Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26
APPENDICES

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Appendix A: Community Program Planning Process

The documentation for the Community Program Planning Process includes the following:

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 that demonstrates stakeholders provided input during the 30-Day Public Comment Period
9. Documentation of the Public Hearing conducted by the County Behavioral Health Advisory Board (BHAB) or Commission
10. Documentation of the adoption of the Plan or Update by the County Board of Supervisors such as Board Resolution or Minute Order

1. The County Community Program Planning Process Policy

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Departmental Policy and Procedure

Section	Mental Health Services Act (MHSA)	**Effective:**	6/10/2020
Sub-section		**Version:**	2.0
Policy	MHSA Community Program Planning Process (CPPP)	**Last Revised:**	1/19/2023
Policy #	19.002		
Director's Approval	DocuSigned by: Antonette Navarro Antonette Navarro, LMFT	**Date**	1/25/2023
Division Chief's Approval	DocuSigned by: Jamie Huthsing Jamie Huthsing, LMFT	**Date**	1/26/2023
Supersedes:	MHSA Community Program Planning Process (CPPP) eff. 6/10/2020	**Audit Date:**	1/19/2026

1. **PURPOSE/SCOPE**

   1.1. To establish guidelines for providing a Community Program Planning Process (CPPP) to continue to implement Mental Health Services Act (MHSA) services with allocated funding.

2. **DEFINITIONS**

   2.1. **Mental Health Services Act (MHSA)** – an act approved by California voters in 2004 that was designed to expand and transform California's county mental health service system. It is funded by imposing an additional one percent tax on individual, taxable income in excess of 1 million dollars.

   2.2. **MHSA Community Program Planning Process (CPPP)** – the process used by the Department to develop the MHSA Three-Year Plan, Expenditure Plans and Annual Updates in partnership with Stakeholders.

   2.3. **Stakeholder** – an individual or entity with an interest in mental health services in the state of California, including but not limited to the following:

      1. Adults with severe mental illness (SMI) and/or serious emotional disturbance (SED) and/or their families of children and adults with SMI;
      2. Providers of mental health and/or related services such as physical health care and/or social services;
      3. Educators and/or representatives of education;
      4. Representatives of law enforcement; and/or

5. Any other organization that represents the interests of individuals with SMI and/or SED and their families.

3. POLICY

3.1. The Santa Barbara County Department of Behavioral Wellness (hereafter the "Department") will determine the appropriate uses of available MHSA funds through the use of a MHSA CPPP that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

4. COMMUNITY PROGRAM PLANNING PROCESS (CPPP) GUIDELINES

4.1. The MHSA Manager is responsible for the coordination of all Program Administration, including CPPP.

4.2. The CPPP shall include the following:

1. Involvement of beneficiaries with SMI and/or SED and their family members in all aspects of the process;
2. Participation of Stakeholders; and
3. Trainings offered to all Department staff, Stakeholders, beneficiaries and beneficiaries' families who participate in the CPPP.

4.3. The Department will designate positions and/or units responsible for the following:

1. The overall CPPP;
2. Coordination and management of the CPPP;
3. Ensuring that Stakeholders have the opportunity to participate in the CPPP through Stakeholder meetings;
   a. Stakeholder participation should include representatives of unserved and/or underserved populations and their family members and reflect the diversity of the community.
   b. MHSA staff will follow the CPPP document saving process (see Attachment A) for each Stakeholder meeting.
4. Outreach to beneficiaries with SMI and/or SED and their family members to ensure the opportunity to participate.

4.4. The Department shall develop an MHSA Three-Year Plan and Expenditure Plan and update it annually, documenting the review process and explaining how all requirements were met.

5. REVIEW AND APPROVAL

5.1. After the CPPP has been completed, the Department shall conduct a local review process prior to submission that includes:

1. A public circulation and comment period of the draft plan for at least 30 calendar days; and
2. A copy of the draft MHSA Three-Year Plan and Expenditure Plan or Annual Update, given to representatives of stakeholders' interests and any other interested parties who requested the draft. This includes posting on the Department website.

5.2. The mental health board shall conduct a public hearing at the close of the public comment period and produce the following documentation:

1. Documentation that a public hearing was held by the local health board, including the date of the hearing;
2. A summary and analysis of any substantive recommendations; and
3. A description of any substantive changes made.

5.3. The Board of Supervisors shall review the adopted plan and, if approved, submit the MHSA Three-Year Plan and Expenditure Plan to the Department of Health Care Services within 30 days after adoption.

ASSISTANCE

Natalia Rossi, JD, MHSA Manager

Maria Arteaga, JD, Ethnic Services Manager

Jamie Huthsing, LMFT, Division Chief – Quality Care Management

REFERENCE

California Code of Regulations
Title 9, Sections 3200.270, 3300, 3310, 3315

California Welfare and Institutions Code
Sections 5847(a), 5848(a)(b), 5898

Department of Health Care Services – Mental Health Plan

ATTACHMENTS

Attachment A – Community Program Planning Process Documents to be Saved After Each Stakeholder Event

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
1/19/2023	2.0	• Revised Stakeholder definition; • Revised Policy statement; • Revised language around who is responsible for the program administration coordination; • Added language about saving stakeholder documents and Attachment that outlined which documents.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

Community Program Planning Process Documents to be Saved After Each Stakeholder Event

For each stakeholder event, a folder containing the specific event name must be created in the G:drive under both the CPPP and the MHSA Update Stakeholder folders and the following documents from the event must be uploaded:

1. English and Spanish Flyers
2. Sign In sheets
3. PowerPoint
4. A snapshot of:
    a. The date the announcement of the event was posted on the website
    b. The Instagram, Facebook, and Twitter posts of the event
5. Survey responses (if applicable)
6. Meeting notes (if applicable)
7. Agenda and minutes (if applicable/ if meeting occurred)

2. The Job Description(s) of County Staff responsible for conducting the CPPP

Description

*****DEPARTMENT PROMOTIONAL OPPORTUNITY*****

This recruitment is limited to Regular employees of the **County of Santa Barbara's Behavioral Wellness Department.**

SALARY

$102,160.35 - 125,736.45 Annually

The salary range reflects the expected range for hire. The top of the range for salary advancement is $149,312.56 Annually DOE/DOQ.

The **Behavioral Wellness Department** is accepting applications to fill the **Mental Health Services Act (MHSA) Manager** position in **Santa Barbara**. Although this vacancy is being listed in Santa Barbara, applicants must be able to travel to **Lompoc** and **Santa Maria**. Applicants must check "Santa Barbara" in the location section of the application.

NOTE: In the interest of attracting the best talent to the organization, the County may provide reimbursement for reasonable relocation expenses, and at the discretion of the CEO and Board of Supervisors, housing and student loan offsets, cash incentives, and/or vacation and sick leave pre-accruals.

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THE POSITION:

The Mental Health Services Act (MHSA) Manager is a Program/Business Leader - General classification who reports to the Assistant Director of the Behavioral Wellness Department. This position will serve as liaison to other County agencies and to multiple outside agencies including the California Department of Health Care Services, the MHSA Oversight and Accountability Commission, and MHSA staff from other Counties; represents Behavioral Wellness on committees composed of multi-agency representatives working to coordinate the provision of MHSA programs. Hosts public meetings including Brown Act and outreach events in multiple languages. In addition, the MHSA Manager will manage an inclusive on-going Community Program Planning (CPP) process by collaborating with community stakeholders to plan, develop and implements program, policies and procedures that are consistent with the Mental Health Services Act (MHSA) Principles and ensures compliance with state policies and regulations. Additionally, management of the MHSA State Audit includes oversight of an extensive protocol with fiscal and programmatic ramifications for lack of compliance.

On-call hours in rotation with other department administrators will be required.

The Ideal Candidate will possess:

- A Master's degree in behavioral health, health care administration, liberal arts, or a related field
- Proven track record in a management or coordinator role in a public behavioral health environment
- Fluency with the Mental Health Services Act principles, funding, and reporting requirements
- Solid knowledge of county behavioral health systems and associated mandates, funding and regulatory oversight
- Experience managing and implementing grants and special projects that have been established to improve client care and streamline services
- Strong partnerships with community agencies
- Experience leading change initiatives
- Experience in creating polished and professional documents and PowerPoint presentations
- Ability to inspire, coach, develop, and empower others
- Strong skills in data analysis to guide operational decision making and resource allocation
- Understanding of fiscal processes and their relationship with program development and operation
- Six (6) or more years of project management, programmatic, administrative and management experience (i.e. staff supervision, budget management and performance management)

Examples of Duties

The list that follows is not intended as a comprehensive list; it is intended to provide a representative summary of the major duties and responsibilities. Incumbent(s) may not be required to perform all duties listed, and may be required to perform additional, position-specific tasks.

1. Manages an inclusive on-going Community Program Planning (CPP) process by collaborating with community stakeholders to plan, develop and implements program, policies and procedures that are consistent with the Mental Health Services Act (MHSA) Principles and ensure compliance with state policies and regulations.
2. Serves as liaison to other County agencies and to multiple outside agencies; represents Behavioral Wellness on local and State committees composed of multi-agency representatives working to coordinate the provision of MHSA programs.
3. Serves as chair and attend monthly MHSA Department Action Teams meetings; Gathers input ensuring quality improvement efforts so that the Action Teams are enables to provide continuous and ongoing feedback on MHSA programs and assistance in development and improvement of a variety of initiatives, such as guidance on grant opportunities.

4. Directs and supports program planning of Innovation initiatives that increase access, improve quality of mental health services, and promote interagency and community collaboration for programs that service historically and contemporary marginalized.
5. Develops Innovation Projects guidelines; selection criteria for reviewing and awarding proposals; and measures for monitoring learning objectives of each innovative funded proposal.
6. Manages and directs budget for allocation to multiple program areas including, intensive case management, housing, vocational and peer support services, workforce training and employment, and population focused mental health interventions for contracted MHSA programs.
7. Manages the development of the annual MHSA budget. Serves as a liaison to a variety of other County staff, policy-making officials, and officials of outside agencies, including the California Department of Health Care Services, the MHSA Oversight and Accountability Commission, and MHSA staff from other counties.
8. Prepares and presents reports for the Behavioral Wellness Commission and the Board of Supervisors, along with its various committees.
9. Participates in meetings with state agencies and organizations.
10. Coordinates MHSA State Audits including acting as the key liaison with State auditors including production of records, policies for internal and contract agencies, improvement plans, and coordination with contract agencies on any required procedures per Audit results.
11. Drafts programs, coordinates implementation, and supervises MHSA grant opportunities including submission of grants to execution of grant programs. This includes a vast array of areas including infrastructure, training, evidence-based practices, and clinical integration, technology, school-based services, etc.; and
12. Performs other related duties as assigned.

3. The Outline (or copy of presentation) of the training provided to County staff responsible for the CPPP

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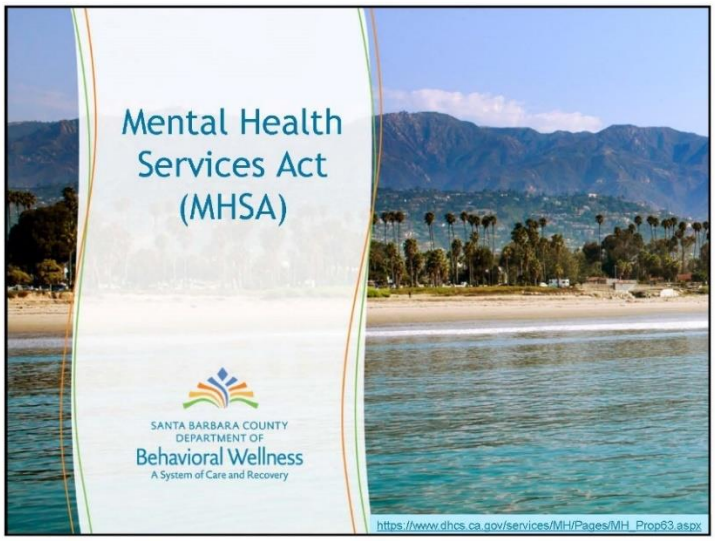

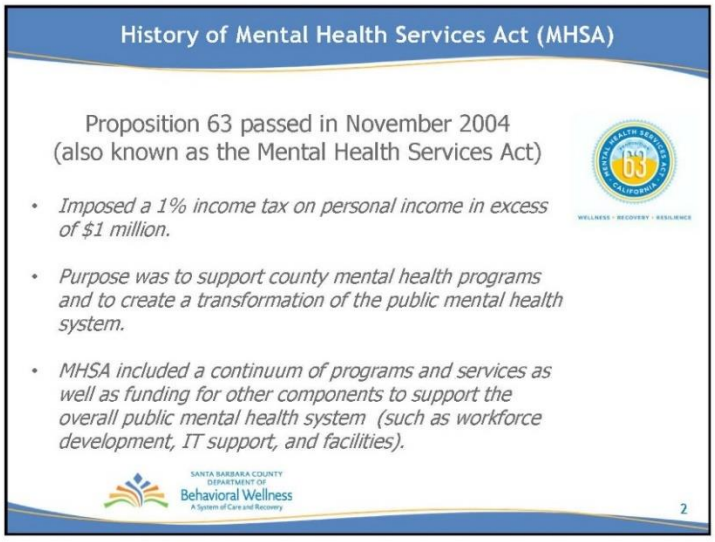

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Mental Health Services Act (Welfare and Institutions Code)

SECTION 7. Section 5813.5(d)

Planning for services shall be consistent with the philosophy, principles, and practices of the recovery vision for mental health consumers.

1) Promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self responsibility, and self-determination.
2) Promote consumer-operated services as a way to support recovery.
3) Reflect the cultural, ethnic, and racial diversity of mental health consumers.
4) Plan for each consumer's individual needs.

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MHSA - ESSENTIAL ELEMENTS:

- Wellness, recovery, resilience approaches; reduction of stigma
  Focus on recovery and resilience: people diagnosed with a mental illness are able to live, work, learn and participate fully in their communities.
- Culturally sensitive services, culturally competent providers
  Adopt behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- Consumer/family driven services
  Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- Consumer/family members integrated in the delivery of mental health services
  Consumers and family members are to be trained and employed to provide services to clients
- Collaborative and integrated resources and services –
  Individuals, families, and agencies work together to accomplish a shared vision, services across multiple agencies and funding sources are coordinated
- Evidenced-based, value-driven outcomes
  Data on outcomes of delivered services are collected/evaluated and researched methods of treatment are to be employed to ensure the efficacy of treatment and services.

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5 COMPONENTS INCLUDED IN MHSA

To support the public mental health system during this transformation, several components were included:

- Community Services & Support (CSS)
- Capital Facilities and Technological Needs (CFTN)
- Workforce Education & Training (WET)
- Prevention & Early Intervention (PEI)
- Innovation (INN)

Each of these components are explained on the following slides

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Community Services and Support (CSS)

Purpose: The focus of CSS is on the mental health services and treatment programs. CSS is the largest component of the MHSA.

Priorities:

- *community collaboration*
- *cultural competence*
- *client and family driven services*
- *recovery and resilience concepts*
- *integration of services*
- *increased access to unserved and underserved populations.*

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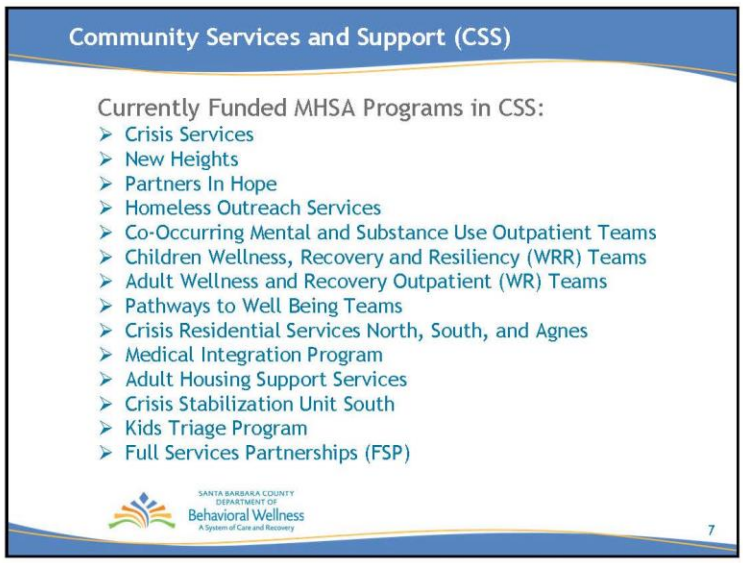
Community Services and Support (CSS)
Currently Funded MHSA Programs in CSS:
Crisis Services
New Heights
Partners In Hope
Homeless Outreach Services
Co-Occurring Mental and Substance Use Outpatient Teams
Children Wellness, Recovery and Resiliency (WRR) Teams
Adult Wellness and Recovery Outpatient (WR) Teams
Pathways to Well Being Teams
Crisis Residential Services North, South, and Agnes
Medical Integration Program
Adult Housing Support Services
Crisis Stabilization Unit South
Kids Triage Program
Full Services Partnerships (FSP)
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Capital Facilities and Technological Needs (CFTN)
Capital Facilities:
Purpose: This component supports the creation of facilities necessary for the delivery of services. Funds may also be used to support an increase in peer-support and consumer-run facilities, and development of community-based settings.
Technological Needs:
Purpose: This component provides funding for developing an effective technological infrastructure to support the mental health system.
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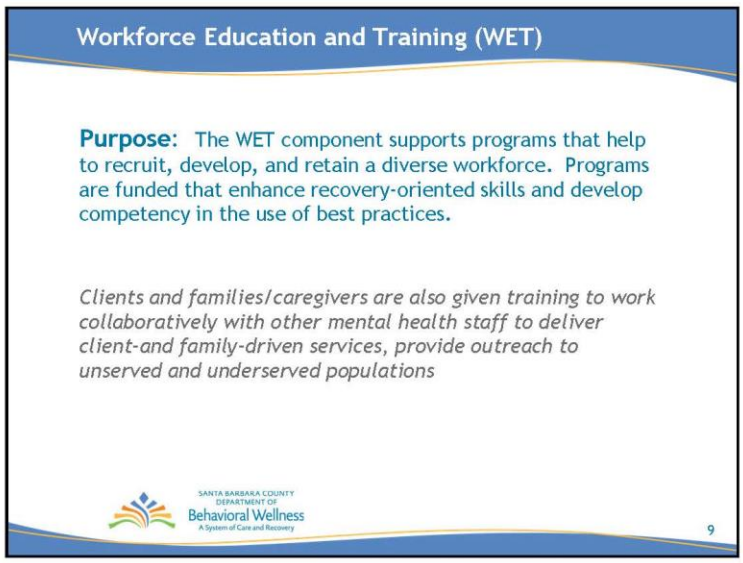
Workforce Education and Training (WET)
Purpose: The WET component supports programs that help to recruit, develop, and retain a diverse workforce. Programs are funded that enhance recovery-oriented skills and develop competency in the use of best practices.
Clients and families/caregivers are also given training to work collaboratively with other mental health staff to deliver client-and family-driven services, provide outreach to unserved and underserved populations
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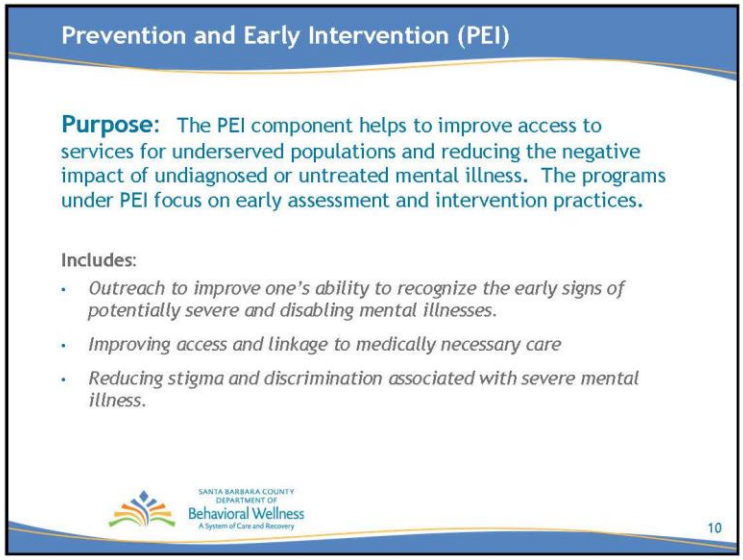
Prevention and Early Intervention (PEI)
Purpose: The PEI component helps to improve access to services for underserved populations and reducing the negative impact of undiagnosed or untreated mental illness. The programs under PEI focus on early assessment and intervention practices.
Includes:
Outreach to improve one's ability to recognize the early signs of potentially severe and disabling mental illnesses.
Improving access and linkage to medically necessary care
Reducing stigma and discrimination associated with severe mental illness.
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Innovation (INN)

Purpose: Activities through INN involve creative and innovative projects designed to increase access to underserved groups, improve the quality of services, and promote interagency collaboration. (projects can be in administrative, research, training or service delivery areas)

Programs should meet one of the following:

- *Introduce a new practice or approach;*
- *Make a change to an existing practice;*
- *Apply a promising practice or approach that has been successful in a non-mental health setting;*
- *Increase access to services through permanent supportive housing*

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Programs Funded Through the Other MHSA Components

- Promotora Program
- PEI Early Childhood Mental Health (ECMH)
- School-Based Prevention/Early Intervention Services for Children and TAY (START)
- PEI Early Detection and Intervention Teams for Children for Transition-Age Youth (TAY)
- Safe Alternatives for Children and Youth (SAFTY)(Crisis Services)
- Access and Assessment Teams - Kids, TAY, Adults
- Technology Suite Project - Help at Hand
- The "No Place Like Home" Initiative
- Consumer Empowerment and Peer Employment
- Electronic Health Record

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How are MHSA principles applied throughout the Behavioral Wellness Department?

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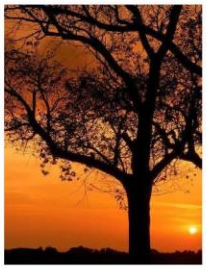
Systems Change Initiative

The Department's System Change Steering Committee engaged in a comprehensive process to formulate guiding principles for public behavioral healthcare in the County of Santa Barbara.

The report and additional information can be found on the Department's website under the "community" drop down menu, "systems change"



http://www.countyofsb.org/behavioral-wellness/systemschange-home.sbc

http://countyofsb.org/behavioral-wellness/principlesinpractice-home.sbc

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Systems Change Initiative

In order to implement the guiding principles into quality improvement activities "Action Teams" were created to focus on specialized areas:

- Client Family Member Action Team (CFMAT)
- Children's System of Care Action Team (CSOC-AT)
- Cultural Competency & Diversity Action Team (CCDAT)
- Housing Empowerment Action & Recovery Team (HEART)
- Crises Action Team
- Forensic Action Team

An "Action Team" is a quality improvement group that includes representatives with varying perspectives. The purpose of the Action Team is to focus on relevant issues and make recommendations and plans for change or improvement.

http://www.countyofsb.org/behavioral-wellness/systemschange-home.sbc

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Systems Change Initiative

In addition to the Action teams, the other tracks for system change include Change Agents and quality improvement workgroups

Change Agents: individuals who represent consumers, families, county and contracted administrative and clinical programs and partner agencies. They work as a team to help each other and partner with leadership to create system change.

Continuous Quality Improvement (CQI) Workgroups work to improve programs, services, and policies/procedures across service sites and regions of the county.

http://www.countyofsb.org/behavioral-wellness/systemschange-home.sbc

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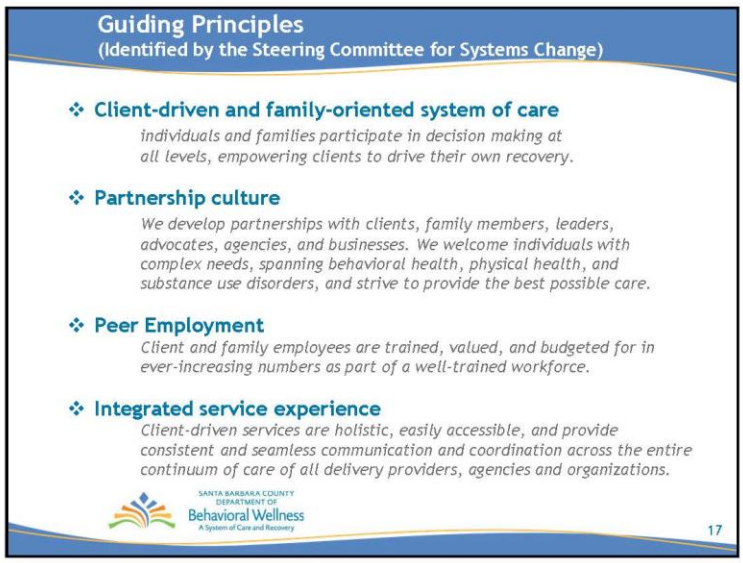
Guiding Principles
(Identified by the Steering Committee for Systems Change)
Client-driven and family-oriented system of care
individuals and families participate in decision making at all levels, empowering clients to drive their own recovery.
Partnership culture
We develop partnerships with clients, family members, leaders, advocates, agencies, and businesses. We welcome individuals with complex needs, spanning behavioral health, physical health, and substance use disorders, and strive to provide the best possible care.
Peer Employment
Client and family employees are trained, valued, and budgeted for in ever-increasing numbers as part of a well-trained workforce.
Integrated service experience
Client-driven services are holistic, easily accessible, and provide consistent and seamless communication and coordination across the entire continuum of care of all delivery providers, agencies and organizations.
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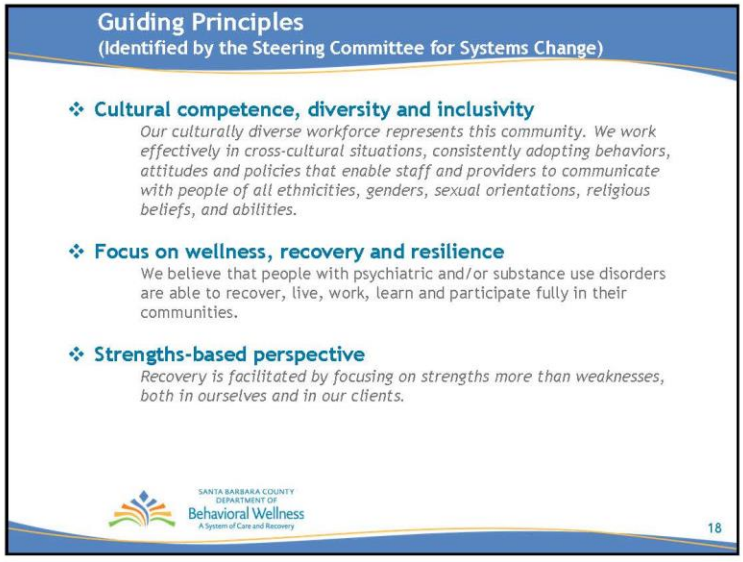
Guiding Principles
(Identified by the Steering Committee for Systems Change)
Cultural competence, diversity and inclusivity
Our culturally diverse workforce represents this community. We work effectively in cross-cultural situations, consistently adopting behaviors, attitudes and policies that enable staff and providers to communicate with people of all ethnicities, genders, sexual orientations, religious beliefs, and abilities.
Focus on wellness, recovery and resilience
We believe that people with psychiatric and/or substance use disorders are able to recover, live, work, learn and participate fully in their communities.
Strengths-based perspective
Recovery is facilitated by focusing on strengths more than weaknesses, both in ourselves and in our clients.
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Guiding Principles
(Identified by the Steering Committee for Systems Change)

- **Fiscal responsibility**
  We efficiently leverage finite resources to provide the highest quality care to our clients, including those whom are indigent.
- **Transparency and accountability**
  There are no secrets. We do what we say we will do, or we explain why we can't.
- **Continuous quality improvement**
  We reliably collect and consistently use data from client outcomes as well as data related to the perceptions of families, employees, and community-based organizations, to support a continuous quality improvement process.

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Our Promise to You....

Throughout the department there are posters in the lobbies that apply these guiding principles:

1. *Your voice counts. We encourage clients and families to participate in decision-making. Clients are in charge of their own recovery. We're here to help.*
2. *We will embrace individuals or agencies that may help us better serve you.*
3. *We welcome you and seek to serve you regardless of how challenging your problems may be.*
4. *We seek to train and employ clients and families to strengthen services and promote recovery.*
5. *We want you to receive all the services you need in a smooth, consistent, and continuous manner.*

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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

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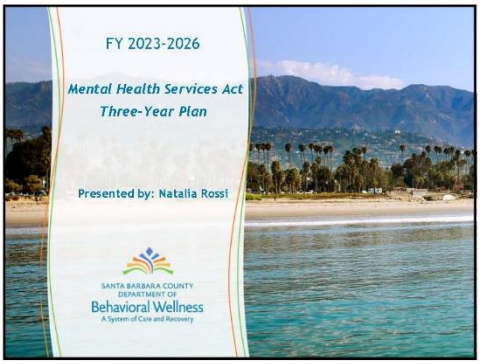

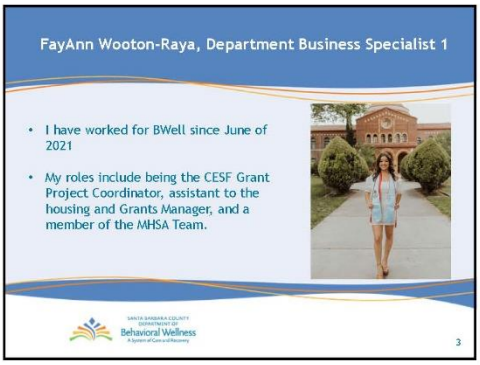

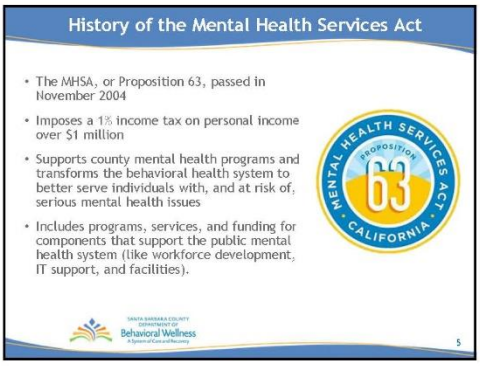

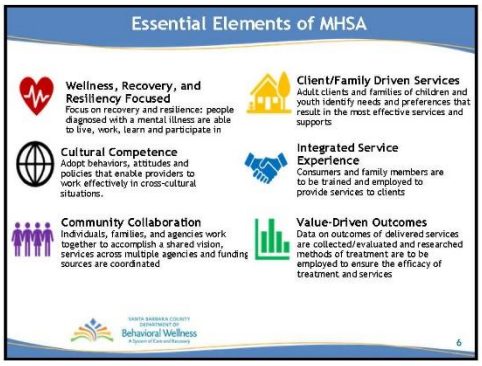

1

The Importance of MHSA Community Collaboration

MHSA Community Collaboration (9 CCR § 3200.060)
"Community Collaboration" means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5830(a)(3) and 5866, Welfare and Institutions Code.

Behavioral Wellness

7

Public Comment - Public's Role as Stakeholders

The MHSA Three Year Plan is developed with local stakeholders including consumers, families, service providers, veterans, and representatives from law enforcement, education, social services, veterans, alcohol and drug and health care organizations.

Additionally, the stakeholder process must include:

- Representatives of unserved and/or underserved populations and family members;
- Stakeholders who represent the diversity of the demographics of the county (i.e., Location, age, gender, race/ethnicity); and
- Consumers living with serious mental illness and/or serious emotional disturbance and their family members.

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Rules and Regulations

California Code of Regulations (CCR) § 3310 and California Welfare and Institutions Code (WIC) § 5847 state:

- The county shall create a **Three Year Plan** and update the Plan annually;
- The Plan shall address **Programs and elements that have changed**; and
- The Plan shall include **estimated expenditure projections** for each Component

The MHSA Plan shall be prepared and circulated for review and public comment for **at least 30 days** to representatives of stakeholder interests. The Mental Health Board shall conduct a public hearing on the draft Plan at the close of the 30 day comment period.

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9

How the Plan Creation Process Will Work, Pt. 1

We are gathering feedback from our stakeholders throughout the fall → We will make an initial plan based on stakeholder feedback and budget projections in January → We will share the initial draft plan with stakeholder in March-April to get consensus on Three Plan → We will make additional changes based on consensus-building meetings

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How the Plan Creation Process Will Work, Pt. 2

We will post plan for public comment in May → We will go to BWell Commission and Board of Supervisors for approval in May/June → We submit final approved plan to DHCS and MHOAC by June 30th and plan is adopted

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The 5 Funding Components of MHSA

1. Community Services and Support
2. Capital Facilities and Technological Needs (CFTN)
3. Workforce Education and Training (WET)
4. Prevention and Early Intervention (PEI)
5. Innovation (INN)

Dollars are divided among counties and used to address mental health needs with a focus on prevention, treatment, and innovation.

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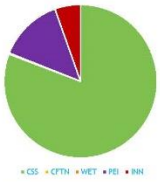
MHSA Budget Distribution

MHSA applies a specific portion of funding to each of the five system-building components:

1. Community Services and Supports (CSS); 80.4% in FY 22-23
2. Prevention and Early Intervention (PEI); 13.5% in FY 22-23
3. Workforce Education and Training (WET); .27% in FY 22-23
4. Capital Facilities (Buildings) and Technological Needs (CF/TN); 0.0% in FY 22-23
5. Innovation; ; 5.4% FY 22-23



1. Community Services and Support
2. Capital Facilities and Technological Needs (CFTN)
3. Workforce Education and Training (WET)
4. Prevention and Early Intervention (PEI)
5. Innovation (INN)

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Community Services and Supports

CSS is the largest area of the MHSA Programs, and it uses about 80% of our current funding.

There are four program areas in CSS:

- Full Service Partnerships
- General System Development
- Project-Based Housing
- Outreach and Engagement

The focus of CSS is to provide adult and older adult systems of care, a children's system of care, peer support and family education, and wraparound services for children.

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Definition of Full Service Partnerships (FSPs)

These are services for clients who have been identified as needing the full spectrum necessary to achieve recovery.

This includes:

- Mental health support
- Peer Support
- Supportive services
- Wellness centers
- Alternative treatment and culturally specific treatment
- Case management
- Crisis Intervention/Stabilization
- Needs Assessment
- Family Education Services

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More on Full Service Partnerships

Non-mental health services and supports including, but not limited to:

- Food
- Clothing.
- Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing.
- Cost of health care treatment.
- Cost of treatment of co-occurring conditions, such as substance abuse.
- Respite care.
- Wrap-around services to children

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Our FSP Programs (FY 22-23)

- Santa Barbara ACT
  - projected spending: $1,793,516
- Santa Maria ACT (Telecare)
  - projected spending: $1,013,700
- Lompoc ACT (Merakey)
  - projected spending: $1,237,403
- Supported Community Services South (PathPoint)
  - projected spending: $569,164
- Supported Community Services North (THMA)
  - projected spending: $319,341
- Justice Alliance (BWell)
  - projected spending: $2,257,864
- New Heights- TAY FSP (BWell, CommUnify)
  - projected spending: $1,597,490
- Spirit- Children's FSP (BWell, CALM and Casa Pacifica)
  - projected spending: $1,274,910

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Definition of General System Development, Pt. 1

General System Development Funds may only be used to provide one or more of the following mental health services and supports:

- Mental health treatment, including alternative and culturally specific treatments.
- Peer support.
- Supportive services to assist the client, and when appropriate the client's family, in obtaining employment, housing, and/or education.
- Wellness centers.
- Personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services.

