



Santa Cruz County  
Mental Health & Substance Abuse Services

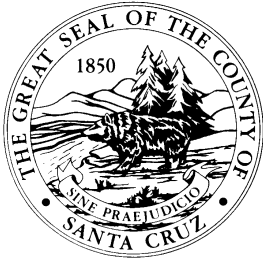
**Community Services & Supports  
Implementation Progress Report**

Draft for Public Comment  
April 29, 2007

Santa Cruz County Mental Health and Substance Abuse Services:  
Implementation Progress Report for Community Services and Supports (CSS)

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# County of Santa Cruz

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**Mental Health and Substance Abuse Services**

### LETTER FROM THE MENTAL HEALTH & SUBSTANCE ABUSE DIRECTOR

April 29, 2007

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 May 2006 (the effective date of the approved plan) through December 31, 2006. The Implementation Progress Report has been prepared according to instructions from the State Department of Mental Health (DMH), pursuant to DMH Information Notice #07-02.

The Report is available for public review and comment from April 29, 2007 to May 31, 2007. There will be a Public Hearing on May 17<sup>th</sup> at the Mental Health Board meeting in rooms 206 & 207, 1400 Emeline Avenue, Santa Cruz, California. Call Alicia Nájera (the MHSA coordinator) at 831-454-4931 with your comments or feedback, 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. There are of course many critical needs that remain for us to address in the future phases of MHSA funding. The Santa Cruz County MHSA Steering Committee will notify and engage the public as part of our planning for these subsequent components.

Sincerely,

Leslie Tremaine  
Director

## **Implementation Progress Report County of Santa Cruz**

### **1. Program/Services Implementation**

**a) The County is to briefly report by each service category (i.e., Full Service Partnerships, General System Development and Outreach and Engagement) on how the implementation of the approved programs/services is proceeding. The suggested length for the response to this section is two to three pages per each service category. Small counties may combine service categories and provide a comprehensive update in two to three pages.**

**(i) Report on whether the implementation activities are generally proceeding as described in the county approved plan and subsequently adopted in the MHSA Performance Contract. If not, please identify the key differences.**

**(ii) Describe the major implementation challenges that the County has encountered.**

**b) Highlight the County's key transformational activity/activities in any of the five essential elements:**

- Community collaboration**
- Cultural competence**
- Client/family driven mental health system**
- Wellness/recovery/resiliency focus**
- Integrated services for clients and families**

**c) For the Full Service Partnership category only: 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.**

**d) For the General System Development category only: Describe how the implementation of the General System Development programs has strengthened the County's overall public mental health services system. If implementation has not yet occurred or is an early stage of development, simply indicate that this is the situation and no other response is needed.**

**e) If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.**

### **Full Service Partnerships**

Santa Cruz County is implementing three Full Service Partnership Teams with MHSA funding: the Transition Team, the CSS Act Team for adults, and the Older Adult Team. We have also implemented SB163 Wraparound Services in Children's Mental Health.

**Transition Team** was based on the Assertive Community Treatment (ACT) and has now been expanded to function as a Full Service Partnership. The target population is persons with serious mental illness ages 18 to 25. We have enrolled 50 youth, with an anticipated capacity of 70.

*(Note: Transition age services are also offered for youth ages 16 and older that are aging out of foster care.)* The Team is composed of a licensed supervisor, two therapists, five coordinators, a psychiatrist, and a half-time peer counselor. Three of the five coordinators are bilingual (Spanish-English), and two are bicultural.

Although service plans are individualized, the primary goals are independent living skills, employment, school, and working with families. While many still live with their families, about twenty live on their own. The Team works closely with staff at Opal Cliffs and Darwin House on enhancing independent living skills. Two staff from Career Services are integrated into the Team meetings, and they have successfully found employment for many of the "partners" (or "students" as the staff prefer to call them) on the Team. Several partners work toward their GED, and approximately one-third of the "partners" are enrolled at Cabrillo College. The Team works closely with staff from the College Connection, a mental health contract that provides support located at the disabled student services office on the Cabrillo campus. Flex funds are accessed to help purchase textbooks. The staff spends a lot of time educating and supporting families about mental illness, issues regarding voluntary services, and parenting issues. The staff offers referral to NAMI, and to Family-to-Family classes (in both English and in Spanish).

