Mental Health Services Act: FY 2015-2016 Annual Update

October 19, 2015

WELLNESS • RECOVERY • RESILIENCE

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County of Santa Cruz

HEALTH SERVICES AGENCY

1400 Emeline Avenue, Santa Cruz, CA 95060

(831) 454-4170 FAX: (831) 454-4663 TDD: (800) 523-1786

LETTER FROM THE MENTAL HEALTH SERVICES ACT COORDINATOR

August 28, 2015

We have completed a draft of 2015-2016 Annual Update Three Year Program and Expenditure Plan of the Mental Health Services Act (MHSA/Proposition 63), as required under Welfare and Institutions Code Section 5847. This Plan is not intended as a binding contract with any entity or provider of services. Services will be monitored on a continual base, and the County may make changes, if necessary.

The report will be posted from September 1, 2015 through October 5, 2015, and a Public Hearing will be held on October 15, 2015 (at 3:00 in room 207 at 1400 Emeline Avenue, Santa Cruz, Ca). Subsequently the Plan will be sent to the Santa Cruz County Board of Supervisors for adoption, and then to the Mental Health Services Oversight Accountability Commission.

You may provide comments about the draft plan in the following ways:
At the Public Hearing,
By fax: (831) 763-8282,
Leave a phone message: (831) 763-8203,
By email to mhsa@co.santa-cruz.ca.us ,
Or by writing to:
Santa Cruz County Mental Health & Substance Abuse Services
Attention: Alicia Nájera, MHSA Coordinator
1430 Freedom Boulevard, Suite B
Watsonville, CA 95076

Sincerely,

Alicia Nájera, LCSW
Mental Health Services Act Coordinator

I. MHSA COUNTY COMPLIANCE CERTIFICATION

County: Santa Cruz

County Mental Health Director	**Project Lead**
Name: Erik G. Riera	Name: Alicia Nájera, LCSW
Telephone Number: 831-454-4515	Telephone Number: 831-763-8203
E-mail: erik.riera@santacruzcounty.us	E-mail: alicia.najera@santacruzcounty.us
Mailing Address: Santa Cruz County Mental Health & Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060	

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December 8, 2015.

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

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

Mental Health Director   Signature _____ Date 8-21-15

Erik G. Riera

County: Santa Cruz

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

Santa Cruz County

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

Local mental Health Director	**County Auditor-Controller**
Name: Erik G. Riera	Name: Michael Beaton
Telephone Number: 831-454-4515	Telephone Number: 831-454-4449
E-mail: erik.riera@santacruzcounty.us	Email: michael.beaton@santacruzcounty.us

Local Mental Health Mailing Address:
Santa Cruz County Mental Health & Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060

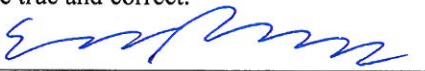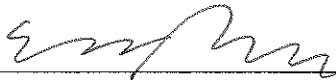I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services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

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

___Erik Riera_____   _____ 8-21-15
Local Mental Health Director (Print)   Signature   Date

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892f); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 29, 2014 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2014, that State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.
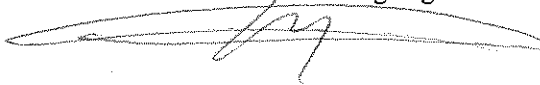
Michael Beaton_____
County Auditor Controller   (Print)   Signature   Date
Director of Administration & Fiscal Services

Description of Stakeholder Process

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

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

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

In the summer of 2014, Santa Cruz County Mental Health & Substance Abuse Services launched a series of community meetings, which were scheduled for September through December. Each month there was an evening meeting, and a morning meeting, as well as a meeting in North County and South County. 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 September meetings were held on September 9th (6 p.m. to 8 p.m. at 1080 Emeline Avenue, Santa Cruz) and on September 16 (from 9 a.m. to 11 a.m. in the City Council Chambers, 275 Main Street, Watsonville). Dr. Jerry Solomon facilitated the meetings, and introductory remarks and overview of services were presented by Erik Riera, Director of Mental Health & Substance Abuse Services, Dane Cervine, Chief of Children's Services, Bill Manov, Chief of Substance Abuse Services, Pam Rogers-Wyman, Chief of Adult Services, and Alicia Nájera, Behavioral Health Program Manager.

Participants then broke out into small discussion groups, thus giving everyone a chance to be heard. They informed us about gaps in our services, and what (and how) services could be improved. In looking at the key need and gap areas that have been identified so far, are there any, from

On September 9th there were 6 groups, and on the 16th there 5 groups. There was one group on each date that focused on children's services, the rest focused on adult services. The majority of the participants were adults aged 26 to 59 (72%), and thirty seven (37%) identified as

clients/consumers. The demographic breakdown of participants from the September meetings is described in detail in the table in section b (below).

Based on a review of the participants in the September 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.

The **Families** focus group was held on October 14, 2014 at the Simpkins Swim Center in Live Oak at 7:00 p.m. There were 18 community members in attendance. The group was facilitated by Dr. Solomon and two staff were in attendance.

The **Older Adult** focus group was held on October 15, 2014 at 1080 Emeline, Santa Cruz at 9:30 a.m. There were 20 community members in attendance. The group was facilitated by Dr. Solomon, and there were 5 staff in attendance.

The **Veterans/Veteran Advocates** focus group was held on October 16, 2014 at the Veteran's Memorial Building in Santa Cruz at 1:00 p.m. There were 13 community members in attendance. The group was facilitated by Dr. Solomon, and there were 4 staff in attendance.

The **LGBTQ Youth** focus group was on October 16, 2014 at the United Way in Capitola at 3:30. There were 8 community members in attendance. The group was facilitated by Dr. Solomon, and there were 2 staff in attendance.

The **Monolingual Spanish Speakers** focus group was on October 16, 2014 at the Watsonville City Community Room at 6:30 p.m. There were 16 community members in attendance. The group was facilitated by Jaime Molina, and 2 additional staff were in attendance.

The **Transition Age Youth (TAY)** focus group was held on October 17, 2014 at Mariposa in Watsonville at 1:00 p.m. There were 8 community members in attendance. The group was facilitated by Dr. Solomon and there was one staff member in attendance.

Additionally, the Santa Cruz County Sheriff (Dave Hart) and the Behavioral Health Court Judge (Jennifer Morse) were interviewed as key informants.

In November we met with the community on the 18th in Watsonville and the 20th in Santa Cruz. The focus of these meetings was to give the community an overview of what we heard and our next steps. Participants reviewed our revised grid of gaps in services, based on input from the September and October meetings, and had a chance to add to that list. We also gave information about what constitutes an Innovative Project, including the Mental Health Oversight Accountability Commission (MHSOAC) "Innovation Decision Path for Counties" document and a document we created titled "MHSA Innovative Projects Workgroup". (See these documents in the attachments.)

On November 19, the Director of Behavioral Health was invited to speak at a monthly NAMI Meeting at the Live Oak Senior Center, and presented the Draft Needs and Gaps analysis to family members there to solicit additional input on the beginning phases of an Innovation Draft Plan.

The December meetings for the Mental Health and Substance Abuse Services strategic planning efforts were focused specifically on Innovative Projects, one of the service components of the Mental Health Services Act. We reiterated the requirements for the Innovative Projects, including the fact that these projects are time limited (and the current Innovative Project is slated to end in June, 2015). We reviewed the proposed ideas, and heard feedback and additional ideas from the community.

On Thursday, January 08, 2015, we held an Innovation Program work group (open to anyone who wished to attend) at 9:00 a.m. at the Simpkins Swim Center, 979 17th Avenue, Santa Cruz. We provided an overview of the strategic planning process, reviewed and refined (with the community input) our proposed Innovation Project, and answered lingering questions about what constitutes an Innovative project. (We also disseminated the MHSOAC's document titled "Innovation Answers these Questions", which is included in the attachment section of this document.)

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

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

The demographic breakdown for the planning meetings is listed below. Additionally we held focus groups with monolingual Spanish speakers, older adults, family members, veterans and veteran advocates, transition age youth, LGBTQ youth, and had two key informants (the Sheriff and the Behavioral Health Court Judge).

