, and family members meets during the year to plan the scholarship program and review applications. The scholarship supports current and new students seeking education, licensing, and career development in the Behavioral Health field.

In 2013-2014, the Scholarship Task Force awarded $59,800 in educational incentives. Through the WET plan's project to build capacity through the California Association of Social Rehabilitation Agencies (CASRA) certification programs at Cuesta College, the County awarded five individuals with scholarships averaging $960. The County also awarded upper division (bachelor and masters) students by distributing $55,000 (total) to 11 behavioral health learners.

Prevention & Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs receive 20% of MHSA funding. Prevention programs include outreach and education; efforts to increase access to underserved populations; improved access to linkage and referrals at the earliest possible onset of mental illness; and reduction of stigma and discrimination. Early Intervention programs 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. Prevention involves increasing protective factors and diminishing an individual's risk factors for developing mental illness. By helping individuals cope with risk factors and develop stronger protective factors, mental and physical wellness is improved.

San Luis Obispo County conducted surveys and held several stakeholder meetings over a one-and-a-half year period between 2007 and 2008 to construct its PEI Plan. The following five projects were crafted and put forth to the community in November of 2008:

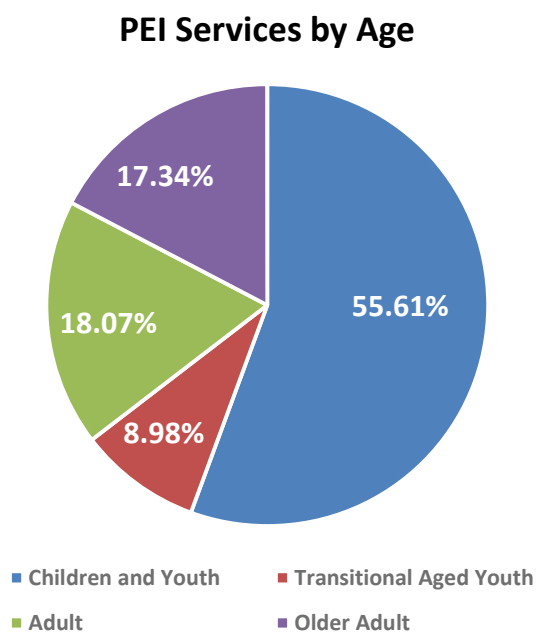
- Mental Health Awareness and Stigma Reduction Program
- School-based Wellness Program
- Family Education and Support Program
- Early Care and Support for Underserved Populations
- Integrated Community Wellness Program

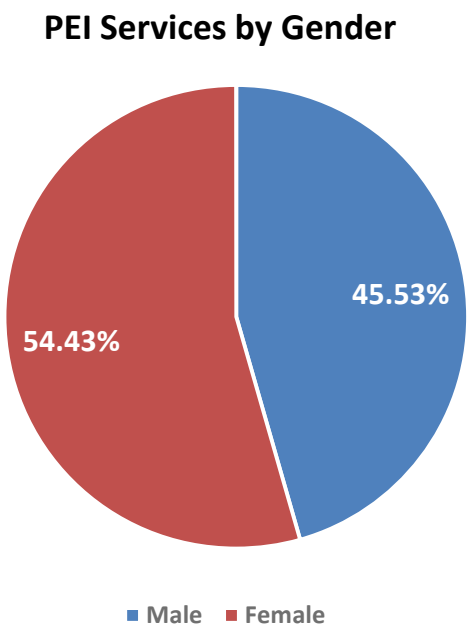
The Mental Health Oversight and Accountability Commission (MHSOAC) required San Luis Obispo County's Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. School Based Student Wellness was selected by stakeholders during the PEI planning process. SLOBHD also elected to conduct evaluation activities for each of the PEI programs, but at a less intensive level due to limitations from funding and infrastructure. This evaluation was published in July of 2013 and covers the Fiscal Years 2009-2010 through 2011-2012. The next formal evaluation report is scheduled for Fiscal Year 2015-16.

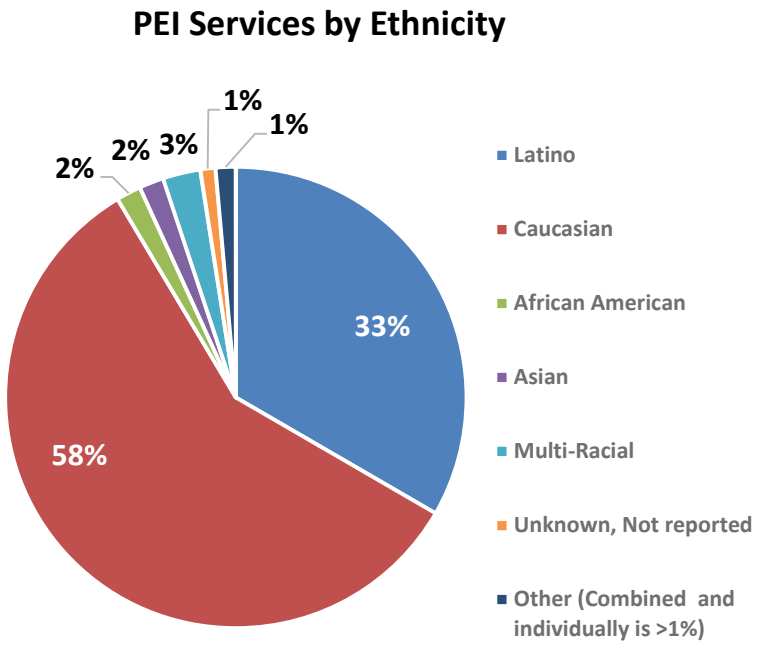
Program evaluation is fluid and ongoing, allowing SLOBHD to build upon successes and adapt quickly to ever-changing community needs. Interim evaluation results were presented to the PEI stakeholder group, and pending any regulation changes, emphasis remains on sustaining existing PEI programs. Data collection and outcome measurement tools will continue to be refined. As no statewide system for PEI data collection currently exists, counties continue to collect data in separate ways unique to each county. As the State seeks to address this issue, SLOBHD participates in multiple evaluation committees, trainings and consultations to remain up-to date on data requirements and methods.

Individuals receiving Prevention and Early Intervention services are not tracked through electronic health records and all services are voluntary. As a result, demographic data collection during the previous evaluation period was cumbersome and time consuming. To address this issue, SLOBHD developed a centralized web-based quarterly reporting tool in Fiscal Year 2013-14 for PEI contractors. SLOBHD continues to work in collaboration with all contractors in testing and refining this tool. The goal is to use this tool to provide more details about demographics of individuals served that will have the potential to be tracked over time. Preliminary demographic detail is indicated in Figure 1. Preliminary analysis suggests that Latinos are being served at a rate higher than the population estimate for San Luis Obispo County, demonstrating that Behavioral Health has met the goal of increasing access to Latinos since the PEI launch in 2009.

Figure 1. Preliminary Demographics, by Age, Gender, and Ethnicity







Each PEI program is identified in this Annual Update to the Three Year Plan as Prevention (P) or Early Intervention (EI) in each subproject heading, as required by the MHSOAC. The total cost of each project is indicated. For all prevention programs, the cost per person served is intended to be an estimate; although every effort is made to take as accurate accounts as possible, individuals served by prevention programs may be duplicative.

Mental Health Awareness & Stigma Reduction

PEI Program 1: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
Social Marketing Strategy	**P**	**2,930**	**$180,062**	**$61**

Project Goals	Key Objectives
• Mental Health awareness and education • Stigma reduction	• Community outreach • Targeted presentations
Key Outcomes	**Method of Measurement**
• Increased awareness of risk and protective factors • Reduced stigma	• Presentation participant surveys • Rosters • Consumer presenter surveys

The Mental Health Awareness and Stigma Reduction project is carried out by Transitions Mental Health Association (TMHA). This project aims to address and dissolve the beliefs and attitudes which create internalized self-stigmatization, and externalized discrimination towards those in need of services. This is done by creating awareness of mental illness: its signs, symptoms, and treatments and educating those populations most at risk for mental illness. The project addresses disparities in access to services by providing outreach to individuals from 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 NAMI's Stamp Out Stigma, In Our Own Voice, and two local documentaries SLOtheStigma and The Shaken Tree. Depending on the target audience, TMHA may use the curricula in combination with additional speakers, panelists, resource fairs, and other activities

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School Based Wellness

School Based Wellness PEI Program 2: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
2.1 Positive Development Program:	**P**	**701**	**$78,524**	**$112**

Project Goals	Key Objectives
• Build the capacity of and identify behavioral health issues in under-served children, ages 0-5	• Behavioral Health related training and education to private child care providers (gatekeepers)
Key Outcomes	**Method of Measurement**
• Increased knowledge of emotional and behavioral health issues • Reduced risk factors and increased protective factors	• Rosters • Ages and Stages Questionnaire • Behavior Rating Scale

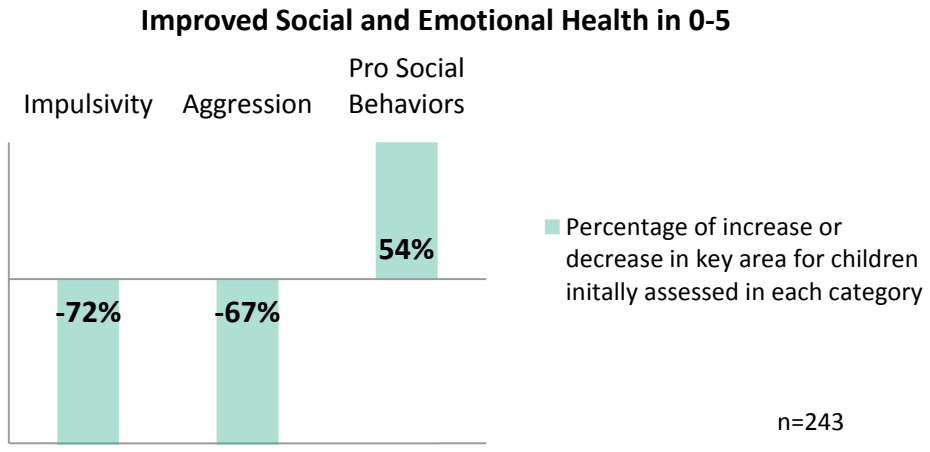
School Based Wellness is a comprehensive, multi-age approach to building resilience among all service recipients. This program targets a universal population of children and youth, and selected youth who exhibit risk factors for mental illness via the following projects: The Positive Development Program, serving pre-kindergarten aged children; The Middle School Comprehensive program; and Student Wellness Programming.

