Mental Health Services Act:
FY 2016-2017 Annual Update

PLAN

December 19, 2016

WELLNESS • RECOVERY • RESILIENCE

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County of Santa Cruz

HEALTH SERVICES AGENCY

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LETTER FROM THE MENTAL HEALTH SERVICES ACT COORDINATOR

December 19, 2016

We have completed a draft of 2016-2017 Annual Update Three Year Program and Expenditure Plan of the Mental Health Services Act (MHSA/Proposition 63), as required under Welfare and Institutions Code Section 5847. This Plan is not intended as a binding contract with any entity or provider of services. Services will be monitored on a continual base, and the County may make changes, if necessary.

This plan is a review of services provided in fiscal year 2015-2016, and contains information about services to be provided in fiscal year 2016. The most significant changes in 2016-2017 are the Prevention & Early Intervention services (due to change in regulations). Our Innovative Project titled "Avenues: Work First for Co-Occurring Disorders" has successfully been completed. Given statewide mandates of "No Place Like Home" (housing initiative), we are proposing a new Innovative project called "Integrated Health and Housing Supports (IHHS)". We will hire consumer and family partners, but will have these staff focus on housing.

The draft MHSA report was posted from September 19, 2016 through October 19, 2016, and a Public Hearing was held on October 20, 2016. The Innovative Project draft plan was posted from November 14 to December 14, 2016, and a Public Hearing was held on December 15, 2016. The Innovative Project is embedded in the MHSA Annual Update.

This report will be submitted to the State Department of Health Care Services, and to the State Mental Health Oversight and Accountability Commission (MHSOAC). The MHSOAC will review the Innovative Plan and has authority to approve it.

Sincerely,

Alicia Nájera, LCSW
Mental Health Services Act Coordinator

I. MHSA COUNTY COMPLIANCE CERTIFICATION

County: Santa Cruz

County Mental Health Director	**Project Lead**
Name: Erik G. Riera	Name: Alicia Nájera, LCSW
Telephone Number: 831-454-4515	Telephone Number: 831-763-8203
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December 6, 2016.

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

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

Mental Health Director — Signature: _____ Date: 10-11-16

Erik G. Riera

County: Santa Cruz

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

Santa Cruz County

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

Local mental Health Director	**County Auditor-Controller**
Name: Erik G. Riera	Name: Michael Beaton
Telephone Number: 831-454-4515	Telephone Number: 831-454-4449
E-mail: erik.riera@santacruzcounty.us	Email: michael.beaton@santacruzcounty.us
Local Mental Health Mailing Address: Santa Cruz County Mental Health & Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060	

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

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

Erik Riera _____ _____ 10-11-16
Local Mental Health Director (Print) Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892f); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 23, 2015 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, that State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has compiled with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Michael Beaton _____ _____ 10/4/16
County Auditor Controller (Print) Signature Date
Director of Administration & Fiscal Services

Description of Stakeholder Process

a) Description of the local stakeholder process including date(s) of the meeting(s):

The Santa Cruz County MHSA Steering Committee oversaw the community planning process for each of the MHSA components. The MHSA Steering Committee membership was selected with the intention of having a cross section of member representatives, including mental health providers, employment, social services, law enforcement, consumers, and family members, as well as representatives from diverse geographical and ethnic/racial/cultural populations. Oversight of MHSA activities was returned to the Local Mental Health Board receiving regular updates about MHSA activities. The County works closely with the Local Mental Health Board (which includes consumers, family members and other advocates), and meets regularly with the various mental health contract agency representatives.

The County had an extensive Community Services and Supports (CSS) Planning Process, when the Act was first passed. Additionally, the County conducted planning processes for the CSS Housing component, the Workforce Education & Training Component, the Prevention & Early Intervention Component, Innovative Projects Component, and the Capital Facilities & Information Technology Components. The Community Planning Process consisted of workgroups, surveys, key informant interviews, and focus groups. A special effort was made to include consumers and family members. Focus groups were held in both North County and South County, in English and in Spanish. The County has held numerous Town Hall meetings to provide updates, and hear from the community about the impact of the MHSA services.

In the summer of 2014, Santa Cruz County Mental Health & Substance Abuse Services launched a series of community meetings in order to develop a Mental Health Strategic Plan, which were held from September through January, 2015. The announcement of these meetings was disseminated to all stakeholders, as well as posted in three local newspapers each month. (Notes from these meetings were posted on our website.)

The initial meetings were held in September and allowed everyone to be heard by use of small discussion groups. They informed us about gaps in our services, and what (and how) services could be improved. The majority of the participants were adults aged 26 to 59 (72%), and thirty-seven (37%) identified as clients/consumers.

Based on a review of the participants in these meetings, we held focus groups for groups that were under-represented. The groups were: families, older adults, veterans/veteran advocates, LGBTQ youth, monolingual Spanish speakers, and transition age youth. Additionally, the Santa Cruz County Sheriff (Dave Hart) and the Behavioral Health Court Judge (Jennifer Morse) were interviewed as key informants.

On Tuesday, May 10, 2016 from 6-8 p.m. at Simpkins Swim Center in Santa Cruz and Thursday, May 12, 2016 from 6 to 8 p.m. at Watsonville High School, we provided information on MHSA, and focused on educating the community on the new PEI regulations.

On Tuesday, September 13, 2016, we held a Town Hall meeting at Aptos Village Park, in which we reviewed MHSA, and gave updates regarding programs and funding reductions. All of these meetings were announced via emails and announcements in the local newspapers.

b) General description of the stakeholders who participated in the planning process and that the stakeholders who participated met the criteria established in section 3200.270:

The County works closely with the Local Mental Health Board, contract agency representatives, family members, NAMI, consumers, Mental Health Client Action Network (MHCAN), Mariposa Wellness Center, agencies representing underserved communities (the Diversity Center, Queer Youth Task Force, Barrios Unidos, Migrant Head Start), community based agencies (such as Encompass, Front Street Inc., Pajaro Valley Prevention & Student Assistance, Family Services), educational institutions, social services, probation, juvenile detention, county jail, law enforcement, community resource centers, employment and health**.**

In May 2016, we had two stakeholder meetings that focused on the new Prevention & Early Intervention regulations. There were 29 participants, which represented a range of stakeholders, including consumers, family members and providers. On September 13, 2016, we had a Town Hall meeting to discuss and get input on MHSA, as well as inform the public on State regulations that will be affecting the funding. Fifty-six persons signed in, and a few others declined to sign in. The group represented community service providers, such as MHCAN, Community Connection, Encompass, Pajaro Valley Prevention & Student Assistance, Applied Survey Research, County Office of Education, NAMI, Front Street, and the County. There was also a large presence of clients/consumers. The demographic breakdown of those that signed in for the September 13, 2016 Town Hall meeting is below.

AGE	
Under 15	2
16-25	3
26-59	41
60+	6
Blank	4

Gender	
Man	23
Woman	29
Other	2
Blank	2

Language	
English	42
Spanish	-
English & Spanish	12
Other	-
Blank	2

Ethnicity	
Black/African American	1
Latino	8
White	27
Native American	3
Asian	1
Arabian	1
Mixed	6
Other	3
Blank	6

Of those identifying as "Mixed", one identified as Native/White, another as Latino/Mixed

Group Representing	
Client	25
Family	7
Law Enforcement	0
Social Services	6
Veteran/Vet Advocate	1
Education	3
Health Care	2
Mental Health provider	22
AOD service provider	3
General Public	5
Other	2
Press	1
Blank	4

Note: Some people indicated they represented more than one group.

c) The dates of the 30 day review process:

The draft plan of the MHSA update was available for review and comment from September 19, 2016 to October 19, 2016. The Innovative Projects draft plan was posted for 30 days as well (from November 14 to December 14, 2016).

d) Methods used by the county to circulate for the purpose of public comment the draft of the annual update to representatives of the stakeholders interests, and any other interested party who requested a copy of the draft plan:

The MHSA draft plan and the Innovative Project Plan were distributed to the Local Mental Health Board, contractors, and to other stakeholders. They were also posted on our Internet site, and made available in hard copy to anyone who requested it. We placed two ads in the Santa Cruz Sentinel, the Watsonville Pajaronian, and the Aptos Times to inform the community at large of their availability.

e) Date of the Public hearing held by the local Mental Health Board:

The Public Hearing for the MHSA Annual Update was held on October 20, 2016 at 3:00 p.m. at 1400 Emeline Avenue, room 207, Santa Cruz, California. The Public Hearing for the Innovative Project was held on Thursday, December 15, 2016.

f) Summary and analysis of substantive recommendations received during the 30-day public comment period and description of substantive changes made to the proposed plan:

The only comments and questions of the MHSA draft plan were related to the new Innovative Project. The initial MHSA draft plan did not include a full description. The new Innovative draft plan was posted subsequently for 30 days. There were no substantive recommendations.

Mental Health Services Act (MHSA) Programs

In 2004, California passed Proposition 63, known as the Mental Health Services Act.

Three components of MHSA focus on direct clinical services:

- Community Services and Supports (CSS),
- Prevention and Early Intervention (PEI), and
- Innovative Programs (INN).

Three components focus on infrastructure:
(Note: direct client services are not allowed in infrastructure components.)

- Workforce Education and Training (WET),
- Capital Facilities, and
- Information Technology.

Description of county demographics such as size of the county, threshold languages, unique characteristics, etc.

The population in Santa Cruz County is 267,203 according to 2014 estimates. In Santa Cruz, the breakdown of the population by race is 58.7% are White (Not of Latino origin), Latinos make up 32.7% of the county population, 1.7%, African-Americans, 1.7% are American Indian and Alaskan Native persons, and 6% are Asian. 12.2% of the population is over 65 years old; persons under 19 years comprised 25% of the population. The primary language in Santa Cruz County is English, with 31.6% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Slightly more than half of the population (50.3%) is female.

The Santa Cruz Mental Health Plan (MHP) is serving ethnic groups at comparable rates as reflected in the overall population. However, when comparing the Mental Health consumers against the Medi-Cal population the Mental Health Plan is falling short at serving Latinos. The Mental Health Plan appears to be serving Black and Asian consumers at comparable rates to their representation among Medi-Cal beneficiaries. White consumers are over-represented.

Cost Per Person Served:

The approximate cost for children served in the PEI prevention programs is $207 and $545 in the PEI early intervention programs. The approximate cost for children in CSS is $1,914. The approximate cost for adults served in the PEI prevention programs is $284, for PEI early intervention programs it is $334, for CSS it is $2,569, and INN is $4,043.

COMMUNITY SERVICES AND SUPPORTS (CSS)

This component is to provide services and supports for children and youth who have been diagnosed with or may have serious emotional disorders, and adults and older adults who have been diagnosed with or may have serious and persistent mental illness.

CSS Program #1: Community Gate

Purpose: The services of this program are designed to create expanded community-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances—but who are not referred from our System of Care public partner agencies (Probation, Child Welfare, Education).

The Community Gate is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. These services include assessment, individual, group, collateral, case management, and family therapy with the goal of improved mental health functioning and maintaining youth in the community. This may include the provision of mental health services at various community primary care clinics.

Community Gate services focus on ensuring timely access to Medi-Cal beneficiaries of appropriate mental health services and supports, as well as other community members. This results in keeping youth hospitalization rates down, as well as helping to keep at risk youth out of deeper involvement with Probation, Child Welfare, and Special Education, including ensuring alternatives to residential care.

Target Population: Children/youth suspected of having serious emotional disturbances. Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish.

Providers: The staff from Encompass (Youth Services), Family Services, and Santa Cruz County Mental Health & Substance Abuse Services provide the services in this work plan.

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Encompass: 147
Family Services: 105
Santa Cruz County Mental Health & Substance Abuse Services: 140

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? Hiring and retaining bilingual (and bicultural) clinicians is a challenge. We are working with Personnel to address this issue.

Are there any new, changed or discontinued programs? No.
Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16 which is attached.

CSS Program #2: Probation Gate

Purpose: The Probation Gate is designed to address the mental health needs (including assessment, individual, collateral, group, case management, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. This program is also designed to increase dual diagnosis (mental health/substance abuse) services to these individuals. The System of Care goal (shared with Probation) is keeping youth safely at home, rather than in prolonged stays of residential placement or incarcerated in juvenile hall. We have noted that providing more access to mental health services for at-risk youth in the community via our contract providers BEFORE the youth become more deeply involved in the juvenile justice system has helped to keep juvenile rates of incarceration low.

To achieve our goal we have increased dual diagnosis (mental health/substance abuse) services for youth that are:

- Identified by Juvenile Hall screening tools (i.e., MAYSI) with mental health and substance abuse needs that are released back into the community.
- In the community and have multiple risk factors for probation involvement (with a primary focus on Latino youth).
- Services to Transition-age youth (TAY) in the Probation population (particularly as they age out of the juvenile probation system).
- Services to Probation youth with high mental health needs, but low criminality.

These community based services help provide alternatives to residential levels of care, including minimizing lengths of stay in juvenile hall and keeping bed days low.

Target Population: Youth and families involved with the Juvenile Probation system or at risk of involvement. This includes Transition-age youth aging out of the system with particular attention paid to addressing the needs of Latino youth and families**.**

Providers: The staff from PajaroValley Prevention & Student Assistance (PVPSA), and Encompass provide the services in this work plan.

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Pajaro Valley Prevention & Student Assistance: 125
Encompass: 169

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? Hiring and retaining bilingual (and bicultural) clinicians is a challenge. We are working with Personnel to address this issue.

Are there any new, changed or discontinued programs? No.

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16 which is attached.

CSS Program #3: Child Welfare Services Gate

Purpose: The Child Welfare Gate goals are designed to address the mental health needs of children/youth in the Child Welfare system. We have seen a significant rise in the number of younger foster children served in the 2-10 year old range, and particularly in the targeted 0-5-age range. To address these needs we will continue to provide:

- Consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues.
- Services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).
- Provide increased services, including expanded services for the 0 to 5 -child populations. These services include assessment, individual, group, collateral, case management, family therapy and crisis intervention.
- Services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.

By ensuring comprehensive screening and assessment for foster children, we are assisting in family reunification and permanency planning for court dependents, helping them perform better in school, minimize hospitalization, and keep children in lowest level of care safely possible.

Target Population: Children, youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish.

Providers: The staff from Parent Center, Encompass, and Santa Cruz County Mental Health & Substance Abuse Services provide the services in this work plan.

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Parent Center: 30
Encompass (ILP): 27
Santa Cruz County Mental Health & Substance Abuse Services: 195

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? Hiring and retaining bilingual (and bicultural) clinicians is a challenge. We are working with Personnel to address this issue.

Are there any new, changed or discontinued programs? No**.**

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

CSS Program #4: Education Gate

Purpose: This program is designed to create school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances. In addition, specific dual diagnosis (mental health/substance abuse) service capacity has been created and targeted to students referred from Santa Cruz County's local schools, particularly those not referred through Special Education.

The Education Gate goal is to address the mental health needs of children/youth in Education system at risk of school failure by

- Providing mental health services to children/youth with serious emotional disturbance (SED) at school sites, particularly at-risk students referred from local SARB's and the county's County Office of Education's alternative schools.
- Providing assessment, individual, group, collateral, case management, and family therapy services.
- Providing consultation and training of school staff in mental health issues regarding screening and service needs of students with SED

Targeting specific referral and linkage relationships with the County Office of Education's Alternative School programs has helped target at-risk students not eligible for special education services, but still in need of mental health supports. Education Gate services are particularly helpful in reaching out to our local Alternative Schools students who do not qualify for special education services and are at risk of escalation into Probation and Child Welfare services.

Target Population: Children/youth in Education system at risk of school failure. Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served. Services are offered to males and females, and are primarily in English and Spanish.

Providers: Santa Cruz County Mental Health & Substance Abuse Services staff provides the services in this work plan.

Number of individuals to be served each year:
The unduplicated number of individuals to be served by program is:
Santa Cruz County Mental Health & Substance Abuse Services: 38

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? No.

Are there any new, changed or discontinued programs? No.

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

CSS Program #5: Special Focus: Family & Youth Partnerships

Purpose: This MHSA contract is designed to expand Family and Youth Partnership activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care, to provide support, outreach, education, and services to parent and youth services in our System of Care. Family partners have become increasingly integrated parts of our interagency Wraparound teams serving youth on probation at-risk of group home placement.

The support, outreach, education, and services include:

- Community-based agency contract to provide parent and youth services in our System of Care, and
- Capacity for youth and family advocacy by contracting for these services with a community bases agency. Emphasis is on youth-partnership activities.
- Rehabilitative evaluation, individual, collateral, case management, and family counseling.

Having family partners integrated into our Wraparound teams has provided invaluable peer resources for these families. It has helped parents navigate the juvenile justice, court, and health service systems and provided a peer-family advocacy voice. Similarly, the youth partnership program at Encompass has made significant progress in reaching out to LGBTQ youth through the STRANGE program and Diversity Center activities.

Target Population: Families and youth involved in our Children's Mental Health System of Care in need of family and youth partnership activities**.** Services are offered to males and females, are primarily Caucasian or Latino, and speak English and/or Spanish.

Providers: The staff from Encompass (Youth Services) and Volunteer Center- Family Partnerships provide the services in this work plan.

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Encompass (outreach & engagement): 86
Volunteer Center/Family Partnerships: 12

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? No.

Are there any new, changed or discontinued programs? Yes. The Contractor has more targeted services to the LGBTQ youth, and to foster care youth. They are utilizing their staff resources in a different manner in order to provide better services.