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Definition of General System Development, Pt. 2

General System Development Funds may only be used to provide one or more of the following mental health services and supports:

- Needs assessment.
- Individual Services and Supports Plan development.
- Crisis intervention/stabilization services.
- Family education services.
- Project-Based Housing program.
- Improve the county mental health service delivery system for all clients and their families.
- Develop and implement strategies for reducing ethnic/racial disparities.

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General System Development

These are the programs covered in GSD and their projected spending:

Crisis Services: $2,337,603
- BWell

Partners in Hope: $977,700
- MWC & THMA

Adult Outpatient: $1,774,461

TAY Outpatient: $1,597,490

Children's Outpatient: $2,523,300

Pathways to Wellbeing: $714,000
- CALM
- FSA

Crisis Residential Treatment Facilities: $3,069,445
- North, Agnes and South

Adult Housing Support Services: $1,560,033

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Outreach and Engagement Component of MHSA

Outreach and Engagement funds may be used to pay for:
- **Strategies** to reduce ethnic/racial disparities.
- **Food, clothing, and shelter** (when the purpose is to engage).

Outreach to entities such as:
- **Community based** organizations.
- **Schools.**
- **Tribal communities.**
- **Primary care** providers.
- **Faith-based** organizations.

Outreach to individuals such as:
- Community **leaders.**
- Those who are **homeless.**
- Those who are **incarcerated** in county facilities.

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Homeless Outreach Team

The Homeless Outreach Team currently consists of clinical and case worker teams in North, South, and West County, and a Team Supervisor. Our projected CSS funding for this team is **$398,300.**

This is our only Outreach and Engagement Team.

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Requirements for MHSA Project-Based Housing

MHSA Project-Based Housing must be exclusively for persons with a serious mental illness who are receiving mental health services through BWell.

Money can be used to:
- Purchase, Renovate, Construct Housing
- Master Leasing
- Establishing a Project-Based Housing Fund

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No Place Like Home Background

In 2016, California enacted Assembly Bills 1618 and 1628 that created the NPLH program.

This was a bond program, and the debt service on the bonds sold to generate all program funding is paid for by Mental Health Services Act revenues; therefore, NPLH has no ongoing costs to the state General Fund.

...but, there is less MHSA funding for counties.

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BWell's MHSA Funded Housing Projects

1) Garden Street Apartments in Santa Barbara: 8 units
2) Pescadero Lofts in Isla Vista: 12 units
3) Homebase on G in Lompoc: 8 units
4) Rancho Hermosa in Santa Maria: 12 units
5) Depot Street in Santa Maria: 34 units

Depot Street

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No Place Like Home Housing Projects

1) West Cox Cottages in Santa Maria: 13 units
2) Cypress &7th in Lompoc: 14 units
3) Hollister Lofts In Goleta: 16 units
4) Hollister II in Santa Barbara: 20 studio units
5) Patterson Point in Goleta: 11 units

West Cox Cottages

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Defining Prevention and Early Intervention (PEI)

The programs under PEI focus on prevention, early assessment and intervention practices, mental health education and access and linkages to treatment.

This means that all programs must show evidence indicating that they are likely to bring about positive mental health outcomes for individuals and families with, or at risk, of serious mental illness

- At least 51% of PEI funding must be dedicated to programs for people 25 or younger

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Six Areas of PEI

1) Outreach for Increasing Recognition of Early Signs of Mental Illness
2) Prevention Programs
3) Early Intervention Programs
4) Access and Linkages to Treatment
5) Suicide Prevention
6) Stigma and Discrimination Reduction Programs

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Outreach for Increasing Recognition of Early Signs of Mental Illness

These are program that are:

- engaging, encouraging, educating, and/or training
- learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness

Our Programs in this area are:

- Santa Ynez Tribal Health Clinics and
- Community Health Centers of the Central Coast

Our estimated funding for these programs is $170,600

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Prevention Programs

A Prevention Program is a set of related activities designed to reduce risk factors for developing a potentially serious mental illness and build protective factors.

This includes Relapse Prevention and may include Universal Prevention

Our Prevention Programs are:

- Santa Ynez Tribal Health Clinics
- Santa Ynez Valley People Helping People

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Early Intervention

These programs include:
- treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative that may result from untreated mental illness.

Our Early Intervention Programs:
- Child Abuse Listening and Mediation (CALM)
- Early Detection and Intervention for Children/TAY (ages 5-25)
- START (School-Based Prevention/Early Intervention) (CADA)

CALM funding: $591,300
BWell funding: $124,398
START funding: $332,500

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ACCESS and LINKAGES to SERVICES

These are programs that are Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.

Our Access and Linkages to Services Program are:

- The ACCESS line (BWell)
- The SAFTY mobile crisis line and response team (Casa Pacifica)

- ACCESS funding: $2,238,679
- SAFTY funding: $660,200

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Stigma and Discrimination Programs

Programs will involve activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to having a mental health diagnosis or seeking mental health services.

Each stigma and discrimination program shall select and use a validated method to measure one or more of the following:
- Changes in attitudes, knowledge, and/or behavior related to mental illness
- Changes in attitudes, knowledge, and/or behavior related to seeking mental health services

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County-Wide Stigma and Discrimination Reduction Campaign

We are in the midst of contract formation with Idea Engineering to **develop countywide mental health and substance use de-stigmatization materials.**

These materials will be in **Spanish and English**, designed for **at-risk populations**, and will **survey changes in attitudes, knowledges and/or behaviors**

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CalMHSA State-wide PEI Program

We are in the midst of contract formation to participate in the CalMHSA PEI Program.

The primary focus of these programs is to promote mental health and wellness, reduce stigma and discrimination surrounding mental health, suicide prevention, and health equity throughout California communities, with additional focus on diverse and/or historically underserved communities.

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CalMHSA State-Wide Prevention and Intervention Program

This program will:
- Disseminate and direct Statewide PEI project campaigns, programs, resources, and materials
- Provide subject matter in stigma and discrimination reduction (SDR) to support local PEI efforts
- Develop local and statewide capacity building support and new outreach materials for counties, and community stakeholders.

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Suicide Prevention

Suicide Prevention Programs are organized activities that the County undertakes to prevent suicide as a consequence of mental illness.

This category of Programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

Current Suicide Prevention Programs:
- CalMHSA "Know the Signs" and "Directing Change"

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PEI Priorities: We need you to Identify these!!!

(1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.

(2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.

(3) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.

(4) Culturally competent and linguistically appropriate prevention and intervention.

(5) Strategies targeting the mental health needs of older adults.
(6) Other programs the commission identifies, with stakeholder participation, that are proven effective

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Workforce Education and Training (WET)

The WET component supports programs that recruit, develop, and retain a diverse workforce.

Funded programs enhance recovery-oriented skills and develop competency in the use of best practices.

MHSA funded programs in WET include Consumer Empowerment and Peer Employment. This is $272,684 in WET funding

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Workforce Education and Training (WET), Cont.

Enhancing the Mental Health Workforce
- Have a WET Coordinator
- Provide Evidence Based Practices Education to our providers
- Provide graduate student stipend for interns to aid recruitment (SCRP Grant)
- Provide a Loan Repayment program to aid recruitment and incentivize remaining with our Department (SCRP Grant)
- Provide a robust series of Cultural Competency Trainings (SCRP Grant)

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Capital Facilities and Technological Needs (CFTN)

CFTN funds projects designed to enhance the infrastructure needed to support the behavioral health system

CFTN includes improving or replacing existing technology systems and/or developing the capital facilities necessary for the delivery of services

MHSA Funded Programs in CFTN
- New Electronic Health Records for CalAIM- developed with CalMHSA
- Estimated CSS funding: $800,000

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Innovation (INN)

The INN component funds projects designed to test new time-limited or changing mental health practices that have not yet been demonstrated as effective.

Programs involve creative and innovative projects designed to increase access to underserved groups, improve quality of service, and promote interagency collaboration.

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Innovation (INN) Cont.

Programs Should Meet one of the Following:
- Introduce a new practice of approach; or make a change to an existing practice
- Apply a promising practice or approach that has been successful in a non-mental health setting
- Increase access to services through permanent supportive housing

MHSA Funded Programs in INN
- Technology Suite Project: Technology Advancing to Access and Recovery
- PROPOSED: Housing Assistance and Retention Team (HART) this is $7,552,606 in INN funding for five years

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Update on Help@Hand Project

The goal for this Innovations Project is to utilize technology to improve mental health and overall wellbeing. Our county has chosen to free Headspace licenses to anyone who lives, works or goes to school in the county.

The Help@Hand team is **entirely peers,** and has also been trained in presenting **Digital Health Literacy** workshops to bridge the digital divide that exists in our community. The team provides outreach throughout the county with Workshops, such as how to create an **email and email maintenance, utilizing zoom for telehealth and social connections, and maximizing the use of smart phone capabilities,** with the idea that anyone can access resources from a device they have on hand.

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Proposed HART Housing Retention Team

Will be composed of:
- Grant Manager
- Epidemiologist
- Retention Team with:
- Peer Supervisors
- Case workers (lived experience preferred)
- Peer Recovery Assistants

Will provide
- onsite support
- Independent living skills classes
- Housing management trainings
- 24 hour a day "warm line" for assistance

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MHSA FY 2023-2026 Community Planning

"Nothing about us, without us"

MHSA Manager
Natalia Rossi, JD
Department Cultural Competence and Peer Manager
Maria Arteaga, JD
Department Deputy Chief of Communications
Suzanne Grimmesey, LMFT
Department Deputy Chief of Quality Care Management
Jamie Hutching, LMFT
MHSA BWELL Staff Contributions
Caitlin Lepore, Tor Hargens, FayAnn Wooton-Raya
MHSA Writing Intern
Nakisa Shojaie

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Please Participate in Our Mental Health Services Act Survey!

https://www.surveymonkey.com/r/2Q99QZP

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Mental Health Services Act Contact Information

Feel free to reach out with questions, comments and ideas

Thank you,
Natalia Rossi, JD
MHSA Manager
☎office: (805)681-5336
nrossi@sbcbwell.org

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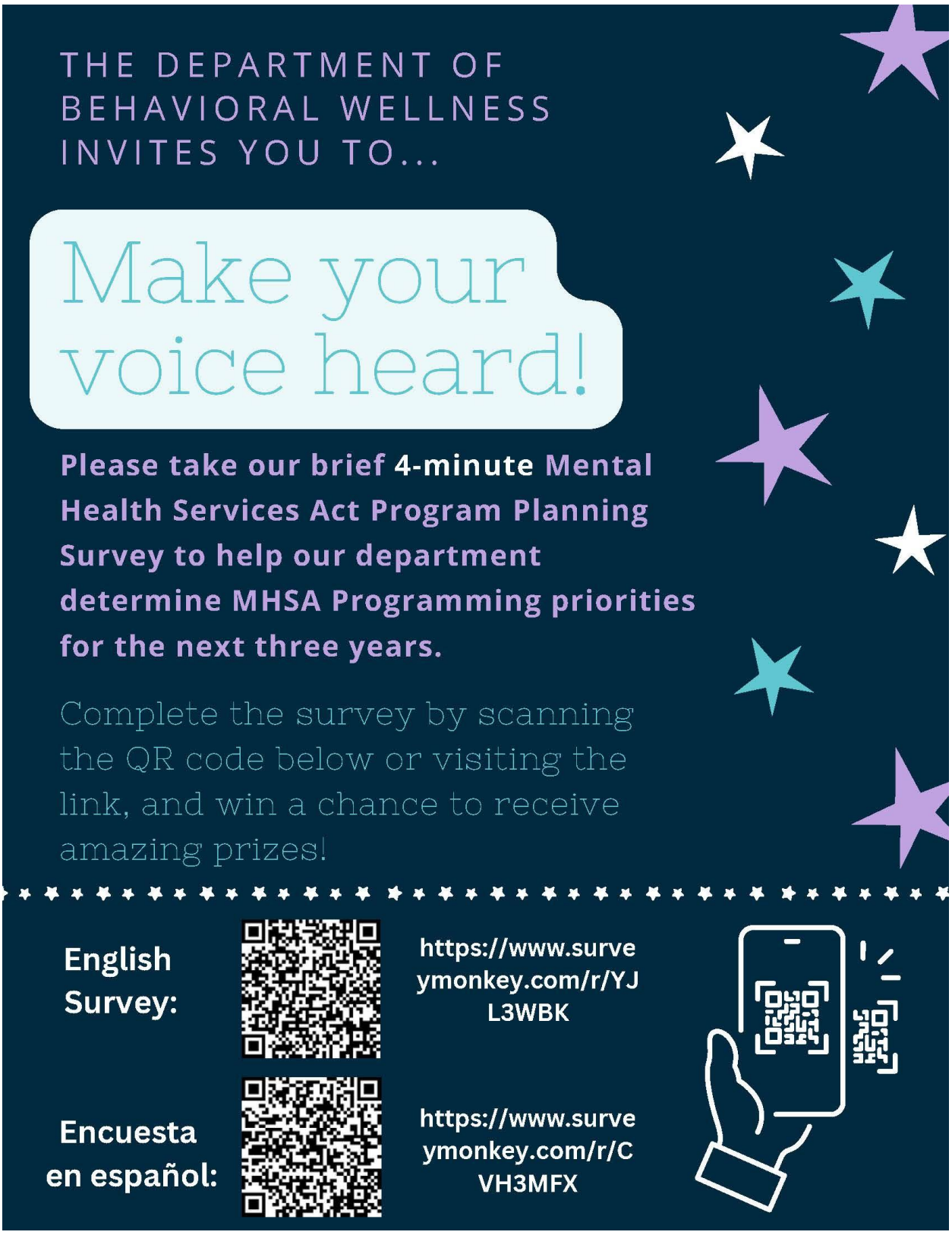
5. Copies of emails, website screenshots, flyers, notices in media, used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP


SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
PLEASE JOIN US FOR A VIRTUAL MHSA
WORKFORCE EDUCATION AND TRAINING
FOCUSED STAKEHOLDER SESSION!
WEDNESDAY, DECEMBER 14TH
1:00 PM-2:30 PM
VIRTUAL ZOOM MEETING
https://sbcbwell.zoom.us/j/93722293932?pwd=VUcrS2I4VjZTSngwY2c5dVdoamtxQT09
Meeting ID: 937 2229 3932
Passcode: 08667016
MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA
Si se necesitan servicios de interpretación, comuníquese con nrossi@sbcbwell.org para solicitar estos servicios


SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
PLEASE JOIN US FOR A MENTAL HEALTH SERVICES ACT STAKEHOLDER SESSION!
TUESDAY, NOVEMBER 8TH
5:00 PM-6:30 PM
MENTAL WELLNESS CENTER
Dinner will be provided!
MENTAL HEALTH SERVICES ACT
PROPOSITION
63
CALIFORNIA
Si se necesitan servicios de interpretación, comuníquese con nrossi@sbcbwell.org para solicitar estos servicios


SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
PLEASE JOIN US FOR OUR FALL 2022
MHSA STAKEHOLDER LISTENING SESSIONS
MONDAY, NOVEMBER 7TH
5:00 PM-7:00 PM
Lompoc Public Library
Grossman Gallery
501 E. North Ave.
Lompoc, CA 93436-3404
WEDNESDAY, NOVEMBER 9TH
5:00 PM-7:00 PM
Santa Maria Public Library
Shephard's Hall
421 S. McClelland Street
Santa Maria, CA 93454
MONDAY, NOVEMBER 14TH
5:00 PM-7:00 PM
East Side Public Library
Martin Luther King Jr.
Meeting Space
1102 East Montecito Street
Santa Barbara, CA 93103
THURSDAY, NOVEMBER 17TH
4:00 PM - 6:00PM
Virtual Zoom Meeting
https://sbcbwell.zoom.us/j/94764375782?pwd=OW9ycDRpSE40c2JBZ1A4REpFUlRQZz09
Meeting ID: 947 6437 5782
Passcode: 81375457
MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA
Si se necesitan servicios de interpretación, comuníquese con nrossi@sbcbwell.org para solicitar estos servicios.


THE DEPARTMENT OF BEHAVIORAL WELLNESS INVITES YOU TO...
Make your voice heard!
Please take our brief 4-minute Mental Health Services Act Program Planning Survey to help our department determine MHSA Programming priorities for the next three years.
Complete the survey by scanning the QR code below or visiting the link, and win a chance to receive amazing prizes!
English Survey:
https://www.surveymonkey.com/r/YJL3WBK
Encuesta en español:
https://www.surveymonkey.com/r/CVH3MFX


EL DEPARTAMENTO DE BEHAVIORAL WELLNESS LO INVITA A...
¡Que su voz sea escuchada!
Realice nuestra breve encuesta de planificación del programa de la Ley de Servicios de Salud Mental que tomara 4 minutos, para que MHSA (la Ley de Servicios de Salud Mental) determine las prioridades de programación para los próximos tres años.
¡Complete la encuesta escaneando el código QR debajo o visitando el enlace, y gane una oportunidad de recibir premios asombrosos!
Encuesta en inglés:
https://www.surveymonkey.com/r/YJL3WBK
Encuesta en español:
https://www.surveymonkey.com/r/CVH3MFX


TALLERES DIRIGIDOS A LA MHSA
UNA OPORTUNIDAD PARA EL CFMAT Y OTROS CONSUMIDORES Y FAMILIAS PARA DIRIGIRSE AL PROCESO DE PLANIFICACION DE LA MHSA
SANTA BARBARA COUNTY DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
UNASE A NOSOTROS PARA ALMORZAR Y CONVERSAR SOBRE LA PLANIFICACION DE LA MHSA EN:
Mi Amore Pizza & Pasta
Martes 13 de septiembre de 12 a 1:30pm
1321 N H Street Unit M
Lompoc, CA 93436
Super Cucas Restuarant
Miercoles 21 de septiembre de 12 a 1:30pm
626 W Micheltorena St
Santa Barbara, CA 93101
Maya Mexican Restuarant
Jueves 29 de septiembre de 12 a 1:30pm
110 S Lincoln St
Santa Maria, CA 93458
CONFIRMAR ASISTENCIA A:
FWOOTON@SBCBWELL.ORG
SI TIENE ALGUNA CONSULTA, ENVIE UN CORREO ELECTRONICO A:
NROSSI@SBCBWELL.ORG


MHSA STEERING WORKSHOPS
A CHANCE FOR CFMAT & ANY OTHER CONSUMER & FAMILY MEMBERS TO DIRECT THE MHSA PLANNING PROCESS
SANTA BARBARA COUNTY DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
PLEASE JOIN US FOR LUNCH & DISCUSSION ON MHSA PLANNING AT:
Mi Amore Pizza & Pasta
Tuesday, September 13th 12 - 1:30pm
1321 N H Street Unit M
Lompoc, CA 93436
Super Cucas Resturant
Wednesday, September 21st 12-1:30pm
626 W Micheltorena St
Santa Barbara, CA 93101
Maya Mexican Restaurant
Thursday, September 29th 12-1:30pm
110 S Lincoln St
Santa Maria, CA 93458
PLEASE RSVP TO:
FWOOTON@SBCBWELL.ORG
FOR ANY QUESTIONS, PLEASE EMAIL:
NROSSI@SBCBWELL.ORG

12:28

Santa Barbara County Departmen...

Posts About Photos Mentions

Santa Barbara County Department of Behavioral Wellness

Aug 30 ·

The Consumer and Family Member Action Team, as well as any consumer or family members, are invited to provide input to the MHSA Planning Process. Please see attached flyers and feel free to circulate broadly. More info: email Natalia Rossi at nrossi@sbcbwell.org

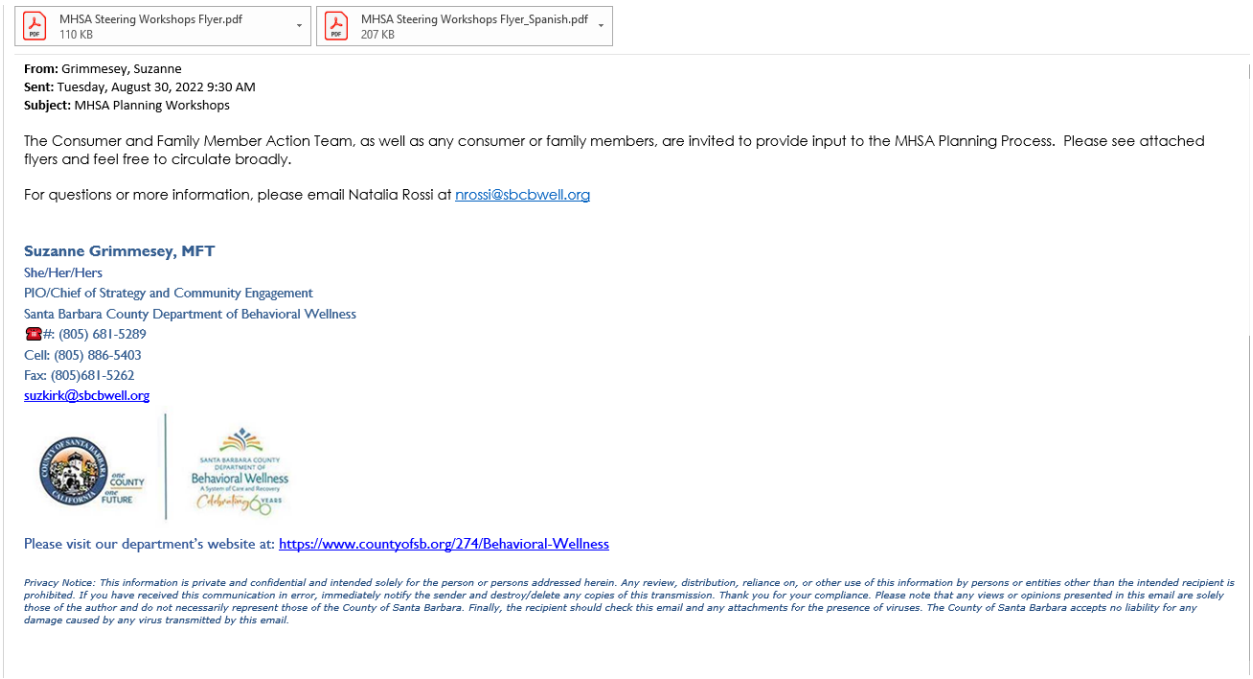
Home Watch Marketplace Feeds Notifications Menu

sbcbwell

sbcbwell The Consumer and Family Member Action Team, as well as any consumer or family members, are invited to provide input to the MHSA Planning Process. Please see attached flyers and feel free to circulate broadly.

For questions or more information, please email Natalia Rossi at nrossi@sbcbwell.org

August 30



MHSA Steering Workshops Flyer.pdf 110 KB

MHSA Steering Workshops Flyer_Spanish.pdf 207 KB

From: Grimmesey, Suzanne
Sent: Tuesday, August 30, 2022 9:30 AM
Subject: MHSA Planning Workshops

The Consumer and Family Member Action Team, as well as any consumer or family members, are invited to provide input to the MHSA Planning Process. Please see attached flyers and feel free to circulate broadly.

For questions or more information, please email Natalia Rossi at nrossi@sbcbwell.org

Suzanne Grimmesey, MFT
She/Her/Hers
PIO/Chief of Strategy and Community Engagement
Santa Barbara County Department of Behavioral Wellness
☎#: (805) 681-5289
Cell: (805) 886-5403
Fax: (805)681-5262
suzkirk@sbcbwell.org

Please visit our department's website at: https://www.countyofsb.org/274/Behavioral-Wellness

Good Morning,

The MHSA Innovations Plan for our Housing Retention Action Team (HART) has now been posted for public comment and review on our website.
You can find the Plan and a link to leave comments here:

Mental Health Services Act | Santa Barbara County, CA - Official Website (countyofsb.org)

Thank you so much,
FayAnn

FayAnn Wooton-Raya, B.S.
(she/her)
Department Business Specialist
CESF Grant Project Coordinator
Santa Barbara County Department of Behavioral Wellness
☎#: (805) 335.0376
fwooton@sbcbwell.org

Hello Stakeholders,

CalAIM (California Advancing and Innovating Medi-Cal) is the statewide initiative to substantially restructure Medicaid to a "whole person" system of care. Two of its many interesting components related to Behavioral Health are Enhanced Care Management (ECM), and Jail In-reach.

On Tuesday, the County CEO's office and CenCal will make a presentation to the Board of Supervisors. This is a good way to learn about the implementation of CalAIM in Santa Barbara County. The item is slated for the afternoon session.

See County of Santa Barbara - Calendar (legistar.com), and click on "Agenda" for instructions on joining the zoom. See County of Santa Barbara - File #: 22-00856 (legistar.com), and click on "Presentation" to view the presentation.

FayAnn Wooton-Raya, B.S.
(she/her)
CESF Grant Project Coordinator
Santa Barbara County Department of Behavioral Wellness
☎#: (805) 335.0376
fwooton@sbcbwell.org

Mon 10/10/2022 2:53 PM

GS

Grimmesey, Suzanne

MHSA Fall Stakeholder Events

To

MHSA Fall 2022 Stakeholder Flyer.pdf
723 KB

MHSA will be hosting four Stakeholder Events for the MHSA Three Year Plan for FY 23-26. Please consider joining as well as helping to pass this email on to others, to broaden the voices heard.

- Monday November 7th, from 5-7 pm at the Lompoc Public Library
- Wednesday November 9th from 5-7 pm at the Santa Maria Public library
- Monday November 14th from 5-7 pm at the Santa Barbara East Side library
- Thursday November 17th from 4-6 pm virtually through Zoom

Suzanne Grimmesey, MFT
She/Her/Hers
PIO/Chief of Strategy and Community Engagement
Santa Barbara County Department of Behavioral Wellness
☎#: (805) 681-5289
Cell: (805) 886-5403
Fax: (805)681-5262
suzkirk@sbcbwell.org

Please visit our department's website at: https://www.countyofsb.org/274/Behavioral-Wellness

Community Research Group Flyer (1).png
536 KB

This message is being sent on behalf of Natalia Rossi.

Hello,

Behavioral Wellness is hosting a series of focus groups with community members and consumers to gather information for our Population Needs Assessment.

The first focus group will be with English speaking community members ages 25-59.
All focus group participants will receive a $30 Amazon gift card.

There will be a series of focus groups, so if you do not fall into this category, but would like to participate in a later focus group, please email ekco.research@gmail.com and BWELLEquity@sbcbwell.org

Thanks,
Natalia

Thank you,
FayAnn

FayAnn Wooton-Raya, B.S.
(she/her)
Department Business Specialist I
CESF Grant Project Coordinator
Santa Barbara County Department of Behavioral Wellness
☎#: (805) 335.0376

Good Morning,

It is my understanding that the INN Plan Feedback link was broken yesterday. This error has now been corrected and the link is live and working.

The MHSA Innovations Plan can be found here, "Santa Barbara Housing Retention INN Plan Final" and is open for public comment and review on our website.

You can find the Plan and a link to leave comments here:

Mental Health Services Act | Santa Barbara County, CA - Official Website (countyofsb.org)

Santa Barbara Housing Retention INN Plan Feedback here.

Thank you so much,
FayAnn

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MHSA Brief Survey 2223 flyer (SPANISH).pdf
96 KB

MHSA Brief Survey Updated Flyer (002).pdf
95 KB

Hello!

Please see the attached flyer with information on the MHSA Program Planning Survey.
The survey should take about 4 minutes to complete, and will be open until March 1st.
This survey is essential to helping the Department make MHSA program planning decisions for the next MHSA Three Year Plan.
Please complete this survey, and remember, completing the survey also means the chance to win fabulous prizes!!!!

Thank you,

FayAnn Wooton-Raya, B.S.
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Department Business Specialist I
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MHSA and WET Stakeholder Flyer Updated 2 (002).pdf
2 MB

MHSA and WET Stakeholder Flyer Spanish.pdf
2 MB

Hello,

Please join us for this year's MHSA and Workforce Education and Training (WET) zoom meeting on Wednesday, December 14th 1-2:30pm.

We hope to see you there!

Thank you so much,
FayAnn

FayAnn Wooton-Raya, B.S.
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MHSA Fall 2022 Stakeholder Flyer (003).pdf
713 KB

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Thank you so much,
FayAnn Wooton-Raya

MHSA Fall 2022 Stakeholder Flyer (003).pdf
721 KB

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fwooton@sbcbwell.org

MHSA Fall 2022 Stakeholder Flyer English.pdf
510 KB

MHSA Fall 2022 Stakeholder Flyer_Spanish.pdf
773 KB

Hello,

Please view the attached flyers regarding information on this fall's MHSA 2022 Stakeholder Listening Sessions.

We hope to see you there!

Thank you so much,
FayAnn Wooton-Raya

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(she/her)
Department Business Specialist
CESF Grant Project Coordinator
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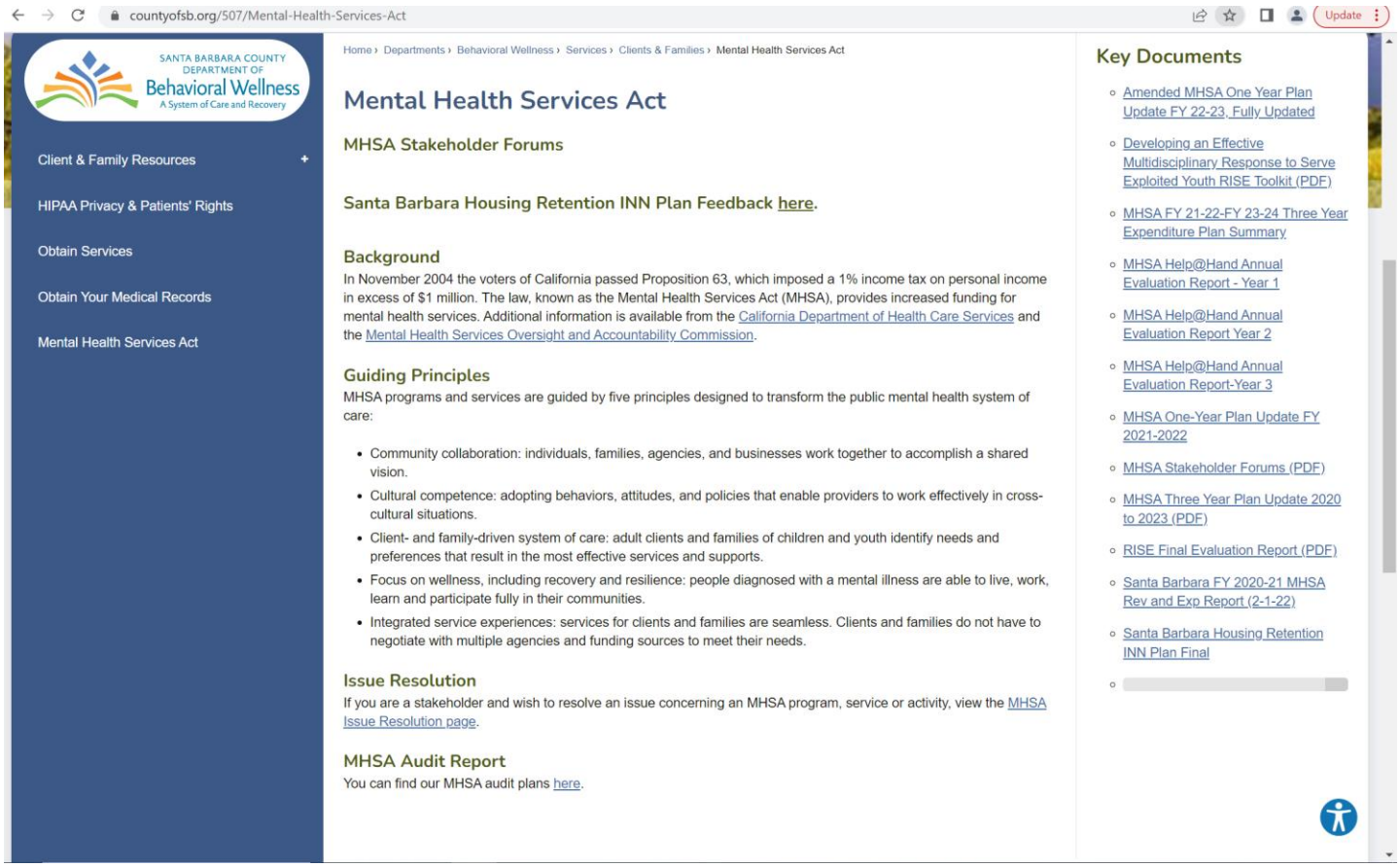
fwooton@sbcbwell.org

BWell Website Screenshot with Plans Listed:



6. Documentation that demonstrates stakeholders provided input during the CPPP

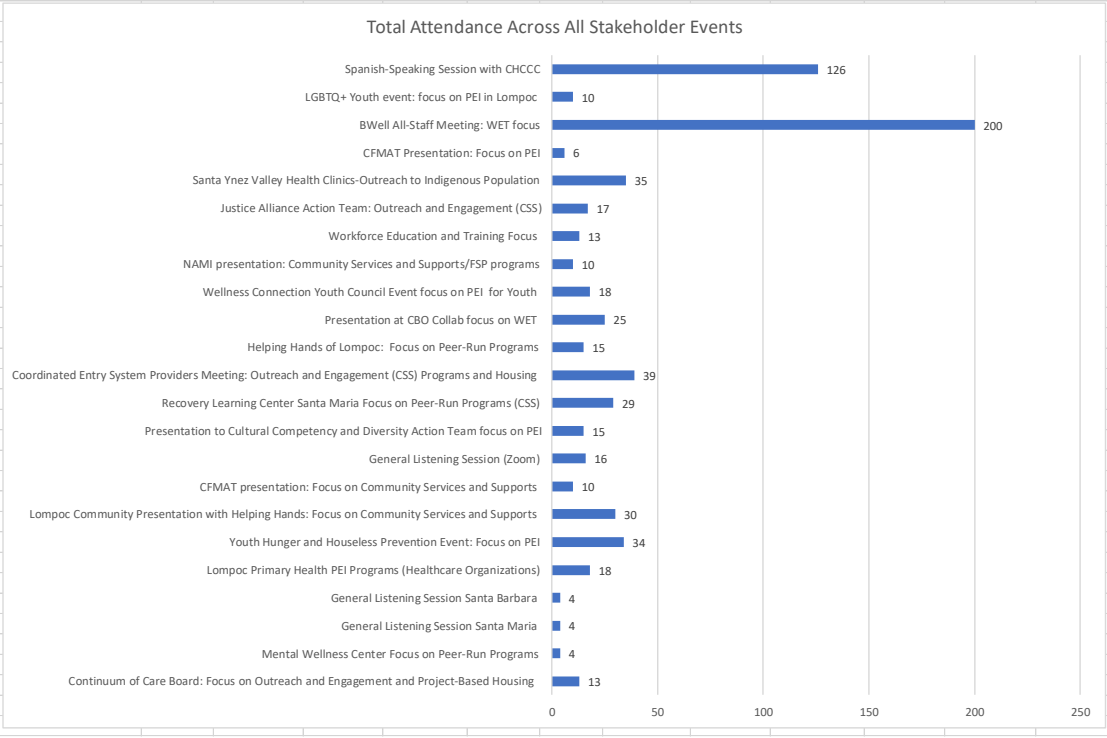
Fiscal Years 2023-2024 MHSA Community Program Planning Process Schedule	
MHSA Planning Workgroup Meeting	
Consumers and Family Members Planning Input: Mi Amore Pizza and Pasta MHSA Workshop Event	9/13/22
Consumers and Family Members Planning Input: Super Cucas MHSA Workshop Event	9/21/22
Consumers and Family Members and Peer Employees Planning Input: Maya's Mexican Restaurant MHSA Workshop Events	9/27/22 and 9/29/22
MHSA CPPP Sessions – Stakeholder Focus Groups Meetings	
Continuum of Care Board: Focus on Outreach and Engagement and Project-Based Housing	11/3/22
Mental Wellness Center: Focus on Peer-Run Programs	11/8/22
General Listening Session Santa Maria	11/9/22
General Listening Session Santa Barbara	11/14/22
Lompoc Primary Health: Focus on PEI Programs (Healthcare Organizations)	11/15/22
Youth Hunger and Houseless Prevention Event, UC Santa Barbara: Focus on Prevention and Early Intervention programs	11/15/22
Lompoc Community Presentation with Helping Hands: Focus on Community Services and Supports	11/16/22
Consumers and Family Members Action Team presentation: Focus on Community Services and Supports	11/17/22
General Listening Session (Zoom)	11/17/22
Cultural Competency and Diversity Action Team: Focus on Prevention and Early Intervention	11/18/22
Recovery Learning Center Santa Maria: Focus on Peer-Run Programs (CSS)	11/30/22
Coordinated Entry System Providers meeting: Focus on Outreach and Engagement (CSS) Programs and Housing	12/6/22
Helping Hands of Lompoc: Focus on Peer-Run Programs	12/6/22
Presentation at Community Based Organizations Collaborative Meeting: Focus on Workforce Education and Training	12/7/22
Wellness Connection Youth Council Event: Focus on Prevention and Early Intervention Programs for Youth	12/11/22

