HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY
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May 23, 2000 AGENDA: June 13, 2000

Board of Supervisors
Santa Cruz County
701 Ocean St.
Santa Cruz, CA. 95060

SUBJECT: Health Services Agency – 3-Year Plan 2000-2002

Dear Members of the Board:

Background:

Santa Cruz County Mental Health and Substance Abuse Services, a division of the Health Services Agency, is required by a variety of local, state, and federal requirements to conduct a periodic process of evaluation and planning of its mental health service delivery system.

Attached is our revised 3-Year Plan. This document is intended to record recent efforts in self-assessment along with recommendations on how best to address future needs and demands in service of the County's residents during the next three years.

The 3-Year Plan for 2000-2002 attempts to emphasize a clear presentation of measurable goals and objectives by which to organize our efforts and measure our progress.

The plan has been reviewed and approved by the Local Mental Health Board and was coordinated by Chief of Psychiatry, Dr. Neal Adams.

Recommendation:

It is, therefore, RECOMMENDED that your Board:

1. Accept and file the Mental Health and Substance Abuse 3-Year Plan for 2000-2002.

Sincerely,

Rama K. Khalsa, Ph.D.
Health Services Agency Administrator

RK:NA:ep

RECOMMENDED

Susan Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor Controller
County Counsel
Health Services Agency Administration
Community Mental Health Administration

Santa Cruz County
Health Services Agency

Mental Health and Substance Abuse Services Division

MENTAL HEALTH

THREE YEAR PLAN

2000-2002

Rama Khalsa PhD Agency Administrator
Glenn Kulm Interim Division Director
Neal Adams MD MPH Program Chief/Adult Services Chief
Dane Cervine MA Children's Services Chief

May, ***2000***

Foreword

Planning is an essential element of good administration. Virtually any organization will benefit from a clear statement to internal and external 'customers' of its mission and plans to fulfill that mission. Nowhere is this truer than in the delivery of community-based mental health services.

Santa Cruz County Mental Health and Substance Abuse Services, a division of the Health Services Agency, is required by a variety of local, state and Federal requirements to conduct a periodic-if not continuous-process of evaluation and planning of its mental health service delivery system. This document is intended to record recent efforts in self-assessment along with our best thoughts about how best to address future needs and demands in service of the County's residents during the next three years.

Past three year plans have been organized somewhat differently than this document. On balance they have been more prosaic in style and format. However, it is often said in quality management circles, that 'if you can't measure it, you can't improve it'. This plan attempts to emphasize a clear presentation of measurable goals and objectives by which to organize our efforts and measure our progress.

In many respects a plan is never complete-a real working plan is repeatedly adjusted and updated to reflect the unanticipated changes and challenges that inevitably arise. But all the same, it is useful to begin a journey with a map and a destination.

It is our sincere hope that this three-year plan will prove to be a very useful tool for us as we work to realize our mission and honor our commitment to quality care and service.

Your comments, feedback, criticisms and concerns are always welcomed.

Rama Khalsa PhD Agency Administrator
Glenn Kulm Interim Division Director
Neal Adams MD MPH Program Chief/Adult Services Chief
Dane Cervine MA Children's Services Chief

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SANTA CRUZ COUNTY MENTAL HEALTH

THREE YEAR PLAN

2000-2002

Mission

Santa Cruz County Mental Health is dedicated to providing

- education, consultation and collaboration with other organizations for the prevention and amelioration of mental illness in the general community
- crisis, disaster and emergency services and response for the protection and well being of all residents
- a full continuum of mental health services for Santa Cruz County Medi-Cal beneficiaries
- a comprehensive program of coordinated recovery' oriented rehabilitation services for adults disabled by severe and persistent mental illness
- a comprehensive, community-based, interagency System of Care (as described in the Children's Mental Health Services Act) for seriously emotionally and behaviorally disturbed children separated from their families, or at risk of separation; children displaying psychotic features, risk of suicide or risk of violence due to a mental disorder; children meeting special education eligibility requirements under Chapter 26.5, Section 7570 of Division 7 of Title 1 of the Government Code

Vision

All residents of Santa Cruz County, including children and their families, are provided timely services in order to promote their health and well being, to be free of the stigma, pain, suffering and disability caused by mental illness, and are able to function at their own personal optimum.

[1] Recovery is defined as a personal process of overcoming the negative impacts of psychiatric disability.

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Values/Principles/Commitments

Santa Cruz County Mental Health organizes and provides services based upon the following principles:

1. Individual choices and preferences are respected.
2. Efficiency in administration and delivery of services guides the allocation of resources to optimize their availability to the benefit of all residents.
3. Efforts are made to prevent the onset, worsening and resulting disability of mental illness.
4. Opportunities for collaboration with individuals, families, government agencies, advocacy organizations, community-based providers and others are invited and actively pursued.
5. Barriers to access, including physical, psychological, cultural, linguistic, financial or other barriers to care are identified and removed or minimized.
6. Innovation, creativity, learning, and constructive evaluation are encouraged and supported.
7. Involuntary treatment is a last resort measure to be used only when an individual is unable to sustain their basic daily needs of food, clothing, and shelter, or is at imminent risk of harm to themselves or others, as a result of a mental disorder. In these circumstances services are provided to assure the personal well being and safety of the individual and others in conformance with the Lanterman-Petris-Short Act and related statutes.
8. Accountability to persons served, families, funding sources and the general public is demonstrated by measures of outcome and evaluation of the experience of care by persons served and their families.

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Essential Values of the Children's System of Care

The comprehensive, interagency Children's System of Care shall seek to provide the highest benefit to children, their families, and the community at the lowest cost to the public sector. Essential values of this system include:

a. **Family Preservation**

- Children shall be maintained in their homes with their families whenever possible.

b. **Least Restrictive Natural Setting**

- Children shall be placed in the least restrictive and least costly setting appropriate to their needs when out of home placement is necessary.
- Children benefit most from mental health services in their natural environments, where they live and learn, such as home, school, foster home, or a juvenile detention center.

c. Interagency **Collaboration and a Coordinated Service Delivery System**

- The primary child-serving agencies, such as social services, probation, education, health, and mental health agencies, shall collaborate at the policy, management, and service levels to provide a coordinated, goal-directed system of care for seriously emotionally disturbed children and their families.

d. **Family Involvement**

- Family participation is an integral part of assessment, intervention, and evaluation. Family partnerships at every level of the System of Care, including policy and system development, are an essential feature.
- A true family/professional partnership is based upon shared beliefs and commitment to the System of Care.

e. Cultural Competence

- Service effectiveness is dependent upon the delivery of both culturally relevant and competent services.
- Cultural competency acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

Essential Values of the Children's System of care continued

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f. **Target Population**

- Social and fiscal responsibility suggest that public agencies first give priority to children and their families with complex needs, who are the most vulnerable, most in need of services, and most costly to society.
- As outcomes are met for the core priority populations, anticipated cost-savings can be used to expand services to broader target populations.

g. Community Based, Individualized Services

- Services should be individualized and flexible; based on the child and family strengths; represent a broad range of options; and be community-based, be accessible and available.

h. **Evaluation, Performance Outcomes and Accountability**

- This component of the Children's System of Care ensures accountability and a means of tracking progress of stated goals and expected outcomes, as well as process and structure review.
- Evaluation, performance outcomes, and accountability principles ensure healthy feedback loops to families, clinicians, managers, taxpayers and the legislature.

Guiding Principles of Recovery[2]

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Recovery is an emerging concept in adult mental health that is rooted in the belief that individuals suffering from severe and disabling mental disorders have the potential to regain mental health, well being and independence. Increasingly, consumers are expecting that our adult system of care be responsive to this idea and vision and supportive of their individual hopes and desires.

The adult services leadership team of Santa Cruz Services is committed to seeing that, as much as possible, our clinical care is guided by the recovery process model and emerging best practices.

The following principles describe our vision of recovery:

a. Consumers direct the recovery process

b. The mental health system is aware of the potential to enable and encourage consumer dependency

c. Consumers are able to recover more quickly when their:

- hope is encouraged, enhanced and/or maintained
- life roles with respect to work and meaningful activities are defined
- spirituality needs are considered and included
- culture is understood and respected
- educational needs as well as those of their family/significant others are identified
- socialization needs including companionship, intimacy and sexuality are identified

d. Individual differences are considered and valued across their life span

e. Recovery from mental illness is most effective when all intervention models including medical, psychological, social and recovery are merged

f. Clinician's initial emphasis on hope and the ability to develop trusting relationships influences the consumer's' recovery

g. Clinicians operate from a strengths/assets model

h. Clinicians and consumers collaboratively develop a recovery and crisis management plan which focuses on interventions that will facilitate recovery and the resources that will support the recovery process

i. Family involvement may enhance the recovery process. The consumer defines his/her family unit

j. Community involvement as defined by the consumer is important to the recovery process.

[2] Adapted from *Emerging Best Practices in Mental Health* Recovery: Townsend, W., et al, Ohio Department of Mental Health, June 1999.

Mental Health Division-Wide *Goals* Adult *and* Children's Services

For the duration of this plan, the following goals shall be pursued in each of the specified division-wide domains,

DOMAIN	Year 1	Year 2	Year 3
1. Administration and Human Resources	Santa Cruz County Mental Health will have the physical, and human resources **as well** as skills and leadership necessary to fulfill its mission	Santa Cruz County Mental Health will have the physical, and human resources as well as skills and leadership necessary to fulfill its mission	Santa Cruz County Mental Health will have the physical, and human resources as well as skills and leadership necessary to fulfill its mission
2. Quality Management/Cultural Competence	The Quality Management and Cultural Competence Plans are fully implemented and updated as appropriate/required	The Quality Management and Cultural Competence Plans are fully implemented and updated as appropriate/required	The Quality Management and Cultural Competence Plans are fully implemented and updated as appropriate/required
3. Prevention	A Prevention Plan will be completed	Strategies for implementation of the Prevention Plan will be developed	The Prevention Plan is fully implemented
4. Access/Managed Care	The Managed Care Implementation Plan is fully implemented and updated as appropriate/required	The Managed Care Implementation Plan is fully implemented and updated as appropriate/required	The Managed Care Implementation Plan is fully implemented and updated as appropriate/required

Mental Health Division-Wide Goals Adult and Children's Services continued

DOMAIN	Year 1	Year 2	Year 3
5. Crisis Services and Disaster Response	a. Develop a plan for enhancement and expansion of crisis services	a. Begin implementation of the Crisis Services plan	a. Complete implementation of the Crisis Services Plan
	b. The Disaster Response Plan is fully implemented and updated as appropriate/required	b. The Disaster Response Plan is fully implemented and updated as appropriate/required	b. The Disaster Response Plan is fully implemented and updated as appropriate/required
6. Inpatient, IMD and jail services	Reduce new admissions, length of stay and readmission to all locked settings	Reduce new admissions, length of stay and readmission to all locked settings	Reduce new admissions, length of stay and readmission to all locked settings
7. Consumer Rights, Advocacy and Benefits	a. Maximize responses on the MHSIP consumer survey on items pertaining to rights and advocacy	a. Maximize responses on the MHSIP consumer survey on items pertaining to rights and advocacy	a. Maximize responses on the MHSIP consumer survey on items pertaining to rights and advocacy
	b. Access to and utilization of benefits/entitlements is maximized for all persons served	b. Access to and utilization of benefits/entitlements is maximized for all persons served	b. Access to and utilization of benefits/entitlements is maximized for all persons served

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Mental Health Division-Wide *Strategies and Objectives*

For each of the division-wide Domains and Goals summarized in the preceding section, the specific objectives and strategies are detailed on the following pages.