Many of the referrals for this Team come from the Access team, jail and the Behavioral Health Unit at Dominican Hospital. Many persons present with a diagnostic challenge of substance abuse and symptoms of mental illness.

Specialized services are offered for Transition age youth at the MHCAN Wellness Center in North County on Wednesdays: the "TAY ACADEMY", designed using a classroom model. Drop-in pre-employment classes are offered on Tuesdays at the Mariposa Wellness Center in South County.

Although the Transition Team is proceeding as expected, they have faced some barriers. There is a need for specialized DRA (Dual Recovery Anonymous) group for this age group. The staff have found that the transition age people do less well at the substance abuse treatment programs in our County. The Team is exploring the possibility of offering a Transition Age Dual Recovery group at Opal or Darwin House. The Team also sees the need for more independent housing for transition age youth.

The **Full Service Partnership for Adults is the CSS ACT Team**. This FSP is provided by a contract agency (Santa Cruz Community Counseling Center). This was originally referred to as POWER in the MHSA work plan submitted to DMH. The target population for this team is adults with a dual diagnosis (DD) and/or Mental Health Probation or criminal justice

involvement. The team provides a thorough assessment, diagnostic differentials, dual diagnosis treatment, and supportive services around housing, employment, physical health and person centered goals.

This team is composed of 5 mental health coordinators, one licensed mental health clinical supervisor, .5 FTE consumer aide, a half-time psychiatrist, a designated contracted employment specialist who meets with the team bi-weekly to integrate employment and educational services and linkage. Two of the coordinators are housing specialists. The therapist and nurse are still yet to be hired. All staff work in collaboration with the consumers to provide a “whatever it takes” approach to meet the consumers needs. There are daytime structured activities, groups and intensive services that focus specifically on dual recovery treatment when people are in need of substance abuse treatment.

Referrals come from the County Access team, the Jail Discharge Planner and internal team transfers.

This team provides intensive wrap around services with caseloads averaging 1:15. They provide 24/7 on call services. Special emphasis is placed on recovery-oriented goals: employment, school, housing, and meaningful daily activities. Team members provide drug and alcohol education groups, mental health wellness recovery, WRAP groups, coping skills, and grief recovery groups (to address loss issues), and employment preparation groups. There are linkages and transportation provided to community resources such as 12 step groups and peer support such as at the Mental Health Community Action Network (MHCAN). The CSS team has become more responsive to community issues, providing immediate turn around responses to the community, as well as more outreach and integration with families.

Hiring personnel has been an obstacle for this team. The major barrier however has been “wet” or “damp” housing (i.e. housing that does not adequately support sobriety). There is a need for temporary housing for persons who are in the early stages of substance abuse recovery because they sometimes face being evicted in currently available housing.

**The Older Adult Full Service Partnership Team** is a new team that enabled Santa Cruz County to offer older adult services with MHSA funding. The target population for this team is persons who are age 60 or older with a serious mental illness and complex medical conditions. There are 22 persons enrolled in the FSP, with a capacity of 30. About 25% of the persons served are Latinos. There are two coordinators (both bilingual) on the team, one therapist, a psychiatrist, and a licensed mental health clinical supervisor. The team would like to expand to include a peer counselor and a nurse to do mobile assessments. Currently the team uses a contract nurse.

Aside from addressing the physical and mental health issues the Team strives to help people maintain their independent living arrangements, and help them engage in meaningful activities such as groups, journaling activities, and art. They also provide support and education to family members. Outreach activities are held in all areas of the County (from the levy in Watsonville to the mountains in San Lorenzo Valley). A major barrier for this team is transportation for

medical appointments (because Central Coast Alliance for Health, the Medi-Cal managed care for primary health services, cut this benefit).

### **General System Development**

The first phase of MHSA funding is focused on enhancing community support services for adults with serious mental illness and children/youth with severe emotional disturbance. System Development services include enhancement of our staff and services across all age groups, with an emphasis on community collaboration.

