Santa Cruz County Interagency System of Care for Children and Youth

Measuring Outcomes of Collaboration

Twenty-three Year Report
July 1, 1989 - June 30, 2012

Santa Cruz County Children's Mental Health

The Arts represent an important aspect of Mental Health wellness, recovery and resiliency. For each System of Care report we like to include excerpts of client and staff poetry to complement the reports on clinical, fiscal and community outcomes.

The following two poems come from youth participating in Dennis Morton's poetry workshop at Juvenile Hall; the poem on the following page was written by our Chief of Children's Mental Health, Dane Cervine. More poetry is included starting on page 49.

I Stand

I stand at the window of my room
on the balcony of my mind –
companion of the silence.

I'm laughing at time
and how I have disappeared
into the shadows.

I smile – a sign of agony
and ecstasy.

I'm standing in front of my cemetery.
Night stands with the moon –
shining bright, guiding me
along the unknown path
with its merciful light.

-- Daniel

Prove It

A cold breeze blows voices through the mist.
Desperate cries shatter the placid surface
of a sea of presumptions.
I'm screaming for you to please see me for what
I truly am. I am a talented individual.
I hold knowledge unknown to you,
gifts that make me who I am.
I am not composed solely of my mistakes,
so forget that ignorant opinion.
Imagine the good I can do.
Help me to do it.
You say that's what you want to do.
Prove your intentions true.

-- Jackson, *first published in the Beat Within 13.08*

The setting for the following poem is the annual CMHACY Children's Mental Health conference held at the Asilomar conference grounds in Monterey County, California:

The Chapel in the Heart's Bureaucracy

At Asilomar, sand-swept Monterey pine retreat,
I enter the conference hall as I've done the past two mornings,
sit in my chair to hear a judge, or state official, or professor
discuss the despair of families, the toll of poverty,
the statistics of decay. By the second sip of coffee, I notice
that I recognize no-one around me, that the speaker is dressed
in robes with a purple sash, a black preacher
just warming up his sermon—the power of love, the way of sin—
and I sheepishly look at my program to locate
my own plenary.

But really, I don't want to leave,
don't want to hear legislative analysts discuss
the latest school funding crisis, or suicide's stain,
or how prisons gobble up disaffected youth
as the only university we afford them.

I want to feel the word *sin* seep across every budget cut,
the word *love* lilt its way into the vocabulary
of every director, every politician, each voting citizen.

So when at last I find my own conference
in Asilomar's original chapel, hear a state director
say his own son was denied health insurance
because of depression, I wonder about the heart
of this country, if it is the wrong liturgy we chant—
one of policy and politics rather than love's bare sound.
Hear the bell ringing twelve tones in the chapel's steeple
as it ushers us out as secret missionaries
to a world weary of love's absence,
of sin's bureaucracy, a world waiting
as a lover once abandoned listens
for the door to open.

--*Dane Cervine*

(First appeared in Monterey Poetry Review, and HOW THERAPISTS DANCE *by Plain View Press)*

SANTA CRUZ COUNTY CHILDREN'S MENTAL HEALTH

INTERAGENCY SYSTEM OF CARE REPORT

Twenty-Three Year Celebration Summary

July 1, 1989 - June 30, 2012

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PREFACE

23 Years of System of Care Development in Santa Cruz County

Welcome to the **23rd Year Anniversary Report** of the **Santa Cruz County Children's Mental Health Interagency System of Care, with a special focus on 2008 – 2012.** This report focuses on the Mental Health/Substance Abuse intersection with the shared families served by Child Welfare, Probation and Education via the "Systems of Care" model promulgated by a quarter century of federal, state, local and private research. For even more in-depth analysis, please review related program and outcome data for Child Welfare's *System Improvement Planning (SIP)*; Juvenile Probation's *Detention Reform, Balanced & Restorative Justice,* and *Disproportionate Minority Contact* efforts; and Education efforts available through their respective county web-sites.

The outcomes and data that follow in this interagency report represent 23 years of effort from the families, staff, interagency partners and community members involved in building our System of Care, and are to be celebrated! Our hope is that this work will continue to demonstrate the value, beauty, and power of communities working together to ensure that our most at-risk children & youth are surrounded with the necessary supports ***to live safely at home, benefit from school, and stay out of trouble.*** To this end, this report:

- Reviews 23 years of cumulative data and outcomes; and
- Focuses on the last four fiscal years of 2008 – 2012 for recent trends.
- Provides a kind of "readiness overview" for new initiatives involving: the **"Realignment"** of state foster care funds/responsibility to local counties; the new **"Katie A Lawsuit"** settlement/implementation to improve services to foster children in the Child Welfare system; **Health Care Reform** and increased linkages with Primary Care.

Systems of Care for children & youth with serious emotionally disturbances, and their families was initially developed at the National Institute for Mental Health in Washington D.C. It came to California as a pilot project in a single county in the 1980's, then to Santa Cruz as part of a three county expansion in 1989. At the turn of the century, it had begun to be implemented in nearly all 58 counties throughout California, though the resources and commitment to ensure fidelity to full statewide implementation was severely challenged through several years of devastating statewide budget cuts. However, **with the passage of the Mental Health Services Act (MHSA)** in November 2004 by California voters (known as Proposition 63), there has been new opportunity to deepen and broaden the transformation begun by Systems of Care: to ensure adherence to transformative values and principles, to refocus on clear outcomes, and to broaden community engagement in creating a context of recovery and resiliency for our children, youth and families.

> "Children's System of Care (CSOC) and Wraparound, and the philosophies, values and service standards they incorporate, are the foundations upon which the MHSA was built…designed to operationalize system transformation and the principles of…W&I Code Section 5850 et seq. that define the core values and infrastructure requirements for Children's System of Care programs and services *(pgs 24-25 of 8/1/2005 MHSA plan requirements)*.

Systems of Care **are the set of values and practices** that point the major child serving agencies of Juvenile Probation, Social Services, Education, Substance Abuse, Health, Mental Health and other

partners **toward the families, children and youth they share in common—in order to deliver services and monitor outcomes in a coordinated and integrated way.**

Increasingly, through efforts such as the Mental Health Services Act (MHSA), families and communities are seen as change agents helping to create contexts of recovery and resiliency for all citizens.

Systems of Care are characterized by strong partnerships with families and youth at every level of the system, as well as special attention to developing cultural relevancy and competencies. A well-functioning System of Care has the ***potential to change community landscapes profoundly***—from fragmented, traditional "turf" programs to communities and agencies truly working together to achieve the best outcomes for children and youth who have fallen between the cracks for too long.

Indeed, many federal, state, local, and foundation **reform efforts are occurring simultaneously** in these related fields: **Child Welfare Redesign** for foster children; **Balanced and Restorative Justice (BARJ) and Detention Reform** for youth in Probation; advances in treating **Dual Diagnosis Substance Abuse & Mental Health** issues; increased initiatives at creating **safe and healthy schools.** New efforts offered by Health Care Reform, the "Katie A. Lawsuit" to improve services to foster children, and others can be connected by local communities to help ensure they become integrated transformational efforts, woven together in a "system of care" for families, rather than stand-alone "silo" reforms.

To help ensure that such efforts result in actual improvements for our children, families and community, Santa Cruz has tracked a series of performance measures for the last 23 years to help ascertain outcomes for our System of Care. These measures include **fiscal outcomes** to help demonstrate the cost effectiveness of delivering family-preservation, community-based services—**system outcomes** to gauge whether youth are improving in school, are safer, committing less crimes—**clinical outcomes** that measure improvements in feeling and behavior—and **satisfaction measures** that gauge youth and family satisfaction with treatment. In addition, we present updates on progress in core program areas, including Family Partnership and Cultural Competence. This report presents 23 years of cumulative data, as well as information on annual outcomes for the last two years.

