



Mental Health Services Act:

Three-Year Program and Expenditure Plan FY 2014-2015 through FY 2016-2017

April 23, 2014



WELLNESS • RECOVERY • RESILIENCE

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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 SERVICES ACT COORDINATOR

March 14, 2014

We have completed a draft of "Three Year Program and Expenditure Plan" of the Mental Health Services Act (MHSA/Proposition 63), as required under Welfare and Institutions Code Section 5847. This Plan covers fiscal years 2014-2015, 2015-2016, and 2016-2017. This Three-Year Plan is not intended as a binding contract with any entity or provider of services. Services will be monitored on a continual base, and the County may make changes, if necessary.

The report will be posted from March 17, 2014 though April 16, 2014, and a Public Hearing will be held on April 17, 2014 (at 3:00 in room 207 at 1400 Emeline Avenue, Santa Cruz, Ca). Subsequently the Plan will be sent to the Santa Cruz County Board of Supervisors for adoption, and then to the Mental Health Services Oversight Accountability Commission.

You may provide comments about the draft plan in the following ways:

At the Public Hearing,

By fax: (831) 454-4663,

By telephone: (831) 454-4931,

By email to 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,



Alicia Nájera, LCSW
Mental Health Services Act Coordinator

I. MHSA COUNTY COMPLIANCE CERTIFICATION

County: Santa Cruz

<u>County Mental Health Director</u>	<u>Project Lead</u>
Name: Erik G. Riera	Name: Alicia Nájera, LCSW
Telephone Number: 831-454-4515	Telephone Number: 831-454-4931
E-mail: erik.riera@santacruzcounty.us	E-mail: alicia.najera@santacruzcounty.us
Mailing Address: Santa Cruz County Mental Health & Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on May 20, 2014.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Mental Health Director


Signature _____ Date 3-11-14

Erik G. Riera

County: Santa Cruz

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

Santa Cruz County

- Three-Year Program & Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<p>Local mental Health Director</p> <p>Name: Erik G. Riera</p> <p>Telephone Number: 831-454-4515</p> <p>E-mail: erik.riera@santacruzcounty.us</p>	<p>County Auditor-Controller</p> <p>Name: Michael Beaton</p> <p>Telephone Number: 831-454-4449</p> <p>Email: michael.beaton@santacruzcounty.us</p>
<p>Local Mental Health Mailing Address:</p> <p>Santa Cruz County Mental Health & Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations section 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Erik Riera
 Local Mental Health Director (Print)

 3-11-14
 Signature Date

I hereby certify that for the fiscal year ended June 30, 2013, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892f); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 21, 2013 for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2013, that State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Michael Beaton
 County Auditor Controller (Print)

 3-11-14
 Signature Date

Description of Stakeholder Process

a) Description of the local stakeholder process including date(s) of the meeting(s):

The Santa Cruz County MHSA Steering Committee oversaw the community planning process for each of the MHSA components. The MHSA Steering Committee membership was selected with the intention of having a cross section of member representatives, including mental health providers, employment, social services, law enforcement, consumers, and family members, as well as representatives from diverse geographical and ethnic/racial/cultural populations. Oversight of MHSA activities was returned to the Local Mental Health Board receiving regular updates about MHSA activities. The County works closely with the Local Mental Health Board (which includes consumers, family members and other advocates), and meets regularly with the various mental health contract agency representatives.

The County had an extensive Community Services and Supports (CSS) Planning Process, when the Act was first passed. Additionally, the County conducted planning processes for the CSS Housing component, the Workforce Education & Training Component, the Prevention & Early Intervention Component, Innovative Projects Component, and the Capital Facilities & Information Technology Components. The Community Planning Process consisted of workgroups, surveys, key informant interviews, and focus groups. A special effort was made to include consumers and family members. Focus groups were held in both North County and South County, in English and in Spanish.

The County held a Town Hall meeting on February 20, 2014 from 6 to 8 p.m. at the Cabrillo College Horticulture Center, 6500 Soquel Drive, Aptos (which is a central location in Santa Cruz County), specifically to obtain stakeholder input on the MHSA services. The MHSA components and their requirements were reviewed, and the County and Contractors provided an overview of the programs. The consumers in attendance gave overwhelmingly positive feedback about the services at the Wellness Centers, older adult services, and about the programs that offered services for their co-occurring (mental health and substance abuse) disorders.

Approximately 80 people attended the Town Hall meeting. We had a translator attend so that persons that speak our threshold language (Spanish) could participate. We asked participants to complete a demographic survey; 50 people completed and turned it in. The demographic breakdown for these participants is indicated in the tables below:

	Ethnicity		Primary language spoken at home
Tribal/Native American	0	English	43
Latino	8	Spanish	2
Asian/Pacific Islander	2	Other	1
Black/African American	0	English & Spanish	4
White/Caucasian	32		
Mixed Race	2		
Other	2		

	Age		Gender
Under 18	0	Man	15
18-25	2	Woman	34
26-59	34	Trans	0
60+	13	Queer*	1
Not indicated	1	<i>*Written in</i>	

	Stakeholder Affiliation
Mental health client/consumer	16
Family member of a mental health client/consumer	9
County mental health department staff	7
Community-based/non-profit mental health service provider	16
Veteran/veteran-advocate	0
LGBTQ community	1
Law enforcement	1
Education	5
Social service agency	3
Provider of alcohol and drug services	1
Health care organization	0
General public	1
NOTE: 7 people checked two or more of the above categories	

b) General description of the stakeholders who participated in the planning process and that the stakeholders who participated met the criteria established in section 3200.270:

The County works closely with the Local Mental Health Board, contract agency representatives, family members, NAMI, consumers, Mental Health Client Action Network (MHCAN), Mariposa Wellness Center, agencies representing underserved communities (the Diversity Center, Queer Youth Task Force, Barrios Unidos, Migrant Head Start), community based agencies (such as Encompass, Front Street Inc., Pajaro Valley Prevention & Student Assistance, Family Services), educational institutions, social services, probation, juvenile detention, county jail, law enforcement, community resource centers, employment and health.

c) Persons involved in writing the Three Year Program and Expenditure Plan:

The Mental Health Services Act Coordinator facilitated the development of the Plan with key input from members of the Santa Cruz County Mental Health & Substance Abuse Services Management Team, including Erik Riera, Dane Cervine, Stan Einhorn, Yana Jacobs, Bill Manov, Pam Rogers-Wyman, Adriana Bare, and Elizabeth Soria. The Staff worked with contract agencies and stakeholders to develop the programs in this plan.

d) The dates of the 30 day review process:

The draft plan of the MHSA update was available for review and comment from March 17, 2014 to April 16, 2014.

e) Methods used by the county to circulate for the purpose of public comment the draft of the annual update to representatives of the stakeholders interests, and any other interested party who requested a copy of the draft plan:

The draft plan was distributed to the Local Mental Health Board, contractors, and to other stakeholders. It was also posted on our Internet site, and made available in hard copy to anyone who requested it. We placed two ads in the Santa Cruz Sentinel, the Watsonville Pajaronian, and the Aptos Times to inform the community at large of its availability.

f) Date of the Public hearing held by the local Mental Health Board:

The Public Hearing was on April 17, 2014 at 3:00 p.m. at the Live Oak Senior Center, 1777 Capitola Road, Santa Cruz, California.

g) Summary and analysis of substantive recommendations received during the 30-day public comment period and description of substantive changes made to the proposed plan:

The changes made to the draft plan are as follows:

- There was a typo on the Innovative Projects program description (stating it was for 2014-2015, when in fact it should have read 2015-2016).
- The target number for suicide prevention was incorrect.
- The peer support at the Psychiatric Health Facility was missing from the draft plan, so it was added.
- Prevention & Early Intervention Project #3 was missing a description of clinical supports.

Mental Health Services Act (MHSA) Programs

In 2004 California passed Proposition 63, known as the Mental Health Services Act.

Three components of MHSA focus on direct clinical services:

- Community Services and Supports (CSS),
- Prevention and Early Intervention (PEI), and
- Innovative Programs (INN).

Three components focus on infrastructure:

- Workforce Education and Training (WET),
- Capital Facilities, and
- Information Technology.

MHSA funds are to be used to establish new services, or to expand services. Direct client services are not allowed in infrastructure components. Below is a list of MHSA services in Santa Cruz County. Throughout this document you will see specific examples of notable “**COMMUNITY IMPACT**” resulting from MHSA; these are in *italics*. (**Note:** all names and identifying factors have been changed to protect the confidentiality of the individuals.)

Description of county demographics such as size of the county, threshold languages, unique characteristics, etc.

The population in Santa Cruz County is 262,382 according to 2010 estimates. This is an increase of 2.7% from the 2000 census. In Santa Cruz, the breakdown of the population by race is approximately 59.6% White (Not of Latino origin), 32% Latinos, 1.1% African-Americans, .9% American Indian and Alaskan Native persons, and 4.2% Asian. Eleven percent (11.1%) of the population is over 65 years old. The primary language in Santa Cruz County is English, with 29.9% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Half of the population (50.1%) is female.

The county’s own data from FY 10-11 shows that of the 5,183 unduplicated clients served, 3,268 (63%) were white and 1,473 (29%) were Latino. According to EQRO data for 2010, the penetration rate for Latinos is 3.95%, compared with 10.34% for Whites, African/Americans 14.87%, Asian/Pacific Islander 5.58%, and Native American 12.72%. The statewide penetration rates are: Latinos 3.47%, Whites 10.21%, African/Americans 10.04%, Asian/Pacific Islanders 3.99%, and Native Americans 9.77%

Cost Per Person Served:

The approximate cost for children served in the PEI prevention programs is \$207 and \$545 in the PEI early intervention programs. The approximate cost for children in CSS is \$1,914. The approximate cost for adults served in the PEI prevention programs is \$284, for PEI early intervention programs it is \$334, for CSS it is \$2,569, and INN is \$4,043.

COMMUNITY SERVICES AND SUPPORTS (CSS)

This component is to provide services and supports for children and youth who have been diagnosed with or may have serious emotional disorders, and adults and older adults who have been diagnosed with or may have serious and persistent mental illness.

CSS Program #1: Community Gate

Purpose: The services of this program are designed to create expanded community-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances—but who are not referred from our System of Care public partner agencies (Probation, Child Welfare, Education).

The Community Gate is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. These services include assessment, individual, group, collateral, case management, and family therapy with the goal of improved mental health functioning and maintaining youth in the community. This may include the provision of mental health services at various community primary care clinics.

Community Gate services focus on ensuring timely access to Medi-Cal beneficiaries of appropriate mental health services and supports, as well as other community members. This results in keeping youth hospitalization rates down, as well as helping to keep at risk youth out of deeper involvement with Probation, Child Welfare, and Special Education, including ensuring alternatives to residential care.

Target Population: Children/youth suspected of having serious emotional disturbances. Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish.

Providers: The staff from Encompass (Youth Services), Family Services, and Santa Cruz County Mental Health & Substance Abuse Services provide the services in this work plan.

Number of individuals to be served each year:

The unduplicated numbers of individuals to be served by program are:

Encompass: 190

Family Services: 105

Santa Cruz County Mental Health & Substance Abuse Services: 140

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? Dominican Hospital no longer allowed County clinicians to conduct psychiatric crisis evaluations for children/youth in their emergency room given new certification protocols when another company purchased them. Emergency room physicians began hospitalizing more children/youth as a result, which decreased successful hospital diversion, and increased the need for more Community Gate post-hospitalization follow-up (which we successfully did). However, in January 2014 a new Psychiatric Health Facility (PHF) was opened in Santa Cruz, and a new

24/7 emergency response contract was initiated to once again provide better emergency hospital evaluations for youth presenting on a 5150 (72 hr. hold).

Are there any new, changed or discontinued programs? No.

COMMUNITY IMPACT

*Santa Cruz County Mental Health & Substance Abuse Services has been awarded the **Organizational Ally to Queer Youth** for the services provided in this program. The nomination recognizes that the clinicians “have been offering high quality services to transgender youth... They have become more skilled working with complex psychosocial issues, and have a “whatever it takes” attitude, intervening by going to homes, working with families, and going to the schools. They really go the extra mile! I have been very impressed with how responsive they been to an urgent need. They responded with professionalism and heart.”*

16-year-old Latina was truant, oppositional and smoking pot, came into therapy at Family Service Agency, South County. The counselor helped client deal with family issues and many stressors....while making school visits. During the past 2 years, client experienced working in the fields as a summer job, stopped smoking pot, and now plans to graduate from high school early.

Six-year-old Latina lives with maternal adoptive grandmother. Both parents are not involved due to drug use. Client struggled in school and had no friends. Now with family therapy at Family Services and medication from Children’s Mental Health, this client is doing well in school, has friends and the grandmother has more parenting skills. Grandmother is grateful and feels supported by the agency and the community.

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 7/1/12 to 6/30/13 and the MHSA Quarter 1 and Quarter 2 Report for fiscal year 2013-2014 which is attached.

CSS Program #2: Probation Gate

Purpose: The Probation Gate is designed to address the mental health needs (including assessment, individual, collateral, group, case management, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. This program is also designed to increase dual diagnosis (mental health/substance abuse) services to these individuals. The System of Care goal (shared with Probation) is keeping youth safely at home, rather than in prolonged stays of residential placement or incarcerated in juvenile hall. We have noted that providing more access to mental health services for at-risk youth in the community via our contract providers BEFORE the youth become more deeply involved in the juvenile justice system has helped to keep juvenile rates of incarceration low.

To achieve our goal we have increased dual diagnosis (mental health/substance abuse) services for youth that are:

- Identified by Juvenile Hall screening tools (i.e., MAYSI) with mental health and substance abuse needs that are released back into the community.
- In the community and have multiple risk factors for probation involvement (with a primary focus on Latino youth).
 - Services to Transition-age youth (TAY) in the Probation population (particularly as they age out of the juvenile probation system).
 - Services to Probation youth with high mental health needs, but low criminality.

These community based services help provide alternatives to residential levels of care, including minimizing lengths of stay in juvenile hall and keeping bed days low.

Target Population: Youth and families involved with the Juvenile Probation system or at risk of involvement. This includes Transition-age youth aging out of the system with particular attention paid to addressing the needs of Latino youth and families.

Providers: The staff from PajaroValley Prevention & Student Assistance (PVPSA), and Encompass provide the services in this work plan.

Number of individuals to be served each year:

The unduplicated numbers of individuals to be served by program are:

Pajaro Valley Prevention & Student Assistance: 125

Encompass: 184

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? No particular challenges or barriers at this time.

Are there any new, changed or discontinued programs? No.

COMMUNITY IMPACT:

“A” has benefited from participating in both individual and family therapy sessions. He has demonstrated improvement in avoiding and resolving conflict, improved impulse control, improved anger management skills and has also gained insight into what his anger triggers are.

Client's family relationships have also improved in that his mother has been trusting him more and his relationship w/ his father has improved.

"J" continues to show progress towards reaching treatment goals and objectives. Client continues to attend college and work part time. Client has also improved her ability to manage her anger and resolve conflicts w/ others through use effective communication and problem solving skills. Client's relationship w/ her mother and other family has also improved, which has contributed to client feeling less depressed than she was at beginning of treatment.

"A senior at Watsonville High School was on probation and was having difficulty with being defiant and struggling with authority. He had been suspended from Watsonville High School multiple times. He started receiving counseling from Encompass Youth Services. The counseling focused on improving his social functioning and regulating his emotions. During the counseling sessions, the student consistently complained about a school counselor and a few of his teachers. The Youth Services counselor suggested that they set a meeting with the school counselor and teachers, but the student was reluctant. A few weeks later, the student said that he was ready to meet with the school staff. The student, the Oasis counselor, the school counselor and the teachers all had a meeting and it was a breakthrough for the client. The student was amazed at how well it went. He had shared directly with the authority figures in his life what his concerns were and they listened to him. This helped him improve his relationship with these school personnel and helped the student feel more confident and respected. The school counselor even said that he was very impressed with how he acted during this meeting."

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 7/1/12 to 6/30/13 and the MHSA Quarter 1 and Quarter 2 Report for fiscal year 2013-2014 which is attached.

CSS Program #3: Child Welfare Services Gate

Purpose: The Child Welfare Gate goals are designed to address the mental health needs of children/youth in the Child Welfare system. We have seen a significant rise in the number of younger foster children served in the 2-10 year old range, and particularly in the targeted 0-5-age range. To address these needs we will continue to provide:

- Consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues.
- Services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).
- Provide increased services, including expanded services for the 0 to 5 -child populations. These services include assessment, individual, group, collateral, case management, family therapy and crisis intervention.
- Services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.

By ensuring comprehensive screening and assessment for foster children, we are assisting in family reunification and permanency planning for court dependents, helping them perform better in school, minimize hospitalization, and keep children in lowest level of care safely possible.

Target Population: Children, youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish.

Providers: The staff from Parent Center, Encompass, and Santa Cruz County Mental Health & Substance Abuse Services provide the services in this work plan.

Number of individuals to be served each year:

The unduplicated numbers of individuals to be served by program are:

Parent Center: 30

Encompass (Youth Services): 8

Encompass (ILP): 27

Santa Cruz County Mental Health & Substance Abuse Services: 195

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? Implementation of the statewide Katie A lawsuit settlement, including the Core Practice Model, has been going smoothly in Santa Cruz County. Our local Child Welfare partners have joined us in the state, and Bay Area, learning collaborative. These efforts are supportive of our MHSA goals and programs.

Are there any new, changed or discontinued programs? No.

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 7/1/12 to 6/30/13 and the MHSA Quarter 1 and Quarter 2 Report for fiscal year 2013-2014 which is attached.

COMMUNITY IMPACT:

"I would just like to personally thank the Parents Center for all their support and helpful suggestions they have given me on my mission to be the best parent I can be. Helen, Araceli, Joy, Ashley and Beverly have been so kind and helpful, not only to me but my children as well. I will take with me the tools they have provided in my everyday parenting. I have learned so much about ways to discipline and care for my girls. Thank you." (Mother of 2 and 5 year olds.)

"I am the kinder foster parent of my creative, energetic, 7 year-old, special needs grandson. He, of course, wants to live with his mother and resented the fact that I will be adopting him. A therapist at the Parents Center has positively impacted our lives by bringing us closer together through talking out our worries with each other. She traveled to our home for home visits and planned 'bonding' activities, including scavenger hunts on the beach, kite flying and art. She facilitated us being 'adopted' for Christmas and delivered bags and bags of gifts. She visited his school for observation and listened to his teachers. She supported us by attending and participating in his IEP. On November 10, 2013, after 4 years of living together, he said to me, 'I love you'. It can't get better than that! His behavior has improved in school and he allows me to hug him. I'm eternally grateful to --- and the Parents Center."

" Parents Center: I would like to acknowledge the Parents Center for providing such a wonderful, compassionate, well-educated-in-her-field case worker (therapist) for my family. In less than nine months I have seen an extreme change and growth in my daughter. She is now very confident and happy; but most importantly she was well coached on how to truly look inside herself; utilize healthy coping skills and acknowledge her strengths and weaknesses. The sessions my family received were priceless! Thank you and God bless you and the many lives you will touch! I wish you were around when I was 13."

"I'm grateful the services are there for my family because without them I don't think I could do this without Children's Mental Health's help. TBS has been amazingly helpful. Family counseling has helped big time with my kids' behavior; I see big improvements. I feel like I've gotten parenting tools to help my whole family." The SIS (Social Services) From Cynthia (uses Dr. Brown, TBS, Children's Mental Health - SIS).

CSS Program #4: Education Gate

Purpose: This program is designed to create school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances. In addition, specific dual diagnosis (mental health/substance abuse) service capacity has been created and targeted to students referred from Santa Cruz County's local schools, particularly those not referred through Special Education.