DOMAIN	Year 1		Year 2		Year 3	
1. Administration	Santa Cruz County Mental Health has the physical, and human resources as well as skills and leadership necessary to fulfill its mission		Santa Cruz County Mental Health has the physical, and human resources as well as skills and leadership necessary to fulfill its mission		Santa Cruz County Mental Health has the physical, and human resources as well as skills and leadership necessary to fulfill its mission	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Current Policy and Procedures Manual reviewed and revised annually	Policy and Procedure Task Force to meet and design schedule	Current Policy and Procedures Manual reviewed and revised annually	P/P Task Force will assess progress quarterly and monitor	Current Policy and Procedures Manual reviewed and revised annually	P/P Task Force will assess progress quarterly and monitor
	Orientation Program for New Employees	Written plan for orientation and assign responsible staff	Implement Training Program	Supervisors to implement as per Plan	Maintain Training Program	1) Supervisors to implement as per Plan 2) Monitor effectiveness and revise
	Develop training program for Supervisors	Written orientation plan and assign responsible staff	Implement training program for Supervisors	Managers to implement as per Plan	Maintain training program for Supervisors	1) Managers to implement as per Plan 2) Monitor effectiveness and revise

Mental Health Division-Wide *Strategies and Objectives* continued

DOMAIN	Year 1		Year 2		Year 3	
2. Quality Management and Cultural Competence	The Quality Management and Cultural Competence Plans are fully implemented and updated as appropriate/required		The Quality Management and Cultural Competence Plans are fully implemented and updated as appropriate/required		The Quality Management and Cultural Competence Plans are fully implemented and updated as appropriate/required	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	The Quality Management Plan will be reviewed quarterly	The QI Policy Workgroup will meet quarterly to review	The Quality Management Plan will be reviewed quarterly	The QI Policy Workgroup will meet quarterly to review	The Quality Management Plan will be reviewed quarterly	The QI Policy Workgroup will meet quarterly to review
	The QM Plan will be revised Annually	With consultation from the QI Policy Workgroup, the QI Manager will revise the QM Plan annually	The QM Plan will be revised Annually	With consultation from the QI Policy Workgroup, the QI Manager will revise the QM Plan annually	The QM Plan will be revised Annually	With consultation from the QI Policy Workgroup, the QI Manager will revise the QM Plan annually
	The Cultural Competency Plan will be reviewed quarterly and revised annually	1) Assign a CMHC staff person to be responsible for Cultural Competence 2) With consultation from the QI Policy Workgroup, the Cultural Competency Coordinator will review quarterly and revise the Plan annually	The Cultural Competency Plan will be reviewed quarterly and revised annually	1) Hire additional CMHC staff person to be responsible for Cultural Competence 2) With consultation from the QI Policy Workgroup, the Cultural Competency Coordinator will review quarterly and revise the Plan annually	The Cultural Competency Plan will be reviewed quarterly and revised annually	With consultation from the QI Policy Workgroup, the Cultural Competency Coordinator will review quarterly and revise the Plan annually

Mental Health Division-Wide *Strategies and Objectives* continued

DOMAIN	Year 1		Year 2		Year 3	
3. Prevention	A Prevention Plan will be completed		Strategies for implementation of the Prevention Plan will be developed		The Prevention Plan is fully implemented	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Write a plan for support staff and consumers	Convene work group consisting of cross section of consumers, and staff	Implement Relapse Prevention Plan	Train and educate staff on utilization of Prevention Plan	Implement Relapse Prevention Plan	1) Design strategy to determine degree on implementation 2) Make adjustments 3) Monitor
	Evaluate and assess current utilization of relapse prevention	Organize needs assessment from Office of Support Services to provide consultation	Implement feedback from training	Analyze findings and integrate recommendations into the Plan		

Mental Health Division-Wide *Strategies and Objectives* continued

DOMAIN	Year 1		Year 2		Year 3	
4. Access/Managed Care	The Managed Care Plan is fully implemented and updated as appropriate/required		The Managed Care Plan is fully implemented and updated as appropriate/required		The Managed Care Plan is fully implemented and updated as appropriate/required	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Access to medically necessary services by Medical beneficiaries is facilitated as demonstrated by utilization data	1) Develop tracking systems (e.g., on the Access log). 2) Network development.	Increase utilization by special populations recognized as under-served in year one.	1) Data analysis 2) Outreach.	Increase utilization by special populations recognized as under-served in year one	1) Data analysis 2) Outreach
	Access to system of care and pharmacotherapy services for target population of SDMI is facilitated.	1) Implement level of care system (managed care, meds, system of care). 2) Coordination of services with teams.	Access to system of care and pharmacotherapy services for target population of SDMI is facilitated.	1) Improve and enhance physician staffing of Access. 2) Coordination of services with teams.	Access to system of care and pharmacotherapy services for target population of SDMI is facilitated.	Coordination of services with teams.
	Referrals to appropriate alternative/community services for individuals not included in target populations.	Identify alternative/community resources.	Referrals to appropriate alternative/community services for individuals not included in target populations.	1) Identify alternative and community resources. 2) Increase case management services,	Referrals to appropriate alternative/community services for individuals not included in target populations.	1) Identify alternative and community resources. 2) Utilize case management services.

Mental Health Division-Wide *Strategies and Objectives* continued

DOMAIN	Year 1		Year 2		Year 3	
5. Crisis services and disaster response	a. Develop a plan for enhancement and expansion of crisis services		a. Begin implementation of the Crisis Services Plan		**a.** Complete implementation of the Crisis Services Plan	
	b. The Disaster Response Plan is fully implemented and updated as appropriate/required		b. The Disaster Response Plan is fully implemented and updated as appropriate/required		b. The Disaster Response Plan is fully implemented and updated as appropriate/required	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	The Disaster Response Plan is reviewed and updated annually	1) The Disaster Coordinator will consult with the QI Policy Workgroup and review and update annually 2) The Disaster Coordinator will organize, monitor, and train staff necessary to implement the Plan	The Disaster Response Plan is reviewed and updated annually	1) The Disaster Coordinator will consult with the QI Policy Workgroup to review and update annually 2) The Disaster Coordinator will organize, monitor, and train staff required for implementation	The Disaster Response Plan is reviewed and updated annually	1) The Disaster Coordinator will consult with the QI Policy Workgroup and review and update annually 2) The Disaster Coordinator will organize, monitor, and train staff necessary to implement the Plan
	Crisis services will be provided 24 hours per day for all resident by licensed mental health professionals	Administration will analyze recruitment issues	Crisis services will be provided 24 hours per day for all resident by licensed mental health professionals	1) Administration will recruit qualified staff 2) Assess effect of intervention	Crisis services will be provided 24 hours per day for all resident by licensed mental health professionals	1) Administration will recruit qualified staff 2) Assess effect of intervention

Mental Health Division- Wide Strategies and Objectives continued

DOMAIN	Year 1		Year 2		Year 3	
6. Inpatient, IMD and Jail Services	Reduce new admissions, length of stay and readmission to all locked settings		Reduce new admissions, length of stay and readmission to all locked settings		Reduce new admissions, length of stay and readmission to all locked settings	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Reduce inpatient length of stay by .5 days	Process conservatorship within 10 days of Admit, place on day 11	Reduce inpatient length of stay by .5 days	1) Implement dementia conservatorship 2) Increase transitional beds	Maintain length of stay decreases	1) Augment family education 2) Explore mobile crisis team
	Reduce incarceration of SMI by 100 days	MOST Team assertive community treatment	Reduce incarceration of SMI by 50 days	MOST Team assertive community treatment	Maintain reduction of incarceration of SMI	Add 1.0 FTE mental health probation officer
	Reduce IMD utilization by one bed	Increase transitional residential options	Reduce IMD utilization by one bed	Add 1.0 FTE Coordinator	Reduce IMD utilization by one bed	1) Maintain ACT model 2) Consider transitional residential program in 7th Avenue Center

Mental Health Division- Wide Strategies and Objectives continued

DOMAIN	Year 1		Year 2		Year 3	
7. Consumer Rights, Advocacy and Benefits	a. Maximize responses on the MHSIP consumer survey on items pertaining to rights and advocacy		a. Maximize responses on the MHSIP consumer survey on items pertaining to rights and advocacy		a. Maximize responses on the MHSIP consumer survey on items pertaining to rights and advocacy	
	b. Access to and utilization of benefits/entitlements is maximized for all persons served		b. Access to and utilization of benefits/entitlements is maximized for all persons served		b. Access to and utilization of benefits/entitlements is maximized for all persons served	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Identify patterns of complaints for further investigation	1) Hire additional CMHC staff to conduct analysis of patient complaints 2) Measure complaints and set goals	Reduce patient complaints	1) Implement interventions to address areas of patient complaints 2) Assess effect of interventions	1) Reduce emerging complaints not previously addressed 2) Measure complaints and set goals	1) Implement interventions to address areas of patient complaints 2) Assess effect of interventions
	Decrease the amount of time needed for consumers to obtain benefits	Benefit staff to measure the current waiting period to get benefits	Decrease the amount of time needed for consumers to obtain benefits	1) Benefit staff to implement interventions 2) Assess effect of interventions	Decrease the amount of time needed for consumers to obtain benefits	1) Benefit staff to implement interventions 2) Assess effect of interventions
	Decrease the amount of time needed for a consumer to obtain a change of provider	QI staff to measure the current waiting period to get a new provider	Decrease the amount of time needed for a consumer to obtain a change of provider	1) QI staff to implement interventions 2) Assess effect of interventions	Decrease the amount of time needed for a consumer to obtain a change of provider	1) QI staff to implement interventions 2) Assess effect of interventions

Children's Mental Health Services

0354

PROGRAM PHILOSOPHY AND DESCRIPTION

Many young persons experience serious emotional and behavioral disorders that impact their ability to function in our community. These problems often result in school failure, family discord and stress, drug abuse, arrests, separation from the family, placement in group homes, and psychiatric hospitalization. When these problems cause serious consequences, particularly when placing children and youth at risk for out of home placement, Children's Mental Health has primary responsibility for assisting the family, child, and the other agencies involved with the family. These high-risk children often already have involvement from Special Education, Child Welfare Services, and Probation. Thus, support and assistance to other agencies involved with high-risk children is also an important service for Community Mental Health.