Community Action Partnership's Child Care Resource Connection (CCRC) administers the Positive Development Project and delivers the I Can Problem Solve (ICPS) curriculum as well as the accompanying Early Childhood Behavior (ECB) and Ages and Stages Questionnaire (ASQ) training to private child care providers located throughout San Luis Obispo County. Emphasis is placed upon providers in underserved areas from Nipomo in the south to San Miguel in the north. Materials and training are provided in both English and Spanish. Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles.

During PEI Evaluation activities, the need for additional curriculum for children over 5 years (but not yet enrolled full time in school) was identified as well as adapting the curriculum for younger toddlers. CCRC expanded their program to include I Can Problem Solve Kindergarten (ICPS K), and worked with the curriculum developers to include activities for two year olds, increasing the capacity of the program.

In order to increase participation in administration of various assessment tools, the CCRC became more active participants in the Child Care Planning Council, which allows them to provide input into the training content and schedule more frequent training on assessment tools. In addition, CCRC scheduled more parent meetings to share the value of the tools, and provide assistance in completing them where appropriate. Ninety-five percent (95%) of parents (n=97) surveyed indicated that their child's emotional and behavioral skills improved. Pre and post ECB and ASQ assessments of children participating in the program not only show an improvement in children who were initially assessed as impulsive and aggressive, but children initially assessed as socially competent show even more improvement in their social emotional scores (Figure 2).

Figure 2. Improved Social and Emotional Health



School Based Wellness Program 2: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
2.2 Middle School Comprehensive Program: 2.2a Student Support Counselors	EI	344	$255,975	$744
2.2b Family Advocates	EI	573	$141,792	$247
2.2c Youth Development	P	3,811	$58,105	$15
2.3 Student Wellness Initiative	P	2,163	$94,560	$44

Project Goals	Key Objectives

• Build resiliency and identify mental health issues of at-risk middle school youth and their families	• Student Assistance Programs
	  • Student Support Counselors
	  • Family Advocates
	  • Youth Development Programming

Key Outcomes	**Method of Measurement**
• Reduced risk factors • Increased protective factors • Increased access to extended services and supports for at-risk families	• Rosters • School records • Participant and staff surveys • Youth development surveys • Participant focus groups

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

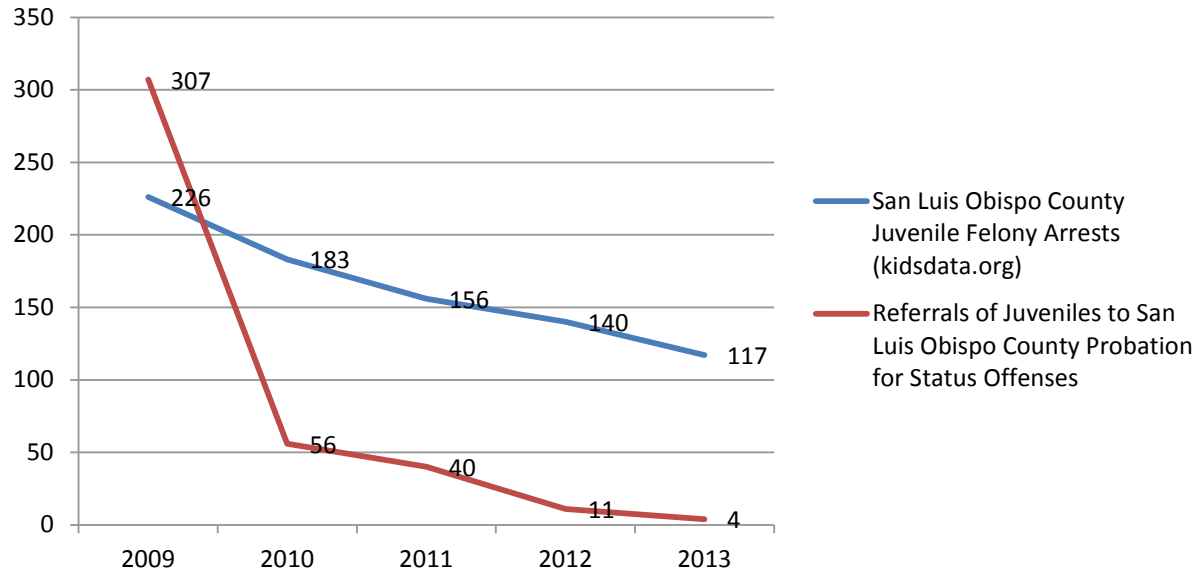
Students are identified as at-risk because of poor attendance, academic failure, and disciplinary referrals. SLOBHD Counseling staff work closely with school counselors and Family Advocates to address changing school climate and community specific emotional and behavioral health needs. Issues such as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

The Family Advocates coordinate referral and intervention services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Family Advocates provide information outreach to the schools including participating in "Back to School" nights, "Open Houses," and providing a staff orientation early in the school year.

Homelessness and housing instability have increasingly affected families in all middle schools throughout the county. The SAP team worked to identify those who are at imminent risk of homelessness to prevent many negative mental health impacts on students and families. During the 2013-2014 school year, The Link provided 117 services to homeless families, and 144 services to families at imminent risk, linking them with housing before becoming homeless. The Link continued to work in conjunction with SLOBHD to develop data collection tools. In Fiscal Year 2013-2014, the Link was able to track number and types of service for the PEI families; details of this breakdown can be found in Appendix C.

In Fiscal Year 2013-2014 Student Assistance Program survey results showed an average improvement in protective factors of 22%, and a decrease in risk factors of 19% (Appendix D). Both felony juvenile arrests and status referrals to probation continued to decline, and community members attribute this correlation to the implementation of PEI Programs (Figure 3).

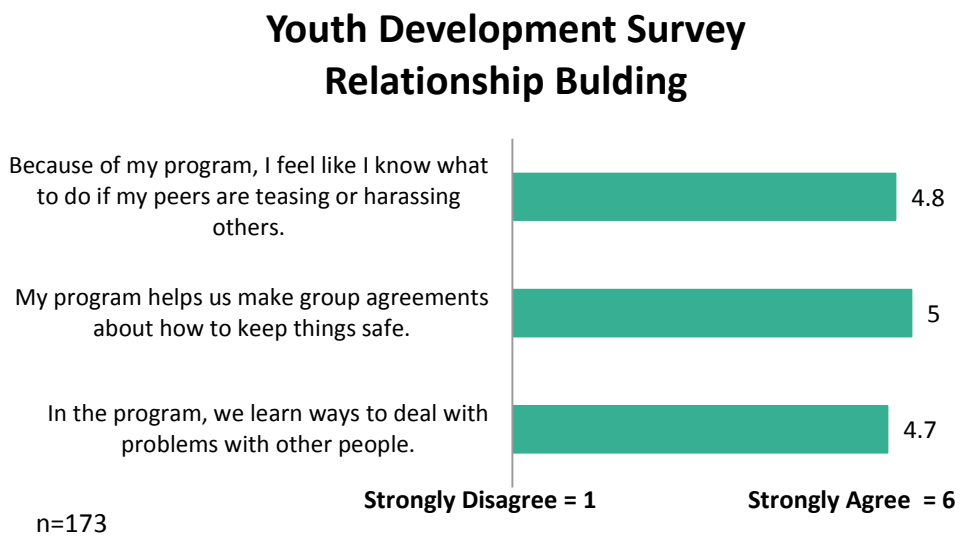
Figure 3. Comparative Juvenile Felony Arrests and Juvenile Referrals to SLO County Probation



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

Youth Development programs, such as Club Live, reduce risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, peer relationships, and supportive adult relationships. The Youth Development Institute, in partnership with SLOBHD's Friday Night Live programs, administers Youth Development Surveys annually to middle schools across the county, in order to measure the impact of the increased PEI Club Live programming (Figure 4).

Figure 4. Youth Development Survey



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

School Based Wellness PEI Program 2: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
2.4 Sober School Enrichment	**EI**	**5**	**$5,817**	**$1,163**

In 2013-2014, the Sober School became a licensed Drug Medi-Cal site, expanding their staffing, and PEI placement became less necessary. Stakeholders have agreed to re-evaluate this component of the work plan for alternative services on a school campus in 2014-2015. A handful of students were served by PEI staff to assist in the transition.

Family Education, Training, and Support

Family Education, Training, and Support PEI Program 3: FY 2013-14	P/EI	Total Served	Total Funding	Cost per Client
3.1 Coordination of the County's Parenting Programs	P	12,243	$99,000	$8
3.2 Parent Education	P	382		
3.3 Coaching for Parents/Caregivers	EI	576		

Project Goals	Key Objectives
• 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	• Parent education • Parent coaching
Key Outcomes	**Method of Measurement**
• Reduced risk factors • Increased protective factors • Improved parenting • Improvements in child behaviors	• Number of website hits • Class rosters and call logs • Parent self-report surveys • Parent coaching assessments • Parent interviews

