

Mental Health Services Act: FY 2016-2017 Annual Update

DRAFT PLAN

September 16, 2016



WELLNESS • RECOVERY • RESILIENCE

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County of Santa Cruz

HEALTH SERVICES AGENCY

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

LETTER FROM THE MENTAL HEALTH SERVICES ACT COORDINATOR

September 13, 2016

We have completed a draft of 2016-2017 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. This plan is a review of services provided in fiscal year 2015-2016, and contains information about services to be provided in fiscal year 2016. The most significant changes in 2016-2017 are the Prevention & Early Intervention services (due to change in regulations). Our Innovative Project titled "Avenues: Work First for Co-Occurring Disorders") has been successfully completed. Our new Innovation program is slated to start, however we will be making some changes. Given statewide mandates of "No Place Like Home" (housing initiative), we will still hire consumer and family partners, but will have these staff focus on housing.

The report will be posted from September 19, 2016 through October 19, 2016, and a Public Hearing will be held on October 20, 2016 (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,

Sincerely,

Alicia Nájera, LCSW
Mental Health Services Act Coordinator

I. MHSA COUNTY COMPLIANCE CERTIFICATION

County: Santa Cruz

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

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 6, 2016.

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

Erik G. Riera

County: Santa Cruz

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

Santa Cruz County

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

<p>Local mental Health Director</p> <p>Name: Erik G. Riera</p> <p>Telephone Number: 831-454-4515</p> <p>E-mail: erik.riera@santacruzcounty.us</p>	<p>County Auditor-Controller</p> <p>Name: Michael Beaton</p> <p>Telephone Number: 831-454-4449</p> <p>Email: michael.beaton@santacruzcounty.us</p>
<p>Local Mental Health Mailing Address:</p> <p>Santa Cruz County Mental Health & Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060</p>	

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
 Local Mental Health Director (Print)

 Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, 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 23, 2015 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, 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 compiled 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)
 Director of Administration & Fiscal Services

 Signature Date

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 in order to develop a Mental Health Strategic Plan, which were held from September through January, 2015. 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 initial meetings were held in September and allowed everyone to be heard by use of small discussion groups. They informed us about gaps in our services, and what (and how) services could be improved. The majority of the participants were adults aged 26 to 59 (72%), and thirty seven (37%) identified as clients/consumers.

Based on a review of the participants in these 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. Additionally, the Santa Cruz County Sheriff (Dave Hart) and the Behavioral Health Court Judge (Jennifer Morse) were interviewed as key informants.

On Tuesday, May 10, 2016 from 6-8 p.m. at Simpkins Swim Center in Santa Cruz and Thursday, May 12, 2016 from 6 to 8 p.m. at Watsonville High School, we provided information on MHSA, and focused on educating the community on the new PEI regulations.

On Tuesday, September 13, 2016, we held a Town Hall meeting at Aptos Village Park, in which we reviewed MHSA, and gave updates regarding programs and funding reductions. All of these meetings were announced via emails and announcements in the local newspapers.

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.

In May, 2016 we had two stakeholder meetings that focused on the new Prevention & Early Intervention regulations. There were a total of 29 participants, which represented a range of stakeholders, including consumers, family members and providers. On September 13, 2016 we had a Town Hall meeting to discuss and get input on MHSA, as well as inform the public on State regulations that will be affecting the funding. Fifty-six persons sign in, and a few others declined to sign in. The group represented community service providers, such as MHCAN, Community Connection, Encompass, Pajaro Valley Prevention & Student Assistance, Applied Survey Research, County Office of Education, NAMI, Front Street, and the County. There was also a large presence of clients/consumers. The demographic breakdown of those that signed in for the September 13, 2016 Town Hall meeting is below.

AGE	
Under 15	2
16-25	3
26-59	41
60+	6
Blank	4

Gender	
Man	23
Woman	29
Other	2
Blank	2

Language	
English	42
Spanish	-
English & Spanish	12
Other	-
Blank	2

Ethnicity	
Black/African American	1
Latino	8
White	27
Native American	3
Asian	1
Arabian	1
Mixed	6
Other	3
Blank	6

Of those identifying as "Mixed", one identified as Native/White, another as Latino/Mixed

Group Representing	
Client	25
Family	7
Law Enforcement	0
Social Services	6
Veteran/Vet Advocate	1
Education	3
Health Care	2
Mental Health provider	22
AOD service provider	3
General Public	5
Other	2
Press	1
Blank	4

Note: Some people indicated they represented more than one group.

c) The dates of the 30 day review process:

The draft plan of the MHSA update is available for review and comment from September 19, 2016 to October 19, 2016.

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 will be held on October 20, 2016 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:

To be completed after 30 day review and public hearing.

Mental Health Services Act (MHSA) Programs

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:

(Note: direct client services are not allowed in infrastructure components.)

- Workforce Education and Training (WET),
- Capital Facilities, and
- Information Technology.

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

The population in Santa Cruz County is 267,203 according to 2014 estimates. In Santa Cruz the breakdown of the population by race is 58.7% are White (Not of Latino origin), Latinos make up 32.7% of the county population, 1.7%, African-Americans, 1.7% are American Indian and Alaskan Native persons, and 6% are Asian. 12.2% of the population is over 65 years old; persons under 19 years comprised 25% of the population. The primary language in Santa Cruz County is English, with 31.6% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Slightly more than half of the population (50.3%) is female.

The Santa Cruz Mental Health Plan (MHP) is serving ethnic groups at comparable rates as reflected in the overall population. However, when comparing the Mental Health consumers against the Medi-Cal population the Mental Health Plan is falling short at serving Latinos. The Mental Health Plan appears to be serving Black and Asian consumers at comparable rates to their representation among Medi-Cal beneficiaries. White consumers are over-represented.

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.

COMMUNITY SERVICES AND SUPPORTS (CSS)

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.

CSS Program #1: Community Gate

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 7/1/15 to 6/30/16 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 7/1/15 to 6/30/16 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 7/1/15 to 6/30/16 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 7/1/15 to 6/30/16 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: 12

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 7/1/15 to 6/30/16 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.

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

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: 60

Encompass- El Dorado Center: 80

Encompass- River Street Shelter: 100

SC MHSAS: 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 7/1/15 to 6/30/16 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: 700
- Mariposa: 80

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 7/1/15 to 6/30/16 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 Recovery Team and South County Adult Team 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 Housing Support Team 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 supportive employment activities include the development of employment options for clients, competitive and non-competitive alternatives, and volunteer opportunities to help consumers in their recovery.

The supportive education services include the support for consumers attending Cabrillo College via the “College Connection” program.