The Education Gate goal is to address the mental health needs of children/youth in Education system at risk of school failure by

- Providing mental health services to children/youth with serious emotional disturbance (SED) at school sites, particularly at-risk students referred from local SARB's and the county's County Office of Education's alternative schools.
- Providing assessment, individual, group, collateral, case management, and family therapy services.
- Providing consultation and training of school staff in mental health issues regarding screening and service needs of students with SED

Targeting specific referral and linkage relationships with the County Office of Education's Alternative School programs has helped target at-risk students not eligible for special education services, but still in need of mental health supports. Education Gate services are particularly helpful in reaching out to our local Alternative Schools students who don't qualify for special education services and are at risk of escalation into Probation and Child Welfare services.

Target Population: Children/youth in Education system at risk of school failure. Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served. Services are offered to males and females, and are primarily in English and Spanish.

Providers: Santa Cruz County Mental Health & Substance Abuse Services staff provides the services in this work plan.

Number of individuals to be served each year:

The unduplicated number of individuals to be served by program is:
Santa Cruz County Mental Health & Substance Abuse Services: 38

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? We have had key vacancies and county personnel freezes that have slowed the filling of both clinical positions. But one new clinician is in place, with another due soon. In addition, we are increasing our linkages this year with the Pajaro Valley Unified School District to ensure a better countywide approach, in addition to our traditional linkages with the County Office of Education. We are also beginning to increase our presence at the local School Attendance Review Boards (SARB) to help facilitate timely and targeted referrals.

Are there any new, changed or discontinued programs? No.

Performance Outcomes (specify time period):

See the MHSAs Quarterly & Annual Report for 2012-2013, and the MHSAs quarter 1 and quarter 2 Reports, which are attached.

CSS Program #5: Special Focus: Family & Youth Partnerships

Purpose: This MHSA contract is designed to expand Family and Youth Partnership activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care, to provide support, outreach, education, and services to parent and youth services in our System of Care. Family partners have become increasingly integrated parts of our interagency Wraparound teams serving youth on probation at-risk of group home placement.

The support, outreach, education, and services include:

- Community-based agency contract to provide parent and youth services in our System of Care, and
- Capacity for youth and family advocacy by contracting for these services with a community bases agency. Emphasis is on youth-partnership activities.
- Rehabilitative evaluation, individual, collateral, case management, and family counseling.

Having family partners integrated into our Wraparound teams has provided invaluable peer resources for these families. It has helped parents navigate the juvenile justice, court, and health service systems and provided a peer-family advocacy voice. Similarly, the youth partnership program at Encompass has made significant progress in reaching out to LGBTQ youth throught the STRANGE program and Diversity Center activities.

Target Population: Families and youth involved in our Children's Mental Health System of Care in need of family and youth partnership activities. Services are offered to males and females, and are primarily Caucasian or Latino, and speak English and/or Spanish.

Providers: The staff from Encompass (Youth Services) and Volunteer Center- Family Partnerships provide the services in this work plan.

Number of individuals to be served each year:

The unduplicated numbers of individuals to be served by program are:

Encompass (outreach & engagement): 86

Volunteer Center/Family Partnerships: 27

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? While the LGBTQ services supported by Encompass contracts with the STRANGE program, and the Diversity Center, have been very successful to date, we are looking to better coordinate youth partnership/leadership development for foster youth by linking better with the Independent Living Skills program within Encompass.

Are there any new, changed or discontinued programs? No.

COMMUNITY IMPACT:

“While having the support of a Family Partner for the past few years I have been able to better understand my son’s mental health challenges that have greatly impacted his ability to focus in school. She has also helped me gain the confidence to advocate for my sons special needs in

school. Working with her has also taught me how to take better care of myself and how this has a positive impact upon my son's behaviors."

Performance Outcomes (specify time period):

See the MHSAs Quarterly & Annual Report for 2012-2013, and the MHSAs quarter 1 and quarter 2 Reports, which are attached.

CSS Program #6: Enhanced Crisis Response

Purpose: This work plan provides enhanced 24/7 supports to adults experiencing significant impact to their level of functioning in their home or community placement to maintain functioning in their living situation, or (2) in need or at risk of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

The Santa Cruz County Mental Health and Substance Abuse Program is committed to a person-centered recovery vision as it's guiding principles and values; central to this is the notion that every individual should receive services in the least restrictive setting possible. We enable individuals to avoid or minimize the disruption and trauma of psychiatric hospitalization and/or incarceration while maintaining their safety in a supportive, safe, and comfortable environment. Additionally, we provide individualized attention and a "compassionate presence" for individuals in need on a 24/7 basis.

To accomplish the above, we provide the following services:

1. **Telos.** This is a licensed crisis residential program for the purpose of providing voluntary alternatives to acute psychiatric hospitalization, and its primary function is hospital diversion. Individuals are referred directly from the community, from the Crisis Stabilization Program at the Santa Cruz County Behavioral Health Center and as "step-down" from the Psychiatric Health Facility. The "step down" intention is to reduce the length of time an individual spends in locked care and provide a safe environment to continue to recover prior to returning to the community.
2. **Enhanced Support Service (ESS).** This team assists adult Full Service Partnerships and other System of Care consumers maintain the least restrictive care by providing intensive wrap around services. Aggressive supports are provided to individuals experiencing crisis in the community to allow individuals to stay in the least restrictive environment safe for the situation. This service continues to allow individuals to recover from a crisis in the community, preventing unnecessary hospitalizations or escalated treatment services. Services are available after hours and on weekends
3. **El Dorado Center (EDC).** This is a residential treatment program with capacity to provide sub-acute treatment services to individuals returning to the community from a locked care setting. The treatment is guided by recovery oriented and strength based principles. Staff collaborates with residents in identifying their strengths, skills and areas they want to improve upon as they continue the healing process in preparation for transitioning back to community living.
4. **River Street Shelter.** This is an emergency shelter for homeless adult men and women. The shelter is a clean and sober environment where residents can begin or continue the process of rebuilding their lives, maintaining sobriety, and reconnecting with the community as they move towards ending homelessness. River Street Shelter staff provides expertise and specialized services for individuals with psychiatric disabilities and substance abuse challenges. Staff works individually with residents to assist them in connecting with community resources for obtaining benefits, physical health services, employment, and housing. Specialized counseling is available for those residents with

mental health and substance abuse issues, to support them in maintaining psychiatric stability and achieving individualized goals.

5. **Specialty Staffing.** The focus is to link individuals to services in the community to avoid hospital utilization, if possible. One staff person functions as a “re-entry specialist” for the Adult Wrap team, and the others provide Crisis Response at our walk-in service at Access.
6. **Peer Supports at the PHF.** The focus of this program is to provide peer support to individuals receiving treatment at the Santa Cruz County Behavioral Health Center, Psychiatric Health Facility. Activities include peer lead groups, aftercare planning and individual support.

Target Population: Individuals 18 and older diagnosed with a serious mental illness at high risk of crisis. Clients are primarily White or Latino, male or female, and speak English and/or Spanish.

Providers:

- For Telos: Encompass
- For Enhanced Support Service (ESS) team: Encompass
- For El Dorado Center (EDC): Encompass
- River Street Shelter: Encompass
- For Specialty Staffing: Santa Cruz County Mental Health & Substance Abuse Services
- Peer Supports: Mental Health Client Action Network

Number of individuals to be served:

The unduplicated numbers of individuals to be served by program are:

Encompass-Transition House: 175

Encompass-Enhanced Support Services Team: 150

Encompass- El Dorado Center: 80

Encompass- River Street Shelter: 80

SC MHSAS: 100

MHCAN: 100

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?

The above programs continue to provide intensive support services to individuals in crisis.

Are there any new, changed or discontinued programs?

No. Although, River Street Shelter was previously in CSS work plan #8, but more appropriately fits in this work plan.

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 2012-2013, and the MHSA quarter 1 and quarter 2 Reports, which are attached.

COMMUNITY IMPACT

“ESS has been helping me for over two years. The ESS team is a wonderful group of people that work that have saved me from going into the psychiatric hospital many times. They also provide me with weekly support in therapeutic ways with regard to symptoms, sobriety, housing, budgeting, relationships, and much more. The teams of people at ESS are helping our community and myself every day and are needed very much”.

“I appreciate the services that ESS gives because when you’re in a mental hospital (board/care home) sometimes you don’t get out much and you feel forgotten about sometimes. So a visit is very nice and also if there’s any confrontation they seem to be very supportive. Thank you”

“ESS has helped me a lot with their warm and caring voice and their support in my time of sadness with love and kindness. Thanks for everything”.

“The services I had received from ESS were good. The people were very responsive and sincere. Thank you very much ESS”.

“ESS is an excellent aid to clients of Front Street. They bring considerable energy and good will to all peoples. They bring coffee, smokes, and clothing. Ernesto brings his happy energy to clients and needed support. With the entire client’s needs ESS has necessary services

"Wow, you've helped with everything!" Before I came to River Street Shelter (RSS) I was homeless and scared to go to anywhere related to mental health. While homeless, I finally connected with Grace from mental health and she helped me get on medications. I tried to get into the shelter on my own, but kept forgetting to check in. Grace finally got me into RSS and I am extremely grateful. Staff have helped me so much, and I am twice blessed now, to also have my family back in my life. RSS has helped me find housing opportunities and have let me stay while I wait for my benefits from SSI. I used to be scared to ask for help, and I still am sometimes, but now I try to cheer people up if they are having a bad day! I am eternally grateful for River Street shelter. Thank you such much."

CSS Program #7: Consumer, Peer, & Family Services

Purpose: These services and supports are intended to provide peer support, which is empowering and instills hope as people move through their own individual recovery process. Services are available countywide and are culturally competent, recovery oriented, peer-to-peer and consumer operated. This plan includes

1. **The Wellness Center.** This is located in Santa Cruz at the Mental Health Client Action Network (MHCAN) self-help center. It is a client-owned and operated site that offers a menu of services for persons in the early stages of mental illness to “graduates” of mental health services, including peer support and TAY Academy.
2. **Mariposa.** This Wellness Center is located Watsonville. Mariposa Offers a variety of activities and support services for adult mental health consumers and their families, as well as for outreach activities. Activities include employment services, therapy, groups, and medication management.
3. **Peer supports.** Consumers work with the teams to build relationships with consumers and address isolation and socialization issues.

Target Population: The priority population for these services includes transition age youth, adults and older adults, males and females, with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

Providers:

- For North county Wellness: Mental Health Consumer Action Network
- For Mariposa: Community Connection/Volunteer Center
- For Peer Supports: Santa Cruz County Mental Health & Substance Abuse Services

Number of individuals to be served each year:

The unduplicated numbers of individuals to be served by program are:

- MHCAN: 300
- Mariposa: 150
- Adult Peer Support: 25
- Older Adult Peer Support: 15

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?

No.

Are there any new, changed or discontinued programs?

No.

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 2012-2013, and the MHSA quarter 1 and quarter 2 Reports, which are attached.

COMMUNITY IMPACT

“MHCAN gets me up and out of bed to socialize with others with whom I share commonalities with. I came to get acquainted with other resources and support throughout the Santa Cruz community. I came to volunteer myself, my time, when I’m feeling lonely and depressed. MHCAN supports me with resources, food, emotional support, friendships. MHCAN is a safe haven for a lot of people with mental health issues in Santa Cruz. Thank you MHCAN for all you do on a daily, weekly, monthly and yearly basis!”

“MHCAN has helped me to socialize. MHCAN has helped me by learning to talk to people in a more civilized manner. I like MHCAN because it’s friendly, staff, clients, volunteers seem like family and helpful. If I have ups and downs the staff helps me and supports me, makes sure I take my antibiotics. It is here and open. They accommodate consumers with mental health problems like me. Thank you for your services and being there for all of us. Treating us like family.”

“MHCAN helped me feel welcome no matter how I feel coming in the door, once I am in here I feel like I am in a place that understands me. There is a feeling of unity. We are in the struggle of life together and we are also in the solution. Getting support makes all the difference! David at the front desk is SO NICE and he stays calm while he handles so many different people’s needs and is organized and respectful. Thanks for patience and respect- so needed in this challenging life! MHCAN: consistency, calm, respect, HEALING efforts. It takes a lot of dedicated people to run all the many offerings here. Thank you for being here. Keep up the funding. MHCAN makes a huge beautiful difference in a lot of people’s entire life...”

“My name is Joe. I love MHCAN because it has helped me with PTSD, classes and the Shadow Speakers group. I am a Gulf War veteran and these programs have helped me so much! Thank you MHCAN and Sarah Leonard!”

“Mariposa has impacted my life in many positive ways- for a long time now. The group helped me get myself together, and get my bearings right. Specifically I enjoy 4 to 5 groups a week and the Friday BBQ- from mindfulness to stress and anger management, from woman’s group to schizophrenia. I am grateful for these opportunities and a safe place to hang out.”
-- Mariposa Wellness Center participant

“It has impacted my life in a very positive way. I learn about personal growth. I learn how to reach in a more positive way to life’s ever changing circumstances. I learn how to become more successful in my life. The center is restored my faith and myself as a positive person. It helps me to believe in myself. I like the staff and respect them as mentors.”
-- Mariposa participant

“Mariposa Wellness Center has impacted my life very well. I work at Mariposa Wellness center; I cook for Avenues. Mariposa helps me be responsible and the groups also help me cope with my symptoms of mental illness. I’ve been volunteering as a cook for 4 years.”
-- Mariposa participant and volunteer

CSS Program #8: Community Support Services

Purpose: The services and strategies in this work plan are designed to advance recovery goals for all consumers to live independently, to engage in meaningful work and learning activities that are central to enhancement of quality of life. Participants will be enrolled in Full Service Partnership (FSP) Teams. FSPs are “partnerships” between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff.

To accomplish the above, the Recovery Team and South County Adult Team have been restructured to now provide intensive wrap around services to prevent acute hospitalizations and assist in getting people out of higher levels of care. These teams focus more on “crisis” as their priority and when time allows provide an additional array of recovery-oriented supports that include linkage to housing, employment and education. One team Supervisor carries a small caseload.

The Housing Support Team provides services and supports to adults living independently in order to help them maintain their housing and mental health stability. The team consists of County staff (Housing Coordinator and an occupational therapist), Front Street staff (housing case management, occupational therapist, RN, and peer counselor), Community Connection staff (employment specialist and peer counselor), and Encompass case managers.

The supportive employment activities include the development of employment options for clients, competitive and non-competitive alternatives, and volunteer opportunities to help consumers in their recovery.

We also provide Adult care facility beds with providing 24/7 care, bi-lingual, bi-cultural services. The Board and Care facilities include Wheelock, Willowbrook, and Front Street. Opal Cliffs provides an adult residential setting to provide intensive supervision and support to individuals returning from Locked Care settings to prepare to re-integrate into housing and community services.

Target Population: The priority population for these services includes transition age youth, adults, and older adults with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

Providers: The staff from Front Street, Encompass, Volunteer Center/Community Connection and Santa Cruz County Mental Health & Substance Abuse Services provide the services in this work plan. These providers work collaboratively and comprise a multi-disciplinary team.

- Front Street provides: Supported Housing (case management), Wheelock (Residential), Wheelock (Outpatient), Willowbrook, and Housing /Property Management.
- Encompass provides Housing Support (case management)
- Volunteer Center/Community Connection provides Housing Support (employment & education focus) and Opportunity Connection (pre-employment services, including peer support).

- Santa Cruz County Mental Health & Substance Abuse Services staff provides case management services.

Number of individuals to be served each year:

The unduplicated numbers of individuals to be served by program are:

Front Street- Supported Housing: 100

Front Street- Wheelock (Residential & Outpatient): 20

Front Street- Willowbrook: 53

Front Street- Housing/Property Management: 42

Front Street- Opal Cliff: 14

Encompass- Supported Housing: 75

Volunteer Center/Community Connection-Housing Support (employment): 80

Volunteer Center/Community Connection-Opportunity Connection: 65

Santa Cruz County Mental Health & Substance Abuse Services: 600

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate? It has been difficult to hire County staff due to hiring freeze.

Are there any new, changed or discontinued programs?

No.

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 2012-2013, and the MHSA quarter 1 and quarter 2 Reports, which are attached.

COMMUNITY IMPACT

“Three years ago I was sitting in my tiny studio with a razor blade to my wrist ready to end my life. My therapist, doctor and coordinator kept telling me to give Community Connection a try. That is exactly what I did. I went to Community Connection... it saved my life. I go to groups that help me get through the week. I also run groups of my own. I love helping people because they help me too. I also call Community Connection my home and the people are my family.”

“Finding wonderful freeing and coworkers, wonderful staff, caring people. I love all the groups. I am happy with my gardening job, spending time with loving people. I love all the support from others. I get much support from the groups. I love joy and happiness. It gives me a jolt to keep going...”

“Before I found Community Connection I was suffering with depression. My therapist recommended Community Connection. I was hesitant but after a month I decided I really needed the support from peers, so I stopped in and was greeted warmly by Stephanie who spent time going over what would interest me in group opportunities from work, college connection, outings, and community involvement. All of these things interested me! I have very few encounters with people so warm and caring. I began to come in to Opportunity Connection the next day. I have been coming here ever since. The people here are my family now. We focus on the positive, not the negative. The groups are run professionally, yet with care and concern for each one of us. We are all treated equally here. I began volunteering in food distribution and

later Lisa Ferrari built confidence in me to where I had the courage to attend college, which built confidence in the other area of my life. I now volunteer for Meals on Wheels in Capitola. Wow! I have come a long way in just a year being here... ”

“Bipolar and manic, along with some other side dishes is what my label is. However, through the Opportunity Connection program we are removing labels and building friendships. Prior to the Opportunity Connection I primarily stayed home, lost in my own mind, no improvement. My psychiatrist told me about the OC; that was 13 months ago. It is my home away from home. My family. A growing place. The various groups aid me in a greater understanding of my condition and aid me in expanding my personal tool bag. I have come to respect the staff and their role in creating a safe and nurturing place.”

“When I first came to Community Connection I was lost. Then I went on field trips, walks to the harbor, see the out doors, see people, art and crafts, and go to talk to city hall meetings. It helped me on my communication skills. I take people for a walk on Thursday at the Communication Class.”

“The (Front Street Housing) support team is awesome, multi-faceted, one on one services which I needed. The rent is affordable and Gina explains things that can be complicated. The WRAP group was so impressive. Coordinators role in Mental Health Stability: Inevitably, I desire to be stable but having someone to bounce my ideas off helped. Recently, I was so nerve wracked by the situation and I truly believe that you walked with me through it. You inspired me to see the bigger picture and I now have a place of my own.”

“Yes, (Front Street was) very helpful to look forward to (monthly meetings) to help me with the things that I am worried about (changes in benefits, increased PGE bill, understanding documentation/bills)”

“Thanks to Front Street, I have been able to regain my independence! Not only do I have comfortable, safe housing, but I now have a car and a good job.”

“I cannot stress enough how helpful and kind everyone (at Front Street) has been, from the top down. I know I can rely on them to help when I have a problem, and my calls are always answered promptly.”

“It works! Look where I am now (Independent housing). I never thought I would be where I am now. It works.”

“I have appreciated Front Street housing supports because they have greatly contributed to my success in my independent living”

“I have been through some hard times and I feel very comfortable, very satisfied with Front Street supports. I have recovered very quickly. Jen was there and Patrice was there the whole time”.

COMMUNITY SERVICES AND SUPPORTS: HOUSING

This component is to offer permanent supportive housing to the target population, with no limit on length of stay. The target population is defined as very low-income adults, 18 yrs of age and older, with serious mental illness, and who do not have stable permanent housing, have a recent history of homelessness, or are at risk for homelessness.

Nuevo Sol located in Santa Cruz has 2 units for adults 18 and over who were chronically homeless. These units are accessed through our partnership with Homeless Persons Health Project. Nuevo Sol was the first project in the State to use the Governor's Homeless Initiative funding, tied to MHSA for services and also the capitalized subsidy reserve.

The County has developed housing at Bay Avenue Apartments, Capitola. The Bay Avenue project provides five MHSA units for seniors 60 years and older, at risk of homelessness. "Aptos Blue" opened in February 2014, and it provides five MHSA for adults with mental illness who are homeless, or at risk of homelessness. County staff is developing Lotus Apartments for six transition age youth and adults located mid county. These units will be owned and operated by a local non-profit Encompass in partnership with the County MHSA and a property management agency. All referrals and supports to MHSA housing come from a FSP team.

