ATTACHMENT A
MHSA Plan Annual Update for FY 24-25

SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

SANTA BARBARA COUNTY MENTAL HEALTH SERVICES ACT

ANNUAL UPDATE FY 24-25
FOR THE 2023-2026 THREE YEAR PLAN

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Section A: Compliance Certification

MHSA County Compliance Certification

County: Santa Barbara

Local Mental Health Director	**Program Lead**
Name: Antonette Navarro	Name: Natalia Rossi
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Email: anavarro@sbcbwell.org	Email: nrossi@sbcbwell.org
County Mental Health Mailing Address	
Santa Barbra County Department of Behavioral Wellness	
300 N. San Antonio Road	
Santa Barbara, CA 93110	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statues of the Mental Health Services Act in preparing and submitting annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 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

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.

Antonette Navarro, LMFT

DocuSigned by:
Antonette "Toni" Navarro
2095C5A16FE1474...

Local Mental Health Director/Designee (PRINT)

Signature

County: Santa Barbara

Date: 3/14/2024

Section A: Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: Santa Barbara

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

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: Antonette Navarro	Name: Betsy Schaffer
Telephone Number: 805-681-5220	Telephone Number: (805) 568-2100
Email: anavarro@sbcbwell.org	Email: bschaffer@co.santa-barbara.ca.us
Local Mental Health Mailing Address: Santa Barbara County Department of Behavioral Wellness, 300 N. San Antonio Rd., Santa Barbara, CA 93110	

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 other counties in future years.

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

Antonette Navarro	DocuSigned by: Antonette Navarro 2095C5A16FE1474...	3/28/2024
Local Mental Health Director (PRINT)	Signature	Date

I hereby certify that for the fiscal year ended June 30, 2023, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____for the fiscal year ended June 30, 2023. I further certify that for the fiscal year ended June 30, 2023, the State MHSA distributions were recorded as revenues in the local MHS Fund; that CountylCity MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the CountylCity 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 the attached report is true and correct to the best of my knowledge.

Betsy Schaffer, CPA, CPFO	DocuSigned by: 825AE342FF7B425...	4/2/2024
County Auditor/Controller/City Financial Officer (PRINT)	Signature	Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update and RER Certification (02/14/2013)

About the Mental Health Services Act

In November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA). This act was designed to expand and transform California's county mental health service system by imposing an additional one percent tax on solely individual taxable income in excess of 1 million dollars. Becoming law in January 2005, the MHSA represented the culmination of a serious of efforts in California to provide better coordinated and more comprehensive care to those with serious mental illness, particularly in underserved populations.

Additionally, the MHSA has proven an effective vehicle for leveraging funding and developing integration; opportunities further enhanced through the implementation of the Affordable Care Act. The key to obtaining true systematic transformation and integration is to focus on the five MHSA Guiding Principles that are outlined in the MHSA regulations.

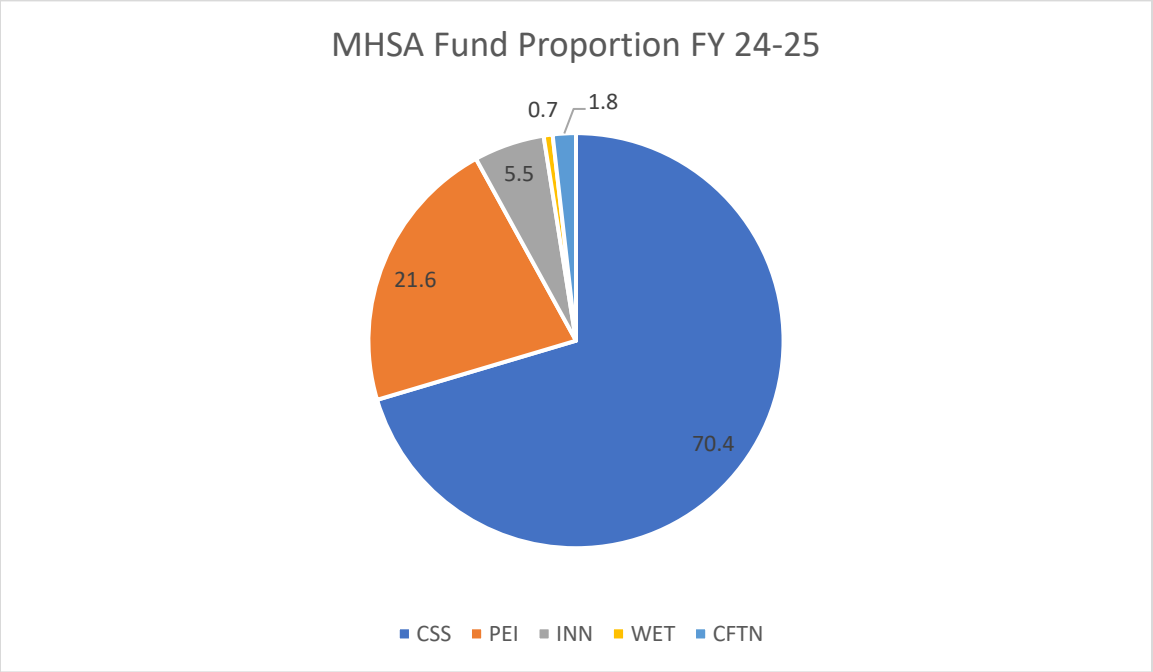
The five MHSA Guiding Principles, which direct planning and implementation activities, are defined as such:

1. Cultural Competence-Services should reflect the cultural values, customs, beliefs, health and languages of the populations served, provide services in the preferred language and eliminate disparities in service access;
2. Community Collaboration- Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education;
3. Client, Consumer, and Family Involvement- Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery and evaluation;
4. Integrated Service Delivery- Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families; and
5. Wellness and Recovery- Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

To receive funding, Counties are required to develop three-year plans that are consistent with the requirements outlined in the Mental Health Services Act. Counties are also obligated to collaborate with community stakeholders to develop plans that are consistent with the MHSA Principles. During the three-year plan, a yearly plan update must be completed every year after the posting of the three-year plan.

Santa Barbara County Department of Behavioral Wellness is applying MHSA funds in following proportion for FY 24-25:

1. Community Services and Supports (CSS); $32,162,900; 70.4% of MHSA budget
2. Prevention and Early Intervention (PEI); $9,879,052; 21.6% of MHSA budget
3. Workforce Education and Training (WET); $300,000; 0.7% of MHSA budget
4. Capital Facilities (Buildings) and Technological Needs (CF/TN): $815,500; 1.8% of MHSA Budget
5. Innovation; $2,498,300; 5.5% of MHSA Budget



Please Note: For clinics operated by Behavioral Wellness, a portion of the budget will be allocated to providing bus passes and other transportation costs to ensure that clients have adequate access to appointments and treatment services. The bus passes will be made available to clients enrolled in the MHSA programs providing service.

CSS, PEI and Innovation categories have ongoing funding streams, although MHSA guidelines call for changing Innovation projects every few years. The CSS component consists of three funding categories: Outreach and Engagement, General System Development and Full-Service Partnerships (FSP). MHSA requires that counties allot at least 51% of CSS funds to Full-Service Partnerships. MHSA similarly requires that 20% of total funds be allocated to PEI, and within that allocation, 51% of the funds be used for Children and Transition-Age Youth (TAY) services. The WET and CF/TN categories were intended to be time-limited, and, once expended, are closed unless the County elects to transfer monies from the CSS funding stream into WET

and/or CF/TN. In FY 24-25 BWell intends to make a one-time transfer from CSS to WET to fund workforce training and retention.

Proposition 1: Significant Changes to MHSA Ahead

Proposition 1, passed by a narrow margin in March 2024, signifies major shifts in the landscape of mental health services and substance use treatment in California.

The proposition redefines the framework established by the Mental Health Services Act in 2004, now rebranded as the Behavioral Health Services Act (BHSA).

As Santa Barbara County gears up to comply with new BHSA regulations staring July 2026, it is important to note that this transition does not come with new funding. We will navigate the task of expanding certain services while redefining BHSA support for other programs, including prevention initiatives, workforce support and primary treatment.

The initial planning for theses service adjustments have begun internally at BWell, with a comprehensive planning process slated for early 2025. The implementation of BHSA will commence with the FY 26/27-28-29 Three-Year Plan.

Section B: Description and Characteristics of County

I. County Demographics

Santa Barbara County has a mountainous interior abutting several coastal plains on the west and south coasts of the county. The largest concentration of population in Santa Barbara County is on the southern coastal plain, referred to as the "south coast" – meaning the part of the county south of the Santa Ynez Mountains. This region includes the cities of Santa Barbara, Goleta, and Carpinteria, as well as the unincorporated areas of Hope Ranch, Summerland, Mission Canyon, Montecito and Isla Vista, along with stretches of unincorporated areas such as Noleta. North of the Santa Ynez range in the Santa Ynez Valley are the towns of Santa Ynez, Solvang, Buellton, Lompoc; the unincorporated towns of Los Olivos and Ballard; the unincorporated areas of Mission Hills and Vandenberg Village; and Vandenberg Space Force Base, where the Santa Ynez River flows out to the sea. North of the Santa Ynez Valley are the cities of Santa Maria and Guadalupe, and the unincorporated towns of Orcutt, Los Alamos, Casmalia, Garey, and Sisquoc. In the extreme northeastern portion of the county are the small cities of New Cuyama, Cuyama, and Ventucopa. As of January 1, 2006, Santa Maria has become the largest city in Santa Barbara County.

The 2020 Census population of Santa Barbara County is 448,229 persons, increasing by 5.7 percent or 24,334 persons since 2010. The proportion of Santa Barbara County's population relative to the state population has declined since 1970. For essential programs and services that rely on population to distribute funds, a lower percentage represents a smaller proportion of Statewide population and potential funding. According to the U.S. Census, Santa Barbara County's poverty rate hovers over 14%.

In the City of Santa Barbara, the poverty rate is 13% and the population is 88,665 persons, as per the 2020 Census. Hispanic/Latino residents make up 36.1% of the population, 1.4% of residents are Black or African American, 3.7% of residents are Asian, 0.1% of residents are Native Hawaiian or Other Pacific Islander, 55.1% of residents are White alone, not Hispanic or Latino, and 12.8% of residents are Two or More Races, meaning that they identify in more than one of the census categories.

According to the 2020 U.S. Census, with a population of slightly more than 109,000, Santa Maria's poverty rate is at 13.5%. In Santa Maria, Hispanic/Latino residents make up more than 77.8% of the population, 1.3% of residents are Black or African American, 4.7% of residents are Asian, 0.0% of residents are Native Hawaiian or Other Pacific Islander, 15% of residents are White alone, not Hispanic or Latino, and 28.5% of residents are Two or More Races, meaning they identify in more than one of the census categories.

Conversely, according to the 2020 U.S. Census, with a population of slightly more than 44,000, Lompoc poverty rate is 17.2%. In Lompoc, Hispanic/Latino residents make up more than 61.3%

of the population, 3.6% of residents are Black or African American, 3.6% of residents are Asian, 0.2% of residents are Native Hawaiian or Other Pacific Islander, 28.6% of residents are White alone, not Hispanic or Latino, and 21.4% of residents are Two or More Races, meaning that they identify in more than one of the census categories.

(Retrieved from Wikipedia, US Census and World Population Review).

Santa Barbara County Demographics

Age Group	% of Total	Race	% of Total	Language Spoken	% of Total	Threshold (Y/N)
Persons Under 5 years	5.9	White	85	English	60.1	No
Persons under 18 years	21.9	African American	2.4	Spanish	32.63	Yes
18-64 yrs.	55.5	Asian	6.1	Asian or Pacific Islander Languages	3.79	No
65 & older	16.7	Pacific Islander	0.3	Other Indo-European Language	2.62	No
		Native American	2.2			
		Other	4.1			
		Unknown	n/a			
Military Status	**% of Total**	**Ethnicity**	**% of Total**			
Veteran	4.04%	Hispanic	46.62			
		Non-Hispanic	53.38			

II. Who We Serve: Assessment and Narrative Analysis of Mental Health Needs

In order to assess the mental health needs of MHSA-eligible populations, we reviewed Santa Barbara County demographic data; Santa Barbara County Mental Health Plan Medi-Cal Eligible population (MHP) data; Santa Barbara County Homeless Management Information System (HMIS) data; Santa Barbara County Mental Health Services Community Services and Supports (CSS) data; and additional demographic information on Mixteco-speaking populations.

Narrative Analysis of Mental Health Needs Including Identification of Issues:

Unserved:

1) Individuals who may have serious mental illness and/or serious emotional disturbance and have had only emergency or crisis-oriented contact with and/or services from the County.

Data:

Total Number of Unique Clients with a Crisis Service in FY 22/23	2313
Medi-Cal YES clients	1,660
Medi-Cal NO clients	653
ALL clients with 0 follow-up services	1531
ALL clients with 1-2 follow-up services	99
ALL clients with 3+ follow-up services	683
WITH MEDI_CAL clients with 0 follow-up services	923
WITH MEDI_CAL clients with 1-2 follow-up services	72
WITH MEDI_CAL clients with 3+ follow-up services	665

Analyzing Data Sources: BWell examined the number of unique clients that received a crisis intervention and compared this with the number of clients with follow-up services after a crisis intervention. This data shows that there are 737 Medi-Cal eligible individuals that did not receive additional services. This is the unserved population that we are prioritizing. Additional data is needed, including data on how many attempts there were to engage individuals in services post-crisis intervention. Also, data is needed for persons with Serious and Persistent Mental Illness that receive emergency room services and do not receive follow up services.

Identification of Issues: The most prominent issue is providing more behavioral health services post-crisis to those that receive a crisis intervention. Starting in January of 2024, the Crisis Services Team now provides a follow up interaction to all individuals post-crisis intervention. The Crisis Services Team is now receiving additional Motivational Interviewing training to try and persuade more individuals post-crisis to engage in services. Starting July 2024, BWell will also have a Peer Access Team that will engage all new clients. One of the goals of this program is to engage more individuals post-crisis and help new clients engage in BWell services.

2) Adults with severe mental illness who are involved with the justice system after they are released from incarceration.

Data: The needed data is the population that is incarcerated in this County that has a Serious and Persistent Mental Illness and that is getting offered a discharge plan that includes behavioral health services upon release. Currently, we receive data on those that are incarcerated with a Serious and Persistent Mental Illness and are referred to our Justice Alliance Full Service Partnership. This is a subset of the total population needing our services; we do not currently have data on everyone with a Serious Mental Illness who is eligible for BWell services upon release.

Analyzing Data Sources: BWell will be determining what additional data we need to collect. Starting Fiscal Year 2024-25, BWell will be providing services for the purpose of linkage through PATH 3 grant funding. PATH 3 is a new grant funding incentive for Behavioral Health departments to begin allocating or hiring staff who specifically provide services to justice involved individuals for discharge planning and re-entry services. (DHCS Website). BWell will be assisting in developing discharge plans for those in the Behavioral Health Unit prior to discharge from County Jail in collaboration with the Sheriffs' and Probation Departments. Beginning in FY 2024-25, we will report on how many people were eligible for BWell services, and can then compare these numbers to how many people received services from BWell post-incarceration.

Identification of Issues: The most prominent issues deterring BWell from adequately serving this population are not knowing how many people leaving incarceration are eligible for BWell services, and therefore not providing enough access to BWell services. Starting in FY 24-25, BWell will begin having staff members provide discharge planning and additional resources to help identify everyone that is justice involved and eligible for BWell services. Once identified, we will help them reach those services by providing additional supports like transportation to help access services.

Underserved/Inappropriately Served:

1) Hispanic/LatinX Population:

Data: 46.6% of Santa Barbara County residents identify as Hispanic/LatinX. Santa Barbara Census data cites that 33% of people residing in Santa Barbara County primarily speak Spanish. Spanish is a threshold language for Santa Barbara County. Examining Medi-Cal eligible population data for Santa Barbara County, we can identify that we are underserving Hispanic/LatinX population. Our County's penetration rate for Hispanic/ LatinX populations is 2.06% compared with the State Penetration rate of 3.51%, and mid-sized county average penetration rate of 2.86%. Using Workforce Needs Assessment data, 22% of staff with Direct Client contact were identified as Bilingual.

Analyzing Data Sources: We can identify that both the Spanish speaking and Hispanic/LatinX communities are underserved by our Department, particularly Adults ages 25-59 and Older Adults ages 60+. For complete demographic information broken down by age group, please see the tables below.

Identification of Issues: Increasing our penetration rates with Hispanic/LatinX populations is a priority for our Department. Of special concern is that over the last three years, our penetration rate decreased, despite increased outreach activities during this time period to Hispanic/LatinX populations.

We have identified that the most prominent issues deterring Hispanic/LatinX populations from receiving services is that they do not know about our services, do not know when to seek our services, and have difficulty accessing our services. We need to provide specific outreach to LatinX communities from trusted members of their community on how and when to access our resources; recruit more Spanish and Mixteco speaking direct service providers, and have our outpatient clinics open outside of traditional business hours to remedy these issues.

In FY 24-25 we are planning to contract with a new provider to provide services for increasing the recognition of early signs of mental illness for LatinX and Spanish speaking populations in South County. We currently have a provider for outreach on increasing the recognition of early signs of mental illness in North County, but were missing a provider for this service in South County.

We are piloting extended hours at our Santa Maria clinic to ease availability of services for working clients and families and are specifically advertising these new service hours to LatinX communities. We have created new Access Line materials in Spanish that outline how and when to access our services and are training community-based organizations that work with LatinX and Spanish speaking communities in Santa Barbara County on using and promoting these materials. We are also prioritizing increasing bilingual staff with direct client contact to help meet the needs of Spanish speaking populations in Santa Barbara County.

2) Native American Population

Data: Examining Medi-Cal eligible population data for Santa Barbara County, we can identify that we are underserving the Native American population in Santa Barbara County. Our Department's penetration rate for Native American populations is 4.8% compared with the State rate of 5.94%. Our penetration rate is similar to other mid-sized counties, but we have a larger than average Native American population in Santa Barbara County and have a Native American Reservation located in our County. Because we are not serving this population at the same rate as other counties state-wide, we can identify the Native American population as underserved in our County.

Analyzing Data Sources: We can identify that Native American populations, particularly the age groups for Transitional Age Youth 16-25 and Older Adults 60+, asundeserved. For complete demographic information broken down by age group please see the tables below.

Identification of Issues: We are prioritizing increasing our penetration rates with Native American populations. We have identified that Native American populations do not know about our services, experience barriers to accessing our services, and do not always feel comfortable self-identifying as Native Americans; these are the most prominent issues deterring Native Americans from accessing our services.

We have increased the services that we contract with the Santa Ynez Tribal Health Clinics (SYTHC) to now include outreach to Native American communities in the Lompoc and Santa Maria areas; this way, trusted community members can lead in educating and promoting access to BWell services. Santa Ynez Tribal Health Clinics are now providing culturally relevant prevention services to Native American population and increasing education outreach for increasing recognition of early signs of mental illness. We are working with the SYTHC to try to increase awareness of how and when to access our Department services through new Access Line materials that are user friendly. We are also increasing promotion of our Department and information about how and when to access our services at events that are hosted by and targeted to Native American populations. SYTHC has noted that they often encounter Native Americans who choose not to identify their native American heritage and instead choose to identify as Hispanic/ LatinX because it is “easier.” We are looking at ways we can partner with SYTHC and the local Tribal Authority to increase awareness and reduce stigma surrounding identifying as Native American.

3) Mixteco Speaking Population

Data: Mixtec populations are not identified in Medi-Cal eligible population data and census demographic data. Using data provided by Mixteco Indegena Community Organizing Project (MICOP) we estimate that there are 25,000 Mixtec persons living in Santa Barbara County.

Analyzing Data Sources: We currently do not track demographic data on behavioral health services for Mixtec populations; instead, they would be categorized as Hispanic/LatinX. We currently do not track data on how many staff with direct client contact speak Mixteco. Analyzing the available data and acknowledging that additional data information is needed, we can identify Mixteco speaking populations as underserved by our Department.

Identification of Issues: The most prominent issues we have identified are that Mixtec populations do not know about our services, do not know how to recognize mental illness, do not know when to seek services and have difficulty accessing our services in Mixteco.

We are addressing this deficit by intending to contract with a local organization to provide outreach on recognition of early signs of mental illness in North County to Mixteco-speaking

communities. We are expanding outreach to North County because over 95% of Mixteco speakers reside in North County in the Santa Maria and Guadalupe areas. Outreach workers will provide prevention services in Mixteco and will educate Mixteco speaking populations about when and how to access behavioral health services from our Department. All of our direct services providers can and do use interpretation services when working with Mixteco speaking individuals. However, direct service providers that could speak Mixteco would be able to provide ease and cultural understanding for Mixtec populations. Hence, our Department is looking at ways to incentivize Mixteco-speaking individuals to work for our Department in direct services positions. Methods being considered include offering a tri-lingual salary bonus for staff that speak English, Spanish and Mixteco. To start to create pipelines for Mixteco speaking people to enter public mental health services careers, this year, we sponsored scholarship funds for Mixtec youth entering college and provided them with information about public mental health career pathways to start encouraging local Mixteco speaking college students to consider pursing public mental health professions.

(Retrieved from Population Data Information Mixteco.org)

4) Unhoused Population:

Data: In 2023, Santa Barbara County Homeless Management Information System served a total of 6,501 unique persons. Of those they served, 1,937 identified as having a mental health disorder. Considering the large number of unhoused people in Santa Barbara that identify as having a mental health disorder, we can identify this as an underserved population. We do not compare our rate of services to homeless Medi-Cal eligible populations with other counties at the state level, so do not have information on the penetration rate for this population.

Analyzing Data Sources: Analyzing CSS data, we can estimate that we served approximately 350 homeless individuals during FY 22-23. Using HMIS data we can estimate that at least 600 persons in this category are eligible for services from BWell, and therefore we can identify unhoused people as an underserved population.

Identification of Issues: We have identified difficulty connecting to unhoused populations and difficulty retaining housing as the most prominent issues preventing unhoused populations from accessing our services. Because unhoused populations group in rural or difficult to access locations, and often mistrust authority figures, BWell staff have difficulty both locating unhoused populations, and gaining their trust once staff have located these populations.

This year, we are dividing our Homeless Outreach team into an Outreach and Engagement team, and an Early Intervention team to streamline services. This way, outreach teams can reach more unhoused people, and the Early Intervention team can then provide mental health services to unhoused people that are ready to receive services. The other prominent issue is that unhoused people with Serious and Persistent Mental Illness have difficulty maintaining housing once they are placed. BWell has developed a new Housing Access and Retention Team

(HART) to provide extensive peer supports to unhoused people when first entering housing in order to increase their housing retention rate and continue their access to behavioral health services.

(Retrieved from Community Data Dashboard Homeless Management Information System—Demographics for Persons Enrolled in Homeless Assistance Programs).

5) Community members in geographically isolated areas (such as Carpinteria, New Cuyama, Guadalupe, Santa Ynez).

Data: Using county-wide demographic information, we can estimate that those living in geographically isolated areas comprise about 9% of the County total population. However, these populations are in areas that are over thirty minutes by car from the nearest Department Behavioral Health Clinic, and few of these areas have public transportation that can connect them to our service clinics.

Analyzing Data Sources: We have determined that community members in geographically isolated areas are an underserved population in our county.

Identification of Issues: We have identified not knowing about BWell services and not being able to access services because of their location as the most prominent issues preventing community members in geographically isolated areas from accessing our services.

We offer telehealth services to those that are unable to come to our clinics in person, but having private spaces with reliable internet connectivity remain issues for rural populations. We have partnered with the Family Resource Center and Public Library in Cuyama to offer spaces for telehealth. This year, we intend to partner with LEAD to provide outreach and education and how to access BWell services in Cuyama, Los Alamos and Carpinteria in order to educate rural populations about our services and how to access them.

Fully Served:

Fully Served individuals are those that are currently served by our Community Services and Supports programs.

I. Assessment Data

1) Table: Penetration Rates of Medi-Cal Eligible Populations

Santa Barbara MHP County Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	20,980	315	1.50%	1.15%	1.82%

Ages 6-17	44,830	1,783	3.98%	4.80%	5.65%
Ages 18-20	9,997	333	3.33%	3.47%	3.97%
Ages 21-64	85,654	2,569	3.00%	3.60%	4.03%
Ages 65+	12,748	287	2.25%	1.98%	1.86%

Threshold Language of Santa Barbara MHP Medi-Cal Members Served in CY 2022

Threshold Language	# of Members Served	% of Members Served
Spanish	1,052	20.54%
Threshold language source: Open Data per BHIN 20-070		

Santa Barbara MHP PR Members Served by Race/Ethnicity, CY 2022

Race/Ethnicity	Total Members Eligible	# of Members Served	MHP PR	Statewide PR
African American	1,981	154	7.77%	7.08%
Asian/Pacific Islander	3,005	64	2.13%	1.91%
Hispanic/Latino	48,797	1,005	2.06%	3.51%
Native American	458	22	4.80%	5.94%
Other	31,880	1,445	4.53%	3.57%
White	88,089	2,597	2.95%	5.45%

MHP PR by Race/Ethnicity, CY 2020-22

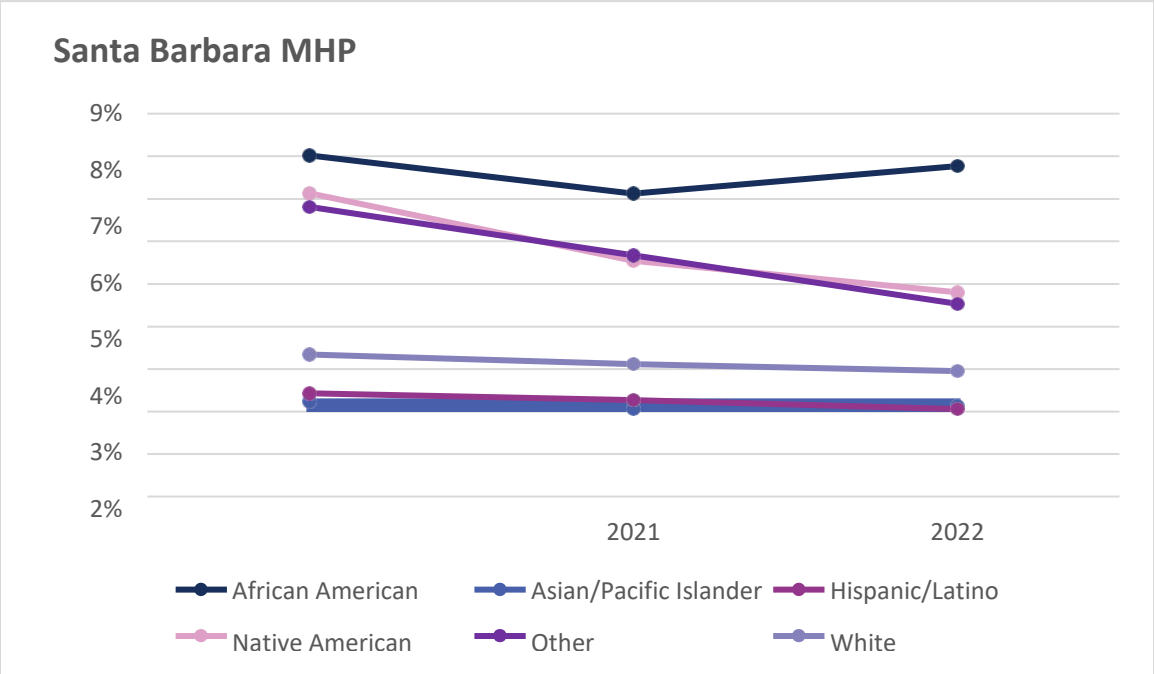
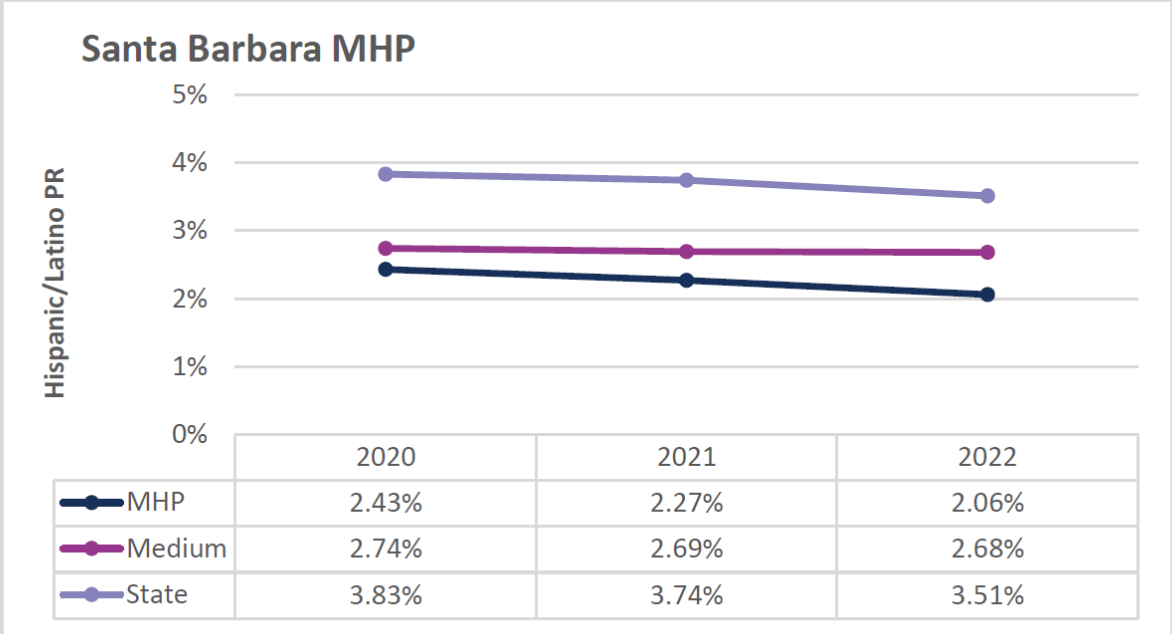


Figure 6: Hispanic/Latino PR, CY 2020-22

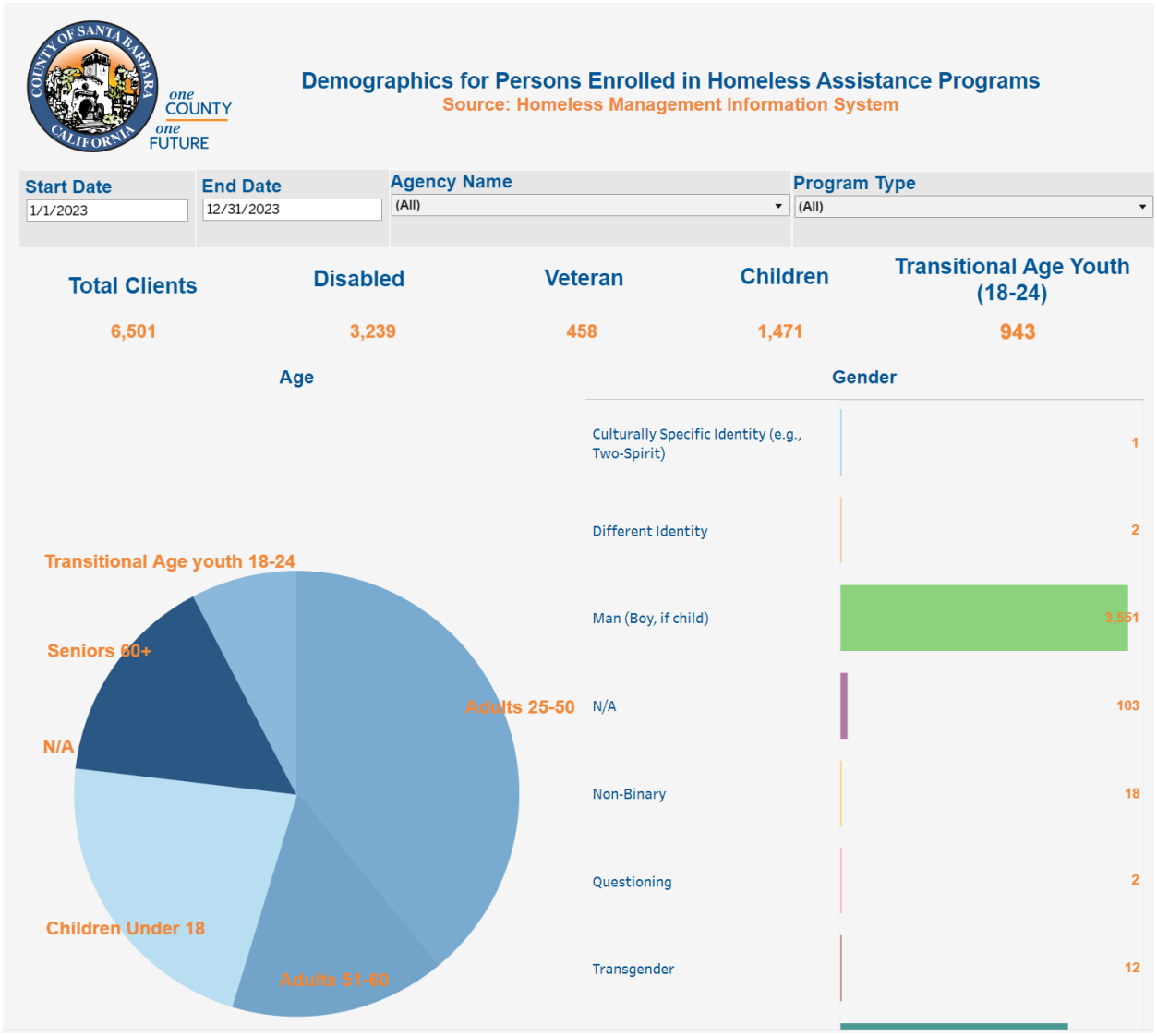


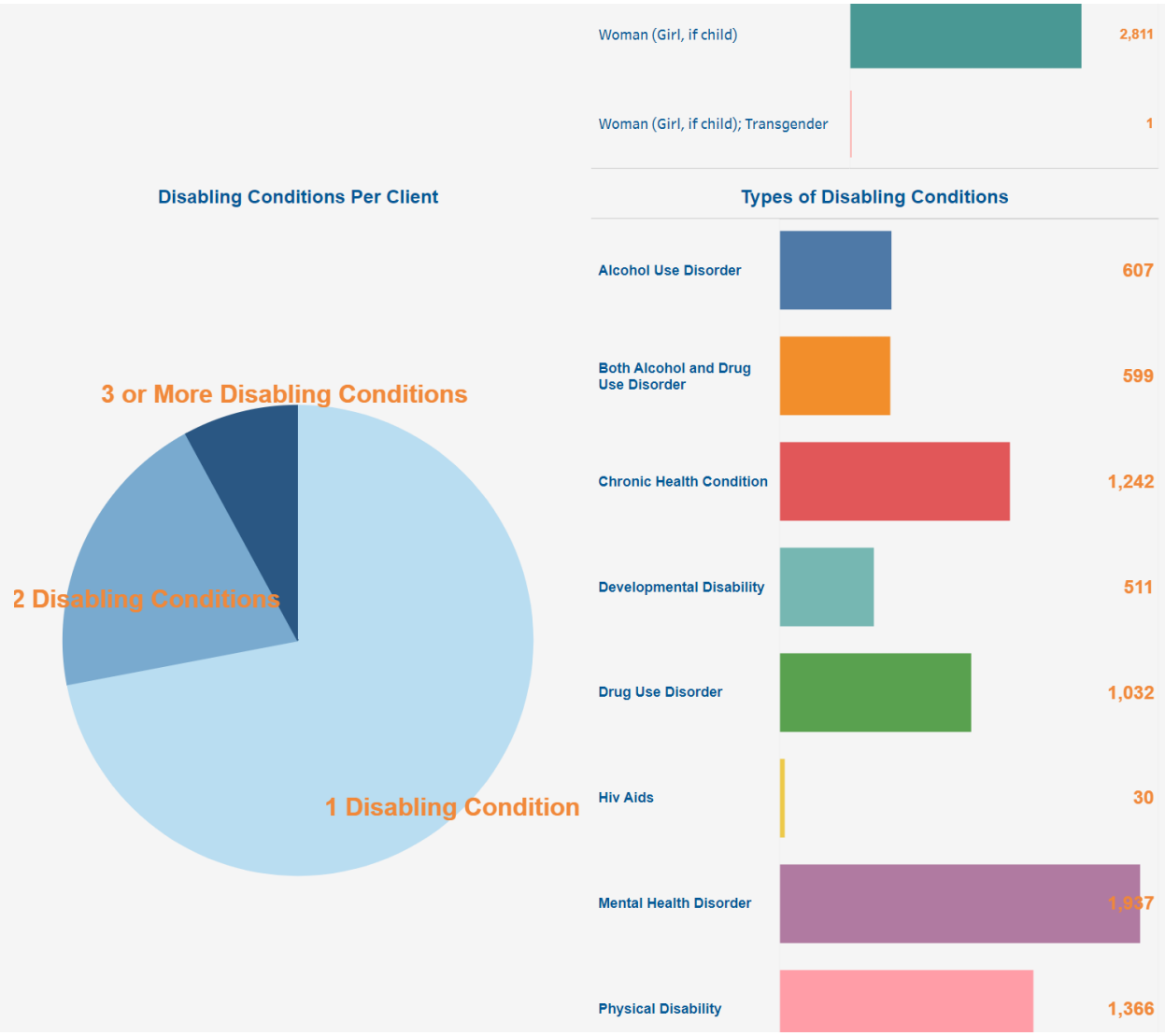
	2020	2021	2022
MHP	2.43%	2.27%	2.06%
Medium	2.74%	2.69%	2.68%
State	3.83%	3.74%	3.51%

Table 8: Services Delivered by the Santa Barbara MHP to Adults, CY 2022

Service Category	MHP N = 3,191				Statewide N = 381,970		
	Members Served	% of Members Served	Average Units	Median Units	% of Members Served	Average Units	Median Units
Per Day Services							
Inpatient	309	9.7%	8	5	10.3%	14	8
Inpatient Admin	97	3.0%	19	8	0.4%	26	10
Psychiatric Health Facility	8	0.3%	14	3	1.2%	16	8
Residential	15	0.5%	206	247	0.3%	114	84
Crisis Residential	237	7.4%	27	21	1.9%	23	15
Per Minute Services							
Crisis Stabilization	154	4.8%	1,335	1,200	13.4%	1,449	1,200
Crisis Intervention	824	25.8%	280	182	12.2%	236	144
Medication Support	1,804	56.5%	628	381	59.7%	298	190
Mental Health Services	2,202	69.0%	1,218	465	62.7%	832	329
Targeted Case Management	1,337	41.9%	332	128	36.9%	445	135

2) Demographics for Persons Enrolled in Homeless Assistance Program



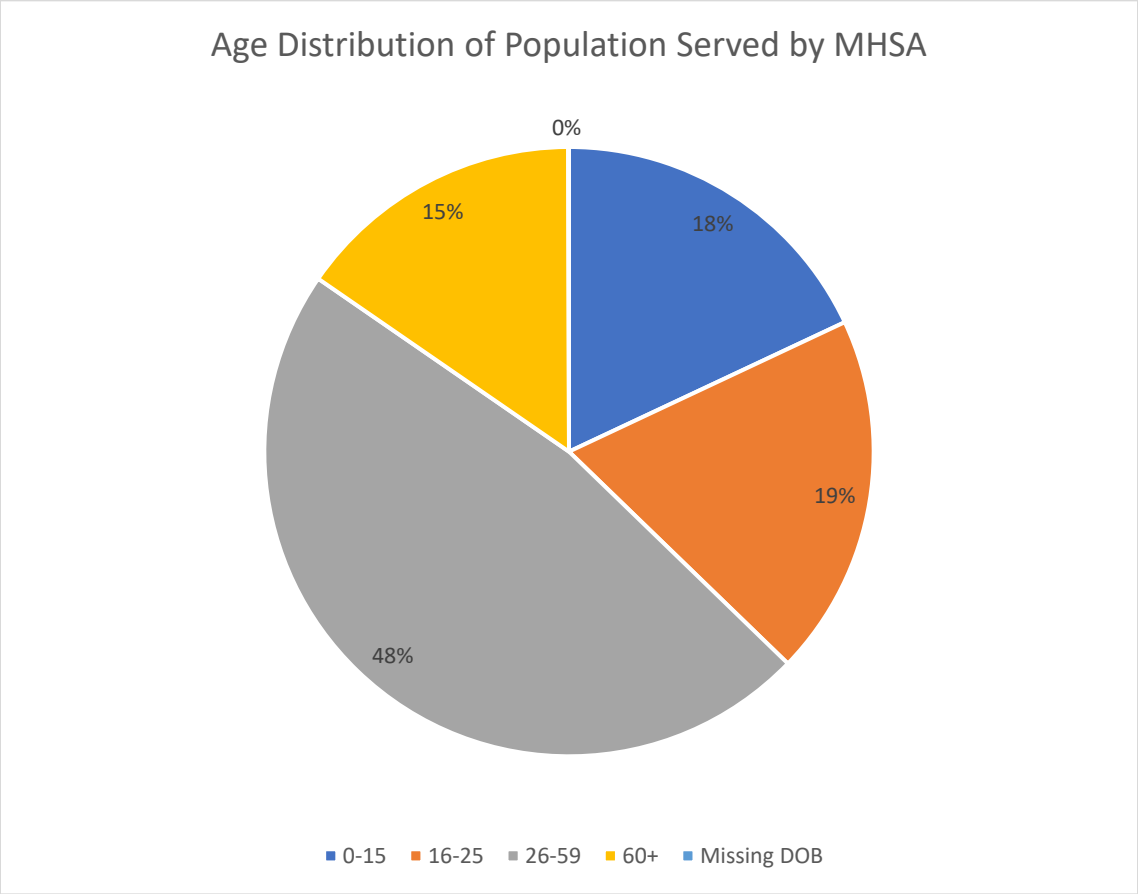


3) MHSA CCS Data

The data provided below is based on data reported in the most recent MHSA Annual Update, which includes all clients served in an MHSA funded program for FY 22/23.

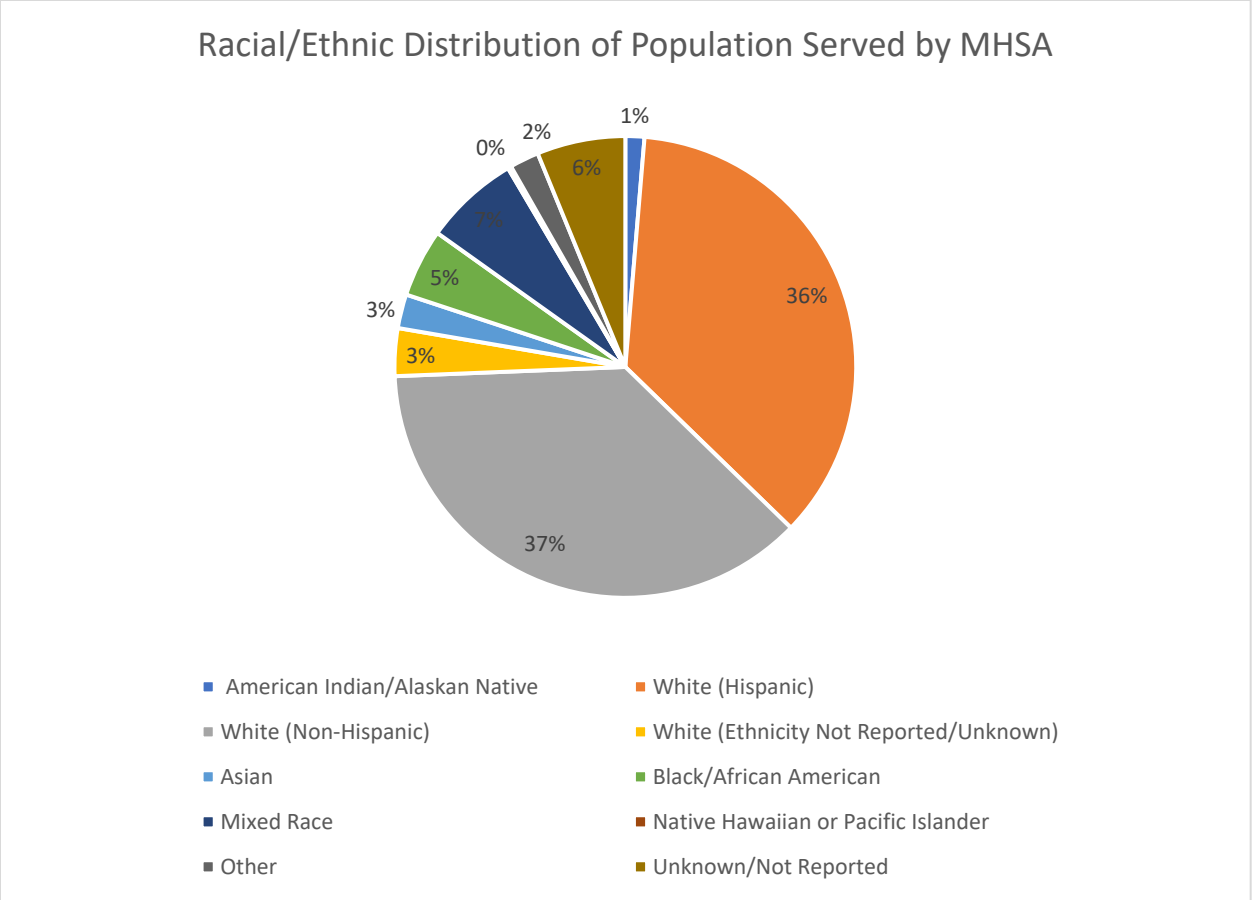
MHSA Community Services and Supports funded programs served a total of 4,613 people in FY 22-23. The charts below reflect the demographics of the clients served.

****Data on Primary Language is not included. We began collecting data on Primary Language in FY 23/24, and it will be available FY 24/25.*

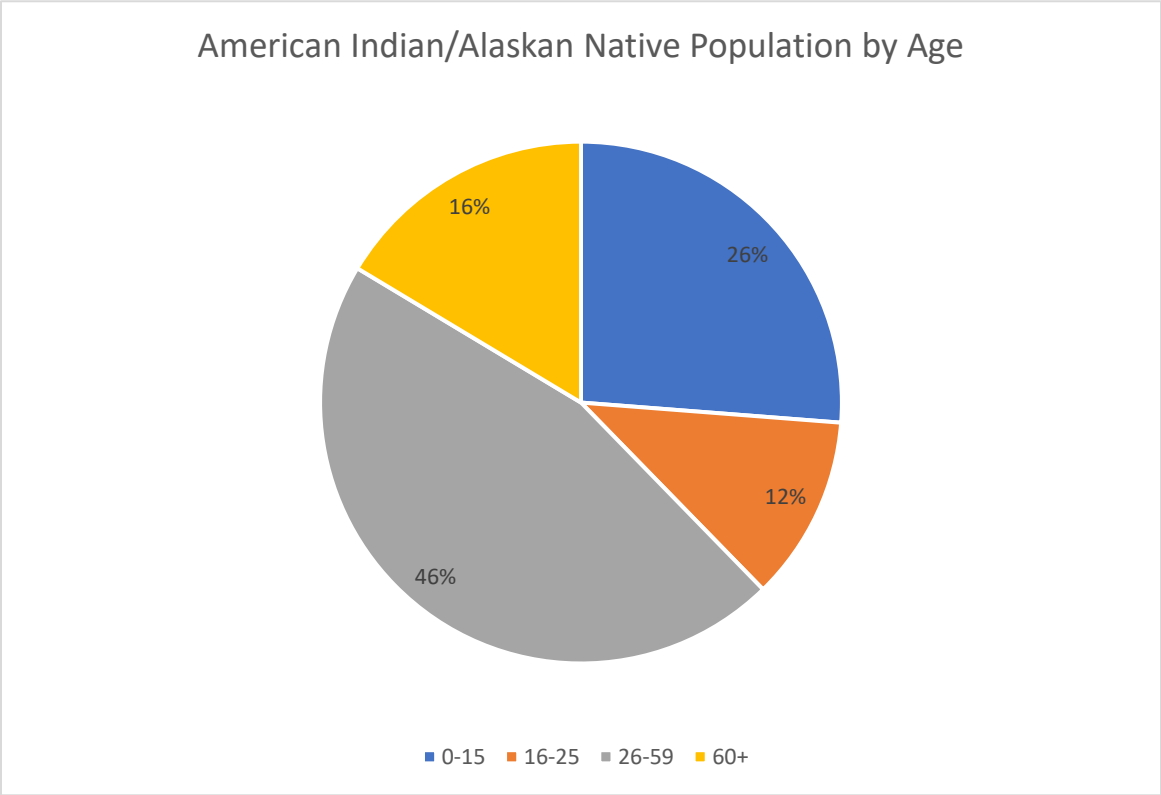


Age Group	Count
0-15	831
16-25	887
26-59	2185
60+	708
Missing DOB	2
Total	4613

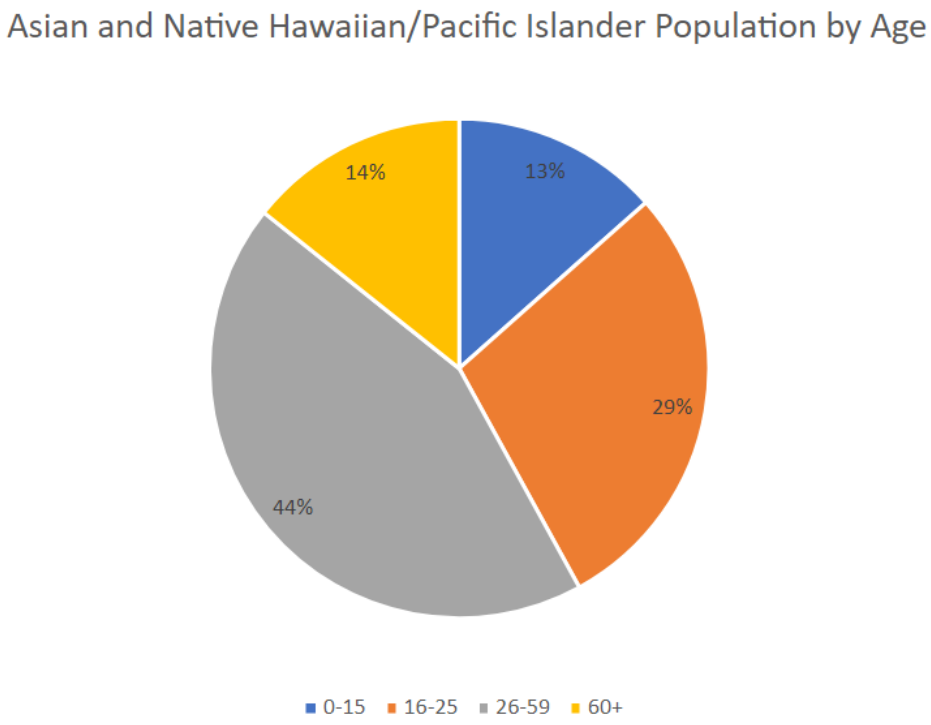
Description and Characteristics of County



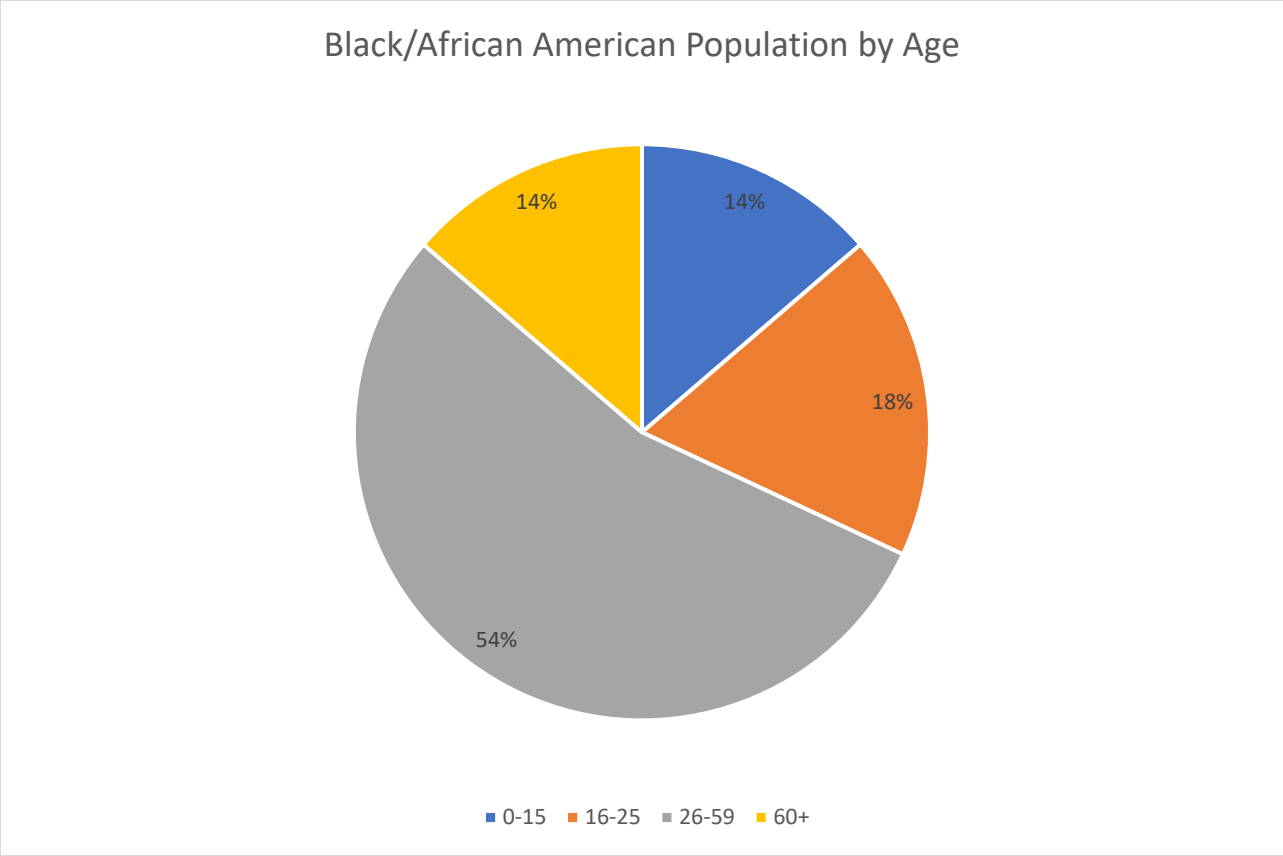
Race/Ethnicity	Count
American Indian/Alaskan Native	61
White (Hispanic)	1647
White (Non-Hispanic)	1700
White (Ethnicity Not Reported/Unknown)	153
Asian	109
Black/African American	219
Mixed Race	305
Native Hawaiian or Pacific Islander	11
Other	94
Unknown/Not Reported	284



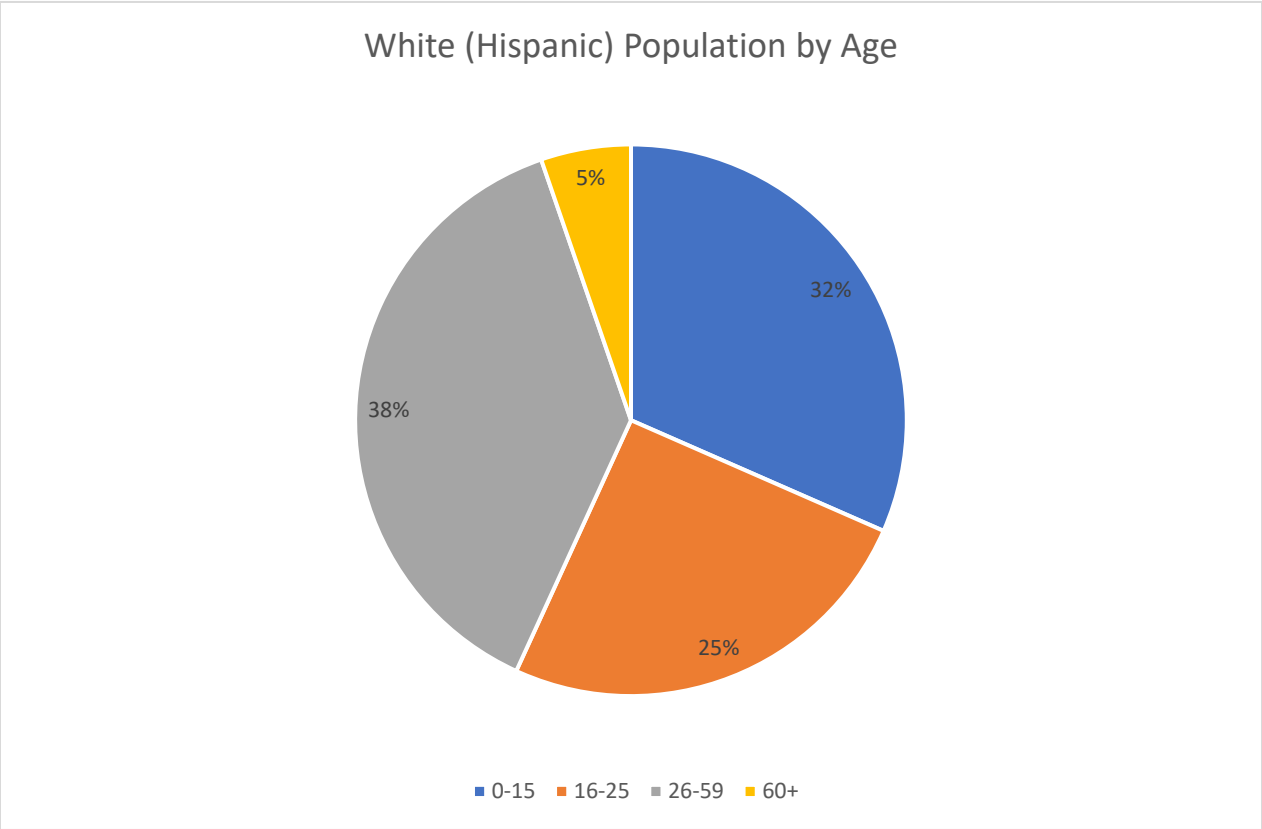
Age Group	Count
16-25	7
26-59	28
60+	10
Total	45



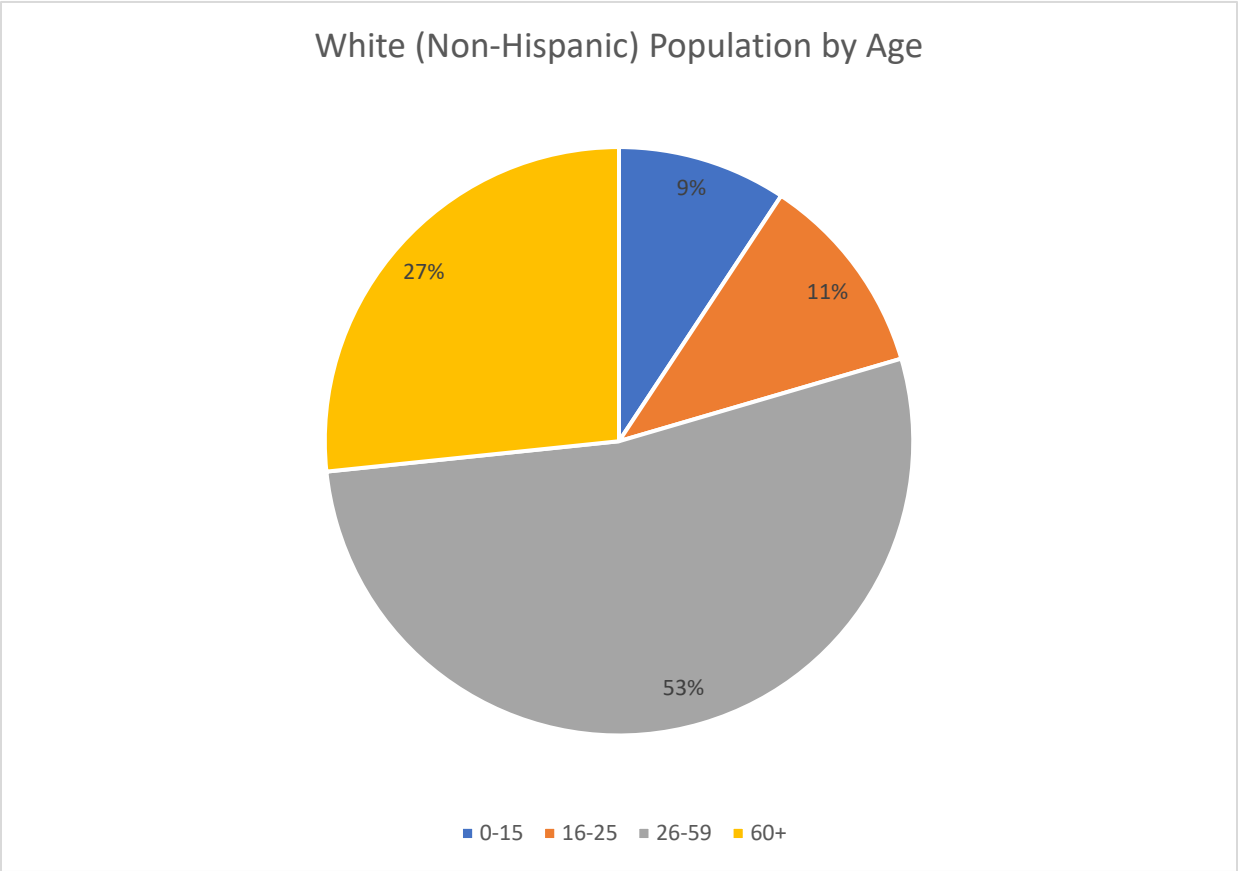
Age Group	Count
0-15	16
16-25	34
26-59	52
60+	17
Total	119