We also provide Adult care facility beds 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: 90

Front Street- Wheelock (Residential & Outpatient): 20

Front Street- Willowbrook: 20

Front Street- Housing/Property Management: 40

Front Street- Opal Cliff: 15

Encompass- Supported Housing: 60

Volunteer Center/Community Connection-Housing Support (employment): 50

Volunteer Center/Community Connection-Opportunity Connection: **70**

Volunteer Center/Community Connection-College Connection: 25

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 7/1/15 to 6/30/16 which is attached.

COMMUNITY SERVICES AND SUPPORTS: HOUSING

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 MHPA for services and also the capitalized subsidy reserve.

The County has developed housing at Bay Avenue Apartments, Capitola. The Bay Avenue project provides five MHPA units for seniors 60 years and older, at risk of homelessness. "Aptos Blue" opened in February 2014, and it provides five MHPA for adults with mental illness who are homeless, or at risk of homelessness. County staff also developed Lotus Apartments for six transition age youth and adults located mid county. These units are owned and operated by a local non-profit Encompass in partnership with the County MHPA and a property management agency. All referrals and supports to MHPA 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 MHPA 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 7/1/15 to 6/30/16 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 Corazón

- **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 7/1/15 to 6/30/16 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 7/1/15 to 6/30/16 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 7/1/15 to 6/30/16 which is attached.

Prevention & Early Intervention: UPDATE

The Mental Health Services Oversight Accountability Commission (MHSOAC) changed the requirements in this MHSA component. The regulations that were made effective October 6, 2015, and the programmatic changes will be reflected beginning July 1, 2016. The information below covers the key concepts of the new regulations.

What is the purpose of the Prevention and Early Intervention (PEI) component?

The intent is to prevent mental illness from becoming severe and disabling. The PEI plan must include at least one of the following **programs**: Prevention; Early Intervention; Outreach for Increasing Recognition of Early Signs of Mental Illness; Stigma and Discrimination Reduction; and one Access and Linkage to Treatment program or Timely Access to Services for Underserved Populations. The PEI component may include one or more Suicide Prevention programs. If programs are combined, the County shall estimate the percentage of funds dedicated to each program.

Definition of Programs:

Prevention: A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Examples of risk factors include, but are not limited to serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins (including in the womb), poverty, family conflict or domestic violence, experience of racism and social inequality, having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

- Santa Cruz County Prevention Programs: Triple P, 7 Challenges, County Office of Education (PBIS, Live Oak Community Resource Center and the Diversity Center), Cara y Corazón, Jóven Noble, Xinachtli, Community Connection Employment, Veteran Advocate, and Peer Companion (for older adults).

Early Intervention: Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early intervention shall not exceed 18 months, unless the person is identified as experiencing first onset of a serious mental illness, or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years. Serious mental illness or emotional disturbance with psychotic features means schizophrenia spectrum, other psychotic disorders, and schizotypal personality disorder. These disorders include abnormalities in one of the five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia, and negative symptoms).

- Santa Cruz Early Intervention Programs: 0-5 Screening, Side by Side, and County Mental Health screening and early intervention.

Outreach for Increasing Recognition of Early Signs of Mental Illness: A process of engaging, encouraging, educating, an/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Potential responders include, but are not limited to families, employers, primary health care providers, law enforcement, and school personnel. Outreach may include reaching out to individuals with signs and symptoms of a mental illness so they can recognize and respond to their own symptoms.

- Santa Cruz Outreach programs: Field based training & assessment, Senior Outreach.

Stigma and Discrimination Reduction: Activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a

mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

- Santa Cruz Stigma and Discrimination Reduction programs: NAMI, and MHCAN Shadow Speakers.

Access and Linkage to Treatment: A set of related activities to connect children, adults and seniors with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs. Examples include screening, assessment, referral, telephone help lines, and mobile response.

- Santa Cruz Access & Linkage programs: Mobile Crisis, Warm Line.

Suicide Prevention: Organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This program does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Programs include, but not limited to, public and targeted information campaigns, suicide prevention hotlines, training, and education.

- Family Services Agency

Evaluation:

An evaluation of each program must be provided to include name of program, strategies used, outcomes and indicators, description of the approaches used to select the outcomes and indicators, data collection, and evaluation results. Each program has specific requirements set forth by the MHSOAC.

The following Strategies are to be used in each of the above programs:

1. **Access and Linkage:** Connecting people with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including but not limited to care provided by county mental health programs.
2. **Timely Access to Mental Health Services for Underserved Populations (individuals and families):** Increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available and cost of services.
3. **Stigma and Discrimination reduction:** Promoting, designing and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming and positive.

The County shall use the following Effective Methods to produce intended outcomes:

1. **Evidence-based practice standard:** Activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.
2. **Promising practice standard:** Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.
3. **Community and/or practice-based evidence standard:** A set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and/or practice-defined evidence takes a

number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

Demographic Information:

The Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, and the Access & Linkage to Treatment Programs all require collection of demographic information. The demographic information is more extensive than previous demographic requirements. The Stigma & Discrimination Reduction and the Suicide Prevention Programs do not have this requirement.

Funding requirement for Prevention and Early Intervention component:

At least fifty-one (51%) of PEI plan budget must be dedicated to individuals who are 25 years old or younger. Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting this requirement.

INNOVATIVE PROJECTS-

Project Name: 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), 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?

This Innovative Project ended on June 30, 2016.

Performance Outcomes (specify time period):

Applied Research Survey (ASR) report is attached.

NEW INNOVATIVE PROJECT

¡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.

This project is slated to start in fiscal year 2016-2017.

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. CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES

The County of Santa Cruz has designated a person who is identified as the Culturally & Linguistically Appropriate Services (“CLAS”) Coordinator. The CLAS Coordinator collaborates with other department staff and assigned managers to assure that the appropriate mental health services, staff development trainings are provided so that the diverse needs of the county’s racial, ethnic, cultural, and linguistic populations are being met. However, the responsibility for ensuring the provision of culturally and linguistically appropriate services is not the sole responsibility of one person. We believe that CLAS standards need to be infused throughout our division, and therefore is the responsibility of every staff person.

We offer trainings with the overarching goal of increasing culturally appropriate skills in order to improve public mental health services. Trainings reflect the core values of consumer and family driven services, community collaboration, recovery/resiliency strength-based services, integrated services, and cultural competency.

