

## **Proposition 63: Money for Mental Health**

Are We Getting It Right in Santa Cruz?

2013-2014 Santa Cruz County Grand Jury

June 2014

## Summary

In 2013, a State audit of four California counties, not including Santa Cruz County, questioned whether funds from the Mental Health Services Act, Proposition 63 (Prop 63), were being used appropriately. Prop 63, commonly known as the Millionaire Tax, was passed in 2004. The Santa Cruz County Grand Jury, interested in how our county uses its Prop 63 funds, decided to investigate our county's Health Services Agency (HSA) programs funded by that law. We found that the major criticisms raised by the state audit were not significant in our county. In this report, we examine other oversight and accountability issues, and make recommendations to address them.

## Background

In 1957, California began to transfer the treatment of mental illness from the state level to the local level. Funds from federal, state, and local governments were pooled to provide for community level services. This funding has never been sufficient to meet the needs of communities now dealing with severe mental health issues.<sup>[1]</sup><sup>[2]</sup>

In 2004, California voters approved Prop 63 in an effort to give communities the financial help they needed. The law established a 1% tax on personal incomes over one million dollars a year, and defined how the money should be used by providing broad goals and processes for developing mental health programs. A timetable was established for each component to be implemented. Approval and oversight were, at that time, held at the state level. However, various changes to the law have subsequently been enacted resulting in the transfer of oversight to the county level for some components.<sup>[3]</sup>

In August 2013, the California State Auditor criticized the oversight of Prop 63 programs based on data from four counties.<sup>[4]</sup> Excerpts and analysis of the audit appeared in the Santa Cruz Sentinel:

*“State Auditor Elaine Howle reported last week that she could offer ‘little assurance’ counties have ‘effectively and appropriately’ spent the nearly \$7.4 billion raised and disbursed since between 2006-07 and 2011-12... In fact, according to news reports, counties have spent the money on programs such as acupuncture, art and drama classes, horseback riding, gardening and yoga, with only tenuous links to treatment for mentally ill patients.”<sup>[5]</sup>*

The Grand Jury decided to investigate the use of Prop 63 funds in Santa Cruz County. We sought to find the following:

- Do these criticisms apply to our county?
- Are our Prop 63 funded programs effective in meeting the mental health treatment needs of people here?
- Can Prop 63 funded programs be improved, and if so, how?

## Scope

The Grand Jury interviewed HSA personnel, attended public meetings related to mental health and substance abuse programs, and reviewed related documents at the state and county levels. We also reviewed relevant published literature. We examined the law, its provisions, and the implementation of programs funded through the law in Santa Cruz County.

Prop 63 has five mental health components:<sup>[3]</sup>

1. Community Services and Supports (CSS) provides funds for direct services to individuals with severe mental illness. Full Service Partnerships (FSPs) are in this category. FSPs provide wrap-around services, or “whatever it takes” services, to clients. Housing is also included in this category.
2. Capital Facilities and Technological Needs (CFTN) provides funding for building projects and for increasing technological capacity to improve mental illness service delivery.
3. Workforce, Education and Training (WET) provides funding to improve and build the capacity of the mental health workforce.
4. Prevention and Early Intervention (PEI) provides funding to recognize early signs of mental illness, as well as to improve early access to services and programs, including the reduction of stigma and discrimination.
5. Innovation (INN) funds and evaluates new approaches to increase access to the unserved and underserved communities, promotes interagency collaboration, and increases the quality of services.

In Santa Cruz County there are over 54 specific programs within the five categories. We limited our focus to Community Services and Supports (CSS), which receives most of the funding, and to Prevention and Early Intervention (PEI), which is most often criticized. See Appendices A and B for a sample of expected client numbers and costs.

CSS and PEI provide services directly to clients. In Santa Cruz County, CSS has eight programs intended to expand services available to support clients. This includes many levels of care, from locked residential treatment to support while living at home. CSS programs use level of care assessment tools to provide treatment in the least restrictive setting appropriate for the client. PEI programs include early screening of children, culturally focused and at-risk youth programs, parenting programs, programs to educate about substance use disorders, programs for older adults, and veterans outreach. Often these services are provided by contractors under supervision of the county Health Services Agency.

Each county prepares and submits a three-year plan for all five categories’ programs and expenditures, and updates the plan annually. The Grand Jury reviewed the three-year plan Annual Update for 2013-14<sup>[6]</sup> and Draft Plan for 2014-15 through 2016-17.<sup>[7]</sup> These describe service programs to be provided and report quarterly numbers of clients served. We also reviewed budgets, organization charts, program audits, financial and quality audit data, and additional online documents.

