



**Mental Health Services Act:
Community Services & Supports
Implementation Progress Report
For Calendar Year 2007**

Draft Report for Public Review
May 1, 2008

County of Santa Cruz

HEALTH SERVICES AGENCY

1400 Emeline Avenue, Santa Cruz, CA 95060
(831) 454-4170 FAX: (831) 454-4663 TDD: (800) 523-1786

Mental Health and Substance Abuse Services

LETTER FROM THE MENTAL HEALTH & SUBSTANCE ABUSE DIRECTOR

May 1, 2008

The Santa Cruz County Mental Health & Substance Abuse Services has completed an “Implementation Progress Report” of the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA/Proposition 63). The report covers the program period January 1, 2007 to December 31, 2007. The Implementation Progress Report has been prepared according to instructions from the State Department of Mental Health (DMH), pursuant to DMH Information Notice #08-08.

The Report is available for public review and comment from May 1, 2007 to May 31, 2007. There will be a Public Hearing on May 15, 2007 at 3:30 at 1400 Emeline, room 207, Santa Cruz, CA. Call Alicia Nájera (the MHSA coordinator) at 831-454-4931 with your comments or feedback, email mhsa@co.santa-cruz.ca.us, or write to:

Santa Cruz County Mental Health & Substance Abuse Services
1400 Emeline Avenue
Santa Cruz, CA 95060

I am pleased to report that services are generally proceeding as described in the work plans submitted to DMH.

Sincerely,

Leslie Tremaine
Director

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Implementation Progress Report County of Santa Cruz

A. Program/Services Implementation

1) The County is to briefly report by Work Plan on how the implementation of the approved programs/services is proceeding. The suggested length for the response to this section is no more than half a page per Work Plan.

- a. Report on whether the implementation activities are generally proceeding as described in the County's approved Plan and subsequently adopted in the MHSA Performance Contract/MHSA Agreement. If not, please identify the key differences.
- b. Describe for each FSP Work Plan what percent of anticipated clients have been enrolled. Counties that have submitted their current Exhibit 6, Three-Year Plan-Quarterly Progress Goals and Report have the option of not including the FSP information in this report.
- c. Describe for each System Development what percent of anticipated clients have received the indicated program/service. Counties that have submitted their current Exhibit 6, Three-Year Plan-Quarterly Progress Goals and Report have the option of not including the FSP information in this report.
- d. Describe the major implementation challenges that the County has encountered.

Response to Question A. 1:

Work Plan 1: Community Gate (Child/Youth/TAY)

- a. Implementation activities for the Community Gate have been proceeding as described in the County's approved Plan. We have hired one full time bilingual clinician who provides screening, assessment and referral services, outreach and training to the community for youth with possible serious emotional disturbances. We have also hired one full time bilingual clinician who is providing mental health services and dual diagnosis treatment as needed for clients who have been assessed through community based referrals. In addition, the two community-based contract expansions with Youth Services and Family Services have significantly increased access. These county and contract staff have increased services to Latino youth and families especially in the south part of the county, which is a geographical service priority.
- b. Not Applicable.
- c. The County served 71% (71 individuals) of the targeted 100 in the system development program.
- d. One of the major implementation challenges has been finding bilingual clinicians with the clinical skills necessary to work with this Seriously Emotionally Disturbed population of clients.

Work Plan #2: Probation Gate – Child/Youth/TAY

- a. Implementation activities for our Probation Gate services have been quite successful. The goal has been to increase dual diagnosis mental health/substance abuse treatment for youth identified at juvenile hall, as well as community youth with multiple risk factors for probation involvement. The two community-based agency contracts funded (PVPSA and Youth Services) have significantly increased dual diagnosis mental health/substance abuse services to children/youth involved, or at risk of involvement with Probation. In particular, these services have helped increase access for Latino youth in the south part of our county.
- b. Not Applicable.
- c. The County served 49% (35 individuals) of the targeted 72 in the system development program.
- d. One of the major implementation challenges has been finding bilingual clinicians with the clinical skills necessary to work with this Seriously Emotionally Disturbed population of clients.

Work Plan #3: Child Welfare Gate – Child/Youth/TAY

- a. The implementation plan for the Child Welfare gate has proceeded as planned. We have been able to expand in both of our targeted areas: dual diagnosis mental health/substance abuse services for both our foster care youth and their biological parents as well as in our "Conexiones Familiares" therapeutic visitation program. In addition, the new Transition-age foster youth coordinator continues to have a significant impact in better preparing youth in the Children's system to transition into adulthood, including the different service array available to them as young adults. Finally, the expanded community-based agency

contract with Parents Center has significantly improved access for court dependents and children at-risk of deeper involvement with Child Welfare.