Demographics for September Strategic Planning meetings
(89 total in Santa Cruz; 54 total in Watsonville)

AGE	9/9/14 Santa Cruz	9/17/14 Watsonville
Under 15	0	0
16-25	0	6
26-59	65	38
60+	22	5
Blank	2	5

Gender	9/9/14	9/17/14
Man	30	22
Woman	56	29
Other	2	0
Blank	1	3

Language	9/9/14	9/17/14
English	88	38
Spanish	0	2
English/Spanish	2	9
Other	1	0
Blank	0	5

Ethnicity	9/9/14	9/17/14
Black/African American	7	4
Latino	3	16
White	54	19
Native American	1	5
Mixed	12	3
Other	9	2
Blank	3	5

9/9/14: of the "Mixed", one identified as Native/White, another as Native/Latino/White
9/17/17: of the "Mixed", one identified as Latino/White, another as Latino/Native American.

Group Representing	9/9/14	9/17/14
Client	38	16
Family	4	0
Law Enforcement	1	0
Social Services	4	4
Veteran/Vet Advocate	1	0
Education	4	4
Health Care	2	1
Mental Health provider	16	17
AOD service provider	5	1
General Public	4	2
LGBTQ	1	0
Other	6	4
Blank	3	5

9/9/14: 14 represented more than one group. Client & MH provider = 8; family & general public = 1; social services & MH = 2; client & family = 2; health & general public = 1. (These were listed under the first group named in this pairing.)

9/17/14: 8 represented more than one group. Client & MH provider = 5; client & social services = 1; mental health & aod = 2. (These were listed under the first group named in this pairing.)

c) The dates of the 30 day review process:
The draft plan of the MHSA update is available for review and comment from September 1, 2015 to October 5, 2015.

d) Methods used by the county to circulate for the purpose of public comment the draft of the annual update to representatives of the stakeholders interests, and any other interested party who requested a copy of the draft plan:
The draft plan was distributed to the Local Mental Health Board, contractors, and to other stakeholders. It was also posted on our Internet site, and made available in hard copy to anyone who requested it. We placed two ads in the Santa Cruz Sentinel, the Watsonville Pajaronian, and the Aptos Times to inform the community at large of its availability.

e) Date of the Public hearing held by the local Mental Health Board:
The Public Hearing was held on October 15, 2015 at 3:00 p.m. at 1400 Emeline Avenue, room 207, Santa Cruz, California

f) Summary and analysis of substantive recommendations received during the 30-day public comment period and description of substantive changes made to the proposed plan:
We received two emails:
1. Thanks so much for the creative and innovative programs.
2. Stressing the need for family support, and having a case worker assigned to the whole family at the earliest possible time when an individual gets treatment.

There were seven Board members present at the local Mental Health Board meeting, along with 2 staff, and twenty one members of the public (approximately 15 were mental health consumers).

The comments are summarized below:
- Questions about the CSS Housing Unencumbered Funds and how this will be used.
    - ➢ The funds will be used for rental assistance for our clients. The Housing Council and/or the Housing Support Team will oversee these funds.
- Numerous compliments about the Mental Health Client Action Network (MHCAN), including a desire for more funding and the ability to stay open longer.
    - ➢ The City of Santa Cruz issues the Use Permit of MHCAN.
- Suggestions for new programming, such as "Bring Change to Mind", similar concept as STRANGE, but focused on reducing stigma and prejudice regarding mental illness.
    - ➢ Explained that programs that are currently funded know that this can change at a future date.
- Concerns about not using technology and missing the opportunity to use cell phones to reach youth.
- Compliments on having statistics and budget in plan. Question about unspent funds.
    - ➢ Explained that funds have a three year life before reverting to the State, and that funds web and flow as they are based on tax dollars.
- Compliments on the new Innovative Project "Juntos Podemos", and for listening to consumers and clients.

- Question about why we are introducing a new program, instead of more funding for existing programs.
  - ➢ Explained how each component has requirements for how funds are spent, and the nature of the Innovative Project requirements.

There were no substantive changes to the draft plan.

<u>Mental Health Services Act (MHSA) Programs</u>

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

Three components of MHSA focus on direct clinical services:
- Community Services and Supports (CSS),
- Prevention and Early Intervention (PEI), and
- Innovative Programs (INN).

Three components focus on infrastructure:
- Workforce Education and Training (WET),
- Capital Facilities, and
- Information Technology.

MHSA funds are to be used to establish new services, or to expand services. Direct client services are not allowed in infrastructure components. Below is a list of MHSA services in Santa Cruz County.

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

The population in Santa Cruz County is 262,382 according to 2010 estimates. This is an increase of 2.7% from the 2000 census. In Santa Cruz, the breakdown of the population by race is approximately 59.6% White (Not of Latino origin), 32% Latinos, 1.1% African-Americans, .9% American Indian and Alaskan Native persons, and 4.2% Asian. Eleven percent (11.1%) of the population is over 65 years old. The primary language in Santa Cruz County is English, with 29.9% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Half of the population (50.1%) is female.

The county's own data from FY 10-11 shows that of the 5,183 unduplicated clients served, 3,268 (63%) were white and 1,473 (29%) were Latino. According to EQRO data for 2010, the penetration rate for Latinos is 3.95%, compared with 10.34% for Whites, African/Americans 14.87%, Asian/Pacific Islander 5.58%, and Native American 12.72%. The statewide penetration rates are: Latinos 3.47%, Whites 10.21%, African/Americans 10.04%, Asian/Pacific Islanders 3.99%, and Native Americans 9.77%

Cost Per Person Served:

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

<u>COMMUNITY SERVICES AND SUPPORTS (CSS)</u>

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

<u>CSS Program #1: Community Gate</u>

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

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

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

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

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

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

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

CSS Program #2: Probation Gate

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

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

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

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

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

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

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

CSS Program #3: Child Welfare Services Gate

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

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

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

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

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

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Parent Center: 30
Encompass (Youth Services): 4
Encompass (ILP): 27
Santa Cruz County Mental Health & Substance Abuse Services: 195

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

CSS Program #4: Education Gate

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

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

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

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

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

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

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

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

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

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

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

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

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

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Encompass (outreach & engagement): 86
Volunteer Center/Family Partnerships: 27

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

CSS Program #6: Enhanced Crisis Response

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

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

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

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

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

6. **Peer Supports at the PHF.** The focus of this program is to provide peer support to individuals receiving treatment at the Santa Cruz County Behavioral Health Center, Psychiatric Health Facility. Activities include peer lead groups, aftercare planning and individual support.

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

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

Number of individuals to be served:
The unduplicated numbers of individuals to be served by program are:
Encompass-Telos: 100
Encompass-Enhanced Support Services Team: 80
Encompass- El Dorado Center: 80
Encompass- River Street Shelter: 150
SC MHSAS: 100
MHCAN: 100

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

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

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

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

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

Providers:

- For North county Wellness: Mental Health Consumer Action Network
- For Mariposa: Community Connection/Volunteer Center
- For Peer Supports: Santa Cruz County Mental Health & Substance Abuse Services

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

- MHCAN: 300
- Mariposa: 100

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

CSS Program #8: Community Support Services

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

To accomplish the above, the <u>Recovery Team and South County Adult Team</u> have been restructured to now provide intensive wrap around services to prevent acute hospitalizations and assist in getting people out of higher levels of care. These teams focus more on "crisis" as their priority and when time allows provide an additional array of recovery-oriented supports that include linkage to housing, employment and education. One team Supervisor carries a small caseload.

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

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

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

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

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

Providers: The staff from Front Street, Encompass, Volunteer Center/Community Connection and Santa Cruz County Mental Health & Substance Abuse Services provide the services in this work plan. These providers work collaboratively and comprise a multi-disciplinary team.
- Front Street provides: Supported Housing (case management), Wheelock (Residential), Wheelock (Outpatient), Willowbrook, and Housing /Property Management.
- Encompass provides Housing Support (case management)

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

Number of individuals to be served each year:
The unduplicated numbers of individuals to be served by program are:
Front Street- Supported Housing: 185
Front Street- Wheelock (Residential & Outpatient): 16
Front Street- Willowbrook: 40
Front Street- Housing/Property Management: 40
Front Street- Opal Cliff: 15
Encompass- Supported Housing: 65
Volunteer Center/Community Connection-Housing Support (employment): 42
Volunteer Center/Community Connection-Opportunity Connection: 44
Volunteer Center/Community Connection-College Connection: 20
Santa Cruz County Mental Health & Substance Abuse Services: 600

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

<u>COMMUNITY SERVICES AND SUPPORTS: HOUSING</u>

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

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

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

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

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

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

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

Unencumbered Funds Dedicated to the Mental Health Services Act Housing Program
We have used our CSS funds to develop housing as described above. Santa Cruz County Mental Health & Substance Abuse Services requests the $1,371.84 of unencumbered housing funds, and intends to use this for rental assistance.