A program requirement for these services is that persons be without stable housing or at risk of becoming homeless. The Housing Support team has worked intensively to both educate the client and mitigate any problem issues that might lead to eviction notices with the property manager.

In order to ensure that the potential tenants have appropriate skills and supports for independent housing, the County has developed these General Screening and Evaluation Requirements:

1. The applicant(s) must be able to demonstrate that his/her conduct and skills in present or prior housing has been such that the admission to the property would not negatively affect the health, safety, or welfare of other residents, or the physical environment, or financial stability of the property.
2. Positive identification with a picture will be required for all adult applicants (photocopy may be kept on file). Eligible applicants without picture identification will be supported by County Mental Health or other service providers to obtain one. For purposes of the application, a receipt from the DMV showing an application for an ID will be sufficient. If deferred, the final picture identification will be required at the time of move-in.
3. A complete and accurate Application for Housing that lists a current and at least one previous rental reference, with phone numbers will be required (incomplete applications will be returned to the applicant). Applicants must provide at least 2 years residency history. Applications must include date of birth of all applicants to be considered complete. Requests for Consideration will be considered for MHSA applicants whose disability may result in insufficient or negative references.
4. A history of good housekeeping habits.
5. A history of cooperation with management regarding house rules and regulations; abiding by lease terms; and care of property.

6. Each applicant family must agree to pay the rent required by the program under which the applicant is qualified.
7. A history of cooperation in completing or providing the appropriate information to qualify an individual/family for determining eligibility in affordable housing and to cooperate with the Community Manager.
8. Any applicant that acts inappropriately towards property management staff or is obviously impaired by alcohol or drugs, uses obscene or otherwise offensive language, or makes derogatory remarks to staff, may be disqualified
9. Applicants must agree that their rental unit will be their only residence. When applicants are undergoing income limit tests, they are required to reveal all assets they own including real estate. They are allowed to own real estate, whether they are retaining it for investment purposes as with any other asset, or have the property listed for sale. However, they may never use this real estate as a residence while they live in an affordable housing unit.

Other Screening Criteria include:

1. Income / Assets
2. Credit and Rental History
3. Criminal Background
4. Student Status

PREVENTION & EARLY INTERVENTION - PEI

The intent of this component 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. The County's PEI Plan has four major projects.

PEI Project #1: Prevention and Early Intervention Services for Children

These projects serve children and youth from stressed families, early onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing help with parental/supervision skills, or affected by substance use/abuse, and/or whose children/youth 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 children/youth and their families.

PEI Project #1 has three strategies:

1. 0-5 Early Intervention Stanford Neurodevelopmental Foster Care Clinic:

- **Purpose:** Provides multi-disciplinary team early intervention mental health/family assessments for foster children aged 0-5, through a multi-agency funded clinic at the Stanford Children's Health Specialty Services site, and located in Santa Cruz County. Dominican clinic is up and running, The program includes with PEI supported mental health services, as well as in-kind and contracted services for Stanford University specialist time from a developmental psychologist and a pediatrician.
- **Target Population:** Foster children aged 0-5.
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services
- **Number of Individuals to be served each year:** 90
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** The original site of the multidisciplinary clinic was due to be closed and re-located by Dominican Hospital. Negotiations between Dominican and Stanford yielded a new site, and enhanced programming, at the Stanford Children's Health Specialty Services clinic, located in the city of Capitola in Santa Cruz County. The new site has scheduled its open house for February 2014, and we'll continue to provide MHSA/PEI related mental health services there. The number of children seen is increasing, with the "clinic days" expanding to twice weekly.

COMMUNITY IMPACT:

"I found that the detailed and thorough evaluation of my granddaughter completed by staff at the Dominican Clinic provided deep and valuable insight into her present level of abilities and most importantly the ways she can best learn in the future through their evaluation of her learning strengths and weaknesses. Janet (Children's Mental Health clinician), you have done a fabulous job helping my grandchildren. I will always be in your debt for all that you have done for my granddaughters."

2. Countywide Parent Education and Support:

A. The Positive Parenting Program (Triple P)

- **Purpose:** Triple P provides a five-tiered public health model of progressive mental health information, prevention, training, screening, and early intervention. It is an evidence-based practice increasingly deployed throughout California, addressing both prevention and early intervention needs.
- **Target Population:** All Santa Cruz County families in need of public information about parenting skills and resources, as well as families needing various levels of enhanced training supports, and brief treatment.
- **Providers:** First 5
- **Number of individuals to be served each year:** 1300
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** The “tier one” public information campaign has been a success, building on the earlier implementation of training modules for a wide range of community members, as well as therapists. Like other counties, we continue to assess how best to maintain a good pool of well-targeted providers for the prevention and training levels, including primary care and education providers, family resource center staff, and others.

COMMUNITY IMPACT

“Mary” was a young single mom with two children who participated in 10 one-on-one sessions of Stepping Stones Triple P (for parents of children with disabilities). Mary struggled with having realistic expectations of her older child, who had been diagnosed with learning disabilities. Mary tended to show resentment and anger toward her older child and compared her to the younger child, who did not have a disability. As a result, the older child was withdrawn and in an imaginary world much of the time, would wander off when told to get something, and would lie at times to her mother.

Through participating in Triple P, Mary learned about having developmentally realistic expectations and breaking instructions down into smaller tasks. She began to give her daughter smaller (and less risky) instructions, which set her daughter up for success and gave Mary opportunities to give descriptive praise right away. Mary also learned the Triple P strategy of incidental teaching (teaching in the moment) and found herself sharing more about herself with her daughter, sharing experiences and passing down stories to her. The positive attention, feedback, and conversations with her daughter warmed them both to each other.

Mary also learned how to encourage her daughter to tell her when she felt something was too difficult or she felt overwhelmed. Mary’s daughter began to sense her mom’s sincerity and genuine care for her feelings, so she began telling her mom when she felt tired or unable to complete something rather than lying. Mary learned to be realistic with her instructions and was able to change her expectations when needed.

In addition, Mary made a plan to take care of herself – one of the core principles of positive parenting – by arranging childcare with her own mother so that she could visit her friends and get breaks from parenting. Mary decided to stay in touch with her friends more often so that she would have support when needed. Mary also moved close to the school and now allows her daughter to walk to and from school, as her daughter has shown her increased responsibility and ability to follow directions.

B. Early Mental Health Consultation to Day Care (Side-by-Side):

- **Purpose:** Early childhood mental health consultation to day care providers, for prevention and early intervention with emerging emotional/behavioral issues demonstrated by young children in day care sites and state funded pre-schools, particularly those without other supports like Head Start. Goals are to prevent young children from being expelled from day care and pre-school settings, and to better prepare children/families for successful entry into kindergarten and elementary school.
- **Target Population:** Children aged 3-5 in day care setting throughout the county.
- **Providers:** First 5, Encompass (Early Childhood programs)
- **Number of individuals to be served each year:** 30
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** The program continues to provide important resources and supports for at-risk younger children, particularly in our south county region with a significant Latino population.

COMMUNITY IMPACT:

“Side-by-Side has helped me a lot; they have helped me to get out of my stress and problems, to know how to help my children at home, to be more calm and relaxed, and to know that I can count on someone when I need something. Thank you Side-by-Side for everything.”

C. Primary Care Outreach & Consultation:

- **Purpose:** A prevention and early intervention service involving screening, training/guidance for physicians and health care professionals regarding mental health issues for the children, youth and families they serve in health care settings across Santa Cruz County.
- **Target Population:** Children/youth and their families being seen by physicians and health care professionals.
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services
- **Number of individuals to be served each year:** 275
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** We continue to establish expanded hours at various health clinics around the county, and the consultation services are very welcomed. We are often struggling to find adequate consultation space at the various sites, but the health clinics are always welcoming and work to secure adequate space as best they can. We have lost to retirement a key County Mental Health clinician

who was also a nurse, and bilingual in Spanish. We are in recruitment to fill this position as soon as we find the right candidate.

COMMUNITY IMPACT

We serve the Mixteco population. Our clinician was able to work with our interpreter here onsite to see those patients (who speak neither English nor Spanish). Without her being onsite this community would not be able to access behavioral health services.

3. School-based Prevention:

A. Culture-specific school-based prevention (Barrios Unidos):

- **Purpose:** To provide culture-specific, school-based prevention services to students at risk of gang involvement, violence, culture alienation, and mental health conditions at key school sites in the county.
- **Target Population:** Students at risk of being suspended/expelled from school, and/or of involvement with Probation.
- **Providers:** Barrios Unidos
- **Number of individuals to be served each year:** 55
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** Feedback from school personnel indicates that Barrios Unidos staff continues to provide effective, innovative culture-specific services to youth who might otherwise be resistive to more traditional interventions by school and mental health personnel.

COMMUNITY IMPACT:

Barrios Unidos “has helped me grow and deal with my problems, and not get into trouble”. Student from Santa Cruz High School

“Barrios Unidos helps me by staying out of trouble. It also helps me by staying focused on my education.” Student at Pajaro Valley High School

“This program has helped me because when we discuss things it helps me understand important things in life. It also makes me more open to decisions about life...” Youth Group member from Barrios Unidos Kids Club at Beach Flats.

“Barrios Unidos has been part of our campus community for many years. Their work with at-risk students has been an integral part of student support, addressing a wide variety of issues and concerns... (They) work closely with our students, both individually and in small group setting, in such areas as goal setting, respect and accountability, conflict resolution as well as academic success. They follow their students closely, being there as adult role model(s) as well as an overall presence – always available and supportive to student need.” Assistant Principal, Pajaro Valley High School.

B. School Mental health Partnership Collaborative (The County Office of Education):

- **Purpose:** Under the auspices of the Santa Cruz County Schools/Mental Health Partnership collaborative, to provide targeted prevention services to local schools through a range of evidence-based and promising practices (e.g., Positive Behavioral Intervention Services – PBIS) and LGBTQ targeted supports.
- **Target Population:** School sites, education personnel, and students throughout the county.
- **Providers:** The County Office of Education (COE) has subcontracted with Encompass, the National Alliance for the Mentally Ill (NAMI), the Diversity Center, the Live Oak Resource Center, and Positive Behavioral Interventions & Support.
- **Number of individuals to be served each year:** 1025
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** Additional school sites are being added to the PBIS training and supports, targeted at changing school culture to be more positive and supportive of student wellbeing and performance.

COMMUNITY IMPACT of COE Programs

LGBT Youth Support Program

“One of our favorite success stories is that of a current 17 year old. She was adopted later in life and has challenges with anxiety and self-esteem. Through joining STRANGE in 2012, she has blossomed as a leader, activist, and a young adult. She found a friend to start a Gay Straight Alliance for our small schools, a venue that did not have access to a Gay Straight Alliance. She was one out of four awarded a Queer Youth Leadership award this year. Due to anxiety, she requested that her mother read her acceptance speech. She and her mother went on stage; as her mother began to read the acceptance speech, she took the microphone and read it herself. It was a deeply emotional moment for all that know her. She is living proof that the program works.”

Live Oak Family Resource Center – Positive Discipline

The additional funding this year provided two subsidized child care workers. This has expanded access to the classes for parents who don’t have childcare resources or can’t afford to pay for childcare while they attend classes. This funding enabled the parents (including single parents) to participate with confidence, knowing that their children were well cared for. As one parent commented on a workshop evaluation form: “The scholarship & childcare made this possible. Very helpful & we appreciate it fully. Thank you”

PBIS – Positive Behavioral Interventions and Supports

Total of 10 schools in Santa Cruz City Schools District have been trained in PBIS.

Since the implementation of PBIS we have seen a decrease in behavior referrals to the main office from over 800 to under 150 at our four school sites. Teachers as well as parents, report that students better understand the rules and how to

behave at school. They look forward to receiving their incentives and work hard to have positive behavior so they receive the rewards.

Encompass Community Services-Warm Line

“I received Warm Line call from an elementary school RTI teacher. The student was a 2nd year RSP kinder who had a current IEP and presented with troubles following instruction and self-regulation difficulties. I met with both the Kinder and RTI teacher at the school site, gathered history, and discussed the student’s current IEP that specifically stated the need for a behavior plan (not yet created.) I discussed options for supportive BSP services for this student. With on-going dialogue through the Warm Line (school and students family) I was able to coordinate intensive field-based counseling at the school site. The student’s counseling focused specifically on increasing positive social skills and getting attention in appropriate ways in the school setting. The student responded well to sessions (whining less, getting along with peers in classroom), which also provided support to student’s kinder teacher and fellow classmates. Due to collaborative Warm Line services, this student’s prognosis is optimistic for 1st grade successes.”

Positive Psychology Class (Cypress High School)

Parent email to teacher: “Hi Rob- (my daughter) is loving your positive psych class and I'm loving the discussions we're having at home. I know at this point your class is 1 semester, right? Is there any way you might consider continuing it through the school year? Thanks so much.”

Student Comments:

Male Student stated that it has helped in his daily life to know how to focus on what's working well in his family rather than always focusing on the disease. His stepfather attacked him and his mother during his graduation ceremony. He said he focused on his achievements and he said it helped. He was able to talk to his Stepfather the next day and he reportedly is going into rehab. Another student remarked on how being hopeful and learning about optimism has changed their direction for adulthood. Previous to the class, her self-talk was very defeating and faulty. She understands how to stop and look for the evidence now. She is also on track to becoming a counselor.

C. Seven Challenges Dual Diagnosis Substance Abuse Groups:

- **Purpose:** Seven Challenges is a program that prevents further escalation of mental health issues among youth with co-occurring mental health and substance use disorders. It assists youth in evaluating the motivation behind and the impact of substance use in order to make wise decisions about future behavior. This is an early intervention program.
- **Target Population:** Youth who are at-risk of serious emotional disturbance due to use of alcohol and drugs.
- **Providers:** Encompass, Pajaro Valley Prevention & Student Assistance
- **Number of individuals to be served each year:** 40 clients per year.

- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No barriers or challenges.

COMMUNITY IMPACT

"I am thankful for this program. It's helped me see, using drugs and drinking in a different way not just the fact that I saw it, I saw what I was really doing. As well by talking about my family's addiction and the way I criticized them and then I realized I was starting to follow the same path. I am not saying I quit alcohol but I have quit marijuana and I have cut down dramatically in drinking." PVPSA, Seven Challenges

"I am very thankful that I got referred to PVPSA, my junior year of high school. It's really helped me with not only drugs and alcohol, but with personal life situations. I lost my father when I was six years old and never had any form of counseling. This group has truly helped me because I now know I'm not the only person going through all of this; there are other people out there. They also give great advice and help out when needed." PVPSA, Seven Challenges

PEI Project #2: Culture Specific Parent Education & Support

These projects help 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.

A. Cara y Córazon

- **Purpose:** 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.
- **Target Population:** parents, adults/caretakers, service providers, educators working with youth and/or children
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services oversees and coordinates the implementation of this program, and contracts with individual facilitators to carry out the groups.
- **Number of individuals to be served each year:** 175 adults
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** We spent time with the evaluators revising and modifying the evaluation tools and this temporarily caused a pause in our groups. We are working with several School Districts, which require facilitators to go through the background check and clearance protocols. Our facilitator's team was not allowed on school campuses until they were notified of their clearance. This process took several months, which temporarily delayed our ability to serve more families. We provided all the documentation related to the curriculums (as required by school districts) filled the paperwork, followed the fingerprint protocol process, and utilized this situation as an opportunity to get our facilitators cleared to avoid this delay from happening again.

COMMUNITY IMPACT

*"Los talleres de Cara y Corazón me han ayudado bastante en mi relación con mis hijas a ser mucho más paciente y comprensiva. Esas son cualidades que utilizo a diario en mi lugar de empleo, pero las dejaba en la puerta al llegar a casa. Los ejercicios nos han acercado mucho como madre e hijas. Vamos a continuar y recomendar los talleres bastante." **Translation:** "The Cara y Corazón classes have helped me a lot in my relationship with my daughters to be much more patient and understanding. These are qualities that I utilize daily at work, but I would leave them at the door when I came home. The exercises have really hit home as mother and daughters. We are going to continue and really recommend these classes."*

*"Me gusta mucho el curso porque me ayuda a recordar que tengo que ser mejor y estar conciente de que puedo ayudar a mi familia siendo mejor persona y superando mis cargas y aprendiendo a ejercitar mis valores. Saber que no todos somos perfectos y que hay que aceptar los demás. Concretamente me a ayudado a ser paciente, tolerante, comprensiva, paciente a escuchar mejor a mis hijas, y aún más." **Translation:** "I really like the class because it helps me remember that I need to be better and that I can help my family by being a better person and overcoming my*

problems and learning how to instill my values. Knowing that we are not perfect and that we need to accept each other. Concretely, it has helped me be patient, tolerant, understanding, and to listen patiently to my daughters, and more."

B. Jóven Noble

- **Purpose:** Jóven Noble is a youth leadership development program for boys. This 10-week rite of passage curriculum focuses on the process of reconnecting and maintaining a true essence of being a young person. Participants will be empowered through reflection, teachings and personal experiences to develop the interpersonal skills needed to maintain a true sense of purpose and direction in their lives. This program incorporates an approach and curriculum that is based on the philosophy that young men need other men, their family and community to care for, assist, heal, guide and successfully prepare them for true manhood.
- **Target Population:** Teen boys
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services oversees and coordinates the implementation of this program, and contracts with individual facilitators to carry out the groups.
- **Number of individuals to be served each year:** 80
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** Our facilitator's team was not able to facilitate the Jóven Noble groups until they were notified of their clearance. This process took several months, which temporarily delayed our ability to serve more youths. We provided all the documentation related to the curriculums (as required by school districts) filled the paperwork, followed the fingerprint protocol process, and utilized this situation as an opportunity to get our facilitators cleared to avoid this delay from happening again.

COMMUNITY IMPACT

"I would recommend Jóven Noble because it teaches you to show respect to others, especially your elders. What I liked most is that we sat in a circle so that no one would get left out, even if someone didn't show up we would leave an open chair for them. They would teach us about our cultural background, which was the best part. Everyone really feels like a family, once everyone opens up. This program rocks!"

"I enjoyed Jóven Noble because I got to be with people who have been through some things I've been through. I got to hear some life experiences and what people have been through. I also learned that it helps me manage my anger and it makes me express myself to others. I really like how Raúl would talk to us about staying out of trouble. I also enjoyed being around people who understand me. I really enjoyed the time in there. It is like a second home to me."

C. Xinatchli

- **Purpose:** Xinatchli is a youth leadership development program for girls (Bill: say more here...). "Xinatchli" (Germinating Seed Curriculum) is a comprehensive bilingual/bicultural youth development process designed to provide adolescent female youth the guidance for healthy development into adulthood. Based on indigenous principles of the individual's interconnectedness to the family and the community, this

curriculum provides a dialectic process of Reflexión (reflection), Creación (creation), Concientización (Awareness), and Acción (action) while supporting and building on the strengths of the individual.

- **Target Population:** Teen girls
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services oversees and coordinates the implementation of this program, and contracts with individual facilitators to carry out the groups.
- **Number of individuals to be served each year:** 80 Teen girls
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** Our facilitator's team was not able to facilitate the Xinatchli groups until they were notified of their clearance. This process took several months, which temporarily delayed our ability to serve more youths. We provided all the documentation related to the curriculums (as required by school districts) filled the paperwork, followed the fingerprint protocol process, and utilized this situation as an opportunity to get our facilitators cleared to avoid this delay from happening again.

COMMUNITY IMPACT

What was the personal impact for you in attending the Xinatchli series?

- *When we did a timeline of our lives*
- *Where we talked about our feelings, because it helped me feel better.*
- *Talking about how I feel for once.*
- *I was personally impacted in an important way. I learned about the way, I perceived my family and friends. Gave me a deeper understanding of my relationships.*
- *Is to be more open with people and with family*
- *I learned that I have a voice and it should be heard. What I have to say is important and should not be ignored.*
- *The opportunity to reflect and heal. I reminded myself of the true values in life. As well as growth within my relationships*

Would you recommend the classes to others? If yes why?