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 Ottawa 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 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

INFORMATION TECHNOLOGY

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. To increase consumer and family empowerment. 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. To modernize and transform clinical administrative systems. 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

Santa Cruz County Avenues: Work First for Individuals with Co-Occurring Disorders

Data Summary of Client Satisfaction Surveys

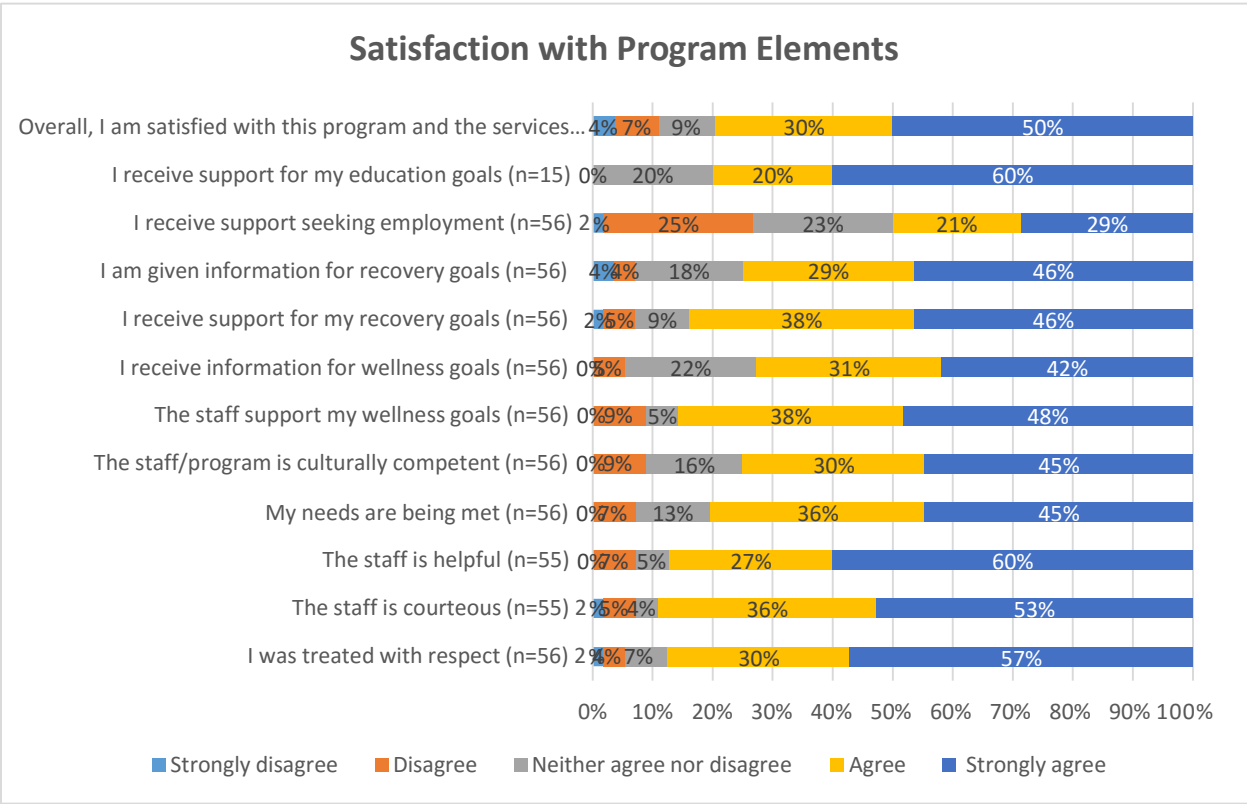
7.1.15-5.6.16 Data Collection Period

A total of 94 completed surveys have been received representing 56 individuals. When multiple surveys were received from the same client, the most recent completed survey was included for analysis.

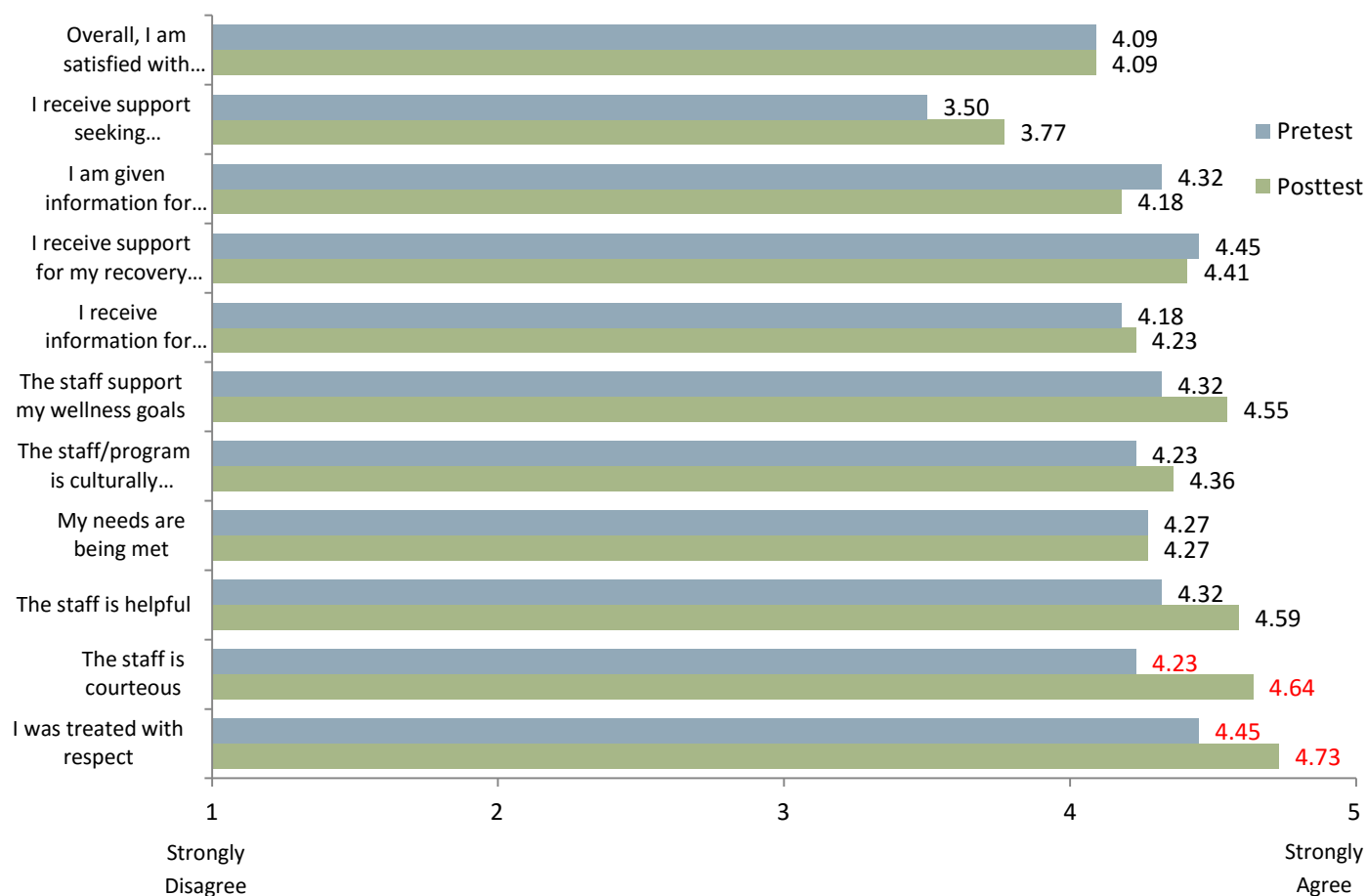
Unduplicated* Survey Collection by Site

	Count	Column %
Community Connections	30	54%
Casa Pacific Residential/Encompass	19	34%
Work Crew/CAB	7	13%
Total	56	100%

*Most recent survey received was entered and analyzed



Paired Satisfaction with Program Elements



N=22

Note: Due to the small sample size of paired respondents, caution should be used interpreting this information

The two question, "the staff support my wellness goals" and "the staff/program is culturally competent" are highlighted in red to indicate that they are statically significant.

