

# **Santa Cruz County Mental Health & Substance Abuse Services**



## **Mental Health Services Act Prevention & Early Intervention Services**

**May 6, 2009**

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# 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

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

January 29, 2009

Santa Cruz County Mental Health & Substance Abuse Services has completed a draft Prevention and Early Intervention Plan of the Mental Health Services Act (MHSa/Proposition 63). The report has been prepared according to instructions from the State Department of Mental Health (DMH) and the Oversight Accountability Commission (OAC).

The report is available for public review and comment from January 29, 2009 to March 1, 2009. There will be a public hearing on Thursday, March 19<sup>th</sup>, 2009 at 3:30 at 1400 Emeline, room 207, Santa Cruz, CA. You may provide comments in the following ways:

At the Public Hearing,

By fax: (831) 454-4663,

By telephone: (831) 454-4931 or (831) 454-4498,

By email to [mhsa@co.santa-cruz.ca.us](mailto:mhsa@co.santa-cruz.ca.us),

Or by writing to:

Santa Cruz County Mental Health & Substance Abuse Services

Attention: Alicia Nájera, MHSa Coordinator

1400 Emeline Avenue

Santa Cruz, CA 95060

Sincerely,

Leslie Tremaine  
Director

## Executive Summary

The County of Santa Cruz held an extensive Prevention and Early Intervention (PEI) stakeholder planning process, establishing six different workgroups. The stakeholders included consumers, family members, educators, social service providers, health providers, law enforcement, family resource centers, and county and contract staff. Additionally, the County held focus groups to ensure the voices of parents, consumers, youth, transition age youth, seniors, and Veterans were heard. We also had key informant interviews with law enforcement and community health clinic representatives, for a total of 60 community and focus groups meetings. The County contracted with Applied Survey Research (ASR) to provide a snapshot of mental health prevention and intervention related data in order to guide the efforts of the PEI workgroups.

Per DMH requirements, the intent of PEI funding and services, as part of the overall MHSa process, is to engage persons prior to the development of serious mental illness or serious emotional disturbances, or in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment. Prevention involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Intervention is directed towards individuals/families for whom a short-duration (less than a year) and relatively low-intensity approach is appropriate to achieve intended outcomes.

The PEI workgroups had the primary responsibility of identifying the priority populations, risk factors, reviewing existing resources, and developing their recommendations within DMH criteria and requirements. Based on the workgroup recommendations the County's proposal is organized in four major project areas:

1. Early Intervention Services for Children
2. Culture Specific Education & Support
3. Early Intervention Services for Transition Age Youth & Adults
4. Early Intervention Services for Older Adults.

### **Project #1: Early Intervention Services for Children**

This project area addresses three priority populations: children and youth from stressed families, onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing parental/supervision skills affected by substance use/abuse, and/or are exposed to violence, abuse, and /or neglect. The desire is to decrease the negative impact of these factors by offering mental health services to youth and their families. This project also addresses disparities in access to services by including a focus on the needs of Latino children/families, as well as lesbian, gay, bisexual, transsexual, and questioning (LGBT) youth and their families. This project has an estimated cost of \$674,00. Services will be leveraged whenever possible, such as Medi-Cal billing for services (if applicable) and contributions from First 5, and other community partners, as well as Mental Health Services Act Workforce Education & Training, as appropriate.

This component has three proposed strategies:

1. 0-5 Screening and Early Intervention (see page 22)
2. County-wide Parent Education and Support (see page 23)
3. School-based Prevention and Early Intervention (see page 25)

**Project #2: Culture Specific Parent Education & Support** (see page 31)

The objective of this project is to decrease the risk of violence, suicide, and other traumas that children and youth age 0 – 17 may be exposed to by providing education, skills-based training, early intervention and treatment referrals to parents, families, and children, that are in need of parental/supervision skills, are affected by substance abuse, and/or are exposed to violence, abuse, or neglect. We have chosen Cara Y Corazón and Jóven Noble. Cara Y Corazón is a culturally based family strengthening and community mobilization approach that assists parents and other members of the extended family to raise and educate their children from a positive bicultural base. Jóven Noble is a youth leadership development program. This project has an estimated cost of \$168,000.

**Project #3: Early Onset Intervention Services for Transition Age Youth & Adults**

This project seeks to provide education, training and treatment by expanding mental health awareness and services through traditional and non-traditional settings, Community Entry Points, (CEP), Professionals and Family members. This will be achieved by developing a network of care for use prior to being formally “diagnosed” at the earliest signs of possible serious mental illness. Through consultation, training and direct service delivery, a broad menu of services will be offered by Peer Counselors, Family Advocates, and Licensed counselors and psychiatrists to transition age youth and their families. This program will integrate evidence-based practices that are client-centered. This program addresses transition age youth and adults who are trauma exposed and are experiencing (or at risk of experiencing) the onset of serious mental illness. This project also addresses disparities in access to mental health services by including a focus on the needs of Latino youth as well as Lesbian, gay, bisexual, transsexual (LGBT) individuals and their families. This project has an estimated cost of \$550,000. Services will be leveraged whenever possible, such as Medi-Cal billing for services (if applicable), “in kind” supervision, as well as Mental Health Services Act Workforce Education & Training, as appropriate.

This component has five proposed strategies:

1. Identification of signs and early symptoms of Early Onset of Mental Disorders with Family Members, Professionals and Community Entry Points (see page 43)
2. Early Onset Intervention Services Utilizing service “Navigator,” Psychiatry, Peer and Family Advocates, and Employment Services for Individuals and Family Members (see page 44)
3. Monthly Transition Age Youth Provider Roundtable service coordination meetings (see page 45)
4. Veterans advocacy and service coordination (see page 46)
5. Suicide Prevention services (see page 46)

**Project #4: Early Intervention Services for Older Adults**

This prevention strategy addresses the high rates of depression, isolation and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior’s isolation and challenges in accessing appropriate care. This project has an estimated cost of \$300,000. Services will be leveraged whenever possible, such as Medi-Cal billing for services (if applicable), “in kind” supervision, as well as Mental Health Services Act Workforce Education & Training, as appropriate.

This component has three proposed strategies:

1. Field Based Mental Health Training and Assessment Services to provide mental health assessment and short-term services to older adults where they reside (see page 52)
2. Senior services and outreach including brief therapy and peer companions (see page 53)
3. Warm line providing quick telephone screening and referrals to senior resources for persons seeking service to older adults at risk of mental illness (see page 54)

**Next Steps:**

The draft PEI plan was presented to the Santa Cruz County Mental Health Services Act Steering Committee on January 26, 2009. They approved the posting of the draft plan for 30 days, and the public is invited to review and comment. There will be a public hearing on March 19, 2009. After the 30-day review, the County will summarize and analyze the comments, and make revisions, as necessary. The County will then send the plan to the State Department of Mental Health and the Oversight Accountability Commission for review and approval. The approval process generally takes about 60 days.

### PEI Proposed Projects and Strategies

Project #	Strategy Name	Proposed Approach for Service Implementation *
#1-1	0-5 Screening and Early Intervention	County & Contract
#1-2	County-wide Parent Education and Support	County & Contract
#1-3	School-based Prevention and Early Intervention	Contract(s)
#2	Culture Specific Parent Education and Support	County
#3-1	Identification of signs and early symptoms of Early Onset of Mental Disorders with Family Members, Professionals and Community Entry Points	County
#3-2	Early Onset Intervention Services Utilizing Professional Navigator, Psychiatry, Peer and Family Advocates, and Employment Services for Individuals and Family Members	County & Contract
#3-3	Monthly Transition Age Youth Provider Roundtable Gatherings	(County & Contract)
#3-4	Veterans Advocate	Contract
#3-5	Suicide Prevention	Contract
#4-1	Field Based Mental Health Training and Assessment Services to Provide mental health assessment and short-term services to older adults in their homes	County
#4-2	Senior services and outreach including brief therapy and peer companion	Contract
#4-3	Warm line provides quick telephone screening and referrals to senior resources for persons seeking service to older adults	Contract

**\* Please Note: Determination of service providers will need to be finalized based on best available information at the time of plan approval and implementation.**

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN  
FACE SHEET**

**Form No. 1**

**MENTAL HEALTH SERVICES ACT (MHA)  
PREVENTION AND EARLY INTERVENTION COMPONENT  
OF THE THREE-YEAR  
PROGRAM AND EXPENDITURE PLAN  
Fiscal Years 2008-09 and 2009-10**

**County Name:** Santa Cruz

**Date:** May 6, 2009

**COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):**

<b>County Mental Health Director</b>	<b>Project Lead</b>
Name: Leslie Tremaine	Name: Alicia Nájera
Telephone Number: 831-454-4515	Telephone Number: 831-454-4931
Fax Number: 831-454-4663	Fax Number: 831-454-4663
E-mail: <a href="mailto:leslie.tremaine@health.co.santa-cruz.ca.us">leslie.tremaine@health.co.santa-cruz.ca.us</a>	E-mail: <a href="mailto:alicia.najera@health.co.santa-cruz.ca.us">alicia.najera@health.co.santa-cruz.ca.us</a>
Mailing Address: 1400 Emeline Avenue, Santa Cruz, CA 95060	

**AUTHORIZING SIGNATURE**

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature \_\_\_\_\_  
County Mental Health Director

\_\_\_\_\_ Date

Executed at Santa Cruz, California

**PEI COMMUNITY PROGRAM PLANNING PROCESS**

**Form No. 2**

**County:** Santa Cruz

**Date:** May 6, 2009

**1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:**

**a. The overall Community Program Planning Process**

There were many people involved with the Planning Process. The County Staff that had primary responsibility were:

**Leslie Tremaine:** Leslie Tremaine is the Director of Santa Cruz County Mental Health & Substance Abuse Services. She has extensive experience in the Mental Health field with vast knowledge from her work as both direct practitioner and in (county and state level) administration. She is actively involved with the MHSa Steering Committee and has oversight of all MHSa activities.

**Alicia Nájera:** Alicia Nájera is the MHSa Coordinator and the Cultural Competence Coordinator for Santa Cruz County Mental Health & Substance Abuse Services. She has primary responsibility of the MHSa Community Planning Process. She kept the management team and the MHSa Steering Committee informed and involved, and worked closely with the consultant/facilitator.

**Linda Betts:** Linda Betts is the MHSa Administrative Assistant. Linda played a key role in the Community Planning process by handling key logistical matters, taking notes, interacting with all stakeholders, and keeping our website up to date for stakeholders to be kept abreast of our activities.

**Jerry Solomon:** Jerry Solomon is a psychologist and organizational consultant. He was hired to facilitate the work groups and worked closely with the MHSa Coordinator. Aside from direct services and extensive experience in managing community-based organizations, he previously worked with Santa Cruz County Mental Health & Substance Abuse Services as the consultant for the MHSa Workforce Education & Training component planning process.

**b. Coordination and management of the Community Program Planning Process**

Key staff involved with coordination and management of the Community Planning Process were: Leslie Tremaine, the Santa Cruz County Mental Health & Substance Abuse Services Director; Alicia Nájera, the MHSa Coordinator (and Cultural Competence Coordinator); and Linda Betts, the MHSa Administrative Assistant.

Additional staff instrumental in the Community Planning Process includes:

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**Dane Cervine:** Dane Cervine is the Chief of Children's Mental Health Services. An active member of the workgroups, Dane ensured that key Children's staff were engaged in the process, and most importantly, worked actively to engage key community partners in the planning process.

**Bill Manov:** Bill Manov, Director of Alcohol & Drug Services for Santa Cruz County Mental Health & Substance Abuse Services. He actively participated in the planning process providing relevant information about the affects of substance use/abuse. He also engaged staff and community partners in the planning process.

**Yana Jacobs:** Yana Jacobs is one of the Adult Program Managers at Santa Cruz County Mental Health & Substance Abuse Services. Her years of experience in providing direct services and supervision/management of services to persons with severe mental illness were informative in this process.

**Stan Einhorn:** Stan Einhorn is one of the Children's Program Managers at Santa Cruz County Mental Health & Substance Abuse Services. He is an experienced psychologist and works closely with our community partners. He played a pivotal role encouraging their participation to become actively involved and engaged in the community planning process.

**Steve Ruzicka:** Steve Ruzicka is an Adult Supervisor at Santa Cruz County Mental Health & Substance Abuse Services. As a supervisor for both the Transition Age Team and the Older Adult Team, he was actively involved in the community planning process.

**Kennedy Cosker:** Kennedy Cosker works for the Health Services Agency as the Information Services Manager. He worked closely with the MHSa Coordinator and the MHSa Administrative Assistant to ensure the website was kept current with meeting dates, notes, and other relevant material.