Santa Cruz has had extensive stakeholder involvement regarding use of housing funds since the inception of MHSA. A "Housing Committee" was formed to review the parameters set forth for MHSA Housing and to solicit input from the community. There were approximately 45 persons on the committee, including county and contract staff, consumers, educators, planning department staff, family members, and other community members. The committee met on the following days:
➢ October 15, 2007, 1080 Emeline, Santa Cruz (17 attendees)
➢ November 19, 2007, 1080 Emeline, Santa Cruz (14 attendees)
➢ January 14, 2008, MHCAN, 1051 Cayuga Street, Santa Cruz (33 attendees)
➢ February 11, 2008, Career Works, 18 West Beach Street, Watsonville (15 attendees)
➢ March 12, 2008, MHCAN, 1051 Cayuga, Santa Cruz

In the most recent community wide stakeholder process, housing was named as a top priority. The price of housing in Santa Cruz County is very high, there was an agreement that the County should seek to increase access to a full range of safe and affordable housing to ensure successful community placement for individuals.

PREVENTION & EARLY INTERVENTION - PEI

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

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

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

PEI Project #1 has three strategies:

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

2. **Countywide Parent Education and Support:**
A. **The Positive Parenting Program (Triple P)**
   - **Purpose:** Triple P provides a five-tiered public health model of progressive mental health information, prevention, training, screening, and early intervention. It is an evidence-based practice increasingly deployed throughout California, addressing both prevention and early intervention needs.
   - **Target Population:** All Santa Cruz County families in need of public information about parenting skills and resources, as well as families needing various levels of enhanced training supports, and brief treatment.
   - **Providers:** First 5
   - **Number of individuals to be served each year:** 1300

- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** None.
- **Are there any new, changed or discontinued programs?** No.

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

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

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

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

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

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

Performance Outcomes (Specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

PEI Project #2: Culture Specific Parent Education & Support

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

A. Cara y Córazon

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

B. Jóven Noble

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

C. Xinatchli

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

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

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

PEI Project #3 has three proposed strategies:
1. **Early Intervention Services**
    A. **Employment Services:**
        - **Purpose**: To offer support for person's experiencing early signs and symptoms of mental illness, by meeting individual goals to improve quality of life, and integrate in a meaningful way into the community.
        - **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
        - **Providers:** Volunteer Center/Community Connection
        - **Number of individuals to be served each year:** 70
        - **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No.
        - **Are there any new, changed or discontinued programs?** No.

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

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

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

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

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

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

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

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

PEI Project #4: Services for Older Adults

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

PEI Project #4 has these proposed strategies:

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

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

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

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

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

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

Performance Outcomes (specify time period):
See the MHSA Quarterly & Annual Report for 7/1/14 to 6/30/15 which is attached.

INNOVATIVE PROJECTS-
Avenues: Work First for Individuals with Co-Occurring Disorders

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

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

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

Providers: The Volunteer Center/Community Connection (employment preparation), Encompass (Casa Pacific), Mental Health Client Action Network (Dual Recovery Support and Acupuncture), facilitator by contract (Mindfulness Recovery), and the Community Action Board- Community Restoration Project (Work Crew).

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

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

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

Performance Outcomes (specify time period): This program was slated to terminate on June 30, 2015. However, on May 28, 2015, the MHSOAC approved one additional year of funding in order to complete the assessment of this program. The County has contracted with Applied Research Survey to complete the evaluation. This evaluation report will be submitted to the MHSOAC at the end of the 2015-2016 fiscal year.

INNOVATIVE PROJECTS-
¡Juntos Podemos! (Together We Can!)

¡Juntos Podemos! is a team model where peer and family partners, along with clinical staff, work as collaborative team members and partners to more effectively support the needs of the individual and their family. This plan was approved by the Mental Health Services Oversight Accountability Commission on May 28, 2015.

The **primary purpose** of this innovative program is to increase quality of services and outcomes. Existing research demonstrates the effectiveness of peer support for individuals in need of mental health services and the importance of engaging individuals' family members while providing clinical services. This innovative program makes two significant changes to existing models: the first involves hiring peer and family partners to be trained and work members on the same treatment team; the second is to examine how to develop an infrastructure to support the work of peer and family partners in a way that each of the diverse approaches offered is valued and supported to benefit the individual and the family.

The Innovative Project proposed, will establish several key positions within Santa Cruz County Mental Health &Substance Abuse Services to support this work. Included in that infrastructure is the creation of an Office of Consumer and Family Affairs (OCFA), which will work with peers and family members to develop a training curriculum and practice model to support the work of the peers and family partners who will be hired into paraprofessional positions on the team. The OCFA Director will have a strong administrative connection to each of the teams this model is being piloted with, as well as working within an advocacy role to assist family members and individuals served in connecting to peers and family members on the team, and providing navigation and orientation to new individuals and families coming into services for the first time.

The peer and family partners will initially work with the Transition Age Youth Treatment Team. This team also is being trained to work with older adolescents and young adults experiencing a first episode psychosis using the Prevention and Recovery in Early Psychosis Program (PREP) model. The PREP model utilizes peers and engages the individual's family. Santa Cruz County is adapting the PREP practice by including peer and family partners that are not part of the individuals' family themselves. This will provide an opportunity to utilize peers and family partners in a new way- working with an age group that they do not ordinarily work with.

This five-year innovative project is the result of Santa Cruz County Mental Health & Substance Abuse Services Health Services Act stakeholders identifying a need to expand and leverage the availability of peer partner and family partner staff within the County mental services teams to support individuals in achieving more positive outcomes.

Evaluation Plan
Santa Cruz County Mental Health & Substance Abuse Services will work with Applied Survey Research (ASR), an independent evaluator, to evaluate the implementation and impact of ¡Juntos Podemos! (¡JP!). 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) What are the key strategies for creating and maintaining effective treatment teams that include peer partners, family partners, and clinicians (2) How do these treatment teams impact consumer treatment retention, satisfaction with services, and perceived support for recovery treatment goals? Information gathered to answer these questions will be used to iteratively improve the ¡JP! 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 who would be eligible for ¡JP! Follow-up data collection with ¡JP!-enrolled consumers and their treatment teams will occur on a schedule to be determined by the evaluation team. Evaluation of treatment team functioning may include measures such as agreement/consensus about treatment goals and strategies; clarity of roles and responsibilities; self-efficacy to perform roles and responsibilities; and perceived support, value, trust, and respect among treatment team members.

Data analysis will include descriptive frequencies to answer evaluation question 1 and comparative methods (baseline cohort with enrolled cohort, controlling for differences at treatment intake) to answer question 2. 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 ¡JP! 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.

Timeline
The proposed time line is slightly behind. The official approval letter form the MHSOAC was not received in time to be including in the County's budget hearing on June 16, 2015. The County could not move forward with contracting ASR or hiring staff until it was presented to the County Board of Supervisors. This was accomplished in August, 2015.