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

CSS Program #6: Enhanced Crisis Response

Purpose: This work plan provides enhanced 24/7 supports to adults experiencing significant impact to their level of functioning in their home or community placement to maintain functioning in their living situation, or (2) in need or at risk of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

The Santa Cruz County Mental Health and Substance Abuse Program is committed to a person-centered recovery vision as it's guiding principles and values; central to this is the notion that every individual should receive services in the least restrictive setting possible. We enable individuals to avoid or minimize the disruption and trauma of psychiatric hospitalization and/or incarceration while maintaining their safety in a supportive, safe, and comfortable environment. Additionally, we provide individualized attention and a "compassionate presence" for individuals in need on a 24/7 basis.

To accomplish the above, we provide the following services:

1. **Telos.** This is a licensed crisis residential program for the purpose of providing voluntary alternatives to acute psychiatric hospitalization, and its primary function is hospital diversion. Individuals are referred directly from the community, from the Crisis Stabilization Program at the Santa Cruz County Behavioral Health Center and as "step-down" from the Psychiatric Health Facility. The "step down" intention is to reduce the length of time an individual spends in locked care and provide a safe environment to continue to recover prior to returning to the community.
2. **Enhanced Support Service (ESS).** This team assists adult Full Service Partnerships and other System of Care consumers maintain the least restrictive care by providing intensive wrap around services. Aggressive supports are provided to individuals experiencing crisis in the community to allow individuals to stay in the least restrictive environment safe for the situation. This service continues to allow individuals to recover from a crisis in the community, preventing unnecessary hospitalizations or escalated treatment services. Services are available after hours and on weekends.
3. **El Dorado Center (EDC).** This is a residential treatment program with capacity to provide sub-acute treatment services to individuals returning to the community from a locked care setting. The treatment is guided by recovery oriented and strength based principles. Staff collaborates with residents in identifying their strengths, skills and areas they want to improve upon as they continue the healing process in preparation for transitioning back to community living.
4. **River Street Shelter.** This is an emergency shelter for homeless adult men and women. The shelter is a clean and sober environment where residents can begin or continue the process of rebuilding their lives, maintaining sobriety, and reconnecting with the community as they move towards ending homelessness. River Street Shelter staff provides expertise and specialized services for individuals with psychiatric disabilities and substance abuse challenges. Staff works individually with residents to assist them in connecting with community resources for obtaining benefits, physical health services, employment, and housing. Specialized counseling is available for those residents with mental health and

substance abuse issues, to support them in maintaining psychiatric stability and achieving individualized goals.

5. **Specialty Staffing.** The focus is to link individuals to services in the community to avoid hospital utilization, if possible. One staff person functions as a "re-entry specialist" for the Adult Wrap team, and the others provide Crisis Response at our walk-in service at Access.

Target Population: Individuals 18 and older diagnosed with a serious mental illness at high risk of crisis. Clients are primarily White or Latino, male or female, and speak English and/or Spanish.

Providers:

- For Telos: Encompass
- For Enhanced Support Service (ESS) team: Encompass
- For El Dorado Center (EDC): Encompass
- River Street Shelter: Encompass
- For Specialty Staffing: Santa Cruz County Mental Health & Substance Abuse Services

Number of individuals to be served:
The unduplicated numbers of individuals to be served by program are:
Encompass-Telos: 100
Encompass-Enhanced Support Services Team: 60
Encompass- El Dorado Center: 80
Encompass- River Street Shelter: 100
SC MHSAS: 100

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?
The above programs continue to provide intensive support services to individuals in crisis.

Are there any new, changed or discontinued programs?
No.

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

CSS Program #7: Consumer, Peer, & Family Services

Purpose: These services and supports are intended to provide peer support, which is empowering and instills hope as people move through their own individual recovery process. Services are available countywide and are culturally competent, recovery oriented, peer-to-peer and consumer operated. This plan includes

1. **Peer Recovery Services.** This is located in Santa Cruz at the Mental Health Client Action Network (MHCAN) self-help center. It is a client-owned and operated site that offers a menu of services for persons in the early stages of mental illness to "graduates" of mental health services, including peer support and TAY Academy.
2. **Mariposa**. This Wellness Center is located Watsonville. Mariposa Offers a variety of activities and support services for adult mental health consumers and their families, as well as for outreach activities. Activities include employment services, therapy, groups, and medication management.
3. **Peer supports.** Consumers work with the teams to build relationships with consumers and address isolation and socialization issues in the community.

Target Population: The priority population for these services includes transition age youth, adults and older adults, males and females, with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

Providers:

- For North county Wellness: Mental Health Consumer Action Network
- For Mariposa: Community Connection/Volunteer Center
- For Peer Supports: Mental Health Consumer Action Network

Number of individuals to be served each year:

The unduplicated numbers of individuals to be served by program per quarter are:

- MHCAN: 700
- Mariposa: 80

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?

No.

Are there any new, changed or discontinued programs?

No.

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

CSS Program #8: Community Support Services

Purpose: The services and strategies in this work plan are designed to advance recovery goals for all consumers to live independently, to engage in meaningful work and learning activities that are central to enhancement of quality of life. Participants will be enrolled in Full Service Partnership (FSP) Teams. FSPs are "partnerships" between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff.

To accomplish the above, the Recovery Team and South County Adult Team have been restructured to now provide intensive wrap around services to prevent acute hospitalizations and assist in moving consumers to the least restrictive setting and out of higher levels of care. The teams provide case management, psychiatry, psychotherapy, occupational therapy and an additional array of recovery-oriented supports that include linkage to housing, employment and education.

The Housing Support Team provides services and supports to adults living independently to help them maintain their housing and mental health stability. The team consists of an interagency collaboration of County staff (Housing Coordinator and an occupational therapist), Front Street staff (housing case management, occupational therapist, RN, and peer counselor), Community Connection staff (employment specialist and peer counselor), and Encompass case managers.

The supportive employment activities include the development of employment options for clients, competitive and non-competitive alternatives, and volunteer opportunities to help consumers in their recovery.

The supportive education services include the support for consumers attending Cabrillo College via the "College Connection" program.

We also provide Adult care facility beds with providing 24/7 care, bi-lingual, bi-cultural services. The Board and Care facilities include Wheelock, Willowbrook, and Front Street.
Opal Cliffs provides an adult residential setting to provide intensive supervision and support to individuals returning from Locked Care settings to prepare to re-integrate into housing and community services.

Target Population: The priority population for these services includes transition age youth, adults, and older adults with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

Providers: The staff from Front Street, Encompass, Volunteer Center/Community Connection and Santa Cruz County Mental Health & Substance Abuse Services provide the services in this work plan. These providers work collaboratively and comprise a multi-disciplinary team.

- Front Street provides: Supported Housing (case management), Wheelock (Residential), Wheelock (Outpatient), Willowbrook, and Housing /Property Management.
- Encompass provides Housing Support (case management)

- Volunteer Center/Community Connection provides Housing Support (employment & education focus) and Opportunity Connection (pre-employment services, including peer support).
- Santa Cruz County Mental Health & Substance Abuse Services staff provides case management services.

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Front Street- Supported Housing: 90
Front Street- Wheelock (Residential & Outpatient): 20
Front Street- Willowbrook: 20
Front Street- Housing/Property Management: 40
Front Street- Opal Cliff: 15
Encompass- Supported Housing: 60
Volunteer Center/Community Connection-Housing Support (employment): 50
Volunteer Center/Community Connection-Opportunity Connection: 7**0**
Volunteer Center/Community Connection-College Connection: 25
Santa Cruz County Mental Health & Substance Abuse Services: 600

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? No.

Are there any new, changed or discontinued programs?
No.

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

COMMUNITY SERVICES AND SUPPORTS: HOUSING

This component is to offer permanent supportive housing to the target population, with no limit on length of stay. The target population is defined as very low-income adults, 18 years of age and older, with serious mental illness, and who do not have stable permanent housing, have a recent history of homelessness, or are at risk for homelessness.

Nuevo Sol located in Santa Cruz has 2 units for adults 18 and over who were chronically homeless. These units are accessed through our partnership with Homeless Persons Health Project. Nuevo Sol was the first project in the State to use the Governor's Homeless Initiative funding, tied to MHSA for services and also the capitalized subsidy reserve.

The County has developed housing at Bay Avenue Apartments, Capitola. The Bay Avenue project provides five MHSA units for seniors 60 years and older, at risk of homelessness. "Aptos Blue" opened in February 2014, and it provides five MHSA for adults with mental illness who are homeless, or at risk of homelessness. County staff also developed Lotus Apartments for six transition age youth and adults located mid county. These units are owned and operated by a local non-profit Encompass in partnership with the County MHSA and a property management agency. All referrals and supports to MHSA housing come from a FSP team.

A program requirement for these services is that persons be without stable housing or at risk of becoming homeless. The Housing Support team has worked intensively to both educate the client and mitigate any problem issues that might lead to eviction notices with the property manager.

In order to ensure that the potential tenants have appropriate skills and supports for independent housing, the County has developed these General Screening and Evaluation Requirements:

1. The applicant(s) must be able to demonstrate that his/her conduct and skills in present or prior housing has been such that the admission to the property would not negatively affect the health, safety, or welfare of other residents, or the physical environment, or financial stability of the property.
2. Positive identification with a picture will be required for all adult applicants (photocopy may be kept on file). Eligible applicants without picture identification will be supported by County Mental Health or other service providers to obtain one. For purposes of the application, a receipt from the DMV showing an application for an ID will be sufficient. If deferred, the final picture identification will be required at the time of move-in.
3. A complete and accurate Application for Housing that lists a current and at least one previous rental reference, with phone numbers will be required (incomplete applications will be returned to the applicant). Applicants must provide at least 2 years residency history. Applications must include date of birth of all applicants to be considered complete. Requests for Consideration will be considered for MHSA applicants whose disability may result in insufficient or negative references.
4. A history of good housekeeping habits.
5. A history of cooperation with management regarding house rules and regulations; abiding by lease terms; and care of property.

6. Each applicant family must agree to pay the rent required by the program under which the applicant is qualified.
7. A history of cooperation in completing or providing the appropriate information to qualify an individual/family for determining eligibility in affordable housing and to cooperate with the Community Manager.
8. Any applicant that acts inappropriately towards property management staff or is obviously impaired by alcohol or drugs, uses obscene or otherwise offensive language, or makes derogatory remarks to staff, may be disqualified
9. Applicants must agree that their rental unit will be their only residence. When applicants are undergoing income limit tests, they are required to reveal all assets they own including real estate. They are allowed to own real estate, whether they are retaining it for investment purposes as with any other asset, or have the property listed for sale. However, they may never use this real estate as a residence while they live in an affordable housing unit.

Other Screening Criteria include:
1. Income / Assets
2. Credit and Rental History
3. Criminal Background
4. Student Status

PREVENTION & EARLY INTERVENTION - PEI

The intent of this component is to engage persons prior to the development of serious mental illness or serious emotional disturbances, or in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment. The County's PEI Plan has four major projects.

PEI Project #1: Prevention and Early Intervention Services for Children

These projects serve children and youth from stressed families, early onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing help with parental/supervision skills, or affected by substance use/abuse, and/or whose children/youth are exposed to violence, abuse, and /or neglect. The desire is to decrease the negative impact of these factors by offering mental health services to children/youth and their families.

PEI Project #1 has three strategies:

1. **0-5 Early Intervention Stanford Neurodevelopmental Foster Care Clinic**:
    - **Purpose**: Provides multi-disciplinary team early intervention mental health/family assessments for foster children aged 0-5, through a multi-agency funded clinic at the Stanford Children's Health Specialty Services site, and located in Santa Cruz County. The clinic is operational and running well. The program includes PEI supported mental health services, as well as in-kind and other agency contracted services for Stanford University specialist time from a developmental psychologist and a pediatrician.
    - **Target Population**: Foster children aged 0-5.
    - **Providers**: Santa Cruz County Mental Health & Substance Abuse Services
    - **Number of Individuals to be served each year**: 90
    - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** None.
    - **Are there any new, changed or discontinued programs?**

2. **Countywide Parent Education and Support:**

A. **The Positive Parenting Program (Triple P)**
    - **Purpose:** Triple P provides a five-tiered public health model of progressive mental health information, prevention, training, screening, and early intervention. It is an evidence-based practice increasingly deployed throughout California, addressing both prevention and early intervention needs.
    - **Target Population:** All Santa Cruz County families in need of public information about parenting skills and resources, as well as families needing various levels of enhanced training supports, and brief treatment.
    - **Providers:** First 5
    - **Number of individuals to be served each year:** 1300
    - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** None.

- **Are there any new, changed or discontinued programs?** No.

B. **Early Mental Health Consultation to Day Care (Side-by-Side):**
    - **Purpose**: Early childhood mental health consultation to day care providers, for prevention and early intervention with emerging emotional/behavioral issues demonstrated by young children in day care sites and state funded pre-schools, particularly those without other supports like Head Start. Goals are to prevent young children from being expelled from day care and pre-school settings, and to better prepare children/families for successful entry into kindergarten and elementary school.
    - **Target Population:** Children aged 3-5 in day care setting throughout the county.
    - **Providers:** First 5, Encompass (Early Childhood programs)
    - **Number of individuals to be served each year:** 30
    - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** None.
    - **Are there any new, changed or discontinued programs?** No.

C. **Primary Care Outreach & Consultation**:
    - **Purpose**: A prevention and early intervention service involving screening, training/guidance for physicians and health care professionals regarding mental health issues for the children, youth and families they serve in health care settings.
    - **Are there any new, changed or discontinued programs?** Yes. There was overwhelming feedback in the community meetings about the need for integrated services. We have removed this PEI service, but have expanded our Integrated Behavioral Health Services by partnering with the County Clinics to create and implement a new integrated behavioral health service within the County's primary care clinics in Santa Cruz and Watsonville. This is an expansion of our Medi-Cruz Advantage services that were in effect prior to the Affordable Care Act, and an expansion of the PEI Primary Care Outreach & Consultation. Integrated behavioral health is an innovative development and part of a national movement in healthcare that allows patients to access counseling and psychiatric services within the primary care setting. Models of care are collaborative and patient centered. Outcome studies indicate that such collaborative approaches lead to reductions in depression and chronic pain as well as improving overall health outcomes. MHSA and Clinics are pleased to offer these essential services to the community. This program serves youth and adults.

3. **School-based Prevention:**

A. **Culture-specific school-based prevention (Barrios Unidos)**:
    - **Purpose:** To provide culture-specific, school-based prevention services to students at risk of gang involvement, violence, culture alienation, and mental health conditions at key school sites in the county.

- **Target Population:** Students at risk of being suspended/expelled from school, and/or of involvement with Probation.
- **Providers:** Barrios Unidos
- **Number of individuals to be served each year**: 55
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No.
- **Are there any new, changed or discontinued programs?** No.

B. **School Mental health Partnership Collaborative (The County Office of Education)**:

- **Purpose**: Under the auspices of the Santa Cruz County Schools/Mental Health Partnership collaborative, to provide targeted prevention services to local schools through a range of evidence-based and promising practices (e.g., Positive Behavioral Intervention Services – PBIS) and LGBTQ targeted supports.
- **Target Population:** School sites, education personnel, and students throughout the county.
- **Providers:** The County Office of Education (COE) has subcontracted with Encompass, the National Alliance for the Mentally Ill (NAMI), the Diversity Center, the Live Oak Resource Center, and Positive Behavioral Interventions & Support.
- **Number of individuals to be served each year:** 1025
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** None.
- **Are there any new, changed or discontinued programs?** No.

C. Seven Challenges Dual Diagnosis Substance Abuse Groups:

- **Purpose**: Seven Challenges is a program that prevents further escalation of mental health issues among youth with co-occurring mental health and substance use disorders. It assists youth in evaluating the motivation behind and the impact of substance use in order to make wise decisions about future behavior. This is an early intervention program.
- **Target Population:** Youth who are at-risk of serious emotional disturbance due to use of alcohol and drugs.
- **Providers:** Encompass, Pajaro Valley Prevention & Student Assistance
- **Number of individuals to be served each year:** 40 clients per year.
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No barriers or challenges.
- **Are there any new, changed or discontinued programs?** No.

Performance Outcomes (Specify time period):

See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

PEI Project #2: Culture Specific Parent Education & Support
These projects help decrease the risk of violence, suicide, and other traumas that children and youth age 0 – 17 may be exposed to by providing education, skills-based training, early intervention and treatment referrals to parents, families, and children, that are in need of parental/supervision skills, are affected by substance abuse, and/or are exposed to violence, abuse, or neglect.

A. Cara y Córazon

- **Purpose**: Cara Y Corazón is a culturally based family strengthening and community mobilization approach that assists parents and other members of the extended family to raise and educate their children from a positive bicultural base.
- **Target Population:** parents, adults/caretakers, service providers, educators working with youth and/or children
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services oversees and coordinates the implementation of this program, and contracts with individual facilitators to carry out the groups.
- **Number of individuals to be served each year:** 175 adults
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** The Coordinator of the program has been on extended medical leave (from August to October), so there has been a delay in service delivery this year.
- **Are there any new, changed or discontinued programs?** No.

B. Jóven Noble

- **Purpose**: Jóven Noble is a youth leadership development program for boys. This 10-week rite of passage curriculum focuses on the process of reconnecting and maintaining a true essence of being a young person. Participants will be empowered through reflection, teachings and personal experiences to develop the interpersonal skills needed to maintain a true sense of purpose and direction in their lives. This program incorporates an approach and curriculum that is based on the philosophy that young men need other men, their family and community to care for, assist, heal, guide and successfully prepare them for true manhood.
- **Target Population:** Teen boys
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services oversees and coordinates the implementation of this program, and contracts with individual facilitators to carry out the groups.
- **Number of individuals to be served each year:** 80
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** The Coordinator of the program has been on extended medical leave (from August to October), so there has been a delay in service delivery this year.
- **Are there any new, changed or discontinued programs?** No.

