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## **Overview**

Santa Cruz County Mental Health has recently completed its initial planning processes for the California Mental Health Services Act (MHSA). The plan is available at <http://www.santacruzhealth.org/prop63>. This first three year plan is for the Community Supports and Services (CSS) component of MHSA funding and has been reviewed and approved by the community and the Local Mental Health Board and adopted for submission to the State by the County Board of Supervisors.

The planning process was guided in large part by specific requirements put forward by the California Department of Mental Health. The template required the counties to respond to a large number of technical issues in a highly structured and detailed format. This executive summary was prepared to extract essential details from the plan so that it could be more easily reviewed and understood by the general reader.

One of the State's requirements was that the plan be organized around 4 population groups defined by age: children, transition age youth (18-25), adults, and older adults. The plan asked that counties consider the needs of individuals who are currently un-served by the mental health system and the needs of those who are under-served or inappropriately served in each of the four groups. The logic model of the planning process was that a structured needs assessment based on data and community perception/prioritization guided a series of proposals for program developments and new strategies or services. Counties were asked to particularly consider issues of disparity and cultural competence in evaluating local needs.

## **Part I: Overview of the Planning Process**

The following stakeholders were contacted by Santa Cruz County Mental Health (SCCMH) department and invited to participate in the planning process to develop Santa Cruz County's plan in response to the Mental Health Services Act (MHSA). These stakeholders included consumers, family members, County and Contract mental health service providers, law enforcement, Human Resources Agency, education, Health Safety Net Clinic Coalition and Public Health, Mental Health Coalition, Santa Cruz Mental Health Board, Alcohol and Drug Commission, Central Coast Alliance for Health, medical and professional societies/associations, and other interested persons and groups.

SCCMH especially focused on engaging a diverse group of consumers and families and worked closely with the Local Mental Health Board, Santa Cruz NAMI, the Mental Health Client Action Network, and the Children's Family Partnership Program. Input into the MHSA planning process was obtained through a variety of channels including surveys, focus groups, consumer and family group meetings, public meetings, stakeholder and Mental Health Provider meetings, draft plan meetings, and public hearings.

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The planning process was divided into two Phases. Phase I took place between January and March 2005. After analyzing and summarizing the information received in all the Phase I public forums, and evaluating the level of involvement of consumers, families, and the underserved and unserved populations in these meetings, it was decided that a second round (Phase II) of community meetings would be held. These Phase II meetings were held throughout the community in order to provide opportunities for additional consumer, family and community involvement. Attendees were invited to review and comment on the findings and priorities identified from the initial (Phase I) round of public meetings.

In total, 1,198 attendees have participated in the Phase I and II meetings and focus groups for children, transition age youth, adults and older adults, and a total of 1680 surveys were reviewed (774 mental health surveys plus 584 additional surveys from Watsonville Digital Bridges and 322 from Barrios Unidos).

Of the combined 2,878 attendees and surveys reviewed, 650 (23%) represent consumer participation, 1,122 (39%) represent family participation, 744 (26%) represent provider participation and 362 (12%) represent other stakeholder and public participation.

The planning process confirmed that there is a disparity in access and service delivery to the Latino community and to persons speaking the threshold language (Spanish) in Santa Cruz County.

Increasing access to services to Latinos was established as an overarching goal for the plan.

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MHS Community Services and Supports Program & Expenditure Plan

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The priority of needs identified in the community input part of the planning process can be summarized in the following table:

Children/Youth	Transition Age Youth	Adults	Older Adults
*1. Children/Youth in Community at-risk of hospitalization or out-of-home placement	*1. Inability to manage independence	*1. Inability to work	*1. Hospitalization due to untreated serious mental illness.
*2. Children/ Youth in Education System at-risk of School Failure	*2. Isolation	*2. Homelessness	*2. Institutionalization due to untreated serious mental illness.
*3. Children/ Youth in Child Welfare System	*3. Inability to work	*3. Frequent hospitalizations	*3. Social isolation due to the lack of wellness and recovery oriented programs.
*4. Youth in Juvenile Justice System	*4. Frequent hospitalizations	*4. Isolation	4. Lack of housing for older adults.
*5. Special Focus Areas: Improve Family/Youth Partnership, Cultural Competence, & Dual Diagnosis	*5. Youth leaving Foster Care	*5. Institutionalization	
		*6. Frequent emergency medical care	
		*7. Incarceration	