- Year One: July 1, 2015 to June 30, 2016
  Deliverables Year 1:
  1. Disseminate ¡Juntos Podemos! Innovation plan to the other counties in California by July, 2015. This was disseminated on June 3, 2015 to the California Mental Health Directors Association (CMHDA) MHSA committee.
  2. Evaluation planning. Contract with Applied Research Survey (ASR) to develop the evaluation tools.
  3. Recruitment begins for Office of Consumer and Family Affairs Director: August 2015

4. Hire Office of Consumer and Family Affairs Director: September 2015
5. Develop organizational and team structure, supervision model: December 2015
6. Develop interview questions and selection criteria for peer and family partners: December 2015
7. Develop draft training curriculum for family partners, peer partners, and clinical staff: December 2015
8. Develop draft outcomes data and stakeholder review: December 2015
9. Publish training curriculum draft and solicit comment through stakeholder process: January 2016
10. Finalize training curriculum: February 2016
11. Baseline evaluation: January 2016 for clinical staff, peer and family partners March 2016
12. Hire peer and family partners (1 of each) with stakeholder participation: March 2016
13. Train peer partner, family Partner, and clinical Staff: March 2016
14. Peer and family partner staff begin work on team: March 2016
15. Stakeholder Meeting to review Year 1 progress: June 2016

- Year Two – Four: July 1, 2016 to June 30, 2020
  1. Year 2 to Year 3: Add a peer partner and family partner to another treatment team at County Behavioral Health.
     a. Hire Peer and Family Partner: Spring Year 2
     b. Train Peer and Family Partner: Spring Year 2
     c. Peer and family partner begin work on team: Summer Year 3
  2. Annual evaluation process: Applied Survey Research: May of each fiscal year
  3. Annual Stakeholder Meeting: June of each fiscal year
  4. Modifications to training protocol: As needed during year
  5. Outcomes data: Ongoing throughout the fiscal year

- Year Five –: July 1, 2020 to June 30, 2021
  1. Final report prepared: October 2020
  2. Develop sustainability plan and budget December 2020
  3. Review of sustainability plan with stakeholders: January 2021
  4. Final stakeholder meeting: June 2021
  5. Propose sustainability plan to Board of Supervisors for approval: June 2021

WORKFORCE EDUCATION & TRAINING

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

A. **CULTURAL COMPETENCE**

We established a Workforce Education & Training ("WET") Task Force with representatives from children's mental health, adult mental health, alcohol & drug services, community based agencies, consumers, families and community college. The WET Task Force oversees the Training Academy, including creating and/or contracting for trainings that are needed, and assessment of the trainings provided.

The WET Task Force also serves as our "Cultural Competence Committee" overseeing not only the Cultural Competence Trainings, but also addressing issues of integrating cultural competence practicing throughout the work force, including how to create welcoming environments for our consumers and families. In 2013, Santa Cruz County Mental Health & Substance Abuse Services was nominated as an "Organizational Ally to Queer Youth" because of our work in providing educational seminars on LGBTQ issues.

B. **ADDITIONAL ASSISTANCE NEEDS FROM EDUCATION & TRAINING PROGRAMS**

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

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

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

Finally, the County seeks to improve its own internal operations and programs utilizing the LEAN Performance Improvement model, by initially working with a certified LEAN facilitator, and then training staff to conduct their own LEAN projects within Behavioral Health and the Health Services Administration.

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

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

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

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

3. Child and Adolescent Needs and Strengths Assessment (CANS), and the Adult Needs and Strengths Assessment (ANSA): As part of a new approach within the framework of Total Clinical Outcomes Measurement (TCOM), the County is adopting the use of two client level outcomes tools, which also and most importantly serve as communication

collaboration tools to improve services for children and adults, and transform the service delivery system from a service oriented approach to one which is transformational- in the daily lives of the people and families served, and the approach we as clinicians use in supporting recovery and resiliency in the our clients and families. The County is seeking funding to support the ongoing training and certification of clinicians, and support the effective implementation of the CANS and ANSA across all County mental health programs and services for a 3-year period of time. The County will be working with Dr. John Lyons from the University of Ottowa to support this initiative.

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

C. IDENTIFICATION OF SHORTAGES IN PERSONNEL
Santa Cruz County has identified the following as existing mental/behavioral work shortages:
1. Bilingual (Spanish) Psychiatrist (We currently have two, but, one is not a permanent staff member);
2. Bilingual child psychiatrist;
3. Bilingual Licensed Clinical Social Workers and Marriage & Family Therapists;
4. Designated Consumer and/or Family Position.
5. Clinicians that have an alcohol & drug counselor certification, as well as mental health experience and/or license.

The following are hard-to-fill and/or hard-to retain positions:
1. Psychiatrists (adult and child)

2. Bilingual mental health providers (psychiatrist, therapists, case managers)

3. Forensic mental health providers

4. Psychiatric Nurse practitioners

5. Clinical psychologists

6. Highly skilled practitioners treating co-occurring (mental health & substance abuse) disorders

7. Data Processing Programmer Analyst

Consumer and/or Family Member Designated Positions:
Santa Cruz County workforce does not reflect the ethnic diversity of the community. We need (more) providers that are bicultural (Latino), consumer/client peer counselors, family members, and/or LGBTQ providers. The major challenge of this program has been that we have not been able to hire new clinicians or mental health aides due to budgetary constraints.

The County currently does not have consumer and/or family member positions. We have relied on our contract providers for these roles, and have some consumer peer aides provide service via County Mental Health treatment teams. In order to achieve our objectives we have adapted the Community Mental Health Aide position to encourage consumer and family members to apply, and revised the application review in order to give "credit" for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer training certificate. We added language to inform applicants 'credit' would be given for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer-training certificate for positions for community mental health aide. Additionally, the Senior/Mental Health Client Specialist classification was changed to give "credit" to applicants for experience related to county mental health work, rather than solely based on years of experience.

We have a strong collaboration with Cabrillo College certificate program, to support consumers expressing interest in working in public mental health. This program also supports the Cabrillo "College Connection" program. This is one of the ways we have worked to develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector, which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered.

The major challenge the County has faced has been that we have not been able to hire new clinicians or mental health aides due to budgetary constraints. We hope that with the improvement in the economy we will be able to hire in these positions in the near future**.**

<u>INFORMATION TECHNOLOGY</u>

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

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

We have two primary information technology needs:
1. <u>To increase consumer and family empowerment.</u> Access to knowledge is a human right. Every client will be tech literate and have Internet access to increase communication between each other and all the supports that promote recovery, wellness, resiliency, and social inclusion. Our goal is to have computer access for consumers in housing and kiosks at existing clinic sites, and to provide technical support and training (for consumers and staff). We will begin with the addition of six terminals at sites in both Santa Cruz and Watsonville, and available to both children, adult and family members. Security issues will be addressed by posting signs in English and Spanish stating:
    > "This is a public computer. For your security we advise that you take these steps: 1. Do not save your logon information. 2. Do not leave the computer unattended with sensitive information on the screen. 3. Delete your temporary files and your history. 4. Do not enter sensitive information on public computers."

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

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

system of care trends. We know we make a difference, as can be seen with the "Community Impact" statements. However, we want the ability to quantify this data.

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

CAPITAL FACILITIES

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

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

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

ATTACHMENTS

ACRONYMS USED IN THIS REPORT

CAB	Community Action Board
COE	County Office of Education
CSS	Community Services & Supports
DBHU	Dominican Behavioral Health Unit
Encompass	Santa Cruz Community Counseling Center
FSA	Family Service Agency of the Central Coast
FSP	Full Service Partnership
INN	Innovative Project
MH	Mental Health
MHCAN	Mental Health Client Action Network
MHSA	Mental Health Services Act
MHSAS	(Santa Cruz County) Mental Health & Substance Abuse Services
NAMI	National Alliance on Mental Illness
PEI	Prevention & Early Intervention
PVPSA	Pajaro Valley Prevention & Student Assistance Agency
RFP	Request for Proposals
SUD	Substance Use Disorder

Santa Cruz County Mental Health & Substance Abuse Services

Mental Health Service Act (MHSA) Report
For fiscal year 2014-2015

WELLNESS · RECOVERY · RESILIENCE

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

CSS Program #1: Community Gate:

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

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

Agency Reporting	ENCOMPASS				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					147
Total Served (Unduplicated)					
Age Group					
• Children 0-15	60	53	55	57	107
• TAY 16-25	20	22	23	27	41
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	1	2	3	2	4
• Latino	72	65	71	79	135
• Other	7	8	4	3	9
Primary Language					
• English	59	57	61	63	111
• Spanish	21	18	17	21	37
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Family Services				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Target					105	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	76	61	61	43	94	
• TAY 16-25	14	12	13	36	44	
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White	35	26	27	27	54	
• Latino	47	42	42	49	74	
• Other	8	4	5	3	10	
Primary Language						
• English	62	48	46	59	95	
• Spanish	28	25	28	20	43	
• Other						
Culture						
• Veterans						
• LGBTQ		3	3	3	3	

