

County of Santa Cruz Mental Health Services Act

INNOVATIVE PROJECT

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



Revised March 9, 2010



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 & SUBSTANCE ABUSE DIRECTOR

December 14, 2009

Santa Cruz County Mental Health & Substance Abuse Services has completed a draft Innovative Projects Plan of the Mental Health Services Act (MHSA/Proposition 63). Also attached is the County's MHSA Community Services and Supports and Prevention and Early Intervention FY 2009/10 Prudent Reserve Funding Request. These reports have been prepared according to instructions from the State Department of Mental Health (DMH) and the Oversight Accountability Commission (OAC).

These reports are available for public review and comment from December 15, 2009 to January 15, 2010.

There will be a public hearing on the Innovative Projects Draft Plan on Thursday, January 21st, 2010 at 3:30 at 1400 Emeline, room 207, Santa Cruz, CA. You may provide comments in the following ways:

At the Public Hearing,
By fax: (831) 454-4663,
By telephone: (831) 454-4931 or (831) 454-4498,
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
1400 Emeline Avenue
Santa Cruz, CA 95060

Sincerely,

Leslie Tremaine
Director

Santa Cruz County Mental Health & Substance Abuse Services
INNOVATIVE PROJECT PLAN

Exhibit A
INNOVATION WORK PLAN

COUNTY CERTIFICATION

County: Santa Cruz

County Mental Health Director Name: Leslie Tremaine Telephone number: 831-454-4515 Email: leslie.tremaine@co.health.santa-cruz.ca.us	Project Lead Name: Yana Jacobs Telephone number: 831-454-4539 Email: yana.jacobs@co.health.santa-cruz.ca.us
Mailing Address: 1400 Emeline Avenue Santa Cruz, Ca 95060	Mailing Address: 1400 Emeline Avenue Santa Cruz, Ca 95060

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3351(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

 Signature (Local Mental Health Director) Date Title

Exhibit B
INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: Santa Cruz

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

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (Suggested length- one –half page)

In 2006 and 2007 we held four “Town Hall” meetings to update the community about our Mental Health Services Act projects and to solicit input and suggestions. These meetings were held in addition to the extensive Community Planning Processes for the Community Services and Supports, Workforce Education and Training and Prevention and Early Intervention Components of the Mental Health Services Act. Methods for obtaining input included community meetings, work group meetings, key informant interviews (with law enforcement and community health clinic representatives), focus groups (with parents, consumers, youth, transition age youth, LGBT, seniors, and Veterans), and questionnaires.

County staff reviewed the input gathered from these meetings in order to identify innovative ideas or needs discussed by stakeholders. In addition to ongoing discussions at the Mental Health Services Act Steering Committee meetings, the County held two special Innovative Projects Stakeholder meetings on Thursday, October 1, 2009 from 4:30 to 6 p.m. at 1080 Emeline Avenue, Santa Cruz, CA and on Saturday, October 3, 2009 from 10:30 a.m. to Noon in Watsonville, CA. We educated the stakeholders about the Innovative Projects guidelines, shared the ideas from the previous stakeholder input, and solicited additional input. The ideas were then shaped into proposals for the Mental Health Services Act Steering Committee to review and make recommendations.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

Focus groups were conducted with consumers of various ages: youth, transition age, adults and seniors, veterans, and family members. The focus groups were of diverse populations, one primarily LGBT, and two with Latinos (held in Spanish). The focus groups met at various locations throughout the County, in the evening and during the day, depending on their preference.

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3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The Stakeholder review period was from December 15th, 2009 to January 15th, 2010. The Public Hearing was held on Thursday, January 21st, 2010.

Several consumers spoke up at the Public Hearing stating that employment services are beneficial, and one went so far as to say, “it saved my life”. Staff at community-based agencies shared their opinion about how work, structure, accountability and responsibility help consumers in their recovery.