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In response to the needs identified by the community and an analysis of available prevalence and service utilization data, several programs and strategies/services were proposed in the plan to address the needs of individuals and families who are un-served and under-served.

## **Part II: Children's Plan**

For Children and Transition Age Youth (TAY) experiencing serious emotional disturbances, a number of strategies proposed to address existing gaps and inequities in the current Children's System of Care are embedded in 5 overall program areas:

- Community services and supports;
- Education services and supports;
- Child Welfare services and supports;
- Probation services and supports; and
- Family/Youth partnerships (peer supports).

### ***Community Work Plan***

The proposed Community Gate services to be provided by County Mental Health are designed to create expanded community-linked outreach, consultation, training, and screening/assessment of children/youth suspected of having serious emotional disturbances—but who are not referred from the System of Care public partner agencies. In addition, specific dual diagnosis mental health/substance abuse service capacity will be created and targeted to children/youth and their families referred directly from the community. Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served. Increased child psychiatrist time will be featured, to interface with the community's primary care physicians and network of health providers.

This program will encompass the following elements:

- One clinician will augment existing "Community Gate" capacity to screen, assess, provide referral and follow-up, outreach, consultation and training to the community for children/youth with possible serious emotional disturbances;
- One clinician will augment this team to provide increased dual diagnosis mental health/substance abuse treatment, as well as refer/link appropriate referrals with community-based treatment providers;
- One additional Child/Adolescent Psychiatrist to be added, based half-time in south county, half in north county, to expand consultation, assessment, and treatment capacity--particularly for children/youth referred from the community's primary care physicians and local health clinics; and
- Two new contracts for community-based agencies will help expand community access to children, youth, and their families. These contracts are designed to expand dual diagnosis mental health/substance abuse services to children, youth and their families referred directly from the community.

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**Education Work Plan**

The Education Gate program is designed to create new school-linked outreach, consultation, training, and screening/assessment of children/youth suspected of having serious emotional disturbances. In addition, specific dual diagnosis mental health/substance abuse service capacity will be created and targeted to students referred from Santa Cruz County's local schools, particularly those not referred through Special Education.

This program will encompass the following elements:

- Two new clinical staff who will serve as specific liaisons to each school district, providing outreach, consultation and training to teachers, school psychologists, administrators, parents and students. Services will include capacity to screen/assess referred students for suspected serious emotional disturbances, and link to appropriate services;
- One new clinical staff will also serve on this team to provide dual diagnosis mental health/substance abuse treatment to referred students, as well as refer/link some students with community-based treatment providers in case this is a better match for level of treatment need;
- A contract expansion with a community-based counseling agency, created in collaboration with the Pajaro Valley Unified School District (PVUSD), to specifically help increase services to Latino students in our south county region; and
- A new contract with another community-based counseling agency, in collaboration with the Pajaro Valley Unified School District (PVUSD), to also help increase services to Latino students in our south county region.