National Alliance for Mental Illness: Focus on Community Services and Supports/FSP programs	12/12/22
Virtual Listening Session: Focus on Workforce Education and Training	12/14/22
Consumer and Family Members Action Team: Focus on PEI	12/15/22
BWell All-Staff Meeting: Focus on Workforce Education and Training	12/20/22
LGBTQ+ Youth event: Focus on Prevention and Early Intervention in Lompoc	1/19/23
Justice Alliance Action Team: Focus on Outreach and Engagement (CSS)	1/25/23
Santa Ynez Valley Health Clinics-Outreach to indigenous population: Focus on Prevention and Early Intervention	2/2/23
Spanish-Speaking Session with CHCCC: Focus on Access and Linkages to Services	3/24/23
Survey Monkey – Virtual MHSA Feedback Survey	
"MHSA Stakeholder Survey, FY 23-24",	01-03 2023
"MHSA Brief Survey FY 23-24"	03-04 2023

Stakeholder Attendance Data

****Please double click the table below to open a link to the full Excel data sheet.**

Event	Date	Total attendees	Consume	Family Member	County Staff	BWell Staff	Healthcare Provider	Veteran	Community Organizatio	Housing Provider	Homeless Advocate	students	Law Enforcemer
Continuum of Care Board: Focus on Outrea	3-Nov	13			3	1	1	1	3	3	1		
Mental Wellness Center Focus on Peer-Run	8-Nov	4	3	1									
General Listening Session Santa Maria	9-Nov	4		1		3							
General Listening Session Santa Barbara	14-Nov	4				4							
Lompoc Primary Health PEI Programs (Heal	15-Nov	18	1		2	5	5		5				
Youth Hunger and Houseless Prevention Ev	15-Nov	34				4					5	25	
Lompoc Community Presentation with Help	16-Nov	30	20			3	2		5				
CFMAT presentation: Focus on Community	17-Nov	10	5			5							
General Listening Session (Zoom)	17-Nov	16	2	12	1	1							
Presentation to Cultural Competency and D	18-Nov	15	2	1		10			2				
Recovery Learning Center Santa Maria Focu	30-Nov	29	20			2		2	4		1		
Coordinated Entry System Providers Meeti	6-Dec	39			6	6	5	2	15	4			1
Helping Hands of Lompoc: Focus on Peer-F	6-Dec	15	15										
Presentation at CBO Collab focus on WET	7-Dec	25				10			15				
Wellness Connection Youth Council Event f	11-Dec	18				2						16	
NAMI presentation: Community Services ar	12-Dec	10		10									
Workforce Education and Training Focus	14-Dec	13			3	5	1	1	3				
Justice Alliance Action Team: Outreach and	25-Jan	17			2	6		2	3		1		3
Santa Ynez Valley Health Clinics-Outreach t	2-Feb	35	35										
CFMAT Presentation: Focus on PEI	15-Dec	6				6							
BWell All-Staff Meeting: WET focus	20-Dec	200				200							
LGBTQ+ Youth event: focus on PEI in Lompo	9-Dec	10	4		2				2		1	1	
Spanish-Speaking Session with CHCCC	24-Mar	126	126										
Grand total of attendees	**691**												



Stakeholder Public Comments from all CPPP Events

Consumers and Family Members Planning Input: Mi Amore Pizza and Pasta MHSA Workshop Event, 9/13/22

- Make meeting in evening (more people to show up) 5:30-8:00pm
    - RLC Helping Hands
- Thankful for increase in money

    - Colorthon Oct 29th at the mission club
    - Equipment for the hospital district
- Half century club
- Library
    - Cypress court (60 apartments)
        - Building owned by housing authority
- Permanent safe space for LGBTQIA+
- Meeting once a week for 16yrs-18yr olds
- Bookcase, binder of resources
    - Somewhere they can go
- Fund outreach position
- Older population too
- Field trips (crafters library)
    - Arts and crafts
- Alan Handcock pride alliance
- No resources in Lompoc
- Gay straight alliance
- Lompoc high school
- Lompoc regional partnership meeting
- LGBTQ+ event
- SBTAN—connect
- Peer location opened on weekends evening time
- Socializing betters mental health
- Grief support groups
- Increase transportation
- Bus system is limited, not on Sundays
- Clean air express
- Funding for bus tokens
- Sencal phone number is wrong
- Funding to hire instructor

- Dance, Zumba, instructed classes
- Washing machines
- Showers
- Co-response in Lompoc
- Lompoc kahoots
- Discord chat rooms
- Funding for art supplies
- Outreach “swag” like stickers
- Pregnancy prevention
- Fentanyl
- LEAD
- Funding for prevention
- Budgeting classes
- Education classes
- Nutrition education

Consumers and Family Members Planning Input: Super Cucas MHSA Workshop Event

9/21/22

- Consumer ran and directed, consumer interns
- Students don’t know what our resources are
- Make services accessible
- Tabling events on campus (library)
- Care court—each county will have their own programs
- League of women’s voters
- Radio or newspaper
- Advertise CFMAT meetings, gathering at MWC
- Look into MHSA consumer advocate computers and family member computers
- Youth center at UCSB
- Student association zoom meeting

Consumers and Family Members and Peer Employees Planning Input: Maya's Mexican Restaurant MHSA Workshop Events 9/27/22 and 9/29/22

- Go to clinics
- SM, MWC, Lompoc library
- Foodbank, county wide, small and large organizations
- Boys and girls club
- Churches
- Our lady of Guadalupe
- Youthwell mental health navigators
- SY Tribal Health
- Farmer's market
- Radio, newshawk
- Carp youth project in IV
- SM youth and family, fighting back Santa Maria
- Home for Good
    - Showers 9:30-12
- Our Power of God 4:30-6:30
    - Church, showers, and blessings
- Workforce resource center, SM
    - Advertise
- Highschool events, connect with principles
- Monthly coalition meeting
- Peer training for peers to complete job apps
- Give more services while in jail to prep before leaving jail
    - Peer support
- More services once they leave jail
- Connecting older adults who need services: pilot programs
    - Seniors get funding last?
- Need phones to connect with case managers
- Mobile charging system
- Hand out rescue/resource cards

- Growing grounds farm
    - Bring WIG interns
    - Come during work day to talk about MHSA, how their work/support has helped
- Part time positions at RLCs
- Food distribution and talk, go visit with public
- FSP for older adults
    - People age out of RLCS, have nowhere to go
    - Staff to client ratio
- Cal Poly mobile unit
    - Team of 3
    - Migrant workers in the field
    - Connect with Micop
- Funding for education classes at RLC, computer classes
- Chargers at RLC
- Driscol farm, safe serve, Tritan
- PEI could fund/outreach to farm workers for mental health services
- Ag department should have contact lists of mental health services
- Grant writing workshops

Continuum of Care Board: Focus on Outreach and Engagement and Project-Based Housing 11/3/22

- Comment: Wondering because MHSA in other communities has been a big funder of homeless outreach, does MHSA pay for homeless outreach, or are there other services funding?
    - It is an MHSA funded team, but if grant funding supersedes that, then grant funding precedes MHSA funding. So, homeless outreach is MHSA funded, but for last year and this year, we didn't spend as many MHSA dollars because we were awarded grants for homeless outreach
        - Comment: We need more instead of moving it
            - We wouldn't be moving it, it would still be there. Do you want more MHSA funding in addition to homeless grant funding?
                - Comment: If there is money for MHSA to serve in homeless outreach, it should be in addition to the grants

        - It is. Very little of it is being used this year because of other grant funding like ARPA that has been received.
            - Comment: We still want more MHSA funding to homeless outreach
- Comment: Let's say some folks in north county really wanted to develop permanent supportive housing for 18-24-year-olds with mental health or disorder issues who are in and out of the clinic, how do we start that process, do we contact you or somebody else?
    - All MHSA programming is determined through this stakeholder process.
        - Comment: We want permanent supportive housing for transitional age youth with substance abuse disorder and mental health disorders. For example, fighting back has four beds, we would like to have some more spaces to help young people off the streets
            - For MHSA project-based housing, they would have to be MHSA eligible
                - Comment: Can we build it first, or do we do clients first?
                    - Any projects MHSA codevelops with anyone, we can put up money for it, and then those units are reserved for MHSA eligible tenants
                        - Comment: We need that in north County of Santa Barbara
- Comment: One recurring problem for years is that we reach out to the county regarding an unhoused client having a difficult time, anything from not thriving to aggressively acting out dangerously, the county is unresponsive. We reach out to county, police, access team, where we say a client of the county is having a difficult time and is being restrained by our staff. When these services are called, we are told county needs to come out and do an evaluation. The county responds that they can only come tomorrow. Safety of staff is an issue, poor responsiveness, 36 hours passes and by the time the county arrives the client is calm and we are told no eval is necessary. We repeat this cycle, and the feedback we get from the county is to tell the housing authority or landlord to threaten with eviction. I think this is unacceptable, we should not threaten people with housing loss to get them to calm down. I keep emailing and reaching out at the county but it is not working. We need to work collaboratively to do comprehensive evals of clients and this is not happening, and it is frustrating. In terms of housing retention, we are housing really high acuity level people, and the support needs to be significantly higher. No access to medical doctors or prescriptions, we need support. We are with the New Beginnings organization, we house 150 a year
        - Natalia: it sounds like crisis intervention services are being contacted through the access line, it's something we are looking at. We are looking

at contacting people to get them the level of care they need, increasing FSPs, FSPs require a higher level of care and minimum of 2 face to face contacts a week. It is not funded through this part though. Also, our innovations project we are taking to the commission in January is a housing retention team that would be getting people stabilized on a recovery basis so we don't have as many of these crisis scenarios.

    - Comment: We would like to sit on a collaborative task force regarding this issue, if we can figure that out, we would be happy to join in

- Natalia: There is funding set aside for onsite supportive housing services, the most is set aside for FSP services though. So, there is some funding through CSS for onsite supportive housing services, but not a lot. We are also looking at for MHSA funded sites, its our FSP partnerships that are being seen and housed.
- Chat Comments
    - I agree - if there is additional funding why not add not take away?
    - Project based housing and more outreach
    - I agree! Fund project-based housing and more outreach.
    - Can we specify, on-site services at project-based housing?
    - My assumption (or desire) is that any project-based housing includes on site supportive services.
    - I agree, what is needed as well in order to keep people housed with a better level of care.
- Comment (by email post meeting)
  Hi Natalia,

  Thank you for your excellent presentation to the Santa Barbara County Continuum of Care, for which I have been the representative for former unhoused people for about five years.

  I am a stakeholder giving feedback on our MHSA project (2022).

  I am a former homeless person diagnosed with a permanent mental health disorder for which I have received services from the Department of Behavioral Wellness in this County. I am also a social justice advocate.

The County of Santa Barbara has about 2000 people living on the streets or in shelters. About 40% of them have mental health challenges. That is about 800 people living on the streets that have severe and chronic mental disabilities.

Our community needs to radically shift gears if we are going to address our housing crisis. The usual approach will not work and a new approach to these issues is demanded.

For me, this is an emergency crisis of huge magnitude that far outweighs all other challenges that our funds are used for, and until each of these unhoused people is housed I do not understand using these funds for any other purpose.

Did you know that 35-45 people die each year in our County while unhoused? Many of these people might have been saved if they were housed.

No one gets well while they are unhoused. That means 800 people who do not even have a chance of recovery. Their needs for mere survival outweigh the needs of all who are housed.

Thus far, MHSA funds in Santa Barbara have been well used to build housing and there are great projects in the pipeline.

But these are, by far, not enough!

We need to scale up these efforts significantly to address our housing crisis. We should not sit on our laurels thinking our job is done until all 800 housing units needed are complete.

I have had the chance to work with you and NAME for a number of years and I have found each of you to be outstanding professionals with detailed knowledge of public policies, housing grants, services needed for mentally ill residents, and compassion for

those who have been marginalized, displaced and silenced by institutional practices and oppressive social forces.

Thank you for your efforts to improve our community. Your efforts are not in vain and your work has allowed so many people to again have rich and rewarding lives. May you be blessed!

All my best.

Mental Wellness Center: Focus on Peer-Run Programs 11/8/22

- How do we access the amount of $ in each FSP program?
- Where is the spending data?
- Can we receive more accountability from FSPs?
- What is the measurement of the recovery process?
    - How can we measure clients' treatment/ recovery process?
    - How is the client actually doing in care?
        - From the outside BWell's care does not look successful
        - New criteria measurement and have it reflect the quality of care
        - 24-hour access line is not 24 hours
- Have CFMAT meeting be in person and provide transportation
- Guidance Council Meeting
    - Where does the pay of members (P and VP) come from?
- MHSA team received positive feedback regarding housing projects
    - Likes idea that unites aren't all MH related
- PEI:
- Trauma should be #1, psychosis #2, outreach and engagement #3, culturally linguistic PEI #4 (list we have, audience agrees with)
- Outreach and awareness in elementary schools are crucial
- Increase mental health education in junior highs and high schools
    - Work with our community partners on this
    - Develop more campaigns/ implement more suicide prevention programs
        - Increase awareness about 988 because there is confusion with 911
- Have more funds for early intervention/ early education
- Increase funding to access to linkages and services
- Have the provider directory in person. Not just online

    - Library
    - Make it available so a caseworker isn't the only one who can show them
- WET:
- Increase funding in consumer empowerment programs
- Mental Wellness Center guidance council funding (WET) to fund positions

General Listening Session Santa Maria 11/9/22

- Put $ aside within NPLH MHSA housing projects
- NAMI doesn't deal with youth, mainly older adults
- Do we fund mental health matters?
        - Falls under prevention work
    - MWC Friendship Club
    - Lompoc Help@Hands
    - SM RLC
        - More outreach to junior high and high school students
- How can we get the SB MWC in Santa Maria?
    - SM and Lompoc RLCs are serving roughly the same amount of people
    - Increase this funding
- Crisis line and crisis interventions
    - in person assessment over the phones are needed (zoom, facetime)
    - transferring of calls drop off periodically
- MHSA team receiving positive feedback regarding John Doyel and Kathleen's (Lompoc) help with crisis placement assistance
- 988- not local
- 911- landline will call the local sheriff's department
- Clinic training $ is to train peers BUT we can transfer more money in WET for more peer training
- Peers should be present when anyone contacts crisis. They know how to talk to peers
    - Consumer involvement at every level!!
- WET $ to incentivize/ increase retention of peers (retention program)
    - Possible peer scholarships?
- MHSA team received positive feedback regarding HART

General Listening Session Santa Barbara 11/14/22

- 76,000 people pay the 1% tax in CA
- How do you make a referral to justice alliance?
- All FSPs should be/ are 24/7

- Increase funding in homeless outreach team
    - Return on investment
- Increase housing sites because people in housing are getting worse
- PEI: what's triggering the youth?
- Have treatment also be family and group oriented to help the client overall (being with the family can show generational trauma)
- Increase training and treatment of post- pandemic trauma and stress
- Increase casa de la rasa early intervention
- PEI ranks: stakeholder happy with rank BUT thinks there will be an adjustment overtime
- Have staff report on where the BWell systemic problems are
- Lots of ways to fall out of BWell services and go back to the crisis or beginning process
    - Increase FSPs staffing
- Look at point where person falls out of treatment
- Look at failure point and fix it if it's repetitive (find the hole in the system)
- Good county outreach but not good retention

Lompoc Primary Health: Focus on PEI Programs (Healthcare Organizations) 11/15/22

- Hancock has innovative ways to support students
    - Has a health center in Lompoc and Santa Maria
- Social media: cyberbullying, prevention/social media
- Really good input for this collaborative, can you attend in the future?
- Calaim BH + PH strengthen partnership
- What is available? What is still needed?
- PEI priorities
    - 5, 3, 1
    - 1, 3, 5 (4x)
    - 3, 2, 4
    - 5, 2, 3
    - 1, 5, 4
    - 3, 2, 1
- Inpatient to be aware of the mental stability or hire care for children's stability
- Free lunch: free clinic, Wednesday, Friday, Saturday

Lompoc Community Presentation with Helping Hands: Focus on Community Services and Supports 11/16/22

- Are presentations happening in schools?/what kind

- There are a lot of community-based organizations doing outreach, but its patchwork, not all schools. Youthwell is doing a lot of outreach on early signs of mental illness. Tribal health clinics do some as well. Not enough.
- Lots of support for increasing education in schools
- Seeing a lot on the frontlines, adolescents coming to primary care doctors for 15 mi with common needs, very critical, we have a gap in care for individuals when it comes to how we target and treat them. There is no continuity of care, diff dr's month to month. Please divert funding into more psychiatry
- Would it help if primary care offered more linkage to resources? We are starting to expand and do that, thinking for other communities as well that this is a critical area to focus on.
- Getting educated by mental health providers is a critical area. Works in substance use, but not everyone there is educated on mental health, so it is important to reach out to people who know about it as a better resource. Having to get on the ball and research and call places for mental health support. For people already questioning if they want help, its complicated. Walking people over to Bwell. Looking for places that don't need insurance/documentation for undocumented individuals. Where do we go for situational depression for example? Don't know where to guide people to, there is no equivalence to an ER. Having a hub of sources would be great, the access line only does certain things at certain hours.
- Looking at an urgent care model, behavioral and physical care side by side, imbedding behavioral health in.
- Can we connect dots for family lineage when it comes to screening genetic precursors to mental illness? Understanding the genetic component to my own mental illness was very destigmatizing for me.
- Having a call/walk in center to come in and talk to, to see where that person is at, connect with the peer, until they get to the appt so they don't have to wait alone, similar to the parent linkages on the child side of behavioral wellness, but for addiction/trauma etc. Getting help to navigate through the system. People are using to survive, so we need to get to the root, have someone meet you where you are at and guide and navigate you out of that
- We take a multidisciplinary approach when it comes to homeless outreach services, we collaborate with many services, we are all there able to connect with clients and help them connect with various providers. It's a good approach to use. All departments under an umbrella, can refer clients in the moment, more of that collaborative approach in our community is needed.
- In the homeless department we have a drop-in place, sometimes the nurse is there, Good Samaritan, etc., different orgs present to help with clients in the moment
- Connected to CALM, starting to imbed into pediatricians offices, providing different

avenues to get treatment to families, quick turnaround of 7 weeks

- For early detection and intervention/TAY, are there certain qualifiers or parameters when it comes to insurance, medical, etc?
- For BWell we mostly serve people that are medi-cal or do not have insurance, we don't require residency, but we help mostly medi-cal or uninsured. MHSA is strict that the money is going to people who do not have insurance other than med-ical

- Is 211 included in the access line?
- It is different, it is more of an information line

- Educating our law enforcement is a big thing for discrimination and stigma reduction!!

- What have you learned through some of these stakeholder processes?
- People talk a lot about the need for more education/services, that's the #1 thing we are hearing, a focus on the mental health crisis for young people. Also, a lot for homeless outreach

- Part time employment as a peer support host, on social security, going back to work has been very empowering, off social security, all starts with first time employment, made all the difference

- On PEI, we need to get into elementary schools, that's where all the stuff starts with PTSD, etc. w=We need to start moving on to elementary schools
- County recently put a wellness room in every school in the county, where mental health providers can be there

- What is the new INN plan for next year?
- Housing retention team

Consumers and Family Members Action Team presentation: Focus on Community Services and Supports 11/17/22

- Increase programs for the homeless only (have another place besides the Mental Wellness Center) At times, they create conflict with those with mental health issues.
- Homeless farm workers have lack of knowledge of resources
- Increase safe parking programs
- Create a safe place for homeless in the riverbeds
- Have another organization besides Bwell to increase overall funds
- Use MHSA funds to increase money or salaries for staff
- Get funding to non-profits / contract with another Community Based Organization who work with the homeless population (create and RFP) to submit a bid to become a contracted provider

- Data: what's the outcome of our services overall in homeless services due to little to no housing
- Have the homeless outreach team come present the HMISA data to CFMAT group (Chris Lee)
- What needs do the homeless need besides housing?
- Increase $ for outreach to young people so they're educated on the help and services out there
- Increase PEI programming for people of color to get their specific needs met (organizations)
    - African Americans, Asian American's migrant farm workers, LGBTQ+, Older American's, Mixteco
    - Make listening sessions come to life to show that public feedback was heard
    - Cultural activities
- Connect primary care and psychological care closer because currently there is a gap
- Increase Mental Health First Aid (in both English and Spanish) for Faith Based Groups
- More prevention work with LGBTQ+
    - Connect with Pacific Pride
- Outreach and education inside jail facilities
- Hook client up with a peer with the same lived experience to do check ins (lack of housing, substance abuse, MH diagnosis)
- Provide education/ stigma reduction to law enforcement and first responders as at risk demographics

General Listening Session (Zoom) 11/17/22

- What are the family education courses that are available through the family services you listed?
    - Could BWell have a care team to help support the family members through educational courses?
- Increase funding to increase ACT staffing FSPs so we can see people sooner between discharge and first appointment. Also include Peer Staff support team
    - With this, we can also have a peer support team to connect with client while in between appointments
- MHSA team received positive feedback regarding the ACT and crisis response teams
- Advocating for more in person, zoom, facetime assessments versus a phone call because clients can act "normal" or "calm" over the phone for a few minutes and be dismissed for treatment
- Increase outreach for those in jail, or provide services while they're in jail (peer – support and peer outreach team and engagement)
- Can Bwell be notified when individuals are discharged?

- MHSA team received positive feedback for the housing complexes that were awarded
    - Stakeholders advocating still for more housing
- Increase funding due to a need for more onsite supportive services
- Shoot more money to family resource centers
    - Increase early psychosis intervention program
    - Increase early intervention services
    - Increase access line funding so it's 24/7 (or even beginning steps for Friday evenings)
- Increase suicide prevention programming for older adults (create an FSP for older adults)
- Have BWell staff go out to client or person who is suicidal (in person assessment)
- WET- increase staff retention, use WET funds to find out why staff are leaving
- Increase loan repayment program
- Increase training of supervisors and managers to help with staff retention

Cultural Competency and Diversity Action Team: Focus on Prevention and Early Intervention 11/18/22

- Religious education program is huge throughout churches, serve a large population, teachers and volunteers do not have mental health training, providing some funding to this to help support the kids
- kids experiencing lockdowns come home terrified. not enough mental health funding going into the schools. think of wellness in a different kind of light, yoga helps my daughter a lot. her school is not able to provide that kind of support, but maybe we could look into providing the schools with something like this for mental health and wellness
- Lompoc has a studio that has a contract with school district, they provide free classes for yoga and zumba for adults and children that are of ALusd, maybe something that can be replicated county wide
- How do we problem solve and do action, what are the barriers, not seeing change at the schools
    - the things that is problematic is that we have 35 different school districts in the county, every school district requires a different memorandum of understanding, nothing is uniform across the county, that is one barrier
    - different culture across schools
- Every single stakeholder event, number one thing people bring up is more mental health supports at schools. mental health school services grant is separate from MHSA and does some money, but not enough to reach every single school. huge need, not a uniform approach to it

- New calaim initiatives funded through cencal, not our department, we can't directly control the funding
- Might be a good idea to have a specific meeting like you're doing right now with all the different sb county education leaders, principles, etc so that they can hear your presentation and you can give them that feedback
- Savvy clinic in Lompoc doesn't provide mental health, trying to contract with FSA, maybe you could potentially connect
- FSA is involved in various schools across the county
- Countywide there is a lot of licensed home day care providers, where could that fit in
    - outreach and education
- Do a lot of outreach on mental health on farms in meetings, would love to have any materials supporting the community. very focused to support middle school. attends CHC meetings. childcare is very needed, printing materials for middle school, lbms in lompoc is very active, social worker there

Recovery Learning Center Santa Maria: Focus on Peer-Run Programs (CSS) 11/30/22

FSPs:

- make an FSP for older adults only
    - Also include older adult population in current FSPs
- If there is any additional funding at the end of the year, move it to FSPs
- In GSD, add older adult clinics specifically
    - Baby boomers are increasing
    - These adults age out and don't have funding or places to go
- Need for board and cares
    - Physical health
- Look at data/surveys on contracts of these facilities
    - At capacity, under capacity, full capacity
- Does Fighting Back Santa Maria use MHSA funding?
- LEAD- currently connecting services in the jail with ARPA funding
    - Once ARPA funding runs out, let's use MHSA funds to continue these services
- Add more Safe Parking in Santa Maria
    - Can't all be in the Walmart parking lot
- Add funds to build a new housing structure (possible collaboration with another partner to fund this building)
- Increase funding to have more hours open at the RLCs, larger facility, increase staff salaries
- Use funding to increase prevention programs

PEI

- Use MHSA funds to fund wellness centers (PEI) in schools
    - Implement peer support at high schools within drop in centers/ wellness club
        - Solano County example: drop in wellness centers in junior high and high school
- Increase START program county wide
- Have a suicide prevention forum in the community
    - Stakeholder event?
    - Gathering?
    - Campaign?
    - Education?

WET

- Increase graduate student loan repayment program
- Increase number of peers who are employed
- Increase supervisors who are peers
- Increase upward mobility (increase jobs) for peers who are certified

  - Jobs remain low hours and low pay which is unappealing to the peer applicant and they leave the field due to lack of work and financial stability
  - Increase peer workforce for long-term employment
- Increase part-time job workforce (vocational jobs) in Santa Maria
  - Ex: jobs like growing grounds
- MHSA Team received positive feedback regarding new EHR

Coordinated Entry System Providers meeting: Focus on Outreach and Engagement (CSS) Programs and Housing

12/6/22

- Cypress and 7th, 14 units, are they building new units?
  - New project, just NPLH, 14 units plus a management unit
- Laundry funds/laundry program highly needed in Lompoc, looking for funding
  - Would require the homeless outreach team to be present, as part of outreach and engagement, using MHSA funds for laundry service in Lompoc
- Need for MHSA to support homeless transitioning into longer-term housing, and need for additional homeless outreach
  - More related to FSP funding
- Desire for more on-site supportive services for those enrolled in FSPs
- More staffing on outreach and engagement to spread out to different encampments, having more staff would allow us to meet that need
- Expand caseworker capacity for justice alliance, connections between individuals deemed incompetent to stand trial and homelessness
- Do you have a survey for input?
  - Yes, provided
- High percent of ACT recently transitioning into housing, BWell said it was a lower percentage. Feels difficult to connect FSP enrollment to the populations it needs to support

Helping Hands of Lompoc: Focus on Peer-Run Programs

12/6/22

- Seeking program that can follow up a client going into housing, making sure they are staying on top of day to day tasks
  - FSP should be providing a lot of these services
- Looking for more charity/furniture, clothing related places, need more in Lompoc specifically
- Where can we find facilities?

  - Lompoc clinic
- Shortage of beds in the county
  - MHSA cannot be used for in-patient hospitalizations
- Is the care court program the only way to become a patient at Crestwood?
  - No one is being recommended for care court right now in Crestwood as of this time
- If we were to say we need showers, what source do we have?
  - Potentially the outreach and engagement team
- Would bus fare fall under FSP?
  - Would be on an individual basis
- Another need is a place for homeless individuals to store their things during the day
  - It was discussed in Santa Barbara but got put on the back burner due to Covid, can be considered again
- Need for a place open during the day, similar to like a daycare center, with showers and people to make appointments with
- Will there ever be a main hub facility like The Village in LA? Medical aid, peer support, etc. Would be willing to volunteer in these spaces should we develop something like this.
- Extending the property of the center here, like the MWC in Santa Barbara, to give more space
  - Suggestions include combining offices, in-shape gym (has showers already)
- Why are only a limited number of housing units created?
  - Money and expense of the area, finding willing developers
- Does the CHC have a psychiatrist on hand?
  - Several, but not funded by MHSA
- Desire for peer navigators in the public health clinic and in the ER, could be considered early intervention, help to guide and navigate
- Desire for more outreach in Lompoc
- Wanting to know more about what is being presented at schools
  - Different at every single school and district
- CIT trainers/police department brought up that you can have pre-established context/info under your name, so if you call in distress, they would have appropriate context and act accordingly
  - Would be unrelated to justice FSP
- TAP TV programming, for a 25-75 dollar fee per year, you can have a video show aired 7 days a week, located in SB, Lompoc, and Santa Maria
- How safe is the electronic health record program?
  - Follows regulations very seriously, safest possible
- Personal negative experience with record sabotage, confusion on how to address problem

- Can refer to compliance hotline

Presentation at Community Based Organizations Collaborative Meeting: Focus on Workforce Education and Training

12/7/22

- How many psychiatrists do we have?
  - We have a very small number of civil service positions, we have quite a large number of contracted/temp, will try and have that teased out data for next week to share
- Interested in how many civil service positions there are and how many are vacant
- Are peer navigators something that has been renamed, like to CARE coordinators?
  - We don't have a job classification called a health navigator, don't know if those were short terms
    - From stakeholder: position was created when we got the crisis response grant, navigators were to help people from jail through treatment,
    - Natalia: in future, recovery assistance position is in development, along with a peer supervisor, and then a peer navigator. We also had peer navigators in the clinics.
- Can school loan reimbursement incentives be increased to draw more associates and increase retention beyond licensure? I know there are federal programs but can those be increased/enhanced with WET funding?
  - We currently do have one through SCRP, different category of funding, we could add WET dollars to that loan repayment program, it's not federal, it is state.
  - Small loan reimbursement right now, open to anyone in the public mental health system
    - How to find out about this?
      - Carla sends it out to the CBOs through a flyer, feedback to distribute this information better, open application was opened in September and closed end of November, it is open once a year. Up to 10,000 per person, might be increasing
- Would love to see some crisis resources available for youth, similar to taking an adult to a crisis stabilization unit, where it doesn't disrupt the whole life
  - Not possible to be done with the WET funds, but would be great for another area
- Desire for crisis response team members
- THMA did a project about a year ago, a workforce investment grant used to recruit, hire, and train people with lived experience to get into the workforce or re-enter it after a year of absence, small project, 12 people through program, got 6 month internships to transition into work

    - Most successfully found a job, very successful model
- Anytime there's the ability to provide housing or offset housing costs for staff, I'll advocate heavily.
- something specific for clinical supervisors as well - perhaps a grant or loan forgiveness. There are some programs for direct care staff, but nothing for the clinical supervision that they also need.
    - Eligible to apply for loan repayment programs, comes back to SCRP for selection and awarding

Wellness Connection Youth Council Event: Focus on Prevention and Early Intervention Programs for Youth 12/11/22

- Spread awareness/ increase education about substance abuse through a club, campaign
- Increase outreach into all high schools about all aspects of mental health
- Campaign versus a class on substance abuse, tough situations, safe practices, fentanyl, Narcan
    - Also, could make this an elective class
        - Time during seminar or study hall
- Schools are set up for crisis, NOT prevention
- Advisor role as a mental health guider. Need more support from licensed therapists or counselors
- Students are not aware of on campus resources
    - Promote campaigns or resources during student news
- Need parent education, family support, breaking parent stigma, workshops for parents who have children of all ages but provide those workshops at the school campus to bring parents together
    - The need to focus on parents is <u>huge</u>
        - Lots of the stigma comes from parents themselves due to the previous generation's stigma towards mental health
- Have a mental health first aid class and prevention camp over summer
- Art therapy (pastels, water color, sensory) at local wellness centers or on campus in new wellness rooms
    - Behavioral Wellness to connect with high schools more (assist with wellness centers)
- Gender wellness circles
    - Ex: men's talking circle
- Increase or provide parent activities to increase parent involvement when kids are younger (partner with elementary schools and have meetings there)
- The youth and high school students did not know about the Access Line
- Stigma and reduction (use social media)

  - Social media is where the kids are
  - Provide a class on this to increase open conversations which lead to decreasing the stigma on mental health discussions
  - Workshops and support are needed for self-stigma as well
  - Outreach across radio
- Reach out the faith-based organizations

National Alliance for Mental Illness: Focus on Community Services and Supports/FSP programs 12/12/22

- Report of compliance issue is needed from family member due to telecare does not offer counseling services, but they have been told they can't use BWell counseling either
  - This is not true and a compliance issue
- How many people are in our programs and crisis programs?
- Clients needs aren't being met in services
- Examples of family education services? Suggestions of what's needed?
  - More for youth
  - Little to no family education
- Have MHSA team share NAMI family classes
- How do we get more crisis beds in sb county?
- Warm handoffs & navigation out of the ER or 72 hour holds
  - Use MHSA funds to assist with the transfer
  - Need the mobile crisis team to come out more often than they do (staffing issue)
  - Whoever comes out does not have to be a clinician, this person can had basic education of our services, is kind, and patient
    - Peer recovery assistant!
- MHSA team to include more of a breakdown of where the $ goes under GSD
- Case manager numbers seem to be too high (130s)
- Outreach to incarcerated while in jails
  - Needed also when transferring
  - MHSA to support justice alliance supplies?