C. Xinatchli

- **Purpose**: Xinatchli is a youth leadership development program for girls (Bill: say more here…). "Xinatchli" (Germinating Seed Curriculum) is a comprehensive bilingual/bicultural youth development process designed to provide adolescent female youth the guidance for healthy development into adulthood. Based on indigenous principles of the individual's interconnectedness to the family and the community, this curriculum provides a dialectic process of Reflexión (reflection), Creación (creation), Concientización (Awareness), and Acción (action) while supporting and building on the strengths of the individual.
- **Target Population:** Teen girls
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services oversees and coordinates the implementation of this program, and contracts with individual facilitators to carry out the groups.
- **Number of individuals to be served each year:** 80 Teen girls
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** The Coordinator of the program has been on extended medical leave (from August to October), so there has been a delay in service delivery this year.
- **Are there any new, changed or discontinued programs?** No.

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

PEI Project #3: Services for Transition Age Youth & Adults

These projects provide intensive treatment and education for family members when individuals are developing early signs of possible serious mental illness. Through consultation, training and direct service delivery, a broad menu of services will be offered by Peer Counselors, Family Advocates, and Licensed counselors and psychiatrists to transition age youth and their families.

PEI Project #3 has three proposed strategies:

1. **Early Intervention Services**
   A. **Employment Services:**
      - **Purpose**: To offer support for person's experiencing early signs and symptoms of mental illness, by meeting individual goals to improve quality of life, and integrate in a meaningful way into the community.
      - **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
      - **Providers:** Volunteer Center/Community Connection
      - **Number of individuals to be served each year:** 70
      - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No.
      - **Are there any new, changed or discontinued programs?** No.

   B. **Family Advocacy for Adults:**
      - **Purpose**: to answer calls from concerned individuals or family members who are concerned about their loved ones, and need assistance navigating the mental health system. Provide information and referrals.
      - **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
      - **Are there any new, changed or discontinued programs?** This has never been an MHSA funded program, so we will not be including this program in future updates.

   C. **Clinical Services:**
      - **Purpose**: To provide information, referrals, clinical assessments, and short-term therapy and case management for persons showing signs and symptoms of serious mental illness.
      - **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
      - **Providers:** Santa Cruz County Mental Health & Substance Abuse Services
      - **Number of individuals to be served each year:** 40
      - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** Methamphetamine abuse has increased in our community, which makes it has been difficult to differentiate mental illness and substance abuse.

D. Clinical Supports:

- **Purpose:** To provide money management, flex funds, and check distribution.
- **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
- **Providers**: Encompass and MHCAN
- **Number of individuals to be served each year**: 300

E. Serial Inebriate Project:

- **Purpose**: Early intervention services to avoid further penetration into the mental health system for persons with co-occurring mental health and substance abuse disorders by offering alternatives to jail and higher levels of care.
- **Target Population:** Persons with 5 or more public drunkenness arrests in the past six months who have co-occurring mental health disorders
- **Providers:** Janus, Encompass, Sobriety Works, and New Life Community Services
- **Number of individuals to be served each year:** 35 clients per year
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No barriers or challenges.

F. Mental Health Stabilization Beds:

- **Purpose**: Early intervention services to avoid further penetration into the mental health system for persons with co-occurring mental health and substance abuse disorders by offering alternatives to higher levels of care.
- **Target Population:** Persons with co-occurring disorders referred from mental health inpatient and other high-cost mental health treatment settings.
- **Providers:** Janus
- **Number of individuals to be served each year:** 25 per year.
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No barriers or challenges.

2. **Veterans' Advocacy and Service Coordination**:

- **Purpose**: The Veteran Advocate services veterans and their families throughout the County. The Veteran Advocate is responsible for brokering federal, state, and local programs to the veterans in the community. The focus is on providing needed services regardless of the veteran's discharge or benefit status. Individual case management, brokering of services and interface with the community-based organizations to assist with benefits, housing, health care, mental health and substance abuse treatment for veterans are developed and referred. The position also provides a vital community-organizing role linking various veteran service providers in efforts of service collaboration and education to the veteran community regarding available services. The Veteran Advocate provides both prevention and early intervention services.
- **Target Population:** Veterans and their families
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services

- **Number of individuals to be served each year:** 250
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No.

3. **Suicide Prevention services:**
   - **Purpose**: to provide educational presentations, grief support, and the suicide hotline. The Suicide Crisis Line is available 24 hours, 7 days per week for those who are suicidal or in crisis, as well as for community members who are grieving the loss of a loved one to suicide, are concerned about the safety of another person, or are looking for assistance with finding community resources. Outreach presentations and trainings (which help to reduce stigma, raise awareness, and promote help seeking) are provided regularly throughout the County to a range of different at risk groups, stakeholders, and service providers for various populations (including domestic violence prevention, professional and peer mental health support organizations, etc.). One focus of community outreach activities continues to be reaching groups who are higher at risk than in the general population – for example, survivors of suicide loss are up to forty times more likely to die of suicide than others. Suicide Prevention provides prevention and early intervention services.
   - **Target Population:** Everyone in Santa Cruz County.
   - **Providers:** Family Services of the Central Coast
   - **Number of individuals to be served each year:** 2,200
   - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

4. **Peer Respite:**
   - **Purpose**: Early interventions for persons post an acute hospitalization for the first time. This program provides peer perspective and education that reduces stigmatization. Utilizes 100% peer staffing that promotes problem solving, personal choice, non-coercive supports, linkage with employment, education, health and other resources in the community. Promotes maintaining ones independence in the community. Offers a home like setting in the community for up to 6 guests who are experiencing increased symptoms and challenges that if unsupported could result in a hospitalization.
   - **Target Population:** Transition age youth, adults, and older adults
   - **Providers:** Encompass
   - **Number of individuals to be served each year:** 40
   - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate**? No

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

PEI Project #4: Services for Older Adults

These strategies address the high rates of depression, isolation and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior's isolation and challenges in accessing appropriate care.

PEI Project #4 has these proposed strategies:

1) **Field Based Mental Health Training and Assessment Services**
   - **Purpose**: To provide (early intervention) mental health assessment and short-term services to older adults where they reside. To provide (prevention) trainings to service providers, outreach to seniors, and early intervention services.
   - **Target Population:** Older adults (age 60 and above) at risk.
   - **Providers:** Santa Cruz County Mental Health & Substance Abuse Services
   - **Number of individuals to be served each year:** 24
   - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** We need more staff. However, we do not have the funding to hire.

2) **Brief Therapy:**
   - **Purpose**: Brief therapy (early intervention) for seniors at risk of mental illness
   - **Target Population:** Older adults (age 60 and above).
   - **Providers:** Family Services
   - **Are there any new, changed or discontinued programs?** Yes. The provider of this services informed the County that MHSA funds are not needed for this program. They continue to provide this service, and the services are available to County referred clients. The provider is able to bill Medicare for provision of these services.

3) **Senior outreach:**
   - **Purpose**: Outreach for isolated seniors. This is both an early intervention and prevention program.
   - **Target Population:** Older adults (age 60 and above) at risk.
   - **Providers:** Family Services Agency
   - **Number of individuals to be served each year:** 18
   - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No
   - **Are there any new, changed or discontinued programs?** No.

4) **Peer Companion:**
   - **Purpose**: provides outreach and peer support to reduce isolation and increase socialization. This is an early intervention service.
   - **Target Population:** Older adults (age 60 and above) at risk.

- **Providers:** Senior Council
- **Number of individuals to be served each year: 35**
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No
- **Are there any new, changed or discontinued programs?** No.

5) **Warm Line:**
   - **Purpose**: Provides quick telephone screening and referrals to senior resources for persons seeking service for older adults. This is a prevention service.
   - **Target Population:** Older adults (age 60 and above) at risk.
   - **Providers:** Senior Network Services
   - **Number of individuals to be served each year**: 125
   - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No
   - **Are there any new, changed or discontinued programs?** No.

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/15 to 6/30/16, which is attached.

Prevention & Early Intervention: UPDATE

The Mental Health Services Oversight Accountability Commission (MHSOAC) changed the requirements in this MHSA component. The regulations that were made effective October 6, 2015 and the programmatic changes will be reflected beginning July 1, 2016. The information below covers the key concepts of the new regulations.

What is the purpose of the Prevention and Early Intervention (PEI) component?

The intent is to prevent mental illness from becoming severe and disabling. The PEI plan must include at least one of the following **programs**: Prevention; Early Intervention; Outreach for Increasing Recognition of Early Signs of Mental Illness; Stigma and Discrimination Reduction; and one Access and Linkage to Treatment program or Timely Access to Services for Underserved Populations. The PEI component may include one or more Suicide Prevention programs. If programs are combined, the County shall estimate the percentage of funds dedicated to each program.

Definition of Programs:

Prevention: A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Examples of risk factors include, but are not limited to serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins (including in the womb), poverty, family conflict or domestic violence, experience of racism and social inequality, having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

- Santa Cruz County Prevention Programs: Triple P, 7 Challenges, County Office of Education (PBIS, Live Oak Community Resource Center and the Diversity Center), Cara y Corazón, Jóven Noble, Xinachtli, Community Connection Employment, Veteran Advocate, and Peer Companion (for older adults).

Early Intervention: 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. Early intervention shall not exceed 18 months, unless the person is identified as experiencing first onset of a serious mental illness, or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years. Serious mental illness or emotional disturbance with psychotic features means schizophrenia spectrum, other psychotic disorders, and schizotypal personality disorder. These disorders include abnormalities in one of the five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia, and negative symptoms).

- Santa Cruz Early Intervention Programs: 0-5 Screening, Side by Side, and County Mental Health screening and early intervention.

Outreach for Increasing Recognition of Early Signs of Mental Illness: A process of engaging, encouraging, educating, an/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Potential responders include, but are not limited to families, employers, primary health care providers, law enforcement, and school personnel. Outreach may include reaching out to

individuals with signs and symptoms of a mental illness so they can recognize and respond to their own symptoms.

- Santa Cruz Outreach programs: Field based training & assessment, Senior Outreach.

Stigma and Discrimination Reduction: Activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

- Santa Cruz Stigma and Discrimination Reduction programs: NAMI

Access and Linkage to Treatment: A set of related activities to connect children, adults and seniors with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs. Examples include screening, assessment, referral, telephone help lines, and mobile response.

- Santa Cruz Access & Linkage programs: Mobile Crisis, Warm Line.

Suicide Prevention: Organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This program does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Programs include, but not limited to, public and targeted information campaigns, suicide prevention hotlines, training, and education.

- Family Services Agency

Evaluation:
An evaluation of each program must be provided to include name of program, strategies used, outcomes and indicators, description of the approaches used to select the outcomes and indicators, data collection, and evaluation results. Each program has specific requirements set forth by the MHSOAC.

The following Strategies are to be used in each of the above programs:

1. **Access and Linkage:** Connecting people with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including but not limited to care provided by county mental health programs.
2. **Timely Access to Mental Health Services for Underserved Populations (individuals and families)**: Increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available and cost of services.
3. **Stigma and Discrimination reduction**: Promoting, designing and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming and positive.

The County shall use the following Effective Methods to produce intended outcomes:

1. **Evidence-based practice standard:** Activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.
2. **Promising practice standard:** Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.
3. **Community and/or practice-based evidence standard:** A set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and/or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

Demographic Information:
The Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, and the Access & Linkage to Treatment Programs all require collection of demographic information. The demographic information is more extensive than previous demographic requirements. The Stigma & Discrimination Reduction and the Suicide Prevention Programs do not have this requirement.

Funding requirement for Prevention and Early Intervention component:
At least fifty-one (51%) of PEI plan budget must be dedicated to individuals who are 25 years old or younger. Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting this requirement.

INNOVATIVE PROJECTS-

Project Name: Avenues: Work First for Individuals with Co-Occurring Disorders

Purpose: The intent of this component is to increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; and/or to increase access to services. The County's work plan name is "Avenues: Work First for Individuals with co-occurring disorders".

"Avenues: Work First for Individuals with Co-Occurring Disorders" is a "Work First" approach as a core treatment modality for co-occurring disorders. The innovation is to engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals' symptoms. It is designed after a philosophy and model known as "Housing First." The Housing First approach centers on providing homeless people with housing quickly and then providing services as needed. In this proposal we will take a similar approach emphasizing work as a motivating and protective factor. This innovative program expects to have more positive outcomes by offering "natural" activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self-described goals.

Target population: Transition age youth and adults. This includes persons with severe and chronic mental illness; persons who abuse alcohol and drugs whose mental health issues interfere with their ability to achieve stable recovery and put them at risk of homelessness, jail and/or hospitalization;

Providers: The Volunteer Center/Community Connection (employment preparation), Encompass (Casa Pacific), and the Community Action Board- Community Restoration Project (Work Crew).

Number of individuals to be served in 2014-2015:
The unduplicated numbers of individuals to be served by program are:
Volunteer Center/Community Connection: 45
Encompass: 30
CAB/Work Crew: 32

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?
No

Are there any new, changed or discontinued programs?
This Innovative Project ended on June 30, 2016.

Performance Outcomes (specify time period):
Applied Research Survey (ASR) report is attached.

INNOVATIVE PROJECTS-

Project Name: Integrated Health and Housing Supports (IHHS)

Project Overview:

1) **Primary Problem**
   a) **What primary problem or challenge are you trying to address?**
   Santa Cruz County has a long standing challenge of limited affordable housing for the general population, but the issue is exacerbated for individuals with psychiatric disabilities that depend on a social security income of $890 to $1145 (determined according to work history). Current fair market rent for a one bedroom unit for a single adult is $1500 per month in Santa Cruz County. Permanent Supported Housing programs have been established to address the needs of this population, providing a combination of rental assistance and housing supports for individual participants, but individuals with co-occurring medical conditions disproportionately remain in locked Mental Health Rehabilitation Centers and Board and Care facilities due to the need for monitoring of health and other health conditions. Santa Cruz County Mental Health and Substance Abuse Services is committed to supporting consumers to live in the least restrictive setting in the community with a model based on Evidence based housing programs, combined with enhanced support for other health conditions.

   b) **Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county.**
   Santa Cruz County conducted an extensive community engagement process to develop our Mental Health Strategic Plan. Stakeholders actively engaged in community meetings and focus groups to help us identify the gaps and needs in the mental health service spectrum. The largest necessities identified were housing, peer services and expanded integrated behavioral healthcare models. This feedback inspired us to create a new innovative model for Integrated Health and Housing Supports that creates permanent housing for individuals with co-occurring medical conditions in a less restrictive setting than locked Mental Health Rehabilitation Centers or Board and Care facilities, and provides peer supports for living in the community. Santa Cruz County plans to utilize INN funding to use a scattered site model of master leased properties through a contract provider, Front Street, Inc. to develop housing stock for mental health consumers. In addition INN funding will be used to provide robust Housing Support Services with an Integrated Health approach to directly monitor consumers in their housing leveraging the use of technology. The Integrated Health and Housing Supports will include the use of an electronic telehealth monitoring device in the home that links to nursing monitoring and support. Case management and peer support will be provided to attend to daily living needs and community engagement.

   In addition to the opportunity to redesign a model of Supported Housing to an innovative approach to support consumers in housing, Santa Cruz County MHSAS 2015 Strategic Plan identified independent housing for individuals with co-occurring disorders as a need:

"Increase access to a full range of safe and affordable housing with the needed supports in place to ensure successful community placement for individuals in the community.
Factors to Consider:

- *Independent living settings integrated within community reduce the unnecessary use of higher level of care settings, such as locked care, that inflate cost of care.*
    - *Services should be available in people's homes or supported housing programs.*
    - *Specialized housing programs for women, couples, and individuals who may have pets.*
    - *Independent housing options for young adults.*

Potential Strategies and Solutions:

- *There is a need for safe, affordable housing using a Housing First Model for adults who have a serious/chronic mental illness and/or a co-occurring disorder for whom the appropriate level of care includes supported housing.*
- *Housing supports need to be increased to provide the appropriate levels of outreach in order to support community tenure for individuals in housing, using an Evidence Based Housing model." (1)*

Santa Cruz County MHSAS has prioritized the development of strategies for consumers living independently in the community with adequate supports, including individuals with co-occurring medical conditions that need to be monitored.

2) What Has Been Done Elsewhere To Address Your Primary Problem?
"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (*CCR, Title 9, Sect. 3910(b)*).

Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

Santa Cruz County is seeking to combine a number of approaches to assist consumers in succeeding in community-based independent housing. First is utilizing the Permanent Supported Housing model, but adding an integrated health model that would allow home-based telehealth monitoring and care for consumers with health conditions such as diabetes, obesity, hypertension and COPD. By providing an electronic telehealth monitoring device in the home, the consumer could monitor specific health conditions, linked to a confidential and HIPAA compliant web-based program to communicate with nursing staff. In person nursing and case management staff would be part of the Integrated Health Supported Housing Team. Finally the

Integrated Health Supported Housing team would include peers trained in Intentional Peer Support (IPS) to provide skills building, social engagement and modeling for community integration.

Permanent Supported Housing developed as a community-based housing model in the mid 1990's relative to housing homeless individuals with mental illness. It has since been identified as an Evidence Based Practice for this population. In a study published in "Psychiatric Services" on January of 2015, a meta-analysis was conducted of 30 studies of 44 housing interventions that included more than 13,000 individuals, provided the following information:
"Our meta-analysis showed that permanent supported housing is receiving increasing attention. It achieves stable housing, and residents are very satisfied with it. The latter finding is not surprising given the low-demand, flexible nature of most permanent supported housing interventions. In concept, permanent supported housing can cost-effectively provide any housing-service bundle required to meet consumers' needs and achieve any outcome as well as or better than any other housing model." (2)

Successful Permanent Supported Housing programs exist throughout the nation, California and here in Santa Cruz County. We intend to provide an innovative approach of monitoring health conditions of consumers with co-occurring conditions as a significant portion of the Supported Housing service. In a research article published in the "Journal of Mental Health", in 2015, researchers Sarah I. Pratt, et al (3) conducted a study of individuals with serious mental illness and their utilization of an automated telehealth intervention. They cited the disproportionately high use of emergency room visits and hospitalization by individuals with mental illness. The individuals studied were provided with an automated telehealth device in their homes to monitor health conditions and the device was monitored by a nurse care manager. The results indicated an 82% decrease in hospital admissions and 75% decrease in Emergency Room visits. The participants also self-reported an improved quality of life.