Fortunately, Santa Cruz County has many excellent non-profit agencies also involved in serving children with personal and family problems. Agencies such as Family Services, the Parent Center, Youth Services, Fenix Services, TRIAD, the PVUSD Student Assistance Program, and private practitioners offer a range of services to local families and youth. Some of these agencies serve on Mental Health's Medi-Cal Managed Care provider panel; others participate as clinic providers of core System of Care services. But beyond these collaborations with Mental Health, these agencies provide important services to families whose children may not reach the threshold of serious emotional disturbance and risk of placement.

The mission of Children's Mental Health is outlined in the State of California Children's Mental Health Services Act, directing counties to implement an Interagency System of Care for seriously emotionally and behaviorally disturbed children separated from their families, or at risk of separation. This target population also includes children displaying psychotic features, risk of suicide or risk of violence due to a mental disorder, as well as children meeting special education eligibility requirements for related mental health services. This mission focuses treatment in terms of keeping youth in the local community with their families or in local residential or foster care if no other alternative exists. The intent is to maximize their opportunities for successful adjustment in school, their family environment, socially, and vocationally. This involves a range of services in a variety of settings as outlined below.

Santa Cruz County Children's Mental Health first received its System of Care grant in 1989, as one of three counties attempting to replicate Ventura County's successful System of Care pilot. As all four pilots achieved tremendous success, this "new way of doing business" became the official California System of Care Model for each county to implement. Our own System of Care continues to be enhanced and expanded, through efforts such as:

- The Federal System of Care grant in 1994 from the Center for Mental Health Services. 0355
- EPSDT Supplemental Mental Health service dollars helping to expand key inter-agency programs with Child Welfare, Probation, Drug and Alcohol Services, among others.
- Leveraging of other local and state dollars to expand services to homeless youth, transition age young adults, and other children and youth in need.

CONTINUUM OF CARE

Children's Mental Health (CMH) has a primary goal of providing mental health services for families with children and adolescents who have serious emotional and behavioral disorders, including transition-age youth 18-21. We provide bilingual (English and Spanish) comprehensive mental health services to the most seriously disturbed children, adolescents, and families of Santa Cruz County as follows:

1. Assessment: CMH has a primary role in providing comprehensive mental health assessments for minors who are suspected to have a serious emotional disturbance. This includes '741" Court Ordered evaluations for Probation. In addition, when clarification is needed to determine which community mental health provider might be most appropriate to provide services (e.g., are issues complex and serious enough to necessitate County Mental Health involvement), CMH will furnish a screening evaluation..

2. Treatment and Case Manaaement

   a. CMH assumes a lead role in the development and provision of a continuum of mental health treatment and case management services for families with youth who have serious emotional and behavioral disorders.

   b. Assessment, treatment, and case management services are provided in various locations (clinics, schools, juvenile hall, and home) throughout the county for the target population. Core collaborative programs are jointly provided with Probation, Child Welfare, Substance Abuse Services, and Special Education.

   c. CMH also provides early childhood mental health services under contract with select school districts for children and families who are identified as at-risk for behavioral and emotional disturbance through the state funded Early Mental Health Initiative (EMHI). CMH also participates in key multi-disciplinary team meetings at regional Healthy Start sites to assist with appropriate referrals.

d. CMH accesses various Bay Area hospitals, such as McAuley's in San Francisco, for acute psychiatric inpatient care of children and adolescents. Hospital evaluation under applicable Welfare & Institutions Code, known as "5150" criteria, is conducted at Dominican Hospital in Santa Cruz by the CMH crisis staff. 0356

e. CMH also provides the following specialized components:

- Family Partnership Program focusing on parent/professional partnerships at all levels of the organization, **as outlined in the Family Partnership Master Plan.**
- Cultural Competency Program focusing on training, policy development, strategic planning, organization change, and other tasks **as outlined in the Cultural Competence Master Plan.**

3 4

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COORDINATION

CMH is responsible for coordinating SED mental health services to children and youth for the County of Santa Cruz. Other primary providers include: Education, Probation, Child Welfare, Substance Abuse Services, and the community-based mental health programs. CMH is dedicated to active participation in community wide planning for child and family related issues, such as the development of a System of Care for families with young children 0-5, Drug and Alcohol program planning, revenue maximization, community outcomes, and other related issu

Santa Cruz County Continuum of Care

Children's Management Team

Service Delivery Teams

School	Transition	Dual Diagnosis	Other SED	Access	MERT	HRA	Probation
Target Group: Special Educatior 181 clients* • Day Treatment • Outpatient/Case Management • Assessment/ Screening	Target Group: 18-21 yr old SED 30 clients • Outpatient/Case Management • Assessment/ Screening	Target Group: Substance use/ Emotional prob. 139 clients* • Day Treatment • Outpatient/Case Management • Assessment/ Screening	Target Group: Other referred 93 clients* • Outpatient/Case Management • Assessment/ Screening	Target Group: All youth 515 clients* • Triage/ Screening • Assessment • Episodes < 60 days	Target Group: All youth MERT-308 clients Family Support- 65 clients • Hospital evaluation • Hospital liaison services • Intensive wrap-around • Assessment/ screening	Target Group: Social Service referred 165 clients* • Outpatient/Case Management • Assessment/ Screening	Target Group: Probation referred 223 clients* • Residential/ Day treatment • Outpatient/Case Management • Assessment/ Screening

• number of clients approximate, FY 97/98

GOALS ACCOMPLISHED OVER THE PAST 3 YEARS *(1/97 - 12/99)*

1. Successful implementation of Child Welfare/Mental Health family preservation collaboration, known as the Supportive Intervention Services (SIS) program. 0358

2. Successful implementation of Probation/Mental Health (Youth Services) family preservation collaboration, known as the GROW program.

3. Successful implementation of the Palomares Dual Diagnosis Day Treatment Program for court wards, in collaboration with the County Office of Education and Probation.

4. Successful initiation of the Probation Challenge Grant Day Treatment Program known as PARK, at north and south county sites, in collaboration with the County Office of Education.

5. Establishment of joint Mental Health/Child Welfare Interagency Placement Specialist position through EPSDT/Title IV-E funding.

6. Establishment of interagency Family Conferencing position through STOP funding, to expand existing unit in Child Welfare, targeting Mental Health and Probation youth.

7. Establishment of EPSDT mental health services to homeless youth through Youth Services at the Above The Line facility.

8. Sustained key System of Care components as the Federal SOC grant ended 2/99: Family Partnership Program, Cultural Competence Coordinator, and the Evaluation team (all now required in the California State System of Care Model).

9. Implemented Children's ACCESS Team services for Medi-Cal beneficiary youth, in collaboration with the Quality Management and Adult ACCESS Team. Assisted with Child/Adult ACCESS Team integration, and on-going interface-as well as with implementation of statewide Administrative Services Organization (ASO), Value Options, to provide mental health services via local panel providers to court wards and dependents placed in out of home care.

10. Development of initial Respite Program in collaboration with the Family Partnership Program.

11. Development of the KIDS Interagency Database and first Annual Report regarding children and youth in out of home care, and the specialty family preservation programs.

KEY UNMET NEEDS AND CORRESPONDING PLANNING GOALS

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Focus on Core Values

Over the next three years, the following core values (two of the eight Essential Values of the Children's System of Care listed on page 3) will be a special area of focus. These two values go beyond mere "programs"; they actually involve a "paradigm shift" or re-orientation of the entire system:

- ❖ Developing and expanding Family Partnerships at all levels of the System of Care, including a special focus on integrating Family Conferencing into all entry points in our system. Work with the Mental Health Resource Center to identify process and funds to expand and better integrate Family Partnership **efforts. See Family Partnership Master Plan for specific goals and objectives.**

- ❖ Continuing to support and enhance Cultural Competency at all levels of our System of Care, including policy, clinical practice, family & community building, training. This includes assisting in establishing a full-time Cultural Competence Coordinator to serve entire Mental Health system. **See Cultural Competence Master Plan for specific goals and objectives.**

Residential and 24-Hour Care

1. There are no local psychiatric in-patient beds available for children and youth. In lieu of this resource (which will continue to be met through use of Bay Area facilities), there is a great need for a local Crisis/Shelter facility (Level 13/14) for hospital diversion, step-down, short-term diagnostic stays, and placement transitions. SENECA formerly provided this service for CMH, but had to close their facility. A new vendor/program is being sought.

   Goal: Identify **appropriate vendor to provide a Level 13/14 Crisis/Shelter facility, in conjunction with Child Welfare.**

2. Respite services need to be expanded to provide the necessary support for parents to maintain their children in their homes.

   Goal: Establish and expand contract with Food and Nutrition Services to provide Respite care coordination and services.

3. CMH has attempted for many years to develop therapeutic foster care beds in an organized manner, in conjunction with Child Welfare Services or a local vendor. However, foster recruitment is a great need/problem within the county in general, so no effective program to date has been established despite intensive efforts. How-

ever, new Family Foster Agencies (FFA's) are beginning to establish services in this county that may provide potential new resources for this goal.

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Goal: Work with Child Welfare Services and new FFA's to establish effective therapeutic foster homes as part of the residential continuum.

4. A voluntary (non-court ward) dual diagnosis residential day treatment program is critically needed, and in the planning stages.

Goal: Assist interagency county collaborative with new SCCCC contract for voluntary dual diagnosis residential day treatment program-especially day treatment program and fiscal configuration, as well as interface with System of Care services.

5. Transition-age housing for young adults moving out of the Children's System of Care IS a critical need. An initial pilot with HRA and the CAO's office is in the planning stages.

Goal: Continue working with HRA, CAO's office, and other interagency collaborative members to establish Transition-age housing pilot for youth and young adults aging out of the foster care system.