•

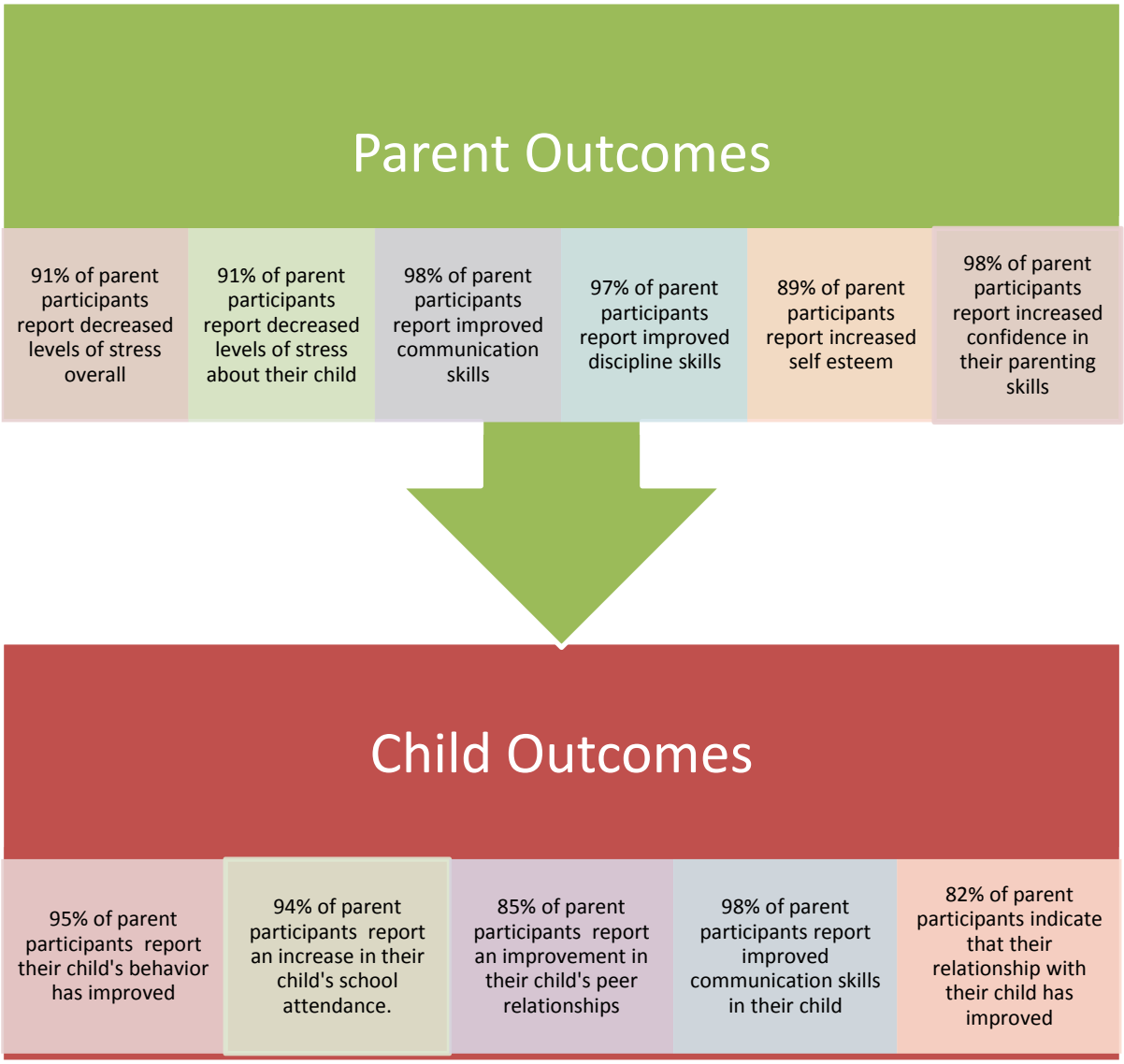
The Center for Family Strengthening, formerly known as the San Luis Obispo County Child Abuse Prevention Council (SLO-CAP) alongside Parent Connection administers the Family Education, Training, and Support Program. This program uses a multi-level approach to reduce risk factors and increase protective factors for all parents and other caregivers raising children. Target populations include: parents and caregivers in stressed families living with or at high risk for mental illness and substance abuse, trauma and domestic violence exposed families, monolingual Spanish speaking parents, and parents in rural areas of the county.

A bilingual website www.sloparents.org serves as a clearinghouse to disseminate information on parenting classes, family support programs, and services. In addition to promoting parent education classes funded by PEI, the website lists approximately 190 parenting classes, family resource centers, agency and private therapist support groups, online parenting information, and supportive services for parents with mental illness or addiction. Listings are grouped by region for the convenience of viewers searching for local support. In 2013-2014 the website was only funded minimally through PEI to support data collection efforts. In 2014, the website received over 12,000 unique visits.

PEI-funded classes are offered specifically for parents of children in certain age groups in addition to special topic for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, fathers, homeless and teen parents. In FY 2013-2014 Parent Connection offered 34 classes, 26% of which were in Spanish. Nine parent educator trainings were held for community parent educators, family advocates, social services, schools, and other agencies serving families in our community.

Parent Connection also provides a parent warmline and coaching services. This warmline provides support to families experiencing acute stressors and are at high risk for abuse by providing one-to-one coaching interventions. Bilingual, bicultural staff answered over 400 calls on the warmline in FY 2013-14. Parent Coaches provide supportive and skill building coaching services on the phone or in person when requested. The coaching services include support groups for specific high-risk parent groups: parents who are homeless, in recovery, teen parents, and single parents. Support groups expanded in FY 2013-14 to include the women's and men's jail.

Self-report surveys of parents and caregivers participating in education or coaching services (n=382) demonstrate how increasing protective factors and reducing risk factors in the parents have positive effects on the children of stressed and at-risk families.



Early Care and Support for Underserved Populations

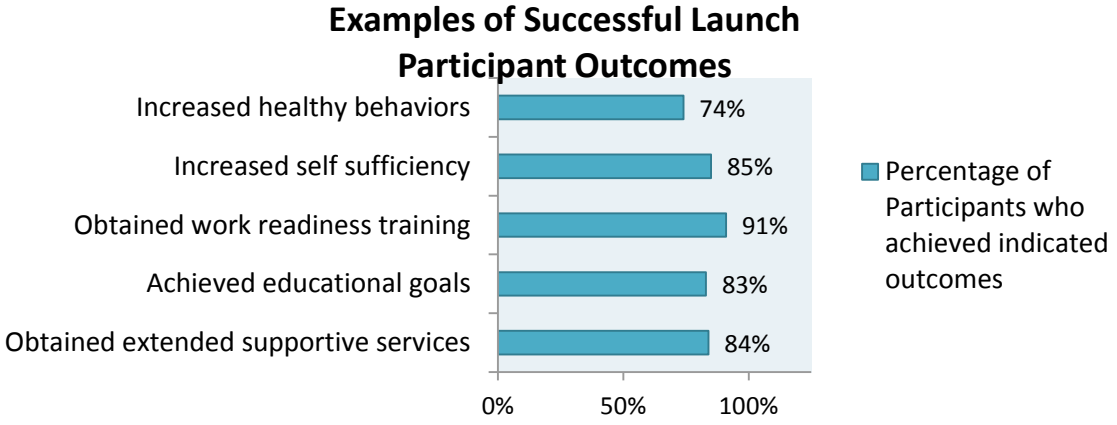
Early Care and Support for Underserved Populations PEI Program 4: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
4.1 Successful Launch Program for at risk Transitional Aged Youth (TAY):	**P**	**580**	**$104,731**	**$181**

Project Goals	Key Objectives
• Increased self-sufficiency and resiliency of at-risk TAY	• Successful Launch Program for at-risk TAY
Key Outcomes	**Method of Measurement**
• Reduced risk factors (e.g.: lack of education, work, and housing) • Increased protective factors (e.g.: access to extended services and supports, decrease in unhealthy behaviors)	• Staff pre and post assessments of program participants • Rosters • Completion of educational, vocational, and personal goals by program participants

The Early Care and Support for Underserved Populations program is a multi-focus effort to address the mental health prevention and early intervention needs of three distinct populations identified during the PEI stakeholder process as being the most underserved in the County: high risk TAYs, Older Adults, and low acculturated Latino individuals and families.

The Successful Launch Program is administered by Cuesta College. Successful Launch provides services to at-risk TAY youth with the goal of increasing self-sufficiency and success of TAYs who are at risk for mental health issues because they are dropouts, homeless, former Wards of the Court , or graduating from Community School. In FY 2013-2014 services included: vocational training, job shadowing, work readiness, academic support, connection with other extended services and supports, and life skills training (Figure 5).

Figure 5. Examples of Successful Launch Participant Outcomes



Cuesta College continues to increase capacity of the program by extensive community collaboration. Increased collaboration with local businesses has increased employment opportunities for at-risk TAY, and working with John Muir Charter School and local high schools has increased the ability of TAY to obtain a high school diploma. During 2013-2014, Successful Launch began training students for the National Retail Federation's Certificate. This certificate lasts three years and allows young people to demonstrate their knowledge and skills of customer service to potential employers and their commitment to professional growth. In addition to this certificate, Successful Launch also helped link youth to employers that currently honor this certificate such as Smart and Final, TJ Maxx, Ross, and Kohl's.

Early Care and Support for Underserved Populations **PEI Program 4: FY 2013-2014**	**P/EI**	**Total Served**	**Total Funding**	**Cost per Client**
4.2 Older Adult Mental Health Initiative:	**Both**	**2,157**	**$208,889**	**$968**

Project Goals	**Key Objectives**
• Early identification of mental health issues in older adults • Increased mental wellness in older adults	• Outreach and education • Depression screenings • Caring Callers • Senior Peer Counseling • Early Intervention Therapy
Key Outcomes	**Method of Measurement**
• Reduced risk factors (e.g.: isolation) • Increased protective factors • Decreased symptoms of depression • Improved quality of life	• Rosters and log • PHQ-9 • Clinician Assessments • Self-report surveys

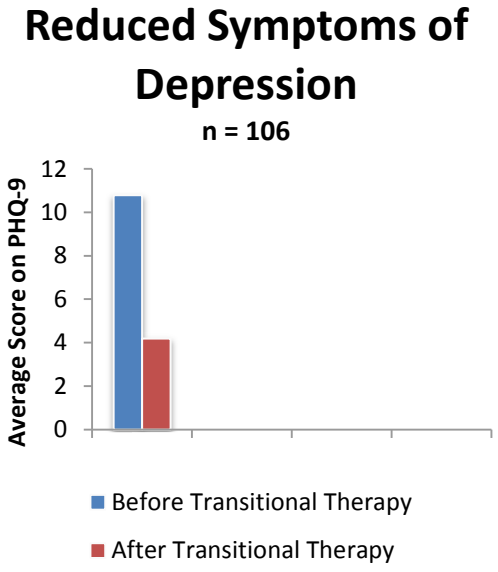
The Older Adult Mental Health Initiative is administered by Wilshire Community Services (WCS), a community-based prevention and early intervention non-profit serving seniors countywide. WCS provides an intensive continuum of mental health prevention and early intervention services for Older Adults, which consists of Outreach and Education, Depression Screenings, The Caring Callers Program, Senior Peer Counseling, and Older Adult Transitional Therapy. The transitional therapy portion was originally funded through project five, but as it is an integral link and part of the umbrella of services provided by WCS, it was realigned with Project 4 in the FY 2013-2014 Annual Update with the Older Adult Mental Health Initiative.

