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 I
AUGUST 2015

Acknowledgements

In 2014, the Santa Cruz County Board of Supervisors requested that the Santa Cruz County Mental Health and Substance Abuse Services Agency develop a mental health strategic plan, with the first phase focused on developing a needs and gaps analysis in order to ensure the current mental health and wellness needs of the community were identified, and opportunities for addressing those needs and gaps in the system were articulated into a succinct plan.

On behalf of the Santa Cruz County Mental Health and Substance Abuse Services Agency, we would like to thank all of our clients, family members, community members, contract providers, the Santa Cruz County Board of Supervisors, the Santa Cruz County Administrative Officer and her staff, other County Staff and Departments providing input into this plan, and Health Services Agency staff for their time and valuable contributions in developing this plan.

TABLE OF CONTENTS

Executive Summary

The County of Santa Cruz is a dynamically changing and rapidly growing community, with healthcare needs that have continued to change over time. With the advent of the Affordable Care Act, many more residents now have access to healthcare, both for primary care but as well as mental health and substance use disorder services. The community has been engaging in a number of strategic planning efforts, in the areas of Substance Use Disorders, Youth Violence Prevention, Homelessness, and Integrated Care in response to the changing needs of the community, and potential opportunities for funding in the future to address these needs.

The Mental Health and Substance Abuse Services Division of the County Health Services Agency was asked to complete a needs and gaps assessment of the mental health system to ensure the current needs of the community were reflected in a plan that could be used to guide future policy and funding decisions in the County. A collective impact approach was utilized as the framework for the planning process in order to ensure this plan supported a well-coordinated approach with existing planning processes to ensure an active partnership and collaboration with the other plans, and the collective impact of a large group of stakeholders working together to positively impact the needs and gaps identified in the mental health strategic plan.

A series of stakeholder meetings were held from September 2014 through March 2015 in order to formulate a set of recommendations based on current needs and gaps within the system. Stakeholder input, which was also inclusive of consumer and family input, was tied to a comprehensive literature review of best practice and promising practices both here in California, as well as nationally.

Part I of the strategic plan is a needs and gaps analysis which forms the foundation for a Roadmap to Collective Wellness. A set of recommendations were formulated based on five specific needs and gaps areas:

1. **Communication, Collaboration and Community Education**
   1.1 Improved public understanding of mental health and mental wellness.
   1.2 Improved public understanding of the services available to support individuals and families in the community.
   1.3 Increased stakeholder collaboration to more effectively engage consumers, families and other stakeholders.
2. **Programs and Services**
   2.1 Implement Evidence Based Practice models across the entire system of care.
   2.2 Establish a broad based use of client and programmatic outcomes measures.
   2.3 Ensure that services are delivered based on culturally and linguistically appropriate standards.
   2.4 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.

2.5 Increase the availability of a full-spectrum of services from prevention and early intervention to ongoing treatment services.

3. Program Staffing
3.1 Staff recruitment, retention and staff development.
4. Timely Access to Treatment
4.1 Improving timely access to services.
5. Integrated Models of Care
5.1 Infrastructure and procedures to provide well-coordinated, integrated and whole person care across multiple systems.

Based on the needs and gaps analysis, examples of Evidence Based Practices and best practice models were provided in order to address those identified needs and gaps.

Part II of the strategic planning process will further refine the recommendations to address the needs and gaps within the system, and prioritizing those recommendations by providing an overview of state and federal mandates, and within the context of more detailed service utilization and demographic data and additional stakeholder input, establish a prioritized list of action steps over a 5-year period of time.

Part III of the strategic planning process will provide an integrated action plan which incorporates the Substance Abuse Strategic Planning recommendations, the Mental Health Strategic Plan prioritized recommendations, with a sound financing plan to support implementation, and continued leveraging of current and future funding opportunities.

Next Steps

Stakeholders will have another opportunity to review the final needs and gaps analysis and work on prioritizing these in the context of current and future funding opportunities, including local initiatives such as the Central Alliance for Health community capacity building grants, and the State of California 1115 waivers for mental health and substance use disorder services. A project plan will be developed for key initiatives for the next 24-months and regular updates will be provided through annual stakeholder review of the plan.

Planning Process Overview

The County of Santa Cruz, with a 2010 population of approximately 262,000 residents, is located on the central coast of California, with the largest population areas being the incorporated cities of Santa Cruz (59,946), Watsonville (51,199), Scotts Valley (11,580), and Capitola (9,918)[i].

Santa Cruz County is a dynamic, continuously evolving community. In recent years, the complex issues of homelessness, public safety, insurance expansion under the Affordable Care Act, and increasing demand for services across multiple public and private sector programs has necessitated a stronger focus on identifying the current needs of the community and identifying strategies based on the use of best practice and Evidence Based models of care to address these issues. There has also been a focus on ensuring that the multiple planning efforts that have been taking place are coordinated and recommendations made complement the work being done by each of the provider organizations in the community.

Santa Cruz County currently lacks a comprehensive mental health strategic plan. Past planning efforts have been tied to the Mental Health Service Act funding from Proposition 63. In 2004 California passed Proposition 63, known as the Mental Health Services Act (MHSA), which imposes a tax on California's millionaires to provide mental health services. The components of the Act focus on direct clinical services (Community Services and Supports, Prevention & Early Intervention, and Innovative Projects), and infrastructure (Workforce Education & Training, Capital Facilities, and Information Technology). A key component in accessing the funds required engagement of community stakeholders. Santa Cruz County Mental Health & Substance Abuse Services had an extensive community planning process in 2004 and 2005 for the initial phase of MHSA, known as the Community Services and Supports. Further community stakeholder meetings, work groups, focus groups and key informant interviews were conducted as the other component requirements were released.

While the Santa Cruz County Mental Health & Substance Abuse Services agency had annual reviews and updates of its MHSA plan, the broader questions of, "Have the needs of the community changed?" and, "Are there gaps in services that may or may not be covered under MHSA?" were not previously addressed in that process. To begin addressing these questions, a community-wide strategic planning process was proposed and launched in the summer of 2014.

"LARGE SCALE SOCIAL CHANGE COMES FROM BETTER CROSS SECTOR COORDINATION RATHER THAN THE ISOLATED INTERVENTION OF INDIVIDUAL ORGANIZATIONS."

Prior to commencing the strategic planning process, several approaches were reviewed by the team, and given the multiple planning efforts that were underway, and the strong desire to leverage the collective strength of the community, a collective impact model was decided upon as the framework for the mental health strategic plan.

As illustrated in the highlighted quotation from the Stanford Social Innovation Review[ii], the collective impact model "gathers a group of key stakeholders in the community from multiple sectors to address a common agenda focused on solving a common social issue. Unlike more common collaborations in the community, a collective impact process involve a centralized infrastructure or lead for the process, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication and mutually reinforcing activities among all participants." [iii]

Isolated Impact vs. Collective Impact

Isolated Impact	Collective Impact
Funders select individual grantees that offer the most promising solutions.	Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.
Nonprofits work separately and compete to produce the greatest independent impact.	Progress depends on working toward the same goal and measuring the same things.
Evaluation attempts to isolate a particular organization's impact.	Large scale impact depends on increasing cross-sector alignment and learning among many organizations.
Large scale change is assumed to depend on scaling a single organization.	Corporate and government sectors are essential partners.
Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.	Organizations actively coordinate their action and share lessons learned.

As illustrated in, "Isolated Impact vs. Collective Impact"[iv], the role of the strategic planning process is to more effectively align the goals of each organization and the participating stakeholders in the context of how each organization can collectively contribute towards addressing the identified needs and gaps. There is a strong emphasis on private and public partnerships, and a commitment to sharing lessons learned as each organization maintains its focus on working towards the same goals and supporting that work through a common measurement system of outcomes measures.