The County received one written comment during the review period:

“This project looks worthy and well-drafted, but it certainly doesn't look like prevention or early intervention. When people already have dual diagnoses and one of the goals is to keep them from returning to jail, they are far beyond early intervention. This confirms my suspicions, widely shared among those of us in the community who endeavor to connect clients in the early stages of mental health problems, specifically children and youth. The process, no matter how nicely written up, was a sham. You need those resources to fill the gaps in your existing system, which focuses on those with chronic mental health problems. The process was designed to limit participation from those of us who are not paid to attend your meetings, which were scheduled at times and locations inconvenient to those of us who work full time with students. You pay lip services to school-based and school-linked services, but the actual resources we see will be very small. No doubt this project is only part of the larger plan, but looking through it has re-stimulated my on-going frustration with CMH's role in allocating scarce resources. The thrust of Prop 63 spending, at least in Santa Cruz County appears to me to be supplemental spending on services for the chronically mentally ill, not prevention of, or early intervention for chronic mental illness.”

The County response:

“Thank you for taking the time to give us your feedback. I read your comments about the "Innovative Projects" Draft Plan, and am wondering if you are confusing this with the "Prevention & Early Intervention" component. Attached for your review is the summary of the guidelines for the Innovative Projects component. Per the guidance of the State Mental Health Oversight & Accountability Commission "County staff reviewed the input gathered from these meetings in order to identify innovative ideas or needs discussed by stakeholders." In addition to ongoing discussions at the Mental Health Services Act Steering Committee meetings, the County held two special Innovative Projects Stakeholder meetings on Thursday, October 1, 2009 from 4:30 to 6 p.m. at 1080 Emeline Avenue, Santa Cruz, CA and on Saturday, October 3, 2009 from 10:30 a.m. to Noon in Watsonville, CA.”

The most substantive comment was that “co-occurring disorders” is the preferred language, as opposed to “dual diagnosis”. The Plan was altered to reflect this change in language.

Exhibit C
Innovation Work Plan Narrative

Date: 2/1/10

County: Santa Cruz

Work Plan #: 1

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

Purpose of Proposed Innovation Project (check all that apply)

- X Increase Access to underserved groups
- XX Increase the quality of services, including better outcomes
- X Promote interagency collaboration
- X Increase access to services

Briefly explain the reason for selecting the above purpose(s).

The primary purpose of this proposed Innovative Project is to increase the quality of services and improve outcomes for individuals with co-occurring disorders. As a result of the extensive community planning process for the Mental Health Services Act components, “Community Services and Supports,” “Prevention and Early Intervention,” and “Workforce Education and Training,” as well as the additional meetings held specifically for Innovative Projects, several themes emerged as unmet needs. Particularly apparent were the needs of persons with co-occurring disorders and the consumer perspective of the merits of employment and peer support on their road to recovery. The combination of these themes was the foundation of “Avenues: Work First for Individuals with Co-Occurring Disorders.” This innovative proposal is designed after a philosophy and model known as “Housing First.” Housing First seeks to place individuals in housing as a first intervention toward Recovery. The idea is that one cannot be mentally healthy without a roof over their head. Work first continues this thinking that one cannot be mentally healthy without meaningful daily activity. Housing and work is part of the foundation of ones recovery. . In this proposal we will be implementing a “Work First” approach as a core treatment modality for transition age youth and adults with co-occurring disorders. Individuals will be given an opportunity to engage in work and employment activities as a first step toward their Recovery. Additional services may include acupuncture, massage, meditation and yoga to augment this approach. Approximately fifty percent (50%) of the service staff will be peers.

It has been noted that approximately seventy-five percent (75%) of our “Full Service Partnership for Transition Age Youth” participants have a co-occurring disorder. Of this group it is estimated that ninety percent (90%) are not receiving targeted substance abuse services either due to the lack of available co-occurring diagnosis services or the participant is not interested in “traditional” treatment. Additionally, there are people identified in jail and inpatient psychiatric hospitals that are often released without follow-up care because they are not known to the mental health system of care and their admissions to jail or hospital are highlighted by their substance

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abuse. These individuals may have an underlying serious mental illness or a co-occurring disorder that is missed because substance abuse dominates the presenting circumstances. Some of these individuals are known to substance abuse treatment facilities, others are not. Because this project will also serve these people we have a secondary purpose of increasing access for services to this population.