- b. Not Applicable.
- c. The County served 55% (80 individuals) of the targeted 145 in the system development program.
- d. Our major implementation challenge has been in hiring clinicians for our County positions. We've had difficulty with recruitment and finding qualified bilingual staff to meet our linguistic needs.

Work Plan #4: Education Gate – Child/Youth/TAY

- a. Education Gate services are designed to address the mental health needs of children/youth in the school system at-risk of school failure by increasing mental health services to children/youth with serious emotional disturbance at school sites, and increase consultation and training of school staff in mental health issues regarding screening and service needs of students with serious emotional disturbance.
- b. Not Applicable.
- c. The County has not served the targeted 24 in the system development program.
- d. Two new clinical positions have been heavily recruited to provide dedicated dual diagnosis mental health/substance abuse services. One has been filled, but the clinician has been out on sustained medical leave. The other has not been filled yet due to lack of appropriate candidates and bilingual capacity. While there has been a significant expansion of non-MHSA counseling contracts during this same time with Youth Services and PVPSA, the county level positions have had significant implementation issues. We are currently reviewing options for better implementation of this work plan.

Work Plan 5: Special Focus: Family Partnerships

- a. Family & Youth Partnerships provides System of Care support, outreach, education, and services for parents and other caregivers of children and youth receiving services from Children's Mental Health.
 - The community-based agency contract has continued to provide expanded parent and youth services in our System of Care.
 - A contract awarded to Community Connection for the Family Advocacy position (June 2007) and successfully filed, to provide more specific family advocacy support within our system.
 - Augmentation funding has helped Youth Services to expand specific youth partnership activities to foster youth, and through a local coalition of gay and lesbian, bisexual and transgendered youth.
- b. Not Applicable.
- c. The County has served 52% (14 individuals) of the targeted 27.
- d. One of the major implementation challenges has been finding bilingual clinicians with the clinical skills necessary to work with this Seriously Emotionally Disturbed population of clients.

Work plan 6: Enhanced Crisis Support

- a. In our original Work plan 6, we developed Crisis Residential Beds at Front Street, Inc. In response to the growing number of Older Adults with complex medical problems and co-

occurring mental health conditions, we made a decision to redirect these funds to Drake House, a residential facility focused on serving this population. This service has continued through calendar year 2007. The Center for Hope and Healing was developed as a step-down facility from in-patient care. As part of our experience, we saw a growing need for a true Crisis Residential facility as a hospital diversion program. Rather than focus on step-down from the hospital, we focused on redirecting consumers from entering the hospital if at all possible. Our contract partner, Santa Cruz Community Counseling Center has sought out licensing and developed program to open in early 2008. Also in our expansion supplemental, we proposed expansion of other crisis services including an Enhanced Support Team to assist adult Full Service Partnership and System of Care teams with crisis management and adding Crisis Specialists to provide short-term supports to non-System of Care individuals. These two services are also under development as part of the continuum of crisis services.

- b. Exhibit 6 submitted each quarter.
- c. The County served 69% (20 individuals) of the targeted 29 individuals in the system development program.
- d. To provide bilingual Access and mobile crisis support to the South County region of the county, we have actively been recruiting bilingual, licensed-eligible individuals. It has been a challenge to fill this position as of this date.

Work Plan 7: Consumer, Peer & Family Services

- a. This plan is fully implemented as described in our original CSS plan. Services include two Wellness Centers, north and South County. Each Wellness Center is staffed with Peer Supports as well as integrating two peers on our Transition and Adult Service teams. Our Stipend program for consumers and family members is being well utilized; we currently have a core group of consumer advocates who are focused on the training and development of consumer leadership for our county. The Family Advocacy program was started in May 2007, the staff member hired for adult families left the job and recruitment for this position has been challenging, as they must be bi-lingual.
- b. Exhibit 6 submitted each quarter.
- c. The County served 94% (85 individuals) of the targeted 90 individuals in the system development program.
- d. Challenges in this work plan include two primary areas. 1) Finding bi-lingual /bi-cultural family member to staff the Adult Family Advocate position and 2) completion of the facility improvements at Mariposa Center have been delayed due to County contracting process.

Work Plan 8: Community Support Services

- a. These programs are fully implemented; they include housing supports, employment services and educational services.
- b. Exhibit 6 submitted each quarter.
- c. The County served 132% (132 individuals) of the targeted 100 individuals in the system development program.
- d. The County has not encountered any major implementation challenges in this work plan.