### **c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process**

The above-mentioned staff all played a key role in ensuring stakeholders had an opportunity to participate in the Community Program Planning Process.

The County of Santa Cruz would also like to acknowledge the valuable contributions from the MHSa Steering Committee. The Santa Cruz County MHSa Steering Committee was formed 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 County staff that attend the MHSa Steering Committee meetings regularly are: Leslie Tremaine, Director; Alicia Nájera, MHSa & Cultural Competence Coordinator; Dane Cervine, Chief of Children's Mental Health; Yana Jacobs, Adult Mental Health Program Manager; and Linda Betts, MHSa Administrative Assistant. The MHSa Steering Committee members are:

Betsy Clark

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Bob Gelwicks  
Carol Williamson  
Cecile Mills  
Dan Cope  
Ellen Timberlake  
Ginny Gomez  
Guy Grant  
Jenny Sarmiento  
John Wright  
Laura Whitson  
Linda Wilshusen  
Nina Stratton  
Stephan DuBose  
Susan True

After the initial stakeholder meetings, we formed six workgroups by age breakdown (0-5, 6-12, 13-17, 18-25, 26-59, and 60+) to ensure development of PEI services across the lifespan. The workgroups continued informing other stakeholders of the PEI planning process, and additional persons participated as a result.

### **2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):**

#### **a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations.**

The County held “Town Hall” meetings in the fall of 2007 to inform the public about the Mental Health Services Act activities, and to solicit input, including the wish to be notified when the PEI activities commenced. Additionally, the Mental Health Services Act Steering Committee identified potential stakeholders that would include staff, contractors, consumers, family members, educators, law enforcement, social service providers, health providers, and family resource centers. The County provided outreach to persons identified, as well as previously involved stakeholders. Persons were called and emailed to inform them of the PEI process and were encouraged to spread the word to others that might be interested. A mailing list was created with the names of all interested parties.

The County of Santa Cruz held an extensive PEI stakeholder process, establishing six different workgroups meeting simultaneously. Each work group met from 6 to 7 times for a total of 38 workgroup meetings (this does not include the 3 initial meetings held by age group, or the meetings noted in “3b” below). Notes of each meeting were taken and posted electronically on our website. Additionally, the County held focus groups to ensure the voices of parents, consumers, youth, transition age youth, seniors, and Veterans were heard. We also had key informant interviews with law enforcement and community health clinic representatives, and two final meetings with the workgroups, for

a total of 60 community and focus group meetings. (See Appendix for meeting times and notes of these meetings).

**b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.**

According to the 2000 Census data Santa Cruz County is predominantly White, with Latinos being the largest non-white group: Sixty-five percent (65.5%) are White (not of Latino origin), one percent is Black, one percent is Native American, 3.4% are Asian, and almost twenty seven percent (26.8%) are Latino. The primary language in Santa Cruz is English, with 27.8% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Watsonville has the greatest percentage of Latinos (75.1%) with the city of Santa Cruz (17.4%) having proportionately less Latinos.

The Community Planning Process in Santa Cruz reflected these demographics; there were larger numbers of White and Latinos in the meetings, with proportionally fewer members of the other ethnic groups. In the future, we will have our staff, the (Consumer) Outreach & Engagement Team, NAMI and the Mental Health Services Act Steering Committee make greater efforts to engage these communities.

Meetings were held at various sites throughout the County, with the majority taking place in north Santa Cruz County (more heavily populated), mid County (Capitola), and Watsonville (South County). One meeting was held in the San Lorenzo Valley (Felton). The workgroups met during the day with special presentations on priority populations conducted in the evening. Focus groups were conducted with consumers of various ages: youth, transition age, adults and seniors, veterans, and family members. The focus groups were of diverse populations, one primarily LGBT, and two with Latinos (held in Spanish). The focus groups were held at various locations throughout the County, in the evening and during the day, depending on their preference.

**c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.**

Consumers and family members participated in the workgroups. Prior to commencing the PEI planning process the MHA Coordinator and Facilitator met with each of the two Wellness Centers to brainstorm with them about including consumers in the process. Both stated that only a few consumers would participate in the workgroups on a consistent basis and encouraged us to have focus groups with the others. Meeting dates and times were posted at the Wellness Centers in Santa Cruz (Mental Health Client Action Network) and Watsonville (Mariposa), as well as posted on the web. Two focus groups were conducted with consumers (one at each Wellness site).

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The NAMI president participated in the workgroup process and had regular communication with the MHSa Coordinator and Facilitator, as well as regularly sharing information about meetings and times with NAMI. Two focus groups were held with family members (NAMI parents, and a Latino/Spanish speaking parent group in Watsonville).

Additional focus groups were held with veterans, seniors, transition age youth, and a youth group.

### **3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:**

#### **a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:**

- **Individuals with serious mental illness and/or serious emotional disturbance and/or their families**
- **Providers of mental health and/or related services such as physical health care and/or social services**
- **Educators and/or representatives of education**
- **Representatives of law enforcement**
- **Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families**

The Mental Health Services Act Steering Committee and County staff reviewed the initial list of potential stakeholders and added additional names; those identified as stakeholders were invited to share information with others who might be interested. Each workgroup also spent time identifying additional stakeholders. Those stakeholders that participated in the planning process included persons from the following groups/agencies:

<b>Sector</b>	<b>Agencies</b>
Underserved Communities	Barrios Unidos, Community Action Board: Community Restoration Project, The Diversity Center, Queer Youth Task Force, Mariposas Art, Migrant Head Start, Communities Organized for Relational Power in Action (COPA)
Education	Cabrillo College, County Office of Education, Childcare Planning Council, ETR (Education, Training & Research), Head Start, Live Oak School District, Pajaro Valley Unified School District, North County SELPA
Individuals with Serious Mental Illness and/or their Families	Advocacy Inc, Mariposa Wellness Center, Listening Well, Mental Health Client Action Network, NAMI (president & members)

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Providers of Mental Health Services	Community Support Services, County Mental Health & Substance Abuse Services, Family Service Agency, Front Street Inc., Parent Center, Santa Cruz Community Counseling Center, Survivors Healing Center, Youth Services, Psychologists (private practice)
Health	County Public Health, Health Improvement Partnership, Homeless Persons Garden Project, Homeless Persons Health Project
Social Services	Campus Kids Connection, Child Abuse Prevention Council, Child Welfare, Community Bridges, Community Connections, Court Appointed Special Advocates (CASA), Elder Day Care (EDC) Day Treatment, Families in Transition, Families Together, First 5 of Santa Cruz, Hospice of Santa Cruz, PAPAS: Supporting Father Involvement, Pajaro Valley Prevention Services Agency, Seniors Council, Suicide Prevention Services, Survivors Healing Center, Walnut Avenue Women's Center, Women's Crisis Support/Defensa De Mujeres, County Human Services Department.
Law Enforcement	County Probation Dept., County Sheriff, Watsonville City Police Dept.
Community Family Resource Centers	Community Family Resource Center, Del Mar Caregiver Resources, Live Oak Family Resource Center, Mountain Community Resource Center, La Manzana Community Resources
Employment	COE Youth Employment Program, Community Connection Career Services Employment Agency
Media	Radio Bilingue

### **b. Training for county staff and stakeholders participating in the Community Program Planning Process.**

The County of Santa Cruz provided two, "Prevention and Early Intervention 101," training sessions on May 6<sup>th</sup>, 2008 from 5 p.m. to 7 p.m. in the North part of the County, and on May 9<sup>th</sup> from 9:30 a.m. to 11:30 a.m. in the Southern part of the County. The "PEI 101" material was also posted on our website. Additionally, the County contracted with Applied Survey Research (ASR) to provide a snapshot of mental health prevention and intervention related data in order to guide the efforts of the PEI workgroups. The ASR presentations were held on June 24<sup>th</sup>, 2008 in Santa Cruz, and June 27<sup>th</sup>, 2008 in Watsonville.

The County held three presentations on priority populations selected by the workgroups:

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- Tuesday, August 19th from 6 p.m. to 8 p.m., we had a presentation on, "Trauma-Informed Services," by Gabriella Grant (from On Track Program Resources in Sacramento), and Dr. Jerry Solomon engaged the audience to gather input on desired outcomes for Trauma-Exposed individuals.
- Tuesday, August 26th from 6:30 p.m. to 8:30 p.m., we had a presentation on the, "Onset of Mental Illness," by Dr. Charles Johnson, followed by a panel presentation from consumers and family members who have experienced mental illness and shared their stories about what interventions worked (and what did not), as well as their perspectives on desired outcomes. Presenters included: Melody St. Charles, Kate Venturini, Ginny Gomez, Carol Williamson, and John Wright.
- Wednesday, September 3<sup>rd</sup>, from 7:00 p.m. to 8:30 p.m., Dr. Rivka Greenberg presented on "Stressed Families."

Additionally, the County included speakers as part of the workgroups to ensure that stakeholders were aware of programs and resources that already exist in Santa Cruz County, as well as to consider what prevention and early intervention services might enhance the services needed in our communities. The speakers included the following:

- Susan True, First 5
- Rita Flores, Family Services Agency (services targeted for seniors)
- Lorraine Cahn, County Children's Mental Health, Foster Youth being raised in the system
- Charise Olson, County Office of Education, Youth Employment program services
- Tove Beatty & Brandy Shaw, Family Resource Centers in Santa Cruz County
- Bill Manov, Chief – County Alcohol & Substance Abuse Services
- Stuart Rosenstein & Vanessa Wilson, The Diversity Center/Queer Youth Task Force
- John Beleutz, Del Mar Caregiver Resource Center, services that are targeted for caregivers
- Patrick Teverbaugh, County Mental Health Psychiatrist, on early intervention for first breaks
- Steve Ruzicka, County Older Adult Services
- Francie Newfield, Adult protective services, Veterans' Services, In-Home Support Services
- Kristie Clemens, Walnut Avenue Women's Center
- Joanne de los Reyes-Hilario, Women's Crisis/Defensa de Mujeres, domestic violence agency, 24 hour crisis line
- Bonita Mugnani, Survivors Healing Center, serving children and adult survivors of sexual abuse
- Chris López & Jordan Harding, Veterans Center, mental health services for veterans
- Kelly Wolfe, Court Appointed Special Advocates (on TAY services)
- Carly Galarneau, Suicide Prevention Services

- Javier Diaz and Ely Gonzalez, Community Restoration Project, working with high-risk youth (gang, drug issues) using strength-based approach; alternative to incarceration programs, and job training and job mentorship programs.
- Linda Perez, Pajaro Valley Prevention & Student Assistance (PVPSA), mental health programs in the Pajaro Valley Unified School District
- Joanne Allen, County Office of Education, and Leticia Gomez, PVPSA, on bullying

**4. Provide a summary of the effectiveness of the process by addressing the following aspects:**

**a. The lessons learned from the CSS process and how they were applied in the PEI process.**

After the extensive CSS community planning process, several stakeholders felt dissatisfied and thought that the input they provided was not taken into account. Stakeholders came away feeling that the County made all the decisions about programming, and as a result, we learned that the process must be more transparent. During the PEI planning process we kept notes of each work group meeting (and summaries of focus groups), and posted them on our website, as well as disseminated them to the MHSa Steering Committee. This has allowed all stakeholders to see what has transpired in the meetings. The PEI workgroups had the primary responsibility of identifying the priority populations and risk factors, reviewing existing resources, and developing their recommendations. The County developed projects based on these recommendations and held two final meetings with workgroup participants to ensure that their ideas were indeed developed and reflected in our plan. The County also updated the MHSa Steering Committee (which is open to the public) at their monthly meetings.

In addition, we learned that we must manage community expectations. The Planning Estimates for our County are limited, so while we are soliciting input we must also help our stakeholders have realistic expectations as to what we can achieve with this funding.

**b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.**

As mentioned above, the County of Santa Cruz held an extensive PEI stakeholder workgroup process, with six different workgroups meeting simultaneously. Each work group met from 6 to 7 times. The workgroups were an inclusive community planning process representing public mental health (County and contract agencies), probation, family resource agencies, consumers, family members, health, education, veteran's advocates, Family Resource Centers, and other social service agencies. To ensure the voices of parents, consumers, youth, transition age youth, and seniors, were heard, the County also held focus groups with the following: English speaking parents, Spanish

speaking parents, consumers (one in North County and one in South County), LGBT youth, transition age youth, seniors, and veterans. There was minimal participation from primary health and law enforcement due to their time constraints; therefore key informant interviews were conducted at their convenience. (See appendix.)