- *Yes, because I believe it can really help many.*
- *Yes, I would, especially to those who need to communicate, especially gangsters.*
- *Yes, because it teaches you about a lot of things about life.*
- *Yes, I would since it allows anyone to get in better touch with myself and others.*
- *Yes, I would recommend the classes because it is a great experience.*
- *Yes, It feels good to know that you are not alone. Other people have been or are going through things too.*
- *Yes, because it allows opportunity for growth not only in present time but for future reference.*

What is the one thing that you were able to re-connect with?

- *Myself and how I feel.*
- *Myself and how I feel.*
- *Myself.*
- *I was able to reconnect with my sister.*
- *I was able to better understanding of myself and my subsequent relationships.*

- *Was to reconnect with my inner self.*
- *My family telling them I love them.*
- *Myself, I took ASAP back from life each time; I was in class and inhaled the experience offered to me in that moment.*

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 2012-2013, and the MHSA quarter 1 and quarter 2 Reports, which are attached.

PEI Project #3: Services for Transition Age Youth & Adults

These projects provide intensive treatment and education for family members when individuals are developing early 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.

PEI Project #3 has three proposed strategies:

1. Early Intervention Services

A. Employment Services:

- **Purpose:** To offer support for person's experiencing early signs and symptoms of mental illness, by meeting individual goals to improve quality of life, and integrate in a meaningful way into the community.
- **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
- **Providers:** Volunteer Center/Community Connection
- **Number of individuals to be served each year:** 70
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** It is difficult to find employment opportunities in the community. A new job developer was hired to help address this issue.

COMMUNITY IMPACT:

"I felt comfortable while going through very hard times. I learned of the options I had for jobs while dealing with mental illness. Thank you!"

"This program is helping me succeed with my goals at Cabrillo and the classes I need for next semester and the future."

B. Family Advocacy for Adults:

- **Purpose:** to answer calls from concerned individuals or family members who are concerned about their loved ones, and need assistance navigating the mental health system. Provide information and referrals.
- **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services
- **Number of individuals to be served each year:** 180
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

C. Clinical Services:

- **Purpose:** To provide information, referrals, clinical assessments, and short term therapy and case management for persons showing signs and symptoms of serious mental illness.
- **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services

- **Number of individuals to be served each year:** 40
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** Methamphetamine abuse has increased in our community, which makes it has been difficult to differentiate mental illness and substance abuse.

D. Clinical Supports:

- **Purpose:** To provide money management, flex funds, and check distribution.
- **Target Population:** Transition age youth and adults with early signs and symptoms of mental illness.
- **Providers:** Encompass and MHCAN
- **Number of individuals to be served each year:** 300

E. Serial Inebriate Project:

- **Purpose:** Early intervention services to avoid further penetration into the mental health system for persons with co-occurring mental health and substance abuse disorders by offering alternatives to jail and higher levels of care.
- **Target Population:** Persons with 5 or more public drunkenness arrests in the past six months who have co-occurring mental health disorders
- **Providers:** Janus, Encompass, Sobriety Works, and New Life Community Services
- **Number of individuals to be served each year:** 35 clients per year
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No barriers or challenges.

COMMUNITY IMPACT:

SIP Client Story: "For myself, the SIP program saved, and changed, my life. I was homeless in Santa Cruz County for five years. It got to the point where I surrendered and quit trying to get off the streets and accepted the day in and day out routine of being cold, tired and looked down upon by society. My alcohol abuse was a means of escape from both my surroundings and the feeling I had. I was routinely arrested for p.c. 647(f). It's a sad fact that I know the penal code for a drunk in public off the top of my head, but from years on the street I learned many terrible lessons. Janus was a great start on my road to recovery. It gave me the tools to combat my disease as well as a way to understand alcoholism with the help of others who suffer from the affliction. I feel what really has helped me is the ability to stay at an SLE after I graduated. Learning a new thought process takes time, and putting it into action takes time. I know for a fact that if I was to be pushed back out onto the streets after only a short stay at the SLE, in no time I would have gone right back to the way I was - - jail, emergency rooms and eventually death.

F. Mental Health Stabilization Beds:

- **Purpose:** Early intervention services to avoid further penetration into the mental health system for persons with co-occurring mental health and substance abuse disorders by offering alternatives to higher levels of care.

- **Target Population:** Persons with co-occurring disorders referred from mental health inpatient and other high-cost mental health treatment settings.
- **Providers:** Janus
- **Number of individuals to be served each year:** 25 per year.
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No barriers or challenges.

COMMUNITY IMPACT:

“Being in a positive recovery-oriented environment puts me back on track to wanting to stop using and get my life moving in a positive direction. I am a sponge for the energy around me and when I’m around negative energy I am a negative person. Janus is positive energy for me. Janus has provided a supportive environment to clean up the wreckage of my life created by addiction. They gave me the means to get back into the AIDS Drug Assistance Program (ADAP), and got my medications in order. The group therapy got me in with peers who have similar problems to work on. I have clean days now, which I would not have had without Janus.”

2. Veterans’ Advocacy and Service Coordination:

- **Purpose:** The Veteran Advocate services veterans and their families throughout the County. The Veteran Advocate is responsible for brokering federal, state, and local programs to the veterans in the community. The focus is on providing needed services regardless of the veteran’s discharge or benefit status. Individual case management, brokering of services and interface with the community-based organizations to assist with benefits, housing, health care, mental health and substance abuse treatment for veterans are developed and referred. The position also provides a vital community-organizing role linking various veteran service providers in efforts of service collaboration and education to the veteran community regarding available services. The Veteran Advocate provides both prevention and early intervention services.
- **Target Population:** Veterans and their families
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services
- **Number of individuals to be served each year:** 250
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** The closure of the Santa Cruz Veteran’s Memorial Building due to structural issues resulted in various service providers being relocated to other, temporary locations. The Veteran Advocate was housed with a number of other agencies in a temporary location. With the recent reopening on the Veteran’s Memorial Building, the VA has move to a permanent location at the Veteran’s Memorial Building with the VSO staff and adjacent to numerous community based veteran’s organizations.

COMMUNITY IMPACT

Santa Cruz County’s Veteran Advocate, Dean Kaufman has been named a Red Cross Hero for being a *“dedicated social service provider who has transformed the services that veterans from all walks of life are able to receive in Santa Cruz County.”* He will

be recognized at the Heroes Breakfast on May 14, 2014 at the Cocoanut Grove in Santa Cruz.

“ I have been a veteran since March, 8 2004. When I first came to Santa Cruz I was homeless, had no direction, and I was fresh out of prison. One day I was around a group of veterans talking to them, they gave me Dean Kaufman’s Phone number and told me to call him and that he could help me with my problems. I was a little hesitant at first but I figured calling him wouldn’t hurt. So I gave him a call and reached his voicemail. I left him a message not thinking I would get a return call; I’ve been through the process of leaving a message and not getting a call back to many times. Low and behold my phone rings later that day and Dean is on the other line. He simply asked me what he could do to help me. I told him my current situation. I had applied for HUDVash already but I didn’t know where I was in line. He told me to start attending the housing meeting and let them know I was on the waiting list. So I started to attend the meeting every week. While I was waiting he got me into a home for homeless Veterans called the Opal cliff housing. Where I Stayed for a few month and then as if luck finally was on my side, I received a call from the Section 8 Housing Authority. They told me I was next in line and was scheduled for an orientation. I was so excited and I had a feeling that my life was going to change for the better.

I remember wanting to start school and I expressed this thought in one of the meeting I had with Dean. He directed me to Terry Theocharides and from there I was approved for the VocRehab and started School. During School I had a mental break down and at the same time I was having problems with my landlord. I ended up leaving the house I was at and became homeless again. Not only was I homeless I was also mentally unstable, I had to check into the mental hospital as a 51/50 patient (I was a danger to myself and those around me). I was sad and didn’t know how I was going to make it now I knew for sure I had messed up my last chance to get it right. I’ve had family and friends alike turn their backs on me, I felt I was in this world by myself. So it felt so good when Dean out of everybody called me to see how I was doing. He told me don’t worry about anything that he would get me back on track and he did. I am so thankful that Dean is around, he is a true Saint.”

3. **Suicide Prevention services:**

- **Purpose:** to provide educational presentations, grief support, and the suicide hotline. The Suicide Crisis Line is available 24 hours, 7 days per week for those who are suicidal or in crisis, as well as for community members who are grieving the loss of a loved one to suicide, are concerned about the safety of another person, or are looking for assistance with finding community resources. Outreach presentations and trainings (which help to reduce stigma, raise awareness, and promote help seeking) are provided regularly throughout the County to a range of different at risk groups, stakeholders, and service providers for various populations (including domestic violence prevention, professional and peer mental health support organizations, etc.). One focus of community outreach activities continues to be reaching groups who are higher at risk than in the general population – for example, survivors of suicide loss

are up to forty times more likely to die of suicide than others. Suicide Prevention provides prevention and early intervention services.

- **Target Population:** Everyone in Santa Cruz County.
- **Providers:** Family Services of the Central Coast
- **Number of individuals to be served each year:** 2,200
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

COMMUNITY IMPACT:

From a Suicide Crisis Line caller (adult female):

"Even though I have a therapist and a doctor who help me on an ongoing basis, there are those times where it just gets too tough or I feel like I can't keep going - like I lose perspective. I've called [Suicide Prevention] several times over the last few years -- the people who answer are caring and helpful. I felt less overwhelmed after calling and less alone - like someone really cared and wanted to hear about my pain. That doesn't happen very often out in the world."

From a high school student:

"Thank you for coming to our class to tell us about the Suicide Crisis Line and help us learn how to get help for ourselves and help each other. I thought about killing myself last year. I really felt like there was no one to talk to. I think it would help to be able to talk to somebody on the line - like you said, someone who doesn't know me and won't judge me. I will definitely call - even though I don't feel suicidal now, I still struggle sometimes and know it would be good to have someone to talk to about this."

4. Peer Respite:

- **Purpose:** Early interventions for persons post an acute hospitalization for the first time. This program provides peer perspective and education that reduces stigmatization. Utilizes 100% peer staffing that promotes problem solving, personal choice, non-coercive supports, linkage with employment, education, health and other resources in the community. Promotes maintaining ones independence in the community. Offers a home like setting in the community for up to 6 guests who are experiencing increased symptoms and challenges that if unsupported could result in a hospitalization.
- **Target Population:** Transition age youth, adults, and older adults
- **Providers:** Encompass
- **Number of individuals to be served each year:** 40
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

COMMUNITY IMPACT

Here are some examples from Second Story Anonymous Guest Feedback Forms:

Question: Has Second Story prevented psychiatric hospitalization for you? If so could you tell us more about it?

“Yes. I most likely would have been in the psych hospital for days or weeks. In 2nd Story, I find myself in a situation where I can move through the process much more effectively. It’s a much more therapeutic environment for me. I actually know that I would have committed suicide if I hadn’t come to Second Story.”

“It’s been marvelous. Felt close to a real home and excited about getting my own room.”

Question: How would you compare your respite (your stay at 2nd Story) to hospitalization?

“Respite house is 100% better than hospitalization... rather than being in a locked facility (like BHU) or get a half way house like EDC- you wouldn’t be able to recuperate and relax.”

“Much more freedom and given and expected personal responsibility... I am seen as capable of being responsible for myself. Not as an invalid that just needs more or better sedating meds... That I am capable of directing my life for the positive...”

Question: What can you get at Second Story that you cannot get anywhere else?

“The staff have been where we are, it’s a gigantic difference and when staff members share with me (no self-disclosure rules). One reason is like one of the conversations I had really supported the mental/emotional process of the person. It’s magical to me and the feedback of how valuable it was to the person helped me a great deal and it’s very mutually healing.”

“Kindness, mostly kindness.”

Question: What would have you done if you had not contacted us for respite?

“Stayed at home and tried to get through it, possible making things worse by that isolation/seclusion.”

“I do not know where I would be right now, very likely I would have been couch surfing again and also just as likely I’d have been given this chance to get myself together, and found a new sober living environment.”

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 2012-2013, and the MHSA quarter 1 and quarter 2 Reports, which are attached.

PEI Project #4: Services for Older Adults

These strategies address 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.

PEI Project #4 has these proposed strategies:

1. Field Based Mental Health Training and Assessment Services

- **Purpose:** To provide (early intervention) mental health assessment and short-term services to older adults where they reside. To provide (prevention) trainings to service providers, outreach to seniors, and early intervention services.
- **Target Population:** Older adults (age 60 and above) at risk.
- **Providers:** Santa Cruz County Mental Health & Substance Abuse Services
- **Number of individuals to be served each year:** 24
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** We need more staff. However, we do not have the funding to hire.

COMMUNITY IMPACT:

"When I called Susan at County Mental Health I had really no hope left. I was depressed and anxious. I had no friends and no family to turn to. Through the PEI program, I have been able to see a psychiatrist to get on the right medication, was referred to therapy and was supported by a Senior Companion. I feel in control of my Depression and Anxiety now. Through the program, I also now have people to turn to and feel like I have a meaningful life again."

2. Brief Therapy:

- **Purpose:** Brief therapy (early intervention) for seniors at risk of mental illness
- **Target Population:** Older adults (age 60 and above).
- **Providers:** Family Services
- **Number of individuals to be served each year:** 90
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

COMMUNITY IMPACT

"Since starting therapy in the Renaissance Solution Focused program I have been able to work on some issues that have been bothering me. I am feeling better about myself. I am also learning better ways to relate to people in my life. Others have said that it is like I woke up from a dream. I feel a lot clearer minded and happier. "

"I can't imagine what my life would have been like if the Renaissance Solution Focused Therapy program had not been available to me. When I started the program I had no self-worth, self-esteem or joy in my life. Since beginning the program, my therapist has guided me through a journey of hope that has brought me to a place where I am finally HAPPY! Yes, I still need work. I am a work in progress."

3. **Senior outreach:**

- **Purpose:** Outreach for isolated seniors. This is both an early intervention and prevention program.
- **Target Population:** Older adults (age 60 and above) at risk.
- **Providers:** Family Services Agency
- **Number of individuals to be served each year:** 18
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

4. **Peer Companion:**

- **Purpose:** provides outreach and peer support to reduce isolation and increase socialization. This is an early intervention service.
- **Target Population:** Older adults (age 60 and above) at risk.
- **Providers:** Senior Council
- **Number of individuals to be served each year:** 35
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

5. **Warm Line:**

- **Purpose:** Provides quick telephone screening and referrals to senior resources for persons seeking service for older adults. This is a prevention service.
- **Target Population:** Older adults (age 60 and above) at risk.
- **Providers:** Senior Network Services
- **Number of individuals to be served each year:** 125
- **Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?** No

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 2012-2013, and the MHSA quarter 1 and quarter 2 Reports, which are attached.

INNOVATIVE PROJECTS- “INN” (2014-2015)

Purpose: The intent of this component is to increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; and/or to increase access to services. The County’s work plan name is “Avenues: Work First for Individuals with co-occurring disorders”.

“Avenues: Work First for Individuals with Co-Occurring Disorders” is a “Work First” approach as a core treatment modality for co-occurring disorders. The innovation is to engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals’ symptoms. It is designed after a philosophy and model known as “Housing First.” The Housing First approach centers on providing homeless people with housing quickly and then providing services as needed. In this proposal we will take a similar approach emphasizing work as a motivating and protective factor. This innovative program expects to have more positive outcomes by offering “natural” activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self described goals.

Referrals for Avenues: Work First for Individuals with Co-Occurring Disorders come from Santa Cruz County Mental Health Full Service Partnership (FSP) Teams, the jail, court, probation, proposition 36, hospitals, sub-acute settings, supported mental health housing and shelters

Staff include a certified alcohol and drug counselor, licensed therapist, Community Navigators, employment specialists, and a psychiatrist. Adjunct services will include alternative treatments, such as acupuncture, yoga, and mindfulness based stress reduction offered at the Wellness Centers.

Community Navigators are peers in their own recovery as positive role models and support counselors who have “been there and know what it’s like,” and offer support and guidance. “Casa Pacific” is a residential program for those individuals struggling to maintain sobriety and need a supervised setting to stay clean and sober.

Individuals are referred to appropriate resources, substance abuse treatment, or other services, as needed and appropriate. Close coordination is maintained with the FSP’s while someone is utilizing these services. Individuals are able to continue with “Work First” activities even after referred elsewhere.

Target population: Transition age youth and adults. This includes persons with severe and chronic mental illness; persons who abuse alcohol and drugs whose mental health issues interfere with their ability to achieve stable recovery and put them at risk of homelessness, jail and/or hospitalization;

Providers: The Volunteer Center/Community Connection (employment preparation), Encompass (Casa Pacific), Mental Health Client Action Network (Dual Recovery Support and Acupuncture), facilitator by contract (Mindfulness Recovery), and the Community Action Board- Community Restoration Project (Work Crew).

Number of individuals to be served in 2014-2015:

The unduplicated numbers of individuals to be served by program are:

Volunteer Center/Community Connection: 45

Encompass: 30

MHCAN: 45

Mindfulness Recovery: 45

CAB/Work Crew: 32

Were there any challenges or barriers in the program? If so, what are the strategies to mitigate?

No

Are there any new, changed or discontinued programs?

No.

Performance Outcomes (specify time period):

See the MHSA Quarterly & Annual Report for 2012-2013, and the MHSA quarter 1 and quarter 2 Reports, which are attached.

COMMUNITY IMPACT

“The Avenues program has provided structure in my life by helping me learn to cope with my mental illness and my chemical dependency. It is in an educational format, which helps me develop new steps, strategies, and other methods that empower me to live in society and function as an American citizen. The Avenues program, which includes DRA, has enriched my life and made me become aware that I am not alone and that there is help for individuals with mental illness. I have grown in maturity and developed new life skills that have/will lead to living a life that is more independent. This program has helped me become more communicative and make my life more meaningful.”

-- Avenues participant

“...My participation in the Avenues program is the best thing that could have happened to a person like me in the condition I was in. I was very vulnerable and I had unfortunately been a victim of violence. The violence usually took place on the street when I was alone and very symptomatic. Avenues staff allowed me to feel normal. They let me know that I no longer had to do it alone. They are always available to talk to. I have become empowered with ways to get help.”

-- Avenues participant

“The Avenues program has had a good impact on my life. The program has offered me structure and filled my time in a productive way. The staff are supportive and understanding about my mental health struggles. The program is balanced with a good amount of substance abuse support too. We go on outings and wellness walks and receive a good lunch daily. I am thankful for the services and am grateful that I attend the groups and enjoy our discussions. I would recommend this program to someone else.”

-- Avenues participant

INNOVATIVE PROJECTS- “INN” (2015-2017)

The "Avenues: Work First for Individuals with Co-Occurring Disorders" Innovative project has one additional year of funding. This has been a promising approach, and we will provide services under this project, and a final evaluation in 2014-2015. If it proves to be effective, Santa Cruz County Mental Health & Substance Abuse Services will consider strategies to continue the program with funding from a different source, perhaps under the CSS component.

Based on the most current, as well as previous community stake holder meetings, it is clear that there is a need and desire to have services that address the needs of person's with co-occurring disorders. The California Department of Health Care Services estimates that there are 21,682 people over the age of 12 in Santa Cruz County who need substance abuse treatment. (DHCS, 2012.) All indicators point to our next Innovative Project also is centered on the needs individuals with co-occurring disorders. Santa Cruz County is exploring an Innovative project that would embrace a new clinical practice by utilizing the Adult Needs and Strength Assessment (ANSA). This tool focuses on the needs and strengths in each individual. It also supports communication across disciplines and with clients, that does not just focus on functioning, but describes what is happening to the individual and identifies areas where service planning is appropriate and measures service delivery outcomes.

This Innovative project will be further developed in the next fiscal year, and will be submitted in the 2015-2016 MHSA update.