WCS provides outreach and education regarding mental health as it relates to the Older Adult population, to the community at large and individuals who serve Older Adults. This includes primary care physicians, estate planners, fiduciaries, faith based agencies, law enforcement, and retirement homes. Over 1,200 depression screenings were conducted in FY 2013-2014. Clients who are referred to the 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. Caring Callers is a countywide, in-home visiting program serving senior citizens who are frail, homebound, and at risk for social isolation. Senior Peer Counseling is a peer led, yet clinically supervised, mental health program, providing no cost counseling services to individuals over the age of 65. Eighty one percent (81%) reported an increase in their activity levels.

For clients who need a deeper level of care, Transitional Therapy is available. 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. After four to eight sessions, the client is either transitioned back to Senior Peer Counseling, or if further services are needed, the Transitional Therapist coordinates treatment with County Mental Health or a private provider. Transitional Therapy is available in home and non-clinic settings.

In 2013-2014, 68% of clients who received services through Senior Peer Counseling or Transitional Therapy reported no prior experience receiving therapy or counseling. Of that group, 81% reported experiencing symptoms of mild to moderate/severe depression prior to seeking services through WCS (Figure 6). Following services, clients reported, on average, a 64% decrease of symptoms of depression. The high number of clients experiencing counseling for the first time through Senior Peer Counseling seems to indicate that the program is successfully reaching individuals who might not otherwise receive much needed therapeutic services.

Figure 6. Reduced Symptoms of Depressions



PEI Program 4: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
4.3 Latino Outreach and Engagement:	**EI**	**21**	**$101,881**	**$4,851**

Funding for the Latino Outreach Program (LOP) was originally fully contained within the Community Services and Supports (CSS) component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention budget. Part of the LOP objective was to outreach and engage potential clients, reduce stigma, and increase access to clinic services. County stakeholders have recognized that the demand for services has increased and more efforts need to be placed in treating those Latinos now more comfortable with seeking clinical care. The County and its stakeholders have agreed that Latino Outreach and Engagement will be best tracked and reported within the CSS plan. Stakeholders have approved a plan to move the entirety of the LOP budget back to CSS in 2014-2015

Integrated Community Wellness

Integrated Community Wellness PEI Program 5: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
5.1 Community Based Therapeutic Services:	**EI**	**301**	**$76,066**	**$253**

Project Goals	Key Objectives
• Early identification of on-set of mental illness • Increased access of therapy to underserved populations	• Provide brief, low intensity Early Intervention counseling at low or no cost to underserved populations throughout the County
Key Outcomes	**Method of Measurement**
• Improved mental health and wellness • Reduced risk factors • Increased protective factors	• Rosters • Clinician assessments • Participant self-report surveys • Participant focus groups

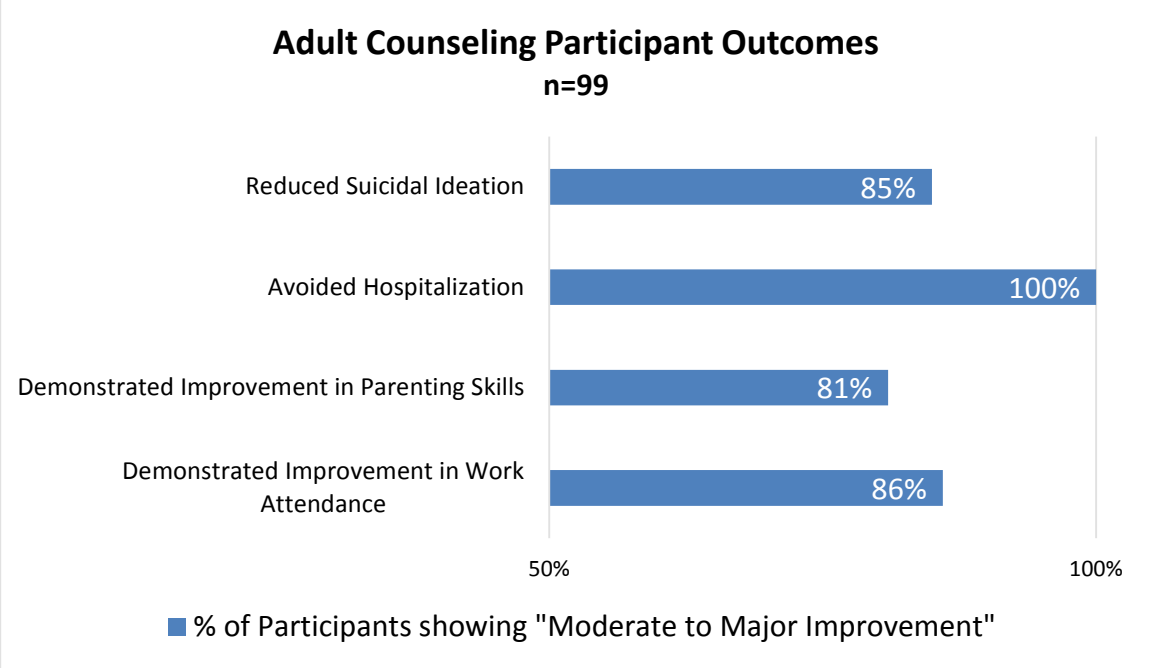
Integrated Community Wellness maximizes the opportunity for a large number of diverse individuals to access prevention and early intervention mental health services. PEI Program 5 improves early detection and provides early intervention for mental health issues while increasing access to care by utilizing three programs: Community Based Therapeutic Services, Integrated Community Wellness Advocates, and Enhanced Crisis Response.

Community Based Therapeutic Services provides over 2,000 low ($5.00) or no cost counseling hours to uninsured and underinsured at-risk populations throughout the County. In FY 2013-2014, services were provided by Community Counseling Center (CCC), and the SLOBHD.

In 2013-2014, CCC expanded capacity by adding locations to the southern area (Grover Beach) and northern area (Paso Robles) of the county. CCC also partnered with other health care agencies. The expansion further increases access to Latino individuals in South San Luis Obispo County. Prior to additional locations added by CCC, families in the North and South County had the longest waits to receive counseling.

SLOBHD provides services to students in non-traditional settings as well, including community schools and Cuesta College, Generation Next Teen Resource Center, family resource centers, such as The Link, and other convenient locations as requested by the clients when appropriate. All providers have improved service delivery with increasing Spanish language services and work to continually build infrastructure to improve quality of services. According to pre- and post-assessments, clients continue to demonstrate an increase in coping skills and a reduction in suicidal ideation (Figure 7).

Figure 7. Adult Counseling Participant Outcomes



Integrated Community Wellness PEI Program 5: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
5.2 Resource Specialists: Transitions Mental Health	**P/EI**	**949**	**$179,950**	**$190**

Project Goals	Key Objectives
• Reduce barriers to treatment outcomes and improve wellness	• Provide Wellness Advocates to individuals and families throughout the County
Key Outcomes	**Method of Measurement**
• Increase in protective factors and reduction in risk factors through increased access to community supports	• Rosters • Advocate notes • Surveys

TMHA provides Integrated Community Wellness Advocates, who are individuals with lived experience as either a client or a family member. Wellness Advocates collaborate with other PEI providers to deliver system navigation services and wellness supports to individuals referred from other programs. The Wellness Advocates provide assistance and referrals toward securing basic needs such as food, clothing, housing, health care, employment, and education. They focus on minimizing stress, supporting resilience, and increasing individuals' self-efficacy. During the PEI evaluation, SLOBHD and TMHA discovered the number of clients receiving services was being under-reported, and that 900 PEI clients and families receive over 2,700 different services from the Advocates.

During the Evaluation activities of FY 2013-2014, unique distinctions in the types of services provided by the advocates was discovered, and it was determined that both prevention and more intensive early intervention services were being

provided by the Advocates.. This allowed TMHA to evaluate the skillsets and workloads of the individuals providing services to ensure a higher quality of care.

Integrated Community Wellness PEI Program 5: FY 2013-2014	P/EI	Total Served	Total Funding	Cost per Client
5.3 Enhanced Crisis Response: Mobile Crisis	**EI**	**1,463**	**$100,000**	**$68**

Funding for the Mobile Crisis service was originally fully contained within the CSS component. In 2009 the County elected, with stakeholder approval, to move part of the expense into the Prevention and Early Intervention budget. It was agreed that nearly half of the engagements by Mobile Crisis teams should result in no hospitalization. Over time, and through PEI Evaluation activities, the County has recognized that the Mobile Crisis service (although preventive in some circumstances) is more of a direct mental health intervention that is best tracked and reported within the CSS plan. Stakeholders have approved a plan to move the entirety of the Mobile Crisis budget back to CSS in FY 2014-2015.

Innovation

The Innovation component of MHSA is the most unique. An Innovation project is one that contributes to learning, rather than providing a service. Innovation projects must be new and creative, and not duplicated in another community. Innovation funding was created for the purpose of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.

The development of the Innovation plan was overseen by an Innovation stakeholder group, which was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The MHSOAC approved the plan in March of 2011. The learning curve was steep, as the concepts of Innovation had to be approved by local leadership, and policies surrounding these unique projects had to be developed. The Board of Supervisors approved funding for the Innovation projects in June 2011, and project development began in July 2011. SLOBHD worked with Human Resources, County Counsel, and Purchasing in order to develop recruitment, procurement and contracting procedures specific to the unique nature of these projects.

Because the individual projects are diverse and possess unique challenges, and each project operates on a separate timeline, implementation of each project was staggered. This was a result of various factors including project scope, staffing requirements, and other unexpected barriers to implementation. In July of 2013, SLOBHD provided the MHSOAC with an updated timeline which includes the adjusted starting and ending dates for all projects; this includes time for evaluation and wrap up (Appendix E).

SLOBHD provided extensive technical assistance to community and in-house providers in areas such as: project development, measurement of learning and data collection. SLOBHD also developed an Innovation Learning Collaborative as a way for providers to share common themes among the projects and help one another overcome common barriers to implementation of the testing phase. An external evaluator was selected via county procurement processes, and the evaluation of all Innovation projects is now underway. The formal evaluation is expected to be published at the conclusion of all of the Innovation projects, and some initial findings are included in this report.

SLOBHD has applied the lessons learned during the first round of Innovation to streamline, properly plan, and better implement, timelines for future projects. Community planning for future innovation plans is currently underway, and the submittal of a new Innovation plan is anticipated to follow the evaluation in 2015-2016.