Work Plan 9: Person-Centered Program of MHSS

- a. The activities are proceeding as described in work plan 9 with the exception of the plan to increase the Occupational Therapy staffing to provide assessments and assistance for persons needing to learn independent living skills. (This was due to being unable to use funds that DMH designated as “one time”, rather than service dollars.)

The activities, staffing and services include:

- ✓ New Housing Analyst
 - ✓ Jail Discharge Planner
 - ✓ Benefit Supports
 - ✓ Older Adults Full Service Partnership Team
 - ✓ Increase in Staffing in Watsonville (South County Adult Team and Homeless MH team)
 - ✓ Darwin and Opal Cliffs
 - ✓ Conversion of Transition Team to Full Service Partnership Team
 - ✓ Increase service capacity in adult system of care with additional mental health Client specialists, Mental Health Aides, and a Senior Case Data Clerk
 - ✓ Contract for a licensed, 16 bed, 24/7, care facility for a mixed population of seniors and adults with bi-lingual bi-cultural services
- b. Exhibit 6 submitted quarterly;
 - c. The County served 72% (159 individuals) of the targeted 220 individuals in the system development program
 - d. The County is still in the process of remodeling the 16 bed licensed care facility and therefore it has not opened yet for residency. The County is working with central personnel to classify our new MH aide positions

A. 2) For each of the six general standards in California Code of Regulations, Title 9, Section 3320, very briefly describe one example of a successful activity, strategy of program implemented through CSS funding and why you think it is an example of success, e.g. what was the result of your activity. Please be specific. The suggested length for the response to this section is three pages total.

- a. Community collaboration between the mental health system and other community agencies, services, ethnic communities etc.
- b. Cultural competence
- c. Client/family driven mental health system
- d. Wellness/recovery/resiliency focus
- e. Integrated services experience for clients and families: changes in services that result in services being seamless or coordinated so that all necessary services are easily accessible to clients and families.

Response to Question A.2

a. Community collaboration between the mental health system and other community agencies, services, ethnic communities etc.

There are many examples of community collaboration in our County. These include:

- a. Community Connection's MHSa funded educational service program that is based at Cabrillo College. The Disabled Student Service Center at Cabrillo provides office space, phones and computers. Mental Health consumers enrolled in community college benefit from these support services.
- b. The Children's Mental Health Advocate is out-stationed at the Live Oak Family Resource Center.
- c. The Wellness Centers in North and South County benefit from community partnerships by having a range of services on site.
- d. Community based agencies (Youth Services and Barrios Unidos) partner to serve marginalized Latinos.

For this report we would especially like to highlight the collaboration between the Parents Center and Children's Mental Health Services. In order to ensure the successful provision of family interventions provided within supervised visits that children (that are in out of home care) have with their parents, the county and the Parents Center formed an ongoing workgroup. The goal was to make sure that children's specific mental health needs were being addressed (by the parents and the visit supervisors) during their visit. These "shared" children are between the ages of 0-5 years of age. This workgroup together researched and redesigned a supervised visit assessment needs tool that improves service provision collaboration and coordination. Together the overall improvements include:

- a. A more client and family driven practice (by involving parents in setting up initial supervised visit treatment goals and using the tool to identify the parenting strengths that parents initially have to support parents in building upon them).
- b. Incorporating the child's clinician's feedback and suggestions about ways that the children's mental health needs can be addressed in an ongoing manner by sharing service plans, assessments and meeting together regularly as well as observing visits to see interactions to address in individual and family work
- c. Collaboratively identifying what other referrals families need in order to build upon their capacity to meet their children's well being, as well as health and physical safety.
- d. Increased cultural competency by involving families in treatment planning so that families can specify any cultural issues that they want addressed in service provision
- e. Coordinates with drug and alcohol treatment providers to reinforce gains/ assist recovery and resiliency of parents

b. Cultural competence

Although the Santa Cruz County (and its contract providers) is still challenged to hire sufficient numbers of qualified bilingual (and bicultural) mental health providers, there was an increase in Spanish speaking providers hired in 2007. The Mariposa Wellness Center, for example, is staffed by two staff members, a full-time program coordinator and part-time program assistant, who are bilingual (in Spanish/English) and bicultural, to provide culturally sensitive and

appropriate services to the individuals, and their families. (All flyers and calendars are translated into Spanish and phone services include messages in Spanish as well as English.)

