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## Evaluation of Santa Cruz County MHSOAC Three Year Expenditure Plan

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### **Review of Planning Process**

The following identifies issues for potential oversight by the Commission, specific questions regarding Santa Cruz County CSS plans to be addressed by Santa Cruz County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, Santa Cruz County and the Department of Mental Health.

### **Summary**

Santa Cruz County has an annual budget of \$11,449,147 and will be receiving an additional \$2,369,500 in MHSOAC funding annually. Santa Cruz County already has a children's wraparound program and an AB2034 program. Consequently, their system is already well focused on recovery and integrated services. This plan also demonstrates an excellent use of leveraging for MHSOAC funds.

### **Full Service Partnerships**

The committee was impressed with the comprehensive approach of the integrated dual diagnosis program proposed for the children's Full Service Partnership (FSP).

The proposal for Transitional Aged Youth for FSP has a caseload ratio of 1:15 and demonstrates a long term commitment to housing, illness management, and vocational services and is in fact a full service program.

The proposal for FSP for Adults will serve 117 and has a caseload ratio of 1:15. This program harnesses additional resources with MRT and demonstrates strong ties to housing with several residential options. The addition of psychiatrists to this program is a good use of funding.

Extra effort should be exerted to prevent entry into the criminal justice system. Santa Cruz County should be commended for the discharge planning from the schools programs (3632, etc.).

The makeup of the team for the initiation of services to Older Adults is a good start but the committee believes that Santa Cruz County could benefit from additional

collaboration with other established community based organizations that already serve older adults such as assisted living homes and ethnically based community organizations that are linked to Latino families.

Overall these proposals are comprehensive and responsive to identified community needs and they are really substantive in community services to be offered.

### **Outreach and Engagement**

The “gates” identified for entry into the system is well thought out and seem to be effective for providing access to the services that are needed. The design indicates an understanding of consumer and family needs and creates some interesting new access opportunities and services. Integration of services is very evident in this planning. The philosophy that there is “no wrong door entry into the system” is expressed. The committee hopes to see more community based outreach to the Latino population in South County.

### **System Development Projects**

Santa Cruz County has an already well-developed system of care. They have placed a greater emphasis on early intervention and prevention in planning for MHSAs projects. This plan is substantive in the services that are to be developed and delivered. Santa Cruz County has indicated an intention to use leveraging of multiple income sources to enrich services.

### **Consumer and Family Involvement**

Santa Cruz County used a very inclusive approach to planning and consequently had contact with 3000 residents in the process. They are to be commended for the Spanish website that they have established. The committee hopes to see more intensive outreach to the Latino population through established community based agencies in the future.

The committee was impressed with the employment of consumers and family members throughout the plans. They are exemplary in the number and types of jobs available for consumers and family members.

### **Wellness/Recovery/Resilience**

This plan builds on a well-developed existing mental health system of care and does help move the system forward in working for recovery. There are FSPs for all groups and the plans are very inclusive. While the plan moves the system towards wellness, there may need to be a more focused plan to make a real change. It will be important to assess what differences have been achieved at one-year intervals for the next 3 years.

Santa Cruz County has a well-planned cultural competence plan and a Coordinator already. The committee suggests stronger outreach to Latino community agencies as partners for collaboration.

### **Education and Training and Workforce Development**

Santa Cruz County has an ongoing training effort and the committee believes that they are “living” the philosophy that MHSA dictates. The committee commends the proposed use of consumers as employees and also the effort to provide training in the area of supported employment. There is an emphasis on using funds to provide more clinicians, which is also to be commended. Jobs are specifically delineated for consumers and family members.

The committee would like to see a greater emphasis on defining practice standards for new staff hired with MHSA funds.

## **Collaboration**

Santa Cruz County made a very inclusive effort to reach out to the community. The county appears to have good collaboration with other government agencies, there was a great deal of participation and roles are well defined. Family members and consumers recognized and utilized as important members of the collaboration as well.

## **CONCLUSION**

The overarching question for the Oversight and Accountability Commission is:” How will the three-year Community Services and Supports plan move your county system toward the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.