Our consumer stakeholders have expressed that work is a meaningful activity and source of self-esteem for them, and a means to reduce the need to use alcohol and drugs. A majority of the transition age youth express a desire to work but are not working. It is theorized that by offering individuals what they want, e.g., “Avenues to Work,” they will focus on their goals and be motivated rather than continue to use drugs and/or alcohol.

This project will work closely with Criminal Justice, accepting referrals from the Jail Discharge Planner, courts, mental health probation officer, Prop 36, and Serial Inebriate Project (SIP) as well as the mental health, system of care population. The project will be seamless with a “no wrong door” approach and all referrals will be accepted and assessed to evaluate for target population. Thus, this program will increase access to services by opening the referral door a little wider and accepting persons that would otherwise not be served. It is a collaborative effort between Santa Cruz County Mental Health & Substance Abuse Services, and with local agencies that have experience and expertise with employment services and work crews. This project bridges the gap between mental health and substance abuse services, and seeks to better serve all of these individuals.

Exhibit C
Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (Suggested length – one page)

In an effort to address a critical need for improved co-occurring disorders treatment for Santa Cruz County consumers, a new program is being proposed: **Avenues: Work First for Individuals with Co-Occurring Disorders**. Many mental health consumers have experienced multiple admissions to substance abuse programs with high rates of relapse. Typically persons in this population are enrolled into drug and alcohol treatment programs where they are required to participate in group treatment and 12 step meetings. Additionally, there are individuals not known to the mental health “system of care” that are sent to jail or inpatient care as a result of their substance abuse that may actually have an underlying mental illness. Some of these individuals are known to the substance abuse treatment facilities, others are not. **Avenues** will focus on adults and transition age youth, particularly those at high risk of homelessness, incarceration, or psychiatric hospitalization, providing them with a “Work First” approach as a core treatment modality for co-occurring disorders. This innovative proposal 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. The premise is based on the belief that vulnerable and at-risk individuals are more responsive to interventions and social services supports *after* they are in their own housing, and that they can begin to regain self-confidence and control over their lives. In this proposal we will take a similar approach emphasizing **Work** as a motivating and protective factor, i.e., a “Work First” approach. We hope to achieve better outcomes and positive change in the target population of individuals with co-occurring disorders.

Referrals for **Avenues: Work First for Individuals with Co-Occurring Disorders** may come from the jail, court, probation, proposition 36, hospitals, shelters, outreach, and Santa Cruz County Mental Health (Access and “system of care”). The target population is individuals with co-occurring disorders that have not been effectively served by mental health or substance abuse treatment facilities, often “falling through the cracks” or winding up in jail, psychiatric hospitals, or crisis residential programs. The “Avenues Service and Work Center” is the “hub” of the 60-day assessment program (see diagram on page 9). All referrals will start in the center, be provided assessment and work related activities as part of their recovery process. The work related activities are tailored to the individual and are not time limited. Staff will include a certified alcohol and drug counselor, licensed therapist, Community Navigators (consumer peer counselors), employment specialists, a psychiatrist, and natural supports, including families, friends and peers. The core mission of the staff will be their flexibility and their “whatever it takes” approach in engaging clients and listening to what they say they need and what they think will work for them.

Adjunct services will include alternative treatments, such as acupuncture, yoga, and mindfulness based stress reduction offered at the Wellness Centers. These alternative treatments will be offered to assist with cravings, agitated mood, stress, and thereby make available alternative choices that have not been

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easily accessible to consumers in traditional drug and alcohol settings. Many consumers are finding that acupuncture, meditation, yoga and massage are helpful in managing symptoms. The MHSA funded Wellness Center is a consumer owned and operated setting. Practitioners of the healing arts offer services at the center; participants may choose this as an “avenue” to their recovery as part of the 60-day program assessment and treatment.