Beginning the Process: Information-Gathering Forum

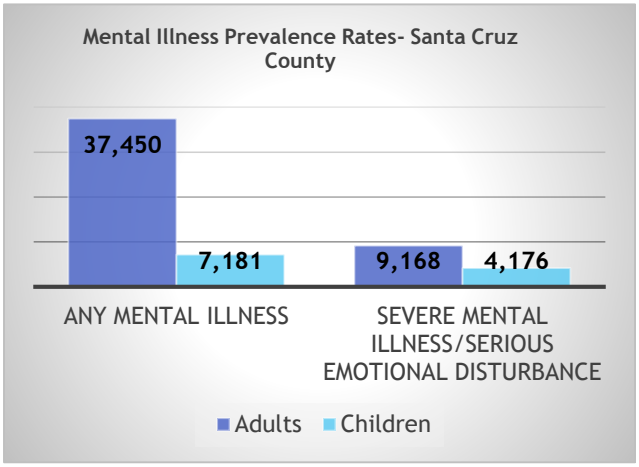
During August 2014, Santa Cruz County Mental Health & Substance Abuse Services management staff participated in two retreats to identify needs and gaps in the behavioral health system. These retreats served as an initial information-gathering forum for the strategic planning process. Discussion and analysis led to creation of a document outlining the *Identified Gaps in Behavioral Health System.* Within this document, gap areas were grouped into five categories: (a) communication, collaboration and community education, (b) programs and services, (c) program staffing, (d) timely access to treatment, and (e) integrated models of care. The *Identified Gaps in Behavioral Health System* served as a foundation for discussion, dialogue, and planning at subsequent community meetings and focus groups.

Summaries of community meetings, focus groups, and key stakeholder interviews are available on the HSA Strategic Planning website. The *Identified Gaps in Behavioral Health System* matrix and other relevant documents are also downloadable from this page. See:

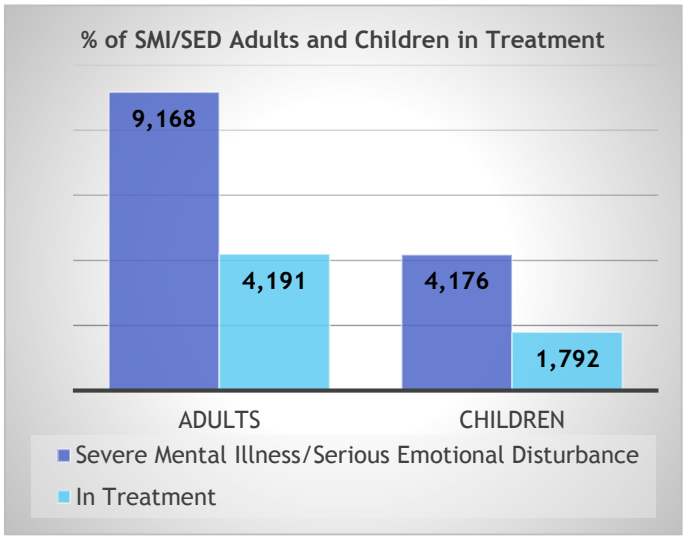
http://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthSubstanceAbuseStrategicPlanning.aspx

The initial strategic planning team examined a number of key data points for community mental health services including prevalence rates, and access to care ratios. As illustrated in "Mental Illness Prevalence Rates- Santa Cruz County", the impact of mental illness in the community is significant. Based on statewide and national prevalence estimates[v], approximately 37,000 residents of the County are dealing with the daily

challenges of a mental illness. A little over 9,000 residents have either a severe mental illness (in adults referred to as SMI) or serious emotional disturbance (in children referred to as SED) which impacts adults, children and families in the most significant way, often requiring intensive community based services to support the individual and their family across multiple services agencies.



Of the adults in Santa Cruz County with SMI (9,168), approximately 4,191 are currently receiving treatment through the County and its partner agencies in the community. Of the children with SED (4,176), approximately1,792 are currently receiving treatment through the County and its partner agencies in the community.



ISSUE FOR CONSIDERATION: MOST SPECIALIZED MENTAL HEALTH SERVICES SUCH AS CASE MANAGEMENT AND INTENSIVE COMMUNITY BASED SERVICES ARE NOT COVERED BY COMMERCIAL INSURANCE PLANS, LEAVING FAMILIES WITHOUT ACCESS TO THE CRITICAL SERVICES THAT PRODUCE THE BEST OUTCOMES FOR THEIR CHILDREN.

Prevalence rates for both SMI and SED are higher for individuals living in lower family income brackets and for the homeless population. As the data illustrates, Santa Cruz County is currently serving approximately 46% of adults experiencing a severe mental illness, 42% of children experiencing a serious emotional disturbance, and approximately 43% of older adults experiencing a severe mental illness. Over half of the County's residents with SMI or SED may not be connected with the community based mental health services that they need.

The impact of mental illness is also significant for families. National estimates have shown that one in four families has a relative with a mental illness.[vi]

Widening the Lens of Perspective: Community Voice

Obtaining and understanding community voice and perspectives were core components of the strategic planning process. To ensure the planning process moved forward with a broad perspective of community mental health needs and gaps in services, input was sought from a broad range of stakeholders, including clients, families, community partners, and other community members. Recommendations were gathered through a series of meetings, focus, and key informant interviews. These recommendations were then incorporated into a series of needs and gaps analysis which also applied best practice models for review and discussion at future meetings.

THERE WAS A BROAD REPRESENTATION OF STAKEHOLDERS AT EACH MEETING, WITH CLOSE TO 40% OF INITIAL ATTENDEES REPRESENTING CONSUMERS AND FAMILY MEMBERS.

Summaries of each of the community meetings, focus groups, interviews, and breakout groups at community meetings are available at: http://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthSubstanceAbuseStrategicPlanning.aspx.

Community Meetings

From September through December 2014, multiple community stakeholder meetings were conducted each month. To ensure participation from both North and South County stakeholders, meetings were held in both locations of the County, with morning and evening sessions to support the different schedules and availability of participants. Participants attending these meetings included consumers, family members, community members, and representatives from multiple service sectors. Significant portions of attendees were clients and mental health providers. For instance, at the community meetings in September 2014, 38% of attendees were consumers and 23% mental health providers.

The two initial community meetings, conducted in September 2014, utilized a small group discussion design to maximize opportunity to gain input from attendees. After opening remarks and an overview of services, the facilitator presented the document *Identified Gaps in the Behavioral Health Systems.* Attendees engaged in small discussion/break out groups to respond to the following questions:

1. In considering the key need and gap areas that have been identified so far, are there any, from your perspective, that are missing? If so, what are they?
2. Which needs or gap areas are most important?
3. Which needs or gap areas should we focus on working first?
4. Are there specific needs or gap areas that may be unique or different for South/North County?

At each of the two September meetings, one group focused on children's services, while the remainder discussed adult services. In November 2015, participants reviewed an updated *Identified Gaps in Behavioral Health Systems*, which had been modified to reflect community input gathered during September and October meetings. Participants then had an opportunity to further add to the lists of gaps in services. In November, the Director of Behavioral Health also spoke at a monthly NAMI meeting at the Like Oak Senior Center. The findings from the needs and gaps analysis was shared and input solicited from family members. The December 2014 meetings sought community feedback specifically for a related strategic planning project. Feedback regarding this related project was incorporated into broader strategic planning for the Santa Cruz County Mental Health & Substance Abuse Services agency.

Focus Groups

The strategic planning team reviewed attendee demographics from September community meetings to determine which vulnerable groups were under-represented at these meetings. Based on this assessment, six focus groups were held in October 2014. Groups were designed to capture input and gain insight from the following populations: families, older adults, veterans/veteran advocates, LGBTQ youth, monolingual Spanish speakers, and transition age youth. The number of attendees ranged from eight to 20 per group. An overview of information gathered from each of these groups can be found on the HSA Mental Health and Substance Abuse Strategic Planning webpage.

Key Informant Interviews

Key informant interviews were conducted with Jim Hart, Chief Deputy Sheriff-Coroner's Department and Judge Heather Morse in November 2014. The interview with Sheriff Hart focused on his experience of strengths and weaknesses of MHS programs serving individuals with severe mental illness and who have encounters with the criminal justice system. Judge Morse, who regularly presides at the Behavioral Health Court in Santa Cruz County, was interviewed to obtain her perception of services currently available through Santa Cruz County Mental Health and Substance Abuse Services Agency to people who are seriously mentally ill.

Other Plan Review

The strategic planning team also reviewed several other community strategic planning documents, including the Monterey County Behavioral Health Strategic Plan (2014), The Santa Cruz County Substance Use Disorder Strategic Plan (2015), The California Mental Health and Substance Use System Needs Assessment (2012), The Santa Cruz County Youth Violence Prevention Plan (2015), All In- Toward a Home for Every County Resident (2015), and best practice models from the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition, both local and statewide data was reviewed and analyzed to help inform a review of best practice models used locally and nationally to effectively address needs and gaps within a community mental health system of care.