**Child Welfare Work Plan**

The Child Welfare Gate program is designed to increase dual diagnosis mental health/substance abuse services to youth and families involved with Child Welfare Services, as well as Transition-age youth. Particular attention will be paid to addressing the needs of Latino youth and families. This program will encompass the following County Mental Health elements:

- Expansion of existing Therapeutic Visitation program called *Conexiones Familiares*, which provides clinical assessment, monitoring, and rehabilitative mental health support to families seeking to reunify with their children. 2 clinical staff will be added;
- Creation of a new dual diagnosis mental health/substance abuse support component for parents of children/youth in Child Welfare, many of whom have had their children removed due to parental mental health/substance abuse issues. 2 clinical staff will be added;

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- Creation of a new Transition-age youth coordinator to track all Children's Mental Health clients turning 18, linking with their primary clinicians to support good transition planning. This new Transition-age youth coordinator will provide specific expertise and dedicated coordination capacity to improve transition of youth to adulthood and the community; and
- Expansion of the Transition Housing and Independent Living Skills Program run by a community-based agency. This increased contract capacity will allow expanded treatment and case management services for transition-age youth, focusing on housing, education, and job linkages in the community. Estimate 1 FTE new counselor.
- A second new Child Welfare Gate contract program is designed to increase dual diagnosis mental health/substance abuse services to children and families involved with Child Welfare Services, providing clinical assessment, monitoring, and rehabilitative mental health support to families seeking to reunify with their children. This contract will specialize in younger children. This contractor will coordinate closely with the First Five Commission's network of services for children and their families aged 0-5, including the Family Resource Centers located in specific geographic regions of the county. Estimate 2 new counselors.

***Probation Work Plan***

The two new Probation Gate contracts are designed to increase dual diagnosis mental health/substance abuse services to youth involved with, or at risk of involvement, with Juvenile Probation. These expanded services will be designed to help prevent at-risk youth from incurring deeper involvement with Probation. It will be targeted to increase the capacity of two existing community-based agencies. These particular services will be contracted to school-linked mental health providers located in the Pajaro Valley Unified School District (PVUSD), which has the highest number/percentage of Latino children/youth in our county.

***Special Focus: Family/Youth Partnership Work Plan***

This MHSA contract is designed to expand Family Partnership Program activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care. It will be targeted to increase the capacity of an existing community-based agency experienced in providing consumer-run and delivered services. Specific youth positions with financial stipends will be created.

Parents and youth, in paid positions, will provide a variety of mental health service supports to fellow parents and youth. In addition, a specific contract component for Child/Family advocacy will be created for work at the local, regional, and state levels.

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### **PART III: Transition Age Youth (TAY) Plan**

Planning for TAY was divided between the Children's and Adult system's planning processes. The TAY population can be considered as one group by age (18-24), but actually includes 2 distinct subgroups as determined by developmental courses, age of onset of mental health needs and diagnosis.

The first subgroup is referred to as TAY Transitional (SED), age 18-20, and primarily include seriously emotionally disturbed individuals transitioning out of foster care into independent living. Planning for the needs of this group is included in Part II for children. A smaller portion of these individuals have serious mental illness and are transitioning into the adult system of care.

This second subgroup will be referred to as TAY Recovery (SMI), age 18-24, and includes individuals with serious mental illnesses who are at the beginning of their recovery journey. These individuals typically need intensive continued support with housing, employment, and illness management to support their success in the community.

As part of the Program for Person-Centered Mental Health Services, an expansion and enhancement of the current TRANSITION team to a County-wide full service partnership team based on ACT model of intervention for 18-25 year old consumers of mental health services is proposed. This strategy is intended to increase outreach and engagement in full service partnerships for this group and increase appropriate family participation while also enhancing the team's overall capacity. MHSA funding will allow for the addition of new staff, including 1.0 SMHCS, 1.0 OT, and with non-MHSA funding 2.0 bilingual/bicultural LCSW/Psych, 1.0 Nurse Practitioner, 1.0 Psychiatrist, and 1.0 Medical Assistant staff dedicated to serving the South County area to address this current disparity.

Opal Cliffs And Darwin House are integrated social rehabilitation residential services that specialize in working with both English and Spanish speaking transition age youth who are new to the mental health system. Treatment is designed to move them into independent or supported housing as quickly as possible by providing an age appropriate milieu for consumers to develop supportive social relationships with peers and others.