Services will start at the “Avenues Service Center,” where individuals will have an opportunity to participate in a 60-day assessment and treatment program, emphasizing return to work skill building and work experience activities. Other options at the Service Center will include medication support, therapy, co-occurring disorder education, and 12 step programs. The Center will serve as the hub for the various “Avenues” available to individuals that are being referred for co-occurring disorders treatment. All staff will be trained in Motivational Interviewing techniques. Motivational interviewing has been used with significant success for clients with addiction issues. Motivational interviewing assumes the person with the problem addiction is truly the only one that can change his behavior. It is a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client. This technique will be interwoven throughout the program by providing training for all staff that provide direct services. Avenues will offer a wide range of work-related activities or “avenues”. These “avenues” will be person centered and tailored to what the individual identifies as personal strengths and interests. (Work may begin with a volunteer placement to allow time for the participant to check out their interests.) When someone needs extra supports to manage their substance abuse activities, referrals may be made to the 15 bed residential program Casa Nueva.

The client driven work program, “Avenues” will allow individuals a menu of options tailored to the individuals’ strengths, experiences, and interests. Activities will be centered on “Work First” alternatives to traditional substance abuse and/or mental health treatment. Individuals will be able to select an Avenue ranging from volunteer work to joining a work crew. Some persons may need to start with job preparedness to gain support in job seeking skills. This may include courses on creating your own résumé, how to conduct oneself during a job interview, volunteer jobs to practice getting to work on time and building self-esteem and confidence. It is expected that all participants of the Work First program will be engaged in one or more of the “avenues” so that they are focused and working on their individual work related plans.

The Community Navigators will be peers in their own recovery as positive role models and support counselors who have “been there and know what it’s like.” A community navigator may accompany the program participants to work related activities, as well as offer support and guidance.

The Residential Avenue will be a supervised 15 bed residential program called “Casa Nueva” for those individuals struggling to maintain sobriety and need a supervised setting to stay clean and sober. All individuals in the residential setting will participate in the different “Avenue” options during the day; this will be an alternative approach from other residential settings that provide in house “treatment”. Evenings and weekends will have support staff (50% or more consumer staff) to assist with managing after work time, or free time. Casa Nueva will be integrated into the Avenues Work First daytime program for those in need of 24-hour support and a safe place to reside. In addition, people will have the option to utilize holistic alternative approaches such as mindfulness based stress reduction, acupuncture to reduce cravings, and massage to reduce anxiety while living at Casa Nueva.

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To ensure that no one returns to incarceration or hospitalization, we will also contract with substance abuse providers for co-occurring disorders residential treatment program to offer an available option that includes a step down to sober living environment. Participants who utilize this program will continue to be offered “Work First” activities.

After the 60-day diagnostic period some individuals may be referred out to resources that include the mental health “system of care”, substance abuse treatment, or other services, as needed and appropriate. Individuals determined to be co-occurring disordered and meeting the target population for this program will be able to continue with “Work First” activities through the various Avenues that they have set out upon after the 60-day period. Avenues to work is not time limited, people will be supported in working toward their goals.

This 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. 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.

The program is consistent with Mental Health Services Act general standards. This program was conceived by the community and will be implemented as a collaborative effort. Services will be culturally competence, both with staff that are bilingual and by Casa Nueva being based in the heart of Watsonville, a predominantly Latino community. As noted above, the integrated (mental health and substance abuse) services are clearly client driven and focused on recovery principles.