Children's Services system development under MHSA enhanced services in part through the four "gates" as a means to improve access. The "community gate" is designed to address the mental health needs of children/youth at risk of hospitalization and/or out of home placement. Our goal is to improve our system so that at-risk youth are identified earlier and can get help before problems get serious, and to increase services for youth with both mental health and substance abuse issues. To that end, we

- Added a mental health clinician for screening, assessment, referral and treatment
- Contracted with Youth Services and Family Services for expanded treatment capacity, particularly for Latino children and youth
- Will hire a dual diagnosis mental health and substance abuse counselor.

"Probation gate" is increasing 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. This has involved one major approach:

- We have contracted with two new community-based agency contracts (PVPSA and Youth Services) to provide increased dual diagnosis mental health/substance abuse services to children/youth involved, or at risk of involvement with Probation.

"Child Welfare Services Gate" addresses the mental health needs of children/youth in the Child Welfare system by increasing mental health treatment provided during visitation between biological parents and their children in foster care (including children 0 – 5), and developing services for parents (with children in the CPS system) who have both mental health and substance abuse issues. This included the following:

- Added two county clinicians in the "Conexiones Familiares" program
- Created a dual diagnosis mental health/substance abuse clinical staff position for parents of child/youth in Child Welfare
- Have a new contract with Parent Center for mental health services for Child Welfare children reunifying with their families (particularly children aged 0-5).

"Education Gate" is 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. One new clinical staff is to provide dedicated dual diagnosis mental health/substance abuse services. This position has not yet been filled.

“Family & Youth Partnership” 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 was expanded to provide additional parent and youth services in our System of Care.
- A contract awarded to Community Connection for the Family Advocacy position (to start in June 2007).

Transition age services are designed to address the mental health needs of children/youth in the Child Welfare system by increasing services to “transition age” youth (16-21 years old) who are leaving foster care to live on their own (as well as other youth in Children’s Mental Health turning 18).

- Created and hired a new Transition-age youth system-wide coordinator. (Note: this is a new service, in addition to the Transition age services described in the Full Service Partnership section of this report.)

Adult services include enhanced intensive services designed to 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 by providing individualized attention, and a “compassionate presence” on a 24/7 basis. To date we have:

- Contracted with Santa Cruz Community Counseling Center for a 10-bed step-down/crisis bed facility called “Center for Hope and Healing”.
- Contracted with Front Street Inc, and they have developed “Drake House”, a facility for older adults. (For additional services to Older Adults services please refer to the Full Service Partnership section of this report.)

A peer counselor to provide crisis support is also planned, but has not been hired.

The Adult program has expanded countywide access and availability of culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services.

Numerous consumers and family members have been hired through the following:

- Contracted with the Mental Health Community Action Network (MHCAN) to provide peer supports, and to develop a Wellness Program in Santa Cruz. Peer counselors were hired in August 2006, and psychiatric services began in December 2006.
- Contracted with Community Connection to develop the Mariposa Wellness Center in Watsonville. The Center opened in early November 2006.
- Contracted with Community Connection to hire a Family Advocate for Adults to start in June 2007.

Adult services are designed to advance recovery goals by holding out hope and opportunities for all consumers to engage in meaningful work and learning activities. To this end we have also:

- Contracted with Santa Cruz Community Counseling Center to expand their Housing Support Team (by adding 1.5 peer counselors and one mental health counselor)
- Contracted with Front Street Supported Housing for a property manager. This freed up time from their housing support staff to only focus on support services rather than try to function in a dual role.

- Contract with Community Connection/Volunteer Center to provided supported employment services (with two part-time employment specialists and an education specialist hired, and a job developer position that is still vacant).

Additional system development services include the addition of the following staff:

- A new jail discharge planner who provides assessment and treatment planning in coordination with the jail psychiatrist, mental health crisis clinician, nurses and other detention staff for those inmates identified as having mental health needs. These activities are designed to facilitate prompt discharge from jail and assure linkage to necessary services.
- A new mental health counselor on the South County Adult Team designed to increase access to services and better meet the needs of the Latino community.
- A new mental health counselor on the Puentes Team also stationed in South County (designed to provide services to persons who are homeless and have mental illness).

All of these staff are bilingual and bicultural. A Housing Analyst has also been hired to provide expertise on all areas related to housing. This includes working knowledge of landlord tenant rights, on-going development and management of new Capitol funding for affordable housing units, and implementation of a Rent Plus program to assist individuals entering the housing world who are without housing references and/or adequate financial resources for necessary deposits. The housing analyst is a part of the management team, and will work with all county departments to lead mental health housing projects.