Notes regarding interpretation of the findings

(Source: notes from data discussion during provider meeting on 3.10.16)

Survey administration

- Providers noted that some clients expressed some anxiety about the final open ended question which reads as follows:
 - *Is there anything you wish to share about how these services have impacted your life? (Feel free to use the back of this page)*
 - Clients were concerned about whether an answer was required and how best to answer the question. Clients wondered whether they should answer in a particular way in order

to stay out of trouble, preserve their benefits, or protect their service providers' jobs. Clients asked whether someone was in trouble.

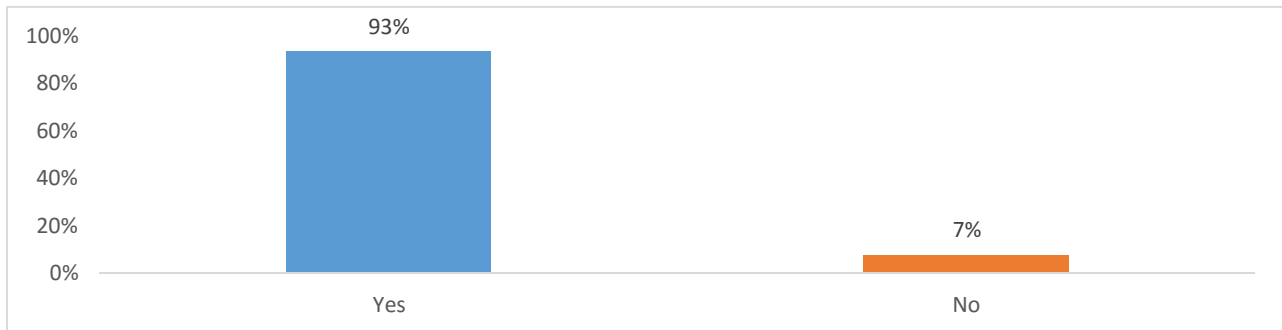
- Some providers assisted clients with completing the survey, providing 1:1 help via interview so that clients could stay focused and complete the survey. While such direct support likely enabled survey completion, it may have impacted client ratings of services received.

Client satisfaction

- The majority of clients agreed with positively worded statements about their services, except for one statement which read as follows:
 - *I receive support seeking employment.*
 - 23% of clients indicated a neutral response, and 27% disagreed with the statement.
 - Providers reflected that their understanding that a number of clients (1) have never been employed, (2) do not want to be employed, (3) are concerned that employment will compromise their receipt of disability benefits, and (4) have a different perception of what constitutes supportive steps towards employment.
 - Based on a recommendation from providers, the question, "I receive support for my education goals" was added. 12 of 15 respondents agreed that they indeed receive support for their education goals.
- Providers requested that additional questions be added to the existing survey to better understand clients' histories and perceptions about employment and education (i.e., interest in attending school/seeking employment, identification of barriers).

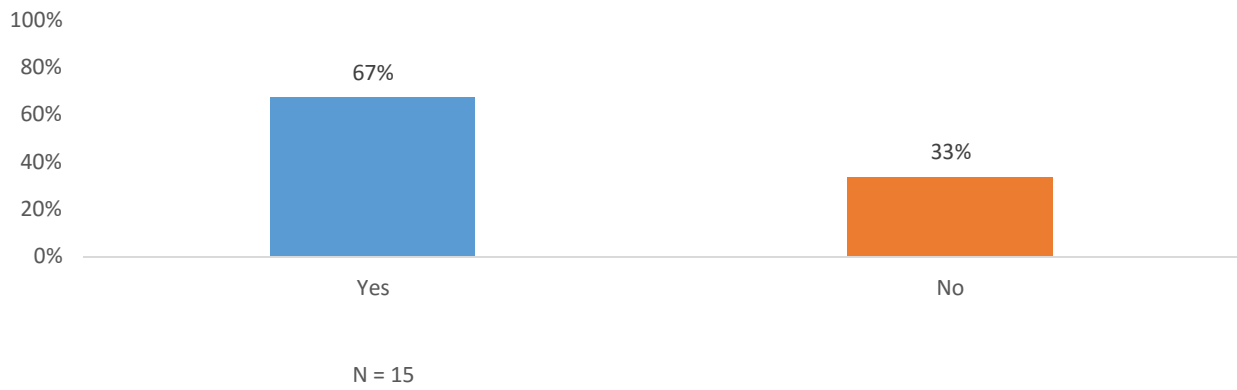
Of the respondents that indicated they are not interested in finding employment and/or attending school, three respondents cited that they were currently receiving disability benefits, while one respondent indicated that they have "different plans."

Have you ever been employed?



N=14

Are you interested in finding employment and/or attending school?



Santa Cruz County Mental Health & Substance Abuse Services

Mental Health Service Act (MHSA) Report For fiscal year 2015-2016



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.

Agency Reporting	Encompass				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					147
Number of individuals/families ACTUALLY SERVED	93	95	95	98	161
Age Group					
• Children 0-15	66	66	67	67	115
• TAY 16-25	27	29	28	31	46
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	3	1	3	1	4
• Latino	86	89	86	83	141
• Other	4	5	6	14	16
Primary Language					
• English	55	56	59	54	92
• Spanish	38	38	35	36	61
• Other		1	1	8	8
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Family Services				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					105
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15	62	59	56	56	92
• TAY 16-25	14	8	11	9	20
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	28	29	25	19	42
• Latino	44	35	39	43	66
• Other	4	3	3	3	5
Primary Language					
• English	43	41	40	38	67
• Spanish	33	26	27	27	45
• Other					
Culture					
• Veterans					
• LGBTQ	3	3	3	3	3

Agency Reporting	MHSAS				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					140
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15	58	53	76		
• TAY 16-25	31	28	35		
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	26	27	38		
• Latino	45	38	52		
• Other	18	16	21		
Primary Language					
• English	73	73	10		
• Spanish	16	8	11		
• Other					
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.