6. Access to locked, secure treatment beds in California. The newly approved Community Treatment Facility (CTF) regulations will be implemented soon as a first step in providing this service; however, delays continue and the program may be too expensive to access as currently configured except in extraordinary circumstances.

Goal: Work with state and regional bodies in CTF implementation; secure access to regional facility as needed; work to identify appropriate source of funding for "patch" dollars (Medi-cal, increase in AFDC levels, local funds, etc.).

7. There are no dedicated residential beds for girls (Palomares Dual Diagnosis being a boys-only program).

Goal: Explore development of dedicated residential capacity for girls with a residential treatment provider.

8. While the Probation/Mental Health collaboration provides for systematic Mental Health screening for every court ward potentially going into out of home care, there is no parallel systematic Mental Health screening capacity for the Child Welfare/Mental Health collaboration outside of the SIS/SAS family preservation program. The intent of SB 933 is to move towards providing comprehensive screening for court dependents recommended for out of home care.

Goal: Work with Child Welfare to implement/fund comprehensive Mental Health screening capacity for court dependents referred for out of home care.

9. The Redwoods Program has been undergoing a shift in client population severity and characteristics, as well as having a long period of low census, and an aging building.

Goal: Re-assess and re-design Redwoods Program, including clinical program, target population, and facilities. May include new building within the next 3 years.

10. Adolescents with serious emotional and behavioral disturbances are placed from other counties into Santa Cruz County group homes. While these youth now have access to the local Medi-Cal Managed Care provider panel for supplemental mental health services, fiscal and service responsibility for System of Care services still resides with the placing county. These youth do not have access to Santa Cruz County's local System of Care services, except by special contract arrangement. Similarly, Santa Cruz County places seriously emotionally disturbed court wards and dependents outside of the county because there are not always appropriate placements within the county. State regulations need to be developed to address the fiscal and service roles and responsibilities for both the host county and county of origin pertaining to System of Care service access for out of county placed youth.

Goal: Work with State Department of Mental Health, California Mental Health Directors Association, and California Institute of Mental Health to plan and implement seamless service access and fiscal management for system of care services for youth placed in out of county residential care.

Nonresidential Mental Health Services

1. CMH provides day treatment services for (a) special education students, and (b) court wards attending the Redwoods or PARK programs. These same services need to be available for non-special education students, as well as court dependents that meet the criteria for the target population.

Goal: Monitor funding and interagency planning opportunities to expand day treatment options for court dependents and other SED children and youth.

2. CMH outpatient services are offered in clinics, schools, and the community. Additional outpatient staff would provide badly needed additional services to high-risk youth and their families. An enhanced outpatient treatment base would further reduce the reliance on more restrictive out-of-home placements.

Goal: Review opportunities for mental health service expansion into the community. Options include: 0362

a. SD/MC Certification of key non-profit counseling agencies to provide expanded EPSDT counseling services to the community.
b. Develop early intervention services for families with at risk children ages O-5.
c. Develop expanded dual diagnosis counseling services in collaboration with Substance Abuse Services.
d. Develop or expand specialized services for key target groups, such as homeless youth, school-linked services to Healthy Start sites, expanded Special Education treatment, Court and Community School support, and family resource centers.
e. Multi-agency collaboration with Education around truancy and other issues, such as the new Truancy Project with SC City Schools.

3. Recreation, activity, and expressive arts programs need to be further developed for children and youth in service, to augment treatment and case management services. In addition, access to quality childcare is essential in assisting family members to cope with the stresses and demands of children with serious emotional and behavioral problems.

Goal: Collaborate with the Family Partnership Program and other community groups to expand respite and other recreational/activity programs for SED children and youth.

4. Juvenile Hall is increasingly being viewed as a key point of multi-systemic intervention for first-time, as well as repeat offenders.

Goal: Work with Probation and Substance Abuse Services to increase and integrate additional Mental Health and Substance Abuse services into the Juvenile Hall.

5. There is a need to re-evaluate how services are delivered at intake, and during ongoing treatment in light of continued advances in the field regarding Family Conferencing and Wraparound approaches.

Goal: Work with Probation, Child Welfare, and the Interagency **Family Conferencing Unit to expand Family Conferencing principles and practice throughout our systems; specifically link with the interagency placement screening committees in this regard.**

EVALUATION GOALS OF THE SYSTEM

0363

1. Continue evaluation efforts and capacity regarding Children's System of Care effectiveness in conjunction with state requirements.

2. Evaluate, on an ongoing basis, the effectiveness of each component of the children's continuum of mental health care. Modify programs and services as needed, based upon evaluation analysis, to avoid necessary out-of-home and hospital placements and to meet specific service goals for each child.

3. Participate in the statewide implementation, support, and marketing of System of Care as a means of establishing model efficacy and ensuring sustainability,

4. Evaluate and insure the development and maintenance of culturally competent services for all SOC children and their families.

5. Evaluate and insure the development and maintenance of family-sensitive services for all children and families in our system.

OTHER PLANNING GOALS

1. Continue to develop centralized, standardized screening and assessment protocols to uniformly identify target population youth and families, insuring access to System of Care services (particularly as related to O-5 services, SB 933 requirements for Mental Health screening, AB 575 requirements for medication review protocols for foster care placements, etc.)

2. Utilize the System of Care Steering Committee to continue refining and expanding the Interagency System of Care, particularly concerning under-served populations, and opportunities for collaborative funding

3. Actively participate in key county collaborations such as the Revenue Enhancement Team, Children's Network, What Works! Committee, etc. to assist with coordination, expansion, and integration of child and family resources/services for all families in need.

NOTE: Following is a comprehensive listing of Santa Cruz County Children's Mental Health Continuum of Care, with corresponding status and planning goals.

Children's System of Care Goals

The following domains represent a continuum of services based on the California System of Care Model.

DOMAIN GOAL	Current Status	3 Year Plan Objectives	Comments
1. 24-Hour Acute Hospital Care: **Children/youth shall be provided appropriate and necessary 24-hr. care at the level commensurate with their needs-in the least' restrictive environment and as close to home as possible.**	a. Continues to be no child or adolescent psychiatric beds in Santa Cruz County. Bay Area hospitals accessed as needed for child/youth hospitalization b. Dominican Hospital used only for 5150 evaluation and crisis stabilization.	a. With Bay Area child/youth hospital bed capacity shrinking, pursue following objectives: • Work regionally to maintain child/youth hospital bed access. • Re-establish lost crisis residential facility as alternative. • Intensify, as needed, 24 hr. Intensive Family Support and Mobile Emergency Response. b. Lobby/negotiate improved access to Dominican Hospital for local 5150 evaluations and crisis stabilization.	Child/youth hospital bed use is infrequent enough to sustain local capacity. Long term plans likely to remain focused on regional access and local alternatives.

Children's system of care Goals continued

DOMAIN GOAL	Current Status	3 Year Plan Objectives	Comments
2. Short-Term Crisis Residential: **Children/youth shall be provided appropriate and necessary short-term crisis residential services as'an alternative to out-of-county hospitalization, as an interim step home after discharge from hospitalization, and/or as an intensive diagnostic service to determine appropriate level of placement.**	a. Continue to be without an interested vendor for our crisis residential facility. b. Child Welfare now interested in co-sponsoring a 6 bed combined crisis/shelter facility.	a. Continue to monitor and support capacity of local vendors to implement this intensive program. b. Research potential non-local vendors for combined crisis/shelter capacity.	Have managed our hospital costs within budget without a crisis residential facility, but quality and flexibility of clinical care has been compromised, as well as local access for families. In addition, staff morale is affected by the stress of managing client care without this resource.

0365

Children's System of Care Goals continued

DOMAIN GOAL	Current Status	3 Year Plan Objectives	Comments
3. Mobile Emergency Response and Intensive Family Support Services: **Children/youth shall be provided appropriate and necessary 24-hr. emergency response and intensive support during time of crisis that threatens to precipitate hospital or residential placement.**	a. Effective 24-hr. crisis response team through voluntary staff participation (15 members). b. 3 FTE clinicians and 0.5 aide provide effective 7 day per week capacity for intensive in-home family support.	a. Continue to manage team well to maintain targeted outcomes, as well as incentives to maintain voluntary nature of assignment. b. Monitor use/capacity in light of changing hospital and residential capacity. c. Need adequate, safe space of Dominican Hospital to conduct evaluations in. d. Pilot conversion of 1 FTE to a bilingual "floater" position to assist the rest of the system of Spanish speaking needs.	Remains core to System of Care outcomes.