Families have benefited by the Family Mental Health Advocacy Services program partnering with NAMI in the spring of 2007 to facilitate a Spanish-language version of the “Family to Family” class to monolingual, Spanish-speaking families in Watsonville. The class is a 12-week series on how family members can best support their adolescent youth or adult family member with a mental illness. A total of 13 family members attended; nine completed the entire series and received their certificates from NAMI.

The Children’s programs have significantly expanded services to more Latino youth and their families through MHSA funding. The percentage of Latino children/youth served has risen from 49% to 56% over two years time. This speaks to the great work our community-based agency partners have done to increase access by being visible points of entry in neighborhoods and school-linked screening committees.

c. Client/family driven mental health system

Client and/or family driven services are best conceptualized by working collaboratively with clients and their families in the development of their treatment plans and intervention strategies. Client/family driven issues are resolved most satisfactorily when the whole family participates in the solution. Services for clients involve, as appropriate, home visits, brokerage and transportation. Culturally sensitive services include weekend and evening appointments to honor the challenges that families face in scheduling sessions during work hours.

Additionally, several MHSA funded programs have hired clients and/or family members to be providers of services. For example:

- Youth Services has been instrumental in developing new youth leadership in the foster care system, and among gay, lesbian, bisexual and transgendered youth through the STRANGE program that Youth Services operates
- Family members provide outreach and engagement in the community to assist family members with linkages in the community staff our Family Advocacy program. Examples of these linkages might include connecting family members to NAMI, support services, understanding the array of mental health services available in the community and assisting family members and consumers through the access process.
- Family Partnership Program hired an additional fulltime, bilingual-bicultural staff person to provide peer support services to parents of children receiving mental health services. The newly hired staff person is herself the parent of a child with mental health issues and has been able to advocate successfully for inclusion of parents in the development and implementation of services plans for youth and in making sure that youth’s mental health needs were addressed even when the youth were placed temporarily in Juvenile Hall.
- The Mariposa Wellness Center employs four part-time MH consumers who design and implement wellness-related activities for adult clients at the Mariposa Wellness Center. Activities initiated by on-site peer counselors include yoga groups, women’s and men’s group, walking groups, art and creative writing groups, joint volunteer activities in the community (e.g., helping with the Adopt-A-Family Christmas program for low-income families), a weekly Wellness/Recovery speaker series and a weekly barbecue/potluck

social event using low-cost food from the Second Harvest Food Bank. Two Mariposa consumer staff also co-facilitated an eight-week “Peer to Peer” education series (at an off-site location) that was very well received and attended.

d. Wellness/recovery/resiliency focus

Clinicians are challenged by the confines of the fact that we must give a DSM diagnosis and have an “identified patient”. However, there is an increasing shift on focusing on empowering the client to recognize their own inner resiliency and strength and to build on those strengths to make healthy choices. Two examples of this are below:

The Mariposa Wellness Center hosted a weekly “Listening Well” speaker series in which consumers who were well advanced in their recovery process presented their stories, shared tips and addressed questions from other adult consumers still struggling to graduate from coordinated care. The series was one of the best-attended groups at the Mariposa Center in 2007 (apart from the weekly barbecue social events on Fridays).

In the Children’s program our community gate counselor uses a strength-based approach when working with families. Services often include wellness education on topics such as anger management, victim’s awareness, and positive coping skills. Optimum mental health is more than the absence of pathology. Strategically by focusing on spiritual awareness (both internal and external sources of strengths) youth and their families repeatedly self-report feelings of hope rather than continued despondency

e. Integrated services experience for clients and families: changes in services that result in services being seamless or coordinated so that all necessary services are easily accessible to clients and families.

Our Transition Age Youth Full Service Partnership team utilizes an example of an integrated service focus. The team uses the “whatever it takes” philosophy to reach out to youth and their families to engage them in services and develop appropriate extended supports. These supports include visits to the home, a Transition Age Youth “Academy” and services take place throughout the community, integration of an employment specialist on the team. Families are included in Service Planning and participating in discussion of potential placement options.

Another example of integrated services is in the Probation Gate. The counselor and the supervisor work hard to ensure continuity of care; this includes from one program/agency to another, or one counselor to another. Moreover, we creatively provide more than one counselor to attend to various needs in the client’s family/support system. For example, if a client is interested in benefiting from the YS clean and sober school program, Escuela Quetzal, the counselor might coordinate the intake interview, consult regularly with the other counselors, and attend regular meetings to ensure that services are well-coordinated, that communication is good, that the client is not “over-counseled”/that services are not duplicated and that the family continues to receive services and to stay involved in the client’s treatment plan.