**5. Provide the following information about the required county public hearing:**

**a. The date of the public hearing:**

The public hearing was held at the Local Mental Health Board meeting on Thursday, March 19, 2009 at 3:15 at 1400 Emeline Avenue, Santa Cruz, California.

**b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.**

The PEI draft plan was distributed to the Local Mental Health Board, the Mental Health Services Act Steering Committee, contractors, and to PEI Workgroups. It was also posted on our Internet site, and was made available in hard copy to anyone who requested it. We placed ads in our local newspapers to inform the community at large of its availability.

The plan was circulated for 30-day review and comment from January 29, 2009 to March 1, 2009.

**c. A summary and analysis of any substantive recommendations for revisions.**

The County received written comments from seven (7) individuals. Fourteen (14) individuals made comments at the Public Hearing (including two Mental Health Board Members).

Overall, the input was favorable, with many comments commending the staff and the consultant for creating a good planning process that was community-based, accessible, and involved. Furthermore, there was a general consensus that the Plan reflected the ideas of the workgroups.

There were numerous comments about veterans and services to veterans. There is a concern about the growing number of veterans, and the needs of both veterans and their families. Our plan includes a veterans advocate position that is intended to reach out to veterans and offer early intervention services to those in need. The position will be that of a "bridge builder" among various veteran organizations and other mental health and social service providers.

There were two comments about terminology, specifically regarding services to older adults. The workgroup discussed having services "where seniors reside". The draft

## Santa Cruz County MHSA Prevention & Early Intervention Plan

plan stated services would be provided in their “home”. This has been corrected to state, “where seniors reside”, as that was indeed our intention.

Other comments include providing services at primary care sites. This is already reflected in the plan (see Project #1, strategy #2; Project #3, strategy #1, and Project #4, strategy #1). Similar comments were made regarding Family Resource Centers. This is considered as one of the “Community Entry Points”, and the Plan has been amended to ensure they are listed as such. Additionally, Family Resource Centers may apply for one of the RFPs.

There was a comment from a participant stating a disappointment about Project #1 not being more “father friendly” and did not include more father involvement. The services reflected here are not geared towards mothers only. However, the County takes this point seriously and has come to an agreement with Papás (a father involvement program) to train staff on how to more effectively engage fathers in provision of services.

One individual wrote a four-page letter stating numerous concerns about Santa Cruz County Mental Health & Substance Abuse Services. The director and the MHSA Coordinator have offered to meet with him to discuss his concerns. He declined to do so.

### **d. The estimated number of participants:**

There were twenty-six (26) members of the public, six (6) staff and nine (9) Local Mental Health Board members at the Public Hearing.

**PEI PROJECT #1 SUMMARY**

**County:** Santa Cruz

**PEI Project Name:** Early Intervention Services for Children

**Date:** May 6, 2009

Complete one Form No. 3 for each PEI project.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	X	X	X	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	X	X		
4. Stigma and Discrimination	X	X	X	<input type="checkbox"/>
5. Suicide Risk	X	X	X	<input type="checkbox"/>
2. PEI Priority Population(s)	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	X	X	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	X	X	<input type="checkbox"/>
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	X	X	X	<input type="checkbox"/>

**B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).**

**Stakeholder Input:**

Santa Cruz considered input gathered from the CSS planning and Town Hall meetings (held in 2006 and 2007), but relied more heavily on the extensive PEI planning process. Aside from the educational forums and data presentations, there were workgroups that focused on prevention and early intervention needs of the various age groups across the lifespan. The three workgroups focusing on the needs of children (ages 0-5, 6-12, and 13-17) met a total of twenty times.

The workgroups included representatives from the following stakeholders: consumers, family members, Santa Cruz County Children's Mental Health, Cabrillo College Early Childhood Education, Families Together, Families in Transition, PAPAS (Supporting Father Involvement), County Office of Education, Childcare Planning Council, Health Improvement Partnership of Santa Cruz County, Community Bridges, Santa Cruz County Alcohol and Drug Program, Head Start, First 5, Women's Crisis Support, Walnut Avenue Women's Center, Survivor's Healing Center, Santa Cruz County Human Services Department, Pajaro Valley School District, Pajaro Valley Prevention & Student Assistant Agency, Education Training & Research, Family Services Agency, Youth Services, Suicide Prevention Services, NAMI, Community Action Board (Community Restoration Project), Veteran advocate's, COPA, Radio Bilingue, and Santa Cruz County Public Health.

The stakeholders wrestled with identifying the priority population given that each population was considered to be a priority. After considerable discussion and realization that there was an "overlap" among the State defined priority populations, the stakeholders decided to focus on Children and Youth in Stressed Families, Trauma-exposed Individuals, and the Onset of Serious Mental Illness. (Note: by choosing these priority populations the stakeholders realized that services to these groups would also invariably reach Children and Youth at Risk for School Failure, and Children and Youth at Risk of Juvenile Justice Involvement.)

The stakeholders went on to consider services provided in the County, service gaps, community entry points, and then finally moved on to recommending PEI services and strategies.

**Data Analysis**

The recommendations of the workgroups were based on the following considerations:

**DATA FOR CHILDREN AGES 0-5:**

**Demographics:** In 2007 there were 19,237 children between the ages of 0 to 5 living in Santa Cruz County; half were Latino. Twelve percent of children ages 0 to 5 were living below the federal poverty level.

**Mental Health:** A total of 147 children ages 0-5 were served by Santa Cruz County Mental Health between July 1, 2007 and March 31, 2008. Five percent of parents with children ages 0-5 reported that they were experiencing symptoms of severe mental illness (according to the First 5 Santa Cruz County 2007-2008 Time 1 Family Survey).

**Child Abuse:** The rates of child abuse referrals for Santa Cruz County in 2006 was 56.6 per 1,000 children ages 0-5; substantiated cases was 16.3 per 1,000. The rates of substantiated cases in Santa Cruz County were higher with Latino's as compared to Caucasian children. The primary reason for admission into foster care for children 0-5 in Santa Cruz County between 2004 and 2006 was neglect. "What Works" data (from Santa Cruz Child Welfare Services) indicates that, "babies under the age of 5 with chronic health issues are more at risk for child abuse."

**Other Considerations:**

The PEI workgroup noted the following risk factors for children's (ages 0-5) mental health:

- Chronic disease/disabilities
- Substance abuse (of parents)
- Parents with mental illness
- Domestic violence.

Also informing this workgroup was the previous work for the following community plans: the Child Welfare System Improvement Plan, the Child Abuse Prevention Plan, and First 5. Some of the Community Blue Print Risk Factors include:

- Poor physical and/or mental health
- Lack of bonding/attachment between parent and child
- Lack of understanding child development
- Lack of appropriate parent practices
- Lack of screening for developmental delays and social/emotional health.

**DATA FOR CHILDREN AGES 6-17:**

**Demographics:** In 2007, there were 39,255 children ages 6 to 17 in Santa Cruz County; forty percent (40%) were Latino. In 2006, thirteen percent of children ages 6-17 were living below the federal poverty level in Santa Cruz County.

**School:** The annual dropout rate per 100 students in Santa Cruz County was 4.8 during the '05-'06 school year, up from .6 for '02-'03. There were 1,440 school age children enrolled in Santa Cruz County schools that were homeless and receiving services under the McKinney Act during the '06-'07 school year. About 20% (307) of these children were living in shelters.

Between 7% and 9% of respondents of the Santa Cruz County CHKS (grades 7, 9 and 11), reported being harassed at school during the last 12 months, "because they are gay or lesbian or someone thought they were," in the '06-'07 school year. Between 5% and 7% respondents reported that they had been harassed at school based on their physical or mental disability.

**Mental Health:** Between July 1, 2007 and March 31, 2008, Santa Cruz County Children's Mental Health served a total of 1,119 children and adolescents, between the ages of 6 and 16. More than half (52%) of these children were Latino and 42% Caucasian; the majority spoke English (81%), while 19% spoke Spanish.

Approximately 27-29 percent of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders, in Santa Cruz County, responding to the California Health Kids Survey (CHKS), reported in the '06-'07 school year, that they, "felt so sad and hopeless almost every day for two weeks or more that they stopped doing some usual activities."

**Substance Abuse:** Substance use among youth in Santa Cruz County is reportedly higher than in California overall. During the '06/'07 school year, the top two most commonly used substances reported by the CHKS respondents for the past 30 days were alcohol (15% among 7<sup>th</sup> graders, 33% among 9<sup>th</sup> graders, and 44% among 11<sup>th</sup> graders) and marijuana (7% of 7<sup>th</sup> graders, 20% of 9<sup>th</sup> graders, and 26% of 11<sup>th</sup> graders). Two percent of both 9<sup>th</sup> and 11<sup>th</sup> graders reported methamphetamine use within the last 30 days in 2006-07.

**Child Abuse:** The rate of child abuse referrals was 52.1 per 1,000 children ages 6 to 17 in 2006; the rate of substantiated cases among this population was 12.1 per 1,000.

- In 2005 to 2006 the primary reason for admission into foster care for children ages 6-17 in Santa Cruz County was neglect.
- The rate of child abuse referrals and substantiated cases in Santa Cruz County were higher among Latino as compared to Caucasian children.

**Other Considerations:**

The PEI workgroups (for ages 6-12 and 13-17) noted the following risk factors:

- Inadequate parenting skills
- Violence/abuse/neglect
- Family issues (including mental health, substance abuse, history of suicide, and/or child sexual abuse)

**3. PEI Project Description: Early Intervention Services for Children**

This project addresses three priority populations: children and youth from stressed families, onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing parental/supervision skills affected by substance use/abuse, and/or are exposed to violence, abuse, and /or neglect. The desire is to decrease the negative impact of these factors by offering mental health services to youth and their families. This project also addresses disparities in access to services by including a focus on the needs of Latino children/families, as well as lesbian, gay, bisexual, transsexual, and questioning (LGBT) youth and their families.

This project is composed of three strategies:

1. 0-5 Screening and Early Intervention
2. County-Wide Parent Education and Support

3. School-based Prevention and Early Intervention.

**Project #1 - Strategy #1: 0-5 Screening and Early Intervention**

This strategy addresses the unique needs of early childhood, and speaks to the issues of: poor physical and/or mental health, lack of bonding/attachment between parent and child, lack of appropriate parenting practices, family violence, socio-economic stressors, social isolation, and trauma. We will implement screening, assessment, and early intervention for young children ages 0-5, with particular emphasis on serving ages 0-3.

This strategy will include:

- **A new assessment center for families with children aged 0-3.** This multi-disciplinary screening/assessment project will be implemented in conjunction with Dominican Hospital, First 5, and Child Welfare. The new assessment center will be housed at Dominican's Frederick Street site with coordination and support provided by Dominican staff. The program will include weekly site-based assessment (similar to the current Stanford clinic at Dominican), as well as field-based services. Initial referrals will come from Child Welfare's differential response, voluntary family maintenance, and regular foster care sectors. Linkages will be made, as appropriate, to related services, such as the Regional Center. The project is envisioned as eventually including a broader 0-5 population in need of screening, assessment, and treatment referred by the community (primary care, family resource centers, etc.) as resources allow. This plan would include a new treatment focus for children 0-3 within existing county and contract mental health programs. This begins in fiscal year 08/09, though ongoing capacity will depend on larger county budget.
  - **PEI funds utilized to add 1 FTE County mental health clinician** linked to the new assessment center for screening, assessment, and brief treatment/case management for the 0-3 target population described above. Foster children will be prioritized. Funds will be leveraged to allow for both Medi-Cal and non-Medi-Cal families, and services.
  - **Dominican Hospital** will provide in-kind facility, coordination, and case management capacity, as well as linkages to other appropriate services.
  - **First 5** will provide strategic planning and linkage assistance in program design and funding, particularly as the project broadens via grants and other funding sources to include broader target population and age range.
  - **County Mental Health** Children's program will supervise the new clinician (mentioned in the first bullet) and integrate this new PEI role into a new early childhood mental health continuum of county and contract target population services being concurrently developed through re-direction of existing EPSDT services. Children screened and assessed at the new Dominican assessment center needing brief or extended treatment would be referred for services with the appropriate provider: Children's Mental Health *Supportive Intervention Services (SIS)*, Parents Center, and Santa

Cruz Community Counseling Center's *Child and Family Development Programs*.