Highlights of 2008 – 20012:

- Continued to **responsibly manage out-of-home care costs** (residential, hospital, etc.) at levels **significantly lower than pre-reform efforts**. Under California's recent "Realignment" of revenues/control to local counties this past year, these efforts become even more important.
- Percentage of **Foster Care children/youth** receiving **mental health services was maintained at 95%**, compared to the statewide average and medium county averages of approximately 55%.
- **Transition Age Youth (Child system of care ages 18-21) penetration rates for Medi-Cal mental health services were 9%,** compared to the statewide and medium county averages of 6 – 7%.
- **Youth aged 6-17 Medi-Cal penetration rates for mental health services are at approximately 10%** compared to the statewide and medium county averages of 6 – 7%.
- **Young children aged 0-5 penetration rates for mental health services rose to 2.1%,** compared to the statewide average of 1.72% and medium county average of 1.43%.
- **Expenditures per client comparable to the Full** Service **Partnership (MHSA) model** across a larger span of youth referred from Probation, Child Welfare, Special Education and the community.
- **Served 1600 – 1800 children/youth per year across our Children's System of Care.**
- **Approximately 50% of children/youth** served **are Latino,** representing positive access reflective of our community's growing Latino population.
- Continued to develop Santa Cruz County's **Prop 63** Mental **Health Services Act (MHSA) spectrum of services and prevention/early intervention**. The Children's focus is on System Development with an emphasis on **better engagement of younger Latino children aged 0-11**.

New components include: better interface with primary care physicians, expanded school-linked services, differential response for Child Welfare referrals, earlier access for Juvenile Probation youth, early childhood mental health, transition-age services, integrated dual diagnosis substance abuse/mental health, and family/youth partnerships.

- Increasing **SB-163 Wraparound** program to 40 slots for court wards at risk of group home placement, and working with Probation, courts and community to monitor and evaluate the efficacy of the program for this high risk population.
- Post-grant dissemination of best practices from Probation's **Robert Wood Johnson *Reclaiming Futures* grant** (one of 10 national sites) focused on dual diagnosis substance abuse/mental health system redesign to better serve youth in juvenile justice. Best practices have included screening with the CRAFFT, as well as the design, validation, and implementation of the Drug Grid for more in-depth assessment of identified youth; continued dissemination of Thinking For A Change cognitive-behavioral curriculum, Seven Challenges dual diagnosis curriculum, Cara y Corazon and Joven Noble cultural/community engagement.
- Expanded screening, assessment and treatment supports for **Child Welfare dependents**, including collaboration with Child Welfare's *System Improvement Planning* process, expanded **family reunification** treatment, **homeless** family & child supports, and implementation of a comprehensive **interagency differential response capacity** with First Five, Child Welfare, Substance Abuse, and Mental Health. These efforts poise our system of care to better implement the "Katie A" lawsuit reforms for serving foster children.
- Local implementation of the legal transition by the Governor of **AB 3632 Mental Health Services to Special Education students** to local Special Education Local Planning Areas (SELPA's). County Mental Health has continued to serve Medi-Cal beneficiaries, as well as work with the Pajaro SELPA via MOU to continue serve referred students. The North SELPA has developed their own set of counseling service supports.
- **Continued EPSDT mental health service** focus through community-based agencies, particularly targeted to the Pajaro Valley Unified School District (PVUSD) **to better reach at-risk Latino youth in our largest school district.** Approximately half of our services are provided through community-based agencies in the community.
- **Initial planning to improve Primary Care Physician** interface with child/adolescent psychiatric consultation, as well as **improved ACCESS** for community referrals for mental health screening, assessment and treatment. This positions us to better respond to new Health Care Reform efforts currently underway, including conversion of Healthy Families beneficiaries in 2013 to Medi-Cal and related mental health services.

We hope the outcomes in this report not only illustrate the continuing value Systems of Care hold for Santa Cruz, but illuminate its ongoing potential for California's most at-risk children, youth and families.

Feel free to contact Dane Cervine, Chief of Children's Mental Health, at dane.cervine@health.co.santa-cruz.ca.us with questions or comments. The Children's System of Care 23-year Report is available online at www.santacruzhealth.org/cmhs/2children.htm in the blue "REPORTS" box on right hand side.

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ACKNOWLEDGEMENTS

The Santa Cruz County Interagency System of Care is truly a "village of services", filled with concerned individuals who nurture and develop it with great skill and commitment. Without such commitment and hard work, as well as the ***vision*** that keeps us going, the System of Care would become just another "program." To this end, we'd like to acknowledge and thank the many people and groups involved in this effort—too numerous to name them all—but every one of which contribute in significant ways:

The many **families, children and youth** who entrust themselves to our care, and jointly strive for healing, health, and wholeness.

The dedicated, talented, and **hardworking staff from each agency** who give their all every day.

Our **interagency management teams**, supervisors and managers from each agency, who keep us moving forward despite all obstacles—clinical, societal, and bureaucratic.

Our **evaluation and data staff** that condense a lot of raw data into a story that makes sense, especially Stanley Einhorn and Linda Judson.

Over the past 4 years: Rama Khalsa, our Health Services Agency director (now retired), Leslie Tremaine, Mental Health & Substance Abuse Director (now retired), as well as Glenn Kulm, Director of HSA Administration (now retired), and all the Mental Health staff who do the daily "magic" of fiscal and infra-structure support that keep our efforts afloat. We know our new Health Services Agency director (Giang Nguyen) and other new staff will continue to develop the system.

The agency and program leaders without whose partnership there would be no System of Care:

- Cecilia Espinola, Ellen Timberlake, Judy Yokel and staff of the Human Services Department.
- Scott MacDonald, Fernando Giraldo, Kathy Martinez and staff at the Probation Department.
- Michael Watkins and many County Office of Education staff, and SELPA Directors.
- Bill Manov and staff of Alcohol and Drug Programs in our division.
- Melody St. Charles of Family Partnership, Carolyn Coleman of Santa Cruz Community Counseling Center, and her staff: Bill McCabe of Youth Services, Cynthia Sloane of Early Childhood services, Betsy Clarke & Inbal Yassur of Community Support Services. Celia Goeckermann of Parents Center, Jenny Sarmiento of PVPSA, Dave Bianchi of Family Services Agency, and many others.