Agency Reporting	PVPSA				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					125
Number of individuals/families ACTUALLY SERVED					
• Children 0-15	16	12	11	11	
• TAY 16-25	2	4	5	5	
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	18	16	16	16	
• Other					
Primary Language					
• English	18	14	15	15	
• Spanish		2	1	1	
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					169
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15	44	48	44	37	76
• TAY 16-25	29	28	30	29	47
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	27	25	25	20	38
• Latino	31	37	36	32	57
• Other	15	14	13	14	27
Primary Language					
• English	67	66	62	50	103
• Spanish	6	10	11	12	15
• Other			1	4	5
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.

Agency Reporting	Parent Center				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					30
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15	15	17	21	22	30
• TAY 16-25	3	2		1	3
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	9	6	6	6	11
• Latino	8	10	13	15	19
• Other	1	3	2	2	3
Primary Language					
• English	15	17	13	15	20
• Spanish	3	2	8	8	13
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					4
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15	1	2	1	2	3
• TAY 16-25	1		1	1	3
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					0
• Latino	1	1		2	4
• Other	1	1	2	1	2
Primary Language					
• English	2	2	2	2	5
• Spanish				1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass ILP				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					27
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15					
• TAY 16-25	4	4	3	3	4
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	1	1	1	1	1
• Latino	1	1	1	1	1
• Other	2	2	1	1	2
Primary Language					
• English	4	4	3	3	4
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ		1	1	1	1

Agency Reporting	MHSAS				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					195
Number of individuals/families ACTUALLY SERVED					
• Children 0-15	109	97	82		
• TAY 16-25	46	42	41		
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	63	49	46		
• Latino	57	58	53		
• Other	35	32	24		
Primary Language					
• English	142	126	108		
• Spanish	12	13	15		
• Other	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.

Agency Reporting	MHSAS				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					38
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15	9				
• TAY 16-25	2				
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	10				
• Other	1				
Primary Language					
• English	11				
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

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.

Agency Reporting	Encompass				
Outreach & Engagement	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					86
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15			4	6	6
• TAY 16-25	14	19	17	15	34
• Adults 26-59	15	1	3		19
• Unknown				3	3
Race/Ethnicity					
• White	6	7	7	6	12
• Latino	2	5	4	8	14
• Other	21	8	13	10	36
Primary Language					
• English	28	20	24	24	62
• Spanish	1				
• Other					
Culture					
• Veterans					
• LGBTQ		1	9	14	21

Agency Reporting	Volunteer Center				
System Development:	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:					27
Number of individuals/families ACTUALLY SERVED					
Age Group					
• Children 0-15	1	1	1	1	2
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	1	1	1	1	2
• Other					
Primary Language					
• English					
• 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.

Agency Reporting	Encompass: El Dorado Center				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Transition Age Youth (16-25)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	3	4	4	5	10
Adults (26-59)					
Number of individuals/families targeted	104	10	10	10	
Number Actually Served	19	13	14	13	40
Older Adults (60+)					
Number of individuals/families targeted	4	4	4	4	
Number Actually Served:	4	3	4	4	8
Unduplicated Annual Target for all					80
Race/Ethnicity					
• White	19	16	15	15	44
• Latino	2	3	5	4	8
• Other	5	1	2	3	6
Primary Language					
• English	25	18	20	20	55
• Spanish	1	2	2	2	3
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass: Telos				
Outreach and Engagement	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	20	20	20	20	
Number of individuals/families ACTUALLY SERVED					
System Development	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	20	20	20	20	
Number of individuals/families ACTUALLY SERVED	31	27	27	21	78
Unduplicated Annual Target for all					100
Age Group					
• TAY 16-25	3	5	2	5	12
• Adults 26-59	25	17	22	13	56
• Older Adults 60+	3	5	3	3	10
Race/Ethnicity					
• White	24	22	22	16	61
• Latino	6	1	3	3	10
• Other	1	4	2	2	7
Primary Language					
• English	28	26	25	20	75
• Spanish	3	1	2	1	3
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass: ESS Team				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	14	14	2	3	24
Adults (26-59)					
Number of individuals/families targeted	20	20	20	20	
Number Actually Served	9	13	12	8	31
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served:	5	3	3	3	7
Unduplicated Annual Target for all					80
Race/Ethnicity					
• White	13	25	9	11	40
• Latino	8	10	5	2	14
• Other	7	5	4	1	8
Primary Language					
• English	28	28	17	14	61
• Spanish	0	2	0	0	2
• Other					
Culture					
• Veterans					
• LGBTQ	2	2			4

Agency Reporting	Encompass: River Street Shelter				
Outreach and Engagement	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	15	15	15	15	
Number of individuals/families ACTUALLY SERVED	1	1	1	1	33
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	1	2	3	2	9
Adults (26-59)					
Number of individuals/families targeted	11	11	11	11	
Number Actually Served	7	9	9	2	20
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served:	2	1	2	2	4
Unduplicated Target for all					150
• Children 0-15					
• TAY 16-25	1	2	3	2	18
• Adults 26-59	8	10	10	11	41
• Older Adults 60+	2	1	2	2	8
Race/Ethnicity					
• White	6	8	9	8	41
• Latino	1	1	1	1	7
• Other	4	4	4	6	15
Primary Language					
• English	10	13	14		
• Spanish	1		1		
• Other					
Culture					
• Veterans	1	1	1	1	5
• LGBTQ		1	1	1	1

Agency Reporting	MHSAS				
Outreach and Engagement	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	380	380	380	380	
Number of individuals/families ACTUALLY SERVED	104	81	79		
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	18	18	18	18	
Number Actually Served	8	8			
Adults (26-59)					
Number of individuals/families targeted	94	94	94	94	
Number Actually Served	23	25			
Older Adults (60+)					
Number of individuals/families targeted	14	14	14	14	
Unduplicated Annual Target for All					475
Number Actually Served:	2	2			
Age Group					
• Children 0-15					
• TAY 16-25	26	18	14		
• Adults 26-59	128	89	52		
• Older Adults 60+	13	9	13		
Race/Ethnicity					
• White	80	69	35		
• Latino	36	20	23		
• Other	21	27	21		
Primary Language					
• English	126	109	69		
• Spanish	10	7	10		
• Other	1				
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.