Leveraging Alignment with Similar Processes: Innovative Project Proposal

From August 2014 to May 2015, the strategic planning team facilitated two concurrent strategic planning processes. The first was focused on the overall mental health strategic plan for the

department. The second was to create an *Innovative Project* funding proposal through the Mental Health Services Act, or Proposition 63. An Innovative Project proposal is a program that provides limited-time funding for local projects in California that are both groundbreaking and contribute to learning within the mental health field. The California Mental Health Services Oversight and Accountability Commission (MHSOAC) reviews proposals from Counties for Innovations funding based on specific criteria established through regulations promulgated by the MHSOAC.[vii]

In preparation for creating an Innovative Projects proposal, we sought community input to understand how to best use this potential funding stream. This priority aligned with the department's overall strategic planning focus of obtaining community voice and input into identifying a key need and gap area that could be addressed through the submission of an Innovative Proposal to the State. Information gathered from community meetings, focus groups, and key informant interviews were utilized to inform the Innovative Projects proposal.

As a result of this process, the strategic planning team developed a proposal titled ¡Juntos Podemos! (Together We Can!). ¡Juntos Podemos! is a creative approach to developing a team model where peer and family partners, along with mental health staff work as collaborative team members to effectively support the needs of the individual and their family. This plan will involve:

1. Hiring and training a workforce of peer and family partners to work as members of clinical treatment teams,
2. Creating an Office of Consumer and Family Affairs to assist clients and family members in navigating the full range of county and community based resources in a timely manner, and
3. Further strengthening professional development of clinical staff.

The County Board of Supervisors adopted the proposed plan for submission to the MHOAC on April 21, 2015. The Mental Health Services Oversight Accountability Commission verbally approved the Plan on May 4, 2015 with favorable feedback and officially accepted the Plan later that month.

Road Map to Collective Wellness:

In collaboration with the Santa Cruz County community, the strategic planning team has identified strategic priorities that will serve as a responsive, effective, and efficient vehicle for advancing the core values and targeted outcomes defining mental health and wellness. There are five strategic priority areas that underpin our local capacity to appropriately address the role of mental health in health:

1. Communication, Collaboration, and Community Education

1.1 Improved Public Understanding of Mental Health and Mental Wellness

1.2 Improved Public Understanding of the Services Available to Support Individuals and Families in the Community

1.3 Increased Stakeholder Collaboration to More Effectively Engage Consumers, Families and Other Stakeholders

2. Programs and Services

2.1 Implement Evidence Based Practice Models Across the Entire System of Care

2.2 Establish a Broad Based use of Client and Programmatic Outcomes Measures

2.3 Ensure that Services are Delivered Based on Culturally and Linguistically Appropriate Standards

2.4 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

2.5 Increase the Availability of a Full-Spectrum of Services from Prevention and Early Intervention to Ongoing Treatment Services.

3. Program Staffing

3.1 Staff Recruitment, Retention and Staff Development

4. Timely Access to Treatment

4.1 Improving Timely Access to Services

5. Integrated Models of Care

5.1 Infrastructure and Procedures to Provide Well-Coordinated, Integrated and Whole Person Care Across Multiple Systems.

The strategic priorities are intended to guide the community forward in achieving its mission to collectively address the needs and gaps that were identified.

1. Communication, Collaboration, and Community Education

Research notes that negative attitudes and beliefs surrounding mental illness and lack of accurate information are barriers to connecting to and maintaining engagement in treatment and ongoing recovery maintenance management.[viii] Throughout the strategic planning process, the strategic planning team heard multiple stories of how consumers and family members have been personally impacted by prejudice, lack of information pertaining to the impacts of mental illness in our community, the shame that often results from the day to day struggles of mental illness, and the effects this has in supporting help seeking from individuals and families. The planning process also highlighted the importance of focusing on mental health, and promoting wellness, as an approach necessary to fostering a more positive framework, encouraging and supporting individuals and families to seek help, and reducing the prejudice and shame that is often associated with mental illness. The needs assessment process revealed robust consensus on the need for increased awareness and understanding of mental health, and its role within a public health approach to healthcare. The process also highlighted that strengthening county-stakeholder collaboration, as well as new approaches to more effectively respond to specific community needs are important investments. Bolstering these areas is fundamental to creating (a) a community culture that appreciates the value of mental health and (b) an infrastructure that can use resources to support community members in a smart, strategic, seamless manner.

This section outlines three specific needs areas that create opportunity to improve mental health through strengthening communication, collaboration, and community education. The three needs areas are substantiated with analysis of data gathered during the needs assessment process.

Need 1.1 Improved Public Understanding of Mental Health and Mental Wellness.

Need 1.2 Improved Public Understanding of the Services Available to Support Individuals and Families in the Community.

Need 1.3 Increased County-Stakeholder Collaboration to Better Engage Consumers and Families.

Need 1.1: Improved Public Understanding of Mental Health and Mental Wellness.

Factors to Consider

- Negative attitudes and beliefs (often referred to as "stigma") regarding mental illness creates a barrier for persons that need mental health services.
- A recent RAND Corporation survey of individuals with personal experience of mental illness indicated 9 in 10 reported feeling discriminated due to having a mental illness, and 20% reporting they would avoid seeking help "out of fear of letting others know of their mental health challenges."[ix]
- SAMHSA's Five Point Plan to Improve the Nation's Health indicates:
  - "Negative attitudes, beliefs and behavior about mental illness and prejudice and discrimination toward individuals with mental illness and their families continues to be one of the greatest barriers to improving mental health care and helping those in need."
  - There needs to be "an investment in multiple, evidence based public education and awareness strategies, campaigns, and engagement activities to reduce prejudice and discrimination. Such efforts should be done in schools, workplaces, faith communities and other settings until mental illnesses are understood and treated the same as any other set of health conditions.

Potential Strategies and Solutions

- Provide community-wide education about signs and symptoms of mental illness, how to seek services, and the fact that people can recover from mental illness and have meaningful lives.
- Develop publications and enhanced web information for consumers and family members that provide comprehensive information about services available in the community.
- Programs such as "Walk in our Shoes"[x], NAMI Santa Cruz's "In our own Voice" program[xi], or the "Shadow Speakers Program" from MHCAN[xii] have been effectively utilized in the community as positive public education models.
- Collaboration with diverse community organizations, including faith communities, employers, and other community agencies, to provide education and increase understanding about persons with mental illness.
- Expanding the use of law enforcement liaisons, where mental health staff accompanying law enforcement on crisis calls in the community. This has been proven effective at improving outcomes and responses for individuals experiencing a crisis in the community.

Need 1.2: Improved Public Understanding of the Services Available to Support Individuals and Families in the Community.

Factors to Consider	Potential Strategies and Solutions
■ The public needs to be better informed about the types of services available and how to effectively access those programs and services. ■ The development of additional capacity to provide services for individuals with a "mild" or "moderate" mental illness through safety net clinics, has provided a greater availability of services, including psychiatry services, that will be of benefit to the community as services continue to expand.	■ Develop online resources in order for the community to easily find information about service availability. ■ The establishment of peer and family navigator's through the Office of Consumer and Family Affairs will assist clients and family members in navigating an increasingly complex healthcare system to connect with the appropriate level of services. ■ The County recently established an Integrated Behavioral Health Program within its Clinic operations to provide services to the "mild" and "moderate" population.

Best Practice Example: The "Bridge Program"- Peer Navigator Program[xiii]

A peer navigator program utilizing the "Bridge" model provided peer navigator services to individuals who were engaged in community mental health services with the goal of improving connection to primary care services was piloted at a large community mental health center in Southern California. The model utilizes enhanced coaching, education and support from peers as well as direct assistance connecting with services. The model was shown to significantly improve access to healthcare services and improved health outcomes and connection to primary care healthcare services, as well as reduced emergency department utilization.

Need 1.3: Increased Stakeholder Collaboration to More Effectively Engage Consumers, Families and other Stakeholders.

Factors to Consider

- There is a strong desire in the community to continue supporting a shift to a more consumer and family driven process.
- Peer and family support have historically been under-utilized in treatment approaches, though research shows both approaches to be highly effective in promoting and supporting recovery.
- The use of the CANS and the ANSA have demonstrated value as communication and collaboration tools, to effectively coordinate care among multiple providers for the benefit of the consumer and family.[xiv]
- Santa Cruz County is currently in transition to consistent use of collaborative planning and implementation systems that align with best practices, including the Collective Impact model. The County is well positioned, therefore, to engage community members in the spectrum of work on an ongoing basis.
- With the recent work on the County Substance Abuse Strategic Plan, and upcoming expansion of Drug Medi-Cal services and funding in the State of California, there are a number of opportunities to more effectively align services for individuals with co-occurring mental health and substance use disorders.