To view the evaluation of the San Luis Obispo County's initial Innovation Plan, please go to the following link:

http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm

System Empowerment for Consumers, Families, & Providers

Innovation Project 1	Total Served	Total Funding	Cost per Client
System Empowerment for Consumers, Families, and Providers	**62**	**$79,377**	**$1,280**

Primary Purpose	Learning Activities
• Increase the quality of services, including better outcomes	• A trust building and educational retreat for consumers, providers and family members. • Development of curriculum and training tools based upon what was learned
Learning Goals	**Methods of Measurement**
• Will a trust building retreat deepen understanding between selected parties and lead to improved training and curricula in the mental health system?	• Retreat applications • Retreat and training surveys • Retreat focus group materials • Interviews with retreat participants

System Empowerment for Consumers, Families, and Providers creates an approach to mutual learning and enhanced collaboration among consumers, family members, and mental health providers. Key elements of this program include a trust building retreat, followed by development of curriculum for participants within the public mental health system.

During Fiscal Year 2013-2014, SLOBHD developed a retreat planning committee consisting of County and community providers, consumers, and family members. The "empowerment" began before the retreat happened, as this was a first ever opportunity for planning committee participants to work with the County and get paid for their lived experience and expertise. All planned activities were conducted with the unique needs and similarities of all participating groups in mind. A venue (Camp Ocean Pines), facilitator, (Creative Mediation), guest speakers, and panelists were selected via the County's procurement processes, and policy surrounding retreat participation was developed. The application process was essential in capturing the hope and excitement as well as the concerns and reservations potential participants were feeling. The committee also hosted several Q&A and educational sessions in order to address any reservations or concerns of any of the participants. The retreat was held August 9th and 10th, 2013 and the subsequent curricula are being developed. Data surrounding the retreat and participation is still being analyzed by the Evaluator and will be reported in the final Innovation evaluation report.

Atascadero High School Student Wellness Center

Innovation Project 2	Total Served	Total Funding	Cost per Client
Atascadero High School Student Wellness Center	543	$109,887	$202

Primary Purpose	Learning Activities
• Increase the quality of services, including better outcomes	• A peer based, clinically supervised wellness center on a High School Campus
Learning Outcomes	**Method of Measurement**
• Will more graduating seniors enter an educational path which leads to a career in behavioral health? • Will there be a reduction in stigma surrounding mental health on campus?	• School wide survey • Wellness center participant self-report surveys • Teacher surveys • Interviews and focus groups

The Atascadero High School Student Wellness Center creates a peer counseling model that includes a youth-directed stigma reduction campaign and exposes students to behavioral health education and careers. This wellness project is unique to other known models: a mental health provider and youth development specialist are embedded on the campus to train peer counselors to use screening and brief intervention tools, while training other student leaders to conduct stigma prevention campaigns. School-wide surveys are administered annually in order to measure awareness and stigma surrounding mental health issues, as well as the interest of students in pursuing Behavioral Health related education and careers. This data continues to be collected, but preliminary analysis indicates the Wellness Center is on track with the learning goals and anticipated outcomes.

In FY 2013-2014, Wellness Center Interns facilitated many campus events and educational forums, including: a transition camp to help freshman with the stress and anxiety associated with the first year of high school; a bullying forum; a behavioral health career fair; and Suicide Awareness Month. Wellness Center Interns also participated in community wide mental health events such as the Journey of Hope and Cuesta College's Living Mentally Well forum. According to surveys, these events sparked student interest in the mental health field in the first year of testing.

Students from Atascadero High School entered the statewide "Directing the Change" student anti-stigma film competition. Their film, "Be the Person" won the 3rd place regional award in the stigma reduction category. The film can be viewed here: http://www.directingchange.org/be-that-person/

According to administration and staff interviews, The Wellness Center is viewed as an important and needed resource at the school and is particularly appreciated for its role in providing peer counseling about everyday issues for which the administrative team lacks time to help students. The Wellness Center was a tremendous help during a recent crisis (the death of a well-known student). Without the Wellness Center, administrators think that the school would not have had the capacity to deal with the demand for services and some students would likely have remained at home.

Older Adult Family Facilitation

Innovation Project 3	Total Served	Total Funding	Cost per Client
Older Adult Family Facilitation	**Evaluation Only**	**$1,071**	**$0**

Primary Purpose	Learning Activities
• Increase quality of service, including better outcomes	• A blending of two approaches successful with children and older adults to create a community based multi-disciplinary team to address mental health issues in Older Adults
Learning Outcomes	**Methods of Measurement**
• Will a combined client centered family facilitation model be effective at addressing issues that reduce the efficacy of individual counseling interventions?	• Clinician client and family member assessments • Team meeting rosters and notes

In 2013-2014 Wilshire Community Services (WCS) conducted the Older Adult Family Facilitation project which aimed to create forward-looking solutions that enhance choice, safety, comfort, support, and well-being for older adults. This two-year pilot project was created to fill service gaps between existing MHSA Older Adult programs. This project blends two approaches successful with children and older adults, and addresses the need for integrating system supports when engaging seniors in mental health care.

A community-based, multidisciplinary, team of older adult care professionals and individuals are chosen by the client to take part in their wellness plan. This team addresses the critical issues in the client's life. The care team meetings are facilitated by a professional mediator and a licensed therapist acts as case manager. This early intervention approach is client-centered, which ensures that the client is actively involved in their wellness plan and that their definition of a quality life is respected and maintained. Each care plan that is developed considers the six recognized dimensions of wellness: emotional, intellectual, purposeful, physical, social, and spiritual. The project started with a beta test, and during the beta test WCS learned that four key areas of the projects needed to be addressed and refined in order to ensure the best possible outcomes for each participant: engagement of community providers, appropriateness of client for services, caregiver mental health needs, and increased self-care skills.

Non-Violent Communication (NVC) Education Trial

Innovation Project 4	Total Served	Total Funding	Cost per Client
Non-Violent Communication Education Trial	**133**	**$42,214**	**$317**

Primary Purpose	Learning Activities
• Increased quality of services, including better outcomes	• Adaptation of Non-Violent Communication (NVC) to a mental health setting
Learning Goals	**Methods of Measurement**
• Will training in NVC for Transitional Aged Youth and their providers yield improved mental health outcomes (e.g.: reduction in anxiety, violence, hostility, and other barriers to treatment)?	• Pre and post class surveys • Service provider interviews (teachers, treatment staff) • NVC trainer interviews

The Non-Violent Communication (NVC) training teaches clients that all words and actions are attempts to meet basic human needs. TAYs are taught empathy, listening skills, and honesty in expressing what they are feeling and needing. They are given the language to be able to express their own feelings and needs and reflect on whether their needs are being met. They are taught to make requests rather than demands, and to view their words as tools for creating quality connections with others. The NVC Education Trial engages groups of TAYs experiencing emotional difficulties and are at risk for, or living with, serious mental health problems in NVC communication training.

This training is an early intervention strategy to reduce conflict escalation and improve communication between the TAY and their family, peers, teachers, and others. This unique approach to mental health services is anticipated to reduce stress and anger while improving communication skills and increasing overall well-being. The long-term goals of the project are improved relationships with peers and adults, and improved overall mental health. The United Way of San Luis Obispo County was selected to administer the NVC education trial, and began adapting the curriculum, developing evaluation tools, and providing outreach to agencies and programs who serve at-risk TAY. Initial classes were offered at Grizzly Youth Academy, the Independent Living Program for Foster Youth (ILP), Pacific Beach Continuation School, Lopez Continuation School, and Youth Treatment Program (YTP). Pre and post surveys were collected in order to gauge general class satisfaction and efficacy, and to inform further refinement of curricula.

As the program was continuously evaluated and the curriculum adapted to meet the specific needs of TAY, the NVC project staff realized that the target audiences were too broad. Since TAY at Grizzly and ILP do not always remain in the area for very long, there remained little opportunity for continued learning and follow-up. As a result, the projects became more focused on the YTP and Community School youth as they were likely to provide more opportunities during the remainder of the testing phase.

Wellness Arts 101

Innovation Project 5	Total Served	Total Funding	Cost per Client
Wellness Arts 101	**51**	**$40,892**	**$802**

Primary Purpose	Learning Activities
• Increase the quality of services, including better outcomes	• A for-credit college course designed for students with mental illness to develop art and whole wellness skills while meeting in a safe environment and building academic capacity
Learning Goals	**Methods of Measurement**
• Will consumers attending community college have improved academic and wellness outcomes by participating in a credited course designed for mentally ill students?	• Class participant survey • Instructor interviews • Participant and instructor reports of academic success

Wellness Arts 101 is a for-credit community college course on expressive art for students who have been engaged in or referred for mental health services. The course is offered in partnership with Cuesta College, combining academics with the opportunity to develop social and life skills while participating in a therapeutic activity.

A licensed Marriage and Family Therapist acts as program coordinator. Cuesta College developed a curriculum which uses a combination of lecture and lab components. The course outline development process involved soliciting input from numerous partners and stakeholders, including mental health consumers and service providers, college and high school counselors, and school and private therapists. Wellness Arts utilizes a team teaching approach in order to properly keep students engaged and meet the variety of emotional and educational needs in the classroom.

A stigma free enrollment process was developed, and individual meetings between the students and program coordinator are used to evaluate their current emotional functioning, their reflections about the course, and progress in school. These meetings serve not only as a check in, but also as a way to refer students to additional supportive services that they may need. In addition, Cuesta College learned that engaging higher functioning students to act as mentors to those who are not as far along in their recovery improves overall success for all participating students. This unexpected approach has become a key component of class success.

According to the Cuesta College Institutional Research Department's analysis, more students attempted and completed units following participating in Wellness Arts than prior to Wellness Arts. A total of 71% of Wellness Arts students completed at least one class in the following semester, an increase of 24%.

Service Enhancement Program

Innovation Project 6	Total Served	Total Funding	Cost per Client
Service Enhancement Project	**205**	**$137,345**	**$670**

Primary Purpose	Learning Activity
• Increase access to services	• Adaptation of Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients
Learning Goals	**Method of Measurement**
• Will improving the reception and guidance practices of County Mental Health result in better rates of follow-through amongst new clients? • Will family member and caregivers be stronger advocates when given educational and organizational material upon entering the system?	• Client and family surveys • Recording of community provider statistics

Service Enhancement Program was initially entitled the Warm Reception and Family Guidance Program. One of the first things learned about this project is that neither staff nor clients liked the title very much. As a result, a "naming contest" was held and Service Enhancement Program was the winning title. Clients, however, know the staff on a first name basis, regardless of the project title.