WORKFORCE EDUCATION & TRAINING – “WET”

This infrastructure component was designed to strengthen the public mental health workforce both by training and educating current staff (including concepts of recovery and resiliency), and to address occupation shortages in the public mental health profession by a variety of means.

A. CULTURAL COMPETENCE

We established a Workforce Education & Training (“WET”) Task Force with representatives from children’s mental health, adult mental health, alcohol & drug services, community based agencies, consumers, families and community college. The WET Task Force oversees the Training Academy, including creating and/or contracting for trainings that are needed, and assessment of the trainings provided.

The WET Task Force also serves as our “Cultural Competence Committee” overseeing not only the Cultural Competence Trainings, but also addressing issues of integrating cultural competence practicing through out the work force, including how to create welcoming environments for our consumers and families. In 2013, Santa Cruz County Mental Health & Substance Abuse Services was nominated as an “Organizational Ally to Queer Youth” because of our work in providing educational seminars on LGBTQ issues.

B. ADDITIONAL ASSISTANCE NEEDS FROM EDUCATION & TRAINING PROGRAMS

A challenge we face is how to sustain our training and education program, given that the State does not distribute additional WET funds. However, the County of Santa Cruz recognizes that we still need work in our efforts to transform our service delivery system to one which is more client and family centered, recovery oriented, fosters an environment of enhanced communication and collaboration while promoting self directed care, utilizes Evidenced Based Practices which have been demonstrated most effective at supporting recovery and independence in the community, and measures outcomes on a client, program and system level.

The proposed training over the next three years is based on 3 different need areas: Core Competencies which will serve as the foundation to support the effective implementation and sustainability of Evidence Based Practices, the adoption of 3 national Evidence Based Practices: Illness Management and Recovery (IMR), Evidence Based Supported Employment (EBSE), and Integrated Dual Disorders Treatment (IDDT).

Outcomes and the effectiveness of services, as well as the promotion of a transformational system of care as opposed to a service oriented system of care, will be supported through the adoption of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA).

Finally, the County seeks to improve its own internal operations and programs utilizing the LEAN Performance Improvement model, by initially working with a certified LEAN facilitator, and then training staff to conduct their own LEAN projects within Behavioral Health and the Health Services Administration.

1. Core Competencies Training
 - a. Motivational Interviewing
 - b. Cognitive Behavioral Therapy

2. Evidence Based Practices
 - a. Illness Management and Recovery (IMR): IMR is an Evidence Based Practice that has been proven effective to assist consumers in more effectively managing their mental illness, promoting recovery and independent living, reducing the need for hospitalizations and emergency department visits, and reducing the need for long-term intensive services in the community. The County is proposing to initially train and establish an IMR program, with fidelity to the model, in the County Mental Health System- both North and South County.

 - b. Evidence Based Supported Employment (EBSE): EBSE provides for the skill building and on the job supports in order to provide access to and success in obtaining and maintaining competitive employment for adults who have a severe mental illness. The only criteria for consumers to access an EBSE program is a desire to work. There are no assessments or readiness criteria established, or any barriers placed in the way of an individual seeking to work. The focus is on competitive employment- jobs that provide for a living wage in the community that any member of the public would have access to. Competitive employment does not include a sheltered workshop program, or jobs created exclusively for consumers. EBSE has been proven highly effective at supporting recovery and reducing the long-term need for services as well as enhancing the quality of life for individuals. The County is proposing to establish one Evidence Based Supported Employment Team through a contracted provider in the community.

 - c. Integrated Dual Disorders Treatment (IDDT): IDDT is an integrated approach to providing supports and services to individuals who have both a severe mental illness and a substance abuse problem. The majority of individuals served in the public mental health system have a co-occurring disorder. The traditional approaches of parallel treatment models or sequential treatment models are ineffective at supporting positive outcomes for this population. IDDT, offering an integrated approach, provides training to clinicians to support both an individual's mental health needs and effectively address their substance abuse issues, at the same time. IDDT has as its foundation, motivational interviewing, cognitive behavioral therapy, and IMR. It also relies on EBSE and other supported services particularly Evidence Based Supported Housing. The County is proposing to transform 2 Full Service Partnership Teams (1 in North County, 1 in South County) to IDDT teams in year 1, and establish similar models with its contracted providers in the community.

3. Child and Adolescent Needs and Strengths Assessment (CANS), and the Adult Needs and Strengths Assessment (ANSA): As part of a new approach within the framework of Total Clinical Outcomes Measurement (TCOM), the County is adopting the use of two client level outcomes tools, which also and most importantly serve as communication

collaboration tools to improve services for children and adults, and transform the service delivery system from a service oriented approach to one which is transformational- in the daily lives of the people and families served, and the approach we as clinicians use in supporting recovery and resiliency in the our clients and families. The County is seeking funding to support the ongoing training and certification of clinicians, and support the effective implementation of the CANS and ANSA across all County mental health programs and services for a 3-year period of time. The County will be working with Dr. John Lyons from the University of Ottawa to support this initiative.

4. County Behavioral Health Services Program Improvement: LEAN Performance Improvement Model. As part of the County's ongoing efforts to improve services and operations within the County operated community mental health center, we will be utilizing LEAN as a performance improvement tool to focus on the County's front door Access process- and adopting changes in that process to ensure individuals and families can rapidly access services and treatment, that the process is easy to navigate and supportive of an individual's need for the right level of care at the right time, and that the County has a process that is both effective and efficient. Future LEAN projects will be focused on improving other organizational operations and programs. The County is seeking funding to support a LEAN facilitator, and future training and certification of staff in the LEAN model.

C. IDENTIFICATION OF SHORTAGES IN PERSONNEL

Santa Cruz County has identified the following as existing mental/behavioral work shortages:

1. Bilingual (Spanish) Psychiatrist (We currently have two, but, one is not a permanent staff member);
2. Bilingual child psychiatrist;
3. Bilingual Licensed Clinical Social Workers and Marriage & Family Therapists;
4. Designated Consumer and/or Family Position.
5. Clinicians that have an alcohol & drug counselor certification, as well as mental health experience and/or license.

The following are hard-to-fill and/or hard-to retain positions:

1. Psychiatrists
2. Bilingual psychiatrists
3. Child psychiatrist
4. Bilingual mental health providers

Consumer and/or Family Member Designated Positions:

Santa Cruz County workforce does not reflect the ethnic diversity of the community. We need (more) providers that are bicultural (Latino), consumer/client peer counselors, family members, and/or LGBTQ providers. The major challenge of this program has been that we have not been able to hire new clinicians or mental health aides due to budgetary constraints.

The County currently does not have consumer and/or family member positions. We have relied on our contract providers for these roles, and have some consumer peer aides provide service via County Mental Health treatment teams. In order to achieve our objectives we have adapted the

Community Mental Health Aide position to encourage consumer and family members to apply, and revised the application review in order to give "credit" for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer training certificate. We added language to inform applicants 'credit' would be given for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer-training certificate for positions for community mental health aide. Additionally, the Senior/Mental Health Client Specialist classification was changed to give "credit" to applicants for experience related to county mental health work, rather than solely based on years of experience.

We have a strong collaboration with Cabrillo College certificate program, to support consumers expressing interest in working in public mental health. This program also supports the Cabrillo "College Connection" program. This is one of the ways we have worked to develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector, which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered.

The major challenge the County has faced has been that we have not been able to hire new clinicians or mental health aides due to budgetary constraints. We hope that with the improvement in the economy we will be able to hire in these positions in the near future.

COMMUNITY IMPACT OF "COLLEGE CONNECTION"

"College Connection for me was very taxing... though there were tough times my instructor and Lisa F. aided me in building my confidence. This experience I will have for a long time. I went and completed the course. This lifted my spirit enormously." College Connection participant

*"I very much enjoyed this class. I felt comfortable while going through very hard times. I learned of the options I have for jobs while dealing with mental illness. Thank you!"
-- Transition to College (College Connection) student*

*"Before I found Community Connection I was suffering with depression. My therapist recommended CC. I was hesitant but after a month I decided I really needed the support from peers, so I stopped in and was greeted warmly by Stephanie who spent time going over what would interest me in group opportunities from work, college connection, outings, and community involvement. All of these things interested me! I have very few encounters with people so warm and caring. I began to come in to OC. the next day. I have been coming here ever since. The people here are my family now. We focus on the positive, not the negative. The groups are run professionally, yet with care and concern for each one of us. We are all treated equally here. I began volunteering in food distribution and later Lisa Ferrari built confidence in me to where I had the courage to attend college, which built confidence in the other area of my life. I now volunteer for Meals on Wheels in Capitola. Wow! I have come a long way in just a year being here..."
-- O.C. and College Connection Participant*

“College Connection for me was very taxing... though there were tough times my instructor and Lisa F. aided me in building my confidence. This experience I will have for a long time. I went and completed the course. This lifted my spirit enormously.”

-- College Connection participant

“College Connection is a key element in my efforts to return to academia. Lisa, in particular, contributes essential strategies and support for my continuing determination to succeed. Faced with challenges that most others are not, I find this program to be particularly supportive, encouraging, and effective. I am grateful for the services provided to me.”

-- College Connection participant

“I was introduced to College Connection through Community Connection and the Department of Rehab. I have learning disabilities and I am bipolar. Lisa has helped me so much. I have been afraid to go back to school for so long. She even brought me to some of my classes. I am not afraid of school any more. I am so grateful for this service. There is no way I could apply online for school- I hate computers. Thanks for helping me return to school after 30 years.”

-- College Connection participant

INFORMATION TECHNOLOGY

Funds and guidelines for Capital Facilities and Information Technology were packaged together by the State Department of Mental Health. (Note: Infrastructure programs do not allow the County to hire staff to provide services.)

The **Information Technology** funds are to be used to:

- Modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness, and
- Increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.

We have two primary information technology needs:

1. To increase consumer and family empowerment. Access to knowledge is a human right. Every client will be tech literate and have Internet access to increase communication between each other and all the supports that promote recovery, wellness, resiliency, and social inclusion. Our goal is to have computer access for consumers in housing and kiosks at existing clinic sites, and to provide technical support and training (for consumers and staff). We will begin with the addition of six terminals at sites in both Santa Cruz and Watsonville, and available to both children, adult and family members. Security issues will be addressed by posting signs in English and Spanish stating:
“This is a public computer. For your security we advise that you take these steps: 1. Do not save your logon information. 2. Do not leave the computer unattended with sensitive information on the screen. 3. Delete your temporary files and your history. 4. Do not enter sensitive information on public computers.”
2. To modernize and transform clinical administrative systems. Our goal is to improve overall functionality and user-friendliness for both clinical and administrative work processes. We need to have one cohesive system with intuitive functionality where it would only be necessary to enter information one time and have that information populate fields as needed. The system must support fiscal, billing, administrative work processes, and include an electronic health record. Ideally a patient portal is needed as well. Strong billing processes, including automated eligibility and exception reports, are needed to effectively manage accounts payable and accounts receivable, and also provide necessary reporting tools for cost reports and budgeting activities. It also needs to include robust caseload and clinical management tools, as well as encourage and allow client access, interaction and participation. It should facilitate person-centered treatment planning, and ease of information sharing of documentation across service providers in the system of care.

We completed the first phase of this project and upgraded our Practice Management to Share Care. We had an RFP process this year to investigate best options in moving forward regarding the electronic health record. Official results have not been published, but we are considering two vendors. With either option we feel that there are significant administrative changes, as well as the way we deliver our direct clinical care. Another consideration is our need to extract data and information to be able to see the impact and outcomes of our services plans and look at overall

system of care trends. We know we make a difference, as can be seen with the “Community Impact” statements. However, we want the ability to quantify this data.

One of the challenges we found in implementing the first and second phases is that we lack the administrative capacity to both negotiate and implement at the same time. Our administrative have diligently set priorities and we are reaching our benchmarks. As you know with health reform and changes to MediCal, the challenge is staying current with changes and doing new implementation at the same time.

CAPITAL FACILITIES

Funds and guidelines for Capital Facilities and Information Technology were packaged together by the State Department of Mental Health. (Note: Infrastructure programs do not allow the County to hire staff to provide services.) Our stakeholders chose to spend the majority of funds in the Information Technology projects.

The purpose of Capital Facilities is to acquire, develop or renovate buildings for service delivery for mental health clients or their families, and/or for MHSA administrative offices. Capital Facilities funds cannot be used for housing.

Projects that have yet to be completed in South County include the installation of two counters outside the reception windows for a horizontal barrier for client use. One counter will be at the American Disabilities Act height requirement and the other counter at a higher height. In the North County renovation includes upgrading existing reception by expanding existing window opening on existing wall, installing secure fire rated, electronically operated secure window (door) system, and installing new counters. Additionally, the County buildings have poor ventilation, so we will also be modifying to improve air quality and circulation. The challenge to completing these upgrades has been due to a number of other Health Service Agencies projects.

ATTACHMENTS

ACRONYMS USED IN THIS REPORT

CAB	Community Action Board
COE	County Office of Education
CSS	Community Services & Supports
DBHU	Dominican Behavioral Health Unit
Encompass	Santa Cruz Community Counseling Center
FSA	Family Service Agency of the Central Coast
FSP	Full Service Partnership
INN	Innovative Project
MH	Mental Health
MHCAN	Mental Health Client Action Network
MHSA	Mental Health Services Act
MHSAS	(Santa Cruz County) Mental Health & Substance Abuse Services
NAMI	National Alliance on Mental Illness
PEI	Prevention & Early Intervention
PVPSA	Pajaro Valley Prevention & Student Assistance Agency
RFP	Request for Proposals
SUD	Substance Use Disorder



Santa Cruz County Mental Health & Substance Abuse Services

Mental Health Service Act (MHSA) Quarterly & Annual Report July 1, 2012 to June 30, 2013

Quarter One: July 1, 2012 to September 30, 2012
Quarter Two: October 1, 2012 to December 31, 2012
Quarter Three: January 1, 2013 to March 31, 2013
Quarter Four: April 1, 2013 to June 30, 2013



WELLNESS • RECOVERY • RESILIENCE

COMMUNITY SERVICES AND SUPPORTS (CSS)

Intent: To provide services and supports for children and youth who have been diagnosed with or may have serious emotional disorders, and adults and older adults who have been diagnosed with or may have serious and persistent mental illness.

CSS Program #1: Community Gate:

Purpose: To address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. These services include assessment, individual, group, and family therapy with the goal of improved mental health functioning and maintaining youth in the community.

Target Population: Children/youth suspected of having serious emotional disturbances; particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish.

Agency Reporting		Encompass			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	77	87	86	85	162
Age Group					
• Children 0-17	32	49	57	55	111
• TAY 16-25	33	29	29	30	51
• Adults 26-59	12	9	0	0	
• Older Adults 60+					
Race/Ethnicity					
• White	4	6	6	9	14
• Latino	71	79	80	75	145
• Other	2	2	0	1	3
Primary Language					
• English	68	73	73	73	135
• Spanish	9	14	13	12	27
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Family Services			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	86	87	82	67	100
Age Group					
• Children 0-17	76	78	72	62	90
• TAY 16-25	10	9	10	5	10
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	44	39	38	34	46
• Latino	4	5	4	29	49
• Other				4	5
Primary Language					
• English	76	59	57	38	75
• Spanish	10	28	25	29	25
• Other					
Culture					
• Veterans					

Agency Reporting		MHSAS			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	85	86	90	60	144
Age Group					
• Children 0-17	68	70	67	41	112
• TAY 16-25	17	16	23	19	32
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	27	27	27	13	47
• Latino	42	43	44	32	63
• Other	16	16	19	15	34
Primary Language					
• English	72	67	67	46	114
• Spanish	12	18	21	13	27
• Other	1	1	2	1	3
Culture					
• Veterans					
• LGBTQ					

CSS Program #2: Probation Gate

Purpose: To address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home rather than in prolonged stays of residential placement or incarcerated in juvenile hall.

Target Population: Youth and families involved with the Juvenile Probation system or at risk of involvement. This includes Transition-age youth aging out of the system with particular attention paid to addressing the needs of Latino youth and families.

Agency Reporting		PVPSA			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	29	18	21	16	44
Age Group					
• Children 0-17	29	18	21	16	44
• TAY 16-25					
Race/Ethnicity					
• White					
• Latino	29	18	21	16	44
• Other					
Primary Language					
• English	21	13	19	14	34
• Spanish	8	5	2	2	10
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	86	77	88	87	157
Age Group					
• Children 0-17	50	49	65	61	116
• TAY 16-25	29	22	23	26	41
• Adults 26-59	7	6	0	0	
• Older Adults 60+					
Race/Ethnicity					
• White	34	31	37	39	63
• Latino	22	37	37	35	72
• Other	10	9	14	13	22
Primary Language					
• English	83	72	82	81	145
• Spanish	3	5	6	6	12
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #3: Child Welfare Services Gate

Purpose: The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system.

Target Population: Children, youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population.) Particular attention will be paid to addressing the needs of Latino youth and families.

Agency Reporting		Parent Center			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	12	10	14	16	25
Age Group					
• Children 0-17	11	10	13	14	22
• TAY 16-25	1	0	1	2	3
Race/Ethnicity					
• White	5	2	6	9	14
• Latino	6	8	8	7	11
• Other					
Primary Language					
• English	9	4	9	12	20
• Spanish	2	6	5	4	5
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	3	2	2	2	5
Age Group					
• Children 0-17	2	1	0	1	3
• TAY 16-25	1	1	2	1	2
Race/Ethnicity					
• White	1	1	1	1	3
• Latino	1	1	1	1	2
• Other					
Primary Language					
• English	2	2	2	2	5
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		CSS #2 THPP, ILSP			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	11	12	11	11	13
Age Group					
• Children 0-17					
• TAY 16-25	11	12	11	11	13
Race/Ethnicity					
• White	3	4	4	4	5
• Latino	6	6	4	4	5
• Other	2	2	3	3	3
Primary Language					
• English	10	11	11	11	13
• Spanish	1	1	0	0	0
• Other					
Culture					
• Veterans	1	0	0	0	0
• LGBTQ	0	1	1	1	1

Agency Reporting		MHSAS			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	131	87	88	113	199
Age Group					
• Children 0-17	96	87	88	84	139
• TAY 16-25	38	0	0	29	60
Race/Ethnicity					
• White	70	48	48	52	92
• Latino	31	20	24	33	58
• Other	30	19	16	28	49
Primary Language					
• English	122	67	80	99	174
• Spanish	9	18	8	10	20
• Other	0	1	0	4	5
Culture					
• Veterans					
• LGBTQ					

CSS Program #4: Education Gate

Purpose: The Education Gate program is designed to create new school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances.

Target Population: Children/youth in Education system at risk of school failure; particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served.

Agency Reporting	MHSAS				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	2	3	2	2	3
Age Group					
• Children 0-17	0	0	0	0	0
• TAY 16-25	2	3	2	2	3
Race/Ethnicity					
• White	1	1	1	1	1
• Latino	0	1	1	1	1
• Other	1	1	0	0	1
Primary Language					
• English	2	3	2	2	3
• Spanish	0	0	0	0	0
• Other	0	0	0	0	0
Culture					
• Veterans					
• LGBTQ					

CSS Program #5: Special Focus: Family Partnerships

Purpose: Family and Youth Partnership activities provided by parents and youth, who are or have been served by our Children’s Interagency System of Care, to support, outreach, education, and services to parent and youth services in our System of Care.

Target Population: Families and youth involved in our Children’s Mental Health System of Care in need of family and youth partnership activities.

Agency Reporting		Encompass			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	17	20	37	52	86
Age Group					
• Children 0-17	9	15	12	12	28
• TAY 16-25	8	5	25	38	46
• Unknown				2	12
Race/Ethnicity					
• White	3	6	15	16	27
• Latino	3	4	18	24	33
• Other	11	10	4	12	26
Primary Language					
• English	17	20	37	52	86
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ	14	16	31		

Agency Reporting		Volunteer Center			
Work Plan/Program/Service		Family Partnership			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	2	6	7	10	18
Age Group					
• Children 0-17	1	1	2	4	4
• TAY 16-25	1	5	5	6	14
Race/Ethnicity					
• White	1	0	0	0	1
• Latino	0	6	7	10	16
• Other	1	0	0	0	1
Primary Language					
• English	2	4	6	9	15
• Spanish	0	2	1	1	3
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #6: Enhanced Crisis Response

Purpose This work plan provides enhanced 24/7 supports to adults experiencing significant impact to their level of functioning in their home or community placement to maintain functioning in their living situation, or (2) in need *or at risk* of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

Target Population: Transition age youth, adults, and older adults with serious mental illness.

