

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

SECTION III: IDENTIFYING INITIAL POPULATIONS FOR FULL SERVICE PARTNERSHIPS

Question 1: From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.

Response 1:

A. Children's Program (age 0-17)

Santa Cruz County Mental Health has chosen to *not* focus on formal development (at this time) of Full Service Partnerships (FSP) utilizing MHSA funds for Children's Mental Health programs. However, this is primarily because SB 163 Wraparound programs do not need MHSA funds to be implemented, but will achieve the same result in terms of improved access to individual and family services and supports. It seems prudent to focus MHSA Full Service Partnership funding on Adult programs where it can be used more effectively. However, as discussed in previous sections, Children's Mental Health serves a high proportion of children/adolescents aged 0-17 with a high level of service intensity (utilizing an evidence-based practice model of Intensive Case Management in a wraparound modality) that is very comparable to Full Service Partnerships. In addition, we plan to expand our SB 163 Wraparound program to more youth, but will not have to utilize MHSA funds to do so.

Since total MHSA funds are a relatively small portion of the overall Mental Health department budget, Children's will continue to utilize funding streams other than MHSA funds to continue improving and expanding services in a manner commensurate with Full Service Partnerships.

The Interagency Children's System of Care has a long-standing track record of successful child/adolescent and family outcomes (as evidenced in our 15 year System of Care report attached) that is directly related to providing a Full Service Partnership type quality and intensity in our services. Core target populations receive intensive services within the context of a "wraparound" philosophy and approach (including low client/staff ratios, field-based community supports, pro-social activities, access to Intensive In-home Family Supports, psychiatric consultation, flexible funding, etc.).

They all have access to the Mobile Emergency Response Team (MERT), which provides 24 hr/day, 7 day/wk crisis and hospital evaluation services at both community hospitals, as well as Juvenile Hall. These children/youth with multiple emotional/behavioral disorders are served through an evidence-based practice model of Intensive Case Management, as described in CIMH trainings.

However, there are still key gaps in the System of Care for these children and youth, which will be addressed in the System Development plans for Children and Youth. These gaps include, but are not limited to, needs for increased family partnership activity, increased dual diagnosis mental health/substance abuse services and increased service levels to court dependents and their families.

B. Transition Age Youth – Recovery (SMI) (age 18-24)

Transition Age Youth will be a priority for engagement in full service partnerships. These individuals represent a large unserved population, compared to expectations from prevalence data. These individuals are also under-represented in the existing fully served program; for example, there are no individuals age 18-20 currently fully served. Although TAY are significantly unserved, they do represent significant segments of the homeless and have a high risk of hospitalization and incarceration. Because of developmental issues common in this population TAY are often difficult to engage and retain in treatment and require particular attention and effort. Housing options for this group are particularly limited, further complicating the ability of the service delivery system to meet their needs.

C. Adults (age 25-64)

All other adult age groups contain many unserved individuals. Full service partnerships will be expanded to provide additional service opportunities to homeless SMI adults age 25-64 with physical health problems, high risk of hospitalization, and a high risk of incarceration. Special efforts will be made to address current ethnic and racial disparities in this service population.

D. Older Adults (age 65+)

Meeting the needs of Older Adults that are also unserved or underserved will be an initial priority. A number of strategies to identify those individuals most in need will include outreach and liaison with primary care providers, admissions to emergency departments and hospitals, peer support programs, residential facilities, and older adult community programs.

Question 2: *Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. (Distinguish between criteria used for each age group if applicable.)*

Response 2:

A. Children and Youth: No full partnerships for the children and youth population were selected.

B. Transition Age Youth-Recovery (SMI)

The prevalence data suggests that TAY individuals are a significantly unserved population. 85.5% of those SMI persons age 18-20 are receiving no mental health services and 77.4% of people age 21-24 are not receiving services.

TAY individuals were among the priorities identified during the initial planning process in the Stakeholder meetings. Providers, consumers, family members and other stakeholders endorsed expanding services to TAY. In addition there is an increasing body of evidence to suggest that early intervention and the provision of appropriate services can significantly alter the lifelong impact of severe mental illness for the individual and substantially improve recovery outcomes.

C. Adults

Prevalence data strongly suggests most age groups contain high percentages of unserved persons. For example, 25-34 year olds are 46.3% unserved, 35-44 years olds are 42.7% unserved, 55-64 year olds are 21.5% unserved. It appears that only the 45-54 year olds are receiving services consistent with what would be anticipated based upon available prevalence data.

Adults continue to be hospitalized at a higher rate than anticipated. The County jail is over-capacity and over-represented with SMI adults. Individuals with persistent problems of substance misuse, many of whom are SMI, overwhelm the emergency department with repeated visits. SMI adults have higher mortality and complex medical issues than expected and warrant greater attention.

C. Older Adults

During the public planning process, consensus was reached that engaging untreated older adults should be a priority within the MHSA plan. With untreated symptoms of severe mental illness, this older adult population cannot begin the process of recovery.

Prevalence data for the Older Adult population indicate a large portion of these individual are Unserved. 63% of the SMI persons over the age of 65 are not receiving any mental health services. No Older Adults are Fully Served.

Question 3: *Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.*

Response 3:

A. Latino: All Ages: TAY-Recovery, Adults & Older Adults

80.9% of the adult SMI Latino population is unserved. Adding additional service providers to the TAY team, including dedicated staff to focus on Latino TAY, will enable that team to serve more Latino individuals. Also adding service staff to the homeless mentally ill team will allow that program to extend services to more Latino TAY and Adults.

Additional staff will be assigned to work in the South County Clinic site, the Mariposa Wellness Center, and the Transition Age Youth full service partnership team to help redress the disparity in services provided to Latino TAY.

Additional staffing of the Puentes full service partnership team will provide a means to increase access, outreach and engagement, and service utilization to Latino Adults in the southern part of the County.

Creation of the Older Adult full service partnership team will provide a means to increase access, outreach and engagement, and service utilization to Latinos in the southern part of the County.