



County of Santa Cruz

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE Santa Cruz, CA 95060

(831) 454-4170 FAX: (831) 454-4663 TDD: (800) 523-1786

Mental Health and Substance Abuse Services

Re: 2014-2015 Biennial Report of the Santa Cruz County Mental Health Advisory Board

Dear Members of the Board:

On behalf of the Santa Cruz County Mental Health Advisory Board, we are enclosing the 2014-2015 Biennial Report that highlights our activities. The Mental Health Advisory Board would like to thank the SCC Board of Supervisors for the continued support that they provide to the Mental Health and Substance Abuse division of Santa Cruz County and to our Board.

The primary function of the Mental Health Advisory Board is as an advisory, oversight group of appointed representatives to monitor the Mental Health Services Act (MHSA) funds received by Santa Cruz Mental Health and also to be informed as to the mental health needs, awareness, and education of the community. We continue to follow the direction of our community and members and use our foundation values and priorities as guidelines. We look forward to the SCC Board's continued support and involvement. We do so appreciate your awareness that mental health issues overlap into many other areas of concern within our community.

We invite you to read the highlights of the last two years of efforts, advocacy, and caring by the Mental Health Advisory Board. We look forward to completing our goals for 2016/17.

Sincerely,

Sheryl Lee, Co-Chairperson, Mental Health Advisory Board

Cc: Erik Riera, Mental Health and Substance Abuse, Director
Dr: Vanessa De La Cruz, Chief of Psychiatry
Giang Nguyen, Health Services Agency, Director
Mental Health Advisory Board members

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Role of the Santa Cruz County Mental Health Board

The legally mandated responsibilities of the Mental Health Board specify that we:

1. Submit biennial reports during odd numbered years to the Board of Supervisors and the County Mental Health Department on the needs and performance of the County's mental health system;
2. Review and evaluate the County's mental health needs, services, facilities and special problems;
3. Review the County agreements entered into pursuant to 5650;
4. Advise the Board of Supervisors and the Mental Health Director as any aspect of mental health program in our County;
5. Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process;
6. Review and make recommendations on applications for the appointment of a local director of mental health services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors;
7. Review and comment on the County's performance outcome data and communicate it's findings to the State Mental Health Commission;
8. Assess the impact of the realignment of services from the State to the County, on services delivered to clients and on the local community.

The specific duties and functions of committees and members of the Mental Health Board are governed by the By Laws of the Board, which must conform to the County Charter, AB. 14, the Bronzan Mc Corquodale Act, and the Brown Act.

The Mental Health Division staff designated as support to the Board is Yolanda Poa, Recorder.
(currently on leave)

Meeting Dates, Times and Locations

January 16, 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
February 20, 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
March 20, 2014	3:00p.m. – 5:00 p.m.	Psychiatric Health Facility, 2250 Soquel Ave, Santa Cruz
April 17, 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
May 15, 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
June 19, 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
July 17, 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
August 21, 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
Sept 18, 2014	3:00p.m. – 5:00 p.m.	Superior Court, 259 Water Street, Santa Cruz
October 16, 2014	3:00p.m. – 5:00 p.m.	City Council Chambers, 275 Main Street, Watsonville
November (no meeting held)		
December 2014	3:00p.m. – 5:00 p.m.	Live Oak Senior Center, 1777 Capitola Road, Santa Cruz
January 15, 2015	3:00p.m. – 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
February 19, 2015	3:00p.m. – 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
March 19, 2015	3:00p.m. – 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
April 16, 2015	3:00p.m. – 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
May 21, 2015	3:00p.m. – 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
June 18, 2015	3:00p.m. – 5:00 p.m.	MHCAN, 1051 Cayuga Street, Santa Cruz
July 16, 2015	3:00p.m. – 5:00 p.m.	MHCAN, 1051 Cayuga Street, Santa Cruz
Aug 20, 2015	3:00p.m. – 5:00 p.m.	MHCAN, 1051 Cayuga Street, Santa Cruz
Sept 17, 2015	3:00p.m. – 5:00 p.m.	MHCAN, 1051 Cayuga Street, Santa Cruz
Oct 2015 (missing)		
November 2015 (no meeting held)		
Dec 17, 2015	3:00p.m. – 5:00 p.m.	1430 Freedom Blvd, Watsonville

Board Structure

The Welfare and Institutions Code requires that every County have a Mental Health Board or Commission, and AB 14 established specific mandates for the number and function of County Mental Health Boards. Our Board, therefore, is required to have 10 members appointed by the County Board of Supervisors and one designated member of that Board for a total membership of 11. In addition, the Board is mandated to meet requirements for consumer, family, and multi-cultural representation.