The second part of this strategy is to:

- Increase mental health screening, assessment, and consultation at child care settings across the county, including Family Child Care Homes, Preschool and Child Care Centers, as well as Family, Friend and Neighbor/Informal Care Providers. Low income children are served in child care settings that range from federally subsidized centers, home visiting (such as Head Start), state subsidized centers (such as state preschool and general child care), and welfare to work efforts supporting working parents with vouchers in a range of home and center based care. Early childhood educators have long stated the need for these children, their educators, and families to have access to early behavioral and social emotional development consultation for children demonstrating early mental health concerns. Our plan is to:
  - Conduct Request for Proposal (RFP) to identify appropriate contractor(s); will include focus on leveraging related initiatives and funding streams.
  - Proposals should include services for both Medi-Cal and non-Medi-Cal clients and service activities.
  - Proposals should identify referral and linkage networks established or being developed for children/families who may need further treatment and related services.

Both strategies will utilize a spectrum of validated screening and assessment instruments, including the Ages and Stages Questionnaire (ASQ), ASQ Social Emotional (ASQ-SE), the Diagnostic Classification for 0-3 (DC: 0-3R), and additional instruments to be identified during program design/implementation.

**Project #1 - Strategy #2: Countywide Parent Education and Support.**

This strategy is designed to help address one of the key community needs identified during the PEI and CSS planning processes: providing increased outreach, engagement and support of stressed families throughout Santa Cruz County. The intent is to provide countywide child/family support through a, "population-based, public health model," of "tiered" activities and services. Because of this, Mental Health will collaborate with First 5 to develop an integrated Request for Proposal (RFP) in order to blend and leverage resources and implementation in a cohesive manner. The goal is to implement an evidence-based practice(s) that includes Universal, Selective, and Indicated levels as outlined in the MHSa Prevention & Early Intervention literature. Services will be provided for families with children ages 0 to 5 and ages 6 to 17. Our community is currently engaged in a First 5 sponsored learning collaborative reviewing new and existing practices, including: Triple-P (Positive Parenting Program), Incredible Years, Familias Fuertes (Strengthening Families), Positive Discipline, Cara Y Corazón, and Papas (Supporting Father Involvement). This community discussion will help shape the RFP and subsequent proposals.

## Santa Cruz County MHSa Prevention & Early Intervention Plan

We estimate that the planning and implementation of an integrated RFP, selection of an evidence-based practice, and initial training and rollout, will be accomplished in stages during the first 2 years. This strategy is envisioned as a truly transformative process, broadening and better integrating Santa Cruz County's various parent education and support processes. Hence, extensive community education and planning will be critical to successful implementation. Because of this, PEI funds will initially be used to establish, via contract, a **Project Coordinator** to provide staff support for the RFP process and community planning. This position will also assist with the coordination of required training in specific evidence-based practices chosen for implementation, including possible linkage with other counties and regions around start-up and recurrent training/certification needs.

Based on South Carolina's evaluation of a population-based, public health model of parent education and support (they utilized Triple-P), we estimate that a similar "saturation level" of trained providers supporting similar outcomes in Santa Cruz County would look like this (regardless of the specific model chosen):

1. Train up to 80 key community/agency staff to provide a "brief consultation" model of mental health education, consultation, and assessment (Selective level). The idea is to engage families in the community *where they already seek out information and help*. This method will train people who are often asked for advice about parenting/problems, such as:
  - Family resource center staff
  - Health clinic staff, primary care physicians
  - Child care centers
  - School personnel, teachers
  - Shelters, substance abuse programs
  - Faith community
  - NAMI
2. Train up to 40 key service providers in an early intervention (Indicated level) of assessment and brief treatment delivered in group, family, and individual formats. Since this level of service is targeted to brief treatment modalities that can include a diagnosis, we plan to integrate this service into a continuum of existing service providers so that EPSDT, Healthy Families, and Healthy KIDS funds can be leveraged to maximize access and capacity. We will also make training available to the private practice sector to similarly maximize community access for a consistent early intervention approach.
3. Provide the general public in Santa Cruz County with education and training on mental health prevention and early intervention topics. The materials/methods selected will be consistent with the themes/approach of practices chosen for the Indicated and Selected levels of prevention and intervention, in order to provide a consistent, integrated message to community members about effective parenting approaches and places to seek further assistance. NOTE: These activities will be differentiated from the state-administered projects, which will "complement and

## Santa Cruz County MHSa Prevention & Early Intervention Plan

support county PEI Projects” per MHSa guidelines. Some of this will occur under the MHSa WET Training Academy.

We envision that the blended resources of PEI and First 5 funds would support a combination of start-up, training, coordination, and increased service capacity as the RFP and initial implementation process unfolds. The intent is to ensure fidelity for a consistent parent education and support approach across Santa Cruz County, while simultaneously maximizing and coordinating the variety of tools/practices that will obviously continue via various grant and funding source requirements. We also envision that PEI funded/linked programs and activities will demonstrate the ability to effectively reach out and engage Latino children/families, as well as LGBT youth and their family members.

Finally, Strategy #2, for County-wide Parent Education and Support, incorporates information from the Surgeon General’s report on Mental Health that 80% of “mental health care” in this country occurs in the context of primary health care provision. Hence, our strategy includes:

- **1 FTE County mental health clinician** to coordinate with primary care physicians and community health clinics around mental health screening, consultation, and referral for families (all age groups, including adults), in the context of this county-wide parent education and support approach.
- This PEI funded position will link with local strategic planning efforts underway in our community, such as the *Health Improvement Partnership (HIP)* efforts to better integrate local health and mental health care. The HIP Council and the Safety Net Coalition have committed to two key foci that will help guide PEI activities in this area:
  - Improve screening and referral system for mental health services
  - Improve training/guidance for physicians and health care professionals in mental health issues

The County will hire trainers to do the trainings (indicated in bullets #1 and #2) above. This will be a “train the trainers” program. Those persons that are trained will provide the education and training for the general public (indicated in bullet #3). The Project Coordinator (hired via contract) will assist with the RFP and implementation of the evidence based parent education practice. The County mental health clinician will work with primary care physicians and help improve the link between health and mental health care.

### **Project #1 - Strategy #3: School-based Prevention and Early Intervention.**

Our PEI planning process identified the need for effective school-based, school-linked prevention and early intervention for mental health issues. As described earlier, this strategy is set in the context of prioritizing children and youth in stressed families, trauma-exposed individuals, and the onset of serious mental illness. By choosing these priority populations, our stakeholders realize that services to these groups will also

invariably reach children and youth at risk for school failure, and/or at risk of juvenile justice involvement. A key guiding principle in service design has been that *when children are not at home, they are most often at school*. Hence, this strategy will expand and help integrate various school-based, school-linked prevention and early intervention efforts.

- Conduct Request for Proposal (RFP) to identify appropriate contractor(s); potential applicants include community-based agencies, school districts, and related collaborative planning partnerships.
- Applicants will be asked to incorporate and build on “lessons learned” from recent and current school-linked initiatives, such as the Pajaro Valley Unified School District’s *Safe Schools, Healthy Students* federal grant; the *North Santa Cruz County School Mental Health Partnership* grant; and the State Department of Mental Health’s *Early Mental Health Initiative (EMHI)* grants. Successful applicants will demonstrate how PEI funded activities will maximize and integrate with related prevention and early intervention programs and successful models (such as Drug and Alcohol prevention, Child Abuse prevention, Health promotion, for example).
- Similarly, successful applicants will demonstrate the ability to leverage and maximize relevant funding streams in order to increase and better integrate related efforts (e.g., Drug Medi-Cal, EPSDT, grants, and education funds)
- Successful applicants will also demonstrate the ability to effectively reach-out and engage Latino students/families, as well as LGBT students.
- Examples of important topics that emerged from our local PEI planning process include:
  - Understanding and supporting trauma-exposed individuals
  - Suicide prevention and education
  - LGBT mental health education and supports
  - Understanding age-appropriate behavior
  - Non-violent communication
  - Effects of psychiatric medication in children/youth
  - Anti-bullying and wellness approaches

**4. Programs for Project #1**

Program Title  <b>Project #1 - Early Intervention Services for Children</b>	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	
Strategy #1: 0-5 Screening & Early Intervention <b>County Clinician for mental health screening and assessment</b>	Individuals: 70  Families: 70	Individuals: 10  Families: 10	<b>12</b>
Strategy #1: 0-5 Screening & Early Intervention <b>Contract for Child Care Mental Health Consultation</b>	Individuals: 100 Families: 70	Individuals: 10  Families: 10	<b>12</b>
Strategy #2: County-Wide Parent Education & Support <b>Contract(s) for population-based public health service model</b>	Individuals: 250 Families: 250	Individuals: 100  Families: 100	<b>12</b>
Strategy #2: County-Wide Parent Education & Support <b>County Clinician for Primary Care consultation and training</b>	Individuals: 100  Families: 70	Individuals: 10  Families: 10	<b>12</b>
Strategy #3: School-based Prevention & Early Intervention <b>Contract(s)</b>	Individuals: 200  Families: 25	Individuals: 50  Families: 50	<b>12</b>
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	1380	535	

## 5. Linkages to County Mental Health and Providers of Other Needed Services

### **Project #1 - Strategy #1:** 0-5 Screening and Early Intervention

The new county position will become part of the Children's Mental Health *Supportive Intervention Services (SIS) team*, which provides screening, assessment, referral, and treatment services for foster children/youth. This position will focus on early childhood mental health issues, link to the new Dominican Hospital 0-3 assessment center, and coordinate with the SIS clinical supervisor regarding disposition and referral to the SIS team, as well as contract providers serving this population (Parents Center and the Santa Cruz Community Counseling Center's *Child and Family Development programs*).

The new contract (once vendor identified) for mental health consultation to child care settings will be monitored/coordinated by the Children's Mental Health contract and evaluation manager, to ensure linkage with our larger interagency System of Care, PEI, and MHSa goals.

### **Project #1 - Strategy #2:** Countywide Parent Education and Support

A contract will be established with an appropriate vendor for a Project Coordinator to assist with planning/implementation of a joint Mental Health/First 5 RFP process. This position will assist with community forum review of the various parent education and support practices (already underway with in-kind funds from First 5), evidence-based practice literature review, training coordination, RFP coordination, contract support, and related duties. Both the Project Coordinator contract and eventual RFP-related contract(s) will be monitored/coordinated by the Children's Mental Health contract and evaluation manager, as well as First 5.

The new county position will become part of the Children's Mental Health *Community Gateway team*, which includes the Children's ACCESS team and linkages with our two Child Psychiatrists. The new position will be dedicated to coordination with the primary care and community health network, including specific linkages with the Health Improvement Partnership (HIP) and Safety Net Coalition for improved mental health screening, referral, and training protocols.

### **Project #1 - Strategy #3:** School-based Prevention and Early Intervention

The new contract(s) for school-based, school-linked prevention and early intervention services will be monitored/coordinated by the Children's Mental Health contract and evaluation manager, to ensure linkage with our larger interagency System of Care, PEI, and MHSa goals. It is expected that a variety of community agencies, schools/districts, and/or collaboratives may submit proposals. The RFP review team may suggest that some proposals be integrated or re-shaped in ways that end up supporting a more comprehensive school-based/linked prevention and early intervention approach across the county.

## 6. Collaboration and System Enhancements

Santa Cruz County has a long-standing (since 1989) interagency, Children's System of Care, a collaboration of key child/family serving agencies and partners that includes Mental Health/Substance Abuse, Child Welfare, Probation, Special Education, as well as a broader array of education and community partners. Per MHSa guidelines, our CSS plan was used to build on and expand services using the Children's System of Care model as our guide. Similarly, PEI will be used to specifically expand our System of Care beyond traditional *treatment* boundaries to support an array of new *prevention and early intervention* activities/services to our community. Hopefully, the new PEI services will help prevent stressed families, individuals exposed to trauma, and onset of mental health issues from escalating deeper into the public agency arenas mentioned above.

In addition to our longstanding System of Care partnerships, PEI will better link our core services to the larger community. This will occur via enhanced prevention and referral linkages with First 5, Dominican Hospital, non-traditional mental health service providers (such as physicians, nurses, teachers, family resource centers, and child care centers), various education collaboratives (such as Safe Schools/Healthy Students in Pajaro and the North Santa Cruz County School Mental Health Partnership), improved joint partnerships with our own Substance Abuse programs, improved strategic planning and service coordination with Child Welfare's federal/state *System Improvement Planning* process, as well as with our juvenile justice collaboration.

The new PEI activities will be reviewed and monitored through our local Children's Network (SB-997 council) that includes a broad array of child/family-serving agencies/advocates, and are in alignment with the Santa Cruz *Community Assessment Project (CAP)* overarching goals for community health, safety and wellbeing (as tracked by the United Way).