### **Part IV: General Adult Plan**

In response to the priorities and needs for the General Adult Program, 4 programs were proposed with multiple strategies that include:

- Enhanced Crisis Services;
- Consumer/Peer/Family Services;
- Person-Centered Mental Health Services and Supports; and
- Community Support.

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***Enhanced Crisis Response***

3 strategies were proposed for this program. They include:

*Center for Hope and Healing*

The Center is intended to be a 10 bed non-medically monitored short-term residential step down treatment service for adults with mental illness who are in crisis. The focus is to provide increased discharge options from both locked psychiatric inpatient units and skilled nursing facilities. The Center will be staffed by 6 FTE trained mental health counselors, including consumer staff, and non-MHSA, on-site, professional staff including 3.0 FTE licensed psychotherapists, .5 Psychiatrist, and a 0.5 FTE Nurse Practitioner.

*Front St. Short Term Crisis*

The Front St Inc. Short-term Crisis service is intended to provide voluntary emergency crisis mental health services for up to five mental health clients at Front St. Residential Care, a 47-bed licensed board and care facility. This strategy is intended to divert persons in crisis from the acute psychiatric hospital and to help them resolve issues that might result in hospitalization.

*Short Term Crisis Treatment*

An additional 1.0 SMHCS will be assigned to the mobile crisis response team utilizing non-MHSA funds and a MHSA funded .5 Peer Counselor. These staff will enable mobile crisis services to extend to the southern part of the County, increasing Latino access and hours of operation.

***Consumer/Peer/Family Services***

The five strategies in this program include:

*MHCAN Peer Counseling*

This peer support service proposes adding a half-time peer supporter to each of two integrated full service partnership treatment teams, including the Transition Team, which serves recently diagnosed youth ages 18-25, and the Older Adult Team age 65 and older. Additional half-time peer counselors will provide peer support services to the Recovery Team and the Mobile Crisis Team.

*MHCAN Wellness Program*

MHCAN's Wellness Center will be a new service that builds on the existing MHCAN capacity at the MHCAN Drop-In Center and doubles the County's current expenditures for consumer-operated services. The Wellness Center will serve as a portal through which clients can enter and exit the formal system of county provided mental health services and transition to managing their recovery in conjunction with primary care physicians and a well-developed support network.

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*Mariposa Wellness*

The Mariposa Wellness Center program will be developed and operated by a contract mental health service provider, Community Connections, as a collaborative effort involving several partners located within a 1/2 mile radius of the Mariposa Center in downtown Watsonville. The Mariposa Center is intended to help eliminate current disparities in access to and availability of mental health services by locating the service center in the southern part of the county, an area with limited existing services and a predominantly Latino population.

*Compeer*

This strategy includes funding for a .5 Program Coordinator in a consumer run peer counseling program. Peers are volunteers and provide services to TAY, Adult, and older Adults.

*Office of Consumer and Family Affairs*

This .75 peer staffed position will work in collaboration with the Chief of Adult Services and the Quality Improvement Coordinator to provide a variety of advocacy services to consumers and family members. Services will include information, consultation, investigation of complaints and grievances, assistance with patient rights issues, and representation on a broad range of management committees to provide input and direction into policy and procedures. Committee participation will include Cultural Competency, Adult Management, and Quality Improvement Policy.

***Program of Community Support and Services***

This Program includes three strategies:

*SCCCC Supported Housing*

Funds for this program would support an expansion of the SCCC Housing Support Team. Existing County Mental Health funds pay for a full-time Housing Coordinator who provides support to 117 residents of existing supportive housing units. The MHSA expansion would fund several part-time peer counselors (1.5 FTE) to assist residents with housing stability and community integration, and would provide for a half-time Occupational Therapist, to perform independent living skill (ILS) assessments and plan development for residents.