The County Administrative Officer, Susan Mauriello, and each of the Board of Supervisor members who ultimately answer to this community about the outcomes for the Santa Cruz County families we serve:

District 1	John Leopold
District 2	Zach Friend
District 3	Neal Coonerty
District 4	Greg Caput
District 5	Bruce McPherson

TWENTY-THREE YEAR OUTCOMES

July 1, 1989 – June 30, 2012

I. SYSTEMS OF CARE

A. Keeping Youth Safely at Home

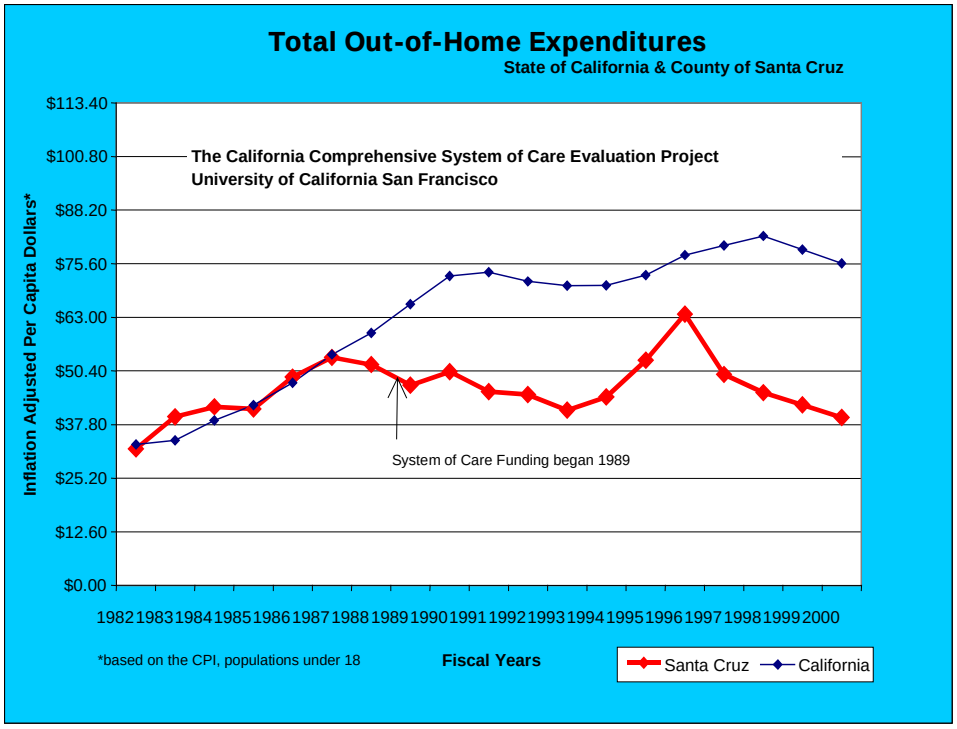
Keeping youth at home is one of the easiest objectives to track. As depicted in the data that follows, **Santa Cruz County is helping children and youth to stay safely at home, and out of institutionalized care**. By keeping youth in the least restrictive, most home-like setting possible, we are providing quality care at substantial cost savings to local, state, and federal agencies.

1. Reducing and Managing Out-of-Home Expenditures

Historical View: the First Twelve Years 1989 - 2001

In the early Children's System of Care implementation, the Child Services Research Group of the University of California, San Francisco, calculated savings on out-of-home expenditures by comparing Santa Cruz County with the California State average (State Department of Social Services data only available through June 2001). We provide this information, now, as background on the impact of System of Care implementation over the first 12 years in Santa Cruz, which demonstrated dramatic cost savings:

Figure 1. Total Out-of-Home Expenditures through June 30, 2001, Source UCSF



As you can see, for the twelve-year period from April 1, 1989 through June 30, 2001, the cumulative savings for Santa Cruz County are estimated at 22.7 million dollars. The average annual savings during this period were $1.89 million per year.

Figure 2. Total Out-of-Home Expenditures July 1, 2001 – June 30, 2012, Santa Cruz County HSD

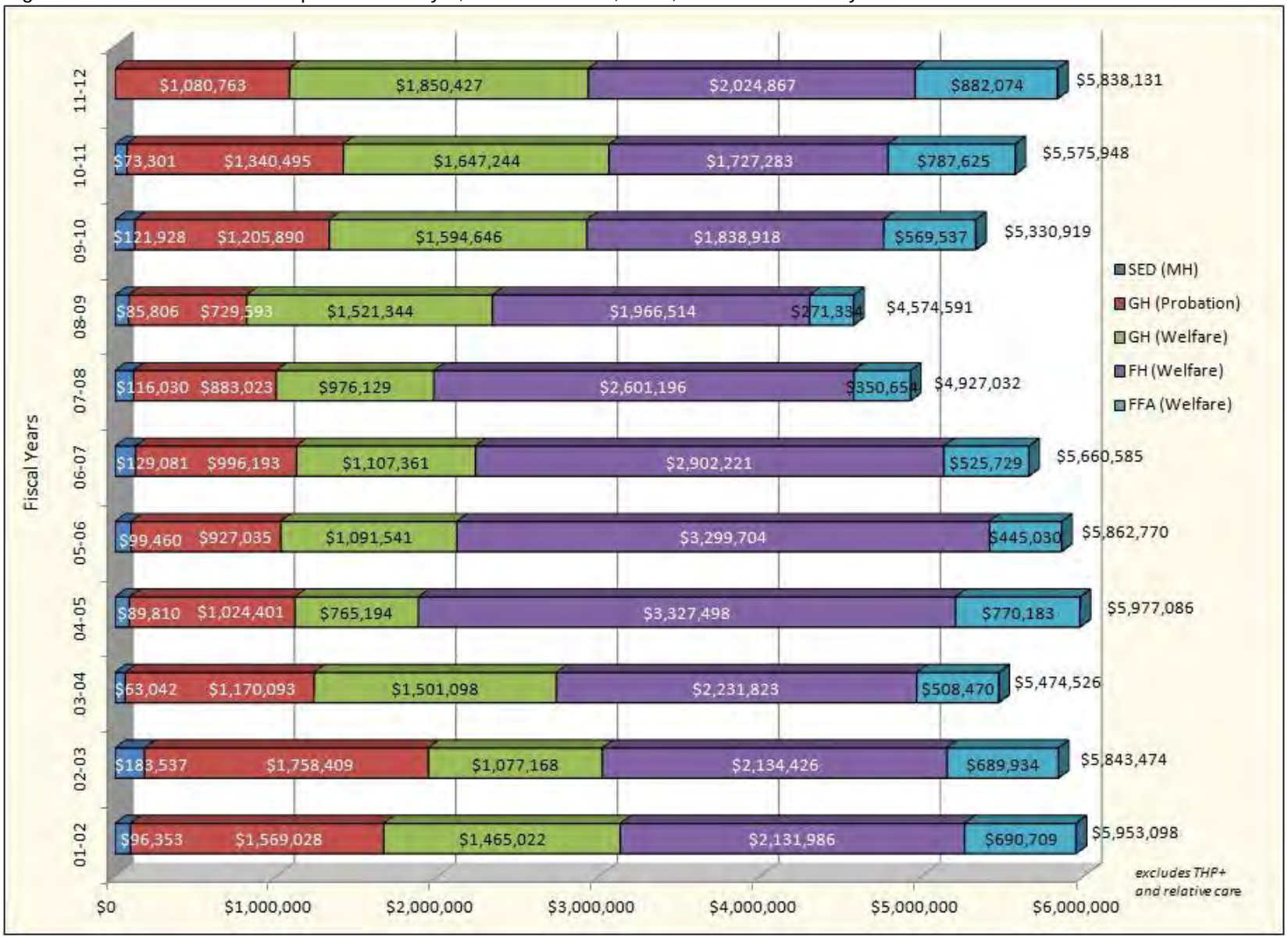


Figure 1 illustrates Santa Cruz County's long history of reducing and stabilizing local, state, and federal costs for residential placement through our System of Care approach.