Housing

- What makes someone MHSA eligible for housing?
- We can use 100s of more housing units
- Families aren't getting the support they need when taking care of mentally ill person is living with them. The family is becoming the institution
- Could the family caretaker get paid?
- Increasing housing at Casa Omega
  - There might be limitations on zoning
- Use MHSA funds for a family to family program, mental health community centers

    - Families do not know how to advocate for themselves
    - Opportunity for BWell (outreach and engagement) to go out to the homes and provide support
- CARE Court- families know the ground work of what goes on and what is needed
- The most vulnerable people refuse services so we need to:
    - Increase funding under outreach and engagement teams
    - Increase teams for peer outreach specifically
- INN Plan with peers to increase outreach to home outreach/visits, not just digital literacy
- Board and Cares are very needed. (increase more facilities)
- Homeless in hotels
    - MHSA funds to increase outreach to provide services or extra care like:
        - How to move forward in their lives
        - Decrease substance abuse
        - Increase the outreach and engagement that these individuals need from providers
- INN Plan: why not expand ACT?
- INN: outreach to homes to inform families what's out there. Provide families with more support because they need it badly. Families are falling apart, depression of caretakers

PEI

- Continue funding/ add funding to NAMI and the Mental Wellness Center
- Use funds or increase outreach to bring more awareness to NAMI
- Have NAMI present at all staff meetings
- No follow up process with the outcomes of the services and this is needed. What is the feedback from individuals being served? What more can we provide? What are we still missing?
- Increase the follow up on people who graduate BWell services programs
- BWell to connect with high schools and high school counselors, mental health counselors
    - Especially needed in Santa Maria school district
- Good experience with the access line on Saturday, mid-day
- Better access line training for staff
    - Staff need to have compassion and patience
- People are not using the access line because they are not getting what they need
- Most times when group has called the access line, they have no luck with receiving the help they need or get what they are calling for
- Focus group with access line
- Authorized reporters

Virtual Listening Session: Focus on Workforce Education and Training 12/14/22

- The WET funds can't be used to create staff, participated in staffing pipeline, struggling to get health workers into this field, training does not set you up enough for both licensed and non-licensed staff
- Supervision and training allow for retention

- Advocating for WET funding spent on ongoing training and supervisors
- WET funds could be used for bonuses
- Discrepancies for POC
- Big gaps in services, what are we doing to close these gaps?
- Santa Maria indigenous Mexican population growing, finding out things like written language
- More outreach and engagement for Mixtec in North County
    - Recruitment of Mixtec speakers, and identifying gaps
- Using people with established trust in the community
- Maybe work with local, already respected nonprofits
- Could contract work out with WET funds
- Peer workforce development program?
- Work with Crestwood Behavioral Health, get together with Project Heal, allow people to do internships with Project Heal
- Can apply for peer stipends

Consumer and Family Members Action Team: Focus on PEI 12/15/22

- **Help@Hand Update**
    - Working on finalizing presentations on technology, finished collaboration with SB County Housing Authorities and going to community rooms doing Headspace Presentations. Canvassing in Santa Maria, getting a lot of community input from South County Agencies
- **MHSA Presentation**
    - Natalia Rossi and FayAnn Wooton-Raya presented the second half of the MHSA Plan Presentation for FY 23-26 to gather stakeholder feedback
- **QCM Update**
    - Work on service accessibility, timeliness, and beneficiary satisfaction, gathering input as to different parts of the plan and how to coordinate this from the stakeholder perspective. Plan covers mental health and alcohol and drug services
    - quality improvement workplan from QCM
        - https://content.civicplus.com/api/assets/d65d6055-e263-41ef-9c06-4004a86a637a?cache=1800
    - Goals
        - Expanding recovery resident beds to have 6 beds in each region of county
        - Transitioning mental health plan and provider directories into smartsheet
        - Increasing access to difficult to service communities during COVID-19

- Increasing access to beneficiaries for screening, increasing community between screeners and outpatient staff
- Increasing latinx penetration rates
- Timeliness to care

MHSA Public Comment/Stakeholder Feedback

- Can we go to highschools to inform students about early signs of mental illness in transition age youth? Transition of highschool to college very stressful
- Are we collaborating with the different school districts to get information disseminated on social media sites to their students?
    - We have a mental health student services act that provides some prevention and early intervention work but we aren't coordinated with social media with highschools, great suggestion
- Homeless shelters for families, transition houses, good samaritan, would fall under serving youth and PEI?
    - We do provide outreach and engagement in mental health services through good sam shelters, but we don't do it in this specific area of outreach and engagement for early signs of mental illness, great suggestion
- Would the Noah Anchorage anchorage program qualify for some of these kits or information for the youth?
    - More on the intensive services side of housing and mental health supports, more CSS side
- Is there a way we can do outreach to the police and the sheriff's department for recognizing early signs and symptoms for mental illness? Do programs also go out to them?
    - They do get some training, can focus on increasing recognition of early signs of mental illness
- Boys and girls clubs, another organization to coordinate with for this outreach
- Partnering with WIC (women, infants, and children) being at the clinic or providing training for their staff that sees families
- Big issue of youth struggling with violence and drugs, can we use funding to create resources for youth in the fundamental transition stages, to help them get work permits, drivers license, FAFSA etc; connecting them to these resources, getting them support, incentive for community stores/businesses to hire these youths
    - Can be seen as activities to reduce their risk factors for mental health issue, could be put under the prevention banner

- AHA!: Academy of Healing Arts, provides education for parents, work with teens, provide counseling and parenting classes, could be great to partner with in Santa Barbara
- Future Leaders of America
    - Already have a connection
- Having programs like basketball, sports, etc., positive activities to participate in groups, to make friends
- Do we partner with SB police activity leagues?
    - We have parameters with working with PD, but can look into it
- Tremendous push by BWell to inform community on Access Line, but we find there is even more need for education around it, especially in the senior communities, lack of understanding of what it is and how to use it
- When people call the Access Line or the Foster Road office, if a peer could call back and explain services offered, it could help reduce stigma, reduce fear of calling in and asking questions. Access Line can be overwhelming, check-in calls after initial call would be good
    - Can fit into discrimination and stigma reduction to have a peer connect with you
- For teens and elementary school level, do we offer mental health services? Are there groups? Normalizing it more at the elementary level to reduce stigma, make it more of a conversation
    - There are some in place, vary from school district, mental health curriculum for 6th graders in Santa Barbara, could increase to whole county
- Having warm hand-off amongst youth, drop-in centers at the schools where peers could be trained to hand-off to an adult/advisor, transition age youth want to see more peer services, can be applied to junior high as well
- Doing more outreach videos, putting it on social media
- Taking into account generational mental illness and how it happens in our communities, advocating for us to have more early interventions for youth and children
- See if highschoolers struggling with depression/suicidality have an english/writing class for venting
    - Providing curriculum or topics to english teachers to incorporate in their classes
- Disconnect between being in the community and talking with someone thinking of suicide, and knowing what to do in that situation
- Offering listening sessions around the topic of suicide prevention, great place for people to open up
- Using WET funds to give bonuses to peers trying to become state-certified; will bring in more funding since peers would be able to provide more peer certified
- Doing more education about the benefits of becoming a certified peer

- Do we have peers working that are certified?
    - For our department, we have peers working that aren't certified, and one who is, some peers can be grandfathered in, encouraging other peers to get certified
- Having one countywide coalition, that includes faith community, education and service providers
- Holding workshops at the schools similar to peer certification for the purpose of empowering youth to support each other through healing
- Youth mental health first aid trainings county wide

BWell All-Staff Meeting: Focus on Workforce Education and Training 12/20/22

- Would this be a good program for the internships? Mentioned retention services
- Supporting future peer workforce, transitioning from recovery to employment at some point in their lives, across the department, including areas such as fiscal, etc.
- Optional lunch meeting after the 1st of the year for further WET exploration, advertise that for january at all 3 locations to get input
- Practitioners to get DBT certification
    - Can be difficult and time consuming, does not work for majority of clients we see, but other trainings along that line that are more relevant can be more fully explored
- A major need across the county is team building, debriefing, things that will help staff stay
- Focusing on work permit age youth to create long term empowerment preventing generations from slipping into areas of vulnerability
- Health navigators
- Bringing in single parents in DSS, paid for their time, using them as accounting clerks, could we use this with MHSA WET funding?
- Reaching out to high schools and community colleges to empower them to grow and lead, provide future leaders opportunities
- Long term recruitment, use army model, go into highschools to bring awareness to mental health professional paths, especially to minorities
- More peer positions
- Retention bonuses, like after 3 or 5 years
- Tiktok recruitment for Bwell

LGBTQ+ Youth event: Focus on Prevention and Early Intervention in Lompoc 1/19/23

- Increase in person activities
    - What will draw kids in?
        - $ for food and gift cards
        - Lots of ideas but not enough follow through
        - Bullying within the club happened last year
        - Gender identity workbooks, LGBTQIA+ education, mental health history books
        - Increase supervision of the behind the scenes to help with knowledge of school bullying and at home activities
        - Prevention work
        - Have a student council where students can receive volunteer hours/incentives/ and share information county wide
        - Bus/van to assist with north county attendance
            - This will increase student awareness of pride alliance meetings
        - More recovery days in the park or future large events
            - Advertising, Lompoc Vision, Chamber of Commerce
            - Events to outreach to older/mid aged LGBTQ
            - Support groups
        - Teenager nights 13-18 and 18+
        - Drug use fentanyl overdose in LGBTQ+ community
        - Be the thing people want to come to versus the drug
        - Be hands on the ground
        - Weekly, monthly tabling out in the public with fun tabling goodies, clothing donation
        - Have community partners attending for outreach
        - Showers, laundry
        - Emotional support animals
        - Drop in center like YOR place for LGBT community or temporary if not enough funding
        - Syringe distribution in LGBTQ community biweekly
        - Fentanyl testing strips
        - Public speakers come to the high schools and have someone whose knowledgeable to assist in presenting
            - Discussing hormones
            - Price sway to increase safe space
        - Drop in at southside coffee
        - One room coffee shop
        - Flowers City Ballroom drag group- Susie
            - Rent and hold an event, ALL are welcome

- $ for supplies for those in the street's recovery
- Zoom events because LGBTQ individuals are scared to come out
- Transportation be provided
- Homeless Trans Youth support and resources
- Trans central coast
- Peer navigator for LGBTQ
- Education topics: verbal, physical, proper defense of knowing the signs of abuse, access, care, phone numbers, relationship courses for all

- Not a lot of guidance from families
- Living with love- Mixteco and Micop (email to James)
- LGBTQ tutor
- Trans/homophobic teach educational history when growing up
  - Ex: homophobic history and queer history
- How to deal with scenarios because of past trauma
- Sensitivity to those who teach LGBTQ and cisgender
- LGBTQ sensitivity trainings make required

Increase the Pacific Pride and BWell collaboration meetings

Justice Alliance Action Team: Focus on Outreach and Engagement (CSS) 1/25/23

- Are the permanent housing sites always full?
  - Yes, but we keep waitlists
  - If they are receiving bwell services, they are eligible
- All MHSA sites are reserved for low income housing
- Does BWell have any extra supports for those who are at risk of losing housing?
  - INN Plan presentation at the OAC meeting today
- What is the typical amount of time a person would wait for these units?
- With the new INN plan, will there be staff who will be there after hours to help clients who are needing additional supports after hours?
- Any plans for transitional or bridge housing support?
  - Not under MHSA but it is a priority of the department
  - New projects though ARPA and private funds approved by BOS
    - 90 units in Santa Maria- going up in fall
    - More in Santa Barbara as well
- Have trauma informed staff and case workers onsite who can deescalate the situation and assist in housing retention
- Will there be a more flexible set of property rules/ housing rules?
  - Because this population adapts and works differently
    - Previous rules lead to eviction when these clients don't know exactly what the "regular tenant" adheres to

    - Reasonable accommodation is a tool that could be accessed in those situations
- Suggestions on how to use MHSA funds to help clients in the justice system
    - Have case workers on the JA team be able to provide a consistent staffing pattern and explore the need for case workers in the Lompoc region so we have adequate staff to help clients get out of jail and how to transition them into housing
    - Transportation of these clients (from one end to the region to another)
    - Some case workers have funding with AB1810- time limited funding source to fund their position
        - Want to use MHSA funds to make these positions permanent
- Would it be helpful to implement certified peers into the JA team?
    - Open to peers but peers cannot write psychiatric holds
    - JA needs caseworker level of intervention
    - They have 1 caseworker full time for JA
-
- SB AOT
    - 1-2-year waitlist
    - Clients have to be engaged in services
    - Fund more homeless outreach teams
    - No FSP spots in Santa Barbara
    - Increase their capacity
    - Need more spots for people who are mentally ill
    - Increase number of spots that are available in the FSPs

Santa Ynez Valley Health Clinics-Outreach to indigenous population: Focus on Prevention and Early Intervention 2/2/23

- Prevention and Early Intervention provides both mental health and substance abuse support programs
- This community is under diagnosed in mental health illnesses and diagnoses

<u>Outreach</u>

- These outreach programs educate their own on how we can support one another
    - Teach healing processes based on generational trauma
- Get experts in each culture to reach out to the specific populations here to allow for healing and supporting of one another (cultural appropriation)
- Connect with
    - National American Heritage Commission
    - Owen Valley Career Development Center
    - TANF Site (unsure if correct acronym?)
- High school mental health fair

- How to provide services to kids

Prevention Programs

- Increase work with Pacific Pride
- Recreation providers (physical activity lowers mental health stressors)
- Collective of Indigenous Services

Early Interventions

- All schools should have a Well Room
  - Consists of: sensory toys, bean bags, someone to talk to- ex: counselor, provides a safe space on campus for students
- Training staff within tutoring center
  - Training on recognition of early signs of mental health challenges and substance abuse
- If you recognize early signs of mental health, who do you call?
  - Call crisis Access Line
    - Feedback: long process- kids don't want to wait that long
  - If person is in crisis: a mobile crisis team will come out to do a visit (this is countywide)
  - 20 years of age and under: safety line, Casa Pacifica
  - Talk to caregivers in child's life
    - Ex: parents, teachers, aunts, uncles, grandparents, employer, friends, community
  - Have a peer navigator to call between 2-week appointment
    - Same cultural background
    - Same experiences (culture, religion, substance abuse, mental health diagnosis, lived in same area)
- Increase outreach for those who are justice involved and provide better access and linkages to services
- Increase the work with incarcerated individuals who are coming back into communities
- Cultural barriers prevent people from reaching out
- Indigenous people are scared to reach out because of cultural barriers (outside people cannot relate) or there is a language barrier
- Cultural Center (tribe and community coming together)
- Discussion of smaller grants if there are excess funds
- $15,000-$50,000 is too low, $50,000- $100,000 would be better

Access and Linkages to Services

- Prior discussion on Access Line, Safety Line, and Warm Line

Stigma and Discrimination Reduction

- Building Resilient Communities committee

- Unknown area
- Youth conference
    - Isolation has become comfortable
    - We need to bring the kids together to discuss what they are going through/ experiencing
    - They need to be heard and to feel seen
    - Indian Support Health Clinic

<u>Suicide Prevention</u>

- Most of group did not know about 988
    - Need to train on suicide prevention and accesses to whole community
- Youth council- county wide
- Increase advertisements of what prevention looks like
    - Advertisement on "Know the Signs of Suicide"
- Call the local clinic to have support and not call a stranger
- How to understand the client's sensitivity
    - Use of proper language
        - Not: get it together, what are you talking about, act better
- Have a peer leader who they can come to
- Suicide = taboo
- Provide services to elders
- Someone who is indigenous doesn't always understand their own cultural knowledge or history
    - People can be experiencing same traumas but do not talk about it because
        - Accusing own family
        - Don't know it's wrong
        - Used to closed conversations
- Make more trainings culturally and age specific
- Wellness Program training vs. Suicide Prevention Training
    - Value and self- esteem building
    - Have a sense of pride within oneself (this can be done at trainings but should be practiced within home too)
- Parenting workshops
    - Different generations and upbringing
- Parent actions can assist
    - Child views the parent's healing practices
    - Words of encouragement and empowerment
    - want parent to be a good role model
- Learn to celebrate diversity and different cultures throughout the whole community
- Implement a mental health crisis team within each little town in the county

    - Talk to a person (age groups and parenting skills)
- Having a grade school, junior high, 18-21, 21-25, 25-55, 55 and up age specific groups
- Come together as agencies to come together and support one another and work together (coexist)
- Increase support groups within the community
- Come together as support when someone is struggling
    - Create safe space within community (person, people, group, access line)
- How to take care of each other within own agency
    - To prevent burnout
- Talking circles
- People are comfortable being alone
- Many organizations are causing separation within community (services/leadership) need to come together to unify one whole community
- Podcast, radio station discussion topics on mental health
    - Allow for people to listen and realize they are not alone
- Kids don't feel heard and they bottle up their feelings
- Institutions need cultural sensitivity
- Ask kids what they want to talk about at each session
    - For the next week's topics and in general to ease the flow of discussion
    - This allows host of session to view what's going on internally within the kid groups

Spanish-Speaking Session with CHCCC: Focus on Access and Linkages to Services
3/24/23

Talking points used by staff:

Information: What is the best way to find out about mental health services?

Access: What is the best way for you to access mental health services?

Engagement: What is the best way to engage you and yours?

Communication: what is the best way to talk with you and yours?

Provide: What do you need for mental health support?

Public Comments in Spanish

- Programas accesibles (gym)
- Programas de nutrición

- Más personal que hable el idioma
- Atendernos rapido
- Servicios que sean accesible para los que trabajan en el campo
- Parques seguros-porque luego hay personas fumando
- Comunidades seguras
- Más seguridad en los parques
- Doctor
- Más consideracion para las mujeres embarazadas
- Pediatra
- Medical
- CHC
- School
- Google (Internet)
- Hacer cita
- Trabajadores sociales de CHC
- Clinicas mobiles en las tardes
- Grupos educativos
- Folletos
- Mensajes de la escuela
- Programa Migrante
- Recogen comida
- Proveer información en nuestro idioma
- Juntas comunitarias para aprender a obtener ayuda

Public Comments in English

- Availability to better access services
    - Community events
- Having services open after work hours/weekends
- Takes long to get an appointment
    - Like the idea of a peer navigator
- Transportation is difficult
    - Want to make it better
- Intimidating to go in office
- Community events like this are more welcoming and beneficial, educational
- Gender specific discussion (woman to woman, man to man)
- Educational sessions here in community, after 6pm or on weekends
    - Will need resources sooner or later
- Parent classes to know about mental health symptoms for their kids
    - Life skills classes would be beneficial too, on top of mental health training

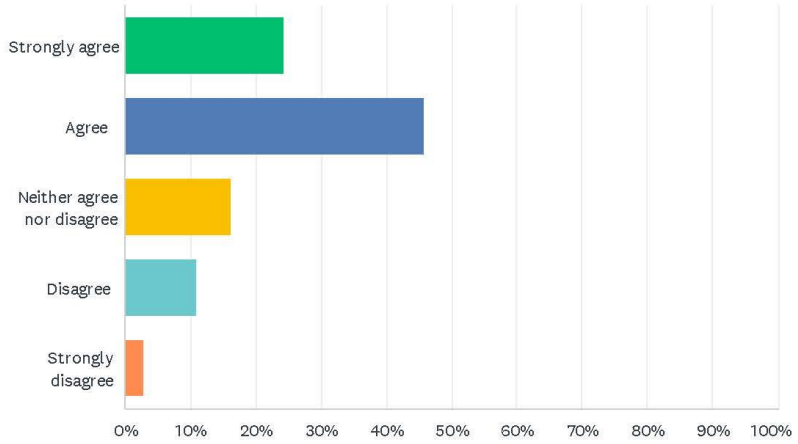
- Engagement:
    - via text, like CHC clinics who contact consumers in their language
    - Via schools. Schools send text invitations for parent meetings, they obtain community resources and information.
- Provide mental health education on after school programs
- Provide drug and alcohol prevention information
- Meetings with community leaders to inform about mental health and drug prevention programs
    - Preferably weekends, to inform parents in Mixteco and in Spanish
- Provide mental health counseling at schools
- Meeting in the community at the public library, in Spanish and in Mixteco
- Some families call 911 to get information for programs of mental health and drug services
- They would like to obtain mental health appointments sooner, it takes almost 45-60 days to obtain the first mental health appointment
- Many consumers obtain local resources on Facebook and whatsapp, via smartphones
- They find services where services are provided in Spanish
- Obtain information via Facebook, local newspaper, “Tu tiempo digital”
- Marian Medical Center provides list of providers
- Call to medical to get a referral for mental health
- Increase community events to learn about services provided and how to access them
- Provide flyers with mental health information
- Invite schools to send information of community events via text
- Partnership with CBOs
- Informed via Univision
- Inform via Facebook “El Mercadito”, has 60,000 locals. Use this to communicate to the community
- Obtain referrals from community providers and primary doctor
- Make mental health events to meet the community
- Have more providers who speak Mixteco
- Provide information about mental health in TV Stations, Telemundo, Univision (Spanish Station)
- child care at mental health apts
- food bank

MHSA Stakeholder Survey, FY 23-24

MHSA Stakeholder Survey, FY 23-24

Q1 1. To what extent do you agree that these programs meet our community needs for Full- Service Partnerships?

Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	24.32%	9
Agree	45.95%	17
Neither agree nor disagree	16.22%	6
Disagree	10.81%	4
Strongly disagree	2.70%	1
TOTAL		37

Q2 If you have any suggestions related to these activities, what additional input or ideas do you have on Full-Service Partnership Planning?

Answered: 17 Skipped: 20

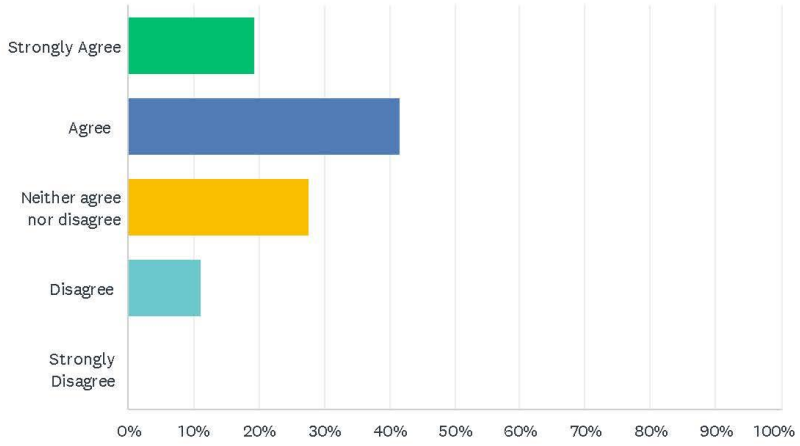
#	RESPONSES	DATE
1	Networking and educating with CBO providers would be beneficial.	1/25/2023 4:14 PM
2	Add an additional fsp program in South county and have it contracted through a cbo rather than Bwell. Perhaps shift the Bwell program to an aot/high utilizer focused program that would be able to expand the aot program census.	1/25/2023 2:40 PM
3	More mental health support staff, more units in south county	1/25/2023 2:37 PM
4	more effective measurement of client outcomes, significantly increase client capacity	1/4/2023 1:50 PM

MHSA Stakeholder Survey, FY 23-24

5	senior program for those clients who require additional care and help rather than relying on case workers	1/4/2023 1:44 PM
6	career building for peers	1/4/2023 1:41 PM
7	give the complete budget and other programs	1/4/2023 1:10 PM
8	more peer jobs and peer supervisor jobs, more services for older adults	1/4/2023 1:02 PM
9	focus on aftercare programs homeless outreach FSP programs	1/4/2023 11:53 AM
10	I believe we need a Day Care Center and more outreach	1/4/2023 11:41 AM
11	Work towards saturating the community with the understanding of what services are available and how to connect.	12/15/2022 3:55 PM
12	Thank you for having me here	12/6/2022 7:06 PM
13	better pay to attract and keep quality employees.	12/6/2022 1:41 PM
14	Additional funding for homeless outreach	12/6/2022 1:37 PM
15	Just curious - are families involved in full service partnership?	11/17/2022 5:29 PM
16	Retain staff!	11/17/2022 5:22 PM
17	Create equity of programs between regions. A supported services level FSP in Lompoc is needed.	11/16/2022 7:47 PM

Q3 To what extent do you agree that these Community Services and Supports programs meet our community needs?

Answered: 36 Skipped: 1



MHSA Stakeholder Survey, FY 23-24

ANSWER CHOICES	RESPONSES	
Strongly Agree	19.44%	7
Agree	41.67%	15
Neither agree nor disagree	27.78%	10
Disagree	11.11%	4
Strongly Disagree	0.00%	0
TOTAL		36

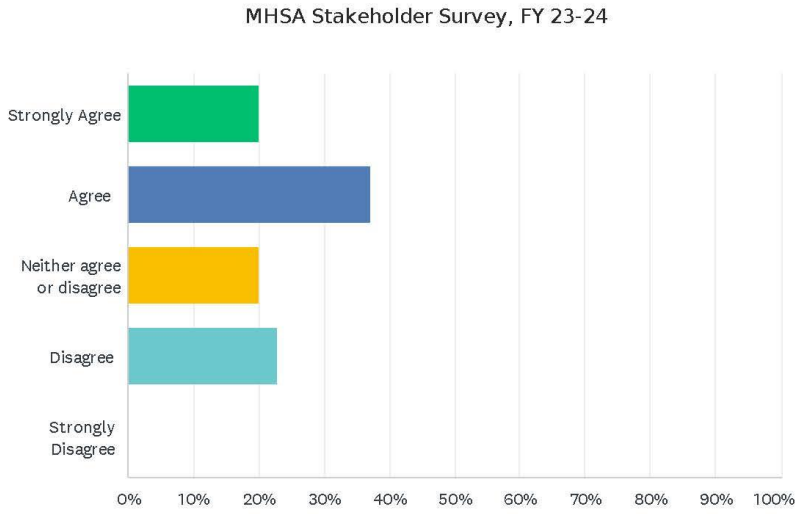
Q4 If you have any suggestions related to these activities, what additional input or ideas do you have on Community Supports and Services?

Answered: 14 Skipped: 23

#	RESPONSES	DATE
1	Decrease barriers in engagement	1/25/2023 2:37 PM
2	make it a top priority for these funds clients in greatest need, not just those who readily accept and seek services	1/4/2023 1:50 PM
3	more competitive wages for RLCs to retain talent; possibly offer student loan pay back to CBO employee	1/4/2023 1:44 PM
4	career building	1/4/2023 1:41 PM
5	easier access to housing vouchers	1/4/2023 1:04 PM
6	mobile shower unit in Lompoc. Currently homeless people can only shower one time a week!	1/4/2023 1:02 PM
7	FSP- we need portable showers, we need chargers/phones, we need bus passes, storage for homeless, can we use these for engagement purposes?	1/4/2023 11:53 AM
8	day care center	1/4/2023 11:41 AM
9	Youth need additional support to successfully navigate their stages of transition into productive members of society such as support to get their driver's license, to get a work permit or their first job (employer incentives). Incentives to fill out FAFSA and explore community college.	12/15/2022 3:55 PM
10	Thank you	12/6/2022 7:06 PM
11	none	12/6/2022 1:41 PM
12	Services are sometimes lacking due to staffing issues	11/18/2022 6:28 AM
13	None	11/17/2022 5:29 PM
14	Retain staff	11/17/2022 5:22 PM

Q5 To what extent do you agree that these Outreach and Engagement Programs meet our community needs?

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly Agree	20.00%	7
Agree	37.14%	13
Neither agree or disagree	20.00%	7
Disagree	22.86%	8
Strongly Disagree	0.00%	0
TOTAL		35

Q6 If you have any suggestions related to these activities, what additional input or ideas do you have on Outreach and Engagement Planning?

Answered: 16 Skipped: 21

#	RESPONSES	DATE
1	They need more staff and resources to ensure continuity	1/25/2023 2:37 PM
2	Sorry I don't understand exactly what these services intend to do	1/4/2023 1:50 PM
3	would like to see more stigma reduction campaign in Tagalog and Spanish	1/4/2023 1:44 PM
4	hiring more	1/4/2023 1:41 PM
5	need more safe parking in Santa Maria, more housing projects	1/4/2023 1:02 PM
6	we need more outreach work in our community here in Santa Maria	1/4/2023 12:28 PM
7	day center with showers, storage areas/lockers for homeless, resource center with life skill classes, employment assistance, substance abuse treatment programs	1/4/2023 11:59 AM
8	1. housing 2. follow-up in housing to see if rent is paid, bills paid, education to get a person to be able to sustain living skills	1/4/2023 11:53 AM
9	Teens can be educated and empowered with the knowledge and skills to help themselves.	12/15/2022 3:55 PM

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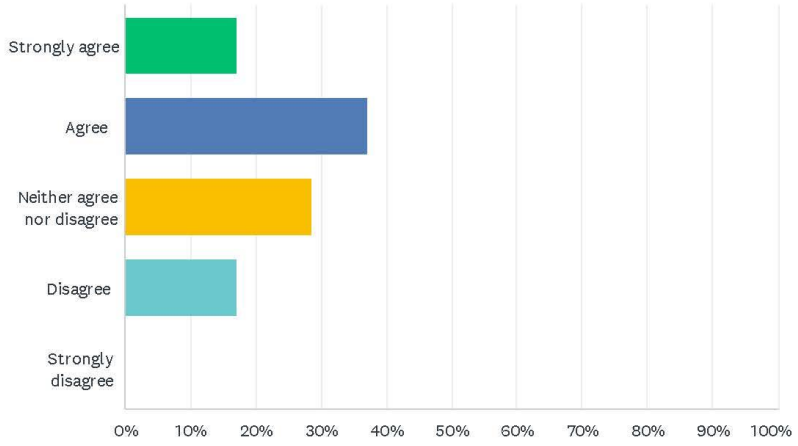
	Also knowing when it is appropriate to reach out during suicidal ideation and how to do it.	
10	I like being here	12/6/2022 7:06 PM
11	We need to have a laundry program in Lompoc for the homeless, and then outreach workers can engage them while doing their laundry. Also more outreach case managers	12/6/2022 1:41 PM
12	Need more outreach workers.	12/6/2022 1:37 PM
13	We need more outreach workers	12/6/2022 1:36 PM
14	Would like to understand constraints in this area- seems like transition plans could be more comprehensive with a variety of supports.	11/17/2022 5:29 PM
15	Retain staff	11/17/2022 5:22 PM
16	Programming dedicated to outreach and connecting people to resources	11/16/2022 7:47 PM

Q7 To what extent do you agree that these Prevention and Early Intervention programs meet our community needs?

Answered: 35 Skipped: 2

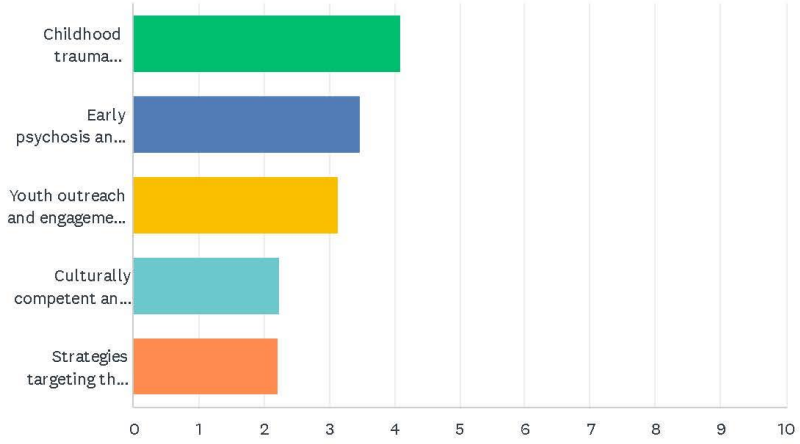


ANSWER CHOICES	RESPONSES	
Strongly agree	17.14%	6
Agree	37.14%	13
Neither agree nor disagree	28.57%	10
Disagree	17.14%	6
Strongly disagree	0.00%	0
TOTAL		35

MHSA Stakeholder Survey, FY 23-24

Q8 Please rank these PEI categories, with one being most important and six being least.

Answered: 23 Skipped: 14



	1	2	3	4	5	TOTAL	SCORE
Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.	57.14% 12	19.05% 4	4.76% 1	14.29% 3	4.76% 1	21	4.10
Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.	23.81% 5	33.33% 7	19.05% 4	14.29% 3	9.52% 2	21	3.48
Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.	9.52% 2	28.57% 6	38.10% 8	14.29% 3	9.52% 2	21	3.14
Culturally competent and linguistically appropriate prevention and intervention.	0.00% 0	9.52% 2	33.33% 7	28.57% 6	28.57% 6	21	2.24
Strategies targeting the mental health needs of older adults.	13.04% 3	8.70% 2	8.70% 2	26.09% 6	43.48% 10	23	2.22

Q9 If you have any suggestions related to these activities, what additional input or ideas do you have on Prevention and Early Intervention?

Answered: 15 Skipped: 22

#	RESPONSES	DATE
1	increase funding for school education earlier on, FSP for first episodes of psychosis	1/4/2023 1:50 PM
2	elementary school level with peer/trauma-based "people helping people" in Santa Barbara	1/4/2023 1:47 PM

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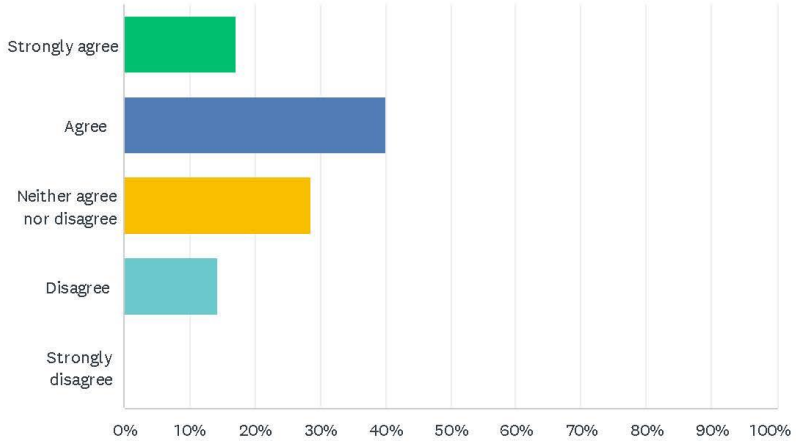
3	Highschool program w/ peer drop-in center, have TAY peer and advisor trained in youth mental health first aid	1/4/2023 1:44 PM
4	jail	1/4/2023 1:41 PM
5	having easy access to psychiatric care	1/4/2023 1:07 PM
6	wellness centers in ALL schools, wellness room	1/4/2023 1:02 PM
7	desire for full service housing	1/4/2023 12:35 PM
8	funding for programs like MHFA, QPR, increasing in funding for salaries, suicide prevention	1/4/2023 12:30 PM
9	1. childhood trauma to start early ages, 3 years plus 2. education for parents!	1/4/2023 11:53 AM
10	Building pathways to success that divert community members from needing extra support later. Training within demographic groups that empower community members to help each other.	12/15/2022 3:55 PM
11	wellness centers in all schools	12/6/2022 1:41 PM
12	Early intervention is critical in preventing some of the more debilitating and costly effects of serious mental illness.	11/18/2022 6:28 AM
13	Engage and fund community partners who are working to prevent and address ACEs and toxic stress	11/17/2022 5:29 PM
14	Retain staff	11/17/2022 5:22 PM
15	More dedicated funding to peer services like the RLC's. Members report RLCs have prevented hospitalizations and crises.	11/16/2022 7:47 PM

Q10 To what extent do you agree that the Workforce and Education activities meet our community needs?

Answered: 35 Skipped: 2



MHSA Stakeholder Survey, FY 23-24

ANSWER CHOICES	RESPONSES	
Strongly agree	17.14%	6
Agree	40.00%	14
Neither agree nor disagree	28.57%	10
Disagree	14.29%	5
Strongly disagree	0.00%	0
TOTAL		35

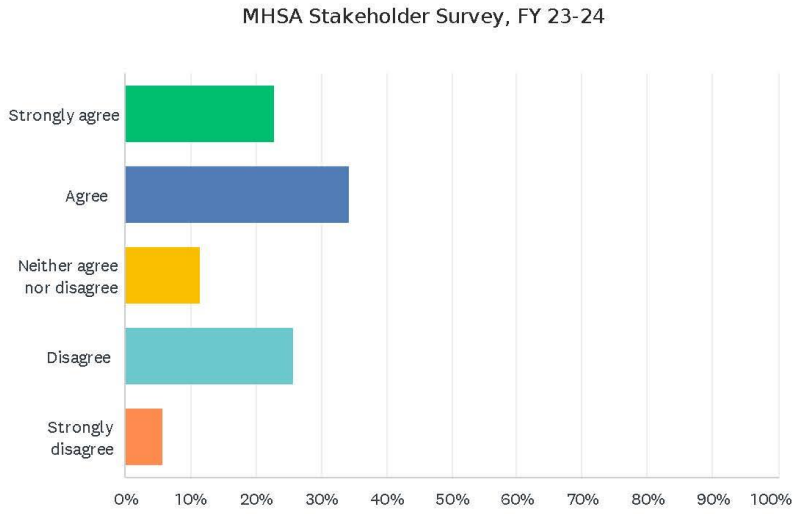
Q11 If you have any suggestions relate to these activities, what additional input or ideas do you have on Workforce Education and activities?