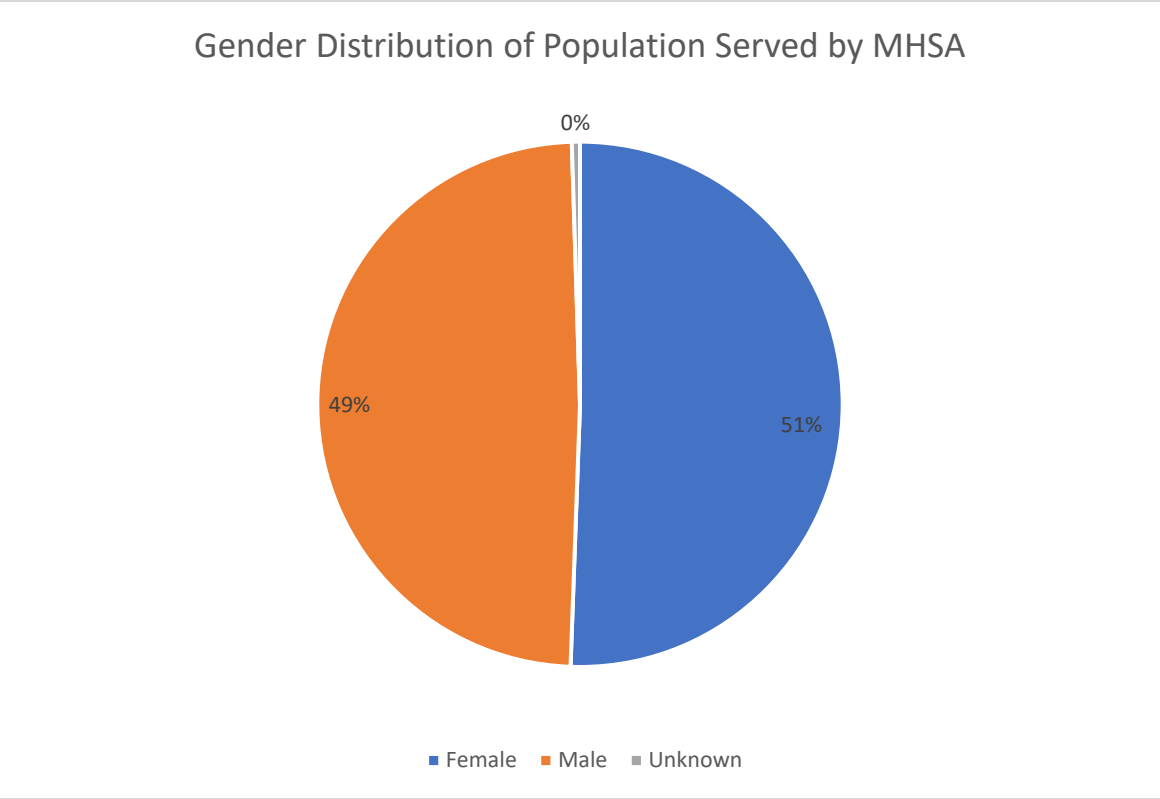
Age Group	Count
0-15	30
16-25	40
26-59	119
60+	30
Total	219



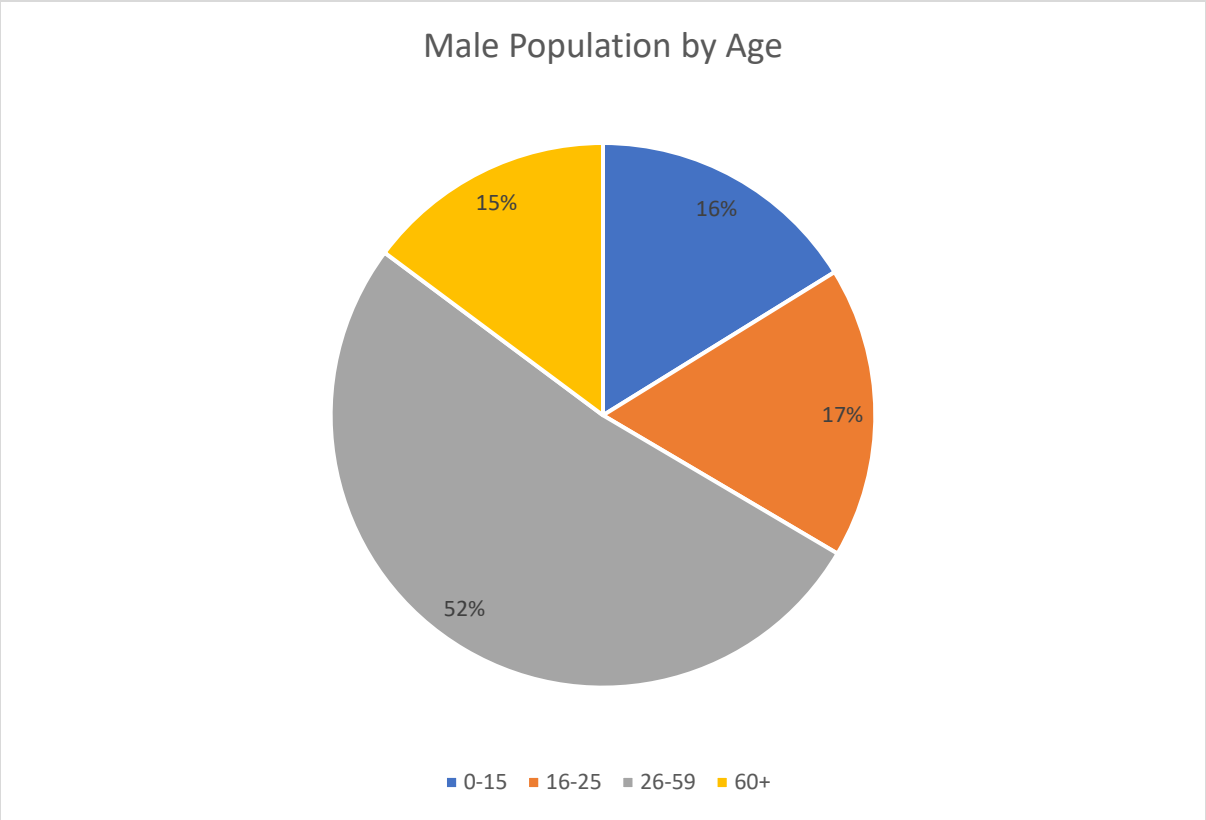
Age Group	Count
0-15	520
16-25	416
26-59	624
60+	87
Total	1647



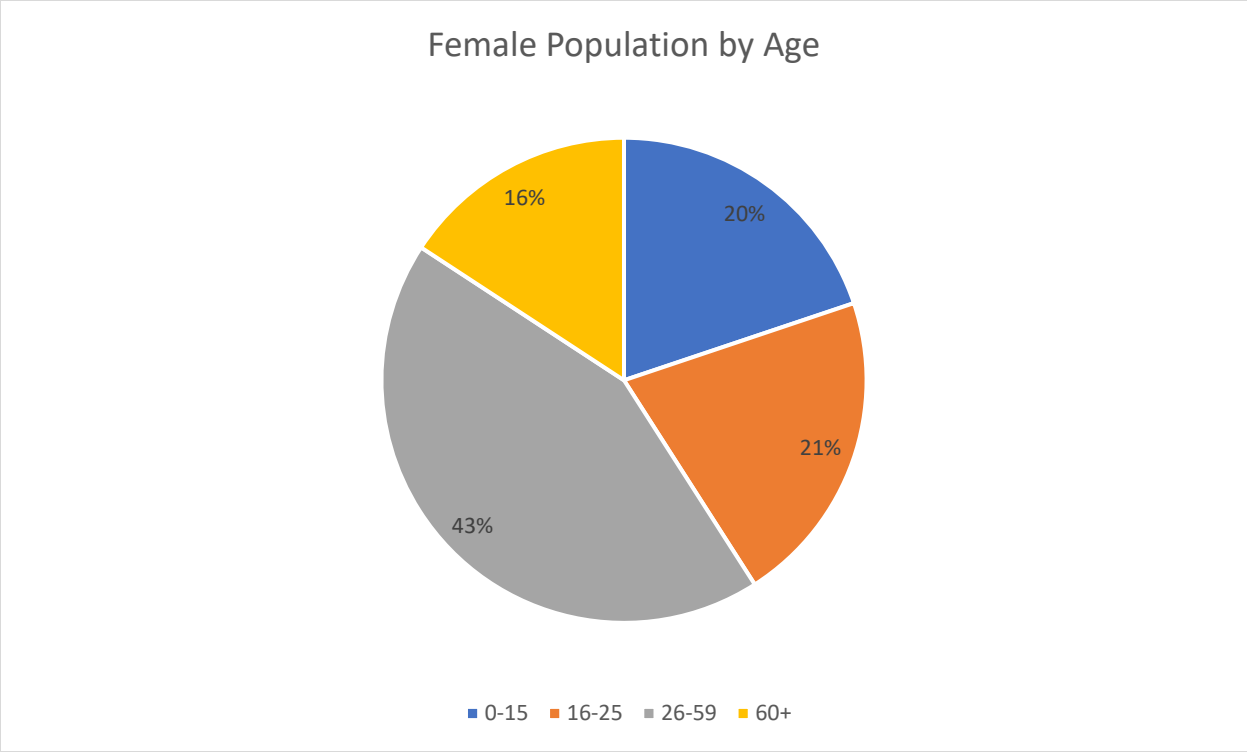
Age Group	Count
0-15	158
16-25	190
26-59	899
60+	453
Total	1700



Gender	Count
Female	2333
Male	2257
Unknown	23
Total	4613



Age Group	Count
0-15	365
16-25	390
26-59	1166
60+	334
Missing DOB	2
Total	2257



Age Group	Count
0-15	463
16-25	492
26-59	1010
60+	368
Total	2333

III. Issues Prioritized for MHSA Plan

MHSA Priorities Established for the Three-Year Plan, Based on Stakeholder Feedback and Mental Health Needs Assessment

1) Increasing FSP (Full Service Partnership) Capacity

- Increased FSP budgets to include flex funding to spend on client's non-mental health needs including rent, rental deposits, medical and dental needs
- Investigating ways to measure client focused outcomes that prioritize quality of life for FSP clients and improve healthcare outcomes for FSP clients.
- Increased staffing for Justice Alliance FSP to enable them to better serve their clients
- Created FSP Manager position to create better uniformity of care, continuity of services and aid in retention of employees

2) Increasing Warm Handoff and Navigation Services for Those in Crisis

- Implemented new Mobile Crisis Benefit as part of CalAIM payment reform
- Created new Peer Assessment Team that specifically reaches out to new clients post-hospitalization and post-crisis intervention to begin providing peer support services and help people entering our system of care to participate in services
- Created new CARE Court Access and Linkages team to provide outreach and linkages to services for CARE Court referrals

3) Recruitment and Retention of Public Health Workforce

- Masters in Social Work Scholarship Program: BWell funded up to $25,000 for 4 staff this year pursuing MSW degrees and intends to fund up to 4 more scholarships next year
- Starting in FY 24-25, present at High School and College Job Fairs throughout the County on Mental Health Career Pathways, Career opportunities in our Department and information about Bilingual allowance for staff. The intention is to begin attracting high school and college students, especially Spanish and Mixteco speaking students, to pursue career paths in our Department.
- Staff Retention and Training Program: Provide best practices, cultural competency and leadership trainings for interested staff to aid in retention and development of a diverse and competent workforce

4) Increasing of Mental Health Education and Prevention Programming for Youth and Families

- Implemented New LEAD Program: LEAD will Organize free community presentations and trainings in Youth Mental Health First Aid, or QPR (Question, Persuade, Refer) for

families and youth in the Santa Maria and Santa Ynez area. All offerings will be in both English and Spanish

- Implemented New Casa Pacifica Suicide Prevention Training for Schools and Staff
- Implemented New County-Wide Youth Council: had over 30 high school students county-wide participate as Peer Advocates to serve as trusted sources for mental health resources information
- Starting New Mental Health Education program to LatinX Youth and Families in South County
- Starting New Mental Health Education program to Mixtec Youth and Families in North County
- Participated in three Family Engagement Fairs across the County to provide information to a large group of families and youth about BWell services and how to access BWell services

5) Implementing Mental Health Programs Specifically for Older Adults

- Implemented New Wellness Promotion for Seniors Program: a new Prevention Program for Seniors living in Senior Housing Developments throughout the County
- Implemented New Peer & Parent Partners in Wellness and Recovery for Families: Program designed to provide outreach and support to families with adults living with unmet or undiagnosed mental health, social, health care needs
- Implemented specific outreach to older LatinX adults with trusted community leaders County Wide

IV. How We Serve: County Capacity to Implement Mental Health Programs and Services

Analysis of Data for BWell Capacity to Serve: Workforce Recruitment and Retention has been identified as a priority for our Department. Some of the key strategies we are implementing to address workforce shortages include: partnering with community organizational providers; expanding the use of peer specialists within the workforce; and addressing burnout and compassion fatigue of direct service staff.

By reviewing these data sources, we have determined that we have a 25% vacancy rate for Clinical Practitioners, a 55% vacancy rate for Psychiatrists, a 33% vacancy rate for Peer Recovery Assistants, a 60% vacancy rate for Epidemiologists. This data was collected January 10th 2024, and we have filled some of these vacancies in the interim. However, these positions continue to be difficult to fill.

To address the need for Clinical Practitioners, we have implemented a Clinical Intern Position to address clinician shortages and create a new potential workforce to fill positions once interns

are licensed. To address Psychiatrists' vacancies, we have implemented new recruitment techniques and increased onboarding activities to help attract applicants who genuinely desire to work in the Public Mental Health field, and to help retain Psychiatrists upon hire. This year, we hired a Peer Workforce Manager and a new Research and Evaluation Manager to help recruit and retain desirable candidates for Peer and Epidemiology positions. Finally, we have hired a new Nursing Supervisor to help recruit and retain needed medical staff. Although we have increased the number of Spanish speaking direct client care staff every year since 2021, we still need to recruit more staff that are fluent in the County's threshold language of Spanish.

Data Sources: Santa Barbara County has collected data from the Santa Barbara County Network Adequacy Certification Tool (NACT); the Department of Behavioral Wellness Staff Language Capacity Survey; the BWell FY 23-26 Strategic Plan; and the Department of Behavioral Wellness Workforce Needs Assessment for FY 23-24. This data was used to assess our County's capacity to have the staffing to implement mental health programs and services. We have assessed both our Behavioral Wellness Programs as well as our Contracted Providers to determine our anticipated need as well as our current staffing. The NACT submitted for FY 23-24 shows that Santa Barbara has successfully met the ratios provided by DHCS and has an adequate network of outpatient Specialty Mental Health Service providers to meet the anticipated need for services of our county. Overall, the County strives to ensure a complete network of care for all outpatient services, which are primarily funded in MHSA. This plan will outline each program and those targeted age group populations to ensure our network remains adequate and that there is focus toward the unserved and underserved in our Community.

1) Santa Barbara NACT

Santa Barbara County completes the Network Adequacy Certification Tool (NACT) annually, as directed by Information Notice 18-011 and Information Notice 20-012, as well as the monthly 274 which will replace the annual NACT in the coming year. The NACT/274 reporting is used to determine if the County has enough outpatient Specialty Mental Health Services (SMHS) providers and psychiatrists to serve the anticipated need of the County. This information is provided to the Department of Health Care Services (DHCS) which reviews and approves the NACT based on predetermined ratios. If the County does not meet the ratios, the County must provide a corrective action plan in order to resolve any concerns.

The County has been given the followings ratios of provider to clients in four categories:

- Adult (21+) SMHS 1 provider to 85 clients,
- Children (0-20) SMHS 1 provider to 49 clients
- Adult (21+) Psychiatry 1 provider to 457 clients
- Children (0-20) Psychiatry 1 provider to 267 clients

2) Vacancy Tables from Workforce Needs Assessment

Job classifications with highest vacancy rates	Vacancies 2023-24	Filled 2023-24	TOTAL # OF POSITIONS 2023-24	Vacancy % 2023-24
Practitioner - Licensed	13	40	53	25%
Practitioner - Associates	8	34	42	19%
Psychiatrist	11	9	20	55%
Psychiatric Nurse I/II	5	26	31	16%
Case Manager	8	44	52	15%
Peer Recovery Assistant	10	20	30	33%

Locations of Peer Positions (20 filled / 10 Vacant/ 9 Certified Peer Support Specialists)	Filled positions 2022-23	Filled positions 2023-24
Adult clinics	5	10
ADP	2	0
Help@Hand	4	1
PHF	1	0
TAY/Children's Programs	4	1
Crisis Teams	1	4
Justice Involved Services	0	4

The Complete Workforce Needs Assessment for FY 23-24 is included as an Appendix to this document

3) Staff Language Capacity Survey:

The Language Capacity Survey was distributed to 419 Behavioral Wellness staff. One hundred eighty-eight (188) staff members responded to the survey, of those participants, 53.59% (97) indicated speaking a language other than English. For staff who spoke one language other than English, the majority spoke Spanish (86.60%) followed by almost sixteen percent (15.46%) who indicated speaking other languages.

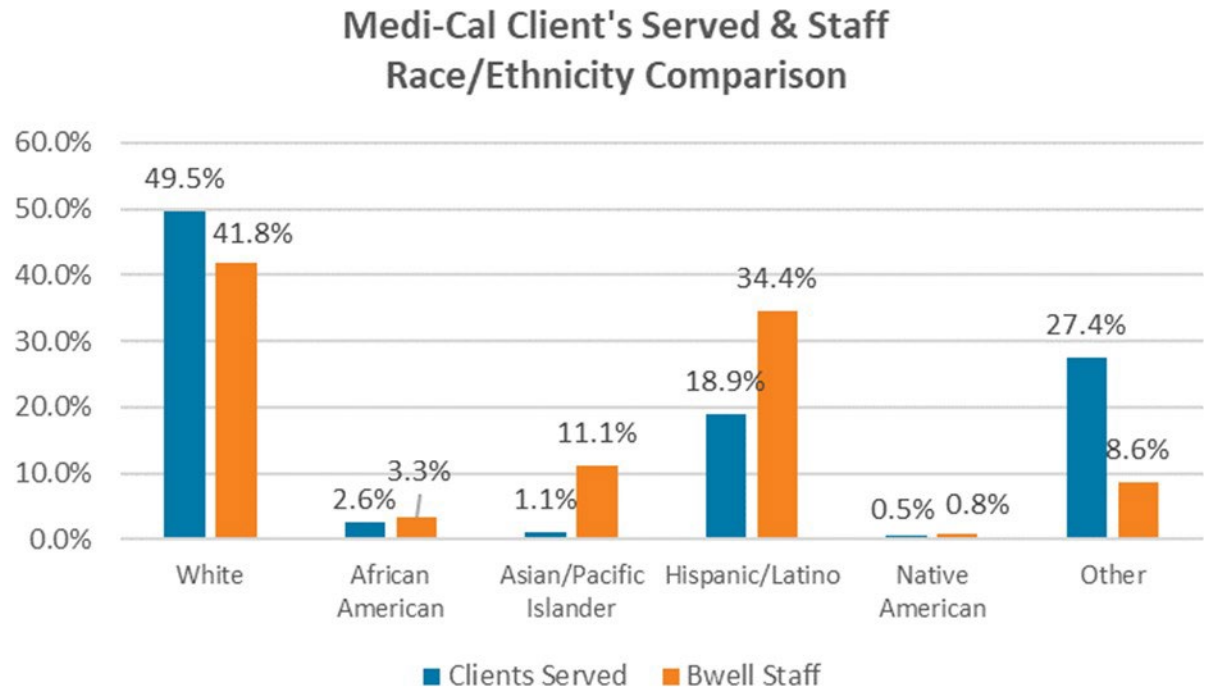
The following examines the non-English languages represented among bilingual staff:

Staff Bilingual Capacity in any language and have Direct Client Contact:

- Santa Barbara (South County) 38.9%
- Santa Maria (North County) 36.7%
- Lompoc (West County) 10.0%

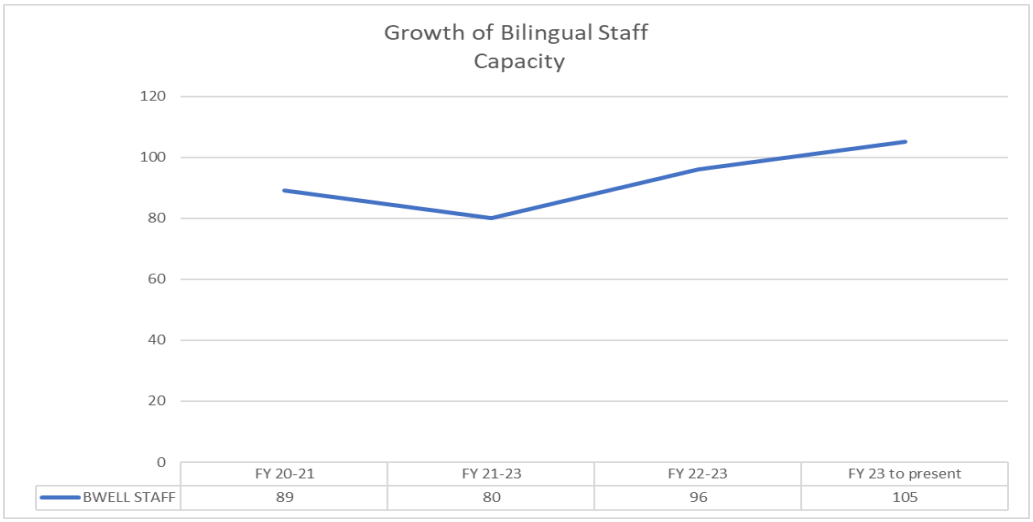
4) Staff Racial and Ethnic Diversity

Data was collected from the EQRO MediCal claim data (CY 2022) regarding the race/ethnicity of clients in relation to diversity of department staff. Overall, the data indicates that Behavioral Wellness staff is representative of clients race or ethnicity of clients that are being served in the Department's system of care. There is one category that is not well matched which is the "other" category but it is suspected that this is due to the large number of Medi-Cal clients that have identified as "Other". This data needs to be explored further.

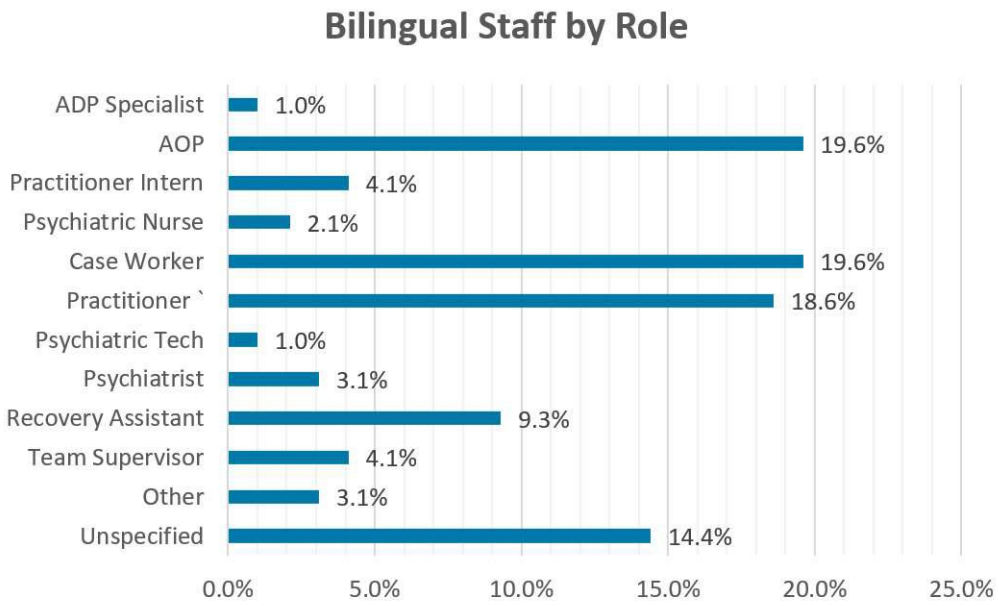


**Note: data from the Santa Barbara County - Behavioral Wellness Department Cultural Competency 3-year Plan 2023-26*

Language Capacity



**Note: data from the Santa Barbara County - Behavioral Wellness Department Cultural Competency 3-year Plan 2023-2026*



Threshold Language	% of Service Providers
Spanish	22*

*represents percentage of BWell staff only, CBO staff are not included in this data representation

Section C: Community Program Planning and Local Review Process

Community Program Planning and Stakeholder Process

Under Welfare and Institutions Code (WIC) Section 5848(a), the Mental Health Services Act (MHSA) requires an inclusive and on-going Community Program Planning Process (CPPP) to gather input about experiences with MHSA Programs and the current mental health system. The CPPP allows for the Department to gauge the overall impact and effectiveness of such programs; to record recommendations for improvement of programs and processes; to educate stakeholders about the Mental Health Services Act, and to acknowledge feedback regarding future programs and/or unmet needs. The Community Program Planning Process provides a structured process that the County uses in partnership with stakeholders to determine how to best improve existing programs and utilize funds that may become available for MHSA components.

The first step of the Community Program Planning Process is to solicit feedback from stakeholders throughout Santa Barbara County on what to include in the initial draft of the plan. Feedback is gathered through Department Action Team meetings on specific programs/needs, at regional community stakeholder forums, in attendance of local community organization meetings with an awareness of mental health need, and engagement with regional key informants. A Survey Monkey was distributed to meeting attendees and interested community members to provide additional public comment for our review.

The received feedback is used to guide the plan's initial draft. Once the plan is drafted, it must be published and circulated for 30 days. The draft plan is made available through various locations, such as online and by mail upon request. During this time, stakeholders are able to comment on the initial plan through emailing, calling, or writing MHSA Manager Natalia Rossi, or posting anonymous feedback for the plan on our website.

Once the 30-day period is complete, the plan is presented to the Behavioral Wellness Commission at a public hearing specifically for the proposed plan. This allows for public comment, testimony, and presentation.

After a hearing and review by the Behavioral Wellness Commission, the Commission then votes on presenting the plan to the County Board of Supervisors for adoption. If the vote passes, the plan is then sent to the County Board of Supervisors for approval.

Upon receipt of the plan, the Board of Supervisors reviews the plan and votes on whether to adopt it. Any significant recommended change to the plan, offered by the Board of Supervisors, requires a re-engagement of the stakeholder process

Once all these steps are completed, and the Board of Supervisors adopts the plan, it is submitted to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services for final approval by MHSA Manager, Natalia Rossi.

Position Responsible for Community Program Planning Process

MHSA Manager Natalia Rossi led Santa Barbara County's CPPP process, with support from the MHSA team, Prevention and Early Intervention Health Care Program Coordinator FayAnn Wooton-Raya and MHSA Department Business Specialist Nakisa Shojaie. BWell has designated their MHSA Manager to be responsible for the overall Community Program Planning Process, the coordination and management of the CPPP, and ensuring that stakeholders have the opportunity to participate in the CPPP. You can find the job description for our MHSA Manager attached in the appendix to this Plan.

Fiscal Years 2024-2025 MHSA Community Program Planning Process Schedule	
MHSA CPPP Sessions – Stakeholder Focus Groups Meetings/Tabling	
Helping Hands of Lompoc, Annual Update Presentation	9/12/23
Housing Expansion Action Team (HEART), Annual Update Presentation	9/13/23
Santa Maria Mental Wellness Center, Annual Update Presentation	9/20/23
Consumer and Family Members Action Team, Stakeholder Event Part One	9/21/23
Veteran's Breakfast	9/27/23
Justice Alliance Action Team, Annual Update Presentation	9/27/23
Santa Barbara Behavioral Wellness, Staff Lunch Event, Annual Update Presentation	10/3/23
Lompoc Staff Behavioral Wellness Lunch Event, Annual Update Presentation	10/4/23
Community Based Organizations Collaborative, Annual Update Presentation	10/4/23
Help@Hand Spanish Event (Mommy Connection to Wellness) in Spanish and Mixteco	10/4/23
Mental Wellness Center MHSA Plan Kick-Off Event	10/5/23
Virtual MHSA Stakeholder Event, Annual Update Presentation	10/10/23
Santa Maria Behavioral Wellness Lunch Staff, Annual Update Presentation	10/11/23
Santa Ynez Tribal Health Clinic Family Wellness Fair, MHSA Tabling Booth	11/4/23
Veteran Stand Down Event, MHSA Tabling	11/8/23
Virtual Veteran's Collaborative Meeting, Annual Update Presentation	11/16/23
Consumer and Family Members Action Team Stakeholder Planning Part Two	11/16/23
Veteran's Collaborative Housing/Homelessness Working Group	11/28/23

Community Health Centers of the Central Coast, Annual Update Presentation in Spanish and Mixteco	11/28/23
Allan Hancock College Stress Buster Tabling Event	11/29/23
Library Advisory Board, Annual Update Presentation	12/6/23
Cultural Competency and Diversity Action Team Annual Update	12/8/23
Adults and Aging Network MHSA Presentation	1/24/24
Pacific Pride Santa Maria Tabling Event	2/21/24
Network of Family Resource Centers (NFRC) MHSA Presentation	2/6/24
Allan Hancock College Bow Wow WOW Tabling Event	2/7/24
Youth Action Board (YouthWell) MHSA Presentation	3/3/24
Survey Monkey – Virtual MHSA Feedback Survey	
"MHSA Stakeholder Survey, FY 24-25",	4/2/24

Training Provided to Staff

Every Department of Behavioral Wellness staff member completes a 1-hour online training overviewing MHSA principles within the first 30 days of employment with our Department. This includes the five funding components and how MHSA principles are applied throughout the department.

Training Provided to Stakeholders

All twenty-seven stakeholder events hosted this season began with a section training the audience on what MHSA is, including explaining the CPPP process and timeline.

At each stakeholder event and meeting, our MHSA Annual Update FY 24-25 PowerPoint presentation began with a thorough breakdown of MHSA policy and procedures. This included the history of the MHSA, its essential elements, the public's role as stakeholders, MHSA rules and regulations, the plan creation process, the five funding components, and budget distribution. It is our policy to begin all stakeholder events with a training on MHSA, so that the public is constantly re-educated on MHSA principles and regulations.

Stakeholders Involved in Community Program Planning Process

More than **517** stakeholders participated in **twenty-seven stakeholder meetings**. The stakeholders involved in our planning process include the Helping Hands of Lompoc, Santa Maria Mental Wellness Center, JAAT, CBO Coalition, Help@Hand, Mental Wellness Center,

Santa Maria Behavioral Wellness, Santa Ynez Tribal Health Clinic Family Wellness Fair, the Consumer and Family Member Action Team, Community Health Centers of the Central Coast, Alan Hancock College, the Library Advisory Board, HEART, the Cultural Competency and Diversity Action Team Adults and Aging Network, Youth Action Board (YouthWell), Pacific Pride Santa Maria, Veteran's Collaborative, Veterans Affairs, and many more.

These Stakeholder meetings were all tailored to specific demographics served in our Mental Health Systems, although anyone from the public was welcome to attend any meeting. Stakeholder meetings were hosted and specifically oriented to as many of our underserved/unserved populations as we could identify. Targeted stakeholder groups for meetings and in attendance included: Consumers and Families; Spanish Speaking Populations; LatinX populations; Mixtec communities; Homeless and At-Risk of Homeless Populations; LGBTQIA+ populations; TAY populations; College and High School students; staff and tenants at Supportive Housing sites; Primary care Providers; Veterans; Law Enforcement staff; School counselors and Psychologists; Justice involved populations; and Older Populations.

We prioritized our unserved and underserved populations by meeting them where they were: we held events at Peer Wellness Centers, Veteran's Community Building, BWell Staff Break Rooms, a Mexican Food Restaurant in Santa Maria, Allan Hancock College, Los Olivos Public Library, Santa Ynez Tribal Reservation, LGBTQ+ Safe Spaces, Extracurricular High School Events, and other places where we anticipated unserved and underserved populations might attend.

Stakeholder Education on the MHSA

Our MHSA Annual Update FY 24-25 PowerPoint presentation presented at each stakeholder event began with a thorough breakdown of MHSA policy and procedures. This included the history of the MHSA, its essential elements, the public's role as stakeholders, MHSA rules and regulations, the plan creation process, the five funding components, and budget distribution. Each MHSA component had its own dedicated slide describing its focus, what it could fund, and what it could not fund. After each component was presented, MHSA Manager Natalia Rossi invited stakeholders to voice any questions, concerns, or suggestions for that specific component.

Meaningful Stakeholder Involvement

Robust conversations ensued at all public stakeholder events. Extensive notes were taken of all public comments and every public comment is recorded in the Attachments of this plan. Main constituent desires fell into the following areas and topics:

FSPs: Focusing more on outreach and engagement; Incentives for attracting and keeping employees; Increasing client capacity; More services for older adults

CSS: Extending hours at Outpatient Clinics so that people working have access to services; Increasing warm handoff and navigation services for those in crisis; Incentives for attracting and keeping employees

Outreach and Engagement: More case workers and peer recovery specialists; Laundry program in Lompoc for unhoused populations to aid in engagement, Incentives for attracting and keeping employees; Increase outreach efforts to unhoused populations staying in hotels/motels

WET: Student loan repayment program to retain employees; More peer positions and Peer Supervisor Positions; Incentives for Peers who complete Peer Certification process; Internship training program for peers and case workers

PEI: More outreach and Mental Health Education to high school students; Non-traditional forms of prevention like art therapy, yoga, and meditation; More parent education and family supports; Mental health education for younger students in elementary schools; Mental Health Education for the broader community

A Survey Monkey was disseminated throughout the stakeholder process and made available in both English and Spanish. The first was our "MHSA Annual Update Survey FY 24-25", which we offered at every in-person and virtual stakeholder meeting through physical copies or an online link. This survey ran from 9/20/23 to 3/3/24. We received **175 responses.** The survey asked for feedback from stakeholders on each of the five MHSA priorities we had determined for our MHSA FY 23-26 Three-Year Plan. This feedback, along with our extensive notes on live public comments from the events, helped inform the topics of most interest to focus on in our programming goals.

We hosted two live stakeholder events that were in Spanish and simultaneously translated into Mixteco. We offered Spanish translation at all stakeholder events, and the "MHSA Annual Update Survey FY 24-25" was provided in both Spanish and English. We received a total of 9 Spanish Surveys, but surveys were completed at Spanish Language Stakeholder events with the help of a translator and recorded as English surveys in some instances. A stakeholder priority for next year is reaching more Spanish- only speaking populations.

The MHSA Annual Update Survey FY 24-25 was distributed to the MHSA Distribution list as well as the PEI distribution lists, allowing us to reach community contacts for those unable to attend meetings or wishing to provide additional online feedback.

We will continue to find ways to increase involvement in survey completion across the County. Survey results showed enthusiastic support for proposed projects, and survey responders had many additional ideas for our key proposals and addressed areas needing improvement.

In the Appendices, documentation that demonstrates stakeholders provided input during the CPPP is included: email distributions and flyers, as well as web postings, and public comments from all stakeholder events.

NEW MHSA Steering Committee

Beginning in Fall 2023, the MHSA Team developed the MHSA Steering Committee and began recruiting for stakeholders to join as regular members. Official meetings began in January 2024, and the committee continues to meet every other month throughout the year.

The primary responsibility of the Santa Barbara County MHSA Steering Committee is to ensure the MHSA plans properly reflect community needs and priorities, encompass a well-balanced range of services, and align with criteria set by MHSA regulations.

The MHSA stipulates that training, education programs, and MHSA decisions are to be conducted "in consultation with mental health stakeholders" (WIC **§** 5840(e)) and shall promote the “meaningful inclusion of mental health consumers and family members and incorporate their viewpoint and experiences" (WIC § 5822(h)). As key stakeholders, members play a crucial role in guiding and directly contributing to MHSA programming decisions. The MHSA Steering Committee will provide valuable insight into the Community Program Planning Process, the formulation of the MHSA Three-Year Program and Expenditure plan (MHSA Plan), and the Annual Updates.

The Santa Barbara County Steering Committee is open to the public but is steered by our 22 active members. The Santa Barbara County MHSA Steering Committee meets every other month, with an optional meeting in July. All MHSA Steering Committee meeting dates, agendas and minutes are accessible on the County website at: Mental Health Services Act | Santa Barbara County, CA - Official Website (countyofsb.org).

MHSA Steering Committee membership is currently 33% Consumers and Family Members and our goal is to have at least 50% of members identify as consumers or family members. Members also include behavioral health providers, social services providers and non-profit agencies working with the community.

County MHSA plans must be developed with “local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies and other important interests" (WIC § 5848(a)). Stakeholders shall include individuals from all backgrounds and professions in order to have a diverse group of peers, family members, consumers, staff, community partners and contract providers.

This includes:

- Clients and consumers
- Families of children, adults and senior clients/consumers
- Providers of social services
- Program Leads for MHSA funded Programs
- Education field

- Persons with disabilities, including providers
- Public Health
- Veterans and/or representatives from veteran's organizations
- Law enforcement
- Other interests (faith-based, aging and adult services, youth advocates, etc.)
- College-age youth
- National Alliance for Mental Illness (NAMI)
- LGBTQ+ community members

Our core group of staff involved in the process and present at every meeting include our MHSA Manager (facilitating), our Prevention and Early Intervention Coordinator, and our MHSA Department Business Specialist. Program managers and Behavioral Wellness staff are invited to present on relevant areas of MHSA programming to answer questions and receive feedback from our committee members.

Regular Agenda items include:

- Welcome, introductions, and goals for meeting
- CSS Program Outcomes Report
- FSP Program Outcomes Report
- PEI Program Outcomes Report
- Fiscal Update

Topic-Based Timeline Items include:

- January:
  - Introduction and Welcome!
- March
  - Provide general updates on plans, reporting requirements, audits
- May
  - Focus on Outreach
- July (Optional)
  - Focusing on results of Community Program Planning Process, and strategizing how to meet needs
- September
  - discuss how Community Program Planning Process, should be rolled out; develop community survey, discuss focus groups, determine how to analyze data

For any questions regarding the Steering Committee, please reach out to MHSA Manager Natalia Rossi.

Circulation of Three-Year Plan for Public Comment

The 30-day review process is conducted from April 15th, 2024 to May 15th, 2024 in partnership with the local Behavioral Wellness Commission. Additionally, the draft Mental Health Services Act Annual Update FY 2024-2025 is emailed to nearly 260 stakeholders. It is available by postal mail on request, posted online and available in the Director's Report.

Any substantive comments received during the 30-day Public Comment period and Public Hearing, staff responses to those comments, and details of any substantive changes made based on those comments, will be included in the Appendix to this plan, and we will indicate if no substantive comments/recommendations for revision were received.

The Behavioral Wellness Commission will be hosting a Public Hearing on May 15th, 2024, and a Board of Supervisors' hearing is anticipated on June 2nd 2024. Lastly, the Final plan update will be posted to the Department of Behavioral Wellness website and announced in the Director's Report.

Notices of the Behavioral Wellness Commission Agenda and Minutes approving the Plan, and Notice of the Board of Supervisors Agenda for approval of the Plan, will be included in the Appendix of this plan.

For more information about the Community Planning Process or if you missed the opportunity to share input at any of the named community planning sessions, you can always email, mail or call MHSA Manager Natalia Rossi.

Contact Information is MHSA Manager Natalia Rossi, JD

Email: nrossi@sbcbwell.org

315 Camino Del Remedio Santa Barbara, CA 93110

☎: (805) 448-1337.

Date of Adoption by County Board of Supervisors: June 18th 2024

About Community Services and Supports and General System Development

Community Services & Support (CSS) is the largest component of the MHSA. CSS continues the commitment focused on community collaboration; cultural competence; client and family-driven services and systems; wellness focus, which includes concepts of recovery and resilience; integrated service experiences for clients and families; and serving the unserved and underserved. CSS funds programming pertaining to General System Development (GSD), Full Service Partnerships (FSP), and Supported Community Services FSPs.

General Systems Development (GSD) focuses on the mental health service delivery system. GSD is used for: treatment, including alternative and culturally specific; peer support; supportive services to assist with employment, housing, and/or education; wellness centers; case management to access needed medical, educational, social, vocational rehabilitation or other services; needs assessment; individual Services and Supports Plans; crisis intervention/stabilization; family education; improving of the service delivery system; and reducing ethnic/racial disparities.

About Full Service Partnerships (FSPs)

Full Service Partnership (FSP) plans for and provides the full spectrum of services, from mental health to non-mental health services, and advances and supports clients' goals towards their recovery, wellness and resilience. The FSP philosophy is to do “whatever it takes” to help individuals achieve their goals. Services may include, but are not limited to, mental health treatment, housing, medical care, vocational training, and crisis support. FSP funding and services are intended to reduce the amount of psychiatric hospitalizations, homelessness, incarceration, and the prolonged suffering of the most severe mental illnesses.

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

New Heights Transitional Age Youth Full Services Partnership (TAY)

Program Population(s) of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Children, TAY	X

Program Summary: The New Heights TAY FSP supports individuals aged 16-25 in their transition to adulthood through psychiatric, therapeutic, and vocational aid, emphasizing peer support and life skill development. Goals include reducing incarceration and acute psychiatric care rates while ensuring active participation in purposeful activities. The program prioritizes inclusivity, offering tailored services to underserved populations and expanding support to encompass financial aid and medication coverage for holistic care.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

The New Heights FSP TAY program serves primarily transition-age youth (TAY), ages 16-25, who require assistance for serious emotional conditions or severe mental illness. These young adults age out of the Department of Behavioral Wellness Children's System of Care at age 25 and are at risk for homelessness. This population also includes individuals who are experiencing co-occurring mental health and substance abuse conditions. Lompoc Region works with the local substance treatment agencies to accept referrals from them for uninsured youth or youth involved with child welfare services. Additional training or Certified Alcohol and Drug specials added to the team would increase the staff's ability to respond to and provide treatment for co-occurring mental health and substance abuse conditions within this program.

For the Lompoc Region New Heights TAY FSP program, the program continued to be unable to staff the program with staff who had the ability to provide services in languages other than English. Interpreters were

consistently relied on to provide services. The youth that were served were bilingual and able to participate in services provided in English and youth were asked for their language preference. However, there were approximately 5 instances in which the parents of a youth were monolingual Spanish and an interpreter was utilized. This does impact the delivery of service and successful outcomes for treatment. Staff are able to provide opportunities for services outside of the traditional 8-5 business hours, which allows for services to be offered to migrant workers, rural populations, and unhoused populations. Staff are also able to provide services in the community setting, which also allows for services to be offered to unserved/underserved populations. Staff provide services in the Lompoc RLC to make services available to some of the youth, who reside in that supported housing complex. The major challenge for the New Heights TAY FSP program continues to be achieving adequate staffing. There has not been sufficient and consistent staffing to be able to consistently implement this program to fidelity.

The Santa Maria region TAY FSP program has not been fully staffed at times throughout the year, decreasing the number of clients that were able to be served. However, as of January of 2024, the team is fully staffed and currently providing services to 16 clients. The clinician and case worker are both fluent in Spanish. They see clients in the community and provide family support

Addressing Community Issues

The New Heights FSP TAY program serves mental health consumers ages 16-25 experiencing mental health and substance abuse conditions. The New Heights FSP TAY program also coordinated the Department of Rehabilitation (DOR) to continue to improve and enhance supportive employment services for clients.

Notable Community Impact

Lompoc Region provides a group called “Adulting 101” that provides life skills training (e.g. cooking, budgeting, food purchasing). If the youth is not able to meet in a group format, the case workers go into the youth’s home to provide this skill building treatment. Staff also target “safe social engagement skills” with this population. Lompoc region staff consistently participate in a weekly meeting with the local housing department to get early notification of vacancies to help these youth submit housing applications that make them eligible for housing. This includes providing the skillset of organization and preparation for this application process. The youth are provided an accordion folder in which they are coached to keep their important housing documents so that they can get through the housing application process quickly and completely. The meeting also discusses any challenges these youth experience while they are having their first independent housing experience (e.g. paying rent on time, safety concerns). Youth in this program have been consistently housed.

The Lompoc region staff also collaborates with Department of Rehabilitation to connect the youth in this program for job readiness skills and opportunities. Youth in this program are consistently employed by using the Department of Rehabilitation employment opportunities.

The Lompoc region had approximately 3 youth complete and graduate from the Grizzly Academy with their High School diploma. Youth have participated in community college bridge and then transferred to a 4-year

college. Staff provide education on how to access the school's resources and take youth on tours of the local community college, Allen Hancock

The team focuses on both staff training and program implementation targeted towards this group. Training focused on the pervasive and profound impacts of trauma, and how to equip people with more effective ways to manage and overcome it are key for staff members. Tools for teaching emotional regulation, developing resilience and self-compassion are utilized in daily programming.

We have been able to consistently serve approximately 124 clients ongoing, which attends to increasing FSP capacity. Services provided are focused on prevention programming, to prevent homelessness or housing instability, interaction with the judicial system, and hospitalization.

Recently, the two members of the team assisted a client in a crisis situation where they had to translate for law enforcement and the mobile crisis worker to a Spanish speaking client. The team provided translation to the client and client's parents. The team had struggled to engage the parents prior to this incident. However, during and following the crisis incident, the parents felt supported by the team's ability to support them in their language and culture and they have become more involved in their youth's treatment, which of course contributes to better outcomes.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness, CommUnify**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$2,901,200
Estimated CSS Funding	$1,849,000
Estimated Medi-Cal FFP	$1,052,200
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$12,668
Estimated Total of Consumers Served	229

Estimated Consumers Served by Age FY 2023/24		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	225	$12,668
Estimated Total Consumers Served Age 26-59		
Estimated Total Consumers Served Age 60+		

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$12,668
Estimated Total Consumers Age 15-26 Served	239	$12,668
Estimated Total Consumers Served Age 26-59		
Estimated Total Consumers Served Age 60+		

Estimated Consumers Served by Age FY 2025/26		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	245	$12,668
Estimated Total Consumers Served Age 26-59		
Estimated Total Consumers Served Age 60+		

Program Description

For the New Heights TAY FSP program, the clients are age 16-25 years old and are in the developmental stage of transitioning into adulthood. Psychiatry, Med Support, Case Management, Therapy and Rehab, Groups/Social Skills, and modeling behaviors are employed to improve interpersonal relationships. Case Management is staffed by CommUnify for the New Heights TAY FSP. We focus on education and exploration of employer resources and furthering client's vocational skills and interests. Teen Parenting skills and support

is another aspect of treatment for this age group. Post-Partum is sometimes a focus of treatment. Treatment Focus is on Peer Support to enhance life skills and learning how to navigate services in the community on their own without the support of the parental unit.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Less than 5% of unique clients incarcerated/ Juvenile Hall	To provide services to prevent incarceration	Quarterly Program Report
Less than 10% admitted to Acute Inpatient Psychiatric Facilities	To provide mental health services earlier and prevent need for acute care	Quarterly Program Report
More than 90% of clients engaged in Purposeful Activity	To help clients with recovery and avoid higher mental health care	Quarterly Program Report

Strategies to Address Service Disparities for Unserved and Underserved Populations

For the New Heights TAY FSP program, staff consistently evaluate and attend to the needs for unique and client-centered services needed by the unserved and underserved populations. Individuals within the unserved and underserved populations are referred for evaluation to the clinic. Referrals are often received from, but not limited to, Primary Care Provider, schools, probation, CWS, school attendance review board, shelters, substance use providers, community agencies, and hospitals. Once a referral is made, staff are trained to include in the evaluation process aspects such as geographic location, age, gender, and race/ethnicity to be able to offer individuals in the unserved and underserved populations the opportunity to participate in services. This is consistent with priorities identified in the Community Planning Process.

Program Alignment with the General Standards of the MHSA

Community Collaboration: Staff routinely and consistently participate in collaboration with community resources and agencies in the form of collaborative offering of services, activities, and outreach in addition to participation in collaborative meetings that review the needs and planning to provide services for clients

Cultural Competence: Staff participate in cultural competence training annually. Training targets increasing competence in the areas of providing access to services, treatment interventions and outreach interventions, program development and implementation, understanding of diverse belief systems and the impact of forms of discrimination and its impact in the mental health system.

Client and Family Driven: Clients have the primary decision-making role to identify their needs, preferences, and strengths and staff offer treatment recommendations that take these identified areas into consideration. Clients and families participate in decision making that supports collaboration between clients, families, and staff to identify the most effective and helpful supports to the client.

Wellness, Recovery, and Resilience Focused: Staff are trained to focus on and integrate into treatment the key concepts such as hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. Staff provide interventions that uphold these key concepts in addition to linking clients and families to resources within the community that also uphold these key concepts.

Integrated Service Experiences for Clients and Families: Staff consistently link families and clients to a range of services through a client's time in treatment that integrate multiple agencies within the community, as well as community programs and resources. Staff will offer a variety of supports to assist client's and families in accessing, qualifying/gaining admittance to, attending, and participating in services with multiple agencies within the community.

Criteria for Enrollment in FSP Services

Criteria for enrollment in an FSP is that, for children and youth, they meet criteria for an emotionally seriously disturbed disorder and are unserved or underserved. Once a referral is made, staff are trained to include in the evaluation process aspects such as geographic location, age, gender, and race/ethnicity to be able to offer individuals in the unserved and underserved populations the opportunity to participate in services. This is consistent with priorities identified in the Community Planning Process.

Changes to Service Delivery

The New Heights TAY FSP will now provide additional non-mental health supports such as financial assistance and assistance paying for medications not covered by insurance to aid in housing and other supports needed to help consumers meet their treatment plan goals.

The Lompoc region has made note that the LGBTQ+ population participating in these services is increasing. They hope to increase their skillset and respond to these needs.

With Santa Maria TAY FSP being full, we are looking at ways of expanding the team to be able to service more clients. For example, bringing on an additional contracted case worker.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	200	Lesbian or Gay	NA	Female	120	English	NA
16-25 yrs.	4	African American or Black	7	Heterosexual	NA	Male	108	Spanish	NA
26-59 yrs.	239	Asian	5	Bisexual	NA	Transgender woman	NA	Vietnamese	NA

60 & older	1	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	0			Genderqueer	NA	Mandarin	NA
		Other	5	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	8	Declined to Answer	NA	Declined to Answer	1	Cambodian	NA
		Declined to Answer		**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	129	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	229	Non-Hispanic	84					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	16						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:				**229**		**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Santa Barbara Adults/Older Adults Full Service Partnership (Formerly Assertive Community Treatment)—Behavioral Wellness

Program Population(s) of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X

Adults/ Older Adults	X

Program Summary: The Santa Barbara Adults/Older Adults Full-Service Partnership (formerly Assertive Community Treatment Program) offers comprehensive 24/7 services for individuals aged 26 or older with severe mental illnesses, emphasizing crisis support, independent living skills, and targeted case management. Priorities include expanding services to underserved populations like the homeless and justice-involved while maintaining low rates of hospitalization and incarceration, and ensuring stable housing for over 90% of participants.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

We utilize a recovery-based, client-centered approach. Care coordinators work with clients to create individualized treatment plans to help them reach their recovery and personal goals. The team empowers clients to increase their independence by helping them develop effective coping strategies for their symptoms and gain valuable independent living skills. The goal of the program is to give clients the skills needed to establish and maintain stability so they can focus on their goals, with the plan of graduating clients to a lower level/ least restrictive level of care once they are ready. Family involvement is encouraged as long as clients consent to their participation in their treatment. Services that are provided include, but are not limited to: rehabilitation services, individual psychotherapy, psycho-education, medication support and administration, crisis services, case management services linking clients to various resources (i.e. social security and health benefits), educational and vocational support, psychiatrist services, outreach, advocacy, and housing support.

BWELL SB Adults/Older Adults FSP struggled with staffing shortages and position vacancies throughout the year. Referrals for justice involved clients increased throughout the year due to changes in legislation (SB 317) that involved more community diversion instead of inpatient restoration.

Addressing Community Issues

Santa Barbara Adults/Older Adults FSP is continuing to try and connect clients to housing but the housing crisis in Santa Barbara is increasing the difficulty in finding housing placement. BWell has budgeted additional client expense funds to help clients with rental deposits and short-term rent deficits. Santa Barbara Adults/Older Adults serves individuals at risk of homelessness, incarceration and hospitalization. The population involves many individuals with co-morbid medical issues. The team works to ensure all clients are linked to medical care and are receiving regular medical appointments. Due to the increasing number of referrals from our justice involved services teams, SB ACT has worked to step individuals down to lower levels of care whenever indicated in order to make more room in the program for the new referrals.

Notable Community Impact

We have connected clients to housing, increased benefits acquisition and lowered return rates to incarceration over the last year.

Program plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$4,827,700
Estimated CSS Funding	$4,117,500
Estimated Medi-Cal FFP	$710,200
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$41,618
Estimated Total of Consumers Served	116
Target Population Demographics Served	Adult, Older Adult

Estimated Consumers Served by Age FY 2023/24		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$41,618
Estimated Total Consumers Age 15-26 Served	7	$41,618
Estimated Total Consumers Served Age 26-59	70	$41,618
Estimated Total Consumers Served Age 60+	39	$41,618

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$41,618
Estimated Total Consumers Age 15-26 Served	7	$41,618
Estimated Total Consumers Served Age 26-59	70	$41,618
Estimated Total Consumers Served Age 60+	39	$41,618

Estimated Consumers Served by Age FY 2025/26		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$41,618
Estimated Total Consumers Age 15-26 Served	7	$41,618
Estimated Total Consumers Served Age 26-59	70	$41,618
Estimated Total Consumers Served Age 60+	39	$41,618

Program Description

Our program offers a "whatever it takes" approach and provides services 24/7 including independent living skills, crisis support, targeted case management, employment support services and medication management. We serve consumers 26 years of age or older. Individuals served are suffering from a mental illness as defined by Welfare and Institutions Code (WIC) 5600.3 (b) (2)-(b) (3). We are a client-centered, recovery-oriented behavioral health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery for persons with serious mental illnesses. Santa Barbara Adults/Older Adults FSP is designed specifically for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and who historically have not benefited from traditional outpatient programs. Our teams provide person-centered services addressing the breadth of a client's needs, helping them achieve their personal goals

Top Community Issues

Our top community issues include increasing FSP capacity and increasing services to underserved/unserved populations; unhoused populations, and those that are Justice Involved. The Adult/Older Adults FSP Program is working to recruit and retain their mental health workers, so that this program can operate at full capacity and increase outreach to unhoused and justice-involved populations to better support these underserved populations.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Psychiatric Inpatient Hospitalization	5% or less	Quarterly Report
Visits to Emergency Care	10% or less	Quarterly Report
Medical Inpatient Hospitalization	5% or less	Quarterly Report

Incarceration	5% or less	Quarterly Report
Stable Housing	90% or greater	Quarterly Report
Purposeful Activities	15% or greater	Quarterly Report
Of clients discharged, the number referred for a lower level of care	85% or greater	Quarterly Report

Strategies to Address Service Disparities for Unserved and Underserved Populations

All of our clients are underserved and have been unserved at one point. Our goal is to bring services to people who can't advocate for themselves to get them.

Program Priorities

The Adult/Older Adults FSP was established to serve those who were discharged from mental health hospitals with no treatment and housing. We are a targeted case management program that specifically works with individuals to get them out of crisis and into a long-term mental health program to avoid unnecessary incarcerations, medical issues, and homelessness. We do this by offering the services listed above and by creating compassionate and solid relationships with our clients, our resources in the community, and the community in general.

Program Alignment with the General Standards of the MHSA

Community Collaboration: We want our community of FSP clients to be productive members of the larger community as they are tremendous individuals who have the ability to give back. We are hoping to have mental health awareness events for the community.

Cultural Competence: The Adult/Older Adults FSP strives to have the upmost cultural competence and we do this through educating one another, through listening and learning from our clients and engaging in trainings that address different cultures.

Client and Family Driven: Our clients are family and when they feel they don't have family support, our groups and services provide this so that they are not isolated. We work with clients to reestablish community and family ties and provide counseling for families. We also do our best to support the caregivers who are supporting loved ones that are struggling with severe mental health challenges.

Wellness, Recovery, and Resilience Focused: The Adult/Older Adults FSP is about recognizing strengths and building off them. We see the goodness in our clients and celebrate it and praise it.

Integrated Service Experiences for Clients and Families: Our team is a multidisciplinary team that works with clients in different ways but always with wellness and recovery at the heart. We also have connections with the resources in the community that can assist in supporting our clients with more care, less care, and different kinds of care.

Criteria for Enrollment in FSP Services

Medi-Cal beneficiaries with serious mental illnesses or serious emotional disturbances are eligible to receive specialty mental health services in the form of Full-Service Partnerships (FSPs) through Behavioral Wellness and associated CBO's. Full Service Partnership services are designed for adults, older adults, TAY, or children with a serious mental illness and/or co-occurring diagnosis of substance use disorders or physical health impairments.

Changes to Service Delivery

In July of this year our Assertive Community Treatment program changed to a Full-Service Partnership program. We also switched to a new Electronic Health Records system (Smart Care). Additionally, Santa Barbara Adults/ Older Adults FSP provides additional non-mental health supports such as financial assistance to aid in housing, help paying for medications not covered by insurance, and other supports needed to help consumers meet their treatment plan goals.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	91	Lesbian or Gay	NA	Female	43	English	NA
16-25 yrs.	7	African American or Black	11	Heterosexual	NA	Male	73	Spanish	NA
26-59 yrs.	70	Asian	2	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	39	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	1		NA	Genderqueer	NA	Mandarin	NA
		Other	1	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	9	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	30	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	116	Non-Hispanic	83					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		

	Unknown/Not Reported	3				
			None	NA	Declined to Answer	NA
Total Number of Individuals Served during the Prior Fiscal Year Period:				**116**	**Cost Per Individual:**	**$**

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Lompoc Adults/Older Adults Full Service Partnership (Formerly Assertive Community Treatment)—Merakey Allos

Program Population(s) of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Adults/ Older Adults	X

Program Summary: The Lompoc Adults/Older Adults Full-Service Partnership (formerly Assertive Community Treatment Program) managed by Transitions Mental Health Association/Behavioral Wellness provides 24/7 crisis support, comprehensive mental health services, and targeted case management for adults and older adults facing severe mental illnesses. Goals include reducing homelessness, lowering ER visits, and enhancing community involvement, aiming to support clients towards stability and quality of life.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

Lompoc FSP only serves the unserved and underserved populations. The people we serve are those experiencing the highest level and most persistent mental illness in our community. Our contracted goals are created to reduce the disparities between those we serve and the larger population. Our main goal as a team to invite those who are often ostracized to be able to have a community and the resources that all people should have the right to. The Lompoc FSP team has reached all of their contracted goals this fiscal year for the County of Santa Barbara meaning we have helped maintain housing, mental wellness, limit police contacts, crisis, hospitalizations and homelessness. Funding client activities and buying supplies has been more difficult over the last calendar year with limited access to direct funds. The drug pandemic has swooped into Lompoc and our sister cities and fentanyl has claimed two clients lives in the last 10 months. The emergency health resources are limited in Lompoc and our hospital has below average rating. They are not equipped or trained for mental health crisis and often our clients report being ostracized, put in

unnecessary restraints, or dismissed without care. Another concern facing this community is lack of housing options. The clients we have experiencing homelessness wait for years on the housing lists without finding a placement.

Addressing Community Issues

Our program is a major contributor to keeping people living in the community and avoiding hospitalizations, homelessness, and incarceration. We serve the underserved and facilitate recovery in our client's mental health wellness. The ultimate goal is to catch folks when they are almost in crisis or are in crisis and help them get to a place where they feel comfortable stepping down to a lower level of care. The team accomplishes this through crisis management, targeted case management, psychiatric and psychological counseling, and connections to all the resources in the community that we have access to.

Notable Community Impact

It is impossible to measure the magnitude of successes this team has had in the past calendar year alone. There have been literally thousands of contacts made between our team members and the clients. We have daily groups that build community and encourage wellness. We provide a 24-hour crisis line to create a safety net to process and receive support before the business day. With our support and encouragement our clients have successfully gotten employment, worked the arduous process of attaining SSDI, secured medical appointments when resistant to seeing medical professionals, graduated from university, created community with each other, repaired relationships and made healthy new ones, found housing, started recovery treatment, reached out to patient's rights and advocated for themselves, regained custody of their children, maintained independent living, and practiced medication compliance.

Program Plan for FY 24-25

Provider:	**Merakey Allos**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$2,043,900
Estimated CSS Funding	$1,748,000
Estimated Medi-Cal FFP	$295,900
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$21,743
Estimated Total of Consumers Served	94
Target Population Demographics Served	Adult, Older Adult

Estimated Consumers Served by Age FY 2023/24		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$21,743
Estimated Total Consumers Age 15-26 Served	9	$21,743
Estimated Total Consumers Served Age 26-59	60	$21,743
Estimated Total Consumers Served Age 60+	25	$21,743

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$21,743
Estimated Total Consumers Age 15-26 Served	9	$21,743
Estimated Total Consumers Served Age 26-59	60	$21,743
Estimated Total Consumers Served Age 60+	25	$21,743

Estimated Consumers Served by Age FY 2025/26		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$21,743
Estimated Total Consumers Age 15-26 Served	9	$21,743
Estimated Total Consumers Served Age 26-59	60	$21,743
Estimated Total Consumers Served Age 60+	25	$21,743

Program Description

Our program offers 24/7 crisis support, medication management and education, activities of daily living skills, financial management and coaching, support with attending to health care needs, substance use counseling, gateways to housing, mental health counseling, groups, one-to-one case management, connections to employment, family therapy and education, support with education, referrals and resources for better quality of life, and of course compassion and a feeling of belonging.

Top Community Issues

Our top community issues include increasing FSP capacity and increasing services to underserved/unserved populations; unhoused populations, and those that are Justice Involved. The Adult/Older Adults FSP Program is working to recruit and retain their mental health workers, so that this program can operate at full capacity and increase outreach to unhoused and justice-involved populations to better support these underserved populations.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Reduce the number of clients experiencing homelessness	Increase access to housing	DCR
Stepping down 20% of our client to lower levels of care over the next year.	Ability to take in more clients with severe need and to assist them to find quality of life and stability in their wellness.	Key events and our discharge and intake spread sheet
Have a full staff to be able to serve the clients in need adequately	To have clients have meaningful encounters on average eight times a month.	We keep a master excel sheet with visits, attempt, collaterals.
Reduce number of ER visits.	Have more primary appointments and psychiatric appointments and clients stable on their medication	Key Events- DCR
Reduce rates of incarceration	For clients to feel like productive members of our community and avoid the trauma of incarceration.	DCR-Key events
Have more clients attending meaningful activities in their lives.	To improve the client's quality of life.	DCR- Key events.
More events with community participation.	The community can learn more about mental health and have more compassion	Quarterly Program Reports

Strategies to Address Service Disparities for Unserved and Underserved Populations

All of our clients are underserved, and have been unserved at one point. Our goal is to bring services to people who can't advocate for themselves to acquire them.

Program Priorities

The Adult/Older Adults FSP was established to serve those who were discharged from mental health hospitals with no treatment and housing. We are a Targeted Case Management program that specifically works with folks to get them out of crisis and into a long-term mental health program to avoid unnecessary incarcerations, medical issues, and homelessness. We do this by offering the services listed above and by creating compassionate and solid relationships with our clients, our resources in the community, and the community in general.

Program Alignment with the General Standards of the MHSA

Community Collaboration: We want our community of FSP clients to be productive members of the larger community as they are tremendous individuals who have the ability to give back to Lompoc. We are hoping to have mental health awareness events for the community.

Cultural Competence: The Adult/Older Adults FSP strives to have the upmost cultural competence and we do this through educating one another, through listening and learning from our clients and engaging in trainings that address different cultures.

Client and Family Driven: Our clients are family and when they feel they don't have family support our groups and services provide that so they are not isolated. We work with clients to reestablish community and family ties and provide counseling for families. We also do our best to support the caregivers who are supporting loved ones that are struggling with severe mental health challenges.

Wellness, Recovery, and Resilience Focused: The Adult/Older Adults FSP is about recognizing strengths and building off them. We see the goodness in our clients and celebrate it and praise it.