Current Data: Local Out-of-Home Expenditure and Placement Patterns

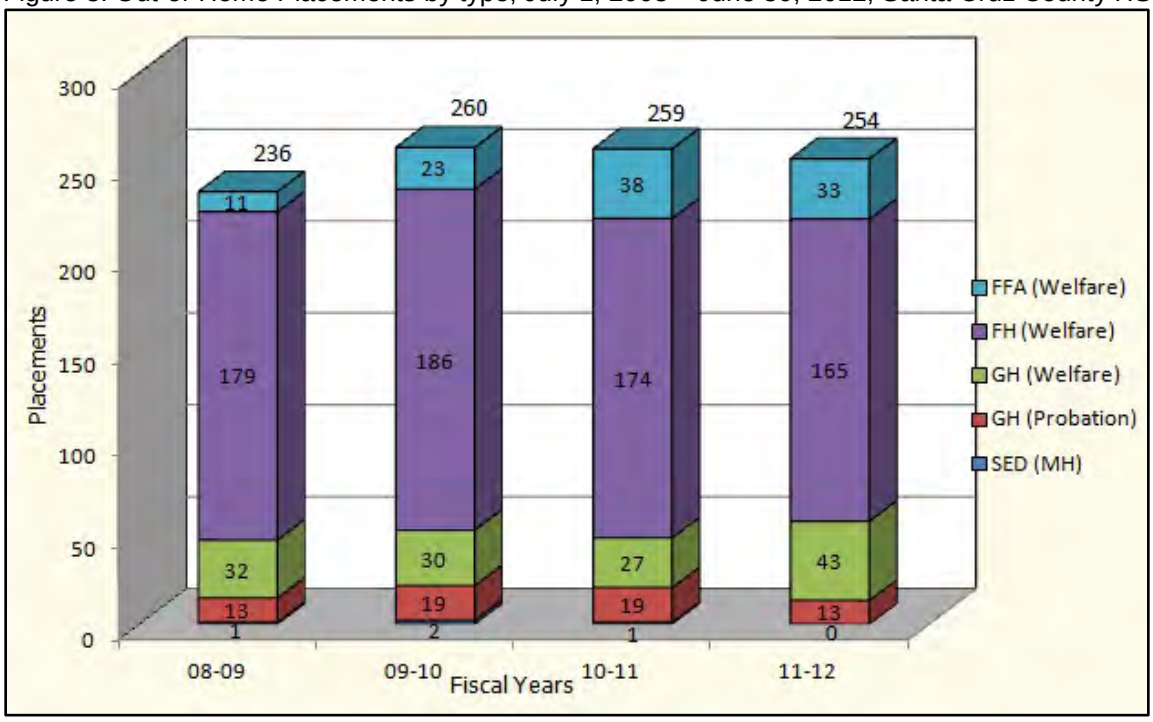
While Figure 1 compared Santa Cruz County residential expenditures to statewide trends, the following tables present local data, including comparisons with pre-System of Care placement levels, as well as comparison to local Board of Supervisor approved cost targets.

In the early days of System of Care implementation (1989), dramatic cost savings were achieved through bringing many group home youth back to their communities and families. Now, the goal is to **maintain expenditures at their current low levels. Hence, in Figure 2 you'll see a relatively stable expenditure pattern from 2001 – 2012 due to the interagency system of care collaboration.** Expenditures reflect (from left to right on chart):

- SED/MH AB 3632 Special Education placements (blue) NOTE: Reverted to Education in 2011:
- Probation group home placements (red)
- Child Welfare group home placements (green)
- Child Welfare foster home placements (purple)
- Child Welfare foster family agency placements (turquoise)

The next table (Figure 3) illustrates a **four-year snap-shot of the total number of out-of-home placements by type of placement.** Group home placements tend to be much more expensive than foster home placements, with foster family agencies lying somewhere between. As you can see in Figure 3, foster home placements are the most frequent type of placement for Child Welfare; Probation primarily uses group homes, but helps keep residential costs down by successfully keeping more youth living at home in the community through mental health and community supports.

Figure 3. Out-of-Home Placements by type, July 1, 2008 – June 30, 2012, Santa Cruz County HSD.



Group Home Placements and Expenditures for Probation Wards, Child Welfare Dependents, and Special Education Pupils

The Santa Cruz System of Care has focused on keeping youth safely at home or in foster homes, with a corresponding focus on **group home placements as a primary area for cost savings,** since this level of care is so expensive. In the previous charts, Santa Cruz County has shown and maintained a significant drop in group home expenditures coinciding with the development and implementation of AB 377 (the initial System of Care legislation). Santa Cruz County was above the California per capita average for group home expenditures before AB 377 was implemented in 1989. After System of Care implementation, Santa Cruz showed a significant drop in these expenditures and has continuously spent less than the California average per capita population under 18 years of age.

This interagency performance outcome data assists our SOC planning efforts as issues/trends vary from year to year (some of which are described in subsequent sections). For instance, **the last few years have seen increases in Child Welfare group home use due to the establishment of a local crisis residential treatment program for foster youth in transition. This was balanced by some reductions in Probation group home use due to establishment of SB163 Wraparound, and an Evening Center for court wards.** Our overall success can be attributed to the concentrated, focused efforts of everyone involved in the family preservation programs that help youth to stay at home and in the community.

Increasingly, our System of Care relies on related interagency reforms to continually improve our system and maintain good outcomes in a changing social environment:

- Our **Probation/Mental Health & Substance Abuse sub-system relies on new interagency efforts** to maintain and deepen outcomes (post-Robert Wood Johnson *Reclaiming Futures* grant to better integrate dual diagnosis substance abuse services, SB163 Wraparound, CPA2000, EPSDT Mental Health Medi-Cal, etc.)
- **Child Welfare Redesign** is shaping interagency projects with Mental Health & Substance Abuse in ways very consistent with System of Care family preservation efforts, with increased "front-end" ***Differential Response*** services designed to keep families from slipping into more costly & invasive "deep-end" services.
- In addition, you'll note that Santa Cruz County's number of **Special Education/3632 residential placements was extremely low** during this time period (averaging 1 or less per year)—a direct result of including Special Education seriously emotionally disturbed (SED/ED) pupils in our System of Care continuum of programs and supports. **NOTE: The responsibility for these services and placements was returned to Education and local SELPA's in 2011, so the county no longer bears fiscal costs/responsibility for these residential placements.** However, local education agencies can still utilize system of care services via MOU with Mental Health to help maintain similar outcomes.

Local Out-of-Home Cost Targets: Appropriated vs. Actual Expended

Another important outcome measure for Santa Cruz County's Interagency System of Care is **comparing actual out-of-home placement expenditures to our local cost targets** (dollars appropriated in foster care budget). The two tables below compare Total Foster Care (Figure 4: Federal, State, Local) as well as local County Share (Figure 5) appropriated vs. actual expenditures. As you see, in the **Total Foster Care chart** (Figure 4), **actual expended dollars (in burgundy) have been below the appropriated budget (in blue) for years** data was available since 97/98 (chart shows the past 10 years). In the local **County Share chart** (Figure 5) that

follows, **expended dollars have been under the appropriated budget most years despite rising foster care rates.**

Figure 4. Total Foster Care (Federal, State & Local) Appropriated vs. Expended 2001 – 2012