*Front Street Supported Housing*

This is intended to be a supported housing service for 33 independent units, with an enhanced property management function that places and supports homeless and inappropriately placed persons with severe mental illness. This strategy is designed to reduce homelessness and provide permanent housing in dispersed locations throughout the community by working collaboratively with landlords and clients to assure that their mutual needs are being addressed and problems are being resolved so that housing opportunities for the priority population will be preserved and expanded.

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*Supported Employment*

The Supported Employment Service (SES) will create a team of employment specialists (including a 1.0 Job Developer, 1.5 Employment Specialists, and a .5 Education Specialist, and a non-MHSA funded 1.0 psychotherapist) to provide a robust and varied menu of employment, training, volunteer and trial work opportunities.

***Person-Centered Mental Health Services and Supports***

The strategies for person-centered mental health services and supports include:

*Jail Discharge Planning*

MHSA monies will be used to fund a full time 1.0 SMHCS discharge planner at the Santa Cruz County Jail, to facilitate prompt discharge from the county jail, assure linkage to necessary post-release services, facilitate independent living, arrange for permanent housing, increase employment opportunities, and reduce incarceration time.

*Latino Access: South County Team*

MHSA funding will support the expansion of the South County Adult team (1.0 SMHCS funded by MHSA, and with other non-MHSA funding 2.0 LCSW/Psych, 1.0 Psychiatrist, 1.0 Nurse Practitioner, 1.0 Medical Assistant) that is dedicated to serving the TAY, Adult, and Older Adult Latino/Spanish speaking population with severe mental illness, living in and around Watsonville. This strategy is intended to improve access and better meet the needs of those who are currently unserved and under-served with a focus on providing effective services in order to reduce out-of-home and institutional care.

***POWER***

The POWER (Path Of Wellness and Early Recovery) strategy is intended to address the currently unserved and underserved needs of TAY and Adults with a mental illness and a co-occurring substance use disorder. Many of these individuals are homeless or at risk of homelessness and have extensive involvement with local law enforcement and the criminal justice system. This will be a full service partnership with integrated physical health, housing, employment, and psychotherapy services. Services will be provided in the context of small caseloads, 24/7 coverage, and a “no wrong door” approach. Dual Diagnosis Specialists will also be available to the Adult System Care Teams for consultation, training, assessment, and treatment.

*Puentes*

This strategy will expand Puentes Santa Cruz County’s current AB2034 team that focuses on outreach and engagement to Latinos in an effort to reduce homelessness, incarceration, isolation, and involuntary psychiatric hospitalization.

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*Other*

In addition, there are some programs and strategies which are being expanded as part of the overall effort at system transformation, but do not rely on *any* MHSA support at this time. These programs and their enhancements include addition of 3.0 FTEs (full time equivalent employees/positions) to the Recovery Team and 2.0 FTE's to the HOPE/STAT Team to expand services and lower caseloads.

**Part V: Older Adults Plan**

In response to the identified needs of Older Adults, a specific strategy embedded within the larger Program of Person-Centered Mental Health Services is proposed. This strategy involves the creation of a county wide Older Adult Mobile Treatment team that will provide a responsive, flexible, and culturally competent multidisciplinary service to substantially transform the current response to older adults in an effort to better meet the age and health related needs of this county's older adult population.

The proposed team full partnership team will consist of MHSA funding for 2.0 SMHCS, and other non-MHSA funding for a 1.0 Psychiatrist, 1.0 Nurse Practitioner, 1.0 LCSW/Psych, 1.0 Medical Assistant, 1.0 Program Manager, and 1.0 OT. As older adults often present with medical and psychiatric symptoms, a nurse practitioner and a psychiatrist who are knowledgeable about both physical and mental health and their mutual interaction are essential to this team. A licensed psychotherapist is necessary to address the psychological and social needs of the older adult population, through direct service, support, and supervision of each older adult's treatment.

The team will also provide consultation, training, and direct treatment services to older adults residing in skilled nursing facilities. Consideration will be give to moving individual into lower levels of care whenever possible. To this end, 8 beds will be redirected and designated at the Willowbrook board and care facility for older adults.