The Board shall consist of 11 members who are residents of the County, appointed as follows:

- A. Each Supervisor shall nominate two (2) persons who may reside within the Supervisor's district. (Supervisor's approved to waive the district representation restriction due to the low membership of the Board. Please refer to Supervisor Neal Coonerty report on April 14, 2014 Minutes) A member of the Board of Supervisors shall serve as the 11th member of the Mental Health Board.

Of the 10 persons so appointed, at least six (6) shall be persons or family members of persons who are receiving or have received mental health services from a city or County Bronzan-McCorquodale program or any of its contracting agencies. At least three (3) of the members so appointed shall be a parent, spouse, sibling, or adult child of a person receiving or have received mental health services. The remaining members shall be persons with experience and knowledge of the mental health system;

- B. One member of the Board shall be a member of the Board of Supervisors;
- C. No member of the Board shall be a full-time or part-time employee of the County mental health service, an employee of the State Department of Mental Health, or an employee of or a paid member of the governing body of a Bronzan-McCorquodale contract facility.
- D. The composition of the Board shall reflect the ethnic diversity of the client population.

Attendance

Santa Cruz County Mental Health Board
Attendance Roster 2014

Meeting Dates	Jan 16	Feb 20	Mar 20	Apr 17	May 15	Jun 19	Jul 17	Aug 21	Sep 18	Oct 16	Nov NM	Dec 18
Ann Andrews	E	X	U	U	U	X	X	X	X	E		E
Bill Lewis	E	E	X	X	X	X	X	E	X	E		E
Cheryl Daniels	NBM 8/5/14							X	X	E		X
Denise Ostlund	X	X	X	E	X	X	X	X	X	X		X
Ginny Gomez	X	X	X	Deceased 3/26/14								
Joan McVay	E	X	Resigned 2/20/14									
John Laue	X	X	X	X	X	U	E	X	X	E		X
Maria Correia	X	X	X	E	X	E	X	X	X	X		X
Sheryl Lee	NBM 5/13/14				X	X	U	X	X	X		U
Vanessa Urasina Kuhlman	NBM 5/6/14				E	X	X	E	X	E		U
Supv. Neal Coonerty	X	X	X	X	E	X	E	X	X	X		U
1st DISTRICT (John Leopold)												
2 ND DISTRICT (Zach Friend)												
3 RD DISTRICT (Neal Coonerty)												
VACANCY 4 TH DISTRICT (Greg Capur)												
VACANCY 5 TH DISTRICT (Bruce McPherson)												

Vacancies. eff 8/6/14: 2 Consumers; 0 Family Member/General Public

Santa Cruz County Mental Health Advisory Board Attendance Record 2015

Meeting Dates	Jan 15	Feb 19	Mar 19	Apr 16	May 21	Jun 18	Jul 16	Aug 20	Sep 17	Oct 15	Nov NM	Dec 17
Ann Andrews	U	X	X	X	R 4/16/15							
Bill Lewis	U	X	X	R 4/19/15								
Cheryl Daniels	X	X	E	E	X	X	E	R 8/1/15				
Denise Ostlund	X	X	X	X	X	X	X	X	X			
Hugh McCormick							NBM 8/4/15	E	X			
John Laue	E	X	X	X	X	X	X	X	X			
Kate Avraham				NBM 5/12/15	X	E	X	X	X			
Rick Martinez					NBM 6/9/15	X	X	E	X			
Maria Correia	E	X	X	E	X	E	X	X	E			
Sheryl Lee	X	E	X	E	X	X	X	X	E			
Vanessa Kubman	U	E	U	U	SV 5/2/15							
Supv. Ryan Coonerty	*1/2 7	E	X	E	X	X	U	U	X			

- X - Present
- E - Excused
- U - Unexcused
- R - Resigned from Board
- N - Not Appointed Yet
- NBM - New Board Member
- T - Term Ended
- NM - No Meeting Unless Needed
- SV - Seat Vacated, too many absences
- CI - Conflict of Interest
- SM - Special Meeting

D. When a member fails to attend three (3) consecutive meetings without good cause entered in the minutes of the Mental Health Board, or if a member fails to attend six (6) meetings during any twelve (12) consecutive month period with or without good cause, a vacancy shall exist and shall be reported in writing by the Mental Health Board Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating his or her seat of the Mental Health Board.