Santa Cruz County MHSAS has operated a Peer Respite Care Service, Second Story, since 2010 when we were awarded a SAMHSA transformation grant. Encompass Community Services is the contract partner that operates the program for the County. Second Story was one of the first peer residential programs in California and one of the first in the county (now one of 16 nationally). The program is staffed entirely by peers trained in Intentional Peer Support (IPS), a promising practice and trauma-informed service delivery paradigm emphasizing mutuality, reciprocity and growth. The focus of IPS is to build community-oriented supports rather than create formal service relationships. Leveraging our own community's experience with peer services and IPS as a model, Santa Cruz County intends to add peers as a foundational component of the Integrated Health Supported Housing model.

3) The Proposed Project
Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the

development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

The proposed Innovative Project for Santa Cruz County is an Integrated Health Supported Housing (ISHS) program utilizing wraparound peer support. Program participants will be up to 60 consumers annually who (1) have co-occurring psychiatric and other health conditions, and (2) have a primary care physician in the County operated Federally Qualified Health Clinic and (3) require housing supports to live in the community due to their mental illness and/or substance use disorder and (4) are interested in participating in the program voluntarily. The proposed program will provide an alternative option to more restrictive placements such as locked care and/or board and care. Participation is on a voluntary basis only. The following table illustrates structural components of the program:

Component	Description
Consumers Served	Individuals with serious and persistent mental illness with co-occurring substance use disorder, a medical condition such as diabetes and/or high blood pressure, or a combination of the above.
Housing type	Scattered site studios, apartments or homes throughout Santa Cruz County that are master-leased by Front Street, Inc. In addition family-owned or rented unit on behalf of their consumer family member may participate to obtain the Supported Housing component. Housing costs will be co-funded by INN funding and the utilization of Housing Authority Section 8, Housing Authority Shelter Plus Care vouchers or HUD VASH vouchers for veterans
Staffing	Nursing staff (RNS &/or LVNs)- 2 FTEs, Occupational Therapy – 1 FTE, mental health clinicians- 2.5 FTEs, 1.0 FTE Medical Assistant, and peer support workers with IPS training – 3 FTEs
Medical Monitoring	**Through in home telehealth monitoring devices that are connected to a secure patient portal that is monitored by nursing staff and a full-time Medical Assistant to connect the individual to their primary care for follow-up on abnormal results, provide health coaching to the individual, and ensure that acute health and other health condition needs are triaged and addressed.**

Prior to entering housing, consumers will be linked to a funding structure that meets their needs. In addition to traditional funding supports through HUD, such as Section 8, Shelter Plus Care and HUD VASH vouchers, there is a movement underway in Santa Cruz County where a

number of family members have expressed a willingness and desire to help support loved ones with mental illness to live independently in the community. These family members are willing to use a family-owned property or to assist in paying rent on a property in the community. While willing to provide financial support for housing, these family members are requesting access to Supported Housing to assist their loved ones in housing. This private/public partnership is an innovative way to increased housing stock for individuals with mental illness in a very expensive housing market.

Once the housing funding is identified, each consumer will receive a comprehensive needs assessment inclusive of mental health needs, medical issues and challenges, functional assessment by an Occupational Therapist and a social integration assessment. A comprehensive treatment and care plan will developed to address the needs for each domain.

Each residential unit will be equipped with an automated telehealth monitor following County procurement, and potentially other technology assisting devices such as automated medication dispensing devices and wrist fall monitoring devices that will support the goals and objectives of the project. The telehealth monitoring device is capable of monitoring multiple conditions such as hypertension, COPD, CHF and diabetes, as well as prompting the client around medication adherence. The device provides prompts to the consumer both visually and auditory to check key health indicators and then provides confidential reports to the nursing staff to monitor. The nurse will be able to respond promptly to indicators such as high blood pressure or blood sugar that might otherwise go unchecked between medical appointments. This telehealth monitoring device will be key to stability for these consumers living independently in the community. Program participants will be consumers connected to services through the County Health Services Agency.

The Integrated Health and Housing Support team will provide intensive support services in a multidisciplinary approach to address the various needs of the consumer. The mental health clinicians will support behavioral health care and recovery goals, utilizing case management interventions, Cognitive Behavioral Therapy, DBT and Motivational Interviewing. The Occupational Therapist will work with consumers to develop functional skills including household care, budgeting, shopping, cooking, transportation services and appointment management. The Nursing staff will provide medication management support for providing home-based injection or pill box services. The nurses will also provide the monitoring of the telehealth device, linkages to medical appointments, linkages to psychiatric appointments and provide continuity of care across the domains. The Medical Assistant will work with the Psychiatrist and the individuals in the program to coordinate services and provide support to the treatment team, Family members, while visiting their family members in the community, will be supported through training in a program specially designed for family members in Cognitive Behavioral Therapy for Psychosis, to provide early identification of issues needing the attention of the treatment team and have rapid access to staff to go out and support individual program participants when the need arises. These family members will over time become a critical extension and partner within the treatment team. Finally the use of Peer Support staff is integral to stabilizing the consumer in the housing environment. Peers will provide monitoring of the individual's progress, assistance with community integration and

community engagement, modeling for successful management of psychiatric symptoms and linkages to natural supports.

The Integrated Health and Housing Support Team will be a multidisciplinary team provided by a community-based contractor, Front Street, Inc. The County of Santa Cruz has a long standing relationship with this contract provider who operates forty-four units of supported housing and five licensed Adult Residential Facilities, comprising over 150 beds. The IHHS team will collaborate with Santa Cruz County's MHSAS Housing coordinator for housing resources, county mental health providers for additional case management as needed and psychiatry services.

4) **Innovative Component**
Describe the key elements or approach (es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The Integrated Health and Housing Supports model proposed for Santa Cruz County's Innovative Project takes an Evidence-Based Practice model of Permanent Supported Housing and enhances the model with two key elements, intensive health care needs monitoring and peer support services. The integration of peers onto a Supported Housing with expertise in Intentional Peer Support, a promising practice model, allows for a trauma-informed service delivery paradigm that focuses on building community-oriented supports, and works toward mobilizing consumers to look at alternatives to "treatment as usual" in a traditional system. The Peer members of the multidisciplinary team are uniquely qualified to address concerns and reservations raised by consumers living independently in the community and "meet them where they're at". It allows for the development of self-directed healing and growth with a mentor that can assist the consumer in increasing feelings of belonging to a community, developing supportive relationships and self-empowerment. These are all qualities that will lend themselves to improving self-care related to health care needs.

The other innovative elements to the IHHS program is the utilization of a telehealth monitoring device and nursing support in a Permanent Supported Housing program. The success of mobile technology aids for home health management has been highly successful in reducing medical hospitalizations nationwide. In an article in "Modern Healthcare" by Joseph Conn in January 2014, the utilization of home-health monitoring within the Veterans Administration was reviewed (4). According to the article, a study by the VA on 2008 of more than 144,000 veterans participated in electronic home-health monitoring in fiscal year 2013. The results demonstrated a 19% reduction in readmissions and a 25% reduction in bed days. In addition, in a study conducted by the School of Medicine from Dartmouth College that studied the use of a remote telemedicine disease management device by 100 individuals with serious mental illness and a co-occurring health condition such as COPD, diabetes and hypertension. The results demonstrated a sharp reduction in fasting glucose level. Initially 63% of the individuals had a fasting glucose of over 130. After six months of using the telehealth device, 2/3 of the individuals had a fasting glucose less than 120. Also both routine and urgent medical visits for

individuals with diabetes dropped due to the stability of the patients (5). The consistent element in these outcomes was the use of the telehealth device in the home and the linkage to the nursing staff to monitor the reports for areas of concern, followed by prompt intervention.

Isolation in the community and significant health conditions frequently lead to the decompensation of psychiatric symptoms in the community. Providing a proactive approach to address both of these concerns and complimented with a full range of mental health services, we feel confident the model will allow consumers to live independently in the community.

5) Learning Goals / Project Aims

Describe your learning goals/specific aims. What is it that you want to learn or better understand over the course of the INN Project? How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

a. To improve health measures in areas of diabetes, hypertension, COPD and obesity.

6) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

- **Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?**
- **What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.**
- **What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?**

- **How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?**
- **What is the preliminary plan for how the data will be entered and analyzed?**

Santa Cruz County Mental Health & Substance Abuse Services will work with Applied Survey Research (ASR), an independent evaluator, to evaluate the implementation and impact the Integrated Health Supportive Housing (IHHS) program. Upon funding, ASR will be contracted to develop and submit a fully articulated evaluation plan for review and approval. Like the intervention itself, the evaluation will follow a participatory approach in which representatives of key program stakeholder groups will be asked to provide input on fundamental aspects of the evaluation such as stating primary and secondary evaluation questions, selection of new measures, creation of data collection/management procedures, problem solving emerging challenges, interpretation of findings, reporting, and making data-based recommendations.

The evaluation will include a focus on the formative questions posed earlier in the proposal: (1) Is there an improvement in health measures in areas of diabetes, hypertension, COPD and obesity. (2) Are consumers with co-occurring mental health and other health conditions able to live successfully in independent housing in the community? (3) Is there an increase in consumer socialization and community engagement? (4) Is there an improvement in consumer satisfaction with their living situation? Information gathered to answer these questions will be used to iteratively improve the model. Data collection methods and sources may include questionnaires, interviews, and clinical records. Baseline data collection will occur during the first year of funding with a cohort of the population.

Because the purpose of the evaluation is to provide generalizable knowledge for the state of California, the study would be considered research and its research protocol would be subject to review and oversight by ASR's federally approved Institutional Review Board (IRB) for the protection of human subjects. ASR would be responsible for leading the development and submission of the research protocol for IRB review, including consent procedures. ASR will work closely with County staff to delineate study recruitment, enrollment, and data collection responsibilities and will coordinate with analysts to obtain de-identified clinical records if these are included in the final evaluation plan.

6) Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County works with numerous community based agencies, and has contracts with these agencies to ensure compliance with regulatory requirements. Additionally, each contract has a County manager assigned to the agency, as well as monthly contractor meetings. Contractors are always encouraged to attend our Town Hall meetings.

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documentation of all of the following:

a) **Adoption by County Board of Supervisors.** The Board will adopt this plan in January, 2017.

b) **Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).** Certification is attached.

c) **Certification by the County mental health director and by the County auditor-controller that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.** Certification is attached.

d) **Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.**

Projected MHSA Allocations					Estimated Expenses	
FY	Total Projected	CSS	PEI	INN - 5%	INN	INN %
FY1617*	12,898,734	*9,803,038*	*2,450,759*	*644,937*	348,128	3%
FY1718	13,347,405	*10,144,028*	*2,536,007*	*667,370*	790,911	6%
FY1819	12,883,953	*9,791,804*	*2,447,951*	*644,198*	817,774	6%
FY1920	12,966,741	*9,854,723*	*2,463,681*	*648,337*	879,381	7%
FY2021	13,054,844	*9,921,681*	*2,480,420*	*652,742*	915,210	7%
FY2122	13,148,263	*9,992,680*	*2,498,170*	*657,413*	699,875	5%
INN Totals	78,299,940			3,914,997	4,451,280	6%
*Estimated expenses are below 5% due to late start of April 1, 2017 in the Fiscal Year.						

2) Community Program Planning
Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

The Santa Cruz County MHSA Steering Committee oversaw the community planning process for each of the MHSA components. The MHSA Steering Committee membership was selected with the intention of having a cross section of member representatives, including mental health providers, employment, social services, law enforcement, consumers, and family members, as well as representatives from diverse geographical and ethnic/racial/cultural populations. Oversight of MHSA activities was returned to the Local Mental Health Board receiving regular updates about MHSA activities. The County works closely with the Local Mental Health Board (which includes consumers, family members and other advocates), and meets regularly with the various mental health contract agency representatives.
The County had an extensive Community Services and Supports (CSS) Planning Process, when the Act was first passed. Additionally, the County conducted planning processes for the CSS Housing component, the Workforce Education & Training Component, the Prevention & Early Intervention Component, Innovative Projects Component, and the Capital Facilities & Information Technology Components. The Community Planning Process consisted of workgroups, surveys, key informant interviews, and focus groups. A special effort was made to include consumers and family members. Focus groups were held in both North County and South County, in English and in Spanish. The County has held numerous Town Hall meetings to provide updates, and hear from the community about the impact of the MHSA services.

In the summer of 2014, Santa Cruz County Mental Health & Substance Abuse Services launched a series of community meetings in order to develop a Mental Health Strategic Plan, which were held from September through January 2015. One of these meetings specifically focused on the requirements of Innovative Programs. The announcement of these meetings was disseminated to all stakeholders, as well as posted in three local newspapers each month. (Notes from these meetings were posted on our website.)

The initial meetings were held in September and allowed everyone to be heard by use of small discussion groups. They informed us about gaps in our services, and what (and how) services could be improved. The majority of the participants were adults aged 26 to 59 (72%), and thirty-seven (37%) identified as clients/consumers.

Based on a review of the participants in these meetings, we held focus groups for groups that were under-represented. The groups were: families, older adults, veterans/veteran advocates, LGBTQ youth, monolingual Spanish speakers, and transition age youth. Additionally, the Santa Cruz County Sheriff (Dave Hart) and the Behavioral Health Court Judge (Jennifer Morse) were interviewed as key informants.

In May, 2016 we had two stakeholder meetings that focused on the new Prevention & Early Intervention regulations. There were a total of 29 participants, which represented a range of stakeholders, including consumers, family members and providers. On September 13, 2016, we had a Town Hall meeting to discuss and get input on MHSA, as well as inform the public on State regulations that will be affecting the funding. We included a discussion on our innovative projects. All of these meetings were announced via emails and announcements in the local newspapers. Fifty-six persons sign in, and a few others declined to sign in. The group represented community service providers, such as MHCAN, Community Connection, Encompass, Pajaro Valley Prevention & Student Assistance, Applied Survey Research, County Office of Education, NAMI, Front Street, and the County. There was also a large presence of clients/consumers. The demographic breakdown of those that signed in for the September 13, 2016 Town Hall meeting is below.

AGE	
Under 15	2
16-25	3
26-59	41
60+	6
Blank	4

Gender	
Man	23
Woman	29
Other	2
Blank	2

Language	
English	42
Spanish	-
English & Spanish	12
Other	-
Blank	2

Ethnicity	
Black/African American	1
Latino	8
White	27
Native American	3
Asian	1
Arabian	1
Mixed	6
Other	3
Blank	6

Of those identifying as “Mixed”, one identified as Native/White, another as Latino/Mixed

Group Representing	
Client	25
Family	7
Law Enforcement	0
Social Services	6
Veteran/Vet Advocate	1
Education	3
Health Care	2
Mental Health provider	22
AOD service provider	3
General Public	5
Other	2
Press	1
Blank	4

Note: Some people indicated they represented more than one group.

3) Primary Purpose

Select one of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase the quality of mental health services, including measurable outcomes
b) Promote interagency collaboration related to mental health services, supports, or outcomes
c) Increase access to mental health services

The primary purpose of this project is to increase the quality of mental health services, including measurable outcomes.

4) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach
b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community
c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

The project category for this program is ‘b”; it makes changes to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

We are estimating that sixty (60) consumers will be served through this INN project annually. This number is based on a review of Supported Housing wait lists and functional/clinical review of individuals with co-occurring medical conditions currently in MHRCs and in Board and Care facilities.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

The priority population for these services includes transition age youth, adults, and older adults, are primarily White or Latino, and speak English and/or Spanish.

c) **Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.**

The focal population for this project are persons with serious mental illness with a co-occurring medical condition.

6) MHSA General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

a) Community Collaboration

Santa Cruz County Mental Health & Substance Abuse Services had an extensive strategic planning process in 2014 and 2015. Additionally, Santa Cruz County Mental Health & Substance Abuse Services has ongoing community stakeholder Town Hall meetings. The

general community is invited to attend these periodic meetings, and receive information and updates about the program. These community stakeholder meetings are one of the ways in which the community can ask questions, and provide input in order to strengthen the programs.

b) Cultural Competency

The program is designed to effectively engage and retain individuals of ethnically and diverse backgrounds to quality mental health, medical, and housing services that are needed. This is the County's Cultural Awareness Mission Statement:

> ***Our goal is to support our consumers, youth, and family members with culturally appropriate resources, encouragement, tools and skills so they may achieve the quality of life they desire.***
>
> ***As an agency we challenge ourselves to develop ever-greater cultural awareness and sensitivity to acknowledge and embrace individual differences, including language, beliefs, values, attitudes, healing practices, sexual orientation, gender, physical and mental abilities.***
>
> ***We endeavor to build on existing strengths, develop new skills and maximize the opportunity for recovery and optimal health of our community***.

