

SECTION VI: DEVELOPING WORK PLANS WITH TIMEFRAMES AND BUDGETS/ STAFFING

I. Summary Information on Programs to be Developed or Expanded

A. Children’s System of Care Overview for New MHSA Program Work Plans #1-#5

As discussed in previous sections, Santa Cruz County Children’s Mental Health has been an active interagency System of Care since 1989, initially via AB 377 legislation (see the enclosed 15 Year System of Care Report "Measuring Outcomes of Collaboration"). Along with San Mateo and Riverside counties, Santa Cruz was among the pioneers of state and federal interagency “Systems of Care” in California, and along with many additional counties has continued promoting this best practice model for serving the children, youth and families most in need of comprehensive, integrated services. This model is identified by the Mental Health Services Act (MHSA) as one of the key vehicles for system transformation for children and youth, and is described in California’s Welfare and Institutions Code 5850.

For the past 16 years, the Children’s Mental Health program has continued to develop a “village” of supports for children and youth with serious emotional disturbances, and their families, through partnerships with Probation, Social Services, Substance Abuse, Education, and Community partners (including our Family Partnership Program). The new Healthy KIDS Health Plan, which covers low and middle-income families, includes mental health outpatient and in-patient benefits for unbenefitted children/youth through panel providers and regional hospitals. Over the years, each partner agency has brought key reform efforts and opportunities/challenges to the System of Care “table”.

The Mental Health Services Act (MHSA) provides an welcome opportunity to further improve and invigorate the Children’s System of Care. As demonstrated in the following Work Plans for children/youth and transition-age youth (#1-#5), there remain important gaps in the number, intensity, and range of mental health services and supports for community families. These Work Plans take significant strides in filling key gaps in system supports and services—reaching out to both un-served and under-served populations, and continuing the process of transformation.

Focus of Child/Youth/TAY Work Plans:

As described in Part II, Section 2, the following key data was used to help guide Work Plan focus:

Children/Youth Aged 0-17

- 1,618 Unserved
- 651 Underserved
- 400 "Intensively-served"
- 22 Fully-served (SB 163 Wraparound)

TAY Transitional (SED) Youth (aged 18-21)

- 131 Unserved
- 26 Underserved
- 12 "Intensively-served"
- 0 Fully-served

The Child/Youth/TAY(SED) Work Plans focus on new services for the Unserved Population in each of the four main service "gates" (Community, Education, Child Welfare, Probation); increased services for the Underserved in Child Welfare, as well as increased Family Partnership services for more families currently receiving other mental health services. Each work plan identifies the specific numbers targeted.

The needs of TAY Transitional (SED) youth are addressed within the five Child/Youth/TAY Work Plans, rather than creating a separate work plan for this age group. The TAY focus in our Children's System of Care is on two distinct, but related, populations:

- Helping the larger population of Children's System of Care youth who turn 18 and have no dedicated service supports as they leave our system; and
- Helping the smaller number of youth with serious mental illnesses to successfully transition into the Adult Mental Health system of care.

Racial/Ethnic Disparities

The primary Unserved and Underserved Child/Youth/TAY population is Latino children aged 0-11, though our focus will include all populations of eligible families.

Target Population: MHSA and Leveraged Funding

Santa Cruz County's Child/Youth/TAY Work Plans are directed towards children/youth, transition-age youth and their families who are at/under 200% of poverty, per MHSA instructions. Since most of these families are eligible for Medi-Cal and Healthy Families, MHSA funding has been used to help leverage many more new services than would otherwise be possible--while still providing MHSA funds for those families who for various reasons may not be eligible for coverage.

In addition, one of the strengths of the interagency System of Care is that partner agencies have been able to bring additional funds to the table, rather than simply asking for funds from the MHSA. Hence, the Child/Youth/TAY Work Plans represent a true community partnership in helping to expand and transform the existing System of Care.

Essential MHSA Elements Across Work Plans

The five fundamental concepts identified in the MHSA are inherent throughout all the Work Plans, as well as throughout the Children's System of Care. They are:

- Community Collaboration;
- Cultural Competence;
- Client/family driven system;
- Wellness focus, particularly on resilience for children/youth; and
- Integrated services.

Each of these MHSA concepts is already a fundamental value in our long-standing Children's System of Care, and will be deepened and supported throughout each of our specific Work Plans.

B. Overview for New Adult MHSA Program Work Plans #6-#9

MHSA provides an opportunity to leverage systems change well beyond the addition of resources and funding fully supported by the Act. Santa Cruz County has been able to identify resources in addition to MHSA support that can be used to further enhance planned and proposed programs to assure that a robust and effective process of system development can succeed and fully meet the expectations of the community and stakeholders.