Goals and Accomplishments during the reporting period

Reviewed and evaluated the County's mental health needs, services, facilities and special problems

- A. Jan 2014: LPS Conservatorships and Assembly Bill (AB) 109 overview;
- B. Feb 2014 Reviewed The Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA) assessment tools will be used in the role of mental health support and recovery.
- C. Feb 2014: NAMI representatives reviewed the CIT model (Crisis Intervention Training)
- D. March 2014: Maintaining Ongoing Stability through Treatment (MOST) - Pam reported on the presentation at the California Mental Health Director's Association (CMHDA) statewide conference hosted by California Institute for Mental Health (CIMH) Policy Forum. Along with Judge Heather Morris and Santa Cruz County's Maintaining Ongoing Stability through Treatment (MOST) team, the local approach in collaboration of mental health and criminal justice agencies. Pam announced the MOST team received an award from the Judicial Council at a recent Monterey County conference.
- E. March 2014: Behavioral Health Center report: Pam Rogers-Wyman, Jorge Mendez, Psychiatric Health Facility (PHF) Administrator and George Jarrow, Director of Dominican Hospital Psychiatric Services gave an overview of the four (4) day transition from Dominican Behavioral Health Unit (DBHU) to Psychiatric Health Facility (PHF). All reported on the seamless change of service for clients and understanding system issues. As a community with great providers, needs to find solutions involving all stakeholders. Currently dealing with day to day issues and have seen no bad outcomes presently.
- F. March 2014: Respite Services report: Yana Jacobs and Inbal Yassur provided handouts and gave overview of 2nd Story Respite House: Quarterly update, October - December 2013; Service Use Implications of a Peer-Run Respite Program - Preliminary Findings, both prepared by the Human Services Research Institute.
- G. April 2014: George Carvalho, Advocacy Inc, gave an overview of the role of the patient's rights advocacy staff. Reported on the service for clients and understanding the patients' rights and appeal process.
- H. May 2014: Stan Einhorn, Program Manager, presented an overview and organizational chart for Santa Cruz County Children's Mental Health community based agencies contracted services, system of care.
- I. May 2014: Carol Williams and NAMI staff gave overview of many of the agencies programs.
- J. June 2014: Front St. Inc.: Ann Butler - President, Gary Butler - Vice President and Megan Shell - Director of Programs gave an overview of all the residential care facilities and services
- K. Site Visit Report: Denise Ostlund and Maria Correia reported on site visits at the Psychiatric health Facility (PHF), Rose Acres Board and Care Facility and Second Story Respite House.
- L. Aug 2014: John Laue, Board member presented on advocacy for the framework in California health education lacking in mental health through his guidance as a Mental Health Activist.
- M. September 2014: Judge Heather Morse, who resides over the Behavioral Health Court and Jasmine Najera, County MOST Team Supervisor, along with Deputy Probation Officers, Karla Wade and Peter Grassi, presented an overview of the Behavioral Health Court in session since June 2014.

- N. Jan 2015: Erik Riera gave an update of the PREP program funding for early adolescents, older adolescents and young adults (16-25 years) first psychiatric episodes.
- O. Jan 2015: Adriana Bare, County Health Service Manager, and Chris Duarte, Billing Supervisor, gave an overview of the County billing processes and challenges of clients services. New Netsmart system anticipated to go live December 2015.
- P. Jan 2015: George Carvahlo, Advocacy Inc., gave an overview of the Lanterman-Petris-Short Act (LPS) and of the client advocates role as the hearing representative for patients' rights protection and advocacy at the Behavioral Center in Santa Cruz.
- Q. April 2015: Dane Cervine, Children's Mental Health Program Director, who filled in for Stan Einhorn, Behavioral Health Program Manager, gave an overview of the County Children's Mental Health Programs and services.
- R. June 2015: Jorge Mendez, Psychiatric Health Facility (PHF) Administrator, Quarterly Report and overview of the PFH.
- S. July 2015: Stephan Dubose, Supervisor and EL Gundlach, Peer Staff, presented a 2nd Story respite care annual budget, staff and program overview report.
- T. Sept 2015: Pajaro Valley Prevention and Student Assistance (PVPSA) - Chief Executive Officer, Erica Padilla-Chavez, gave an overview presentation on a summary of the youth services that is available through the Student Assistance Program (SAP).
- U. Dec 2015: MOST, Mental Health Liaison presentation