This program will utilize peer partners, as well as the mental health providers, who will be expected to provide culturally sensitive, recovery focused services to the clients they are serving. This includes providing services in the client's language (using bilingual staff or translation services, as needed) and utilizing the client's strengths, and forms of healing unique to an individual's racial/ethnic, cultural, geographic, socio-economic, or linguistic population or community when providing services or support.

c) Client-Driven and Family-Driven

The roll of the peer partner, and mental health clinicians is to engage clients in services and supports that are most effective for them. These service providers will honor the fact that the client's input and decision about what is needed and what is most helpful will be the crucial factor in developing a treatment strategy. Additionally, the peer partners, and mental health clinicians will use the ANSA (Adult Needs & Strengths Assessment). This assessment tool is based on communication between the client and the providers to design individualized treatment plans. ANSA is an effective instrument for providing client-driven, and family-driven services.

d) Wellness, Recovery, and Resilience-Focused

The peer and family partners, and the mental health clinician, will be using the ANSA. This assessment tool embraces the wellness model, as its focus is not on assessing for

mental illness, but on needs and strengths of the client. Additionally, the peers will be using Intentional Peer Support (IPS) to provide skills building, social engagement and modeling for community integration. Intentional Peer Support is a way of thinking about purposeful relationships. It is a process where either people (or a group of people) use the relationship to look at things from new angles, develop greater awareness of personal and relational patterns, and to support and challenge each other as we try new things. IPS has been used in crisis respite (alternatives to psychiatric hospitalization), by peers, mental health professionals, families, friends and community-based organizations.

e) **Integrated Service Experience for Clients and Families**
During the Strategic Planning process, the number one need identified was housing. This program will play a crucial role in integrating medical, mental health and housing services.

7) **Continuity of Care for Individuals with Serious Mental Illness**
Will individuals with serious mental illness receive services from the proposed project?
Yes.
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.
The core population for the Santa Cruz County Behavioral Health adult system is serving persons with serious mental illness. We have numerous programs and services that address the various needs of this population.

8) **INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement**.
a) **Explain how you plan to ensure that the Project evaluation is culturally competent.**
Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.
ASR has experience capturing snapshots about specific populations by utilizing primary and/or secondary data. Data collection techniques ASR has used include focus groups, participant observation, face-to-face surveys, telephone surveys, case record abstraction and in-depth interviews. This process assures inclusiveness of diverse populations.

b) **Explain how you plan to ensure meaningful stakeholder participation in the evaluation.**
Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client

evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.

Santa Cruz County gives updates on programs and projects at the Local Mental Health Board, and at Town Hall meetings. Both venues are open to the public, and the County makes a concerted effort to encourage participation at the Town Hall meetings by posting ads in the local newspapers, and email blasts to peer, family and community based organizations.

9) Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

As with previous Innovative projects, there will be an evaluation. Components of the program that prove to be effective are funded under Community Services and Supports.

10) Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

Results will be presented at a Town Hall meeting.

b) How will program participants or other stakeholders be involved in communication efforts?

Clients and contractors will be invited to give first hand testimonials, along with evaluation results.

c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Housing, Serious Mental Illness, Co-Morbidity (SMI and physical health), Electronic Support, Peer Support.

11) Timeline

a) Specify the total timeframe (duration) of the INN Project: __5__ Years ____ Months

b) Specify the expected start date and end date of your INN Project: 04/01/2017 Start Date 03/31/2022 End Date

Note: Please allow processing time for approval following official submission of the INN Project Description.

c) **Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for**
   i. **Development and refinement of the new or changed approach;**
   ii. **Evaluation of the INN Project;**
   iii. **Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;**
   iv. **Communication of results and lessons learned.**

12) INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

a) **BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
b) **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**

BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project.

The budget for Santa Cruz County's INN Project, Integrated Health Supported Housing, represents the key components of the program as described below:

FY 2016/17 (mid-year start in April 2017, for a 3 month budget):

- Front Street, Incorporated – Contract for Master Leasing/Rent Subsidy for scattered site housing units: This includes $57,500 INN funding and $37,500 of MHSA CSS funding, for a total cost of $95,000.
- Front Street, Inc. – Contract for an Integrated Health Housing Support Team, inclusive of 5 FTEs (1 FTE Occupational Therapist, 2 FTEs RN/LVN, 2 FTEs Housing Support case management): This includes $48,846 of INN funding, $19,988 of Behavioral Health Subaccount, and $63,884 of FFP, for a total cost of $132,718.

- Front Street, Inc. – Contract for 3 FTEs Peer Support Housing Specialists. These positions are fully funded by INN funding. The annual cost of each position is $40,000. Three positions x $40,000 = $120,000 annually and a total cost for FY16/17 of $30,000.
- Contractor TBD, via County procurement process for Telehealth Devices, @ 60 devices x $1,000 (one-time expense for start-up) at $60,000 (one-time expense) of INN funding.
- Contractor TBD, via County procurement process for Telehealth Integration Services @ $30,000 (one-time expense) of INN funding.
- Contractor TBD, via County procurement process for Telehealth connection fees, @ $69/each x 60 devices x 12 months, prorated for 3 months is $12,420 of INN funding.
- Program Evaluation – Contract for evaluation of INN project, start-up estimated at $50,000 of INN funding for the first year.
- Medical Assistance, 1 FTE, salaries and benefits estimated at $12,905 of INN funding and $8,604 in FFP for a total estimated cost of $21,509 for three months. Operational costs (e.g. travel, supplies, phone services, etc.) estimated at $929 of INN funding and $620 of FFP for a total of $1,549. One-time expense to purchase an IPhone estimated at $120 in INN funding and $80 of FFP for a total estimated cost of $200.
- County Health Service Agency indirect administrative expense @ 15% of the net INN budget, prorated for three months $45,408.
- Total gross budget for FY 16/17, prorated for the three-month budget is $478,804.

FY 17/18:

- Front Street, Incorporated – Contract for Master Leasing/Rent Subsidy for scattered site housing units: This includes $230,000 INN funding and $150,000 of MHSA CSS funding, for a total cost of $380,000.
- Front Street, Inc. – Contract for an Integrated Health Housing Support Team, inclusive of 5 FTEs (1 FTE Occupational Therapist, 2 FTEs RN/LVN, 2 FTEs Housing Support case management): This includes $206,000 of INN funding, $79,953 of Behavioral Health Subaccount, and $265,393 of FFP, for a total cost of $551,346.
- Front Street, Inc. – Contract for 3 FTEs Peer Support Housing Specialists. These positions are fully funded by INN funding. The annual cost of each position is $40,000. Three positions x $40,000 = $120,000 annually.
- Contractor TBD, via County procurement process for Telehealth connection fees, @ $69/each x 60 devices x 12 months is $49,680 of INN funding.
- Program Evaluation – Contract for evaluation of INN project is $25,000.
- Medical Assistance, 1 FTE, salaries and benefits estimated at $54,554 of INN funding and $36,370 in FFP for a total estimated cost of $90,924. Operational costs (e.g. travel, supplies, phone services, etc.) estimated at $2,515 of INN funding and $1,677 of FFP for a total of $4,192.

- County Health Service Agency indirect administrative expense @ 15% of the net INN budget is $103,162.
- Total gross budget for FY 17/18 is $1,324,304.

FY 18/19:

- Front Street, Incorporated – Contract for Master Leasing/Rent Subsidy for scattered site housing units: This includes $241,400 INN funding and $150,000 of MHSA CSS funding, for a total cost of $391,400.
- Front Street, Inc. – Contract for an Integrated Health Housing Support Team, inclusive of 5 FTEs (1 FTE Occupational Therapist, 2 FTEs RN/LVN, 2 FTEs Housing Support case management): This includes $211,719 of INN funding, $79,953 of Behavioral Health Subaccount, and $270,701 of FFP, for a total cost of $562,373.
- Front Street, Inc. – Contract for 3 FTEs Peer Support Housing Specialists. These positions are fully funded by INN funding. The annual cost of each position is $40,800. Three positions x $40,800 = $122,400 annually.
- Contract for Telehealth connection fees, @ $70/each x 60 devices x 12 months is $50,400 of INN funding.
- Program Evaluation – Contract for evaluation of INN project the INN budget is $25,000.
- Medical Assistance, 1 FTE, salaries and benefits estimated at $57,659 of INN funding and $38,440 in FFP for a total estimated cost of $96,099. Operational costs (e.g. travel, supplies, phone services, etc.) estimated at $2,530 of INN funding and $1,687 of FFP for a total of $4,217.
- County Health Service Agency indirect administrative expense @ 15% of the net INN budget is $106,666.
- Total gross budget for FY 18/19 is $1,358,555.

FY 19/20:

- Front Street, Incorporated – Contract for Master Leasing/Rent Subsidy for scattered site housing units: This includes $260,970 INN funding and $150,000 of MHSA CSS funding, for a total cost of $410,970.
- Front Street, Inc. – Contract for an Integrated Health Housing Support Team, inclusive of 5 FTEs (1 FTE Occupational Therapist, 2 FTEs RN/LVN, 2 FTEs Housing Support case management): This includes $217,552 of INN funding, $79,953 of Behavioral Health Subaccount, and $276,115 of FFP, for a total cost of $573,620.
- Front Street, Inc. – Contract for 3 FTEs Peer Support Housing Specialists. These positions are fully funded by INN funding. The annual cost of each position is $41,616. Three positions x $41,616 = $124,848 annually.
- Contract for Telehealth connection fees, @ $71/each x 60 devices x 12 months is $51,120 of INN funding.
- Program Evaluation – Contract for evaluation of INN project is $50,000.

- Medical Assistance, 1 FTE, salaries and benefits estimated at $57,659 of INN funding and $38,440 in FFP for a total estimated cost of $96,099. Operational costs (e.g. travel, supplies, phone services, etc.) estimated at $2,530 of INN funding and $1,687 of FFP for a total of $4,217.
- County Health Service Agency indirect administrative expense @ 15% of the INN budget is $114,702.
- Total gross budget for FY 19/20 is $1,425,576.

FY 20/21:

- Front Street, Incorporated – Contract for Master Leasing/Rent Subsidy for scattered site housing units: This includes $281,519 INN funding and $150,000 of MHSA CSS funding, for a total cost of $431,519.
- Front Street, Inc. – Contract for an Integrated Health Housing Support Team, inclusive of 5 FTEs (1 FTE Occupational Therapist, 2 FTEs RN/LVN, 2 FTEs Housing Support case management): This includes $223,502 of INN funding, $79,953 of Behavioral Health Subaccount, and $281,637 of FFP, for a total cost of $585,092.
- Front Street, Inc. – Contract for 3 FTEs Peer Support Housing Specialists. These positions are fully funded by INN funding. The annual cost of each position is $42,448. Three positions x $42,448 = $127,344 annually.
- Contract for Telehealth connection fees, @ $72/each x 60 devices x 12 months is $51,840 of INN funding.
- Program Evaluation – Contract for evaluation of INN project, the net INN budget is $50,000.
- Medical Assistance, 1 FTE, salaries and benefits estimated at $59,093 of INN funding and $39,396 in FFP for a total estimated cost of $98,489. Operational costs (e.g. travel, supplies, phone services, etc.) estimated at $2,537 of INN funding and $1,692 of FFP for a total of $4,229.
- County Health Service Agency indirect administrative expense @ 15% of the INN budget is $119,375.
- Total gross budget for FY 20/21 is $1,467,888.

FY 21/22 (ending March 31, 2021, for a 9-month budget):

- Front Street, Incorporated – Contract for Master Leasing/Rent Subsidy for scattered site housing units: This includes $227,321 INN funding and $112,500 of MHSA CSS funding, for a total cost of $339,821.
- Front Street, Inc. – Contract for an Integrated Health Housing Support Team, inclusive of 5 FTEs (1 FTE Occupational Therapist, 2 FTEs RN/LVN, 2 FTEs Housing Support case management): This includes $172,178 of INN funding, $59,965 Behavioral Health Subaccount, and $215,452 of FFP, for a total cost of $447,595.

- Front Street, Inc. – Contract for 3 FTEs Peer Support Housing Specialists. These positions are fully funded by INN funding. The annual cost of each position is $43,297. Three positions x $43,297 = $129,891 annually. Prorated for a nine-month budget at $97,418.
- Contractor TBD, via County procurement process for Telehealth connection fees, @ $73/each x 60 devices x nine months is $39,420 of INN funding.
- Program Evaluation – Contract for evaluation of INN project prorated for a nine-month budget is $25,000.
- Medical Assistance, 1 FTE, salaries and benefits for nine months estimated at $45,431 of INN funding and $30,288 in FFP for a total estimated cost of $75,719. Operational costs (e.g. travel, supplies, phone services, etc.) for nine months estimated at $1,819 of INN funding and $1,211 of FFP for a total of $3,030.
- County Health Service Agency indirect administrative expense @ 15% of the prorated for a nine-month net INN budget is 91,288.
- Total gross budget prorated for the nine-month budget is $1,119,291.

B. New Innovative Project Budget By FISCAL YEAR (FY)*							
EXPENDITURES	Beg: April 2017					Ends: March 2022	
NON RECURRING COSTS (equipment, technology)	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Contractor: Telehealth Devices @ $1,000/each x 60 devices	60,000	-	-	-	-	-	60,000
Contractor: Telehealth Integration Fees @ $30,000	30,000	-	-	-	-	-	30,000
Iphone (for Medical Assistant @ approx. $200/each)	200						200
Total Non-recurring costs	90,200	-	-	-	-	-	90,200
Personnel	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Medical Assistant (Salaries & Benefits)	21,509	90,924	96,099	96,099	98,489	75,719	478,839
Medical Assistant (Operational Costs)	1,549	4,192	4,217	4,217	4,229	3,030	21,434
Total Personnel	23,058	95,116	100,316	100,316	102,718	78,749	500,273
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Contractor: Integrated Health Housing Support Team	162,718	671,346	684,773	698,468	712,436	545,013	3,474,754
Contractor: Master Lease & Rent Subsidies	95,000	380,000	391,400	410,970	431,519	339,821	2,048,710
Total Contract Operating Costs	257,718	1,051,346	1,076,173	1,109,438	1,143,955	884,834	5,523,464
OTHER EXPENDITURES (please explain in budget narrative)	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Contractor: Telehealth Connection/Software Fees (60 devices)	12,420	49,680	50,400	51,120	51,840	39,420	254,880
Contractor: Program Evaluation	50,000	25,000	25,000	50,000	50,000	25,000	225,000
Total Other Expenditures	62,420	74,680	75,400	101,120	101,840	64,420	479,880
BUDGET TOTALS	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Non-recurring costs	90,200	-	-	-	-	-	90,200
Personnel	23,058	95,116	100,316	100,316	102,718	78,749	500,273
Contract Operation Costs	257,718	1,051,346	1,076,173	1,109,438	1,143,955	884,834	5,523,464
Other Expenditures	62,420	74,680	75,400	101,120	101,840	64,420	479,880
Total Gross Budget	**433,396**	**1,221,142**	**1,251,889**	**1,310,874**	**1,348,513**	**1,028,003**	**6,593,817**
Administrative Cost @ 15% Net of INN Funds	45,408	103,162	106,666	114,702	119,375	91,288	580,602
Grand Total	**478,804**	**1,324,304**	**1,358,555**	**1,425,576**	**1,467,888**	**1,119,291**	**7,174,419**
C. Expenditures By Funding Source and FISCAL YEAR (FY)							
Estimated total mental health expenditures for the entire duration of this INN Pro	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Innovative MHSA Funds	348,128	790,911	817,774	879,381	915,210	699,875	4,451,280
Federal Financial Participation	73,188	303,440	310,828	316,242	322,725	246,951	1,573,374
Behavioral Health Subaccount	19,988	79,953	79,953	79,953	79,953	59,965	399,765
Other funding* - MHSA CSS	37,500	150,000	150,000	150,000	150,000	112,500	750,000
Total Proposed Administration	478,804	1,324,304	1,358,555	1,425,576	1,467,888	1,119,291	7,174,419
*If "Other funding" is included, please explain.							

Citations:

1. "Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness: Santa Cruz County Mental health and Substance Abuse Services, Needs and Gaps Analysis: Part 1, August 2015.

2. Leff, S., Chow, C., Pepin, R., Conley, J., Allen, E., Seaman, C. (2015, January 13). *Does One Size Fit All? What We Can and Can't Learn From a Meta-analysis of Housing Models for Persons With Mental Illness*, Psychiatric Services. Retrieved 10/7/16. http://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.4.473

3. Pratt, S., Naslund, J., Wolfe, R., Santo, M., Bartels, S. (July 2, 2014). *Automated telehealth for managing psychiatric instability in people with serious mental illness.* Journal of Mental Health. Retrieved 10/7/16. http://www.tandfonline.com/doi/abs/10.3109/09638237.2014.928403?journalCode=ijmh20

4. Conn, J. (January 17, 2014). *Vital Signs; VA blazes trail for mobile medical technology*. Modern Health Care. Retrieved 10/7/16. http://www.modernhealthcare.com/article/20140117/BLOG/301179995

5. Bartels, S. (December 20, 2013). *Closing the Gap: Implementing Evidence-based Behavioral Health Practices for Older Americans.*

WORKFORCE EDUCATION & TRAINING

This infrastructure component was designed to strengthen the public mental health workforce both by training and educating current staff (including concepts of recovery and resiliency), and to address occupation shortages in the public mental health profession by a variety of means.

A. CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES

The County of Santa Cruz has designated a person who is identified as the Culturally & Linguistically Appropriate Services ("CLAS") Coordinator. The CLAS Coordinator collaborates with other department staff and assigned managers to assure that the appropriate mental health services, staff development trainings are provided so that the diverse needs of the county's racial, ethnic, cultural, and linguistic populations are being met. However, the responsibility for ensuring the provision of culturally and linguistically appropriate services is not the sole responsibility of one person. We believe that CLAS standards need to be infused throughout our division, and therefore is the responsibility of every staff person.

We offer trainings with the overarching goal of increasing culturally appropriate skills in order to improve public mental health services. Trainings reflect the core values of consumer and family driven services, community collaboration, recovery/resiliency strength-based services, integrated services, and cultural competency.