## Investigation

### Discussion of Program Criticisms

Two criticisms given in the 2013 State audit were applicable here in Santa Cruz County. Yet, as discussed below, we found them to be of minor concern.

One criticism was that programs were being funded such as horseback riding, yoga classes, gardening, and outdoor adventure tours that are not valid treatment for mental illness.<sup>[6]</sup> However, we found little evidence of these activities in MHSAS Prop 63 programs.

Through an online search, we did find one residential treatment program for youth that has been used by clients of HSA, which incorporates horses as part of its therapy. Santa Cruz County youth in mental health crisis sometimes had to be placed in that program, even though it is located outside Santa Cruz County, because HSA had no crisis residential placement for children or youth within this county. The crisis center at Dominican Hospital, known as the Behavioral Health Unit (BHU), was limited to adults for residential care. However, the BHU has been replaced by the new Psychiatric Health Facility (PHF) as of December 2013. According to the PHF web page, crisis care at the PHF does serve children up to age 18, who are admitted involuntarily.<sup>[8]</sup> This means that crisis residential treatment for youth is now available in our county. None of the Prop 63 funded programs described in the most recent Annual Update and the current Three Year Draft Plan mention horseback riding or equine therapy.

The Grand Jury also found a Workforce Education and Training (WET) program that included Mindfulness training. Mindfulness is a meditation practice used to relieve stress and focus attention for clearer thinking. Mindfulness training, however, has become an accepted mental health practice as reported in published literature.<sup>[9] [10]</sup>

The second criticism, that of social programs being used as mental health treatment, also was not viewed as a concern in this county. Several Santa Cruz PEI programs include promotion of cultural pride for at-risk youth, programs for improved parenting presented in a culturally relevant way, and a program focused on sexual orientation diversity. The California Mental Health Services Oversight and Accountability Commission (MHSOAC) has encouraged programs like these with published fact sheets discussing values and goals for them.<sup>[11] [12]</sup> Successes of the Santa Cruz County PEI programs were proudly presented by MHSAS and program clients at a recent public meeting.

Another successful program, the Mental Health Client Action Network (MHCAN), is a peer-run respite center funded partly by Prop 63, and it provides:

*“...a range of supports and social amenities including coffee, phone access, and a place to socialize or get information about community and mental health resources. MHCAN also offers art, writing, guitar classes, peer support groups and hospital visiting. A computer lab offers Internet access and homework assistance. MHCAN will provide rides to MHCAN,*

*River Street Shelter, doctors, therapists, and the Emeline Campus.*<sup>[13]</sup>

These are peer-run, peer-requested services. The county contract for MHCAN in 2013 is less than \$15,000. Clients of this program praise the center and the benefits derived from its services. Some clients have, in fact, volunteered to teach classes to keep them available at MHCAN.

## **Oversight and Community Involvement**

In 2012, California moved responsibility for approval of CSS and PEI from the state to the county. The Santa Cruz Board of Supervisors now approves these direct service plans.<sup>[14]</sup>  
<sup>[15]</sup> However, audit and oversight remain at the state level.

The Annual Update to the three-year plan process requires Mental Health and Substance Abuse Services (MHSAS) to hold public meetings to introduce the planned services and expenditures. Ideally, these public meetings include those who receive the services (clients and family members), those who provide the services (service providers, local law enforcement, county mental health staff), and the general public. These are called stakeholder meetings. There is a 30-day public comment period, after which HSA incorporates substantive recommendations into the plan.

Prop 63 also provides for community and mental health consumer involvement through participation on the local Mental Health Advisory Board. The Advisory Board has eleven members. One member is a Supervisor, and the other ten are appointed by the Board of Supervisors. The ten appointed members must include clients of mental health services as well as family members of clients. Other than the single Supervisor, the Advisory Board does not include county employees.