Answered: 9 Skipped: 28

#	RESPONSES	DATE
1	offering opportunity to pay back student loans to CBO contract to help recruit and retain talent	1/4/2023 1:44 PM
2	school programs	1/4/2023 1:41 PM
3	more peer positions and supervisor peer positions	1/4/2023 1:02 PM
4	loan repayment for grad school stipend	1/4/2023 12:30 PM
5	There are not enough youth being employed in our communities. Why? Can we incentivize small businesses to employ youth?	12/15/2022 3:55 PM
6	no	12/6/2022 1:41 PM
7	Organizational assessment to identify areas where BWell could be more trauma informed as an organization- how do you care for your staff?	11/17/2022 5:29 PM
8	Retain staff	11/17/2022 5:22 PM
9	Growing grounds farm gives community members with mental illness employment opportunities. TMHA also piloted an intern training program which has successfully trained by interns leading to employment	11/16/2022 7:47 PM

Q12 To what extent do you agree that the project-based housing program meets our community needs?

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	22.86%	8
Agree	34.29%	12
Neither agree nor disagree	11.43%	4
Disagree	25.71%	9
Strongly disagree	5.71%	2
TOTAL		35

Q13 If you have any suggestions relate to these activities, what additional input or ideas do you have on project-based housing?

Answered: 14 Skipped: 23

#	RESPONSES	DATE
1	Case managers unaware of programs and do not take prioritize putting clients on all possible waitlists	1/25/2023 2:37 PM
2	We need more project based housing programs to meet the needs of communities.	1/25/2023 2:37 PM
3	great efforts, but need overwhelms whatever we're reasonably able to create	1/4/2023 1:50 PM
4	need more homeless housing	1/4/2023 1:47 PM
5	wrap around peer support for those who need help retaining housing	1/4/2023 1:44 PM
6	jail search for unhoused/ houseless	1/4/2023 1:41 PM
7	need more section 8 houses/apartments	1/4/2023 1:07 PM
8	more!! especially in Lompoc and Santa Maria	1/4/2023 1:02 PM
9	we need more buildings to house homeless mental health patients. full services building. more money to housing more housing to be built to house homeless	1/4/2023 11:53 AM

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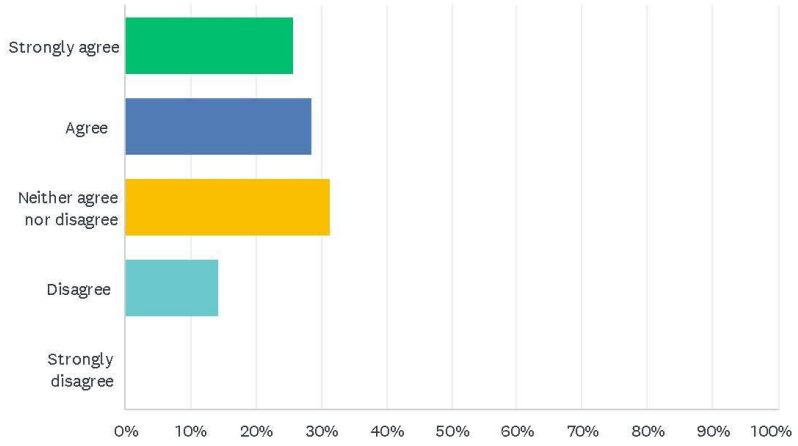
10	Provide outreach and education at Older Adult facilities to educate them about the resources available through BeWell.	12/15/2022 3:55 PM
11	we need more	12/6/2022 1:41 PM
12	More housing with services is always needed. However, I think BeWell has done an excellent job in providing more housing in our county. It's just that so much more is needed.	11/18/2022 6:28 AM
13	None	11/17/2022 5:29 PM
14	Retain staff	11/17/2022 5:22 PM

Q14 To what extent do you agree with Capital Facilities/ Technology Needs meets our community needs?

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	25.71%	9
Agree	28.57%	10
Neither agree nor disagree	31.43%	11
Disagree	14.29%	5
Strongly disagree	0.00%	0
TOTAL		35

Q15 If you have any suggestions relate to these activities, what additional input or ideas do you have on Capital Facilities/Technology Needs?

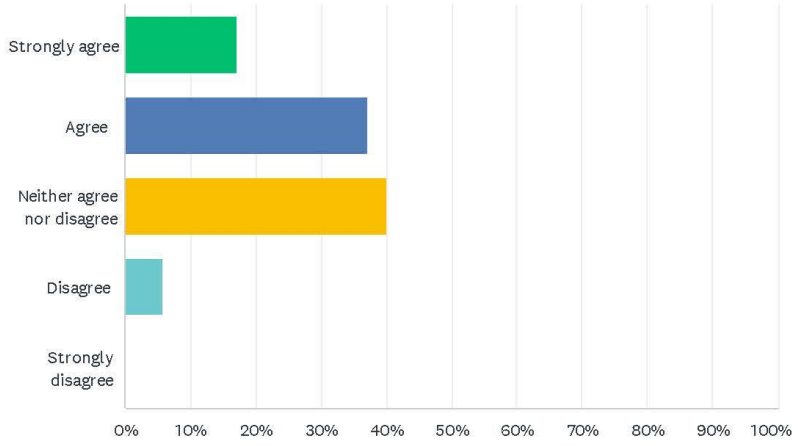
Answered: 5 Skipped: 32

MHSA Stakeholder Survey, FY 23-24

#	RESPONSES	DATE
1	Most individuals who are homeless don't have access to a laptop and cell phones. It would be great to have funding to provide flip cell phones so appointments could be arranged and kept.	1/25/2023 4:14 PM
2	have housing programs	1/4/2023 1:41 PM
3	no	12/6/2022 1:41 PM
4	Consider integrating EHR with Find Help, a closed loop referral system recently launched by Cottage to support ACEs work	11/17/2022 5:29 PM
5	Retain staff	11/17/2022 5:22 PM

Q16 To what extent do you agree that the current Innovations Projects meet our community needs?

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	17.14%	6
Agree	37.14%	13
Neither agree nor disagree	40.00%	14
Disagree	5.71%	2
Strongly disagree	0.00%	0
TOTAL		35

Q17 If you have any suggestions relate to these activities, what additional input or ideas do you have on Innovations projects and activities?

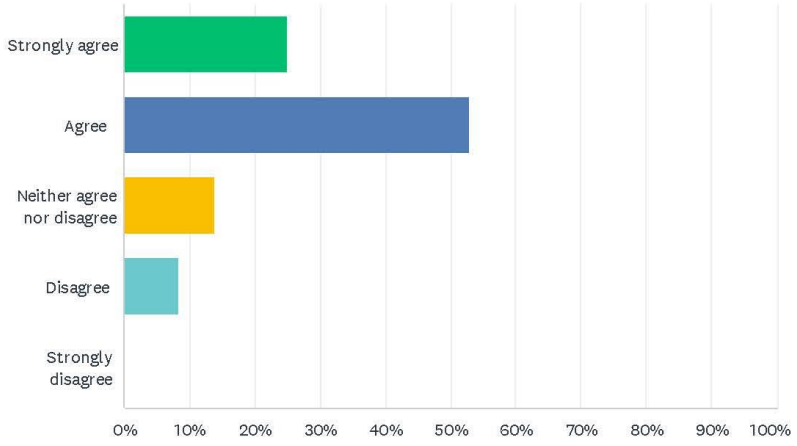
Answered: 6 Skipped: 31

MHSA Stakeholder Survey, FY 23-24

#	RESPONSES	DATE
1	keeping people moving into housing and giving them support	1/4/2023 1:10 PM
2	more peer projects and employment!	1/4/2023 1:02 PM
3	innovations to be expanded to a broader base	1/4/2023 11:53 AM
4	no	12/6/2022 1:41 PM
5	None	11/17/2022 5:29 PM
6	Retain and recruit staff.	11/17/2022 5:22 PM

Q18 To what extent do you agree that the Department of Behavioral Wellness is involving the community in the planning for all MHSA Programming?

Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	9
Agree	52.78%	19
Neither agree nor disagree	13.89%	5
Disagree	8.33%	3
Strongly disagree	0.00%	0
TOTAL		36

MHSA Stakeholder Survey, FY 23-24

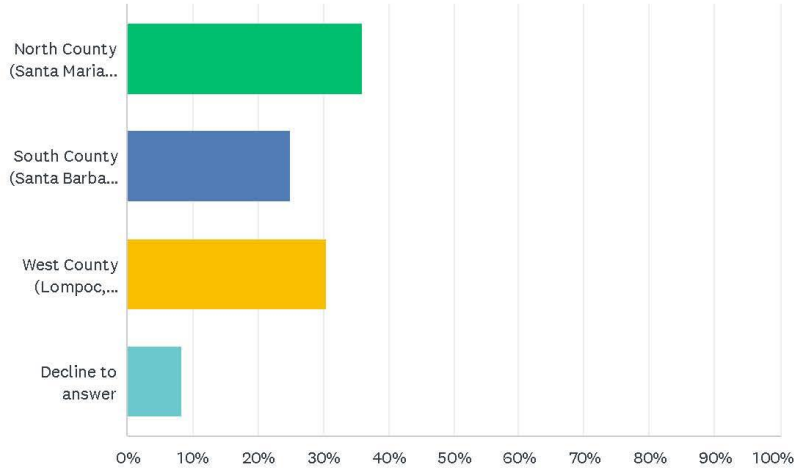
Q19 Do you have any other input or suggestions you would like to share related to the MHSA Plan and Activities?

Answered: 6 Skipped: 31

#	RESPONSES	DATE
1	extending hours at the BWell clinic, evenings, so people working have access to services	1/4/2023 1:44 PM
2	no	12/6/2022 1:41 PM
3	Good effort at holding so many meetings. Wish there was better turnout	11/18/2022 6:28 AM
4	Well done! This is the first time I've felt like input was genuinely invited and acknowledged.	11/17/2022 5:29 PM
5	Retain and recruit staff.	11/17/2022 5:22 PM
6	The current presentations are fantastic. We appreciate the new MHSA manger. She is active in the community, with CBO's and has been receptive to feedback	11/16/2022 7:47 PM

Q20 In which region of the county do you live or represent/work?

Answered: 36 Skipped: 1

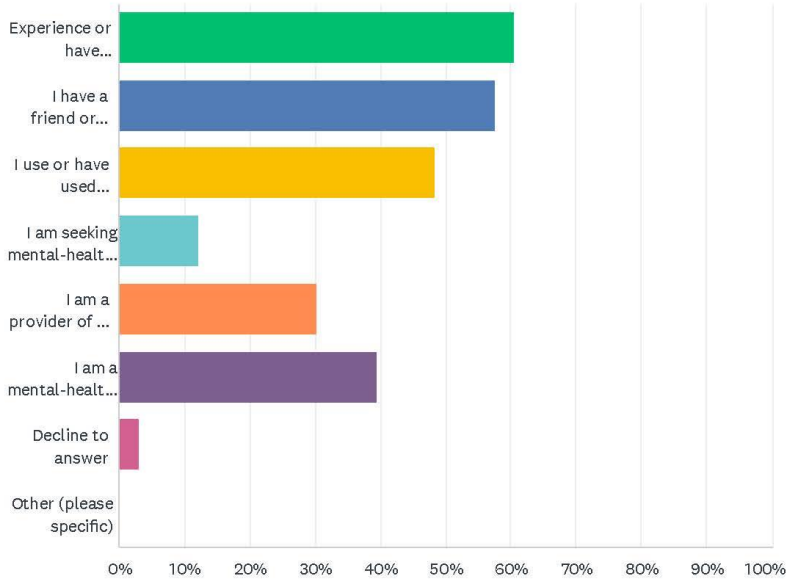


ANSWER CHOICES	RESPONSES	
North County (Santa Maria, Guadalupe, New Cuyama)	36.11%	13
South County (Santa Barbara, Goleta, Carpinteria)	25.00%	9
West County (Lompoc, Buellton, Santa Ynez)	30.56%	11
Decline to answer	8.33%	3
TOTAL		36

MHSA Stakeholder Survey, FY 23-24

Q21 Which of the following describes you? (Check all that apply)

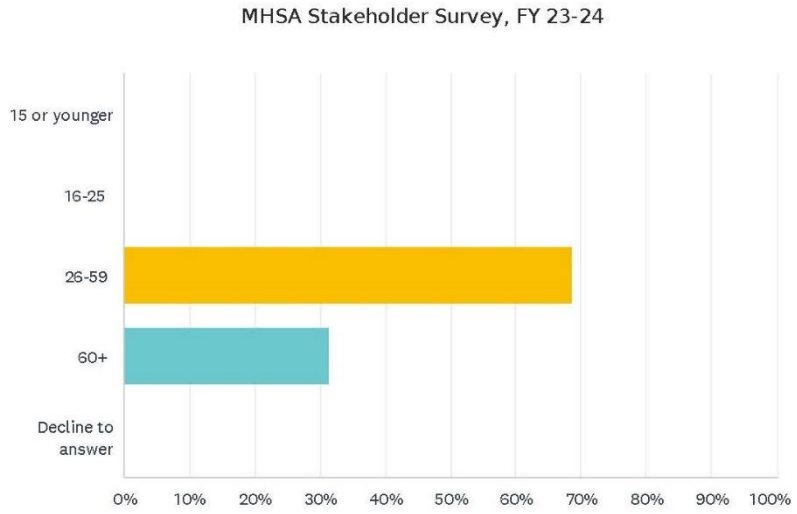
Answered: 33 Skipped: 4



ANSWER CHOICES	RESPONSES	
Experience or have experienced mental-health challenges	60.61%	20
I have a friend or family member who experiences or has experienced mental-health challenges	57.58%	19
I use or have used mental-health services or supports	48.48%	16
I am seeking mental-health services or supports	12.12%	4
I am a provider of or administrator in mental health services	30.30%	10
I am a mental-health advocate representing a specific racial/ethnic, cultural, or other group	39.39%	13
Decline to answer	3.03%	1
Other (please specific)	0.00%	0
Total Respondents: 33		

Q22 How old are you?

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
15 or younger	0.00%	0
16-25	0.00%	0
26-59	68.57%	24
60+	31.43%	11
Decline to answer	0.00%	0
TOTAL		35

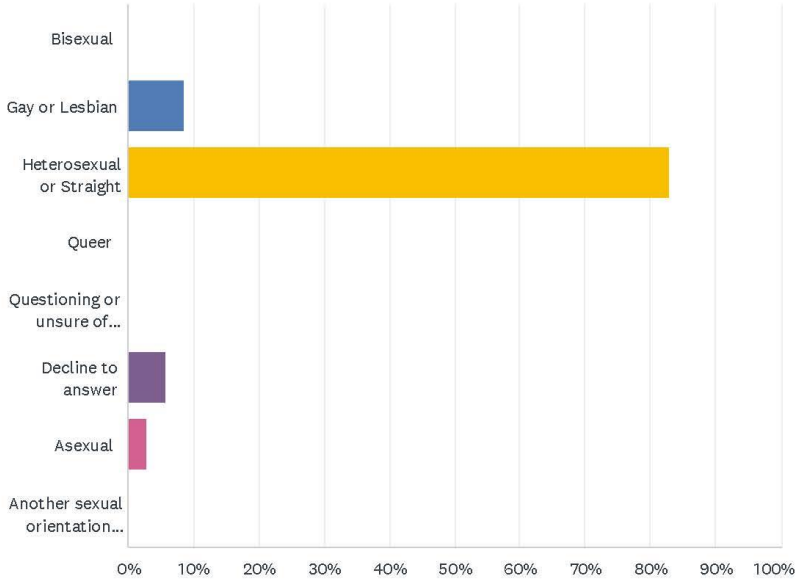
Q23 What is your race/ethnicity?

Answered: 35 Skipped: 2

MHSA Stakeholder Survey, FY 23-24

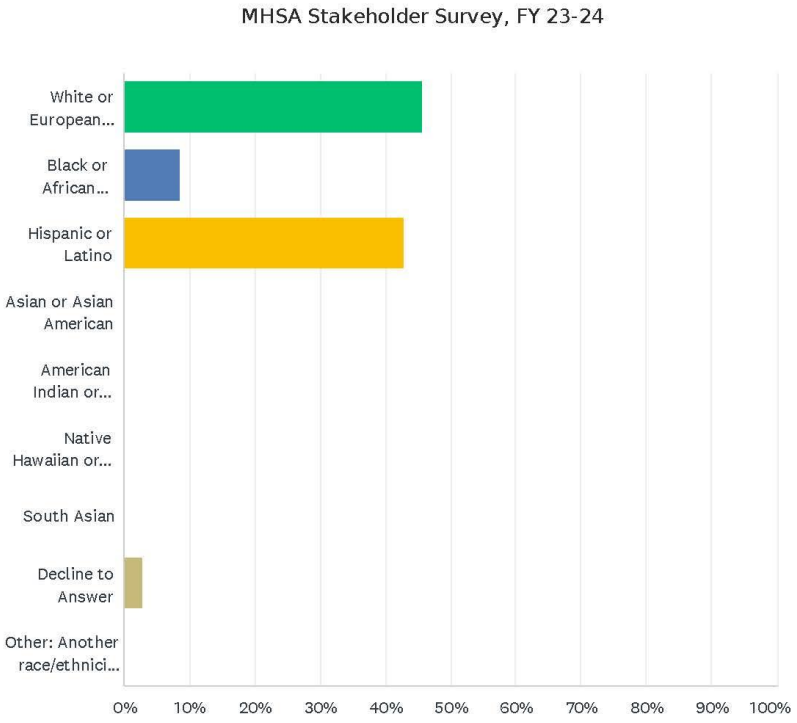
Q25 What is your sexual orientation?

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Bisexual	0.00%	0
Gay or Lesbian	8.57%	3
Heterosexual or Straight	82.86%	29
Queer	0.00%	0
Questioning or unsure of sexual orientation	0.00%	0
Decline to answer	5.71%	2
Asexual	2.86%	1
Another sexual orientation (please specify)	0.00%	0
TOTAL		35

#	ANOTHER SEXUAL ORIENTATION (PLEASE SPECIFY)	DATE
	There are no responses.	



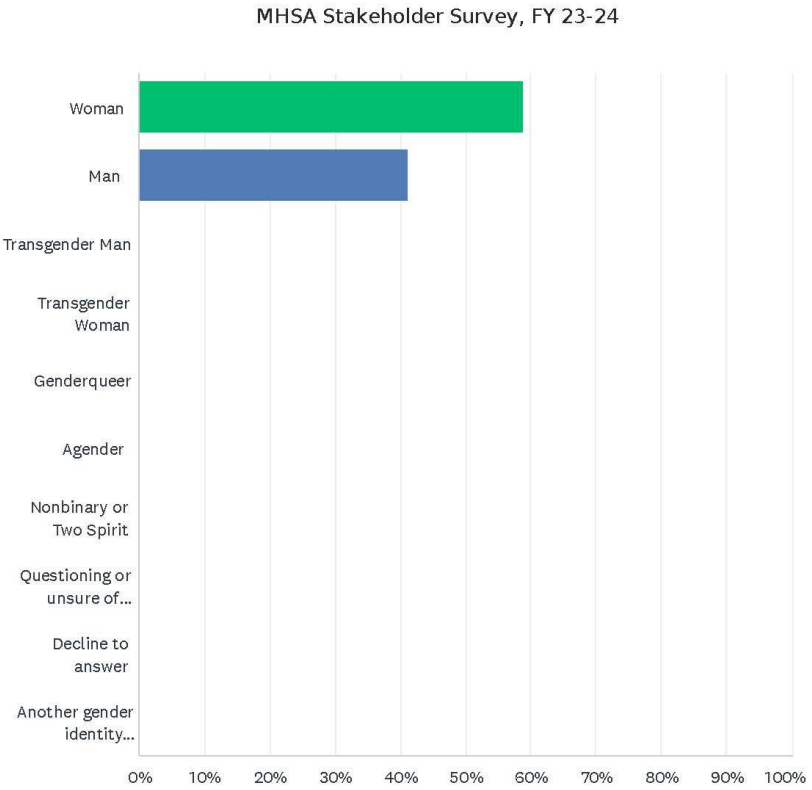
ANSWER CHOICES	RESPONSES	
White or European American	45.71%	16
Black or African American	8.57%	3
Hispanic or Latino	42.86%	15
Asian or Asian American	0.00%	0
American Indian or Alaska Native	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
South Asian	0.00%	0
Decline to Answer	2.86%	1
Other: Another race/ethnicity (please specify)	0.00%	0
TOTAL		35

#	OTHER: ANOTHER RACE/ETHNICITY (PLEASE SPECIFY)	DATE
	There are no responses.	

Q24 What is your gender identity?

Answered: 34 Skipped: 3

16 / 18



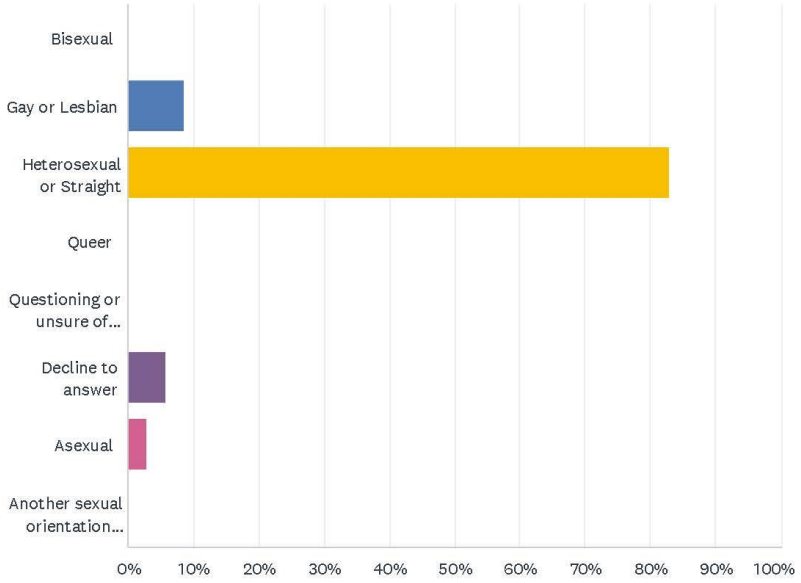
ANSWER CHOICES	RESPONSES	
Woman	58.82%	20
Man	41.18%	14
Transgender Man	0.00%	0
Transgender Woman	0.00%	0
Genderqueer	0.00%	0
Agender	0.00%	0
Nonbinary or Two Spirit	0.00%	0
Questioning or unsure of gender identity	0.00%	0
Decline to answer	0.00%	0
Another gender identity (please specify)	0.00%	0
TOTAL		34

#	ANOTHER GENDER IDENTITY (PLEASE SPECIFY)	DATE
	There are no responses.	

MHSA Stakeholder Survey, FY 23-24

Q25 What is your sexual orientation?

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Bisexual	0.00%	0
Gay or Lesbian	8.57%	3
Heterosexual or Straight	82.86%	29
Queer	0.00%	0
Questioning or unsure of sexual orientation	0.00%	0
Decline to answer	5.71%	2
Asexual	2.86%	1
Another sexual orientation (please specify)	0.00%	0
TOTAL		35

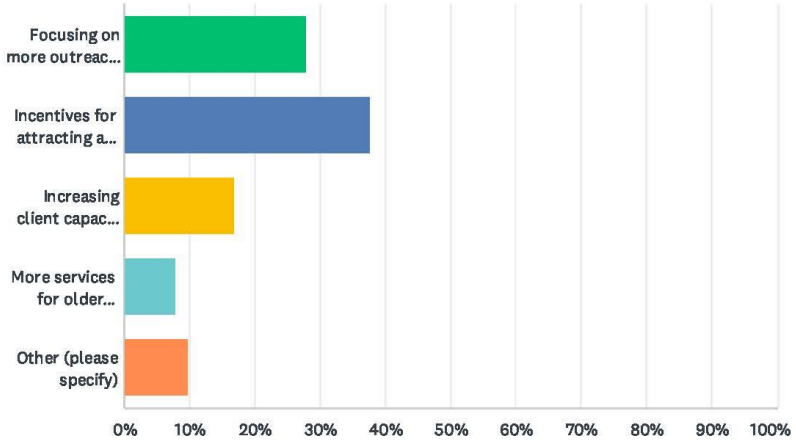
#	ANOTHER SEXUAL ORIENTATION (PLEASE SPECIFY)	DATE
	There are no responses.	

MHSA Brief Survey FY 23-24

Mental Health Services Act Brief Survey (FY 22-23).

Q1 Full Service Partnerships (FSPs) are comprehensive and intensive mental health programs with a "Whatever it takes" approach for children, youth and adults with serious emotional disturbance and severe, persistent mental illness. What do you think would be most beneficial for increasing positive outcomes for the clients and families served by Full Service Partnership programs?

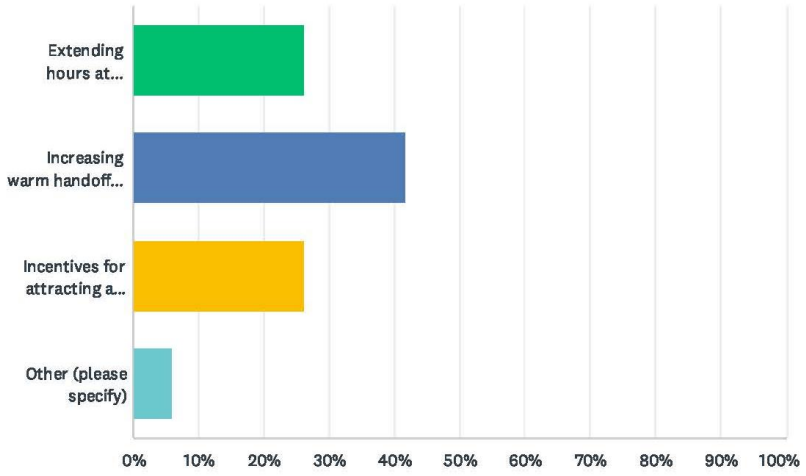
Answered: 154 Skipped: 1



ANSWER CHOICES	RESPONSES	
Focusing on more outreach and engagement	27.92%	43
Incentives for attracting and keeping employees	37.66%	58
Increasing client capacity	16.88%	26
More services for older adults	7.79%	12
Other (please specify)	9.74%	15
TOTAL		154

Q2 Programs in the Community Services and Supports plan under MHSA provide direct services to individuals with severe mental illness using a client-centered, wellness, and recovery focused approach. What do you think would be most beneficial for increasing positive outcomes in our Community Services and Supports programs?

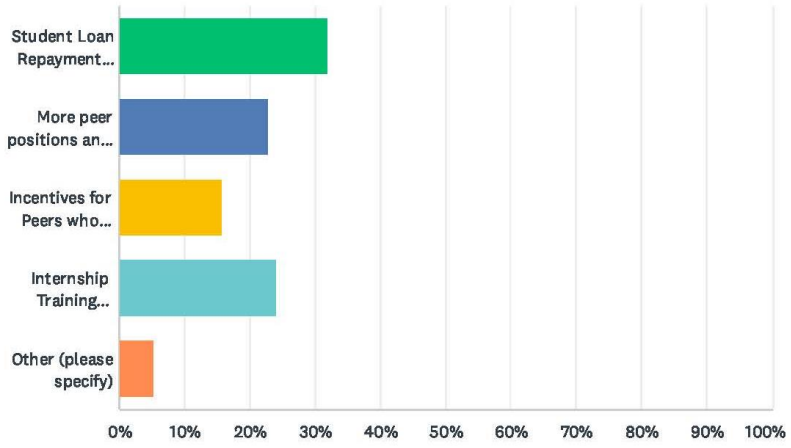
Answered: 153 Skipped: 2



2 / 18

Q4 Workforce Education and Training programs offer education and training for our public mental health workforce to support a well- trained and culturally competent workforce in order to provide high quality client/family driven mental health services. What do you think would be most beneficial for increasing positive outcomes for recruiting and retaining a diverse public mental health workforce?

Answered: 153 Skipped: 2

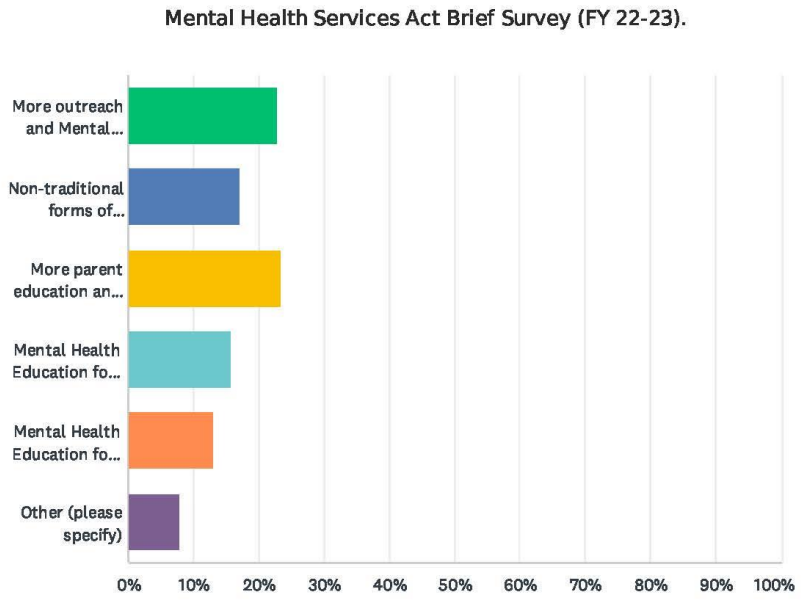


5 / 18

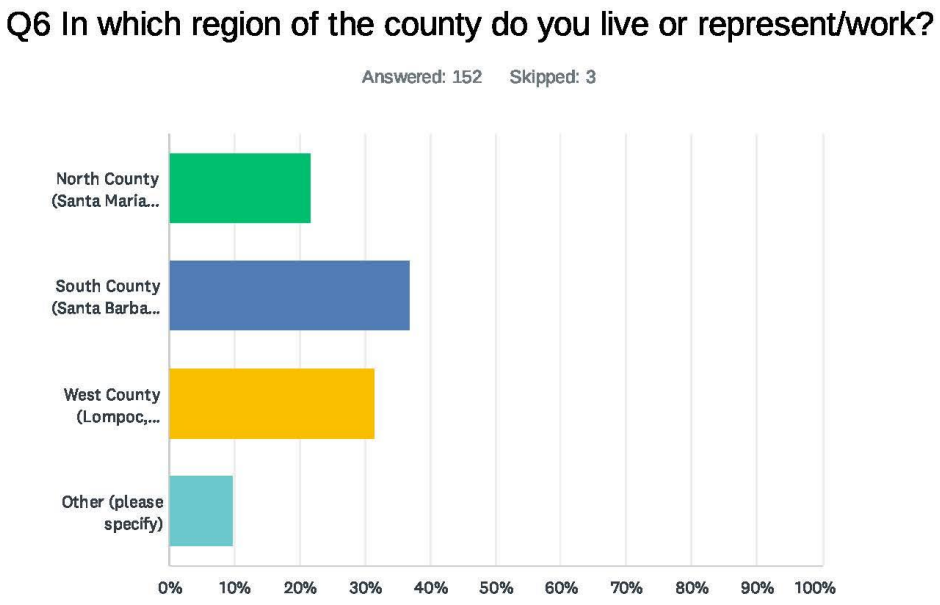
Q5 Prevention and Early Intervention programs within the MHSA Plan focus on prevention, early assessment and intervention practices, as well as mental health education and access and linkages to treatment. What do you think would be most beneficial for increasing positive outcomes in our Prevention and Early Intervention Programs?

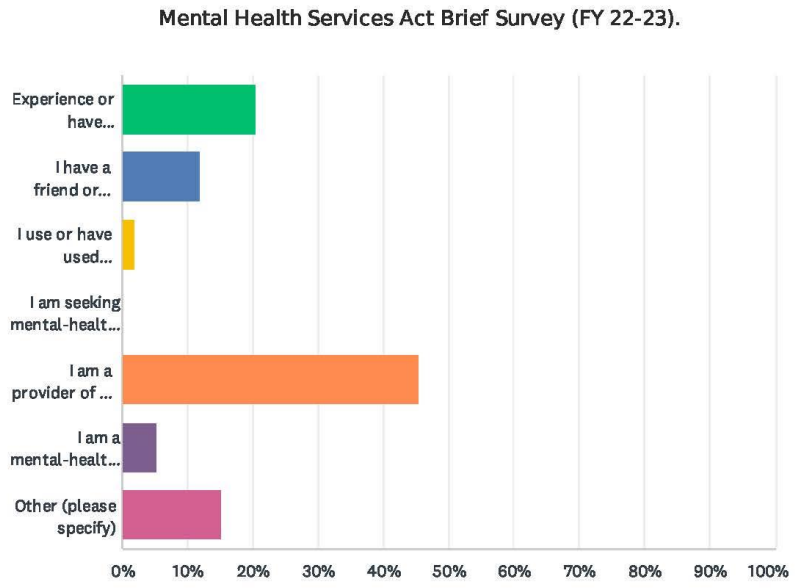
Answered: 153 Skipped: 2

6 / 18

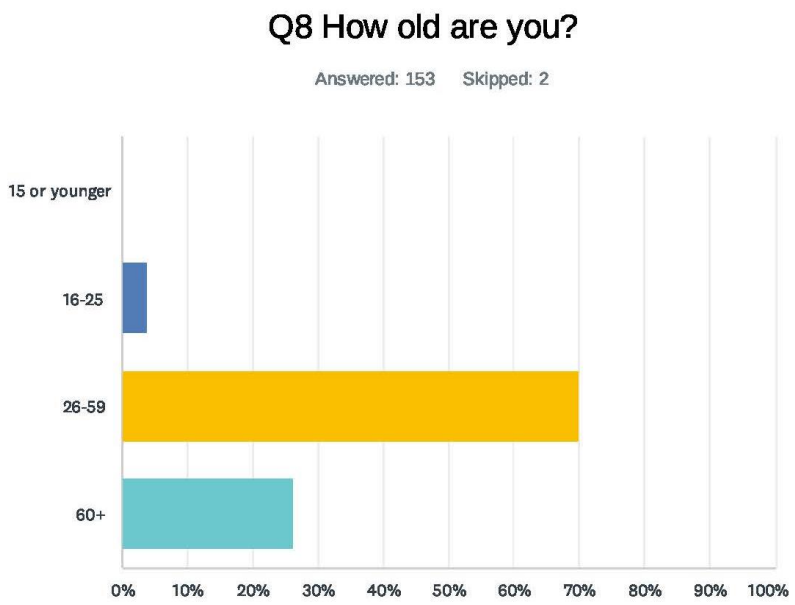


ANSWER CHOICES	RESPONSES	
More outreach and Mental Health Education to high school students	22.88%	35
Non-traditional forms of prevention like art therapy, yoga and meditation	16.99%	26
More parent education and family supports	23.53%	36
Mental Health Education for younger students in elementary schools	15.69%	24
Mental Health Education for the broader community	13.07%	20
Other (please specify)	7.84%	12
TOTAL		153


Q6 In which region of the county do you live or represent/work?
Answered: 152 Skipped: 3
North County (Santa Maria...
South County (Santa Barba...
West County (Lompoc,...
Other (please specify)
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%



ANSWER CHOICES	RESPONSES	
Experience or have experienced mental-health challenges	20.39%	31
I have a friend or family member who experiences or has experienced mental-health challenges	11.84%	18
I use or have used mental-health services or supports	1.97%	3
I am seeking mental-health services or supports	0.00%	0
I am a provider of or administrator in mental health services	45.39%	69
I am a mental-health advocate representing a specific racial/ethnic, cultural, or other group	5.26%	8
Other (please specify)	15.13%	23
TOTAL		152


Q8 How old are you?
Answered: 153 Skipped: 2
15 or younger
16-25
26-59
60+
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

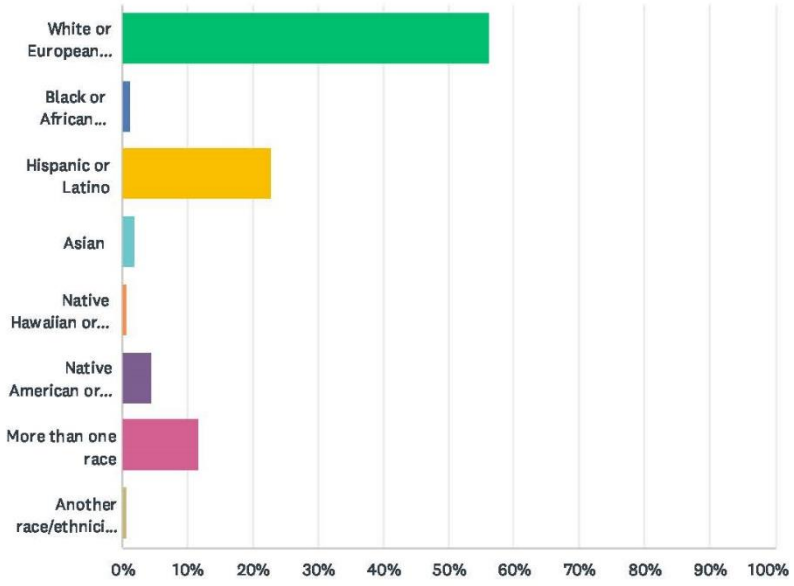
11 / 18

Mental Health Services Act Brief Survey (FY 22-23).