This project initially intended to adapt Stanford's "Cancer Concierge Services" model to serve clients entering the county mental health system. The Hearst Cancer Center was recently opened at French Hospital in San Luis Obispo and SLOBHD staff met with program administration and staff to discuss barriers, challenges, and best practices. This local model turned out to be a more applicable choice for adaptation as the population served, geographic area, resources, and size of the facility were comparable.

The intention of this program is for clients and supporting family members new to the mental health system to feel safe, secure, informed, and supported so that they may focus on treatment and recovery. The model uses elements of peer-based system navigation, and blends new intake procedures with supportive activities. The goal of this innovation is to create a coordinated "any door" policy among key mental health ports of entry, and to offer warm guidance to help link clients to the appropriate provider. SLOBHD (in partnership with TMHA) launched this program in February of 2012, placing peer support and system navigation services in the lobby of the North County Mental Health Clinic. Other activities included clinic beautification and lobby enhancements, as well as developing a local client organizer based upon the Stanford and Hearst Model.

Operation Coastal Care

Innovation Project 7	Total Served	Total Funding	Cost per Client
Operation Coastal Care	**149**	**$96,519**	**$648**

Primary Purpose	Learning Activity
• Increase access to underserved groups	• Embedding a therapist in outdoor, rehabilitative activities, non-military, and non-clinic settings
Learning Goals	**Method of Measurement**
• Will this model reduce stigma amongst veterans and their families, and/or create increased interest in seeking Mental Health services? • Will this model increase access to services for veterans and their families?	• Event rosters • Surveys • Clinician reports

Operation Coastal Care leverages resources by embedding a licensed mental health therapist within local rehabilitation programs for veterans. The Operation Coastal Care mental health therapist assesses and responds to participants' mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder. These issues are assessed both on-site during program events, and through follow-up assessment and treatment in comfortable, confidential environments. An unexpected unique opportunity arose when the San Luis Obispo County Veteran's Services Office offered office space at the Vet's Hall for the Coastal Care Therapist, adding another non-traditional, yet culturally competent setting for the therapist to identify potential veterans in need of services.

Operation Coastal Care originally planned to partner with existing AmpSurf and other local Veteran centered events. Soon after approval, frequency of local AmpSurf and other similar rehabilitative outdoor activities declined. An absence of events in the community made testing the model impossible. SLOBHD strategized with the Innovation Stakeholder Group, to address the lack of events available. The role of the Coordinator was adapted in order to leverage the many local outdoor activity resources unique to the central coast and provide physical activities and outdoor events for veterans.

The coordinator provides outreach and education to local organizations to host free events for veterans and their families. By doing so, the coordinator also educates the community and increases awareness surrounding Mental Health issues specific to veterans. The coordinator was successful in finding a number of businesses willing to donate and host events for veterans and their families. Events included horseback riding, kayaking, climbing gym, CrossFit, surfing, ziplining, and Mud Mash participation.

The Multi-Modal Play Therapy Outreach Trial

Innovation Project 8	Total Served	Total Funding	Cost per Client
The Multi-Modal Play Therapy Outreach Trial	**5**	**$73,503**	**$14,701**

Primary Purpose	Learning Activities
• Increase the quality of services, including better outcomes • Increased access to services	• A mobilized play therapist providing multi modal play therapy to underserved families throughout the county
Learning Outcomes	**Method of Measurement**
• Will multi-modal approach that includes parental choice, conducted in non-clinic settings, increase acceptance of services? • Will a mobilized model show different outcomes than those who receive clinic services?	• Rosters • Parenting Stress Index • Satisfaction survey • Clinician reports • Interviews

The Multi-Modal Play Therapy Outreach Trial pilots a parent-led, multi-modal, attachment-focused play therapy delivered in home and community settings. CAPSLO provided outreach to families currently not engaged by the public mental health system, with emphasis on providing bilingual and bicultural services for families in rural and remote areas of the county. The therapist provided services to 29 children and their families. Services were offered in homes, pre-schools, family resource centers, and elementary schools, as well as on evenings and weekends. Ninety-three percent (93%) of parents served by the program indicated that they would not have been able to get therapy for their child had it not been for the therapist being mobile. Because some of the caregivers did not want anyone in their home, or felt that an alternate place would be better for the therapist to provide therapy, CAPSLO collaborated with outside agencies to provide space for services that were accessible, safe, and comfortable for the families. Collaborative agencies included: Head Start, The Link, Community Counseling Center, Department of Social Services, and multiple school districts.

Capital Facilities & Technology

A comprehensive integrated behavioral health system that will modernize and transform clinical and administrative information systems through 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. The development project is slated to be completed in June 2015.

This project's goal is to apply current technology to modernize and transform the delivery of service. The ultimate goal is to provide more effective and efficient service, facilitating better overall community and client outcomes. The nine identified focused areas of improvement are:

- Change Control to include Configuration Management, Requirements Management and Cultural Change Management.
- Data standardization.
- Data Entry, Access and Management.
- Process/Workflow Development, Management and Support.
- Client-centric Initiatives.
- Training: on-going needs assessment, system training, and evaluation of the quality and effectiveness of training as measured by County-developed metrics appropriate to the role of the user.
- Business Partnerships based on Electronic Exchange of Data.
- Referrals and Automation of the Process.
- Improved Reporting for Management, Quality and Clinical Need.

A contract with Anasazi Software, Inc. (now Cerner, Inc.) was approved by the Board of Supervisors in May 2010, and Key Project benchmarks for 2013-2014 included:

- Managed Care Module Implemented
- Scanning Implemented
- Implemented Substance Use Outpatient Forms (Phase 2 assessments)

In the current year, 2014-2015, it is projected the SLOBHD will meet the following objectives:

- Implement PHF Forms (Phase 3 assessments)
- Implement new PHF functionality for eMAR

Also during the current year, SLOBHD added a 1.0 FTE Health Information Technician to the BHEHR support team to strengthen the infrastructure for the on-going support and maintenance of the system. The cost for the BHEHR support team continues to be shared between the divisions within Behavioral Health.

2015-16 Goals

Although the electronic health record technology project is considered fully implemented, there are some significant FY 2015-16 goals that are worth noting:

- Cerner's Progress Note enhancements including PHF Charting Notes.
- Cerner Health Information Organization functionality including Personal Health Records, Electronic Prescribing of Controlled Substances, Health Information Exchange with Laboratories and other Healthcare providers

- Initiate Meaningful Use Stage 1 procedures, data capture and reporting required to claim for Eligible Providers during the twelve month period starting January 1, 2016

The temporary Administrative Services Manager position, responsible for the oversight of the development of the BHEHR, will sunset at the end of October 2015. SLOBHD has added a 1.0 FTE Program Manager II position during the FY 2015-16 budget process to provide on-going oversight and management of the BHEHR and for the upcoming Public Health EHR (PHEHR) development. The cost of the Program Manager will be shared between Behavioral Health and Public Health.

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 income in excess of $1 million. Prior to Fiscal Year (FY) 2012-13, 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 20% 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).

For FY 2014-15 the County is projecting to spend a total of $11.5 million on MHSA programs with $8.6 million coming from MHSA revenue and $2.9 from Medi-Cal Federal Financial Participation (FFP) reimbursement, Realignment 2011 and other revenue sources. Medi-Cal revenue should increase over the next year or so as clients who are newly eligible enroll in Medi-Cal. The additional revenue will help leverage the County's MHSA funds.

MHSA revenue is projected to decrease during FY 2015-16 and slightly increase during FY 2016-17. As previously noted, MHSA revenue is generated from personal income tax which can fluctuate considerably and is dependent on the State's economy. The County takes a conservative approach in its projections and uses information provided by the California Behavioral Health Directors Association as the basis.

The summary below is the projected amount of MHSA funds that will be spent on the County's MHSA programs for FY 2015-16. This summary does not include other revenues such as Medi-Cal reimbursement (Federal Financial Participation-FFP), Realignment 2011, or insurance revenue.

FY 2015/16 Mental Health Services Act Annual Update
Funding Summary

County: San Luis Obispo

Date: 6/26/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,873,496	1,345,279	970,486	195,262	0	
2. Estimated New FY 2015/16 Funding	7,237,896	1,809,474	476,177			
3. Transfer in FY 2015/16[a/]	(566,298)			0	566,298	0
4. Access Local Prudent Reserve in FY 2015/16	0	67,608				(67,608)
5. Estimated Available Funding for FY 2015/16	13,545,094	3,222,361	1,446,663	195,262	566,298	
B. Estimated FY 2015/16 MHSA Expenditures	6,839,314	2,143,533	709,916	71,128	566,298	
G. Estimated FY 2015/16 Unspent Fund Balance	6,705,780	1,078,828	736,747	124,134	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	2,813,066
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	(67,608)
4. Estimated Local Prudent Reserve Balance on June 30, 2016	2,745,458

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): FY 2014-15 projected expenses for CSS is estimated at $8.1 million with $5.7 million funded through MHSA revenue and $2.4 from Medi-Cal FFP, Realignment 2011, and other revenues.

A transfer in the amount of $537K is expected to be transferred to the CFTN component to fund the final phase of the Behavioral Health Electronic Health Record (BHEHR) during FY 2014-15. This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

Future on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between the divisions in Behavioral Health. The County is estimating that an average of $565K will be needed in annual CSS transfers to CFTN to help support those costs over the next two fiscal years.

New in FY 14-15: As detailed in the Executive Summary, the CSS budget now includes the addition of the Latino Outreach Program and Mobile Crisis services which were previously budgeted under the PEI component.