Potential Strategies and Solutions

- Hire consumer and family partners to work with mental health staff to do outreach and engage clients and family members in treatment, and assist with navigating the healthcare system to connect them with services.
- Expand family support services to ensure family involvement in treatment and a collaborative approach to care, and to provide the needed support to families.
- Use of advanced technology including tele-health, mobile health applications where smartphones are utilized to support care outside of a clinical setting, electronic health records which provide access to clinicians in the field, support coordinated care across multiple providers, and which also incorporate client and family portals will all support more efficient and effective service delivery systems.
- Better define more effective collaboration tools to engage consumers and family members in directing the goals of treatment and supporting the development of personal recovery goals that are defined by the individual and/or family.
- Expand membership on the Mental Health Advisory Board to provide monthly feedback to the County on a range of issues, services, and programs.

- Convene regular stakeholder meetings to continue prioritizing key focus areas in the mental health and substance abuse strategic plans and provide regular updates on progress and challenges back to the community through the Office of Consumer and Family Affairs.

Consumer and Family Engagement Case Example: "Juntos Podemos: Together We Can"

The County of Santa Cruz, together with its stakeholder partners, and active participation from consumer and family members, submitted and received approval for a $3M project over a five year period of time to establish a new program called, "Juntos Podemos: Together We Can." This program will bring peer partners and family partners onto two of the County treatment teams to engage consumers and family members utilizing the unique perspectives that peers and family members bring to the team, and also establish an Office of Consumer and Family Affairs to provide oversight of the new services and establish peer and family navigator functions to individuals and families connecting with services. More information on this Innovative Program can be found at:
http://www.santacruzhealth.org/Portals/7/Pdfs/201504%20innovative%20project.pdf

Community Collaboration Case Example: Mobile Health Technology

The use of mobile health technology is improving access to healthcare beyond the traditional hours offered by providers. GetBetter.com is a recently developed mobile application that connects individuals and families with a personal health assistant, 24-hour nurse call line, and specialists during the day, evening and even overnight hours to provide assistance with care coordination functions, assessment of health conditions, making appointments in real time, and navigating complex healthcare issues as an additional support to the team and the family. The application allows for the treatment teams coverage to be extended into evening and weekend hours and provides additional supports to individuals and families who are often dealing with very complex needs.

2. Programs and Services

Research demonstrates the value of effective mental health services- treatment works. Given the demonstrated need for mental health services in Santa Cruz County, it is essential to support and prioritize those services and interventions that support the most effective outcomes.

Central to the strategic planning process, qualitative analysis of stakeholder data was reviewed within the context of research-based frameworks for creating effective, long-term prevention and treatment services. Community input was carefully linked to current best practices that ameliorate limitations of current systems. This process resulted in the identification of four primary needs:

Need 2.1 Implement Evidence Based Practice Models across the system of care.

Need 2.2 Establish a broad-based use of client and programmatic outcomes measures.

Need 2.3 Ensure that services are delivered based on culturally and linguistically appropriate standards.

Need 2.4 Increase access to safe and affordable housing with the needed supports in place to ensure successful community placement for individuals in the community.

Need 2.5 Increase the availability of a full spectrum services from prevention and early intervention to episodic and ongoing treatment services, inclusive of best practice crisis care models.

Need 2.1: Implement Evidence Based Practice models across the entire system of care.

Factors to Consider	Potential Strategies and Solutions
▪ Evidence Based practices "are interventions for which there is scientific evidence consistently showing that they improve outcomes. Despite extensive evidence and agreement on effective mental health practices for	▪ Create funding criteria to support infrastructure and programs that have been demonstrated to work through rigorous research science and with the population of focus in Santa Cruz County.

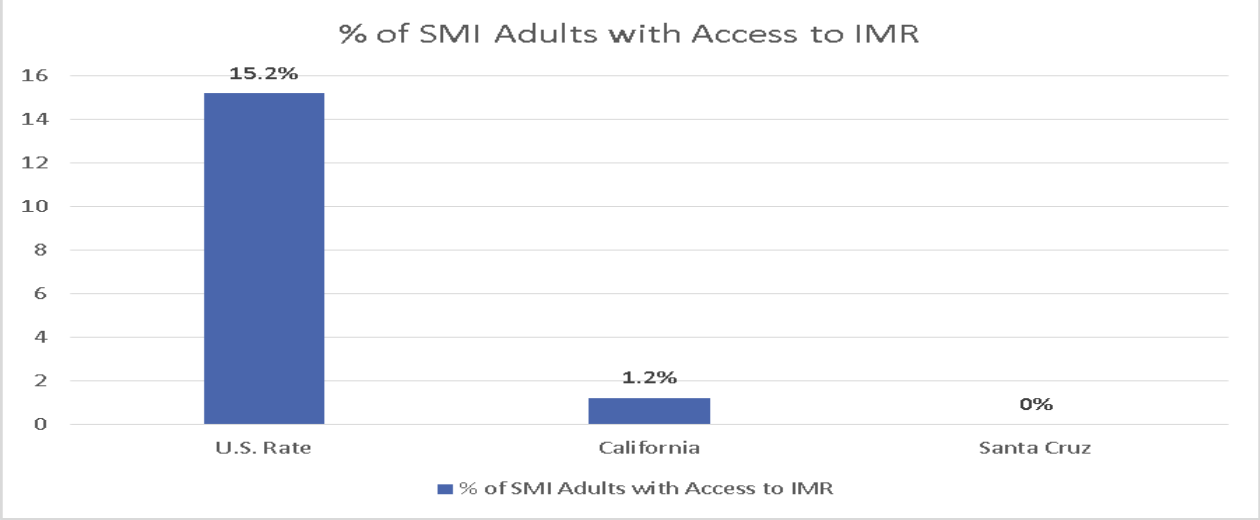
persons with severe mental illness, research shows that routine mental health programs do not provide evidence based practices to the great majority of their clients".[xv]

- Evidence-based and best practice models of care are not widely available and easily accessible for consumers and families.
- Trauma informed models of care are not widely available across the system.

- Increase use of evidence-based programs, such as:
  - Expanding the use of Full Service Partnership (FSP) models and Assertive Community Treatment Team models (MOST for example)
  - Illness Management and Recovery (IMR)[xvi]
  - Evidence Based Supported Employment (EBSE)
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Seeking Safety
  - Integrated Dual Disorders Treatment (IDDT) for co-occurring disorders treatment
  - Medication Enhanced Treatment (MET) as some examples
  - Motivational Interviewing
- Service, including suicide prevention services, are informed by the diverse needs of the individual being assisted (e.g., Veterans' trauma).
- The MOST Team (Maintaining Ongoing Stability through Treatment is a collaboration between law enforcement, the courts, public defender's office, probation, and the County to support high risk individuals in the community with demonstrated positive outcomes. MOST is based on the Evidence Based Practice Model of Forensic Assertive Community Treatment (FACT)

Best Practice Example: Illness Management and Recovery (IMR)

"Illness Management is a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce their susceptibility to the illness and cope effectively with their symptoms. Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grown beyond their mental illness. Research on IMR indicates that psychoeducation improves people's knowledge of mental illness, behavioral tailoring helps people take medications as prescribed, relapse prevention programs reduce symptom relapses and re-hospitalizations, and that coping skills training using cognitive behavioral techniques reduces the severity of symptoms." Despite the effectiveness of this program in improving outcomes across a broad range of areas, the State as a whole has been slow to adopt the practice, and it is not currently available in Santa Cruz County.



Best Practice Example: Maintaining Ongoing Stability through Treatment (MOST)

The MOST team is an evidence based practice team that provides wraparound mental health and probation services to individuals with psychiatric disabilities that are involved with the criminal justice system. The goal of the program is to assist offenders in treatment program participation aimed at reducing recidivism, improving psychiatric stability and treatment outcomes and support individuals to live successfully in the community. The team includes mental health case managers, psychotherapist, psychiatry services, medication management, probation, employment and community service opportunities.