ANSWER CHOICES	RESPONSES	
15 or younger	0.00%	0
16-25	3.92%	6
26-59	69.93%	107
60+	26.14%	40
TOTAL		153

Q9 What is your race/ethnicity?

Answered: 153 Skipped: 2



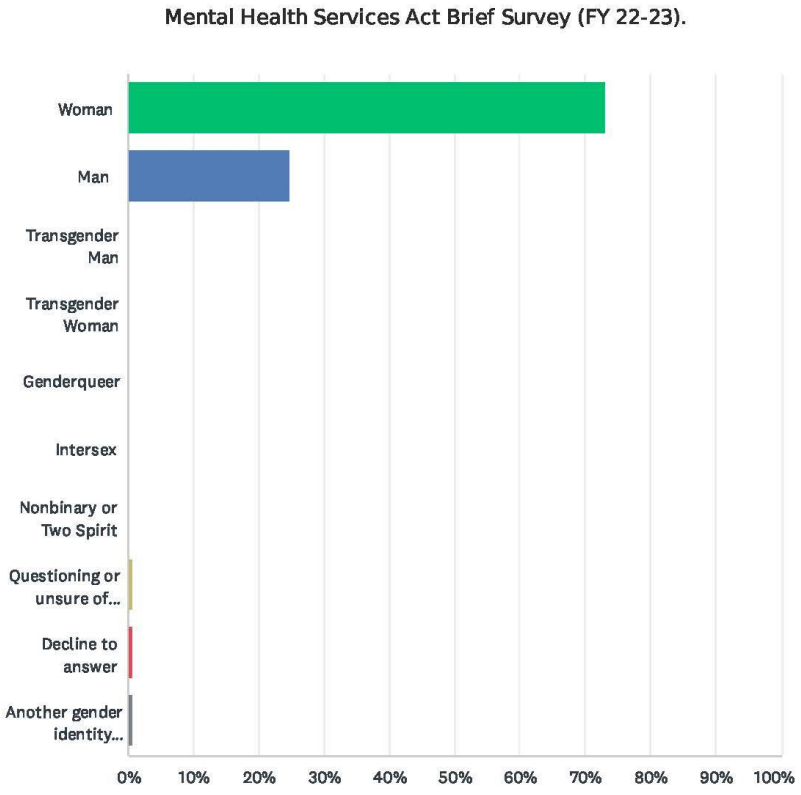
Mental Health Services Act Brief Survey (FY 22-23).

ANSWER CHOICES	RESPONSES	
White or European American	56.21%	86
Black or African American	1.31%	2
Hispanic or Latino	22.88%	35
Asian	1.96%	3
Native Hawaiian or other Pacific Islander	0.65%	1
Native American or Native Alaskan	4.58%	7
More than one race	11.76%	18
Another race/ethnicity (please specify)	0.65%	1
TOTAL		153

#	ANOTHER RACE/ETHNICITY (PLEASE SPECIFY)	DATE
1	Decline	2/8/2023 3:18 PM

Q10 What is your gender identity?

Answered: 153 Skipped: 2

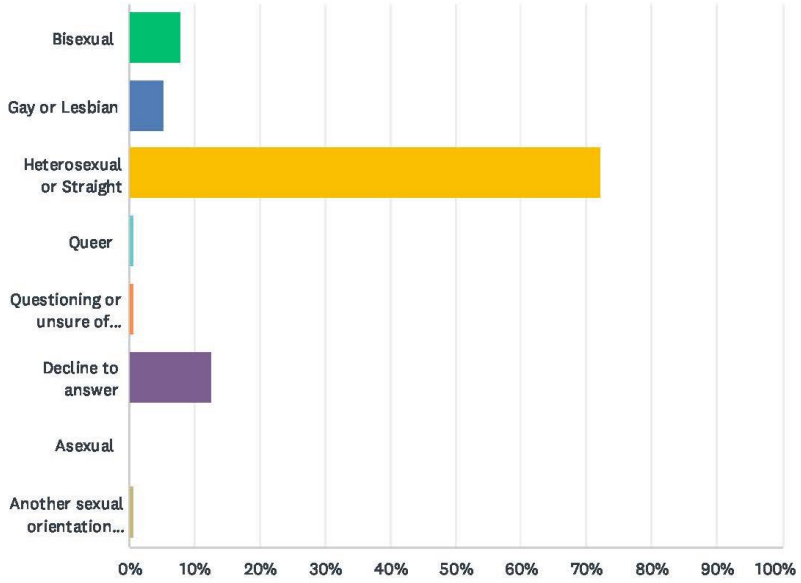


ANSWER CHOICES	RESPONSES	
Woman	73.20%	112
Man	24.84%	38
Transgender Man	0.00%	0
Transgender Woman	0.00%	0
Genderqueer	0.00%	0
Intersex	0.00%	0
Nonbinary or Two Spirit	0.00%	0
Questioning or unsure of gender identity	0.65%	1
Decline to answer	0.65%	1
Another gender identity (please specify)	0.65%	1
TOTAL		153

Mental Health Services Act Brief Survey (FY 22-23).

Q11 What is your sexual orientation?

Answered: 152 Skipped: 3



ANSWER CHOICES	RESPONSES	
Bisexual	7.89%	12
Gay or Lesbian	5.26%	8
Heterosexual or Straight	72.37%	110
Queer	0.66%	1
Questioning or unsure of sexual orientation	0.66%	1
Decline to answer	12.50%	19
Asexual	0.00%	0
Another sexual orientation (please specify)	0.66%	1
TOTAL		152

Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

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

June Behavioral Wellness Commission Public Hearing- MHSA FY 23-26 Proposed Plan

MHSA FY 23-36 Public Hearing Flyer_English.pdf
405 KB

MHSA FY 23-36 Public Hearing Flyer_Spanish.pdf
319 KB

Hello,

You are invited to the Behavioral Wellness Commission Public Hearing meeting that is being held on June 21st at the BWell Children's Clinic on 429 N San Antonio Road.

The MHSA Plan will be presented and then there will be time for public comments before the Commission votes on approval of the Plan.

Please view the attachments for more information.

All stakeholder involvement is encouraged. We hope to see you there!

Thank you,
FayAnn

FayAnn Wooton-Raya, B.S.
she/her/hers
Prevention and Early Intervention Health Care Program Coordinator
Mental Health Services Act
Santa Barbara County Department of Behavioral Wellness
Cell: (805) 335-0376
fwooton@sbcbwell.org

Please visit our department's website at: www.countyofsb.org/behavioral-wellness/

MHSA FY23-26 3-Year Plan Posted!

MHSA FY 23 26 Final Draft Plan.docx
7 MB

Navigating the MHSA 3-Year Plan FY 2023-2026.docx
2 MB

APPENDICES-- Three-year Draft Plan FY 23-26 - Abridged, Final.docx
22 MB

Hello MHSA Stakeholders,

The Mental Health Services Act Fiscal Year 23-26 3-Year Plan has been posted to our MHSA website and is available for the next 30 days for public comment.

Please click here to view the plan.

You are welcome to make anonymous comments off our website under the "MHSA Three Year Plan FY 23-26 Feedback here" tab or, you can email myself, nrossi@sbcbwell.org, or nshojaie@sbcbwell.org with your feedback.

I have attached the hard copy of the plan, instructions on how to navigate the plan document and the plan appendices.

Two online stakeholder listening sessions will be held in June to discuss our MHSA plan so please stay on the lookout for an upcoming email from me regarding the meeting information!

Thank you so much,
FayAnn

FayAnn Wooton-Raya, B.S.
she/her/hers
Prevention and Early Intervention Health Care Program Coordinator
Mental Health Services Act
Santa Barbara County Department of Behavioral Wellness
Cell: (805) 335-0376
fwooton@sbcbwell.org

Please visit our department's website at: www.countyofsb.org/behavioral-wellness/

Santa Barbara County, Mental Health Services Act, Three-Year Plan, FY 23-26 APPENDICES

Tue 5/23/2023 4:06 PM

GS

Grimmesey, Suzanne

MHSA FY23-26 3-year plan available to view and provide comment

To

The MHSA Fiscal Year 2023-2026 **3-year plan** is now posted on the Behavioral Wellness website and available for public comment. Click here to view.

Suzanne Grimmesey, MFT
She/Her/Hers
PIO/Chief of Strategy and Community Engagement
Santa Barbara County Department of Behavioral Wellness
☎#: (805) 681-5289
Cell: (805) 886-5403
Fax: (805)681-5262
suzkirk@sbcbwell.org

Please visit our department's website at: https://www.countyofsb.org/274/Behavioral-Wellness


SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
PUBLIC HEARING
MHSA FY 23-26
PROPOSED PLAN
6.21.2023
BWELL Commission Meeting:
3:00PM-5:00PM
Santa Barbara Children's Clinic
Meeting Room: Conference Room
429 N San Antonio Road
Santa Barbara, CA 93110
Zoom Link:
BWell Commission Agenda and Meeting Schedule will be posted the Friday before we meet. Please click here for the zoom link and meeting agenda.
FOR MORE INFORMATION: PLEASE EMAIL
NROSSI@SBCBWELL.ORG


SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery
AUDIENCIA PÚBLICA
PLAN DE PROPUESTO DE MHSA PARA AÑOS FISCALES 23-26
21 de junio de 2023
Junta de la Comisión de BWELL:
3:00 P. M. - 5:00 P. M.
Clínica de niños de Santa Barbara
Cuarto de audiencia: Conference Room,
429 N San Antonio Road
Santa Bárbara, CA 93110
Enlace de ZOOM:
Agenda de comisión BWELL y horario de juntas serán digitalizada el viernes antes de reunirnos. Por favor presione aquí para el link de zoom y la agenda.
PARA MÁS INFORMACIÓN: POR FAVOR MANDE UN CORREO ELECTRÓNICO A NROSSI@SBCBWELL.ORG

Tue 6/13/2023 3:51 PM

BM

Bogart, Michelle

CBO Invitation for BWC/MHSA Public Hearing 6/21/23

To Rossi, Natalia

Cc Haugh, Kristine

*This message is being sent **on behalf of** Natalia Rossi, MHSA Manager.*

Greetings CBO partners,

Please join the **Behavioral Wellness Commission (BWC) Meeting** on **Wednesday, June 21st** 2023 from **3:00-5:00 PM** for the **Public Hearing** of the **BWell MHSA 3-Year Plan.**

Please let us know:

1. **If you will be joining via Zoom –** ***There is NO LIMIT to the amount of attendees participating via Zoom***.
   a. The Zoom link (https://sbcbwell.zoom.us/j/91021972225?pwd=VFF4RVMybTI4Y3gwbEtwRWU3WTNzZz09) and additional Zoom information below the signature block.
   b. You will be able to access meeting documents on the BWC webpage via the BWell Department of the Santa Barbara County website a few days before the meeting when they are posted:
      i. Behavioral Wellness Commission Agendas | Santa Barbara County, CA - Official Website (countyofsb.org)
2. **If you are planning to join In-person,** ***please RSVP as soon as possible, as space is limited due to the occupancy restrictions at each conference room.***
   a. The BWC/MHSA Public Hearing will take place at the following physical addresses.
      i. **The Santa Barbara Childrens Clinic** located at **429 North San Antonio Road, Santa Barbara, CA 93110**
         - SB Children's Clinic Large Conference Room (*Behavioral Wellness Commission Regular meeting space*)
           - Only 6-8 additional attendees may join the Behavioral Wellness Commissioners in the Large Conference Room, including walk-ins.
         - SB Children's Clinic Small Conference Room
           - Will be open for overflow with room for an additional 10-12 attendees to watch the meeting via Zoom.
      ii. **The Santa Barbara County 4th District BOS Conference Room** in Santa Maria at **511 E. Lakeside Parkway, Santa Maria, CA 93455** ***(Videoconferencing).***
         - Only 4-6 additional attendees may join the North County Behavioral Wellness Commissioners at the SB County 4th District BOS Conference Room, including walk-ins.

The public are invited to observe and address the Commission in person, telephonically or electronically.

We look forward to seeing you at the BWC MHSA Public Hearing!

Thank you.
Kindly,

Kristine

Kristine Haugh
She/Her/Hers
Executive Assistant to Antonette "Toni" Navarro, LMFT, Director
Supervisor, Administration AOP Unit
Administrator, Behavioral Wellness Commission
Santa Barbara County Department of Behavioral Wellness
☎#: (805) 681-5232
Cell: (805) 325-5895
Fax: (805) 681-5262
Email: khaugh@sbcbwell.org

June Director's Report:

Community Recovery Activities: Through the American Rescue Plan Act (ARPA) funding, Child and Family Resource Services Promotores Network is currently offering free activities for the community. These activities aim to provide support, stress relief, and connections with others as we together embrace recovery for the cumulative impacts experienced as a community. All community members are welcome to join.

Walking groups are taking place in Carpinteria through July 15 and are offered in English and Spanish.
Flyers and more info here.

Family Zumba classes are taking place in Santa Barbara through July 24 and are offered in English and Spanish.
Flyers and more info here.

Mental Health Services Act (MHSA) 3 Year Plan Posted for Public Comment: The MHSA Plan is posted for public comment and will remain posted until June 21st. To review the Plan, please click here. Feedback on the plan can be provided here. The plan will go to the Behavioral Wellness Commission for approval on June 21st, and members of the public are welcome to attend and give comments. You may attend this event in person or virtually by zoom, on June 21st, from 3:00 – 5:00 PM. The meeting will take place at the Santa Barbara Children's Clinic located on 429 N San Antonio Rd, in conference room 119. The commission meeting agenda with zoom link can be found here.

New Behavioral Wellness Full Service Partnership Manager Appointed: After a competitive recruitment process, Tammy (Summers) Casiano has accepted the position of Full-Service Partnership (FSP) Manager for Behavioral Wellness. She will begin in this role on June 12. Within this role, Tammy will be responsible for the oversight and management of all the department's Full-Service Partnerships, which are intensive service programs for consumers (Youth, Transitional Age Youth, Adults and Older Adults). Tammy will be working closely with direct service staff and leadership in both our community-based organizations (CBOs) and within the Behavioral Wellness Department to ensure fidelity of all full-service partnership (FSP) programs. Tammy is licensed as a Marriage and Family Therapist with over 20 years of experience in the behavioral health field.

Specifically related to this role, Tammy has served in a number of leadership roles related to the implementation and oversight of both FSP and ACT programs throughout Southern California, including within the Behavioral Wellness Department. In 2014 she joined Behavioral Wellness as a Quality Care Coordinator, then transitioned to Program Manager of Santa Barbara ACT/AOT as well as serving in the role of ACT liaison for the countywide ACT teams in Lompoc and Santa Maria. Among Tammy's leadership skills and skills specific to the ACT model, she has been a spokesperson in San Diego for the Hope In Action project, is proficient in Recovery-Centered Clinical Systems (RCCS) through Telecare and is certified as a Common Ground Specialist through Pat Deegan's team.

New Behavioral Wellness West and North County Crisis Services Team Supervisor Appointed: Through a competitive recruitment process, Anna Schryer has accepted the position to serve as the Team Supervisor for the Behavioral Wellness West and North County Crisis Services, beginning May 29, 2023. Anna is a licensed clinical social worker and received her Bachelors of Sociology degree from UCSB and her Masters of Social Work from Cal State University, Northridge.

8. Documentation that demonstrates stakeholders provided input during the 30-Day Public Comment Period

Public Comment from MHSA Stakeholder Feedback 2023 Submission Portal

- increase the peer services available to both peers and families, perhaps a warmline, to address concerns and to help take the stress off of the ACCESS line by providing a contact for those not in crisis, but needing some assistance.

Behavioral Wellness Commission June 21st, 2023 Public Comment on MHSA Three-Year Plan

Initial comments

- Stakeholder expressed concern with the lack of warm handoff for her son between our services. Director Navarro responded on behalf of the department thanking her for the input and willingness to share, and directed her to our website, where she can leave feedback/comments that will be recorded, assessed, and responded to appropriately

Fiscal presentation, public comments

- Can you give an example of a CSS program vs an FSP?
  - Answer: our children's clinic has a WRR program, and we also run a spirit FSP, which is a higher level of care, someone is available to you 24/7
- What do we take away from the chart on CSS vs non FSP?
  - Answer: That our overall budget for services is increasing
- Why did we change from not explaining the funding breakdown to explaining it?
  - Answer: for clarity, to delineate the types of services we are funding
- Maybe next time the acronyms could be printed on materials, like a key, so that you can see it and not have to think about what they are
- Commissioners:
  - Looking at the slide on page 11, the expenditures increase significantly in 23/24, is this because of an increase in cost of services, and/or number of people serviced?
    - Answer: Both an increase in cost of services, and the number of people serviced. Flex funds in FSP programs can make the costs go up. This is happening across the state in all areas of mental health. There will be more folks served with this increase. Flex funds have also been increased this year to ensure we are meeting the needs of clients in our FSPs.
  - On page 16, how are the reserve balances developed? Is it because you are bringing in more revenue than operating expenses?

        - Answer: at the beginning of the year, the state develops an expected budget based on anticipated personal income taxes, and this is what we think will be available. Then the actual revenue is collected, and can be more than expected. This is unpredictable, and how the reserve balance happens. Also, if we end up being more successful billing medical, then we use less of our CSS, so we have extra money in the reserve. There is also a regulatory cap on the prudent reserve.
    - Is it use it or lose it for the reserves?
        - Answer: Operating reserves must be used within 3 years of the years we receive them.
    - On page 2, section 5, number 17, cost of total administration, where does this big amount on page 2 go? Looking where the admin percentage falls into the budget
        - Answer: The page 2 number is only MHSA revenues received, not including medi-cal. This RER is only to account for MHSA dollars received from the state, it does not include other costs and revenues that come into play

MHSA program plan presentation, public comments

- Micop's mission is to empower indigenous community members on the central coast. With MHSA funding, micop can fund education, access, and linkage to services.
- This is a really impressive plan, but seen programs come and go, think we need to do a better job of actually implementing the programs. It's ambitious, so do we have the people to fill these positions?
- On page 10, the adult FSP programs, appreciate the honesty of the renaming of the ACT programs, but why not make it a real ACT program instead?
- On page 13, glad to see work incentives
- On renaming the full-service partnerships; there was a reason we used ACT, because it was the most studied and effective program with specific criteria. If we can't meet the criteria, we can change the name, but I think we should see in the plan what ways does the new FSP differ from the ACT program. We need accountability standards for the services provided.
- Appreciate the work done
- Rather than just a component breakdown, would like to see the total breakdown by region, like total number of people served, as well as the total amount of money by resources by region. This would help us understand gaps in resources in our communities. Programmatically by services and by dollars invested. We should look regionally by need and not by population size.
- The Growing Grounds team shared appreciation for the plan and their involvement, participant shared their positive experience in the program
- Seconding comments about discontinuing ACT, it is a really significant change to move from ACT since it's evidence-based, should have been stakeholder input before the decision was made, came as a shock
- On our assisted outpatient treatment program, we have had a waitlist for quite some time, we advocate for expansion of AOT, we could expand it through MHSA like other

counties; why not expand AOT program with the increase in MHSA budget since it has really helped our loved ones?
- Casa Pacifica, SAFTY takes 2000 crisis calls a year
- The need in Lompoc per capita is greater than other parts of the county
- SAFTY allows us to serve youth in the county
- Casa Pacifica shared success stories related to their programming, staff goes above and beyond
- Staffing challenges in the practitioner series, making it challenging for ACT teams to meet fidelity
- Natalia wrap-up comment: Concern raised about us starting new programs instead of providing better care with programs we have. We didn't start any new programs under the CSS funding bucket, but under the PEI bucket since we were underspending there and not meeting community needs
- Commissioners:
    - 23 stakeholder events are impressive and a lot of outreach, but would like to see more engagement because everyone has a story, want to make sure the plan accurately reflects what people are experiencing
    - Would like to see if the plan can be provided to the commission more than a week in advance
        - Natalia: we have to do it at the close of the public comment period, so we will try and push the public comment period to be earlier in the year
    - Budget doc would be more meaningful if presented after the program presentation, or integrated into the program presentation
    - Do the Board of Supervisors know about the workforce shortages and see how severe it is?
    - This meeting is too rushed, needs to be slower to process everything
    - We need to streamline some of these 3-year programs, we are leaving out people who need help; more does not mean better
    - How many people are we helping with this money? Is it going more to admin, doctors, or filtering down to the person seeking help?
    - Great presentation, would like to see budget included with the program presentation, avoiding using acronyms
    - Appreciate hiring efforts, 1/3 of county employees don't live in county due to housing issues
    - Natalia's wrap-up comment: acknowledges plan can be tough to read due to the template, noted how each program at start of the plan has the budget broken down by consumer served, but can do a better job based on feedback
    - Would like to see data all together instead of scrolling through
    - For next year people would like the powerpoint to be easier to read by program
    - Confusion on the deficit between service delivery and needs in the area, know Lompoc is undeserved, but how do you define that and shift the services?
    - More specifics on data by region
    - Shouldn't have to sift through the 300-page plan

Response to 30 Day Public Comments

The MHSA team reviewed every comment received during the 30-day public comment period. We received one comment through the online portal, and many at the Public Hearing held by the Behavioral Wellness Commission at the close of the 30-day period. Many of the comments were not recommendations for substantive changes for the Plan, they were either positive comments or aesthetic complaints, like that the plan is "too long." All recommendations for substantive changes are addressed here:

1) Changing from the ACT-level of care to FSP-level of care at some of our FSP sites: This change was done because fidelity to the ACT level of care was not being met. The Department remains open to enacting the ACT level of care in the future, but cannot call something an ACT model when that is not the model being currently used. All FSPs continue to meet the rigorous FSP-level, "whatever it takes" level of care.

2) Recommendation to include the total number of consumers served by region: We do include the total number of consumers served in Section D of the Plan. For programs that are serving multiple regions, the information is broken down by region.

3) Expand Assisted Outpatient Treatment Program: One of the five priorities established for the 23-26 Fiscal Year period is to increase capacity at our FSPs. All AOT clients are served at our FSPs. With the goal of increasing capacity at our FSPs, this also addresses increasing AOT client capacity, since all AOT outreach has the goal of enrolling clients in an FSP program.

4) Complaint that the Plan was provided to Commissioners only a week in advance: At the commencement of the Thirty Day Public Comment period, the Commissioners were all informed via email that the plan was available on our website and the link to the Plan was shared. Evidence of this email notifying the Commissioners that the Plan was available to view is available.

Commissioners had 30 days to review the Plan, not one week.

5) Request that budgets be included with each program: Budgets are included with each MHSA program. The budgets, including the estimated number of consumers to be served by that program, the cost per consumer for services, and the identified age groups to be served is all available in Section E of the Plan, at the beginning of each Program.

6) Complaint about lack of warm handoff for those in crisis: This is a priority for the Department, and was identified as one of five top priorities for the MHSA Plan over the next three years. Each year we will report on our progress toward increasing warm handoff services for those in crisis

7) Suggestion to increase Peer Services, including a peer-run warmline, as part of Access Services: We consider follow up with people who contact the ACCESS line to be part of our priority to increase warm handoff services to those in crisis. This is a very good suggestion. We cannot include a program in this year's plan addressing this due to time constraints, but we are considering including it in Years 2 and 3 of this Three-Year Plan.

9. Documentation of the Public Hearing conducted by the County Behavioral Health Advisory Board (BHAB) or Commission

Department of Behavioral Wellness Commission Meeting
Wednesday, June 21, 2023
3:00 p.m. - 5:00 p.m.
In-Person & Remote Virtual Participation

MHSA Three-Year Plan Public Forum Minutes

Meeting Facilitator: Rod Pearson, 1st District, Chair.

Commission Members Present: Allison Hopkins, 1st District; **Rod Pearson**, 1st District, Chair; **Laura Capps**, 2nd District Supervisor; **Marcos Olivarez**, 2nd District; **Ruth Ackerman**, 2nd District, Vice Chair; **Denise El Amin** 3rd District; **Pamela Flynt Tambo** 3rd District; **Valerie Cantella**, 5th District; **Lynn Chacon**, 5th District.

Commission Members via Zoom/Excused: Stefanie Herrington, 1st District; **Sharon Byrne**, 4th District; **Wayne Mellinger**, 1st District.

Commission Members Excused: Ali Cortes, 2nd District; **Anahid Papakian**, 2nd District; **Franky Caldeira** 3rd District; **Alex Murkison** 3rd District; **Kelly Mcloughlin**, 4th District; **Toree Taatjes**, 4th District.

Behavioral Wellness Department Staff: Toni Navarro, Director; **Natalia Rossi**, MHSA Manager; **Chris Ribeiro**, CFO; **Tor Hargens**, Cost Analyst, Fiscal Operations; **Katie Cohen**, Branch Chief of Clinical Operations; **Kristine Haugh,** BWC Program Administrator/Executive Assistant to the Director.

1. **Call-to-Order and Conduct Roll-Call:** Chair Pearson called the meeting to order at 3:00 p.m. and Kristine Haugh conducted roll-call.

2. **Establish Quorum**: Kristine Haugh established the lack of a quorum, only 9 Commissioners present, as this meeting was intended as a public forum for MHSA 3-Year Plan, and no motions are pending, Chair Pearson continued with the meeting.

3. **Welcome and Introductions**: Chair Pearson welcomed everyone in attendance and asked guests to introduce themselves.

   All public members present introduced themselves:
   - Tom Franklin
   - Rose Maschelli
   - Leonard Marcus
   - Arcenio Lopez
   - Ana Huyuh

4. **General Public Comment:** no public comment at this meeting.

5. **Chairperson Announcements:** Chair Pearson reviewed the agenda below and provided the MHSA Public Hearing process for the meeting and the Behavioral Wellness Commission's role in offering the BWC meeting as a public forum.

6. **Mental Health Services Act (MHSA)** Revenue Expenditure Report (attachment 6a-late post) – Chris Ribeiro, CFO and Tor Hargens Cost Analyst, Fiscal Operations

   Chris Ribeiro, CFO, reviewed the PowerPoint Presentation:
   - FY 2021-22 Revenue and Expense Report
   - FY 2023-2024 Budget
   - Reserve Balances

7. **Public Comment Regarding MHSA Revenue Expenditure Report** (3 minutes per person) - Members of the public can testify before the meeting participants on any matter pertaining to the MHSA Revenue Expenditure Report.

   - There was no public comment

8. **Commissioner Comments Regarding MHSA Revenue Expenditure Report** – Commissioners comments pertaining to the MHSA Revenue Expenditure Report.

   - Commissioner Hopkins inquired as to the reason behind the significant increase noted on page 11 (Community Services & Support (CSS) FSP vs. Non-FSP) of the PowerPoint presentation and whether is was because of cost increase of the program or number of people served. – CFO Ribeiro confirmed that the increase was due to both in addition to increasing staffing to support the increased services.
   - Commissioner Chacon inquired regarding the development of Reserve Balances on page 16 (MHSA Reserve Balances) including the Prudent Reserve. - CFO Ribeiro discussed the unpredictability of the anticipated income (via budget based on personal income taxes) and the actual revenue collected; this influences the reserve balance and can impact the use of CSS funds. He also confirmed that there is a regulatory requirement that Prudent Reserve balances remain consistent. CFO Ribeiro also confirmed that operating reserves must be used within 3 years of receipt.
   - Commissioner El Amin inquired about the relationship of cost of total administrative costs on page 2 (FY 2021-22 MHSA Revenue and Expenditure Report) to the entire budget. – CFO Ribeiro indicated that page 2 is MHSA revenues received and does not include Medi-Cal or other costs/revenues. Commissioner El Amin requested to see clearly how that information relates to the full budget in future presentations.

9. **Mental Health Services Act (MHSA)** Three Year Plan Fiscal Year 2023-2026 (attachment 9a) – Natalia Rossi, MHSA Manager

   Ms. Rossi introduced herself and began by sharing the commission's role and legal aspects of the public hearing, goes over housekeeping reminders and public comment guidelines. Followed by an overview of the PowerPoint Presentation: Mental Health Services Act: Three Year Program and Expenditure Plan For Fiscal Years 2023-2026, including:
   - History of the MHSA, Essential Elements of MHSA, Rules & Regulations, Budget Distribution for FY 23-24, Priorities Established from Stakeholders, Existing and New Prevention and Early Intervention (PEI) programs, Next Steps.

10. **Public Comment Regarding MHSA Revenue Expenditure Report** (3 minutes per person) - Members of the public can testify before the meeting participants on any matter pertaining to the MHSA Revenue Expenditure Report. Members of the public made the following comments, including but not limited to:

    - MICOP introduced themselves and expressed the importance of supporting and empowering the indigenous community members of the central coast.
    - An impressive and ambitious plan – do we have the people and resources to implement it?
    - FSP - There was a request, and additional public support, for implementing a real ACT plan rather than to rename it as an FSP. - *BWell Branch Chief of Clinical Operations Katie Cohen addressed the changes from ACT to FSP*
    - Appreciation for the plan and the staff hiring incentives.
    - Requests for the breakdown of resources by region & per capita, especially in regards to need by region (specifically Lompoc), in order to appropriate resources as needed.
    - Growing Grounds shared appreciation for the plan & a client shared a positive experience.
    - Expansion of the AOT (Assisted Outpatient Treatment) Program was advocated for.
    - SAFTY spoke of their program and services to youth in the county.
    - Casa Pacifica shared success stories from their program.
    - Why creating new programs? - *Ms. Rossi addressed initiation of new programs – mostly in PEI as the county had been underspending in the past and not meeting community needs.*

11. **Commissioner Comments Regarding MHSA Revenue Expenditure Report** – Commissioners comments pertaining to the MHSA Revenue Expenditure Report.

    - Commissioner Cantella thanked Ms. Rossi for her presentation and commented regarding: serving/being informed by & creating more engagement with community stakeholders – with a plan to accurately express what people are experiencing – Commissioner Cantella then requested to receive the MHSA Plan presentation earlier – She also appreciated attempts in recruitment – housing costs is number one component – *Ms. Rossi indicated a plan to start the public comment portion earlier in the future so that the plan can be brought earlier to the Commission; the plan can only be brought forth once the public comment period has ended.*
    - Commissioner El Amin was uncomfortable with the process of timing and asking questions – she requested information regarding how many people are being helped with the funds and where the funds are being used – in administration or directly to the people receiving services. She made a request to streamline the process and start with the bottom up.
    - Supervisor Capps requested that the budget presentation be provided after the plan presentation in future forums. She also requested that acronyms be avoided and that a guide be provided for those acronyms that are used. She appreciated the effort in hiring – 1/3 of county employees do not live in the county. Supervisor Capps emphasized accountability and metrics – *quantification* for things that are working/not working and made a request for more metrics of valuation. Finally Supervisor Capps requested that a program budgeting table and funding be included in the subsequent presentations.
    - Commissioner Ackerman appreciated the hiring efforts and noted the staffing deficit and needs and requested more information regarding how service needs are defined/redefined in future presentations. She also asked about long range potential solutions of workforce housing.
    - Ms. Rossi addressed tracking program outcomes & goals. Each program has budget broken down by consumer; it hasn't been broken down by budget by region – we can do a better job – thank you Lompoc! Also, MHSA funds are not allocable for workforce housing – we look at disparities and find the discrepancies so we can find solutions.

12. **Adjournment** – Chair Pearson adjourned the meeting at 5:00 pm.

10. Documentation of the adoption of the Plan or Update by the County Board of Supervisors such as Board Resolution or Minute Order

County of Santa Barbara

BOARD OF SUPERVISORS

Minute Order

June 27, 2023

Present: 5 - Supervisor Williams, Supervisor Capps, Supervisor Hartmann, Supervisor Nelson, and Supervisor Lavagnino

BEHAVIORAL WELLNESS DEPARTMENT File Reference No. 23-00642

RE: Consider recommendations regarding the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Years (FYs) 2023-2026, as follows:

a) Approve and adopt the Mental Health Services Act Three-Year Program and Expenditure Plan for FYs 2023-2026; and

b) Determine that the above action is a government funding mechanism or other government fiscal activity, which does not involve any commitment to any specific project that may result in a potentially significant physical impact on the environment, and is an organizational or administrative activity of the government that will not result in direct or indirect physical changes in the environment and is therefore not a project under the California Environmental Quality Act (CEQA) pursuant to Section 15378(b)(4) and (b)(5) of the CEQA Guidelines.

A motion was made by Supervisor Capps, seconded by Supervisor Lavagnino, that this matter be acted on as follows:

a) Approved and adopted; and

b) Approved.

The motion carried by the following vote:

Ayes: 5 - Supervisor Williams, Supervisor Capps, Supervisor Hartmann, Supervisor Nelson, and Supervisor Lavagnino

County of Santa Barbara *Page 1*

Appendix B: Community Services and Supports FY Data and Program Outcomes

Program Updates

Program Performance. The *Program Performance* tables in this appendix show the demographics of the clients served by each program, unique by region. If a client was admitted to the same program in two or three regions, they are counted once in each region. If a client has two admissions to the same program in the same region, they are counted once in that region.

Client Outcomes. The *Client Outcomes* table displays the percent of unique clients who experienced a higher level of care during an admission to the program. The source of incarceration data is the Santa Barbara Jail and therefore only includes adults; clients were matched from the county electronic health record to the jail roster. The source of psychiatric inpatient data and crisis services data is the electronic health record. For programs in which juvenile hall data is included, the source is quarterly reports and the percentage is an average across four quarters.