Agency Reporting		MHSAS				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Target					140	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	90	87	78	68	192	
• TAY 16-25	42	34	30	28	69	
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White	28	24	23	25	60	
• Latino	78	74	68	55	140	
• Other	26	23	17	16	53	
Primary Language						
• English	103	96	83	76	202	
• Spanish	29	24	25	20	58	
• Other		1			1	
Culture						
• Veterans						
• LGBTQ						

CSS Program #2: Probation Gate

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

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

Agency Reporting	PVPSA				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					125
Total Served (Unduplicated)					
Age Group					
• Children 0-15	14	29	29	16	25
• TAY 16-25				4	4
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	1	2	2		2
• Latino	13	27	27	20	27
• Other					
Primary Language					
• English	13	28	28	19	28
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	ENCOMPASS				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					184 (169)
Total Served (Unduplicated)					
Age Group					
• Children 0-15	68	61	61	60	119
• TAY 16-25	32	32	30	35	53
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	34	38	25	22	52
• Latino	46	38	37	34	65
• Other	20	17	29	39	55
Primary Language					
• English	92	88	87	94	164
• Spanish	8	5	4	1	8
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #3: Child Welfare Services Gate

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

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

Agency Reporting	Parent Center				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					30
Total Served (Unduplicated)					
Age Group					
• Children 0-15	16	18	14	14	29
• TAY 16-25			1	1	1
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	9	10	6	7	22
• Latino	7	8	8	7	7
• Other			1	1	1
Primary Language					
• English	16	18	10	10	23
• Spanish			5	5	7
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	ENCOMPASS				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					8 (4)
Total Served (Unduplicated)					
Age Group					
• Children 0-15	1	1	1	1	2
• TAY 16-25				1	1
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	1	1	1	1	2
• Latino				1	1
• Other					
Primary Language					
• English	1	1	1	2	3
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	ENCOMPASS				
Work Plan/Program/Service	CSS #2 THPP, ILSP				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					27
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	8	9	10	10	31
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	5	5	5	2	11
• Latino	2	2	3	4	11
• Other	1	2	2	4	9
Primary Language					
• English			9	9	30
• Spanish			1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	MHSAS				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					195
Total Served (Unduplicated)					
Age Group					
• Children 0-15	109	108	124	114	175
• TAY 16-25	45	42	39	47	70
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	58	53	57	56	80
• Latino	61	62	68	72	105
• Other	35	35	38	30	60
Primary Language					
• English	131	131	141	143	215
• Spanish	22	19	22	18	29
• Other	1				1
Culture					
• Veterans					
• LGBTQ					

CSS Program #4: Education Gate

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

Target Population: Children/youth in Education system at risk of school failure. Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served.

Agency Reporting		MHSAS			
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					38
Total Served (Unduplicated)					
Age Group					
• Children 0-15	18	15	13	14	29
• TAY 16-25	2	3	4	6	6
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	4	3	3	6	7
• Latino	16	15	14	14	28
• Other					
Primary Language					
• English	16	13	15	17	32
• Spanish	4	5	2	3	3
• Other					
Culture					
• Veterans					
• LGBTQ			1	1	1

CSS Program #5: Special Focus: Family Partnerships

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

Target Population: Families and youth involved in our Children's Mental Health System of Care in need of family and youth partnership activities.

Agency Reporting	ENCOMPASS				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					86
Total Served (Unduplicated)					
Age Group					
• Children 0-15	27	25	32		67
• TAY 16-25	38	47	37	17	96
• Adults 26-59					
• Unknown		3			4
Race/Ethnicity					
• White	26	27	23	6	59
• Latino	19	22	17	5	45
• Other	21	26	29	6	63
Primary Language					
• English	66	75	69	17	167
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ	41	41	56		127

Agency Reporting	Volunteer Center				
Work Plan/Program/Service	Family Partnership				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					27
Total Served (Unduplicated)					
Age Group					
• Children 0-15	3	2	3	3	4
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	1		1	1	2
• Latino	1	1	1	1	1
• Other	1	1	1	1	1
Primary Language					
• English	3	2	3	3	4
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #6: Enhanced Crisis Response

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

Target Population: Transition age youth, adults, and older adults with serious mental illness.

Agency Reporting	ENCOMPASS				
Work Plan/Program/Service	Telos (formerly Transition House)				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					175
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	8	4	1	8	20
• Adults 26-59	30	26	21	18	73
• Older Adults 60+	4	7	4	6	14
Race/Ethnicity					
• White	28	31	19	23	74
• Latino	7	2	2	5	13
• Other	7	4	9	4	20
Primary Language					
• English				31	105
• Spanish				1	2
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	ENCOMPASS				
Work Plan/Program/Service	Enhance Crisis Support				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					150
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1	1	1	3	7
• Adults 26-59	19	23	19	18	51
• Older Adults 60+	2	4	5	5	9
Race/Ethnicity					
• White			18	20	49
• Latino			3	1	4
• Other			4	5	14
Primary Language					
• English			23	25	129
• Spanish			2	1	2
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	ENCOMPASS				
Work Plan/Program/Service	El Dorado Center				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					80
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	3	6	6	3	12
• Adults 26-59	19	18	20	17	50
• Older Adults 60+	14	1	3	3	9
Race/Ethnicity					
• White	26	17	19	17	45
• Latino	5	3	5	2	14
• Other	5	5	5	4	12
Primary Language					
• English			28	21	69
• Spanish			1	2	2
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		ENCOMPASS			
Work Plan/Program/Service		River Street Shelter			
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					80
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	2	1	1	1	3
• Adults 26-59	13	11	11	13	64
• Older Adults 60+	3	3	3	2	6
Race/Ethnicity					
• White	9	10	10	9	30
• Latino	3	1	1	1	4
• Other	6	4	4	6	9
Primary Language					
• English			14	16	43
• Spanish			1		1
• Other					
Culture					
• Veterans			1	1	3
• LGBTQ					1

Agency Reporting		MHSAS			
Work Plan/Program/Service					
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					100
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	16	16	23	23	79
• Adults 26-59	90	96	99	94	381
• Older Adults 60+	15	18	11	7	51
Race/Ethnicity					
• White	90	95	84	77	347
• Latino	18	17	20	26	82
• Other	13	18	28	21	82
Primary Language					
• English	115	119	122	114	474
• Spanish	4	8	11	9	31
• Other	2	3		1	6
Culture					
• Veterans					
• LGBTQ					

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

Purpose This plan provides expanded countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services
Target Population: Transition age youth, adults, and older adults with serious mental illness.

Agency Reporting	MHCAN				
Work Plan/Program/Service					
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					300
Total Served (Unduplicated)					
Age Group					
• Children 0-15	37	34		9	10
• TAY 16-25	226	79	94	137	75
• Adults 26-59	678	561	421	316	428
• Older Adults 60+	357	449	302	289	278
• unknown					
Race/Ethnicity					
• White	614	462	462	465	444
• Latino	386	345	227	126	196
• Other	298	316	128	160	151
Primary Language					
• English	1078	881	589	577	546
• Spanish	207	189	116	121	213
• Other	13	53	112	53	32
Culture					
• Veterans	198	67	64	45	68
• LGBTQ	72	187	123	137	146

Agency Reporting	Volunteer Center/Community Connection				
Work Plan/Program/Service	Mariposa				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					150
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	35	6	4	7	4
• Adults 26-59	5	34	27	41	28
• Older Adults 60+		6	6	7	6
• Unknown	61		69	112	43
Race/Ethnicity					
• White	27	27	21	32	21
• Latino	14	15	14	18	14
• Other	64	2	68	117	46
Primary Language					
• English		112	170	150	38
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #8: Community Support Services