Fiscal Year	Jail Bed Days	Felony Bookings	Misdemeanor Bookings	Inpatient Days
FY 12/13	86% reduction	44% reduction	64% reduction	46% reduction
FY 13/14	84% reduction	64% reduction	72% reduction	66% reduction
FY 14/15 (thru May)	76% reduction	83% reduction	89% reduction	88% reduction

Case Example: Assertive Community Treatment Teams vs. Traditional Recovery Team Model[xvii]

Assertive Community Treatment (ACT) or Full Service Partnership Team Model (FSP) in California	Standard Community Mental Health Team
Total team client numbers: 80-100	Total team client numbers: 300+
Extended hours (ex. Until 9pm)	Office hours M-F, 8:00 to 5:00
Meet with clients in home or community	Office based appointment and home visits.
Assertive engagement: Multiple attempts, flexible and various approaches.	Offer appointments at the office and/or home visits
No drop out policy: commitment to continue to try and engage in long term	Discharge if unable to make or maintain contact.
Maximum individual staff to client ratio=1:12	Maximum individual staff to client ratio= 1:35
Team based approach- all team members work with all clients	Case management, very little sharing of work with individual clients between team members.
Frequent (daily) team meetings to discuss clients and daily plans	Weekly team meetings.
Use skills of team rather than outside agencies as much as possible.	"Brokerage" ex. Referral to outside agencies for advice and services ex. Social security, housing, employment

Need 2.2: Establish a Broad Based Use of Client and Programmatic Outcomes Measures

Factors to Consider	Potential Strategies and Solutions
■ Continue expanding the use of Individual and Client level outcomes measures to determine the effectiveness of treatment interventions, or program outcomes for specific populations. ■ There are a number of widely used outcomes tools such as the CANS and the ANSA that are used nationally with demonstrated effectiveness in improving the quality of services and also improving the ability to expand upon and further develop programs that are most effective. ■ Funding for future service development needs to be aligned with programs and services that produce the best outcomes and align with the needs of the community. ■ The County and its providers need to be able to demonstrate the value and effectiveness of programs provided, both through outcomes and defined performance measures.	■ Continue implementation of the Child and Adolescent Needs and Strengths Assessment (CANS) and Adult Needs and Strengths Assessment (ANSA) to measure and report on the effectiveness of services and programs and support the expansion of those programs and services which deliver the best outcomes. ■ Structure future contracts based on key performance indicators and develop performance incentives to support the delivery of outcomes based and not volume based services.

Best Practice Example: The use of the CANS in Illinois[xviii]

The adoption of the CANS in the state of Illinois in the late 1990's as a standardized decision support tool to determine which children would benefit from residential placement resulted in an annual savings of $80M per year for the state.

Need 2.3: Ensure that Services are Delivered Based on Culturally and Linguistically Appropriate Standards.

Factors to Consider

- In Santa Cruz County, approximately 33% of the residents are Hispanic or Latino, and 21% of the residents speak a language other than English at home.[xix]
- The County, although equipped to provide services to individuals who speak Spanish only, has struggled with recruitment efforts for bilingual staff, who are in high demand from other counties.
- In FY 14/15, close to 1,200 clients in South County had Spanish as their primary or preferred language for services.
- The County penetration rate for the overall Hispanic population is approximately 4.5% which is higher than comparable sized counties who serve approximately 3.25% of the Hispanic population.

Potential Strategies and Solutions

- Develop/implement culturally and developmentally-focused strategic outreach in order to effectively engage vulnerable populations.
  - Outreach focused on youth and young adults of transition age, including their families/support systems.
  - Peer-based outreach for difficult to engage or underserved adults.
- Parent education programs such as "Cara y Corazón", and youth leadership development programs such as "Jóven Noble" and "Xinatchli"
- Increase availability of services in more than one language, particularly for individuals who may only speak Spanish.

National Highlight: Culturally and Linguistically Appropriate Services

"Health inequities in our nation are well documented, and the provision of culturally and linguistically appropriate services (CLAS) is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preference, health professionals can help bring about positive health outcomes for diverse populations. The provision of health care services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients can help close the gap in health care outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few." The United States Department of Health and Human Services has published national standards as well as a blueprint for implementation as guidance for states seeking to improve access to culturally and linguistically appropriate services.

Need 2.4: 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.
- Mental health clients in Santa Cruz County receiving social security income subsist on an average of $890 to $1145 (determined according to work history). This equates to an annual income of $10,660 to $13,740 for individuals with a social security disability. The median annual income is almost $54,000. Current fair market rent for a one bedroom for a single adult is $1400/month in Santa Cruz County.

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.
- More opportunities for independent living in the community can be provided by looking at redirecting funding from more restrictive and more costly programs such as inpatient care, and locked-care models, to develop alternative residential models that are built based on 24-hour staffing that is matched to the needs of the residents, while at the same time promoting more opportunities for independence for the residents.

Best Practice Example: Housing First[xx]

"Housing First is an effective intervention that ends and prevents homelessness for individuals with severe mental illness and co-occurring addictions." In a study published in the Journal of Primary Prevention, the authors concluded that homeless individuals with a severe mental illness and/or co-occurring disorder were placed in permanent housing at higher rates and over the course of a four-year study period the majority of individuals served were able to maintain permanent independent housing.

Need 2.5: Increase the Availability of a Full-Spectrum of Services From Prevention and Early Intervention to Ongoing Treatment Services.

Factors to Consider

- Services are not widely available for individuals who have a mild or moderate mental illness, yet research demonstrates the value of early intervention in promoting mental health and interruption in degeneration.
  - Services include intensive supports for children and teens not yet diagnosed or in need of intensive treatment services.
- Psychiatry services are only available to individuals through the County and in the private practice community but current restrictions on who can access services through the County make it difficult for individuals and families to access those services if they do not meet criteria for services, such as Medi-Cal or having an eligible diagnosis.
- The Crisis Intervention Training (CIT) for law enforcement has not been widely adopted in law enforcement to support the safety of both individuals with mental illness and law enforcement.
- Mobile Crisis services are not fully implemented in the County.
- Crisis beds for youth are not available as an alternative to inpatient care.
- In the area of suicide prevention, the County lacks a coordinated Suicide Prevention Plan that builds on community collaboration among multiple providers who have efforts in this area to effectively address the needs of the community and ties in prevention efforts to the

Potential Strategies and Solutions

- Provide integrated care at primary clinics, providing therapy and psychiatry services for persons with mild to moderate mental illness, and expand upon the Integrated Behavioral Health Program in the County FQHC.
- *Screening, Brief Intervention, Referral to Treatment (SBIRT)* for individuals needing substance use disorder treatment should be an established practice in key areas of the system, such as primary care.
- Create/Expand programs that focus on after care post hospitalization in order to promote sustained well-being and recovery/relapse prevention.
- Expand the availability of psychiatry services to individuals and families.
- Create an Office of Consumer and Family Affairs to assist clients and family members in navigating the full range of county and community based resources in a timely manner.
- Implement the Mobile Crisis team services for all Santa Cruz County residents.
- Implement developmentally appropriate prevention and early intervention services proven effective to address age-specific needs across the lifespan.
  - Expanded services for the growing older adult population.
  - Crisis respite services for children and adolescents.
  - Improved services are needed to assist youth transitioning to adulthood and for youth who are not able to engage in services in the traditional settings.

recommendations of the national suicide prevention plan or the California Strategic Plan on suicide prevention.

- Expand the Mental Health Police Liaison program, and provide Crisis Intervention Training to local police and Sheriff Officers.
- Crisis Intervention Training (CIT), also known as the "Memphis Model"[xxi] for law enforcement is a national model that has been demonstrated effective at reducing negative outcomes, and improving jail diversion for individuals with a severe mental illness in crisis, and also supporting a safe environment for the law enforcement officer.