Agency Reporting	MHCAN				
System Development	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	70	70	70	70	
Number of individuals/families	33	42	39	38	42
ACTUALLY SERVED					
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	70	70	70	70	
Number Actually Served	103	110	109	118	124
Adults (26-59)					
Number of individuals/families targeted	90	90	90	90	
Number Actually Served	197	169	123	132	124
Older Adults (60+)					
Number of individuals/families targeted	70	70	70	70	
Number Actually Served:	117	113	115	126	131
Age Group		8			
• TAY 16-25	103	103	109	118	118
• Adults 26-59	197	197	123	132	132
• Older Adults 60+	117	117	115	126	126
• unknown					
Race/Ethnicity					
• White	216	213	202	202	202
• Latino	65	72	68	87	87
• Other	145	107	77	87	87
Primary Language					
• English	216	224	231	254	254
• Spanish	23	45	38	43	43
• Other	5	5	78	75	75
Culture					
• Veterans	38	35	32	31	31
• LGBTQ	44	39	29	54	54

Agency Reporting	Volunteer Center/Community Connection: Mariposa				
System development	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	15	15	15	15	
Number of individuals/families ACTUALLY SERVED	45	57	59	37	106
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	5	5	5	5	
Number Actually Served	3	5	3	4	7
Adults (26-59)					
Number of individuals/families targeted	70	70	70	70	
Number Actually Served	30	27	24	21	35
Older Adults (60+)					
Number of individuals/families targeted	10	10	10	10	
Number Actually Served:	7	7	8	8	8
Age Group					
• TAY 16-25	3	5	3	4	7
• Adults 26-59	30	27	24	21	35
• Older Adults 60+	7	7	8	8	8
• Unknown		57	59	37	106
Race/Ethnicity					
• White	22	21	20	23	27
• Latino	16	13	9	8	17
• Other	49	61	65	39	114
Primary Language					
• English	85	96	94	70	109
• 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.

Agency Reporting	Front Street: Housing Support				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	3	3	5	9	9
Adults (26-59)					
Number of individuals/families targeted	62	62	62	62	
Number Actually Served	67	70	74	69	80
Older Adults (60+)					
Number of individuals/families targeted	20	20	20	20	
Number Actually Served:	27	27	25	26	31
Race/Ethnicity					
• White	79	86	85	86	89
• Latino	11	9	11	10	12
• Other	7	5	8	8	9
Primary Language					
• English	94	97	101	101	117
• Spanish	3	3	3	3	3
• Other			0		
Culture					
• Veterans	1	1	1	1	1
• LGBTQ	2	1	1	0	1

Agency Reporting	Front Street: Wheelock (outpatient & residential)				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	1				1
Adults (26-59)					
Number of individuals/families targeted	12	12	12	12	
Number Actually Served	12	12	12	12	13
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served:	4	4	4	4	4
Race/Ethnicity					
• White	12	11	11	11	12
• Latino	3	3	3	3	3
• Other	2	2	2	2	2
Primary Language					
• English	16	15	15	15	16
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Front Street: Willowbrook				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	0	0	0	0	
Number Actually Served	0	0			
Adults (26-59)					
Number of individuals/families targeted	25	25	25	25	
Number Actually Served	25	25	24	25	28
Older Adults (60+)					
Number of individuals/families targeted	15	15	15	15	
Number Actually Served:	16	17	17	17	17
Race/Ethnicity					
• White	32	33	32	31	34
• Latino	5	5	5	6	6
• Other	4	4	4	5	5
Primary Language					
• English	40	41	41	41	44
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans	2	2	2	2	2
• LGBTQ	1	1	1	2	2

Agency Reporting	Front Street: Housing Property Management				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	0	0	0	0	
Number Actually Served	0		1	1	1
Adults (26-59)					
Number of individuals/families targeted	39	39	39	39	
Number Actually Served	42	45	42	45	58
Older Adults (60+)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served:	2	2		0	2
Race/Ethnicity					
• White					
• Latino					
• Unknown					
Primary Language					
• English	44	47	43	46	61
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Front Street: Opal Cliffs				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	0				
Adults (26-59)					
Number of individuals/families targeted	12	12	12	12	
Number Actually Served	13	11	10	10	14
Older Adults (60+)					
Number of individuals/families targeted	2	2	2	2	
Number Actually Served:	3	3	3	3	3
Race/Ethnicity					
• White	15	13	12	12	16
• Latino	1	1	1	1	1
• Other					
Primary Language					
• English	15	13	12	12	16
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Encompass: Supported Housing				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	8	4	4	2	8
Adults (26-59)					
Number of individuals/families targeted	52	52	52	52	
Number Actually Served	51	53	50	52	53
Older Adults (60+)					
Number of individuals/families targeted	12	12	12	12	
Number Actually Served:	16	18	16	15	18
Race/Ethnicity					
• White	56	57	53	52	57
• Latino	9	10	9	9	12
• Other/Unknown	10	8	8	8	10
Primary Language					
• English	74	74	69	73	78
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Community Connection: Housing Support (employment)				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	2	3	4	3	4
Adults (26-59)					
Number of individuals/families targeted	30	30	30	30	
Number Actually Served	24	24	28	26	34
Older Adults (60+)					
Number of individuals/families targeted	9	9	9	9	
Number Actually Served:	10	8	6	5	12
Race/Ethnicity					
• White	28	25	29	26	37
• Latino	4	6	6	5	7
• Other	4	4	3	3	6
Primary Language					
• English	36	35	38	34	50
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Community Connection: College Connection				
Outreach	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted					20
Number Actually Served	29	24	26	22	40
Age Group					
• 16-25	7	5	7	7	11
• 26-59	20	18	18	15	27
• 60 +	2	1	1		2
Race/Ethnicity					
• White	19	19	19	13	23
• Latino	6	3	4	5	9
• Other	4	2	3	4	8
Primary Language					
• English	29	24	26	22	40
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	Community Connection: Opportunity Connection				
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	1	1	1	1	
Number Actually Served	1	1	1	2	3
Adults (26-59)					
Number of individuals/families targeted	40	40	40	40	
Number Actually Served	39	40	30	39	59
Older Adults (60+)					
Number of individuals/families targeted	3	3	3	3	
Number Actually Served	7	8	6	6	9
Race/Ethnicity					
• White	37	37	31	39	58
• Latino	4	4	1	1	4
• Other	6	8	5	7	9
Primary Language					
• English	47	49	37	47	71
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting	MHSAS: Staffing Support				
Outreach and Engagement	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	60	60	60	60	
Number of individuals/families ACTUALLY SERVED	122	165			
System Development	Q1	Q2	Q3	Q4	Annual
Number of individuals/families targeted:	?	?	?	?	
Number of individuals/families ACTUALLY SERVED	79	74	54		
Full Service Partnerships	Q1	Q2	Q3	Q4	Annual
Q1 Transition Age Youth (16-25)					
Number of individuals/families targeted	40	40	40	40	
Number Actually Served	38	42	34		
Adults (26-59)					
Number of individuals/families targeted	290	290	290	290	
Number Actually Served	269	251	138		
Older Adults (60+)					
Number of individuals/families targeted	5	5	5	5	
Number Actually Served:	107	101	96		
Unduplicated Target for all					
Age Group					
• Children 0-15					
• TAY 16-25			37		
• Adults 26-59			274		
• Older Adults 60+			106		
Race/Ethnicity					
• White			265		
• Latino			90		
• Other			67		
Primary Language					
• English			363		
• Spanish			46		
• Other			13		
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 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	43					
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White	13					
• Latino	17					
• Other	13					
Primary Language						
• English	34					
• Spanish	8					
• Other	1					
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		First 5				
Work Plan/Program/Service		Triple P				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	209	227	269	286	624	
• TAY 16-25	32	47	59	103	190	
• Adults 26-59	150	249	299	512	951	
• Older Adults 60+		3	3	20	25	
Race/Ethnicity						
• White	88	68	118	111	249	
• Latino	185	261	277	345	676	
• Other	118	197	233	465	865	
Primary Language						
• English	246	243	312	404	829	
• Spanish	145	283	318	517	961	
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		First 5				
Work Plan/Program/Service		Side by Side				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	17	15	16	19	34	
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White	1	1	5	3	4	
• Latino	14	14	11	13	25	
• Other	2			3	5	
Primary Language						
• English	7	5	7	9	15	
• Spanish	10	10	9	10	19	
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Barrios Unidos				
Work Plan/Program/Service		School Based PEI				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	121	58	56	12	247	
Age Group						
• Children 0-15	71	37	38	1	147	
• TAY 16-25	50	21	18	11	100	
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White	2	1	0	3	6	
• Latino	116	45	49	9	219	
• Other	3	12	7	0	14	
Primary Language						
• English	9	6	9	5	29	
• Spanish	109	52	47	7	215	
• Other	3				3	
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Live Oak Family Resource Center (via COE)				
Work Plan/Program/Service		School Based PEI				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	1	1		1	6	
• TAY 16-25	1	1	1	2	8	
• Adults 26-59	13	28	51	32	142	
• Older Adults 60+	1		3	2	9	
• unknown	3	3	6	8	23	
Race/Ethnicity						
• White	6	14	30	14	93	
• Latino	13	14	22	24	68	
• Other	1	3	16	7	27	
Primary Language						
• English	7	17	32	15	96	
• Spanish	11	10	18	19	52	
• Other	1	2		11	40	
Culture						
• Veterans		1	1	1	3	
• LGBTQ	1				1	