B. ADDITIONAL ASSISTANCE NEEDS FROM EDUCATION & TRAINING PROGRAMS

A challenge we face is how to sustain our training and education program, given that the State does not distribute additional WET funds. However, the County of Santa Cruz recognizes that we still need work in our efforts to transform our service delivery system to one which is more client and family centered, recovery oriented, fosters an environment of enhanced communication and collaboration while promoting self-directed care, utilizes Evidenced Based Practices which have been demonstrated most effective at supporting recovery and independence in the community, and measures outcomes on a client, program and system level.

The proposed training over the next three years is based on 3 different need areas: Core Competencies which will serve as the foundation to support the effective implementation and sustainability of Evidence Based Practices, the adoption of 3 national Evidence Based Practices: Illness Management and Recovery (IMR), Evidence Based Supported Employment (EBSE), and Integrated Dual Disorders Treatment (IDDT).

Outcomes and the effectiveness of services, as well as the promotion of a transformational system of care as opposed to a service-oriented system of care, will be supported through the adoption of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA).

Finally, the County seeks to improve its own internal operations and programs utilizing the LEAN Performance Improvement model, by initially working with a certified LEAN

facilitator, and then training staff to conduct their own LEAN projects within Behavioral Health and the Health Services Administration.

1. Core Competencies Training
    a. Motivational Interviewing
    b. Cognitive Behavioral Therapy

2. Evidence Based Practices
    a. Illness Management and Recovery (IMR): IMR is an Evidence Based Practice that has been proven effective to assist consumers in more effectively managing their mental illness, promoting recovery and independent living, reducing the need for hospitalizations and emergency department visits, and reducing the need for long-term intensive services in the community. The County is proposing to initially train and establish an IMR program, with fidelity to the model, in the County Mental Health System- both North and South County.

    b. Evidence Based Supported Employment (EBSE): EBSE provides for the skill building and on the job supports in order to provide access to and success in obtaining and maintaining competitive employment for adults who have a severe mental illness. The only criteria for consumers to access an EBSE program is a desire to work. There are no assessments or readiness criteria established, or any barriers placed in the way of an individual seeking to work. The focus is on competitive employment- jobs that provide for a living wage in the community that any member of the public would have access to. Competitive employment does not include a sheltered workshop program, or jobs created exclusively for consumers. EBSE has been proven highly effective at supporting recovery and reducing the long-term need for services as well as enhancing the quality of life for individuals. The County is proposing to establish one Evidence Based Supported Employment Team through a contracted provider in the community.

    c. Integrated Dual Disorders Treatment (IDDT): IDDT is an integrated approach to providing supports and services to individuals who have both a severe mental illness and a substance abuse problem. The majority of individuals served in the public mental health system have a co-occurring disorder. The traditional approaches of parallel treatment models or sequential treatment models are ineffective at supporting positive outcomes for this population. IDDT, offering an integrated approach, provides training to clinicians to support both an individual's mental health needs and effectively address their substance abuse issues, at the same time. IDDT has as its foundation, motivational interviewing, cognitive behavioral therapy, and IMR. It also relies on EBSE and other supported services particularly Evidence Based Supported Housing. The County is proposing to transform 2 Full Service Partnership Teams (1 in North County, 1 in South County) to IDDT teams in year 1, and establish similar models with its contracted providers in the community.

3. Child and Adolescent Needs and Strengths Assessment (CANS), and the Adult Needs and Strengths Assessment (ANSA): As part of a new approach within the framework of Total Clinical Outcomes Measurement (TCOM), the County is adopting the use of two client level outcomes tools, which also and most importantly serve as communication collaboration tools to improve services for children and adults, and transform the service delivery system from a service oriented approach to one which is transformational- in the daily lives of the people and families served, and the approach we as clinicians use in supporting recovery and resiliency in the our clients and families. The County is seeking funding to support the ongoing training and certification of clinicians, and support the effective implementation of the CANS and ANSA across all County mental health programs and services for a 3-year period of time. The County will be working with Dr. John Lyons from the University of Ottowa to support this initiative.

4. County Behavioral Health Services Program Improvement: LEAN Performance Improvement Model. As part of the County's ongoing efforts to improve services and operations within the County operated community mental health center, we will be utilizing LEAN as a performance improvement tool to focus on the County's front door Access process- and adopting changes in that process to ensure individuals and families can rapidly access services and treatment, that the process is easy to navigate and supportive of an individual's need for the right level of care at the right time, and that the County has a process that is both effective and efficient. Future LEAN projects will be focused on improving other organizational operations and programs. The County is seeking funding to support a LEAN facilitator, and future training and certification of staff in the LEAN model.

C. IDENTIFICATION OF SHORTAGES IN PERSONNEL

Santa Cruz County has identified the following as hard-to-fill and/or hard-to retain positions:

1. Psychiatrists (adult and child)
2. Bilingual mental health providers (psychiatrist, therapists, case managers)
3. Forensic mental health providers
4. Psychiatric Nurse practitioners
5. Clinical psychologists
6. Highly skilled practitioners treating co-occurring (mental health & substance abuse) disorders
7. Data Processing Programmer Analyst
8. Licensed Clinicians (LCSW, MFT, PhD)

INFORMATION TECHNOLOGY

Funds and guidelines for Capital Facilities and Information Technology were packaged together by the State Department of Mental Health. (Note: Infrastructure programs do not allow the County to hire staff to provide services.)

The **Information Technology** funds are to be used to:

- Modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness, and
- Increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.

We have two primary information technology needs:

1. To increase consumer and family empowerment. Access to knowledge is a human right. Every client will be tech literate and have Internet access to increase communication between each other and all the supports that promote recovery, wellness, resiliency, and social inclusion. Our goal is to have computer access for consumers in housing and kiosks at existing clinic sites, and to provide technical support and training (for consumers and staff). We will begin with the addition of six terminals at sites in both Santa Cruz and Watsonville, and available to both children, adult and family members. Security issues will be addressed by posting signs in English and Spanish stating:

   "This is a public computer. For your security we advise that you take these steps: 1. Do not save your logon information. 2. Do not leave the computer unattended with sensitive information on the screen. 3. Delete your temporary files and your history. 4. Do not enter sensitive information on public computers."

2. To modernize and transform clinical administrative systems. Our goal is to improve overall functionality and user-friendliness for both clinical and administrative work processes. We need to have one cohesive system with intuitive functionality where it would only be necessary to enter information one time and have that information populate fields as needed. The system must support fiscal, billing, administrative work processes, and include an electronic health record. Ideally a patient portal is needed as well. Strong billing processes, including automated eligibility and exception reports, are needed to effectively manage accounts payable and accounts receivable, and also provide necessary reporting tools for cost reports and budgeting activities. It also needs to include robust caseload and clinical management tools, as well as encourage and allow client access, interaction and participation. It should facilitate person-centered treatment planning, and ease of information sharing of documentation across service providers in the system of care.

We completed the first phase of this project and upgraded our Practice Management to Share Care. We had an RFP process this year to investigate best options in moving forward regarding the electronic health record. Official results have not been published, but we are considering two vendors. With either option we feel that there are significant administrative changes, as well as the way we deliver our direct clinical care. Another consideration is our need to extract data and

information to be able to see the impact and outcomes of our services plans and look at overall system of care trends. We know we make a difference, as can be seen with the "Community Impact" statements. However, we want the ability to quantify this data.

One of the challenges we found in implementing the first and second phases is that we lack the administrative capacity to both negotiate and implement at the same time. Our administrative have diligently set priorities and we are reaching our benchmarks. As you know with health reform and changes to Medi-Cal, the challenge is staying current with changes and doing new implementation at the same time.

CAPITAL FACILITIES

Funds and guidelines for Capital Facilities and Information Technology were packaged together by the State Department of Mental Health. (Note: Infrastructure programs do not allow the County to hire staff to provide services.) Our stakeholders chose to spend the majority of funds in the Information Technology projects.

The purpose of Capital Facilities is to acquire, develop or renovate buildings for service delivery for mental health clients or their families, and/or for MHSA administrative offices. Capital Facilities funds cannot be used for housing.

Projects that have yet to be completed in South County include the installation of two counters outside the reception windows for a horizontal barrier for client use. One counter will be at the American Disabilities Act height requirement and the other counter at a higher height. In the North County renovation includes upgrading existing reception by expanding existing window opening on existing wall, installing secure fire rated, electronically operated secure window (door) system, and installing new counters. Additionally, the County buildings have poor ventilation, so we will also be modifying to improve air quality and circulation. The challenge to completing these upgrades has been due to a number of other Health Service Agencies projects.

ATTACHMENTS

Santa Cruz County Avenues: Work First for Individuals with Co-Occurring Disorders

Data Summary of Client Satisfaction Surveys

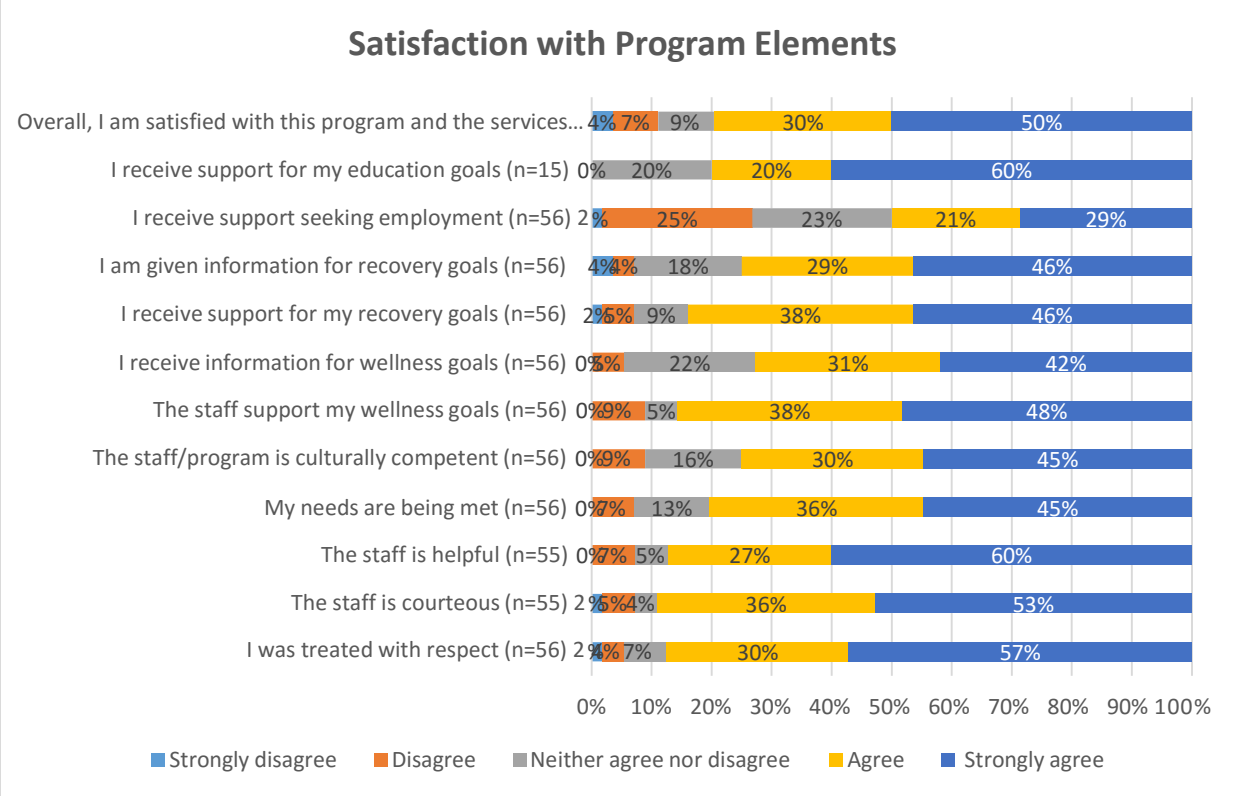
7.1.15-5.6.16 Data Collection Period

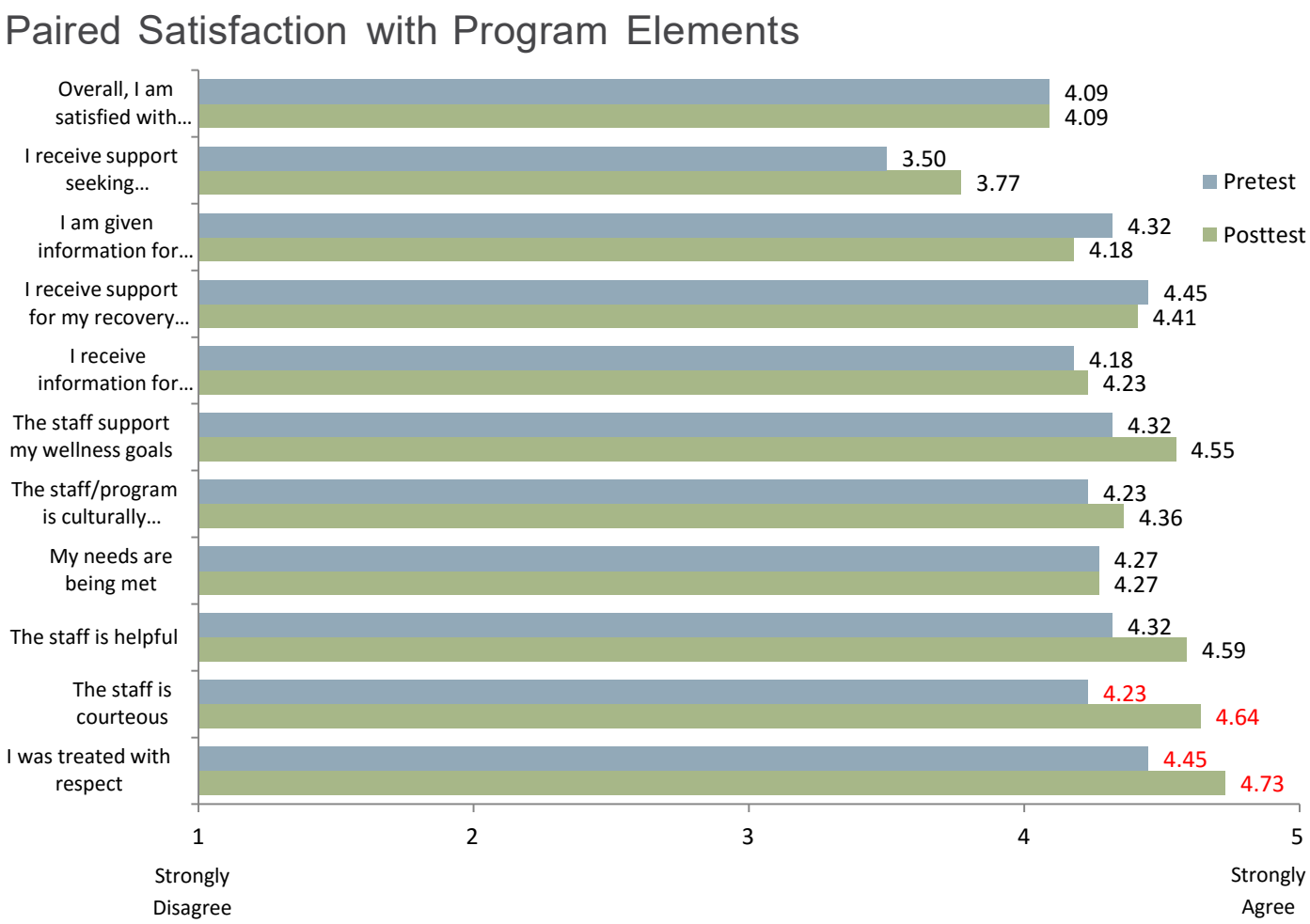
A total of 94 completed surveys have been received representing 56 individuals. When multiple surveys were received from the same client, the most recent completed survey was included for analysis.

Unduplicated* Survey Collection by Site

	Count	Column %
Community Connections	30	54%
Casa Pacific Residential/Encompass	19	34%
Work Crew/CAB	7	13%
Total	56	100%

*Most recent survey received was entered and analyzed





N=22

Note: Due to the small sample size of paired respondents, caution should be used interpreting this information

The two question, "the staff support my wellness goals" and "the staff/program is culturally competent" are highlighted in red to indicate that they are statically significant.

Notes regarding interpretation of the findings

(Source: notes from data discussion during provider meeting on 3.10.16)

Survey administration

- Providers noted that some clients expressed some anxiety about the final open ended question which reads as follows:
  - *Is there anything you wish to share about how these services have impacted your life? (Feel free to use the back of this page)*
  - Clients were concerned about whether an answer was required and how best to answer the question. Clients wondered whether they should answer in a particular way in order

to stay out of trouble, preserve their benefits, or protect their service providers' jobs. Clients asked whether someone was in trouble.

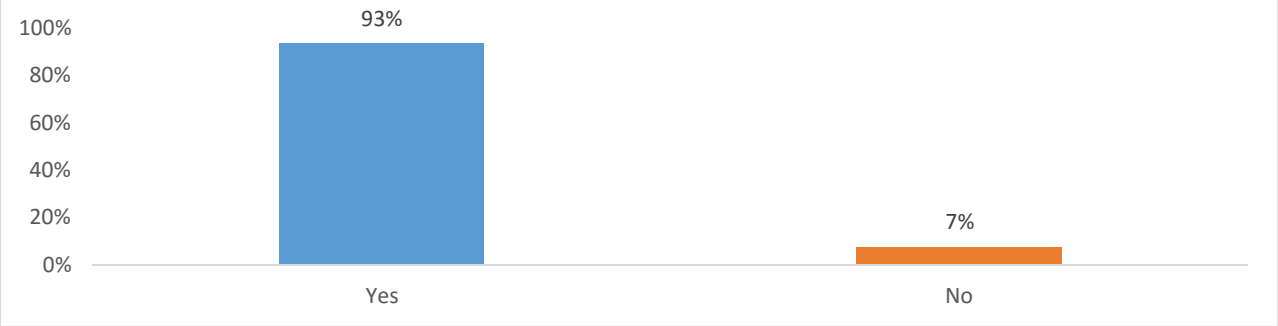
- Some providers assisted clients with completing the survey, providing 1:1 help via interview so that clients could stay focused and complete the survey. While such direct support likely enabled survey completion, it may have impacted client ratings of services received.