Integrated Service Experiences for Clients and Families: Our team is a multidisciplinary team that works with clients in different ways but always with wellness and recovery at the heart. We also have connections with the resources in the community that can assist in supporting our clients with more care, less care, different kinds of care.

Criteria for Enrollment in FSP Services

All of our clients are being referred to the program because they have challenges with serious and severe mental health diagnosis. These clients are also experiencing poverty, live in a violent and dangerous community, some have no housing or precarious housing, and others have serious health conditions.

Changes to Service Delivery

Lompoc FSP was given a new EHR to utilize and we continue making gains with learning the program and using it strategically. This year the Lompoc FSP contract is up again for bidding with the County of Santa Barbara. Merakey is not going to continue to support our program and thus the team will yet again change hands and have a new entity supervising their outcomes. BWell will be issuing a Request for Proposals to be a contracted provider for the Lompoc Adult/Older Adults FSP. This will be another challenge to overcome and this team's compassion for their work and client success is inspiring.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals

0-15 yrs.	0	White	79	Lesbian or Gay	NA	Female	49	English	NA
16-25 yrs.	9	African American or Black	7	Heterosexual	NA	Male	45	Spanish	NA
26-59 yrs.	60	Asian	3	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	25	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	2			Genderqueer	NA	Mandarin	NA
		Other	1	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	2	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	38	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	94	Non-Hispanic	55					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	1						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**94**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Santa Maria Adults/Older Adults Full Service Partnership (Formerly Assertive Community Treatment)-- Telecare

Program Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Adults/ Older Adults	X

Program Summary: The Santa Maria Adults/Older Adults Full-Service Partnership (formerly Assertive Community Treatment Program) managed by Telecare/Behavioral Wellness focuses on community-based interventions for individuals facing severe mental illnesses, offering multidisciplinary support including therapy, case management, and rehabilitation services. Priorities involve expanding services for underserved populations, reducing hospitalizations and incarcerations, and ensuring stable housing for over 90% of participants.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

Telecare Corporation provides Assertive Community Treatment (ACT) services in Santa Maria. Santa Maria Adults/Older Adults FSP employs the following Program Goals to fulfill consumer outreach objectives:

- Build relationships with consumers based on mutual trust and respect.
- Consumers are in various stages of relationship development with staff and are connected to a variety of staff based on need and consumer preference. Each consumer has a point-person; however, emphasis is placed on development of relationships with the team as a whole, as well as this "primary" point-person.
- Provide a culture of recovery through Telecare's Recovery-Centered Clinical Systems (RCCS) treatment modality

- Admissions are voluntary and prioritized based on the needs of the consumer and the ability of the team to meet his or her needs. Each consumer has the right to fail or succeed based on their choices. The recovery process involves gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that bring strength rather than harm.
- No matter which culture or cultures the consumer identifies with, it is the goal of the Program to recognize the unique differences, strengths, knowledge and experiences of each person served. Inclusion into the community as an active, independent, healthy, and productive citizen is the Program's goal.
- Majority of services are provided in the community and use natural supports whenever possible. Development of a broad support network is necessary for continued growth and achievement of life goals.
- Provide continuity across time as many of SM FSP's consumers have long-term relationships with team members
- Operate as a comprehensive, self-contained service.

Addressing Community Issues

One challenge with program implementation is that housing continues to be very limited in the Santa Maria region. Case management team continues to work closely with room and board operators in the community to ensure proper placement. Shelters, sober living facilities and Board and Care are also utilized as housing options when appropriate.

Approximately 30% of the current census is over the age of 60. A growing number of long-term SM FSP clients have chronic medical issues in addition to mental health issues. Meeting the needs of these clients is challenging due to limited resources in the region. Cooperation with hospitals and Skilled Nursing Facilities has been crucial in the placement of these clients.

Our top priority is engaging the most vulnerable populations by creating a warm handoff with the referring agency. We meet potential members in the community to increase opportunities for providing services. Telecare Santa Maria FSP averages 7 Days from referral to enrollment.

Notable Community Impact

A "whatever-it-takes'' approach is used to support each consumer in their recovery. Support is given when the following situations occur but is not limited to: medical care is needed; psychiatric crisis; being unable to make effective choices which thereby leads to risky behaviors; involved with forensic services; specialized group participation is needed (e.g. rape crises counseling); or when family issues occur beyond the ability of the consumer's skill to either problem solve, set limits, or re- establish connections. Services are provided 24/7/365 through a crisis line answered by a familiar staff ready to provide support.

Program Plan FY 24-25

Provider:	**Telecare**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$3,279,900
Estimated CSS Funding	$676,200
Estimated Medi-Cal FFP	$2,603,700
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$27,795
Estimated Total of Consumers Served	118
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2023/24		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	10	$27,795
Estimated Total Consumers Served Age 26-59	78	$27,795
Estimated Total Consumers Served Age 60+	29	$27,795

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	10	$27,795
Estimated Total Consumers Served Age 26-59	78	$27,795
Estimated Total Consumers Served Age 60+	29	$27,795

Estimated Consumers Served by Age FY 2025/26	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	10	$27,795
Estimated Total Consumers Served Age 26-59	78	$27,795
Estimated Total Consumers Served Age 60+	29	$27,795

Program Description

Interventions take place in member's community and focus on challenges in that environment. Interventions include the treatment, rehabilitation and the supportive services a member needs e.g. assistance meeting daily living needs, housing, financial, physical health and dental care; personal & psychological well-being; work, education, social relationships & recreation; support & education to family, significant others, and community members. This is accomplished by providing a multidisciplinary team approach. This approach includes medication support, therapy, individual rehabilitation, targeted case management and therapeutic groups.

Top Community Issues

Our top community issues include increasing FSP capacity and increasing services to underserved/unserved populations; unhoused populations, and those that are Justice Involved. The Adult/Older Adults FSP Program is working to recruit and retain their mental health workers, so that this program can operate at full capacity and increase outreach to unhoused and justice-involved populations to better support these underserved populations. The major challenge for our program this fiscal year is vacant positions in our staffing.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Inpatient Hospitalization	5% or less	Quarterly Report
Incarceration	5% or less	Quarterly Report
Stable Housing	90% or greater	Quarterly Report

Strategies to Address Service Disparities for Unserved and Underserved Populations

All of our clients are underserved and have been unserved at one point. Our goal is to bring services to people who can't advocate for themselves to acquire them.

Program Priorities

The Adult/Older Adults FSP was established to serve those who were discharged from mental health hospitals with no treatment and housing. We are a targeted case management program that specifically works with folks to get them out of crisis and into a long-term mental health program to avoid unnecessary incarcerations, medical issues, and homelessness. We do this by offering the services listed above and by creating compassionate and solid relationships with our clients, our resources in the community, and the community in general.

Program Alignment with the General Standards of the MHSA

Community Collaboration: We want our community of FSP clients to be productive members of the larger community as they are tremendous individuals who have the ability to give back. We are hoping to have mental health awareness events for the community.

Cultural Competence: The Adult/Older Adults FSP strives to have the upmost cultural competence and we do this through educating one another, through listening and learning from our clients and engaging in trainings that address different cultures.

Client and Family Driven: Our clients are family and when they feel they don't have family support our groups and services provide that so they are not isolated. We work with clients to reestablish community and family ties and provide counseling for families. We also do our best to support the caregivers who are supporting loved ones that are struggling with severe mental health challenges.

Wellness, Recovery, and Resilience Focused: The Adult/Older Adults FSP is about recognizing strengths and building off them. We see the goodness in our clients and celebrate it and praise it.

Integrated Service Experiences for Clients and Family: Our team is a multidisciplinary team that works with clients in different ways but always with wellness and recovery at the heart. We also have connections with the resources in the community that can assist in supporting our clients with more care, less care, and different kinds of care.

Criteria for Enrollment in FSP Services

Clients are individuals with Serious Mental Illness whose symptoms of mental illness cause the most substantial levels of disability and functional impairment. Due to the severity of their symptoms and functional issues, individuals who receive these services are in the greatest need for rehabilitative services in order to live successfully in the community and achieve their personal recovery goals. Multiple barriers to successful functioning are common in this group and may include: co-occurring substance abuse or dependence, homelessness, unemployment, out-of-control illness management, frequent and persistent use of hospital emergency departments and inpatient psychiatric treatment, and problems with the legal system. Priority of the population served include individuals with SMI who are transitioning from or are at risk of placement at Institutions for Mental Disease (IMDs), Acute Inpatient facility settings or other residential living settings.

Changes to Service Delivery

These will include strategies to reduce travel time in the field, increased use of telehealth and more efficient ways to complete documentation. Additionally, Santa Maria Adults/ Older Adults FSP will now provide additional non-mental health supports such as financial assistance to aid in housing, funding for medications not covered by insurance, and other supports needed to help consumers meet their treatment plan goal.

Program Demographics

Reporting FY 22-23

Our unserved/underserved populations are 45% LatinX; 6% Asian American/Pacific Islander; 5% African American, 1% Native American, Unhoused populations, Justice Involved populations; and LGBTQIA+.

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	1	White	97	Lesbian or Gay	NA	Female	41	English	NA
16-25 yrs.	10	African American or Black	11	Heterosexual	NA	Male	77	Spanish	NA
26-59 yrs.	78	Asian	2	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	29	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	0			Genderqueer	NA	Mandarin	NA
		Other	2	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	6	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	44	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	118	Non-Hispanic	73					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	1						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**118**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

South Community Full Service Partnership (Formerly Supported Community Services) – PathPoint

Program Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Adults, Older Adults	X

Program Summary: The South Community Full Service Partnership (formerly Supported Community Services South) by PathPoint focuses on providing comprehensive support for individuals dealing with severe mental illnesses. Their multidisciplinary team offers field-based services including case management, therapy, and crisis assistance, aiming to expand access to underserved populations while reducing hospitalizations and incarcerations.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

We connect with clients in the Southern region of Santa Barbara County at various housing locations through the supportive-services mental health model. The underserved populations we work with in PTR are primarily people experiencing homelessness, dual diagnosis, and adults experiencing severe and persistent mental illness. Often times we serve clients who have complex medical needs, mental health challenges combined with low income economic situations. In order to provide services to Spanish speakers in our community we have maintained a workforce in the past fiscal year of four fluent Spanish speaking providers who have provided culturally and linguistically appropriate and effective care and coordination. We have also utilized when needed the Language Line for any interpretation services needed for appointments. This field-based program reduces transportation barriers many face in our community by providing at home or in the community service locations.

Addressing Community Issues

Full-service partnerships include a “whatever-it-takes” commitment to progress on concrete recovery goals. Supported Community Services South serves clients that meet System Development (SD) criteria AND are unserved/underserved and at risk of homelessness, incarceration, or hospitalization. By providing clinically appropriate, field based, 1/1 weekly in person support services to vulnerable populations PTR is attempting to reduce some of the top community issues mentioned above through early intervention and prevention. Each staff has a 1/1 relationship with their client that then gets relayed to a larger team that includes psychiatric and RN guidance, intervention and support. By providing a person-centered approach to mental health services and a ‘walk alongside’ attitude, PTR strengthens relationships which ultimately make connections that many of the high system utilizers may need to attain symptom reduction and community functioning. PTR attends a weekly CTS meeting with other BWell partners and programs which provides opportunity to coordinate services and triage those needing immediate care to ultimately reduce community impact

Notable Community Impact

We continue to focus on creating flow (transitioning clients who are ready for a lower level of care). This focus, and increased communication between the other programs (Outpatient clinics, ACT, Crisis, etc.) led to an improvement in the program’s ability to accept referrals into their program without having to wait until another staff person is hired. This shift has also led to the staff working more closely with clients on opportunities to graduate down to a lower level of care, including to community-based services, utilizing warm handoffs throughout all transitions. We also had many homeless clients who attained housing.

Program Plan for FY 24-25

Provider:	**PathPoint**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$1,972,700
Estimated CSS Funding	$ 753,700
Estimated Medi-Cal FFP	$1,219,000
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$7,890
Estimated Total of Consumers Served	250
Target Population Demographics Served	Adult, Older Adult

Estimated Consumers Served by Age FY 2023/24	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	2	$7,890
Estimated Total Consumers Served Age 26-59	148	$7,890
Estimated Total Consumers Served Age 60+	100	$7,890

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	2	$7,890
Estimated Total Consumers Served Age 26-59	148	$7,890
Estimated Total Consumers Served Age 60+	100	$7,890

Estimated Consumers Served by Age FY 2025/26		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	2	$7,890
Estimated Total Consumers Served Age 26-59	148	$7,890
Estimated Total Consumers Served Age 60+	100	$7,890

Program Description

All PathPoint programs provide the following services and supports:

- Independent living skills: Practical skills that include budgeting, personal hygiene, time management, health maintenance, etc.
- Activity skills: Community involvement, vocational opportunities, volunteering, goal setting, emotional tolerance, etc.
- Social skills: interpersonal, communication, cooperation, conflict management, communal living, boundary setting, overcoming isolation, anger management, self-advocacy, etc.

- Emotional skills such as anxiety reduction, relaxation, self-soothing, coping skills, emotional expression, mindfulness, impulse control, etc.
- Cognitive skills: positive thinking, challenging negative beliefs, acceptance, developing intentions.
- Skills for coping with mental illness: symptom management and recognition, learning about their mental illness, understanding medication, accepting their mental illness

Supported Community Services South consists of an FSP multidisciplinary team of staff including 2 RNs, 1 Psychiatrist, and a team of case managers who provide field-based community services to 115 clients living from Goleta to Carpinteria and downtown Santa Barbara. This FSP provides weekly in person case management, collateral, rehabilitation, therapy, and crisis services to adults experiencing severe and persistent mental illness.

Top Community Issues

The CPPP identified expanding access to FSPs and shortening wait times to admittance in an FSP as a top priority. This program is attempting to increasing staffing in both North and South County to meet community need for FSP services

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Inpatient Hospitalization	5% or less	Quarterly Report
Incarceration	5% or less	Quarterly Report
Stable Housing	90% or greater	Quarterly Report
Increase total number of persons served	Serve approximately 135 clients by the end of July 2024	Data Tracking Reports
Work with BWell to increase program capacity	Hire 2 FTE to serve approximately 24 new clients to expand program by the end of July 2024	Program Caseload Spreadsheet

Strategies to Address Service Disparities for Unserved and Underserved Populations

Our goal is to maintain Spanish speaking case workers and utilize the Language Line when needed to attain interpretation services. By increasing community access through field based and home-based services, barriers like transportation are reduced. By meeting a client where they feel most comfortable in their community this increases opportunity for family involvement inside a household for example or peer support via community programs. South Community FSP is comprised of staff with unique backgrounds and experience levels which provides opportunity to serve a diverse population. By attaining and maintaining a diverse workforce we hope to reduce barriers and increase connections to those most vulnerable in our communities. Strong connections to other industry leaders and partners (Housing Authority, Cottage Hospital, BWell, PATH, Rescue Mission, Mental Wellness Center and others) provide another form of outreach and coordination to those interested in receiving services who may not be engaged already.

Program Alignment with the General Standards of the MHSA

Community Collaboration: Resources are shared in a collaborative process between agencies in each program though weekly team meetings designed to share resources, collaborate on client issues, and resource gathering. By making and maintaining strong community partnerships with local agencies PathPoint uses its reputation to build on these relationships to foster information sharing for families, clients and staff

Cultural Competence: PathPoint addresses Cultural Competency through multiple channels via Trainings: Implicit Bias, Cultural Humility, Onboarding-Person Centered Approach to working with individuals, Community: (Mental health First Aid, collateral interventions) and Workplace Culture: (Diversity and Inclusion Taskforce)

Client and Family Driven: Staff work alongside their clients relying on their input and direction to create goals and outcomes for their care. Involve family whenever possible to educate support and encourage engagement in client's care.

Wellness, Recovery, and Resilience focused: Staff in each program is trained and encouraged to promote hope, personal empowerment, respect, social connections, self-responsibility and self-determination. Staff do this by embodying these core values of recovery and reflecting it in their one on one interventions with their clients. Interventions are client driven and designed to foster personal growth and development and independence.

Integrated Service Experiences for Clients and Families: PathPoint uses its community connectedness as a way to share resources with family of those we support and encourage their participation when appropriate. By connecting to the larger community for resources PathPoint acts as a funnel for understanding available community resources.

Criteria for Enrollment in FSP Services

Referrals are people are already open to BWell and have met criteria for needing specialty mental health services with our county. Each referral is also reviewed by the program manager to ensure that the client will benefit from the level of care this FSP provides. Referring parties may address this by using a LOCRI and MORS as basic tools to demonstrate appropriate level of care. This along with clinic collaboration on referrals insures clients are being enrolled in an appropriate program and meet criteria for medical necessity. Enrollment for FSP include diagnosis of SPMI, multiple hospitalizations, incarcerations or incidents of homelessness.

Changes to Service Delivery

All PathPoint programs are exploring expansion of services due to high need. Expansion of services makes good fiscal sense since we already have the infrastructure in place and programs operating. South Community FSP is exploring increasing capacity to serve 24 more people. Additionally, South Community FSP will now provide additional non-mental health supports such as financial assistance to aid in housing and help consumers meet their treatment plan goals.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	198	Lesbian or Gay	NA	Female	111	English	NA
16-25 yrs.	2	African American or Black	22	Heterosexual	NA	Male	139	Spanish	NA
26-59 yrs.	148	Asian	2	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	100	Native Hawaiian or Other Pacific Islander	2	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	4			Genderqueer	NA	Mandarin	NA
		Other	2	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	18	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	2	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	40	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	250	Non-Hispanic	210					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	0						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**250**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

North Community Full Service Partnership (Formerly Supported Community Services North)—TMHA

Program Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Adults/ Older Adults	X

Program Summary: The North Community Full Service Partnership (formerly Supported Community Services North) provides outpatient mental health treatment for severe and persistent mental illnesses, focusing on individual recovery roadmaps for independence and graduation from the program. Services cover community resources, employment support, and symptom management, with goals to reduce hospitalizations and incarcerations, as well as enhance housing stability and purposeful activities.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

At TMHA's Santa Maria FSP we provide outpatient mental health treatment for TAY, adults and older adults with severe and persistent mental illness. The intensive treatment team helps individuals to recover and live independently within their community. Program participants 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 and recovery possible. Our efforts towards reducing ethnic and cultural disparities include training in Diversity Equity and Inclusion as well as Trauma Informed Care for all staff. We also ensure that our clients are able to access their services in their preferred language directly by their provider or a translator.

The challenges presented last year include CalAIM payment reform and the change of electronic health record. Both of these major changes have presented challenges with learning and operating a new system

without sufficient training on the documentation, administrative and fiscal side of operations. We also continue to have difficulty hiring clinical staff. Clinical staff are imperative to FSP operations for assessments, determining level of care, therapy and the oversight of treatment team.

Addressing Community Issues

During recent years, the Program has shifted the focus to each consumer's unique recovery journey. Staff and consumers work together to identify recovery goals and to develop a specific "road map" for each individual, with an overall goal of reaching a level of recovery that enables an individual to graduate from the program. Additional Master's level clinical staff have been recruited, and more therapeutic groups and individual therapy opportunities have been offered to consumers. Groups have focused on healthy relationships, self-care, stress management, coping skills, art therapy, co-occurring disorder support, and laughter therapy.

Notable Community Impact

The program served 89 unique individuals in FY 22-23. In this same fiscal year, only 2% of our Santa Maria TMHA FSP clients had psychiatric inpatient hospital admissions, well below the goal of 5%. Only 6% of clients had visits to the ED throughout the year and 5% were hospitalized for physical health reasons. Clients incarcerated averaged 2%, well below the goal of 5%. Clients in stable permanent housing throughout the year was 97%! The community impact is clear as we have few clients accessing unnecessary emergency services, incarcerations and hospitalizations are low and clients in stable housing is very high.

Program Plan for FY 24-25

Provider:	**Transitions Mental Health Association**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$1,690,700
Estimated CSS Funding	$ 486,900
Estimated Medi-Cal FFP	$ 1,203,800
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$9,551
Estimated Total of Consumers Served	177
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2023/24		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	8	$9,551
Estimated Total Consumers Served Age 26-59	116	$9,551
Estimated Total Consumers Served Age 60+	52	$9,551

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	8	$9,551
Estimated Total Consumers Served Age 26-59	116	$9,551
Estimated Total Consumers Served Age 60+	52	$9,551

Estimated Consumers Served by Age FY 2025/26		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	8	$9,551
Estimated Total Consumers Served Age 26-59	116	$9,551
Estimated Total Consumers Served Age 60+	52	$9,551

Program Description

North Community FSP provides outpatient mental health treatment for TAY, adults and older adults with severe and persistent mental illness. The intensive treatment team helps individuals to recover and live independently within their community. Program participants 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 and recovery possible. During recent years, the Program has shifted the focus to each consumer's unique recovery journey. Staff and consumers work together to identify recovery goals and to develop a specific "road map" for each individual, with an overall goal of reaching a level of recovery that enables an individual to graduate from the program. Program services include the following: Community resources; employment and educational supports; social system intervention; housing support; peer support; community integration; symptom assessment, management and individual supportive therapy; medication prescription, administration, monitoring and documentation, and substance abuse services.

Top Community Issues

The Community Program Planning Process identified expanding access to FSPs and shortening wait times to admittance in a FSP as a top priority. This program is attempting to increasing staffing in both North and South County to meet community need for FSP services.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Reduce psychiatric inpatient hospitalizations	Reduce hospitalizations to 5% or less each quarter	Individual client tracking on FSP key events form
Reduce incarcerations	Reduce incarcerations to 5% or less each quarter	Individual client tracking on FSP key events form
Increase stable/permanent housing	Increase stable permanent housing to 90% or greater each quarter	Individual client tracking on FSP key events form
Reduce physical health hospitalizations	Reduce physical health hospitalizations to 5% or lower each quarter	Individual client tracking on FSP key events form
Reduce E.R. visits	Reduce E.R. visits by 5% or lower each quarter	Individual client tracking on FSP key events form
Increase purposeful activity	Increase purposeful activity by 15% or greater each quarter	Individual client tracking on FSP key events form
Improve MORS scores	Improve MORS scores by 20% each quarter	Team rating on individual MORS each month

Strategies to Address Service Disparities for Unserved and Underserved Populations

The program hires bilingual/bicultural staff when possible to ensure we can adequately serve our population. Our staff are also given frequent opportunities to attend diversity, equity and inclusion trainings annually.

Program Alignment with the General Standards of the MHSA

Community Collaboration: The program works with community agencies who can provide adjunct services and supports to clients for services the program does not provide.

Cultural Competence: Staff are required to attend diversity, equity and inclusion training throughout the year. These trainings include topics of serving unhoused and justice involved populations.

Client and Family Driven: The team supports client families by connecting them with our family services program. The team works to support a healthy family dynamic.

Wellness, Recovery, and Resilience Focused: The program focuses on strengths, wellness rather than on illness and diagnosis.

Integrated Service Experiences for Clients and Family: The program leverages the support of our multiple TMHA programs to support clients in their recovery: Family Services, Supported Employment Program, Growing Grounds Farm, The Recovery Learning Communities, and Central Coast Hotline

Criteria for Enrollment in FSP Services

Referred people are already open to BWell and have met criteria for needing specialty mental health services with our county. Each referral is also reviewed by the program manager to ensure that the client will benefit from the level of care this FSP provides. Referring parties may address this by using a LOCRI and MORS as basic tools to demonstrate appropriate level of care. This along with clinic collaboration on referrals insures clients are being enrolled in an appropriate program and meet criteria for medical necessity. Enrollment for FSP include diagnosis of Serious and Persistent Mental Illness, multiple hospitalizations, incarcerations or incidents of homelessness.

Changes to Service Delivery

There are no changes for service delivery for the upcoming year. We are pleased that California is recognizing the positive impacts that peers have on the community members we serve and have passed peer certification. We are working on implementing peer certified staff on our FSP team. Additionally, FSP has access to flex funds which has allowed our team to assist our clients with various significant needs not limited to but including the following: rent, deposits, emergency housing, hygiene supplies, furniture, bus passes, clothing, etc. This has profoundly positive impact on our clients who are living below poverty. We will continue to advocate for smaller population focused FSP programs. Currently, our FSP serves 3 distinctly different populations and we see the advantage of having smaller programs serving each population separately. This will allow each team to specialize in their population. We would like to restructure these smaller teams to ensure they have the needed staffing at each level. We will also need additional administrative assistance due to the need for routinely running reports, verifying Medi-Cal eligibility and providing invoices to the county for services rendered.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	1	White	145	Lesbian or Gay	NA	Female	80	English	NA
16-25 yrs.	8	African American or Black	2	Heterosexual	NA	Male	97	Spanish	NA
26-59 yrs.	116	Asian	18	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	52	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	0			Genderqueer	NA	Mandarin	NA
		Other	6	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	6	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	86	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	177	Non-Hispanic	91					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	0						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:				**177**		**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Spirit FSP Wraparound Services

Program Population(s) of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Children	X

Program Summary: The Spirit FSP aids children (ages 6-15) and families through therapy, crisis evaluations, and accessing vital services. Priorities include enhancing mental health programs for youth, addressing service disparities and aligning with MHSA standards, while eligibility involves significant functional impairments and involvement in or being at risk of criminal justice entanglement due to mental health conditions.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

The SPIRIT program operates in all three regions of the County as a specialized team that provides intensive, high frequency services to a disenfranchised, underserved population of children and families that have limited resources, have failed to thrive with conventional treatment, and whose children are at risk for placement in out-of-county, high-level group home facilities due to emotional and behavioral issues.

The SPIRIT team consists of the following: Mental Health Practitioner/Family Facilitator, Peer Parent Partner and a Caseworker. The SPIRIT team serves children at a 1:15 ratio to ensure that care is available 24/7 with on-call support to clients and families both after hours and on weekends. SPIRIT children are typically also being served by a Psychiatric Technician and/or Registered Nurse and Psychiatrist through the Behavioral Wellness Children's Clinic. Together they provide a comprehensive, multidisciplinary team offering an array of intensive services to prevent decompensation.

The SPIRIT team services are designed to provide high-frequency, intensive services within the home and/or community to both the child and family members, in which regular attempts to outreach are critical to engage the most resistant and high-needs children and families. The Department has operationalized and standardized level-of-care tools to ensure that the children with the highest needs are served through the SPIRIT program and are regularly reassessed to determine when they are prepared to transition or step-down to a lower level-of-care as they become stabilized.

SB Children's Clinic continues to utilize bilingual case workers and parent partner in the Spirit FSP program. We also use Language Line and other contracted provider services for translation as necessary.

We have hired for the SPIRIT program and are fully staffed with the practitioner, case worker and parent partner.

Lompoc has not had full staffing for the SPIRIT program, which has impacted the ability to provide SPIRIT services. We have had vacancy in both the case worker and practitioner position. However, our peer parent partner has been consistent. To assist with this vacancy, we have a practitioner that is not typically assigned to the SPIRIT program provide some coverage to respond to the needs of the program. The caseload has significantly decreased because of this staffing.

Addressing Community Issues

The SPIRIT team strives to implement specialty mental health services within the home and/or community with a 'whatever it takes' approach to the delivery of treatment focusing on outreach and engagement, development of attainable treatment plan goals and promoting stabilization to prevent hospitalization. Children and families are involved at every level of the planning and treatment process aimed at achieving their family vision, hopes and dreams and wellness goals.

We continue to try and meet the needs of every client and their family. To do this, we utilize assessments, interviews, and weekly sessions. We offer support and services referrals as needed; including transportation and helping to fill out applications or writing letters of recommendation.

Notable Community Impact

It is not uncommon for SPIRIT children and families to have limited resources and complex socio-economic barriers, thus, at times, they struggle with transitioning out of SPIRIT's intensive, supportive 24/7 wraparound care. Resolutions to these problems have included expanded collaboration with community based organizational partners, community resources, school teams, and informal supports, in order to assist families in transitioning to a lower level-of-care as their circumstances improve.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness, CALM**

Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$3,135,100
Estimated CSS Funding	$1,774,500
Estimated Medi-Cal FFP	$1,318,000
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$42,600
Average Cost Per Consumer	$19,842
Estimated Total of Consumers Served	158
Target Population Demographics Served	Children, TAY

Estimated Consumers Served by Age FY 2023/24		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	144	$19,842
Estimated Total Consumers Age 15-26 Served	14	$19,842
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	144	$19,842
Estimated Total Consumers Age 15-26 Served	14	$19,842
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Estimated Consumers Served by Age FY 2025/26	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	144	$19,842
Estimated Total Consumers Age 15-26 Served	14	$19,842
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Program Description

The Spirit Wraparound FSP serves Children and Youth aged 6-15 and their families. This FSP provides therapy, case management, crisis evaluations, and evaluations for involuntary hospitalization; interviews clients to obtain pertinent information including psychiatric, social, educational, and vocational history; makes field visits to evaluate clients to determine needs for services; assists clients in obtaining suitable services such as housing, vocational rehabilitation, financial assistance, and employment; helps clients develop necessary skills for everyday living; provides transportation for clients to obtain needed services; cooperates with other agencies and professionals to coordinate services for mutual clientele; Participates in interdisciplinary team reviews/ Team Based Care meetings for collaborative assessment and treatment planning to ensure quality care; conducts social, recreational, or occupational skill development in accordance with the treatment plan; observes and reports to licensed staff observations of client's behaviors; confers with licensed staff regarding needed services and referrals to other community agencies; Serves as a point of contact to community agencies or contract service providers when programmatic issues arise; Documents client activity according to established departmental guidelines under supervision of licensed professional staff.

Top Community Issues

Low staffing in mental health services make receiving services more difficult to obtain or take longer to obtain, this results in longer wait times for services for children and their families.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Unique clients engaged in purposeful activity	95% or higher	Quarterly Program Report
Unique clients discharged to higher level of care	10% or less	Quarterly Program Report
Unique clients discharged to lower level of care	90% or lower	Quarterly Program Report

Strategies to Address Service Disparities for Unserved and Underserved Populations

Strategies to be implemented include more services provided in the community and at times that work for clients and families (i.e. outside "regular" working hours) and using engagement strategies to engage clients in services.

Program Priorities

The Community Program Planning Process identified increasing mental health programs and interventions for Youth and Families.

Program Alignment with the General Standards of the MHSA

Community Collaboration: We work with CBOs to provide the most appropriate services to our clients

Cultural Competence: Staff continue to receive annual cultural competency training.

Client and Family Driven: Staff work with clients and families (when appropriate) to make and progress towards client goal.

Wellness, Recovery, and Resilience Focused: Services are evidenced-based and a team-based approach. Staff are trained and educated in client's wellness, recovery, and resiliency.

Integrated Service Experiences for Clients and Family: Staff include family and cultural pieces to best serve our clients. Should more appropriate services be needed, referrals will be made.

Criteria for Enrollment in FSP Services

- Age 5-16
    - Client has been diagnosed with a Serious Emotional Disturbance; Client has significant functional impairments in the following areas as demonstrated by at least one of the following conditions:
- At risk of losing home placement (i.e. risk of homelessness, psychiatric hospitalization, residential treatment or multiple foster placements) due to their mental health condition.
- Involvement or at risk of involvement in the criminal justice system due to their mental health condition.
- High risk behaviors (i.e. self-injurious, run away, potential for CSEC involvement).
- Inability or limited ability to perform daily living tasks without prompts or support, which are likely to lead to significant consequences (i.e. client is not able to manage hygiene/self-care to the point where there is serious risk).
- Inability or limited ability at maintaining consistent employment or achieving educational goals (i.e. suspension, expulsion, failing classes, not making credits, excessive absences or dropping out, risk of losing job, etc.), and/or social/behavioral impairment due to their mental health condition.
- Client displays one or more of the following problems, which are indicators of continuous increased service needs:
    - 2 or more contacts per year with crisis services and/or emergency room and/or psychiatric hospitalization within the last 6 months, or at current risk of hospitalization.

- Severe mental health symptoms/impairments, such as symptoms of psychosis, suicidality, disassociation, delusions, paranoia, etc. physical aggression to the point where it affects functioning in an important area of the consumer's life.
- Dual Diagnosis (substance abuse and mental health diagnosis) of significant duration, and/or Severe Emotional Conditions (with an included primary mental health diagnosis)
- Difficulty effectively utilizing traditional office-based outpatient services. Consumer requires support to increase engagement in services.
- Consumer is currently receiving multiple clinic-based services and adjunct services and is requiring more intensive services.

Changes to Service Delivery

Spirit Wraparound FSP will now provide additional non-mental health supports such as financial assistance to help consumers meet their treatment plan goals. The Department continues to offer both onsite, in community and virtual services as preferred by clients which assists with ameliorating any geographical barriers to efficient access to all types of services offered.

The Department has also increased support to FSP staff regionally (in additional to clinic leadership) both on the adult and children's system of care with the new hire of the FSP Manager.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	144	White	133	Lesbian or Gay	NA	Female	99	English	NA
16-25 yrs.	14	African American or Black	5	Heterosexual	NA	Male	59	Spanish	NA
26-59 yrs.	0	Asian	2	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	0	Native Hawaiian or Other Pacific Islander	2	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	6			Genderqueer	NA	Mandarin	NA
		Other		Other	NA	Other	NA	Tagalog	NA
		More Than One Race	4	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA

Yes	0	Hispanic	112	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	158	Non-Hispanic	41					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	5						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**158**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports, FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Justice Alliance FSP

Program Populations of Focus

Homeless	
Forensic	X
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Adults/Older Adults	X

Program Summary: The Justice Alliance program aids justice-involved individuals via specialized court initiatives, linking them to mental health treatment and community resources to resolve legal issues. It aims to reduce higher levels of care, track referrals and monitor client progress using assessments. Through court collaboration and additional non-mental health supports like financial assistance for housing, the program seeks to enhance services for client recovery and stability.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

The Justice Alliance countywide program is a specialized Full-Service Partnership (FSP) program that seeks to provide transitional, supportive services and linkage to individuals with mental health needs who are justice-involved. The Justice Alliance program was designed to remove barriers to accessing treatment, while assisting individuals with navigating both the criminal justice and behavioral health systems. The Justice Alliance team provides services that promote stabilization, reintegration in the community and reduced recidivism with the goal of linking them to longer-term care, such as the Adult/Older Adults FSP program or an outpatient clinic. The individuals served often have co-occurring substance use disorders. Many of the individuals assessed are underserved or unserved members of ethnically diverse populations in need of integrated, customized, mental health and/or substance abuse treatment.

The implementation of SB 317 regarding individuals found incompetent to stand trial with a misdemeanor charge has resulted in demands by the court to have a placement recommendation for a client to be completed in 30 days. The placement usually identified is a crisis residential treatment program. The number

of referrals has resulted in Justice Alliance clinical staff being able to produce a treatment recommendation in 15 working days or less. These placement recommendations require a lengthy review of the client's arrest reports and mental health treatment history. The workload becomes challenging when the program receives 2-3 court referrals a day. Justice Alliance also has the additional barrier of waiting for court approval of the treatment plan, which includes a court order to approving the individuals release from custody. The Justice Alliance case workers are impacted by their efforts to complete Crisis Residential Treatment (CRT) packets and staffing the client's cases with CRTs in north and south county. The efforts to link clients from county jail to a CRT require case workers to travel from Santa Maria to Santa Barbara to transfer clients to the Telecare CRT in Santa Maria which is the identified CRT to treat our justice involved clients.

Behavioral Wellness has partnered with the Public Defenders and District Attorney's office to start the Rapid Diversion Pilot program in Santa Maria, CA this calendar year. The goal of this program is to identify individuals early who are appropriate for diversion and link them to treatment, resulting in reduced jail time and criminal convictions.

Behavioral Wellness has also partnered with the Public Defenders' Office and Probation Department to develop the Familiar Faces program that will target high utilizers of community resources, with the goal of reducing crisis services including hospitals and jails, and ultimately engaging them in treatment

Addressing Community Issues

Justice Alliance team members work closely with a variety of forensic partners to include the Court, Probation, Public Defender, Sheriff, District Attorney, Community-Based Organizations and other Department of Behavioral Wellness treatment teams to make treatment recommendations and facilitate access and linkage to treatment. Justice Alliance also provides ongoing progress reports to the Court supporting client's reintegration with the goal of preventing recidivism, reincarceration and decompensation. Justice Alliance practitioners are responsible for the initial assessments to determine the client's level-of-care need and ensure a warm hand-off to the most appropriate long-term mental health and/or substance abuse treatment program(s) in the community.

Notable Community Impact

The Justice Alliance team has supported clients released from the county jails to crisis residential treatment (CRT) for mental health treatment and reintegration back into the community from county jail. The Justice Alliance team has collaborated with the Behavioral Wellness Homeless Services team to transition client staying at the CRTs to dedicated Behavioral Wellness shelter beds in north and south county respectively. The Justice Alliance team has linked clients to residential treatment programs and board and cares, when a client is found appropriate for these placements. The Homeless Services team assists Justice Alliance clients in becoming document ready and eligible for future housing opportunities. This linkage has prevented clients from returning to homelessness and assisting to provide safety and structure to our client's activities of daily living. Prioritizing the Justice Alliance team as a short-term program works to have the client accept treatment and become consistent in meeting with their mental health treatment team and taking medications as prescribed. This results in a positive outcome for the client to be transferred to a long-term

mental health treatment program that allows the client to continue receiving their mental health services in their community.

The overall positive impacts are clients receiving mental health services and substance use disorder treatment (if indicated) in their community. The ideal is for the client to be in a safe and stable living situation. These positive impacts hopefully decrease the risk of a client being arrested, incarcerated in county jail and psychiatric hospitalization. During the past calendar year Justice Alliance received a total of 552 referrals, which included discharge planning support to a CRT, Mental Health Diversion Plans, Mental Health Treatment Court screenings and Misdemeanor IST treatment plans.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$3,216,800
Estimated CSS Funding	$3,024,800
Estimated Medi-Cal FFP	$192,000
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$14,961
Estimated Total of Consumers Served	215
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2023/24		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$14,961
Estimated Total Consumers Age 15-26 Served	21	$14,961
Estimated Total Consumers Served Age 26-59	171	$14,961
Estimated Total Consumers Served Age 60+	23	$14,961

Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	0	$14,961
Estimated Total Consumers Age 15-26 Served	21	$14,961
Estimated Total Consumers Served Age 26-59	171	$14,961
Estimated Total Consumers Served Age 60+	23	$14,961

Estimated Consumers Served by Age FY 2025/26		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$14,961
Estimated Total Consumers Age 15-26 Served	21	$14,961
Estimated Total Consumers Served Age 26-59	171	$14,961
Estimated Total Consumers Served Age 60+	23	$14,961

Program Description

The Justice Alliance program provides services and supports to a number of different programs:

IST Court: The Behavioral Wellness clinical psychologist and post-doctoral intern who are part of the Behavioral Wellness Justice Alliance team meet with clients who have been found incompetent to stand trial on misdemeanor charges. They meet with the client to determine if a client is receptive to mental health treatment and can benefit from placement at crisis residential treatment facility (CRT). The clinical psychologist and post-doctoral intern are part of a court team that includes the judge, public defender and the district attorney who review client cases on a weekly basis. Justice Alliance caseworkers provide linkage from clients being released from county jail to a Crisis Residential Treatment program (CRT). Justice Caseworkers work with the clients in reactivating health care benefits if necessary, identifying shelter beds and housing opportunities for clients after their 90 day stay at the CRT. Clients who show a willingness to engage in mental health treatment and are active and consistent in ongoing mental health treatment can successfully graduate and have their charges dropped.

Mental Health Treatment Court/ Mental Health Diversion: Justice Alliance staff (i.e. Practitioner, Post Doc Intern and Peer Recovery Assistant) attend these treatment courts and determine if a client is eligible for Mental Health Treatment Court via a screening or assessment. The court team consists of a judge, public defender/ client's legal counsel, district attorney, probation, Behavioral Wellness staff and a representative

from Sanctuary Centers. The client is informed that participating in MHTC can assist clients in resolving, and in most cases, having their legal charges dismissed, if the client is able to show consistency in receiving mental health treatment. Clients already receiving mental health services with a Behavioral Wellness program can qualify for mental health treatment court. Clients who are active Behavioral Wellness clients can be found eligible for Mental Health Diversion to address their legal charges through consistent mental health treatment. Justice Alliance staff including Clinical Psychologist and BWell Practitioner) staff will complete mental health diversion plans for clients referred by the court who appear to have a qualifying mental health disorder. The Justice Alliance team attends treatment courts in north and south county regions respectively to provide treatment updates on clients receiving services Behavioral Wellness and the department's identified contracted programs (i.e. TMHA, TeleCare , Merakey , Crestwood and Telecare Crisis Residential Treatment program). The Justice Alliance team is the primary mental health treatment provider with some of the clients in MHTC. The Justice Alliance team provides targeted case management to link clients to community resources (i.e. shelter, housing, medical care, food stamps, health care benefits, medication support, substance use disorder treatment and identify healthy community supports).

AB1810 Department of State Hospital Diversion Program: Clients referred to the AB1810 program are clients who have been charged with a felony and have been found not competent to stand trial. The program offers an opportunity to receive mental health treatment in the community instead of placement at Department of State Hospitals (DSH). The client must show a willingness to accept mental health treatment. The Client must have a qualifying diagnosis of one of the following: Bipolar Disorder, Schizoaffective disorder or Schizophrenia. The client must not pose a danger to the community. Client must accept being in the AB1810 program for two years. Clients are placed at Crisis Residential Treatment Facility (CRT) upon release from jail and then transition to the Good Samaritan Life House. Clients can transition from Life House to other housing programs and housing opportunities in the community with additional funds , while the client is in the AB1810 program. The Justice Alliance team supports clients by transitioning the client from county jail to CRT. The JA caseworker assists in clients accessing resources in the community including: applying for a CA ID card, health care benefits, (i.e. Cencal) Cal Fresh benefits, Social Security disability benefits, housing referrals, substance abuse treatment referrals and identifying healthy community supports to help the client maintain in the community.

Top Community Issues

Justice Involved populations remain a high priority population as identified by the Community Program Planning Process. The Justice Alliance FSP serves 18 years or older individuals that are Justice Involved.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Track number referrals to the three CRTs in Santa Barbara County and placement outcome from county jail to CRT	Track the number of clients who were referred from county jail and successfully admitted into the CRT	CRT Smartsheet

Track number of clients initially meeting FSP level of care at Level 4 with Justice Alliance will decrease to a lower level of care including Community Support, Clinic Level and RLC/ Community level of care by tracking the Adult Level of Care and Recovery Inventory (LOCRI)	Track progress of clients receiving mental health treatment with Justice Alliance. The LOCRI track if a client has made progress in needing a lower level of care in mental health treatment upon being referred to another program upon discharge from Justice Alliance.	LOCRI/ANSA
Monitor Clients improvement using Milestones of Recovery (MORS)	A higher score on a client's MORS will support a client's ability to move down to a lower level of care.	MORS

Strategies to Address Service Disparities for Unserved and Underserved Populations

The Justice Alliance team assists clients to access needed community resources and services. Here are some examples: to gain CA ID cards, health benefits, general relief benefits, apply for Social Security disability benefits or regular Social Security benefits if the client meets the age criteria. Client can access services and necessities (i.e. healthcare, food, hygiene products, and money to pay for housing and banking services) when they are linked to these resources.

Program Priorities

Increasing services to those that are Justice Involved is a priority identified in the Community Program Planning Process.

Program Alignment with the General Standards of the MHSA

Community Collaboration: Justice Alliance team collaborates with our court partners, treatment providers and housing programs in Santa Barbara County.

Cultural Competence: Staff provide services in the language preferred by the client with bilingual staff or throughout the language line. Staff will review cultural norms for a client outside the staff's own experience with the client's culture.

Client and Family Driven: Client and their families are informed of the benefits of receiving mental health treatment with the Justice Alliance team to resolve their legal charges and improve the client's quality of life.

Wellness, Recovery, and Resilience Focused: The Justice Alliance team provide positive reinforcement on the client's healthy choices to promote an overall sense of wellbeing. The Justice Alliance team will encourage client to seek treatment to address a substance use disorder that places the client at risk of decompensation and risk of incarceration in county jail. Justice Alliance staff are aware that each client's

path to recovery will vary and provides support to the client when there is a period of inconsistency in mental health treatment and relapse into drug use. The Justice Alliance team will remind the client of their strengths and the challenges the client has overcome in their recovery journey.

Integrated Service Experiences for Clients and Families: The Justice Alliance team will collaborate with the client and their families in assisting the client access needed community resources to maintain in the community and decrease the risk of arrest with new legal charges.

Criteria for Enrollment in FSP Services

The Justice Alliance team will provide an increase number of contacts with the client compared to a client receiving services at a Behavioral Wellness adult clinic at a lower level of care. The client will benefit from Justice Alliance staff having collaborative working relationships with our court partners in Santa Barbara county. Justice Alliance clients are those that are referred via Mental Health Treatment Court and meet the criteria for FSP eligibility.

Changes to Service Delivery

The Department of Behavioral Wellness added two additional Clinicians, a case worker and 2 peers for FY 23-24 to enable the Justice Alliance FSP to provide the full array of services needed at the FSP-level of care, and to meet the needs of the growing focus of diversion programs such as Rapid Diversion and Familiar Faces. BWell is also planning to add additional positions that will be needed to clients who are referred to CARE Court in 2024. The individuals referred to CARE Court will in most cases meet an FSP level of care and require more contacts with Behavioral Wellness staff throughout the week. Additionally, Justice Alliance FSP will now provide additional non-mental health supports such as financial assistance to aid in housing and help consumers meet their treatment plan goals.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	144	Lesbian or Gay	NA	Female	62	English	NA
16-25 yrs.	21	African American or Black	15	Heterosexual	NA	Male	153	Spanish	NA
26-59 yrs.	171	Asian	2	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	23	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA

		Alaska Native or Native American	4			Genderqueer	NA	Mandarin	NA
		Other	10	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	32	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	213	Hispanic	94	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	2	Non-Hispanic	103					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	18						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:				**215**		**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Outreach and Engagement Program: Report on Prior Fiscal Year Activities AND Program Plan

Homeless Outreach Services—Behavioral Wellness, Good Samaritan

Program Populations of Focus

Homeless	X
Forensic	
Involved in Social Services System	
Unserved/Underserved	
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
TAY, Adults, Older Adults	X

Program Summary: The Homeless Outreach program aims to assist homeless individuals by providing them with mental health services, substance use disorder treatment, and essential support to become eligible for housing opportunities. It focuses on transitioning clients from homelessness to shelters/interim housing, facilitating access to health and cash benefits, and aiding in securing permanent supportive housing or rentals with housing vouchers.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance FY 23-24

Good Sam:

In the current fiscal year beginning 6/1/23-present, Good Samaritan Shelter's Homeless Clinicians program has demonstrated continued dedication to providing essential mental health services to those in need. To date, our program has successfully served 70 adult individuals, offering crucial support to individuals experiencing homelessness. Among these individuals, 24 have been connected to a lower level of care, marking significant progress in addressing their mental health needs and facilitating their journey towards stability and wellness. In Fiscal Year 22/23, 77 total adult individuals received mental health services, with 29 of those being transferred to a lower level of care.

BWELL:

The Department of Behavioral Wellness Homeless Services program provides outreach and engagement to those experiencing homelessness, or at imminent risk of homelessness, and also experiencing serious,

persistent mental illness and/or chronic substance abuse in Santa Barbara County. Chronically homeless individuals have needs that are usually complex and require greater time invested to promote stability and engagement in services. Outreach services are delivered to the community at-large, special population groups, human service agencies, and to unserved/underserved homeless individuals. These services aim to enhance the mental health of the general population, prevent the onset of mental health problems in individuals and communities, and assist those persons experiencing distress, who are not reached by traditional mental health treatment services, to obtain a more adaptive level of functioning.

The Multidisciplinary (MDT) team in south county consisting of Behavioral Wellness staff (2 caseworkers, supervisor/practitioner, psychiatric nurse and Administrative Office Professional), Santa Barbara County Public Defender's Office (Holistic Defense) staff and Santa Barbara Public Health nurses and administrator made positive impacts in the collaboration to work with complex cases consisting of clients with a mental health disorder, involvement with the legal system and a physical health condition. The MDT team developed a referral that will allow the community to make a client referral to the MDT team. A tight housing market has contributed to a lack of housing opportunities including the delay in the Super 8 motel housing project (aka Buena Tierra) that will provide permanent supportive housing to individuals experiencing homelessness in south county.

The MDT team is addressed ethnic and cultural barriers by hiring a native Spanish speaking caseworker to improve outreach and rapport with Spanish speaking clients. Also, the MDT team uses interpreter services when needed for all ethnic and cultural groups encountered.

Addressing Community Issues

Successful outreach often involves a high degree of inter-agency collaboration and multi-disciplinary team outreach. Behavioral Wellness Homeless Services coordinates their operations through case management conferences, referrals for service, and coordinated multi-agency team outreach. Homeless Services collaborates with various different community-based organizations and public service agencies to ensure that the needs of our homeless beneficiaries are being met. This requires having an in-depth understanding of the unserved/underserved population's service needs by utilizing engagement strategies, which are specifically tailored towards this unique sub-population, and working strategically with other Behavioral Wellness outpatient treatment teams and community-based organizations to ensure linkage to long-term care and mainstream resources.

The Homeless Outreach program is addressing the community's concern about homelessness by outreaching to individuals experiencing homelessness. The Homeless outreach team works to transition individuals experiencing homelessness to identified shelter beds and assist clients to become document ready for housing opportunities. The Homeless outreach team advocates for clients to be considered for housing opportunities in permanent supportive housing and other housing opportunities with a tenant or project-based housing voucher through collaboration with our county partners including Santa Barbara County Housing Authority. Our community partners including City Net and Good Samaritan Shelters assist our clients in being considered for housing opportunities in different regions of the county. Our team aids clients in developing a safe and stable living situation that allows most clients to live in their respective communities. These housing opportunities allow The Homeless outreach team assist clients to gain a CA ID, health care

benefits, Cal Fresh benefits, Social Security cards and benefits if eligible. These benefits help clients access needed health care, nutrition, banking services to purchase needed items The Homeless Outreach team offers the clients to consider and hopefully accept mental health treatment. The Homeless Outreach team provides a warm handoff for the client to continue mental health treatment with a long-term care outpatient mental health treatment program.

Notable Community Impact

Good Samaritan:

Good Samaritan Shelter's Homeless Clinicians program operates through a network of strategically positioned offices, designed to maximize accessibility for our clients. In Santa Maria, our services are co-located with various essential facilities, including the emergency shelter, family shelter, residential treatment program for men, residential and outpatient treatment program for women, and permanent housing center. Similarly, in Lompoc, our offices are co-located with residential and outpatient treatment centers for both men and women.

By delivering services directly on-site, where our clients reside, we effectively mitigate barriers to access, ensuring that individuals experiencing homelessness can readily access the support they need. This approach not only fosters convenience for our clients but also enhances the effectiveness of our interventions, leading to improved outcomes and enhanced well-being within our community.

BWELL:

The addition to two Behavioral Wellness Caseworkers, a supervisor/practitioner and a Psychiatric Nurse has allowed our clients to have access to needed community resources. It has also allowed us to outreach to individuals who are difficult to engage in various homeless encampment sites along the south county region of Santa Barbara County. The hiring of the psychiatric nurse allows for our Homeless services team to treat the whole person. The psychiatric nurse has provided medication support to assist our clients in their mental health recovery process. The MDT team continues to move people from the street into temporary housing or shelters and then on to permanent supportive housing.

Homeless Services staff countywide receive ongoing training in trauma-informed care, motivational interviewing, harm reduction, client engagement, strategies for connecting clients to mainstream resources, and interventions which aim to facilitate housing stability and retention. The expansion of these services has successfully enhanced the mental health system's ability to respond to long-term needs of persons with severe mental illness, who are homeless, or at risk of homelessness, and who are not receiving adequate mental health services.

In a review of current FY 2023-2024 HMIS Data for Behavioral wellness Homeless Services, The Homeless Services team so far in FY 23-24 has facilitated 42 exits from homelessness into a shelter setting. A total of 23 clients have moved into permanent supportive housing. A total of 20 clients secured housing with a housing voucher. A total of 5 clients have transitioned from homelessness to live with family.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness, Good Samaritan**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$1,168,900
Estimated CSS Funding	$354,200
Estimated Medi-Cal FFP	$ 720,700
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$94,000 (PATH Funding)
Average Cost Per Consumer	$15,585.33
Estimated Total of Consumers Served	150
Target Population Demographics Served	TAY, Adults, Older Adults

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	1	$7,948.52
Estimated Total Consumers Age 15-26 Served	11	$7,948.52
Estimated Total Consumers Served Age 26-59	205	$7,948.52
Estimated Total Consumers Served Age 60+	45	$7,948.52

Program Description

The Homeless Services outreach program conducts outreach in all three regions of the county. The outreach team through building rapport and trust, work to link clients with mental health treatment with Santa Barbara County Department of Behavioral Wellness and substance use disorder treatment if indicated. The Homeless Outreach team works to have clients become “document-ready” to be eligible for housing opportunities. The following services are provided to individuals experiencing homelessness:

1. Assessment
2. Targeted Case Management
3. Access and Linkages to community resources
4. Crisis Intervention

5. Individual Rehabilitation- Caseworkers work with clients on building skills including daily hygiene regimen, role modeling appropriate social interactions with others, applying for health-care, housing, social security benefits paying bills, steps to clean their new apartment/ housing effectively.
6. Individual therapy

Performance Goals and Intended Outcomes

BWELL:

Performance Goal	Intended Outcome	Data Source
40% of clients enrolled will have successful exits from Homelessness to Emergency shelter/interim housing	Clients will transition living on the streets to living in a shelter/ interim housing	HMIS
30% of clients will gain health benefits or cash benefits	Clients will be able to access health care and purchase needed items.	HMIS
35% of clients will enter into permanent supportive housing or a rental with a housing voucher	Demonstrate clients getting housed through Behavioral Wellness Homeless Services.	HMIS

Strategies to Address Service Disparities for Unserved and Underserved Populations

The Behavioral Wellness Homeless Outreach team has staff that read and speak Spanish that help individuals experiencing difficulty accessing services due to a language barrier. The Behavioral Wellness Homeless Outreach team offers clients the opportunity to access mental health care and gain benefits that will allow clients to access other needed community resources including health care, nutrition, shelter/ housing and financial support. Clients have reported how having a CA ID has allowed them to access banking services including cashing a check. The Behavioral Wellness Homeless Outreach team assists clients to pay for application fees and deposits required for move into an apartment or other types of housing.

Top Community Issues

Increasing outreach and mental health supports to unhoused populations is a priority identified in the Community Planning Process. The Homeless Outreach program aligns with supporting recovery, wellness and resiliency.

Program Alignment with the General Standards of the MHSA

Community Collaboration: This program is embedded with other department programs to provide a Multi-Disciplinary Team

Cultural Competence: This program provides staff that receive Cultural Competency training and train others in how to provide services in a competent manner to those that are unhoused.

Client and Family Driven: This program aims to have clients themselves plan their Treatment and Recovery goals.

Wellness, Recovery, and Resilience Focused: The Homeless Outreach program aligns with supporting recovery, wellness and resiliency.

Integrated Service Experiences for Clients and Family: This program is a cross-departmental team with Public Health and Public Defender staff members as part of a multi-disciplinary team.

Changes to Service Delivery

The Homeless Outreach team will be facilitating street exits for individuals experiencing homelessness to both the shelter system and new interim housing programs including Hope Village in Santa Maria and La Posada in Santa Barbara. A review of the interim housing programs and their need for mental health support at these two sites may lead to future consideration of expanding the Homeless Services program in both north and south regions to address each region's needs.

The implementation of CARE Court in late 2024 in Santa Barbara County will likely lead to an increase in referrals to the Multi-Disciplinary Team. The increase in referrals will likely lead to a discussion of expansion of staff to provide mental health treatment and physical health treatment to the participants in CARE Court.

Starting in FY 24-25, the Homeless Outreach team will split. The Homeless Outreach team will continue to provide outreach and engagement services county-wide, and the Multi-Disciplinary team will now be an Early Intervention prioritizing providing mental health services to unhoused populations out in the community throughout the county.

Good Sam: We are excited about some significant developments in the expansion of the Good Samaritan's Homeless Clinician program, funded through Behavioral Wellness. In the forthcoming year, we will be providing mental health services at five additional site locations into our program. This expansion aims to enhance our outreach and service provision, fostering increased client engagement and support across various communities.

The strategic allocation of new office spaces will enable our clinical staff to deliver assessment, ongoing, and linkage services more effectively. Specifically, we will establish three sites within Santa Barbara, strategically positioned near key facilities including the Dignity Moves homeless shelter, Hedges House of Hope emergency shelter, and Buena Tierra Permanent Housing. Additionally, one site will be located in Lompoc, while two sites will be established in Santa Maria.

Each site selection has been meticulously planned to ensure proximity to areas with high homeless population densities, thereby optimizing accessibility for individuals seeking assistance. These new locations not only signify our commitment to expanding our reach but also underscore our dedication to providing

vital support services where they are most needed. We look forward to the opportunities these expansions will bring, as we continue to uphold our mission of providing mental health services to those experiencing homelessness in our communities.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	1	White	170	Lesbian or Gay	NA	Female	144	English	NA
16-25 yrs.	11	African American or Black	21	Heterosexual	NA	Male	118	Spanish	NA
26-59 yrs.	205	Asian	4	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	45	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	11		NA	Genderqueer	NA	Mandarin	NA
		Other	5	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	35	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	1	Hispanic	91	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	261	Non-Hispanic	152					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	19						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**262**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Note. Source for this data is Clinician's Gateway, which only captures contacts with individuals who met medical necessity and agreed to be open to mental health services

Community Services and Supports, Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Crisis Services

Program Populations of Focus

Homeless	X
Forensic	X
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
TAY, Adults, Older Adults	X

Program Summary: The Crisis Services Program by Behavioral Wellness offers 24/7 mobile crisis response, crisis clinics, and co-response teams pairing clinicians with law enforcement officers for behavioral health crises. With goals to minimize psychiatric hospitalizations, increase discharges to lower care levels, and reduce incarcerations, the program collaborates daily with law enforcement, hospitals, and advocacy groups.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance, FY 23-24

The Crisis Services program consists of three distinct roles that are all interconnected. Crisis Clinics, Mobile Crisis and Co-Response. Our program has successfully provided support and outreach to consumers, law enforcement, outpatient program clients, and walk-in clients seeking urgent mental health supports and aid.

Crisis Services staff in the Crisis Clinics are available to provide hospital discharge appointments and conduct initial assessments to determine if clients meet medical necessity for Severe and Persistent Mental Illness (SPMI) services and determine the appropriate level of care in the system. The Crisis Services clinic staff also work closely with the CSU's in Santa Barbara and Santa Maria to assist with discharge planning and linkage to ongoing mental health services. The Crisis Clinics are also a law enforcement "drop-off" location for individuals experiencing a mental health crisis. Individuals are able to receive immediate evaluation to determine their need for in-patient hospitalization, stabilization in the CSU's or Sobering Centers, or more rapid stabilization and return to the community with ongoing services and linkages to treatment by the Crisis Services Team members.

This year our longstanding 24/7 Mobile Crisis teams pivoted to meet the requirements of the new state Mobile Crisis Benefit program. The teams moved from a single staff response to a crisis in the community where law enforcement was already present, to a two-person response without law enforcement presence when it was determined to be safe to do so. Staffing 24/7 two-person teams necessitated a shift in all staff's schedules which created some scheduling difficulties and as a result the program saw some attrition in staffing. An already significant challenge with staffing a 24/7 program became more difficult with an increase in vacancies and staff on leaves of absence. In addition to the shift to two-person team response, the Mobile Crisis program is also shifting to a dispatch model where all calls for mobile crisis services will come through our Access Line. Access Line staff will conduct a screening that includes a risk assessment. When deemed safe based on the risk assessment the Access Line staff will dispatch the Mobile Crisis team to the location of the individual in crisis. If the screening determines law enforcement should be sent to the scene, the Access Line will contact 911. Mobile Crisis Teams will then dispatch once law enforcement has secured the scene.

This year we added an additional Co-Response team. We now have four Co-Response teams with the Sheriff's Office (two in south county, one in north county and one in west county), one team with Santa Barbara Police Department and one team with Santa Maria Police department. In addition to responding to active behavioral health crisis calls that come in through 911 dispatch, the teams also conduct regular follow-up check-ins with individuals who are frequent callers of 911, were recently in crisis or are routinely getting the attention of community members. The Co-Response teams are used for cases where there is a higher level of criminal behavior, greater risk of danger to self or other's and in situations where threat assessments are being conducted.

Addressing Community Issues

The goal of the Crisis Services program is to respond to all Access crisis calls; respond to law enforcement requests for outreach; respond to requests for services when an individual is evaluated for a 5150 but a hold is not written; assist current outpatient program clients when they are rapidly decompensating and are at risk of hospitalization; act as an access point for walk-in clients new to Behavioral Wellness or returning clients who are not currently open and can have more difficulty with engagement into service; and, provide hospital discharge services to individuals being discharged from the Psychiatric Health Facility (PHF), Crisis Stabilization Unit (CSU), Telecare & Crestwood Behavioral Health CRT (Crisis Residential Facility), or out-of-county LPS facilities, to individuals who are new to Behavioral Wellness or to returning clients who are not currently linked to services. This program is addressing the identified community issue of increasing warm handoff and navigation services for those in crisis.

Crisis Services team often conduct crisis evaluations with individuals experiencing homelessness and assist in getting them help. Crisis Services also works collaboratively with our two jails and our Juvenile Justice Center to conduct crisis evaluations in those facilities when needed. If holds are written in the jail settings we assist in having the inmate brought to an LPS facility for treatment.

Notable Community Impact

The Crisis and Access teams were merged to provide better communication and collaboration between the staff. This increases the ease and timeliness for clients to access routine and crisis services. Santa Barbara County opened a new jail in Santa Maria and much of the population of inmates with mental health needs

has shifted from Santa Barbara to Santa Maria. This requires North County Crisis teams to support those inmates for 5150 valuation or to support them upon release. To aid in this transition, crisis staff received a tour of the facility and crisis leadership has had regular meetings with mental health leadership in the jail system. Co-Response teams continue to respond to mental health crises in the community. There are currently four teams: two clinicians paired with a Sheriff Deputy and one clinician paired with Santa Barbara Police Department in South county and one clinician paired with a Sheriff Deputy and one Mental Health Case Worker paired with a Santa Maria Police Officer in North County.