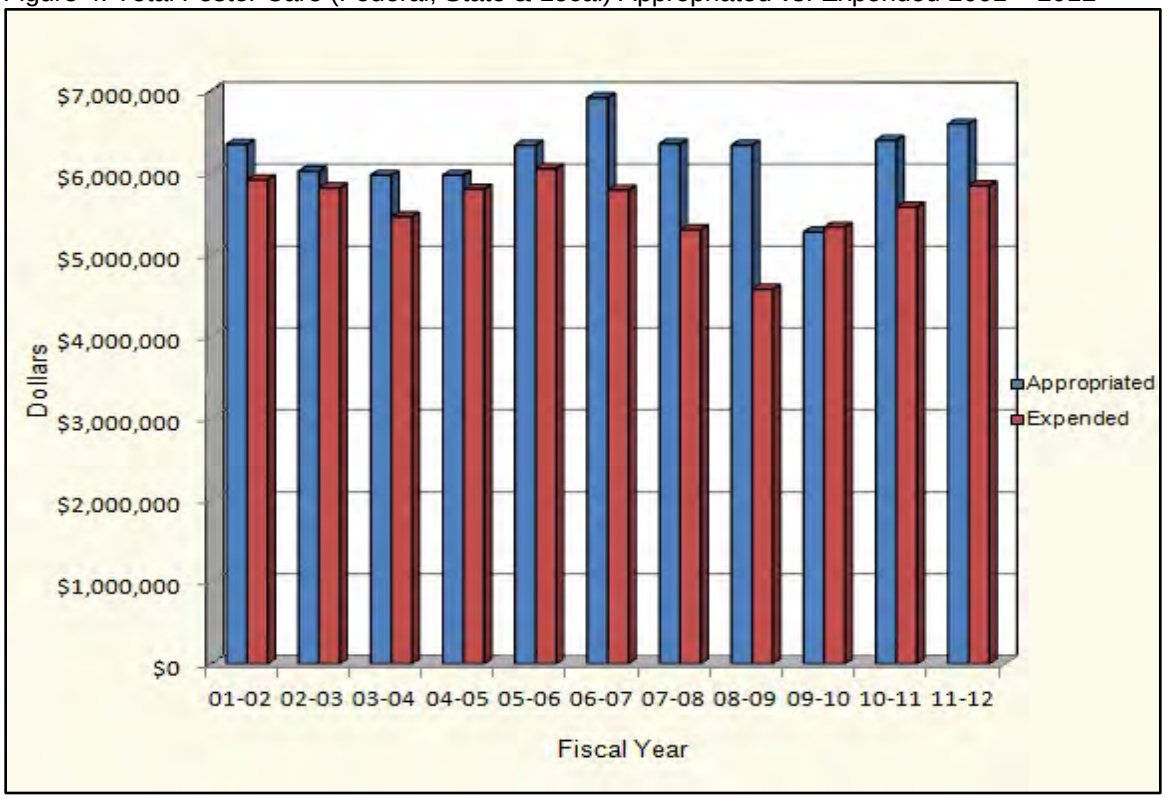
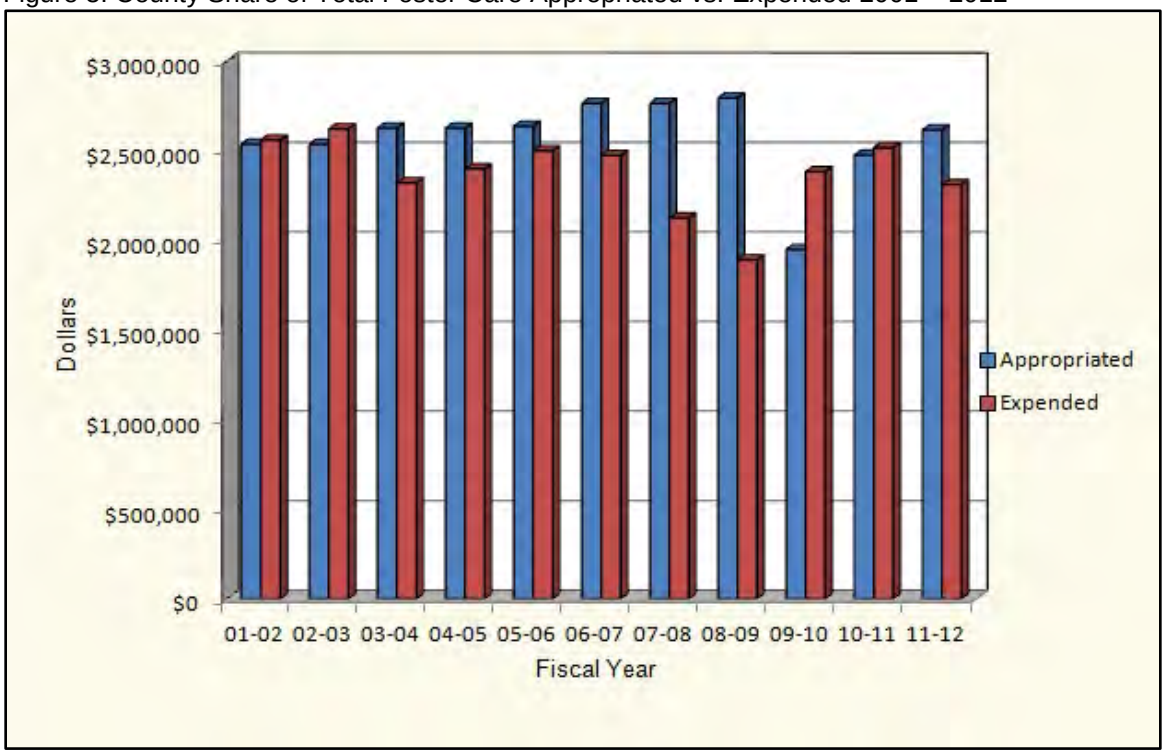


Figure 5. County Share of Total Foster Care Appropriated vs. Expended 2001 – 2012



2. Reducing Hospitalization

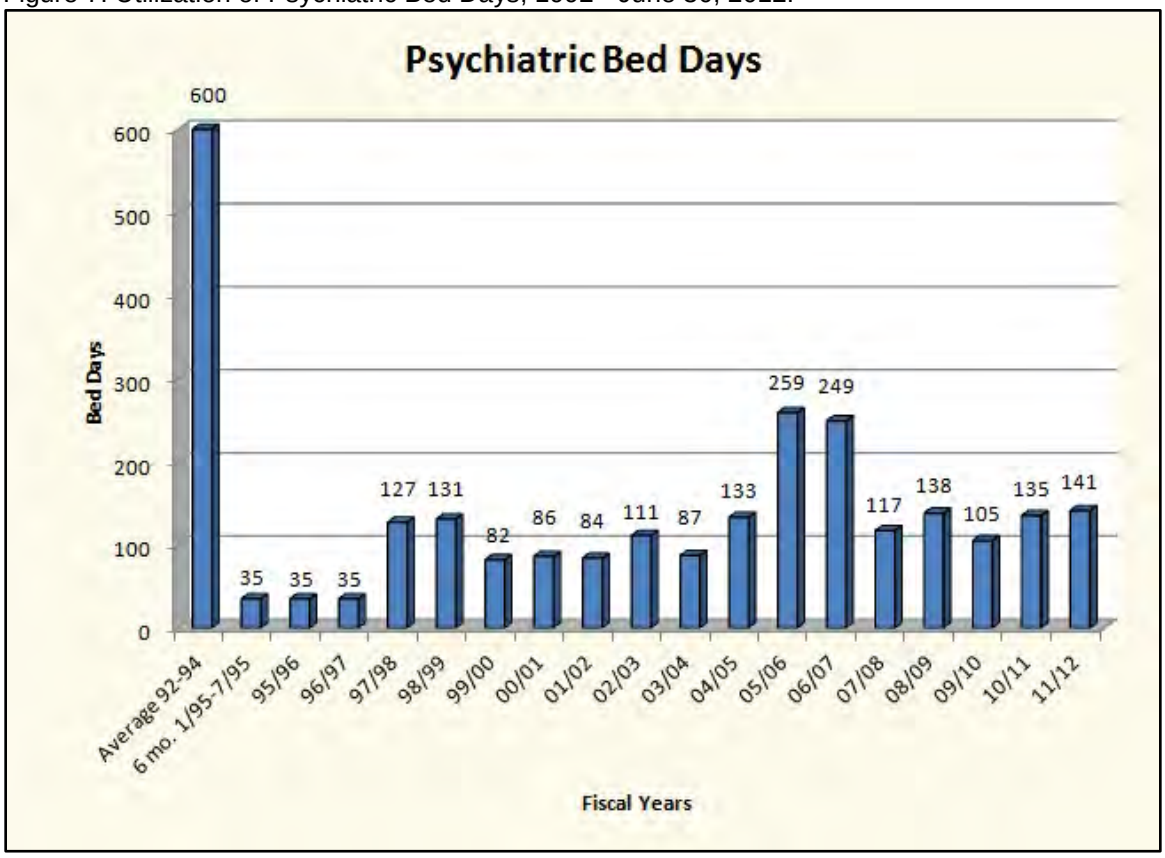
Medi-Cal Funded Acute Psychiatric Hospital Utilization

As a small/medium size county, Santa Cruz is not large enough to have its own child/adolescent psychiatric in-patient unit. Hence children/youth requiring psychiatric hospitalization have to be transported to other hospitals in northern California, which can be difficult for families.