Children's System of Care Goals continued

DOMAIN GOAL	Current Status	3 Year Plan Objectives	Comments
4. Case Management and Placement Coordination: **Mental Health shall work closely with Probation, Child Welfare, & Special Education to ensure effective placement coordination and case management for all children/youth in placement, or at risk of placement.**	a. 1.0 FTE Hospital Liaison continues to be key in managing hospital costs and disposition. b. Added 1.0 FTE Interagency Placement Specialist position, jointly funded and supervised by Child Welfare Services, to coordinate Level 13/14, out-of-state, and post hospital difficult placements. c. Substance Abuse Services added 1 .O FTE that will link with the Child System of Care regarding dual diagnosis placement and treatment options.	a. Maintain current capacity and role. b. Monitor and maintain efficacy of this position: • Clinical coordination • Fiscal viability (80% EPSDT, 20% Title IV-E) • Dual administrative, documentation, legal responsibilities. c. Assist Substance Abuse Services with training, coordination and support of new position.	Specialized placement coordination capacity will be of great benefit to the Interagency System of Care.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
5. Long-Term Rehab Care: **a. State Hospital** **b. Locked Community Treatment Facilities (CTF)** **c. Out of State Care** **Children/youth shall be provided appropriate and necessary Long Term Rehabilitative Care when all less restrictive, local options have been exhausted.**	a. Only 1 youth in State Hospital for over a decade now. Only remaining child/youth beds now at Metropolitan State Hospital with the closing of Napa State Hospital child/youth beds. b. CTF beds now approved, regional planning underway. Santa Cruz allotted 3 beds if needed. c. SB 933 tightened criteria for out of state placement of court wards and dependents, causing some shift to 3632 Special Ed placements. d. "Patches" of extra County dollars increasingly required to gain basic access to high-level homes.	a. Continue to provide other alternatives for high-risk youth; maintain no placements in State Hospital. b. Work with regional group to gain access as needed to CTF beds.. c. Monitor possible AFDC cost shift to 3632; focus on local/regional alternatives to out of state care. Use when needed as viable alternative to prolonged acute hospitalization or more costly "patch" placements in state. d. Utilize EPSDT planned program augmentations with local providers to mitigate ""patch" issue and ensure timely access to high level programs.	State Child System of Care committee recognizes need to develop increased partnerships and approaches with residential care providers as key part of continuum of services.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
6. Out-of-Home Residential Care Options for SED children and youth, including integrated Treatment component (Day Treatment or Out-patient): **Children/youth shall be provided appropriate and necessary residential treatment options, in collaboration with the primary placing agencies (Probation, Child Welfare, Special Education)-as part of the continuum of family preservation and reunification.**	a. Redwoods continues as 18 bed alternative placement and treatment option for court wards. b. Recently added 12 bed Palomares Dual Diagnosis Residential Day Treatment program for court wards. c. 6 bed Voluntary Dual Diagnosis Residential Day Treatment program for non-wards due to start this year (00). Substance Abuse Services has lead on project. May expand to additional beds. d. Planning underway with HRA and CAO for Transition Age Housing pilot for court wards and dependents aging out of the foster care system. e. Above The Line facility licensed as group home, used for homeless youth (whether placed through AFDC or not). f. No beds targeted specifically for girls.	a. Census problems, increased acuity, aging facility are current concerns. Interagency task force to address issues and make recommendations. b. Help guide Palomares through proposed merger with Unity Care; maintain and improve quality of program. c. Collaborate with Substance Abuse Services and SCCCC in fiscal and service coordination of new program. d. Collaborate with HRA, CAO and SCCCC regarding EPSDT service provision; help plan for expansion of Transition housing and wraparound service. e. Monitor need for service expansion at Above The Line. f. Assist in planning for dedicated beds for a girls program.	Need to balance increased bed capacity with actual need to ensure fiscal viability of residential programs-particularly given the success of increased field-based wraparound alternatives. As a small/medium sized county, must balance need for diversified populations served (legal status, gender, clinical issues, etc.) with program population compatibility.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
7. Enriched Foster Care Placement: **Children/youth shall have access to enriched foster care as a step in the continuum between residential care and living at home.** **Foster parents shall receive the support necessary to provide this enriched care.**	a. No contracted enriched foster care beds, due to local human resource issues. However, new FFA's in use by Child Welfare for court dependents. b. SIS/SAS as Child Welfare family preservation program provides intensive support to parents and foster parents at various levels.	a. Collaborate with Child Welfare and new FFA's to develop increased enriched foster care options for court wards and dependents. b. Maintain high quality SIS/SAS programs. Improve collaboration and coordination with Child Welfare. c. Develop better outreach and support to foster parents.	Historically has been very difficult to recruit Mental Health contracted slots, due in part to Child Welfare's own recruitment/capacity issues with foster parents. Coordination with CWS around FFA's may be useful.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
8. Day Treatment (Non-residential): **Children/youth living in the community shall be provided appropriate and necessary structured day treatment options-to enable continued home and school success.**	a. Maintain 6 SED Day Treatment classrooms for AB 3632 Special Education clients. b. Challenge Grant recently established 2 new site-based Day Treatment programs for court wards (18 slots each for north and south sites). c. Youth Services maintains 3 Dual Diagnosis Day Treatment/Out-Pt. classrooms (Substance Abuse Services has lead on contract). d. No Day Treatment available for Other SED or court dependent populations.	a. Work with Education to maintain and improve quality of joint programs, with special emphasis on improved coordination and partnership with North County SELPA, COE, and north districts. b. Complete implementation of Challenge Grant PARK programs; ensure smooth transition at end of 3-year grant period to sustain or integrate program with other functions. c. Maintain and expand number of classroom and dual diagnosis treatment slots. Attempt to replace lost fourth classroom, and/or integrate with new proposed mid-county program funded by minor consent drug Medi-Cal. d. Monitor options/need for other general or target population specific day treatment slots/programs, such as services for behaviorally disturbed youth in the schools.	Day Treatment options remain core to achieving goal of community-based care, family preservation, and reducing residential care.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
9. Outpatient (Schools): **Children/youth in school shall be provided appropriate and necessary services to help them benefit from their education, remain living in their local community, as well as support their health and wellbeing.**	a. **AB 3632 Outpatient services** provided by 1.5 FTE clinicians (additional capacity provided by SED/DT clinicians); 1.5 aides augment services. , b. Limited **Early Mental Health Initiative (EMHI)** consultation to SC City Schools. c. Participation in **Healthy Start** MDT's and collaborative meetings in Pajaro and SLV. d. No specific services targeted to General Education or Court & Community School populations (although the latter is a key provider in day treatment programs mentioned above). e. No specific services targeted to day care and pre-school programs.	a. Maintain service capacity; monitor opportunities for increasing. b. Support EMHI in school districts as important model, whether or not MH directly involved. Explore use of model under Prop 10 funding. c. Maintain Healthy Start liaison and MDT functions. Explore increased linkage and on-site service capacity through new funding sources. d. Explore options for increased school-linked and school-based MH services through new funding sources, such as the Truancy Project with SC City Schools. e. Explore options for new services to day care and pre-school programs, such as through Prop 10 and EPSDT.	Special Education was the original "System of Care" partner, but has not been as involved in recent years given focus on Probation and Child Welfare (locally and statewide). Court & Community Schools have been very responsive to collaborating on the school piece of various residential and day programs. Need to find new ways to collaborate on school related issues and target populations (such as "safe school" and truancy programs).

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
10. Outpatient (Probation): **Children/youth involved with Probation (especially court wards) shall be provided appropriate and necessary services to assist with family preservation and reunification, as well as support their health and wellbeing.**	a. **Probation Outpatient services** are provided as follows: • 1.5 FTE Juvenile Hall, with additional support from other Outpatient. staff and psychiatrist. • 1.0 FTE psychologist for court ordered 741 Evaluations • 3.0 FTE clinicians in Probation Outpatient. • 3.75 FTE clinicians and 0.5 FTE aide in Aftercare for Redwoods, PARK, and Palomares programs. • 6.0 FTE Contract positions with Youth Services for GROW family preservation program. b. No services targeted to lower risk Probation youth, though other CBO's partially provide this service.	a. Maintain service capacity, but look at reorganization options as changes occur in PARK and Redwoods: • Pursue better integration of MH services into total team at JH, including new Substance Abuse position and proposed new .5 MH position. • Monitor 741 evaluation referrals for possible capacity increase, need for more court funding; also, need for specific bilingual capacity. • Maintain Probation Outpatient capacity. • Review Aftercare model to ensure inclusion of graduates from PARK and Palomares, as well as REDS. • Assist with increased autonomy of GROW as Youth Services program, particularly as they move out of Emeline. • Expand Outpatient capacity to lower risk Probation youth, primarily through EPSDT augmentation of CBO capacity.	Probation has been strong, active System of Care partner, which has resulted in a broad array of service options. Completion of the Challenge Grant at end of three-year period (see Day Treatment section) will require major review and possible reorganization of total Probation/MH service continuum.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
11. Outpatient (Social Services): **Children/youth involved with Social Services (especially court dependents) shall be provided appropriate and necessary services to assist with family preservation and reunification, as well as support their health and wellbeing.**	**a. Social Services Outpatient** is provided as follows: • 7 FTE clinicians and 4 FTE Contract positions with Parent Center for integrated SIS/SAS family preservation programs. b. Other Child Welfare children & youth receive services through local CBO's like Parent Center-but without clear screening or assessment links with Mental Health. c. Little focus on O-5 population. d. Modest focus on transition services through SAS.	a. Maintain and expand service capacity through EPSDT, Title IV-E, and other County/HRA funding: . Review status of 4 contract positions with Parent Center, timed with their proposed SD/MC expansion; turn into county positions, or move towards increased Parent Center involvement with SIS. b. Engage in comprehensive review of MH assessment and treatment needs for Child Welfare dependents as whole system-to fulfill SB 933 guidelines. c. Collaborate with HRA and CBO's around O-5 issues for target population. d. Focus on interagency planning for Transition age youth aging out of the foster system, in collaboration with Probation.	Child Welfare and MH should become increasingly linked in monitoring the assessment and treatment needs of dependents according to System of Care principles and in response to SE 933.

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Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
12. Outpatient (Other SED): **Children/youth from the community shall be provided appropriate and necessary services to ensure family preservation and reunification, as well as support their health and wellbeing.**	**a. Other SED Outpatient services** provided by 4.0 FTE clinicians. **b. Transition Services** provided by 2 FTE clinicians. **c. Homeless Youth** counseling provided at Above The Line facility by 2 FTE Youth Service clinicians. **d.** No services targeted to children O-5 and their families. **e.** Limited access for children & youth in the community not at imminent risk of placement.	**a.** Maintain service capacity, monitor needs; continue providing key link with Managed Care ACCESS Team. b. Look for opportunities to: • Increase Transition capacity by another l-2 FTE for current population. • Monitor funding opportunities to broaden target population risk of hospitalization. • Link with evolving Transition Age planning -as appropriate in HRA and Special Ed. c. Maintain service capacity; expand by l-2 FTE through Youth Service contract as appropriate. d. Monitor opportunities for Prop 10 linkage for O-5 services. e. Monitor opportunities for expansion of target population to increase community access.	To some extent, need for Other SED services has diminished due to increase capacity in Probation, Child Welfare, and Managed Care. Continue to monitor referral trends and needs. However, specialized target populations are developing around Transition-age and Homeless youth. Likely to focus on O-5 population under Prop 10.