### Outreach and Engagement

Santa Cruz County Mental Health and Substance Abuse Services has developed working partnerships with a range of other community service providers, and fosters these relationships to generate information and referrals about the services we offer. We have standing meetings with child welfare, probation and the schools. We also work closely with the hospitals, the behavioral health (inpatient) unit, primary care providers, and Sheriff and police departments. We meet with other agencies as well, such as Hospice, MHCAN, Community Connection, Family Services, Youth Services, Pajaro Valley Prevention and Student Assistance, and other community based agencies to coordinate services and/or to educate each other especially about the new MHSA services we each offer (to facilitate the referral process).

While the majority of our engagement services are directed to services providers, outreach is also provided directly to the public at large. Staff have conducted outreach activities in all areas of the County. Bilingual staff from the homeless mental health team, the transition team and the older adult team in particular have conducted outreach “in the streets”. The additional assessment/screener in the children’s “community gate” has conducted engagement service by talking to parents of children who may benefit from our services. (Also see the response to question 2 below for a description of the outreach conducted during the Binational Health Week activities.)

While outreach and engagement activities have begun, it is clear that this activity has been more difficult to “capture”. Our data systems easily capture services provided to persons that are registered as “clients”, but we still need to develop such systems to more easily count services that are provided to the community at large.

## **2. Efforts to Address Disparities**

**The suggested response length for this section is two pages.**

- a) Describe your County's current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in your Plan. In your description, please highlight your successes and address any barriers or challenges that you have encountered.**
  
- b) Describe your County's outreach efforts and the progress made to date to involve the underserved populations that are specifically targeted in your Plan. Please be specific in identifying the strategies and approaches employed.**
  
- c) Describe the steps you used towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities.**
  
- d) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA. Not applicable.**
  
- e) 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.**

The Santa Cruz County 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). As such, increasing access to services for Latinos was established as an overall goal for the MHSA Community Services and Supports plan.

Each “gate” in Children’s has included an increased focus on addressing disparities. The “community gate” included the addition of bilingual (and bicultural) staff for additional screening, assessment, referral and treatment, as well as two contracts with community-based agencies for expanded treatment capacity focusing on Latino children and youth. One position is yet to be filled. The “probation gate” funded two additional community-based agencies to provide increased dual diagnosis (mental health/substance abuse services) for youth identified at juvenile hall and youth with multiple risk factors for probation involvement, with a primary focus on Latino youth. The “child welfare gate” targets additional services to Latino children/youth in the Child Welfare system and their parents. This includes increased mental health treatment provided during visitation between biological parents and their children in foster care, as well as dual diagnosis services to parents. The County hired three staff and contracted with a community-based agency. The “education gate” contracted with two community-based agencies, and the County has yet to hire a mental health clinician.

Transition age youth services also include increasing access to Latinos. Three of the mental health coordinators are bilingual and two are bi-cultural. We have increased capacity in the adult services including an additional (bilingual and bicultural) jail discharge planner, an additional (bilingual and bicultural) clinician on the homeless person’s mental health team (Puentes), and an additional (bilingual and bicultural) clinician on the South County Adult team. We have also added a bilingual and bicultural benefit representative (to help consumers apply for medical and/or Medicare benefits) and two medical assistants (one of which is bilingual and bicultural). In the older adults team two clinicians were hired. Both are bilingual and one is also bicultural.

Outreach efforts in Santa Cruz County include provision of information and referrals from the additional screening and referral staff, liaison work with schools, drop in centers, and Wellness programs in Santa Cruz and Watsonville. There has been extensive outreach by the Older Adult Service team (which was funded by MHSA) and by the Puentes (which added staff in South County).

Staff at Santa Cruz County Mental Health and Substance abuse were instrumental in coordinating activities for the First Annual Binational Health Week in Santa Cruz County. Binational Health Week is a weeklong series of health related events, offering quality health and medical screenings, information, and access to resources for low income and uninsured migrant communities. Included in the activities were two ‘health fairs’ whereby personnel from various agencies, including public mental health, provided information and referrals to the public. The public was provided with incentives to encourage their interaction with all service providers. These health fairs were staffed by a seasoned clinician with extensive experience working with all age groups, as well as familiar with a wide range of community resources. The health fairs were located in Santa Cruz and Watsonville, the most populated cities in the county.