Program Plan FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$8,223,700
Estimated CSS Funding	$655,800
Estimated Medi-Cal FFP	$362,700
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$7,205,200
Average Cost Per Consumer	$4,602
Estimated Total of Consumers Served	1787
Target Population Demographics Served	Children, TAY, Adults, Older Adults

Estimated Consumers Served	Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	78	$4,602
Estimated Total Consumers Age 15-26 Served	376	$4,602
Estimated Total Consumers Served Age 26-59	1055	$4,602
Estimated Total Consumers Served Age 60+	276	$4,602

Program Description

The Crisis Services Program is a 24/7 Mobile Crisis response, including crisis evaluation, de-escalation, safety planning, and LPS placement if indicated. Crisis Clinics are open during business hours to assist individuals in crisis, recently in crisis or needing urgent level of care. We offer intake, assessments, case management, rehab counseling, medication support, linkage to longer-term care. The Co-Response Teams include a BWELL clinician paired with a law enforcement officer who respond to active behavioral health crisis in the community as well as doing outreach and follow-ups to those at risk for or recently in crisis.

Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify below)	X
TAY, Adults, Older Adults	X

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Number of unique clients admitted to acute in-patient psychiatric care	Less than 10%	Quarterly Reports
Number of Unique clients discharged to lower level of care	More than 90%	Quarterly Reports
Number of unique clients incarcerated/ Juvenile Hall	Less than 10%	Quarterly Reports

Top Community Issues

Mobile Crisis response and Crisis Clinics are designed to meet the needs of the most vulnerable in the community needing crisis/urgent behavioral health services including elderly, those experiencing homelessness and incarcerated individuals.

Program Alignment with the General Standards of the MHSA

Community Collaboration: Daily collaboration with all law enforcement agencies in the community, hospital emergency departments, AMR. Crisis Action Team attendees include NAMI and other advocacy groups (Families ACT).

Cultural Competence: All staff trained annually in cultural competency.

Client and Family Driven: This program aims to have clients themselves plan their Treatment and Recovery goals.

Wellness, Recovery, and Resilience Focused: The Crisis Intervention program aligns with supporting recovery, wellness and resiliency.

Integrated Service Experiences for Clients and Family: The Crisis Intervention Program works in alignment with other County Departments and outside organizations such as Cottage Hospital to provide comprehensive care for those in crisis and their families.

Changes to Service Delivery

We added an additional Co-Response team in north county and implemented the new DHS Mobile Crisis Benefit program.

Program Demographic Data

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	78	White	1216	Lesbian or Gay	NA	Female	846	English	NA
16-25 yrs.	376	African American or Black	78	Heterosexual	NA	Male	921	Spanish	NA
26-59 yrs.	1055	Asian	48	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	276	Native Hawaiian or Other Pacific Islander	2	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	14		NA	Genderqueer	NA	Mandarin	NA
		Other	34	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	171	Declined to Answer	NA	Declined to Answer	20	Cambodian	NA
		Declined to Answer	0	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	8	Hispanic	581	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	1779	Non-Hispanic	861					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		More Than One Ethnicity	345						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**1787**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24

Disability not collected in FY22/23; will start collecting in FY23/24

**Mobile Crisis and Crisis Triage still provided separately in Lompoc have been combined under West County Crisis Services for easier comparison and counting of unique clients.*
^SAFTY is funded and described in detail in PEI programs but is included here to display all outpatient crisis services together.

Community Services and Supports Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Wellness Centers

Santa Barbara: Santa Barbara Mental Wellness Center

Lompoc and Santa Maria Services: Transition Mental Health Association (TMHA):

Program Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Tay, Adults, Older Adults	X

Program Summary: The Wellness Centers, operated by Mental Wellness Center and Transitions Mental Health Association (TMHA), offer peer-led support, activities, and family services for diverse demographics including TAY, adults, and older adults. Programs focus on reducing isolation, stigma, and offering a safe space for socialization while addressing community needs such as language-specific support groups and peer training.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance FY 23-24

Santa Barbara Behavioral Wellness Centers provide Peer Support Service Programs that are peer-run and provide support services to consumers and family members. The program supports Peer Recovery Specialists and Wellness Centers in the South, West and North County. The goal of the peer staff is to create a vital network of peer-run supports and services that builds bridges to local communities and engages natural community supports. There are currently three Wellness Centers throughout the County, each located at pre-existing housing developments that include MHSA-funded units, including Garden Street Apartments in Santa Barbara, Home Base on G in Lompoc, and Rancho Hermosa in Santa Maria.

Santa Barbara Services: Mental Wellness Center:

Staffing at the Santa Barbara Mental Wellness Center's Fellowship Club/Wellness Center consists of all peer providers. Three of the five staff are Certified Peer Support Specialists and two staff are in the process of obtaining their certification. Having trained and certified Peer Support Specialists allows our agency to work with all community members including underserved populations, specifically Serious Mentally Ill individuals. Other underserved populations we serve include unhoused populations, justice involved populations, Monolingual Spanish speaking individuals, and Older Adults.

At the Fellowship Club and in our evening family support group we also serve many Spanish speaking community members – this is due to our staffing. 70% of our staff are bilingual and bicultural. We are committed to serve the community and are very excited to have staffing to meet the community need.

The amazing staff create such a welcoming environment; there were 123 new members registered for service in 2023. In total there were 13,556 visits to the Fellowship Club in 2023. As we look forward to 2024 the daily population at the Fellowship Club will be a topic for the agency. We will begin monitoring the daily population to ensure that we have the correct ratio of staff to members and maintain a warm and welcoming environment.

The Santa Barbara Wellness Center also promotes physical and mental health learning. Using groups and one-to-one dyads, Peer Specialists and Wellness Center member volunteers meet with club members to recognize and manage symptoms, learn self-care, and engage in recreational and social activities that are beneficial to their health. The Santa Barbara Wellness Center schedules more than ten group activities per week. Participation and utilization of services increased and new groups were formed to address the needs, including monolingual Spanish support groups for parents of teens who live with a mental health diagnosis and a Spanish language men's support group. Additionally, we have the role of the Family Advocate, who connects with both Spanish and English-speaking audiences.

Lompoc and Santa Maria Services: Transition Mental Health Association (TMHA):

This fiscal year, the Santa Maria Recovery Learning Community and Helping Hands of Lompoc Recovery Learning Community underwent a name change and are now called Wellness Centers. The centers are now known as the Better Together Santa Maria Wellness Center and Helping Hands of Lompoc Wellness Center. Both centers have retained their model of being 100% peer-designed and peer-led recovery centers. All leadership, operational decisions, program design, and advocacy efforts are made by the peers who are employed and who attend the center. The Wellness Centers provide a safe, welcoming, and supportive meeting place where people living with mental illness engage in educational, vocational, and recreational activities, support groups, meaningful interactions, and, above all, receive the support of their peers. Our program promotes independence and empowerment through self-governed activities as members work toward recovery. The Wellness Center also provides dedicated outreach to the local Latino community through bilingual staff and targeted services.

Addressing Community Issues

Mental Wellness Center:

Our priority is to provide services to severely persistently mentally ill individuals and their family members. We also provide services to individuals who are undocumented and uninsured. In both our Fellowship Club program and our Family Advocate our goal is to provide wraparound services so clients and families can find pathways to services. We are also excited to have certified peer support specialists on our team. We have dedicated time and resources to increase the number of peer support specialists in our agency. They provide services in several of our programs.

Wellness Center staff primarily serve adults with severe mental illness, including those with co-occurring substance use disorders, at risk of admission to psychiatric care, and/or criminal justice involvement. Consumers may also be homeless or at risk of homelessness. The Program is linguistically and culturally capable of providing services to Spanish-speaking consumers who represent a large underserved ethnic population in Santa Barbara County.

TMHA:

Bilingual/Bicultural staff are hired when possible to be able to deliver services in the clients preferred language if Spanish. The staff are required to participate in diversity, equity and inclusion trainings annually. The program partners with community agencies that serve the unhoused population to engage these community members in services. Under the Wellness Center umbrella is our LEAD –Lived Experience Advocacy Development Program which engages members to advocate on behalf of community members living with mental illness/justice involved for improved services and support

Notable Community Impact

Santa Barbra Wellness Center: This last year we implemented monthly client satisfaction surveys. These have been great tools to help monitor the needs of the members and allow the individuals to give feedback. Our team appreciates the way we can blend the voice of the members into the services we provide.

In 2023 was the first year we introduced Master of Social Work Graduate Students into the Fellowship Club. These students are completing a nine-month internship as part of their master's program. While at the Fellowship Club they are learning to support the SMI population, provide individual and group support, and light case management to the members. In the last year, our MSW interns worked with 4 fellowship club members and CBOs on permanent housing.

Transitions Mental Health Association: Both centers partner with community agencies that serve the unhoused population to engage these community members in services. Under the Wellness Center umbrella is our LEAD –Lived Experience Advocacy Development Program, which employs members to advocate for improved services and support for community members living with mental illness and the justice involved. Other notable achievements in FY 22.23 include 9,974 duplicated visits to our program services and 860 support groups offered throughout the year in Santa Maria and Lompoc combined. We hosted 135 educational events including digital literacy and family support classes. We served approximately 1,638 hot meals and handed out 5,258 food bags to our members over the course of the year as well.

Program Plan for FY 24-25

Provider:	**Mental Wellness Center, Transitions Mental Health Association**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$1,114,100
Estimated CSS Funding	$1,061,000
Estimated Medi-Cal FFP	$53,100
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer/Families	$463
Estimated Total of Consumers/Families Served	2,402
Target Population Demographics Served	TAY, Adults, Older Adults

Estimated Consumers Served	Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	300	$463
Estimated Total Consumers Served Age 26-59	1502	$463
Estimated Total Consumers Served Age 60+	600	$463

Program Description

Santa Barbara Mental Wellness Center: The fellowship club/ RLC is open five days a week, providing socialization and group programming to individuals who have severe and persistent mental illness and/or who are unhoused. We have a low barrier referral process and provide support for the clients' goals around wellness and recovery. The program also is a safe place for individuals to build a community and socialize in a positive and supportive way. Reducing isolation and stigma takes place in the group activities and in the club itself.

The NAMI groups and Spanish speaking family support groups are safe places for family members to come and ask questions and get support on mental health. Many of these family members find themselves isolated and overwhelmed by caregiving needs. These families also need support to navigate the behavioral health system for their child/loved one to receive care.

Lompoc and Santa Maria Services: Transitions Mental Health Association (TMHA): Peer-led wellness and recovery-oriented groups and trainings, as well as one-to-one peer support; Assistance to persons with mental illness to develop social relationships and activities in the community; Connections among individuals living with mental illness; Peer support competencies and leadership skills for those clients interested in achieving these goals; Family support and empowerment activities, such as family support groups; Digital literacy, mobile application technical support groups and/or workshops; Resource information for community members, clients, and families of individuals with mental illness, to increase understanding of mental illness and bolster the community's ability to support persons with mental illness; Provide or facilitate transportation to stakeholder meetings (i.e. CFMAT and MHSA Community Planning sessions).

Top Community Issues

The three Wellness Centers continue to provide outreach and engagement services to those with serious mental illness and their families.

Performance Goals and Intended Outcomes

MWC:

Performance Goal	Intended Outcome	Data Source
Arrange at least two field trips a year	Have 60 members a year experience a field trip	Sign in Sheets
increase the number of Women attending the Fellowship Club	expand community support for women by opening the Fellowship Club two afternoons a month just for women	Daily attendance logs

TMHA:

Performance Goal	Intended Outcome	Data Source
Increase utilization of the Wellness Center	increase the number of duplicate attendance number of consumers attending weekly	weekly log
increase the number of Spanish speaking families attending NAMI and evening family support groups	expand community support in the Latinx and Spanish speaking community	increase attendance in Spanish speaking group

Strategies to Address Service Disparities for Unserved and Underserved Populations

MWC: The Mental Wellness Center has dedicated time and resources to hire certified peer support staff, bilingual bicultural staff and have created low barriers to participate in all programs.

THMA: The Wellness Centers provide services in Spanish and English and continue to prioritize hiring bi-lingual staff and those with lived experience of mental illness.

Program Priorities

The Wellness Centers continue to offer services to consumer and family members and have peer-led programs. Providing services to consumers and family members and hiring peers throughout our public mental health workforce are priorities identified in the CPP.

Program Alignment with the General Standards of the MHSA

Santa Barbara Mental Wellness Center:

Community Collaboration: With our family advocate and our NAMI programs we collaborate consistently with providers. Our fellowship club collaborates with various CBO's including Doctors Without Walls, City Net and Behavioral Wellness staff.

Cultural Competence: Our team is trained in cultural humility. We work with a vulnerable population that requires us to be thoughtful, trauma informed and able to communicate with our clients in their language.

Client and Family Driven: Our Fellowship Club/RLC has client-led monthly meetings clients forn the agenda and offer suggestions for future programs. The NAMI and family advocate position are all family driven. We listen to what the families and the clients need and advocate on their behalf.

Wellness, Recovery, and Resilience Focused: In the Fellowship Club/RLC our focus is wellness and recovery defined by each client. We take a harm reduction approach and meet each person where they are at.

Integrated Service Experiences for Clients and Family: The Mental Wellness Center has a variety of programs that usually can support both individuals and families along the continuum of care. We can support newly diagnosed individuals and their families with our NAMI programs, Family Advocate and the Fellowship Club/RLC. If an individual or family member has decades of experience, our services are still appropriate and of service.

Lompoc and Santa Maria Services: Transitions Mental Health Association (TMHA):

Community Collaboration: The program collaborates with several community partners and agencies to promote other services that could benefit members (housing, showers, food, etc.)

Cultural Competence: Staff attend diversity, equity and inclusion trainings to support their work with community members.

Client and Family Driven: The program offers services and supports to both the individual with mental health challenges and their families.

Wellness, Recovery, and Resilience Focused: The program offers an array of services that promotes recovery, self-care, resilience, personal responsibility and community.

Integrated Service Experiences for Clients and Family: The program leverages the support of several TMHA programs to support RLC members such as Growing Grounds Farm, Supported Employment and Central

Coast Hotline. In addition, the RLC's work with several community agencies to support members with services TMHA can't provide.

Changes to Service Delivery

Santa Barbara Mental Wellness Center: Currently, there are no foreseen changes to service delivery. As we mentioned above, we will continue to monitor the daily population of the Fellowship Club to make sure that the environment continues to be nurturing and supportive of the members.

Lompoc and Santa Maria Services: Transitions Mental Health Association (TMHA):

TMHA continues to face workforce challenges with the hiring of peers and family members, while also continuing to promote and support peer certification training. We are in the process of preparing and training Wellness Center staff to include MediCal documentation for individual and group rehabilitation services beginning next fiscal year. Staff wages will need to be increased to meet workforce demands as well as honor the higher level of work and documentation that will be expected.

Program Demographics

***The Wellness Centers do not track consumers served by age categories, but instead only serve those above the age of 18.

Wellness Centers

Program Performance (FY 22-23)

	Activities			
	North (RLC Santa Maria)	South(MWC RLC)		West (RLC Lompoc)
	RLC & Family Advocate	RLC	Family Advocate	RLC & Family Advocate
Client visits	4,912	7,757	1,772	5,062
Unduplicated clients**	807	525	590	480
Outreach Events	86	*	*	48
Outreach Event Attendees	3,852	*	*	3,040
Classes	48	22	*	43
Client Visits to Computer Classes	498	*	*	385
Tech Suite Group Attendees	170	*	*	56
Digital Literacy Events Hosted	43	*	*	44
Support Groups	*	26	42	*
Support Group Meetings	431	283	245	429
Outings, Educational Events	91	7	44	112
Unique clients provided services in Spanish	*	*	40	*

Underserved population	*	458	399	*
Linked to additional services	753	376	304	*

^ = Data for North and West RLCs were combined this year; Family Advocate is shared between sites.

* = not reported, not applicable, or not recorded.

Community Services and Supports Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Children Wellness, Recovery and Resiliency (WRR) Teams

Program Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Children/TAY	X

Program Summary: The Children Wellness, Recovery and Resiliency (WRR) Teams deliver therapy, case management, and crisis evaluations for children and TAY, striving for over 95% engagement in purposeful activities and fewer than 5% discharges to higher care levels.

Available data on this program's outcomes for the prior fiscal year period, FY 21-22is included as an Appendix to this document.

Program Performance FY 23-24

The Wellness, Recovery and Resiliency (WRR) program is designed to serve children ages 6-15 who demonstrate moderate-to-severe mental health needs, although are at a higher level of functioning still meeting criteria for specialty mental health services. The goal is to provide short-term treatment, offering treatment in order to step children down to a lower level-of-care in the community. Services provided to children in the WRR program include:

- Initial/Comprehensive Clinical Assessments
- Rehabilitation
- Case Management
- Individual and/or Family Therapy
- Group Therapy

A specialized service provided within the WRR program is "Katie-A" treatment, which focuses on intake and assessment of all children referred by Social Services (Child Welfare Services). Those Katie-A children

requiring the WRR level-of-care either remain with the clinic-based WRR team or are referred to the Pathways to Wellbeing Program (a program provided by contracted providers CALM, Inc. and Family Service Agency).

SB Children's Clinic continues to utilize bilingual clinicians and case workers in the WRR program. We also use Language Line if necessary. The staff are trained on cultural competency on an annual basis and have the opportunity to engage in further trainings to help reduce ethnic and cultural disparities. This is the same for Lompoc Children's clinic. We also have one Katie A assessor who is bilingual Spanish to provide services in Spanish.

The Lompoc WRR program has been significantly understaffed with vacancies for practitioners.

Addressing Community Issues

The WRR team treats all referrals from the schools, Probation, Social Services (Child Welfare) and from providers and others in the community in collaboration with other specialty teams to ensure children are receiving the appropriate level-of-care.

Additionally, a large percentage of this population meets the 200% Federal Poverty Level (threshold of living in poverty) which presents challenges with navigating the county-managed welfare system. This requires persistence, literacy and advocacy at a level most families are not capable of. Furthermore, these case managers and rehab specialists were providing direct support to single and parental units that are experiencing levels of mental health symptoms themselves and are likely needing to be connected to services as well.

We continue to try and meet the needs of every client and their family. To do this, we utilize assessments, interviews, and weekly sessions. We offer support and services referrals as needed; including transportation and helping to fill out applications or writing letters of recommendation. We also work hand in hand with Child Welfare Services and Probation to ensure clients get the support they need.

Notable Community Impact

Clients are receiving family supports that include group therapy sessions, connections to other resources including social and vocational services.

Program Plan for FY 24-25

Provider:	Behavioral Wellness
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$6,518,500
Estimated CSS Funding	$166,700
Estimated Medi-Cal FFP	$2,016,400
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$4,335,400
Average Cost Per Consumer	$5,529
Estimated Total of Consumers Served	1179
Target Population Demographics Served	Children, TAY

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	743	$5,529
Estimated Total Consumers Age 15-26 Served	436	$5,529
Estimated Total Consumers Served Age 26-59	0	0
Estimated Total Consumers Served Age 60+	0	0

Program Description

The Children Wellness, Recovery, and Resiliency (WRR) Team provides services as follows: Provides therapy, case management, crisis evaluations, and evaluations for involuntary hospitalization; interviews clients to obtain pertinent information including psychiatric, social, educational, and vocational history; makes field visits to evaluate clients to determine needs for services; assists clients in obtaining suitable services such as housing, vocational rehabilitation, financial assistance, and employment; helps clients develop necessary skills for everyday living; provides transportation for clients to obtain needed services; cooperates with other agencies and professionals to coordinate services for mutual clientele; Participates in interdisciplinary team reviews/ Team Based Care meetings for collaborative assessment and treatment planning to ensure quality care; conducts social, recreational, or occupational skill development in accordance with the treatment plan; observes and reports to licensed staff observations of client's behaviors; confers with licensed staff regarding needed services and referrals to other community agencies; Serves as a point of contact to community agencies or contract service providers when programmatic issues arise; Documents client activity according to established departmental guidelines under supervision of licensed professional staff.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Unique Clients Discharged to Higher Level of Care	Less than 5%	Quarterly Reports
Unique Clients Discharged to lower Level of Care	More than 90%	Quarterly Reports
Unique Clients Engaged in purposeful activity	More than 95%	Quarterly Reports

Strategies to Address Service Disparities for Unserved and Underserved Populations

We continue to include client's support (family, friends, etc.) to help with services and supporting client's mental health and well-being. We respect cultural aspects of client's life and support it as much as possible.

Program Priorities

This program provides mental health services to children and their families that are considered unserved or underserved populations

Program Alignment with the General Standards of the MHSA

Community Collaboration: We work with CBOs to provide the most appropriate services to our clients

Cultural Competence: Staff continue to receive annual cultural competency training.

Client and Family Driven: Staff work with clients and families (when appropriate) to make and progress towards client goals.

Wellness, Recovery, and Resilience Focused: Services are evidenced-based and a team-based approach. Staff are trained and educated in client's wellness, recovery, and resiliency.

Integrated Service Experiences for Clients and Family: Staff include family and cultural pieces to best serve our clients. Should more appropriate services be needed, referrals will be made.

Changes to Service Delivery

There are no anticipated changes to this program

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals

0-15 yrs.	743	White	1017	Lesbian or Gay	NA	Female	693	English	NA
16-25 yrs.	436	African American or Black	43	Heterosexual	NA	Male	483	Spanish	NA
26-59 yrs.	0	Asian	19	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	0	Native Hawaiian or Other Pacific Islander	6	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	19			Genderqueer	NA	Mandarin	NA
		Other	23	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	26	Declined to Answer	NA	Declined to Answer	3	Cambodian	NA
		Declined to Answer	26	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	804	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	1179	Non-Hispanic	300					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	75						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:				**1179**		**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Adult Wellness and Recovery Outpatient (WRR) Teams

Program Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	

Other (Specify Below)	X
Adult, Older Adult	X

Program Summary:

The Wellness and Recovery (WRR) teams focuses on providing services to underserved adults (18+) in a clinic setting at a lower level of care. Services are provided through a variety of modalities, including groups addressing trauma, depression and life skills, and are issued using a Team Based Care (TBC) model, a multi-disciplinary approach in which all clinic/program members share joint responsibility in providing services and treatment to adult clients.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance FY 23-24

The Wellness and Recovery (WRR) teams provide services to adults in a clinic setting that are a lower level of care. All staff have been trained in relevant Evidence-based Practices, including Cognitive-Behavioral Treatment and Trauma-Informed Care. Team members provide services in a variety of modalities including groups addressing trauma, depression and life skills. Groups related to improved health outcomes have been introduced.

Program Challenges and Solutions: The WRR program was initially designed to serve consumers who are lower need and will be appropriate for step-down to a lower level of care. In practice, a different reality emerged because of a variety of factors: the lack of step-down options available in the community, especially for psychiatry, remains nonexistent or very limited in all regions, and majority of Primary care physicians are uncomfortable prescribing psychotropic medications. Consumers who likely can step down remain at the clinic receiving services as a consequence of the lack of other treatment options. The result of this barrier is that the WRR teams are comprised of consumers with a wide variety of diagnoses and treatment needs that stretches staff resources and impacts ideal consumer care. The effects of the pandemic continue to impact service delivery with a lack of staffing for this program. Clinics are continuing to initiate and offer a variety of group therapy activities to help support clients in ways other than individual therapy which supports the staff in seeing clients in rotation from individual, rehab and group supports. Some solutions to these challenges have been that the core clinic continues to have complex capable teams which has alleviated some of the impacts to staffing shortages wherein staff across programs have been able to step in and assist in providing services to clients across programs.

Effective March 1, 2024, the Medical Integration/Older Adult (MIOA) and Co-Occurring Disorders (COD) programs were merged with our Adult Outpatient Wellness, Recovery and Resiliency programs.
This change was implemented for the following reasons:

1. Acknowledgement that ongoing assessment and triage of physical health conditions and substance use to identify and connect to appropriate treatment is necessary across entire adult population being served at BWell
2. To increase flexibility in staffing
3. To streamline and simplify administrative processes including timecard completion, evaluation of program outcomes, and documentation in the electronic health record

Addressing Community Issues

This program serves people who are homeless or at risk of homelessness; People with mental health and substance use disorders and people who are otherwise underserved in our community.

Notable Community Impact

The core clinic continues to have complex capable teams which has alleviated some of the impacts to staffing shortages wherein staff across programs have been able to step in and assist in providing services to clients across programs. The core clinic continues to have an augmented lower level of care with the RLC program in South County where clients receive medication support services and has seen some success with clients graduating from this program to independent functioning within their community.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$14,366,600
Estimated CSS Funding	$11,306,400
Estimated Medi-Cal FFP	$3,060,200
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$11,962
Estimated Total of Consumers Served	1201
Target Population Demographics Served	Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served		
Estimated Total Consumers Age 15-26 Served	51	$11,962
Estimated Total Consumers Served Age 26-59	878	$11,962
Estimated Total Consumers Served Age 60+	271	$11,962

Program Description

The Wellness and Recovery (WRR) teams provide services to adults in a clinic setting that are a lower level of care. Staff have been trained in relevant Evidence-based Practices, including Cognitive-Behavioral Treatment and Trauma-Informed Care. Team members provide services in a variety of modalities including groups addressing trauma, depression and life skills. Groups related to improved health outcomes have been introduced.

Services in WRR are focused on prevention, learning healthy behaviors and coping skills to improve functioning through a Team Based Care (TBC) model. TBC is a multi-disciplinary approach in which all clinic/program members share joint responsibility in providing services, supports and treatment to adult clients. Each treatment team carries together an assigned caseload of adults (age 18+), and each team member – based on his/her role, expertise and scope of practice – contributes towards an adult's success, recovery and goal achievement.

Adults therefore are receiving services that are coordinated and integrated, while still individualized to their specific needs. A manual for Team-Based Care has been developed and implemented which articulates the roles and interactions for each team member and provision of services. In addition, case management services are always available to consumers to assist them with obtaining and maintaining housing, linking them to primary health care providers, and providing financial management support. Post COVID-19, the Department continues to offer a mix of telehealth services and in-person appointments regionally for clients that are not able to successfully participate in telehealth services or that require in person interventions in order to successfully meet treatment plan goals and maintain their mental health treatment. Certain clinic locations have a designated room setup with audio and video for those without access to technology.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Unique Clients Discharged to Higher Level of Care	Less than 10%	Quarterly Reports
Unique Clients Discharged to lower level of care	More than 85%	Quarterly Reports

Unique Clients Engaged in Purposeful Activity	More than 95%	Quarterly Reports

Strategies to Address Service Disparities for Unserved and Underserved Populations

BWell's South County adult clinic and Justice Alliance FSP (JA) team are currently collaborating in developing a performance improvement plan to initiate new clinical and administrative strategies to increase client engagement and coordination of care for individuals in the Mental Health Treatment Court (MHTC) being recommended for mental health services. MHTC is a problem-solving court that combines judicial supervision with community mental health treatment and support services.

Santa Barbara's MHTC aims to reduce criminal activity and improve quality of life for participants. As part of MHTC, clients are assessed by JA clinicians and referred to mental health treatment and/or services appropriate for the level of care clients need.

Once connected with a clinician at Calle Real, clients are assessed and an individualized care plan is created for them. MHTC court hearings may occur between 1-4x per month and the JA clinician updates the court on client engagement in mental health services. Currently, clients are not engaged in sufficient outpatient mental health services to meet their complex and significant behavioral health needs. In addition to the significant mental health impacts of inconsistent treatment engagement, low service engagement can have legal ramifications such as going back through the legal process. This could impact their future employment, housing, and other aspects of functioning. Furthermore, treatment disengagement may result in increased likelihood of recidivism which impacts the community and justice systems. In order to address these concerns, the PIP aims to increase client engagement in mental health services. Mental health service engagement is important for clients for several reasons: (1) to minimize the possibility of recidivism; (2) to connect clients to supports in the community, including housing, employment, as they transition from jail back to the community; and (3) to increase client stability through taking medications as prescribed and engaging in treatment.

Program Priorities

Recruitment and Retention of Public Health Workforce-SM Adults program is facilitating clinical rotation for nursing students from local college to expose them to nature of public mental health work and provide information about job opportunities with the County.

Program Alignment with the General Standards of the MHSA

Community Collaboration: The Adult Outpatient System of Care was designed with community input.

Cultural Competence: All staff are trained in cultural competence and we aim for staff ratios to reflect the demographics of our County.

Client and Family Driven: Clients and families, when appropriate, are involved in directing services for the client.

Wellness, Recovery, and Resilience Focused: Our Adult Outpatient System of Care is founded on the principles of wellness, recovery and resiliency.

Integrated Service Experiences for Clients and Family: The Adult Outpatient System of Care presents an integrated service experience in which clients are connected to services provided by other Departments and Community Based Organizations.

Changes to Service Delivery

We will be combining Medication Integration and Co-Occurring Disorders programs all into the Adult Wellness, Recovery and Resiliency to increase fluidity of staff. This will help to serve all clients given significant staffing shortages and turnover impacting our ability to provide specialized programming.

Program Demographic Data

Reporting FY 22-23

Adult Wellness, Recovery and Resiliency

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	1	White	483	Lesbian or Gay	NA	Female	329	English	NA
16-25 yrs.	28	African American or Black	40	Heterosexual	NA	Male	270	Spanish	NA
26-59 yrs.	448	Asian	19	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	122	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	5			Genderqueer	NA	Mandarin	NA
		Other	11	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	34	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	7	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)		Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	248	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	599	Non-Hispanic	320					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		

	Unknown/Not Reported	31				NA	
			None	NA	Declined to Answer	NA	
Total Number of Individuals Served during the Prior Fiscal Year Period:				599	**Cost Per Individual:**	**$**	

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Adult Co-Occurring Mental Health and Substance Use Outpatient Teams – Behavioral Wellness

Program Performance (FY 22-23)

Age Group	**# of individuals**	**Race**	**# of individuals**	**Sexual Orientation**	**# of individuals**	**Gender Identity**	**# of individuals**	**Language Spoken**	**# of individuals**
0-15 yrs.	1	White	336	Lesbian or Gay	NA	Female	172	English	NA
16-25 yrs.	22	African American or Black	2	Heterosexual	NA	Male	260	Spanish	NA
26-59 yrs.	357	Asian	3	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	52	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	10			Genderqueer	NA	Mandarin	NA
		Other	8	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	47	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	4	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	2	Hispanic	190	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	430	Non-Hispanic	226					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	16						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:				**432**		**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24

Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Medical Integration Program—Behavioral Wellness

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	1	White	141	Lesbian or Gay	NA	Female	96	English	NA
16-25 yrs.	1	African American or Black	5	Heterosexual	NA	Male	74	Spanish	NA
26-59 yrs.	71	Asian	3	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	97	Native Hawaiian or Other Pacific Islander	1	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	1		NA	Genderqueer	NA	Mandarin	NA
		Other	5	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	11	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	3	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	46	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	170	Non-Hispanic	109					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	15	None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**170**	**Cost Per Individual:**	**$**		

CSS: Report on Prior Fiscal Year Activities AND Program Plan

Community Services and Supports Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Pathways to Well-Being

Contracted by CALM and FSA

Program Populations of Focus

Homeless	
Forensic	
Involved in Social Services System	X
Unserved/Underserved	
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Children, TAY	X

Program Summary: The Pathways to Wellbeing Program focuses on supporting foster care youth and their families by providing comprehensive mental health services and trauma-informed care. Collaborating with Child Welfare Services and Behavioral Wellness staff, the program aims to maintain stable placements, reduce relocations, and increase successful reunifications and adoptions, as measured by quarterly reports on client discharges and engagement in purposeful activities.

Available data on this program's outcomes for the prior fiscal year period, FY 21-22is included as an Appendix to this document.

Program Performance FY 23-24

Using an outpatient model of mental health assessment, The Pathways to Wellbeing program provides mental health services for foster youth and their foster families to solve problems in the home environment. Comprehensive assessments and specialty mental health services are provided to foster care youth (Katie-A) ages 0-21, who are determined by state terms to meet CLASS (mild-to-moderate) mental health criteria. The goals of the Katie-A Pathways to Well-Being Program are to maintain the stability of children in their homes and placements thereby reducing the necessity for multiple placements, while providing trauma-informed care to foster care children and their caregivers.

The Pathways to Wellbeing Program provides services to children and youth (ages 0-21) who have a diagnosis of SED or are Medi-Cal beneficiaries diagnosed as needing specialty mental health services (as

described in C.C.R., Title 9, Chapter 11, commencing with Section 1810.100 et seq.); are residing in foster or residential placement; and are assessed at a high level of risk based on County's outcomes and level of care instrument, as directed by Behavioral Wellness and regardless if the client is served by Behavioral Wellness Children's Clinics. Services shall also be provided to each client's foster family. Many of these families are part of the Latinx community and are involved with CWS.

CALM:

During fiscal year 23/24, we have been unable to meet our targeted goal of 80 unique clients served at any one time, due to not receiving sufficient referrals to meet this goal.

FSA:

During fiscal year 23/24 we have a targeted goal of 50 unique clients and have served 25 through March 7, 2024. Due to staffing limitations we have needed to prioritize service for clients meeting subclass designation (Intensive In-Home). Of the 25 cases served, 5 clients have a preferred language of Spanish, and 10 primary caregivers have a preferred language of Spanish. When we have been unable to have a Spanish speaking Therapist assigned to the case, we have utilized interpretation services to ensure communication is occurring in the preferred language of the clients and caregivers.

For the discharges thus far this fiscal year, all 9 were graduated and either no longer needed services or were transferred to a lower level of care.

Addressing Community Issues

For the provision of on-going services once a Katie-A child has been determined to meet Class status, Behavioral Wellness' community-based organizational partner, CALM, provides the Pathways to Well-Being program covering the Santa Barbara (South County) and Lompoc (West County) regions, while community-based organizational partner, Family Services Agency (FSA) provides the Pathways to Well-Being program in the Santa Maria region (North County). The Pathways to Well-Being program in these regions have continued to be enhanced with adjunct services funded through the Department of Social Services. These include Family Drug Treatment Court, the Intensive Family Reunification Program and the Trauma-Informed Parenting Workshop series, all of which provide services to the youth's caregivers and have demonstrated decreased changes in placement and an increase in successful reunifications and adoptions.

Pathways to Well-Being is a program that serves children who have intersected with Child Welfare Services and who are at-risk or have met criteria for a mental health diagnosis. Children receive mental health treatment to support stabilization in their environment. Central to this program is inter-disciplinary collaboration and coordination between the caregiver, mental health team, Child Welfare Services, and the community to optimize child and family well-being. Goals are to reduce mental health symptomology and stabilize placement.

Santa Barbara County Foster Youth and the resource parents who care for them are a particularly vulnerable population with a higher risk for loss of placement, future victimization as well as CWS and juvenile justice involvement in addition to the high levels of specialty mental health impairments or risk of impairment due to CWS involvement and the circumstance leading to this involvement.

Notable Community Impact

CALM:

To increase services to unserved populations, we successfully completed a case with a client identified as Mixtec who experienced trauma and lived with resource parents away from his biological parents. By using professional interpretation services, we provided Trauma Focused Cognitive Behavioral Therapy in the native language of the client. Our therapist has also helped the client manage the cultural differences that client had with his resource home. By using an interpreter, the client was able to address issues with his resource parents that he was otherwise unable to bring up due to the language barrier. This case concluded with the client making significant progress in resolving trauma and was discharged.

FSA:

The team focused on both staff training and program implementation targeted towards this group. Training focused on the pervasive and profound impacts of trauma, and how to equip people with more effective ways to manage and overcome it are key for staff members. Tools for teaching emotional regulation, developing resilience and self-compassion are utilized in daily programming.

Services provided are focused on prevention programming, to prevent homelessness or housing instability, interaction with the judicial system, and hospitalization.

Program Plan FY 24-25

Provider:	**CALM, Family Service Agency**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$609,000
Estimated CSS Funding	$2,900
Estimated Medi-Cal FFP	$606,100
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$6,214
Estimated Total of Consumers Served	98
Target Population Demographics Served	Children, TAY

Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	86	$6,214
Estimated Total Consumers Age 15-26 Served	12	$6,214
Estimated Total Consumers Served Age 26-59	0	0
Estimated Total Consumers Served Age 60+	0	0

Program Description

The Pathways to Well-Being Program includes an outpatient model of mental health assessment (to determine class/subclass Katie-A status) and mental health service delivery for foster youth who meet class criteria, and their foster family, to solve problems in the home environment. Comprehensive assessments and specialty mental health services are provided to foster care youth (Katie-A) ages 0-21, who are determined by state terms to meet CLASS (mild-to-moderate) mental health criteria. The goals of the Katie-A Pathways to Well-Being Program are to maintain the stability of children in their homes and placements thereby reducing the necessity for multiple placements, while providing trauma-informed care to foster care children and their caregivers. Previously, mild-to-moderate Katie-A children were being linked to the community-based Cen-Cal or private insurance providers making it difficult to track services and monitor at risk Katie-A children that may later need to be re-referred. Currently, all Katie-A children are referred by Social Services through Behavioral Wellness to designated Katie-A Practitioner Assessors. Behavioral Wellness practitioners conduct initial assessments on Katie A children ages 6-21, while CALM practitioners provide the initial assessments for children 0-5. These initial assessments determine whether a Katie-A youth requires specialty mental health services. The Behavioral Wellness Katie-A Practitioner Assessors for children 6-21, are co-located at the Social Services offices for improved care coordination and collaboration in alignment with the state's Continuum of Care Reform (CCR). CALM's Katie-A assessors are located in each of CALM's offices county-wide (Santa Barbara, Lompoc and Santa Maria).

For the provision of on-going services once a Katie A child has been determined to meet class status, Behavioral Wellness' community-based organizational partner, CALM, provides the Pathways to Well-Being program covering the Santa Barbara (South County) and Lompoc (West County) regions, while community-based organizational partner, Family Services Agency (FSA) provides the Pathways to Well-Being program in the Santa Maria region (North County). The Pathways to Well-Being program in these regions have continued to be enhanced with adjunct services funded through the Department of Social Services. These include Family Drug Treatment Court, the Intensive Family Reunification Program and the Trauma-Informed Parenting Workshop series, all of which provide services to the youth's caregivers and have demonstrated decreased changes in placement and an increase in successful reunifications and adoptions.

Top Community Issues

This program is specifically for Foster Care youth and their families. Foster Care youth are considered an underserved population.

Performance Goals and Intended Outcomes

FSA and CALM

Performance Goal	Intended Outcome	Data Source
Incarcerations/Juvenile Hall	≤5	Smart Care
Psychiatric inpatient admissions	≤5%	Smart Care/Smart Sheet
Stable/permanent housing	≥95%	Smart Care/Smart Sheet
Of those who discharged % who transitioned to a higher level of care	≤15%	Smart Care/Smart Sheet
Of those who discharged % who transitioned to a lower level of care or graduated/discharged bc care no longer needed or medical necessity not met)	≥85%	Smart Care/Smart Sheet
New out-of-primary home placements (county & out-of-county)	≤5%	Smart Care/Smart Sheet
CANS (% completed)	100%	Smart Care/Smart Sheet
CANS Improvement in 3+ Domains (report % positive change by domain)	>10% (In 3 of six)	Smart Care/Smart Sheet
PSC (% completed)	100%	Smart Care/Smart Sheet

Performance Goal	Intended Outcome	Data Source
Unique Clients Discharged to Higher Level of Care	Less than 5%	Quarterly Reports
Unique Clients Discharged to lower Level of Care	More than 90%	Quarterly Reports
Unique Clients Engaged in purposeful activity	More than 95%	Quarterly Reports

Strategies to Address Service Disparities for Unserved and Underserved Populations

We provide services out in the community, whether it is in the home, school, or the community. As indicated, we work collaboratively with resource parents, CWS, Behavioral Wellness staff, school staff and others who have meaningful relationships with the client. We provide a wide array of services and have flexibility with hours of services. We also provide trauma informed parenting classes to new resource parents who are learning to parent children impacted by trauma

Program Priorities

Pathways does require a team effort with Child Family Team (CFT) engaging all service providers and natural supports to assist in the treatment and stabilization of these children's mental health, housing and justice involvement. There is a component of education for resource parents to prevent disruption of placement and thus further trauma to the child. These families are all CWS involved.

Program Alignment with the General Standards of the MHSA

Community Collaboration: We work with resource parents, CWS, schools and BWell staff to collaborate on cases.

Cultural Competence: For Spanish speaking clients and resource parents we have staff who are bilingual and bi-cultural who provide services in the native language. For other languages we use professional interpreters.

Client and Family Driven: We provide CFT meetings to focus on child and family needs and strengths, and use the CANS to inform these meetings.

Wellness, Recovery, and Resilience Focused: Services are strength-based, focused on building resilience.

Integrated Service Experiences for Clients and Family: We collaborate with CWS and BWell and the CBOs (CALM, FSA and Casa Pacifica) to support families. In CFTs we also invite client's natural supports.

Changes to Service Delivery

CALM:

In response to the upcoming Fiscal Year 24-25, we are planning adjustments in our service delivery. Our contract allows for 4.4 FTE, with 3.5 of those dedicated to direct service delivery. Given our current staff-to-client caseload ratio of 1 FTE for every 20 clients and observing a lower-than-expected number of case referrals this year, we intend to reduce the number of clients per FTE. This proactive measure is not only in response to the trend of declining referrals but also a strategic move to enhance service quality and manage workloads actively considering pay reform changes. These adjustments are also an effort to address the financial challenges that will arise from our fee-for-service reimbursement model, which has been strained by the reduced number of referrals, thereby affecting our ability to cover the program's costs.

FSA:

With the recent implementation of Cal AIM payment reform and with cost increases (largely due to necessary increases in staff compensation), FSA is closely monitoring this contract and possible reductions in staffing and deliverables that may be necessary.

Program Demographic Data

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	86	White	87	Lesbian or Gay	NA	Female	55	English	NA
16-25 yrs.	12	African American or Black	5	Heterosexual	NA	Male	43	Spanish	NA
26-59 yrs.	0	Asian	1	Bisexual	NA	Transgender woman	NA	Vietnamese	NA

60 & older	0	Native Hawaiian or Other Pacific Islander	1	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	1			Genderqueer	NA	Mandarin	NA
		Other	1	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	0	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	2	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	63	Hearing or Having Speech Understood	NA	Chronic Health Condition	**NA**	Arabic	NA
No	98	Non-Hispanic	26					Other	NA
Declined to Answer	0	More Than One Ethnicity		Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	9						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**98**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Crisis Residential Services North, South, and Agnes (North)

Program Populations of Focus

Homeless	X
Forensic	X
Involved in Social Services System	
Unserved/Underserved	
Cultural Population (specify below)	

Veterans	
Other (Specify Below)	X
TAY, Adult, Older Adult	X

Program Summary: The Crisis Residential Treatment (CRT) programs, situated across North and West, offer voluntary residential recovery services to individuals in crisis, aiming to alleviate active behavioral health symptoms and distress while ensuring stable housing post-discharge. Utilizing measurement tools like the Symptom Checklist and Severity Scale, significant improvements are reported in clients' conditions during and after their stay in CRT. The programs prioritize serving underserved populations, including the homeless and those involved in the justice system, as well as those facing crises, providing psychiatric rehabilitation, temporary housing, and various recovery programs with a focus on cultural competence and client-driven support.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance FY 23-24

The Department of Behavioral Wellness offers voluntary residential recovery programs to clients in crisis in both North (Santa Maria and Agnes) and West (Lompoc) County. These facilities are operated by Crestwood and Telecare.

The Programs allow clients in crisis, who have a serious mental illness, to receive treatment from Mental Health Practitioners, Caseworkers, Peer Recovery Assistants, and Psychiatrists, while participating in various recovery programs. Clients can stay at either facility for up to 90 days at a time and have designated visitation hours. Residential crisis services aim to:

- provide an alternative to the Hospital Emergency Department;
- increase community-based services;
- provide appropriate services in less restrictive environments;
- provide post-crisis support and linkage to maintain stability and reduce recidivism.

There are currently no changes in performance of the program. We serve clients referred to us by BWell. We serve the following underserved populations: Unhoused, Step Down from Higher Levels of Care, Justice Involved, and Impoverished clients are served. We strive to have staff who are bilingual, and all staff are trained in cultural competency.

Crestwood:

Frequent challenges with housing after CRT, the only source is the shelter which is not a viable place to send folks after stabilizing at CRT. This county can benefit from a longer stay, like a "Bridge Program". Crestwood

has a similar program in another county, they go from CRT to Bridge Program for longer supported treatment. We have had successes with "warm hand-offs" getting clients back to their home cities/states with family and connecting to mental health services.

Our bed availability fluctuates frequently due to being a "voluntary" program and folks admitting/discharging at different times. Most of the time we have beds, no issues with availability. Referral packets received daily/weekly. Staffing for overnights can be an issue and once hired, we have a short time commitment, most of the time this is due to a high amount of college students seeking entry level (seasonal) employment.

Addressing Community Issues

The primary objectives for Crisis Residential Treatment (CRT) programs are to reduce the client's active behavioral health symptoms and psychological distress. Using the Symptom Checklist and Triage Severity Scale as a measurement toll at intake and discharge, significant improvements are typically reported at both North and South CRT facilities. Another primary objective for CRT staff is ensuring stable housing for clients upon discharge from CRT programs.

Notable Community Impact

We further stabilize BWell-referred clients in various situations until they are ready to discharge to the community. Temporary Housing options remain challenging for unhoused folks with no source of income or family support.

Program Plan for FY 24-25

Provider:	**Crestwood, Telecare**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$6,211,100
Estimated CSS Funding	$961,500
Estimated Medi-Cal FFP	$4,957,600
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$ 292,000
Average Cost Per Consumer	$19,907
Estimated Total of Consumers Served	312
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	0	0
Estimated Total Consumers Age 15-26 Served	53	19,907
Estimated Total Consumers Served Age 26-59	228	19,907
Estimated Total Consumers Served Age 60+	31	19,907

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
Unique clients discharged to higher level of care	Less than 5%	Quarterly Report
Unique clients discharged to lower level of care	More than 95%	Quarterly Report
Unique Clients Engaged in Purposeful Activity	More than 95%	Quarterly Report

Strategies to Address Service Disparities for Unserved and Underserved Populations

We provide Psychiatric Rehabilitation services and temporary housing to underserved population, including those in crisis, unhoused and/or justice-involved. We serve clients referred to us via BWell.

Program Priorities

The Programs allow clients in crisis, who have a serious mental illness, to receive treatment from Mental Health Practitioners, Caseworkers, Peer Recovery Assistants, and Psychiatrists, while participating in various recovery programs. Clients can stay at either facility for up to 90 days at a time and have designated visitation hours. Residential crisis services aim to:

- Provide an alternative to the Hospital Emergency Department;
- Increase community-based services;
- Provide appropriate services in less restrictive environments;
- Provide post-crisis support and linkage to maintain stability and reduce recidivism.

Program Alignment with the General Standards of the MHSA

Community Collaboration: CBO Provider for BWell, collaborating with referral sources, social workers, and other Community Providers.

Cultural Competence: Ongoing staff trainings on Cultural Competence and Cultural Humility.

Client and Family Driven: Encouraging family support/visitation while client is in treatment has proven successful.

Wellness, Recovery, and Resilience Focused: We utilize WRAP (Wellness, Recovery Action Plan) in our curriculum.

Integrated Service Experiences for Clients and Family: The Crisis Residential Treatment Facilities provide a full range of services and connect clients to other services provide by BWell, Department of Social Services, Department of Rehabilitation and Community-Based Organizations.

Changes to Service Delivery

We would like to respond clinically to the many positive UDSs we have after clients go into the community by adding a Certified Drug and Alcohol Counselor to our staffing pattern. Having a certified drug and alcohol counselor will allow to expand the clinical services we provide in a responsive manner to the incidents we are seeing and experiencing most in our programs.

Program Demographics

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	223	Lesbian or Gay	NA	Female	122	English	NA
16-25 yrs.	53	African American or Black	22	Heterosexual	NA	Male	190	Spanish	NA
26-59 yrs.	228	Asian	6	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	31	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	3			Genderqueer	NA	Mandarin	NA
		Other	5	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	47	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer		**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	2	Hispanic	133	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	310	Non-Hispanic	165					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		

	Unknown/Not Reported	14	None	NA	Declined to Answer	NA
Total Number of Individuals Served during the Prior Fiscal Year Period:				**312**	**Cost Per Individual:**	**$**

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Adult Housing Support Services

Program Populations of Focus

Homeless	X
Forensic	
Involved in Social Services System	
Unserved/Underserved	
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
TAY, Adult, Older Adult	X

Program Summary: The Adult Housing Support Services program, operated by various providers, caters to transitional and stable housing for the unhoused and previously homeless individuals. Through licensed residential facilities, on-site supportive services and case management, the program aims to foster stability, reduce recidivism and improve living conditions for underserved populations, including those facing mental health challenges. Ongoing strategies involve close collaboration with community partners, bilingual staff deployment, and plans for potential expansions to meet the increasing demand for these critical services.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23 is included as an Appendix to this document.

Program Performance FY 23-24

Good Sam: Good Samaritan Shelter provides supportive services at Homekey, West Cox, and the Residents at Depot Street apartments. These programs focus on serving those who were formerly experiencing homelessness. Many of the residents we serve have multiple diagnosis and sever and persistent mental illness. The supportive services program provides onsite case management, engagement activities, and care coordination for those served. The major challenge is the lack of transportation services. Some of the complexes we serve folks far from public transportation and transportation coordination can be an issue for some clients to follow through with appointments and referrals.

Mental Wellness Center: Our services specifically serve LatinX, African American, Unhoused and Justice involved populations. Each of our four Adult Residential Facilities are composed of a wide range of ethnicities. We have a high retention rate and low percentage of clients discharging to lower LOCs or being incarcerated.

PathPoint Onsite Supportive Housing Services: The underserved populations we work with in RSS are primarily people transitioning from homelessness, dual diagnosis, and adults experiencing moderate to severe and persistent mental illness. This program provides on-site support to help residents maintain their housing and learn to live successfully in an independent living setting. On-site support uses early intervention as a way to reduce evictions by addressing resident issues as they develop early on. We have one staff person who speaks conversational Spanish to reduce the barrier language can provide to engaging in supports. The on-site convenience also reduces transportation barriers.

RESIDENTIAL (Mountain & Phoenix Houses): The unserved/underserved populations we work with are primarily people who have experienced homelessness or would be at risk of homelessness without access to Mountain & Phoenix House Board & Care level of care. We work closely with treatment teams including Justice Alliance to support our residents who would otherwise be at risk of criminal justice system involvement if homeless or with untreated mental illness.

Psynergy: We serve county residents in their transition back to County services post-hospitalization. We provide twenty placements at two different adult residential facilities.

Addressing Community Issues

Good Sam: The Good Samaritan supportive services program provides the supportive services component tied to permanent housing throughout the mid and northern county. This program allows for vulnerable community members to have support and permanent housing.

Mental Wellness Center: The bulk of our clients would most likely be incarcerated, in locked facilities or homeless without the services our ARFs provide. The underserved individuals listed in “2a” are our primary population.

PathPoint Onsite Supportive Housing Services: By working with Housing Authority partners to identify those who may need mental health support RSS utilized early intervention prevention to manage symptoms and ultimately increase housing stability. By being located on site at three different properties owned and operated by Housing Authority RSS provides ease of access to support which can increase likelihood of residents struggling with mental health to engage in supportive services.

PathPoint RESIDENTIAL (Mountain & Phoenix Houses): Ensuring adequate housing for our residents, Phoenix and Mountain House staff are able to support our residents with accessing their treatment teams, which include Psychiatrists, Case Managers, and Primary Care Physicians. Stable & safe housing allows our residents the opportunity to address mental health symptoms and strengthen collaboration with treatment teams to access resources that serve to increase the likelihood of consistently engaging in purposeful activities.

Notable Community Impact

Mental Wellness Center: Examples of notable community impact include a reduction of incarcerations, hospitalizations (mental and physical health), and EMS services. Our clients reside in permanent housing with

24/7 support in addition to low-level case management, medication support, ADL/ILS support, and additional residential services.

PathPoint Onsite Supportive Housing Services: HACSCB houses our community's vulnerable members, thereby making an impact on increasing the number housed.

PathPoint RESIDENTIAL (Phoenix & Mountain Houses): We serve 26 people at Mountain & Phoenix Houses, and in keeping our facilities at capacity based on county referrals, we are able to adequately house 26 individuals who have been diagnosed with a severe mental illness. Staff actively work with residents of Mountain & Phoenix houses to address mental health symptoms that would like go untreated if unhoused.

Program Plan for FY 24-25

Provider:	**Psynergy, Pathpoint, Mental Wellness Center, Good Samaritan**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$6,809,800
Estimated CSS Funding	$615,900
Estimated Medi-Cal FFP	$5,192,500
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$1,001,400
Average Cost Per Consumer	$56,748.33 (Some provider's support services, others all housing costs, each provider is varied in MHSA support)
Estimated Total of Consumers Served	240
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$28,218
Estimated Total Consumers Age 15-26 Served	3	$28,218
Estimated Total Consumers Served Age 26-59	152	$28,218
Estimated Total Consumers Served Age 60+	85	$28,218

Program Description

Mental Wellness Center: The MWC operates four Licensed Adult Residential Facilities with a total capacity of 29 beds.

PathPoint Onsite Supportive Housing Services: This program provides on-site case management, rehabilitation, collateral and crisis services to BWell residents at three separate Housing Authority owned and operated apartment style housing locations designated to low income or workforce residents in our community. This program serves between 20-35 residents between locations to provide in person support to help residents live as successfully as possible in their homes. The largest site, El Carrillo, is made up of clients who were previously unhoused which results in the need for many basic supports around caring for a household in a communal type atmosphere. RSS is there to assist residents navigate the challenges. Having on site staff means transportation barriers are reduced for residents enrolled and services can be accessed quickly when needed.

Pathpoint RESIDENTIAL: Mountain & Phoenix House provide 24/7 supports to persons who have been diagnosed with a mental illness. We are CCL Licensed Adult Residential Facilities contracted to provide services to assist clients in managing their mental health symptoms and impairments and live the life they choose.

Top Community Issues

The Adult Housing Support Program entirely serves unhoused and formerly unhoused individuals, which are identified as an underserved population.

Performance Goals and Intended Outcomes

Performance Goal	Intended Outcome	Data Source
RSS – Increase total number of persons served	Serve approximately 27 clients by the end of July 2024	Quarterly Reports
Residential – Considering increasing Phoenix House population from 12 to 15	Increase the number of beds for unserved/underserved populations in Santa Barbara county	Quarterly Reports
MWC: Reduce incarceration, less than 5%	Less than 5%	Quarterly reports
MWC: Permanent residency, 95%+	More than 95%	Quarterly Reports
MWC: Discharges to higher Level Of Care	Less than 10%	Quarterly Reports
Good Sam: Retain Housing	More than 90%	Quarterly Reports

Strategies to Address Service Disparities for Unserved and Underserved Populations

Mental Wellness Center: Strategies include close collaboration with BWELL/CBO case management teams (CROPC, Pathpoint, ACT, SCCS). Our clients are provided support to maintain their housing placement through the various services and supports we provide in-home.

Pathpoint Onsite Supportive Housing Services: We maintain Spanish speaking case workers and utilize the Language Line when needed to attain interpretation services. By increasing community access through field based and home-based services barriers like transportation are reduced. By meeting a client where they feel most comfortable in their community this increases opportunity for family involvement inside a household for example or peer support via community programs. RSS and PTR are comprised of staff with unique backgrounds and experience levels which provides opportunity to serve a diverse population. By attaining and maintaining a diverse workforce we hope to reduce barriers and increase connections to those most vulnerable in our communities. Strong connections to other industry leaders and partners (Housing Authority, Cottage Hospital, BWell, PATH, Rescue Mission, Mental Wellness Center and others) provide another form of outreach and coordination to those interested in receiving services who may not be engaged already.

Pathpoint RESIDENTIAL (Phoenix and Mountain Houses): Our hiring team are actively working with Santa Barbara City College and Antioch University to recruit Residential Interns. Residential Interns are typically candidates who want experience working in the mental health field. Our goal is to help interns learn about the mental health field and develop a desire for working with unserved/underserved populations.

Program Alignment with the General Standards of the MHSA

MWC:

Community Collaboration: We have close collaboration with BWELL and CBO case management teams to coordinate care.

Cultural Competence: We participate in annual BWELL trainings, and place bilingual staff where monolingual Spanish speaking residents are housed in addition to utilization of translation services

Client and Family Driven: We tailor our supports to fit the client's treatment goals and housing retention.

Wellness, Recovery, and Resilience Focused: We offer various outings and work closely with the Recovery Learning Center (MWC program) to provide wellness activities to our residents.

Integrated Service Experiences for Clients and Family: We coordinate with case management agencies, connect and transport our clients to services outside the home (Psychiatry, primary care, specialty care, etc.)

RSS:

Community Collaboration: Resources are shared in a collaborative process between agencies in each program though weekly team meetings designed to share resources, collaborate on client issues, and resource gathering. By making a maintaining strong community partnerships with local agencies, PathPoint uses its reputation to build on these relationships to foster information sharing for families, clients and staff.

Cultural Competence: We address Cultural Competency through multiple channels via Trainings: Implicit Bias, Cultural Humility, Onboarding-Person Centered Approach to working with individuals, Community: (Mental health First Aid, collateral interventions) and Workplace Culture: (Diversity and Inclusion Taskforce).

Client and Family Driven: Staff work alongside their clients relying on their input and direction to create goals and outcomes for their care. We involve family whenever possible to educate, support and encourage engagement in client's care.

Wellness, Recovery, and Resilience Focused: Staff in each program are trained and encouraged to promote hope, personal empowerment, respect, social connections, self-responsibility and self-determination. Staff do this by embodying these core values of recovery and reflecting it in their one-on-one interventions with their clients. Interventions are client-driven and designed to foster personal growth, development, and independence.

Integrated Service Experiences for Clients and Family: We use our community connectedness as a way to share resources with family of those we support, and encourage their participation when appropriate. By connecting to the larger community for resources, PathPoint acts as a funnel for understanding available community resources.

Residential:

Community Collaboration: Mountain & Phoenix House staff assist our residents with identifying needs and learning to navigate self-advocacy to be able to effectively collaborate with partner agencies.

Cultural Competence: PathPoint addresses Cultural Competency through multiple channels via Trainings: Implicit Bias, Cultural Humility, Onboarding-Person Centered Approach to working with individuals, Community: (Mental health First Aid, collateral interventions) and Workplace Culture: (Diversity and Inclusion Taskforce).

Client and Family Driven: Staff work with clients to create a culture that promotes self-advocacy meant to address their needs and encourage family and support system involvement in their treatment when appropriate.

Wellness, Recovery, and Resilience Focused: Mountain and Phoenix Houses staff encourage our residents to live the life they choose. Our staff work with residents to build connections that are based in respect and compassion for the person they are. We support residents to build independence that recognizes strengths and encourages self-advocacy in determining their goals.

Integrated Service Experiences for Clients and Family: Mountain and Phoenix rely on collaboration from our partner agencies to be able to coordinate care for our residents. Consistent collaboration helps our residents maintain housing. In the upcoming year, RSS hopes to be able to expand the amount of clients served by increasing their staffing model and braiding other funding.

Changes to Service Delivery

The MWC is discussing the possibility of opening a new Adult Residential Facility in the next two years. More beds are needed to support the populations we serve.

All PathPoint programs are exploring expansion of services due to high need.

However, we have been unable to recruit a part-time LVN, despite aggressive marketing and increasing the pay for this position. For FY 24-25, BWell intends to try increasing the contracted providers' budget for this pilot program to allow them to recruit for LVN directly, and use BWell nursing staff to provide education about diabetes management, health cooking and other requested topics.

Beginning in FY 23-24, BWell will be piloting a "Medical Support for Older Residents in Psychiatric Residential Facilities." This program will be part of Adult Housing Support Services Program and will provide a 20 hour a week Licensed Nursing Assistant or Licensed Vocational Nurse to visit Santa Barbara area PRFs and provide onsite vocational assistance with things like hygiene support.

In the upcoming year, GSS hopes to be able to expand the amount of clients served by increasing their staffing model and braiding other funding.

Program Demographic Data

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	194	Lesbian or Gay	NA	Female	107	English	NA
16-25 yrs.	3	African American or Black	20	Heterosexual	NA	Male	133	Spanish	NA
26-59 yrs.	152	Asian	2	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	85	Native Hawaiian or Other Pacific Islander	1	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	2			Genderqueer	NA	Mandarin	NA
		Other	3	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	16	Declined to Answer	NA	Declined to Answer	0	Cambodian	NA
		Declined to Answer	2	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	45	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	240	Non-Hispanic	195					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	0						

	None	NA	Declined to Answer	NA	
Total Number of Individuals Served during the Prior Fiscal Year Period:		**240**	**Cost Per Individual:**	**$**	

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Community Services and Supports Non-FSP Services: Report on Prior Fiscal Year Activities AND Program Plan

Crisis Stabilization Unit (CSU) South and North

Program Populations of Focus

Homeless	X
Forensic	X
Involved in Social Services System	
Unserved/Underserved	X
Cultural Population (specify below)	
Veterans	
Other (Specify Below)	X
Adults, Older Adults	X

We currently have two Crisis Stabilization Units in Santa Barbara County, one located at Marian Hospital in Santa Maria, and one located on the BWell Campus in Santa Barbara and operated by Crestwood.

Program Summary: The Crisis Stabilization Unit (CSU) provides rapid crisis intervention and stabilization services within a 23-hour timeframe, catering to the underserved, the homeless, and individuals in crisis. Collaborating closely with county departments and focusing on cultural competence, CSU aims to transition from a voluntary to a locked LPS unit to accommodate both voluntary and involuntary admissions, potentially reducing strain on emergency departments and increasing daily census for more effective crisis management.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document.

Program Performance FY 23-24

North: The Crisis Stabilization Unit (CSU) North opened on September 8, 2022. Since opening, the unit has served approximately 1015 patients from Santa Maria, Lompoc, Vandenberg, San Luis Obispo, and its surrounding communities. The Central Coast communities are completely underserved when it comes to mental health care; the CSU serves the neediest amongst this population by taking the vast majority of its referrals from local emergency departments. This unit is capable of providing crisis stabilization for hundreds of underserved patients who otherwise would have gone untreated, or waited days to receive appropriate psychiatric evaluation and treatment.

South: In January 2016, the Department of Behavioral Wellness opened the County's first Crisis Stabilization Unit (CSU) in Santa Barbara (South County). The CSU provides a safe, nurturing short-term, voluntary emergency treatment option for individuals experiencing a behavioral health emergency. The Program accommodates up to eight individuals daily for stays of up to 23 hours. The CSU is located on the County campus in Santa Barbara. The facility offers a semi-private intake and assessment space, a casual open common room with lounge chairs or day beds, wireless phone access, music headsets, laundry facilities, showers, secure storage and offices. Staffing includes a Psychiatric Registered Nurse, a 24-hour on-call Psychiatrist who conducts on-site rounds morning and evening, practitioners, and peers.

The Santa Barbara CSU has been closed for over a year due to staffing shortages in our nursing classifications. The department prioritized keeping our 16 bed PHF fully staffed for all 16 beds. During the time of the CSU’s closure the department moved to have the CSU LPS designated to accept individuals on 5150 holds. The CSU was previously an unlocked voluntary unit which limited its usage. Due to ongoing staffing issues the Department also decided to contract out the operation of the CSU. During the closure period a RFP was released and a vendor was selected. The Department is in the contract negations phase with the new vendor and an opening date of this spring 2024 is anticipated.