Children3 System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
13. Comprehensive Screening & Assessment: **Children/youth shall be provided timely screening and assessment for potential mental health needs.**	a. Specialized interagency screening committees: • MH & Probation • MH & Child Welfare • MH & Spec Ed. • Interagency Placement Review Committee b. Other SED and Managed Care ACCESS link.	a. Maintain and refine: • Integrate increased Probation options into committee focus. • Expand and coordinate a more comprehensive review of court dependents, per SB 933. • Refine role of Interagency Placement Review Committee. b. Monitor effectiveness of current linkages, review community interface, change as needed.	Have greatly refined MH referral and screening capacity with specialized family preservation programs. Work towards more comprehensive interface with Child Welfare system. Review options for increased regional and special population MDT linkages.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
14. Psychiatric & Medication Services: **Children/youth shall be provided necessary and appropriate psychiatric evaluation and medication services commensurate with their need.**	a. 1.0 FTE Child Psychiatrist, plus 8 hrs/wk additional time at Redwoods & Juvenile Hall. b. Linkage with some Managed Care ACCESS issues, consultation with Primary Care Physicians.	a. Monitor need for increased capacity, particularly in response to AB 543 requiring increased court involvement for foster children/youth. b. Increase consultation and coordination with Primary Care Physicians.	Statewide capacity issue around Child Psychiatry, at the same time there are increased needs.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
15. Wraparound Capacity (Non-clinical): Families shall have access to flexible funding and services targeted to their unique needs, in support of family preservation and reunification goals.	a. Flex Fund with Youth Resources Bank ($40,000+). b. Respite Fund with Food & Nutrition ($10,000).	a. Monitor use, increase as needed. b. Increase Respite fund to provide expanded services.	Key System of Care services to maintain and expand.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
16. Family Partnership Program: **Families shall be involved as full partners in all levels of the System of Care.**	a. Mental Health Resource Center contract: . 2 half-time paid Parent Partners • Paid parent stipends • Club Hope (parent-run parent support groups) • Training/community resource • Link with State/National groups b. Master Plan guiding program development.	a. Maintain core contract, and look to expand and integrate better with System of Care: • Review SD/MC billing options to expand parent providers and other services. . Assist with better statewide linkage and coordination. b. Revise Master Plan; focus better on outcomes and integration with System of Care.	Keep focus on creating parent/professional partnerships at all levels of the organization.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
17. Cultural Competence Program: **Developing cultural competency at all levels of the System of Care is a fundamental organizational value.**	a. Have active focus on CC training and organizational change. b. Half-time Child CC Coordinator capacity. c. Master Plan guiding program development.	a. Maintain, expand and refine active CC training and organization change effort at all levels of the System of Care. b. Expand to 1 .O FTE CC Coordinator for all of MH; link directly to Children's efforts. c. Revise Master Plan; focus better on outcomes and whole System of Care review-including partner agencies.	Continue developing CC value throughout whole system.

Children's System of Care Goals continued

DOMAIN GOALS	Current Status	3 Year Plan Objectives	Comments
18. Evaluation: **Outcome monitoring and review occur at multiple levels within the System of Care, including system, program, and service levels-providing accountability and quality feed back loops.**	a. Have required System of Care evaluation capacity in place, with 1.0 FTE Evaluator (plus additional data/computer support). b. Have 10 years worth of outcome data with multiple indicators. c. Initiated Interagency KIDS Database, with first annual report. d. Informal efforts at tying Evaluation with Family Partnership and Cultural Competency goals and outcomes.	a. Continue evaluation efforts and capacity regarding Children's System of Care effective-ness, in conjunction with state requirements: • Ongoing evaluation of component program effectiveness, modifying services as needed to meet child/system goals. b. Participate in local and statewide implementation, support, and marketing of System of Care as a means of establishing model efficacy and ensuring sustainability. c. Support and develop KIDS Data Base capacity and use, in a targeted, meaningful way. d. Cultivate formal, and continue informal, means of evaluating and ensuring culturally competent and family friendly service provision-as well as tying these two core goals to system and clinical outcomes.	Good evaluation and marketing of results will be key to long range System of Care sustainability and growth.

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Adult Mental Health Services

Santa Cruz County Mental Health and Substance Abuse programs provide services to adults, older adults, and Transition Age (18-21). The program focus, as defined by State law, is to serve individuals with serious and persistent mental disabilities, authorize and oversee the provision of mental health services to Santa Cruz County Medi-Cal recipients meeting medical necessity criteria and to serve those at risk of psychiatric hospitalization.

Services provided by Community Mental Health and its contract agencies include: assessment, medication management, partial hospitalization/day treatment services, case management, rehabilitation counseling, individual therapy, group therapy, consultation, vocational rehabilitation counseling, and self-help programs. The Access Team evaluates all requests for non-emergency services for those individuals not currently receiving services from County/Contract Mental Health Coordinated Care Teams.

The needs of persons served are diverse and often complex requiring a broad continuum of care from outpatient assessment to inpatient hospitalization and community based psychosocial rehabilitation. The adult system is comprised of a mixture of services provided directly by County Mental Health, services provided in collaboration with community based organizations that contact with the county, and services provided solely by the contract agencies.

Below is a brief list and description of the services that are provided.

SERVICES PROVIDED BY COUNTY EMPLOYED STAFF

Access Team

This team provides assessments and referrals to mental health services for those individuals either meeting the System of Care criteria (having a serious and persistent mental illness) for team services or for Santa Cruz County Medi-Cal- beneficiaries who meet the State's medical necessity criteria. The Access Team authorizes services provided by contract clinics and individual practitioners in the community for Santa Cruz County Medi-Cal beneficiaries. The Access Team is available Monday-Friday from 9:00 a.m. through 5:00 p.m. at (800) 952-2335. However, urgent care can be authorized 24 hours per day by calling the 800 number.

All new requests for mental health services including medication management will go through the Access Team, (800) 952-2335. For those who currently receive services from County Mental Health, access to medication appointments on an urgent basis is available Monday-Friday except Holidays. Urgent medication appointments will be made with the client's current psychiatrist unless that doctor is on vacation. For those individuals not currently seen by a psychiatrist at County Mental Health, an urgent medication appointment may be made by calling (831) 454-4170 at 1400 Emeline Avenue, Building K, Santa Cruz, CA 95060.

Individuals without benefits may be seen for brief treatment by staff at County Mental Health. These individuals have such substantial functional impairments that, without intervention, they would likely be hospitalized.

Coordinated Care Services

Santa Cruz County Mental Health offers a variety of mental health services to individuals with a serious and persistent major mental illness such as schizophrenia and bipolar disorder at the direction of a Team Care Coordinator. The staff is organized into teams in order to better coordinate care and meet the complex needs of persons receiving services.

There are three teams at *North* **County Mental** *Health;* **Teams** *1, 2,* **and** *CREST* who serve all mental health clients including those who are homeless. All of these teams have clients in board and care facilities, in L-facilities and in open settings. All teams have an on-duty, on-call officer, 24-hours a day, 7 days a week. Admission to the North County teams occurs via referrals from the Access Team in collaboration with the Dominican Hospital Behavioral Health Unit/Partial Hospital liaison.

The ***South*** *County Clinic* serves the area of the County south of Park Avenue. The clinical criteria for coordinated services from this clinic are the same as those of North County Mental Health. This clinic is staffed with bilingual (Spanish speaking) staff. There is a psychiatrist who is bilingual; 'four Mental Health Care Coordinators, three of whom are bi-lingual/bicultural; one half-time bi-lingual therapist and a bi-lingual clinic supervisor. The clinic provides 24-hour, on-call services, 7 days per week in addition to regular week day services of medication, rehabilitation, therapy, and case management. The clinic is located at 12 West Beach Street in Watsonville.

The *Older Adult* ***Team*** provides specialty services for clients over 60 years old who have both a psychiatric disability and complex medical problems. This team is staffed with one Crisis Worker/Registered Nurse, three Care Coordinators and a half-time psychiatrist. This is a mobile. crisis service, available Monday-Friday from 9:00 a.m. through 5:00 p.m.

Specialized County Mental Health Services

Jail ***Mental*** *Health Services* are provided only at the Jail on Water Street, which is a maximum-security facility. Crisis services are available 8 hours a day, seven days a week and the assigned psychiatrist is available Monday-Friday for medication services. There is a 24-hour, on-call capacity for psychiatric coverage. There is a full-time Jail Discharge Planner who functions as the liaison to the courts, the public defender, and the district attorney. The Discharge Planner is responsible for placing those inmates who are amenable and appropriate for community mental health care. Santa Cruz County is one of the few counties in the State to have on staff a Probation Officer who works for the Department of Mental Health. This person works in conjunction with the other mental health staff to monitor post-adjudicated clients in the community.

The Downtown Outreach Program provides outreach, evaluation, and linkage to health agencies and other organizations to improve the quality of life and reduce potential need for inpatient psychiatric treatment or involvement in the criminal justice system. The Outreach Worker will identify

the service needs of the impoverished and dysfunctional population that gathers in the area. This is accompanied by direct client contact, interface with law enforcement and the business community. The population served fall into the following high-disk categories: mentally disabled, chronic alcoholic and other substance abusers, older adults, families with children and adolescent youth. When necessary, the Outreach Worker will consult with the Access Team regarding a referral to a multi-disciplinary team to practice ongoing services.

SERVICES PROVIDED BY COUNTY STAFF AND CONTRACT PARTNERSHIPS

***Community** Support Services* provides coordinated care services team staffed with a county mental health psychiatrist. CSS has a special emphasis on the dual diagnosed population and clients living in supported housing. They provide crisis, rehabilitation, case management services, and are also on-call after hours, weekends and holidays. The program is located at 290 Pioneer Street in Santa Cruz.

Crisis services are provided in a partnered shared relationship with county mental health team case coordinators, the ***County Mental Health Crisis Team*** and the ***Dominican** Psychiatric Emergency Services **Team** (PES)*. Together they provide services 24-hours per day, 7 days per week. The teams primarily provide crisis response to the needs of individuals assigned to one of the coordinated care teams unless there is a psychiatric emergency. Individuals presenting at Dominican Hospital for crisis and emergency services are evaluated and treated by the Mental Health Crisis Team in coordination with the PES staff. At Dominican, licensed clinical staff performs assessments and make referrals for additional services. Medical consultation and crisis stabilization services are available for both voluntary and involuntary clients. Administrative staff and County psychiatrists are on-call after hours, weekends, and can be reached via Dominican Behavioral Health Unit crisis staff.

SPECIALIZED 24-HOUR TREATMENT FACILITIES

El Dorado Residential

This program is used as an alternative to inpatient hospitalization or as a discharge option from inpatient when the client is still too fragile to return to this/her previous housing situation. This is a 24- hour staff facility with 16 beds. Individuals in the residential program participate in the **El** Dorado Center Partial Hospitalization program during the day on the same campus.

Darwin House

This is a Transitional Social Rehabilitation Program designed to move people towards a more independent living setting within 12 months. Residents play a major role in the functioning of the household. The facility has a capacity of 15 beds and is located at 707 Darwin Street in Santa Cruz. The Housing Council regulates access to this facility.

Dominican Behavioral Health Unit
This is the acute psychiatric hospital for Santa Cruz County residents who meet medical necessity criteria for acute voluntary treatment or meet Welfare and Institutions Code 5150 criteria for involuntary psychiatric care. For individuals admitted to the hospital who are served by one of the County's Coordinated Care Teams, or who will need multidisciplinary team based care following discharge, the case coordinator is actively involved in the admission and discharge process.