Client satisfaction

- The majority of clients agreed with positively worded statements about their services, except for one statement which read as follows:
  - *I receive support seeking employment.*
  - 23% of clients indicated a neutral response, and 27% disagreed with the statement.
  - Providers reflected that their understanding that a number of clients (1) have never been employed, (2) do not want to be employed, (3) are concerned that employment will compromise their receipt of disability benefits, and (4) have a different perception of what constitutes supportive steps towards employment.
  - Based on a recommendation from providers, the question, "I receive support for my education goals" was added. 12 of 15 respondents agreed that they indeed receive support for their education goals.
- Providers requested that additional questions be added to the existing survey to better understand clients' histories and perceptions about employment and education (i.e., interest in attending school/seeking employment, identification of barriers).

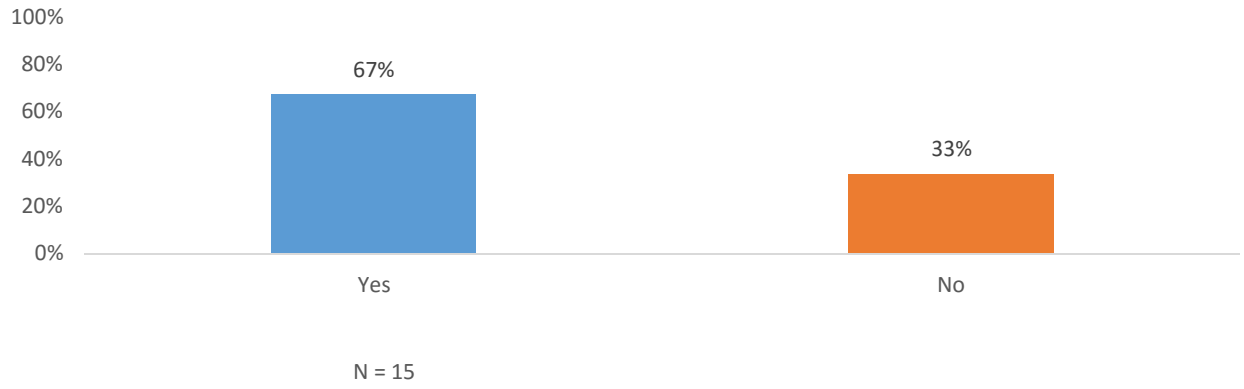
Of the respondents that indicated they are not interested in finding employment and/or attending school, three respondents cited that they were currently receiving disability benefits, while one respondent indicated that they have "different plans."

Have you ever been employed?



N=14

Are you interested in finding employment and/or attending school?



N = 15

Santa Cruz County Mental Health & Substance Abuse Services

Mental Health Service Act (MHSA) Report
For fiscal year 2015-2016

WELLNESS • RECOVERY • RESILIENCE

COMMUNITY SERVICES AND SUPPORTS (CSS)

Intent: To provide services and supports for children and youth who have been diagnosed with or may have serious emotional disorders, and adults and older adults who have been diagnosed with or may have serious and persistent mental illness.

CSS Program #1: Community Gate:

- **Purpose**: To address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. These services include assessment, individual, group, and family therapy with the goal of improved mental health functioning and maintaining youth in the community.

Agency Reporting	**Encompass**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**147**
Number of individuals/families **ACTUALLY SERVED**	93	95	95	98	161
Age Group					
• Children 0-15	66	66	67	67	115
• TAY 16-25	27	29	28	31	46
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	3	1	3	1	4
• Latino	86	89	86	83	141
• Other	4	5	6	14	**16**
Primary Language					
• English	55	56	59	54	92
• Spanish	38	38	35	36	61
• Other		1	1	8	8
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Family Services**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**105**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15	62	59	56	56	92
• TAY 16-25	14	8	11	9	20
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	28	29	25	19	42
• Latino	44	35	39	43	66
• Other	4	3	3	3	5
Primary Language					
• English	43	41	40	38	67
• Spanish	33	26	27	27	45
• Other					
Culture					
• Veterans					
• LGBTQ	3	3	3	3	3

Agency Reporting	**MHSAS**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					140
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15	58	53	76		
• TAY 16-25	31	28	35		
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	26	27	38		
• Latino	45	38	52		
• Other	18	16	21		
Primary Language					
• English	73	73	10		
• Spanish	16	8	11		
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #2: Probation Gate

- **Purpose**: To address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home rather than in prolonged stays of residential placement or incarcerated in juvenile hall.

Agency Reporting	**PVPSA**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**125**
Number of individuals/families **ACTUALLY SERVED**					
• Children 0-15	16	12	11	11	
• TAY 16-25	2	4	5	5	
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	18	16	16	16	
• Other					
Primary Language					
• English	18	14	15	15	
• Spanish		2	1	1	
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Encompass**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**169**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15	44	48	44	37	76
• TAY 16-25	29	28	30	29	47
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	27	25	25	20	38
• Latino	31	37	36	32	57
• Other	15	14	13	14	27
Primary Language					
• English	67	66	62	50	103
• Spanish	6	10	11	12	15
• Other			1	4	5
Culture					
• Veterans					
• LGBTQ					

CSS Program #3: Child Welfare Services Gate

- **Purpose**: The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system.

Agency Reporting	**Parent Center**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**30**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15	15	17	21	22	30
• TAY 16-25	3	2		1	3
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	9	6	6	6	11
• Latino	8	10	13	15	19
• Other	1	3	2	2	3
Primary Language					
• English	15	17	13	15	20
• Spanish	3	2	8	8	13
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Encompass**				
System Development:	Q!	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**4**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15	1	2	1	2	3
• TAY 16-25	1		1	1	3
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					0
• Latino	1	1		2	4
• Other	1	1	2	1	2
Primary Language					
• English	2	2	2	2	5
• Spanish				1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Encompass ILP**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**27**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15					
• TAY 16-25	4	4	3	3	4
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	1	1	1	1	1
• Latino	1	1	1	1	1
• Other	2	2	1	1	2
Primary Language					
• English	4	4	3	3	4
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ		1	1	1	1

Agency Reporting	**MHSAS**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**195**
Number of individuals/families **ACTUALLY SERVED**					
• Children 0-15	109	97	82		
• TAY 16-25	46	42	41		
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	63	49	46		
• Latino	57	58	53		
• Other	35	32	24		
Primary Language					
• English	142	126	108		
• Spanish	12	13	15		
• Other	1				
Culture					
• Veterans					
• LGBTQ					

CSS Program #4: Education Gate

- Purpose: The Education Gate program is designed to create new school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances.

Agency Reporting	**MHSAS**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**38**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15	9				
• TAY 16-25	2				
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	10				
• Other	1				
Primary Language					
• English	11				
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #5: Special Focus: Family Partnerships

- **Purpose**: Family and Youth Partnership activities provided by parents and youth, who are or have been served by our Children's Interagency System of Care, to support, outreach, education, and services to parent and youth services in our System of Care.

Agency Reporting	**Encompass**				
Outreach & Engagement	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**86**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15			4	6	6
• TAY 16-25	14	19	17	15	34
• Adults 26-59	15	**1**	3		19
• Unknown				3	3
Race/Ethnicity					
• White	6	7	7	6	12
• Latino	2	5	4	8	14
• Other	21	8	13	10	36
Primary Language					
• English	28	20	24	24	62
• Spanish	1				
• Other					
Culture					
• Veterans					
• LGBTQ		1	9	14	21

Agency Reporting	**Volunteer Center**				
System Development:	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:					**27**
Number of individuals/families **ACTUALLY SERVED**					
Age Group					
• Children 0-15	1	1	1	1	2
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	1	1	1	1	2
• Other					
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #6: Enhanced Crisis Response

Purpose This work plan provides enhanced 24/7 supports to adults experiencing significant impact to their level of functioning in their home or community placement to maintain functioning in their living situation, or (2) in need *or at risk* of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

Agency Reporting	**Encompass: El Dorado Center**				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Transition Age Youth (16-25)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	3	4	4	5	10
Adults (26-59)					
Number of individuals/families targeted	104	10	10	10	
Number Actually Served	19	13	14	13	40
Older Adults (60+)					
Number of individuals/families targeted	4	4	4	4	
Number Actually Served:	4	3	4	4	8
Unduplicated Annual Target for all					80
Race/Ethnicity					
• White	19	16	15	15	44
• Latino	2	3	5	4	8
• Other	5	1	2	3	6
Primary Language					
• English	25	18	20	20	55
• Spanish	1	2	2	2	3
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Encompass: Telos**				
Outreach and Engagement	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:	20	20	20	20	
Number of individuals/families **ACTUALLY SERVED**					
System Development	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	20	20	20	20	
Number of individuals/families **ACTUALLY SERVED**	31	27	27	21	78
Unduplicated Annual Target for all					100
Age Group					
• TAY 16-25	3	5	2	5	12
• Adults 26-59	25	17	22	13	56
• Older Adults 60+	3	5	3	3	10
Race/Ethnicity					
• White	24	22	22	16	61
• Latino	6	1	3	3	10
• Other	1	4	2	2	7
Primary Language					
• English	28	26	25	20	75
• Spanish	3	1	2	1	3
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass: ESS Team				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	14	14	2	3	24
Adults (26-59)					
Number of individuals/families targeted	20	20	20	20	
Number Actually Served	9	13	12	8	31
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served:	5	3	3	3	7
Unduplicated Annual Target for all					80
Race/Ethnicity					
• White	13	25	9	11	40
• Latino	8	10	5	2	14
• Other	7	5	4	1	8
Primary Language					
• English	28	28	17	14	61
• Spanish	0	2	0	0	2
• Other					
Culture					
• Veterans					
• LGBTQ	2	2			4

Agency Reporting	Encompass: River Street Shelter				
Outreach and Engagement	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:	15	15	15	15	
Number of individuals/families **ACTUALLY SERVED**	1	1	1	1	33
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	1	2	3	2	9
Adults (26-59)					
Number of individuals/families targeted	11	11	11	11	
Number Actually Served	7	9	9	2	20
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served:	2	1	2	2	4
Unduplicated Target for all					150
• Children 0-15					
• TAY 16-25	1	2	3	2	18
• Adults 26-59	8	10	10	11	41
• Older Adults 60+	2	1	2	2	8
Race/Ethnicity					
• White	6	8	9	8	41
• Latino	1	1	1	1	7
• Other	4	4	4	6	15
Primary Language					
• English	10	13	14		
• Spanish	1		1		
• Other					
Culture					
• Veterans	1	1	1	1	5
• LGBTQ		1	1	1	1

Agency Reporting	**MHSAS**				
Outreach and Engagement	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:	380	380	380	380	
Number of individuals/families **ACTUALLY SERVED**	104	81	**79**	80	327
Full Service Partnerships	Q1	Q2	**Q3**	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	18	18	**18**	18	
Number Actually Served	8	8			9
Adults (26-59)					
Number of individuals/families targeted	94	94	**94**	94	
Number Actually Served	23	25			23
Older Adults (60+)					
Number of individuals/families targeted	14	14	**14**	14	
					2
Unduplicated Annual Target for All					
Number Actually Served:	2	2			
Age Group					
• Children 0-15					
• TAY 16-25	26	18	14	8	58
• Adults 26-59	128	89	52	59	259
• Older Adults 60+	13	9	13	13	44
Race/Ethnicity					
• White	80	69	35	46	198
• Latino	36	20	23	17	89
• Other	21	27	21	17	74
Primary Language					
• English	126	109	69	73	325
• Spanish	10	7	10	6	33
• Other	1			1	3
Culture					
• Veterans					
• LGBTQ					

CSS Program #7: Consumer, Peer, & Family Services

- **Purpose** This plan provides expanded countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services.

Agency Reporting	**MHCAN**				
System Development	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	70	70	70	70	
Number of individuals/families **ACTUALLY SERVED**	33	42	39	38	42
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	70	70	70	70	
Number Actually Served	103	110	109	118	124
Adults (26-59)					
Number of individuals/families targeted	90	90	90	90	
Number Actually Served	197	169	123	132	124
Older Adults (60+)					
Number of individuals/families targeted	70	70	70	70	
Number Actually Served:	117	113	115	126	131
Age Group		8			
• TAY 16-25	103	103	109	118	118
• Adults 26-59	197	197	123	132	132
• Older Adults 60+	117	117	115	126	126
• unknown					
Race/Ethnicity					
• White	216	213	202	202	202
• Latino	65	72	68	87	87
• Other	145	107	77	87	87
Primary Language					
• English	216	224	231	254	254
• Spanish	23	45	38	43	43
• Other	5	5	78	75	75
Culture					
• Veterans	38	35	32	31	31
• LGBTQ	44	39	29	54	54

Agency Reporting	**Volunteer Center/Community Connection: Mariposa**				
System development	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:	15	15	15	15	
Number of individuals/families **ACTUALLY SERVED**	45	57	59	37	106
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	5	5	5	5	
Number Actually Served	3	5	3	4	7
Adults (26-59)					
Number of individuals/families targeted	70	70	70	70	
Number Actually Served	30	27	24	21	35
Older Adults (60+)					
Number of individuals/families targeted	10	10	10	10	
Number Actually Served:	7	7	8	8	8
Age Group					
• TAY 16-25	3	5	3	4	7
• Adults 26-59	30	27	24	21	35
• Older Adults 60+	7	7	8	8	8
• Unknown		57	59	37	106
Race/Ethnicity					
• White	22	21	20	23	27
• Latino	16	13	9	8	17
• Other	49	61	65	39	114
Primary Language					
• English	85	96	94	70	109
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #8: Community Support Services

Purpose: The services and strategies in this work plan are designed to advance recovery goals for all consumers to live independently and to be engaged in meaningful work and learning activities. Participants will be enrolled in Full Service Partnership (FSP) Teams. FSP's are "partnerships" between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff. County staff in collaboration with community partners (Community Connection, Front Street, and Wheelock) provides the services for this project.

Agency Reporting	**Front Street: Housing Support**				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	3	3	5	9	9
Adults (26-59)					
Number of individuals/families targeted	62	62	62	62	
Number Actually Served	67	70	74	69	80
Older Adults (60+)					
Number of individuals/families targeted	20	20	20	20	
Number Actually Served:	27	27	25	26	31
Race/Ethnicity					
• White	79	86	85	86	89
• Latino	11	9	11	10	12
• Other	7	5	8	8	9
Primary Language					
• English	94	97	101	101	117
• Spanish	3	3	3	3	3
• Other			0		
Culture					
• Veterans	1	1	1	1	1
• LGBTQ	2	1	1	0	1

Agency Reporting	**Front Street: Wheelock (outpatient & residential)**				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	1				1
Adults (26-59)					
Number of individuals/families targeted	12	12	12	12	
Number Actually Served	12	12	12	12	13
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served:	4	4	4	4	4
Race/Ethnicity					
• White	12	11	11	11	12
• Latino	3	3	3	3	3
• Other	2	2	2	2	2
Primary Language					
• English	16	15	15	15	16
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Front Street: Willowbrook				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	0	0	0	0	
Number Actually Served	0	0			
Adults (26-59)					
Number of individuals/families targeted	25	25	25	25	
Number Actually Served	25	25	24	25	28
Older Adults (60+)					
Number of individuals/families targeted	15	15	15	15	
Number Actually Served:	16	17	17	17	17
Race/Ethnicity					
• White	32	33	32	31	34
• Latino	5	5	5	6	6
• Other	4	4	4	5	5
Primary Language					
• English	40	41	41	41	44
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans	2	2	2	2	2
• LGBTQ	1	1	1	2	2

Agency Reporting	Front Street: Housing Property Management				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	0	0	0	0	
Number Actually Served	0		1	1	1
Adults (26-59)					
Number of individuals/families targeted	39	39	39	39	
Number Actually Served	42	45	42	45	58
Older Adults (60+)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served:	2	2		0	2
Race/Ethnicity					
• White					
• Latino					
• Unknown					
Primary Language					
• English	44	47	43	46	61
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Front Street: Opal Cliffs				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	0				
Adults (26-59)					
Number of individuals/families targeted	12	12	12	12	
Number Actually Served	13	11	10	10	14
Older Adults (60+)					
Number of individuals/families targeted	2	2	2	2	
Number Actually Served:	3	3	3	3	3
Race/Ethnicity					
• White	15	13	12	12	16
• Latino	1	1	1	1	1
• Other					
Primary Language					
• English	15	13	12	12	16
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass: Supported Housing				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	8	4	4	2	8
Adults (26-59)					
Number of individuals/families targeted	52	52	52	52	
Number Actually Served	51	53	50	52	53
Older Adults (60+)					
Number of individuals/families targeted	12	12	12	12	
Number Actually Served:	16	18	16	15	18
Race/Ethnicity					
• White	56	57	53	52	57
• Latino	9	10	9	9	12
• Other/Unknown	10	8	8	8	10
Primary Language					
• English	74	74	69	73	78
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Community Connection: Housing Support (employment)**				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	2	3	4	3	4
Adults (26-59)					
Number of individuals/families targeted	30	30	30	30	
Number Actually Served	24	24	28	26	34
Older Adults (60+)					
Number of individuals/families targeted	9	9	9	9	
Number Actually Served:	10	8	6	5	12
Race/Ethnicity					
• White	28	25	29	26	37
• Latino	4	6	6	5	7
• Other	4	4	3	3	6
Primary Language					
• English	36	35	38	34	50
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Community Connection: College Connection**				
Outreach	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted					20
Number Actually Served	29	24	26	22	40
Age Group					
• **16-25**	7	5	7	7	11
• **26-59**	20	18	18	15	27
• **60 +**	2	1	1		2
Race/Ethnicity					
• White	19	19	19	13	23
• Latino	6	3	4	5	9
• Other	4	2	3	4	8
Primary Language					
• English	29	24	26	22	40
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	**Community Connection: Opportunity Connection**				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	1	1	1	2	3
Adults (26-59)					
Number of individuals/families targeted	40	40	40	40	
Number Actually Served	39	40	30	39	59
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	7	8	6	6	9
Race/Ethnicity					
• White	37	37	31	39	58
• Latino	4	4	1	1	4
• Other	6	8	5	7	9
Primary Language					
• English	47	49	37	47	71
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	MHSAS: Staffing Support				
Outreach and Engagement	Q1	Q2	Q3	Q4	**Annual**
Number of individuals/families targeted:	60	60	60	60	
Number of individuals/families **ACTUALLY SERVED**	122	165			
System Development	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					
Number of individuals/families **ACTUALLY SERVED**	79	74	54	48	211
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1Transition Age Youth (16-25)					
Number of individuals/families targeted	40	40	40	40	
Number Actually Served	38	42	34	47	65
Adults (26-59)					
Number of individuals/families targeted	290	290	290	290	
Number Actually Served	269	251	138	236	369
Older Adults (60+)					
Number of individuals/families targeted	5	5	5	5	
Number Actually Served:	107	101	96	95	124
Unduplicated Target for all					
Age Group					
• Children 0-15					
• TAY 16-25			37	51	83
• Adults 26-59			274	265	466
• Older Adults 60+			106	110	146
Race/Ethnicity					
• White			265	268	438
• Latino			90	91	146
• Other			67	67	143
Primary Language					
• English			363	373	619
• Spanish			46	41	59
• Other			13	12	22
Culture					
• Veterans					
• LGBTQ					

PREVENTION & EARLY INTERVENTION (PEI)

Intent: To engage persons prior to the development of serious mental illness or serious emotional disturbances, or in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment.