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

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

Agency Reporting		Front Street				
Work Plan/Program/Service		Housing Support				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**	
Target					100	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25	5	4	4	5	8	
• Adults 26-59	59	61	67	72	93	
• Older Adults 60+	22	21	21	20	23	
Race/Ethnicity						
• White	70	72	78	80	100	
• Latino	6	6	6	9	11	
• Other	10	8	8	8	13	
Primary Language						
• English	84	84	90	96	121	
• Spanish	2	2	2	1	3	
• Other						
Culture						
• Veterans	3	2	2	2	4	
• LGBTQ	3	2	2	2	5	

Agency Reporting	Front Street				
Work Plan/Program/Service	Wheelock (outpatient & residential)				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					20
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1	1	1	1	1
• Adults 26-59	12	12	12	12	15
• Older Adults 60+	3	3	3	4	4
Race/Ethnicity					
• White	11	10	10	11	13
• Latino	3	4	4	4	4
• Other	2	2	2	2	3
Primary Language					
• English	15	15	15	16	19
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans	0				0
• LGBTQ	0				0

Agency Reporting	Front Street				
Work Plan/Program/Service	Willowbrook				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					53
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	0	0	0	0	0
• Adults 26-59	24	24	25	24	25
• Older Adults 60+	17	18	16	16	18
Race/Ethnicity					
• White	32	33	32	31	34
• Latino	5	5	5	2	5
• Other	4	4	4	4	4
Primary Language					
• English	34	40	40	39	42
• Spanish	5	1	1	1	1
• Other	2	1			
Culture					
• Veterans	2	3	2	1	1
• LGBTQ	3	3	1	2	3

Agency Reporting	Front Street				
Work Plan/Program/Service	Housing Property Management				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					42
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	0				
• Adults 26-59	42	40	44	39	50
• Older Adults 60+	2	2	2	2	2
Race/Ethnicity					
• White					
• Latino					
• Unknown	44	42	46	41	52
Primary Language					
• English	44	42	46	41	52
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Front Street				
Work Plan/Program/Service	Opal Cliffs				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Target					14
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1	1	1	1	1
• Adults 26-59	13	12	12	12	18
• Older Adults 60+	2	2	3	3	3
Race/Ethnicity					
• White	15	14	16	16	21
• Latino	1	1			1
• Other					
Primary Language					
• English	16	15	16	16	21
• Spanish					1
• Other					
Culture					
• Veterans	1	1	1	1	1
• LGBTQ					

Agency Reporting	ENCOMPASS				
Work Plan/Program/Service	Supported Housing				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					75
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1	1	1	1	1
• Adults 26-59	53	52	52	46	45
• Older Adults 60+	14	13	14	10	10
Race/Ethnicity					
• White			49	43	42
• Latino			10	8	7
• Other/Unknown			8	6	7
Primary Language					
• English			66	56	55
• Spanish			1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Community Connection				
Work Plan/Program/Service	Housing Support (employment)				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					80
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	3	3	3	3	3
• Adults 26-59	32	32	30	30	40
• Older Adults 60+	9	9	9	10	12
Race/Ethnicity					
• White	33	34	31	34	44
• Latino	6	5	5	5	5
• Other	5	5	6	4	6
Primary Language					
• English	44	44	42	43	55
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Community Connection				
Work Plan/Program/Service	Opportunity Connection				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					65
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1	1	2	3	4
• Adults 26-59	45	47	33	39	59
• Older Adults 60+	3	5	6	8	8
Race/Ethnicity					
• White	28	29	27	34	45
• Latino	2	2	2	3	4
• Other	19	16	12	13	19
Primary Language					
• English	49	47	41	50	71
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	MHSAS				
Work Plan/Program/Service	Staffing Support (FSP/OE & SD)				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					600
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	56	65	64	72	270
• Adults 26-59	372	385	398	405	1714
• Older Adults 60+	121	115	118	123	489
Race/Ethnicity					
• White	353	412	372	390	1600
• Latino	110	123	116	123	492
• Other	86	99	97	91	390
Primary Language					
• English	490	566	520	537	2223
• Spanish	42	47	44	49	184
• Other	17	21	21	18	78
Culture					
• Veterans					
• LGBTQ					

PREVENTION & EARLY INTERVENTION (PEI)

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

PEI Project #1: Early Intervention Services for Children

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

Agency Reporting	MHSAS				
Work Plan/Program/Service	0-5 Screening				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0	34	0	35	64
• TAY 16-25	04				
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White		11		10	20
• Latino		12		15	24
• Other		11		10	20
Primary Language					
• English		26		28	53
• Spanish		7		6	10
• Other		1		1	1
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	First 5				
Work Plan/Program/Service	Triple P				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	219	288	334	382	741
• TAY 16-25	44	49	48	63	130
• Adults 26-59	121	135	204	280	527
• Older Adults 60+	1	2	3	4	6
Race/Ethnicity					
• White	121	123	132	159	332
• Latino	189	305	359	385	752
• Other	75	43	133	185	320
Primary Language					
• English	239	251	291	399	754
• Spanish	146	223	298	330	650
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	First 5				
Work Plan/Program/Service	Side by Side				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	11	14	16	15	27
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	2	3	2	2	5
• Latino	8	10	12	11	20
• Other	1	1	2	2	2
Primary Language					
• English	3	4	5	6	9
• Spanish	8	10	11	9	18
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Primary Care Outreach			
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	38	0	39	n/a*	
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	10		11		
• Latino	15		17		
• Other	13		11		
Primary Language					
• English	27		32		
• Spanish	10		6		
• Other	1		1		
Culture					
• Veterans					
• LGBTQ					

*program discontinued.

Agency Reporting		Barrios Unidos			
Work Plan/Program/Service		School Based PEI			
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	22	38	46	12	118
• TAY 16-25	48	23	83	43	197
• Adults 26-59			14		14
• Older Adults 60+					
Race/Ethnicity					
• White	12		3	7	22
• Latino	58	58	140	48	304
• Other		3			3
Primary Language					
• English		6	7	7	20
• Spanish		54	136	48	238
• Other		1			1
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Live Oak Family Resource Center (via COE)				
Work Plan/Program/Service	School Based PEI				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0	4	2	0	1
• TAY 16-25	1	6	5	0	10
• Adults 26-59	11	21	35	20	64
• Older Adults 60+	2		1	0	3
• unknown		19	3		22
Race/Ethnicity					
• White	12	20	19	9	56
• Latino	0	11	20	10	24
• Other	2	19	7	1	20
Primary Language					
• English	14	16	21	15	56
• Spanish	0	9	16	5	17
• Other	0			6	27
Culture					
• Veterans					0
• LGBTQ					0

Agency Reporting	Diversity Center (via COE)				
Work Plan/Program/Service	School Based PEI				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	210	430	670	54	724
• TAY 16-25	38	72	156		156
• Adults 26-59					
• Older Adults 60+					
• Unknown	31	51	87		87
Race/Ethnicity					
• White	169	309	562	40	602
• Latino	83	182	265	14	279
• Other	27	62	86		86
Primary Language					
• English	272	534	787	46	821
• Spanish	7	19	126	8	146
• Other					
Culture					
• Veterans					
• LGBTQ	35	127	253	36	289

Agency Reporting	Positive Behavioral Intervention Program/COE				
Work Plan/Program/Service	School Based PEI				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	27	45	53	36	55
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino					
• Other	27				
• unknown		45	53	36	55
Primary Language					
• English	27	45	53	36	55
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	NAMI/COE				
Work Plan/Program/Service	School Based PEI				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15			41		41
• TAY 16-25	331	631	374	32	1368
• Adults 26-59			22	100	122
• Older Adults 60+					
Race/Ethnicity					
• White	243	504	216	80	1043
• Latino	79	119	163	32	393
• Other	9	8	57	20	95
Primary Language					
• English	239	602	337	132	1310
• Spanish	85	29	100		214
• Other	7				7
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	ENCOMPASS (via COE)				
Work Plan/Program/Service	School Based PEI				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	18	35	44	13	98
• TAY 16-25	15	19	19	7	31
• Adults 26-59	1	27	36	24	87
• Unknown age	1	2	1		2
Race/Ethnicity					
• White	15	10	10		27
• Latino	6	7	8		17
• Other	14	66	82	44	194
Primary Language					
• English	35	80	86	32	210
• Spanish	0	3	14	12	28
• Other/Unknown					
Culture					
• Veterans					
• LGBTQ	26	26	35		63