Addressing Community Issues

The comfortable, non-clinical setting offers a calming, stable environment to help individuals move away from crisis. Services include assessments, peer counseling, referrals for continued treatment, emergency medications, nursing assessment and access to psychiatric consultation.

Additionally, the CSU has historically served a high number of individuals experiencing homelessness as well as those involved in the criminal justice system. The CSU was developed as a drop-off location for law enforcement with individuals experiencing a mental health crisis but not needing to go to jail. Similarly, Public Defender advocates have used the CSU to assist their clients in mental health stabilization.

Notable Community Impact

North: For each patient discharged from the CSU to a lower level of care, the community impact of NOT transferring the patient hundreds of miles away is huge…for that patient and for their family. The CSU is actively involved with discharge planning and linkage to the community mental health providers. Care coordination throughout the behavioral health care continuum is key for this vulnerable population in terms of reducing recidivism and relapse. By developing referral workflows and direct communication between

community providers and the CSU, we are able to ensure better follow up and access to services available in the community. The CSU does this much better than an inpatient facility located in another county.

South:

The Crisis Stabilization Unit was closed in May of 2022 due partly to department wide staffing shortages, especially in the Psych Nurse and Psych Tech job classifications. It was determined that while closed, BWELL would pivot to create a locked, LPS designated unit. This program will now be led by a contracted provider, and an opening date in late Spring 2024 is anticipated.

Program Plan for FY 24-25

Provider:	**Marian Hospital, Crestwood**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$8,330,000
Estimated CSS Funding	$0
Estimated Medi-Cal FFP	$8,330,000
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$40,048
Estimated Total of Consumers Served	208
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	$40,048
Estimated Total Consumers Age 15-26 Served	53	$40,048
Estimated Total Consumers Served Age 26-59	144	$40,048
Estimated Total Consumers Served Age 60+	11	$40,048

Program Description

CSU is a 23-hour crisis stabilization unit that provides crisis de-escalation, stabilization, linkage and discharge planning. Services include assessment, medication administration, rehab counseling and discharge planning.

Performance Goals and Intended Outcomes, South

Performance Goal	Intended Outcome	Data Source
Unique clients discharged to higher level of care	Less than 5%	Quarterly Reports
Unique clients discharged to lower level of care	More than 95%	Quarterly Reports
Unique clients incarcerated/ Juvenile Hall	Less than 5%	Quarterly Reports

Performance Goals and Intended Outcomes, North

Performance Goal	Intended Outcome	Measure	Data Source
Assist clients in their mental health recovery process by arranging for and advocating for the appropriate level of care in the continuum upon discharge.	A. % of patients upon discharge that transition to a higher level of care B. % of patients upon discharge that transition to a lower level of care.	< 40% > 60%	Discharge Summary
Assess client need for mental health services and community support services.	Assessment is made during stay for the need for any of the following services: outpatient mental health, substance use disorder services, primary care, domestic violence, elder or dependent adult abuse	> 90%	Medical Record
Provide client linkage to appropriate mental health services and/or community support services.	Referral is made prior to discharge for followup to one of the following or equivalent services: outpatient mental health, substance use disorder services, primary care, domestic violence, elder or dependent adult abuse	> 45%	Discharge Summary
Client input regarding the care setting and service provided is collected through a patient experience questionnaire and measured	Administer a patient satisfaction survey tool to collect input at a meaningful participation rate (Returned Surveys/Clients).	> 35%	Patient Surveys
Advocate for behavioral health awareness and services through community outreach activities, committee	Number of annual events, boards, committees, presentations attended where behavioral health access, awareness and	> 8	Leadership Calendar

participation, education events or equivalent	collaboration were addressed.		
Expand referral sources to the CSU in order to improve access to behavioral health services	Increase referral sources to CSU annually	1	Admission Referral

Program Priorities

This program is entirely for those in crisis, an underserved population.

Program Alignment with the General Standards of the MHSA

Community Collaboration: CSU collaborates closely with other county departments including law enforcement, Public Defender and Public Health.

Cultural Competence: All CSU staff are continually educated in cultural competence and health disparities

Wellness, Recovery, and Resilience Focused: Length of stay at the CSU is only 23 hours, so CSU staff are very focused on rapid crisis stabilization and linkage to more long-term behavioral health programs to assist clients in achieving wellness, recovery and resilience.

Integrated Service Experiences for Clients and Family: CSU staff work closely with family members of clients on the unit to develop effective, safe discharge planning.

Changes to Service Delivery

North: The CSU will continue to expand upon their outreach efforts to not only Marian Regional, but to include other Emergency Departments and community mental health providers in Santa Barbara and San Luis Obispo County. The goal is to increase awareness of this treatment option for persons in acute crisis and improve access points of care for this vulnerable and underserved patient population.

South: CSU will move from a voluntary unit to a locked LPS unit. This will allow the unit to continue taking individuals requesting voluntary services, but also take individuals who are on a 5150 involuntary hold. This will help to alleviate the number of individuals on 5150 holds who are waiting for LPS placement in local ED's. We anticipate this move to locking the unit will also help to increase average daily census and therefore reducing the non-reimbursable costs for this program.

Program Demographic Data

Reporting FY 22-23

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	0	White	156	Lesbian or Gay	NA	Female	88	English	NA
16-25 yrs.	53	African American or Black	6	Heterosexual	NA	Male	116	Spanish	NA

26-59 yrs.	144	Asian	2	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	11	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
		Alaska Native or Native American	1			Genderqueer	NA	Mandarin	NA
		Other	3	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	11	Declined to Answer	NA	Declined to Answer	4	Cambodian	NA
		Declined to Answer	29	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	0	Hispanic	98	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	208	Non-Hispanic	75					Other	NA
Declined to Answer	0	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	35						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**208**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

About Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI) services, funded by MHSA, are designed to prevent mental illness and emotional disturbance from becoming severe, disabling and costly to individuals, families, communities and the State. PEI Programs are intended to improve access to mental health services for persons underserved and reduce the negative effects, including costs, of untreated mental illness such as: suicide, homelessness, incarceration, school failure or drop-out, removal of children and older adults from their homes, prolonged suffering and unemployment.

PEI programs are focused on children and youth in stressed families, trauma exposed individuals and families including veterans, underserved ethnic and cultural populations and individuals experiencing the onset of serious mental illness.

Outreach for Increasing Early Recognition of Early Signs of Mental Illness: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Mental Health Education *and Support to Culturally Underserved Communities*

Santa Ynez Tribal Health Clinic

Program Description: This program offers culturally based workshops, peer support and community engagement, including talking circles, to Chumash and other Indigenous communities in mid and north county. This program also offers talking circles at Santa Ynez High School for Native American transitional age youth.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document.

Program Type(s):

- Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: _____

Program Performance FY 23-24

During this year, the Santa Ynez Tribal Health Clinic (SYTHC) has started enhancing its Community Outreach Services. Currently, we are facilitating three (3) talking circles on the Reservation per month. We have also expanded this service to Santa Maria High School, Lompoc High School, and Maple High School. Our hope is with future funding we could expand this to other schools in our county. Next, we have started to attend club meetings for the B.I.G. E. (Beyond Incarceration Greater Education) Club. We have found that working with individuals who have been formerly incarcerated allows for a smoother reentry transition. We have found,

working with these groups, that basic needs must be met and part of that is providing a meal at each group. Once their basic needs of hunger are met, we are then able to move deeper support into whatever mental disparities they may have. They feel more comfortable and can focus on the greater issues.

The core mission of SYTHC is to serve Native Americans living in Santa Barbara County. SYTHC hosted community workshops addressing various parts of physical, mental, emotional, and spiritual wellness. SYTHC met with community leaders including CommUnify, Santa Ynez High School Wellness Program, Community Health Centers of the Central Coast, Native Like Water, Helping Hands of Lompoc, and Tomol Paddlers Group. SYTHC created educational and informational resources to disseminate at health fairs to promote prevention and early intervention services for Youth, TAY, and adults who may experience an emerging mental health condition.

The recognition of native people from this side of the border has been a major obstacle. With so many schools and organization's focusing on other indigenous group as well as other more specific DEI categories. Native Americans are feeling completely left out and identifying with their Mexican heritage just to feel some sense of belonging.

Program Plan for FY 24-25

Provider:	**Santa Ynez Tribal Health Clinic (SYNTHC)**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 126,370
Estimated PEI Funding	$ 126,370
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	
Average Cost Per Consumer/Families	$18.62
Estimated Total of Consumers/Families Served	6,786
Target Population Demographics Served	Children, TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	1,357	$18.62
Estimated Total Consumers Age 15-26 Served	4071	$18.62
Estimated Total Consumers Served Age 26-59	1,358	$18.62
Estimated Total Consumers Served Age 60+		

Addressing Community Issues

In addition to the above-mentioned interactions with underserved/unserved populations, SYTHC now has a self-funded Care Coordinator who works with individuals who need assistance in navigating basic needs. We also provide a comprehensive list of resources throughout the county that provide cultural competency and focus on Indigenous wellness. Santa Ynez Tribal Health Clinic provided four community trainings focused on reducing stigma and discrimination related to mental illness.

Notable Community Impact

At each of the talking circles held at the high schools, we have seen not only an increase in participation and learning, but also an increase in attendance. At each circle, we have also had youth approach us to let us know that they are Native and to thank us for allowing them the chance to reconnect to their identity. We have observed an increased sense of pride within the Indigenous people we interact with.

Santa Ynez Tribal Health Clinic transitioned from virtual to in-person sweat lodge support groups. Because of the importance of this practice for cultural and spiritual healing, we have seen a much higher rate of attendees. Each program provided various outreach events, trainings, forums, and support groups to their communities. Santa Ynez Tribal Health Clinic served West County and had over 600 contacts through their outreach events, trainings, forums, and support groups that focus on culturally specific wellness practices.

When going to schools and holding talking circles more than a few of the youth have stated that they know they are Native American, but they choose to claim their Mexican ancestry. When asked why they do not claim Native American, it is simply stated they wouldn't be recognized for it if they were struggling, they would if they said they were Mexican. One student stated most adults make them feel uncomfortable when they say they are native but not Chumash.

Problem/Community Need	Activities
• Culturally appropriate	

services	• Talking circle, workshops, sweat lodge ceremony • Taking these services to them (off the Reservation)
• Access to culturally appropriate services	• Taking these services to them (off the Reservation) • Tabling on school campuses (i.e., during lunch, etc.).
• Equity and visibility of Indigenous communities	• Community gatherings, and representation amongst all Indigenous groups
• Basic needs for youth	• Providing a home-cooked meal at all youth gatherings. With Indigenous communities, food offers a sense of community and family and allows barriers to be broken down.

Methods Used for Outreach and Engagement of Potential Responders

SYTHC will continue to maintain working relationships and communication with teachers and other support staff who may see students on a more regular basis while keeping these individuals abreast of upcoming Indigenous events and services focused on prevention and early intervention. SYTHC is also working with 3 different high schools in Lompoc and Santa Maria area on how to continue services for those students in need. The comprehensive resource list, as previously mentioned, will continue to be utilized as the need arises. While making a presence in schools as well as other community events throughout the county it has allowed SYHTC to do two very important things:

1) The potential responders can identify who is Native American, which is often a major fact that is overlooked. Expanding one's own knowledge in not only the historical trauma but the continued trauma that comes from society refusing to acknowledge their existence.

- There are no specific methods, just continuing to show up and attempting to educate responders is the best that can be done.

2) Finding people who are culturally in tuned and not culturally competent is a major factor. The diverse collection of different nations in Santa Maria, alone and that they do not have any representation there makes them feel like outcasts and that this system is still built against them. The symptoms of SMI within the native community look the same on the outside as they do with another group, it's the treatment and acknowledgement that is different. The response cannot be the same because that will cause more damage to the individual as it brings up inherited feelings of assimilation.

Changes to Service Delivery

Aside from expanding services to work with three different high schools in Santa Maria and Lompoc area, there will not be many changes. SYTHC has steadily seen number increases for groups and has been getting more requests from schools for additional groups to be held. After seeing the growth with the youth, formerly incarcerated, and homeless populations, we would like to be able to expand our services to add more support for family units.

Program Demographics

Program Performance (FY 22-23)

Outreach Events			
PROGRAM	**SYTHC**	**CHCCC**	**Help@Hand**
TOTAL # EVENTS	**82**	**115**	**NR**
TOTAL # PARTICIPANTS	**6,786**	**21,559**	**NR**
TOTAL # FAMILIES SERVED	**1750**	**4,883**	**NR**
EVENT TYPE			
Outreach	6	24	NR
Training	3	4	NR
Forum	10	26	NR
Support Group	45	60	NR
PRIMARY LANGUAGE OF EVENT (total excludes support groups shown above)			
English	NR	19	NR
Spanish	NR	28	NR
Other or both English and Spanish	NR	0	NR

NR = Not Reported
^ = three of four quarters available

PEI: Report on Prior Fiscal Year Activities AND Program Plan

Outreach for Increasing Early Recognition of Signs of Mental Illness:

Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Mental Health Education and Support to Culturally Underserved Communities

Community Health Centers of the Central Coast

Program Description: This is an outreach and engagement program to increase recognition of early signs of mental illness in the Santa Maria area.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document

Program Type(s):

- Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: _____

Program Performance FY 23-24

Community Health Centers of the Central Coast, Inc. (CHCCC) is a contracted community partner that provides community-based mental health prevention and early intervention services to the most marginalized populations in Northern Santa Barbara County which includes: Indigenous, Latinx, limited English proficiency individuals, migrants, agricultural farmworkers, the unhoused, LGBTQ+ individuals, rural residents, as well as low-income individuals. The Mental Health Outreach teams' programmatic focus is the mitigation of the negative social and cultural impacts of immigration as well as intergenerational trauma to improve the mental, physical and behavioral outcomes of these populations. Community Health Centers of the Central Coast, Inc. (CHCCC) is a contracted community partner that provides community-based mental health prevention and early intervention services to the most marginalized populations in Northern Santa Barbara County which includes: Indigenous,

Latinx, limited English proficiency individuals, migrants, agricultural farmworkers, the unhoused, LGBTQ+ individuals, rural residents, as well as low-income individuals. As a safety-net provider, CHCCC's primary focus is to meet the comprehensive healthcare needs of the under-resourced and subsequently underserved communities within Santa Barbara County. The Mental Health Outreach teams' programmatic focus is the mitigation of the negative social and cultural impacts of immigration as well as intergenerational trauma to improve the mental, physical and behavioral outcomes of these populations. The "whole-person" approach to population engagement is driven by community-based participatory activities and interventions.

The goal of mental health education and outreach activities is to empower newly bridged members of special populations such as monolingual or Spanish speakers to bring their voice and culture into their care. Through this process, we systematically deconstruct institutionalized racism within the mental health system which has led to health disparities within these populations. CHCCC's Mental Health Outreach team increases the community's knowledge and understanding of mental wellness by providing linguistically accessible, culturally relevant, and evidence-based mental health education.

CHCCC created a safe community wellness space through trauma-informed approaches such as county-wide community circles and groups that foster trust between members of these special populations and the larger systems of care. As a result of CHCCC's education and outreach initiatives, community members have overcome social norms and cultural barriers which previously impeded their ability to access mental health services. Through these targeted educational campaigns, CHCCC's team has addressed multiple barriers to accessing services, such as those related to culture, language, transportation, location, stigma, and institutional mistrust or fear due to historical experiences of discrimination and racism. Our community-centered approach brings our outreach team directly to under-resourced and subsequently underserved community members that otherwise would not seek or attend support groups or community education due to stigma, childcare issues, and transportation barriers. CHCCC has developed partnerships with local agricultural employers to gain access to migrant workers at their worksites. Further, CHCCC has increasingly engaged monolingual Spanish speakers through new social media platforms.

Through outreach strategies, we are able to increase the recognition of early signs of mental illness by engaging, encouraging, and educating community members to recognize and respond to the early signs of mental illness. The anti-stigma efforts include targeted education and training, direct contact with the population, and utilizing a culturally and linguistically appropriate approach.

Program Plan for FY 24-25

Provider:	**Community Health Centers of the Central Coast**
Estimated Funding FY 2023/24:	
Estimated Total Mental Health Expenditures	$ 146,565
Estimated PEI Funding	$ 146,565
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$66
Estimated Total of Consumers Served	2200
Target Population Demographics Served	Children, TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	500	$66
Estimated Total Consumers Age 15-26 Served	800	$66
Estimated Total Consumers Served Age 26-59	1000	$66
Estimated Total Consumers Served Age 60+	200	$66

Addressing Community Issues

Our primary focus is to increase mental wellness education for youth and families by working with parents, guardians, and caregivers and creating family-centered spaces. Based on community feedback, we believe it is essential to educate our community through a family systems approach where we support parents/caregivers who find their children/ adolescents' mental health as a stressor of their own well-being. We focus on increasing the awareness and understanding of mental health issues with parents so that they are able to connect not just themselves but also their children to services when symptoms and signs are present.
Due to the stigma associated with mental health amongst monolingual Spanish and Indigenous speakers reaching parents and adults is important in order to bring awareness and education

within family units (children, adolescents, seniors, etc.). Building on this concept of "family" we have tailored our program to reach parents, adults, aunties/uncles, grandparents, etc.

Latino youth are at increased risk for emotional stress. This is due to stressors that are present and come in many forms. Stressors include discrimination, acculturation, racism, family communication, education, immigration, and marginalization. While there is great diversity within the Latino community, there are some shared cultural factors that connect people regardless of origin. For some, their indigenous roots are a source of pride as well as a shared language. There are strong family bonds, community connections, and a strong focus on life and work.

We design our program in alignment with cultural values such as "familismo," (familialism) a cultural foundation that emphasizes connectedness to one's family. Due to the existing stigma, some community members lack information and may not recognize the symptoms of mental health conditions or know where to seek help. This is why education at the community and family level is given to increase awareness and reduce the stigma associated with mental health. We found we can destigmatize mental health topics and issues through this engagement strategy; this will be sustained by the elders.

Notable Community Impact

Our major impact has been reentering the conversation around the effects of the pandemic on the mental and emotional health of community members and families. We ensure that information is provided through educational tools that are resonant and reflective of the population utilizing verbal and visual information. It was essential for us to educate these populations on the implications of the community-wide and global COVID-19 pandemic experience of navigating stress, isolation, and grief through a cultural framework given that many did not have the resources to return to their communities to engage in their traditional healing or burial practices. This impact is helping us frame our plans for the year to come and continue this cultural education framework with the isolated marginalized populations we serve in SBC. We build upon the Indigenous framework of healing through natural resources that are often led by matriarchal figures. We specifically engage parents and elders knowing that is one of the most culturally informed ways to reach whole family systems including adolescents and children.
Enabled partnerships with other MHSA PEI grantees to join forces and expand our reach within the communities that we individually serve.

Problem/Community Need	Activities
• Increasing of Mental Health Education and Prevention Programming for Youth and	• Community based education to increase awareness of symptoms associated with mental health. 4-5 targeted points

Families	
• Access for farmworker after hours • "Proveer información en nuestro idioma" • Provide information in our language Increasing of Mental Health Education and Prevention Programming for Youth and Families	• We have groups in the afternoon/ evening • psychoeducation in a group setting to focus on topics and provide education on depression, anxiety, mental health in general, stress, emotions, grief, communication, negative thoughts, etc. • services are offered in Spanish after hours • Community-based education to increase awareness of symptoms associated with mental health. 4-5 targeted points • Establish collaborative partnerships with other Latinx and Indigenous serving organizations to create safe spaces (for families and youth) and share resources with community members.
• "Juntas comunitarias para aprender a obtener ayuda" • Community gatherings to learn how to get help • Access for farmworkers to receive after-hours services and/or other culturally connected programs. • Need for spaces that promote physical and psychological safety within centralized community settings. • Provide verbal and visual information for monolingual Spanish and Indigenous speakers	• Will provide workshops in community settings around early signs of mental illness and available mental health services 1. We have established groups in the afternoon/ evening hours 2. Created groups in a community setting where agriculture workers reside and feel safe 3. Psychoeducation in a group setting that focuses on mental wellness topics and provides education in a culturally appropriate manner on depression, anxiety, mental health in general, stress, emotions, grief, communication, negative thoughts, etc. 4. Services are offered in Spanish & Mixteco Provide information verbally and visually for individuals who speak Spanish and Indigenous languages.
	1. Information about mental health resources for local and national crisis numbers, mental health providers, and health center information.

Provide education and information on local mental health resources available at a local, state, and national level.	2. Provide targeted outreach and education to families and individuals to increase service uptake amongst Latinx & Indigenous populations in our service area.
• Increasing warm handoff and navigation services for those experiencing a behavioral health crisis • Increasing services to underserved/unserved populations • Expanded awareness of local and national resources and limited weekend access	1. Improve understanding of the behavioral wellness process for adequate warm handoff and crisis service navigation. 2. Provide local and national resources in outreach events to reach a larger portion of the population specifically monolingual Spanish and Indigenous speakers. 3. Attend MHSA quarterly meetings to highlight the needs of the community and bring awareness in an effort to close the gap in care.

Methods Used for Outreach and Engagement of Potential Responders

We utilize verbal, visual, and written education around mental health to increase awareness of signs and symptoms and prevent serious mental illness. The education is given in both Spanish and Mixteco and considers the population's literacy level.
Prevention is a critical intervention for those responding in community settings. Continuity in contact with communities is essential to facilitate the trust required for self-reporting and early detection of signs and symptoms of SMI. The trust built over time creates opportunities for the community to self-disclose changes in their mental well-being.

We utilize verbal, visual, and written education around mental health to increase awareness of signs and symptoms and prevent serious mental illness. The education is given in both Spanish and Mixteco and considers the population's literacy level.

Changes to Service Delivery

- return to additional in-person activities after the end of the COVID-19 emergency declaration
- will keep virtual options available to meet the preference and needs of the community
- plan to re-engage with the farmworker community at their agricultural worksites
- In an effort to engage family and youth, we plan to engage in more health fairs and community events.
- we plan to build capacity in preparation for team restructuring

Program Demographics

Program Performance (FY 22-23)

Outreach Events			
PROGRAM	**SYTHC**	**CHCCC**	**Help@Hand**
TOTAL # EVENTS	**82**	**115**	**NR**
TOTAL # PARTICIPANTS	**6,786**	**21,559**	**NR**
TOTAL # FAMILIES SERVED	**1750**	**4,883**	**NR**
EVENT TYPE			
Outreach	6	24	NR
Training	3	4	NR
Forum	10	26	NR
Support Group	45	60	NR
PRIMARY LANGUAGE OF EVENT (total excludes support groups shown above)			
English	NR	19	NR
Spanish	NR	28	NR
Other or both English and Spanish	NR	0	NR

NR = Not Reported
^ = three of four quarters available

Outreach for Increasing Early Recognition of Signs of Mental Illness:

Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Mental Health Education and Support to Culturally Underserved Communities

MICOP (Mixteco Indigenda Community Organizing Project)

Program Description: This is an outreach and engagement program to increase recognition of early signs of mental illness in the Santa Maria area.

Program Type(s):

- Program to Improve Timely Access to Services for Underserved Populations
- Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: _____

Program Performance FY 23-24

We were not contracted for FY 23-24 so there is no program data to report on from the previous year.

Program Plan for FY 24-25

Provider:	Mixtec Indigena Community Organizing Project
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 442,974
Estimated PEI Funding	$ 442,974
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	

Estimated Other Funding	
Average Cost Per Consumer	$295
Estimated Total of Consumers Served	1500
Target Population Demographics Served	Children, TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	200	$295
Estimated Total Consumers Age 15-26 Served	200	$295
Estimated Total Consumers Served Age 26-59	900	$295
Estimated Total Consumers Served Age 60+	200	$295

PROGRAM DEMOGRAPHICS ***Due to this being a new program for the FY 24-25, Estimated Consumers Served by Age was not previously collected. Will start collecting data for FY 24-25.

Projected Date of Implementation/First Date of Services: 7/1/2024

Addressing Community Issues

Mixtecs in Ventura County- and throughout the state-are culturally and linguistically isolated. MICOP is working to aid Mixtecs to draw on their community strengths and overcome existing barriers along California's Central Coast. MICOP has opened a new office in Gudalupe area and is providing outreach to the Mixteco community there. The communal tradition of "tequio" or community obligation promotes a spirit of mutual assistance and community building. Our celebrations of cultural traditions build community strength and pride, and add to the richness and diversity of the Central Coast life. MICOP assists their community with addressing Labor Justice issues and efforts, medical system gaps and promotes Indigenous Pride and advocacy amongst youth in the schools.

Notable Community Impact

PUENTES outstations Mixtec-speaking promotoras at six elementary schools in Oxnard, El Rio and Port Hueneme, to provide case management, referrals, language interpretation, and parenting classes to families with children 0-3. For many of MICOP's families, PUENTES is often the first contact between MICOP and the community and often the first team to assess and provide referrals.

The ACCESO program was created in 2019 to connect indigenous families who have children aged 0-25 years with intellectual and developmental disabilities to needed services. It is the first program of its kind in Ventura County with funding from the California Department of Developmental Services. ACCESO provides advocacy and case management with a holistic voice to help families access many services in our region. ACCESO is composed of five case managers and one outreach specialist.

MICOP's Medical Navigator Team supports our community with Enrolling, Renewing and Retaining their Medi-Cal Benefits. The Navigators also provides system navigation for undocumented Ventura County Residents seeking healthcare including county charity care programs and sliding scale programs.

Opportunities For Youth (OFY) is a new pilot program that provides support services to Unaccompanied Minors who have been detained at the US Border and need assistance after they have been released to a sponsor in Ventura and Santa Barbara Counties. Through case management, mentoring and resource navigation services, OFY's goal is to help nurture youth's social-emotional well-being, assist them in integrating into their new communities, and to ease their reunification with sponsors.

Problem/Community Need	Activities
MiCop: • Outreach for Increasing Recognition of Early Signs of Mental Illness	MiCop: • Mental Health Case Workers (MHCW's) will attend public events each month where Indigenous migrants and farmworkers are present to share information about how to identify early signs of mental illness. Information will be shared in Mixteco, Purepecha and other Indigenous languages common in this region. • MHCW's will disseminate information about signs of mental illness, and how to respond to them while meeting and assessing individuals for services. Information will be given orally and through literature as appropriate.
MiCop: • Early Intervention Program (Indigenous language accessible)	MiCop: • Mental Health Case Worker's will intervene by supporting families with Child Welfare Services involvement, or who are at risk of CWS involvement and at risk of children being taken out of the home.

	Interventions will include connecting families to intervention services and working to ensure follow-through. Resources may include counseling, legal resources, housing, basic needs, and translation. • Intervene with families demonstrating a current mental health condition or crisis by linking them to resources (same as above), and ensuring follow-through once resources are accessed.
MiCop: • Prevention Program	MiCop: • MHCW's will engage in prevention activities by targeting risk factors that are present in families needing case management support. Families with youth experiencing behavioral challenges in school, for example, will be referred to MICOP's Tequio Youth Group or other community programs that build protective factors for youth. • Situational risk factors that may lead to mental health issues will be addressed and alleviated through linkages, referrals and coordinated support between MICOP's MHCW's and other agencies. These risk factors include CWS involvement, DV suicidal ideation and how to act. Staff will also provide outreach about the risks and prevalence of suicide at community events.
MiCop: • Trusted Community Leaders to help sustain trust and outreach in Mixtec communities in North County	MiCop • MiCop Program coordinator will attend community collaboratives with shared goals, and work to increase access to community services for migrant families and the Health Navigators.

Methods Used for Outreach and Engagement of Potential Responders

50 case managed families will have increased knowledge of signs and risk factors for mental illness such as anxiety, depression, and ideas of suicide. Outcome measured by pre and post surveys.

1,000 Indigenous migrant community members will have increased knowledge of resources when struggling with a health and basic needs crisis. Outcome measured by the number of Indigenous migrants reached at community events by the PEI program's Mental Health Navigators/Caseworkers.

Indigenous case managed families struggling with an initial crisis associated with mental health risks will be given services and referrals that stabilize that crisis. Measured by pre and post surveys, and case notes.

Outreach for Increasing Early Recognition of Signs of Mental Illness:

Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Mental Health Education and Support to Culturally Underserved Communities

Resilience Institute

Program Description: This is an outreach and engagement program to increase recognition of early signs of mental illness in the Santa Barbara area.

Program Type(s):

- Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: _____

Program Performance FY 23-24

We were not contracted for FY 23-24 so there is no program data to report on from the previous year.

Program Plan for FY 24-25

Provider:	**Resilience Institute**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$97,500
Estimated PEI Funding	$97,500
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	
Average Cost Per Consumer/Families	$193

Estimated Total of Consumers/Families Served	500
Target Population Demographics Served	Children, TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	100	$193
Estimated Total Consumers Age 15-26 Served	150	$193
Estimated Total Consumers Served Age 26-59	200	$193
Estimated Total Consumers Served Age 60+	50	$193

Projected Date of Implementation/First Date of Services: **7/1/2024**

Addressing Community Issues

Resilience Institute will be providing services to unserved and underserved target populations who specifically speak Spanish and/or LatinX and Black Indigenous People of Color who are on Medi-Cal/ Medi-Care or are uninsured. We will be providing services to:

A. Individuals experiencing an emerging mental health condition and/or their family members.
B. Families with children who are school-aged and/or are at risk of multiple systems involvement.
C. Families with children who may have experienced trauma or who are at risk of suicide.
D. Older adults experiencing emerging mental health conditions.
E. Services may be provided to family members and extended family or kinship members.
F. Individuals in crisis without a prior mental health diagnosis or support and/or family members of such individuals.

Notable Community Impact

We were not contracted for FY 23-24 so there is no Notable Community Impact to report on from the previous year.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
• Reduce disparities in availability of mental health support for unserved and underserved communities	• Culturally specific Peer-to-peer support groups and wellness practices to the target population • Adult support groups • Youth support groups
• Empower individuals, family members, and community members to identify and enhance culturally specific wellness practices and safe storage suicide prevention practices	• Within our support groups, we will share various wellness resources, provide information on safe storage suicide prevention practices, and provide information about suicide prevention and connection between mental health awareness and suicide prevention.
• Plan targeted outreach efforts to specific communities in South County	• Meeting with local leaders to obtain information on community needs and concerns (public health workers, childcare staff, teachers, representatives of faith-based/ spiritual communities and support group facilitators from the target population
• Engage, encourage, educate and train attendees to recognize and respond to early signs of mental illness	• Provide culturally appropriate training sessions

Methods Used for Outreach and Engagement of Potential Responders

We will provide a mental health navigator/promotores at least forty hours per week at the site to aid vulnerable community members in accessing mental health resources.

Changes to Service Delivery

This program will begin in FY 24-25, so no changes to service delivery will have been made to reflect on the previous year as the program was not yet in place.

Program Demographics ***Due to this being a new program for the FY 24-25, Estimated Consumers Served by Age was not previously collected. Will start collecting data for FY 24-25.

Program demographics are not yet available for this program because this program was not implemented this fiscal year 23-24.

Outreach for Increasing Early Recognition of Signs of Mental Illness:

Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

YouthWell-Youth Action Board

Program Description: This is a county-wide program to increase recognition of early signs of mental illness for high school students.

Available data on this program's outcomes for the prior fiscal year period, FY 23-24 will be available in the MHSA Annual Update for FY 24-25

Program Type(s):

- Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: _____

Program Performance FY 23-24

The 2023-24 YAB consists of 30 youth, grades 10-12, from South, Mid, and North County high schools and alternative high school programs. All YAB members completed and received certification in Teen Mental Health First Aid and have continued to pursue their education and skills as peer educators through collaborative research and presentation on common mental health challenges. The YAB collaborated with YouthWell team to plan and deliver the Student Advocacy & Mental Wellness Summit in February of 2024. The Summit brought together over 70 student leaders and 30 adult allies to learn from each other and a panel of local changemakers about the connections between advocacy, mental health, and the importance of self-care in sustaining their work. Youth Advisory Board members are also actively pursuing opportunities to speak to local boards and agencies that influence policy and practice around

mental health in Santa Barbara County, including participating in a panel at the February 2024 in-person Youth Linkages Network retreat.

Program Plan for FY 24-25

Provider:	**YouthWell**
Estimated Funding FY 2023/24:	
Estimated Total Mental Health Expenditures	$ 142,240
Estimated PEI Funding	$ 142,240
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$1,185
Estimated Total of Consumers Served	120**(initial goal, new program)
Target Population Demographics Served	Children, TAY, Adult, Older Adult

*****Due to this being a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	20	$1185
Estimated Total Consumers Age 15-26 Served	100	$1185
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Addressing Community Issues

Student advocates will raise mental health awareness, promote wellness, and reduce stigma on their campuses through education, outreach, and a suicide awareness campaign. Student advocates will educate community leaders on the challenges they see in their communities and on their school campuses. Students will become advocates for suicide prevention, learn about current issues, and learn about community resources from speakers. Students will learn to recognize the warning signs and how to connect someone to services by being trained and

certified in Teen Mental Health First Aid. This program is designed to educate and empower high school students to be proactive with their mental health needs, and to advocate for mental health resources on their school campuses.

Notable Community Impact

The students are advocating for parents to participate in Mental Health First Aid training. Students are speaking and requesting to speak in community coalition and association settings to advocate for mental health education and awareness. Youth from leadership groups, school clubs, and campuses throughout the county participated in the Youth Summit, extending the YAB's impact beyond the 30 members.

Problem/Community Need	Activities
Eliminate the stigma around mental health and create linkages to services. Teach importance of listening to youth and families to create a patient-led relationship "nothing about us without us".	Host monthly Youth Advisory Board [YAB] Meetings with high school students to discover what they want to learn and where we can help educate regarding mental health and awareness. Offer free Youth Mental Health First Aid to community members Trained all Youth Advisory Board members in Teen Mental Health First Aid. Supporting YAB students in creating mental wellness clubs and centers on campus and advocating within their school and communities. YAB students engage in collaborative research projects and deliver presentations on common Mental Health Challenges. YouthWell planned and hosted The Student Advocacy & Mental Wellness Summit, a day-long workshop for youth and adult allies to learn and build their skills around advocacy and mental wellness. Promote 988, local helplines, and Youth & Family Mental Health & Wellness Resource Directory. Share YAB events with the Youth Linkages Network and Community Collaborative

	Promote services and topics related to mental health in monthly Youth Linkages Network meetings Promote a safe platform for open discussion Youth Mental Health First Aid training offered to the community and YouthWell Team to increase abilities in recognizing when and how to support a struggling youth
Share the youth perspective from around Santa Barbara County	1-2x year - Provide an opportunity for the Youth Advisory Council to PRESENT to the Youth Linkages Network 3 Youth Advisory Board Students spoke on a panel and answered questions at the YLN In-Person Retreat in February 2024 YAB students providing feedback to BeWell on MHSA programming. We are pursuing opportunities for YAB students to meet with and make presentations to local boards and commissions such as the Behavioral Wellness Commission, the SB County Association of PTAs, the SB County School Board Association, and district Boards of Education.

Methods Used for Outreach and Engagement of Potential Responders

- Provide Resource Rack Cards: educate on recognizing early signs of a mental health challenges, highlight Resource Navigators, share links to YouthWell resource directory and BWell website.
- *Increase messaging to families and youth:*
- Make self-care a priority in their daily lives.
- Seek help when they need it.
- Recognize the early signs of a mental health challenge
- Empower youth and families to advocate for what they need.
- Show compassion when someone is struggling and treat their mental health challenges with the same respect and care we show someone with a physical illness or injury.

For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:

a) Describe the opportunity the youth and those that work with youth will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and;

i. YAB members all receive training/certification in Teen Mental Health First Aid and engage in research projects and peer education around common mental health challenges and resources for support.

b) Specify the methods to be used to reach out and engage youth and those that work with youth, and the methods to be used for youth and school staff to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.

ii. YouthWell Community Calendar

iii. The Student Advocacy & Mental Wellness Summit

iv. YAB Members presenting at Youth Linkages Network retreats and meetings, as well as other commissions, boards, and associations throughout the county.

Program Demographics

School	Location	Grade	Gender	Ethnicity
Alta Vista Middle College	Goleta	9	Non-binary	White/Caucasian
Cabrillo High School	Lompoc	10	female	Hispanic/Latinx
Cabrillo High School	Lompoc	9	female	Hispanic/Latinx
Cate School	Carpinteria	10	female	White/Caucasian
Cate School	Carpinteria	9	female	Asian
Dos Pueblos High School	Goleta	10	female	White/Caucasian
Dos Pueblos High School	Goleta	11	female	White/Caucasian
Dos Pueblos High School	Goleta	10	female	Other
Ernest Righetti High School	Orcutt	11	female	Hispanic/Latinx
Ernest Righetti High School	Orcutt	11	female	White/Caucasian
Ernest Righetti High School	Orcutt	10	male	Asian
Fusion Academy	Santa Barbara	12	female	White/Caucasian
Laguna Blanca	Santa Barbara	10	female	White/Caucasian
Laguna Blanca	Santa Barbara	10	male	White/Caucasian
Laguna Blanca	Santa Barbara	11	female	Black/African American
Laguna Blanca	Santa Barbara	10	male	Other
Laguna Blanca	Santa Barbara	10	female	White/Caucasian
Orcutt Academy Charter High School	Orcutt	11	female	Hispanic

Orcutt Academy Charter High School	Orcutt	11	Non-binary	White
Orcutt Academy Charter High School	Orcutt	11	female	Asian
Orcutt Academy Charter High School	Orcutt	10	female	White/Caucasian
San Marcos High School	Santa Barbara	11	female	White/Caucasian
San Marcos High School	Santa Barbara	11	female	White/Caucasian
San Marcos High School	Santa Barbara	12	female	Hispanic/Latinx
San Marcos High School	Santa Barbara	11	Prefer not to say	White/Caucasian
San Marcos High School	Santa Barbara	12	female	Other
San Marcos High School	Santa Barbara	11	female	Asian
Santa Barbara High School	Santa Barbara	11	female	White/Caucasian
Santa Maria High School	Santa Maria	11	female	Hispanic/Latinx
Santa Ynez Valley High School	Santa Ynez Valley	11	female	White/Caucasian
Santa Ynez Valley High School	Santa Ynez Valley	10	female	Hispanic/Latinx

Outreach for Increasing Early Recognition of Signs of Mental Illness:

Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Cal-MHSA Statewide Prevention Program

Program Description: This program builds community capacity that addresses mental health needs and promotes mental health well-being, increase awareness of mental health services and resources, reduce stigma associated with mental health though prevention projects and/or activities within diverse communities.

Program Type(s)

- Suicide Prevention Program
- Outreach for Increasing Recognition of Early Signs of Mental Illness

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: ____Suicide Prevention _____

Program Performance FY 23-24

This program's objective was to administer grant opportunities that are intended to build community capacity that addresses mental health needs and promotes mental health well-being, increase awareness of mental health services and resources, reduce stigma associated with mental health though prevention projects and/or activities within diverse communities.

The goals set in place with this partnership will disseminate and direct Statewide PEI project campaigns, programs, resources, and materials; provide subject matter in suicide prevention and stigma and discrimination reduction (SOR) to support local PEI efforts; and develop local and statewide capacity building support and new outreach materials for counties and community stakeholders. The primary focus of this Program is to promote mental health and wellness, suicide prevention, and health equity throughout California communities, with additional focus on diverse and/or historically underserved communities.

Program Plan for FY 24-25

Provider:	CalMHSA
Estimated Funding FY 2023/24:	
Estimated Total Mental Health Expenditures	$ 150,000
Estimated PEI Funding	$ 150,000
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$300
Estimated Total of Consumers Served	500
Target Population Demographics Served	Children, TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	100	$300
Estimated Total Consumers Age 15-26 Served	100	$300
Estimated Total Consumers Served Age 26-59	200	$300
Estimated Total Consumers Served Age 60+	100	$300

Addressing Community Issues

We promote emotional health and reduce the likelihood of mental illness, substance use, and suicide among all Californians in diverse communities, schools, health care, and the workplace. CalMHSA, with service providers, will undertake the following efforts:

- Continued implementation of the Take Action for Mental Health social marketing and public education campaign activities to expand and develop emotional wellbeing for Californians.
- Expand stakeholder partnership networks and promote grassroots stakeholder engagement with current and new community partners.
- Continue to increase outreach and dissemination of programs and resources, including mental health engagement materials.

- Provide resource, technical assistance, and capacity building support to County Behavioral Health Agencies and their partners to support local PEI and leverage resources.
- Implement the annual Directing Change Program, which educates young people about critical health topics like suicide prevention and mental health and wellbeing through the medium of film and art.
- Provide data and evaluation of the reach of programs within counties and statewide.

Notable Community Impact

May is Mental Health Month. Materials will be distributed to various Community-Based Organizations hosting “May is Mental Health Month” events throughout the County.

Materials that will be distributed across the county include:

ToolKit:

- 2023 Proclamation
- Web Banner (x2)
- Eblast
- Social Media posts, images + calendar
- Spotify Playlist
- Resources:
    - Your Mental Wellness Plan
    - What Might Work for You? Mental Health Support Options
- Recipes for Wellness and Self-Care

Within the physical toolkit there is:

- Printed materials
    - Your Mental Wellness Plan
    - What Might Work for You? Mental Health Support Options
    - Recipes for Wellness and Self-Care
- Green Ribbons
- Pop-It Keychains
- Wristbands
- Toiletry

Problem/Community Need	Activities
Promote emotional health and reduce the likelihood of mental illness, substance use, and suicide among all Californians in diverse	Continued implementation of the Take Action for Mental Health social marketing and public

communities, schools, health care, and the workplace, CalMHSA, with service providers, will undertake the following efforts:	education campaign activities to expand and develop emotional wellbeing for Californians.
Increase Community Awareness of Mental Health and How to Access Services	Continue to increase outreach and dissemination of programs and resources, including mental health engagement materials.
Increase Youth Awareness and Involvement in Mental Health Services and Suicide Prevention	Implement the annual Directing Change Program, which educates young people about critical health topics like suicide prevention and mental health and wellbeing through the medium of film and art
Increase data around Prevention activities so that we can make data-driven decisions regarding Prevention Programming	Provide data and evaluation of the reach of programs within counties and statewide

Methods Used for Outreach and Engagement of Potential Responders

All materials that are sent to the MHSA team are distributed both digitally and physically. The PEI coordinator then sends all digital materials to the PEI Programs Distribution List and MHSA Distribution List. The physical documents are then brought to contracted providers and Behavioral Wellness staff for them to distribute to their clients. Materials are also brought to all tabling events that the MHSA Team and Help@Hand Team participate in. Behavioral Wellness is throwing a May is Mental Health Month kickoff event on site, and all materials will be present at the event.

Outreach for Increasing Early Recognition of Signs of Mental Illness:

Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

YouthWell-Youth Linkages Network

Program Description: This is a prevention program to connect school staff and others in the community that work with youth to educate on prevention-based care and practices.

Available data on this program's outcomes for the prior fiscal year period, FY 23-24 will be available in the MHSA Annual Update for FY 24-25

Program Type(s):

- Prevention Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

Program Performance FY 23-24

There are 50-60 people in attendance of monthly meetings that have provided education and tool-building to resource navigators, family advocates, community liaisons, school counselors, and the like. We have helped uplift the voices and programs of our community and partner organizations by having a different panel of speakers and new topics each month. We planned and executed 2 IN-PERSON retreats for the network in different parts of the county to increase connections and access to partner resources. We had over 60 attendees at our North County retreat and over 100 attendees at our South County retreat.

Program Plan for FY 24-25

Provider:	**Youthwell**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 45,000

Estimated PEI Funding	$ 45,000
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$225
Estimated Total of Consumers Served	200**(initial goal, new program)
Target Population Demographics Served	Children, TAY

*****Due to this being a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	100	$225
Estimated Total Consumers Age 15-26 Served	100	$225
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Addressing Community Issues

The Youth Linkages Network consists of 60 partnering agencies in Santa Barbara County including school districts, community-based organizations, providers, healthcare, law enforcement, faith communities, and caregivers. They meet monthly to educate 50+ resource navigators, probation officers, local crisis lines, and school counselors so that they are better equipped to support families.

Notable Community Impact

Increased presence and participation at our IN-PERSON retreats. Feedback shared was that these were “valuable spaces for connection” and to “do these more often”.

Program Type(s)

- Prevention Program
- Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Priority Area(s):

- Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Promote positive attitudes and understanding of recovery among mental health providers.	Host monthly Youth Linkages Network meetings in partnership with the SBC BWell and SBCEO
Eliminate the stigma around mental health and create linkages to services.	Educate those working with youth (including resource navigators, family advocates, probation officers, and school counselors) Offer free Youth Mental Health First Aid to community members
Ensure navigators are aware of all existing community programs for students in order to connect youth to services with mild to severe mental health challenges in a timely manner	Promote 988, local helplines, and Youth & Family Mental Health & Wellness Resource Directory. Share YAB events with the Youth Linkages Network and Community Collaborative Promote services and topics related to mental health in monthly Youth Linkages Network meetings
Learn (from navigators and school counselors) and better understand the barriers to access.	Provide a safe platform for open discussion Work directly with high school counselors in Santa Barbara through new Cottage BHI Pilot Project
Teach importance of listening to youth and families to create a patient-led relationship “nothing about us without us”.	Provide 2 in-person retreats for the Navigators Themes of Empowerment and Hope during the in-person retreats Active listening activities and discovery questions to highlight the importance of meeting the family where they need to be met Youth Mental Health First Aid training offered to the community and YouthWell Team to increase abilities in recognizing when and how to support a struggling youth.

Share the youth perspective from around Santa Barbara County	1-2x year - Provide an opportunity for the Youth Advisory Council to PRESENT to the Youth Linkages Network 3 Youth Advisory Board Students spoke on a panel and answered questions at the YLN In-Person Retreat in February 2024

Methods Used for Outreach and Engagement of Potential Responders

Educate resource navigators, probation officers, and school counselors so they are aware of existing community programs for students in order to connect youth to services in a timely manner.

- Provide Resource Rack Cards: educate on recognizing early signs of a mental health challenges, highlight Resource Navigators, share links to YouthWell resource directory and BWell website.
- *Increase messaging to families and youth:*
- Make self-care a priority in their daily lives.
- Seek help when they need it.
- Recognize the early signs of a mental health challenge
- Empower youth and families to advocate for what they need.
- Show compassion when someone is struggling and treat their mental health challenges with the same respect and care we show someone with a physical illness or injury.

5. For Outreach for Increasing Recognition of Early Signs of Mental Illness Programs and for any Strategy within a Program:
    1. a) Describe the opportunity the youth and those that work with youth will have to identify diverse individuals with signs and symptoms of potentially serious mental illness, and,
        i. Youth Linkages Network members learn new tools monthly to help identify opportunities to support youth mental health. Members build connections to better refer families and youth navigating a mental health challenge to services.
        ii. YouthWell is offering and promoting to the YLN and Community Collaborative a robust calendar of community classes in Youth Mental Health First Aid and QPR (a suicide prevention training).
    2. b) Specify the methods to be used to reach out and engage youth and those that work with youth, and the methods to be used for youth and school staff to learn

together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.

i. Youth Linkages Network in-person retreats.
ii. Continuing to share resources in YLN and Community Collaborative meetings.
iii. YouthWell Community Calendar
iv. YAB Members presenting at Youth Linkages Network retreats and meetings, as well as other commissions, boards, and associations throughout the county.

Program Demographics

*Positions of attendees include, Organizational Staff (Admin or Management), Resource Navigators, Family Advocates, Care Coordinators, Organizational Clinicians, Therapists, Psychologists, Psychiatrists, School Counselors, Administrators, or Teachers

Org Name	Age	Ethnicity	Language	Sector	Area Served
Alfa Family Resource Center	40-55	White	English	Non-Profit Org	Countywide
Alter Health Group	18-25	Hispanic/ Latino/ LatinX	Bilingual	Professional/Associate	Countywide
Alter Health Group	40-55	White	N/A	Business Consultant	Countywide
Buellton Union School District	40-55	White	English	Schools: K-12	Mid County (Lompoc & SYV)
CADA	26-39	Hispanic/ Latino/ LatinX	Bilingual	Non-Profit Org	South & North County
CALM	40-55	White	N/A	Non-Profit Org	Countywide
Carpinteria Children's Project	26-39	Hispanic/ Latino/ LatinX	English	Non-Profit Org	South & Mid County
Carpinteria Children's Project	18-25	Hispanic/ Latino/ LatinX	N/A	Non-Profit Org	South County (SB, Goleta, Carp)
Casa Pacifica	26-39	Other	N/A	Non-Profit Org	Countywide

Casa Pacifica	26-39	White	English	Non-Profit Org	Countywide
CenCal Health	26-39	White	English	Professional/Associate	Countywide
CenCal Health	26-39	White	N/A	Non-Profit Org	South & North County

Org Name	Age	Ethnicity	Language	Sector	Area Served
Child Welfare Services	26-39	Hispanic/ Latino/ LatinX	English	Government Agency	Countywide
CommUnify (2-1-1 Program Manager)	40-55	Hispanic/ Latino/ LatinX	Bilingual	Non-Profit Org	Countywide
Cottage Health	26-39	White	English	Non-Profit Org	Countywide
CADA	56+	Hispanic/ Latino/ LatinX	Bilingual	Founder/Funder	South County (SB, Goleta, Carp)
Didi Hirsch Suicide Prevention Center	26-39	White	English	Non-Profit Org	Countywide
Domestic Violence Solutions	26-39	Hispanic/ Latino/ LatinX	Bilingual	Non-Profit Org	Countywide
Fighting Back Santa Maria Valley	18-25	Hispanic/ Latino/ LatinX	English	Non-Profit Org	North & Mid County
Fighting Back Santa Maria Valley	40-55	White	English	Non-Profit Org	Countywide
Fighting Back Santa Maria Valley	40-55	White	N/A	Non-Profit Org	North County (Santa Maria, Guadalupe, Cuyama, Orcutt)
Fighting Back Santa Maria Valley/ Pioneer Valley High	26-39	Hispanic/ Latino/ LatinX	English	Non-Profit Org	North & Mid County
Fusion Academy	26-39	White	English	Schools:	Countywide

				K-12	
Girls Inc. of Greater SB	40-55	White	English	Non-Profit Org	Countywide
Hospice of Santa Barbara	56+	White	English	Non-Profit Org	South & Mid County

Org Name	Age	Ethnicity	Language	Sector	Area Served
Juan Pacheco Marcial	26-39	Indigenous	Bilingual	Non-Profit Org	North County (Santa Maria, Guadalupe, Cuyama, Orcutt)
LEAP-Family Resource Center	40-55	Prefer Not to Say	Bilingual	Non-Profit Org	South County (SB, Goleta, Carp)
LEAP-Family Resource Center	18-25	Asian/Pacific Islander	Bilingual	Non-Profit Org	Countywide
LEAP-Family Resource Center	18-25	Hispanic/ Latino/ LatinX	English	Non-Profit Org	Countywide
North County Rape Crisis and Child Protection Agency	40-55	White	English	Non-Profit Org	North & Mid County
One Community Action	26-39	Indigenous	N/A	Non-Profit Org	North County (Santa Maria, Guadalupe, Cuyama, Orcutt)
Pathway Family Services	56+	Hispanic/ Latino/ LatinX	English	Government Agency	South & North County
Sanctuary Centers	40-55	White	English	Non-Profit Org	South County (SB, Goleta, Carp)
Savie Health	26-39	White	English	Non-Profit Org	North & Mid County
SBC BWELL	40-55	White	N/A	Government Agency	Countywide
SBC BWELL MELL Program	26-39	White	English	Government Agency	Mid County (Lompoc & SYV)

Org Name	Age	Ethnicity	Language	Sector	Area Served
SBCEO	26-39	Hispanic/ Latino/ LatinX	Bilingual	Schools: K-12	North County (Santa Maria, Guadalupe, Cuyama, Orcutt)
SBCEO	26-39	White	English	Government Agency	Countywide
SBCEO	40-55	Hispanic/ Latino/ LatinX	N/A	Non-Profit Org	Mid County (Lompoc & SYV)
SBCEO	26-39	Hispanic/ Latino/ LatinX	N/A	Non-Profit Org	North County (Santa Maria, Guadalupe, Cuyama, Orcutt)
SBCEO	56+	White	English	Non-Profit Org	Countywide
SBCEO-MWEL	40-55	Hispanic/ Latino/ LatinX	Bilingual	Government Agency	Countywide
SBMS	26-39	White	N/A	Schools: K-12	South County (SB, Goleta, Carp)
SBUSD	56+	Hispanic/ Latino/ LatinX	N/A	Schools: K-12	South County (SB, Goleta, Carp)
SBUSD	40-55	Hispanic/ Latino/ LatinX	N/A	Schools: K-12	South County (SB, Goleta, Carp)
SBUSD-Washington & Monroe Elementary Schools	26-39	Hispanic/ Latino/ LatinX	English	Schools: K-12	South County (SB, Goleta, Carp)
Standing Together to End Sexual Assault	26-39	Hispanic/ Latino/ LatinX	English	Non-Profit Org	South County (SB, Goleta, Carp)

Org Name	Age	Ethnicity	Language	Sector	Area Served
SYVPHP	26-39	Prefer Not to Say	N/A	Non-Profit Org	Mid County (Lompoc & SYV)
SYVPHP	56+	Prefer Not to Say	English	Non-Profit Org	Mid County (Lompoc & SYV)
Teddy Bear Cancer Foundation	26-39	Hispanic/ Latino/ LatinX	N/A	Non-Profit Org	Countywide
TMHA-Central Coast Hotline	26-39	Hispanic/ Latino/ LatinX	N/A	Non-Profit Org	North & Mid County
TMHA	26-39	Hispanic/ Latino/ LatinX	Bilingual	Non-Profit Org	North & Mid County
Yamille Bowman	Under 18	White	English	Non-Profit Org	South & North County
Youth & Family Services YMCA	26-39	White	English		Countywide
YouthWell	40-55	White	English	Non-Profit Org	Countywide
YouthWell	40-55	Hispanic/ Latino/ LatinX	English	Non-Profit Org	Countywide
YouthWell	56+	White	English	Non-Profit Org	Countywide
YouthWell	18-25	White	English	Non-Profit Org	Countywide
YouthWell	26-39	White	English	Non-Profit Org	Countywide
YouthWell	26-39	Other	English	Non-Profit Org	Countywide

Early Intervention: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

START Program

Providers: Council on Alcoholism and Drug Abuse (CADA) & Family Service Agency (FSA)

Program Description: The START program is an early intervention program to provide school-based mental health services to children and youth in the Carpinteria area.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document.

Program Type:

- Early intervention

Priority Area(s):

X	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally-identified Priority:_____

Program Performance FY 23-24

The START Therapists supported the launch of the S.O.S (Signs of Suicide) program in the Carpinteria School District in February. Although this was the first time that the school district provided this curriculum to their middle and high school students, the program was a success. The school staff continues to seek out support and collaboration from the START Team, and school district leadership has expressed a desire for school-based services to be extended past the end of the school year and through the summer vacation. This new development demonstrates the school district's confidence in the START team and the strength of the partnership between Family Service Agency and school staff.

Youth who require continued support receive the following services from the team, based on individual need:

• Care management;

• Crisis assessment and intervention;

• Housing services and supports;

• Activities of daily living support;

• Employment and educational support;

• Community integration;

• Peer and support services;

• Symptom assessment/self-management;

• Individual support;

• Substance abuse/co-occurring conditions support;

• Medication management; and

• Coordination with primary care and other services.

The staffing involves Psychiatrist, Psychiatric Technician, practitioners, case workers and extra help TAY peers.

The START program has a long tradition of providing services for underserved populations. Year after year, approximately 85% of START clients are LatinX. We have not encountered any challenges with reaching and engaging this population in services.

The transition to the EHR SmartCare required staff to devote a lot time and energy to learning a new EHR system—which is ongoing--and also responding to problems when the new EHR gives us error messages that we haven't encountered before. The enduring challenge is that the paperwork/EHR/documentation/Medi-Cal requirements take time away from direct service. School administrators often express great frustration with this and, unfortunately, the clinicians receive the brunt of the frustration, adding more job-related stress.

Program Plan for FY 24-25

Provider:	**Family Services Agency, Council on Alcoholism and Drug Abuse, People Helping People**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 502,600
Estimated PEI Funding	$ 315,600
Estimated Medi-Cal FFP	$ 187,000
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	

Estimated Other Funding	
Average Cost Per Consumer	$2,274
Estimated Total of Consumers Served	221
Target Population Demographics Served	Children, Transitional Age Youth (TAY)

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	42	$2,274
Estimated Total Consumers Age 15-26 Served	15	$2,274
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Addressing Community Issues

The START (Support, Treatment, Advocacy and Referral Team) Program is a partnership between Family Service Agency (FSA), the Council on Alcoholism and Drug Abuse (CADA), Carpinteria Unified School District (CUSD) and Santa Barbara County Department of Behavioral Wellness. This Program provides mental health assessment, screening and treatment, school collaborations, family interventions, linkage and education for children, transition-age youth (TAY) and families. START offers prevention and early intervention mental health services to students within the Carpinteria Unified School District experiencing social, emotional, and/or behavioral difficulties. The START program supports children and youth for whom mental health services would otherwise not be accessible. START offers counseling, support, advocacy, treatment, and referrals, including services to individuals experiencing mental health and substance abuse challenges. Program staff work as a team with school staff and parents to address consumers' social-emotional development, prevent mental health and psychological problems from becoming acute, enhance the consumers' ability to adapt and cope with changing life circumstances, increase consumers' protective factors, and minimize risk factors. The START team assigned to schools includes experts in substance abuse and mental health prevention and treatment. START is available to provide intervention, referrals, programs and services to intervene as early as possible to address learning, behavior, and emotional problems. As mentioned previously, we support the community at large by providing school-based mental health services to students who normally would not be able to access services or would not feel comfortable with accessing services off campus. Approximately 85% of START clients are LatinX. Our clients are typically referred by school staff who have already established a trusting relationship with the referred student. This "warm hand off" approach between the school staff and the START team creates an environment of safety and reduces the

stigma that often interferes with students asking for mental health support. The START Therapists are also instrumental in helping school staff navigate students in acute mental health crisis. The START team works collaboratively with SAFTY and school staff to help these students receive the appropriate level of care.

Notable Community Impact

Clients in START and School-based Counseling saw reductions in the number of actionable needs across all CANS domains. While children saw a reduction in actionable needs in both time period comparisons, the group of clients that had a CANS administered at six and twelve months (n = 38) saw greater reductions in their number of actionable needs than the larger group seen from intake to six months.

The START program was initiated, in part, due to a cluster of teenage suicides that occurred in the Carpinteria community before 2006. Since START began providing services in 2006, there has only been one reported teenage suicide in the Carpinteria community (that we are aware of). The START Therapists support the schools when they provide the SOS (Signs of Suicide) curriculum to middle school and high school students. This curriculum encourages students to seek out support from a trusted adult when they notice that they are struggling with their mental health, or a friend is struggling. This message promotes a help-seeking culture and reduces the stigma around seeking mental health support.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
More accessible mental health services for the Carpinteria community	Continue providing START services to eligible clients
Initial mental health screenings to help identify the most appropriate level of support	START Therapists conduct initial mental health screenings for referred students and make a treatment recommendation. If START services are not appropriate, the therapist will help link the student to appropriate services.
Address concern for rising rates of suicidal ideation in youth (nationwide problem)	Continue to support the S.O.S. program and provide START services to appropriate clients. START Therapists follow up with students who have elevated scores on SAEBRS (universal screener, school plans to administer 2x per school year). Will initiate crisis protocol and/or assist linking student to appropriate services (may include START services.)

Methods Used for Outreach and Engagement of Potential Responders

The START Therapists are continuing to support the SOS program that reaches middle school and high school students. The START Therapists attend weekly mental health team meetings at their school sites and the supervisor attends the monthly district mental health team meetings. At these meetings, the START Team collaborates with school staff in order to help respond effectively to students who present with mental health concerns. They also discuss district-wide or school-wide program or initiatives that are designed to promote social-emotional learning that can be instrumental in preventing potentially serious mental illness.

The mental illness or illnesses treated in this program for which there is an early onset – We treat the following DSM diagnoses: separation anxiety disorder, Reactive Attachment Disorder, PTSD or any of the trauma-stressor-related disorders, ADHD, Disruptive Mood Dysregulation Disorder. Autism Spectrum Disorder, any of the depressive disorders (MDD or PDD), Social Phobia, Generalized Anxiety Disorder

How each participant's early onset of a potentially serious mental illness will be determined; Clinical assessment and referral to psychologist or MD/psychiatrist as needed.

Changes to Service Delivery

As mentioned previously, the START program has experienced very good engagement and the referral bridge between school staff and the START Therapists is consistently strong. We don't anticipate any changes in service delivery for the upcoming year.

Program Demographics

	Unique Clients Served	
	FSA	**CADA**
Age Group		
0-15	24	18
16-25	8	7
26-59	0	0
60+	0	0
Total	**32**	**25**
Gender		
Female	19	11
Male	13	14
Declined to Answer	0	0
Ethnicity		
American Indian or Alaska Native	1	0
Asian	0	0
Black or African American	0	0
More than One Race	0	0
Native Hawaiian or Pacific Islander	0	0
White	15	23
Other	1	0
Unknown/Not Reported	15	2
Hispanic or Latino		
Hispanic or Latino	27	17
Not Hispanic or Latino	4	8
Not Reported	1	0
Veteran Status		
Yes	0	25
No	32	0
Sexual Orientation	Not collected	
Gender Identity	Not collected	
Language Spoken	Not collected	
Disability (Communication, Mental (not SMI))	Not collected	

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Early Intervention: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Program: School-Based Prevention and Early Intervention for Children and Transitional Aged Youth (TAY)

Santa Ynez Valley People Helping People

Program Description: This is an early intervention program to provide school-based mental health services to children, youth and families in the Santa Ynez Valley area.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document.

Program Type(s):

- Prevention Program

Priority Area(s):

X	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally-identified Priority:_____

Program Performance FY 23-24

SYVPHP serves Latinx, persons experiencing homelessness, rural isolated ranch families and farmworkers. The compelling issues we seek to address include adverse social media influence, addiction, inappropriate content and related anxiety, self-harm and suicide ideation, lack of motivation and school refusal, social anxiety and anxiety over academic performance, social emotional intelligence gaps compounded by social isolation and social distancing (with our youngest clients) and family support for youth expressing and identifying as LBGTQ+. PHP works to destigmatize mental wellness concerns by meeting the clients where they are and offering safe and supportive services at no cost. PHP provides early intervention offering evidence-based family service.

Our Prevention and Early Intervention Program is directed towards addressing the needs of youth and families in our community and reducing the negative outcomes for individuals with early onset of potentially serious mental illness. The program aims to provide access to mental wellness services through support, education, resources, and mentorship.