PEI Project #1: Early Intervention Services for Children

This project area addresses three priority populations: children and youth from stressed families, onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing parental/supervision skills affected by substance use/abuse, and/or are exposed to violence, abuse, and /or neglect. The desire is to decrease the negative impact of these factors by offering mental health services to youth and their families. This project also addresses disparities in access to services by including a focus on the needs of Latino children/families, as well as lesbian, gay, bisexual, transsexual, and questioning (LGBT) youth and their families

Agency Reporting		MHSAS			
Work Plan/Program/Service		0-5 Screening			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	43		19	25	81
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	13		9	12	39
• Latino	17		4	3	19
• Other	13		6	10	23
Primary Language					
• English	34		19	23	74
• Spanish	8				5
• Other	1			2	2
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		First 5			
Work Plan/Program/Service		Triple P			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	209	227	269	286	624
• TAY 16-25	32	47	59	103	190
• Adults 26-59	150	249	299	512	951
• Older Adults 60+		3	3	20	25
Race/Ethnicity					
• White	88	68	118	111	249
• Latino	185	261	277	345	676
• Other	118	197	233	465	865
Primary Language					
• English	246	243	312	404	829
• Spanish	145	283	318	517	961
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		First 5			
Work Plan/Program/Service		Side by Side			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	17	15	16	19	34
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	1	1	5	3	4
• Latino	14	14	11	13	25
• Other	2			3	5
Primary Language					
• English	7	5	7	9	15
• Spanish	10	10	9	10	19
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Barrios Unidos			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)	121	58	56	12	247
Age Group					
• Children 0-15	71	37	38	1	147
• TAY 16-25	50	21	18	11	100
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	2	1	0	3	6
• Latino	116	45	49	9	219
• Other	3	12	7	0	14
Primary Language					
• English	9	6	9	5	29
• Spanish	109	52	47	7	215
• Other	3				3
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Live Oak Family Resource Center (via COE)			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	1	1		1	6
• TAY 16-25	1	1	1	2	8
• Adults 26-59	13	28	51	32	142
• Older Adults 60+	1		3	2	9
• unknown	3	3	6	8	23
Race/Ethnicity					
• White	6	14	30	14	93
• Latino	13	14	22	24	68
• Other	1	3	16	7	27
Primary Language					
• English	7	17	32	15	96
• Spanish	11	10	18	19	52
• Other	1	2		11	40
Culture					
• Veterans		1	1	1	3
• LGBTQ	1				1

Agency Reporting		Diversity Center (via COE)			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	146	379	202	161	718
• TAY 16-25	52	71	37	23	183
• Adults 26-59	6	15	11	9	24
• Older Adults 60+			4	4	
• Unknown	5				
Race/Ethnicity					
• White	70	121	116	73	380
• Latino	49	85	81	56	271
• Other	27	47	48	68	274
Primary Language					
• English	120		203	178	776
• Spanish	26		51	19	149
• Other					
Culture					
• Veterans					
• LGBTQ	68		92	61	317

Agency Reporting		Positive Behavioral Intervention Program/COE			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	89	89	89	89	89
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino					
• Other					
• unknown	89	89	89	89	89
Primary Language					
• English	89	89	89	89	89
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		NAMI/COE			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)		304			
Age Group					
• Children 0-15	648	265	993	94	2000
• TAY 16-25	117	16	36		169
• Adults 26-59		23	81		104
• Older Adults 60+					
Race/Ethnicity					
• White	280	95	470	33	878
• Latino	366	194	568	58	1186
• Other	40	7	241	3	212
Primary Language					
• English	510	251	950	73	1784
• Spanish	99	53	159	21	332
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		ENCOMPASS (via COE)			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	3	20	32	24	79
• TAY 16-25	10	6	5	10	29
• Adults 26-59	18	50	134	40	240
• Unknown age					
Race/Ethnicity					
• White	1				1
• Latino	1				1
• Other	29	76	171	74	346
Primary Language					
• English	29	60	144	70	301
• Spanish	2	16	27	4	47
• Other/Unknown					
Culture					
• Veterans					
• LGBTQ	4	2	8		13

Agency Reporting		ENCOMPASS			
Work Plan/Program/Service		Seven Challenges			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	4	4	3	7	15
• TAY 16-25	7	9	9	14	24
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	6	8	5	2	11
• Latino	4	4	6	9	17
• Other	1	1	1	10	11
Primary Language					
• English	11	13	8	10	27
• Spanish			4	3	4
• Other				8	8
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		PVPSA			
Work Plan/Program/Service		Seven Challenges			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	4	14	5	2	15
• TAY 16-25	16	22	22	21	27
• Adults 26-59					
• Older Adults 60+					
• Unknown					
Race/Ethnicity					
• White			1	1	1
• Latino	20	33	24	22	38
• Other		3	2		3
Primary Language					
• English	16	31	24	23	36
• Spanish	4	5	3		5
• Other					1
Culture					
• Veterans					
• LGBTQ					

PEI Project #2: Culture Specific Parent Education & Support

The objective of this project is to decrease the risk of violence, suicide, and other traumas that children and youth age 0 – 17 may be exposed to by providing education, skills-based training, early intervention and treatment referrals to parents, families, and children, that are in need of parental/supervision skills, are affected by substance abuse, and/or are exposed to violence, abuse, or neglect. We have chosen Cara Y Corazón, Jóven Noble, and Xinatchli. Cara Y Corazón is a culturally based family strengthening and community mobilization approach that assists parents and other members of the extended family to raise and educate their children from a positive bicultural base. Jóven Noble is a youth leadership development program for boys, and Xinatchli is a youth development program for girls.

Agency Reporting		MHSAS			
Work Plan/Program/Service		Cara y Corazón			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	3	8	2	4	17
• Adults 26-59	9	43	22	23	97
• Older Adults 60+					
Race/Ethnicity					
• White	8	13	14	11	46
• Latino	4	38	10	16	68
• Other					
Primary Language					
• English	8	13	14	16	51
• Spanish	4	38	10	11	63
• Other					
Culture					
• Veterans			3		3
• LGBTQ			2	2	4

Agency Reporting		MHSAS			
Work Plan/Program/Service		Jóven Noble			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0	20	34	39	93
• TAY 16-25	0	16			16
• Adults 26-59	0				
• Older Adults 60+	0				
Race/Ethnicity					
• White		8	4	5	17
• Latino		25	30	34	89
• Other		3			3
Primary Language					
• English		10	30	36	76
• Spanish		26	4	3	33
• Other					
Culture					
• Veterans					
• LGBTQ		6	2	4	12

Agency Reporting		MHSAS			
Work Plan/Program/Service		Xínatchli			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0	0	6	17	23
• TAY 16-25	0	8	4		12
• Adults 26-59	0				
• Older Adults 60+	0				
Race/Ethnicity					
• White		2	2	4	8
• Latino		6	8	13	27
• Other					
Primary Language					
• English		4	2	3	9
• Spanish		4	8	14	26
• Other					
Culture					
• Veterans					
• LGBTQ			2		2

PEI Project #3: Early Onset Intervention Services for Transition Age Youth & Adults

This project seeks to provide education, training, and treatment by expanding mental health awareness and services through traditional and non-traditional settings, Community Entry Points (CEP), Professionals, and Family members. This will be achieved by developing a network of care for use prior to being formally "diagnosed" at the earliest signs of possible serious mental illness. This program addresses transition age youth and adults who are trauma exposed and are experiencing (or at risk of experiencing) the onset of serious mental illness. This project also addresses disparities in access to mental health services by including a focus on the needs of Latino youth as well as Lesbian, gay, bisexual, transsexual (LGBT) individuals, and their families.

Agency Reporting		Volunteer Center (Community Connection)			
Work Plan/Program/Service					
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0				
• TAY 16-25	21	24	29	25	39
• Adults 26-59	12	9	9	6	13
• Older Adults 60+	3	3	3	1	3
Race/Ethnicity					
• White	25	21	26	16	37
• Latino	5	6	7	8	9
• Other	6	9	8	8	9
Primary Language					
• English	36	36	41	32	55
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		Second Story			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	6	3	4	3	17
• Adults 26-59	26	24	25	30	73
• Older Adults 60+	2	3	3	4	10
Race/Ethnicity					
• White	25	21	23	30	75
• Latino	7	5	3	4	14
• Other	2	4	6	3	11
Primary Language					
• English	32	30	31	36	96
• Spanish	2		1	1	4
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS (Janus, Sobriety Works, New Life)			
Work Plan/Program/Service		Serial Inebriate			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	11	9	10	5	17
• Older Adults 60+	3	1	4		5
Race/Ethnicity					
• White	12	10	12	5	19
• Latino			1		1
• Other	2		1		2
Primary Language					
• English	14	10	13	5	21
• Spanish			1		1
• Other					
Culture					
• Veterans	1				
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Mental Health Sobering Beds			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	2	3	1		2
• Adults 26-59	1	4	3	3	12
• Older Adults 60+					
Race/Ethnicity					
• White	1	6	3	2	9
• Latino	2	1	1	1	4
• Other					1
Primary Language					
• English	2	6	3	3	11
• Spanish	1	1	1		3
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Early Intervention Services			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	20	24	31	29	57
• Adults 26-59	15	9	10	12	25
• Older Adults 60+					
Race/Ethnicity					
• White	21	17	31	20	44
• Latino	4	6	10	4	14
• Other	10	10	19	17	24
Primary Language					
• English	35	31	60	40	79
• Spanish		2	0	1	2
• Other					1
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Veteran Advocate			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1	3	1	0	5
• Adults 26-59	32	41	39	29	141
• Older Adults 60+	28	34	31	27	120
Race/Ethnicity					
• White	47	61	55	46	209
• Latino	11	13	14	7	45
• Other	3	4	2	3	12
Primary Language					
• English	61	78	71	56	266
• Spanish					
• Other					
Culture					
• Veterans	61	78	71	56	266
• LGBTQ					

Agency Reporting		Family Services Agency			
Work Plan/Program/Service		Suicide Prevention Services			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	671	222	435	391	1719
• TAY 16-25	132	219	248	358	957
• Adults 26-59	198	205	473	461	1337
• Older Adults 60+	89	15	159	190	453
• Unknown					
Race/Ethnicity					
• White	377	294	639	633	1943
• Latino	638	280	547	526	1991
• Other	75	87	85	241	443
Primary Language					
• English	450	411	517	725	2123
• Spanish	620	250	798	675	2343
• Other					
Culture					
• Veterans	16	29	6	6	57
• LGBTQ	59	12	168	485	724

PEI Project #4: Early Intervention Services for Older Adults

This prevention strategy addresses the high rates of depression, isolation, and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior's isolation and challenges in accessing appropriate care.

Agency Reporting		Family Services Agency			
Work Plan/Program/Service		Senior Outreach Program			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	3	4	8	3	8
• Older Adults 60+	3	12	18	12	31
Race/Ethnicity					
• White	3	12	17	7	23
• Latino	2		5	6	12
• Other	1		4	2	5
Primary Language					
• English	5	15	23	11	34
• Spanish	1	1	3	4	6
• Other					
Culture					
• Veterans	1	3	3	1	4
• LGBTQ	1	1	1	1	1

Agency Reporting		Senior Council			
Work Plan/Program/Service					
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+	10	3	2	0	15
Race/Ethnicity					
• White	8	3	2		13
• Latino					
• Other	2				2
Primary Language					
• English	10	3	2		15
• Spanish					
• Other					
Culture					
• Veterans	1				1
• LGBTQ					

Agency Reporting		Senior Network Services			
Work Plan/Program/Service					
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Information calls	65	68	63	65	261
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+	4	3	5	2	14
Race/Ethnicity					
• White	3	2	4	1	10
• Latino	1	1		1	2
• Other			1		2
Primary Language					
• English	4	2	5	1	12
• Spanish		1		1	2
• Other					
Culture					
• Veterans					
• LGBTQ		1		1	2

Agency Reporting		MHSAS			
Work Plan/Program/Service					
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	11	9	12	5	26
• Older Adults 60+					
Race/Ethnicity					
• White	10	7	8	4	21
• Latino					
• Other	1	2	4	1	5
Primary Language					
• English	11	8	11	5	24
• Spanish					
• Other		1	1		2
Culture					
• Veterans					
• LGBTQ					

INNOVATIVE PROJECT (INN)

Intent: To increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; to increase access to services.

Name: Avenues: Work First for Individuals with Co-Occurring Disorders

Purpose: To engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals' symptoms. It is designed after a philosophy and model known as "Housing First." The Housing First approach centers on providing homeless people with housing quickly and then providing services as needed. We take a similar approach emphasizing Work as a motivating and protective factor for co-occurring disorders. This innovative program offers "natural" activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self-described goals.

Target Population: Transition age youth and adults. This will include persons with severe and chronic mental illness; persons who abuse alcohol and drugs whose mental health issues interfere with their ability to achieve stable recovery and put them at risk of jail and hospitalization or homelessness; and transition age youth with co-occurring disorders of mental illness and substance abuse.

Agency Reporting		Volunteer Center (Community Connection)			
Work Plan/Program/Service					
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	5	5	3	3	0
• Adults 26-59	12	17	12	14	31
• Older Adults 60+	1			1	1
Race/Ethnicity					
• White	13	14	11	12	24
• Latino	3	4	2	4	9
• Other	2	3	2	2	7
Primary Language					
• English	18	22	15	18	40
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		ENCOMPASS			
Work Plan/Program/Service		Casa Pacific			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	2	2	1	1	2
• Adults 26-59	5	9	5	4	11
• Older Adults 60+			1	1	1
Race/Ethnicity					
• White	4	7	3	4	9
• Latino	1	2	1	1	1
• Other	2	2	1	1	4
Primary Language					
• English	7	10	7	6	13
• Spanish		1			1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		CAB			
Work Plan/Program/Service		Work Crew			
July 1 2015 to June 30, 2016	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	4	2	0	1	7
• Adults 26-59	16	14	11	8	22
• Older Adults 60+					
Race/Ethnicity					
• White	14	11	6	4	20
• Latino	4	4	4	4	6
• Other	2	1	1	1	3
Primary Language					
• English	20	16	11	9	29
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					
Gender					
• Male					
• Female					

BUDGET

FY 2015-2016 MENTAL Health Services Act Annual Update
Funding Summary

	MHSA Funding					
	A	B	C	D	E	F
	CSS	PEI	INN	WET	CF/IT	Prudent Reserve
A. Estimated FY 2015/16 Funding						
• Estimated Unspent Funds from Prior Fiscal Years	1,900,848.84	941,856	464.399	7,000	748,376	
• Estimated New FY 2015/16 Funding	7,629,534.00	1,907,383	501,942			
• Transfer in FY 2015/16						
• Access Local Prudent Reserve in FY 2015/16						
• Estimated Available Funding for FY 2015/16	9,530,382.84	2,849,239	966,341	7,000	748,376	
B. Estimated FY 2015/16 MHSA Expenditures	9,530,382.84	2,849,239	966,341	7,000	748,376	
C. Estimated FY 2015/16 Unspent Balance	-					

Estimated Local Prudent Reserve Balance	
Estimated Local Prudent Reserve Balance on June 30, 2015	3,387,556
Contributions to the Local Prudent Reserve in FY 2015/16	0
Distributions from the Local Prudent Reserve in FY 2015-16	0
Estimated Local Prudent Reserve Balance on June 30, 2016	3,387,556