Reviewed the County agreements entered into pursuant to 5650;

- June 2014: Supervisor Neal Coonerty reported budget is recovering. Funding approved for Mobile Crisis Team. County received applications for funding from forty-one nonprofits currently serving mental health clients.
- May 2015: Erik Riera reported Mental Health budget for fiscal year 2015-2016 submitted to the Board of Supervisors. He also reported on making it a high priority for Mental Health Services and programs to align with current community needs.

Reviewed and approved the procedures used to ensure citizen and professional involvement in all stages of the planning process.

- a. March 2014: County gave an overview of the Mental Health Services Act: Three-Year Program and Expenditure Plan for Fiscal Year 2014-2015 through Fiscal Year 2016-2017.
- b. April 2014: Public Hearing for input: Alicia Najera, County of Santa Cruz Mental Health Program Manager, presented an overview of the "Mental Health Services Act (Prop 63) 3 Year Program & Expenditure Plan".
- c. March 2015: Public Hearing of Mental Services Act (Prop. 63) Innovative Projects Plan Proposal to the State presented by Alicia Najera, County Mental Health Program Manager.
- d. June 2015: Erik Riera, gave an overview of the Mental Health Services Act: Three-Year Program and Expenditure Plan for Fiscal Year 2014-2015 through Fiscal Year 2016-2017. Mental Health and Substance Abuse Services is submitting a status quo budget.
- e. Oct 2015: Public hearing of the Santa Cruz County Mental Services Act "2015-2016 annual update, three year program and expenditure plan

Reviewed the County's performance outcome data and communicate it's findings to the State Mental Health Commission

- a. Maria Correia, Board member, presented The Data Notebook 2014 for California Mental Health Boards and Commissions, information and questions will be sent via email to all board members immediately, to be reviewed at the June 19th meeting.
- b. July 2014: Data Notebook 2014. LMHB Chair, Bill Lewis will respond to California Mental Health Planning Council regarding 2014 LMHB participation.
- c. Erik Riera completed and submitted 2015 Data Notebook

Trained the Board to become more effective.

In pursuant with the Board Education between 2014 and 2015 there were two official trainings in addition to several presentations from various local departments, which help Board Members understand how our local Mental Health system operates as a whole.

The first training was a presentation by a director/trainer from the State Behavior Health Boards and Commissions which took place at a Board retreat in September 2014. The presenter gave us general ideas on how to do ongoing research and emphasized the need to stay current on local and statewide Behavior Health issues.

In April 2015 two members of our Board attended a training offered by the CAIBHS. The focus was on Robert's Rules of Order and on the Brown Act. This information was presented at a subsequent meeting.

Future Goals

Continue to improve effectiveness of Board through training

The Board must continue to grow and get educated so it can give well-informed advice. We would like to see that Board members are invited to attend County Behavior Health staff development trainings. Information gathered by attending members at such meetings will then be shared with all Board members.

The Board is planning a retreat in Feb 2015 aiming at setting goals for this year.

Increase membership of the Board

We have tried different strategies suggested in the 2015 training. So far these strategies have been unsuccessful. They include asking for help from the Board of Supervisor's and holding the meetings in varied locations with the hopes of attracting more people. An invitation is also included in the NAMI newsletter that is sent to over 1000 local people. AB 1424, Mullin was recently passed and we hope this will help attract more peers. (See below) Other strategies will be:

- Post our goals on the website so people who are interested in a topic will be encouraged to attend.
- Have Board members invite a community member.
- Hold a mingling time with food a ½ hour before the Board Meeting.

AB 1424, Mullin. Mental health: community mental health board.