Also included in Binational Health Week was a dance competition designed to promote healthy activities, and educate the public about health topics between dances. Dr. Steven López of the University of California Los Angeles conducted a presentation in Spanish designed to educate the public about mental health issues through the use of popular culture (music and videos). The public responded enthusiastically to his presentation, and some members of the audience took the opportunity to speak to County Mental Health and Substance Abuse staff about their questions and concerns regarding their (or their loved one's) mental health needs.

We have been fortunate in finding a number of qualified bilingual clinicians. However, several key positions remain to be filled and this has been a challenge as we are competing with local agencies, as well as neighboring Counties to hire qualified mental health professionals. The personnel department has held open/continuous recruitment for bilingual mental health client specialists in order to attract potential employees. All applicants are also given the opportunity to speak to staff to get information about the actual job and all staff interviews include at least one "cultural competence" question in the job interview. Further efforts through our Workforce Education and Training planning may be called on to help address these issues.

There are no Native American organizations/ tribal communities in Santa Cruz County.

All contracts with the Santa Cruz Mental Health and Substance Abuse Services include cultural competence requirements. These include language requirements, requirements regarding written information, accommodations and culturally competent staff. Contractors are required to have policies that prohibit the expectation that family members provide interpreter services, provide services in Spanish or provide free language assistance services, and having policies and procedures for meeting language needs for consumers who do not meet threshold language criteria (speak a language other than English or Spanish). Contractors are to have culturally and linguistically appropriate written information available for identified threshold languages (Spanish). It is also required that as appropriate or feasible, contractors shall have alternatives and options available that accommodate individual preferences and cultural and linguistic differences. The final requirement is that contractors have a process to ensure that staff are able to provide culturally and linguistically competent, and medically necessary specialty mental health services, and that they will provide or make available to staff cultural competence trainings, including an annual training on "client culture". ("Client culture" trainings are presentations by consumers and/or family members designed to educate mental health staff about what is it like to be the consumer of mental health services.)

### **3. Stakeholder Involvement**

**Provide a summary description of the involvement of clients, family members, and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or unserved communities, in the ongoing planning and implementation of the Initial CSS Three-Year Program and Expenditure Plan. The suggested response length for this section is two pages.**

The County of Santa Cruz involved various stakeholders in the initial planning phase of the MHSA, including the Mental Health Board, NAMI, the Mental Health Client Action Network (a consumer operated non-profit contract agency), and Children's Family Partnership Program. Aside from these consumer and family members, the other stakeholders included County and contract mental health service providers, law enforcement, probation, social services, education, public health, safety clinics, the Alcohol and Drug Commission and Central Coast Alliance for Health (the Medi-Cal managed care plan for primary care). The stakeholders were involved in community forums, and many participated in one of the various committees to develop the work plans.

Since the initial planning the County has worked closely with the Mental Health Board (which includes family members and other consumer advocates), the Children's Interagency System of Care Committee (which serves as advisory group), and meets regularly with the various mental health contract agency representatives. The County also worked closely with an interim Mental Health Services Act Steering Committee, which included consumers and advocates.

In November, 2006, the County Santa Cruz County Mental Health & Substance Abuse Services held two Town Hall meetings to provide an update on the Mental Health Services Act (MHSA), and to engage community members as partners on the newly forming MHSA Steering Committee and work groups for future planning and implementation.

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.

Two meetings were held in the community: one was in South County at the Pajaro Valley Community Health Trust on Monday, November 13, and the other was in North County at the Santa Cruz Veterans' Memorial Building on Thursday, November 16. Both were held in the evening from 6 to 8 p.m. Translation services were used to facilitate the participation of monolingual Spanish speakers.

Approximately 83 people attended. After an initial welcome by Director Leslie Tremaine and guests including consumers and family members (Ruben Jimenez, Martha Naranjo and Sgt. Christine Swannack in South County, and Ron Myers and Judy Williams in North County), we had an overview of MHSA. Paula Comunelli, a consumer advocate, then facilitated a community dialogue with small groups on community goals and resources: what people wanted to be celebrating in a year and what role they could play in any such successes.