Locked Skilled Nursing (IMDs)
These.facilities are used to provide services to individuals in need of a locked setting and are placed through a conservatorship due to chronic grave disability. The primary facility used by Santa Cruz County Mental Health is the 7th Avenue Center in Santa Cruz. Typically individuals are placed in an IMD from an acute inpatient hospital such as Dominican Behavioral Health Unit. There are also specialized beds in other locked facilities for older adults and adults with medical complications who need skilled nursing.

Opal Cliff
This program offers a social rehabilitation residential treatment with a 15-bed capacity. The program is designed to assist in transitioning clients into the community, with a focus on independent living. Access to Opal Cliff is coordinated by the Housing Council to prioritize need when there is a waiting list.

Paloma House
This is a 12-bed program for clients who have both a psychiatric and substance abuse dependency. It provides a 90-day intensive residential treatment program and 90 days of transitional housing. This program is highly structured and incorporates an integrated Dual Diagnosis Treatment model.

Pioneer House
This is an eight-bed program for men and women who are both chemically dependent and affected by schizophrenia, bipolar disorder or major depression. Participants attend the Pioneer House Dual Diagnosis Day Treatment Program and live at the River Street Shelter.

River Street Shelter
Nineteen of the shelter's 32 beds are provided under contract with Santa Cruz County Mental Health in an effort to better serve the needs of the homeless mentally ill. Two of these beds are designated for individuals in urgent need of treatment, but not meeting the criteria for involuntary inpatient psychiatric care.

Transition House
This program offers transitional living, with a focus on living skills and training the client to live independently. This ten (10) bed facility is staffed 24-hours a day and referral is coordinated through the Housing Council.

Jessie **Street**
This is a combination of seven-apartments and fifteen Single Room Occupancies (SRO). CFSC Property Management operates the facility.

BOARD & CARE FACILITIES

Access to these Board and Care facilities is limited to the persistently and seriously mentally disabled population and coordinate through the Housing Council.

Front Street Residential
Front Street Residential is a 47-bed residential care facility located near downtown Santa Cruz. There is an associated day rehabilitation program on site. Placements are made through the Housing Council.

Wllowbrook Residential Care Facility
Willowbrook consists of a 34 bed adult residential care facility and a 6 bed residential care facility for the elderly. The facility consists of 4 small housing units and a 19 bed building in a beautiful creek side setting. There is an associated intensive day treatment center on the grounds. **All** placements are made through the Housing Council.

Merrill House
Merrill House has 16 board and care beds in the Watsonville/Freedom area. Merrill House operates an on site Day Rehabilitation Program.

Rose Acres
Rose Acres has 34 board and care beds in the San Lorenzo Valley area.

PARTIAL HOSPITAL AND DAY PROGRAMS

Willowbrook Intensive Day Treatment Program
This is a structured Day Treatment Program for residents of the Willowbrook Residential Care Facilities. The program is a seven day per week program and is designed to provide an alternative to higher level of care facilities. Emphasis at Willowbrook is to empower residents to take more responsibility for their care and to acquire skills and motivation to live at a lower level of care. The program is staffed by Occupational Therapists, Mental Health Rehabilitation Specialist, an RN, and supportive psychotherapy groups run by an LMFT and an LCSW. For more information call (831) 336-5199.

Community Connection
This is a small highly structured day program for high-risk mental health clients who need treatment and rehabilitation to restore functioning and avoid hospitalization. It is open 5 days per week from 8:30 a.m. to 2:00 p.m. The program is different from EDC in that it includes some programming focused on prevocational services. Clients are often transferred to one of the other

programs offered by Community Connection for further treatment once they are no longer at risk of hospital care. 0388

El Dorado Center (EDC) Partial Hospital Program
PHP offers an intensive structured mental health program providing treatment to individuals needing help with acute symptoms that could lead to hospitalization. The day program is open six days per week including all holidays from 9:30 a.m. until 3:00 p.m. Services include therapy groups, rehabilitation groups, medication management, family therapy, crisis setvices, occupational therapy, symptom management, and dual recovery education groups.

Pioneer House Dual Diagnosis Treatment Program
This day treatment program is geared to addressing the treatment needs of high-risk individuals who have both psychiatric disorders as well as chemical dependency issues. These problems often create serious crisis situations where hospital care may be required. This program is a very structured seven days per week program to help individuals avoid hospitalization. It focuses on psychiatric and substance abuse treatment issues and includes therapy, medication, rehabilitation, and educational services. The program is open from 8:00 a.m. to 4:00 p.m. with additional treatment occurring in the afternoon and evening based on the individual treatment plan.

Community Connection Academy
This is a longer-term psychosocial rehabilitation program for individuals with psychiatric disabilities. The program includes group therapy, rehabilitation groups, stress management groups, education on mental health treatment issues, and communication skill groups. The program is open from 9:00 a.m. until 1:00 p.m.

Front Street Residential Care Facility
The Front Street Day Rehabilitation Program is located on the grounds of the Front Street Residential Care Facility. The program is primarily, but not exclusively, open to Front Street residents, The program offers a broad array of supportive therapeutic, social and recreational services seven days per week. The staff consists of a variety of Mental Health disciplines including OTR's, MFT, LCSW, MHRS and LVN.

Community Organizers Activity Program
Community Support Services (CSS) has a special program that coordinates a variety of support and social activities for the consumers who utilize mental health programs. The activities and events are located throughout the County to facilitate access.

South County Activity Center
This is a drop-in and activity center with TV room and meeting room. The Activity Center is located at 12 Carr Street in Watsonville. The center publishes a full calendar of activities every month that includes cooking classes, computer classes, and Dual Recovery Anonymous (DRA) meetings in addition to regular group outings. Internet access is available to center participants..

El Dorado Evening &Week-end Crisis Services Program
This program provides urgent mental health services and intensive support services at 941 El Dorado Avenue, Santa Cruz in the evenings from 5: 00 p. m. – l 1: 00 p. m., 7 days a week. A call-in support line for clients who are having some difficulty is also provided. Staff encourage these individuals to come in for crisis support and counseling and will provide them with transportation if needed. They provide individual and group counseling, education, and training on various topics, including symptom management. This program was designed to provide an alternative to hospital based crisis services after hours and weekends for individuals at risk and requiring specialized support. Crisis services are available to individuals not requiring a higher level of care.

SELF HELP RESOURCES

County Mental Health is committed to centers for clients and family members to provide peer support, activities, groups and education for one another. There are a number of organizations developed to provide individuals and families information and referral services.

MHCAN
Mental Health Client Action Network (MHCAN) Drop-In Center is a client run drop-in center that offers support, access to telephone and computers, meals, a safe place to socialize, assistance with transportation, and information on community and mental health resources. MHCAN has art, writing, peer support groups, advocacy projects and provides supportive hospital visits. The center is currently open 9:00 a.m. to 3:00 p.m. including most County holidays, except Sundays. MHCAN is located at 1051 Cayuga at Soquel Avenue in Santa Cruz.

MHRC
Mental Health Resource Center offers education, information referrals, technical assistance, community outreach and volunteer opportunities for people with psychiatric disabilities, their families, friends, teachers, colleagues, employers and therapists.

A M 1
The Alliance for the Mentally **III** is education and support for family members of those with mental illness.

Local Mental Health Board
This advisory Board meets the first Monday of each month. The Board consists of clients, family members and community representatives from five supervisorial districts within Santa Cruz County.

LEGAL RESOURCES

Ombudsman Advocate/Patient Rights
The Patient Rights office is a non-profit corporation that provides rights protection and advocacy services for both mental health clients and the elderly.

Public Guardian Office

The Public Guardian's office acts as LPS Conservator for Santa Cruz County residents. This office may also act as Representative Payee for an individual whose physician or psychiatrist determines he/she is unable to manage their Social Security, SSI and/or Veteran's Administration income. The Public Guardian may be appointed Probate Conservator by the court for individuals who do not meet the criteria for LPS conservatorship when there is no one else qualified to act as conservator.

Adult System of Care Goals

The adult system of care has identified the following domains and goals as specific areas of focus for adult recovery oriented services.

DOMAIN	Year 1	Year 2	Year 3
1. Recovery	Each person served meaningfully participates in the development of an individual recovery management plan and can identify their personal goals	Each person served meaningfully participates in the development of an individual recovery management plan and can identify their personal goals	Each person served meaningfully participates in the development of an individual recovery management plan and can identify their personal goals
2. Clinical Care *services provided by mental health professionals to promote and enhance recovery*	1) Change in individual and aggregate scores on the BASIS 32 is maximized	1) Change in individual and aggregate scores on the BASIS 32 is maximized	1) Change in individual and aggregate scores on the BASIS 32 is maximized
	2) Maximize responses on the MHSIP consumer survey on items pertaining to the appropriateness of care	2) Maximize responses on the MHSIP consumer survey on items pertaining to the appropriateness of care	2) Maximize responses on the MHSIP consumer survey on items pertaining to the appropriateness of care
3. Family and Peer support *persons identified by the consumer who provide the* necessary *support for recovery*	1) Responses on the California Quality of Life Scale are optimized	1) Responses on the California Quality of Life Scale are optimized	1) Responses on the California Quality of Life Scale are optimized
	2) Begin to measure the number of persons served who have at least one family or identified support person collateral service each year	2) Increase the number of persons served who have at least one family or identified support person collateral service each year	2) Increase over year to optimal level the number of persons served who have at least one family or identified support person collateral service each vear

Adult System of Care Goals continued

DOMAIN	Year 1	Year 2	Year 3
4. Meaningful Activity/ Work *activity providing economic* and *psychological benefits positively impacting the recovery process*	Individual and aggregate scores on items 3-5 on the BASIS 32 are maximized	Individual and aggregate scores on items 3-5 on the BASIS 32 are maximized	Individual and aggregate scores on items 3-5 on the BASIS 32 are maximized
5. Empowerment active *engagement in* care *and personal decisions that promote recovery based upon accurate information and knowledge*	Maximize responses on the MHSIP consumer survey to questions 16-I 8	Maximize responses on the MHSIP consumer survey to questions 16-I 8	Maximize responses on the MHSIP consumer survey to questions 16-18
6. Community involvement *full* parficipa *tion and integration in the life of the community including access fo resources and removal of stigma*	Responses to items 3a, 3b, 3c, 3d on the California Quality of Life Scale are optimized	Responses to items 3a, 3b, 3c, 3d on the California Quality of Life Scale are optimized	Responses to items 3a, 3b, 3c, 3d on the California Quality of Life Scale are optimized
7. Housing	1) Increase access to a full range of housing options for persons served	1) Increase access to a full range of housing options for persons served.	1) Increase access to a full range of housing options for persons served
	2) Increase the number of persons served living independently in the community	2) Increase the number of persons served living independently in the community	2) Increase the number of persons served living independently in the community