Agency Reporting	ENCOMPASS				
Work Plan/Program/Service	Seven Challenges				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	3	5	6	6	13
• TAY 16-25	18	16	10	13	37
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	5	6	6	6	14
• Latino	7	12	6	10	23
• Other	9	3	4	3	13
Primary Language					
• English	20	19	14	19	47
• Spanish	1	2	2		3
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		PVPSA				
Work Plan/Program/Service		Seven Challenges				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	41	41	41	44	44	
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+						
• Unknown						
Race/Ethnicity						
• White		1	1	3	41	
• Latino	41	40	40	41		
• Other						
Primary Language						
• English	29	29	29	32		
• Spanish	12	12	12	12		
• Other						
Culture						
• Veterans						
• LGBTQ						

PEI Project #2: Culture Specific Parent Education & Support

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

Agency Reporting	MHSAS				
Work Plan/Program/Service	Cara y Corazón				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	3	3	5	4	15
• Adults 26-59	16	30	36	30	112
• Older Adults 60+			1	3	
Race/Ethnicity					
• White	16	18	15	10	59
• Latino	3	15	25	27	70
• Other			2		2
Primary Language					
• English	16	18	15	15	64
• Spanish	3	15	27	22	67
• Other					
Culture					
• Veterans			2	4	4
• LGBTQ	3		1		

Agency Reporting	MHSAS				
Work Plan/Program/Service	Jóven Noble				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0	18	43	37	98
• TAY 16-25	0		4	3	7
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White			5	4	9
• Latino		18	42	36	96
• Other					
Primary Language					
• English		6	38	12	56
• Spanish		12	9	28	49
• Other					
Culture					
• Veterans					
• LGBTQ				4	4

Agency Reporting		MHSAS			
Work Plan/Program/Service		Xínatchli			
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	10	15	35	28	88
• TAY 16-25	4		2	5	11
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White			3	6	9
• Latino	14	15	34	27	90
• Other					
Primary Language					
• English	3	4	7	15	29
• Spanish	11	11	30	18	70
• Other					
Culture					
• Veterans					
• LGBTQ				4	4

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

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

Agency Reporting	Volunteer Center (Community Connection)				
Work Plan/Program/Service					
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0			0	0
• TAY 16-25	24	20	25	23	34
• Adults 26-59	9	9	10	9	11
• Older Adults 60+	2	3	3	3	3
Race/Ethnicity					
• White	28	24	27	25	37
• Latino	5	5	6	5	6
• Other	2	3	5	5	5
Primary Language					
• English	35	32	38	35	48
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass				
Work Plan/Program/Service	Second Story				
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	3	2	1	1	7
• Adults 26-59	7	9	9	7	28
• Older Adults 60+	1	1		1	3
Race/Ethnicity					
• White	8	7	6	8	25
• Latino	1	1	1	1	5
• Other	2	4	3		8
Primary Language					
• English			10	9	38
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	MHSAS (Janus, Sobriety Works, New Life)				
Work Plan/Program/Service	Serial Inebriate				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	2				
• Adults 26-59	14	10	6	14	28
• Older Adults 60+	2		2	1	4
Race/Ethnicity					
• White	15	9	8	13	27
• Latino	1	1		1	2
• Other	2			1	3
Primary Language					
• English	17	10	8	15	31
• Spanish	1				1
• Other					
Culture					
• Veterans	1				3
• LGBTQ					

Agency Reporting	MHSAS				
Work Plan/Program/Service	Mental Health Sobering Beds				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1			1	3
• Adults 26-59	4	2	2	1	9
• Older Adults 60+					
Race/Ethnicity					
• White	4	2	1	1	8
• Latino	1		1		2
• Other				1	2
Primary Language					
• English	5	2	2	2	11
• Spanish					
• Other					1
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	MHSAS				
Work Plan/Program/Service	Early Intervention Services				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	25	26	25	24	100
• Adults 26-59	4	4	4	5	17
• Older Adults 60+					
Race/Ethnicity					
• White	18	18	19	16	71
• Latino	4	3	2	3	12
• Other	7	9	8	10	34
Primary Language					
• English	29	30	29	29	117
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	MHSAS				
Work Plan/Program/Service	Veteran Advocate				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	4	1		4	9
• Adults 26-59	39	35	26	51	151
• Older Adults 60+	23	27	30	28	108
Race/Ethnicity					
• White	52	54	45	67	218
• Latino	8	5	8	10	31
• Other	6	4	3	6	19
Primary Language					
• English	66	63	56	83	268
• Spanish					
• Other					
Culture					
• Veterans	66	63	56	83	268
• LGBTQ					

Agency Reporting		Family Services Agency			
Work Plan/Program/Service		Suicide Prevention Services			
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	125	379	1366	162	2032
• TAY 16-25	475	356	103	157	1091
• Adults 26-59	209	260	214	465	1148
• Older Adults 60+	133	48	7	46	234
• Unknown					
Race/Ethnicity					
• White	504	462	210	380	1556
• Latino	344	490	1437	341	2312
• Other	94	91	43	109	337
Primary Language					
• English	614	770	935	528	2847
• Spanish	328	273	755	251	1658
• Other					
Culture					
• Veterans	3	1	10	16	30
• LGBTQ	10	2	15	20	47

PEI Project #4: Early Intervention Services for Older Adults

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

Agency Reporting	Family Services				
Work Plan/Program/Service	Renaissance Program (Brief Therapy)				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	11	10	7	8	14
• Older Adults 60+	38	39	30	34	90
Race/Ethnicity					
• White	38	40	28	30	82
• Latino	2	4	2	3	4
• Other	9	5	7	9	18
Primary Language					
• English	48	48	36	40	100
• Spanish	1	1	1	2	4
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Family Services Agency				
Work Plan/Program/Service	Senior Outreach Program				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	1			2	3
• Older Adults 60+	11	8	10	9	15
Race/Ethnicity					
• White	8	6	6	7	11
• Latino	4	2	3	3	6
• Other			1	1	1
Primary Language					
• English	11	8	9	10	16
• Spanish			1	1	2
• Other	1				
Culture					
• Veterans	1	1	1	1	1
• LGBTQ	1				1

Agency Reporting	Senior Council				
Work Plan/Program/Service					
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+	20	32	38	35	38
Race/Ethnicity					
• White	19	32	36	32	36
• Latino			2	1	2
• Other	1			2	2
Primary Language					
• English	20	32	38	35	38
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Senior Network Services				
Work Plan/Program/Service					
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Information calls	49	70	76	101	296
Total Served (Unduplicated)	4	1	6	2	13
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+	4	1	6	2	13
Race/Ethnicity					
• White	4		6	2	12
• Latino		1			1
• Other					
Primary Language					
• English	4		6	2	12
• Spanish		1			1
• Other					
Culture					
• Veterans					1
• LGBTQ					

Agency Reporting		MHSAS				
Work Plan/Program/Service						
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+	11	17	10	7	45	
Race/Ethnicity						
• White	9	17	10	6	43	
• Latino						
• Other	2			1	2	
Primary Language						
• English	10	17	10	7	45	
• Spanish						
• Other	1					
Culture						
• Veterans						
• LGBTQ						

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

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

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

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

Agency Reporting	Volunteer Center (Community Connection)				
Work Plan/Program/Service					
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0	0			
• TAY 16-25	8	5	5	12	4
• Adults 26-59	21	25	27	51	21
• Older Adults 60+	1	1		2	1
Race/Ethnicity					
• White	21	19	21	45	17
• Latino	7	9	8	14	7
• Other	2	3	3	6	2
Primary Language					
• English	30	30	32	65	26
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	ENCOMPASS				
Work Plan/Program/Service	Casa Pacific				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	1	1	1	2	4
• Adults 26-59	10	9	11	8	20
• Older Adults 60+			1	1	1
Race/Ethnicity					
• White	8	7	10	9	17
• Latino	2	2	1	1	5
• Other	1	1	1	1	3
Primary Language					
• English			13	11	25
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	CAB				
Work Plan/Program/Service	Work Crew				
July 1, 2014 to June 30, 2015	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	6	2	6	3	12
• Adults 26-59	10	7	10	12	29
• Older Adults 60+					
Race/Ethnicity					
• White	11	5	12	11	29
• Latino	5	4	3	3	11
• Other			1	1	1
Primary Language					
• English	15	8	15	15	40
• Spanish	1	1	1		1
• Other					
Culture					
• Veterans					
• LGBTQ					
Gender					
• Male					
• Female					