Program Plan for FY 24-25

Provider:	**Family Services Agency, Council on Alcoholism and Drug Abuse, People Helping People**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 502,600
Estimated PEI Funding	$ 315,600
Estimated Medi-Cal FFP	$ 187,000
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	
Average Cost Per Consumer	$2,274
Estimated Total of Consumers Served	221
Target Population Demographics Served	Children, Transitional Age Youth (TAY)

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	161	$2,274
Estimated Total Consumers Age 15-26 Served	3	$2,274
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Addressing Community Issues

Some of the unmet needs and trends we are experiencing as of this writing include, more transitional aged youth graduating local high school, needing support in launching/college anxiety, depression, suicide ideation, self-harm, parents wanting parent-child therapy to improve communication, single parents wanting individual services for parenting support, more referrals from people that cannot afford their deductible and copayments and an increase in junior high and high-school age questioning sexuality and gender identity.

For over 31 years, PHP has been responsive to the needs of our community. One of our founding Board Member, Dr. Mary Ann Evans, saw firsthand the need for mental health and wellness care here in the mid-county areas of Santa Barbara which gave rise to our program. There was and continues to be a scarcity of mental health and wellness providers in the Valley and PHP has been able to fill this gap through our Mental Wellness programming. What we have seen is an increase year over year in the demand for therapeutic counseling services. In order to evaluate and support all of our programs, PHP routinely conducts a needs assessment survey of our clients, community leaders and other community-based organizations. The most recent assessment was conducted in June 2021. The survey indicated Mental Wellness support services as a high priority in our community. PHP staff and Board also work with a strategic planning, 3- year plan that incorporates assessment of our programs and community needs. The most recent plan was adopted in October of 2022.

Notable Community Impact

Counseling services were provided to youth through school-based counseling, onsite at our Solvang office, and through Telehealth. We offered family and school support, meeting with parents and teachers, and participating in Student Support Team (SST) and Individualized Education Plan (IEP) meetings when requested for integrated care. We facilitated social skills groups for students to promote a successful school experience, encourage self-awareness, and support well-being.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Barriers to services for underserved families and culturally sensitive outreach and education.	Provide culturally sensitive outreach and education. Offer evening, weekend, or Telehealth services. Provide transportation or alternate meeting locations. Provide warm handoffs for referrals.
Need for a bilingual therapist for bilingual and monolingual Spanish speaking families.	Continue to work with case managers to support monolingual Spanish speaking parents and families. Continue outreach efforts for bilingual therapist. Continue parent cafes offered in English and Spanish to promote positive parenting and connection in the community.
Education, support, and awareness for mental health issues and early signs of mental illness.	Providing psychoeducation and support to students and parents. Organizing workshops and training sessions on coping skills, stress management, and self-care practices to increase awareness and well-being.

Individual and group counseling sessions to address emotional and behavioral challenges. Facilitating mentorship programs to provide guidance and support to youth in need.	Collaborating with schools, community organizations, and mental health professionals to create a comprehensive support network for youth and supportive services to serve as a gateway to accessing mental wellness support.

Methods Used for Outreach and Engagement of Potential Responders

We employ methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.

PHP clients are primarily low-income people. We generally will meet these individuals and families through one of our gate ways programs in emergency services and basic needs. PHP seeks to address gaps and disparity in services by addressing the social determinants of health which have proven to significantly impact people's health, well-being, and quality of life. Our core programs address food insecurity, housing stability, education, work force development and language and life skills. PHP's Mission has always been to provide clients with the support networks and education to attain self-sufficiency. To thrive, consumers need to have improved conditions in their environment as well. Outreach and education take many forms at PHP. For example, PHP provides flyers and other material regarding our core programming, which includes our Mental Wellness Program, at weekly food distribution sites and at our school-based offices. PHP provides opportunities through Parent Cafes for families to learn how to recognize signs and be proactive to address potential issues.

PHP has six (6) family resource centers that are located throughout the service area on six (6) area school campuses that provide low barrier access to services. The centrally located, Service Center, provides access to multiple programs "under one roof'. Clients are able to participate in various support services and programs through the actions of one case manager. PHP provides transportation services, Telehealth Services, delivery service and in-person consultations. All facilities providing services are ADA-compliant.

The mental illness or illnesses treated by this program for which there is an early onset: We treat the following DSM diagnoses: separation anxiety disorder, Reactive Attachment Disorder, PTSD or any of the trauma-stressor-related disorders, ADHD, Disruptive Mood Dysregulation Disorder. Autism Spectrum Disorder, any of the depressive disorders (MDD or PDD), Social Phobia, Generalized Anxiety Disorder

A brief description of how each participant's early onset of a potentially serious mental illness will be determined:

Increased frequency of screenings and use of additional focused screenings such as Beck's Depression Inventory, increased referrals for specialized assessments and care to Behavioral Health Department.

Changes to Service Delivery

The program summary will cover children and families ages 0-16 (with some exceptions for high school students that attain the age of 18 but are still in need of support. We will be reporting on screenings and assessments but will no longer track the developmental assessments that do not relate to mental health.

Starting in FY 23-24, we will consider the Santa Ynez Valley People Helping People part of this program, as the majority of the services they are providing are school-based counselling services

As mentioned previously, the START program has experienced very good engagement and the referral bridge between school staff and the START Therapists is consistently strong. We don't anticipate any changes in service delivery for the upcoming year.

Program Demographics

# of Unique Clients Served	Provide Referrals to Family Services for Case Management, Linkage/Referrals to Other Needed Services	# of Screenings and Assessments to Families Presenting with Mental Health Issues	Provide Developmental Screenings to Children	Provide Parenting Education and Support Groups to Families/Parents
40	114	124	33	28

Early Intervention: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Early Childhood Specialty Mental Health Program- CALM

Program Description: This is an early intervention program to provide early intervention mental health services to children 0-9 years old.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document.

Program Type(s):

- Early intervention

Priority Area(s):

X	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally-identified Priority:_____

Program Performance FY 23-24

Early detection and outreach are key to preventing child abuse, trauma, and parent-child bonding issues that contribute to future serious mental illness. CALM connects with medical facilities such as doctor's offices, Public Health, and hospitals (i.e. Marian Medical Regional Medical Center) to promote early detection and referral to our preventative services. We further connect with other community agencies providing basic needs assistance (i.e. Family Service Agency) or specializing in other community services such as domestic violence (I.e. Domestic Violence Solutions). CALM would like to increase our capacity to deliver our current evidence-based modalities ensuring that programming is available and sustainable in all regions. This includes training and hiring new staff in Lompoc and Santa Barbara to continue to deliver Healthy Families of America (HFA) countywide. CALM also aims to train and establish one internal trainer for Parent-Child Care (PC-CARE), and two internal trainers for Parent Child Interaction Therapy (PCIT) to support ongoing training and sustainability. CALM will continue to utilize our in-house perinatal consultant for Eye Movement Desensitization and Reprocessing

(EMDR) to ensure that staff receive specialized training in perinatal EMDR while maintaining fidelity to the model.

In addition, CALM has been awarded the Department of Health Care Services (DHCS) Children and Youth Behavioral Health Initiative Trauma-Informed Program Practice Grant. This grant will allow CALM in the next two years to participate in a training cohort that will result in 15 clinicians receiving training in Child-Parent Psychotherapy (CPP) and 11 paraprofessionals will be trained to provide support groups to parents of children 0-5. CPP is an evidence-based model that address the mental health needs of children ages zero to five by offering an early intervention trauma treatment that directly supports the parent-child relationship dyad and increases access to services before conditions escalate. Over the next 24 months, CALM's goal is to implement and scale CPP throughout Santa Barbara County. Through a cohort of clinical and Bachelor-level staff, funding will support integration of CPP into CALM's county-wide clinical operations.

CALM's goal is to continue to support and expand training that allows us to provides the specialized services needed to work with underserved populations.

Program Plan for FY 24-25

Provider:	**CALM**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$1,432,200
Estimated PEI Funding	$ 493,900
Estimated Medi-Cal FFP	$ 938,300
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$3,093
Estimated Total of Consumers Served	463
Target Population Demographics Served	Children

Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	461	$3,093
Estimated Total Consumers Age 15-26 Served	1	$3,093
Estimated Total Consumers Served Age 26-59	0	0
Estimated Total Consumers Served Age 60+	0	0

Addressing Community Issues

CALM's PEI program addresses the community need of prevention and early intervention programming for youth and families. The purpose of our program is to provide early intervention to identify adverse childhood experiences that can cause future mental health issues and provide support to promote a healthy trajectory of child development. The support we provide includes evidence-based modalities to build the parent-child relationship, promote family strengths and resiliency, and provide parenting support to help parents build capacity to respond to their children's needs. Evidenced-based modalities we use include but are not limited to Healthy Families of America (HFA), Parent-Child Care (PC-CARE), Parent Child Interaction Therapy (PCIT), Eye Movement Desensitization and Reprocessing (EMDR), Interpersonal Therapy (IPT), and Cognitive Behavioral Therapy (CBT). We also use evidence-based parenting curriculum including Partners for a Healthy Baby and The Incredible Years to further empower parents.

Notable Community Impact

CALM's approach to services creates a very notable community impact because it is very unique amongst community agencies and targets the needs of underserved populations. Our trauma-informed, strength-based services are tailored to the one-on-one needs of our clients.

CALM provides a comprehensive and tailored prevention/intervention strategy by utilizing home visitation as both comprehensive support system and a gateway referral source for our specialized perinatal mental health services i.e. perinatal mental health and infant and toddler mental health.

Our prevention and early intervention program met a crucial niche in our community. In the last couple of years, funding in Santa Barbara county for essential prevention programs such as home visitation have been diverted to other target populations. This is problematic considering the need already outweighed our capacity, due to high demand. PEI funds allow us to continue to provide this essential program that has been proven to improve the health, safety and education of children and families, mitigating the impact of poverty and adverse early childhood experiences.

CALM's approach to services creates a very notable community impact because it is very unique amongst community agencies and targets the needs of underserved populations. Our trauma-informed, strength-based services are tailored to the one-on-one needs of our clients.

Regarding home visitation services, we are able to meet hard-to-reach clients, including teen mothers that do not have transportation or migrant families that live in shared living spaces with multiple children, in the community or at-home. An example of a notable client that is currently receiving services is the following:

A 16-year-old, first time mom who was referred to CALM for HFA services by Marian Hospital. She needed support in caring for her newborn. The teen mom was living with her boyfriend at the time, and he was working full time to support the family. As a first-time mother, the client wasn't sure of what to expect and was interested in learning age-appropriate child developmental milestones as well as parenting skills. Not unlike many families who get services at CALM, the mother and child's father were undocumented and living with another family because housing is challenging to secure. Given this set of circumstances, the home visitor had to build trust and rapport with this young mother. At the beginning of services, the mother struggled to attend to and interact with her baby in a nurturing manner. She also needed support in learning how to read the baby's cues. For example, the mother would often leave the baby lying down with a bottle propped up for feeding, or soothing while she went about her tasks. These are the types of interactions a home visitor can watch for and then coach a parent on how to use these moments for connection and bonding. This mother has been with CALM now for two years, steadily improving her relationship with and understanding of her child. She married the baby's father, and while housing is still somewhat unstable and the family must move a lot, this mother has continued with the program and made great strides in learning how to read the baby's cues and bond with her baby. Now that the baby is two years old, the mother is learning how to follow her lead in engaging in stimulating, interactive play. She considers her home visitor to be such a source of support that she has been reluctant to graduate the program and has expressed interest in seeking further services in parenting education with CALM.

Regarding mental health services during the perinatal period, we can provide services to a very specific population with specialized treatment aimed at addressing caregiver mental health issues that impact the parent-child relationship and early infant and toddler mental health. Our treatment is focused on addressing perinatal mood and anxiety disorders, building the caregiver's peer supports, enhancing caregiver and child attachment, addressing infant and toddler mental health within the dyadic relationship, and providing linkage and referral tailored to perinatal/postpartum community referrals.

CALM provides a comprehensive and tailored prevention/intervention strategy by utilizing home visitation as both a stand-alone comprehensive case management/support intervention

and as gateway for assessment and referral source for our specialized perinatal mental health services i.e. perinatal mental health and infant and toddler mental health.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Increased need for Specialty Mental Health Services for children and families under the age of 10	CALM provides Targeted Case Management, Assessments and Treatment Plans and Goals that involve the whole family
Increase supports so that families and children can build resiliency and recovery	CALM works on building Life Functioning Skills; addressing Behavioral/Emotional Needs; Reducing Risk Behaviors and increasing Cultural Factors when providing care
Minimal access to individual mental health treatment for children 0-5	Mental health practitioners specializing in dyadic treatment provide therapeutic service for children 0-5 and their caregivers

Methods Used for Outreach and Engagement of Potential Responders

Intensive Care Coordination, Intensive Home-Based Services, Plan Development and Rehabilitation services are all incorporated into service delivery. CALM's goal is to continue to support and expand training that allows us to provides the specialized services needed to work with underserved populations.

The mental illness or illnesses treated in this program for which there is an early onset: We treat the following DSM diagnoses: separation anxiety disorder, Reactive Attachment Disorder, PTSD or any of the trauma-stressor-related disorders, ADHD, Disruptive Mood Dysregulation Disorder, Autism Spectrum Disorder, any of the depressive disorders (MDD or PDD), Social Phobia, Generalized Anxiety Disorder

How each participant's early onset of a potentially serious mental illness will be determined: Clinical Assessment and referral to psychologist or MD/psychiatrist as needed.

Program Demographics

Early Intervention: Early Childhood Specialty Mental Health (ECSMH) – CALM

Unique Clients Served	
	CALM
Age Group	
0-15	461
16-25	1
26-59	0
60+	1
Total	463
Gender	
Female	215
Male	247
Declined to Answer	1
Ethnicity	
American Indian or Alaska Native	1
Asian	0
Black or African American	19
More than One Race	7
Native Hawaiian or Pacific Islander	1
White	410
Other	8
Declined to Answer	15
Hispanic or Latino	
Hispanic or Latino	344
Not Hispanic or Latino	71
Unknown/Not Reported	48
Veteran Status	
Yes	0
No	463
Declined to Answer	0
Sexual Orientation	Not collected
Gender Identity	Not collected
Language Spoken	Not collected
Disability (Communication, Mental (not SMI))	Not collected

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Early Intervention: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

PEI Early Detection and Intervention Teams for Children and TAY Behavioral Wellness Program

Program Description: This is an early intervention program to provide mental health services for youth ages 16-25.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document.

Program Type(s):

- Early Intervention

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
X	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally-identified Priority:_____

Program Performance FY 23-24

The PEI TAY teams are multidisciplinary and work as integrated teams who share in decision making that is central to the individualized needs of the client. Disciplines on the teams include Psychiatrists, Nurses, Mental Health Practitioners, and Case Workers. All staff are trained on the Transition to Independence (TIP) model and receive annual updated training on TIP. PEI TAY licensed clinician on the teams were initially trained in using the SIPS (structured interview for prodromal symptoms). The overall TAY division and respective teams operate with high energy, passion for their work and with a keen optimism on the therapeutic process allowing for recovery based on the individualized needs of those served. The team aims to instill hope and a plan for the future for those they serve.

Program Plan for FY 24-25

Provider:	Behavioral Wellness
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 1,632,100
Estimated PEI Funding	$ 1,145,600
Estimated Medi-Cal FFP	$ 486,500
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$8,918
Estimated Total of Consumers Served	183
Target Population Demographics Served	Children, TAY, Adult (if aging into age 25)

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	10	$8,918
Estimated Total Consumers Age 15-26 Served	172	$8,918
Estimated Total Consumers Served Age 26-59	1	$8,918
Estimated Total Consumers Served Age 60+	0	$8,918

Addressing Community Issues

The fundamental values and principles of the PEI TAY program recognize that Transition Age Youth experience dramatic changes across all areas of development during their transition to adulthood. Their decisions, choices, and associated experiences set a foundation for their transition to future adult roles in the domains of employment, education, living situation, and community-life functioning. This period of transition becomes an even greater challenge for those experiencing early onset, or their first onset, of psychosis or other mental health disorders. The PEI TAY program believes in early intervention and engagement in treatment to help stabilize symptoms, psycho education for TAY and their families, and in the value of helping TAY achieve their goals across the various transition domains which may have been temporarily interrupted. The PEI TAY program was designed to focus on early intervention and on recovery.

In light of the staffing shortages currently plaguing many County mental health systems, particularly in the practitioner classification, the PEI Tay team in Santa Maria has recently underfilled a vacant practitioner position with a second bilingual caseworker to more effectively serve the Latino TAY population and better meet the range of needs that TAY present with in

order to better support therapeutic efforts. These needs include, but are not limited to: outreach and engagement, connecting clients to basic resources, coordinating transportation to key appointments (employment interviews, medical care, educational assessments, mental health sessions) and engaging in prosocial activities.

In addition to staffing reconfigurations, BWell leadership met with local Community Based Organizations (Fighting Back Santa Maria and Noah's Anchorage) who provide a range of support services to homeless TAY to identify barriers to TAY accessing and engaging in mental health services and begin to strategize ways to increase engagement with this population. Also identified ways for PEI TAY and these organizations to increase collaboration and partnership in serving TAY across the County.

Notable Community Impact

Entry into the mental health system frequently occurs in the context of crisis or legal involvement, which could include emergency room visits. Families express a desire for more education, information, and support during these experiences and describe their struggles with stigma. Knowledge of this information from families supports the importance of outreach and education during these episodes and the importance of coordination of care and linkage to services following these incidents to provide ongoing support to the client and family.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Increased need for Early Interventions for Youth that use evidence-based interventions for adolescents and young adults to help them achieve their full potential without the trauma, stigma, and disabling impact of a fully developed mental illness	Care management; Crisis assessment and intervention; Housing services and supports; Activities of daily living support; Employment and educational support; Community integration; Peer and support services; Symptom assessment/self-management; Individual support; Substance abuse/co-occurring conditions support; Medication management; and Coordination with primary care and other services.
Engagement and Involvement of TAY in their treatment	Youth empowerment services are being explored where TAY Peers take a leadership role to plan, schedule, and offer weekly activities in the community for TAY consumers.
Increasing family Involvement in the program	TAY Early Detection and Intervention Teams will be encouraged to use CSC teams to use a family- oriented approach even for the adult clients in which all aspects of an individual support network are engaged at every level of care.

Methods Used for Outreach and Engagement of Potential Responders

TAY individuals struggle with a complex array of mental health issues coupled with social and economic challenges, and limited overall resources both personally and environmentally. The challenges for effective treatment for this population have been keeping TAY individuals engaged in services, lack of substance abuse treatment resources, and the lack of specific TAY housing resources. A long-term Full-Service Partnership program for TAY that increased field based, 24/7, outreach type of services for this group was launched in Summer 2019 and will be monitored in coming years for linkage and service provision.

The mental illness or illnesses treated in this program for which there is an early onset – We treat the following DSM diagnoses: separation anxiety disorder, Reactive Attachment Disorder, PTSD or any of the trauma-stressor-related disorders, ADHD, Disruptive Mood Dysregulation Disorder. Autism Spectrum Disorder, any of the depressive disorders (MDD or PDD), Social Phobia, Early Onset Psychosis, Generalized Anxiety Disorder

How each participant's early onset of a potentially serious mental illness will be determined; Clinical assessment and referral to psychologist or MD/psychiatrist as needed.

Program Demographics

Unique Clients Served	
	EDI TAY, Behavioral Wellness
Age Group	
0-15	10
16-25	172
26-59	1
60+	0
Total	183
Gender	
Female	112
Male	70
Declined to Answer	2
Ethnicity	
American Indian or Alaska Native	4
Asian	2
Black or African American	6
More than One Race	8
Native Hawaiian or Pacific Islander	1
White	162
Other	7
Declined to Answer	4
Hispanic or Latino	
Hispanic or Latino	107
Not Hispanic or Latino	61
Unknown/Not Reported	15
Veteran Status	
Yes	0
No	183
Declined to Answer	0
Sexual Orientation	Not collected
Gender Identity	Not collected
Language Spoken	Not collected
Disability (Communication, Mental (not SMI))	Not collected

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Early Intervention: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

NEW! Homeless Early Intervention Team

Program Description: This is an early intervention program that goes out into the community and offers mental health treatment services to homeless populations.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document as part of the Homeless Intervention Team

Program Type(s):

- Early Intervention

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally-identified Priority: Early Intervention Treatment Services for Homeless Populations

Program Performance FY 23-24

Please see "Homeless Outreach" section of the Plan for a description of Program Performance for FY 23-24.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$1,667,900
Estimated PEI Funding	$565,050
Estimated Medi-Cal FFP	$833,950
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	

Estimated Other Funding	$268,900
Average Cost Per Consumer	$11,119
Estimated Total of Consumers Served	150*
Target Population Demographics Served	Adult/Older Adults

**this is a new program, we are estimating consumers served in FY 24-25*

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served		
Estimated Total Consumers Age 15-26 Served	25	$11,119
Estimated Total Consumers Served Age 26-59	100	$11,119
Estimated Total Consumers Served Age 60+	25	$11,119

Projected Date of Implementation/First Date of Services: **7/1/2024**

Addressing Community Issues

The Homeless Early Intervention program is addressing the community's concern about homelessness by outreaching to individuals experiencing homelessness. Our community partners including City Net and Good Samaritan Shelters assist our clients in being considered for housing opportunities in different regions of the county. The Homeless Outreach team offers the clients to consider and hopefully accept mental health treatment. The Homeless Outreach team provides a warm handoff for the client to continue mental health treatment with a long-term care outpatient mental health treatment program.

Notable Community Impact

The addition to two Behavioral Wellness Caseworkers, a supervisor/practitioner and a Psychiatric Nurse has allowed our clients to have access to needed community resources. It has also allowed us to outreach to individuals who are difficult to engage in various homeless encampment sites along the south county region of Santa Barbara County. The hiring of the psychiatric nurse allows for our Homeless Early Intervention team to treat the whole person. The psychiatric nurse has provided medication support to assist our clients in their mental health recovery process. The team continues to move people from the street into temporary housing or shelters and then on to permanent supportive housing.

Homeless Early Intervention staff countywide receive ongoing training in trauma-informed care, motivational interviewing, harm reduction, client engagement, strategies for connecting clients to mainstream resources, and interventions which aim to facilitate housing stability and retention. The expansion of these services has successfully enhanced the mental health system's ability to respond to long-term needs of persons with severe mental illness, who are homeless, or at risk of homelessness, and who are not receiving adequate mental health services.

In a review of current FY 2023-2024 HMIS Data for Behavioral wellness Homeless Services, The Homeless Services team so far in FY 23-24 has facilitated 42 exits from homelessness into a shelter setting. A total of 23 clients have moved into permanent supportive housing. A total of 20 clients secured housing with a housing voucher. A total of 5 clients have transitioned from homelessness to live with family.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Increased need for Early Interventions for Homeless individuals that offers immediate mental health treatments without waiting for housing placement and provided to the individuals at or near their place of dwelling	Care management; Crisis assessment and intervention; Peer and support services; Symptom assessment/self-management; Individual support; Substance abuse/co-occurring conditions support; Medication management; and Coordination with primary care and other services.
Need for Homeless Individuals to Access and Linkages to community resources	Activities of daily living support; Employment and educational support; Community integration
Need for Homeless Individuals to receive social benefits they are entitled to	Individual Rehabilitation- Caseworkers work with clients on building skills including daily hygiene regimen, role modeling appropriate social interactions with others, applying for health-care, housing and social security benefits

Methods Used for Outreach and Engagement of Potential Responders

The mental illness or illnesses treated in this program for which there is an early onset – We treat the following DSM diagnoses: separation anxiety disorder, Reactive Attachment Disorder, PTSD or any of the trauma-stressor-related disorders, ADHD, Disruptive Mood Dysregulation Disorder. Autism Spectrum Disorder, any of the depressive disorders (MDD or PDD), Social Phobia, Early Onset Psychosis, Generalized Anxiety Disorder

How each participant's early onset of a potentially serious mental illness will be determined; Clinical assessment and referral to psychologist or MD/psychiatrist as needed.

Access and Linkage: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Safe Alternatives for Child and Youth Crisis Services (SAFTY) Program- Casa Pacifica

Program Description: This is a crisis intervention program and crisis line for youth in Santa Barbara County ages 0-20 available 7 days a week from 8am to 8pm.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document

Program Type:

- Early Intervention
- Access and Linkage to Treatment Program

Priority Area(s):

X	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: _____

Program Performance FY 23-24

SAFTY is a mobile crisis team that operates 7 days per week from 8am to 8pm serving all youth aged 20 and under within all of Santa Barbara County. SAFTY crisis line services are openly accessible and free for the community to utilize. The year-to-date data (6/1/2022 through 4/24/2023) indicates 50.94% of the total calls to the crisis line were in the north county region (Santa Maria, Guadalupe), 16.68% were in the west county region (Lompoc, Santa Ynez Valley), 26.76% were in the south county region (Santa Barbara, Goleta, Carpinteria) and 5.61% other county/unknown. Demographic data in crisis responses is difficult to gather as there are many marked as "unknown" or "other," however the YTD data shows the following demographics: 147 Mexican/Mexican American, 160 other Hispanic/Latin, 108 not Hispanic, and 105 clients with monolingual Spanish speaking parents. SAFTY utilizes language interpretation services for clients and/or guardians that speak Mixteco.

The year-to-date data (7/1/2023 through 2/26/2024) indicates 52.19% of the total calls to the crisis line were in the north county region (Santa Maria, Guadalupe), 14.635% were in the west county region (Lompoc, Santa Ynez Valley), 27.43% were in the south county region (Santa Barbara, Goleta, Carpinteria) and 6.02% other county/unknown.

Demographic data in crisis responses is difficult to gather as there are many marked as "unknown" or "other," however the YTD data shows the following demographics: 146 Mexican/Mexican American, 133 other Hispanic/Latin, 82 not Hispanic, and 123 clients with monolingual Spanish speaking parents. SAFTY utilizes language interpretation services for clients and/or guardians that speak Mixteco.

Program Plan for FY 24-25

Provider:	**Casa Pacifica**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$1,407,900
Estimated PEI Funding	$ 589,600
Estimated Medi-Cal FFP	$ 818,300
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$1,451
Estimated Total of Consumers Served	970
Target Population Demographics Served	Children, TAY

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	615	$1,451
Estimated Total Consumers Age 15-26 Served	355	$1,451
Estimated Total Consumers Served Age 26-59	0	$0
Estimated Total Consumers Served Age 60+	0	$0

Addressing Community Issues

Crisis services for children and youth were provided by Casa Pacifica through the Safe Alternatives for Treating Youth (SAFTY) Mobile Crisis Response Program. SAFTY is a mobile crisis response and hotline service available to all Santa Barbara County youth aged 20 and under. The SAFTY team provides services 8:00 AM- 8:00 PM, 7 days a week. The other hours of the week are covered by Behavioral Wellness Crisis Services. Staff work with youth experiencing a wide range of issues including suicide risk, self-harm behavior, homicidal risk, grave disability, emotional disturbances (anxiety, depression, hopelessness, isolation, irritability, behavioral issues). A variety of intervention methods to contain/prevent a crisis are employed, including quick and accessible specialized intervention over the phone or in person. SAFTY staff are authorized to place a psychiatric hold (involuntary hospital placement up to 72 hours) on a child/youth, if necessary, to keep them safe. SAFTY's treatment philosophy, however, is to utilize the least restrictive intervention possible. SAFTY provides children's crisis services in collaboration with Crisis Services Teams county-wide. SAFTY provides quick and accessible service to families by providing specialized crisis intervention, in-home support and linkage to County behavioral health or other appropriate services. By working in collaboration with the child's existing service providers, SAFTY seeks to keep children, youth, and families safe in their homes and communities. SAFTY is a community-based alternative that prevents acute psychiatric hospitalization and reduces involvement of law enforcement that could result in criminalization of youth with mental health issues.

For Medi-Cal recipients not linked to services SAFTY provides 30-60 days of crisis stabilization (proactive cases) in the home and connects the family to long term services. A SAFTY clinician completes a clinical assessment and develops a treatment plan to meet the family's needs for stabilization and linkage. The SAFTY staff continue to assess for ongoing risk a client may be experiencing, while teaching coping mechanisms to aid in reducing additional crises.

SAFTY addresses the following community issues:

- **Increasing services to underserved/unserved populations.** Mobile crisis response to all of Santa Barbara County for all youth aged 20 and under. SAFTY staff support on the phone as well as go into the community and meet youth wherever they are, increasing the community's access to quick crisis support. SAFTY understands the importance of flexibility when working with youth and families; it is important to have the flexibility to meet the youth and family where and when it is convenient and helpful for them to increase access to services.
- **Recruitment and Retention of Public Health Workforce**. SAFTY actively hires and trains mental health workers for the SAFTY program for both the Santa Maria and Goleta offices. SAFTY staff are at times eligible to receive funding to support with staff retention through student loan pay off awards through programs such as CalMHSA WET Program.
- **Increasing of Mental Health Education and Prevention Programming for Youth and Families.** SAFTY is active with outreach services throughout the County of Santa Barbara. For example, SAFTY attends tabling events at health fairs, provides workshops

at school parent nights on youth mental health and crisis services, and trains clinicians at various youth focused community-based organizations on suicide prevention and risk assessment. SAFTY has submitted a proposal to add a position for a bilingual outreach coordinator.

Notable Community Impact

The year-to-date data (7/1/2023 through 2/26/2024) indicates 1,345 total calls to the SAFTY crisis hotline with 520 face to face risk assessment responses; SAFTY provided face-to-face responses to 42% of the calls to the SAFTY crisis hotline that were categorized as crisis. SAFTY has received calls on 609 unduplicated clients.

Of the total calls to the crisis line some of the common presenting issues include: 422 of the calls due to youth having suicidal ideation, 60 of the calls due to a suicide attempt, 57 calls due to self-harm behaviors, 118 of the calls due to aggression to others/homicidal ideation, 85 of the calls due to youth having an increase in mental health symptoms, and 149 of the calls were youth and their support system looking for access to resources. Of the total crisis calls, SAFTY's rate of writing 5150/5585 holds is 8.62%. SAFTY has received 91 referrals to the SAFTY Proactive services in the current year-to-date.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Need for increased staff in the SAFTY program with increased funding for staff retention and bilingual pay differential.	• Increase the ability of SAFTY to attend to crisis calls in the community and offer ongoing prevention/education services to reduce youth engaging in risk behaviors, increase linkage to necessary services, and reduce use of emergency services (911) and/or emergency departments in hospitals. • Increase capacity for SAFTY Proactive services (in-home short-term intensive services for Medi-Cal clients) to keep youth in their support system and reduce risk of youth needing a higher level of care (psychiatric hospitalization). • Increase bilingual English/Spanish staffing.

Linkages to Mental Health Services

SAFTY assesses a youth's need for mental health services when a call comes into the crisis line. SAFTY offers follow up services to all crisis calls. Referrals and recommendations are made based on the youth's insurance. The most common referrals for Medi-Cal clients are SAFTY in-home Proactive services or ACCESS line (Santa Barbara County Department of Behavioral Wellness Clinics or Cencal). SAFTY Private Proactive services accepts Anthem insurance.

For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:

A) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness:

SAFTY will respond to all crisis calls received to the Hotline from 8:00 am – 8:00 pm seven days a week. The SAFTY Crisis Hotline is a dedicated crisis line for client's up to their 21st Birthday who is in danger of serious physical harm to self or others, gravely disabled, and/or experiencing a mental health crisis. SAFTY accepts all calls. If a consumer is not eligible for SAFTY services, such as outside of SAFTY age range, already a consumer of a full program, located outside of Santa Barbara County, etc. then the caller will be referred to appropriate resources. If there is an immediate safety concern SAFTY staff will contact emergency responders despite consumer eligibility.

B) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program:

SAFTY assesses a youth's need for mental health services when a call comes into the crisis line. SAFTY offers follow up services to all crisis calls. Referrals and recommendations are made based on the youth's insurance and presenting issue(s). The most common referrals for Medi-Cal clients are SAFTY in-home Proactive services or ACCESS line (Santa Barbara County Department of Behavioral Wellness Clinics or Cencal). SAFTY Private Proactive services accepts Anthem insurance; Private Proactive services through Anthem are typically provided for approximately 6 months to 1 year.

C) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment:

After every crisis contact, SAFTY offers time-limited follow-up services to develop coping strategies that promote safety in the youth's environment and linkage to appropriate community resources including linking to BWell, the Behavioral Health department, and CenCal

the Managed Care Provider for Medi-Cal in Santa Barbara County . SAFTY collaborates with the client's support system.

D) How the Program will follow up with the referral to support engagement in treatment.

SAFTY offers follow up services to all crisis calls. Once a client is referred to BWell or CenCal for services, these providers make a minimum of three engagement attempts if a client does not show up for an appointment. Proactive Services: For Medi-Cal recipients not linked to services SAFTY provides short term (approximately 60 days) of crisis stabilization in the home and connects the family to long term services. A SAFTY clinician completes a clinical assessment and develops a treatment plan to meet the family's needs for stabilization and linkage. The SAFTY staff continue to assess for ongoing risk a client may be experiencing, while teach coping mechanisms to aid in reducing additional crises.

Program Demographics

Program Performance (FY 22-23)

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	Unique Clients Served
	SAFTY (North & South)
Age Group	
0-15	615
16-25	355
26-59	0
60+	0
Total	970
Gender	
Female	609
Male	359
Declined to Answer	3
Ethnicity	
American Indian or Alaska Native	10
Asian	10
Black or African American	21
More than One Race	14
Native Hawaiian or Pacific Islander	1
White	636
Other	11
Declined to Answer	267
Hispanic or Latino	
Hispanic or Latino	391
Not Hispanic or Latino	151
Not Reported	0
Veteran Status	
Yes	970
No	0
Sexual Orientation	Not collected
Gender Identity	Not collected
Language Spoken	Not collected
Disability (Communication, Mental (not SMI))	Not collected

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Access and Linkage: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Access and Assessment Teams and ACCESS Line- Behavioral Wellness

Program Description: This is a program to access and assess unserved/underserved community members for mental health services and access.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document

Program Type

- Access and Linkage to Treatment Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority: _____

Program Performance FY 23-24

So far, this fiscal year (July 1, 2023 to March 5, 2024) the Access Line has taken 9,092 calls during business hours (8 AM- 5PM, Monday through Friday.) Assessments and referrals are customized to ensure that appropriate cultural and linguistic needs of each consumer are identified and accommodated. On the Access Line, out team includes staff who are bicultural and bilingual in the primary threshold language (Spanish) and all staff are trained on how to access and utilize our Interpreter Service contractor. In the last few months Behavioral Wellness leadership has decided to expand the Access Line to include a second office in Santa Maria (the original office is in Santa Barbara.) The reason for this shift and expansion to Santa Maria was to increase recruitment of Spanish speaking staff and to better serve the Spanish speaking community. As of last month, the Access Line went from having one bilingual Spanish Access screener to now four. Now 50% of the entire Access Team are bilingual in Spanish which much more closely mirrors our County's demographics. We also hired a Spanish speaking Recovery Assistant, a Peer with lived experience who can assist with outreach for the Access

Line in the primarily Spanish speaking Santa Maria region. A Recovery Assistant (Peer) is a new position to the Access Line that has traditionally been staffed by practitioners. In addition, the Access Line works closely with Behavioral Wellness' Homeless Services program to link unhoused clients to resources they need beyond just mental health and substance use treatment. They are also well versed in the community shelter/housing resources and are able to provide that information to clients as well.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$2,618,400
Estimated PEI Funding	$2,250,300
Estimated Medi-Cal FFP	$ 368,100
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$1,976
Estimated Total of Consumers Served	1325
Target Population Demographics Served	Children, TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	270	$1,976
Estimated Total Consumers Age 15-26 Served	251	$1,976
Estimated Total Consumers Served Age 26-59	687	$1,976
Estimated Total Consumers Served Age 60+	117	$1,976

Addressing Community Issues

The specialized Access and Assessment Teams focus on access and assessment services, as well as appropriate disposition and referrals for consumers who do not meet the Department's criteria of Severe and Persistent Mental Illness. This team focuses on simplifying and improving

access to care, reducing wait times, reducing barriers to receiving services, and increasing consistency throughout the County.

The Access Line works very closely with both the Santa Barbara County Jail and the Santa Maria Jail to increase access to services for inmates once they are released from jail. The Access Line schedules in-custody screenings 3 days per week with the jail either by phone or Zoom to link clients who are in custody to both substance use and mental health services. In addition, the Access line supervisor attends a weekly collaboration meeting with the jails, probation and Justice Alliance to improve communication and streamline processes to increase the efficiency of screenings, referrals and access to services.

The Access Line has improved processes involving warm hand offs of clients in crisis-to-crisis services. Rather than having the Access Line warm transfer a call directly to crisis services, the Access Line screener contacts a regional crisis supervisor/Triage Coordinator to triage the call and determine the best plan of action and person/team to respond according to the schedule. This increases the likelihood of timely response by crisis services, because the supervisor/coordinator can ensure someone is available to respond according to the crisis staff schedule.

Notable Community Impact

The Access Line has increased its referrals to Medication Assisted Treatment (MAT) services in response to the opioid crisis. Every client who reports opioid use is offered a referral to MAT Services either through Behavioral Wellness or an outside program. They are also given information on how to obtain free Naloxone (Narcan) and testing strips if needed.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Lack of understanding/awareness about first on-set of SPMI and intervention/resources available.	On the Access Line we get many calls from concerned family members about their family member developing first or new mental health symptoms and wanting to know the best course of action. The Access Line provides a lot of psychoeducation about the first onset of mental health issues and how to address it. We also refer family members to organizations such as NAMI and the Family to Family support group.

Lack of awareness of resources including the Access Line among the County's Spanish speaking community.	Opened an Access Office in Santa Maria, a region with over 77% Latinx population. Hired more bilingual and bicultural Access screeners. (We quadrupled this.) Hired a bilingual and bicultural Spanish speaking Recovery Assistant (Peer) who can do outreach in the community.

Linkages to Mental Health Services

Access screeners handle behavioral health crisis calls and calls from new consumers requesting mental health and substance use disorder (SUD) services. Callers are screened for appropriate assignment to a level of care within the Mental Health Plan (MHP and/ or the Drug Medi-Cal Organized Delivery System (DMC-ODS). The access and assessment component for the MHP is handled by the 3 Adult and 3 Children's Access and Assessment teams that focus on performing assessments on new consumers referred by the Access screeners, as well as initial assessments for walk-in consumers, and for hospital discharge appointments.

The specialized Access and Assessment Teams focus on access and assessment services, as well as appropriate disposition and referrals for consumers who do not meet the Department's criteria of Severe and Persistent Mental Illness. This team focuses on simplifying and improving access to care, reducing wait times, reducing barriers to receiving services, and increasing consistency throughout the County.

For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:

A) <u>How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness:</u>

In order to link clients to Mental health services, clients or their parents/caregivers call the Access Line M-F 8:00 AM-5:00 PM and are given a brief screening. For those age 21 and under they receive the DHCS Youth Screening Tool for Medi-Cal Mental Health Services. Parents/Caregivers of youth and young adolescents may answer the screening questions on their child's behalf. For those clients 21 and over, they receive the DHCS Adult Screening Tool for Medi-Cal Mental Health Services. If the client scores a "6" or above, they are referred to the County Mental Health Level of Care, which serves those with more moderate to severe mental health symptoms and impairments. If the client scores 0-5, or in the mild to moderate range, they are referred to CenCal Behavioral Health for mental health treatment. If a client scores in the mild to moderate range and does not have CenCal insurance, they are referred to low cost community providers and/or their primary doctor for treatment. They are also given information on how to apply for Medi-Cal/CenCal. The Access Line also refers clients with

CenCal Insurance to CenCal Health for a Primary Care Provider if needed. For those without Medi-Cal/CenCal they are referred to low cost community providers such as a Neighborhood Clinic.

B) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program:

In order to link clients to Mental health services, clients or their parents/caregivers call the Access Line M-F 8:00 AM-5:00 PM and are given a brief screening. For those age 21 and under they receive the DHCS Youth Screening Tool for Medi-Cal Mental Health Services. Parents/Caregivers of youth and young adolescents may answer the screening questions on their child's behalf. For those clients 21 and over, they receive the DHCS Adult Screening Tool for Medi-Cal Mental Health Services. If the client scores a "6" or above, they are referred to the County Mental Health Level of Care (BWell), which serves those with more moderate to severe mental health symptoms and impairments. An appointment is made for the client at one of BWell's clinics, or through telehealth, for an assessment for treatment.

C) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment:

Every individual that scores a "6" or above on their DHCS Screening tool is directly transferred to a BWell clinic and an appointment is made for them to have a comprehensive assessment. When appropriate, BWell will begin also providing mental health supports to the primary care provider or family members. The Access Line also refers clients with CenCal Insurance to CenCal Health for a Primary Care Provider if needed. For those without Medi-Cal/CenCal they are referred to low cost community providers such as a Neighborhood Clinic.

D) How the Program will follow up with the referral to support engagement in treatment:

If a caller is referred to BWell for a comprehensive assessment, a BWell staff member will follow up a minimum of three times to attempt to engage, if the referral does not make their appointment. If callers show up for their comprehensive assessment, engagement in services begins with the first appointment. If a caller is referred to CenCal for mental health care supports, CenCal will follow up and attempt to re-engage if the caller does not show up for treatment.

Changes to Service Delivery with Follow Up & Referral to Support Engagement in Treatment

Starting in July, 2023 the Access Line implemented the new Mental Health Screening tool for adults and children as mandated by DHCS. All Counties in California are required to transition to this tool and it creates consistency among all Counties. It has also resulted in more efficiency in linkage to mental health services, as the tool is much shorter and simpler. In addition, it is not a requirement that the screener administering the tool be a licensed clinician as it was with the old tool. This has allowed the Access Line more flexibility and opportunity to hire staff such as Caseworkers or ADP (Drug and alcohol) Specialists to be screeners. We have also increased the pool of Spanish speaking staff, as it is often challenging for Spanish speakers to utilize the Access line with an interpreter.

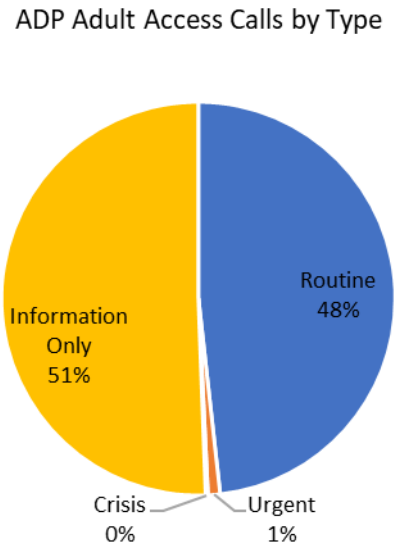
For Substance Use referrals, Access screeners can refer a client to our ADP Care Coordinators at the time of the referral, for those identified as being at risk of not following through or for those identified as having serious risk factors that make the referral more urgent (pregnant, injecting, etc.) The Care Coordinators conduct special outreach to these clients to increase their likelihood of linking and engaging in treatment.

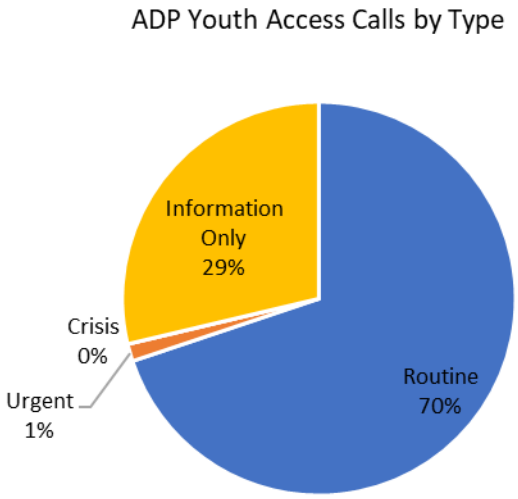
Program Demographics

	Unique Clients Served: Behavioral Wellness	
	Adult A&A	**Children's A&A**
Age Group		
0-15	0	270
16-25	84	167
26-59	687	0
60+	117	0
Total	888	437
Gender		
Female	394	260
Male	480	175
Declined to Answer	14	3
Ethnicity		
American Indian or Alaska Native	13	0
Asian	11	4
Black or African American	48	8
More than One Race	67	7
Native Hawaiian or Pacific Islander	0	1
White	697	400
Other	23	4
Declined to Answer	29	0
Hispanic or Latino		
Hispanic or Latino	404	317
Not Hispanic or Latino	409	85
Not Reported	75	35
Veteran Status		
Yes	2	0
No	886	437
Sexual Orientation	Not collected	
Gender Identity	Not collected	
Language Spoken	Not collected	
Disability (Communication, Mental (not SMI))	Not collected	

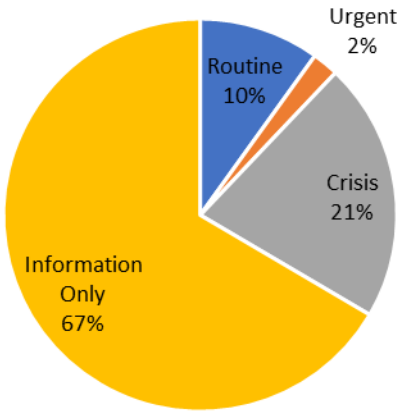
Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

*Number of Calls Missing DOB: Mental Health n = 176; ADP n = 70

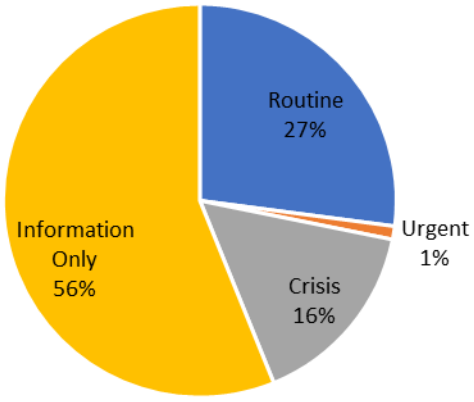


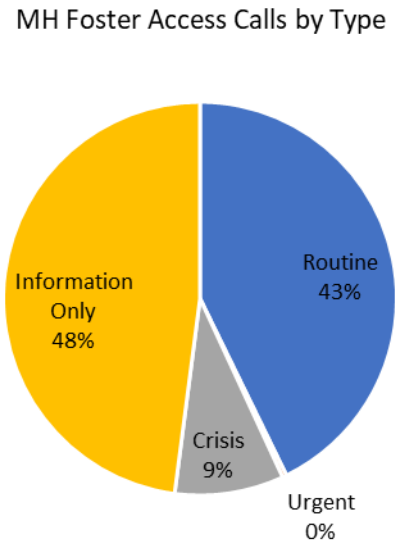


MH Adult Access Calls by Type



MH Youth Access Calls by Type




MH Foster Access Calls by Type
Routine
43%
Information
Only
48%
Crisis
9%
Urgent
0%

Access and Linkage: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

NEW! Access Peer Team Behavioral Wellness Program

Program Description: This is a program to provide outreach and peer supports to all new BWell clients. This includes outreach to both Youth and Adults post-hospitalization and to all people who have received a screening from the ACCESS team prior to their first clinical appointment.

Program Type

- Access and Linkage to Treatment Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Providing outreach to all new clients PRIOR to fist appointment

Program Performance FY 23-24

This is a new program that will be implemented in July 2024. We will track how many people the team provides outreach to, the services that are provided and how many people engage in services and for how long.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$335,959
Estimated PEI Funding	$167,980
Estimated Medi-Cal FFP	$167,980
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	

Estimated Other Funding	$0
Average Cost Per Consumer	$1680
Estimated Total of Consumers Served	200
Target Population Demographics Served	Youth, TAY, Adult/Older Adult

*****Due to this being a new program for the FY 24-25, Estimated Consumers Served by Age was not previously collected. Will start collecting data for FY 24-25**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	25	$1680
Estimated Total Consumers Age 15-26 Served	50	$1680
Estimated Total Consumers Served Age 26-59	100	$1680
Estimated Total Consumers Served Age 60+	25	$1680

Projected Date of Implementation/First Date of Services: 7/1/2024

Addressing Community Issues

This program will address a notable community issue: Providing support to new clients as soon as they are given an appointment with BWell. New clients often have to wait up to a month before going into the clinics for an Assessment, and those post-hospitalization have to wait up to seven days. The goal of this program is to start providing peer support services immediately and assist individuals and their families to feel comfortable with our system of care and make it to their appointments.

Notable Community Impact

Notable community impacts may include a decrease in involuntary Psychiatric Hospitalization; a decrease in crisis intervention and an increase in new clients engaging in services.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Increasing timeliness of services and access to services, especially for those new to our system post-hospitalization	Reaching out to new clients as soon as they have an appointment to receive services to begin providing peer support services and help utilizing services

Preventing dissatisfaction and early dismissal of services for new clients	Providing outreach to new clients as soon as they are provided with an appointment to shorten length of time before interactions with BWell staff

Linkages to Mental Health Services

Access Peer Team was designed to help new clients feel that they are not abandoned and left to deal with symptoms on their own after being screened for services.

Changes to Service Delivery with Follow Up & Referral to Support Engagement in Treatment

For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:

A) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness:

Access Peer team will follow up with all new clients that have been given a linkage to services to ensure that they make it to service appointments.

B) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program:

Access Peer team will interact with persons after they are assessed as needing services beyond the scope of an early intervention team.

C) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment:

Access Peer team will ensure that individuals and their parents, caregivers and other family members are supported enough to engage in the services they have been linked to.

d) How the Program will follow up with the referral to support engagement in treatment:

Access Peer team will follow up with all new clients post referral and perform a warm hand off to their new treatment team once new clients are fully engaged.

Access and Linkage: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

NEW! CARE Court Access and Linkages Program-BWell

Program Description: This is a program to provide outreach to all CARE court referred individuals to reach out to referrals, establish trust and link to mental health services, and then assist individuals in accessing those services. crisis intervention services county-wide.

Program Type

- Access and Linkage to Treatment Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
X	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: **Access and Linkages for CARE Court Referrals**

Program Performance FY 23-24

This is a new program that will be implemented in October 2024, when Santa Barbara County Department of Behavioral Wellness begins accepting referrals from Santa Barbara County CARE Court.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	634,234
Estimated PEI Funding	317,117
Estimated Medi-Cal FFP	317,117
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0

Average Cost Per Consumer	$6,342
Estimated Total of Consumers Served	100
Target Population Demographics Served	Adult/Older Adult

*****Due to this being a new program for the FY 24-25, Estimated Consumers Served by Age was not previously collected. Will start collecting data for FY 24-25.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served		
Estimated Total Consumers Age 15-26 Served	25	$6,342
Estimated Total Consumers Served Age 26-59	50	$6,342
Estimated Total Consumers Served Age 60+	25	$6,342

Projected Date of Implementation/First Date of Services: 10/1/2024

Addressing Community Issues

This program will address a notable community issue: engaging individuals in treatment with Anosognosia who have resisted mental health treatments in the past. Engaging people with Serious and Persistent Mental Illness (SPMI) in voluntary treatment is a community priority.

Notable Community Impact

Notable community impacts may include a decrease in involuntary Psychiatric Hospitalization; a decrease in crisis intervention and an increase in new clients engaging in services.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Providing mental health treatment to people with SPMI who are mistrustful of mental health treatments	Providing specific and sustained outreach to individuals in which BWell staff will repeatedly try to interact with identified individuals to build a trusted relationship with identified individuals.
Providing mental health treatment to people with SPMI who are justice involved and users of crisis services	Allowing time for trusted relationship to establish and then providing the linkage and access to mental health services in a manner that is sensitive to the individual

Linkages to Mental Health Services

CARE Court Access and Linkages Program will provide specific, sustained outreach to identified individuals. Once trust is established, this team will provide the linkage to mental health services, the transportation to mental health services and a warm handoff to mental health treatment team to achieve mental health treatment goals for selected individuals.

Changes to Service Delivery with Follow Up & Referral to Support Engagement in Treatment

For Access and Linkage to Treatment Programs and Strategy with Each PEI Program, provide an explanation for the following:

a) How the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness:

CARE Court Access and Linkages Program will be able to link individuals directly to Assessment services and provide transportation services to the Assessment.

b) How individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program:

CARE Court Access and Linkages Program will only provide outreach and engagement services to individuals referred through CARE Court who have already been identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance.

c) How individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment:

For all individuals referred to this program, and, as applicable, their parents, caregivers and other family members, program staff will attempt to link to county mental health services, a primary care provider and other needed treatment services. This is the main objective of this program. The staff will have to engage in extensive and sustained outreach and engagement to build trust so that referrals will engage in mental health treatment services.

d) How the Program will follow up with the referral to support engagement in treatment:

Program staff will directly contact BWell to provide an Assessment once referral is willing to accept treatment. Program staff will then accompany the referral to the Assessment and continue to provide outreach and engagement services until warm handoff to Clinical Services Team. Establishing a continued, sustained relationship with referral is essential to engaging referral in services, and referral will be handed off to Clinical Services Team in a way that is sensitive to the referral's needs.

Prevention Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Early Childhood Mental Health- CALM

Program Description: This program provides outreach and prevention strategies for parents and children under age five.

Available data on this program's outcomes for the prior fiscal year period, FY 22-23, is included as an Appendix to this document

Program Type(s):

- Prevention Program

Priority Area(s):

x	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
x	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally-identified Priority:_____

Program Performance FY 23-24

CALM's Prevention and Early Intervention (PEI) program continued to provide consistent home visitation to families with children 0-5 years of age as well as mental health services to perinatal and postpartum mothers struggling with mood and anxiety disorders. Specific underserved populations that continue to be targeted include LatinX families, migrant worker families, immigrant families with Spanish as their primary language, first-time parents, young parents, single or separated parents, and mothers with history of trauma and mental health issues. We have served our community with such dedication this past year that we have exceeded our contract deliverables, and still have continual, excess community need.

Program Plan for FY 24-25

Provider:	**CALM**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 481,374

Estimated PEI Funding	$ 481,374
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	
Average Cost Per Consumer	$5,014
Estimated Total of Consumers Served	96
Target Population Demographics Served	Children, TAY, Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	161	$5,014
Estimated Total Consumers Age 15-26 Served	2	$5,014
Estimated Total Consumers Served Age 26-59	0	
Estimated Total Consumers Served Age 60+	0	

Addressing Community Issues

The Great Beginnings and Special Needs Teams – CALM – Prevention and Early Intervention Program features a multidisciplinary team that uses a strengths-based approach to provide home and center-based services to low-income families of children prenatal to age five, with a specific focus on LatinX populations. The Program includes both prevention and early intervention activities and provides mental health services to children and their families in order to reduce functional impairments, decrease problem behaviors, and improve parent-child relations. Services include Postpartum Depression screening and support, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Healthy Families Groups in both Spanish and English, as well as other evidence-based practices as clinically indicated.

CALM's PEI program addresses the community need of prevention programming for youth and families. The purpose of our program is to provide early intervention to identify adverse childhood experiences that can cause future mental health issues and provide support to promote a healthy trajectory of child development. The support we provide includes evidence-based modalities to build the parent-child relationship, promote family strengths and resiliency, and provide parenting support to help parents build capacity to respond to their children's needs. Evidenced-based modalities we use include, but are not limited to, Healthy Families of America (HFA), Parent-Child Care (PC-CARE), Parent-Child Interaction Therapy (PCIT), Eye

Movement Desensitization and Reprocessing (EMDR), Interpersonal Therapy (IPT), and Cognitive Behavioral Therapy (CBT). We also use evidence-based parenting curriculum including Partners for a Healthy Baby and The Incredible Years to further empower parents.

Notable Community Impact

A 9-month-old child whose 23-year-old mother had no transportation and no high school diploma when starting services. Mother sought out CALM PEI services because she was having difficulty adjusting to her role as a mother when child was a newborn. Child's mother was interested in learning more about parenting techniques, child development milestones, and supporting age-appropriate behaviors to care for and nurture client. After several home visits, child's mother decided she wanted to return to school to obtain her general education diploma (GED) at Hancock College. Our home visitor and mother worked together to brainstorm a plan on how mother would achieve her goals, including obtain her degree. Our home visitor helped mother use coping skills to increase her parenting interactions with her child and manage her time to complete online courses and identify a strong social support. Child's mother reported using child's nap time to complete work assignments and study for exams. Child's mother reported that with the support of child's father and the home visitor's help, she was able to graduate from Allan Hancock College with a GED. Now, child's mother is very motivated to go back to work after her maternity leave as well as has started her own side business selling bracelets. Home visitor continues to work with child and the family to support mother's motivation and family strengths to help child thrive.

Regarding mental health services during the perinatal period, we are able to provide services to a very specific population with specialized treatment aimed at addressing caregiver mental health issues that impact the parent-child relationship and early infant and toddler mental health. Our treatment is focused on addressing perinatal mood and anxiety disorders, building the caregiver's peer supports, enhancing caregiver and child attachment, addressing infant and toddler mental health within the dyadic relationship, and providing linkage and referral tailored to postpartum community referrals.

Program Type(s)

- Prevention Program
- Program to Improve Timely Access to Services for Underserved Populations(s)

Priority Area(s)

- Childhood Trauma Prevention and Early Intervention
- Culturally Competent and Linguistically Appropriate Prevention and Intervention

Problem/Community Need and Program Activities

Problem/Community Need	Activities

Parenting support for families with children 0-5 years of age	Home visitation using HFA model; parenting education; child development screenings (ASQs); referrals to community resources; targeted case management
Mental health services for perinatal mood and anxiety disorders and infant mental health.	Individual and family therapy using evidence-based modalities; referrals to community resources; targeted case management

Methods Used for Outreach and Engagement of Potential Responders

Early detection and outreach are key to preventing child abuse, trauma, and parent-child bonding issues that contribute to future serious mental illness. CALM connects with medical facilities such as doctor's offices, Public Health, and hospitals (i.e. Marian Medical Regional Medical Center) to promote early detection and referral to our preventative services. We further connect with other community agencies providing basic needs assistance (i.e. Family Service Agency) or specializing in other community services such as domestic violence (I.e. Domestic Violence Solutions).

Changes to Service Delivery

For the upcoming year, CALM would like to continue to strengthen fidelity to our evidence-based modalities and further expand our use of these modalities across Santa Barbara County to all of our office locations. For example, we have staff that are practicing HFA at our Santa Maria location, and we are currently expanding use of the model to our Santa Barbara location. This ensures consistency of our service approach and impact across the county. Along the same lines, we would like to create more formal structural procedures to ensure fidelity to our evidence-based models such as fidelity checklists for staff and procedure manuals.

CALM would also like for our service outcomes to better reflect the purpose of our preventative work and have this better represented through appropriate clinical measures. For example, instead of using the Child Behavior Checklist (CBCL) to measure changes in child symptomology, we would like to use the Protective Family Survey (PFS) and/or the Maternal Attachment Inventory (MAI) to measure family protective factors and strength of the parent-infant relationship.

In this next year we would like to update the PEI scope of work to more accurately reflected services provided. Currently our PEI contract outcomes are the same as all the other contracts funded by county behavioral health. However, these outcomes don't necessarily capture the specific work being done in this program.

Furthermore, would like to utilize current funds to provide developmental toy kits for parents. These kits were a crucial component of our home visitation program and were previously provided by First 5 prior to funding be diverted to other populations. These kits were utilized by home visitors and caregivers to demonstrate age-appropriate play, enhance child development, and support parent-child relationship. Having these materials would help our staff engage more effectively with their families and reinforce interventions in the home.

Program Demographic Data

Unique Clients Served	
	CALM, Santa Ynez Valley People Helping People
Age Group	
0-15	161
16-25	1
26-59	2
60+	0
Total	164
Gender	
Female	80
Male	84
Declined to Answer	0
Ethnicity	
American Indian or Alaska Native	1
Asian	0
Black or African American	2
More than One Race	1
Native Hawaiian or Pacific Islander	4
White	2
Other	145
Declined to Answer	4
	7
Hispanic or Latino	
Hispanic or Latino	143
Not Hispanic or Latino	15
Unknown/Not Reported	6
Veteran Status	
Yes	0
No	164
Declined to Answer	96
Sexual Orientation	Not collected
Gender Identity	Not collected
Language Spoken	Not collected
Disability (Communication, Mental (not SMI))	Not collected

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24
Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Prevention Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Growing Grounds

Program Description: This Program provides relapse prevention and vocational development to adults with a serious and persistent mental illness.

Available data on this program's outcomes for the prior fiscal year period, FY 23-24 will be available in the MHSA Annual Update for FY 24-25

Program Type(s):

- Prevention Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Relapse Prevention Program stressing resiliency factors and supported employment for mental health consumers

Program Performance FY 23-24

Growing Grounds Farm hires and supports workers with a moderate to severe mental health condition or in recovery of a mental health condition. This is one of the more underserved and stigmatized populations in the county. Most referrals come from BeWell, the Department of Rehabilitation, and through Community Partner Organizations.

As of March 2024, Growing Grounds Farm has provided employment, vocational training services and therapeutic horticulture sessions to 41 unique individuals. Of the 41 clients we have served so far this FY, 12 have moved on to competitive employment in the community. This represents 82% of our expected annual outcomes.

Additionally, we have conducted 41 vocational planning sessions, providing an opportunity for each transitional employee client we serve to set recovery and vocational goals. Additionally, we have conducted 32 weekly vocational training sessions and 32 weekly horticultural therapy sessions.

The entire farm staff participated in the annual American Horticultural Therapy Association Conference. Additionally, two farm staff have attended 4-day intensive courses with the Horticultural Therapy Institute covering the fundamentals of horticultural therapy and horticultural therapy techniques.

With Transitions-Mental Health Association, we combine horticultural therapy and vocational training to provide individuals with mental illness employment and a supportive environment where personal growth can be realized. Most employees are referred to us by the Santa Barbara County Department of Behavioral Wellness. Employees are diagnosed with persistent illnesses such as schizophrenia, bipolar disorder, anxiety disorder or major depression.

Program Plan for FY 24-25

Provider:	**TMHA**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 385,000
Estimated PEI Funding	$ 385,000
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$7,700
Estimated Total of Consumers Served	50 **(Initial goal, new program)
Target Population Demographics Served	TAY, Adult, Older Adult

*****Due to this being a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25	Estimated Cost Per Consumer by Age Category

Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	5	$7,700
Estimated Total Consumers Served Age 26-59	35	$7,700
Estimated Total Consumers Served Age 60+	10	$7,700

Addressing Community Issues

A program of Transitions-Mental Health Association, we combine horticultural therapy and vocational training to provide individuals with mental illness employment and a supportive environment where personal growth can be realized. Most employees are referred to us by the Santa Barbara County Department of Behavioral Wellness. Employees are diagnosed with persistent illnesses such as schizophrenia, bipolar disorder, anxiety disorder or major depression.

Notable Community Impact

The farm has prioritized engagement with the broader community, participating in local farmer's markets that are attended largely by the local Hispanic population. At these events, we have distributed mental health information including flyers and brochures for local mental health resources.