## 7. Intended Outcomes

An MHSa Prevention and Early Intervention for Children/Youth *Logic Model* was developed during our PEI planning process that encapsulates many of our intended community outcomes which PEI efforts will support. Originally developed through our local *Community Blueprint for Children* report (an initiative of the Child Abuse Oversight Committee of the Santa Cruz County Children's Network), it was adapted by our PEI 0-5-child subcommittee during the planning process, and then adapted again to serve as our overall logic model for this PEI Early Intervention Services for Children Project. As you'll see in the logic model attachment, the individual/family Long-Term Outcomes our community hopes to see through PEI and our other prevention and early intervention community efforts are that:

- Children are emotionally healthy
- Children live in safe and nurturing families

The system level Long-Term Outcome is that:

## Santa Cruz County MHSa Prevention & Early Intervention Plan

- Our community will have a coordinated and comprehensive system of support to meet families and children's needs.

We will know if these outcomes have been met by measuring Long-Term:

- Improvements in children's health and development
- Lower foster care entry rates
- Reductions in child abuse reports
- Lower rates of juvenile crime, incarceration, and residential placement
- Lower incidence of alcohol and other substance abuse
- Success at school
- Increased accessibility, responsiveness and coordination of service delivery systems

### **8. Coordination with Other MHSa Components**

The PEI Early Intervention Services for Children project will have essential links with other MHSa components. Elements of the Workforce, Education and Training (WET) component will help augment some of the PEI training activities. In addition, our goal through the four PEI strategies in this project is to craft as seamless a link as possible to Community Services & Supports (CSS) for children/youth and families needing more intensive treatment and ongoing supports. For instance, a family participating in one of the parent education workshops or brief consultations planned under PEI may have mental health needs that go beyond what the prevention workshop can provide. In these circumstances, the prevention providers would know (via the PEI training and education process) where to refer the family for further assessment and treatment. Depending on the vendors chosen for some PEI services, these organizations would either become a new key part of our larger System of Care, or, as an existing mental health provider be able to direct families served in their PEI component to more intensive services funded by CSS, EPSDT, Healthy Families, and other revenue sources.

### **9. Additional Comments (optional)**

Although the above stated project and strategies are not geared solely to mothers and their children, it is often the case that fathers do not participate *and* are not actively engaged in services. We want to promote "father friendly" services, and will train providers on how to proactively engage fathers in services. Research has shown that father participation helps protect youth from maladjustment and psychological distress in later years.

**PEI PROJECT #2 SUMMARY**

**County:** Santa Cruz

**PEI Project Name:** Cultural Specific Parent Education & Support

**Date:** May 6, 2009

Complete one Form No. 3 for each PEI project.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	X	X	X	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	X	X		
4. Stigma and Discrimination	X	X	X	<input type="checkbox"/>
5. Suicide Risk	X	X	X	<input type="checkbox"/>
2. PEI Priority Population(s)	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	X	X	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	X	X	<input type="checkbox"/>
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	X	X	X	<input type="checkbox"/>

**B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).**

**Stakeholder Input:**

Santa Cruz considered input gathered from the CSS planning and Town Hall meetings (held in 2006 and 2007), but relied more heavily on the extensive PEI planning process. Aside from the educational forums and data presentations, there were workgroups that focused on prevention and early intervention needs of the various age groups across the lifespan. The three workgroups focusing on the needs of children (ages 0-5, 6-12, and 13-17) met a total of twenty times.

The workgroups included representatives from the following stakeholders: consumers, family members, Santa Cruz County Children's Mental Health, Cabrillo College Early Childhood Education, Families Together, Families in Transition, PAPAS (Supporting Father Involvement), County Office of Education, Childcare Planning Council, Health Improvement Partnership of Santa Cruz County, Community Bridges, Santa Cruz County Alcohol and Drug Program, Head Start, First 5, Women's Crisis Support, Walnut Avenue Women's Center, Survivor's Healing Center, Santa Cruz County Human Services Department, Pajaro Valley School District, Pajaro Valley Prevention & Student Assistant Agency, Education Training & Research, Family Services Agency, Youth Services, Suicide Prevention Services, NAMI, Community Action Board (Community Restoration Project), Veteran advocate's, COPA, Radio Bilingue, and Santa Cruz County Public Health.

The stakeholders wrestled with identifying the priority population given that each population was considered to be a priority. After considerable discussion and realization that there was an "overlap" among the State defined priority populations, the stakeholders decided to focus on Children and Youth in Stressed Families, Trauma-exposed Individuals, and the Onset of Serious Mental Illness. (Note: by choosing these priority populations the stakeholders realized that services to these groups would also invariably reach Children and Youth at Risk for School Failure, and Children and Youth at Risk of Juvenile Justice Involvement.)

The stakeholders went on to consider services provided in the County, service gaps, community entry points, and then finally moved on to recommending PEI services and strategies.

**Data Analysis**

The recommendations of the workgroups were based on the following considerations:

**DATA FOR CHILDREN AGES 0-5:**

**Demographics:** In 2007 there were 19,237 children between the ages of 0 to 5 living in Santa Cruz County; half were Latino. Twelve percent of children ages 0 to 5 were living below the federal poverty level.

**Mental Health:** A total of 147 children ages 0-5 were served by Santa Cruz County Mental Health between July 1, 2007 and March 31, 2008. Five percent of parents with children ages 0-5 reported that they were experiencing symptoms of severe mental illness (according to the First 5 Santa Cruz County 2007-2008 Time 1 Family Survey).

**Child Abuse:** The rates of child abuse referrals for Santa Cruz County in 2006 was 56.6 per 1,000 children ages 0-5; substantiated cases was 16.3 per 1,000. The rates of substantiated cases in Santa Cruz County were higher with Latino's as compared to Caucasian children. The primary reason for admission into foster care for children 0-5 in Santa Cruz County between 2004 and 2006 was neglect. "What Works" data (from Santa Cruz Child Welfare Services) indicates that, "babies under the age of 5 with chronic health issues are more at risk for child abuse."

**Other Considerations:**

The PEI workgroup noted the following risk factors for children's (ages 0-5) mental health:

- Chronic disease/disabilities
- Substance abuse (of parents)
- Parents with mental illness
- Domestic violence.

Also informing this workgroup was the previous work for the following community plans: the Child Welfare System Improvement Plan, the Child Abuse Prevention Plan, and First 5. Some of the Community Blue Print Risk Factors include:

- Poor physical and/or mental health
- Lack of bonding/attachment between parent and child
- Lack of understanding child development
- Lack of appropriate parent practices
- Lack of screening for developmental delays and social/emotional health.

**DATA FOR CHILDREN AGES 6-17:**

**Demographics:** In 2007, there were 39,255 children ages 6 to 17 in Santa Cruz County; forty percent (40%) were Latino. In 2006, thirteen percent of children ages 6-17 were living below the federal poverty level in Santa Cruz County.

**School:** The annual dropout rate per 100 students in Santa Cruz County was 4.8 during the '05-'06 school year, up from .6 for '02-'03. There were 1,440 school age children enrolled in Santa Cruz County schools that were homeless and receiving services under the McKinney Act during the '06-'07 school year. About 20% (307) of these children were living in shelters.

Between 7% and 9% of respondents of the Santa Cruz County CHKS (grades 7, 9 and 11), reported being harassed at school during the last 12 months, "because they are gay or lesbian or someone thought they were," in the '06-'07 school year. Between 5% and 7% respondents reported that they had been harassed at school based on their physical or mental disability.

**Mental Health:** Between July 1, 2007 and March 31, 2008, Santa Cruz County Children's Mental Health served a total of 1,119 children and adolescents, between the ages of 6 and 16. More than half (52%) of these children were Latino and 42% Caucasian; the majority spoke English (81%), while 19% spoke Spanish.

Approximately 27-29 percent of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders, in Santa Cruz County, responding to the California Health Kids Survey (CHKS), reported in the '06-'07 school year, that they, "felt so sad and hopeless almost every day for two weeks or more that they stopped doing some usual activities."

**Substance Abuse:** Substance use among youth in Santa Cruz County is reportedly higher than in California overall. During the '06/'07 school year, the top two most commonly used substances reported by the CHKS respondents for the past 30 days were alcohol (15% among 7<sup>th</sup> graders, 33% among 9<sup>th</sup> graders, and 44% among 11<sup>th</sup> graders) and marijuana (7% of 7<sup>th</sup> graders, 20% of 9<sup>th</sup> graders, and 26% of 11<sup>th</sup> graders). Two percent of both 9<sup>th</sup> and 11<sup>th</sup> graders reported methamphetamine use within the last 30 days in 2006-07.

**Child Abuse:** The rate of child abuse referrals was 52.1 per 1,000 children ages 6 to 17 in 2006; the rate of substantiated cases among this population was 12.1 per 1,000.

- In 2005 to 2006 the primary reason for admission into foster care for children ages 6-17 in Santa Cruz County was neglect.
- The rate of child abuse referrals and substantiated cases in Santa Cruz County were higher among Latino as compared to Caucasian children.

**Other Considerations:**

The PEI workgroups (for ages 6-12 and 13-17) noted the following risk factors:

- Inadequate parenting skills
- Violence/abuse/neglect
- Family issues (including mental health, substance abuse, history of suicide, and/or child sexual abuse)

**3. PEI Project Description: Culture Specific Parent Education and Support**

The objective of this project is to decrease the risk of violence, suicide, and other traumas that children and youth age 0 – 17 may be exposed to by providing education, skills-based training, early intervention and treatment referrals to parents, families, and children, that are in need of parental/supervision skills, are affected by substance abuse, and/or are exposed to violence, abuse, or neglect. These services will be culturally specific, trauma-informed, and oriented towards suicide prevention, with emphasis on education and support for youth and families that are Latino, LGBT or other marginalized communities.

We have chosen Cara Y Corazón and Jóven Noble (models currently used by the Alcohol and Drug program in Santa Cruz County) based on the positive experience to date, and relevance and effectiveness for the special needs of Latino families. Cara Y

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Corazón is a culturally based family strengthening and community mobilization approach that assists parents and other members of the extended family to raise and educate their children from a positive bicultural base. Jóven Noble is a youth leadership development program.

Specific activities to implement this strategy include providing or arranging for provision of the following:

- Facilitator Trainings: Training of parent/family group facilitators, obtaining trainers through free or low-cost state and local resources, developing contracts with trainers, and coordinating and publicizing facilitator training events.
- Facilitator Supervision and Technical Assistance: Support group facilitators through co-facilitation, supervision, fidelity monitoring, and technical assistance/consultation.
- Outreach and Referrals: Publicize family/parent education, training and support groups through targeted public awareness campaigns; develop mechanisms for referring parents and families to the trainings from referral sources such as schools, community-based treatment, health and social service agencies, criminal justice, child welfare services, and other referral sources.
- Logistics: Work with facilitators and community partners to arrange and/or pay for facilities, materials, childcare, snacks, etc. All parent/family trainings and support groups should be conducted in locations that are accessible and welcoming to parents and families. Training sites may include schools, churches, family resource centers, or mental health and substance abuse treatment programs, for example.
- Continuity of Care: Ensure that parents, families, and youth who need ongoing support and/or more intensive treatment services are connected with these resources through developing ongoing parent support groups and developing referral relationships with youth and family treatment providers.
- Institutionalization: Leveraging EPSDT and Drug Medi-Cal, Adult Education Average Daily Attendance funds, and other public funds; grant writing; developing community supports and in-kind matches (e.g., facilities, assistance with marketing and outreach, in-kind staff time to be group facilitators, child care); developing and supporting a cadre of local trainers and group facilitators; and obtaining commitments from local partners to include the parent/family support curricula as a regular part of their programs.

Evaluation: Work with parent, family and child support service providers, County Mental Health Services Act staff, and contracted program evaluators to conduct evaluations of the implementation, fidelity and efficacy of local parent/family support service programs. Evaluation measures will include utilization data, client goal achievement measures,

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client satisfaction measures, and changes in key youth outcomes such as suicidality, trauma, and school participation.

- MHSa Workforce, Education, and Training funds may help offset costs of trainers, and some trainers can be obtained for free through State technical assistance contractors and local resources.
- Stipends for Family/Parent Group Facilitators, facility rental costs and other operational costs may be offset through Adult Education Average Daily Attendance funds and in-kind contributions of community-based agencies.

### 4. Programs for Project #1

Program Title	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	
<b>Project #1 - Early Intervention Services for Children</b>			
Strategy #3: Culture Specific Parent Education & Support <b>County Staff for Training Coordinator (plus facilitator stipends)</b>	Individuals: 100 Families: 75	Individuals: 100 Families: 75	<b>12</b>
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	175	175	

### 5. Linkages to County Mental Health and Providers of Other Needed Services

The new County position will serve as a Parent, Family, and Child Supports Coordinator, to be supervised by the Alcohol and Drug Program within the Mental Health and Substance Abuse Division. This will allow us to build on an existing network of dual diagnosis prevention expertise and community relationships, as well as ensure close coordination of PEI efforts with the County Alcohol and Drug Program. Training and group facilitator stipends, along with in-kind and cash contributions from community partners will help support an array of community facilitators that emerged from the County's, "Robert Wood Johnson Foundation *Reclaiming Futures*," grant and the, "Together for Youth," alcohol and drug abuse prevention community collaborative. Linkages will be expanded through further development of partnerships with schools, community-based service providers, and other key stakeholders to cooperatively support program outreach, facilities, childcare, and other key elements of the program.