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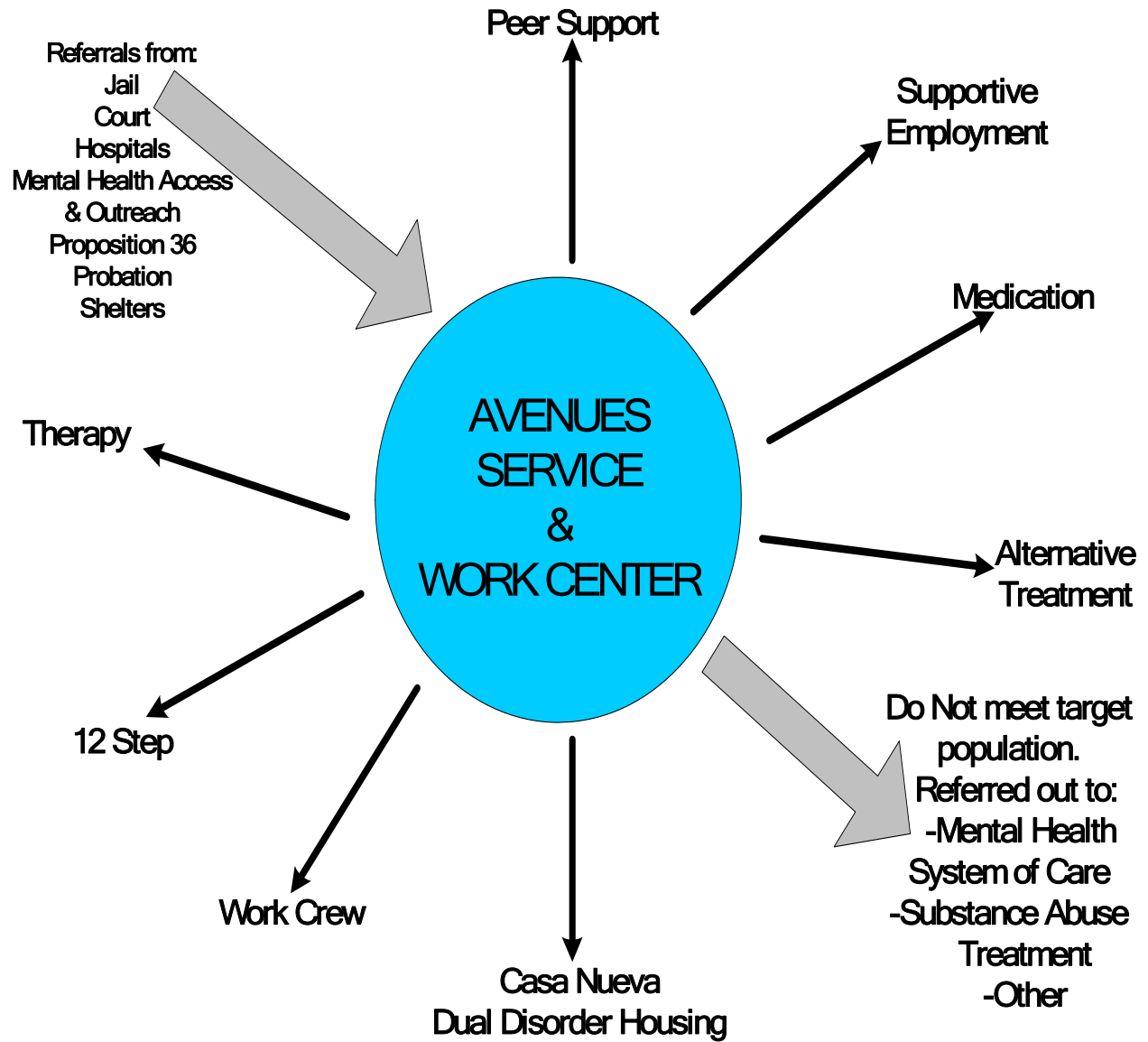


Exhibit C
Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new application or practices/approaches that have been successful in non-mental health contexts. (Suggested length – one page)

The proposed project will meet MHSAs Innovative Projects funding criteria by applying principles learned from the “Housing First” model and transforming this philosophy into a “Work First” program. This Work First approach is a new practice within traditional mental health treatment services, designed to target persons with co-occurring disorders of mental health and substance abuse. The philosophy in “Housing First” has demonstrated improved outcomes for the homeless mentally ill population. We hope to learn that this application using “work” as an incentive will demonstrate improved outcomes in this target population. Embedded within the “Work First” program is a new service model that employs one on one-community navigators. This model has been successful with teens from the Criminal Justice system and has helped with their re-entry into the community. We will introduce this practice in mental health with the dually disordered population to learn if this model transfers.

