

Draft

Santa Cruz County

Mental Health Services Act

Community Services and Supports
Request for Funding FY 2007-2008

Additional One-Time Funding Augmentation
to Expand Local Mental Health Services

INTRODUCTION AND OVERVIEW

On May 31, 2006 the State Department of Mental Health (DMH) approved the first phase of Santa Cruz County's Mental Health Service Act (MHSA) plan known as the Community Services and Supports component. Since that time, the Health Services Agency's (HSA) Mental Health and Substance Abuse Division has been working with community non-profit organizations, the Local Mental Health Board, the MHSA Steering committee and other stakeholders to implement the new and enhanced services.

On July 20 2007 Santa Cruz County submitted an Expansion/Augmentation Plan to DMH that was approved on September 24, 2007. The Expansion plan is being implemented now and has allowed our county to increase service capacity for youth in the Community, Probation, Child Welfare and Education Gates; increase capacity in our youth and family partnership program; enhance crisis services; provide facility improvements for our South County Wellness Center; and increase service capacity in the adult system of care.

In the fall of 2007, DMH notified counties that additional un-used State administrative funds would be redistributed to all 58 counties for use as one-time augmentation of local services. This has provided our county the opportunity to return to our stakeholder documented process and review areas that were identified but not yet funded. As a result of this ongoing effort to effectively utilize community input and CSS funding, it became clear that additional services for individuals were needed to strengthen components of our plan, and to address identified gaps in service.

1. List of the proposed new and/or expanded programs/services, identified by the service category under which the program/service will be funded:

The current request is for the expansion of one existing full Service Partnership:

Through a review of community and stakeholder input gathered through processes beginning in 2005 with the initiation of our local planning process, and continuing to the present, we determined that the most appropriate way to use this additional one-time funding was to meet the increased need for Full Service Partnership levels of care, particularly for individuals who have been homeless. A Full Service Partnership that initially targeted services to the TAY population (TAY Recovery Services) has been utilized to accommodate the increased need for services among homeless individuals across age groups (TAY, Adult, and Older Adult populations.) As a result, enrollment has occurred rapidly for this FSP in the first six months of the year, and we project that by the end of the year, the enrollment for this FSP may reach a level reflecting twice the number of consumers anticipated.

In this Request for Funding Proposal, the capacity of this FSP will be expanded to meet identified needs and address gaps in existing services. The expanded FSP will also build upon, and be linked to, our South County Homeless Services originally funded as a System Development. The following services will be highlighted in our expansion:

- Outreach and engagement to at-risk youth, adults and older adults who are homeless
- Full Service Partnership capacity expansion meeting needs of individuals who have been chronically homeless
- *Housing First* as engagement and consumer-centered strategy for homeless individuals utilizing an integrated services housing coordinator, a Rent Plus Program and a menu of affordable, supportive housing options, including: HUD Homeless Continuum of Care programs, e.g., Shelter Plus Care, SRO-Mod Rehab Apartments (also funded through governor’s Homeless Initiative) and Housing for Homeless Adults with Alcohol Addiction
- Expansion of Employment Services and a *Work First* work crew program
- Pilot the Levels of Care (LOC) to identify and support individuals ready for stabilization and referral to our Wellness Center

It should be noted that expansion of FSP capacity will further develop the three levels of care: Outreach and Engagement, Full Service Partnership and Wellness/Recovery Programs. The expanded FSP will pilot Recovery and Resiliency tools to measure levels of care and study best methods to assure “flow” within our services.