Program participants at the Farm also work with TMHA's supported Employment Program, which supports workers with work readiness assessments and job preparation when they are prepared to search for competitive employment in the private sector. Staff also work closely with other community partners to ensure they have the linkages and supports to be successful.

Additionally, Farm staff and four transitional client employees presented information about TMHA's services and the Growing Grounds model at the "Share! Peer Workforce Conference" in January. Client participants described the profound effect that working at Growing Grounds has had on their mental health and overall wellbeing.

We have also displayed information about local mental health resources and events at our weekly farm stands and seasonal events that are attended by the public.

Program Type(s):

- Prevention Program

Priority Area(s):

- Other Locally identified Priority: Relapse Prevention Program stressing resiliency factors and supported employment for mental health consumers

Problem/Community Need and Program Activities

Problem/Community Need	Activities
To provide employment and vocational training that engage, orient, prepare, and support an at-risk population of adults living with a mental illness (client employees) to work independently in the community.	• Vocational assessment, job preparation, essential job skills training to assist in gaining competitive employment in the community
To provide horticultural therapy as a component of daily employment and vocational training.	• Growing Grounds staff will receive horticultural therapy training, and work on the farm will be done from a perspective of healing. • A new position of Case Worker (peer preferred) will be added to staff, with responsibilities including the leading of mindfulness exercises, collaborating with client employees to create recovery goals, the promotion of events and informational materials on mental health, and providing linkages to BWell.
To reduce the stigma and stereotypes of mental illness through our social enterprise that directly serves our community.	Provide educational materials on mental health and available services to the general public on site at Growing Grounds Farm. Add signage near the farm stand detailing how Growing Grounds is an MHSA program.
There is a high rate of unemployment for those in the Santa Barbara County suffering from mental illness or substance abuse. This population also has a high need of equitable opportunities to work and be gainfully employed.	• Provide Vocational assessments, job preparation, and essential job skills training to assist clients in gaining competitive employment in the community • To provide employment and vocational training that engages and prepares the at-risk population of adults living with mental illness to re-join the competitive workforce. • To employ community members suffering from mental illness at the Growing Grounds Farm who receive pay for their work.

There is a high need in Northern Santa Barbara County for persons with mental health challenges to be employed in environments that support their mental health recovery while also providing them with income to help support themselves.	• Growing Grounds staff will receive horticultural therapy training, and work on the farm will be done from a perspective of healing. • A new position of Case Worker (peer preferred) will be added to staff, with responsibilities including the leading of mindfulness exercises, collaborating with client employees to create recovery goals, the promotion of events and informational materials on mental health, and providing linkages to BWell.
There is a high degree of stigma and stereotypes about mental illness in the community.	• Provide educational materials on mental health and available services to the general public on site at Growing Grounds Farm. • Add signage near the farm stand detailing how Growing Grounds is an MHSA program.

Program Demographics *will be available in next year's Plan, we started reporting data for this program in FY 23-24*

Prevention Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

FSA Wellness Promotion for Seniors

Program Description: This program provides fun, educational activities for adults aged 60 and older living in Santa Barbara County Housing Authority sites to prevent and address isolation. Drop-in hours are available to help participants link to other community resources.

Available data on this program's outcomes for the prior fiscal year period, FY 23-24 will be available in the MHSA Annual Update for FY 24-25

Program Type(s):

- Prevention Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
X	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

Program Performance FY 23-24

We have gotten off to a slow start but are building steam. Activities began in January and have continued weekly at multiple locations serving older adults in English and Spanish and isolated individuals. Translation from English to Spanish was provided practicing inclusive methods. The program supervisor notes attendance has been increasing weekly for the weekly activities. A major challenge we are facing is the hiring of staff and keeping staff. We still need at least one full time or several part-time staff to work in Santa Barbara.

Program Plan for FY 24-25

Provider:	**Family Service Agency**

Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 494,053
Estimated PEI Funding	$ 494,053
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$1372
Estimated Total of Consumers Served	360** (initial goal, new program)
Target Population Demographics Served	Older Adults

*****Because this is a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	0	
Estimated Total Consumers Served Age 26-59	5	$1372
Estimated Total Consumers Served Age 60+	355	$1372

Addressing Community Issues

It's no secret that our senior population is growing and changing. Many seniors have adult children at home, are raising grandchildren, or caring for their elderly parents. Marital discord, financial woes, depression, isolation, loneliness and unresolved life issues are just some of the challenge's older adults face. Family Service Agency offers older adults the tools they need to live meaningful, independent and healthy lives; providing them with the support they need to age comfortably and safely in the comfort of their own home for as long as possible. Our services are free to those who are 60 years and older, or are caring for someone who is. Our Senior Mental Health services provide counseling for individuals, families and couples with an emphasis on direct evidence-based, solution-oriented treatment strategies and well-defined therapeutic goals. Services are offered in English and Spanish.

Notable Community Impact

Participants are enjoying the activities and look forward to weekly engaging with the other participants and the activity facilitators. This engagement leads to reduced isolation and loneliness.

Program Type(s)

- Prevention Program

Priority Area(s):

- Strategies Targeting the Mental Health Needs of Older Adults

Problem/Community Need	Activities
Enriching and Community-Building Activities for Seniors living in residential settings	Activities will be tailored to the needs and interests of the housing property residents, and may include: a. Healthy movement and exercise classes b. Celebrations such as fiestas c. Mobile library and/or book club d. Presentation and discussions on topics of interest e. Crafting activities f. Bingo and/or other games g. Groups focusing on topics such as mindfulness and wellness
Case Management / Connection to Resources for Seniors living in residential settings	a. Connection to and support navigating various community resources such as Cal Fresh, health insurance, immigration resources, utility assistance, health and mental health services b. Reading and understanding documents c. Advance care directives and end of life planning d. Tools for successfully aging in place
Older Adult Isolation, Depression and Loneliness	Screen residents for participation in the PEARLS Program offered by FSA. PEARLS (Program to Encourage Active Rewarding Lives) is a program designed to help older adults manage mild depressive symptoms, loneliness and isolation by solving problems, building social engagement and increasing physical activity.

How Individuals Will be Linked to Mental Health Treatment

Through weekly office hours for appointments and drop-ins, FSA Wellness Promotion Specialists will provide the following types of support:

a. Connection to and support navigating various community resources such as Cal Fresh, health insurance, immigration resources, utility assistance, health and mental health services
b. Reading and understanding documents
c. Advance care directives and end of life planning
d. Tools for successfully aging in place

The evidence-based CSQ-8 satisfaction survey will be utilized to measure satisfaction with the services, and a second evidence-based assessment tool (pre-post) will be identified to measure life satisfaction. In addition, some of the activities conducted may be evidence-based, such as a mindfulness wellness group.

Estimated Individuals to be Served

Family Service Agency is proposing to work in partnership with Santa Barbara County's two Housing Authorities to provide "Wellness Promotion for Seniors" at a minimum of twelve senior housing properties across the county. Senior housing properties vary in size, having anywhere from 30 to 130 units. 100% of senior residents will have access to the Health Promotion services, and our experience has shown that at least 50% of residents actively engage with one or more of the offerings. If the average number of units per property is about 60, then 60 older adults x 12 properties = 720 seniors will have access to the services, and at least half of those, 360, will actively engage with the services.

Program Demographics

Because this is a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.

Prevention Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Peer and Parent Partners in Wellness and Recovery

Program Description: This is a peer-led outreach and engagement program for family members living with an adult with serious and persistent mental illness

Available data on this program's outcomes for the prior fiscal year period, FY 23-24 will be available in the MHSA Annual Update for FY 24-25

Program Type(s):

- Prevention Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Outreach and Support to Family Members of a person with a serious mental illness

Program Performance FY 23-24

Mental Wellness Center's interdisciplinary team works in a family's home or at our offices to engage and support the mental health needs of referred families who have adult children with mental illness. The Team establishes individual relationships with family members and the adult child with a severe mental illness in the hopes of providing education, support and connection to mental health resources in the community.

Program Plan for FY 24-25

Provider:	Mental Wellness Center
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 570,530
Estimated PEI Funding	$ 570,530
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$3803
Estimated Total of Consumers Served	150 (**initial goal, new program)
Target Population Demographics Served	Adult, Older Adult

*****Due to this being a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	0	
Estimated Total Consumers Served Age 26-59	125	$3803
Estimated Total Consumers Served Age 60+	25	$3803

Addressing Community Issues

Our services are provided in a manner that breaks down barriers to seeking help while promoting recovery and resilience for the entire family.

Notable Community Impact

One Example of Client and Team Interactions: After several home visits where the client and peer played card games and dominos the client felt comfortable going on a walk. The peer and the client took a walk around the client's neighborhood while they noticed trees and other nature landscaping the client mentioned that he had never been to the restaurant located in his neighborhood. The peer mentioned that at their next meeting they could go to the restaurant for lunch. The peer was excited and agreed to the outing. The next week a few hours before

the scheduled session the client called to confirm the meeting and also wanted to confirm that they would be having lunch together. This was the first time the client called the peer without any assistance. When the peer arrived for the session they were open to the possibility of the client not wanting to leave the house or even explore the new restaurant BUT to everyone's surprise the client was eager for the adventure. As they walked to the restaurant the peer explained how the restaurant works and some of the menu items to make the client feel comfortable. Once in the restaurant the client selected a table and gave his order without any hesitation. There were times when the noise of the restaurant startled the client but they all managed to complete the meal and walk home in good spirits!

Program Type(s)

- Prevention Program

Priority Area(s):

- Other Locally identified Priority: Outreach and Support to Family Members of a person with a serious mental illness

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Increasing engagement for Family Members	• Connect peers and parents with MWC and NAMI educational groups and activities that build deeper understanding of recovery • Progress (1): MWC has successfully connected with 15 families to provide P+P Services. Two of the 15 primary clients identify as Females. Three of the primary clients are Spanish speaking. The majority of the primary clients in the program are between the ages of 25 to 34 years; a total of 7 clients. Seven primary clients completed the ACES Screener; the average score was 4 with the highest score of a 7. • As of January 31, 2024, 102 sessions have been completed; 77 of them were completed in person. In person sessions are conducted at the family's home, in the community, or the MWC offices. • As of January 31, 2024, four families have attended an MWC Groups and NAMI Support groups. The available groups include Family Support, Anxiety

	Workshop, Family to Family, Stronger Together: Bipolar and Depression Support Group, and El Grupo Colibri. A family reported “I learned lot.”
Increasing Education for Family Members	• Increasing family understanding of mental illness including signs, symptoms and basic strategies for self-care • Provide information about common objections/barriers to treatment, understanding anosognosia and stigma. • When appropriate offer more specific information about effective treatment options and the process of accessing treatment. • Progress (2): As of January 31, 2024, MWC conducted 32 Educational Trainings. Educational Trainings covered some of the following topics, coping with family estrangement, understanding the mental health diagnoses, love languages, the four agreements, self-care planning, wellness recovery planning and communication style. • During 102 sessions completed, the families were provided with support and discussion around overcoming barriers to treatment, understanding anosognosia, and decreasing stigma. Th P+P team utilized Motivational Interviewing interventions to engage families in the discussions. • As of January 31, 2024, eight referrals and linkage services to Community Resources have been provided.
Increasing Service Delivery	• After the engagement and education phase of the program the Team will address the individual needs of family members for topics that may include secondary strains on employment, financial stress, reduced quality of life, fatigue, anticipatory grief and depression experienced by the caregivers.

	• the Team will address person centered planning with the identified peer and barriers to independence and treatment • Progress: As of January 31, 2023, three out of the fifteen families have collaborated with the Peer Specialist. Five families are currently in the “Peer Intro Planning” phase. • One primary client has begun to attend the Fellowship program. Many of the primary clients have developed recovery plans that include reconnecting to nature, meditation, social connections, sleeping and eating better. • Key Differences: • The program focuses on using a holistic strength-based approach to engage clients in services. Each individual family is provided with interventions, psychoeducation, and coaching skills based on each family member’s needs. The program recognizes that all family members and social support for the primary client have an important role in their recovery journey. The P+P team includes a Family Advocate, Clinician, and Peer Specialist. They all continuously assess, collaborate, and modify interventions to build trusting relationships. • Challenges: As families begin to reach the program goals of engaging in services, the program has begun to address discharge planning. A concern is that not all our County is set up to support clients with severe mental illness in a holistic way. During a crisis episode of hallucinations or delusions, law enforcement continues to incarcerate individuals. These actions continue to perpetuate the cycle of jail being the pathway to treatment. • The length of the family's participation in our program is longer than expected. The primary clients' parents require more time

	and support to allow their adult child to have their own independence.

How Individuals Will be Linked to Mental Health Treatment

A trained, diverse team of peers, family advocates and clinical staff will work in the home or in the field and at the Mental Wellness Center to engage and support the mental health needs of referred families. The team will establish individual relationships with both the caregiving family members and the identified peer with the goal of providing education, support and connection to natural support and mental health resources in the community.

Estimated Individuals to be Served

Families with adults living with unmet or undiagnosed mental health, social, health care needs. The priority demographic of the identified peer would be 18-30 years of age, residing in the caregiver's home and exhibiting signs of resistance to treatment or anosognosia. The region served in this pilot program will be south Santa Barbara County. Anticipated referral sources would be BWell, Justice Alliance Team, Public Defenders office, or MWC Family Advocate in conjunction with NAMI.

Program Demographics *Because this is a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.*

Suicide Prevention Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Casa Pacifica School-Based Suicide Prevention Program

Program Description:

This is a peer-led outreach and engagement program for family members living with an adult with serious and persistent mental illness.

Available data on this program's outcomes for the prior fiscal year period, FY 23-24 will be available in the MHSA Annual Update for FY 24-25

Program Type(s):

- Suicide Prevention Program

Priority Area(s):

X	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

Program Performance FY 23-24

Since August 24th, 2023, we have conducted and attended the following activities:

- Back to School Night (Lompoc Valley Middle School)
- Back to School Night (Delta High)
- Suicide Prevention Rally (McKenzie Intermediate School)
- Student Tabling in the Wellness Center (Santa Maria High School)
- Suicide Prevention and Awareness Tabling Event (Santa Ynez High School)
- Parent Night Workshops (Santa Maria High School)
- Community Resource Fair (Righetti High School)
- SMJUHSD Wellness Center staff presentation
- PVHS Counselors Meeting

- Youth Family Services (YMCA Channel Islands in Santa Barbara) Staff Training
- Santa Maria HS Coping Skill Workshop
- Student Suicide Prevention Training (Santa Barbara Middle School)
- PVHS Coping Skills Workshop
- Student Suicide Prevention Training (we did this twice on 12/6/2023 and 12/11/2023)
- Cottage Inservice
- Mental Wellness Parent Night (Mary Buren Elementary School)
- How to deal with big emotions (CASA Santa Maria)
- How to deal with big emotions (CASA Lompoc)
- Bull Dog Bow Wow (Hancock college – Santa Maria)
- How to deal with big emotions (CASA Santa Barbara)
- 211 Community Event
- Bull Dog Bow Wow (Hancock college – Lompoc)
- Righetti Coping Skills Workshop
- 2 OAHS Suicide Prevention Presentations (with MWELL on 02/26 & 02/27)

We have also participated in the following community Events

- Santa Barbara Pride
- Dia De Los Muertos Resource Fair (Santa Maria)
- Out of the Darkness Suicide Awareness Walk (Goleta)

We were also able to do 3 Clinical Assessment Trainings to school staff to help them understand risk and how to assess for it when working with students. These include

- Clinical Risk Assessment Training with CADA school therapists (once in September and again in February with their new clinicians)
- Suicide Prevention and SAFTY (Fighting Back Santa Maria School Staff)

We are in the process of creating a CSEC training to include that as well. That one has taken a lot more time but we are hopeful we can get something together.

Program Plan for FY 24-25

Provider:	**Casa Pacifica**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 123,000
Estimated PEI Funding	$ 123,000
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	

Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$410
Estimated Total of Consumers Served	300 **(initial goal, new program)
Target Population Demographics Served	Children, TAY

*****Due to this being a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	100	$410
Estimated Total Consumers Age 15-26 Served	150	$410
Estimated Total Consumers Served Age 26-59	50	$410
Estimated Total Consumers Served Age 60+	0	

Addressing Community Issues

All services provided of have helped increase awareness of suicide risk in our schools and community, increased an understanding of coping skills and self-care, as well as how to assess for risk and link students to resources or call for emergency intervention when needed.

Notable Community Impact

The Suicide Prevention Coordinator has done a great job increasing signs of mental health issues to students, parents, and school staff.

Program Type(s):

- Prevention Program

Priority Area(s):

- Childhood Trauma Prevention and Early Intervention
- Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
- Early Identification Programming of Mental Health Symptoms and Disorders

Problem/Community Need	Activities
Suicide prevention trainings at schools throughout Santa Barbara County	• Provide outreach activities to increase public knowledge on how and when to access mental health services • Providing presentations/trainings in classrooms on mental health and suicide awareness and prevention. • Present at events such as school assemblies and parent night.
Increase visibility of resources	• Tabling on school campuses (i.e., during lunch, etc.).
How to identify and assess for risk in youth and know when to call a crisis line for immediate assessment and intervention.	• Risk assessment Training (training school staff and other professionals in the community (doctor's offices, law enforcement, social workers, etc.)
Increase awareness of youth mental health and wellness needs	• The Outreach Coordinator would work closely with the MHSSA program, other county providers, and school districts to provide educational opportunities

Methods Used for Outreach and Engagement of Potential Responders

Methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide:

The Suicide Prevention Outreach Coordinator serves as a liaison/partner with Casa Pacifica, Santa Barbara County Department of Behavioral Wellness, and the Mental Health Student Services to provide prevention and early intervention services, education, training and support within Santa Barbara County's schools. This outreach helps inform and identify individuals and their families who may be affected by some level of mental health issues. Providing mental health education, outreach and early identification mitigates costly negative long-term outcomes for youth and their families.

Methods and activities used include and are not limited to the following:

1. Provide presentations/trainings in classrooms on mental health and suicide awareness and prevention that focus on normalizing and destigmatizing mental health issues
2. Present at events such as school assemblies and parent night to help parents and student understand warning signs of mental health issues.
3. Train school staff and other professionals in the community (doctor's offices, law enforcement, social workers, etc.) on how to identify and assess for risk in youth and know when to call a crisis line for immediate assessment and intervention.

4. Provide outreach and suicide prevention education and training to schools and community partners to prevent youth crises while teaching students various coping skills to reduce risk
5. Provide prevention efforts focused around identifying and reducing mental health risk factors by teaching coping skills and signs of suicide.
6. Focus on building knowledge of prevention factors and skills to promote positive cognitive, social and emotional development while encouraging a state of well-being.
7. Increase mental health supports to youth and families by providing linkage services to youth and families.
8. Increase understanding in school personal, family members and youth themselves on mental, social, and emotional health and identifying points where intervention is needed.

Program Demographics *Because this is a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.*

Suicide Prevention Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

STAY Suicide Prevention Campaign

Campaign Description: The campaign goals including raising awareness and breaking stigma, providing resources, and fostering a supportive community which creates safe spaces for open conversations about mental health while encouraging empathy and understanding.

Program Type(s):

- Suicide Prevention Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

Program Performance FY 23-24

Suicide Prevention Campaign: BWell developed a targeted Suicide Prevention Campaign in coordination with our local contracted mental health organizations to increase awareness of suicide ideation and local and national resources, including the new National 988 hotline. The campaign specifically targeted local communities and relied on existing trusted partners in these communities to increase awareness. This program buttressed the new PEI Suicide Prevention for Youth Program that Casa Pacifica began providing starting this year.

Program Plan for FY 24-25

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 97,000
Estimated PEI Funding	$ 97,000
Estimated Medi-Cal FFP	

Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$323
Estimated Total of Consumers Served	300**(initial goal, new program)
Target Population Demographics Served	TAY, Adult, Older Adult

*****Due to this being a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	50	$323
Estimated Total Consumers Served Age 26-59	100	$323
Estimated Total Consumers Served Age 60+	150	$323

Addressing Community Issues

While the holidays can be a difficult time for many, it is often after the hustle and bustle ends, when family and friends return to normal activity, that many are left feeling alone. The STAY campaign aims to unite our community in the powerful mission of spreading hope, support, and awareness surrounding suicide prevention. The beginning of a new year is an opportunity for renewal, growth, and connection, and we believe that together, we can make a significant impact on the lives of those who may be struggling. Nobody should feel alone.

Notable Community Impact

Broadcast TV Airings: 10,261

- Reach (Combined): 33,276
- Impressions: 292,324
- Completions: 284,197
- 97.6% Completion Rate continues, viewers are STAYING TUNED IN.
- Our best-performing ad is still “Sunset” (elderly), with nearly 41k+ completions: Also, in the 41k+ completions/not far behind are “Teen” and “Veteran/Military”:

  Addressable Display – We have earned 966 site visits to date, with an interaction rate of

2% (which is good): o Engagements: 11,353 o Impressions: 438,316 o Our best performing rotator is “Adults” with 52,714 impressions:

Addressable Video – Since pivoting at the beginning of February, we have earned 189 site visits to date on the push for “less-than-literate” Spanish-speaking targets. Most are finding us on mobile vs. desktop (73%) which we anticipated, and the completion rate is a healthy 64+%.

- Impressions: 77,056
- Completion Rate: 64.3%
- Meta/Social Media Advertising – Ads continue to perform well. In February we earned 223 clicks/site visits:
- Reach: 514,781
- Impressions: 657,563 Radio – Radio spots resumed in February across our partner stations including: o KRTO-FM 97.1 “Fuego” North County o KRQK-FM 100.3 “La Ley) North County o KIST-FM 107.7 “Bronco” South County o KSPE-FM 94.5 “La Musical” South County Transit – As discussed, our January flight for exterior Queens and Tails continues through March. Our Interior ad is continuing through May.
- Developed new social media content for STAY/SPAC with an emphasis on “love” and “loving yourself” theme for February (Heart Health Month and Valentine’s Day) alongside key messaging, including additional “Mental Health Snax” in both English and Spanish:

14 Organic posts by February 29, 2024

Creatively sourced additional suicide awareness content (news stories, additional TikToks) to include among our meaningful campaign assets.

See top performing posts below.

- BWell Account Engagement.
- Note that we are emphasizing average engagement rates, as this is the more telling metric across all platforms. (Engagement is the number of times a viewer interacts with our content, clicks on or hovers over, etc.)
- Instagram Organic Engagement: 19.4% (increased 111% over January)
- Facebook Organic Engagement: 5.9% (increased 8.2% over January)
- Organic/Paid Reach Combined/FB and Insta: 656k (increased 8.5% over January)

Confirmed interest in upcoming social media partnerships with Santa Barbara Police Department and CALM4Kids

- Engaged additional list of approved list of targeted verticals for social media partnerships outreach including:
    - Teens/Young Adults

- LGBTQ+
- Healthcare Providers
- Non-Governmental Organizations + Mental Health Organizations
- Military
- Law Enforcement

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Awareness about Suicide Risks	• Work with community-based organizations already providing suicide prevention activities to develop a county-wide Suicide Prevention messaging
Awareness about Suicide Prevention Resources, especially 988 Hotline	• Work to with community partners to develop new county-wide messaging on the National 988 Suicide Prevention Hotline • STAY Suicide Prevention Campaign (6-month campaign including paid and non-paid social media ads, radio ads, newsprint, interviews, bus ads and regular social media content to engage the community in dialogue – engagement rate is showing very effective!)

Methods and Activities Used to Change Attitudes and Behavior Regarding Suicide

Increased dialogue about suicide awareness, recognizing the signs and how to talk to others, and linkage to resources. This has been achieved through a variety of strategies aimed to reduce stigma including: community presentations, community trainings, public information shared through a variety of means including tv, print and radio as well as social media platforms x3, bus ads, video content shared out through targeted audiences (now playing in organization and clinic lobbies) through debriefings after critical incidences within the community, talk about the upcoming out of the darkness walk, and more.

Estimated Individuals to be Served

The targeted groups include LGBTQIA+; TAY; Teens, Healthcare providers, Non-Governmental Organizations + Mental Health Organizations, Military, Law Enforcement, LatinX populations and Older Adults

Changes to Service Delivery

This campaign will relaunch next holiday season.

Program Demographics *Because this is a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.*

Suicide Prevention Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Out of Darkness Walk

Program Description: Out of the Darkness Walks, taking place in cities nationwide. In our Community, Campus and Overnight Walks, those affected by suicide – and those who support them – raise awareness and much-needed funds, strongly sending the message that suicide can be preventable, and that no one is alone. The Community Walks, held in hundreds of cities across the country, are the core of the Out of the Darkness movement, which began in 2004. These events give people the courage to open up about their own connections to the cause, and a platform to create a culture that's smarter about mental health. Friends, family members, neighbors and coworkers walk side-by-side, supporting each other and in memory of those we've lost. Now, more than ever, it's important to be there for one another and take steps to safeguard our mental health and prevent suicide.

Program Type(s):

- Suicide Prevention Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

Program Performance FY 23-24 and Notable Community Impact

374 community members of Santa Barbara County registered for the Out of Darkness Walk which was a 143% increase compared to last year. Of these participants, 323 of them were new participants, whereas 51 were returning participants. With the total number of participants, we were able to create and have 27 teams, which was a 69% increase from last year's teams. Overall, the community raised $50,580.79 which was an 181% increase compared to last year's donations. With such a large amount in increases in teams, participants and donation funds, you can see that Santa Barbara's education on suicide awareness has increased within the past year.

Program Plan for FY 24-25

Costs for this program are assigned to the Suicide Prevention Program; see budget above.

Addressing Community Issues

The Out of the Darkness walk allows the local community to join a national effort to support survivors of suicide loss, educate our community on prevention of suicide, and decrease stigma of mental illness. As the primary objective of the Out of Darkness Walk is to bring attention to mental health, suicide, and suicide prevention, all preparatory activities including outreach and engagement with the community and organizations – serves to support this process. Participants, including family, friends, church members, and coworkers, gather in memory of loved ones lost to suicide. Members of the community gathered together to share intimate stories of their loved ones that we lost to suicide, and the everlasting effects of those who have survived the aftermath of suicide. Also, organizational providers join and many offer a resource table for participants to learn more of where and how to access support. As Behavioral Wellness is not only a sponsor but is a co-chair for the local event, it allows us to directly lead and engage the community outreach efforts.

Program Type(s):

- Suicide Prevention Program

Priority Area(s):

- Culturally Competent and Linguistically Appropriate Prevention and Intervention

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Awareness about Suicide Risks	• Work with community-based organizations already providing suicide prevention activities to develop a county-wide Suicide Prevention messaging
Awareness about Suicide Prevention Resources, especially 988 Hotline	• Work to with community partners to develop new county-wide messaging on

	the National 988 Suicide Prevention Hotline

Methods and Activities Used to Change Attitudes and Behavior Regarding Mental Illness

Suicide Prevention Campaign: BWell will develop a targeted Suicide Prevention Campaign in coordination with our local contracted mental health organizations to increase awareness of suicide ideation and local and national resources, including the new National 988 hotline. The campaign will be specifically targeted to local communities and will rely on existing trusted partners in these communities to increase awareness. This program will buttress the new PEI Suicide Prevention for Youth Program that Casa Pacifica will be providing services for starting this year. With such a large amount in increases in teams, participants and donation funds, you can see that Santa Barbara's education on suicide awareness has increased within the past year.

Estimated Individuals to be Served

The targeted groups include: LGBTQ+; TAY; Teens, LatinX populations and Older Adults. Final numbers of participants were 374, including 27 teams and many Community Based Organizations participating as support to participants and provided many mental health and suicide related educational resources.

Program Demographics *the report on number of participants is included as an appendix to the Plan*

Anti-Stigma and Discrimination Reduction Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

LEAD (Lived Experience Advocacy Development)

Program Description: This is a peer-led program that offers free trainings in suicide prevention QPR (Question, Persuade, Refer), Adult and Youth Mental Health First Aid along with mental health presentations that seek to reduce stigma, provide information linkages to mental health services and educate community gatekeepers in Northern Santa Barbara County.

Available data on this program's outcomes for the prior fiscal year period, FY 23-24 will be available in the MHSA Annual Update for FY 24-25

Program Type(s):

- Anti-Stigma and Discrimination Reduction Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
X	Other Locally identified Priority: Development of Peer and Family Member-led Stigma and Discrimination Programming

Program Performance FY 23-24

TMHA's LEAD Program received a 15-month contract funded by an ARPA grant last year, which required the program to provide one monthly evidence-based training (MHFA, YMHFA, & QPR) and one monthly mental health presentation designed to provide mental health education, reduce mental illness stigma, and provide links to mental health resources to community Gatekeepers in the cities of Santa Maria, Guadalupe, Santa Ynez and Lompoc. Gatekeepers were defined by not limited to teachers, students, clergy, jail staff, other social service providers, first responders, business owners and the general public. The LEAD Program received a three-month extension, which ended on December 31, 2023. At the end of the grant cycle, the program offered 12 trainings, 108 participants, 14 mental health presentations,

and 371 attendees. The program had 479 gatekeepers total participate. This year's PEI contract is nearly the same, asking for monthly training and mental health presentations to 200 community gatekeepers during the next six months (January- June 2024).

Program Plan for FY 24-25

Provider:	**TMHA**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$ 240,000
Estimated PEI Funding	$ 240,000
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$800
Estimated Total of Consumers Served	300 **(initial goal, new program)
Target Population Demographics Served	Children, TAY, Adult, Older Adult

*****Due to this being a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.**

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	50	$800
Estimated Total Consumers Age 15-26 Served	100	$800
Estimated Total Consumers Served Age 26-59	100	$800
Estimated Total Consumers Served Age 60+	50	$800

Addressing Community Issues

Originating with our North Santa Barbara Recovery Learning Communities, LEAD is a team of adults with lived experience of a mental illness who speak to the community and advocate for important changes in local policy. The program represents a new generation of community leaders, deeply invested in the cause of mental health advocacy and accurately and empathically represents its peers in the process.

Notable Community Impact

The LEAD Program provided pre and post-surveys to all attendees of mental health presentations and the training participants. The surveys were designed to measure a 20% increase in the following areas:

1. Increase familiarity with community mental health services.
2. Increased motivation to engage in community mental health services.
3. Increased mental health, substance use, coping skills, and resiliency knowledge.
4. Increased knowledge of suicide warnings.

Across all measurable outcomes, we tracked a higher than 20% increase in favorable responses by those who participated in our presentations or training.

1. 58% of participants increased their knowledge of available community mental health services.
2. 38% of participants were motivated to engage in community mental health services.
3. 50% of participants increased their understanding of mental health symptoms, substance use, and coping skills.

52% of participants increased in knowledge of suicide warning signs.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
The lack of knowledge about mental illness, substance use and suicide prevention in the community and educating the community on what to do, how to get help, and how each individual can play a positive role in the lives of others.	Provide at least one evidence-based training once a month to 15 attendees in one of the following- Mental Health First Aid, Youth Mental Health First Aid, and QPR (Question, Persuade, Refer). Attendees will have a 20% increase in knowledge regarding the early warning signs of mental illness, substance use, and suicide. Trainings will be in both English and Spanish as per request.
The stigma and stereotypes of mental illness.	Develop and host monthly mental health presentations designed to provide mental health education, reduce stigma around mental illness and provide linkage to community resources. These presentations demonstrate how people living with mental illness gained emotional wellness and what coping and self-care skill techniques they have used to increase resiliency. Presentations will be given by a LEAD speaker with lived mental health experience and their own story of recovery along with the educational components to the program. These presentations will be available to school classrooms, churches, youth groups, family members, locked facilities and the general public. The goal is to provide at least one presentation each month of the grant period.

	In addition, LEAD will continue to organize and host the Alliance for Mental Wellness annual forum.
The lack of a "voice" or strong advocacy for individuals living with a mental illness.	Continue to advocate for improved mental health policies and innovations.
The lack of knowledge in the community about where to get help and how to access free community mental health services.	All trainings and presentations will provide a list of free community mental health resources to all presentation audience members or mental health training participants. In addition, time will be set aside to review and answer questions regarding the list of community mental health resources.
A disconnect between mental health resources and those who might benefit in Northern Santa Barbara County.	Collaborate with the Central Coast Hotline to spread awareness of local resources via meetings and presentations.

Methods Used to Change and Measure Attitudes/Behavior Regarding Mental Illness

The LEAD (Lived Experience Advocacy Development) Project conducts outreach to the greater communities of Santa Maria and Lompoc, recruiting and training individuals with lived experience of mental illness. The purpose of the program is to develop an advocacy platform and presentations related to the issues our stakeholders prioritize. In this manner, a new generation of community leaders has emerged: a group that is deeply invested in the cause of mental health advocacy and can accurately and empathically represent its peers in the process. LEAD is headquartered at the Recovery Learning Community of Santa Maria. In 2022, the LEAD program received an ARPA grant from the County of Santa Barbara that expanded the mandate of the program to include multiple mental health education programs that are offered free to the public.

Methods used also include a before/after survey measuring trainees/attendees' comfort with mental health diagnoses and seeking mental health services. Entire Survey results included in the Appendices of the Plan.

Program Influence	***Methods & Activities***
Gatekeeper Community Members- teachers, students, clergy, jail staff, other social service	• Provide one monthly free evidence-based training Mental Health First Aid, Youth Mental Health First Aid, and QPR (Question, Persuade, Refer). Trainings are designed to

providers, first responders, business owners and the general public.	increase knowledge and increase awareness of mental health resources by 20%
Gatekeeper Community Members teachers, students, clergy, jail staff, other social service providers, first responders, business owners and the general public.	• Provide one monthly mental health presentations designed to provide mental health education, reduce mental illness stigma, and provide links to community resources. By hearing the story of a person who has found recovery from mental illness or substance use, can inspire hope, reduce stigma and increase awareness of community mental health resources by 20%.

Program Demographics *Because this is a new program for the FY 23-24, Estimated Consumers Served by Age was not previously collected in FY 22-23. Will start collecting data for FY 23-24.*

Anti-Stigma and Discrimination Reduction Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

One Time- Health Equities Conference

Program Description: This Health Equities Summit provides an opportunity for mental health professionals to identify mental health and substance disorder disparities and barriers to care, improve mental health and substance disorder disparities in the community, integrate strategies to improve the quality of care for communities of color, and to provide culturally appropriate care for diverse populations.

Program Performance FY 23-24

Two hundred and nine Behavioral Health Providers in Santa Barbara County attended the Health Equities Summit. They were further educated on topics related to, Advancing Mental Health Equity with Historically Underserved Populations Through Community-Engaged Approaches, Providing Equitable and Socially Just Mental Health Services to Communities of Color, CA Must Continue to Lead the Nation in Acceptance and Love: Reviewing how far we have come and where we must lead, Cultural and Linguistic Appropriate Care to Immigrants Communities and Equity on Diversity in terms of Lived Experience.

Provider:	**Events Enterprises**
Estimated Funding FY 2023/24:	
Estimated Total Mental Health Expenditures	$ 120,000
Estimated PEI Funding	$ 120,000
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$600
Estimated Total of Consumers Served	200
Target Population Demographics Served	Public Behavioral Health Workforce

This was a one-time event that we used Anti-Stigma and Discrimination funding for and will not be continued in FY 24-25.

Addressing Community Issues

As behavioral health staff, we understand there are so many barriers to be faced when trying to access services, receiving mental health education, understanding one's own struggles and addressing personal struggles due to societal and medial stigmas and prejudices. We were able to have five, wonderful panelists who discussed the following topics.

1. Advancing Mental Health Equity with Historically Underserved Populations Through Community-Engaged Approaches
2. Providing Equitable and Socially Just Mental Health Services to Communities of Color
3. CA Must Continue to Lead the Nation in Acceptance and Love: Reviewing how far we have come and where we must lead
4. Cultural and Linguistic Appropriate Care to Immigrants Communities
5. Equity on Diversity in terms of Lived Experience

Notable Community Impact

93% of attendees of the conference expressed that they were satisfied with the overall educational experience of the conference. Almost 91% of attendees stated that they learned something useful from the summit.

Problem/Community Need and Program Activities

Problem/Community Need	Activities
Behavioral Health Providers need to learn more about how to reduce stigma for our local communities	Provide trainings about reducing stigma for seeking mental health services with specific communities in our County, including LatinX populations, Mixtec populations, African-America populations and LGBTQ+ communities
Behavioral Health Providers need to learn more about how local communities are discriminated against when seeking mental health services and how to prevent this discrimination	Provide trainings about reducing discrimination when seeking mental health services with specific communities in our County, including LatinX populations, Mixtec populations, African-America populations and LGBTQ+ communities

Methods Used to Change Attitudes/Behavior Regarding Mental Illness

Stigma and Discrimination Reduction Training: This conference will be an opportunity for local behavioral health providers to learn about how to provide behavioral health services in our community in a way that promotes equity and understands the cultural complexities of our communities around mental health and seeking mental health services.

Methods used include a before/after survey measuring attendees comfortabilty with mental health diagnoses and seeking mental health services. Entire Survey results included in the Appendices of the Plan.

Program Demographics

MHSA Health Equity Summit

ANSWER CHOICES	RESPONSES	
Psychologist	6.74%	6
Graduate Student	1.12%	1
LMFT	28.09%	25
LCSW	11.24%	10
LPCC	0.00%	0
Associate (MFT, CSW, PCC)	6.74%	6
Alcohol & Drug Counselor	12.36%	11
RN	3.37%	3
Case Worker/Case Manager	11.24%	10
Certified Medi-Cal Peer Support Specialist	4.49%	4
Supervisor or Manager	10.11%	9
Other (please specify)	16.85%	15
Total Respondents: 89		

#	OTHER (PLEASE SPECIFY)	DATE
1	Community education and engagement	7/21/2023 11:09 AM
2	Family advocate	7/21/2023 8:55 AM
3	HR	7/21/2023 8:12 AM
4	Pastor at 1st. Mex. Bapt Church	7/20/2023 3:35 PM
5	Caseworker	7/20/2023 3:22 PM
6	LVN	7/20/2023 3:22 PM
7	Clinical Intake Coordinator	7/20/2023 1:53 PM
8	Peer support specialist	7/20/2023 1:50 PM
9	Deputy Chief	7/20/2023 1:49 PM
10	Cannabis Prevention Specialist	7/20/2023 1:45 PM
11	HR Associate	7/20/2023 1:41 PM
12	LVN	7/20/2023 8:55 AM
13	Event Staff	7/13/2023 1:14 PM
14	Event coordinator	7/13/2023 12:56 PM
15	n/a	7/12/2023 11:08 AM

Anti-Stigma and Discrimination Reduction Programs: Prevention and Early Intervention (PEI): Report on Prior Fiscal Year Activities AND Program Plan

Youth Summit

Program Description: A workshop for high school student leaders (9th-12th grade) to develop leadership and advocacy skills, with a focus on community engagement, eliminating stigma, connecting students to resources, and prioritizing wellness. Learn to amplify your voice on issues that matter to you from a panel of speakers and by participating in break-out groups with other students throughout SB County.

Program Type(s):

- Anti-Stigma and Discrimination Reduction Program

Priority Area(s):

	Childhood Trauma Prevention and Early Intervention
	Early Psychosis and Mood Disorder Detection and Intervention
X	Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
X	Culturally Competent and Linguistically Appropriate Prevention and Intervention
	Strategies Targeting the Mental Health Needs of Older Adults
	Early Identification Programming of Mental Health Symptoms and Disorders
	Other Locally identified Priority:

Program Performance FY 23-24

This was a One-Time Youth Summit that was hosted in collaboration with YouthWell, as a Prevention and Early Intervention Anti-Stigma and Discrimination Reduction Program to educate high school students within Santa Barbara County to advocate for themselves, their friends, their families, peers and community. The students asked questions to and heard from County Partners, Adults Allies, and State and Local Change Makers. Students broke out into small groups to discuss stereotypes to all different topics, and broke down how those stigmas do not meet or follow exactly what is going on with the person/group/topic/issue. Students later discussed the topics that they were most interested in with a changemaker. Students asked specific questions related to how they could advocate on their campus or in the community, and also asked the changemaker about their career, challenges they have faced, and where to find their voice.

Event Agenda Presented below:

12pm - 1pm: Lunch and Mingling

1pm - 2pm: Ice Breakers and Community Building

- Speed Friending Activity
- Stigma Reduction Gallery Walk Activity
    - What would you add to a definition of stigma?
    - What are some things that you think are stigmatized in our society?
    - What are some of the stereotypes of a "healthy" person?
    - What are some of the stereotypes of people with mental health challenges?
    - What weighs heavy on your mental health these days?
    - What brings you a sense of well-being, peace, and happiness these days?

2pm - 3pm: Changemakers Panel

- Jordan Killibrew (Executive Director of Public Affairs & Communications, SBCC & Co-founder of Juneteenth SB)
- Chief Esparza (Founder and Executive Director, ColorBloq)
- Geoff Green (CEO, California Association of Nonprofits)
- Bethany Bodenhamer (Dean of Students, Dos Pueblos High School)
- Farah Stack (Climate Policy Associate, Community Environmental Council)
- Senator Monique Limon (CA State Senator)
- Assembly Member Gregg Hart (CA State Assembly)

3pm - 4pm: Advocacy & Mental Wellness Breakout Sessions

- Racial Justice and Equity - Jordan Killibrew (SB City College & Juneteenth SB)
- LGBTQ Community, Justice, and Equity - Chief Esparza (ColorBloq)
- Environmental Justice & Sustainability - Geoff Green (California Association of Nonprofits) - Bethany Bodenhamer (Dos Pueblos High School) - Working With School Admin to Create Change
- Self Care & Active Listening (The inner work of making change) - Rachael Steidl (YouthWell)
- Disability Justice - Anisa Garrett & Vanessa Acain (Independent Living Resource Center)
- Housing Justice & Homelessness - Jett Black-Maertz (SB County Housing & Community Development)

4pm - 4:45pm: Integration and Envisioning The Future

- Journal Reflection: What was most meaningful to you about this experience today? What is one small action you are going to take as a result of your experiences here?
- Decorating Journal Covers: Use an assortment of provided materials to personalize the journals (given to all participants in the swag bag!)

- Table Talk: Go around the table and share meaningful take-aways and reflections about the day. Possible prompts include:
    - I thought I knew_____, now I know _____.
    - What gave you hope from this experience today?
    - What is one small action you are going to take as a result of your experience here today?
    - Who do you want to get to know more and build a connection with?

4:45pm - 5:00pm: Appreciations & Closing

Provider:	**Pressed Apron**
Estimated Funding FY 2023/24:	
Estimated Total Mental Health Expenditures	$ 35,465
Estimated PEI Funding	$ 35,465
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	$0
Average Cost Per Consumer	$443
Estimated Total of Consumers Served	80
Target Population Demographics Served	TAY

This was a one-time event that we used Anti-Stigma and Discrimination funding for and will not be continued in FY 24-25.

Addressing Community Issues

The Student Advocacy & Mental Wellness Summit was designed, planned, and implemented in collaboration with high school students interns on the YouthWell/BeWell Youth Advisory Board. Their input shaped everything from the types of speakers/panelists we chose and the questions they were asked, to the various campus and community organizations we invited, to the topics that were discussed in breakout sessions, to the food that was served.

The Summit provided multiple opportunities for youth to bring the issues they are facing (personally, on their school campus, and/or in their community) to the table for discussion. In a community building activity, participants contributed to a shared definition/understanding of stigma and the stereotypes surrounding mental health challenges. They were invited to share the things that weigh heavy on their mental health and the things that bring them a sense of peace and well-being. Students noticed many common themes around the aspects of their relationships, school experiences, social lives, and societal issues that contribute to their stress and those that contribute to their well-being. Some common take-away from these community-building conversations were:

- Stigma around a subject is not necessarily true.
- Things that don't follow a cultural norm tend to get stigmatized.
- Stigma is when people judge you by something you cannot control or that should not be judged.
- People aren't always asking for advice, they just want to be listened to.
- Mental health can look different for everyone but we all need to connect together about it.
- You can have mental health challenges AND be a healthy person, it's all about our mindset.

In small breakout groups, youth got to have deeper conversations with the panelists and adult allies who are community advocates in specific areas that the youth are passionate about. These conversations focused on how these advocates understand mental wellness to be connected to their advocacy work (racial justice, LGBTQ+ equity and justice, housing justice, disability justice, environmental justice, education, etc.). Youth also got to share their own experiences and ask for guidance from these adult allies about how to care for their own well-being while doing advocacy work. These small-group conversations were by far the most meaningful part of the day as evidenced by participants' feedback, which included many statements like these:

- I felt a total lack of judgment and an abundance of care.
- Small groups were open to discussion and felt like a safe space to share my honesty and vulnerability.
- This experience showed me that there are still people who have hope, can give hope, and by sharing their experiences show us we are not alone.

Notable Community Impact

The event was attended by 70 high-school aged youth representing public, private, and alternative high schools throughout Santa Barbara County. Some youth attended as individuals, but the majority attended with one or more peers and adult allies from a campus or community club/organization. This provides an opportunity for the experiences, information, and calls to action from the Summit to impact youth who are part of these participating clubs/organizations, even if they were not able to personally attend the event.

Problem/Community Need and Program Activities

Problem/Community Need	Activities

Reducing stigma about seeking mental health services, particularly for LatinX communities in our County	Hiring a Stigma and Discrimination Coordinator to design approaches that will be effective for specific communities in our County, especially LatinX communities
The stigma and stereotypes of mental illness.	Develop and host mental health presentations in coordination with local community-based organizations to reduce stigma around mental illness and provide linkages to community resources. The Coordinator will provide information about Behavioral Health resources in the community and how to access these services. The presentations will teach how to achieve and maintain emotional wellness, learn coping & self-care skills, teach self-seeking behavior, and increase resiliency.
Lack of community relationships and presence for the County Behavioral Health Department	Coordinator will meet with Community Leaders and establish relationship building to build trust with our local communities and promote and educate about Behavioral Health resources.

Methods Used to Change Attitudes/Behavior Regarding Mental Illness

Stigma and Discrimination Program: BWell will hire a new Stigma and Discrimination Reduction Coordinator that will work with our local Prevention and Early Intervention Program Leads and Contracted Providers, and the BWell Health Equities Manager to develop curriculums and messaging targeting local communities to increase awareness of mental health resources and decrease stigma surrounding mental health diagnoses and seeking mental health supports. The Coordinator will also work with the new Stigma and Discrimination Reduction Program LEAD to coordinate efforts and develop messaging throughout the County. The Coordinator will use the new Stigma Reduction Toolkit being developed by California State University at Northridge to evaluate their stigma reduction work, the Coordinator will then introduce the Toolkit to other Contracted Prevention Providers and the toolkit will be used by all our contracted providers doing anti-stigma and discrimination work to evaluate their work and record measurable outcomes.

Methods used include a before/after survey measuring attendees comfortability with mental health diagnoses and seeking mental health services. Entire Survey results included in the Appendices of the Plan.

Program Demographics

Grade Level:

- 9 youth reported being in 12th Grade
- 11 youth reported being in 9th Grade
- 21 youth reported being in 10th Grade
- 29 youth reported being in 11th Grade

Location:

- 10 youth came from North County
- 7 youth came from Mid County
- 53 youth came from South County

Gender:

- 3 youth identified as Other or Prefer Not To Say
- 13 youth identified as Male
- 54 youth identified as Female

Ethnicity:

- 27 youth identified as Hispanic/Latino/Latinx
- 24 youth identified as White
- 11 youth identified Other or Prefer Not To Say
- 7 youth identified as Asian
- 1 youth identified as Black/African American

Schools Represented:

- Alta Vista Middle College (2)
- Blue Ridge Academy (1)
- Cabrillo High School (2)
- Cate School (5)
- Dos Pueblos HS (8)
- Dunn School (1)
- Ernest Righetti HS (3)
- Fusion Academy (1)
- Laguna Blanca (4)
- Olive Grove Charter (1)
- Orcutt Academy HS (5)
- San Marcos HS (19)
- Santa Barbara HS (12)
- Santa Maria HS (1)
- Santa Ynez HS (5)

Organizations Represented:

- Future Leaders of America
- SB PAL (Police Activities League) Youth Leadership Council
- Freedom 4 Youth
- People Helping People Youth Coalition

- Lompoc Teen Center
- Youth Making Change
- YouthWell/BeWell Youth Advisory Board
- ASB (SBHS, SMHS, DPHS)
- Active Minds Club (Cate School)
- NAMI Club (Orcutt Academy)
- Housing Authority Teen Program

Adult Allies (teachers, counselors, program leaders, etc.):

- **Ethnicity:**
  - 3 White
  - 2 Black/African American
  - 6 Hispanic/Latino/Latinx
- **Gender:**
  - 4 Male
  - 7 Female
- **Location:**
  - 6 from South County
  - 1 from Mid County
  - 3 from North County
  - 1 from cross-county

About Capital Facilities and Technological Needs (CF/TN)

A portion of the MHSA funds have been set aside for Capital Facilities and Technology (CFTN) to support the efficient implementation of the MHSA. CFTN projects shall produce lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention and early intervention, and expansion of opportunities for accessible community-based services for clients and their families to reduce disparities among underserved groups.

A "Capital Facility" is a building secured to a foundation which is permanently affixed to the ground and used for the delivery of MHSA services to individuals with mental illness and their families or for offices that support the administration of these services.

Capital Facility expenditures must result in a capital asset which increases the Department's infrastructure on a permanent basis; and an expansion of the capacity of, or of consumer and family member access to, new or existing MHSA services.

The Technological Needs Project(s) must meet the goals of modernization/ transformation or client/ family empowerment within a framework of an Integrated Information Systems Infrastructure.

Capital Facilities and Technological Needs (CFTN): Report on Prior Fiscal Year Activities AND Program Plan

Capital Information and Technology

This program began in 2014 to fund our changing technology needs with the implementation of new Medi-Cal billing standards. This program is no longer needed and will not be continued after FY 24-25.

Electronic Health Records **

In 2020, the State of California introduced CalAIM, with the stated goal to advance and innovate Medi-Cal; this program created a long-term commitment to transforming and strengthening Medi-Cal by offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

However, advancement in our healthcare is requiring a new, more advanced and more integrated Electronic Healthcare Records System. CalAIM will change how we bill for Medi-Cal related services, and in order to receive payments we will have to implement a new Electronic Healthcare Records System.

Behavioral Wellness is contracting with CalMHSA, along with the majority of other counties in the State of California, to conduct surveys to identify counties' needs and deficits; a subcontractor will then be chosen to create a new Electronic Healthcare Records System tailored to counties' needs.

Program Summary: The Behavioral Wellness department is upgrading its Electronic Healthcare Records (EHR) System in response to California's CalAIM initiative, which changes Medi-Cal billing procedures. Collaborating with CalMHSA, the department plans to select a subcontractor to tailor-make an advanced EHR system based on county-specific needs. This transition, supported by stakeholder input and approved by supervisory bodies, involves transferring one-time funding from Community Services and Supports; we expect an $829,900 expenditure for 2023-24 and an ongoing spending pattern until the total $5,519,400 cost is covered over the next four years.

Continued from prior year plan or update

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures:	$814,500
Estimated CSS Funding to CFTN:	$814,500

Description of Technology Needs (TN) Project

Capital Facilities and Technological Needs (CFTN) focuses on improvements to facilities, infrastructure, and technology of the local mental health system to account for the changing technology needs after the implementation of new Medi-Cal billing standards.

Top Technological Needs Priorities

Behavioral Wellness staff, as users of the EHR, are the primary stakeholders for this transfer and helped advocate for this change; we agree that this is a good use of MHSA funds. A draft amendment was posted explaining this change, and two community stakeholder events were hosted to request the transfer of one-time funding from CSS to CF/TN for this project. The presentation for these meetings included a brief introduction of the Mental Health Services Act (MHSA) as well as a review of the proposed MHSA plan under consideration to receive these funds. Following these presentations, all stakeholder comments and feedback were incorporated into the final MHSA Plan amendment.

This plan was presented to the Behavioral Wellness Commission on September 21st 2022 and approved, and was presented to the Santa Barbara County Board of Supervisors for final adoption and approval on November 1st, 2022.

Last Fiscal year, we transferred a total of $5,519,400 from Community Services and Supports to fund the five-year implementation of the new Electronic Health Records System. During fiscal year 2022-23, $2,420,167 was spent from this total transfer. This year, we anticipate spending $829,900 and will continue to spend down the total cost ($5,519,400) of this program over the next four years.

About Workforce Employment and Training (WET)

Workforce Education and Training (WET) is one of the five components of MHSA which supports the workforce related to the broad continuum of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Capital Facilities, Technology and Innovation (CFTI).

The WET component of MHSA addresses the fundamental concepts of developing and enhancing a workforce (both current and future workforce resources) that is culturally competent, provides client/family driven mental health services, and adheres to values of wellness, recovery and resiliency. Our Department has supported WET activities by utilizing department funds and participating in our WET Regional Partnership (Southern Counties Regional Partnership) to achieve this goal.

Workforce Education and Training (WET): Report on Prior Fiscal Year Activities AND Program Plan

WET Program Names	Provider: Behavioral Wellness	
Estimated Funding FY 2023/24:		
Peer Training	Estimated Total Mental Health Expenditures:	240,800
	Estimated WET Funding	240,800
	Estimated Other Funding	
	Target Population Demographics Served	Public Mental Health Workforce
OSHPD Southern Counties Regional Partnership	Estimated Total Mental Health Expenditures:	3,880,200
	Estimated WET Funding:	0
	Estimated Other Funding	3,880,200
	Target Population Demographics Served	Public Mental Health Workforce
WET Workforce Retention	Estimated Total Mental Health Expenditures:	100,000
	Estimated WET Funding:	100,000
	Estimated Other Funding	
	Target Population Demographics Served	Public Mental Health Workforce
Total Program Estimated Expenditures	$340,800	

WET Program Names	Provider: Behavioral Wellness	
Estimated Funding FY 2024/25:		
Peer Training	Estimated Total Mental Health Expenditures:	200,000
	Estimated WET Funding	200,000

	Estimated Other Funding	
	Target Population Demographics Served	Public Mental Health Workforce
OSHPD Southern Counties Regional Partnership	Estimated Total Mental Health Expenditures:	3,938,500
	Estimated WET Funding:	
	Estimated Other Funding	3,880,200
	Target Population Demographics Served	
WET Workforce Retention	Estimated Total Mental Health Expenditures:	100,000
	Estimated WET Funding:	100,000
	Estimated Other Funding	
	Target Population Demographics Served	
Total Program Estimated Expenditures	$300,000	

WET Program Names	**Provider: Behavioral Wellness**	
Estimated Funding FY 2025/26:		
Peer Training	Estimated Total Mental Health Expenditures:	100,000
	Estimated WET Funding	100,000
	Estimated Other Funding	
	Target Population Demographics Served	Public Mental Health Workforce
WET Workforce Retention	Estimated Total Mental Health Expenditures:	185,000
	Estimated WET Funding:	185,000
	Estimated Other Funding	

	Target Population Demographics Served	Public Mental Health Workforce
Total Program Estimated Expenditures	$285,000	

Program Performance FY 23-24

During the prior fiscal year, the County conducted the following activities and major accomplishments in the following areas:

Training and Technical Assistance

Training and technical support has been provided on a variety of topics to include new CalAIM documentation, payment reform, cultural competency topics, and other clinical skills-based training. This support and training served to enhance the service delivery skills of the staff and quality of services to clients. A complete list of trainings can be found in the attached table. Some of this training has been funded through the SCRP grant and some by the Behavioral Wellness Department WET budget.

During the first part of this fiscal year, the training focus was on the new electronic health record that was implemented on July 1st. Just prior to the transition to the new EHR and then following this transition, extensive training was provided to all staff regarding new CalAIM documentation, payment reform, and the SmartCare EHR. Ongoing documentation training was modified and updated to include all of the new information and all service delivery staff have completed this training. QCM staff developed several trainings on the new documentation standards and also provided follow-up training in specialty topics such as crises and residential services, youth services, and peer services. In order to also standardize and enhance our outcome measurement process, the department transitioned to employing the Adult Needs and Strengths Assessment tool (ANSA) to complement a similar assessment tool that is used in the youth services branch of the department. Training was provided to all adult clinicians so they would be certified in utilizing this tool that will support the ongoing assessment of clients. This tool is now in use for all adult clients.

In addition to the documentation training, staff had access to clinical skills training to enhance delivery of services. This training included Suicide Assessment, Intervention, & Prevention, Seeking Safety, Motivational Interviewing, CBT, and safety training using the Crises Prevention Intervention (CPI) model.

The major accomplishment for the department this year is a new training plan to ensure staff are fully competent in Motivational Interviewing. Staff will begin by completing a 2-day training in Motivational Interviewing and then participate in 4 consultation/coaching sessions. These coaching sessions will include staff being observed by an expert while the staff is conducting a

brief Motivational Interviewing session with a trained individual portraying a client. The expert will then give coaching feedback to the staff and this process will be repeated 4 times to aid in developing competency in this highly effective model of treatment. A formal fidelity assessment tool will be used by the expert coach and data will be collected over the four coaching sessions to document an increase in competency with the model.

Peer Training and Support: A new Peer Empowerment Manager was hired to oversee the Peer employees. Currently specific training is being established to support peers in becoming certified Peer Support Specialists or to renew their certification. Training is scheduled to provide the required 6-hours of training in law and ethics in addition to supervisor training for those that are supervising peer employees. This will aid in ensuring that peer employees are certified and able to provide the specific peer services to clients.

The training and technical assistance programs address the following outcomes:

- Incorporating MHSA Standards: Training in evidenced-based practices and best practices will include MHSA principles and general concepts of wellness and recovery. The training in additional outcome measurement tools such as the ANSA also provides more consistent and relevant assessment of outcomes of services to guide future training of staff.
- Promote Job Retention: providing additional training and support creates a more prepared and competent workforce for performing their job-related duties. This will lead to more comfort and satisfaction with their job.
- Culturally Competent staff: This program will aid in the development of existing staff to be able to provide more culturally relevant and sensitive services.

Mental Health Career Pathway Programs

In an effort to provide information to the community on behavioral health career options, the Department is in the process of participating in a variety of career related events around the County. The first event was a career fair on March 8th at the Alan Hancock Community College and staff provided informational career booklets to 73 individuals. These booklets were developed and printed in the previous year as a project of the Southern Counties Regional Partnership (SCRP) grant. The booklet includes graphic depictions of career pathways, comparison of licensure paths, and information about the various career options and the educational requirements for each. The next event is on April 23rd at the Santa Barbara Community College and will involve a panel presentation from Behavioral Wellness staff, sharing about various career paths within the department. In addition to these examples, the department is also participating in family outreach and engagement events and high school outreach activities where the booklets are provided to educate the community on careers in behavioral health and to provide resources for pursuing these types of careers. The Department is in the planning stages of developing a pipeline project through the SCRP grant and partnering with a community agency to provide career pathway opportunities to high school students

from a diverse and underserved population. This pipeline project will be implemented in the next fiscal year.

The Help@Hand project is wrapping up at the end of this fiscal year. Peer staff in this program will be transitioned into other open peer positions within the department and will be supported in becoming certified as a Peer Support Specialist and providing peer specific services. To further support the peers employed within the department, a new peer empowerment manager has been hired and she is in the process to establishing training for peer supervisors and is arranging a required peer training on legal and ethical topics. Through the SCRP grant, $500 stipends were issued to 10 peers that have completed the peer certification process to support them in this process. This stipend was structured to provide support and incentives to peers while acquiring their certification as a Peer Support Specialist. This enables the peers to provide peer specific services that now have a unique service code in the MediCal system.

Residency and Internship Programs

The Internship programs through the Behavioral Wellness department continue to address this topic through two components. The graduate student stipend program through the SCRP grant remains available for clinical graduate students participating in a traineeship or internship program within the Behavioral Wellness system and we are currently evaluating the 3rd cycle of applicants for this program. Graduate students apply through a centralized application process and if selected through an objective assessment process, receive $6,000 for completing their graduate clinical training in a public behavioral health setting (either directly with Behavioral Wellness or through a contracted agency). The second component of the internship program is providing clinical training sites at Behavioral Wellness clinic locations. Students complete a minimum of 16 hours per week in a clinic setting and receive supervision, training, and work experience related to their graduate educational degree. The department engages in a Student Support Agreement with the educational institutions in order to host the students in their clinical training experience. Below is a table of the various Student Support Agreements that are currently in place with the department:

NAME OF SCHOOL	TYPE OF PROGRAM
Allan Hancock	Nursing
Alliant International University	Masters in Counseling
Antioch University	Masters in Counseling
Cal Poly	Masters in Marriage and Family Therapy
Santa Barbara Community College	Nursing
Touro Worldwide University	Masters in Marriage and Family Therapy
UC Santa Barbara	Doctoral Degree in Psychology
University of Massachusetts	BASW and MSW
USC	MSW
Western Governors University	Masters of Science, Nursing

Due to a significant number of changes and challenges within the department over this fiscal year the department did not have the infrastructure to take on graduate students. The list of challenges around this program and further detail are explained below. CBO's continue to host graduate students but the data on the number and locations of those students are not provided to the department. The WET Coordinator continues to explore problem solving ideas to address this situation.

Financial Incentive Programs

The Behavioral Wellness department continues to participate in the Loan Repayment Program that is funded through the SCRP grant and facilitated by CalMHSA. The program is in the process of reviewing the applicants of the 3rd application cycle and hopes to provide $7,500 loan repayment awards to approximately 15 applicants this fiscal year.

MSW Staff Scholarship Program: A new financial incentive program has been established through the MHSA WET funding. This new program awards scholarships to selected candidates that are enrolled in a masters in social work program. In recent assessments of the staffing needs for the department it was determined that there is a shortage of licensed clinical social workers within the Department. This interferes with the ability to employ clinical social work associates because an LCSW is required for a portion of their supervision per the licensing board. It creates a significate drain on the existing limited number of LCSW's that are employed in the system. This new scholarship program will not only increase the number of clinical social workers within the department but will also provide a pathway to staff interested in advancing their career options and will encourage staff retention. In the first cycle, 4 scholarship recipients were selected and are receiving a $25,000 scholarship award. These scholarship recipients are required to maintain their employment while they attend school outside of the work hours and will also complete a 2-year work obligation as a clinician in the BWell system after completing their degrees. In Fiscal Year 2024-25, we anticipate awarding another 4 scholarships to BWell staff completing their Masters' in Social Work.

This program addresses the following outcomes:

- Incorporate MHSA Standards: existing staff have already been trained in Wellness and Recovery concepts throughout our Department and have completed relevant training as part of their county employment. By supporting existing staff in completing their graduate program in clinical social work, they will already understand MHSA standards to infuse back into the system.
- Promote Job Retention: This program directly relates to increased job retention by connecting financial incentives to a specific work obligation
- Encourage Diversity in the workforce: Priority is given to staff that are bicultural and/or bilingual to reflect the cultural diversity of the community. This program will enhance the language capacity within the department to provide services in the county's

threshold language (Spanish) and will increase the diversity of staff providing services to our clients.