A. 3) For the Full Service Partnership category only:

- a. If the County has not implemented the SB 163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department of social services and the California Department of Social Services toward the implementation of the SB 163 Wraparound, please describe the progress that has been made, identify any barriers encountered, and outline the next steps anticipated.
- b. Please provide the total amount of MHSA funding approved as Full Service Partnership funds that was used for short-term acute inpatient services.

Response to Question A 3

- a. We have implemented SB163 Wraparound Services in Children's Mental Health.
- b. We have not used MHSA Full Service Partnership funds for short-term acute inpatient Services.

A. 4) For the General System Development category only, briefly describe how the implementation of the General System Development programs have strengthened or changed the County's overall public mental health services system. The suggested length for response to this section is one page.

Response to Question A 4

Children’s Mental Health: The System Development programs in the Children’s system (Work Plans #1- 5) have significantly expanded access to mental health services, particularly among Latino youth (having increased from 49% to 56%). The development of new county and contract positions, positioned to increase capacity in each of our main system of care “gates” through Probation, Child Welfare, the schools and the community, means that more children/youth are being served and diverted from deeper involvement with out-of-home and institutionalized care. Increased funds for family partnership staff, family advocacy, and now youth partnerships means more consumers are actively participating at service, policy, and advocacy levels in our larger system. Because the Santa Cruz County Children’s Mental Health System of Care has previously emphasized intensive services for the most at-risk clients in Probation, Child Welfare, the schools and the community, these new system development funds have helped broaden access to more children/youth *before* deeper involvement with these public agency partners.

Adult mental health integrated system development funds throughout the adult system of care. We added additional staff to our two general case management teams in order to lower the case load sizes, thus providing more person centered services with an emphasis on meaningful daily activities, linkage with employment and educational supports as well as assisting individuals in maintaining their independent housing.

This has also enhanced our ability to provide more culturally competent services both in north and South County. We have added a Jail Discharge Planner who is bi-lingual bi-cultural which has decreased the number of days that inmates are incarcerated and provided client centered treatment planning as well as linkages to the community for both mental health and substance abuse services.

B. Efforts to Address Disparities

The suggested response length for this section is three pages.

- 1) Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in the CSS component of your Plan. If possible, include results of the effort/strategy.**
- 2) Briefly describe one challenge you faced in implementing efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.**
- 3) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA. *Not applicable.***
- 4) List any policy or system improvements specific to reducing disparities, such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts.**

Response to B. Efforts to Address Disparities:

1) Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in the CSS component of your Plan. If possible, include results of the effort/strategy.

Prior to MHSA our older adult population was sorely lacking any specialized care. We created an Older Adult FSP with MHSA funding, and we have opened the doors to many referrals from senior service agencies throughout the county. The pent up demand is so great that we clearly will need to continue to grow the staffing on this team.

Another successful strategy to address disparities in access among underserved populations was the decision to locate Santa Cruz County's second Wellness Center program in the heart of downtown Watsonville, a community which houses many Anglo/Caucasian consumers as well as a large number of underserved Latino consumers and their families. The Mariposa Wellness Center program quickly became a hub for activities and support services for adult mental health consumers as well as for outreach activities conducted by our Family Advocacy and Family Partnership programs. The center is a convenient, friendly, easily accessible gathering place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. However, there is overlap between the two groups, who are able to access whichever programs and services best fit their needs.

One of the most successful efforts to address disparities and quality of care among underserved populations targeted by our Plan has been the focus on hiring more bicultural, bilingual (Spanish) in order to better match our client population. While there is still a need for more clinicians we see that the percentage of Latino children/youth served has risen from 49% to 56% over two years time. Parent Center, one of our contract agencies has tripled the number of children between the ages of 0-5 served this year over last year.

2) Briefly describe one challenge you faced in implementing efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.

In the Children's program it has been a challenge to find ways to engage the LGBTQ community among youth, given the dual stigma of gender and mental health discrimination. However, working with Youth Services we have augmented their pathways into this community through the STRANGE program, as well as connecting with a fledgling foster care youth group. So enhancing fledgling community-based organization efforts has been key.

Another factor is that there are so many youth who are quite involved in the gangs that the counselors cannot reach all of those most at risk. The Prop 63 funding has enabled us to serve both younger (e.g. 12year old brothers of older probationers who need support to stay on the "straight and narrow" in a crime-ridden neighborhood) and older clients (over 18 who are off probation but need support to stay on the right track). We have taken clients in groups of mixed gang affiliation to a Ropes Course or other such activity, and have seen them challenge

themselves mentally and physically and even cooperate with one another. We have worked hard to access positive resources and activities for the youth, such as job training, handball games, health insurance, school placements, writing or art. More funding is needed to continue to expand services to even more youth before they get swept up into the gangs, and many more resources are needed at the community level to keep youth safe and involved in healthy alternatives activities.