Quarterly Reports. Some outcomes are also tracked and reported quarterly by the program. The percentages included in this report reflect the average percent across four quarters of data. These metrics include: physical health hospitalization, physical health emergency care, stable/permanent housing, engagement in purposeful activities, and level of care at discharge. Additionally, youth programs report on out-of-primary-home placement and stays in juvenile hall.

MORS. Client MORS scores are recorded at least every six months (monthly for FSP programs). MORS scores are compared from initial to six months, and six to twelve month. For both time periods, both the % of clients with an improved MORS score and the % of clients with a stable MORS score are provided.

CANS. Due to a state mandated change, Santa Barbara County began using a new version of the CANS (CANS-50) in July 2018. In addition to changing items and domains, the CANS age range was extended to age 20. This means that more TAY-aged clients now receive a CANS. *Cultural Factors* is a new 3-item domain. We did not present *Caregiver Resources and Needs* for these analyses because caregivers that are entered in the Caregiver A section often change across timepoints and are not currently tracked to allow for a matched comparison. The CANS data provided shows the percent change in the average number of *actionable needs* within a particular domain. On each item in the CANS, clients are rated a 0-3 on a Likert scale, with higher ratings indicating more serious problems, and a rating of 2 or 3 on an item to be considered an *actionable need*: 0 = no evidence; 1 = history or suspicion, monitor; 2 = interferes with functioning, action needed; 3 = disabling, dangerous; immediate or intensive action needed. For example: at intake, the clients in a program had an average of three actionable needs per client in the 11-item *Life Functioning* domain. At six months, that matched group has an average of two actionable needs per client. This difference corresponds to a 33.3% decrease in their number of actionable needs in that domain. This method of analysis is more meaningful when there are more items in the domains and ratings are more normally distributed. Some scales, such as Cultural Factors, experience large percent differences because the average number of actionable needs are so low that the average actionable needs have positive skew and a floor effect; in other words, it is rare for many clients to be rated as having actionable needs in the *Cultural Factors* domain.

Crisis Services

Program Performance (FY 21-22)

	Unique Clients Served				
	Adult Crisis Services*			Youth Crisis Services (SAFTY)^	
	North	South	West	North	South
Age Group					
0-15	43	28	20	475	155
16-25	147	173	79	257	134
26-59	420	505	222	0	0
60+	112	120	61	0	0
Missing DOB	1	2	2	0	0
Total	**723**	**828**	**384**	**732**	**289**
Unique across regions	***1,731***			***1,021***	
Gender					
Female	355	348	184	488	182
Male	354	472	199	242	105
Missing/Other	14	8	1	2	2
Race					
American Indian or Alaska Native	10	12	5	8	0
Asian	17	22	9	9	6
Black or African American	27	48	24	18	3
Mixed Race	31	125	20	10	10
Native Hawaiian or Pacific Islander	0	4	0	2	0
White	533	531	296	500	171
Other	15	10	7	12	7
Unknown/Not Reported	90	76	23	173	92
Hispanic or Latino					
Hispanic or Latino	298	218	144	358	112
Not Hispanic or Latino	322	476	202	103	51
Unknown/Not Reported	103	134	38	271	126
Veteran Status					
Yes	6	4	4	0	0
No	717	824	380	732	289
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24				
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24				
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24				
Disability	Not collected in FY21/22; 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.

Client Outcomes (Adult Crisis Services*)

Higher Levels of Care	% during program admission in FY 21-22		
	North	South	West
Incarcerations	3%	14%	1%
Crisis Services	N/A	N/A	N/A
Psychiatric Inpatient Care	12%	14%	11%

**Note. Youth outcomes (SAFTY) described under PEI section.*

Program Performance (FY 21-22)

	Activities					
	North		South		West	
	RLC	Family Advocate	RLC	Family Advocate	RLC	Family Advocate
Client visits	5,306	*	9,900	11	7,947	*
Unduplicated clients						
Outreach Events	107	*	*	*	44	*
Outreach Event Attendees	3,254	*	*	*	1,569	*
Classes	51	*	3	*	47	*
Client Visits to Computer Classes	383	*	*	*	324	*
Tech Suite Group Attendees	282	*	*	*	87	*
Digital Literacy Events Hosted	47	*	*	*	43	*
Support Groups	*	*	20	51	*	*
Support Group Meetings	*	258	80	362	*	526
Outings, Educational Events	*	302	3	13	*	273
Unique clients provided services in Spanish	*	*	*	16	*	*
Underserved population	*	*	320	388	*	*
Linked to additional services	706	*	129	268	*	238

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

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

Program Performance (FY 21-22)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	1	0	0
16-25	7	3	5
26-59	62	116	59
60+	5	31	4
Missing DOB	0	0	0
Total	**75**	**150**	**68**
Unique across regions	***288***		
Gender			
Female	50	59	43
Male	25	91	25
Unknown	0	0	0
Ethnicity			
American Indian or Alaska Native	0	5	3
Asian	2	2	0
Black or African American	3	13	12
Mixed Race	3	35	2
Native Hawaiian or Pacific Islander	0	0	0
White	61	91	42
Other	2	3	9
Unknown/Not Reported	4	1	0
Hispanic or Latino			
Hispanic or Latino	30	38	38
Not Hispanic or Latino	34	107	30
Unknown/Not Reported	1	5	0
Veteran Status			
Yes	0	1	2
No	75	149	66
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; 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.

All Contacts

Unique Clients Served			
	PATH South County Street Outreach	**PATH South County Supportive Services**	**Street Outreach (All Regions)**
0-17	0	0	1
18-24	4	0	5
25-34	16	1	19
35-44	14	4	27
45-54	24	8	23
55-61	21	3	15
62+	8	5	12
Missing DOB	0	0	0
Total Served	**87**	**21**	**102**
Gender			
Male	32	14	49
Female	54	7	51
No Single Gender	0	0	1
Questioning	0	0	0
Transgender	1	0	1
Not Collected	0	0	0
Race (Multiracial individuals counted in all categories)			
White	59	15	71
Black, African American, or African	12	2	13
Asian or Asian American	1	0	2
American Indian, Alaska Native, or Indigenous	6	1	3
Native Hawaiian or Other Pacific Islander	0	0	0
Multiple Races	9	3	11
Client Doesn't Know/Client Refused	0	0	2
Not Collected	0	0	0
Ethnicity			
Hispanic/Latino	27	7	40
Non-Hispanic/Latino	60	14	62
Not collected	0	0	0
Veteran			
Yes	7	0	6
No	80	21	95
Not collected or N/A (child)	0	0	1
Physical and Mental Health Conditions at Start			
Mental Health disorder	72	20	88
Alcohol Use Disorder	6	3	9
Drug Use disorder	16	4	21
Both Alcohol and Drug Use Disorders	35	7	31

Chronic Health Condition	47	13	53
Developmental Disability	17	4	28
Physical Disability	41	11	48

Note. Source for this data is Homeless Management Information System (HMIS), which captures all contacts regardless of medical necessity or program engagement.

Client Outcomes

Milestones of Recovery Scale (MORS) Age: 18+		
	Initial to 6 months (n = 171)	**6 to 12 months (n = 128)**
Showed improvement^	29.8%	33.6%
Remained stable^	43.2%	46.9%
Living Situation (combined across programs)	**Entry (n = 209)**	**Exit* (n = 147)**
TEMPORARY	**186**	**83**
Place not meant for habitation	138	43
Emergency Shelter	44	29
Transitional Housing for Homeless	1	5
Transitional (with family/friends or hotel/motel)	1	4
Safe Haven	2	2
INSTITUTION (e.g. Jail, hospital, psych facility, AOD treatment)	**22**	**7**
PERMANENT	**0**	**49**
OTHER	**1**	**8**
% clients with Positive Housing Destination at Exit		**59%**

Higher Levels of Care	**% during program admission in FY 21-22**		
	North	**South**	**West**
Incarcerations	5%	17%	6%
Crisis Services	4%	7%	3%
Psychiatric Inpatient Care	1%	8%	1%

^Note. "Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods.

**Note.* Living situation at Exit *n* is lower because many clients were still active at the end of the fiscal year.

Program Performance (FY 21-22)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	1	0	0
16-25	14	2	6
26-59	137	130	53
60+	16	28	5
Missing DOB	0	0	0
Total	**168**	**160**	**64**
Unique across regions		***385***	
Gender			
Female	73	54	36
Male	95	106	28
Unknown	0	0	0
Ethnicity			
American Indian or Alaska Native	1	7	0
Asian	2	2	1
Black or African American	5	9	5
Mixed Race	3	26	0
Native Hawaiian or Pacific Islander	0	0	2
White	154	109	56
Other	2	7	0
Unknown/Not Reported	1	0	0
Hispanic or Latino			
Hispanic or Latino	94	51	28
Not Hispanic or Latino	73	99	36
Unknown/Not Reported	1	10	0
Veteran Status			
Yes	0	1	0
No	168	159	64
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Milestones of Recovery Scale (MORS) Age: 18+			
		Initial to 6 months (n = 354)	6 to 12 months (n = 305)
Showed improvement^		34.5%	29.2%
Remained stable^		45.2%	46.2%
Higher Levels of Care	% during program admission in FY 21-22		
	North	**South**	**West**
Incarcerations	4%	9%	1%
Crisis Services	15%	2%	5%
Psychiatric Inpatient Care	6%	3%	6%

^"Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods.

Program Performance (FY 21-22)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	389	151	173
16-25	189	147	79
26-59	3	1	0
60+	0	0	1
Missing DOB	1	0	0
Total	**582**	**299**	**253**
Unique across regions	***1,107***		
Gender			
Female	370	167	133
Male	212	130	119
Missing	0	2	1
Ethnicity			
American Indian or Alaska Native	6	4	7
Asian	5	3	2
Black or African American	26	8	14
Mixed Race	7	11	4
Native Hawaiian or Pacific Islander	1	1	2
White	525	255	212
Other	7	11	3
Unknown/Not Reported	5	6	9
Hispanic or Latino			
Hispanic or Latino	409	209	170
Not Hispanic or Latino	151	76	61
Unknown/Not Reported	22	14	22
Veteran Status			
Yes	0	0	0
No	582	299	253
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS-50) Age: 6-20 years	Percent Improvement*	
	Initial to 6 months (n = 84)	6 to 12 months (n = 53)
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	-21.8%	-49.7%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	-11.3%	-41.9%
Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	-51.4%	-5.6%
Cultural Factors (e.g., language, traditions, stress)	33.3%	-75.0%
Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	-2.4%	-37.8%

Higher Levels of Care	% during program admission in FY 21-22		
	North	South	West
Juvenile Hall	--	--	--
Crisis Services	2%	3%	4%
Psychiatric Inpatient Care	3%	6%	2%

**Note.* On the CANS-50, a higher the score indicates more actionable needs (greater problems). A negative percent change indicates that client scores are improving because they have fewer actionable needs.

Program Performance (FY 21-22)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	1	0	0
16-25	25	3	5
26-59	174	154	124
60+	22	63	40
Missing DOB	0	0	0
Total	**222**	**220**	**169**
Unique across regions	***606***		
Gender			
Female	122	111	109
Male	100	108	60
Unknown	0	1	0
Ethnicity			
American Indian or Alaska Native	2	3	2
Asian	6	9	4
Black or African American	7	12	17
Mixed Race	4	24	2
Native Hawaiian or Pacific Islander	0	0	0
White	202	161	140
Other	1	7	3
Unknown/Not Reported	0	4	1
Hispanic or Latino			
Hispanic or Latino	122	67	52
Not Hispanic or Latino	98	132	117
Unknown/Not Reported	2	21	0
Veteran Status			
Yes	0	0	0
No	222	220	169
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Milestones of Recovery Scale (MORS) Age: 18+			
		Initial to 6 months (n = 583)	6 to 12 months (n = 530)
Showed improvement^		29.5%	24.9%
Remained stable^		48.4%	52.5%
Higher Levels of Care	**% during program admission in FY 21-22**		
	North	**South**	**West**
Incarcerations	1%	2%	2%
Crisis Services	8%	3%	2%
Psychiatric Inpatient Care	4%	1%	2%

^"Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods.

Program Performance (FY 21-22)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	50	13	46
16-25	5	1	4
26-59	0	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	**55**	**14**	**50**
Unique across regions		***119***	
Gender			
Female	33	8	31
Male	22	6	19
Unknown	0	0	0
Ethnicity			
American Indian or Alaska Native	0	0	2
Asian	0	0	0
Black or African American	2	0	2
Mixed Race	0	0	0
Native Hawaiian or Pacific Islander	0	0	1
White	53	13	45
Other	0	0	0
Unknown/Not Reported	0	1	0

Hispanic or Latino			
Hispanic or Latino	42	8	34
Not Hispanic or Latino	13	4	13
Unknown/Not Reported	0	2	3
Veteran Status			
Yes	0	0	0
No	55	14	50
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS-50) Age: 6-20 years	Percent Improvement*	
	Initial to 6 months (n = 11)	6 to 12 months (n = 5)
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	-16.7%	-20.0%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	27.8%	-47.8%
Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	-100.0%	0.0%
Cultural Factors (e.g., language, traditions, stress)	0.0%	-100.0%
Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	-12.5%	-23.8%

Other Outcomes	Average per quarter	
	North (FSA)	South & West (CALM)
Out of Primary Home Placement	6%	3%
Stable/Permanent Housing	93%	99%
Purposeful Activity (employed, school, volunteer)	100%	97%
Discharged to Higher Level of Care	0%	10%
Discharged to Lower Level of Care	100%	90%

Higher Levels of Care	% during program admission in FY 21-22	
	North (FSA)	South & West (CALM)
Juvenile Hall	0%	0%
Crisis Services	0%	0%
Psychiatric Inpatient Care	0%	0%

**Note.* On the CANS-50, a higher the score indicates more actionable needs (greater problems). A negative percent change indicates that client scores are improving because they have fewer actionable needs.

Crisis Residential Services North/South

Program Performance (FY 21-22)

	Unique Clients Served	
	North	**South**
Age Group		
0-15	0	0
16-25	33	25
26-59	133	102
60+	19	5
Missing DOB	0	0
Total	**185**	**132**
Unique across regions	***286***	
Gender		
Female	68	53
Male	117	79
Unknown	0	0
Ethnicity		
American Indian or Alaska Native	2	0
Asian	6	0
Black or African American	13	10
Mixed Race	13	30
Native Hawaiian or Pacific Islander	0	1
White	145	91
Other	6	0
Unknown/Not Reported	0	0
Hispanic or Latino		
Hispanic or Latino	82	57
Not Hispanic or Latino	98	71
Unknown/Not Reported	5	4
Veteran Status		
Yes	1	1
No	184	131
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24	
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24	
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24	
Disability	Not collected in FY21/22; will start collecting in FY23/24	

Client Outcomes

Higher Levels of Care	% during program admission in FY 21-22	
	North	South
Incarcerations	15%	10%
Crisis Services	14%	6%
Psychiatric Inpatient Care	1%	0%

Medical Integration Program - Behavioral Wellness

Program Performance (FY 21-22)

	Unique Clients Served		
	North	South	West
Age Group			
0-15	0	0	0
16-25	0	2	0
26-59	26	21	14
60+	38	39	14
Missing DOB	0	0	0
Total	**64**	**62**	**28**
Unique across regions		***152***	
Gender			
Female	39	38	20
Male	25	24	8
Unknown	0	0	0
Race			
American Indian or Alaska Native	1	1	0
Asian	2	2	0
Black or African American	3	0	2
Mixed Race	0	10	0
Native Hawaiian or Pacific Islander	0	0	1
White	58	44	25
Other	0	4	0
Unknown/Not Reported	0	1	0
Hispanic or Latino			
Hispanic or Latino	19	21	5
Not Hispanic or Latino	44	32	23

Unknown/Not Reported	1	9	0
Veteran Status			
Yes	0	0	0
No	64	62	28
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Milestones of Recovery Scale (MORS) Age: 18+		
	Initial to 6 months (n = 124)	**6 to 12 months (n = 117)**
Showed improvement^	29.8%	17.1%
Remained stable^	54.8%	63.2%

Higher Levels of Care	% during program admission in FY 21-22		
	North	**South**	**West**
Incarcerations	0%	1%	4%
Crisis Services	9%	2%	7%
Psychiatric Inpatient Care	0%	2%	0%

^"Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods.

Program Performance (FY 21-22)

	Unique Clients Served							
Provider	**Pathpoint**		**MWC**	**Psynergy**	**Telecare**	**Pathpoint Residential Support Services**		
Site	**Mountain House**	**Phoenix House**	**Polly's House**	**Psynergy**	**McMillan Ranch**	**Artisan Court**	**Bradley Studios**	**El Carrillo**
Age Group								
0-15	0	0	0	0	0	0	0	0
16-25	0	0	0	1	0	0	0	0
26-59	13	10	7	17	11	5	1	10
60+	3	2	6	11	5	2	0	6
Missing DOB	0	0	0	0	0	0	0	0
Total	***16***	***12***	***13***	***29***	***16***	***7***	***1***	***16***
Unique across programs	***104***							
Gender								
Female	6	5	5	18	10	3	0	5
Male	10	7	8	11	6	4	1	11
Unknown	0	0	0	0	0	0	0	0
Race								
American Indian or Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black or African American	2	1	2	1	0	0	0	2
Mixed Race	0	1	0	2	0	0	0	2
Native Hawaiian or Pacific Islander	0	0	0	0	0	0	0	0
White	14	9	11	26	16	6	1	12
Other	0	1	0	0	0	0	0	0
Unknown/Not Reported	0	0	0	0	0	1	0	0
Hispanic or Latino								
Hispanic or Latino	1	3	1	8	4	2	0	1
Not Hispanic or Latino	15	9	12	21	12	5	1	15
Unknown/Not Reported	0	0	0	0	0	0	0	0
Veteran Status								
Yes	0	0	0	0	0	0	0	0
No	16	12	13	29	16	7	1	16
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24							
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24							
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24							
Disability	Not collected in FY21/22; will start collecting in FY23/24							

Program Outcomes

Other Outcomes	Average per Quarter							
	Mountain House	Phoenix House	Polly's House	Psynergy	McMillan Ranch	Artisan Court	Bradley Studios	El Carrillo
Physical Health Hospitalization	0%	6%	2%	0%	0%		7%	
Physical Health Emergency Care	3%	12%	17%	0%	12%		9%	
Stable/Permanent Housing	75%	100%	98%	--	98%		100%	
Purposeful Activity (employed, school, volunteer)	56%	76%	3%	--	98%		35%	
Discharged to Higher Level of Care	0%	100%	0%	50%	67%		0%	
Discharged to Lower Level of Care	100%	0%	0%	50%	33%		100%	

Higher Levels of Care	% during program admission in FY 21-22							
	Mountain House Support Services	Phoenix House Support Services	Polly's House	Psynergy	McMillan Ranch	Artisan Court	Bradley Studios	El Carrillo
Incarcerations	0%	0%	0%	0%	6%	0%	0%	13%
Crisis Services	0%	0%	15%	0%	13%	0%	0%	0%
Psychiatric Inpatient Care	6%	0%	15%	3%	31%	0%	0%	19%

Full Service Partnerships (FSPs)

Assertive Community Treatment (ACT): Santa Barbara, Lompoc and Santa Maria

Lompoc ACT FSP – Transitions Mental Health Association

Santa Maria ACT FSP – Telecare

Santa Barbara ACT FSP – Behavioral Wellness

Program Performance (FY 21-22)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	1	0	0
16-25	8	6	14
26-59	75	77	63
60+	30	44	21
Missing DOB	0	0	0
Total	**114**	**127**	**98**
Unique across regions		***326***	
Gender			
Female	46	50	52
Male	68	77	46
Unknown	0	0	0
Ethnicity			
American Indian or Alaska Native	0	3	2
Asian	3	2	4
Black or African American	10	13	8
Mixed Race	4	12	2
Native Hawaiian or Pacific Islander	0	0	0
White	95	96	81
Other	2	1	1
Unknown/Not Reported	0	0	0
Hispanic or Latino			
Hispanic or Latino	40	33	41
Not Hispanic or Latino	74	93	56
Unknown/Not Reported	0	1	1
Veteran Status			
Yes	0	0	0
No	114	127	98

Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24
Disability	Not collected in FY21/22; will start collecting in FY23/24

Client Outcomes

Milestones of Recovery Scale (MORS) Age: 18+	ACT	
	Initial to 12 months (n = 307)	12 to 18 months (n = 288)
Showed improvement^	30%	23%
Remained stable^	41%	57%

Other Outcomes	Average per Quarter		
	North	**South**	**West**
Physical Health Hospitalization	2%	%	4%
Physical Health Emergency Care	4%	%	8%
Stable/Permanent Housing	94%	%	90%
Purposeful Activity (employed, school, volunteer)	64%	*	11%
Discharged to Higher Level of Care	32%	%	8%
Discharged to Lower Level of Care	19%	%	58%

Higher Levels of Care	% during program admission in FY 21-22		
	North	**South**	**West**
Incarcerations	6%	16%	7%
Crisis Services	11%	7%	5%
Psychiatric Inpatient Care	11%	12%	6%

^"Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods.
**Data not available during the reporting period.*

Supported Community Services South (Santa Barbara) – PathPoint

Supported Community Services North (Santa Maria) – Transitions Mental Health Association

Program Performance (FY 21-22)

	Unique Clients Served	
	North	**South**
Age Group		
0-15	1	0
16-25	6	1
26-59	61	75
60+	30	48
Missing DOB	0	0
Total	**98**	**124**
Unique across regions	***221***	
Gender		
Female	46	56
Male	52	68
Unknown	0	0
Ethnicity		
American Indian or Alaska Native	0	1
Asian	9	2
Black or African American	1	10
Mixed Race	0	10
Native Hawaiian or Pacific Islander	0	1
White	85	98
Other	3	1
Unknown/Not Reported	0	1
Hispanic or Latino		
Hispanic or Latino	44	21
Not Hispanic or Latino	53	103
Unknown/Not Reported	1	0
Veteran Status		
Yes	0	0
No	98	124
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24	

Gender Identity	Not collected in FY21/22; will start collecting in FY23/24
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24
Disability	Not collected in FY21/22; will start collecting in FY23/24

Client Outcomes

Milestones of Recovery Scale (MORS) Age: 18+		
	Initial to 12 months (n = 218)	**12 to 18 months (n = 210)**
Showed improvement^	35%	18%
Remained stable^	45%	64%

Other Outcomes	Average per Quarter	
	North	**South**
Physical Health Hospitalization	4%	4%
Physical Health Emergency Care	8%	13%
Stable/Permanent Housing	96%	93%
Purposeful Activity (employed, school, volunteer)	25%	64%
Discharged to Higher Level of Care	6%	36%
Discharged to Lower Level of Care	6%	50%

Higher Levels of Care	% during program admission in FY 21-22	
	North	**South**
Incarcerations	2%	6%
Crisis Services	1%	2%
Psychiatric Inpatient Care	2%	2%

*^"Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods. *This metric was not available during the reporting period.*

FSP New Heights (General System Development) – Behavioral Wellness, Community Action Commission and Department of Rehabilitation (DOR) [Augment to Full Service Partnership in FY 21-22]

Program Performance (FY 21-22)

Unique Clients Served			
	North	**South**	**West**
Age Group			
0-15	1	0	1
16-25	59	49	35
26-59	0	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	**60**	**49**	**36**
Unique across regions		***138***	
Gender			
Female	27	24	22
Male	33	24	14
Unknown	0	1	0
Ethnicity			
American Indian or Alaska Native	0	1	1
Asian	1	1	2
Black or African American	1	3	3
Mixed Race	1	7	1
Native Hawaiian or Pacific Islander	0	0	0
White	55	34	27
Other	2	2	1
Unknown/Not Reported	0	1	1
Hispanic or Latino			
Hispanic or Latino	40	25	19
Not Hispanic or Latino	16	22	15
Not Reported	4	2	2
Veteran Status			
Yes	0	0	0
No	60	49	36
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS-50) Age: 6-20 years	**Percent Improvement***	
	Initial to 6 months (n = 2)	**6 to 12 months (n = 1)**
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	-40.0%	-50.0%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	0.0%	-75.0%
Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	100.%	-100.0%
Cultural Factors (e.g., language, traditions, stress)	0.0%	0.0%
Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	0.0%	-90.9%
Milestones of Recovery Scale (MORS) Age: 18+		
	Initial to 6 months (n = 33)	**6 to 12 months (n = 21)**
Showed Improvement^	45%	38%
Remained Stable^	33%	52%

Other Outcomes	**Average per Quarter**		
	North	**South**	**West**
Out of Primary Home Placement	0%	0%	0%
Stable/Permanent Housing	95%	95%	96%
Purposeful Activity (employed, school, volunteer)	50%	63%	31%
Discharged to Higher Level of Care	17%	17%	0%
Discharged to Lower Level of Care	83%	83%	100%
Higher Levels of Care	**% during program admission in FY 21-22**		
	North	**South**	**West**
Incarcerations	4%	3%	0%
Crisis Services	5%	6%	6%
Psychiatric Inpatient Care	2%	14%	0%

^"Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods.

**Note.* On the CANS-50, a higher the score indicates more actionable needs (greater problems). A negative percent change indicates that client scores are improving because they have fewer actionable needs.

Program Performance (FY 21-22)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	30	25	24
16-25	2	2	2
26-59	0	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	**32**	**27**	**26**
Unique across regions		***80***	
Gender			
Female	20	17	12
Male	12	10	14
Unknown	0	0	0
Ethnicity			
American Indian or Alaska Native	3	0	1
Asian	1	0	0
Black or African American	1	1	1
Mixed Race	0	0	3
Native Hawaiian or Pacific Islander	0	0	0
White	24	26	21
Other	1	0	0
Unknown/Not Reported	2	0	0
Hispanic or Latino			
Hispanic or Latino	21	19	14
Not Hispanic or Latino	9	8	9
Not Reported	2	0	3
Veteran Status			
Yes	0	0	0
No	32	27	26
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS-50) Age: 6-20 years	Percent Improvement*
	Initial to most recent (n = 10)
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	-18.8%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	-32.1%
Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	16.7%
Cultural Factors (e.g., language, traditions, stress)	0.0%
Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	-14.3%

Other Outcomes	Average per quarter
	All Regions
Out of Primary Home Placement	0%
Stable/Permanent Housing	98%
Purposeful Activity (employed, school, volunteer)	97%
Discharged to Higher Level of Care	10%
Discharged to Lower Level of Care	90%

Higher Levels of Care	% during program admission in FY 21-22
	All Regions
Juvenile Hall (average per quarter)	2%
Crisis Services	11%
Psychiatric Inpatient Care	11%

**Note.* On the CANS-50, a higher the score indicates more actionable needs (greater problems). A negative percent change indicates that client scores are improving because they have fewer actionable needs. There were no clients in this fiscal year that had three CANS so just the first to most recent CANS were compared.

Program Performance (FY 21-22)

Justice Alliance

	Unique Clients Served	
	North	**South**
Age Group		
0-15	1	1
16-25	6	7
26-59	33	60
60+	4	5
Missing DOB	0	1
Total	***44***	***74***
Unique across regions	***110***	
Gender		
Female	7	19
Male	37	55
Unknown	0	0
Ethnicity		
American Indian or Alaska Native	1	1
Asian	0	1
Black or African American	2	6
Mixed Race	3	21
Native Hawaiian or Pacific Islander	0	1
White	36	42
Other	2	0
Unknown/Not Reported	0	2

Hispanic or Latino		
Hispanic or Latino	26	24
Not Hispanic or Latino	18	43
Not Reported	0	7
Veteran Status		
Yes	0	3
No	44	71
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24	
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24	
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24	
Disability	Not collected in FY21/22; will start collecting in FY23/24	

Client Outcomes

Milestones of Recovery Scale (MORS) Age: 18+		
	Initial to 6 months (n = 75)	**6 to 12 Months (n = 64)**
Showed improvement^	33.3%	31.3%
Remained stable^	41.3%	53.1%
Higher Levels of Care	**% during program admission in FY 21-22**	
	North	**South**
Incarcerations	24%	29%
Crisis Services	14%	16%
Psychiatric Inpatient Care	2%	7%

^"Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time period.

Program Performance (FY 21-22)

Crisis Stabilization Unit (CSU)

	Unique Clients Served
	South
Age Group	
0-15	0
16-25	35
26-59	141
60+	21
Missing DOB	0
Total	***197***
Gender	
Female	67
Male	130
Unknown	0
Race/Ethnicity	
American Indian or Alaska Native	2
Asian	2
Black or African American	18
Mixed Race	41
Native Hawaiian or Pacific Islander	0
White	134
Other/Not Reported	0
Hispanic or Latino	

Hispanic or Latino	67
Not Hispanic or Latino	128
Not Reported	2
Veteran Status	
Yes	0
No	197
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24
Disability	Not collected in FY21/22; will start collecting in FY23/24

Client Outcomes

CSU Admissions and discharges (N = 246)	Admission	Discharge
Hospital/Residential Treatment	59%	4%
Crisis Services	18%	2%
Outpatient (Mental Health or Medical)	9%	1%
Justice / Law Enforcement	9%	0%
Self / Home	2%	58%
Shelter, Supported/Sober Living, Board and Care	1%	6%
Psychiatric or Substance Use Treatment Facility (CRT, RTF)	1%	29%
Other	1%	0%

Higher Level of Care	% with any admissions			
	within 24 hours of discharge	within 7 days of discharge	within 15 days of discharge	within 30 days of discharge
Psychiatric Inpatient Care	2%	3%	6%	6%

Crisis Services	3%	6%	2%	0%	2%	NA

Appendix C: Prevention and Early Intervention FY 2021-2022 Annual (or Three-Year Evaluation Report)

Prevention and Early Intervention (PEI)

MHSA Category	PROGRAM	PROVIDER
Innovations	Help@Hand	Department of Behavioral Wellness (BWELL)
Outreach for Increasing Recognition of Early Signs of Mental Illness	Mental Health Educators	Santa Ynez Tribal Health Clinic (SYTHC)
	Mental Health Educators	Community Health Centers of the Central Coast (CHCCC)
Prevention	Early Childhood Mental Health (ECMH)	Child Abuse Listening & Mediation (CALM)
	Early Childhood Mental Health (ECMH)	Santa Ynez Valley People Helping People (SYVPHP)
Early Intervention	Early Childhood Specialty Mental Health (ECSMH)	Child Abuse Listening & Mediation (CALM)
	Early Detection & Intervention for Transitional Age Youth (EDI TAY)	Department of Behavioral Wellness (BWELL)
	START	Council on Alcoholism & Drug Abuse (CADA)
	START	Family Services Agency (FSA)
Access & Linkage to Services	Crisis Services for Youth (SAFTY)	Casa Pacifica (CP)
	Access and Assessment (A&A)	Department of Behavioral Wellness (BWELL)

Outreach for Increasing Recognition of Early Signs of Mental Illness: Community Health Centers of the Central Coast, Santa Ynez Tribal Health Clinic

Program Performance (FY 21-22)

Outreach Events			
PROGRAM	**SYTHC**	**CHCCC**	**Help@Hand**
TOTAL # EVENTS	**57**	**184**	**NR**
TOTAL # PARTICIPANTS	**504 (contacts)**	**10,736 (unique) 40, 131 (contacts)**	**NR**
TOTAL # FAMILIES SERVED	**NR**	**2,426**	**NR**
EVENT TYPE			
Outreach	9	44	NR
Training	3	4	NR
Forum	6	52	NR
Support Group	64^	84	NR
PRIMARY LANGUAGE OF EVENT (total excludes support groups shown above)			
English	17	50	NR

Spanish	0	47	NR
Other or both English and Spanish	1	0	NR

NR = Not Reported
^ = three of four quarters available

Prevention: Early Childhood Mental Health (ECMH) – CALM, Santa Ynez Valley People Helping People

Program Performance

ECMH (Prevention)

Unique Clients Served		
	CALM All Regions	**SYVPHP**
Age Group		
0-15	86	96
16-25	2	0
26-59	7	0
60+	0	0
Missing DOB	1	0
Total	**96**	**96**
Gender		
Female	48	49
Male	48	47
Unknown	0	0
Ethnicity		
American Indian or Alaska Native	0	3
Asian	0	0
Black or African American	4	2
Mixed Race	0	0
Native Hawaiian or Pacific Islander	0	0
White	80	89
Other	9	2
Unknown/Not Reported	3	3
Hispanic or Latino		
Hispanic or Latino	74	79
Not Hispanic or Latino	13	17
Not Reported	9	0
Veteran Status		
Yes	0	0
No	96	96

Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24
Disability	Not collected in FY21/22; will start collecting in FY23/24

SYVPHP ECMH Activities

Activities	SYVPHP (% goal met)
Provide 30 parenting education and support groups to families/Parents	32 (107%)
Provide 80 screenings and assessments to families presenting with mental health issues	78 (98%)
Provide developmental screenings to 45 children	23 (51%)
Provide 60 referrals to Family Services Coordinators for case management and linkages/referrals to other needed services	160 (267%)

Early Intervention: Early Childhood Specialty Mental Health (ECSMH) – CALM

CALM ECSMH (Prevention – Specialty Mental Health Services)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	199	147	164
16-25	0	1	0
26-59	1	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	**200**	**148**	**164**
Unique across regions	***513***		
Gender			
Female	86	71	81
Male	113	77	78
Unknown	1	0	5
Ethnicity			
American Indian or Alaska Native	1	0	2
Asian	1	0	2
Black or African American	3	0	6
Mixed Race	1	6	1
Native Hawaiian or Pacific Islander	3	0	0
White	168	134	117
Other	1	5	2
Unknown/Not Reported	22	3	34
Hispanic or Latino			

Hispanic or Latino	136	119	81
Not Hispanic or Latino	24	23	20
Not Reported	40	6	63
Veteran Status			
Yes	0	0	0
No	200	148	164
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS-50) Age: 6-20 years		
	Early Intervention CALM ECSMH Specialty Mental Health Percent Improvement*	
	Initial to 6 months (n = 20)	**6 to 12 months** (n = 15)
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	-12.5%	-78.6%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	-28.9%	-59.3%
Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	0.0%	0.0%
Cultural Factors (e.g., language, traditions, stress)	0.0%	-100.0%
Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	-1.4%	-53.4%
Child Behavior Checklist & Parenting Stress Index		
	Prevention CALM ECMH Great Beginnings	**Early Intervention CALM ECSMH Specialty Mental Health**
At least 65% of parents scoring in the Clinical range of **Total Parenting Stress** at intake will be in the Non-Clinical range at most recent follow up, as measured by the *Parenting Stress Index*.	100%	60%
Increased knowledge of child development (care, nutrition, discipline)	100%	100%
Increased knowledge of resources	100%	100%
Families linked to services	100%	100%
Other Outcomes		
	Average per quarter	**Average per quarter**
Out of Primary Home Placement	0%	0%
Stable/Permanent Housing	99%	100%
Purposeful Activity (employed, school, volunteer)	100%	100%
Discharged to Higher Level of Care	0%	1%
Discharged to Lower Level of Care	100%	99%
Higher Levels of Care		
	% with any admissions over FY 21-22	**% with any admissions over FY 21-22**
Juvenile Hall	N/A	N/A
Crisis Services	0%	0%
Psychiatric Inpatient Care	0%	0%

**Note.* On the CANS-50, a higher the score indicates more actionable needs (greater problems). A negative percent change indicates that client scores are improving because they have fewer actionable needs.