According to the Advisory Board web page:

*“The Santa Cruz County Mental Health Advisory Board provides advice to the governing body (Board of Supervisors) and the local mental health director. They provide oversight and monitoring of the local mental health system as well as advocate for persons with mental illness.\**

*A primary responsibility of the Local Mental Health Board (LMHB) is to review and evaluate the community’s mental health needs, services, facilities, and special problems. The regular LMHB meetings provide a means for Board action to fulfill its purpose. The LMHB chair presides over meetings and prepares the agenda in collaboration with mental health staff. LMHB members may provide items for the agenda to the secretary of the LMHB at least two weeks in advance of the meeting. These meetings are open to the public.*<sup>[16]</sup>

Goals and mission statement of the Advisory Board:

- 1) Advise the Mental Health Department on current and ongoing issues as they relate to the quality and effectiveness of mental health services for the County
- 2) Develop skills and procedures to maximize the effectiveness of the

## SCCMHB

3) Increase community awareness on issues related to mental health to ensure inclusion and dissemination of accurate information

\*Note: LMHB is our Advisory Board

Grand Jurors attended several meetings of the Advisory Board. HSA personnel attend Advisory Board meetings when invited to do so, but did not attend some of the meetings jurors observed. We regularly heard family members plead for help from HSA for their loved ones. In the absence of an HSA representative to directly respond to these requests, we did not observe any action on the part of the Board to indicate that they were going to help the families with their problems. The Advisory Board, in these instances, did not appear to be fulfilling its role of advocating for persons with mental illness to the HSA, or advising HSA.

On more than one occasion, the Advisory Board did not have a quorum and could not act on proposals or approve meeting minutes. Lack of quorum caused the Board to be unable to approve any actions, leaving it ineffective. Grand Jurors found that there were five vacant seats on the eleven member board. The high number of vacancies meant that just a few absences would keep the Advisory Board from having a quorum. Vacant positions on the Advisory Board were left unfilled for months.

The Advisory Board lacked a quorum at their April 2014 meeting and therefore could not act on the Prop 63 Three Year Draft Plan presented to them. In May 2014, three of five Advisory Board vacancies were filled by appointment of the Board of Supervisors.

### **Board of Supervisors Participation**

The Board of Supervisors has responsibility for approving Prop 63 program plans and appointing Advisory Board members. A single Supervisor represents the Board at the Advisory Board meetings. When that Supervisor could not attend there was no direct interaction between the two Boards. Additionally, when quorum was not met, the Advisory Board minutes could not be approved or posted. This hampered even indirect written communication between the Advisory Board and County Supervisors.

### **Public Participation**

Jurors attended several 2014-15 Draft Plan stakeholder meetings. <sup>[7]</sup> Prop 63 requires stakeholder meetings to formalize community input to HSA concerning the program plans. These meetings educate the community and allow clients, providers, and community members to give their feedback. These meetings were mentioned in local papers, but few members of the public were present. If County residents do not attend, they miss the opportunity to learn about and help steer the future of HSA services. HSA has not publicized these Prop 63 stakeholder and Advisory Board meetings sufficiently for the public to use them as opportunities to learn about and influence Prop 63 funded program direction.

## Evaluations of Prop 63 Programs

The Grand Jury was concerned by the use of narratives in the Annual Update and Three Year plan. Client success anecdotes and testimonials from program participants were used to prove effectiveness of programs rather than quantitative data. While nice to have, the testimonials do not serve to evaluate program effectiveness. A more rigorous evaluation with measurable, relevant criteria would provide better data.

Several County PEI programs were intended for people who are underserved or at risk. One study was done to evaluate two programs which reach underserved areas of the county, designed for specific cultural needs (using mentoring, cultural appreciation, and education). The study assessed whether the programs improved mental health behaviors and attitudes.<sup>[17]</sup> According to this study, many but not all of the program goals were met. The report includes positive narratives from clients about benefits of the programs. The Grand Jury was told that additional evaluation is being done.

An external audit by the California External Quality Review Organization (CAEQRO) was performed in 2012-13 on mental health services provided by Santa Cruz County.<sup>[18]</sup> Two performance improvement projects were studied, and overall mental health services results were reported. The audit noted that implementation of an electronic health record (EHR) system was not complete.

The CAEQRO audit also included comments from focus groups of clients and family members. Participants felt that there had been a decrease in available staff on duty and that they were waiting longer for appointments with counselors or therapists. Several of the focus group participants added that they no longer had a case manager or a service coordinator, and reported other cuts to services in Santa Cruz County.