Agency Reporting		Encompass			
Work Plan/Program/Service		Transition House			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	38	38	41	37	114
Age Group					
• Children 0-17	0	0	0	0	0
• TAY 16-25	2	3	7	3	10
• Adults 26-59	33	33	32	32	98
• Older Adults 60+	3	2	4	2	6
Race/Ethnicity					
• White	20	28	35	32	95
• Latino	5	5	6	4	10
• Other	13	5	2	1	9
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		Enhance Crisis Support			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	28	28	39	39	66
Age Group					
• TAY 16-25	0	1	0	1	2
• Adults 26-59	22	22	30	33	48
• Older Adults 60+	6	5	9	5	16
Race/Ethnicity					
• White					
• Latino					
• Other					
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		El Dorado Center			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	29	21	24	23	64
Age Group					
• TAY 16-25	4	1	2	1	8
• Adults 26-59	23	14	19	20	49
• Older Adults 60+	2	6	3	2	7
Race/Ethnicity					
• White	12	16	13	15	48
• Latino	3	2	5	4	9
• Other	14	3	6	4	7
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Specialty Staffing			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	13	30	14	9	39
Age Group					
• TAY 16-25					
• Adults 26-59	13	28	12	9	36
• Older Adults 60+	0	2	2		3
Race/Ethnicity					
• White	12	23	9	5	30
• Latino	0	4	3	2	4
• Other	1	3	2	2	5
Primary Language					
• English	13	29	14	9	38
• Spanish	0	1	1	0	1
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #7: Consumer, Peer, & Family Services

Purpose: This plan provides expanded countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services

Target Population: Transition age youth, adults, and older adults with serious mental illness.

Agency Reporting		MHCAN				
Work Plan/Program/Service		Wellness Center				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	604	596	511	458	1052	
Age Group						
• Children 0-17	3	4	6	6		
• TAY 16-25	42	51	62	74	94	
• Adults 26-59	321	324	267	227	537	
• Older Adults 60+	238	217	223	151	421	
Race/Ethnicity						
• White						
• Latino						
• Other						
Primary Language						
• English						
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Volunteer Center/Community Connection				
Work Plan/Program/Service		Mariposa				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	144	121	156	155	218	
Age Group						
• TAY 16-25	13	12	18	22	22	
• Adults 26-59	125	103	131	125	188	
• Older Adults 60+	6	6	7	8	8	
Race/Ethnicity						
• White	88	72	82	88	142	
• Latino	32	60	62	56	64	
• Other	15	11	12	11	12	
Primary Language						
• English	129	83	130	128	192	
• Spanish	6	58	26	27	26	
• Other	0	2	0			
Culture						
• Veterans	2	0	0			
• LGBTQ	4	0	0			

Agency Reporting		MHSAS			
Work Plan/Program/Service		Peer Support			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	13	20	35	43	52
Age Group					
• TAY 16-25					
• Adults 26-59	0	7	23	20	32
• Older Adults 60+	13	13	12	13	20
Race/Ethnicity					
• White				13	
• Latino					
• Other					
Primary Language					
• English				13	
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #8: Community Support Services

Purpose: The services and strategies in this work plan are designed to advance recovery goals for all consumers to live independently and to be engaged in meaningful work and learning activities. Participants will be enrolled in Full Service Partnership (FSP) Teams. FSP’s are “partnerships” between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff. County staff in collaboration with community partners (Community Connection, Front Street, and Wheelock) provides the services for this project.

Target Population: The priority population for these services includes transition age youth, adults, and older adults with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

Agency Reporting		Front Street				
Work Plan/Program/Service		Housing Support				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	90	93	92	103		
Age Group						
• TAY 16-25	6	6	7	5	8	
• Adults 26-59	69	66	66	77	88	
• Older Adults 60+	15	21	19	21	25	
Race/Ethnicity						
• White	72	74	77	81	93	
• Latino	7	6	5	7	10	
• Other	11	13	17	15	1856	
Primary Language						
• English	86	86	88	100	116	
• Spanish	3	3	2	2	3	
• Other	1	2	2	1	2	
Culture						
• Veterans	3	5	3	3	5	
• LGBTQ	5	1	2	3	5	

Agency Reporting		Front Street				
Work Plan/Program/Service		Wheelock (outpatient & residential)				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	16	16	16	16	19	
Age Group						
• TAY 16-25	3	3	3	4	4	
• Adults 26-59	10	10	9	8	11	
• Older Adults 60+	4	3	4	4	4	
Race/Ethnicity						
• White	8	7	7	7	9	
• Latino	4	5	5	5	6	
• Other	4	4	4	4	4	
Primary Language						
• English	14	14	14	14	17	
• Spanish	2	2	2	2	2	
• Other						
Culture						
• Veterans	2	0	0	0	0	
• LGBTQ	2	2	2	1	1	

Agency Reporting		Front Street			
Work Plan/Program/Service		Willowbrook			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	39	40	39	40	48
Age Group					
• TAY 16-25				0	0
• Adults 26-59	28	25	26	25	33
• Older Adults 60+	11	12	14	15	15
Race/Ethnicity					
• White	31	32	31	31	39
• Latino	5	5	5	5	5
• Other	3	3	4	4	4
Primary Language					
• English	32	33	33	33	41
• Spanish	5	5	5	5	5
• Other	2	2	2	2	2
Culture					
• Veterans	2	3	3	3	3
• LGBTQ	3	2	1	1	2

Agency Reporting		Front Street			
Work Plan/Program/Service		Housing Property Management			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	48	3	3	6	60
Age Group					
• TAY 16-25					
• Adults 26-59	45	3	3	6	57
• Older Adults 60+	3	0	0	0	3
Race/Ethnicity					
• White	48	3	3		
• Latino					
• Other/Unknown				6	60
Primary Language					
• English				6	60
• Spanish					
• Other					
Culture					
• Veterans					1
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		Supported Housing Team			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	67	64	64	62	76
Age Group					
• TAY 16-25	1	2	2	1	2
• Adults 26-59	54	49	49	49	60
• Older Adults 60+	12	13	13	12	14
Race/Ethnicity					
• White					
• Latino					
• Other					
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Community Connection			
Work Plan/Program/Service		Housing Support (employment)			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	82	92	94	102	109
Age Group					
• TAY 16-25	3	1	1	3	5
• Adults 26-59	77	90	92	100	100
• Older Adults 60+	2	1	1	3	4
Race/Ethnicity					
• White	62	71	73	80	82
• Latino	11	12	12	12	12
• Other	7	9	9	13	15
Primary Language					
• English	79	91	93	102	108
• Spanish	1	1	1	1	1
• Other					
Culture					
• Veterans	1	1	1	1	1
• LGBTQ	2	2	1	1	2

Agency Reporting		MHSAS			
Work Plan/Program/Service		Outreach			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	48	32	26	32	138
Age Group					
• TAY 16-25	16	14	10	19	59
• Adults 26-59					
• Older Adults 60+	32	18	16	13	79
Race/Ethnicity					
• White		24	25		
• Latino		3	0		
• Other		1	1		
Primary Language					
• English		30	26		
• Spanish		3	0		
• Other			2	0	
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Staffing Support			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	481	454	434	447	638
Age Group					
• TAY 16-25	39	41	37	42	62
• Adults 26-59	335	313	298	304	442
• Older Adults 60+	107	100	99	101	134
Race/Ethnicity					
• White	313	290	278	291	426
• Latino	96	95	91	93	115
• Other	72	46	65	63	97
Primary Language					
• English	419	394	382	391	566
• Spanish	41	40	37	39	45
• Other	21	20	15	17	27
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		River Street Shelter			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	19	17	20	19	44
Age Group					
• TAY 16-25	1	1	1	1	2
• Adults 26-59	16	15	18	17	38
• Older Adults 60+	2	1	1	1	4
Race/Ethnicity					
• White	11	10	10	11	30
• Latino	2	3	4	3	4
• Other	6	4	6	5	9
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

PREVENTION & EARLY INTERVENTION (PEI)

Intent: 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.

PEI 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

Agency Reporting		MHSAS			
Work Plan/Program/Service		0-5 Screening			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	20	51	41	39	90
Age Group					
• Children 0-17	20	51	41	39	90
Race/Ethnicity					
• White	7	28	19	14	40
• Latino	11	12	12	15	31
• Other	2	11	10	10	19
Primary Language					
• English	15	44	35	30	72
• Spanish	5	7	4	5	10
• Other	0	0	2	4	8
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		First 5				
Work Plan/Program/Service		Triple P				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	349	418	603	648	1316	
Age Group						
• Children 0-17	203	241	316	378	694	
• TAY 16-25	0	0	63	63	151	
• Adults 26-59	146	177	222	204	468	
• Older Adults 60+	0	0	2	3	3	
Race/Ethnicity						
• White	72	96	121	171	279	
• Latino	197	224	328	382	715	
• Other	156	101	154	95	322	
Primary Language						
• English	181	242	349	438	757	
• Spanish	168	176	251	210	559	
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		First 5				
Work Plan/Program/Service		Side by Side				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	11	10	9	13	25	
Age Group						
• Children 0-17	11	10	9	13	25	
Race/Ethnicity						
• White	1	3	4	3	5	
• Latino	10	7	5	10	20	
• Other						
Primary Language						
• English	3	5	5	4	8	
• Spanish	8	5	4	9	17	
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS			
Work Plan/Program/Service		Primary Care Outreach			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	139	68	74	83	286
Age Group					
• Children 0-17	75	55	74	78	243
• TAY 16-25	10	13	0	5	43
Race/Ethnicity					
• White	6	10	5	13	32
• Latino	74	56	67	68	248
• Other	5	2	2	2	6
Primary Language					
• English	41	40	45	52	165
• Spanish	44	28	29	31	121
• Other					
Culture					
• Veterans					
• LGBTQ	1	0	0		

Agency Reporting		Barrios Unidos			
Work Plan/Program/Service		Violence Prevention			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	300	335	432	432	
Age Group					
• Children 0-17	300	300	300	300	
• TAY 16-25	0	70	70	70	
• Adults 26-59	0	55	55	55	
• Older Adults 60+	0	7	7	7	
Race/Ethnicity					
• White	60	60	60	60	
• Latino	230	230	230	230	
• Other	10	7	7	7	
Primary Language					
• English	230	230	230	230	
• Spanish	70	70	70	70	
• Other					
Culture					
• Veterans	11	0	0	0	
• LGBTQ	0	11	11	11	

Agency Reporting		Live Oak Family Resource Center (via COE)			
Work Plan/Program/Service		School Based Early Intervention Services			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	7	52	48	172	234
Age Group					
• Children 0-17	1	31	28	106	142
• TAY 16-25	3	1	0		3
• Adults 26-59	3	19	18	65	88
• Older Adults 60+	0	1	0	1	1
Race/Ethnicity					
• White	1	34	23	73	113
• Latino	6	16	19	68	91
• Other	0	2	4	31	30
Primary Language					
• English	2	39	37	104	150
• Spanish	1	13	9	64	60
• Other				4	24
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Diversity Center (via COE)			
Work Plan/Program/Service		Early Intervention Services			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	145	320	1024	462	2881
Age Group					
• Children 0-17	145	213	777	431	2453
• TAY 16-25	0	37	151	31	182
• Adults 26-59	0	40	91		241
• Older Adults 60+	0	0	5		5
Race/Ethnicity					
• White	108	107	650	318	1926
• Latino	24	173	248	90	612
• Other	13	40	126	23	343
Primary Language					
• English	145	248	400	394	2694
• Spanish	0	36	50	37	187
• Other	0	0	574		
Culture					
• Veterans					
• LGBTQ	88	118	450	307	945

Agency Reporting		Positive Behavioral Intervention Program/COE			
Work Plan/Program/Service		Early Intervention Services			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	15	0	3	2	20
Age Group					
• TAY 16-25					
• Adults 26-59	15	0	3	2	14
• Older Adults 60+					
Race/Ethnicity					
• White	14	0	0		14
• Latino	1	0	0		1
• Other				2	5
Primary Language					
• English	15	0	3	2	20
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass (via COE)			
Work Plan/Program/Service		Early Intervention Services			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	12	14	25	33	55
Age Group					
• Children 0-17	6	10	8	8	20
• TAY 16-25	6	4	16	23	28
• Adults 26-59					
• Unknown age	0	0	1	2	7
Race/Ethnicity					
• White	2	4	10	10	17
• Latino	2	3	12	16	21
• Other	8	9	3	7	17
Primary Language					
• English	12	14	21	33	55
• Spanish					
• Other/Unknown	0	0	4		
Culture					
• Veterans					
• LGBTQ	9	11	18	26	44

Agency Reporting		Encompass			
Work Plan/Program/Service		Seven Challenges			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	7	4	5	7	14
Age Group					
• Children 0-17	5	3	0	1	3
• TAY 16-25	2	1	5	6	11
Race/Ethnicity					
• White	0	0	2	3	4
• Latino	7	4	3	3	9
• Other				1	1
Primary Language					
• English	7	4	5	6	13
• Spanish				1	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		Familias Fuertes			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	14	22	14	26	65
Age Group					
• Children 0-17	8	13	6	17	39
• TAY 16-25	0	0	1	0	1
• Adults 26-59	6	9	7	9	25
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	14	22	14	26	65
• Other					
Primary Language					
• English					
• Spanish	14	22	14	26	65
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		PVPSA			
Work Plan/Program/Service		Seven Challenges			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	20	41	41	38	41
Age Group					
• Children 0-17	20	41	41	38	41
• TAY 16-25					
Race/Ethnicity					
• White					
• Latino	20	41	41	38	41
• Other					
Primary Language					
• English	13	34	34	31	34
• Spanish	7	7	7	7	7
• Other					
Culture					
• Veterans					
• LGBTQ					

PEI Project #2: Culture Specific Parent Education & 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. We have chosen Cara Y Corazón, Jóven Noble, and Xinatchli. 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 for boys, and Xinatchli is a youth development program for girls.

Agency Reporting		MHSAS			
Work Plan/Program/Service		Cara y Corazón			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	175	175	51	104	494
Age Group					
• Children 0-17	10	15	0	47	113
• TAY 16-25	30	15	0	0	48
• Adults 26-59	60	96	40	50	213
• Older Adults 60+	15	20	0	7	45
• Unknown					75
Race/Ethnicity					
• White	52	27	6	8	95
• Latino	74	145	45	96	336
• Other					63
Primary Language					
• English	58	32	6	8	100
• Spanish	68	104	45	96	327
• Other					67
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Jóven Noble			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	0	0	20	8	28
Age Group					
• Children 0-17	0	0	20	8	28
• TAY 16-25					
Race/Ethnicity					
• White	0	0	5	2	7
• Latino	0	0	15	6	21
• Other					
Primary Language					
• English	0	0	5	4	9
• Spanish	0	0	15	4	19
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Xínatchli			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	0	0	24	24	48
Age Group					
• Children 0-17	0	0	24	24	48
• TAY 16-25					
Race/Ethnicity					
• White	0	0	4	4	8
• Latino	0	0	20	20	40
• Other					
Primary Language					
• English	0	0	4	4	8
• Spanish	0	0	20	20	40
• Other					
Culture					
• Veterans					
• LGBTQ					

PEI 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. 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.

Agency Reporting		Volunteer Center (Community Connection)			
Work Plan/Program/Service		Employment Assistance			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	32	6	17	6	77
Age Group					
• TAY 16-25	20	4	7	4	35
• Adults 26-59	8	2	10	42	22
• Older Adults 60+	4	0	0		
Race/Ethnicity					
• White	25	5	16	5	51
• Latino	3	1	2		6
• Other	4	0	2	1	7
Primary Language					
• English	32	6	20	6	64
• Spanish					
• Other					
Culture					
• Veterans	2	2	2		2
• LGBTQ	2	0	0		2

Agency Reporting		Encompass			
Work Plan/Program/Service		Serial Inebriate			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	9	11	10	8	15
Age Group					
• TAY 16-25	0	0	0	0	0
• Adults 26-59	9	11	9	7	14
• Older Adults 60+			1	1	1
Race/Ethnicity					
• White	8	11	8	8	12
• Latino	1	0	2	0	3
• Other					
Primary Language					
• English			10	8	15
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Janus			
Work Plan/Program/Service		Mental Health Sobering Beds			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	16	6	11	6	26
Age Group					
• TAY 16-25	4	2	8	3	7
• Adults 26-59	12	4	3	3	19
• Older Adults 60+					
Race/Ethnicity					
• White	15	6	8	4	22
• Latino	1	0	2	1	3
• Other			1	1	1
Primary Language					
• English	16	6	11	6	26
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Early Intervention Services			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	17	10	12	19	32
Age Group					
• TAY 16-25	13	8	12	18	27
• Adults 26-59	4	2	0	1	5
Race/Ethnicity					
• White	9	4	7	12	20
• Latino	4	3	1	2	5
• Other	4	3	4	5	7
Primary Language					
• English	17	10	12	18	31
• Spanish					
• Other				1	1
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Veteran Advocate			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	46	56	59	70	231
Age Group					
• TAY 16-25	0	0	2	2	4
• Adults 26-59	25	30	30	32	117
• Older Adults 60+	21	26	27	36	110
Race/Ethnicity					
• White	36	43	41	56	176
• Latino	5	10	9	10	34
• Other	5	3	9	4	21
Primary Language					
• English	41	56	59	70	226
• Spanish	5	0	0	0	5
• Other					
Culture					
• Veterans	46	56	59	70	231
• LGBTQ					

Agency Reporting		Family Services Agency			
Work Plan/Program/Service		Suicide Prevention Services			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	754	799	1308	2140	5028
Age Group					
• Children 0-17	401	551	323	612	1841
• TAY 16-25	72	22	490	428	1042
• Adults 26-59	234	212	412	834	1708
• Older Adults 60+	47	14	83	293	437
Race/Ethnicity					
• White	336	374	697	1122	2550
• Latino	377	358	446	718	1879
• Other	41	47	165	327	599
Primary Language					
• English	536	616	1099	1721	3973
• Spanish	218	183	209	446	1055
• Other					
Culture					
• Veterans	0	1	12	589	688
• LGBTQ	0	4	94	175	188

Agency Reporting		MSASA			
Work Plan/Program/Service		Family Advocacy Calls			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	39	39	30	30	138

PEI 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.

Agency Reporting		Family Services				
Work Plan/Program/Service		Renaissance Program (Brief Therapy)				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	41	48	54	48	92	
Age Group						
• Adults 26-59	17	20	22	15	36	
• Older Adults 60+	24	28	32	33	56	
Race/Ethnicity						
• White	33	38	45	39	65	
• Latino	8	9	8	7	9	
• Other	0	1	1	2	18	
Primary Language						
• English	39	46	52	46	89	
• Spanish	2	2	2	2	3	
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Family Services Agency				
Work Plan/Program/Service		Senior Outreach Program				
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	10	11	12	13	18	
Age Group						
• Adults 26-59				1	2	
• Older Adults 60+	10	11	12	12	16	
Race/Ethnicity						
• White	5	6	9	8	12	
• Latino	2	2	2	3	4	
• Other	3	3	1	2	2	
Primary Language						
• English	8	10	11	10	14	
• Spanish	2	1	1	3	4	
• Other						
Culture						
• Veterans	2	2	3	2	2	
• LGBTQ						

Agency Reporting		Senior Council			
Work Plan/Program/Service		Outreach & peer companion			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	34	18	30	24	34
Age Group					
• Adults 26-59					
• Older Adults 60+	34	18	30	24	34
Race/Ethnicity					
• White	31	15	28	22	31
• Latino	1	1	0	1	1
• Other	2	2	2	1	2
Primary Language					
• English	32	16	29	22	32
• Spanish	1	1	0	1	1
• Other	0	1	1	1	1
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Senior Network Resource Center			
Work Plan/Program/Service		“Warm line”			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Information calls	26	25	39	38	128
Total Served (Unduplicated)	6	3	5	5	19
Age Group					
• Older Adults 60+	6	3	5	5	19
Race/Ethnicity					
• White	6	2	4	5	17
• Latino	0	0	1	0	1
• Other					1
Primary Language					
• English	6	2	5	5	18
• Spanish					
• Other	0	1	0		1
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Training, outreach & early intervention			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	19	15	17	14	40
Age Group					
• Older Adults 60+	19	15	17	14	40
Race/Ethnicity					
• White	17	14	16	11	34
• Latino					
• Other	2	1	1	3	6
Primary Language					
• English	18	14	15	14	37
• Spanish					
• Other	1	1	2		3
Culture					
• Veterans					
• LGBTQ					

INNOVATIVE PROJECT (INN)

Intent: To increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; to increase access to services.