The chart below summarizes the FY 2015-16 budget for CSS and includes all revenue sources:

FY 2015/16 Mental Health Services Act Annual Update

Community Services and Supports (CSS) Funding

County: San Luis Obispo Date: 6/26/15

	Fiscal Year 2015/16					
	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. Youth FSP	489,810	45,316	250,111	0	194,383	0
2. TAY FSP	736,311	435,996	169,316	0	130,919	80
3. Adult FSP	2,332,692	1,861,890	421,111	0	0	49,691
4. Older Adult FSP	342,878	209,117	131,761	0	0	2,000
Non-FSP Programs						
1. General System Development: Wellness & Recovery	1,435,154	953,604	344,632	0	77,759	59,159
2. General System Development: Latino Services	780,888	427,336	239,488	0	113,064	1,000
3. General System Development: Crisis & Aftercare	1,467,515	1,148,578	315,737	0	0	3,200
4. General System Development: School & Family Empowerment	721,201	425,941	175,480	0	115,780	4,000
5. General System Development: Forensic Mental Health Services	5,000	5,000	0	0	0	0
6. Outreach & Engagement	994,962	846,134	103,085	0	0	45,743
CSS Administration	504,118	480,402	23,716			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	9,810,529	6,839,314	2,174,437	0	631,905	164,873
FSP Programs as Percent of Total	57.0%					

Prevention and Early Intervention (PEI): FY 2014-15 projected expenses for PEI is estimated at $2 million with the majority of the funds coming from MHSA. The MHSA Stakeholder group approved the allocation of $67,308 annually to CalMHSA to help support statewide PEI projects.

New in FY 14-15: As detailed in the Executive Summary, the Latino Outreach Program and Mobile Crisis services that were previously included under PEI have been moved into CSS.

The chart below summarizes the FY 2015-16 budget for PEI and includes all revenue sources:

FY 2015/16 Mental Health Services Act Annual Update

Prevention and Early Intervention (PEI) Funding

County: San Luis Obispo Date: 6/26/15

	Fiscal Year 2015/16					
	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. MH Awareness & Stigma Reduction	262,777	262,777				
2. School Based Wellness	751,500	751,500				
3. Family, Education, Training & Support	99,000	99,000				
4. Early Care & Support for Underserved	343,620	343,620				
5. Integrated Community Wellness	182,858	182,858				
PEI Programs - Early Intervention						
1. Integrated Community Wellness	118,820	118,820				
PEI Administration	317,650	317,650				
PEI Assigned Funds	67,308	67,308				
Total PEI Program Estimated Expenditures	2,143,533	2,143,533	0	0	0	0

Innovation: FY 2014-15 projected expenses for Innovation is estimated at $582K and is fully funded by MHSA revenue. The first round of Innovation projects are set to completed at the end of FY 2014-15. The Community Planning Process has begun for the next round of Innovation programs. The budget for FY 2015-16 is based on anticipated Innovation revenue over the next year and is yet to be determined by Stakeholders and approved by the Mental Health Services Oversight and Accountability Commission.

The chart below summarizes the FY 2015-16 budget for Innovation and includes all revenue sources:

FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: San Luis Obispo Date: 6/26/15

	Fiscal Year 2015/16					
	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	575,000	575,000				
INN Administration	134,916	134,916				
Total INN Program Estimated Expenditures	709,916	709,916	0	0	0	0

Workforce, Education and Training (WET): FY 2014-15 projected expenses for WET are estimated at $159K with $99K from MHSA revenue and the remaining from Medi-Cal FFP and Realignment 2011 revenue. The County is estimating the initial WET allocation will be depleted by the end of FY 2016-17. This date was pushed back a fiscal year due to higher than anticipated revenue being generated in the Internship program and expenses coming in lower than budgeted. The MHSA Stakeholder group will convene to determine next steps with the programs under WET.

The chart below summarizes the FY 2015-16 budget for WET and includes all revenue sources:

FY 2015/16 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: San Luis Obispo Date: 6/26/15

	Fiscal Year 2015/16					
	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	12,500	12,500	0	0	0	0
2. E-Learning	19,000	19,000	0	0	0	0
3. Crisis Intervention Training	6,950	6,950	0	0	0	0
4. Cultrual Competence	3,000	3,000	0	0	0	0
5. Co-Occurring Training	0	0	0	0	0	0
6. CASRA	0	0	0	0	0	0
7. Internship Program	85,200	9,194	42,742	0	33,264	0
8. Stipends & Scholarships	0	0	0	0	0	0
WET Administration	20,484	20,484				
Total WET Program Estimated Expenditures	147,134	71,128	42,742	0	33,264	0

Capital Facilities and Technological Needs (CFTN): FY 2014-15 projected expenses for CFTN is estimated at $634K. By the end of the fiscal year, $537K is expected to be transferred from CSS to CFTN to fund the final phase of the Behavioral Health Electronic Health Record (BHEHR). This amount meets the guidelines of Welfare and Institutions Code 5892 (b).

Future on-going maintenance costs for the system, such as updates, annual license renewals, training, and technical support will be shared between the divisions in Behavioral Health based on number of users. The County is estimating that $565K will be needed in CSS transfers to CFTN to help support those costs during FY 2015-16.

The BHEHR project is expected to be completed by June 30, 2015. The estimated total cost for the BHEHR is $3.7 million, which is in-line with what was approved by the Department of Mental Health and the County's Board of Supervisors.

The chart below summarizes the FY 2015-16 budget for CFTN and includes all revenue sources:

FY 2015/16 Mental Health Services Act Annual Update

Capital Facilities/Technological Needs (CFTN) Funding

County: San Luis Obispo Date: 6/26/15

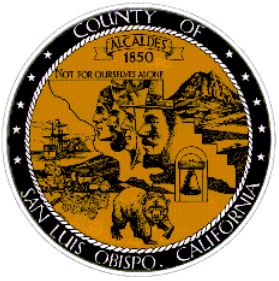
	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Technological Needs Projects						
1. EHR On-Going Support - CSS Transfer	692,749	566,298				126,451
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	692,749	566,298	0	0	0	126,451

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 are not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year. The balance at the end of FY 14-15 is estimated to be $2,813,066.

During FY 2015-16 $67,608 will be moved from the PEI prudent reserve to the County's PEI trust account to fund its share of CalMHSA support for the year. MHSA revenues are projected to be lower than in previous years during FY 2015-16, and therefore, meets the requirement to use the funds.

Appendix

Appendix A



NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
And
NOTICE OF PUBLIC HEARING

San Luis Obispo County
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: San Luis Obispo County Behavioral Health Department

WHAT: The MHSA Fiscal Year 2015-2016 Annual Update and Three-Year Plan for Fiscal Years 2014-17, is available for a 30-day public review and comment from May 16 through June 17, 2015.

HOW: To review the proposed plan,

Visit: http://www.slocounty.ca.gov/health/mentalhealthservices.htm

To Submit Comments or Questions:

https://www.research.net/s/2015-2016_MHSA_Annual_Update_Public_Comment

Comments must be received no later than June 17, 2015.

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 2015-2016 Update to the Three-Year Plan for Fiscal Years 2014-17.

WHEN: Wednesday, June 17, 2015, 3:00 p.m.

WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

FOR FURTHER INFORMATION:
Please contact Frank Warren, (805) 788-2055, fwarren@co.slo.ca.us

Appendix B

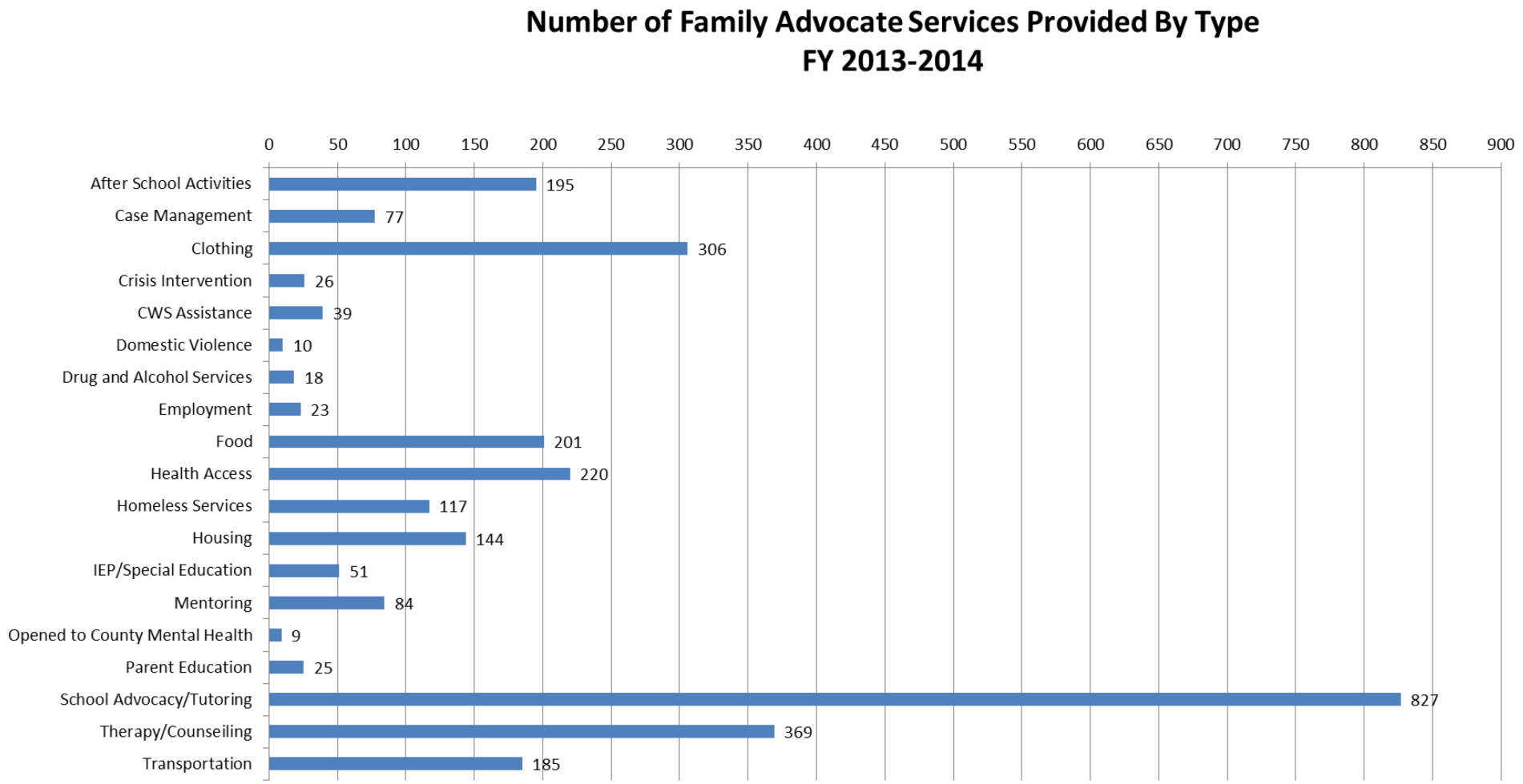
30-Day Review Substantive Comments

The Annual Update 30-day public review concluded with a Public Hearing on June 17, 2015 as part of the monthly Behavioral Health Board Meeting. At that meeting the highlights of the Annual Update were provided by Frank Warren, and Board members and the public were invited to ask questions or make comments. At the meeting the Department received two written comments from Board members praising the Update and the efforts of the MHSA teams.