2. Description of program/service, including the population to be served, number of clients served, services to be provided and methods of service delivery:

Full Service Partnership Expansion

Work Plan # and Funding Type	Ages Served	Description of Expansion/Increase & Numbers Served	Amount of Increase	Proposed Effective Date
Work plan #9 Person-Centered Mental Health Services: <i>TAY Recovery Services FSP</i>	TAY Adding: Adult, Older Adult	FSP capacity expanded from 75 to 145 at-risk individuals enrolled in FSP level of care, including fully-integrated housing & employment services, also health outreach & integrated health care/coordination through collaboration with homeless health project	\$406,000	03/03/2008

Methods of Service Delivery:

As the Full Service Partnership is expanded, it will continue to provide assertive community treatment service components to TAY consumers, but in addition, this FSP will provide services to Adult and Older Adult consumers who have been identified as chronically homeless. One group of service coordinators will specialize in services supporting TAY aged individuals as currently described in our MHSA approved plan. Another group will now specialize in services supporting individuals across age groups

who have had long and repeated episodes of homelessness, and who have not successfully accessed services through system of care programs.

FSP services for all consumers focus on improving the independent living skills of individuals with an emphasis on housing, employment and education. For TAY aged individuals, a primary goal is assisting each individual in to learn how to live with their mental illness and ultimately integrate back into their normal lives rather than “graduating” into the Adult System of Care

A “what ever it takes” philosophy is at the core of delivering all services. The team is available on a 24/7 on-call model. Culturally appropriate services are used to engage and support under-served populations and eliminate disparities. Substance abuse services are integrated and emphasize harm reduction and motivational change-based strategies.

Intensive caseloads are maintained with 1:15 staff to client ratios.

Outreach and Engagement strategies include those particularly effective in engaging long-term and chronically homeless individuals. We will utilize a neutral, general health and basic needs focus provided through a collaborative effort with the County Homeless Persons’ Health Project (HPPH), a program of our agency’s Public Health Division.

HPPH operates homeless health clinics at north and south county locations. During initial assessment of mental health status, including history and symptoms, is often integrated into a visit focusing on a more general, consumer-identified health issue. Once the need for FSP services has been assessed and rapport and trust has been established, individuals can be introduced to FSP coordinators and invited to consider participation in the FSP program.

Within the expanded FSP, one of the service coordinators serving homeless individuals will carry a caseload of approximately 30 individuals who are more stable and preparing to transition their care and services to Wellness Centers. Assessments will be completed using the Stages of Recovery tool that was developed by the Village in Long Beach, CA.

Integrated housing services for this hardest to house homeless population will be supported through inclusion of a 1.0 FTE Housing Coordinator. This is a position that will be jointly funded through HPPH and the proposed new MHSA one-time funds. The Housing Coordinator will support the FSP coordinators in developing individual housing plans for each homeless consumer and also collaborate with community housing partners to sustain and expand existing housing options available for individuals who have been chronically homeless. With community partners, the Housing Coordinator operates several HUD Homeless Continuum of Care funded housing programs, including Shelter Plus Care, an SRO Mod. Rehab. Apartments Project, and a Housing for Homeless Adults with Alcohol Addiction (HAAA) program.

A program known as Rent Plus, funded in our September 07 MHSA expansion, provides improved access to the tight and limited Santa Cruz Housing market by providing rent guarantees, security deposits, first and last month rent for those individuals who either do not have a housing history or have a “bad” housing or credit history. Rent Plus assures the landlord that the individual has financial backing as well as services and supports. This program also provides short-term rental subsidies for individuals who are expected soon to qualify for a Section 8 housing subsidy, Shelter plus Care rent assistance or other housing program.

Employment Services strengthen engagement efforts and provide a means for consumers to achieve their goals through recovery process. The FSP to be expanded incorporates a MSHA funded employment specialist who provides individualized employment support to TAY aged individuals. Consumers also access assistance from another employment specialist who is a member of the Department of Rehabilitation Co-op. In addition, the expanded FSP will include a .80 FTE Employment Specialist providing services designed to meet the needs of homeless consumers. Employment Specialists work with service coordinators to support each team member in identifying and achieving their employment and educational goals. One Employment Specialist operates a part-time work crew (day jobs) program as a *work first* strategy for homeless individuals who have no or very limited work history and can use the work crew program to develop confidence, gain skills and experience, and reference for future employment.