Early Intervention: Early Detection and Intervention for Transition-Age Youth (EDI TAY) – Behavioral Wellness

Program Performance (FY 21-22)

Unique Clients Served			
	North	**South**	**West**
Age Group			
0-15	0	0	3
16-25	68	39	70
26-59	0	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	**68**	**39**	**73**
Unique across regions	***176***		
Gender			
Female	31	23	48
Male	37	16	25
Unknown	0	0	0
Ethnicity			
American Indian or Alaska Native	0	1	1
Asian	0	1	2
Black or African American	3	3	2
Mixed Race	1	2	6
Native Hawaiian or Pacific Islander	0	0	2
White	61	27	55
Other	1	3	2
Unknown/Not Reported	2	2	3
Hispanic or Latino			
Hispanic or Latino	59	25	41
Not Hispanic or Latino	6	12	26
Not Reported	3	2	6
Veteran Status			
Yes	0	0	0
No	68	39	73
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24		
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24		
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24		
Disability	Not collected in FY21/22; will start collecting in FY23/24		

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS-50) Age: 6-20 years	**Percent Improvement***	
	Initial to 6 months (n = 25)	**6 to 12 months**

			(n = 20)
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)		-45.9%	-6.1%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)		-27.9%	-22.7%
Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)		14.3%	-62.5%
Cultural Factors (e.g., language, traditions, stress)		0.0%	-25.0%
Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)		-18.2%	-29.2%
Milestones of Recovery Scale (MORS) Age: 18+			
		Initial to 6 months (n = 75)	**6 to 12 months (n = 59)**
Showed improvement^		46.7%	33.4%
Remained stable^		34.7%	50.8%
Higher Levels of Care	**% with any admissions over FY 21-22**		
	North	**South**	**West**
Incarcerations	0%	0%	0%
Crisis Services	3%	0%	4%
Psychiatric Inpatient Care	1%	3%	4%

**Note.* On the CANS-50, a higher the score indicates more actionable needs (greater problems). A negative percent change indicates that client scores are improving because they have fewer actionable needs.
^Note. "Showed Improvement" and "Remained Stable" reflects the percent of clients whose MORS scores improved or stayed the same between time periods.

Early Intervention: Services for Children and TAY (START) - Family Service Agency & Council on Alcoholism and Drug Abuse

Program Performance (FY 21-22)

	Unique Clients Served
	START South (FSA & CADA)
Age Group	
0-15	47
16-25	11
26-59	0
60+	0
Missing DOB	0
Total	**58**
Unique across regions	***58***
Gender	
Female	38
Male	20
Unknown	0
Ethnicity	
American Indian or Alaska Native	1

Asian	0
Black or African American	0
Mixed Race	0
Native Hawaiian or Pacific Islander	0
White	43
Other	1
Unknown/Not Reported	13
Hispanic or Latino	
Hispanic or Latino	48
Not Hispanic or Latino	9
Not Reported	1
Yes	0
No	58
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24
Disability	Not collected in FY21/22; will start collecting in FY23/24

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS-50) Age: 6-20 years	**Percent Improvement***	
	Initial to 6 months (n = 14)	**6 to 12 months (n = 13)**
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	-32.5%	-48.1%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	-31.3%	-13.6%
Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	-100.0%	0.0%
Cultural Factors (e.g., language, traditions, stress)	-50.0%	-100.0%
Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	-7.6%	-14.8%

Other Outcomes	**Average per quarter**		
	START South (CADA)	**START South (FSA)**	**School-based South & West (FSA)**
Out of Primary Home Placement	0%	0%	0%
Stable/Permanent Housing	100%	100%	100%
Purposeful Activity (employed, school, volunteer)	100%	100%	99%
Discharged to Higher Level of Care	0%	0%	2%
Discharged to Lower Level of Care	100%	71%	80%
Higher Levels of Care	**% with any admissions over FY 21-22**		
	START South (CADA)	**START South (FSA)**	**School-based South & West (FSA)**
Juvenile Hall	0%	0%	0%
Crisis Services	0%	0%	0%
Psychiatric Inpatient Care	0%	0%	0%

**Note.* On the CANS-50, a higher the score indicates more actionable needs (greater problems). A negative percent change indicates that client scores are improving because they have fewer actionable needs.

Access & Linkage to Services: Safe Alternatives for Children and Youth (SAFTY) – Casa Pacifica

Program Performance (FY 21-22)

	Unique Clients Served	
	North	**South**
Age Group		
0-15	475	155
16-25	257	134
26-59	0	0
60+	0	0
Missing DOB	0	0
Total	**732**	***289***
Unique across regions	***1,019***	

Gender		
Female	488	182
Male	242	105
Missing/Other	2	2
Ethnicity		
American Indian or Alaska Native	8	0
Asian	9	6
Black or African American	18	3
Mixed Race	10	10
Native Hawaiian or Pacific Islander	2	0
White	500	171
Other	12	7
Unknown/Not Reported	173	92
Hispanic or Latino		
Hispanic or Latino	358	112
Not Hispanic or Latino	103	51
Not Reported	271	126
Veteran Status		
Yes	0	0
No	732	289
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24	
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24	
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24	
Disability	Not collected in FY21/22; will start collecting in FY23/24	

Client Outcomes

Call Outcomes	Total
Contact Type	
Unique Clients Served	1,017
Total Calls	2,255
Crisis Calls	1,797
Non-crisis Calls	458
Face to Face	535
Reason for Calls	
Aggression Towards Others	4%
Increase in Mental Health Symptoms	6%
Oppositional Behavior	1%
Peer/Family Conflict	1%
Anxiety/Panic Attack	1%
Resources/Access to Service	11%
Substance Use/Abuse	1%
Homicidal Ideation	2%
Depressive Symptoms	2%
Self Harm Thoughts	5%
Suicide Attempt	2%

Suicidal Ideation	29%
Self-Injurious Behaviors	4%
Psychotic Symptoms	0%
Running Away/AWOL	1%
In-Person Follow Up Request	0%
5150/5585	1%
5150/5585 Re-Assessment / Bed Search	22%
Nightly Check In Request	1%
Other	8%
Hospitalization	
Hospitalization Rate on Calls (non-crisis excluded)	7.12%

Access & Linkage to Services: Access Line and Access and Assessment – Behavioral Wellness

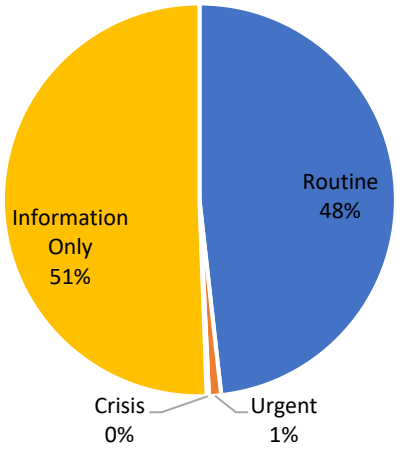
Access Line Program Performance (FY 21-22)

Access Line FY 21-22		**Mental Health***			**Alcohol and Drug Programs***		
Number of Calls		**Adult**	**Youth**	**Foster**	**Adult**	**Youth**	**Foster**
Total Calls		**8,327**	**2,020**	**290**	**3,819**	**209**	**10**
Routine		826	547	124	1,842	146	9
Urgent		180	22	1	38	3	0
Crisis		1,781	317	26	7	0	0
Information Only		5,540	1,134	139	1,932	60	1
Timeliness		**Adult**	**Youth**	**Foster**	**Adult**	**Youth**	**Foster**
Routine	Offered an appointment within 10 business days	84%	81%	88%	82%	92%	89%
Urgent	Offered an appointment within same/next day	97%	68%	100%	42%	100%	n/a
Crisis	Offered an appointment within same/next day	100%	100%	100%	100%	n/a	n/a

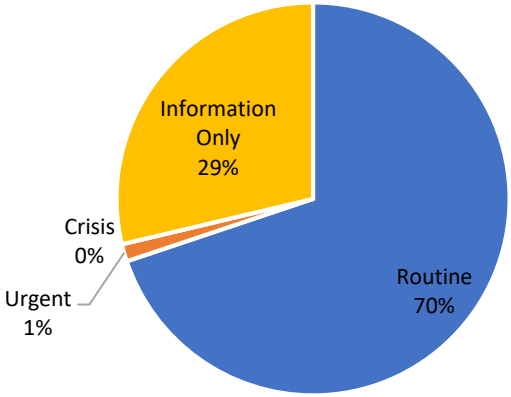
*Number of Calls Missing DOB: Mental Health n = 176; ADP n = 70

Alcohol and Drug Access Calls

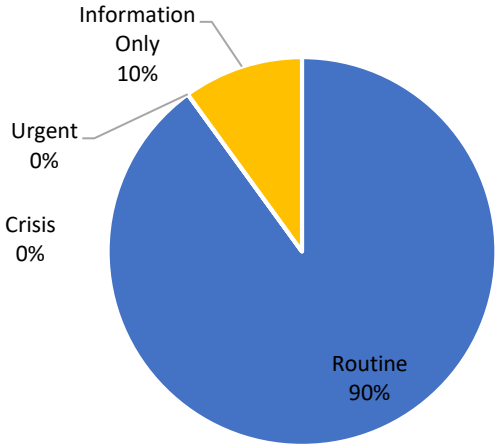
ADP Adult Access Calls by Type



ADP Youth Access Calls by Type

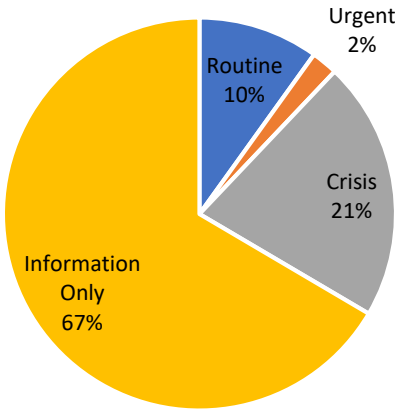


ADP Foster Access Calls by Type

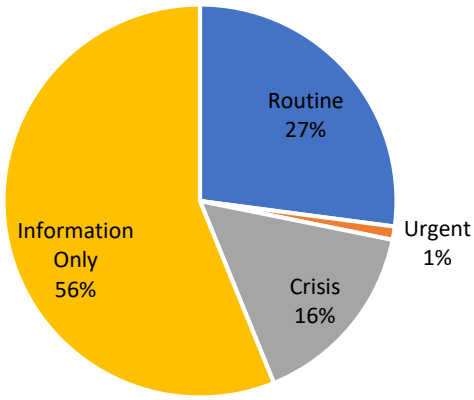


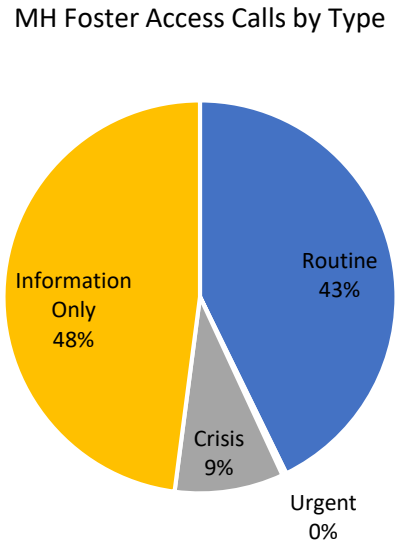
Mental Health Access Calls

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 Assessment Program Performance (FY 21-22)

Unique Clients Served						
	Access & Assessment ADULT			Access & Assessment YOUTH		
	North	South	West	North	South	West
Age Group						
0-15	0	0	0	213	134	NA
16-25	68	10	5	78	103	NA
26-59	289	154	81	0	1	NA
60+	73	44	19	0	0	NA
Missing DOB	1	0	0	0	0	NA
Total	***431***	***208***	***105***	***291***	***238***	NA
Unique across regions		***715***			***477***	
Gender						
Female	202	79	71	172	130	NA
Male	226	128	34	119	107	NA
Unknown	3	1	0	0	1	NA
Ethnicity						
American Indian or Alaska Native	1	7	4	2	1	NA
Asian	11	2	0	4	2	NA
Black or African American	17	14	7	6	4	NA
Mixed Race	7	35	5	4	9	NA
Native Hawaiian or Pacific Islander	0	0	2	0	0	NA
White	387	135	87	270	211	NA
Other	0	12	0	3	3	NA
Unknown/Not Reported	8	3	0	2	8	NA
Hispanic or Latino						
Hispanic or Latino	216	60	45	228	164	NA
Not Hispanic or Latino	203	109	59	58	60	NA
Unknown/Not Reported	12	39	1	5	14	NA
Veteran Status						
Yes	0	2	0	0	0	NA
No	431	206	105	291	238	NA
Sexual Orientation	Not collected in FY21/22; will start collecting in FY23/24					
Gender Identity	Not collected in FY21/22; will start collecting in FY23/24					
Language Spoken	Not collected in FY21/22; will start collecting in FY23/24					
Disability	Not collected in FY21/22; will start collecting in FY23/24					

Access and Assessment Client Outcomes

	Access & Assessment ADULT			Access & Assessment YOUTH		
Higher Levels of Care	**North**	**South**	**West**	**North**	**South**	**West**

Incarcerations	1%	6%	0%	--	--	NA
Crisis Services	3%	6%	2%	0%	2%	NA
Psychiatric Inpatient Care	1%	1%	1%	0%	2%	NA

Attachment 1: Prevention Early Intervention (PEI) FY 2021-2022 Data Report

The following are the PEI programs and providers from FY 2021-2022 for each MHSA Category. Tables of client demographics, provider events, and referrals follow.

MHSA Category	PROGRAM	PROVIDER
Innovations	Help@Hand	Department of Behavioral Wellness (BWELL)
Outreach for Increasing Recognition of Early Signs of Mental Illness	Mental Health Educators	Santa Ynez Tribal Health Clinic (SYTHC)
	Mental Health Educators	Community Health Centers of the Central Coast (CHCCC)
Prevention	Early Childhood Mental Health (ECMH)	Child Abuse Listening & Mediation (CALM)
	Early Childhood Mental Health (ECMH)	Santa Ynez Valley People Helping People (SYVPHP)
Early Intervention	Early Childhood Specialty Mental Health (ECSMH)	Child Abuse Listening & Mediation (CALM)
	Early Detection & Intervention for Transitional Age Youth (EDI TAY)	Department of Behavioral Wellness (BWELL)
	START	Council on Alcoholism & Drug Abuse (CADA)
	START	Family Services Agency (FSA)
Access & Linkage to Services	Crisis Services for Youth (SAFTY)	Casa Pacifica (CP)
	Access and Assessment (A&A)	Department of Behavioral Wellness (BWELL)

DEMOGRAPHICS (ALL PROGRAMS – INDIVIDUAL-LEVEL SERVICES)

Unique Clients Served											
	INN	OUTREACH		PREVENTION		EARLY INTERVENTION				ACCESS & LINKAGE	
	Help@ hand	MH EDUCATORS		ECMH		ECSMH	EDI TAY	START		SAFTY	A & A
PROGRAM	BWELL	SYTHC^	CHCCC	CALM	SYVPHP	CALM	BWELL	CADA	FSA	CP	BWELL
TOTAL CLIENTS	N/A	195	135	96	96	513	180	28	30	1,021	1,273
AGE											
0-15	N/A	0	0	86	96	510	3	26	21	630	347
16-25	N/A	0	5	2	0	2	177	2	9	391	264
26-59	N/A	195	128	7	0	1	0	0	0	0	525
60+	N/A	0	2	0	0	0	0	0	0	0	136
Unknown/Decline	N/A	0	0	1	0	0	0	0	0	0	1
SEX AT BIRTH											
Female	N/A	0	102	48	49	238	102	17	21	670	654
Male	N/A	0	33	48	47	269	78	11	9	347	614
Unknown/Decline	N/A	195	0	0	0	6	0	0	0	4	5
CURRENT GENDER IDENTITY (if over 12 years)											
Male	N/A	0	32	N/A	N/A	N/A	*	*	*	*	*
Female	N/A	0	102	N/A	N/A	N/A	*	*	*	*	*
Transgender	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Genderqueer	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Questioning	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Another	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Unknown/Decline	N/A	195	1	N/A	N/A	N/A	*	*	*	*	*
SEXUAL ORIENTATION (if over 12 years)											
Gay/Lesbian	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Heterosexual	N/A	0	109	N/A	N/A	N/A	*	*	*	*	*
Bisexual	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Questioning/ Unsure	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Queer	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Another	N/A	0	0	N/A	N/A	N/A	*	*	*	*	*
Unknown/Decline	N/A	195	26	N/A	N/A	N/A	*	*	*	*	*
PRIMARY LANGUAGE											
English	N/A	195	5	*	57	*	*	*	*	*	*
Spanish	N/A	0	129	*	39	*	*	*	*	*	*
Other	N/A	0	0	*	0	*	*	*	*	*	*
Unknown/Decline	N/A	0	1	*	0	*	*	*	*	*	*
VETERAN (if over 12 years)											
Yes	N/A	0	0	N/A	N/A	N/A	0	0	0	0	2
No	N/A	0	8	N/A	N/A	N/A	180	28	30	1,021	1,271
Unknown/Decline	N/A	195	127	N/A	N/A	N/A	0	0	0	0	0

(cont.)	INN	OUTREACH		PREVENTION		EARLY INTERVENTION				ACCESS & LINKAGE	
	Help@ hand	MH EDUCATORS		ECMH		ECSMH	EDI TAY	START		SAFTY	A & A
PROGRAM	BWELL	SYTHC^	CHCCC	CALM	SYVPHP	CALM	BWELL	CADA	FSA	CP	BWELL
RACE											
American Indian/ Alaska Native	N/A	195	0	0	3	3	2	0	1	8	15
Asian	N/A	0	2	0	0	3	3	0	0	15	19
Black/ African American	N/A	0	0	4	2	9	8	0	0	21	48
Native Hawaiian/ Pacific Islander	N/A	0	2	0	0	3	2	0	0	2	2
White	N/A	0	3	0	89	420	143	28	15	671	1,090
Other	N/A	0	121	80	0	8	6	0	1	19	18
More than one	N/A	0	0	9	0	8	9	0	0	20	60
Unknown/Decline	N/A	0	7	3	2	59	7	0	13	265	21
ETHNICITY: LATINO											
Caribbean	N/A	0	0	0	0	0	1	0	0	0	3
Central American	N/A	0	0	0	0	0	0	0	0	0	0
Mexican/Mex. Amer./ Chicano	N/A	0	129	2	0	22	77	22	14	296	515
Puerto Rican	N/A	0	0	0	0	1	0	0	0	3	1
South American	N/A	0	0	0	0	0	0	0	0	0	0
Other Latino	N/A	0	0	72	79	313	74	2	10	171	194
Unknown/Decline	N/A	195	0	9	17	78	11	0	1	397	71
ETHNICITY: NON-LATINO											
African	N/A	0	0	4	*	9	8	0	0	21	48
Asian Indian/ South Asian	N/A	0	0	0	*	0	2	0	0	0	1
Cambodian	N/A	0	0	0	*	0	0	0	0	1	0
Chinese	N/A	0	0	0	*	0	0	0	0	0	1
Eastern European	N/A	0	0	0	*	0	0	0	0	0	0
European	N/A	0	0	0	*	0	0	0	0	0	0
Filipino	N/A	0	0	0	*	3	0	0	0	4	11
Japanese	N/A	0	0	0	*	0	0	0	0	0	1
Korean	N/A	0	0	0	*	0	1	0	0	0	1
Middle Eastern	N/A	0	0	0	*	0	0	0	0	0	0
Vietnamese	N/A	0	0	0	*	0	2	0	0	4	0
Other	N/A	0	0	9	*	9	6	0	0	21	24
Unknown/Decline	N/A	195	4	83	*	59	152	4	5	934	1,111
More than one	N/A	0	0	0	*	8	9	0	0	0	60

(cont.)	INN	OUTREACH		PREVENTION		EARLY INTERVENTION				ACCESS & LINKAGE	
	Help@ hand	MH EDUCATORS		ECMH		ECSMH	EDI TAY	START		SAFTY	A & A
PROGRAM	BWELL	SYTHC^	CHCCC	CALM	SYVPHP	CALM	BWELL	CADA	FSA	CP	BWELL
DISABILITY											
Difficulty Seeing	N/A	0	0	*	0	*	*	*	*	*	*
Difficulty Hearing / Having Speech Understood	N/A	0	0	*	1	*	*	*	*	*	*
Physical/Mobility	N/A	0	0	*	0	*	*	*	*	*	*
Chronic Health Condition/Pain	N/A	0	0	*	0	*	*	*	*	*	*
Other Mental Disability not Related to Mental Illness	N/A	0	0	*	0	*	*	*	*	*	*
Other	N/A	0	1	*	0	*	*	*	*	*	*
Unknown/Decline	N/A	195	134	*	0	*	*	*	*	*	*
FAMILY											
# Family Members in Program	N/A	UNK	0	*	*	*	*	*	*	*	*

*Note. Asterisks indicate categories that were either not available as options or not selected. For a few programs, Hispanic/Latino was grouped together but not identified by specific region.
^Only three of four quarters were available.

SYTHC = Santa Ynez Tribal Health Clinic; CHCCC = Community Health Centers of the Central Coast; CALM = Child Abuse Listening & Mediation; SYPHP = Santa Ynez Valley People Helping People; TAY = Department of Behavioral Wellness TAY Program; CADA = Council on Alcoholism & Drug Abuse; FSA = Family Services Agency; CP = Casa Pacifica; A & A = Department of Behavioral Wellness Access and Assessment Teams. Note that CADA and FSA both served clients in the START program. All data currently available is provided.

ORANGE data sourced from Smartsheet. Note that for outreach providers, data is only for individual-level activities (i.e. support groups). Demographic information about individuals engaged in outreach activities are provided in the section for *Outreach for Increasing Recognition of Early Signs of Mental Illness*.
BLUE data sourced from EHR; some demographic data is not available on PEI categories.
GREEN data sourced from provider's EHR; some demographic data is not available on PEI categories. Note that for outreach providers, data is only for individual-level activities (i.e. support groups).

OUTREACH EVENTS

Outreach Events		
PROGRAM	**SYTHC**	**CHCCC**
TOTAL # EVENTS	**57**	**184**
TOTAL # PARTICIPANTS	**504 (contacts)**	**10,736 (unique) 40, 131 (contacts)**
TOTAL # FAMILIES SERVED	**NR**	**2,426**
EVENT TYPE		
Outreach (Health Fairs, Other Outreach)	9	44
Training (Trainings, Workshops)	3	4
Forum (Meetings w/ Community Leaders)	6	52
Support Group	64^	84
PRIMARY LANGUAGE OF EVENT		
English	17	50
Spanish	0	47
Other or both English and Spanish	1	0
TRANSLATION PROVIDED		
Translation to English at Spanish event	UNK	1
Translation to Spanish at English event	UNK	17
Other or both English and Spanish	UNK	44
PARTICIPANT AGE		
0-15	0	20,511
16-25	0	5,252
26-59	0	14,000
60+	0	806
Missing DOB	504	0
PARTICIPANT GENDER		
Female	0	19,117
Male	0	20,540
Unknown/Decline	504	556
PARTICIPANT VETERAN		
Yes	0	0
No	0	19
Unknown/Decline	504	40,128
PARTICIPANT RACE		
American Indian/ Alaska Native	0	38
Asian	0	34
Black/African American	0	47
Native Hawaiian/ Pacific Islander	0	0
White	0	299
Other	0	37,924
More than one	0	0
Unknown/Decline	504	1
PARTICIPANT ETHNICITY		
Latino	0	39,737
Non-Latino	0	426
Unknown/Decline	504	1

NR = Not Reported (blank)

*Note that this data reflects a compilation of Smartsheet and/or quarterly reports.

Unique Clients Referred											
	INN	**OUTREACH**		**PREVENTION**		**EARLY INTERVENTION**				**ACCESS & LINKAGE**	
	Help@ hand	**MH EDUCATORS**		**ECMH**		**ECSMH**	**EDI TAY**	**START**		**SAFTY**	**A & A**
PROGRAM	BWELL	SYTHC	CHCCC	CALM	SYVPHP	CALM	BWELL	CADA	FSA	CP	BWELL
TYPE (TOTAL #)											
CBO Referral to Behavioral Wellness	N/A	0	2	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
Intake to Behavioral Wellness											
Behavioral Wellness Referral Out											
MENTAL/BEHAVIORAL HEALTH SYMPTOMS PRIOR TO REFERRAL / INTAKE											
Yes	N/A	N/A	0	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
If yes, date is completed	N/A	N/A	N/A	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
No	N/A	N/A	0	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
If no, average duration of sxs	N/A	N/A	N/A	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
Unable to Determine	N/A	N/A	2	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
ARE YOU CONCERNED THE MENTAL/BEHAVIORAL HEALTH SYMPTOMS REPORTED INDICATE A POSSIBLE SEVERE MENTAL ILLNESS?											
Yes	N/A	N/A	0	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
No	N/A	N/A	0	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
Unable to Determine	N/A	N/A	2	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
WAYS REFERRING PARTY ENCOURAGED CLIENT TO ACCESS SERVICES AND FOLLOW THROUGH ON REFERRAL											
Called	N/A	N/A	1	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
Emailed	N/A	N/A	0	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
Arranged Transport	N/A	N/A	0	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
Arranged Appointment	N/A	N/A	1	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A
Other	N/A	N/A	0	N/A	NR	N/A	N/A	N/A	N/A	NR	N/A

All available data is provided.

N/A for internal Behavioral Wellness programs and other programs that provide therapy as clients are already connected to mental health services.

Appendix D: Innovation FY 2021-22 Annual or (FINAL) Evaluation Report

Below is the link to our MHSA Help@Hand 3-Year Evaluation Report in its entirety.

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Appendix E: County Workforce Needs Assessment

Workforce Needs Assessment Requirements

The Workforce Needs Assessment will include the following:

1 . **A list of the Department's occupations within the following categories and the number of individuals in each occupation:**

DEPARTMENT OCCUPATIONS	# OF STAFF	List of job classifications included in each occupation type
Licensed or licensed eligible	5	Clinical Psychologist
	26	Practitioner Associate
	44	Practitioner Licensed
	2	Pharmacist
	17	Psychiatric Technician
	19	Psychiatric Nurse
	7	Psychiatrist
MH service provides, not required to be licensed	9	Alcohol & Drug Service Specialist
	39	Case Worker
	3	Rehabilitation Specialist
	32	Recovery Assistant (Peers)
	1	Recreational Therapist
	2	Patient Rights Advocate
Other healthcare professionals	2	Registered Dietician, Staff Physician
Managerial and supervisory positions	1	Accountant Supervisor
	1	Administrative Leader-General
	1	Computer Systems Specialist Supervisor
	1	Assistant Department Leader-Psychiatrist
	2	Assistant Department Leader-Exec
	1	Department Leader-Exec
	10	Enterprise Leader-General
	2	Healthcare Program Coordinator
	1	Medical Records Administrator

	18	Program/Business Leader-General
	3	Psychiatric Nurse Supervisor
	15	Team Supervisor
	5	Team/Project Leader-General
Supportive Roles	4	Accountant
	41	Administrative Office Professional
	1	Building Maintenance Worker
	2	Commissioner
	3	Computer Systems Specialist
	3	Cost Analyst
	8	Department Business Specialist
	3	Epidemiologist
	5	EDP Sys & Program Analyst
	6	Financial office Professional
	1	Financial System Analyst
	12	Quality Assurance Coordinator

2. **An estimated number of additional positions needed and the number of positions the Department determines to be hard-to-fill or retain staff in, for each occupation;**

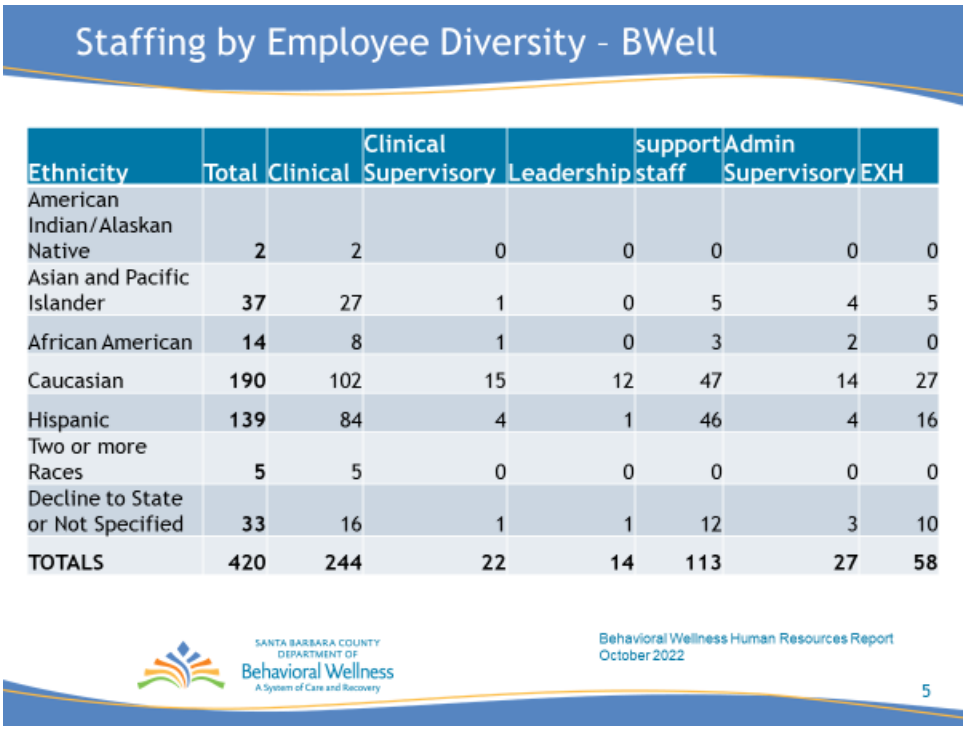
Hard-to-fill or Retain Job Classification	Area	# of Positions that are Hard-to-fill (vacancies)	Estimated number of additional positions needed
Case Worker	Across the County	10	10
Clinical Psychologist	Across the County	2	4
Practitioner Associate	Across the County	10	10
Practitioner Licensed	Across the County	12	10
Psychiatric Technician	Across the County	9	6
Psychiatric Nurse	Across the County	9	6
Psychiatrist	Across the County	13	4

a. **The specified area shall be identified if a position is either hard-to-fill or to retain staff in certain areas of the county**: Specific programs with high acuity are more difficult to fill (such as Justice Services, Homeless Services, ACT, and Crises Response Team)

3. **The number of positions (from each occupation), including job title and/or description, for which recruitment priority is given to clients and/or family members:**

   - Recovery Assistant (17 filled with peers + 14 vacancies)= 31 positions
   - Healthcare Program Coordinator – Peer Supervisor: 1
   - Peer Manager: 1

4. **An estimate number of personnel within each racial/ethnic group, as identified through voluntary, self-reported data;**



Ethnicity	Total	Clinical	Clinical Supervisory	Leadership	support staff	Admin Supervisory	EXH
American Indian/Alaskan Native	2	2	0	0	0	0	0
Asian and Pacific Islander	37	27	1	0	5	4	5
African American	14	8	1	0	3	2	0
Caucasian	190	102	15	12	47	14	27
Hispanic	139	84	4	1	46	4	16
Two or more Races	5	5	0	0	0	0	0
Decline to State or Not Specified	33	16	1	1	12	3	10
TOTALS	420	244	22	14	113	27	58

Note: the difference in the number from the Staffing Analysis Report PP24-2022 (358) to the HR Demographic report (420) are EXH positions.

5. **The estimated number of clients and family members of clients within each racial/ethnic group the Department serves during the time period assessed;**

Clients served: 5,778
(Language Spoken**:** Spanish speaking accounted for 18.8% of beneficiaries served)

Race/Ethnicity:	%
Caucasian	58.1%
Hispanic/Latino	26.7%
African American	1.4%

Asian Pacific Islander	2%
Native American Indian	.3%

6. **A list of languages in which staff proficiency is required to ensure access to and quality of services for individuals whose primary language is not English. The Department shall indicate the following for each language:**

7. Only threshold language is Spanish

   a. **The number of staff who are proficient in that language:**

   Language Capacity Survey – July 2021
   - distributed to 419 Behavioral Wellness staff
   - 188 responses
   - 97 (53.59%) indicated speaking a language other than English
   - For staff who spoke one language other than English:
     Spanish: approx. 85 (86.6%)
     Other languages: approx. 15 (15.46%)

   b. **The estimated number of additional staff necessary to meet the need.**

   It is difficult to answer this because we do not have accurate data on the number of staff that are sufficiently fluent in Spanish to provide services in that language. I would say 50% of staff at each clinic should have this capacity to provide services in Spanish

8. **The number of employees and volunteers in the Department for each category;** and

   a. **Those who are directly supervised by the Department's staff**. – already listed above

   b. **Those who are directly supervised by contract agency staff**. – From the NACT Report

Age Group Served	Psychiatric Service Provider	Licensed Psychologist	LCSW	LMFT	ACSW	AMFT	APCC	RN	LVN	Psych Tech	Mental Health Rehab Specialist	Other Qualified Providers
0-20	5.03	3.7	2.5	30.07	6.25	23.35	3.05	1	1.55	3.2	5	38.8
21+	14.32	2.55	4.55	29.48	6.75	10	2.95	10	2.45	6	10.25	72.2
Total FTEs	19.4	6.3	7.1	59.6	13.0	33.4	6.0	11.0	4.0	9.2	15.3	111.0

9. **Additional workforce needs identified through the Workforce**
   Identified a need to support existing staff in career pathways to support advancement into service delivery job classifications.

Appendix F: Workforce Education and Training Coordinator Job Description

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

DUTY STATEMENT – WET Coordinator

POSITION INFORMATION	
Classification: Program Business Leader-General	Working Title: Manager of Clinical Training and Special Projects
Employee Name: Carla Cross	Supervisor's Name: Pam Fisher
Division: Training and Special Projects	Supervisor's Title: Deputy Director
Work Location: 300 N. San Antonio Rd, Santa Barbara, CA 93110	Employment Status: Permanent, Full Time
SUMMARY STATEMENT	
The Manager of Clinical Training and Special Projects oversees all training, internships, and workforce development programs and projects. This includes all MHSA WET programming and fills the role of WET Coordinator for the department. This manager provides direction to clinical managers and supervisors regarding training, clinical supervision and evidence-based practices. This position also assists in implementing workforce development projects such as peer employment programs and general workforce development activities.	
REQUIREMENTS OF THE POSITION	
Knowledge of MHSA and WET regulations	Knowledge of clinical licensing regulations
Possession of clinical license	Knowledge of evidence-based practices
Knowledge and skills in grant application and management	Knowledge and skills in contract and budget management
DUTIES AND RESPONSIBILITIES	
Development and oversight of Workforce, Education and Training (WET) plan and programs.	Strategic planning and implementation of workforce development programs
Contract management with training facilities, speakers/presenters and educational institutions	Monitoring and development of relevant department policy and procedures to ensure compliance with State regulations regarding licensure, training and clinical supervision
Plan, organize and manage all aspects of department internship programs	Tracking of State regulations and legislation related to licensure, training and clinical supervision
Representation of the department to schools, professional organizations, contracted agencies, community partnerships and state departments.	Collection of data and preparing program related reports for internal assessment of programs, state audits, and grant reports.
Conducting analysis of ongoing training needs for department through surveys, focus groups, stakeholder meetings and feedback from department's management team.	Oversight and quality control over all continuing education activities and the department's learning management system.

County representative for Southern Counties Regional Partnership	facilitation of quality management protocols and program evaluation of training and workforce development programs