It continues to be a challenge to assist undocumented families.

3) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA.

Not applicable.

4) List any policy or system improvements specific to reducing disparities, such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts.

Santa Cruz County revised its Plan for Culturally Competent Specialty Mental Health Services prior to the implementation of any Mental Health Services Act components. While the Department of Mental Health requires periodic updates, Santa Cruz County Mental Health and Substance Abuse Services updated the entire Plan in July 2004. Additionally, several policies were put into place addressing the following:

- Implementation of Cultural Competence Standards
- Linguistically Appropriate Services
- Service Access for Visually or Hearing Impaired
- Contract Requirements for Cultural Competence Standards
- Availability of Culturally Competent Staff

C. 3. Stakeholder Involvement

As Counties have moved from planning to implementation many have found a need to alter in some ways their Community Program Planning and local review processes. Provide a summary description of any changes you have made during the time period covered by this report in your Community Program Planning Process. This would include things like addition/deletion/alteration of steering committees or workgroups, changes in roles and responsibilities of stakeholder groups, new or altered mechanisms for keeping stakeholders informed about implementation, new or altered stakeholder training efforts. Please indicate the reason you made these changes. The suggested response length for this section is two pages.

Response to C. 3: Stakeholder Involvement:

Since the initial planning the County has worked closely with the Mental Health Board (which includes consumers, family members and other advocates), and meets regularly with the various mental health contract agency representatives.

In 2007, the County formed the Santa Cruz County **Mental Health Services Act Steering Committee**, which replaced the interim committee. The MHSA Steering Committee membership was selected with the intention of having a cross section of member representatives, including mental health providers, employment, social services, law enforcement, consumers, and family members, as well as representatives from diverse geographical and ethnic/racial/cultural populations.

The Steering Committee began meeting in February 2007. The initial focus of the meetings was to understand the Mental Health Services Act, which includes service components (Community Services and Supports, Prevention & Early Intervention, and Innovative Projects) and infrastructure components (Workforce Education & Training, Capital Facilities, and Information Technology). The five essential elements of MHSA (community collaboration, cultural competence, recovery/resiliency, consumer and family driven mental health system, and integrated services) were also reviewed. The Steering Committee meets monthly.

Initially Alicia Nájera, the MHSA Coordinator or Leslie Tremaine, Director, facilitated the meetings. The format changed so that the meetings are chaired/facilitated by Linda Wilshusen, Mental Health Board Member. The Steering Committee has developed Working Guidelines (and revises as necessary). The general structure of the meetings includes introductions and announcements, a review of the minutes from the previous meeting, acceptance of information items, and MHSA component updates. The Steering Committee makes recommendations in regards to the planning processes and priorities for our MHSA development, and to do this is kept updated regularly regarding component guidelines, time lines (revised as needed), and requirements.

The Steering Committee has provided oversight and review to the “Implementation Progress Report” review and public hearing, the Town Hall meetings, and was instrumental in identifying stakeholders for the Workforce Education & Training (WET) component. Several Steering Committee members were active in one or more of the “WET” workgroups.

In 2007 we had three consumer and/or family member presentations included in the MHSA Steering Committee meeting. The presenters offering information about recovery from a consumer perspective were: Andrew Shachat and Ron Myers, and Jody Wells. We also had Melody St. Charles offer information about resiliency from a family member’s perspective, as well as through her work as a Family Partnership staff person.

In October 2007, Santa Cruz County Mental Health & Substance Abuse Services held two **Town Hall** meetings to provide a status update on the Mental Health Services Act (MHSA), and to hear feedback about implementation to date.

Santa Cruz County Mental Health & Substance Abuse Services

These meetings were advertised in the media through public service announcements, paid advertisements, talk radio, and extensive mailings to school personnel, law enforcement, NAMI, contract agencies, and previous attendees of MHSA forums.

The two meetings were held in the community: one was in South County at 18 West Beach Street on Tuesday, October 2nd, and the other was in North County at the Santa Cruz Veterans' Memorial Building on Thursday, October 4th. Both were held in the evening from 6 to 8 p.m.