## **6. Collaboration and System Enhancements**

PEI activities will be closely linked with alcohol and drug prevention activities through the, "Together for Youth," community collaborative. "Together for Youth," is sponsored by the United Way and the County Alcohol and Drug Program, and has coordinated the substance abuse prevention efforts of schools and colleges, law enforcement, community-based health and social service providers, organizations serving youth, religious organizations, local business, and other key community partners since 1997. Alcohol and drug prevention addresses risk and protective factors in the individual, family and community that are substantially the same as the risk and protective factors associated with mental health problems. "Together for Youth," has built a network of relationships and a community understanding of a risk and protective factors-based approach to prevention that will be vital to County Mental Health as it seeks to roll out PEI prevention activities. Coordination will be achieved through participation of key PEI staff in the, "Together for Youth," collaborative, and by locating one of the PEI staff positions (the Culturally Specific Parent, Family and Child Supports Coordinator) at the County Alcohol and Drug Program.

The new PEI activities will be reviewed and monitored through our local Children's Network (SB-997 council) that includes a broad array of child/family-serving agencies/advocates, and are in alignment with the Santa Cruz *Community Assessment Project (CAP)* overarching goals for community health, safety and wellbeing (as tracked by the United Way).

## **7. Intended Outcomes**

As a result of our PEI programs, the community hopes to see that our:

- Children are emotionally healthy.
- Children live in safe and nurturing families.
- Community will have a coordinated and comprehensive system of support to meet families and children's needs.

We will know if these outcomes have been met by reviewing long-term measures of child well being, such as:

- Improvements in children's health and development
- Lower foster care entry rates
- Reductions in child abuse reports
- Lower rates of juvenile crime, incarceration, and residential placement
- Lower incidence of alcohol and other substance abuse
- Success at school
- Increased accessibility, responsiveness and coordination of service delivery systems

### **8. Coordination with Other MHSa Components**

The PEI Early Intervention Services for Children project will have essential links with other MHSa components. Elements of the Workforce, Education and Training (WET) component will help augment some of the PEI training activities. In addition, our goal in this project is to craft as seamless a link as possible to Community Services & Supports (CSS) for children/youth and families needing more intensive treatment and ongoing supports. For instance, a family participating in one of the parent education workshops or brief consultations planned under PEI may have mental health needs that go beyond what the prevention workshop can provide. In these circumstances, the prevention providers would know (via the PEI training and education process) where to refer the family for further assessment and treatment.

### **9. Additional Comments (optional)**

**PEI PROJECT #3 SUMMARY**

**County:** Santa Cruz

**PEI Project Name:** Early Onset Intervention Services for Transition Age Youth & Adults

**Date:** May 6, 2009

Complete one Form No. 3 for each PEI project.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	X	X	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	X	X	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	X		<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	X	X	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	X	X	<input type="checkbox"/>
2. PEI Priority Population(s)	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	X	X	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	X	X	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	X	X	<input type="checkbox"/>

**B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).**

**Stakeholder Input:**

Santa Cruz considered input gathered from the CSS planning and Town Hall meetings held in 2006 and 2007, but relied more heavily on the extensive PEI planning process. Aside from the educational forums and data presentations there were workgroups that focused on prevention and early intervention needs of the various age groups across the lifespan. There was a workgroup that focused on the needs of transition age youth and one that focused on adults. The two work groups met a total of twelve times (six each).

The workgroups included the following stakeholders: consumers, family members, Santa Cruz County Children's Mental Health & Substance Abuse Services, Suicide Prevention, NAMI, County Office of Education, Women's Crisis Support, Cabrillo College Psychological Services, CASA of Santa Cruz, Veteran's advocate, Radio Bilingue, Mariposa Wellness Center, Santa Cruz County Probation, Survivors' Healing Center, Santa Cruz Community Counseling Center, Community Connection, Homeless Garden Project, Health Improvement Partnership, and Walnut Avenue Women's Center.

The two workgroups identified the priority population as Trauma-exposed Individuals and the Onset of Serious Mental Illness. While the workgroups were focused on two separate age groups, their recommendations blend well together for this project, especially given that the "adult" workgroup chose "first break" issues as their top priority. While some of the strategies will be specific to transition age youth, some will be available to a broader age-range of people.

The stakeholders then went on to consider services provided in the County, service gaps, community entry points, and finally moved to recommending PEI services and strategies.

**Data Analysis:**

The recommendations for this project were based in part on the following data:

**Demographics:**

There were an estimated 34,969 young adults between the ages of 18 and 25 and 131,826 adults between the ages of 26-59 in Santa Cruz County in 2007. A little over half of the young adults were Caucasian (57%) and almost a third (31%) were Latino, whereas about two-thirds of the adults ages 26-59 were Caucasian (65%) and about one third Latino (28%). About one in four (26%) youth between the ages of 18 and 24 and nine percent (9%) of adults (ages 26-59) were living below the federal poverty level in Santa Cruz County in 2006. About 7% of adults (7,802 individuals) ages 35 to 64 in Santa Cruz were veterans in 2006.

**Mental Health:**

Seventeen percent (17%) of respondents ages 18-24 reported that their general mental health was “fair” or “poor” according to the 2007 Santa Cruz County CEP Telephone Survey. Twenty-six percent (26%) of respondents of the 2005 California Health Interview Survey (ages 26-59) said that they needed help for emotional or mental health problems.

A total of 1,930 individuals ages 18 and over were evaluated for psychiatric conditions at Dominican Hospital in 2007. Sixteen percent (16%) of evaluations for hospitalization by Dominican Hospital’s emergency room and Behavioral Health Unit were performed with transitional age youth ages 18-25.

Forty-seven percent (47%) of Cabrillo College and 52% of UCSC students surveyed in the spring of 2007 reported having “felt so depressed that it was difficult to function” one or more times within the last school year. One in ten Cabrillo College (10%) and UCSC (11%) student respondents reported in a spring 2007 survey that they had seriously considered attempting suicide one or more times within the past school year.

The number of suicides for youth ages 18-29 in Santa Cruz County ranged from 4 in 2003 to 2 in 2006, reaching a high of 6 suicides in 2005. The number of suicides among adults ages 30 to 59 in Santa Cruz decreased from a high of 23 in 2003 to a low of 11 in 2006. The 2003-2005 three-year average suicide rate was 12.8 per 100,000 in Santa Cruz County, as compared to 8.9 per 100,000 in California.

**Trauma Exposure:**

A total of 85 children and youth ages 0-17 who were in foster care for three years or longer exited foster care either through emancipation or as a result of turning 18 while in care in Santa Cruz County between 2002 and 2006.

There were 1,007 calls to the police reporting domestic violence in 2003, and 890 calls in Santa Cruz County in 2006. (Note that historically there is an under count of domestic violence calls due to underreporting.)

**Substance Abuse:**

About one in five (19%) Santa Cruz County adults ages 18 and over reported binge drinking during the past month according to CHIS. The 2007 survey about binge drinking showed that 10% of survey respondents ages 16-20 reported that they had “seriously thought about suicide” and 5% reported having “seriously tried to commit suicide” as a result of drinking.

**Homelessness:**

Fifty-eight percent (58%) of the homeless individuals surveyed in the 2007 Santa Cruz County Homeless Census Survey reported suffering from depression, 28% reported having Post-Traumatic Stress Disorder, and 26% reported having a mental illness. Substance use was the second most frequently cited cause of homelessness among the survey respondents.

**Other Considerations:**

The PEI workgroups noted the following risk factors:

- Family issues (addiction, mental illness, violence, gangs, chronic illness, and/or suicide history)
- Violence, abuse (physical/sexual), discrimination and stigma
- Substance Use/Abuse
- Military exposure
- Untreated mental illness

**3. PEI Project Description: Early Intervention Program for Transition Age Youth and Adults.**

This project seeks to provide education, training, and treatment by expanding mental health awareness and services through traditional and non-traditional settings, community entry points, professionals, and family members. This will be achieved by developing a network of care that occurs prior to being “diagnosed” with a serious mental illness. Through consultation, training and direct service delivery, a broad menu of services will be offered by Peer Counselors, Family Advocates, and Licensed counselors and psychiatrists to transition age youth and their families. This program will integrate evidence-based practices that are client-centered. This program addresses transition age youth and adults who are trauma exposed and are experiencing (or at risk of experiencing) the onset of serious mental illness. This project also addresses disparities in access to mental health services by including a focus on the needs of Latino youth as well as lesbian, gay, bisexual, transsexual (LGBT) individuals, and their families.

This project is composed of five strategies:

1. Identification of signs and early symptoms of Early Onset of Mental Disorders with Family Members, Professionals and Community Entry Points.
2. Early Onset Intervention Services Utilizing Professional Navigator, Psychiatry, Peer and Family Advocates, and Employment Services for Individuals and Family Members
3. Monthly Transition Age Youth Provider Roundtable Gatherings
4. Veterans Advocate
5. Suicide Prevention

Strategy 1 and 2 are intertwined as they overlap between Training, Education, and Consultation along with providing short-term direct services when needs are identified. Strategies 1 and 2 will share a licensed mental health professional, a part time Psychiatrist, one Peer Advocate, one Family Advocate and one Employment Specialist. This will assure continuity of care by having the “trainers” also be the “system navigators” starting with identification of need to delivery of care through a multi disciplinary team approach. All efforts will be made to hire Bi-lingual/Bi-cultural staff.

**Project #3 - Strategy #1: Identification of signs and symptom of Early Onset of mental disorders with Professionals and Community entry points**

**Project #3 - Strategy #1-Phase One:**

**Support Community Entry Points, Professionals, and Family members to Identify and Intervene with Persons At-Risk of Serious Mental Illness**

This strategy is intended to promote early identification of, and intervention with, persons age 18 to 59 who are at-risk of serious mental illness or suicide by training and supporting targeted Community entry points and professionals who come in contact with young adults and adults so as to better recognize signs of depression, suicidal ideation and intent, and other mental illnesses. Specific activities include the following:

**Outreach to Community Entry Points, Family members, and Professionals.**

A licensed Mental Health Clinician with the working title of “Navigator” will provide professional mental health services that is a mobile service to various community entry points, family members and professionals throughout the County. Services will include:

- Outreach to Community entry points, Family members and Professionals to educate and raise awareness about early warning signs of suicide and serious mental illness, including features and symptoms of a psychotic first break among these community populations; encourage participation in training activities; and raise awareness of referral resources for persons needing family support, peer-to-peer consumer services, as well as referrals to county mental health. Targeted Community entry points and Professionals include alcohol and drug treatment programs; Cabrillo College/UCSC; adult education and Digital Bridges; local law enforcement agencies; probation and courts; Child Welfare Services, foster care and CASA; mental health providers who encounter persons who are at-risk but don't yet meet Adult Mental Health System of Care threshold criteria currently defined as serious mental illness, Schizophrenia, Bi-Polar and/or Depression Disorders with Psychotic features; primary medical care providers; social service agencies (e.g., Diversity Center, Walnut Ave. Women's Center, Survivors Healing Center, Women's Crisis Support/Defensa, shelters); NAMI; family resource centers; and Veterans services.

Once the Navigator(s) have engaged the broader Community Entry Points, Families, and Professionals, Phase Two will begin with the following:

**Project #3 - Strategy #1 - Phase Two:**

**Training:** Conduct training with Professionals, Family members and Community Entry Points regarding validated screening protocols to identify early signs of persons at-risk of serious mental illness, including suicide and/or first break psychosis, utilizing the key elements of the Portland Identification and Early Referral program (PIER), a research program with the mission of reducing the incidence of psychotic illnesses (such as schizophrenia and bi-polar disorder) in the Portland, Maine area.

- Training will include; how and where to refer for mental health services as well as alternative, non-traditional approaches; how to use Recovery oriented evidence-

based practices that are person centered to intervene with persons at-risk of severe mental illness, including intervention with moderate to severe depression and symptoms of psychotic first break; Portland Identification and Early Referral (PIER); how to manage clients symptoms in their home as well as various settings; how to adapt program services to make them more accommodating to, and effective with, the target population; and how to address the unique needs of Veterans, Youth ageing out of Foster Care, Latino, and LGBT persons.