Agency Reporting		Diversity Center (via COE)				
Work Plan/Program/Service		School Based PEI				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	146	379	202	161	718	
• TAY 16-25	52	71	37	23	183	
• Adults 26-59	6	15	11	9	24	
• Older Adults 60+			4	4		
• Unknown	5					
Race/Ethnicity						
• White	70	121	116	73	380	
• Latino	49	85	81	56	271	
• Other	27	47	48	68	274	
Primary Language						
• English	120		203	178	776	
• Spanish	26		51	19	149	
• Other						
Culture						
• Veterans						
• LGBTQ	68		92	61	317	

Agency Reporting		Positive Behavioral Intervention Program/COE				
Work Plan/Program/Service		School Based PEI				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25						
• Adults 26-59	89	89	89	89	89	
• Older Adults 60+						
Race/Ethnicity						
• White						
• Latino						
• Other						
• unknown	89	89	89	89	89	
Primary Language						
• English	89	89	89	89	89	
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		NAMI/COE			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)		304			
Age Group					
• Children 0-15	648	265	993	94	2000
• TAY 16-25	117	16	36		169
• Adults 26-59		23	81		104
• Older Adults 60+					
Race/Ethnicity					
• White	280	95	470	33	878
• Latino	366	194	568	58	1186
• Other	40	7	241	3	212
Primary Language					
• English	510	251	950	73	1784
• Spanish	99	53	159	21	332
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		ENCOMPASS (via COE)			
Work Plan/Program/Service		School Based PEI			
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	3	20	32	24	79
• TAY 16-25	10	6	5	10	29
• Adults 26-59	18	50	134	40	240
• Unknown age					
Race/Ethnicity					
• White	1				1
• Latino	1				1
• Other	29	76	171	74	346
Primary Language					
• English	29	60	144	70	301
• Spanish	2	16	27	4	47
• Other/Unknown					
Culture					
• Veterans					
• LGBTQ	4	2	8		13

Agency Reporting		ENCOMPASS				
Work Plan/Program/Service		Seven Challenges				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	4	4	3	7	15	
• TAY 16-25	7	9	9	14	24	
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White	6	8	5	2	11	
• Latino	4	4	6	9	17	
• Other	1	1	1	10	11	
Primary Language						
• English	11	13	8	10	27	
• Spanish			4	3	4	
• Other				8	8	
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		PVPSA				
Work Plan/Program/Service		Seven Challenges				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	4	14	5	2	15	
• TAY 16-25	16	22	22	21	27	
• Adults 26-59						
• Older Adults 60+						
• Unknown						
Race/Ethnicity						
• White			1	1	1	
• Latino	20	33	24	22	38	
• Other		3	2		3	
Primary Language						
• English	16	31	24	23	36	
• Spanish	4	5	3		5	
• Other					1	
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 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25	3	8	2	4	17	
• Adults 26-59	9	43	22	23	97	
• Older Adults 60+						
Race/Ethnicity						
• White	8	13	14	11	46	
• Latino	4	38	10	16	68	
• Other						
Primary Language						
• English	8	13	14	16	51	
• Spanish	4	38	10	11	63	
• Other						
Culture						
• Veterans			3		3	
• LGBTQ			2	2	4	

Agency Reporting		MHSAS				
Work Plan/Program/Service		Jóven Noble				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	0	20	34	39	93	
• TAY 16-25	0	16			16	
• Adults 26-59	0					
• Older Adults 60+	0					
Race/Ethnicity						
• White		8	4	5	17	
• Latino		25	30	34	89	
• Other		3			3	
Primary Language						
• English		10	30	36	76	
• Spanish		26	4	3	33	
• Other						
Culture						
• Veterans						
• LGBTQ		6	2	4	12	

Agency Reporting		MHSAS			
Work Plan/Program/Service		Xínatchli			
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15	0	0	6	17	23
• TAY 16-25	0	8	4		12
• Adults 26-59	0				
• Older Adults 60+	0				
Race/Ethnicity					
• White		2	2	4	8
• Latino		6	8	13	27
• Other					
Primary Language					
• English		4	2	3	9
• Spanish		4	8	14	26
• Other					
Culture					
• Veterans					
• LGBTQ			2		2