In the three years prior to Medi-Cal managed care inpatient consolidation (which occurred January 1, 1995), Santa Cruz County averaged **600 acute psychiatric hospital days per year** for children and adolescents. When Santa Cruz received these inpatient funds to manage, we redirected a portion of them to a variety of intensive "wrap-around" services in our local community, as an alternative to extended hospital placement out of the county. **The result of these efforts is a dramatic decrease in hospital days for Medi-Cal beneficiaries. (see Figure 7).**

Since inpatient consolidation, we have continued to find local alternatives to out-of-county hospitalization for our children and youth in crisis. **The philosophy that guides us is this: most crisis and intensive follow-up services can be provided in a less intrusive manner in the community, usually in a client's home. This is often less stigmatizing and traumatic, as well as safe.** Few services need to be provided in a hospital (short of medical care) that can't be provided in the home and community. When children/youth do need to be hospitalized for their own safety and stabilization, we continue to work closely with the hospital and family to ensure a seamless return home with supports in place to facilitate the recovery process.

Figure 7. Utilization of Psychiatric Bed Days, 1992 - June 30, 2012.



II. PROGRESS REPORT ON SYSTEM OF CARE COMPONENTS

A. Juvenile Probation Programs

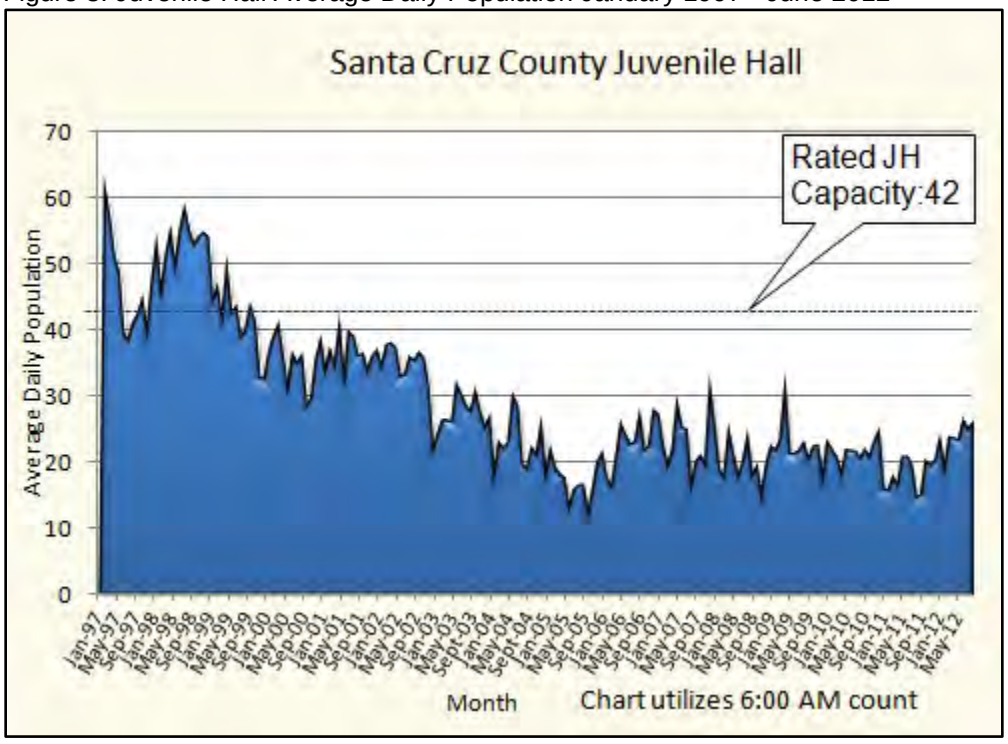
1. Juvenile Hall and Detention Alternatives: Mental Health/Substance Abuse Services

The Santa Cruz County Probation Department serves as an **Annie E. Casey Foundation model site** for Juvenile Detention Alternatives Initiative (JDAI) reform, embracing Balanced and Restorative Justice (BARJ) practices and a commitment to Disproportionate Minority Confinement (DMC) reform. These approaches have created a strong System of Care culture between Probation, Mental Health and Substance Abuse staff serving court wards. **These initiatives have resulted in a significant decrease in the use of detention (from 46.7 average bed days in 1996 to 22.5 bed days in 2012 – a 54% decrease); a 299% increase in Alternatives to Detention (2000-2012), as well as a number of efforts resulting in improved conditions of confinement; low rates of Ranch Camp commitments (from 35 in 1996 to 5 in 2012); and very few commitments to the California Youth Authority (now called Department of Juvenile Justice) (11 in 1996 and 0 in 2012)**. Much of this success can be attributed to the outstanding partnerships between Probation, Mental Health/Substance Abuse, and our many community agency partners in providing viable alternatives to unnecessary detention. The success of Santa Cruz County's Juvenile Probation efforts in our System of Care has earned national recognition as a model juvenile justice system.

It has also produced the following additional juvenile justice outcomes:

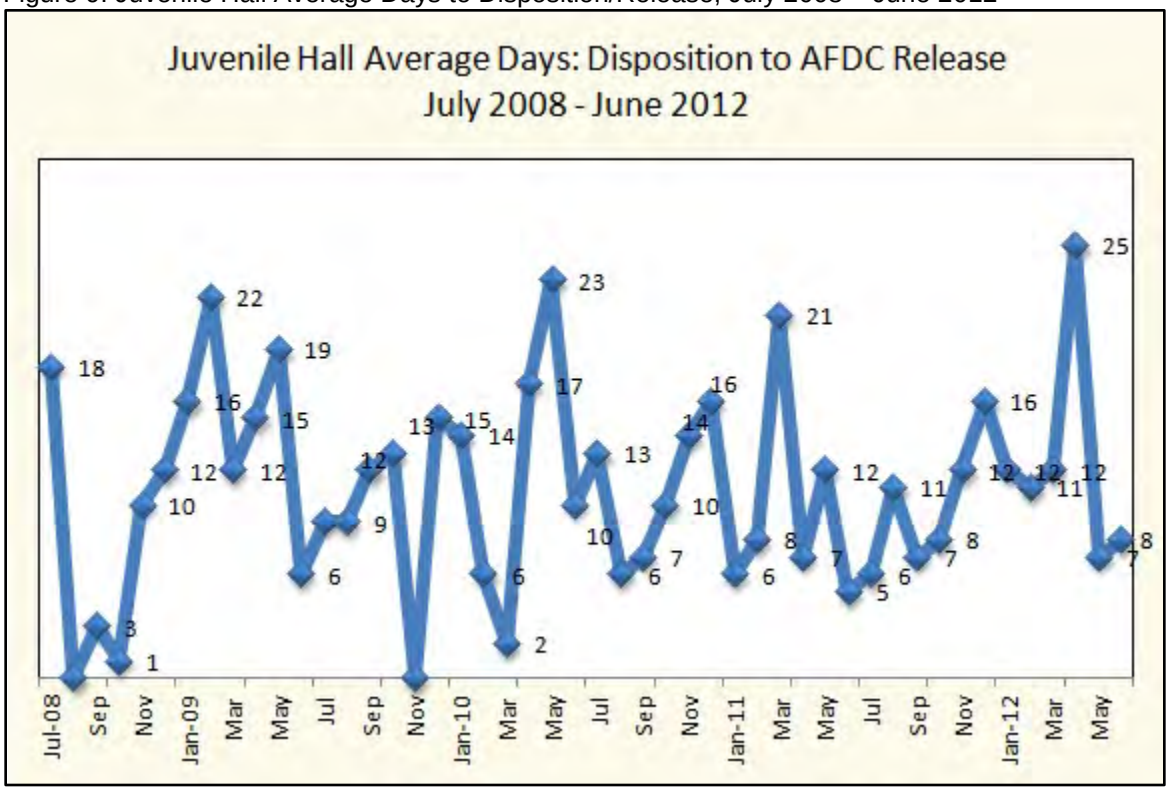
- With a rated bed capacity of 42, Juvenile Hall used to be overcrowded in the late 1990's with an average daily population of over 50 youth. **Detention reform and alternatives (including Mental Health/Substance Abuse support) has significantly reduced the Juvenile Hall census. The average daily population is now averages in the mid-20's (See Figure 8).**