The CAEQRO report recommended:

- Quality improvement work plans with measurable goals, action item tracking including meeting minutes, and expanded participation by staff and clients (in performance improvement programs)
- Full implementation of the level of care assessment tool to aid decisions about appropriate services for clients
- Information technology long-term planning
- Measurement of wait times for services
- Stronger roles for employees who are former or current clients in the mental health care system

The new Psychiatric Health Facility uses an EHR. An EHR is intended to be used by the medical or psychiatric care provider to assess the patient, develop an appropriate care plan, and accurately report the care provided. EHR systems facilitate measurement of outcomes and evaluation of programs, including Prop 63 programs. Storing patient information in digital format makes it efficient and easy to find information and to track patient care across time and different treatment locations. Better availability of patient information reduces medical errors and unnecessary tests and can also reduce the chance that one provider will not know about relevant conditions being managed by another

provider. Coordination of care can lead to better quality and improved outcomes.<sup>[19] [20]</sup>

Even though the CAEQRO commented on incomplete implementation of EHR two years ago, HSA is still not using the EHR for all its services. EHR implementation is in progress. The 2013-14 Annual Update states that:

*“...After reviewing our EHR options we anticipate that this will be implemented (and we will begin using electronic health records) in fiscal year 2013-2014. We plan on being able to connect to primary care services, following “meaningful use” guidelines to allow for coordinated care (such as medications and prescriptions). By the end of fiscal year 2013-14 our staff will be entering progress notes, service plans, prescriptions and labs into the electronic health record.”*

Effective and timely coordination of treatment is not possible without county-wide compatible EHR for all medical and mental health services. Careful planning will be needed to use the EHR system both to improve individual client care and also to evaluate and improve program effectiveness.

### **Access to Care**

HSA staff told the Grand Jury that mental health clients at the Emeline Street HSA facility face long delays, sometimes weeks, in obtaining psychiatric care appointments. Medical patients who are referred for separate mental health counseling may not get mental health screening and treatment if a psychiatric appointment is delayed. HSA staff pointed out that same day appointments should be made available for better mental health treatment, rather than requiring patients to return at a later time. Many clients have difficulty with transportation even for a single visit.

### **Findings**

- F1.** Counselors and psychiatrists are not readily available for existing and potential mental health clients.
- F2.** The lack of implementation of electronic health records (EHR) hampers mental health service to clients.
- F3.** Quantitative evaluation of the success of Prop 63 programs is extremely challenging without the implementation of an EHR.
- F4.** The apparent lapses of direct communication between the Advisory Board, HSA, and the Board of Supervisors impedes the Advisory Board’s goals of effective advocacy for clients and advising HSA concerning Prop 63 funded mental health programs.
- F5.** The mandated stakeholder meetings are not successfully attracting participation by county residents.
- F6.** Five vacancies on the 11-member Advisory Board left it ineffective for months during our investigation.



## **Recommendations**

**R1.** HSA should improve client access to mental health services by increasing available counseling hours for psychologists and psychiatrists at the Emeline facility. (F1)

**R2.** HSA should use Electronic Health Records (EHR) for all mental and medical health services. (F2)

**R3.** HSA should use EHR to perform quantitative evaluations of program effectiveness. (F2, F3)

**R4.** HSA should regularly attend the Mental Health Advisory Board meetings and should respond directly to the concerns raised. (F4)

**R5.** The Mental Health Advisory Board should quickly and clearly communicate to HSA all issues that come before the Board. (F4)

**R6.** HSA should publicize mental health programs and promote them in a way that will educate and engage the larger community. (F5)

**R7.** The Board of Supervisors should fill all Advisory Board vacancies in a timely manner. (F6)

## **Commendations**

**C1.** The Grand Jury commends HSA for working to provide services in the face of changing requirements, multi-year budget cuts, and evolving mental health treatment and prevention practices.

**C2.** The Grand Jury commends the MHCAN peer-led respite center for its success in helping clients avoid crises and support each other to help maintain good mental health.

## Responses Required

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Board of Supervisors	F6	R7	90 Days 09/15/2014
Santa Cruz County Health Services Agency	F1-F5	R1-4, R6	90 Days 09/15/2014

## Responses Requested

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Mental Health Advisory Board	F4	R5	90 Days 09/15/2014

## Definitions

- **CAEQRO:** California External Quality Review Organization. It began its work in July 2004. An EQRO evaluates programs, particularly within governments, and can either be a contracted company or part of the government.
- **Consumer employee:** An employee who has lived through mental illness, received successful treatment, is maintaining mental health, and now works in a paid capacity helping others.
- **EHR:** Electronic health record.
- **FSP:** Full Service Partnership. “Full Service Partnership (FSP) is a community-based program that provides intensive mental health services. By providing a parent advocate, therapist, psychiatrist and case manager to work with the child, the entire family is offered hope. Through this process, successful outcomes are achieved, and family strengths are celebrated. The opportunities for change are provided in the home and community settings with the goals of increasing family involvement, family empowerment and improved mental health.”<sup>[21]</sup>
- **FY:** Fiscal Year. 12-month reporting cycle, e.g. year is noted as 2014-15 in this report.
- **Level of Care:** An assessment tool used to determine the appropriate treatment for the mental health client.
- **MHCAN:** Mental Health Client Action Network. A peer-run respite center.
- **Mental Health Plan:** The County level mental health system of services.
- **MHSA:** Mental Health Services Act, also known as Proposition 63, 2004. In this

document we refer to it as Prop 63 to avoid confusion.