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 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	0					
• TAY 16-25	21	24	29	25	39	
• Adults 26-59	12	9	9	6	13	
• Older Adults 60+	3	3	3	1	3	
Race/Ethnicity						
• White	25	21	26	16	37	
• Latino	5	6	7	8	9	
• Other	6	9	8	8	9	
Primary Language						
• English	36	36	41	32	55	
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Encompass				
Work Plan/Program/Service		Second Story				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25	6	3	4	3	17	
• Adults 26-59	26	24	25	30	73	
• Older Adults 60+	2	3	3	4	10	
Race/Ethnicity						
• White	25	21	23	30	75	
• Latino	7	5	3	4	14	
• Other	2	4	6	3	11	
Primary Language						
• English	32	30	31	36	96	
• Spanish	2		1	1	4	
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS (Janus, Sobriety Works, New Life)			
Work Plan/Program/Service		Serial Inebriate			
July 1 2015 to June 30, 2016	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	9	10	5	17
• Older Adults 60+	3	1	4		5
Race/Ethnicity					
• White	12	10	12	5	19
• Latino			1		1
• Other	2		1		2
Primary Language					
• English	14	10	13	5	21
• Spanish			1		1
• Other					
Culture					
• Veterans	1				
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Mental Health Sobering Beds			
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25	2	3	1		2
• Adults 26-59	1	4	3	3	12
• Older Adults 60+					
Race/Ethnicity					
• White	1	6	3	2	9
• Latino	2	1	1	1	4
• Other					1
Primary Language					
• English	2	6	3	3	11
• Spanish	1	1	1		3
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS				
Work Plan/Program/Service		Early Intervention Services				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15			19			
• TAY 16-25	20	24	31			
• Adults 26-59	15	9	10			
• Older Adults 60+						
Race/Ethnicity						
• White	21	17	31			
• Latino	4	6	10			
• Other	10	10	19			
Primary Language						
• English	35	31	60			
• Spanish		2	0			
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS				
Work Plan/Program/Service		Veteran Advocate				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25	1	3	1	0	5	
• Adults 26-59	32	41	39	29	141	
• Older Adults 60+	28	34	31	27	120	
Race/Ethnicity						
• White	47	61	55	46	209	
• Latino	11	13	14	7	45	
• Other	3	4	2	3	12	
Primary Language						
• English	61	78	71	56	266	
• Spanish						
• Other						
Culture						
• Veterans	61	78	71	56	266	
• LGBTQ						

Agency Reporting		Family Services Agency				
Work Plan/Program/Service		Suicide Prevention Services				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15	671	222	435	391	1719	
• TAY 16-25	132	219	248	358	957	
• Adults 26-59	198	205	473	461	1337	
• Older Adults 60+	89	15	159	190	453	
• Unknown						
Race/Ethnicity						
• White	377	294	639	633	1943	
• Latino	638	280	547	526	1991	
• Other	75	87	85	241	443	
Primary Language						
• English	450	411	517	725	2123	
• Spanish	620	250	798	675	2343	
• Other						
Culture						
• Veterans	16	29	6	6	57	
• LGBTQ	59	12	168	485	724	

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 Agency			
Work Plan/Program/Service		Senior Outreach Program			
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-15					
• TAY 16-25					
• Adults 26-59	3	4	8	3	8
• Older Adults 60+	3	12	18	12	31
Race/Ethnicity					
• White	3	12	17	7	23
• Latino	2		5	6	12
• Other	1		4	2	5
Primary Language					
• English	5	15	23	11	34
• Spanish	1	1	3	4	6
• Other					
Culture					
• Veterans	1	3	3	1	4
• LGBTQ	1	1	1	1	1

Agency Reporting		Senior Council			
Work Plan/Program/Service					
July 1 2015 to June 30, 2016	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+	10	3	2	0	15
Race/Ethnicity					
• White	8	3	2		13
• Latino					
• Other	2				2
Primary Language					
• English	10	3	2		15
• Spanish					
• Other					
Culture					
• Veterans	1				1
• LGBTQ					

Agency Reporting		Senior Network Services				
Work Plan/Program/Service						
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Information calls	65	68	63	65	261	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+	4	3	5	2	14	
Race/Ethnicity						
• White	3	2	4	1	10	
• Latino	1	1		1	2	
• Other			1		2	
Primary Language						
• English	4	2	5	1	12	
• Spanish		1		1	2	
• Other						
Culture						
• Veterans						
• LGBTQ		1		1	2	

Agency Reporting		MHSAS				
Work Plan/Program/Service						
July 1 2015 to June 30, 2016	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	9	12			
• Older Adults 60+						
Race/Ethnicity						
• White	10	7	8			
• Latino						
• Other	1	2	4			
Primary Language						
• English	11	8	11			
• Spanish						
• Other		1	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 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25	5	5	3	3	0	
• Adults 26-59	12	17	12	14	31	
• Older Adults 60+	1			1	1	
Race/Ethnicity						
• White	13	14	11	12	24	
• Latino	3	4	2	4	9	
• Other	2	3	2	2	7	
Primary Language						
• English	18	22	15	18	40	
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		ENCOMPASS				
Work Plan/Program/Service		Casa Pacific				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25	2	2	1	1	2	
• Adults 26-59	5	9	5	4	11	
• Older Adults 60+			1	1	1	
Race/Ethnicity						
• White	4	7	3	4	9	
• Latino	1	2	1	1	1	
• Other	2	2	1	1	4	
Primary Language						
• English	7	10	7	6	13	
• Spanish		1			1	
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		CAB				
Work Plan/Program/Service		Work Crew				
July 1 2015 to June 30, 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-15						
• TAY 16-25	4	2	0	1	7	
• Adults 26-59	16	14	11	8	22	
• Older Adults 60+						
Race/Ethnicity						
• White	14	11	6	4	20	
• Latino	4	4	4	4	6	
• Other	2	1	1	1	3	
Primary Language						
• English	20	16	11	9	29	
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						
Gender						
• Male						
• Female						

BUDGET

FY 2015-2016 MENTAL Health Services Act Annual Update Funding Summary

	MHSA Funding					
	A	B	C	D	E	F
	CSS	PEI	INN	WET	CF/IT	Prudent Reserve
A. Estimated FY 2015/16 Funding						
• Estimated Unspent Funds from Prior Fiscal Years	1,900,848.84	941,856	464,399	7,000	748,376	
• Estimated New FY 2015/16 Funding	7,629,534.00	1,907,383	501,942			
• Transfer in FY 2015/16						
• Access Local Prudent Reserve in FY 2015/16						
• Estimated Available Funding for FY 2015/16	9,530,382.84	2,849,239	966,341	7,000	748,376	
B. Estimated FY 2015/16 MHSA Expenditures	9,530,382.84	2,849,239	966,341	7,000	748,376	
C. Estimated FY 2015/16 Unspent Balance	-					

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