Figure 8. Juvenile Hall Average Daily Population January 1997 - June 2012



Santa Cruz County Probation has **one of the shortest Juvenile Hall length**s**-of-stay in the country** (per DMC advocate James Bell, Executive Director of the W. Haywood Burns Institute; **typical disposition to release/placement averages 12 days (see Figure 12), compared to some jurisdictions where 100 days to one year is not uncommon**). Youth are screened twice weekly in an Interagency Placement/Alternatives Screening committee with Mental Health and Substance Abuse staff. Youth do not languish in detention, but are assessed for appropriate level of treatment and transitioned to community or residential placement as quickly as possible.

Figure 9. Juvenile Hall Average Days to Disposition/Release, July 2008 – June 2012



- Juvenile Hall Mental Health/Substance Abuse services serve a key role in screening incarcerated youth for possible service needs, then linking them with appropriate treatment during their juvenile hall stay, as well as upon discharge. Historically, grants such as the **California Endowment *Healthy Returns Initiative (HRI)* grant (begun in 2005)** initiated reforms that continue to shape our system of care, helping youth detained in Juvenile Hall to more effectively transition back into the community or other placements. Two full-time clinicians provide seven day per week mental health and substance abuse screening (including the MAYSI), short-term treatment, specialized groups, suicide assessment, and crisis services. In addition, three nurses provide seven day per week health care, including immunizations, STD checks, community referrals, as well as visits three days per week from a Health Services physician. Other grants have included **additional Probation officer and Health educator time, with a particular focus on improving health care linkage for girls.**

2. Family Preservation Services

Santa Cruz County Mental Health has operated an interagency Family Preservation Program for probation youth since 1996, which has been **one of the main reasons local group home costs have been kept in check.** There have been **significant reductions in group home placements** from pre-System of Care levels (see prior sections). Even before the advent of SB 163 Wraparound, Santa Cruz County utilized a targeted portion of local foster care funds (combined with EPSDT dollars) to create an interagency team of clinicians and probation officers to provide intensive services (1:6-12 staff/client ration for clinicians, 1:15 for probation staff) to keep youth at home with their families rather than placed in group homes. The **interagency teams provide intensive case management/treatment within a wrap-around philosophy, which include field based mental health, substance abuse and probation services in a "whatever it takes" effort to achieve family and youth outcomes.**

Early efforts to bring youth home from group home placements included the following targeted categories:

- **Early Release** – Accelerated release from out-of-home placement with Family Preservation support while in placement, then supporting the return home.
- **Placement Diversion** – Youth with court orders for placement, ordered into Family Preservation while living at home instead.
- **Short Stay/Mental Health** – Accelerated release from necessary out-of-home placement, with return to Family Preservation services subsequent to release.
- **Cost Avoidance** – Minor placed in an out-of-home placement at a lower RCL level, due to additional support from Family Preservation staff than the minor's situation would normally indicate.

In recent years, lengths of stay in group home care have been reduced by many counties with similar strategies. Locally, we now tend to **focus primarily on Placement Diversion** as our primary strategy for reducing group home costs. In addition to serving court wards as a formal alternative to group home care, **the Family Preservation team also serves court wards with low criminality but high mental health needs to help prevent escalation deeper into the juvenile justice system.**

3. SB 163 Wraparound *Family Solutions* and Family Preservation Team

With the closure of the STAR/Redwoods residential program in 2004, our system of care worked with the State Department of Social Services to develop an **SB 163 Wraparound Program for court wards** as an additional strategy for providing enhanced community-based family preservation options. Beginning with 12 slots in September 2004, two Wraparound teams began serving 6 families each, expanding to 14 families, then 24 by 2008. Currently, 40 families can now be served at a time.

Each team includes a Wraparound facilitator, a service provider, a half-time Parent Partner, and half-time probation officer as core members (with each family then adding additional family/community members). This greatly enhances our ability to provide intensive supports for youth who would normally be kept in detention or residential care. Obviously some youth, even with this level of care, require periods of time in detention or residential care, but the ongoing support allows for shorter stays in both, and facilitates re-entry into the community again. Also, the **Family Preservation program** in some ways serves as a **"Wraparound support to the Wraparound team and families"** particularly for emancipating youth without parents willing to engage in the family-led Wraparound process, or when families need additional treatment

support. The level of acuity (in terms of juvenile justice issues, and mental health / substance abuse issues) is very high for these youth; hence, any gains made are very positive.

The data below provides a view into Wraparound (Wrap) and Family Preservation (FP) client outcomes; specifically, all youth tracked below WOULD HAVE BEEN PLACED DIRECTLY INTO RESIDENTIAL CARE without Wraparound and Family Preservation alternatives:

Figure 10. Wrapround Program Exit Outcomes, 2006-2012.