- *MHSAS*: Mental Health and Substance Abuse Services. The Santa Cruz County Health Services Agency department which provides mental health treatment and utilizes Prop 63 funding.
- *MHSOAC*: Mental Health Services Oversight and Accountability Commission. State level oversight body for Prop 63-funded programs.
- *SCCMHB*: Santa Cruz County Mental Health Advisory Board
- *Stakeholder process*: Under Prop 63, this is the inclusion in the Annual Update of those who participate in mental health services as clients, as family members of clients, as providers, or as county employees who deal with mental illness clients in their work. Public meetings, presentations, a comment period, and required response to public comments are part of the stakeholder process.
- *Wrap-around services*: A situation where a client is provided with all available services including treatment, housing supports, transportation, job training, or education to help in recovery, while allowing the client to live as independently as possible.

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## Appendix A

### Mental Health Services Penetration: Meeting the Need

Santa Cruz County Interagency System of Care for Children and Youth - Measuring Outcomes of Collaboration Twenty - three Year Report July 1, 1989 - June 30, 2012. page 32. <http://www.santacruzhealth.org/pdf/23%20Yr%20Online%20Report.pdf>

This report provides the following:

*“Measuring ACCESS to Appropriate Levels of Service*

*Various national studies have estimated the approximate percentage of children/youth in the general population (“penetration rate”) that would need the following levels of mental health services:*

- *Up to 8% requiring intensive/coordinated services for serious emotional disturbances*
- *8-12% requiring moderate service intensity for mental health conditions*
- *12-20% requiring basic access to services to ameliorate developmental and emotional issues*
- *In addition, estimates range from 60-80% (some would say 100%) of children and youth in the Child Welfare and Juvenile Probation systems given exposure to a wide range of neglect, trauma, crime, and substance abuse issues.*

*Previous sections of this report outline the specialized access that children and youth in Child Welfare and Juvenile Probation receive into System of Care services. For the general Medi-Cal population, we can examine the annual APS Healthcare information that details Medi-Cal Approved Claims for the Santa Cruz Mental Health Plan.*

#### **Penetration rates for System of Care in Santa Cruz County, 2011**

<b>AGE GROUP</b>	<b>Avg Monthly Eligibles</b>	<b># of Beneficiaries Served per Yr</b>	<b>Santa Cruz Penetration Rate</b>	<b>Medium County Penetration Rate</b>	<b>Statewide Penetration Rate</b>
0-5 yr	9,152	192	2.10%	1.43%	1.72%
6-17	11,388	1,216	10.68%	6.57%	7.38%
18-21	2,835	259	9.14%	5.48%	6.07%
Foster care	310	291	93.87%	55.23%	54.96%

*As you can see, Santa Cruz tends to serve a higher percentage of children/youth with Medi-Cal than both similar medium size counties, and statewide averages.”*

## Appendix B

### Mental Health and Substance Abuse Services Expenditures

For the 2012-13 fiscal year, Prop 63 expenditures were 24.5% of the MHSAS budget. However, Medi-Cal and Prop 63 funding reduces the cost of MHSAS to the county budget. According to requested budget figures, MHSAS total expenditures of \$51,632,125 in 2012-13 cost the County Budget \$873,301.

For 2013-14 the Prop 63 expenditures recommendation was \$9.2 million.

#### ***2013-14 Community Services & Supports expenditures by Type of Service***

Full Service Partnerships	\$3,324,970
General System Development	\$2,369,839
Outreach and Engagement	\$450,241
Administration	\$819,591

#### ***Prevention & Early Intervention Expenditures by Program***

Early Intervention Services for Children	\$684,411
Culture Specific Parent Education & Support	\$112,155
Early Onset Intervention Services for Transition Age Youth & Adults	\$835,348
Early Intervention Services for Older Adults	\$171,953
Administration	\$374,248

<http://www.santacruzhealth.org/prop63/PDFs/2013-2014%20MHSAS%20ANNUAL%20UPDATE%20FINI.pdf>

*Note:* These budget numbers were provided to the Grand Jury by HSA staff. We thank them for their help in obtaining documentation of MHSAS budgets, services, Three Year Plan Annual Updates and more.