Approximately 70 people attended. After an initial welcome by a member of the MHSA Steering Committee (Jenny Sarmiento in Watsonville and Ginny Gomez in Santa Cruz), the Director of Mental Health (Leslie Tremaine) provided an overview of MHSA. In Watsonville, PJ Warner – Family Advocate, John Wright – Mariposa, and Martha Naranjo – Family to Family, spoke about the impact of MHSA. In Santa Cruz, Ron Myers – MHCAN, PJ Warner and John Wright – Mariposa, and Mariae Boisa, spoke about their programs and the impact of MHSA.

The attendees broke out into groups by MHSA component and a facilitator was assigned to ensure participation and inclusion of all group members and record the discussion. The responses were rich; they were recorded for consideration in MHSA future planning.

In 2007 the County held monthly meetings with stakeholders from August 2007 to December 2007 to develop the Plan for the **Workforce Education and Training** component. There were three “sub groups” that focused on developing recommendations for the WET proposal. Additionally, the County conducted several focus groups, including County Mental Health staff (in both North and South County), community-based organizations' staff, consumer/client employee staff (in both North and South County), and with interns (both trainees and registered interns). NAMI representatives developed a family questionnaire, and the County mailed these to over 250 families; 47 were returned. The County supported a NAMI gathering focused on MHSA and encouraged families to get involved. The family questionnaire was translated into Spanish and was disseminated to adult and children services staff, the Mariposa Wellness Center and to Family Partnership, but no surveys were received. However, the MHSA Coordinator met with Spanish speaking families at the Mariposa Wellness Center; their preference was to have a conversation rather than fill out the questionnaire.

The WET stakeholders were consumers, family members, representatives from County Mental Health (managers, supervisors and line staff), mental health contract agencies, Wellness centers, Department of Rehabilitation, First Five, Cabrillo College, Bethany University, child welfare, County Personnel, Workforce Investment Board, MHSA Steering Committee members, and Mental Health Board members. The County also sought involvement with stakeholder representatives that did not participate (but remained on our mailing list, received meeting notices and meeting notes). These included representatives from the University of California at Santa Cruz, California State University at Monterey Bay, San José State University, Career Works, and ROP

D. 4. Public Review and Hearing

Provide a brief description of how the County circulated this Implementation Progress Report for a 30-day public comment and review period including the public hearing. The statute requires that the update be circulated to stakeholders and anyone who has requested a copy. The suggested response length for this section is two pages. This section should include the following information:

- a) The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission. (The public hearing may be held at a regularly scheduled meeting of the local mental health board or commission.)
- b) The methods that the County used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.
- c) A summary and analysis of any substantive recommendations or revisions.

Response to D. 4. Public Review and Hearing:

To be added after the Public Review and Hearing.

Santa Cruz County Mental Health & Substance Abuse Services

SUMMARY MHSA Community Services and Supports (CSS) work plans:

(Original plus “expansion”)

❖ This grid only shows MHSA-funded positions and contracts. Work plans (submitted to DMH) included non MHSA-funded positions and contracts.

Services Proposed (in our DMH contract)		<i>County Staff</i>	<i>Contracts</i>
1. Community Gate			
Population Served: Children, TAY, and parents	Address the mental health needs of children/youth in the Community at-risk of hospitalization, placement, and related factors: <ul style="list-style-type: none"> ▪ Improve our system so that at-risk youth are identified earlier and can get help before problems get serious ▪ Increase services for youth with both mental health and substance abuse issues. ▪ Increase service capacity for youth with both mental health and substance abuse issues. These services include assessment, individual, group, and family therapy with the goal of improved mental health functioning and maintaining youth in the community. 	Added two mental health clinicians.	Youth Service, Family Services
2. Probation Gate			
Population Served: Children, TAY, and parents	Increase Dual Diagnosis MH/Substance Abuse treatment for youth: <ul style="list-style-type: none"> ▪ Identified by Juvenile Hall screening tools (i.e., MAYSI, CA Endowment Grant) with mental health and substance abuse needs that are released back into the community. ▪ Community youth with multiple risk factors for Probation involvement. ▪ Further expand mental health services in the Probation Gate to more youth families. These services include assessment, individual, group, and family therapy with the goal of improved mental health functioning and maintaining youth in the community. 	None	PVPSA, Youth Services
3. Child Welfare Services Gate			

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Population Served: Children, TAY, and parents	<p>Address the mental health needs of children/youth in Child Welfare system:</p> <ul style="list-style-type: none"> ▪ Increase Mental Health Treatment provided during visitation between biological parents and their children in foster care (including children 0 – 5). ▪ Develop services for parents (with children in the CPS system) who have both mental health and substance abuse issues. ▪ Increase services to “transition age” youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18). ▪ Increase our service capacity. This will also increase our capacity to serve the 0-5 child population. These services will include assessment, counseling, family therapy and crisis intervention. 	Added four mental health clinicians.	Parent Center
4. Education Gate			
Population Served: Children, TAY, and parents	<p>Address the mental health needs of children/youth in Education system at-risk of school failure:</p> <ul style="list-style-type: none"> ▪ Increase mental health services to children/youth with SED at school sites. ▪ Increase consultation and training of school staff in mental health issues regarding screening and service needs of students with SED. 	One mental health clinician to be hired.	None
5. Special Focus: Family Partnerships			
Population Served: Children, TAY, and parents	<p>Increase Family & Youth Partnership programs regarding System of Care support, outreach, education, and services.</p> <ul style="list-style-type: none"> ▪ Expansion of community-based agency contract to provide additional parent and youth services in our System of Care. ▪ Proposed amendment will increase capacity for youth and family partnerships by contracting for these services with a community based agency. Emphasis will be on increasing youth-partnership activities. 	None.	Community Connection Youth Services
6. Enhanced Crisis Response			

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<p>Population Served: TAY, Adults, Older Adults</p>	<p>Crisis response program:</p> <ul style="list-style-type: none"> ▪ Enable individuals to avoid or minimize the disruption and trauma of psychiatric hospitalization and/or incarceration, while maintaining their safety in a supportive, safe and comfortable environment. ▪ Provide individualized attention, and a “compassionate presence” for individuals in need on a 24/7 basis. ▪ Transform Center for Hope and Healing to a crisis residential program to enhance the capacity of voluntary alternatives to acute psychiatric hospitalization. ▪ Add a new mobile enhanced support team to assist adult Full Service Partnerships and other System of Care consumers maintain the least restrictive level of care. ▪ Add crisis specialists to the mobile crisis response team expanding the service and support capacity needed for non-System of Care individuals. ▪ Add additional staff to South County region to expand Access services and mobile crisis support. 	<p>Two Mental Health Client Specialists</p>	<p>SCCCC, Front Street Inc.</p>
<p>7. Consumer, Peer & Family Services</p>			
<p>Population Served: TAY, Adults, Older Adults</p>	<p>Expand countywide access to and the availability of culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services.</p> <ul style="list-style-type: none"> ▪ Mariposa Wellness Center ▪ MHCAN Wellness Center ▪ Peer supports ▪ Family Advocacy for Adults (to start in May 2007) ▪ Facility improvements for Mariposa Wellness Center ▪ Stipends for consumers/family members 	<p>None</p>	<p>MHCAN, Community Connection</p>
<p>8. Community Support Services</p>			
<p>Population Served: TAY, Adults, Older Adults</p>	<p>Advance recovery goals by holding out hope and opportunities for all consumers to engage in meaningful work and learning activities.</p> <ul style="list-style-type: none"> ▪ SCCCC Housing supports ▪ Housing Coordinator at Front Street ▪ Employment Services ▪ Education Services 	<p>None</p>	<p>SCCCC, Front Street Inc., Volunteer Center</p>
<p>9. Person-Centered Program of MHSS</p>			

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<p>Population Served: TAY, Adults, Older Adults</p>	<p>Increase access and enhance geographic proximity of public mental health services, and increase the array and types of available services to Transition Age Youth, Adults and Older Adults.</p> <ul style="list-style-type: none"> ▪ Housing Analyst ▪ Jail Discharge Planning ▪ Benefit Supports ▪ Older Adults Full Service Partnership Team ▪ Increase in staffing in Watsonville (South County Adult Team & Homeless MH Team) ▪ Darwin and Opal Cliffs ▪ Conversion of Transition Team to Full Service Partnership Team ▪ Increase service capacity in adult system of care with additional Mental Health Client Specialists, Mental Health Aides, and a Senior Case Data Clerk ▪ Increase Occupational Therapist Staffing to provide assessments for <i>all</i> teams ▪ Contract for a licensed, 16-bed, 24/7, care facility for a mixed population of seniors and adults with bi-lingual bi-cultural services. 	<p>7 mental health clinicians, 3 support staff, 1 benefit rep, and 1 housing analyst. 1 FTE mh aides .5 fte OT</p>	<p>SCCCC, Front Street Inc.</p>
<p>Administration</p>			
	<p>Support the implementation of CSS, and future components of MHSA. Liaison with State Department of Mental Health and community stakeholders.</p> <ul style="list-style-type: none"> ▪ MHSA coordinator ▪ Administrative Aid ▪ Social Work Supervisor ▪ Health Systems Application Manager 	<p>4 positions</p>	<p>None</p>