Existing law requires each community mental health service to have a mental health board consisting of 10 to 15 members who are appointed by the governing body, and encourages counties to appoint individuals who have experience with and knowledge of the mental health system. Existing law requires 50% of the board membership to be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. Existing law prohibits a member of the board, or his or her spouse, from being a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

This bill would exempt from this prohibition a consumer of mental health services who obtained employment with an employer described above and who holds a position in which he or she has no interest, influence, or authority over any financial or contractual matter concerning the employer, and would require that member to abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

Keep track of legislation pertaining to mental health in California and report on how it affects clients in out county

Develop a map of our system from a peer perspective

Include outcomes, budget and number of people served.

Investigate housing including IMD (locked), sub-acute, supportive housing and case management for those who are unable to obtain appropriate housing

- Determine why Santa Cruz County residents requiring locked care are placed outside of the County. How can we keep them closer to home?
 - Investigate the flow through these different levels of care. Many providers, peers and family members have expressed a frustration that clients are staying in the different levels of care because there is no room at appropriate step down. For example, some clients in the sub-acute setting (El Dorado Center and Telos) eventually get tired of waiting and leave the system. To compound the problem, one of the supportive houses, Stanford House was recently shut down.
 - Develop a survey for clients and their natural supports (family or friends) to determine quality, if needs were met, if there is continuity of care and if there was follow-up. Request that the survey be given to the clients and natural supports (family and friends who are caregivers) annually.
 - Determine the outcomes and measures from each of the housing and case management programs in our county.
 - Visit all of the residential programs in our county and prepare reports to give to the Mental Health Director and County Board of Supervisors.
-

Review and report on the progress districts have made in developing programs and serving students who are at risk of or who have developed mental health challenges

In 2011, state law through Assembly Bill (AB) 114 eliminated the mandate that county mental health plans (MHP) provide mental health services to students at school. The responsibility for providing mental health services at school was given to school districts through their local education agencies (LEA). This shift in mental health funding was a major change and some have feared it would create much fewer services and less skilled services for children with mental health challenges. Continue our research and determine if the needs are being met. Review and report on the progress that our districts have made in developing programs and serving students who were previously served by MHPs.

Develop a report describing the different peer programs including MHCAN, Community Connections and NAMI.

Include information on budgets, outcomes, numbers served and program descriptions.

Site Visit and Program Reports

Pajaro Valley Prevention and Student Assistance Presentation – Sept 2015

By: John Laue, Board Member

Erica Padilla-Chavez, CEO of The Pajaro Valley Prevention and Student Assistance Program gave a presentation to our board about the agency, what they do to help the situation in The Pajaro Valley Unified School District.

They have a leadership role in prevention and intervention in the school district and partner with other agencies in the county as well.

They offer mental health counseling for students of all ages in the district, also comprehensive health education and training in various issues such as smoking cessation, alcohol and drug use, gang prevention, reducing expulsions, public advocacy, and safety. They even offer assistance to parents in some cases.

John Laue, a Board Member and former Pajaro Valley teacher/counselor, has worked with them and says their services are excellent and sorely needed in every school in the county, not just Pajaro District schools.

Laue suggests our Board consider making a formal recommendation that other county school districts contract with this agency which provides services that no other group offers---if this is within our board's purview.

7th Avenue Center Site Visit – October 2015

By: Sheryl Lee, Co-Chair MHAB

Location: 1171 7th Avenue, Santa Cruz

Program Supervisor/Contact: Kathy Champlain

Program/Facility Capacity (number of clients/participants):

Maximum Possible: 99 Monthly Average: 99 and/or Daily Average: 99

Current State License: 02099021

Questions for Facility/Program:

1. What type of patients/clients do you serve?

Severe and chronic mental illness

2. How does the facility provide for patients/clients who are not primarily English speaking?

Provides telephone translation services for staff in all departments. Has a diverse staff that speaks a variety of languages other than English.

3. What kind of ongoing training do you provide for your staff dealing with patients/clients?

Facility keeps up to date with in-service hours and trainings according to Title IX requirements. County trainings offsite are also offered to staff throughout the year. 7th Avenue staff is regular attendees at trauma informed care trainings.

4. What kind of public or social activities are provided for patients/clients?

The Activities Department holds special events and activities on a weekly basis. Level 3's and 4's have opportunities to participate in off-grounds activities with staff, family or case management team.

5. What kind of post-treatment services do you provide?

After care and follow-up treatment is coordinated among Treatment Team at 7th Ave, County, and future placement.

6. What kind of additional (specialty or beyond standard) services do you provide?

Smoking Cessation Group

Sport program

MHCAN Shadow Speakers

Monthly BBQs for community connections

Pet Therapy

7. What kind of support does the community provide for your facility?

MHCAN visits monthly to provide a peer support group.

8. Describe the types of therapy provided, how often they are provided, and what are the qualifications of the providers?

Not Given

9. Are patient/client grievance procedures prominently posted? Are grievance forms readily available to the patient/client?

No answer given

10. What is your policy for patient/client home visits?

Ability to go on passes with family beginning at a level 3. Level 4s are eligible for longer visits with MD discretion.

11. What is your visiting policy for family/friends?

We have daily visiting hours 7-8 pm and Tuesday, Saturday and Sunday have 2 visiting times 2:30 - 3:30 and 7-8.

Observations:

Staff seemed genuinely interested in the clients. The clients greeted our guide, Kathy Champlain warmly as we toured.

The facility grounds are beautiful and large with different sections. They included a garden area, meeting grounds, basketball hoop, a covered games area and many other little gardens complete with landscape and statues. Groups are held as often as possible in this area.

The inside was clean and had a faint antiseptic smell. I toured near the time they handed out medicines and the halls were really crowded. There are 3 to a room with 3 rooms having 2 beds. There is a separate wing for female residents.

Out of the 99 beds, the county has had 10-15 beds. Our guide, Kathy Champlain estimated that it would take roughly 15 months to get to the 24 beds that the county averages for this level of care.

Lengths of stay: Santa Cruz residents stay about 3 months. Santa Clara residents average about 6 months and the smaller counties have longer stays. This is due to an unavailability of step down beds. Vets stay the longest, many times for years. Santa Cruz residents are transferred to sub-acute care at El Dorado and Telos (Encompass programs). Some are transferred to supported housing.

A few rooms where they were holding groups were visited. Some were quite full with people sitting on the arms of sofa or standing. Others had a more reasonable number.

There were about 10-15 residents in their 20's who are early in the illness. Even though these residents have different needs, they are housed and go to the same programs as people in their 50-60's who have been ill for a long time.

Groups offered include:

- Trauma Informed Care
- DBT (Not by a person licensed for DBT)
- Living Skills Groups
- Service Dog Visits
- Morning Prayer is the largest group.

Most of the staff are UCSC undergraduates. Training includes: Motivational Interviewing, Trauma Informed Care, Non-Violent Communication, Cultural Competency, Mental Health First Aid and Fire and Disaster Response.

The case load is 16-17 clients.

Recommendation:

- Sheryl Lee Advisory Board Member opinion: Too many of our residents are placed outside of the county. This placement affects their care as it removes the clients from their natural supports, such as friends and family members as well as their providers. Trust between in county providers and client is also unable to develop due to the distance. It would be more ideal to have the Santa Cruz residents placed in Santa Cruz.
- Invite more religious leaders to lead more groups.
Status: Sheryl Lee sent an email to religious leaders in our community. We need to follow up to see if they ever connected.
- Increase Peer Collaboration from local agencies like MHCAN and Community Connection.
- Develop groups that address the specific needs of Transition Age Youth early in their illness as well as elderly groups. Not all adults have the same needs and programming should reflect this.

Mental Health Client Action Network Site Visit – Dec 2015

For: MHAB Annual Report

From: Kate Aver Avraham, January 15, 2016

Re: Mental Health Client Action Network Site Visit

Summary

The Mental Health Client Action Network is a peer-run organization that has been serving mental health clients in Santa Cruz County for many years. It is a drop-in facility that can accommodate a maximum of fifty people a day, eighty percent of whom are referred by Santa Cruz County Mental Health. The county funds approximately seventy-five percent of their budget. Outreach for both more funding and public education is a goal.

MHCAN is open Monday, Tuesday, Thursday and Friday from 9:00 a.m. to 2:00 p.m. (closed Wednesday). A wide variety of support groups, assistance, and engaging activities are offered throughout the week. There is also a computer lab that is very popular with clients. All clients must be clean and sober and adhere to certain behavioral guidelines. The Board of Directors are directly involved in the decision making process and should work closely with the MHCAN Director.

Strengths (taken from interviews done with clients and Director at MHCAN)

- Peer to peer support
- Strong, diverse and active community
- Help getting and staying clean and sober.
- Food and clothing available
- Computer access in the lab
- Assistance navigating the various county assistance programs, medical care, etc.
- Support groups helpful.
- Public education and outreach, including the Shadow Speakers
- Enrichment through a variety of activities
- Physically and emotionally safe environment (most clients agreed with this, though not all)

Gaps (and goals/hopes) (from client interviews and my observations marked K.A.A.)

- Clients want more open hours.
- Director would like more paid staffing for the hours already open
- More "dual diagnosis" services
- Funding for new computers. They are very old and heavily used.
- A new stove
- More revenue diversification.
- Director and staff desire equal funding opportunities from County for peer positions and other services.
- Would like a paid "Peer Navigator" to aid clients navigating the County and health care systems
- Increased intervention with disruptive population, some of whom are clients and some of whom are from the general public (clients & K.A.A.)
- Stronger enforcement of consequences for drug/alcohol use or public admission of drug use (K.A.A.).
- More outreach and connection to community

Recommendations

- Increase awareness and involvement with MHCAN by members of the Mental Health Advisory Board, including review of minutes from Board of Directors meetings and keeping updated with the ongoing status of the MHCAN facility and population.
- Education for MHAB by County Mental Health on funding and funding priorities involving MHCAN and other mental health client organizations with a "peer" component.
- Help upgrading the MHCAN computer lab and kitchen equipment.

MOST City Liaison Pilot Program Program Presentations – Dec 2015

By Rick Martinez, Board Member

MOST City Liaison Pilot Program (Pam Rogers-Wyman, Jasmine Najera, Danielle Long and James Russell)

Background

The Downtown Outreach Worker (DOW) program has operated under a City/County partnership since 1994. The DOW program was established to proactively intervene and support mental health clients of the county in the Downtown area of the City of Santa Cruz. The program evolved over time to a broad focus on those in need of services or assistance to return to their home communities. The DOW also served as a vital liaison with the Santa Cruz Police Department. Overall, it was a well-functioning model, but has seen a few revisions and improvements over the years. In 2012, the Maintaining Ongoing Stability through Treatment (MOST) program was conceived to shift and maximize resources between the DOW and County mental health case management workers, while maintaining the important liaison relationship with the Santa Cruz Police Department.

In FY 2015, the County's HSA (Health Services Agency) Adult Services Program Chief proposed that the MOST Team continue its operations with the same basic staffing complement, but shifted the City's funding to predominately support a dedicated Santa Cruz Police Liaison who would provide focused mental health crisis intervention services. In its current form, both of the program costs are split by the County of Santa Cruz and the City of Santa Cruz.

Current Deployment

In September of 2014, Police Department staff met with the County HSA Adult Services Program Chief to discuss and implement the proposed shift of resources within the MOST program. The designated City of Santa Cruz MOST Liaison was recommended to be deployed in the field with Santa Cruz Police Officers and was to directly interface with the DOW.

As a pilot program, the MOST Liaison has been assigned to Santa Cruz Police Officers in the field since October of 2014. Out of the 40-hours a week worked, the MOST Liaison spends half time with Santa Cruz Police Department Parks Unit staff and half time in the field with Santa Cruz Police Patrol Officers. The MOST Liaison's responsibilities include mental health intervention and assessment as needed by the Police Department and recommending judicial disposition of clients to the District Attorney and the courts, be it mental health probation, jail or treatment, and conducting direct mental health training for Santa Cruz Police Department's staff. Integration into the Santa Cruz Police Department's Crisis Negotiation Team as a consultant and the formation of a Crisis Intervention Team (CIT) model are also in development with County HSA leadership. Since being deployed with Santa Cruz Police Department staff, the MOST Liaison has made referrals to the various community programs, Santa Cruz County justice partners and has also made out-of-county referrals via the City of Santa Cruz' Homeward Bound program. Danielle Long is the MOST Liaison assigned to the Santa Cruz Police Department and James Russell has recently become the Most Liaison assigned to the Santa Cruz County Sheriff's Office. Another MOST Liaison is currently being hired for deployment with the City of Watsonville Police Department.

Preview of the Crisis Intervention Training for County Law Enforcement
(Pam Rogers-Wyman & Jasmine Najera) – Dec 2015

By Rick Martinez, Board Member

A county wide task force was formed to focus on the development of a local CIT curriculum for Santa Cruz County. The course curriculum is in the final stages of development, and is slated for county wide deployment in the Fall/Winter of 2016.

CIT Task Force Members:

Santa Cruz Sheriff's Office:	Jeremy Virensky
Santa Cruz Police Department:	Rick Martinez /Warren Berry
Capitola Police Department:	Cliff Sloma
NAMI:	Carol Williamson
Santa Cruz County Probation:	Natalie Berns
Santa Cruz County Behavioral Health:	Pam Rogers-Wyman, Danielle Long, James Russell

Once the task force has developed the CIT curriculum for our county, a pilot training is targeted for deployment in the Spring of 2016. After the course material has been vetted, the approved course curriculum will be included in the Fall/Winter training schedules for all county law enforcement agencies.

The core course curriculum will consist of 24-32 hours of CIT training that will include topics such as:

- Substance Use Disorders,
- Suicide by Cop,
- Emerging Illnesses,
- Trauma-informed issues (PTSD, de-escalation/communication),
- Suicide,
- Major Mental Disorders,
- Cognitive Disorders,
- Children and Youth,
- Forensic Mental Health Services,
- Mobile Crisis Team,
- Veterans Issues,
- LPS and Conservatorships,
- Officer Stress,
- Consumer Panel,
- Family Panel,
- Virtual Simulator and
- Resources Overview.

2014 – 2nd Story

By Maria Correria and Denise Ostlund.

There are 6 people with a full house and a waiting list. There is from a few days wait to 1-2 weeks wait. Lately there is less of a turn over. Staff has more experience since house has been open for 4 years.

There are 9 regular staff and 5 on-call. There are 4 full time people. Staff is trained to spot medical problems. There has been 200 of more people at house at the time of house visit by Maria Correria and Denise Ostlund.

The staff does not disperse medications. The clients are kicked out if violent. They keep medications locked next to clients beds. The clients cook there own meals and eat together at dinner. The clients all help to keep things clean. They are allowed to smoke outside. At times they have empty beds.

9/3/2014 – El Dorado Center

By Maria Correria and Denise Ostlund.

The program age group is 18-70. It is a day treatment and residential. The maximum patient capacity is 16 with a monthly average of 10-14 days and a daily average of 10-16 clients.

2014 – Telecare Patient Health Facility

By John Laue and Denise Ostlund.

John Laue and Denise Ostlund visited the new PHF shortly after it opened. Jorge Mendez gave a complete tour except for the acute side. It is nice, bright, clean facility that is well run. We first toured the open area where the clients were sitting in a sunny, open area. Everyone looked content.

We were taken to one of the empty rooms where clients stay. There are two clients per room with a chest for each of them to lock their valuables. At the time we visited there had been 200 in-patients and 600 crisis patients. Jorge said that they deal with conflicts through nursing. Sometimes patients have to change rooms to avoid conflict.

There is a staff of 50-60, some part-time, some full-time. There are eight staff that are there at night. They only call the police when someone presses charges or tells them other information, i.e. domestic abuse.

The money comes from county mental health and private insurance. The accounting is done by business office managers and Telecare.

108 minors were served through April 2014. If children need long term care, 30-40 hospitalized out of county. It is a hardship for the children to leave the county as it makes it difficult to stay connected to the family. Encompass evaluates minors.

Patients are not allowed to smoke. They use nicotine patches and gum. The facility is connected to the Kaiser system and in-network providers. Occupancy rate is 92%-93%. There are 20 or so psychiatrists with 2 full time. There is an average of 10 day stay then they go to other out-patient programs. The facility is city run. They try to manage drug abuse cases. They are trying to connect with veterans but haven't had good results. It is a challenge to get them into the VA and their providers.

All in all it was an informative visit and Jorge Mendez was very helpful and made us feel welcome.