Responses were rich and focused on the following priority areas for desired outcomes/successes:

- 1. Consumer Supports for Recovery:** This included such ideas as utilizing consumer strengths to mentor other consumers; empowering autonomy and consumer run services.
- 2. Wellness Centers:** included ideas such as activities for young adults and activities for families.

3. **Education/Training:** this covered a range of ideas such as offering educational presentations about mental health issues, public awareness (related, but differentiated from stigma reduction, #8 below), and completing Human Services certificate. (This certificate is awarded to persons who complete a series of courses at a junior college designed to help prepare persons to work in the mental health/social services field.)
4. **Better Partnerships Between MH and Other Providers:** integration of physical health and mental health, as well as more collaboration and partnerships between mental health and other agencies to make services more accessible and take them into other community settings.
5. **Better/Earlier Access to Services:** early diagnosis and bringing services to facilities in the community; reaching out to those that deny their mental illness, as well as having a confidential place where youth can go to talk to a counselor/mentor.
6. **Family Support:** advocacy for parents/significant others to understand the mental health system, family education and support groups.
7. **Housing:** more housing, as well as additional support, outreach with landlords and roommate matching.
8. **Jobs:** more job opportunities, vocational training, and supported employment.
9. **MH Staffing Issues:** bilingual capacity, culturally competent and community oriented services.
10. **Dual Diagnosis/impact of Drugs and Alcohol (including Fetal Alcohol):** increase substance abuse and mental health integration of services.
11. **Stigma Reduction:** trainings and workshops to educate about illness, side effects.
12. **Crisis Services:** having a seniors' "hotline", mobile services, and having a quiet safe place for assessments (not the emergency room).
13. **Mental Health Court:** having a dedicated staff member assigned to court, and training about mental illness for law enforcement and the DA's office.
14. **Liaison:** having resources to help others not get "lost" in the system.
15. **Outreach and Community Engagement:** more such meetings and community dialogue, meaningful involvement in planning/decisions.

Leslie Tremaine wrapped up the meeting, solicited membership for the permanent MHSA Steering Committee and Work Groups and committed to continuing dialogue with community advocates and stakeholders to achieve shared goals for transforming the mental health system.

The permanent MHSA Steering Committee was formed primarily from the interest expressed in the Town Hall meetings. It is composed of consumers, family members, non-profit mental health agencies, law enforcement, education, employment, NAMI, Mental Health Board representatives, SEIU, and social services. The members are an ethnically and geographically diverse group.

#### **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.**

Santa Cruz County Mental Health and Substance Abuse Services held the thirty-day public comment and review period of the Implementation Progress Report from April 29 to May 31<sup>st</sup>, 2007. The public hearing was May 17<sup>th</sup>, 2007 at the local Mental Health Board meeting.

The County posted ads in the Santa Cruz Sentinel and the Watsonville Register Pajaronian announcing the availability of the Implementation Progress Report, as well as the time and location of the public hearing. The Implementation Progress Report was posted on the County's Internet site. Copies were sent to the Mental Health Board and to the MHSA Steering Committee. Other stakeholders were notified that the Report was available on the internet and that if they preferred we would send a hard copy. The public was invited to comment on the Report via email, by phone, or in person at the Mental Health Board meeting.

*Note: A summary and analysis of any substantive recommendations or revisions will be added to this report after the public review period.*

## **5. Technical Assistance and Other Support**

**As a means for guiding the state level efforts to provide technical assistance to the Counties, the following information is requested:**

- a) Identify the technical assistance needs in your County for supporting its continued implementation of the Initial CSS Three-Year Program and Expenditure Plan.**
- b) Identify if there are any issues that need further policy development or program clarification.**

The County of Santa Cruz would like technical assistance in the following areas:

1. How to better develop partnerships with primary care providers. We would appreciate specific guidance regarding financing and programmatic coordination of services.
2. How to develop and foster “natural” supports (such as family and friends), and natural community resources? How can we better utilize given service methods? How can we do this more “seamlessly”?? For example, how to integrate services offered at churches, recreation departments, use of volunteers, and employment opportunities for consumers (especially outside of mental health).