Program Highlight: Santa Cruz Behavioral Health Court

The Santa Cruz County Behavioral Health Court (BHC) is a supportive post-adjudication review court designed to improve offender treatment outcomes, reduce recidivism, respond to public safety and victims' rights concerns, and effectively utilize public resources. The BHC accomplishes this through collaboration between the Court, Probation, Mental Health and Substance Abuse Services, District Attorney, Defense Counsel, Law Enforcement and Community Treatment Providers. The program is designed to achieve the following specific and measurable programmatic outcomes on an annual basis for each of the program participants:

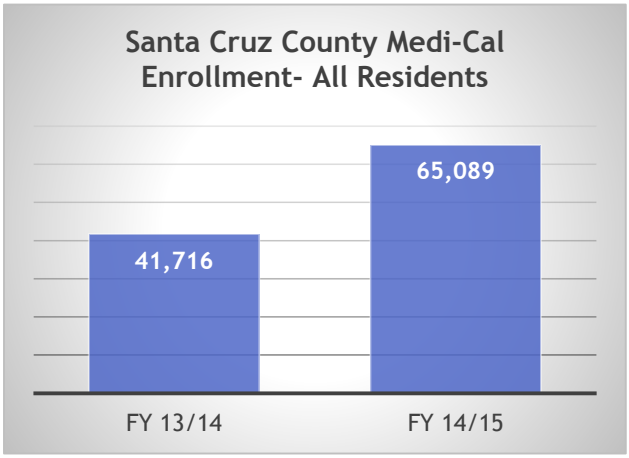
- Reduce the number of jail bed days
- Reduce the occurrence and/or frequency of new offenses and probation violations
- Reduce psychiatric inpatient bed days
- Reduce days of homelessness
- Increase treatment compliance
- Increase days in pro-social activities
- Achieve a more consistent level of sobriety
- Resolve outstanding legal issues

Individuals participating in the BHC are currently engaged with the MOST Team or are on formal mental health probation though the court. Participation in the BHC remains voluntary.

The Behavioral Health Court was recently awarded a two-year $600K grant to expand BHC services in the community.

3. Program Staffing

The expansion of Medi-Cal under the Affordable Care Act (ACA) has significantly increased the availability of insurance coverage for both mental health and substance use disorder services. Currently, the workforce for these fields is rapidly needing to adapt to an increased level of demand for services.



Through the ACA, access to Medi-Cal, and healthcare has significantly grown in the Santa Cruz Community. Since 2013, based on recent data provided by the Central Coast Alliance for Health, numbers of Medi-Cal members in the community has increased by 57% since 2013, exceeding original estimates for enrollment and providing new access to healthcare for many more Santa Cruz residents for the first time. This has impacted the need to expand a workforce to meet the growing numbers of individuals seeking services.

One of the primary concerns that emerged from the needs assessment process was the insufficient mental health workforce at both County and community agencies in Santa Cruz County. Although there are many dedicated, experienced providers, there is a need to reduce turnover, recruit additional professionals with specific skill-sets, and augment training opportunities.

In the following section, overarching substantiated needs are divided into the broad category of:

Need 3 Staff recruitment and retention and staff development

Issues to consider and potential strategies and solutions that can be employed to remedy these needs are included.

Need 3 : Staff Recruitment, Retention and Staff Development

Factors to Consider

- Psychiatrists and other specialty positions such as psychiatric nurse practitioners, and licensed clinical social workers, especially bilingual clinicians, are increasingly difficult to recruit for and reflect national shortages present across the country. For example, a recently published report illustrated the following specific to national shortages in psychiatry: Between 2005 and 2010, when the general population grew 4.7%, the number of psychiatrists in the U.S. barely changed, dropping slightly from 38,578 to 38,289, according to the Association of American Medical Colleges. In addition nearly 57% of the psychiatrists still practicing are at least 55 years old, meaning they're often both established and approaching retirement.[xxii]
- Differences in pay scales among providers in the community, and between different nearby counties, makes it especially difficult for some providers to retain staff that move to other organizations due to higher pay scales.
- Differences in hiring policies can support Community organizations having a more flexible hiring process which becomes a consideration in high turnover positions or new programs that require a more rapid ramp-up of services.
- There are high turnover rates in key positions across the system that may negatively impact timely access to care and consistency of service providers for individuals and families. Further, turnover results in community members

Potential Strategies and Solutions

- There is a need to develop new strategies to more effectively recruit and retain difficult to fill positions such as psychiatrists, psychiatric nurse practitioners, and bilingual staff. Strategies should be inclusive of enhanced incentive payments, expanded outreach, targeted support and training for interns and future licensed staff, and nurse practitioner precept programs within the County.
- Work with Personnel to develop strategies to improve bilingual mental health provider recruitment and retention, and also targeted recruitment in different areas, for example children's or adult services, or clinicians who are certified alcohol and drug counselors.
- Look at opportunities to leverage and utilize volunteers in support of the clients and families served.
- Expand the use of peer counselors embedded within treatment teams to expand outreach capacity and more effectively engage hard to reach clients and families.
- Expand the use of online training tools recently purchased by the County to support staff development and training- including Lynda.com, Santa Cruz County Learns (pilot program for managers and supervisors) and My Learning Point that is integrated into the new Electronic Health Record being implemented January 2016. Online training tools provide an efficient mechanism to deliver training

having to repeat one's health history and establish new relationships with new providers.

- For individuals working with multiple different providers over the course of the year, re-establishing a therapeutic relationship can lead to challenges and lower satisfaction with services than having a more consistent provider to work with. This was a consistent theme presented during the stakeholder sessions.
- A portion of the County has been designated a health shortage area, and staff are eligible for loan repayment programs. This can be leveraged as a more formal recruitment tool particularly for South County clinicians and physicians.
- New staff joining an organization for the first time, or changing roles within an organization, require a formalized orientation and training plan customized to the needs of the organization to ensure staff are familiar with the organization's policies and procedures, but also to provide an opportunity for staff development and skill building within the organization. It is critically important that this process be formalized and made available across the organization for new and existing staff.
- Staff development needs to be tied to current research science on and development of state of the art program models (e.g., evidence-based practices), as well as maintaining up to date evidence of dynamic community mental health issues (e.g., co-occurring disorders).
- For SUD services specifically, staff need to be available with the specialized skills and competencies needed to provide effective substance use disorder treatment.

when the clinician is available, and can be done in modules to spread out a long training session over time.

- Increase utilization of Group treatment models. Group treatment models, which can efficiently and potentially more effectively serve larger numbers of individuals at one time, are not extensively utilized throughout the system as a strategy to expand the availability of services.
- Strengthen Recovery Model in Mental Health Treatment: *Recovery to Practice* is a training program through the SAMHSA Center for Mental Health Services to strengthen use of recovery principles into the practices of psychiatrists, peer providers, psychologists, nurses, social workers, and psychiatric rehabilitation professionals.
- Improve Utilization of Health Information Technology: Increasing the use of technology is noted as one component of a SAMHSA five-point plan to improve the nation's mental health.[xxiv]
- County staff, SUD and MH providers, consumers, and their family members leverage technology such as:
  - Mobile workforce- clinicians have access to client records while out in the field in order to be more efficient in delivering services and supports (e.g., real time data to drive real time treatment strategies; rather than the lag time required for return to administrative office to review records and complete documentation).
  - Electronic portal for clients and families to access their record online.

- Individuals with a mental illness have much higher rates of substance use disorders than the general population, and are at significantly higher risk for developing a substance use disorder during the course of their illness.[xxiii]
- Staff needs access to technology and other tools to maximize their available time with individuals and families, for example developing a *mobile workforce* with the ability to document services electronically in the field.
- Staff training in working with the needs of a diverse population, including Forensics, LGBTQ issues, issues specific to veterans, risk assessment, cultural competency, older adults with complex medical issues, and complex family factors.
- Mobile Health applications for smartphones to provide real time support and access to resources to support health and wellness.
- Provide compensation incentives for mental health clinicians who are certified alcohol and drug counselors.
- Provide training to supervisors and managers on the topics of budget preparation, and performance based outcomes evaluation for mental health programs and client services.

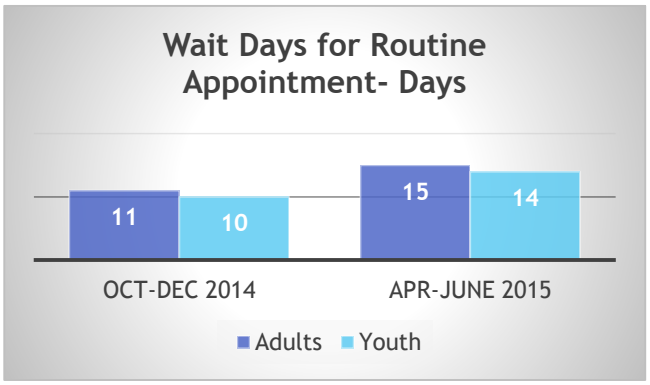
Best Practice Example: Building a Recruitment and Retention Plan- SAMHSA[xxv]

Due to the national shortages in mental health clinicians and psychiatrists, extensive work has been done in developing best practice models to more effectively recruit and retain staff. SAMHSA has established a toolkit utilizing examples of best practice models from multiple organizations to address the following areas: Recruitment, Selection, Orientation, Career Development, Recognition, Training and Supervision. Best practice models for each area are provided and can be incorporated into a comprehensive recruitment and retention plan for Santa Cruz County.