County Mental Health will obtain consultation from California Institute for Mental Health (CIMH) on program design to improve the co-occurring disorders capability of the project. They will also contract with CIMH to return approximately six months after the project has been operational to assess its co-occurring disorders capability using the SAMHSA Integrated Dual Disorders Treatment (IDDT) fidelity scales and provide consultation to improve IDDT fidelity.

Exhibit C
Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (Suggested length- one page)

Implementation/Completion Dates 05/2010- 07/2015

We anticipate that funding this project for 5 years will be sufficient time to “test” our ideas as well as implement the project and measure the three basic components being funded (employment, alternative treatment, and peer navigator interventions/services) for the **Avenues: Work First for Individuals with Co-Occurring Disorders** project. If funded by the end of fiscal year 2009 we will convene work meetings with the contract providers to begin operating by the beginning of fiscal year 2010.

- **Year One:** Issue Contracts with providers, start- up Implementation meetings with contractor providers, to discuss coordination of existing services and strategic planning for the inclusion of this new Innovative project within the community. Major steps will include shifting from a service perspective to a “learning perspective”. Work with Community Care licensing for “Casa Nueva” to be licensed by December 2010. Hire new staff in the summer of 2010. Draft evaluation plan and data collection tools.
- **Year Two - Four** we will be fully operational. Collection of outcome data will be on an annual basis and reviewed 1-2 times per year. This partnership/group will consist of County management, Providers and consumers who have participated in the program. Community partners and consumers to conduct a re-evaluation (annually, at a minimum) of services/innovative model to determine effectiveness and necessary modifications to program.
- **Year Five** – Final Assessment of “learning”, how people have responded to “work first”, holistic treatments and peer support.

Data and outcome measures will be collected over the entire course of the project and shared with community partners a minimum of one time per year. This will allow for on going in “real time” process improvement to occur as necessary.

We hope that a five-year period will be sufficient time to allow for start up and from coordination and collaboration to learn whether the Work First program is successful. By the very nature of the issue of co-occurring disorders, we can expect that relapse is an issue, and therefore need adequate time to engage and evaluate the effectiveness of the program. Does a focus on work provide an incentive for participants to get clean and sober? Do the alternative treatment services make a difference? How effective are the peer navigators? Results of program participants who no longer have repeat hospitalizations and incarcerations will be reviewed and quality of life will be evaluated to demonstrate active engagement in the work force through self-reporting surveys. If we achieve positive results we would be able to commit to the replication/continuation of this program as a treatment approach for

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persons with co-occurring disorders. We will disseminate results to the Mental Health Board, to all of our Contractors, stakeholders, and post on our website.

Exhibit C
Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

We will develop a participant “satisfaction questionnaire” and include questions regarding what “Avenues” services they found most helpful. Additionally, we will measure the following quality of life measurements:

- Reduced recidivism from jail
- Reduced recidivism from psychiatric hospital
- Increase in employment
- Increase integration in the community
- Substance abuse is no longer causing functional impairments or barriers to obtaining life goals

In order to demonstrate what was gained we will collect data on what services each participant engaged in, and see if there are any correlations to the results. We want to see what impact the different service components have (including traditional services), or if there is a combination of services that has the greatest impact.

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Exhibit C
Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Potential funding match sources that will augment MHSA Innovative Projects funds will include Medi-Cal, inter-jurisdictional funding from agencies participating in jail and hospital diversion projects, FQHC, and EPSDT. Inter-jurisdictional funding is funding from across various units of government (e.g., the County and the City of Santa Cruz

Inter-agency and community participation in kind will include: Volunteers and Interns from University of California Santa Cruz, Cabrillo College, San Jose State, and Bethany College. The Volunteer Center of Santa Cruz, Mental Health Client Action Network, Five Branches school of Chinese medicine.

An array of existing services will also be used, such as other Mental Health Service Act services, including the Wellness Centers.