- The Training component is integrated with the County's Workforce Education and Training, which will allow for a diverse group of trainers and approaches.
- Training and outreach will be on-going as needed, not a one time only service

**Project #3 - Strategy #2: Early Onset Intervention Services Utilizing Professional Navigator, Psychiatry, Peer and Family Advocates, and Employment Services for Individuals and Family Members**

Early Intervention Services will be designed based on an individuals need. The Navigator will receive the referrals from Professionals, Family members, and Community entry points. Services will be individualized to provide consultation, assessment, and short-term mental health services through weekly scheduled site visits, individual appointments on an as-needed basis, and/or telephone calls as needed. Consultation, assessment and services may include provision of information and/or training to Community entry points; how to adapt the Community entry points/Professional's setting to better serve clients at-risk of serious mental illness; implementation of best practice models; consultation with professionals and Community entry points regarding specific clients; and the provision of face-to-face assessment and/or treatment planning visits with at-risk clients and their family members. Settings in which dual diagnosis clients are seen will be specifically targeted for training, consultation, assessment, and short-term treatment.

Psychiatric Services and Medications will be made available by a referral from the "Navigator" to provide psychiatric consultation, medications assessment and monitoring, and psychiatric medications to clients at-risk of serious mental illness and suicide in professional and gatekeeper settings by appointment.

Linkage to other mental health resources will be provided with a, "warm hand off," in such a way that access is seamless and individuals do not get, "lost in the system."

Early intervention services to persons who are at risk of onset of mental illness (or have had a "first break") will be delivered utilizing the key elements of PIER and will include education and support to families.

This component will be a low cost/free service that is client centered driven by clients expressed goals. Services to transition age youth (TAY) and Adults will be culturally sensitive, trauma-informed and promote an independent and productive life for ALL at risk of onset of mental illness, especially targeting the LGBT and Latino youth. Services

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will include licensed mental health clinician providing assessment, crisis intervention and short-term case management services, peer counseling and employment services.

Early Intervention counseling strategies will be offered with special emphasis for individuals in foster care or ageing out of foster care, alcohol and drug programs as well as other community agencies, primary care clinics, and schools.

Family members will be provided individual counseling and supports that may include home visits from a Mental Health Professional, Psychiatrist, Family Advocate, or Peer Counselor.

Assessment of psychosocial and drug and alcohol treatment needs will be provided. All services will be client centered and plans will be driven by the individuals' stated goals.

The Peer Advocate will provide counseling and support and be available to assist individuals in learning about mental illness, identifying signs and symptoms, and networking with professionals and natural supporters. The goal of this program is to "normalize" signs and symptoms through anti-stigma education. The Peer Advocate will facilitate person-centered planning in order to help individuals discover a vision for a desirable future and to develop an action plan to achieve their goals. WRAP will be utilized by the Peer counselor both individually and in-group.

All services will include a Family/Peer advocate to enhance access and linkage throughout the County.

The Employment Services will offer assistance in finding jobs, paid stipends for first time job experience that is less than 20 hours per week, and a "work first" work crew option to fast track employment experience. Employment services will target TAY who are homeless or at risk of homeless and youth transitioning out of Foster Care.

The overall goal is that services are targeted to intervene and provide support during challenging times. Once issues are stabilized, within a few months to one year, individuals will be integrated back onto their personal life track/goals and on track. If more services are needed a, "warm hand off," will be provided to offer on-going services in the community to meet a longer-term on going need. Linkage to assistance with benefits will be provided for those individuals showing signs and symptoms of a disability.

### **Project #3 - Strategy #3: Monthly TAY Provider Roundtable**

This program coordinates the delivery of peer and professional services to transition age youth and their families. Providers to include County Mental Health Children and Adult counselors/coordinators, outreach workers, Public Health's Homeless Persons Health Project, Homeless garden project, County Office of Education, CASA, Department of Rehabilitation, Law Enforcement, Food Stamp office, Benefit Reps, and others as appropriate.

A monthly community meeting will be set to enable care providers from the community to come together to discuss individuals that may be accessing multiple services. An MOU among providers will be developed to create a Multi-Disciplinary team meeting that is a confidential and safe environment for resource sharing, non-duplication of service and effort, improved integration of services, and brainstorming new ideas to enhance better outcomes for individuals.

The challenge to coordinate services to this population will be greatly enhanced by a formalized monthly meeting that brings providers together to share critical information, identify needs, and agree on who will be the primary contact person and support. This meeting will provide a natural network/team approach for many providers who are currently working alone in the field, streets, etc., and thus create a “team” to work smarter and provide an integrated service.

**Project #3 - Strategy #4: Veterans Advocate**

In order to strengthen linkages and coordination between County Mental Health and local Veterans services the County will contract a Veterans Advocate. In addition this advocate will help ensure the inclusion of Vets and their families in other relevant PEI services (including, but not limited to, parenting education, school based prevention services, field based services for TAY, Adults and Older Adults).

This person will be responsible for knowing the various Veteran resources in the community, provide and/or support wellness activities, and assure the County is compliant with AB 3083 (linkages between County and Veterans agencies).

The County will also include education and training on Veterans issues in the Workforce Education Training Academy. This may include issues such as post-traumatic stress, effects on children and spouses, issues of isolation, and/or issues of adjusting post-war experience.

**Project #3 - Strategy #5: Suicide Prevention Services**

The County will contract with a community-based agency to provide suicide prevention services. The “Suicide Awareness for Everyone (SAFE)” will provide services across the life span, and include the following components:

- To raise community awareness
- Educational presentations
- Training for “gatekeepers” (community entry points)
- Information presentations
- Support for adults coping with difficulties, including loss of loved one

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**4. Programs for Project #3**

Program Title	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	
Project #3: Early onset Intervention Services for Transition Age Youth and Adults			
<b>Strategy #1:</b> Identification of signs & Symptoms of Mental disorders with Family members, professionals, and community entry point throughout the County.	Individuals: 120  Families: 40	Individuals:  Families:	<b>12</b>
<b>Strategy #2:</b> Early Onset Intervention Services for Individuals and Family Members.	Individuals:  Families:	Individuals: 96  Families: 45	<b>12</b>
<b>Strategy #3:</b> Roundtable	Individuals: 0  Families: 0	Individuals: 0  Families: 0	<b>12</b>
<b>Strategy #4:</b> Veterans Advocate	Individuals: 40  Families: 10	Individuals: 40  Families: 10	<b>12</b>
<b>Strategy #5</b> Suicide Prevention Services	Individuals: 300  Families: 50	Individuals:  Families:	<b>12</b>
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>560</b>	<b>191</b>	

## **5. Linkages to County Mental Health and Providers of Other Needed Services**

This program will expand and broaden our mental health services. Currently, specialty mental health services are limited to those individuals who meet the target population of having a serious mental disability. By implementing this PEI program we will be creating a larger safety net that includes a broader group of participants from a wide spectrum of the community who are in need of mental health services yet not severe enough to warrant the traditional specialty services. The services will be a “no cost” service to the recipients.

Linkages to County Mental Health Services will be an integral part of the assessment process. One of the anticipated outcomes will be to expand our mental health services within the community rather than in the public mental health system. The program strives to enhance linkages to natural supports, strengthen knowledge and skills to care providers and individuals while at the same time recognizes that some people will need the specialty services offered through the County’s specialty mental health services or other needed services. If the program Navigators determines that an individual does need more targeted care they will provide referrals and a, “warm hand off,” to assure a seamless transition. If the individual meets the mental health target population they will be brought into the system of care and have access to the full array of services from intensive case management to hospital and locked care to supported housing and employment services based on individual needs.

## **6. Collaboration and System Enhancements**

The Early Onset Professional and Community Entry Points supports, family supports and TAY/1<sup>st</sup> break case management, peer counseling, employment services and the monthly TAY Roundtable Team will create a natural County wide network of care that has a built-in system of collaboration that expands the reach of mental health services to drug and alcohol providers, educators, law enforcement and Human Resource agencies through outreach to individual homes, agencies, clinics, schools as well as the streets. Inherent in this program is a community-based collaboration. This mental health “safety net” expands the current definitions of services only for the “targeted mental health” services to include training, education, consultation, and outreach for our community service providers and families. The program educates the community about early signs and symptoms of mental illness as well as aims to reduce suicide, decrease numbers of individuals who become disabled due to a persistent mental illness, and ultimately will enrich the quality of life for individuals and create a mentally healthy community.

The current system will be enhanced by developing a larger network of care that includes those with mild or early warning signs with an added focus on prevention, education, consultation and training, thus broadening county mental health services to include prevention and early intervention rather than waiting for individuals to have a serious a persistent mental illness.

The Veteran's Advocate will help the County strengthen linkages and coordination between County Mental Health and local Veterans services. In addition this advocate will help ensure the inclusion of Vets and their families in other relevant PEI services.

### **7. Intended Outcomes**

The intended outcomes for this project are:

- Increased outreach and assessments to a larger population, not limited to those with a serious mental illness
- Engagement with identified LGBT individuals and groups, and Latino Youth
- Individuals with signs and symptoms of mental health issues will be stabilized and or linked to needed resources and services early on.
- Community entry points and families will be better trained and educated to know signs and symptoms and community services.
- On-going Community collaboration and networking to provide integrated supports for individual needs
- Prevention and early intervention for veterans through enhanced coordination of services

### **8. Coordination with Other MHSa Components**

The supervisor of the FSP for TAY and Older Adults will provide supervision and support to this program's staff; this will greatly enhance a smooth transition from PEI to system of care when appropriate. The following is a list of MHSa supported components:

- Full Service Partnership Teams, including TAY, Older Adults and Homeless.
- Adult Service Teams for case management, access to mental health supported housing and supported employment services
- Access to the Wellness Centers, on-going psycho therapy and medication supports
- Residential Crisis House, a program that diverts individuals from inpatient psychiatric hospitalization
- Enhanced Support Services
- Family Advocacy, a program that responds to families in order to educate, and enhance access and linkage to services.

**PEI PROJECT #4 SUMMARY**

**County:** Santa Cruz

**PEI Project Name:** Early Intervention Services for Older Adults

**Date:** May 6, 2009

Complete one Form No. 3 for each PEI project.

<b>1. PEI Key Community Mental Health Needs</b>	<b>Age Group</b>			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>		
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>
<b>2. PEI Priority Population(s)</b>	<b>Age Group</b>			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>

**B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s)**

**Stakeholder input:**

Santa Cruz County considered input gathered from the CSS planning and Town Hall meetings held in 2006 and 2007, but relied more heavily on the extensive PEI planning process. Aside from the educational forums and data presentations, there were workgroups that focused on prevention and early intervention needs of the various age groups across the lifespan. The older adult workgroup met a total of six times. Additionally there was a focus group with seniors on October 6, 2008. (See appendix for notes of the workgroup meetings and the focus group.)

The workgroup included stakeholder representatives from consumers, family members, Santa Cruz County Mental Health, Santa Cruz County Human Services Department, Santa Cruz Community Counseling Center, Advocacy Inc., Family Services Agency, Veterans' advocates, Watsonville Senior Center, Hospice of Santa Cruz, Senior's Council, Diversity Center, Women's Crisis Support, Elder Day Care, Health Projects Center, and Del Mar Caregiver Resource Center.

The stakeholders earlier identified the Onset of Serious Mental Illness and Trauma Exposed Individuals as the priority populations. Presentations on services provided for this population were held during the older adult work group meetings. This workgroup went on to identify service gaps and community entry points, and then ended with recommending PEI services and strategies.

**Data analysis**

**Demographics:** There were an estimated 41,406 seniors ages 60 and over in Santa Cruz County in 2007. (This is an increase of 5,564 since 2003, when there were 35,842 seniors.) The majority of seniors were Caucasian (81%), while 12% were Latino in 2007.

Seven percent (7%) of seniors (ages 65 and over) were living below the federal poverty level in Santa Cruz County in 2006.

Veteran's accounted for nearly one-quarter (23%) of adults ages 65 and over (or 5,816 individuals) in Santa Cruz County in 2006.

**Mental Health:**

In 2006-07, a total of 288 clients, ages 60 and over, were served by the Santa Cruz County Mental Health. Females comprised nearly half (58%) this number with eighty two percent (82%) identified as Caucasian. One in five (21%) seniors ages 60 and over in Santa Cruz County reported that they needed help for emotional or mental health problems according to the 2005 California Health Interview Survey. Fifteen percent (15%) of seniors ages 65 and over, in Santa Cruz County, had a mental disability according to the 2006 American Community Survey.