3. Explanation of how the program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified in the CSS assessment in the County’s existing Three-Year Program and Expenditure Plan

The planning process confirmed that there is a disparity in access and service delivery to the Latino community and to persons speaking the threshold language (Spanish) in Santa Cruz County.

Santa Cruz County currently has a 1.0 FTE Service Coordinator (bilingual/bicultural), based in the Watsonville community in the southern part of the county, providing integrated support services to homeless adults. This position, along with components of an employment assistance program for homeless individuals were originally funded through MHSA/CSS System Development. With this update to our Three-Year Program and Expenditure Plan and request to amend our existing MHSA Agreement, we propose to migrate this position and the employment services into the expanded FSP. The needs identified in the community input part of the planning process ranked homelessness as the second highest issue of priority for adults (second only to inability to work). This program is specifically designed to address this need.

An office for homeless outreach and integrated services for the primarily Latino community of the Watsonville area is established within the County primary care outpatient clinic at 9 Crestview in Watsonville. This homeless service hub will continue

to support outreach and engagement efforts targeted to the homeless south county population, especially those with severe and persistent mental illness.

4. Assessment of the County's capacity to implement the proposed programs/services, including the factors listed in Section 3650(a)(1) of the CCR;

The Santa Cruz Mental Health Plan's population and organizational and service provider assessments provided detailed information about our diversity and language capabilities. (The threshold language in Santa Cruz is Spanish.) The ethnic break down of consumers is comparable to that of the overall population and it appears that the needs of racially and ethnically diverse populations in the County are being met. The Santa Cruz Mental Health Plan standard is to provide services in the threshold language (Spanish). Interpreters are rarely used. Bilingual mental health clinicians interpret for monolingual psychiatrists, however the fact that Santa Cruz has hired 3 additional Spanish-speaking psychiatrists has diminished the need to do so. Interpreters are used for services in non-threshold languages and for sign language, as needed. Staff is field based (mobile) and is able to provide direct services to consumers in both North and South County locations, as needed.

Santa Cruz County Mental Health and Substance Abuse Services has fully implemented its Community Services and Supports Program, including three Full Service Partnership Teams: the Transition Team, the CSS Act Team for adults, and the Older Adult Team.

5. A statement explaining how the requirements of the Community Program Planning Process in Section 3300 of the CCR were met;

The Community Services and Supports planning process reached 1,198 participants in meetings and focus groups for children, transition age youth, adults and older adults. An additional 1,680 persons were surveyed. Of the combined attendees and surveys reviewed 23% represented consumer participation, 39% represented family participation, 26% represented provider participation and 12% represented other stakeholder and public participation.

In addition to the community planning process, Santa Cruz County held two Town Hall meetings in November 2006 and two Town Hall meetings in October 2007. Each year a meeting was held in Watsonville and one in Santa Cruz. These were held in the evening to provide the community an opportunity to hear updates on our Mental Health Services Act services and plans, as well as an venue in which to provide feedback and input about how we are doing.

Santa Cruz County also has a Mental Health Services Act Steering Committee that meets monthly and provides oversight into our MHSA to our planning and services. The

MHSA Steering Committee has consumer and family representatives, as well as geographical and ethnically diverse representatives.

6. Documentation of the local review process required by Section 335:

A summary of input provided in response to our 30-day review and comment period will be included here.

7. Certification by the County Mental Health Director that the County will comply with the non-supplant requirements of Section 3410 of the CCR(Lealie)

8. This Update expands an existing program. A brief description of the proposed program expansion, including population to be served, increased number of clients served, new services added, and new methods of service delivery, is included above under 2. *Description of program/service, including the population to be served, number of clients served, services to be provided and methods of service delivery.*

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9. The net cost per client resulting from the proposed expansion is greater than that originally approved for the TAY Full Service Partnership program. Therefore, revised MHSA CSS Budget Worksheets (Exhibit 5a) and a Detailed Staffing Worksheet (Exhibit 5b), and a budget narrative for the proposed expanded Full Service Partnership are included with this request.