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Exhibit E

**Mental Health Services Act
 Innovation Funding Request**

County: Santa Cruz

Date: Revised March 8, 2010

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (If applicable)			
No.	Name	Children, Youth		Transition Age Youth	Adult	Older Adult	
1	1	Avenues: Work First for Individuals with Co-occurring Disorders	\$621,368		\$205,051	\$391,462	\$24,855
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21							
22							
23							
24							
25							
26	Subtotal Work Plans		\$621,368		\$205,051	\$391,462	\$24,855
27	Plus County Administration		\$93,205				
28	Plus Optional 10% Operating Reserve		\$62,137				
29	Total MHSA Funds Required for Innovation		\$776,710				

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Exhibit F

Innovation Work Plan Revenues and Expenditures

County: Santa Cruz

Fiscal Year: 2009-2010

Work Plan #: 1

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

New Work Plan

Expansion

Months of Operation: 05/2010- 07/2015

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agency	Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			\$630,918	\$630,918
2. Operating Expenditures			\$253,240	\$253,240
3. Non-recurring Expenditures			\$8,600	\$8,600
4. Training Consultant Contracts			\$10,000	\$10,000
5. Work Plan Management				
6. Total Proposed Work Plan Expenditures			\$902,758	\$902,758
B. Revenues				
1. Existing Revenues				
2. Additional Revenues				
a. (Insert source of revenue)				\$163,764
b. FFP				\$117,626
c. Client Rents				
3. Total New Revenue				
4. Total Revenues				\$281,390
County Administration (15%)	\$93,205			\$93,205
Operational Reserves (10%)	\$62,137			\$62,137
C. Total Funding Requirements				\$776,710

Prepared by: Alicia Nájera and Yana Jacobs

Telephone Number: 831-454-4391 and 831-454-4539

Date: Revised March 8, 2010

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BUDGET NARRATIVE

Personnel Expenditures

Santa Cruz County Mental Health & Substance Abuse Services will partner with the following community-based agencies. It is our expectation that 50% of the staff will be peers. Note that some of the agencies do not identify their staff as peers, for example some of the residential counselors or employment specialists may in fact be peers.

Mental Health Client Action Network:

- Warm line run by peers; four part-time employees, the equivalent of approximately one full-time position.

Community Connection:

Note: all of the following positions focus on employment assistance/preparation.

- 25 Peer Navigators (paid with stipends). They will work 1-4 hours per week and be "buddies" to clients in the program, providing one on one support and assistance to help people reach their goals of sobriety/employment.
- 1 FTE split between 2 part time Peer program assistants @ 20 hours per week (1 in north county and one in south county)
- 1 FTE MH specialist for north county intakes, assessments, individual and group work
- .75 FTE Program Coordinator to work on start up of the program in both north and south county, assessments and coordinate all program issues/needs/data collection.

Santa Cruz Community Counseling Center:

- 5 Residential Counselors
- 1 Manager

Community Restoration Project:

- 2 FTE Work Crew Supervisors
- Approximately 30 "Avenues" participants per year

Operating Expenditures

Aside from the customary operating expenditures (office space, mileage, phones, etc) this includes the cost of one Residential (substance abuse) treatment bed.

Training Consultant Contracts

Jason Murphy/Dharma Punx: Mindfulness Recovery Counseling. This is "a new and innovative blend of western psychological counseling and eastern contemplative practices, which can help to effect change, specifically in the lives of people who suffer from the many forms of addiction." Mr. Murphy will provide mindfulness groups at Casa Nueva and at the Hub.

Yearly Expenditures

- **Year One:** The program will take some time to be fully operational (due to the need to issue contracts, hire staff, and licensing for Casa Nueva). However, it is anticipated that there will be "one time" start up costs in year one. We estimate year one expenditures to be \$714,000.

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- **Year Two – Four:** Program will be fully operational; cost per year is approximately \$776,710. The cost per year may change slightly with cost of living increases in personnel expenses.
- **Year Five** – During the anticipated final year we hope to have at six to nine months of programming, as well as a final evaluation and wide dissemination of our findings. Anticipated costs for year five are \$650,000.

NOTE: We plan on spending previously approved unspent Innovative Projects community planning dollars on services and start up costs. Additionally, we plan on spending the “oldest” planning estimates first.