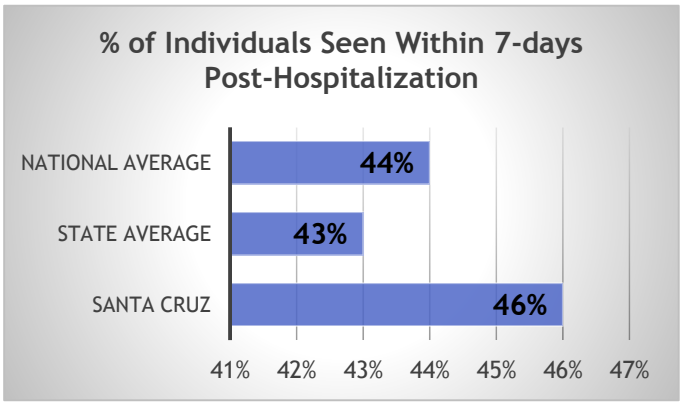
4. Timely Access to Treatment

"Ready access to assistance is important not only because it holds the promise of reducing the intensity and duration of the individual's distress, but also because as a crisis escalates, options for interventions may narrow."[xxvi] The County has established access to care criteria that are benchmarked based on State standards. In recent months, these have become more difficult to comply with due to increasing numbers of vacancies both within the County system as well as the non-profit organizations that the County partners with to provide services. For individuals needing treatment, the best outcomes are achieved by providing rapid access to services, and beginning treatment.

A recent analysis of benchmark analytics on average wait time for a routine appointment for adults and youth demonstrates the impact of staff vacancies impacting the wait time for services. In addition, an analysis of data specifically from services for youth in the community show that the two highest drivers of wait time are caseloads that are full (capacity) and individual preference to receive services at a specific agency in the community. The State benchmark has been established at 10-days.



Another key measure of Access within the system is follow-up after a psychiatric hospitalization. National standards measure the percentage of individuals seen for a follow-up appointment (either with a psychiatrist or other practitioner) at 7-days and at 30-days. Best practice models support the need for seeing a individual post-hospitalization as soon as possible, and both the state and national standard is to see the individual within 7-days. As illustrated below, Santa Cruz County[xxvii] has a slightly better follow-up percentage than both State (2013 data) and National[xxviii] (2012 data) averages, but given the importance of timely follow-up, there is a significant opportunity for improvement in this area. One significant strength of the County system of care, is the emphasis placed on ensuring follow-up post-hospitalization with a Psychiatrist. In over 90% of the discharges, individuals were seen by a psychiatrist on average within 5-days post-discharge[xxix].



The following needs underpin this Priority area:
Need 4 Improving timely access to service

Need 4: Improving Timely Access to Services

Factors to Consider

- Wait times for initial appointments have increased in recent months due to staff vacancies across the system.
- Individuals ready for substance use disorder treatment need rapid access/intake to appropriate levels of treatment services in order to support the best outcomes.
- There are not enough bilingual providers to meet the current demand for timely bilingual services.
- Shortages in psychiatrists and psychiatric nurse practitioners negatively impacts timely access to psychiatric services.
- Timely access to treatment post-hospitalization is key to reducing readmissions and negative outcomes for individuals returning to the community.[xxx]

Potential Strategies and Solutions

- "Treatment on demand" is the capacity to provide services upon request. It encourages entry into a more appropriate (and often less expensive) level of care and reduces the over-reliance on a "revolving door" or expensive "front end" services such as jail, emergency department, and detoxification.[xxxi] [xxxii]
- The use of standardized tools for drug and alcohol screening and assessment, for example the CRAFT, AUDIT the DAST, ASI and ASAM as well as standardized mental health needs assessments such as the CANS or the ANSA, ensures that a comprehensive assessment of an individual's needs is done at the time of the initial entry into services to connect the individual or family to the most appropriate level of services.
- Early intervention programs utilizing Evidence Based Practice models such as Prevention and Recovery in Early Psychosis (PREP) have been showing highly effective at promoting better outcomes for young adults experiencing a first episode of a severe mental illness. Recent work within the County to establish a PREP Team will continue to focus on providing tailored services built on rapid and early access to treatment.
- Expand staffing to meet the needs within the highest demand programs.

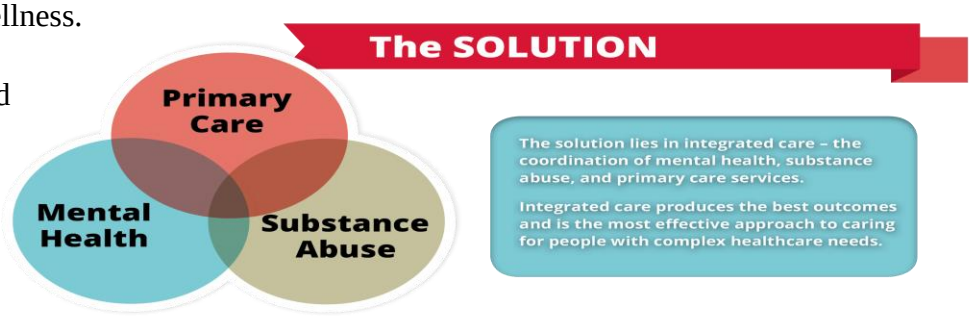
Best Practice Example: PREP Early Intervention Program[xxxiii]

In 2006, Felton Institute and its Family Service Agency of San Francisco partnered with a pioneering group of researchers at the University of California San Francisco to review effective new approaches to schizophrenia being developed by researchers around the world that were not yet reaching patients. The partnership was formed with shared a vision of what could be done by relying upon research and the experience of other exemplary programs to guide the way. They identified five practices with proven results in treating early psychosis and wove them together into an evidence-based suite of services designed to achieve synergy from their cumulative impact. The result was **Prevention and Recovery in Early Psychosis (PREP)**, an innovative, strengths-based treatment model for community settings launched in 2008 with a view to effectively and stably remitting schizophrenia.

PREP is funded in part through a prestigious Centers for Medicaid and Medicare Services (CMS) Innovation Fund Award. In 2014, PREP is being recognized by the National Council for Behavioral Health with a Science to Service Award for inspiring hope, leadership, and impact in mental health field. **Early outcomes results show that PREP clients' hospitalizations and emergency room visits were reduced by 70% in after one year of treatment, saving counties over $15,000 per year per client.**

5. Integrated Models of Care

The call for integrated models of care is being issued across multiple County and community sectors. Santa Cruz County would benefit from ending the "revolving door" effect of individual's being juggled across disconnected service divisions rather than supported by a seamless approach to promoting wellness.



From the federal level, and illustrated by the attached graphic[xxxiv], there is growing emphasis on promoting integrated, systemic coordination between mental health, primary care, and substance abuse services. To support this priority, SAMHSA and the U.S. Department of Health and Human Services jointly fund the Center for Integrated Health Solutions (CIHS) in an effort to strengthen the development of primary and mental health services effectively responding to community members with mental health and substance use conditions. Noted on the CIHS website, the reason underlying this approach is that an integrated approach "produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs."[xxxv]

During the needs assessment process, individuals and families touched by mental illness and substance use disorders clearly communicated the need to create a more seamless system of care across the mental health and substance use disorder treatment systems. Although administratively, mental health and substance use disorder services are integrated within the Mental Health and Substance Abuse Services Agency, further work needs to be done in order to ensure that mental health and substance use disorder treatment is available to all individuals seeking treatment, regardless of where they enter into services.

The community also voiced significant support for building additional capacity to provide mental health and substance use disorder services within a primary care clinic setting. The County, other safety net clinics, and Sutter Health have made a significant commitment to build capacity in this area, and we have seen progress in building this capacity, particularly for individuals with a mild or moderate mental illness, but significant work needs to be done to ensure that efforts are not duplicative and work to support a collective impact model by coordinating these efforts, ensuring a common agenda, and common system of metrics to determine successful outcomes and opportunities for improvement.

The role of peers and family members in supporting an integrated approach was also highly emphasized both during the stakeholder sessions but in the research referenced in earlier sections of this report. The role of peers and family members in supporting navigator functions, outreach

and engagement has historically been underutilized in the County, and with the recent approval of the County's Innovations Project, "Juntos Podemos! Together We Can", we anticipate developing a framework to more clearly define the role of peer and family partners in supporting an integrated model of care.

Individuals experiencing a co-occurring mental illness and substance use disorder present unique challenges in terms of effective treatment models being available. With prevalence rates varying between 17% and 65%[xxxvi], it can safely be assumed that a significant proportion of individuals in treatment for a severe mental illness also have a co-occurring substance use disorder. Past approaches to treatment, and in many cases the current approach, has been either sequential treatment, "where a client with a co-occurring disorder is not eligible for treatment in one part of a system until the other problem is resolved or suitably stabilized. For example, someone with schizophrenia and a severe alcohol dependence would be required to receive mental health services first prior to having access to substance use disorder services. Research has consistently demonstrated that this is an ineffective model, particularly as psychiatric disorders become more severe, and clients experience greater amounts of distress, their substance abuse often worsens, leading to more substance abuse and even worse consequences." [xxxvii]

Conversely, in a parallel treatment approach, "mental health and substance use disorders are treated simultaneously by different professionals often working for different agencies but sometimes the same agency." In practice, issues arise around collaboration and coordination of services "and often there is little contact between mental health and substance abuse clinicians. Consequently, the burden of integration is placed on the client, who is usually not equipped to handle this need for coordination." [xxxviii]

Best practice models for the treatment of co-occurring disorders are based on an Integrated Model. Integrated treatment models are inclusive of "mental health and substance abuse services being provided by the same team. Both the mental health needs and substance abuse needs for treatment are viewed as equal in priority. Having clinicians work side by side on the same team also reduces philosophical differences in treatment approaches." [xxxix]

In summary, there are needed improvement to support an integrated, whole person approach to care, across primary care, and individuals who have co-occurring mental health and substance use disorders. Integration has been shown highly effective on a number of domains.

This section highlights one overarching substantiated need:

Need 5 Infrastructure development to provide well-coordinated, integrated, and whole person care across multiple systems.

Additional detail about both this need and potential strategies to address it appear in the table below.

Need 5.1: Infrastructure and Procedures to Provide Well-Coordinated, Integrated, and Whole Person Care Across Multiple Systems

Factors to Consider	Potential Strategies and Solutions
▪ Priority County population – A significant proportion of population will at some point experience mild to moderate mental illness, which is outside the priority population established by the State for County mental health plans. There is lack of community infrastructure to support those individuals and families. The community has a strong interest in building expanded capacity for this population. ▪ Many people whom the County serves are engaged in multiple systems at one time; systems that do not necessarily coordinate care for the individual. This results in a scattered approach to care, which is less effective than an integrated approach to service. ▪ Adults with severe mental illness have a life span 25 years shorter than average; this is often tied to nutrition, substance use disorders, or health conditions such as high blood pressure, heart disease and diabetes, complicated often by the use of different medications. It is imperative to ensure the care provided accounts for both physical and mental health needs; and how those two facets interact with each other.	▪ Establish an Integrated Dual Disorders Team utilizing the Evidence Based Practice of IDDT to provide treatment to individuals who have a severe mental illness and a substance use disorder. ▪ Expand upon the availability of mental health and substance use disorder services within a primary care setting. ▪ Ensure that each Children's and Adult Mental Health Team has at least one staff member who is a certified alcohol and drug counselor. ▪ Ensure that each mental health client is screened for SUD, assessed for SUD as needed, and that mental health treatment plans address identified SUD related needs. ▪ Ensure that clients in SUD treatment programs have rapid access to mental health counseling, psychiatry and medication services as needed. ▪ Modify existing Evidence Based Practices such as Illness Management and Recovery to focus on an expanded wellness approach to address mental illness and physical health care conditions similar to other models being piloted.[xl]

Case Example: IDDT Applied to a Residential Program for Adults with Schizophrenia[xli]

In a comparative study done in Europe, two well-described patient groups diagnosed with schizophrenia and co-occurring substance abuse disorders either received an integrated treatment (IDDT) or treatment as usual (TAU). *Results:* Patients in the IDDT program showed significant reductions in illicit drug and alcohol use, improvements on all psychiatric symptom domains, reported higher quality of life and improved on social and community functioning. In contrast, patients' improvements in the TAU group were moderate and limited to a few substance use and psychiatric outcomes. The TAU group had significantly higher dropout rates 6 and 12 months after baseline, suggesting that the IDDT program was more successful in supporting individuals in the community.

Vision for Impact

Community-led, Cooperative Approach to MH Supports and Services

The process of transformation is dynamic and evolves as capacity deepens and widens within a community of individuals, cadre of professionals, and network of partners. Santa Cruz County Mental Health and Substance Abuse Services Agency is committed to being a partner and a leader in a collective impact effort to improve health, safety, and quality of life in Santa Cruz County. The specific aims are for persons with or at risk of mental health issues, and their families, to:

- Find it easier to access mental health and social care services;
- Access appropriate levels of promotion, prevention, treatment, and recovery supports and services by skilled mental health and health professionals in general a spectrum of settings,
- Participate in the organization, delivery, and evaluation of services so that care and treatment become and remain responsive to needs;
- Gain greater access to client-centered health and social services, housing, and other health and life skills programs;
- Be able to actively participate in family, work, social activities and community.

In order to effect change, the following Collective Impact principles have been adopted:

In Pursuit of Change: Santa Cruz County Mental Health and Substance Abuse Services Direction in Response to Strategic Plan

This plan is a significant milestone as the County considers how to best adapt to a changing health care environment. Balancing responsiveness with strategic thinking ensures effective and efficient systems that may be adapted or innovated according to scientific standards and through community engagement to meet emerging needs and opportunities.

Mental health and wellness are elemental to our broader public health. The current Plan is designed to function as an independent framework for systems and services, as well as to fit in within a cohesive, collective impact approach to community health, wellness, and safety. This plan will link to other local strategic plans and initiatives, current and future, and serve as a

framework to guide future policy, funding and prioritization of resources to support acceptance, dignity and social inclusion for all Santa Cruz residents.

Next Steps

In order to implement this Roadmap toward Wellness, Santa Cruz County Mental Health and Substance Abuse Services Agency continues to engage in data-informed, community-driven process. This plan serves as a guide toward proactive and responsive engagements with partners and efforts to build cross-sector alignment. More broadly, the Santa Cruz County Board of Supervisors is committed to health and wellness priorities, including emphasis on alignment across planning efforts. Significant work has also been done by several County agencies to encourage community organizations funded by the County under community programs to seek alignment with countywide strategic plans. Santa Cruz County Mental Health and Substance Abuse Services Agency is committed to providing responsive leadership to guide the community forward in optimally serving our residents' in health and wellness.

The Needs and Gaps analysis and preliminary recommendations will be reviewed with the community stakeholders, the Board of Supervisors, and the County Administrative Officer's Office to help prioritize a focus on specific initiatives and begin the work of developing an implementation plan.

Part II of the strategic planning process (Fall and winter 2015) will further refine the recommendations to address the needs and gaps within the system, and prioritizing those recommendations by providing an overview of state and federal mandates, and within the context of more detailed service utilization and demographic data and additional stakeholder input, establish a prioritized list of action steps over a 5-year period of time.

Part III (Spring 2015) of the strategic planning process will provide an integrated action plan which incorporates the Substance Abuse Strategic Planning recommendations, the Mental Health Strategic Plan prioritized recommendations, with a sound financing plan to support implementation, and continued leveraging of current and future funding opportunities.

Future funding opportunities, such as the 1115 waivers for Mental Health and Substance Use Disorders, will potentially be available to support community capacity and programming in Santa Cruz County. The Federal Government recently approved the State of California's 1115 Waiver to expand drug Medi-Cal services and funding, and Santa Cruz County has the opportunity to implement these new programs and services as a first tier county. Additionally, the State still has a pending 1115 waiver which will potentially provide additional funding to support mental health capacity development, and the Central Coast Alliance for Health has begun releasing a series of one time grants to support recruitment and capacity building for the Medi-Cal population, of which Behavioral Health and Substance Use Disorder Services providers in the County have the opportunity to apply for up to $9.4 million in funding this year. Additionally, with the potential re-prioritization of Mental Health Service Act (Proposition 63) funding in relation to the current Strategic Plan, the County has a unique opportunity to support an expanded array of services that are more targeted to current community needs.

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