In reviewing the narrative for the program proposals below, the addition of positions not funded by MHSA are included along with MHSA supported position, so that the full complement of program resources and enhancements for each strategy are clearly identified. However, these non-MHSA funded enhancements are not included in the budgets and staffing details in Exhibit 5a and 5b.

There are some programs and strategies which are being expanded as part of the overall effort at system transformation, but do not rely on *any* MHSA support at this time. These programs and their enhancements include:

- Recovery Team: 2.0 LCSW/Psychologists, to expand system capacity for Adult needing intensive case management services and lower caseload size. 1.0 Medical Assistant, to increase capacity of the psychiatrist to provide medication management services;
- HOPE/ STAT Team: 1.0 Nurse Practitioner, to move toward an integrated physical health and mental health treatment model and improve ability to provide medicating support service off-site, in the community to those individuals in crisis. 1.0 LCSW/Psychologist, to provide psychotherapy and assessment services and move toward an integrated services, multi-disciplinary team; and
- Services to Veterans: a licensed psychotherapist will be available to conduct a weekly therapy group for veterans with Post Traumatic Stress Disorder. Homeless veterans with serious mental illness will continue to be treated in the Puentes full service partnership.

Question 1: *Please complete Exhibits 1, 2, and 3, providing summary information.*

Response 1: Please see Exhibits 1, 2, and 3.

Question 2: *The majority of a county' total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period.*

Response 2:

The Child/Youth/TAY programs developed under the MHTSA are all in the System Development Fund category, for the following reasons:

- The existing System of Care already has a large core group of children, youth and families who are "intensively served", comparable to the "Fully Served, and Full Service Partnership" service array (see description in Part II, Section 2); and
- The System of Care already has an SB 163 Wraparound program, which is identified by the MHTSA as the model for Full Service Partnerships, and Fully Served individuals. Further development of additional SB 163 Wraparound capacity is planned for our System of Care. However, since it has its own financing mechanisms (i.e., state/local AFDC dollars, Medi-Cal), MHTSA funds are not required to accomplish this--and can best be prioritized for our Adult populations.

As indicated in Exhibit 2, approximately 59.3% of the Total funds requested are directed toward FSP for Year 1, for Year 2 approximately 50%, and for Year 3 approximately 50%. However, the County estimates that a portion of the System Development and Outreach and Engagement funds will apply toward the 50% FSP requirement as follows:

Year 1: \$10,800; Year 2: \$9,500; Year 3 \$9,500

Question 3: Please provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

Response 3:

Child/Youth/TAY Programs:	Year 1	Year 2	Year 3
Community Gate -Screen/Assess/Referral: 500 -Intensive Treatment: 12 -Child Psychiatrist Consult: 260 -Treatment Contracts: 24 ⇒ 820 Total	205	820	820
Education Gate -Screen/Assess/Referral: 250 -Intensive Treatment: 12 -Treatment Contract: 96 ⇒ 358 Total	89	358	358
Child Welfare Gate -Ther/Visit: 24 -Parents of CWS Child: 24 -Transition Coord: 180 -Transition Contract: 12 -Treatment Contract: 24 ⇒ 264 Total	66	264	264
Probation Gate -Treatment Contracts: 72	18	72	72
Family Partnerships -Intensive Support Activities: 24 -Information/Support: 120 ⇒ 144 Total	36	144	144

The MHTSA client target numbers above all represent System Development services, covering a range of services from screening, assessment and referral, to intensive levels of treatment. Based on the description in item #2 above, none of the new MHTSA services will be labeled as Full Service Partnerships per se., though the treatment services listed above will be at an "intensive" level of service. In addition, further SB 163 Wraparound expansion (non-MHTSA funded) is planned, which will increase the number of "Fully-served" children and youth.

Tay Recovery, Adult, Older Adult Programs	Year 1		Year 2		Year 3	
	Total	FSP	Total	FSP	Total	FSP
Enhanced Crisis Response	36	12	180	60	180	60
Consumer, Peer, and Family Services	125	35	500	125	500	125
Community Support Services	75	25	300	100	300	100
Person-Centered Programs of Mental Health Services and Supports	100	52	470	210	470	210

Question 4: Please provide the estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

Response 4: Not applicable.

Question 5: For children, youth and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section 18250, or provide substantial evidence that it is not feasible in the county in which case counties should explore collaborative projects with other counties and/or appropriate alternative strategies. Wraparound programs must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services already exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.

Response 5:

As described in question #2 above, the Santa Cruz County Children's System of Care does indeed have an active SB 163 Wraparound program, and intends to utilize this innovative program to expand services over the next 3 years to additional children/youth, and their families, who are at risk of high-level out-of-home placement. These children/youth and families will be increasingly identified among the "fully-served" in future MHSA reporting years—though it is not anticipated that MHSA Full Service Partnership funds will be needed to accomplish this expansion (given the intrinsic funding mechanisms within the SB 163 Wraparound program).