Agency Reporting	Mindfulness Recovery & MHCAN				
Work Plan/Program/Service					
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15			3	5	10
• TAY 16-25	21	23	28	28	45
• Adults 26-59	39	39	52	52	112
• Older Adults 60+	15	17	15	22	102
Race/Ethnicity					
• White	42	44	53	60	134
• Latino	18	23	23	25	48
• Other	15	12	22	22	87
Primary Language					
• English	64	42	78	87	87
• Spanish	21	25	12	12	12
• Other	4	11	8	6	6
Culture					
• Veterans	11	14	14	14	65
• LGBTQ	18	15	15	19	94

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WORKFORCE EDUCATION & TRAINING (WET)	
Intent: This infrastructure component is designed to strengthen the public mental health workforce both by training and educating current staff (including concepts of recovery and resiliency), and to address occupation shortages in the public mental health profession by a variety of means. (Note: Infrastructure programs do not allow the County to hire staff to provide direct services.)	

#5: Entry Level Employment Preparation (CSS#8)

Purpose: To develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered; to encourage consumers and family members to apply for public mental health employment; to give "credit" for lived (consumer or family member) experience; to give "credit" for obtaining a Human Services Credential and/or a consumer peer training certificate. Support consumers at Cabrillo College via the "College Connection" program.

Target Population: Consumers and family members.

Agency Reporting		Volunteer Center/Community Connection			
Work Plan/Program/Service		College Connection			
July 1, 2014 to June 30, 2015	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Annual Count**
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	8	9	11	10	13
• Adults 26-59	29	23	25	26	36
• Older Adults 60+		1	2	3	3
Race/Ethnicity					
• White	28	27	30	31	41
• Latino	5	3	5	4	6
• Other	4	3	3	4	5
Primary Language					
• English	37	33	38	39	52
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

FY 2015/16 Mental Health Services Act Annual Update
Funding Summary

County: Santa Cruz   Date: 8/31/15

	MHSA Funding					
	A	**B**	**C**	**D**	**E**	**F**
	Community Services and Supports	**Prevention and Early Intervention**	**Innovation**	**Workforce Education and Training**	**Capital Facilities and Technological Needs**	**Prudent Reserve**
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,900,848.84	941,856.00	464,399.00	7,000	748,376	
2. Estimated New FY 2015/16 Funding	7,629,534.00	1,907,383.00	501,942.00			
3. Transfer in FY 2015/16^{a/}	-					
4. Access Local Prudent Reserve in FY 2015/16						-
5. Estimated Available Funding for FY 2015/16	9,530,382.84	2,849,239.00	966,341.00	7,000	748,376	
B. Estimated FY 2015/16 MHSA Expenditures	9,530,382.84	2,849,239.00	966,341.00	7,000	748,376	
G. Estimated FY 2015/16 Unspent Fund Balance	-	-	-	-	-	

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

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2015/16 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Santa Cruz   Date: 8/31/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Community Gate	0	0	0	0	0	0
2. Probation Gate	0	0	0	0	0	0
3. Child Welfare Gate	0	0	0	0	0	0
4. Education Gate	0	0	0	0	0	0
5. Family Partnerships	0	0	0	0	0	0
6. Enhanced Crisis Response	1,764,960	867,231	655,640	0	0	242,089
7. Consumer, Peer, and Family Services	360,078	281,704	78,374	0	0	0
8. Community Support Services	4,885,948	3,090,888	1,325,860	0	0	469,200
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Gate	1,683,496	1,105,260	578,236	0	0	0
2. Probation Gate	238,680	238,680	0	0	0	0
3. Child Welfare Gate	1,420,957	765,064	655,893	0	0	0
4. Education Gate	237,408	185,040	52,368	0	0	0
5. Family Partnerships	83,657	83,657	0	0	0	0
6. Enhanced Crisis Response	1,216,520	746,285	447,859	0	0	22,376
7. Consumer, Peer, and Family Services	20,757	20,757	0	0	0	0
8. Community Support Services	1,281,303	824,117	379,971	0	0	77,215
9. CSS Housing	1,372	1,372				
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,810,273	1,320,328	489,945	0	0	0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	15,005,409	9,530,383	4,664,147	0	0	810,880
FSP Programs as Percent of Total	73.6%					

FY 2015/16 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Santa Cruz   Date: 8/31/15

	Fiscal Year 2015/16					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention & Early Intervention Services fo	292,341	292,341	0			
2. Culture Specific Parent Education & Suppo	194,975	194,975	0			
3. Services for TAY & Adults	71,433	71,433	0			
4. Services for Older Adults	100,845	71,554	29,291			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Prevention & Early Intervention Services fo	780,623	541,288	239,335			
12. Culture Specific Parent Education & Suppo	0	0	0			
13. Services for TAY & Adults	1,238,163	1,238,163	0			
14. Services for Older Adults	98,893	71,536	27,357			
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	485,641	367,949	117,692			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	3,262,914	2,849,239	413,675	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Santa Cruz

Date: 8/31/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Innovative Projects (INN - Work First)	461,054	461,054				
2. ¡Juntos Podemos! / Together We Can!	439,380	439,380				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	65,907	65,907				
Total INN Program Estimated Expenditures	966,341	966,341	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Santa Cruz

Date: 8/31/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training & Technical Assistance	7,000	7,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	7,000	7,000	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Santa Cruz

Date: 8/31/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities	185,658	185,658				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Information Technology	562,718	562,718				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	748,376	748,376	0	0	0	0

MHSA HOUSING PROGRAM COUNTY FUNDING RELEASE FORM

County/City: _Santa Cruz_ (NOTE: Funds may be requested once per year).

Local Mental Health Director ("LMHD")	MHSA Funds Requested:
Name: _Erik Riera_ E-mail: _erik.riera@santacruzcounty.us_ Telephone No.: _831-454-4515_ Mailing Address: _1400 Emiline Avenue_ _Santa Cruz, CA 95060_	☒All Available Unencumbered MHSA Funds; ☐Unencumbered funds less withhold amount of $_____ (attach explanation) **Check should be made payable to:** _Santa Cruz County MHSA_

*CalHFA considers funds to be encumbered once a Project has received CalHFA Senior Loan Committee approval.

Pursuant to Welfare and Institutions (W&I) Code section 5892.5, I hereby request that the California Housing Finance Agency (CalHFA), with concurrence of the Department of Health Care Services, release unencumbered Mental Health Services Fund moneys dedicated to the Mental Health Services Act Housing Program ("MHSA Funds") to this requesting County.

I hereby certify the following: (1) the requesting County will use the funds released to the County from CalHFA to provide housing assistance to the target populations identified in Welfare and Institutions Code (W&I Code) section 5600.3. Housing assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless; and (2) the requesting County will administer the funds released to the County from CalHFA in compliance with the requirements of the Mental Health Services Act including, but not limited to, the following:

- the County will follow the stakeholder process identified in W&I Code section 5848, when determining the use of those funds;
- the County will include the use of those funds in the County's Three-Year Program and Expenditure Plan or Annual Update, per W&I Code section 5847; and
- the County will account for the expenditure of those funds in the County's Annual Revenue and Expenditure Report (W&I Code section 5899). Reporting will begin in the fiscal year when the MHSA Housing Program funds were released to the County by CalHFA.

_____ 8-27-15
Signature of LMHD   Date

Attachment: Evidence of Board of Supervisors Approval of this MHSA Funding Release Request (post January 1, 2015).

- -

State of California Use Only: APPROVED BY:

Department of Health Care Services   **California Housing Finance Agency**

_____   _____
Signature   Date   Signature   Date

Unencumbered Mental Health Services Funds authorized for Release to the County: $_____

☐ plus any accrued interest earnings through the most recent quarter ending prior to the date of this Approval.