Name: Avenues: Work First for Individuals with Co-Occurring Disorders

Purpose: To engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals’ symptoms. It is designed after a philosophy and model known as “Housing First.” The Housing First approach centers on providing homeless people with housing quickly and then providing services as needed. We take a similar approach emphasizing Work as a motivating and protective factor for co-occurring disorders. This innovative program offers “natural” activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self described goals.

Target Population: Transition age youth and adults. This will include persons with severe and chronic mental illness; persons who abuse alcohol and drugs whose mental health issues interfere with their ability to achieve stable recovery and put them at risk of jail and hospitalization or homelessness; and transition age youth with co-occurring disorders of mental illness and substance abuse.

Agency Reporting		Volunteer Center (Community Connection)			
Work Plan/Program/Service		Employment preparation			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	41	11	17	5	72
Age Group					
• TAY 16-25					
• Adults 26-59	41	11	15	5	72
• Older Adults 60+					
Race/Ethnicity					
• White	21	10	12	4	48
• Latino	14	1	3	1	19
• Other	6	0	2		8
Primary Language					
• English	40	11	17	5	72
• Spanish	1	0	0	0	1
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		Casa Pacific			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	9	9	8	11	22
Age Group					
• TAY 16-25	2	2	1	2	5
• Adults 26-59	6	7	7	8	16
• Older Adults 60+	1	0	0	1	1
Race/Ethnicity					
• White	5	5	5	7	13
• Latino	3	3	1	2	7
• Other	1	1	2	2	2
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		CAB			
Work Plan/Program/Service		Work Crew			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	22	16	44	26	48
Age Group					
• Children 0-17	0	0	3		
• TAY 16-25	5	5	16	7	12
• Adults 26-59	16	10	18	18	35
• Older Adults 60+	1	1	7	1	1
Race/Ethnicity					
• White	11	7	13	15	25
• Latino	10	9	11	10	20
• Other	1	0	20	1	3
Primary Language					
• English	*	*	26	23	42
• Spanish	*	*	16	3	6
• Other					
Culture					
• Veterans	*	*	5	1	1
• LGBTQ	*	*	8		
Gender					
• Male	19	15	*		
• Female	3	1	*		
Community service hours	1175	560	*		

*Not reported

Agency Reporting		Mindfulness Recovery			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	41	40	21	26	*
Age Group					
• TAY 16-25	21	20	5	4	
• Adults 26-59	11	9	16	21	
• Older Adults 60+	10	11	0	1	
Race/Ethnicity					
• White			14	16	
• Latino			6	7	
• Other			1	3	
Primary Language					
• English			21	26	
• Spanish					
• Other					
Culture					
• Veterans			0	0	
• LGBTQ			1	1	

*Annual report not available due to service being provided by different contractors each quarter.

Agency Reporting		MHCAN			
Work Plan/Program/Service		Dual Recovery Support			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	36	80	23	59	99
Age Group					
• Children 0-17				2	3
• TAY 16-25	11	9	5	23	23
• Adults 26-59	18	48	17	25	48
• Older Adults 60+	7	23	1	9	25
Race/Ethnicity					
• White	9	32	11	18	37
• Latino	11	33	10	11	29
• Other	16	15	2	30	33
Primary Language					
• English	9	32	11	42	57
• Spanish	11	33	10	9	34
• Other	16	15	2	8	9
Culture					
• Veterans	7	7	1	6	11
• LGBTQ	4	11	0	12	17

WORKFORCE EDUCATION & TRAINING (WET)

Intent: This infrastructure component is designed to strengthen the public mental health workforce both by training and educating current staff (including concepts of recovery and resiliency), and to address occupation shortages in the public mental health profession by a variety of means. (Note: Infrastructure programs do not allow the County to hire staff to provide direct services.)

#5: Entry Level Employment Preparation

Purpose: To develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered; to encourage consumers and family members to apply for public mental health employment; to give “credit” for lived (consumer or family member) experience; to give “credit” for obtaining a Human Services Credential and/or a consumer peer training certificate. Support consumers at Cabrillo College via the “College Connection” program.

Target Population: Consumers and family members.

Agency Reporting		Volunteer Center/Community Connection			
Work Plan/Program/Service		College Connection			
July 1, 2012 to June 30, 2013	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	21	20	28	28	34
Age Group					
• TAY 16-25	2	1	10	10	10
• Adults 26-59	19	19	13	13	19
• Older Adults 60+	0	0	5	5	5
Race/Ethnicity					
• White	18	17	17	17	18
• Latino	2	2	6	6	6
• Other	1	1	5	5	10
Primary Language					
• English	21	20	28	28	34
• Spanish					
• Other					
Culture					
• Veterans	0	0	2	2	2
• LGBTQ	1	0	1	1	1



Santa Cruz County Mental Health & Substance Abuse Services

Mental Health Service Act (MHSA) Quarter 1 (7/1/13 to 9/30/13) & Quarter 2 (10/1/13 to 12/31/13) Report For fiscal year 2013-2014



WELLNESS • RECOVERY • RESILIENCE

COMMUNITY SERVICES AND SUPPORTS (CSS)

Intent: To provide services and supports for children and youth who have been diagnosed with or may have serious emotional disorders, and adults and older adults who have been diagnosed with or may have serious and persistent mental illness.

CSS Program #1: Community Gate:

Purpose: To address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. These services include assessment, individual, group, and family therapy with the goal of improved mental health functioning and maintaining youth in the community.

Target Population: children/youth suspected of having serious emotional disturbances, Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish.

Agency Reporting		Encompass			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					100
Total Served (Unduplicated)					
Age Group					
• Children 0-17	52	54			
• TAY 16-25	34	30			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White		5			
• Latino	76	76			
• Other	3	3			
Primary Language					
• English	70				
• Spanish	16				
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Family Services			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					150
Total Served (Unduplicated)					
Age Group					
• Children 0-17	65	76			
• TAY 16-25	17	23			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	29	33			
• Latino	49	59			
• Other	4	7			
Primary Language					
• English	45	63			
• Spanish	37	36			
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					110
Total Served (Unduplicated)					
Age Group					
• Children 0-17	63	88			
• TAY 16-25	22	26			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	16	26			
• Latino	50	65			
• Other	19	23			
Primary Language					
• English	65	90			
• Spanish	16	21			
• Other	4	3			
Culture					
• Veterans					
• LGBTQ					

CSS Program #2: Probation Gate

Purpose: To address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home rather than in prolonged stays of residential placement or incarcerated in juvenile hall.

Target Population: youth and families involved with the Juvenile Probation system or at risk of involvement. This includes Transition-age youth aging out of the system with particular attention paid to addressing the needs of Latino youth and families.

Agency Reporting		PVPSA			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					45
Total Served (Unduplicated)					
Age Group					
• Children 0-17	19	27			
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino	19	27			
• Other					
Primary Language					
• English	16	24			
• Spanish	3	3			
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					180
Total Served (Unduplicated)					
Age Group					
• Children 0-17	66	62			
• TAY 16-25	27	26			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	39	39			
• Latino	37	36			
• Other	17	13			
Primary Language					
• English	85	84			
• Spanish	8	4			
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #3: Child Welfare Services Gate

Purpose: The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system.

Target Population: Children, youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families.

Agency Reporting		Parent Center			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					30
Total Served (Unduplicated)					
Age Group					
• Children 0-17	15	15			
• TAY 16-25	3	1			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	9	7			
• Latino	8	8			
• Other	1	1			
Primary Language					
• English	15	12			
• Spanish	3	4			
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					25
Total Served (Unduplicated)					
Age Group					
• Children 0-17	1	2			
• TAY 16-25		1			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White		1			
• Latino	1	2			
• Other					
Primary Language					
• English	1	3			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		CSS #2 THPP, ILSP			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					21
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	10	9			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	4	4			
• Latino	3	2			
• Other	3	3			
Primary Language					
• English	10	10			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ	1	1			

Agency Reporting		MHSAS			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					230
Total Served (Unduplicated)					
Age Group					
• Children 0-17	75	85			
• TAY 16-25	28	42			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	46	45			
• Latino	33	53			
• Other	24	29			
Primary Language					
• English	90	106			
• Spanish	9	16			
• Other	4	5			
Culture					
• Veterans					
• LGBTQ					

CSS Program #4: Education Gate

Purpose: The Education Gate program is designed to create new school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances.

Target Population: Children/youth in Education system at risk of school failure. Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served.

Agency Reporting	MHSAS				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					10
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0	1			
• TAY 16-25	0				
• Adults 26-59	0				
• Older Adults 60+	0				
Race/Ethnicity					
• White		1			
• Latino					
• Other					
Primary Language					
• English		1			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #5: Special Focus: Family Partnerships

Purpose: Family and Youth Partnership activities provided by parents and youth, who are or have been served by our Children’s Interagency System of Care, to support, outreach, education, and services to parent and youth services in our System of Care.

Target Population: Families and youth involved in our Children’s Mental Health System of Care in need of family and youth partnership activities.

Agency Reporting		Encompass			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					220
Total Served (Unduplicated)					
Age Group					
• Children 0-17	12	53			
• TAY 16-25	28	24			
• Adults 26-59					
• Unknown	1	1			
Race/Ethnicity					
• White	19	34			
• Latino	10	15			
• Other	12	29			
Primary Language					
• English	41	78			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Volunteer Center			
Work Plan/Program/Service		Family Partnership			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					20
Total Served (Unduplicated)					
Age Group					
• Children 0-17	1	2			
• TAY 16-25	8				
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White		2			
• Latino	9				
• Other					
Primary Language					
• English	8	2			
• Spanish	1				
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #6: Enhanced Crisis Response

Purpose This work plan provides enhanced 24/7 supports to adults experiencing significant impact to their level of functioning in their home or community placement to maintain functioning in their living situation, or (2) in need *or at risk* of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

Target Population: Transition age youth, adults, and older adults with serious mental illness.

Agency Reporting		Encompass			
Work Plan/Program/Service		Transition House			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					200
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	2	8			
• Adults 26-59	36	26			
• Older Adults 60+	3	1			
Race/Ethnicity					
• White	33	27			
• Latino	4	8			
• Other	4				
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		Enhance Crisis Support			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					100
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	1	1			
• Adults 26-59	23	63			
• Older Adults 60+	5	6			
Race/Ethnicity					
• White					
• Latino					
• Other					
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		El Dorado Center			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					80
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0	0			
• TAY 16-25	5	5			
• Adults 26-59	13	17			
• Older Adults 60+	2	4			
Race/Ethnicity					
• White	16	17			
• Latino	3	6			
• Other	1	3			
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		River Street Shelter			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					200
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	2	1			
• Adults 26-59	13	17			
• Older Adults 60+	6	3			
Race/Ethnicity					
• White	12	14			
• Latino	3	2			
• Other	6	5			
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Specialty Staffing			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					100
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	2	3			
• Adults 26-59	23	27			
• Older Adults 60+					
Race/Ethnicity					
• White	16	21			
• Latino	4	3			
• Other	5	6			
Primary Language					
• English	24	29			
• Spanish	1				
• Other		1			
Culture					
• Veterans					
• LGBTQ					

CSS Program #7: Consumer, Peer, & Family Services

Purpose This plan provides expanded countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services

Target Population: Transition age youth, adults, and older adults with serious mental illness.

Agency Reporting		MHCAN				
Work Plan/Program/Service		Wellness Center				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Target					550	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	3	2				
• TAY 16-25	32	48				
• Adults 26-59	80	112				
• Older Adults 60+	37	46				
Race/Ethnicity						
• White	72	102				
• Latino	32	49				
• Other	48	57				
Primary Language						
• English	97	135				
• Spanish	41	59				
• Other	12	12				
Culture						
• Veterans	14	12				
• LGBTQ	19	22				

Agency Reporting		Volunteer Center/Community Connection				
Work Plan/Program/Service		Mariposa				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Target					150	
Total Served (Unduplicated)						
Age Group						
• Children 0-17						
• TAY 16-25	16	4				
• Adults 26-59	143	34				
• Older Adults 60+	7	3				
• Unknown		55				
Race/Ethnicity						
• White	109	19				
• Latino	51	16				
• Other	6	61				
Primary Language						
• English	136	90				
• Spanish	30	6				
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS			
Work Plan/Program/Service		Peer Support			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					25/15
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25					
• Adults 26-59	28	17			
• Older Adults 60+	12	7			
Race/Ethnicity					
• White					
• Latino					
• Other					
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

CSS Program #8: Community Support Services

Purpose: The services and strategies in this work plan are designed to advance recovery goals for all consumers to live independently and to be engaged in meaningful work and learning activities. Participants will be enrolled in Full Service Partnership (FSP) Teams. FSP’s are “partnerships” between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff. County staff in collaboration with community partners (Community Connection, Front Street, and Wheelock) provides the services for this project.

Target Population: The priority population for these services includes transition age youth, adults, and older adults with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.

Agency Reporting		Front Street			
Work Plan/Program/Service		Housing Support			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					100
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	5	5			
• Adults 26-59	78	73			
• Older Adults 60+	21	17			
Race/Ethnicity					
• White	81	77			
• Latino	7	7			
• Other	16	13			
Primary Language					
• English	102	92			
• Spanish	2	2			
• Other		1			
Culture					
• Veterans	3	3			
• LGBTQ	3	3			

Agency Reporting		Front Street			
Work Plan/Program/Service		Wheelock (outpatient & residential)			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					23
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	2	1			
• Adults 26-59	11	14			
• Older Adults 60+	4	3			
Race/Ethnicity					
• White	6	7			
• Latino	6	6			
• Other	5	5			
Primary Language					
• English	14	16			
• Spanish	3	2			
• Other					
Culture					
• Veterans	1				
• LGBTQ		2			

Agency Reporting		Front Street			
Work Plan/Program/Service		Willowbrook			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					53
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	28	23			
• Adults 26-59	15	17			
• Older Adults 60+					
Race/Ethnicity					
• White	34	31			
• Latino	5	5			
• Other	4	4			
Primary Language					
• English	37	33			
• Spanish	5	5			
• Other	2	2			
Culture					
• Veterans	1	3			
• LGBTQ	3	1			

Agency Reporting		Front Street				
Work Plan/Program/Service		Housing Property Management				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Target					42	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	0					
• TAY 16-25	0					
• Adults 26-59	40	1				
• Older Adults 60+	2					
Race/Ethnicity						
• White						
• Latino						
• Unknown	42	1				
Primary Language						
• English	42					
• Spanish						
• Other		1				
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Front Street				
Work Plan/Program/Service		Opal Cliffs				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Target					10	
Total Served (Unduplicated)						
Age Group						
• Children 0-17						
• TAY 16-25		2				
• Adults 26-59	10	12				
• Older Adults 60+	1					
Race/Ethnicity						
• White	11	13				
• Latino		1				
• Other						
Primary Language						
• English	11	14				
• Spanish						
• Other						
Culture						
• Veterans		1				
• LGBTQ						

Agency Reporting		Encompass			
Work Plan/Program/Service		Supported Housing			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					150
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	1	2			
• Adults 26-59	55	59			
• Older Adults 60+	12	13			
Race/Ethnicity					
• White					
• Latino					
• Other/Unknown					
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Community Connection			
Work Plan/Program/Service		Housing Support (employment)			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					30
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	1	2			
• Adults 26-59	33	38			
• Older Adults 60+	14	17			
Race/Ethnicity					
• White	38	47			
• Latino	6	7			
• Other	4	3			
Primary Language					
• English	48	57			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Community Connection			
Work Plan/Program/Service		Opportunity Connection			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					65
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	2	1			
• Adults 26-59	50	46			
• Older Adults 60+	4	5			
Race/Ethnicity					
• White	35	32			
• Latino	7	8			
• Other	14	12			
Primary Language					
• English	56	52			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Outreach			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target for TAY					60
Target for OAS					70
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	18	16			
• Adults 26-59					
• Older Adults 60+	16	13			
Race/Ethnicity					
• White	17	20			
• Latino	17	9			
• Other					
Primary Language					
• English	32				
• Spanish	2				
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Staffing Support			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Target					130
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25		35			
• Adults 26-59	445	287			
• Older Adults 60+		102			
Race/Ethnicity					
• White	293	279			
• Latino	87	94			
• Other	65	51			
Primary Language					
• English	391	368			
• Spanish	37	40			
• Other	17	16			
Culture					
• Veterans					
• LGBTQ					

PREVENTION & EARLY INTERVENTION (PEI)

Intent: 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.

PEI 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

Agency Reporting		MHSAS			
Work Plan/Program/Service		0-5 Screening			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17	30	41			
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	13	13			
• Latino	8	18			
• Other	9	10			
Primary Language					
• English	26	31			
• Spanish	3	9			
• Other	1	1			
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		First 5			
Work Plan/Program/Service		Triple P			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17	177	212			
• TAY 16-25	25	37			
• Adults 26-59	110	131			
• Older Adults 60+	5	5			
Race/Ethnicity					
• White	93	102			
• Latino	159	206			
• Other	65	73			
Primary Language					
• English	220	253			
• Spanish	97	132			
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		First 5			
Work Plan/Program/Service		Side by Side			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17	14	12			
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	3	2			
• Latino	11	10			
• Other					
Primary Language					
• English	3	2			
• Spanish	11	10			
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Primary Care Outreach			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17	55	44			
• TAY 16-25	8	11			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White	11	7			
• Latino	44	46			
• Other	8	2			
Primary Language					
• English	39	41			
• Spanish	24	14			
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Barrios Unidos			
Work Plan/Program/Service		School Based PEI			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17	81	46			
• TAY 16-25	43	41			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White		9			
• Latino	119	74			
• Other	5	4			
Primary Language					
• English		14			
• Spanish		72			
• Other		1			
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Live Oak Family Resource Center (via COE)				
Work Plan/Program/Service		School Based PEI				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	30	51				
• TAY 16-25						
• Adults 26-59	24	36				
• Older Adults 60+						
Race/Ethnicity						
• White	14	39				
• Latino	35	39				
• Other	5	9				
Primary Language						
• English	21	50				
• Spanish	19	23				
• Other	14	14				
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Diversity Center (via COE)				
Work Plan/Program/Service		School Based PEI				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	230	190				
• TAY 16-25	89	99				
• Adults 26-59	76	209				
• Older Adults 60+	3					
• Unknown		2				
Race/Ethnicity						
• White	236	252				
• Latino	104	179				
• Other	58	57				
Primary Language						
• English	328	190				
• Spanish	70	45				
• Other						
Culture						
• Veterans	341	105				
• LGBTQ						

Agency Reporting		Positive Behavioral Intervention Program/COE				
Work Plan/Program/Service		School Based PEI				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17		0				
• TAY 16-25						
• Adults 26-59	12					
• Older Adults 60+						
Race/Ethnicity						
• White		0				
• Latino						
• Other						
Primary Language						
• English	12	0				
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		NAMI/COE				
Work Plan/Program/Service		School Based PEI				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	70	102				
• TAY 16-25		154				
• Adults 26-59		14				
• Older Adults 60+						
Race/Ethnicity						
• White	50	111				
• Latino	18	158				
• Other	2	1				
Primary Language						
• English	70	112				
• Spanish		158				
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Positive Psychology/COE				
Work Plan/Program/Service		School Based PEI				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	30	5				
• TAY 16-25		25				
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White	20	20				
• Latino	9	8				
• Other	1	2				
Primary Language						
• English	25	25				
• Spanish	5	5				
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Encompass (via COE)				
Work Plan/Program/Service		School Based PEI				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	8	39				
• TAY 16-25	15	14				
• Adults 26-59		1				
• Unknown age	1	17				
Race/Ethnicity						
• White	11	21				
• Latino	6	10				
• Other	7	40				
Primary Language						
• English	24	69				
• Spanish		2				
• Other/Unknown						
Culture						
• Veterans						
• LGBTQ	19	38				

Agency Reporting		Encompass				
Work Plan/Program/Service		Seven Challenges				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	1					
• TAY 16-25	3	2				
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White						
• Latino	3	2				
• Other	1					
Primary Language						
• English	3	2				
• Spanish	1					
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Encompass				
Work Plan/Program/Service		Familias Fuertes*				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	2	0				
• TAY 16-25						
• Adults 26-59	1					
• Older Adults 60+						
Race/Ethnicity						
• White		0				
• Latino	3					
• Other						
Primary Language						
• English		0				
• Spanish	3					
• Other						
Culture						
• Veterans						
• LGBTQ						

*Note: This program only show quarter one numbers because it is now closed.