The number of suicides among adults ages 60 and over living in Santa Cruz County ranged from a low of 4 in 2005 to a high of 16 in 2003. There were 10 suicides for this age group in 2006.

**Elder Abuse:**

The annual number of reported elder or dependent adult abuse increased from 331 reports in 2002 to 524 reports in 2006, an increase of 58% in Santa Cruz County.

**Other Considerations:**

The PEI workgroup noted the following risk factors:

- Loss of functioning
- Substance abuse
- PTSD & military involvement
- Bereavement and other loss

**3. PEI Project Description:**

This project addresses persons age 60 and older experiencing onset of serious mental illness, trauma-exposed individuals, victims of elder abuse, and disparities in access to services.

**Project #4 - Strategy #1: Field Based Mental Health Training and Assessment Services to**

**Provide mental health assessment and short-term services to older adults where they reside**

This prevention strategy addresses the high rates of depression, isolation and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior's isolation and challenges in accessing appropriate care.

County mental health will hire a full time Occupational Therapist, (OT) with a specialty in Older Adult/psychiatry to provide outreach, assessment, and short-term case management to older adults in their homes and a variety of settings (where they reside). Referrals may be made by:

Senior Network Services, Multi-Disciplinary team, Individuals and/or family members, County Mental Health, Adult Protective Services, Elder-day, Senior Centers, Skilled Nursing Facilities, Residential Care Facilities, Homeless Persons Resource Center, Primary Care offices and clinics, In Home Support Services, Private Case Management agencies, Meals on Wheels, Grey Bears, Linkages Program, Homeless Persons Health Clinic, Ombudsman office, Assisted Living settings, Law Enforcement, Hospital, Family members, and others.

## Santa Cruz County MHA Prevention & Early Intervention Plan

This program helps identify at-risk seniors and will connect them to OT services that include a mental health assessment to determine if the individual needs County mental health services from the Older Adult Full Service Partnership Team, Older Adult Psychiatrist, or if they are in need of other community referrals and resources. Short-term case management will be available by the OT as well as linkage Brief Therapy and a Peer Support Companion program (see strategy #2). Services will target symptoms of depression, suicidal ideation, isolation, evaluation, and assistance with daily living skills, with an emphasis on supports and guidance to live in the least restrictive settings. Emphasis and value will be placed on helping seniors remain in their homes with linkage to community support services to enhance quality of life through nutrition, exercise, and proper linkage to physical health care and assistance, with meaningful daily activities when appropriate. Services will be client centered with a broad variety of resources to include traditional and non-traditional approaches.

The Supervisor of the Full Service Partnership, Older Adult team, will also provide supervision to the OT to ensure continuity of care and seamless transition if the client meets target population for on-going mental health services.

Through the Santa Cruz County MHA Workforce Education and Training (WET), funds will be used for the development of a training curriculum that will include the following key elements identified during the development stages of the program: Understanding mental illness, how it manifests, confidentiality, identifying criteria for further assessment, communication skills and other core competency skills, related to mental health and older adults.

The program will hold trainings in conjunction with the County's Workforce Education and Training program at key senior organizations for staff, professionals, paraprofessionals, peer counselors, family members, and those who come in contact with older adults, to better recognize signs of depression and other mental illness, and assist seniors connect to services.

### **Project #4- Strategy #2: Senior Services and Outreach including brief therapy and Peer companions**

The County will contract with a community-based agency for early intervention counseling and therapy services. These services will follow a brief treatment model and may include mobile services where seniors reside when needed. Services will be provided to Medicare recipients.

Peer Companions will be older adults, 60 and over, likely hired through a Community Based Organization (CBO) with an existing seniors program. The Peer Companions will be trained as described in strategy #1. Peers will provide companionship and light respite work for frail elderly towards empowering these individuals to continue living independently in their homes. The CBO will take referrals by the OT (described in Strategy #1) in order to implement the client centered treatment goals. Peer Companion Support services will be mobile and short term, up to one year, to stabilize mental health

symptoms. Peer companions will be trained to know signs and symptoms of distress with knowledge of community resources. They will work closely with the OT for support, supervision, and referrals. Recruitment of Peer Companions will include monolingual Spanish speakers or bi-lingual capacity and trained to know the senior resources. They will provide services in private homes as well as Skilled Nursing Facilities, Senior Centers and Older Adult Residential Care Homes.

**Project #4 - Strategy #3: Warm Line provides quick telephone screening and referrals to senior resources for persons seeking services for older adults**

Senior Network Services is the central coast resource hub for all senior services in Santa Cruz County provided through a contract with Area Agency on Aging. This service will reach older adults where they live **as so often** seniors call in for information and assistance. Senior Network Services will act as a referral agency to link older adult services to our prevention and early intervention services for seniors. Our plan seeks to enhance their services so that they are able to take the anticipated increase in volume of calls, make appropriate referrals, and can be better targeted to serve seniors with early onset of mental health conditions. This will be accomplished through education, consultation, and seamless linkage with mental health resources. Training of staff will be provided through the WET program as described in Strategy # 1. The OT (from strategy #1) will provide consultation to the Senior Network staff so that they are trained to recognize the early signs and symptoms of mental illness. This program will add a half time position to their existing services increasing the ability to respond quickly to community needs.

**4. Programs for Project #4**

Program Title	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	
Project #4: Early Intervention for Older Adults			
<b>Strategy #1:</b> Field based mental health training and assessment services	Individuals: 10 Families: 24	Individuals: 48 Families: 24	<b>12</b>
<b>Strategy #2:</b> Senior Outreach through Peer Companions	Individuals:  Families:	Individuals: 36 Families: 10	<b>12</b>
<b>Strategy #3:</b> Warm Line	Individuals: 200 Families: 50	Individuals:  Families:	<b>12</b>
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>284</b>	<b>116</b>	

## **5. Linkages to County Mental Health and Providers of Other Needed Services**

OT, Peer Companions and all newly trained staff in the community may refer seniors and their families to County Mental Health, Full Service Partnership teams, primary care providers, in-home support, and other providers as related to individual need, by making direct referrals to these agencies. A “warm hand-off” will be made with routine follow-up to ensure that individuals receive treatment or further assessment. Referrals will be made to non-traditional preventive programs such as senior centers, park and recreational programs, Meals on Wheels, Grey Bears, and Wellness Centers, to enhance access to services, supports, and meaningful daily activities.

By design, this program has designated the Supervisor of the Older Adult FSP to provide direct clinical supervision and support to the lead clinician, the OT. This will ensure continuity of care as well as on-going communication with this PEI program.

## **6. Collaboration and System Enhancements**

This program will enable mental health to have a new and significant role in the larger network of care for seniors. Adding a mental health professional and the Peer Companion program will highlight mental health concerns and thereby enhance collaboration with all Senior Services throughout the County. System enhancements will improve access to mental health services by providing the capacity for person centered in-home assessments, brief treatment, peer support, and linkage to other service providers.

## **7. Intended Outcomes**

The intended outcomes for this project are:

- Lower number of senior suicides
- Reduced isolation through peer support
- Increased access to mental health services
- Increased quality of life through Peer Companion program, and linkages and collaboration with Grey Bears, Senior Centers, and in-home support services
- Increased collaboration with primary care providers

## **8. Coordination with Other MHSa Components**

The County will have a major role on the Multi-Disciplinary Team that will promote coordination and collaboration with all County programs. The Occupational Therapist will be inter-connected with the FSP for Older Adults. The supervisor of this team will also supervise the OT for PEI. This will enable an integration of the PEI service component with the CSS plan when clients are found to meet the target population. The OT will attend weekly team meetings with the Older Adult FSP that will allow for in-person referrals as well as problem solving on a case-by-case basis. Referrals to the FSP will be seamless and allow for an easy and personal transfer of services. In addition, the team will provide support and back-up when the OT is sick, on vacation, or in need of problem solving from a larger clinical perspective.

## Santa Cruz County MHSa Prevention & Early Intervention Plan

Other MHSa services to coordinate with will include:

- Older Adult Full Service Partnership Team, Older Adult therapist
- Adult Service Teams for case management, access to mental health supported housing, and supported employment and education services
- Access to the Wellness Centers, on-going psycho therapy, and medication supports
- Residential Crisis House, a program that diverts individuals from inpatient psychiatric hospitalization
- Enhanced Support Services Team
- Access to Older Adult Residential Care facilities

## LOCAL EVALUATION OF A PEI PROJECT

County: Santa Cruz

(Form 7)

**PEI Project Name: Cultural Specific Parent Education & Support**

**1.a. Identify the programs (from Form No. 3 PEI Project Summary) the county will evaluate and report on to the State.**

Project #2 (Culturally Specific Parent Education and Support) will be evaluated intensively and reported on to the State.

**1.b. Explain how this PEI project and its programs were selected for local evaluation.**

This project was selected due to the fact that some of the programs being piloted locally, although they are very popular among parents and families and the agencies that refer them, have only preliminary data demonstrating their effectiveness. This data demonstrate that parents were very satisfied with the services and rated their families on a pre-post basis as improving in the areas of discipline, trust, communication, and respect. However, these evaluations were conducted with a relatively small number of participants, did not use validated measures, and did not look at changes in family or child functioning beyond parents' pre-post ratings.

Given the level of community support for these programs, we would like to evaluate them in greater depth to determine their effectiveness and improve them or seek other program models before we roll out implementation of culturally specific parent, family and child supports on a larger scale.

**2. What are the expected person/family-level and program/system-level outcomes for each program?**

Individual and family-level outcomes include:

- Improved family functioning in the areas of communication, trust, discipline, respect, and knowledge of effective parenting practices; and
- Improved child and youth behavior related to child development, school and juvenile justice involvement.

Systems-level outcomes include:

- Greater participation by community partners in mental health prevention efforts;
- Greater understanding among community partners of risk and protective factors and effective prevention strategies; and
- Improved integration of mental health and substance abuse prevention efforts.

**3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity, and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For "other", provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing**

impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

Population Demographics	PRIORITY POPULATIONS						
	Trauma	First onset	Child/youth Stressed Families	Child/Youth School Failure	Child/Youth Juvenile Justice	Suicide Prevention	Stigma/Discrimination
<b><u>ETHNICITY/CULTURE</u></b>							
African American			2				
Asian Pacific Islander	1		4			1	
Latino	8	3	126			5	8
Native American			2				
Other (Indicate if possible) White	2	1	34			1	2
<b><u>AGE GROUPS</u></b>							
Children & Youth (0-17)	11	4	168			7	10
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
<b>TOTAL</b>	11	4	168			7	10
Total PEI project estimated <i>unduplicated</i> count of individuals to be served <u>200</u>							

**4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?**

The County will contract for program evaluation services to measure attainment of objectives and outcomes, and will consult with program evaluators to refine measurement tools and methodology. Criteria for selection of measurement instruments will include: reliability and validity of the instrument; consistency of domains measured by the instrument with the objectives of the program; ease of administration; and cultural relevancy of the instrument. Process measures (e.g., number of groups conducted,

number of parents/youth trained) will be collected on an ongoing basis and reported quarterly. Data on parent, family and child outcomes will be collected at baseline (program admission) and program departure, and post-departure if resources permit. Data on system level outcomes will be collected annually using surveys and key informant interviews with stakeholders and community members regarding their participation in mental health prevention efforts; changes in their understanding of risk and protective factors and effective prevention strategies; and perceptions of integration of mental health and substance abuse prevention efforts.

**5. How will data be collected and analyzed?**

Pre-post data on parent and youth education groups will be collected by group facilitators at the first and last group sessions, and at the last visit if a person's departure from the group is planned. Contracted program evaluators will conduct interviews and surveys with stakeholders and community partners, and will analyze all data.

**6. How will cultural competency be incorporated into the programs and the evaluation?**

Cultural competency will be a primary criterion for selecting a curriculum. Parents and youth education group participants will be asked to rate the cultural competency of the program as well. Data on participant race/ethnicity, language preference, and availability of program materials in Spanish will also be collected.

**7. What procedures will be used to ensure fidelity in implementing the model and any adaptation(s)?**

The models currently used by County Mental Health, known as Cara Y Corazón and Jóven Noble, have been implemented through a training of group facilitators and a County staff member serves as the fidelity monitor for local implementation. Fidelity is ensured through supervision of local trainers and observation of parent/family/child education groups. Depending on the model(s) chosen, fidelity measures may also include fidelity monitoring checklists, ratings of audio or videotapes of groups, and regular coaching/supervision of group facilitators.

**8. How will the report on the evaluation be disseminated to interested local constituencies?**

The evaluation report will be presented to the local MHSa Steering Committee, the Together for Youth prevention collaborative, the Local Mental Health Board, and be made available on the County Mental Health website.