Adult System of Care Domain Specific Objectives and Strategies

DOMAIN	Year 1		Year 2		Year 3	
1. Recovery/System of Care	Each person served meaningfully participates in the development of an individual recovery management plan and can identify their personal goals		Persons served will experience fewer symptoms and improved functioning		Persons served experience fewer symptoms and improved functioning	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Persons served will be able to identify one goal on their plan	QI staff will randomly select a stratified sample of 75 individuals by phone and determine whether they can identify one goal from their plan.	Individuals will report less difficulty with isolation or feelings of loneliness	1) Analyze year 1 baseline data from BASIS 32, item 9 2) Design interventions to increase treatment effectiveness	Individuals will report less difficulty with isolation or feelings of loneliness	1) Analyze year 2 data from BASIS 32, item 9 2) Design interventions to increase treatment effectiveness
	Persons served participate in the development of their plan	QI staff will randomly select a stratified sample of 75 individuals from QIC reviews and determine whether they signed their care plan.	Individuals will report less difficulty with feelings of depression and hopelessness	1) Analyze year 1 baseline data from BASIS 32, item 17 2) Design interventions to increase treatment effectiveness	Individuals will report less difficulty with feelings of depression and hopelessness	1) Analyze comparison data from BASIS 32, item 17 2) Design interventions to increase treatment effectiveness
	Persons served will determine their goals	1) Analyze year 1 baseline data from the MHSIP, Item 19 2) Design interventions to increase participation in setting goals	Persons served will report an increased sense of empowerment	Train staff to develop and implement treatment plans based upon consumer determined goals	Increase number of persons served reporting an increased sense of empowerment	Staff to focus on persons served not engaged in year

Adult System of Care Objectives and Strategies continued

DOMAIN	Year 1		Year 2		Year 3	
2. Clinical care *services provided by mental health professionals to promote and enhance recovery*	1. Change in individual and aggregate scores on the BASIS 32 is maximized		1. Change in individual and aggregate scores on the BASIS 32 is maximized		1. Change in individual and aggregate scores on the BASIS 32 is maximized	
	2. Maximize responses on the MHSIP consumer survey on items pertaining to the appropriateness of care		2. Maximize responses on the MHSIP. consumer survey on items pertaining to the appropriateness of care		2. Maximize responses on the MHSIP consumer survey on items pertaining to the appropriateness of care	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Teams will be trained to use the Wellness Recovery Action Plan	50% of team staff will attend presentations of this model by peer counselors	Teams will use the Wellness Recovery Action Plan with consumers they serve	100 of be trained to in the use of the WRAP	Teams, in conjunction with Peer Counselors, will use the most current Recovery Model for treatment planning/delivery	Teams will participate in trainings to keep current with the best practice in the Recovery Model
	20% of consumers served by teams will have a WRAP	Teams will use peer counselors to assist consumers implement WRAP	30% of consumers served by teams will have a WRAP	Teams will incorporate WRAP into treatment/service planning	40% of consumers served by teams will have a WRAP	Teams will insure consumers have support to develop & maintain WRAP
	Recovery plans will be comprehensive and address all barriers including co-occurring problems of substance abuse	100% of persons served in the adult system of care will have a comprehensive multi-domain (re)-assessment and annual reassessment thereafter	The number of individuals identified with substance use and abuse problems complicating their recovery in year 1 will be reduced by 50%	1. Improve identification of 'at-risk' persons served 2. Expand treatment resources for dual diagnosis to meet needs of persons served	The number of individuals identified with substance use and abuse problems complicating their recovery in year 2 will be reduced by 50%	1. Evaluate adequacy and effectiveness of existing dual diagnosis 2. Enhance available treatment resources for dual diagnosis

Adult System of Care Objectives and Strategies continued

DOMAIN	Year 1		Year 2		Year 3	
3. Family and peer support ***persons identified by the consumer who provide the necessary support for recovery***	1. Responses on the California Quality of Life Scale are optimized		1. Responses on the California Quality of Life Scale are optimized		1. Responses on the California Quality of Life Scale are optimized	
	2. Begin to measure the number of persons served who have at least one family or identified support person collateral service each year		2. Increase to 50% the number of all persons served who report having at least one family identified support person collateral service each year		2. Increase to 90% the number of all persons served who report having at least one family identified support person collateral service each year	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Establish baseline data on use of supports	Identify and deploy appropriate measurement tools to evaluate level of utilization	Increase use of supports as evaluated by year one measures.	1) Advise consumers that, with permission, family members or support persons may be included in their service/recovery plan. 2) Encourage teams to include support persons identified by the consumer 3) Teams will assist consumers utilize natural community supports	Assure all persons served have appropriate benefit of family and other supports.	1) Target those individuals not impacted by year 2 strategies

Adult System of Care Objectives and Strategies continued

DOMAIN	Year 1		Year 2		Year 3	
4. Meaningful Activity and Work *activity providing economic and psychological benefits positively impacting the recovery process*	Individual and aggregate scores on items 3-5 on the BASIS 32 are maximized		Individual and aggregate scores on items 3-5 on the BASIS 32 are maximized		Individual and aggregate scores on items 3-5 on the BASIS 32 are maximized	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Achieve full enrollment in Rehabilitation coop.	1) Barriers to participate in rehab CoOp identified and addressed 2) Certify Supervisors time for 1 hour per/wk with CoOp	Maintain full enrollment in Rehabilitation coop	Teams will increase referrals	Expand enrollment in Rehabilitation CoOp	1) Teams will increase referrals 2) Identify resources for expansion of Rehabilitation CoOp
	Establish baseline number of consumers in College Connection	Develop information resources for teams and consumers	Increase by 50% from baseline the number of consumers in College Connection	Promote referral to College Connection	Increase by 50% over year 2 the number of consumers in College Connection	Target promotion of College Connection to individuals not engaged in yr. 2
	Establish baseline of satisfaction with Daily Activities and Functioning	Analyze comparison data from CA-QOL, Items 3b, 3c, and 3d.	Increase satisFaction in areas of Daily Activities and Functioning by 50% from established baseline	Design interventions targeted to specific identified consumer concerns	Increase satisfaction in areas of Daily Activities and Functioning by 50% over year 2	Design interventions targeted to consumer not impacted by year 2 efforts

*Adult System of Care **Objectives** and Strategies* continued

DOMAIN	Year 1		Year 2		Year 3	
5. Empowerment active ***engagement in care and personal decisions that promote recovery based upon accurate information*** and ***knowledge***	Maximize responses on the MHSIP consumer survey to questions 16-I 8		Maximize responses on the MHSIP consumer survey to questions 16-I 8		Maximize responses on the MHSIP consumer survey to questions 16-I 8	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Establish baseline consumer rating of perceived benefit from treatment	Analyze comparison data from MHSIP, agreement on MHSIP Items 20,21,22,28	Increase by 50% over baseline consumer rating of perceived benefit from treatment	1) Analyze treatment models and efficacy 2) Enhance existing and develop new treatment models to improve effectiveness	Increase by 50% over year 2 consumer rating of perceived benefit from treatment	1) Analyze year 2 strategies for impact and benefit 2) Modify existing and new treatment models towards improved effectiveness
	Identify consumers interested in becoming peer counselors	Develop and market training opportunities for consumers to be trained as peer counselors	There will be at least one peer counselor per 100 consumers	At least 20 consumers will be trained as peer counselors	There will be at least one peer counselor per 75 consumers	An additional 20 consumers will be trained as peer counselors
	Establish baseline of consumers served by a consumer operated program or activities	Develop measures and collect data on number of consumers receiving peer services	Increase by 50% the number of consumers served by a consumer operated program or activities	Develop referral mechanisms for linkage to peer services	Increase by 50% over year 2 the number of consumers served by a consumer operated program or activities	Develop strategies for improving linkage and access to peer services

Adult System of Care Objectives and Strategies continued

DOMAIN	Year 1		Year 2		Year 3	
6. Community involvement ***full participation and integration in the life of the community including access to resources and removal of stigma***	Increase the number of consumers at Level 2 of Recovery Process		Increase the number of consumers at Level 3 of Recovery Process		Increase the number of consumers at Level 4 of Recovery Process	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	MH staff will develop recovery plans help persons served become aware	Hire a training/consultant, specializing in mental health recovery and developing effective Level 2 recovery plans	MH staff will develop recovery plans help persons served become independent	Hire a training/consultant, specializing in mental health recovery and developing effective level 3 recovery plans	MH staff will develop recovery plans help persons served become ***interdependent***	Hire a training/consultant, specializing in mental health recovery and developing effective level 4 recovery plans
	Assess current level of independent and interdependent consumer participation in community activities	Train coordinators in assessment of community involvement	Increase by 50 % over baseline the level of independent consumer involvement in community activities	Recovery plans to provide persons served with skill building to promote independent community activity	Increase by 50 % over baseline the level of interdependent consumer involvement in community activities	Recovery plans to provide persons served with skill building to promote independent community activity
	Assess current level of consumer employment'and the interest in employment	Coordinators will develop recovery plans which address skill needs of consumers for work	Increase by 50% in actual job placements for those consumers interested in work	Facilitate job development, vocational rehabilitation, and job support components of system of care	50% of persons served requiring employment supports in year 2 will be able to maintain employment without supports	Facilitate job development, vocational rehabilitation, and job support components of system of care

Adult ***System of Care Objectives and Strategies*** continued

DOMAIN	Year 1		Year 2		Year 3	
7. Housing	a. Increase access to a full range of housing options for persons served		a. Increase access to a full range of housing options for persons served		a. Increase access to **a** full range of housing options for persons served	
	b. Increase the number of persons served living independently in the community		b. Increase the number of persons served living independently in the community		b. Increase the number of persons served living independently in the community	
	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES	OBJECTIVES	STRATEGIES
	Graduate from board and care additional 3 or more consumers beyond current placement rates	Develop treatment plans to address specific skill needs for persons to live more independently	Graduate from board and care additional 3 or more consumers beyond current placement rates	Develop treatment plans to address specific skill needs for persons to live more independently	Graduate from board and care additional 3 or more consumers beyond current placement rates	Develop treatment plans to address specific skill needs for persons to live more independently
	Add 10 additional housing units	Apply for funding via HUD, affordable housing, SAMSHA, Redevelopment	Add 10 additional housing units	Apply for funding via HUD, affordable housing, SAMSHA, Redevelopment	Add 10 additional housing units	Apply for funding via HUD, affordable housing, SAMSHA, Redevelopment