Agency Reporting		PVPSA				
Work Plan/Program/Service		Seven Challenges				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	24	36				
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+						
• Unknown						
Race/Ethnicity						
• White						
• Latino	24	36				
• Other						
Primary Language						
• English	22	29				
• Spanish	2	7				
• Other						
Culture						
• Veterans						
• LGBTQ						

PEI Project #2: Culture Specific Parent Education & 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. We have chosen Cara Y Corazón, Jóven Noble, and Xinatchli. 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 for boys, and Xinatchli is a youth development program for girls.

Agency Reporting		MHSAS				
Work Plan/Program/Service		Cara y Corazón				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	0					
Age Group						
• Children 0-17						
• TAY 16-25						
• Adults 26-59		29				
• Older Adults 60+		4				
Race/Ethnicity						
• White						
• Latino		23				
• Other						
Primary Language						
• English		15				
• Spanish		18				
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS				
Work Plan/Program/Service		Jóven Noble				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	0					
Age Group						
• Children 0-17		20				
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+						
Race/Ethnicity						
• White		3				
• Latino		17				
• Other						
Primary Language						
• English		6				
• Spanish		14				
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS			
Work Plan/Program/Service		Xínatchli			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	0				
Age Group					
• Children 0-17		26			
• TAY 16-25		2			
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White		2			
• Latino		26			
• Other					
Primary Language					
• English		6			
• Spanish		22			
• Other					
Culture					
• Veterans					
• LGBTQ					

PEI 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. 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.

Agency Reporting		Volunteer Center (Community Connection)				
Work Plan/Program/Service		Employment Assistance				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17						
• TAY 16-25	17	15				
• Adults 26-59	6	6				
• Older Adults 60+	2	2				
Race/Ethnicity						
• White	20	19				
• Latino	4	3				
• Other	1	1				
Primary Language						
• English	25	23				
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		Encompass				
Work Plan/Program/Service		Second Story				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)	11	11				
Age Group						
• Children 0-17	0	0				
• TAY 16-25	2	2				
• Adults 26-59	8	8				
• Older Adults 60+	1	1				
Race/Ethnicity						
• White	6	6				
• Latino	3	3				
• Other	2	2				
Primary Language						
• English	11	11				
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ	1	1				

Agency Reporting		MHSAS (Janus, Sobriety Works, New Life)				
Work Plan/Program/Service		Serial Inebriate				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17						
• TAY 16-25						
• Adults 26-59	2	3				
• Older Adults 60+	2					
Race/Ethnicity						
• White	3	3				
• Latino						
• Other	1					
Primary Language						
• English	4	3				
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS				
Work Plan/Program/Service		Mental Health Sobering Beds				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17						
• TAY 16-25	2					
• Adults 26-59	4	3				
• Older Adults 60+						
Race/Ethnicity						
• White	4	3				
• Latino						
• Other	2					
Primary Language						
• English	6	36				
• Spanish						
• Other						
Culture						
• Veterans						
• LGBTQ						

Agency Reporting		MHSAS			
Work Plan/Program/Service		Early Intervention Services			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	20	17			
• Adults 26-59		1			
• Older Adults 60+					
Race/Ethnicity					
• White	12	11			
• Latino	3	1			
• Other	5	6			
Primary Language					
• English	17	16			
• Spanish	1	2			
• Other	2				
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		MHSAS			
Work Plan/Program/Service		Veteran Advocate			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	31	2			
• Adults 26-59	26	32			
• Older Adults 60+	4	19			
Race/Ethnicity					
• White	49	41			
• Latino	6	7			
• Other	6	5			
Primary Language					
• English	61	53			
• Spanish					
• Other					
Culture					
• Veterans	61	53			
• LGBTQ					

Agency Reporting		MHSAS				
Work Plan/Program/Service		Veteran Advocate				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17						
• TAY 16-25	31	2				
• Adults 26-59	26	32				
• Older Adults 60+	4	19				
Race/Ethnicity						
• White	49	41				
• Latino	6	7				
• Other	6	5				
Primary Language						
• English	61	53				
• Spanish						
• Other						

Agency Reporting		Family Services Agency				
Work Plan/Program/Service		Suicide Prevention Services				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	0	298				
• TAY 16-25	142	1,234				
• Adults 26-59	184	269				
• Older Adults 60+	22	49				
• Unknown		37				
Race/Ethnicity						
• White	93	574				
• Latino	189	1,020				
• Other	66	264				
Primary Language						
• English	208	1,283				
• Spanish	140	575				
• Other						
Culture						
• Veterans	19	49				
• LGBTQ	4	4				

Agency Reporting		MHSAS				
Work Plan/Program/Service		Family Advocacy Calls				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
	48	72				

PEI 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.

Agency Reporting		Family Services			
Work Plan/Program/Service		Renaissance Program (Brief Therapy)			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25					
• Adults 26-59	14	15			
• Older Adults 60+	30	35			
Race/Ethnicity					
• White	30	37			
• Latino	1	4			
• Other	13	9			
Primary Language					
• English	43	50			
• Spanish	1				
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Family Services Agency			
Work Plan/Program/Service		Senior Outreach Program			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+	11	12			
Race/Ethnicity					
• White		9			
• Latino		3			
• Other					
Primary Language					
• English		10			
• Spanish		2			
• Other					
Culture					
• Veterans	2	3			
• LGBTQ					

Agency Reporting		Senior Council			
Work Plan/Program/Service		Outreach & peer companion			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)	34	37			
Age Group					
• Children 0-17					
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+					
Race/Ethnicity					
• White					
• Latino					
• Other					
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Senior Network Services			
Work Plan/Program/Service		Warm line			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Information calls	44	54			
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25					
• Adults 26-59					
• Older Adults 60+	2	3			
Race/Ethnicity					
• White	2	2			
• Latino		1			
• Other					
Primary Language					
• English	2	3			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ		1			

Agency Reporting		MHSAS				
Work Plan/Program/Service		Training, outreach, & early intervention				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17						
• TAY 16-25						
• Adults 26-59						
• Older Adults 60+	13	14				
Race/Ethnicity						
• White	12	13				
• Latino						
• Other	1	1				
Primary Language						
• English	13	13				
• Spanish						
• Other		1				
Culture						
• Veterans						
• LGBTQ						

INNOVATIVE PROJECT (INN)

Intent: To increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; to increase access to services.

Name: Avenues: Work First for Individuals with Co-Occurring Disorders

Purpose: To engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals’ symptoms. It is designed after a philosophy and model known as “Housing First.” The Housing First approach centers on providing homeless people with housing quickly and then providing services as needed. We take a similar approach emphasizing Work as a motivating and protective factor for co-occurring disorders. This innovative program offers “natural” activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self described goals.

Target Population: Transition age youth and adults. This will include persons with severe and chronic mental illness; persons who abuse alcohol and drugs whose mental health issues interfere with their ability to achieve stable recovery and put them at risk of jail and hospitalization or homelessness; and transition age youth with co-occurring disorders of mental illness and substance abuse.

Agency Reporting		Volunteer Center (Community Connection)			
Work Plan/Program/Service		Employment preparation			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17		0			
• TAY 16-25	8	9			
• Adults 26-59	15	22			
• Older Adults 60+	1	1			
Race/Ethnicity					
• White	12	17			
• Latino	6	7			
• Other	6	8			
Primary Language					
• English	24	32			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		Encompass			
Work Plan/Program/Service		Casa Pacific			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17	0				
• TAY 16-25	2	1			
• Adults 26-59	7	7			
• Older Adults 60+	1				
Race/Ethnicity					
• White	5	5			
• Latino	2	1			
• Other	3	2			
Primary Language					
• English					
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

Agency Reporting		CAB			
Work Plan/Program/Service		Work Crew			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	4	5			
• Adults 26-59	20	16			
• Older Adults 60+	1				
Race/Ethnicity					
• White	15	13			
• Latino	8	6			
• Other	1	2			
Primary Language					
• English	21	17			
• Spanish	4	4			
• Other					
Culture					
• Veterans	1				
• LGBTQ					
Gender					
• Male					
• Female					

Agency Reporting		MHSAS individual contractor				
Work Plan/Program/Service		Mindfulness Recovery				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	0	0				
• TAY 16-25	5	3				
• Adults 26-59	18	16				
• Older Adults 60+	0	0				
Race/Ethnicity						
• White	10	11				
• Latino	10	6				
• Other	3	2				
Primary Language						
• English	12	15				
• Spanish	10	4				
• Other	1	0				
Culture						
• Veterans	1	2				
• LGBTQ	0	0				

Agency Reporting		MHCAN				
Work Plan/Program/Service		Dual Recovery				
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count	
Total Served (Unduplicated)						
Age Group						
• Children 0-17	3	2				
• TAY 16-25	32	48				
• Adults 26-59	80	112				
• Older Adults 60+	37	46				
Race/Ethnicity						
• White	72	105				
• Latino	32	49				
• Other	48	54				
Primary Language						
• English		135				
• Spanish		58				
• Other		14				
Culture						
• Veterans		12				
• LGBTQ		22				

WORKFORCE EDUCATION & TRAINING (WET)

Intent: This infrastructure component is designed to strengthen the public mental health workforce both by training and educating current staff (including concepts of recovery and resiliency), and to address occupation shortages in the public mental health profession by a variety of means. (Note: Infrastructure programs do not allow the County to hire staff to provide direct services.)

#5: Entry Level Employment Preparation

Purpose: To develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered; to encourage consumers and family members to apply for public mental health employment; to give “credit” for lived (consumer or family member) experience; to give “credit” for obtaining a Human Services Credential and/or a consumer peer training certificate. Support consumers at Cabrillo College via the “College Connection” program.

Target Population: Consumers and family members.

Agency Reporting		Volunteer Center/Community Connection			
Work Plan/Program/Service		College Connection			
July 1, 2013 to June 30, 2014	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Count
Total Served (Unduplicated)					
Age Group					
• Children 0-17					
• TAY 16-25	8	9			
• Adults 26-59	17	19			
• Older Adults 60+	1				
Race/Ethnicity					
• White	18	20			
• Latino	4	5			
• Other	4	3			
Primary Language					
• English	26	28			
• Spanish					
• Other					
Culture					
• Veterans					
• LGBTQ					

BUDGET

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: Santa Cruz County

Date: 3/17/14

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,122,138	2,568,939	629,260	232,020	2,772,798	
2. Estimated New FY2014/15 Funding	8,012,156	2,003,039	527,116			
3. Transfer in FY2014/15 ^{a/}	0			0	0	0
4. Access Local Prudent Reserve in FY2014/15	0	0				0
5. Estimated Available Funding for FY2014/15	11,134,294	4,571,978	1,156,376	232,020	2,772,798	
B. Estimated FY2014/15 MHSA Expenditures	8,838,786	2,513,386	796,412	224,921	2,772,798	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,295,508	2,058,592	359,964	7,099	0	
2. Estimated New FY2015/16 Funding	7,866,847	1,966,712	517,556			
3. Transfer in FY2015/16 ^{a/}	0			0	0	0
4. Access Local Prudent Reserve in FY2015/16	0	0				0
5. Estimated Available Funding for FY2015/16	10,162,355	4,025,304	877,520	7,099	0	
D. Estimated FY2015/16 Expenditures	8,918,239	2,604,730	600,000	7,099	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,244,116	1,420,574	277,520	0	0	
2. Estimated New FY2016/17 Funding	7,724,174	1,931,044	508,169			
3. Transfer in FY2016/17 ^{a/}	0			0	0	0
4. Access Local Prudent Reserve in FY2016/17	0	0				0
5. Estimated Available Funding for FY2016/17	8,968,290	3,351,618	785,689	0	0	
F. Estimated FY2016/17 Expenditures	8,918,239	2,604,730	600,000	0	0	
G. Estimated FY2016/17 Unspent Fund Balance	50,051	746,887	185,689	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	3,387,556
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	3,387,556
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	3,387,556
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	3,387,556

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Community Gate - Child/Youth/TAY	0	0	0			
2. Probation Gate - Child/Youth/TAY	0	0	0			
3. Child Welfare Gate - Child/Youth/TAY	0	0	0			
4. Education Gate - Child/Youth/TAY	0	0	0			
5. Special Focus - Family Partnership Services	0	0	0			
6. Enhanced Crisis Response	1,367,697	779,472	588,225			
7. Consumer/Peer/Family Services	523,204	456,090	67,114			
8. Community Support Services	3,490,112	2,348,365	1,141,747			
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Gate - Child/Youth/TAY	1,543,091	1,020,039	523,052			
2. Probation Gate - Child/Youth/TAY	258,025	258,025	0			
3. Child Welfare Gate - Child/Youth/TAY	1,263,362	675,505	587,857			
4. Education Gate - Child/Youth/TAY	210,425	163,994	46,431			
5. Special Focus - Family Partnership Services	114,456	114,456	0			
6. Enhanced Crisis Response	1,169,034	744,064	424,970			
7. Consumer/Peer/Family Services	20,188	20,188	0			
8. Community Support Services	1,460,252	1,108,847	351,405			
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,605,649	1,149,741	455,908			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	13,025,495	8,838,786	4,186,709	0	0	0
FSP Programs as Percent of Total	60.9%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Community Gate - Child/Youth/TAY	0	0	0			
2. Probation Gate - Child/Youth/TAY	0	0	0			
3. Child Welfare Gate - Child/Youth/TAY	0	0	0			
4. Education Gate - Child/Youth/TAY	0	0	0			
5. Special Focus - Family Partnership Services	0	0	0			
6. Enhanced Crisis Response	1,372,065	782,689	589,376			
7. Consumer/Peer/Family Services	523,204	456,090	67,114			
8. Community Support Services	3,527,133	2,368,809	1,158,324			
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Gate - Child/Youth/TAY	1,567,249	1,034,212	533,037			
2. Probation Gate - Child/Youth/TAY	258,025	258,025	0			
3. Child Welfare Gate - Child/Youth/TAY	1,286,280	687,079	599,201			
4. Education Gate - Child/Youth/TAY	214,463	167,143	47,320			
5. Special Focus - Family Partnership Services	114,456	114,456	0			
6. Enhanced Crisis Response	1,172,370	746,751	425,619			
7. Consumer/Peer/Family Services	20,188	20,188	0			
8. Community Support Services	1,475,523	1,119,803	355,720			
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,625,996	1,162,994	463,002			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	13,156,952	8,918,239	4,238,713	0	0	0
FSP Programs as Percent of Total	60.8%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Community Gate - Child/Youth/TAY	0	0	0			
2. Probation Gate - Child/Youth/TAY	0	0	0			
3. Child Welfare Gate - Child/Youth/TAY	0	0	0			
4. Education Gate - Child/Youth/TAY	0	0	0			
5. Special Focus - Family Partnership Services	0	0	0			
6. Enhanced Crisis Response	1,372,065	782,689	589,376			
7. Consumer/Peer/Family Services	523,204	456,090	67,114			
8. Community Support Services	3,527,133	2,368,809	1,158,324			
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Gate - Child/Youth/TAY	1,567,249	1,034,212	533,037			
2. Probation Gate - Child/Youth/TAY	258,025	258,025	0			
3. Child Welfare Gate - Child/Youth/TAY	1,286,280	687,079	599,201			
4. Education Gate - Child/Youth/TAY	214,463	167,143	47,320			
5. Special Focus - Family Partnership Services	114,456	114,456	0			
6. Enhanced Crisis Response	1,172,370	746,751	425,619			
7. Consumer/Peer/Family Services	20,188	20,188	0			
8. Community Support Services	1,475,523	1,119,803	355,720			
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,625,996	1,162,994	463,002			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	13,156,952	8,918,239	4,238,713	0	0	0
FSP Programs as Percent of Total	60.8%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. 1 - Prevention & Early Intervention Service	305,983	305,983	0			
2. 2 - Culture Specific Parent Education & Sup	114,640	114,640	0			
3. 3 - Services for TAY & Adults	60,000	60,000	0			
4. 4 - Services for Older Adults	93,609	66,547	27,062			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. 1 - Prevention & Early Intervention Service	738,159	523,800	214,359			
12. 2 - Culture Specific Parent Education & Sup	0	0	0			
13. 3 - Services for TAY & Adults	948,629	948,629	0			
14. 4 - Services for Older Adults	132,962	107,644	25,318			
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	386,143	386,143				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	2,780,125	2,513,386	266,739	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. 1 - Prevention & Early Intervention Service	307,780	307,780	0			
2. 2 - Culture Specific Parent Education & Sup	183,157	183,157	0			
3. 3 - Services for TAY & Adults	60,000	60,000	0			
4. 4 - Services for Older Adults	91,148	65,071	26,078			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. 1 - Prevention & Early Intervention Service	752,484	531,917	220,567			
12. 2 - Culture Specific Parent Education & Sup	0	0	0			
13. 3 - Services for TAY & Adults	954,907	954,907	0			
14. 4 - Services for Older Adults	139,240	111,411	27,830			
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	390,489	390,489				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	2,879,204	2,604,730	274,474	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. 1 - Prevention & Early Intervention Service	307,780	307,780	0			
2. 2 - Culture Specific Parent Education & Sup	183,157	183,157	0			
3. 3 - Services for TAY & Adults	60,000	60,000	0			
4. 4 - Services for Older Adults	91,148	65,071	26,078			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. 1 - Prevention & Early Intervention Service	752,484	531,917	220,567			
12. 2 - Culture Specific Parent Education & Sup	0	0	0			
13. 3 - Services for TAY & Adults	954,907	954,907	0			
14. 4 - Services for Older Adults	139,240	111,411	27,830			
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	390,489	390,489	0			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	2,879,204	2,604,730	274,474	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Innovative Projects - INN	1,018,384	796,412	221,972			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	1,018,384	796,412	221,972	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD	600,000	600,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	600,000	600,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD	600,000	600,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	600,000	600,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A-Administration	212,670	158,439	54,231			
2. B-Training & Technical Assistance	20,000	10,735	9,265			
3. C-Mental Health Career Pathways	34,070	20,347	13,723			
4. D-Residency & Internship Programs	63,783	35,400	28,383			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	330,523	224,921	105,603	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A-Administration	0	0				
2. B-Training & Technical Assistance	7,099	7,099				
3. C-Mental Health Career Pathways	0	0				
4. D-Residency & Internship Programs	0	0				
5.	0	0				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	7,099	7,099	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Santa Cruz County

Date: 3/17/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities	185,658	185,658				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Information Technology	2,587,140	2,587,140				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	2,772,798	2,772,798	0	0	0	0