Issues that have impeded the County's ability to accomplish the objectives identified in the County's WET Plan

1) Not enough licensed staff able to provide supervision to graduate student interns

2) Extra training and technical assistance needed for staff to implement new Electronic Health Record System

3) Developing a pipeline project and partnering with a community agency to provide career pathway opportunities to high school students from a diverse and underserved population.

Program Plan for FY 24-25

Peer Training (WET)

Funding category: Training and Technical Assistance

This program will include recruitment of consumers that are interested in pursuing a career as a Certified Peer Support Specialist and will include a pathway to certification. Participants hired into a peer employment position will receive the required 80 hours of peer support specialist training from an approved organization, in addition to job skills training and support during their onboarding and initial training. Consumers interested in this career pathway but not yet employed will be able to also enroll in the training program. The Peer Empowerment Manager will be involved in the recruitment and onboarding of new peers that are interested in pursuing employment as a peer support specialist. The funding in this category will support the training of these new peers and the Peer Empowerment Manager will coordinate this training program. Peers in the training program will be encouraged to pursue peer certification and the department will utilize additional funding through the SCRP grant to provide peer certification stipends to incentivize peers in the completion of the certification process. This program is supported by the new Peer Empowerment Manager position, the existing clinic Team Supervisors, and the Training Team.

Additionally, this program will offer training programs provided with an organized and strategic approach to support the development and competency of staff. Training and coaching in 3 or more standard best practices will help to ensure competency in the models throughout the system. Training and coaching will also be provided in cultural competency topics and leadership development. The training in cultural competency topics and activities will be designed to increase staff's ability to provides culturally sensitive and aware services. Whenever possible outcome measurement protocols and/or pilot programs will be established in order to determine the efficacy in the various practices.

Addressing Workforce Shortages and Deficits

There is a need to increase the number of peers employed in our system. This training program will create a pathway to employment and assist these individuals in being successful in their employment

This program will achieve the following outcomes:

- **Incorporate MHSA Standards:** Training in evidenced-based practices and best practices will include MHSA principles and general concepts of wellness and recovery.
- **Promote Job Retention:** By providing additional training and support the staff will feel more prepared and competent in performing their job-related duties. This will lead to more comfort and satisfaction with their job. Receiving this training and support will lead to an increased sense of job satisfaction and will support retention in the workplace.
- **Recruit Culturally Competent Peers:** This program will not enhance the recruitment and employment of staff but will aid in developing existing staff to be able to provide more culturally relevant and sensitive services.
- **Increase Clients/Family Employed:** This program will have a direct path on employment for peers engaged in the training program for these positions.

WET Workforce Retention

NEW: MSW Scholarship

Projected Date of Implementation/First Date of Services: This program started in FY 23-24

Funding category: Financial Incentive Programs

This program will include recruitment of department staff that are interested in pursuing a Master's Degree in Social Work. Participants will receive a $25,000 scholarship towards a MSW program. This program will require the applicant to be responsible for the remainder of the MSW program costs through available financial aid or educational loans through the school. Participants will also be able to complete internship hours for their graduate degree within the public behavioral health system while maintaining their employment. A specific Staff Internship program will be designed to support this component of the educational program. Participants will be required to pursue employment with the Behavioral Wellness Department as a Practitioner I following graduation with the MSW and must maintain employment in a service delivery position for a minimum of 2 years within the department. This program will also be supported by the clinic team supervisors by providing clinical internship experience, and by the Training Team in assisting with recruitment, onboarding, and liaison support services.

Addressing Workforce Shortages and Deficits

Practitioner positions have been identified as hard to fill and hard to retain. In particular, there is a shortage of licensed clinical social workers within the Behavioral Wellness system. Clinical social workers bring a different perspective to working with the department's clients and increasing this category of licensed staff within the department will bring a benefit to the services that are provided. This will also ultimately assist in covering the required clinical supervision for a CSW Associate in which a set number of hours of experience can only be supervised by someone with an LCSW license.

This program will achieve the following outcomes:

- **Incorporate MHSA Standards:** Through completion of an internship within the Behavioral Wellness system, these individuals will be exposed to services that incorporate MHSA principles. As this program pulls from existing staff, those staff have already been trained in Wellness and Recovery concepts throughout our department and taken relevant training as part of their county employment.
- **Promote Job Retention:** For staff that are interested in gaining an advance clinical degree and pursuing a career pathway as a Practitioner, this program will create an opportunity for them to achieve their goal. This will aid in job retention by encouraging staff to pursue their education while maintaining their employment. Creating this pathway for staff will also create job satisfaction and connectivity to the department that is supporting their career goals.
- **Recruit Diverse Peers:** Priority will be given to staff that are bilingual or bicultural and can add to the diversity of our clinical staff.
- **Recruit Culturally Competent Peers:** Priority will be given to staff that are bilingual in the department's threshold language and can add to the language capacity within our clinical staff.

WET Programs through the SCRP Grant:

Santa Barbara Behavioral Wellness continues to participate in the Southern Counties Regional Partnership (SCRP) programs that are designed to address workforce shortages and workforce development. These programs include the following programs:

- Staff Retention
- Loan Repayment Program
- Graduate student Stipend Program
- Pipeline Projects (which also includes stipends for peers)

Continuing programs include stipends for graduate student engaged in clinical traineeships, Stipends for peers within the public behavioral health system, pipeline projects for each county, loan repayment program for existing staff, and staff retention activities which provide a variety of training.

New programs for this fiscal year include the clinical supervision support activities. This includes a clinical supervision conference that was hosted in September, a 15-hour clinical supervision training, and partial sponsorship of the International Interdisciplinary Conference on Clinical Supervision allowing SCRP members to attend this event at the end of the fiscal year.

Each of these programs work to enhance the workforce in a variety of ways such as recruitment of new staff and peers through internship programs, stipends and pipeline projects, retention of staff through loan repayment programs and staff retention activities.

SCRP Grant Funded WET Programs:			
Programs	**# of participants /Events**	**$ Per participant or training event**	**$$**
New: Clinical Supervision Support	6 hours/week	52 weeks	$28,080
Continued: Loan Repayment	Approx 20	$7,500	$172,500
Continued: Graduate Student Stipends	Approx 11	$6,000	$66,000.00
Continued: Peer Stipends	15	$500	$7,500.00
Continued: Pipeline Projects		$30,102	$30,102.00
Administrative Staffing Support (0.5 FTE)	0.5	$80,000	$40,000
		TOTAL	**$344,182**

The following is the language in which staff (County and contract providers) proficiency is required.

County Threshold Languages: Spanish

About Innovations

The Innovations (INN) component funds projects designed to test new or changing mental health practices that have not yet been demonstrated as effective. This component responds to the high costs and profound suffering associated with the limitations of current services, and seeks to provide consistently innovative and improving care. Five percent of MHSA funds are dedicated to this component, and projects are time-limited to a maximum of five years to demonstrate an effective approach, strategy, or element to mental health treatment. INN projects infuse new, effective mental health approaches into the current mental health system, both statewide and countywide. These projects should serve to either increase access to underserved groups, increase the quality of mental health services, promote community collaboration, or increase overall access to mental health services.

Innovation (INN): Report on Prior Fiscal Year Activities AND Program Plan

Help@Hand

Project Overview

Help@Hand is a statewide Collaborative project that is working with fourteen counties and cities to leverage interactive technology-based mental health solutions. Help@Hand helps shape the future by improving accessibility and outcomes to connect people with care across the state. This project aims to provide relief to those who are receiving unsatisfactory care in traditional mental health service settings by establishing technology-based mental health solutions. Within the Santa Barbara community, Help@Hand members are directly connected with individuals discharged from psychiatric hospitals and recipients of Crisis Services, transition-age youth (age 16-25) individuals enrolled in colleges and universities, and Behavioral Wellness adult clients residing in geographically isolated areas. Help@Hand intends to implement wellness technology within these target populations of Santa Barbara in an effort to accomplish the state-wide goal of acknowledging and destigmatizing mental health by improving access to care and service delivery.

Santa Barbara County's target populations for the innovations project are:

1.) Behavioral Wellness Adult Clients Residing in Geographically Isolated Areas;
2.) Transition-age youth (TAY) age 16-25 Enrolled in Colleges and Universities; and
3.) Individuals Discharged from Psychiatric Hospitals and/or Recipients of Crisis Services

Program Summary: The Help@Hand program in Santa Barbara County leverages technology-based mental health solutions to destigmatize mental health and enhance care accessibility for specific populations. It pilots wellness applications and engages in community outreach to improve mental health outcomes and reduce stigma.

Program Description

The Help@Hand project leads innovation efforts through factors such as:

- Peer Engagement - integrating those with lived experience of mental health issues/co-occurring issues throughout the project
- Safety & Security - making sure we prioritize the safety and security of the users and their data
- Incorporating Stakeholder Feedback - this project has a lot of stakeholders with different priorities. Help@Hand tries to find ways to meet the needs of most while adopting an understanding with conflicting feedback it may not be possible to meet the needs of everyone

● Innovative Technology - always exploring if and how technology fits into the behavioral health system of care
● Lessons Learned - applying and incorporating the lessons learned as we continue to demonstrate progress and the responsible use of resources
Typically, projects are considered successful if they directly improved consumer welfare. However, the test of success in an innovation project can be more nuanced. Innovation is about transforming the system itself, and therefore additional determinations of success includes two questions:

State-Wide Project Goals:

1) Detect and acknowledge mental health symptoms sooner;
2) Reduce stigma associated with mental illness by promoting mental wellness;
3) Increase access to the appropriate level of support and care;
4) Increase purpose, belonging, and social connectedness of individuals served; and
5) Analyze and collect data to improve mental health needs assessment and service delivery

Identify which of the three INN project General Requirements the project will implement:

X Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

Learning Goals/Project Aims

Help@Hand project goals are composed of the following:

1. Detect and acknowledge mental health symptoms sooner
2. Reduce stigma associated with mental illness as reported by users
3. Increase access to the appropriate level of care
4. Increase purpose, belonging and social connectedness of individuals served
5. Analyze and collect data from a variety of sources to improve mental health needs assessment and service delivery

To achieve these goals, the Help@Hand project has piloted the Headspace wellness application with community members across Santa Barbara County. Based on feedback, we can expand the partnership to have Headspace as an established application that is regularly offered across county sites (e.g., at clinics). Additionally, staff provides specific education and services to populations that have specific needs (i.e., postpartum). The overall learning for this project is to normalize the ability to use a mobile application as a means to help with symptoms, which is beneficial to clients and clinicians alike (i.e., Application can be used as a tool for self-regulation). The purpose is to empower clients to use tools for their wellness.

Additionally, the Help@Hand team continues outreach and engagement efforts with community members to decrease stigma, establish connections to resources, and establish a presence to build trusting relationships and a trusting environment.

Project Goals

The Help@Hand project strives to better understand the effectiveness of utilizing mobile applications for wellness (i.e., does it decrease stigma, are more people understanding what wellness is, etc.). This project offers an innovative approach towards wellness, which means there is limited data on this subject matter. Additionally, due to COVID-19, there has been a transition to the increased use of technology across the county. Utilizing an application for wellness may be beneficial for those who have limited childcare, lack of transportation, etc.

Learning Goals

All Help@Hand project initiatives (Mommy Connecting to Wellness, Headspace, Digital Literacy Classes, Community Engagement, etc.) directly relate to the project goals:

1. Detect and acknowledge mental health symptoms sooner
2. Reduce stigma associated with mental illness as reported by users
3. Increase access to the appropriate level of care
4. Increase purpose, belonging and social connectedness of individuals served
5. Analyze and collect data from a variety of sources to improve mental health needs assessment and service delivery

Program Priorities

The Help@Hand team prioritizes increasing services to the unserved/underserved, unhoused, and Justice Involved populations. The Help@Hand Project strives to increase mental health literacy, prevention programming, and access to mental health services for youth, families, and unserved/underserved populations.

Help@Hand project initiatives are consistent with the following Community Planning Process priorities:

- Increased utilization of Peer Services and integration of Peer Philosophies in Department and Contract Services
- Integrating Whole Person Care philosophies throughout Outpatient services

Program Alignment with the General Standards of the MHSA

Community Collaboration: Partnerships with CBOs and stakeholders have been established throughout the planning and implementation of the tech suite project.

Cultural Competence: The Help@Hand project has ensured that the unserved/underserved populations are part of the target populations served. Staff provide culturally and linguistically

responsive services, and are reflective of the diverse community served. Additionally, resources are provided in both English and Spanish, and translations are assessed for cultural appropriateness and delivery.

Client and Family Driven: Feedback and input gathered from stakeholder meetings, engagement, etc. has been considered throughout the planning and implementation phases. Through the input provided, clients have been driving the strategies and the direction of the Help@Hand project.

Wellness, Recovery, and Resilience Focused: Workshops and all engagement activities are recovery and resilience focused. Peer staff utilizes a wellness, recovery, and resilience approach when assisting community members.

Integrated Service Experience for Clients and Family: The Help@Hand project continues to provide services that are inclusive of the family members, and links individuals to community resources centered on whole person care. For example, Headspace licenses are not just for clients, they can be shared with family members, caregivers, etc., and workshops are clients and caregiver focused. Additionally, all outreach and engagement activities include connection to community resources for mental health, housing, food, insurance, etc.

Cultural Competence and Meaningful Stakeholder Participation

The Help@Hand team is currently collaborating with California State University, Northridge (P.U.E.N.T.E. Lab) to develop culturally and linguistically appropriate workshop-specific surveys to measure the effectiveness of the workshops provided to the community. The anonymous measures will be given in English and Spanish, and will assess any learning that took place as a result from the information provided via the workshops. These measures will also be used as a format to collect feedback from community members.

An additional anonymous measure has been developed specifically for tabling events which will assess perceptions on mental health and substance use disorder, while also identifying any additional resources that may be needed.

Community Stakeholders

Feedback is regularly gathered through stakeholder sessions (i.e., Consumer and Family Member Action Team; Cultural Competency and Diversity Action Team; etc.) and through informal one-on-one interactions during community outreach and engagements activities (i.e., tabling events, workshops, etc.). Additional listening sessions are held with community members on an as needed basis.

Moreover, the Help@Hand team began collecting anonymous data from attendees at tabling events to assess perceptions on mental health, substance use disorder, and to gather feedback and identify additional resources that are needed by community members.

Client Services

All clients can continue to have access to a variety of services and technology through established partnerships with agencies such as Transitions Mental Health Association (THMA), and the Mental Wellness Center (MWC). A peer technology component is written into the contract with TMHA and the MWC via the scope of work to continue fostering a learning environment regarding technology and mobile applications.

Program Progress for FY 23-24

Project Summary and Analysis

Through stakeholder engagement, it was discovered there was an increased need among the community for digital literacy, health literacy, and increased access to technology (i.e., access to smartphones, unstable internet connection, etc.). Per stakeholder input, the Department shifted the focus of the Help@Hand project to center on bridging the digital divide that exists across our county and expanding our target population to include the entire community of Santa Barbara residents. These changes remained consistent with the overall project goals:

1. Detect and acknowledge mental health symptoms sooner
2. Reduce stigma associated with mental illness as reported by users
3. Increase access to the appropriate level of care
4. Increase purpose, belonging and social connectedness of individuals served
5. Analyze and collect data from a variety of sources to improve mental health needs assessment and service delivery

The project continues to meet its objectives by facilitating digital and health literacy workshops to increase mental health literacy and decrease mental health related stigma, as well as by providing peer support and linking community members across the county with technology (i.e., smartphones). Workshops are regularly held at county sites (i.e., weekly presentations at the psychiatric health facility) and with community-based organizations who cater towards unserved/underserved populations with a variety of needs (i.e., Housing Authority, FoodBank of Santa Barbara, etc.). Educational workshops are provided in-person and via Zoom to increase knowledge of available resources and social connectedness.

The Help@Hand project aims to increase access to the appropriate level of care for those in need. To fulfill this goal, team members provide information on accessing mental health services, along with access cards and referrals to community-based organizations, throughout all outreach and engagement events.

Feedback gathered from Headspace users has revealed the lack of diverse materials within the Headspace application. Headspace offers a vast selection of content in English; however, their

Spanish content is minimal. Spanish is one of the most common languages spoken in Santa Barbara, and families have expressed disappointment in not having the same amount of content available in their preferred language. Since bringing this feedback to Headspace, there has been an increase in Spanish content development across the application.

Meeting Learning Goals

Feedback is regularly gathered through stakeholder sessions (i.e., Consumer and Family Member Action Team; Cultural Competency and Diversity Action Team; etc.) and through informal one-on-one interactions during community outreach and engagements activities (i.e., tabling events, workshops, etc.). Recently, the Help@Hand team has collected anonymous data from attendees at countywide tabling events to assess perceptions on mental health and substance use disorder, as well as to identify additional resources needed by community members.

Data Collected on Project Outcomes

During FY 23/24, the Help@Hand Project's County Wide Principle Evaluator, through CalMHSA, is the University of California, Irvine's Research and Evaluation Department. Data is collected on a quarterly basis and includes populations served, implementation sites and approaches, devices used or plan to use, and activities such as presentations, canvassing and tabling/resource fairs. Lessons learned and recommendations data is also collected.

The two-year Headspace campaign ended in late September 2023, with the Help@Hand Project assisting in the enrollment of 2,583 Santa Barbara County residents. The Help@Hand team was able to enroll people from almost every part of the County -- even the most isolated areas like Carpinteria (5.23% of total enrolled), Guadalupe (2.09% of total enrolled), Los Alamos (.43% of total enrolled), and New Cuyama (.35% of total enrolled). The overall feedback from the two-year program was extremely positive. Based on the Headspace data, the majority of participants utilized the application for stress management, anxiety, and sleep assistance.

During the Headspace enrollment period, the Help@Hand team experienced staff shortages and collaborated with community organizations to maintain the consistent community support the Help@Hand team strives for. The Help@Hand team successfully expanded collaboration to a larger network of CBOs countywide in order to reach a larger and more diverse population. Through these partnerships the Help@Hand team was able to access to seniors, youth, college students, diverse ethnic populations, the unhoused population, caregivers, farm/agricultural workers, the LGBTQ+ population, health professionals, teachers, school clubs, community festivals, cultural events, small business owners, farmers markets, isolated underserved communities throughout the county (i.e. Guadalupe and Isla Vista), families with children with diverse physical and intellectual needs, indigenous communities, veterans and many other populations. The Help@Hand team has also continued to work closely with established

partners such as the Mental Wellness Center, the Transition Mental Health Association recovery learning centers and the department's Psychiatric Health Facility.

Various community outreach techniques such as tabling, canvassing, PHF presentations and workshops have allowed the Help@Hand team to engage with community members throughout the county. During the current FY, 23/24, the Help@Hand team has already participated in 45 health fair events. Health fair event participation ranges from sharing information on how to access behavioral health services, crisis resource information, and Headspace enrollment; these health fairs also serve as an opportunity to promote overall wellness through the Eight Dimensions of Wellness, by specifically using a brochure created for the Help@Hand project – the Digital Wellness App brochure. All of these tools and resources serve as a way to open the conversations around mental health in order to reduce stigma, and increase self-help seeking behaviors through technology.

The key to bridging the technology divide is collaborating with local community programs that provide devices – such as laptops, desktops, or tablets – to those in the community who are under-resourced in technology. For example, the Help@Hand team's community partners that provide housing services facilitated an on-site workshop which allowed the Help@Hand team to support their clients one-on-one with digital health and wellness. Digital Literacy workshops in both English and Spanish have also increased throughout the county. The Help@Hand team's diversity, both culturally and linguistically, allowed for a broader spectrum of workshops throughout the county and a greater understanding of the population being served. For example, explaining the difference between Android and iPhone to seniors was important for them in order to understand the capacity of their phone. Staff was also instrumental in supporting seniors with online safety information, such as surfing the web and safe password structure; some community members even requested assistance with creating a Gmail account. Digital Literacy Workshops along with Headspace provided understanding of the benefits of using technology to support the community and their wellness.

Through community feedback and stakeholder feedback, Mommy Connecting to Wellness (MCW) planning stages began at the beginning of February 2023. This pilot project was developed to support mothers in the northern part of the county who struggle with accessing mental health support due to a wide range of difficulties like stigma, language barriers, or lack of understanding of what mental health is and its impact on them and their family. Economic barriers and lack of insurance were also concerns received during the many outreach events the Help@Hand team participated in. The MCW program would include: utilizing technology for overall wellness by providing access to Headspace through county sponsored memberships, psycho-education on postpartum/general depression and anxiety (identifying early signs and symptoms), the Eight Dimensions of Wellness, education regarding online safety and screen time, as well as local resources to help increase access to services and education on substance use and its effect on pregnancy and children. Along with being mindful of potential barriers, these workshops were planned during evening hours to cater to working mothers. Participants

were provided dinner, a free tablet, the workshop in their language of preference (English or Spanish), as well as a Promotora to connect with them on a weekly basis. The one-on-one check-in was intended to allow and encourage further navigation of Headspace, as well as to offer support with technical issues, share local resources if needed, and learn how to use technology to access resources for themselves.

The goal of this program is to help mothers build their social support system, reduce mental health-related stigma, and increase help-seeking behavior; the program also strives to ensure mothers understand the importance of mental wellness as part of the "whole person care" approach. Mommy Connecting to Wellness was set to start Aug. of 2023. Nineteen mothers with a child or children under the age of two completed the first iteration of the six-week workshop.

In FY 23/24, Help@Hand is also currently launching a partner program to Mommy Connecting to Wellness called Daddy Connecting to Wellness. Daddy Connecting to Wellness focuses on the same concepts of building a social support system, reducing mental health-related stigma, and increasing help-seeking behavior but centers around fatherhood. One of the goals of this specific workshop is to educate and expand father's use of technology to include self-care and overall wellness, particularly through the use of Headspace.

Through the partnership with University of California, Irvine's Research and Evaluation Department, Help@Hand will have the ability to compare the data collected between the two workshops, analyze the differences in responses, and measure the impact and successes.

The aims of the Mommy Connecting to Wellness project and the Daddy Connecting to Wellness Project are in line with the overall Help@Hand Project goals, which include:

1. Detecting and acknowledging mental health symptoms sooner

2. Reducing stigma associated with mental illness as reported by users

3. Increasing access to the appropriate level of care

4. Increasing purpose, belonging and social connectedness of individuals served

5. Analyzing and collecting data from a variety of sources to improve mental health needs assessment and service delivery.

Changes Made During Project's Implementation

During the latter part of 2023, with Headspace licenses ending, the Help@Hand team mainly focused on expanding on Digital Health Literacy workshops. The Help@Hand team was able to develop individual presentations on the Eight Dimensions of Wellness and provide relevant apps to support each dimension. Presentations were created in both English and Spanish. Through connecting with our established community partners, the team was able to bring these

workshops directly to the community through presentations within Recovery Learning Centers, Housing Authority sites, the Transition House and other county wide CBOs.

The Help@Hand Team experienced staff shortages through both FY 22/23 and FY 23/24, but leveraged the help of a contractor, Painted Brain, to pivot and continue outreach. Painted Brain assists with Digital Literacy workshops, including a Digital Health Literacy event series in May called "Appy Hours." These events are aimed towards Santa Barbara County youth and seniors -- providing three events for youth and six events for seniors -- to educate on digital safety, AI, and how to use technology for wellness.

Painted Brain also collaborates with Help@Hand on organizing Speaker Bureau Training for community members; this training series empowers the community to make social change – instructing members on public speaking basics, storytelling without retraumatizing, and encouraging those who have stories to tell them. In both 2023 and 2024, the team held a total of three training series -- two in Spanish and one in English. Balancing all of the different activities and outreach events was a lesson learned, and team members are great at community engagement and connecting with communities throughout the county.

The Help@Hand team members were called upon by the Department for support during the county's disaster relief efforts and for special, department-hosted events throughout the project. The Help@Hand team also served as the Department's Outreach team for several events throughout the fiscal year and the team responded well, connecting community members to services and sharing resources as needed.

The required INN Annual Report for the prior fiscal year period (or Final Evaluation Report) is included as an Appendix to this document.

Help@Hand

**Continued from prior year plan

Provider:	**Behavioral Wellness**
Estimated Funding FY 2024/25:	
Estimated Total Mental Health Expenditures	$899,900
Estimated INN Funding	$899,900
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	
Average Cost Per Consumer	$133
Estimated Total of Consumers Served	6780
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	1000	$133
Estimated Total Consumers Served Age 26-59	4000	$133
Estimated Total Consumers Served Age 60+	1780	$133

PROGRAM DEMOGRAPHICS: REPORTING FY 22-23

Expected start and end dates of this INN project: 7/1/19- 6/30/24

Specify the total timeframe (duration) of this INN project: Five Years

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals
0-15 yrs.	135	White	28	Lesbian or Gay	NA	Female	147	English	NA
16-25 yrs.	545	African American or Black	NR	Heterosexual	NA	Male	58	Spanish	NA
26-59 yrs.	381	Asian	NR	Bisexual	NA	Transgender woman	NA	Vietnamese	NA
60 & older	127	Native Hawaiian or Other Pacific Islander	0	Queer, pansexual, and/or questioning	NA	Transgender man	NA	Cantonese	NA
Age Unk/Declined to Answer	5598	Alaska Native or Native American	6			Genderqueer	NA	Mandarin	NA
		Other	3	Other	NA	Other	NA	Tagalog	NA
		More Than One Race	105	Declined to Answer	NA	Declined to Answer	6581	Cambodian	NA
		Declined to Answer	6644	**Disability**			**# of individuals**	Hmong	NA
Veteran	**# of individuals**	**Ethnicity**	**# of individuals**	**Communication**	**# of individuals**	Mental (not SMI)	NA	Russian	NA
				Seeing	NA	Physical/Mobility	NA	Farsi	NA
Yes	282	Hispanic	61	Hearing or Having Speech Understood	NA	Chronic Health Condition	NA	Arabic	NA
No	5	Non-Hispanic	6					Other	NA
Declined to Answer	6499	More Than One Ethnicity	NA	Other (specify)	NA	Other (specify)	NA		
		Unknown/Not Reported	6719						
				None	NA	Declined to Answer	NA		
Total Number of Individuals Served during the Prior Fiscal Year Period:					**6786**	**Cost Per Individual:**	**$**		

Sexual Orientation not collected in FY22/23; will start collecting in FY23/24

Gender Identity not collected in FY22/23; will start collecting in FY23/24
Language Spoken not collected in FY22/23; will start collecting in FY23/24
Disability not collected in FY22/23; will start collecting in FY23/24

Housing Assistance and Retention Team (HART)

Project Overview

Some of our MHSA and NPLH tenants are being evicted or facing charges of housing infractions, even though we currently provide twenty hours a week of onsite supportive services at our new housing sites (The Residences at Depot Street, Homekey Studios, and West Cox Cottages). After talking with tenants, clients, and onsite staff, we have discovered that current provisions are not enough support for tenants, many of whom have not successfully lived independently for years. Tenants would benefit from holistic services that are strengths-based and needs-driven, including Peer Support, intensive case management support, intensive social service benefits counselling, independent living skills curriculum, and a twenty-four-hour-a-day "warm line" that all tenants can call and reach a peer for any supportive services, housing questions, or social unease that they are feeling. Housing management and providers are also in need of additional training, including Mental Health First Aid, Trauma-Informed Approaches, Housing First policies and Housing Rights for Tenants.

In summary, problems indicating the need for a solution include:

· Tenants being evicted from permanent supportive housing, often because they lack the necessary supports when first entering housing after periods of being unhoused

· Tenants lack basic supplies, food and transportation especially when they are transitioning to housing

· Tenants are not enrolled in the social benefits programs to which they are entitled

· We do not keep adequate data on people once they are housed; we are not tracking why they lose housing to try and prevent this in the future

· Property management staff are not properly trained on how to best support this unique population

Program Summary: The Housing Assistance and Retention Team (HART) supports MHSA and NPLH tenants at risk of eviction by providing holistic support, intensive case management, and skill-building activities to stabilize housing. It prioritizes collaboration, cultural competence, client-driven services, and ongoing evaluation to ensure effectiveness and sustainability.

Program Description

The HART Team will consist of a Housing Program Manager, SOAR trained case workers, a Peer Team Supervisor, and peer support specialists. The case workers and peer support specialists

will work with consumers to help them maintain and strengthen their independent living skills, as well as to connect them to mental health and substance use services. They will provide necessary transportation for tenants, have flex funding available to make sure tenants have the necessary items they need when they first move in, and be available on the 'warm line" to provide twenty-four hour a day peer support.

Case worker and peer support specialists will directly serve all MHSA, Homekey and NPLH housing sites and will work with BWell-supported tenants, particularly with individuals who are transitioning to housing after being unsheltered for extended lengths of time. The population served will be anyone living in a unit funded by MHSA, Homekey or NPLH. Tenants will not have to be actively engaged in services with BWell to receive services from the HART team. They will be homeless or at risk of homelessness, and may include:

· Consumers stepping down from transitional housing

· Consumers who are discharged from the Psychiatric Health Facility or Crisis Stabilization Unit

· Consumers who are stepping down from Full-Service Partnership levels of care and still need case management services

· Individuals who are in our Coordinated Entry System and have a serious mental illness

Tenant skills-building activities may include creating a structure and routine in their daily lives to get their needs met; coordinating care with community-based agencies providing services/supports to the consumer; linking consumers to physical and mental health services; coordinating care and problem solving with landlords; learning how to work collaboratively with family members; developing coping strategies; learning and practicing activities of daily living; participating in onsite community building activities like gardening, yoga and cooking; involvement with the local Resource Learning Center, and many more activities designed to assist tenants to be successful community members.

Ongoing case management will be implemented in our community through HART and will allow us to better understand the needs of our consumers once housing has been secured. We hope the support provided to individuals as they transition to housing results in less evictions, greater income and social service benefits acquisition, community integration and progression to independent living for our consumers.

When developing the program, we discovered that educational opportunities and training have not been provided to Housing Authority or property management staff regarding the targeted population. Additionally, we also learned that the Department does not currently have methods to collect data on our housing program residents. Therefore, HART staff will develop and implement a training program and data collection methods to meet this need.

Identify which of the three INN project General Requirements the project will implement:

Implements navigation services to increase access to physical health care, social services benefits acquisition, mental health services, including but not limited to services provided through permanent supportive housing.

Promotes interagency and community collaboration related to mental health services or supports or outcomes.

Increases access to mental health services for underserved groups.

Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite.

Developing Project Model

The HART program will support housing first principles, which have been identified as best practices when working with this population. The housing first approach seeks to quickly connect individuals and families to permanent housing without pre-conditions such as sobriety. The HART program will work to support participant housing stability by providing essential navigation services, increasing access to social service benefits, physical healthcare, legal services, tenant advocacy, and mental health services. This innovative and necessary approach is needed for our community, as it is an identified gap in our continuum of care within the various county agencies providing services to individuals experiencing homelessness.

We believe that this project will be a successful component with our No Place Like Home (NPLH), MHSA and Homekey funded housing sites, since current services are not meeting the intensive needs of new and struggling residents.

When developing our HART model, we reviewed Innovation Plans from other counties and determined that while they had some of the components our residents were requesting, the models did not have quite enough support or serve the specific population we are serving, and didn't have a peer-led model for housing retention that partnered a BWell department with an outside organization. Creating and implementing a "new tenant living skills curriculum" program will allow residents to have additional supports from the application process through the first year of independent living. Should tenants need additional support beyond the first year, full-time staff at the site will continue to assist clients with their needs.

Individuals Expected to be Served

HART estimates to serve 170 households annually. The current Behavioral Wellness supported unit capacity is 99 units, with an additional 71 units expected to become available in the next several years. The estimate was derived from the Housing Authority current tenant lists and from the projected assignment of units from upcoming developments. The project target populations are individuals who have met the MHSA criteria of persons experiencing homelessness, at risk of homelessness, and persons transitioning from homelessness to

permanent supportive housing. Demographic characteristics will be gathered as the program progresses.

Learning Goals/Project Aims

Goal 1: Increase housing retention for MHSA, Homekey and NPLH tenants

Goal 2: Increase tenants' ability to secure social service benefits and income

Goal 3: Increase positive resident physical and mental health outcomes

Goal 4: Implement independent living eight-week skill building curriculum course for new residents

Goal 5: Implement regular training for property management staff

Goal 6: Develop systems to connect HMIS and Clinical data sources for a robust, comprehensive collection and reporting process.

Learning Questions include:

1. Does an intensive eight-week independent living skills course increase our residents' ability to retain housing for longer periods of time?

2. What measures help track reduction in evictions: changes in behavior, interventions, linkages and referrals made, independent living skills classes?

3. Are residents able to secure social service benefits in a timely manner, increase their income and employment opportunities, and have ready access to community supports with the addition of peer supported full-time, on-site housing retention staff?

4. Do residents report a positive increase in their physical and mental health as a result of wraparound services during their first two to three months of residency?

5. Do residents report that the eight-week skill building program has increased their confidence to live independently?

6. Do residents report improved relationships with property management staff?

7. How does the impact of comprehensive data collection affect our ability to identify trends?

Program Priorities

Provide education and training to housing authority and property management staff on how to serve this vulnerable population; provide/promote mental health first aid training, motivational interviewing; promote trauma informed care trainings, housing first policy trainings, and housing rights for tenant trainings.

Increase housing retention within Santa Barbara County's permanent supportive housing program; provide supportive wrap-around services; improve client confidence in independent living; improve client health; facilitate client community integration; increase client income as a way to support stabilization; improve housing retention.

The county can expect to better understand both facilitators and barriers to tenant housing retention, as well as the delivery of wrap-around services to the target population. These goals are prioritized to fulfill the need for holistic, on-site permanent supportive housing and on-site services. Process measures provide an understanding about how the HART Project is being implemented, what successes and challenges are experienced in implementation, and any potential points for improvement. Quantitative process measures, which document program activities, and qualitative process measures, which provide context about program implementation, will be included in the annual and final evaluation reports.

The key approaches adapted by the project will support the objectives and overall goal of increasing housing retention within Santa Barbara County. The learning goals provide new insight into the benefits and barriers of wrap-around, on-site services

Stakeholders also agree with these program priorities, with community members placing housing and supportive services as a top focus. For instance, in the stakeholder process for the MHSA 2020-2023 Three Year Plan, over 120 responses in surveys and stakeholder meetings ranked providing more housing and supportive services as one of the top priorities for MHSA support. Stakeholders ranked serving persons experiencing homelessness as the number one population not being adequately served by current MHSA programs, and many participants in stakeholder meetings spoke about inadequate case management services and the need for more case workers and services.

In stakeholder meetings for the MHSA 2022-23 Annual Update, stakeholders continued to place addressing homelessness and adequate housing supports as a top priority, with this need being discussed at all fourteen stakeholder events and in written comments provided during the process. Comments included providing services and supports to address the difficulty of keeping clients housed due to mental health issues. This specific Housing Retention INN plan proposal was brought to stakeholders at every meeting, and approval and feedback for this specific INN proposal was provided in our MHSA survey. Over 90% of respondents either agreed or strongly agreed with this Housing Retention INN proposal.

Program Alignment with the General Standards of the MHSA

Community Collaboration: Community Collaboration will be an integral part of the HART Team. We will be working with developers of low barrier housing; the owners and managers of current housing projects; Santa Barbara County Department of Housing and Community Development; Good Samaritan Shelters; the Santa Barbara/Santa Maria Continuum of Care; the Santa Barbara ACT on Homelessness Alliance; the Santa Barbara, Lompoc and Santa Maria Assertive Community Treatment Programs; City Net Homeless Outreach Services; BWell Homeless Outreach Team; the Santa Barbara, Lompoc and Santa Maria Mobile Crisis Teams; BWell Justice Alliance Team; the Santa Barbara County Chapter of the National Alliance for the Mentally Ill (NAMI); and the Homeless Youth Advisory Board, to name just a few of the agencies, organizations, businesses and community groups with which we will collaborate.

Cultural Competence: The Ethnic Services and Diversity Manager for BWell will assist with program development and implementation to ensure that the project is maximized to meet the needs of culturally underserved groups in the county. The project will be staffed with bilingual/bicultural Peer Specialists with lived experience in behavioral health recovery to further ensure culturally competent services.

Client and Family Driven: In HART, as with all other BWell services, the concurrent documentation strategy is used, with staff collaborating with consumers during assessment, service planning and intervention sessions to complete as much housing documentation as possible, including working collaboratively on a treatment plan. Since HART staff includes three Recovery Specialists, their input as mental health consumers will also be a factor in the services provided. Moreover, HART has built consumer surveys into the project to ensure consumer voice. Additionally, if tenants have family members (defined by the client) whom they would like to involve in their recovery, those family members will be engaged in recovery planning and actions. In addition, family member representatives will be sought to participate in the HART Advisory Council which will guide the development, engagement and evaluation of HART.

Wellness, Recovery, and Resilience Focused: Wellness, recovery and resilience are built into the client services provided by BWell. Consumers are encouraged and supported to live, work and participate fully in their communities. HART will promote concepts key to recovery for mental illness, such as hope, personal empowerment, respect, social connections and self-determination and will emphasize employment, health, and sense of purpose as part of the path to recovery.

Integrated Service Experiences for Clients and Family: HART services will be provided through the BWell Housing program. Consumers will not have to navigate through multiple agencies to get their needs met. Case workers and Peer Support Assistants will navigate residents through the myriad of community-based services and will assist consumers in coordinating services for an integrated service experience and a “warm hand off” to outside agency.

The HART program will leverage the strengths of individuals with lived experience; services will be provided by 6 caseworkers, 6 peer support assistants, and 2 peer supervisors. The project

will seek to increase cultural competence through a series of trauma-informed care trainings provided to the HART program contractor, housing authority staff and landlords. The HART program will also collaborate with stakeholders and program participants to implement a tenant/housing advocates speakers bureau. The program staff will work with the participants to develop individualized housing success plans based on the unique needs of the residents. The housing success plan will be used to identify that range of services that HART will support the clients to access.

Cultural Competence and Meaningful Stakeholder Participation

To provide a culturally competent evaluation which is inclusive of the experiences of the under-served and vulnerable populations, the HART project will use a mixed-methods evaluation design that uses both qualitative and quantitative approaches; this approach will offer insights that might be overlooked by one approach alone, and is provides a sensitivity and awareness of consumer diversity related to culture, language and identities. Survey materials distributed to clients and stakeholders will use inclusive language and be accessible in multiple languages.

The Cultural Competency and Diversity Action Team (CCDAT) consists of BWell staff, community-based organizations, local advocacy groups, cultural and faith-based organizations and other stakeholders who seek to increase access to services for under-served populations, particularly in high poverty areas and minority groups. The CCDAT aims to increase the capacity of staff to work effectively with diverse cultural and linguistic populations, and revise or develop policies on cultural competency and disparities to ensure relevance and consistency.

Community Stakeholders

The qualitative process measures will be designed to understand the barriers and facilitators of our strategies, as well as client and stakeholder experiences within the HART Project. These qualities will be assessed through monthly Client Check-ups, HART Staff Meetings, the Training Satisfaction Survey, and the Client Satisfaction and Assessment Survey. These surveys will allow key stakeholders and consumers to provide valuable input and evaluation of programs.

Client Services

Tenants will be homeless or at risk of homelessness, and may include:

· Consumers stepping down from transitional housing

· Consumers who are discharged from the Psychiatric Health Facility or Crisis Stabilization Unit

· Consumers who are stepping down from Full-Service Partnership levels of care and still need case management services

· Individuals who are in our Coordinated Entry System and have a serious mental illness

Individuals with serious mental illness will receive services from this project. The team will collaborate with larger multidisciplinary care teams and systems as needed, including Psychiatry, Community Based organizations and Physical Healthcare providers. When the project has ended they will continue to receive services through Medi-Cal billing, MHSA FSP funding and Realignment funding. Also, we are having a huge influx of housing and people new to housing for the next four to five years as new projects are built. The HART team will work with tenants to stem evictions and stabilize housing so that the need for these intensive services will be lessened five years from now.

BWell will evaluate the HART plan at regular intervals to ensure we are providing the services outlined above. Keeping individuals housed is a community priority and one that promotes positive treatment outcomes for BWell consumers; therefore, we expect that this project would continue well past the Innovation timeframe and will be supported by funding identified during the Innovation period. We will focus on Medi-Cal billing through the new CalAIM initiative to allow billing for supportive housing services by partnering with our Medi-Cal Managed Care Health Plan to leverage the CalAIM initiative to bill for Enhanced Case Management Services . Under the new Peer Certification Program, we hope that we will also be able to sustain services through Medi-Cal billing for certified peer services. Finally, as tenants receive outreach and engagement services and get connected to mental healthcare providers, those whose care needs will be provided Full Service Partnership services will leverage MHSA funding for their housing supportive services. Constant evaluation of program elements that are not effective or are redundant with other services will be eliminated.

Program Progress for FY 23-24

Project Summary and Analysis

This project will strive to expand current County efforts in the overarching goal of improving housing retention, which has been identified as a gap in services by numerous county agencies. HART will provide a missing intensive supportive component within this continuum by providing necessary services and goods for newly housed people and increasing their ability to successfully live independently. The HART program will work to gather better data on the supported MHSA, NPLH, and Homekey funded sites. HART will track the intensive navigation services employed to reduce the high return to homelessness rate and share our findings with other county departments and housing providers county and state-wide.

During FY 23-24 this project hired a Program Manager, an Epidemiologist, and completed a Request for Proposal process and awarded a contract to Telecare to provide Peer Support Services and a Peer Supervisor for the outreach team. This project is now fully staffed and has begun providing housing retention services. We look forward to providing a full report on services provided in the MHSA Annual Update for Fiscal Year 24-25.

Meeting Learning Goals

The HART Project will implement the above activities through the hiring and training of BWell staff, Housing Authority staff, and external contractors to provide these wrap-around services. Keeping individuals housed is a community priority and one that promotes positive treatment outcomes for BWell consumers; therefore, we expect that this project would continue well past the Innovation timeframe and will be supported by funding identified during the Innovation period. We will focus on Medi-Cal billing through the new CalAIM initiative to allow billing for supportive housing services by partnering with our Medi-Cal Managed Care Health Plan to leverage the CalAIM initiative to bill for Enhanced Case Management Services . Under the new Peer Certification Program, we hope that we will also be able to sustain services through Medi-Cal billing for certified peer services. Finally, as tenants receive outreach and engagement services and get connected to mental healthcare providers, those whose care needs will be provided Full Service Partnership services will leverage MHSA funding for their housing supportive services.

Data Collected on Project Outcomes

This program began collecting data in FY 23-24 and will report on this data in the MHSA Annual Update for FY 24-25

Changes Made During Project's Implementation

The county can expect to better understand facilitators and barriers to tenant housing retention and delivery of wrap-around services to the target population. These goals have been prioritized to fulfill the need for holistic, on-site permanent supportive housing on-site services. Process measures provide an understanding about how the HART Project is being implemented, successes and challenges experienced in implementation, and potential points for improvement. Quantitative process measures that document program activities and qualitative process measures that provide context about program implementation will be included in the annual and final evaluation reports.

Our Department has determined that we will not be applying for Enhanced Care Management service status. Instead, this program will focus on providing Community Supports as outlined in the Community Supports Guideline

The required INN Annual Report for the prior fiscal year period (or Final Evaluation Report) is included as an Appendix to this document.

Provider:	Behavioral Wellness
Estimated Funding FY 2024/25:	

Estimated Total Mental Health Expenditures	$ 2,390,400
Estimated INN Funding	$ 2,390,400
Estimated Medi-Cal FFP	
Estimated 1991 Realignment	
Estimated Behavioral Health Subaccount	
Estimated Other Funding	
Average Cost Per Consumer	$11,952
Estimated Total of Consumers Served	200
Target Population Demographics Served	TAY, Adult, Older Adult

Estimated Consumers Served by Age FY 2024/25		Estimated Cost Per Consumer by Age Category
Estimated Total Consumers Age 0-15 Served	0	
Estimated Total Consumers Age 15-26 Served	50	$11,952
Estimated Total Consumers Served Age 26-59	100	$11,952
Estimated Total Consumers Served Age 60+	50	$11,952

PROGRAM DEMOGRAPHICS

***** This program began collecting data on Estimated Consumers Served by Age in FY 23-24 and will report on this data in the MHSA Annual Update for FY 24-25**

Expected start and end dates of this INN project: 2/1/23- 6/30/27

Total timeframe (duration) of this INN project: 4.5 years

Funding Summary

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Santa Barbara County Date: 4/5/24

	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 2023/24 Funding						2,023,113
1. Estimated Unspent Funds from Prior Fiscal Years	13,556,949	8,938,633	3,013,126	0	3,592,076	
2. Estimated New FY2023/24 Funding	34,724,400	8,681,100	2,284,500			
3. Transfer in FY2023/24[a/]	(340,800)			340,800	0	0
4. Access Local Prudent Reserve in FY2023/24	0	0				0
5. Estimated Available Funding for FY2023/24	47,940,549	17,619,733	5,297,626	340,800	3,592,076	
B. Estimated FY2023/24 MHSA Expenditures	30,143,300	10,335,060	1,753,400	340,800	1,302,400	
C. Estimated FY2024/25 Funding						2,023,113
1. Estimated Unspent Funds from Prior Fiscal Years	17,797,249	7,284,673	3,544,226	0	2,289,676	
2. Estimated New FY2024/25 Funding	25,861,600	6,465,400	1,701,400			
3. Transfer in FY2024/25[a/]	(300,000)			300,000	0	0
4. Access Local Prudent Reserve in FY2024/25		0				0
5. Estimated Available Funding for FY2024/25	43,358,849	13,750,073	5,245,626	300,000	2,289,676	
D. Estimated FY2024/25 Expenditures	32,162,900	9,879,052	2,498,300	300,000	815,500	
E. Estimated FY2025/26 Funding						2,023,113
1. Estimated Unspent Funds from Prior Fiscal Years	11,195,949	3,871,020	2,747,326	0	1,474,176	
2. Estimated New FY2025/26 Funding	24,568,520	6,142,130	1,616,330			
3. Transfer in FY2025/26[a/]	(285,000)			285,000	0	0
4. Access Local Prudent Reserve in FY2025/26	0					0
5. Estimated Available Funding for FY2025/26	35,479,469	10,013,150	4,363,656	285,000	1,474,176	
F. Estimated FY2025/26 Expenditures	28,164,270	9,880,102	2,546,108	285,000	746,100	
G. Estimated FY2025/26 Unspent Fund Balance	7,315,199	133,048	1,817,548	0	728,076	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	2,023,113
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	2,023,113
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	2,023,113
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	2,023,113

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.

FY 2023-24 Through 2025-26 MHSA Plan Update
Community Services and Supports (CSS) Component Worksheet

County: Santa Barbara County Date: 4/5/24

	Fiscal Year 2023/24			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated Other Funding
FSP Programs				
1. SPIRIT FSP Wraparound Services	2,752,200	1,590,000	1,119,600	42,600
2. Lompoc ACT FSP	2,012,600	1,655,000	357,600	0
3. Santa Maria ACT FSP	3,006,500	955,500	2,051,000	0
4. Santa Barbara ACT FSP	3,641,800	3,020,400	621,400	0
5. Supported Community Services North	1,530,900	850,200	680,700	0
6. Supported Community Services South	1,651,400	744,900	906,500	0
7. Forensic FSP (Justice Alliance)	2,804,800	2,591,600	213,200	0
8. New Heights TAY FSP	2,268,200	1,813,800	454,400	0
9.	0			
10.	0			
Non-FSP Programs				
1. Crisis Services	7,182,100	0	272,600	6,909,500
2. Adult Wellness and Recovery Outpatient (WR) Teams	6,109,800	2,939,200	3,170,600	0
3. Co-Occurring Mental Health and Substance Use Outpatient Tea	4,341,700	4,341,700	0	0
4. Wellness Centers	1,114,300	1,057,200	57,100	0
5. Children Wellness, Recovery and Resiliency (WRR)	5,333,300	109,100	2,142,700	3,081,500
6. Pathways to Well Being	553,600	0	335,100	218,500
7. Crisis Residential Services North/South	5,200,600	609,400	4,299,200	292,000
8. Adult Housing Support Services	5,131,200	1,292,100	3,839,100	0
9. Crisis Stabilization Units	4,067,300	162,900	3,904,100	300
10. Homeless Outreach Services	3,502,700	796,000	469,500	2,237,200
11. Medical Integration	2,176,000	2,176,000	0	0
12. Childrens Crisis Triage Teams	105,900	0	0	105,900
13.	0	0	0	0
CSS Administration	10,654,100	3,438,300	6,415,800	800,000
CSS MHSA Housing Program Assigned Funds	0			
Total CSS Program Estimated Expenditures	75,141,000	30,143,300	31,310,200	13,687,500
FSP Programs as Percent of Total	49.5%			

FY 2023-24 Through 2025-26 MHSA Plan Update
Community Services and Supports (CSS) Component Worksheet

County: Santa Barbara County Date: 4/5/24

	Fiscal Year 2024/25			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated Other Funding
FSP Programs				
1. SPIRIT Wraparound FSP	3,135,100	1,774,500	1,318,000	42,600
2. Lompoc Adult/Older Adults FSP	2,043,900	1,748,000	295,900	0
3. Santa Maria Adult/Older Adults FSP	3,279,900	676,200	2,603,700	0
4. Santa Barbara Adult/Older Adults FSP	4,827,700	4,117,500	710,200	0
5. North Community FSP	1,690,700	486,900	1,203,800	0
6. South Community FSP	1,972,700	753,700	1,219,000	0
7. Justice Alliance FSP	3,216,800	3,024,800	192,000	0
8. New Heights TAY FSP	2,901,200	1,849,000	1,052,200	0
Non-FSP Programs				
1. Crisis Services	8,223,700	655,800	362,700	7,205,200
2. Adult Wellness and Recovery Outpatient (WR) Teams	14,366,600	11,306,400	3,060,200	0
3. Wellness Centers	1,114,100	1,061,000	53,100	0
4. Children Wellness, Recovery and Resiliency (WRR)	6,518,500	166,700	2,016,400	4,335,400
5. Pathways to Well Being	609,000	2,900	606,100	0
6. Crisis Residential Services North/South	6,211,100	961,500	4,957,600	292,000
7. Adult Housing Support Services	6,809,800	615,900	5,192,500	1,001,400
8. Crisis Stabilization Units	8,330,000	0	8,330,000	0
9. Homeless Outreach Services	1,168,900	354,200	720,700	94,000
	0			
CSS Administration	10,989,000	2,607,900	7,681,100	700,000
CSS MHSA Housing Program Assigned Funds	0			
Total CSS Program Estimated Expenditures	87,408,700	32,162,900	41,575,200	13,670,600
FSP Programs as Percent of Total	48.8%			

FY 2023-24 Through 2025-26 MHSA Plan Update
Community Services and Supports (CSS) Component Worksheet

County: Santa Barbara County Date: 4/5/24

	Fiscal Year 2025/26			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated Other Funding
FSP Programs				
1. SPIRIT Wraparound FSP	3,197,802	1,810,842	1,344,360	42,600
2. Lompoc Adult/Older Adults FSP	2,084,778	1,782,960	301,818	0
3. Santa Maria Adult/Older Adults FSP	3,345,498	689,724	2,655,774	0
4. Santa Barbara Adult/Older Adults FSP	4,924,254	4,199,850	724,404	0
5. North Community FSP	1,724,514	496,638	1,227,876	0
6. South Community FSP	2,012,154	768,774	1,243,380	0
7. Justice Alliance FSP	3,281,136	3,085,296	195,840	0
8. New Heights TAY FSP	2,959,224	1,885,980	1,073,244	0
Non-FSP Programs				
1. Crisis Services	8,388,174	813,020	369,954	7,205,200
2. Adult Wellness and Recovery Outpatient (WR) Teams	14,653,932	6,498,428	8,155,504	0
3. Wellness Centers	1,136,382	1,082,220	54,162	0
4. Children Wellness, Recovery and Resiliency (WRR)	6,648,870	256,742	2,056,728	4,335,400
5. Pathways to Well Being	621,180	2,958	618,222	0
6. Crisis Residential Services North/South	6,335,322	986,570	5,056,752	292,000
7. Adult Housing Support Services	6,945,996	648,246	5,296,350	1,001,400
8. Crisis Stabilization Unit South	8,496,600	0	8,496,600	0
9. Homeless Outreach Services	1,192,278	363,164	735,114	94,000
				0
CSS Administration	11,341,580	2,792,858	7,834,722	714,000
CSS MHSA Housing Program Assigned Funds	0			
Total CSS Program Estimated Expenditures	89,289,674	28,164,270	47,440,804	13,684,600
FSP Programs as Percent of Total	58.0%			

FY 2023-24 Through 2025-26 MHSA Plan Update
Prevention and Early Intervention (PEI) Component Worksheet

County: Santa Barbara County 4/5/24

	Fiscal Year 2023/24			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated Other Funding
PEI Programs - Prevention				
1. Early Childhood Mental Health (ECMH)	481,374	481,374	0	0
2. Growing Grounds	385,000	385,000		
3. Wellness Promotion for Seniors	494,053	494,053		
4. Peer & Parent Partners in Wellness and Recovery	549,654	549,654		
PEI Programs - Early Intervention				
5. Early Childhood Specialty Mental Health	1,370,500	528,800	841,700	0
6. Early Detection and Intervention Teams for TAY	1,664,500	1,142,800	521,700	0
7. School-Based Prevention/Early Intervention Services	896,700	896,700	0	0
PEI Programs - Access and Linkage				
8. Access and Assessment Teams	2,953,800	2,578,200	375,600	
9. Safe Alternatives for Children and Youth Crisis Services	1,298,000	674,300	623,700	
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness				
10. Mental Health Education	589,539	589,539		
11. County-Wide Youth Council	142,240	142,240		
12. Youth Linkages Network	45,000	45,000		
13. CalMHSA State-Wide Prevention	120,000	120,000		
PEI Programs - Stigma and Discrimination Reduction				
14. Anti Stigma and Discrimination Program	200,000	200,000		
15. LEAD	120,000	120,000		
16. Health Equities Conference	120,000	120,000		
PEI Programs - Suicide Prevention				
17. School-Based Suicide Prevention	123,000	123,000		
18. Suicide Prevention Campaign	97,000	97,000		
PEI Administration	1,047,400	1,047,400	0	
PEI Assigned Funds	0			
Total PEI Program Estimated Expenditures	12,697,760	10,335,060	2,362,700	0

FY 2023-24 Through 2025-26 MHSA Plan Update
Prevention and Early Intervention (PEI) Component Worksheet

County: Santa Barbara County 4/5/24

	Fiscal Year 2024/25			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated Other Funding
PEI Programs - Prevention				
1. Early Childhood Mental Health (ECMH)	481,374	481,374	0	0
2. Growing Grounds	385,000	385,000		
3. Wellness Promotion for Seniors	494,053	494,053		
4. Peer & Parent Partners in Wellness and Recovery	570,530	570,530		
PEI Programs - Early Intervention				
5. Homeless Early Intervention	1,667,900	565,050	833,950	268,900
6. Early Childhood Specialty Mental Health	1,432,200	493,900	938,300	0
7. Early Detection and Intervention Teams for TAY	1,632,100	1,145,600	486,500	0
8. School-Based Prevention/Early Intervention Services	502,600	315,600	187,000	0
PEI Programs - Access and Linkage				
9. Access and Assessment Teams	2,618,400	2,250,300	368,100	
10. Safe Alternatives for Children and Youth Crisis Services	1,407,900	589,600	818,300	
11. Access Peer Team	335,959	167,980	167,980	
12. CARE Court Access and Linkages	634,234	317,117	317,117	
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness				
13. Mental Health Education	589,539	589,539		
14. County-Wide Youth Council	142,240	142,240		
15. Youth Linkages Network	45,000	45,000		
16. Mental Health Education	126,370	126,370		
PEI Programs - Stigma and Discrimination Reduction				
17. LEAD	240,000	240,000		
PEI Programs - Suicide Prevention				
18. School-Based Suicide Prevention	123,000	123,000		
19. Suicide Prevention Campaign	97,000	97,000		
PEI Administration	739,800	739,800	0	0
PEI Assigned Funds	0			
Total PEI Program Estimated Expenditures	14,265,199	9,879,052	4,117,246	268,900

FY 2023-24 Through 2025-26 MHSA Plan Update
Prevention and Early Intervention (PEI) Component Worksheet

County: Santa Barbara County 4/5/24

	Fiscal Year 2025/26			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated Other Funding
PEI Programs - Prevention				
1. Early Childhood Mental Health (ECMH)	481,374	481,374		
2. Growing Grounds	385,000	385,000		
3. Wellness Promotion for Seniors	494,053	494,053		
4. Peer & Parent Partners in Wellness and Recovery	570,530	570,530		
PEI Programs - Early Intervention				
5. Homeless Early Intervention	1,751,295	606,748	875,648	268,900
6. Early Childhood Mental Health	1,460,844	522,544	938,300	0
7. Early Detection and Intervention Teams for TAY	1,664,742	1,178,242	486,500	0
8. School-Based Prevention/Early Intervention Services	512,652	325,652	187,000	0
PEI Programs - Access and Linkage				
9. Access and Assessment Teams	2,670,768	2,295,306	375,462	
10. Safe Alternatives for Children and Youth Crisis Services	1,436,058	601,392	834,666	
11. Access Peer Team	352,757	176,379	176,379	
12. CARE Court Access and Linkages	665,945	332,973	332,973	
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness				
13. Mental Health Education	601,330	601,330		
14. County-Wide Youth Council	145,085	145,085		
15. Youth Linkages Network	45,900	45,900		
PEI Programs - Stigma and Discrimination Reduction				
16. LEAD	240,000	240,000		
PEI Programs - Suicide Prevention				
17. School-Based Suicide Prevention	123,000	123,000		
PEI Administration	754,596	754,596	0	0
PEI Assigned Funds	0			
Total PEI Program Estimated Expenditures	14,355,929	9,880,102	4,206,927	268,900

FY 2023-24 Through 2025-26 MHSA Plan Update
Innovations (INN) Component Worksheet

County: Santa Barbara County 4/5/24

	Fiscal Year 2023/24			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated Other Funding
INN Programs				
1. Peer Tech Suite	899,900	899,900	0	0
2. Housing Retention and Benefit Acquisition Team	712,100	712,100	0	0
3.	0	0	0	0
4.	0			
INN Administration	141,400	141,400	0	
Total INN Program Estimated Expenditures	1,753,400	1,753,400	0	0

	Fiscal Year 2024/25			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated Other Funding
INN Programs				
1. Housing Retention and Benefit Acquisition Team	2,390,400	2,390,400		0
2.				
3.				
4.				
INN Administration	107,900	107,900	0	
Total INN Program Estimated Expenditures	2,498,300	2,498,300	0	0

	Fiscal Year 2025/26			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated Other Funding
INN Programs				
1. Housing Retention and Benefit Acquisition Team	2,438,208	2,438,208	0	0
2.	0	0		
3.		0		
4.				
INN Administration	107,900	107,900		
Total INN Program Estimated Expenditures	2,546,108	2,546,108	0	0

FY 2023-24 Through 2025-26 MHSA Plan Update
Workforce, Education and Training (WET) Component Worksheet

County: Santa Barbara County 4/5/24

	Fiscal Year 2023/24			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated Other Funding
WET Programs				
1. Peer Training	240,800	240,800	0	0
2. OSHPD Southern Counties Regional Partnership	3,880,200	0	0	3,880,200
3. WET Workforce Retention	100,000	100,000		
4.	0			
WET Administration	0	0		
Total WET Program Estimated Expenditures	4,221,000	340,800	0	3,880,200

	Fiscal Year 2024/25			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated Other Funding
WET Programs				
1. Peer Training	200,000	200,000	0	0
2. OSHPD Southern Counties Regional Partnership	3,938,500	0	0	3,880,200
3. WET Workforce Retention	100,000	100,000		
4.	0			
WET Administration	0	0		
Total WET Program Estimated Expenditures	4,238,500	300,000	0	3,880,200

	Fiscal Year 2025/26			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated Other Funding
WET Programs				
1. Peer Training	100,000	100,000		
2. WET Workforce Retention	185,000	185,000		
	0			
WET Administration	0	0		
Total WET Program Estimated Expenditures	285,000	285,000	0	0

FY 2023-24 Through 2025-26 MHSA Plan Update
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Santa Barbara County 4/5/24

	Fiscal Year 2023/24			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated Other Funding
CFTN Programs - Capital Facilities Projects				
1.				
2.	0			
CFTN Programs - Technological Needs Projects				
11. Capital Information Technology (CIT)	900	900	0	0
12. Electronic Health Records	1,301,500	1,301,500		
CFTN Administration	0			
Total CFTN Program Estimated Expenditures	1,302,400	1,302,400	0	0

	Fiscal Year 2024/25			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated Other Funding
CFTN Programs - Capital Facilities Projects				
1.	0			
2.	0			
CFTN Programs - Technological Needs Projects				
11. Capital Information Technology (CIT)	1,000	1,000	0	0
12. Electronic Health Records	814,500	814,500		
CFTN Administration	0			
Total CFTN Program Estimated Expenditures	815,500	815,500	0	0

	Fiscal Year 2025/26			
	A	B	C	D
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated Other Funding
CFTN Programs - Capital Facilities Projects				
1.	0	0		
2.	0			
CFTN Programs - Technological Needs Projects				
11. Capital Information Technology (CIT)	1,000	1,000		
12. Electronic Health Records	745,100	745,100		
CFTN Administration	0			
Total CFTN Program Estimated Expenditures	746,100	746,100	0	0

APPENDICES

The appendices for the MHSA 24-25 Plan can be found as a separate document uploaded alongside the Plan. The appendices contain the following:

A. COMMUNITY PROGRAM PLANNING PROCESS

1. The County Community Program Planning Process Policy

2. The Job Description(s) of County Staff responsible for conducting the CPPP

3. The Outline (or copy of presentation) of the training provided to County staff responsible for the CPPP

4. The Outline (or copy of presentation) of the training offered and/or provided to stakeholders, clients, and family members of clients who are participating in the CPPP

5. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP

6. Documentation that demonstrates stakeholders provided input during the CPPP

7. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. that were used to circulate, for the purpose of eliciting public comment on the draft Plan/Update to community stakeholders and any other interested party who requested a copy

8. Documentation of the Public Hearing conducted by the County Behavioral Health Advisory Board (BHAB) or Commission

9. Documentation of the adoption of the Plan or Update by the County Board of Supervisors such as Board Resolution or Minute Order

B. COMMUNITY SERVICES AND SUPPORTS FY 2022-23 DATA AND PROGRAM OUTCOMES

C. PREVENTION AND EARLY INTERVENTION FY 2022-23 ANNUAL (or FOUR- YEAR) EVALUATION REPORT

D. INNOVATION FY 2022-23 ANNUAL (or FINAL) EVALUATION REPORT

E. COUNTY WORKFORCE NEEDS ASSESSMENT

F. WORKFORCE EDUCATION & TRAINING COORDINATOR JOB DESCRIPTION