"*I'm impressed with the comprehensive overview and data included in the Update. Thank you for including information on the Latino Outreach Program and the Crisis Resolution Team. I look forward to seeing the outcomes next year as a result of the efforts of the Crisis Resolution Team. Great job on the Update and to the County Behavioral Health Staff in serving the community of San Luis Obispo*."

"*Good distribution of resources across multiple populations; good outcomes for Latino community. Excellent addition of Crisis Resolution Team. Thank you for your outstanding work and support to the community*."

Appendix C


Number of Family Advocate Services Provided By Type
FY 2013-2014
0
50
100
150
200
250
300
350
400
450
500
550
600
650
700
750
800
850
900
After School Activities 195
Case Management 77
Clothing 306
Crisis Intervention 26
CWS Assistance 39
Domestic Violence 10
Drug and Alcohol Services 18
Employment 23
Food 201
Health Access 220
Homeless Services 117
Housing 144
IEP/Special Education 51
Mentoring 84
Opened to County Mental Health 9
Parent Education 25
School Advocacy/Tutoring 827
Therapy/Counseling 369
Transportation 185

Appendix D

Student Assistance Program Survey 2013-14
n-217
Percentage of Increase or Decrease

Protective Factors	Increase
I am involved in activities outside of class	+22.62%
If I had a personal problem, I could ask my mom or dad (or other family member) for help	+ 28.07%
I have a good relationship with my parents	+16.03%
I feel good about myself	+26.29%
I think about the consequences to my actions	+38.55%
I'm accepting of people who are different than me	+12.50%
It is easy for me to talk to people I don't know very well.	+30.13%
If I were bullied or harassed, I feel confident in my ability to handle the situation	+25.57%
I feel confident in my ability to cope with stress, depression and anxiety	+35.37%
I enjoy being at school	+25.56%
I understand that alcohol is harmful to me.	+7.28%
I understand that marijuana is harmful to me.	+9.62%
I understand the misuse of prescription drugs is harmful to me.	+6.37%
My grades are (as converted to GPA) (scored as estimate of self-reported GPA)	+24.22%
Risk Factors	**Decrease**
The number of times I got into a physical fight or threatened someone is	-22.98%
The number of times I used marijuana is	-19.33%
The number of times I used alcohol is	-16.67%
The number of times I used other drugs is	-3.81%
The number of times I have misused prescription drugs is	-8.77%
The amount of time I've hurt myself on purpose	-24.84%
The number of times I have seriously thought about suicide is	-21.19%
How many days were you absent?	-22.14%
Of your closet friends, how many have ever used alcohol or other drugs?	-5.31%

Appendix E

Evaluation of Innovation component activities, 2011-2014

Executive Summary

The Innovation component of MHSA is the most unique. An Innovation project is one that contributes to learning, rather than providing a service. Innovation projects must be new and creative, and not duplicated in another community. Innovation funding was created for the purpose of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.
The development of the County's original Innovation plan was overseen by an Innovation Stakeholder group, which was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The MHSOAC approved the plan in March of 2011.

Following, is a summary of the eight Innovation projects as originally proposed, and evaluated herein. The County's 2011 Innovation plan can be viewed via the web link below:
http://www.slocounty.ca.gov/Assets/MHS/SLO_County_+Innovation_2_11.pdf

System Empowerment for Consumers, Families, and Providers (Work Plan #1) creates and approach to mutual learning and enhanced collaboration among consumers, family members and mental health providers. Key elements of this program include a trust building retreat followed by mutual development of a core training program and curriculum for participants within the public mental health system. Behavioral Health also expects the pilot to initiate policies that enhance the training and education of mental health providers.

The Atascadero Student Wellness Career Project (Work Plan #2) was initiated by San Luis Obispo County high-school students, and intends to engage high school youths' interest, capacity, and skills to provide mental health supports to peers. The Atascadero Student Wellness Career Project will create a peer counseling model with a public health emphasis that includes a youth-directed stigma reduction campaign and exposes students to behavioral health education and careers. By placing a public mental health system provider on the Atascadero High School campus and training peer counselors to use the Screening and Brief Interventions tool, this wellness project is unique to other known models.

Older Adult Family Facilitation (Work Plan #3) aims to create forward-looking solutions that enhance choice, safety, comfort, support, and well-being for older adults. The Older Adult Family Facilitation model will combine elements from Child Welfare Services' Family Group Decision Making (FGDM) and Elder Mediation, with emphasis on creating meaningful connections to a broad range of community resources and supports for older adults and their families. This Innovation project intends to fill service gaps between existing MHSA Older Adult programs.

The Nonviolent Communication SM (NVC) Education Trial (Work Plan #4) adapts a communication method, now used in business, education, juvenile justice, and mediation settings, as an early intervention practice for transition-age youth with serious mental illness and their families. The model will include education and support groups which focus on youth identified as not amenable to treatment and challenged in recovery because of aggression, conflict, and/or difficulties communicating.

Wellness Arts 101 (Work Plan #5) was developed by and created for college students with mental illness. This program is a for-credit community college course on expressive art for students who have been engaged in or referred for mental health services. The course, to be offered in partnership with Cuesta College, combines academics with the opportunity to develop social and life skills while participating in a therapeutic activity.

Warm Reception and Family Guidance (Work Plan #6) will adapt Stanford's "Cancer Concierge Services" model to serve Behavioral Health clients. The intention is for clients newly referred to the mental health system and supporting family members, to feel safe, secure, informed, and supported so that they may focus on treatment and recovery. The model uses elements of peer-based system navigation, and blends new intake procedures with supportive activities. The goal of this innovation is to create a coordinated "any door" policy among key mental health ports of entry and staff; to offer warm guidance to help link clients to the appropriate provider.

Operation Coastal Care (Work Plan #7) leverages resources by embedding a licensed mental health therapist within an existing local rehabilitation program for veterans and other high-risk individuals. The Operation Coastal Care mental health therapist will assess and respond to participants' mental health issues such as depression, anxiety, addiction, and PTSD, both on-site during program events and through follow-up assessment and treatment in comfortable, confidential environments. MHSA funds only support mental health aspects of the program which will also be made available to participant's family members.

Multi-Modal Play Therapy Outreach Trial (Work Plan #8) pilots an innovative approach to a parent-led, multi-modal, attachment-focused play therapy delivered in home and community settings. The proposed program is designed for children and their parents currently not engaged by the public mental health system, with emphasis on providing services for families in rural and remote areas of the county. As parent and caregiver input and feedback is at the core of this approach, therapists will not identify the first modality or its progression until parents have had the opportunity to experience all three therapy models and provide input to their child's treatment plan. Parents participating in the trial will have an opportunity to learn about and be referred to resources and supports throughout the community.
The learning curve was steep, as the concepts of Innovation had to be approved by local leadership, and policies surrounding these unique projects had to be developed. The Board of Supervisors approved funding for the Innovation projects in June 2011, and project development began in July 2011. SLOBHD worked with Human Resources, County Counsel, and Purchasing in order to develop recruitment, procurement and contracting procedures specific to the unique nature of these projects.

Because the individual projects are diverse and possess unique challenges, and each project operates on a separate timeline, implementation of each project was staggered. This was a result of various factors including project scope, staffing requirements, and other unexpected barriers to implementation. In July of 2013, SLOBHD provided the MHSOAC with an updated timeline which includes the adjusted starting and ending dates for all projects; this includes time for evaluation and wrap up.

SLOBHD provided extensive technical assistance to community and in-house providers in areas such as: project development, measurement of learning and data collection. SLOBHD also developed an Innovation Learning Collaborative as a way for providers to share common themes among the projects and help one another overcome common barriers to implementation of the testing phase.

An external evaluator, Becca Carsel, M.S., was selected via county procurement processes, and the evaluation of the Innovation projects is now complete. Highlights of the evaluation include the following key findings per project:

System Empowerment for Consumers, Families, and Providers (Work Plan #1)

- *Following the retreat, almost everyone used superlatives like "excellent" and "wonderful," to describe the retreat and "hopeful" and "encouraged" to describe their own feelings. One peer said that their favorite part was: "Getting to hear everyone's ideas for a change. Please let's do this again."*

The Atascadero Student Wellness Career Project (Work Plan #2)

- *Students who used the Wellness Center frequently (at least three times for supportive services during 2013-14) reported large increases in knowledge of resources and how to handle their own mental health issues.*

Older Adult Family Facilitation (Work Plan #3)

- *According to client self-report in a retrospective survey (n=14), overall levels of emotional distress fell from a mean of 4.1 on a scale of 1 (low distress) to 5 (high distress) to a mean of 3.7. Sense of well-being increased from a mean of 3.1 to 3.6 exit on a scale of 1 (low) to 5 (high).*

The Nonviolent Communication SM (NVC) Education Trial (Work Plan #4)

- *According to both Youth Treatment Program (YTP) residents and staff, NVC activities at YTP were able to improve partnerships between many of the resident youth and their staff caregivers.*

Wellness Arts 101 (Work Plan #5)

- *Eight of the nine students interviewed reported at least one improved school outcome that they attributed directly to having taken the Wellness Arts class. Four students thought that the class had helped their grades.*

Warm Reception and Family Guidance (Work Plan #6)

- *Family members indicated in interviews that they also felt more self-sufficient and able to navigate the behavioral health system. Clinicians responded that clients have taken steps toward self-sufficiency as a result of the program.*

Operation Coastal Care (Work Plan #7)

- *In post-event surveys, participants reported that they had become more informed about behavioral health resources and also reported a high level of likelihood that they would access those resources as a result of the increased knowledge acquired at the events.*

Multi-Modal Play Therapy Outreach Trial (Work Plan #8)

- *Positive changes were seen for aggressive children, with decreases in aggression over the course of therapy. The children who were most aggressive initially had the largest decrease from entry to exit.*

SLOBHD has applied the lessons learned during the first round of Innovation to streamline, properly plan, and better implement, timelines for future projects. Community planning for future innovation plans is currently underway, and the submittal of a new Innovation plan is anticipated to follow the evaluation in 2015-2016.

http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm