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.

2) 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.*