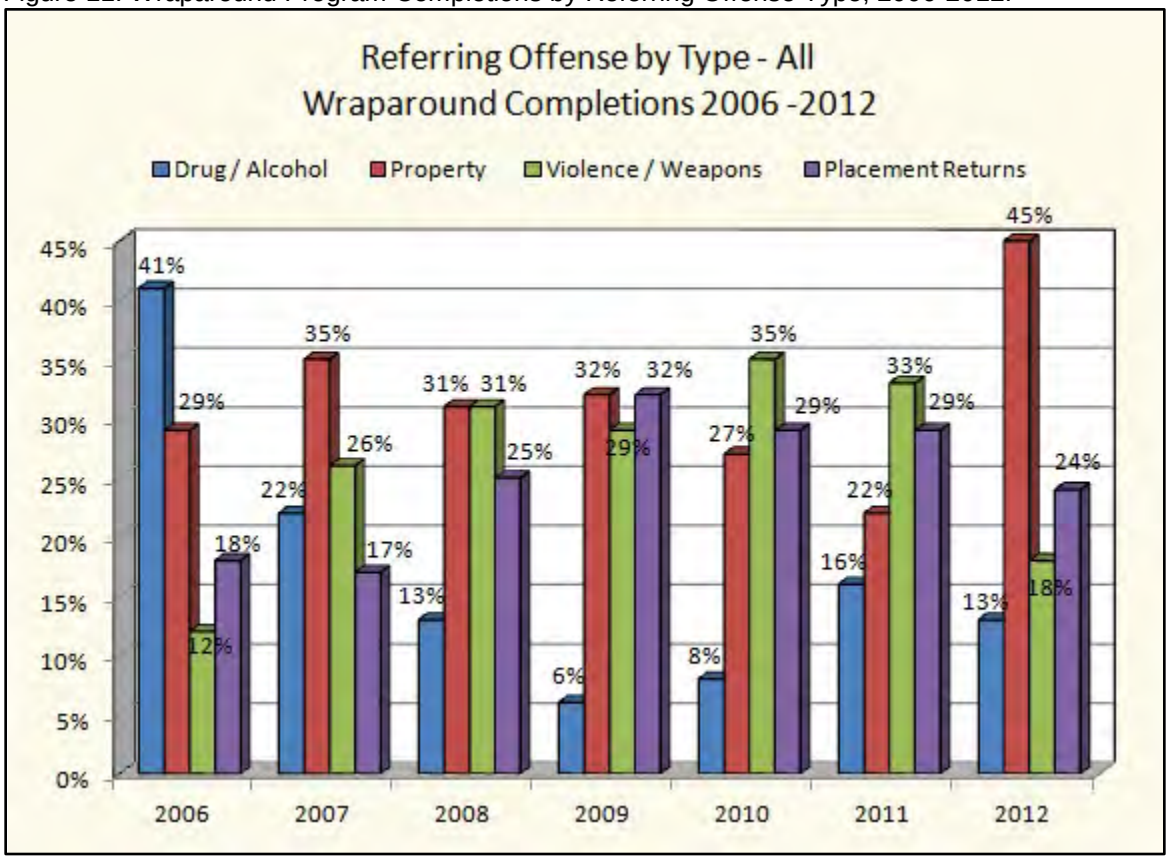
Since 2006, program outcomes have been tracked by exit type, most commonly tracking the number of youth: (1) exiting wraparound and entering an out of home placement or a ranch camp; (2) having their probation dismissed due to completion of all terms and conditions as set by the Court; or (3) transferred to a lesser probation supervision level. Additionally, the number of youth being directly filed into adult court has also been tracked since 2006. Since 2006, there have been two (2) youth collectively directly filed to the adult court in 2009 and one in 2012.

Reason for Referral to Wraparound

The primary reason for referral to the program is important for review as these offenses vary from year to year, and provide a sense of the nature of youth crimes that bring them to the attention of the court. Trends are examined to allow the program to possibly adjust the approach to youth with suggestions for services that target criminogenic needs. Figure 11 below illustrates the offense categories regarding the most serious offense for which youth were adjudicated, prior to entry into the Wraparound Program from 2006 through 2012. Since 2009, an average of 12 youth returned home after an out of home placement of all types. Additionally, youth entering wraparound with adjudications for drug and alcohol offenses decreased by 68%

and youth with violent crimes also decreased by 48%. However, youth with property crimes entering the program increased by 55%.

Figure 11. Wraparound Program Completions by Referring Offense Type, 2006-2012.



Recidivism for Wraparound Clients

For the purposes of this program, recidivism has been defined as a new adjudication within a one year following program exit. A total of 156 youth have completed the Wraparound Program from 2006 through 2011. Figure 12 below further disaggregates those youth with new adjudications by offense type, while figure 13 indicates recidivism by offense severity, either Felony or Misdemeanor.

Figure 12. Wraparound Program Recidivism by Offense Type, 2006-2011.

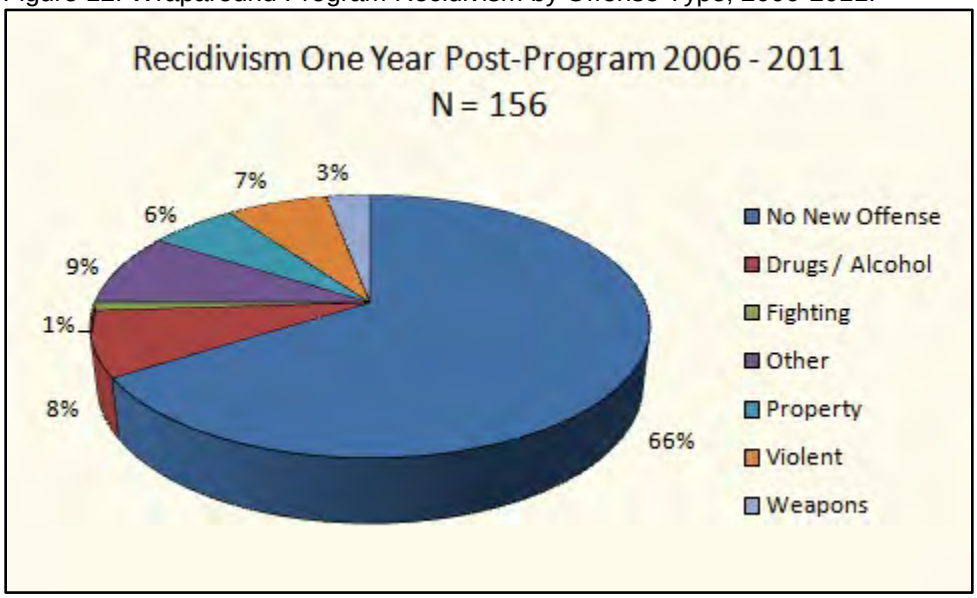
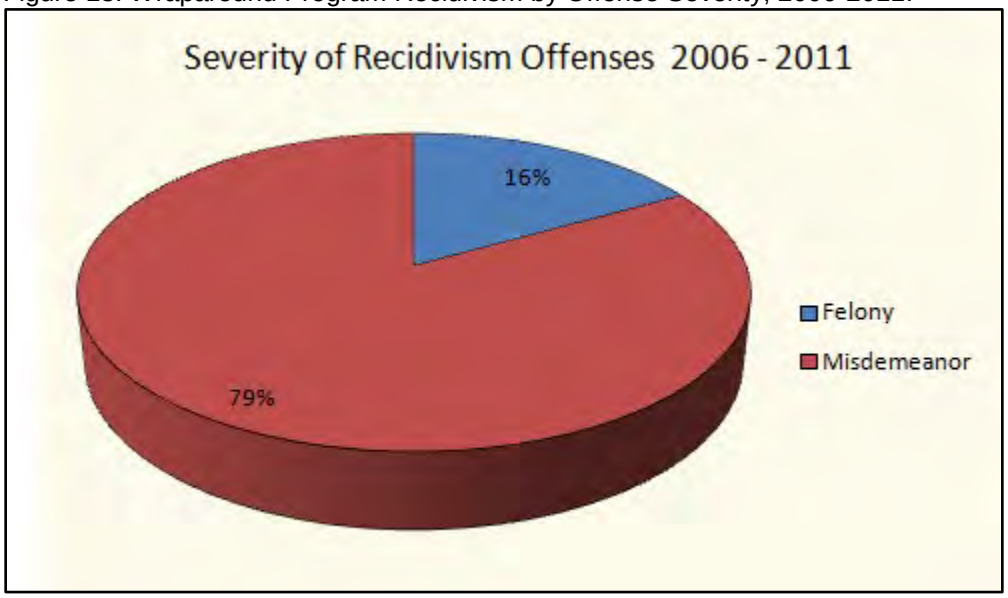


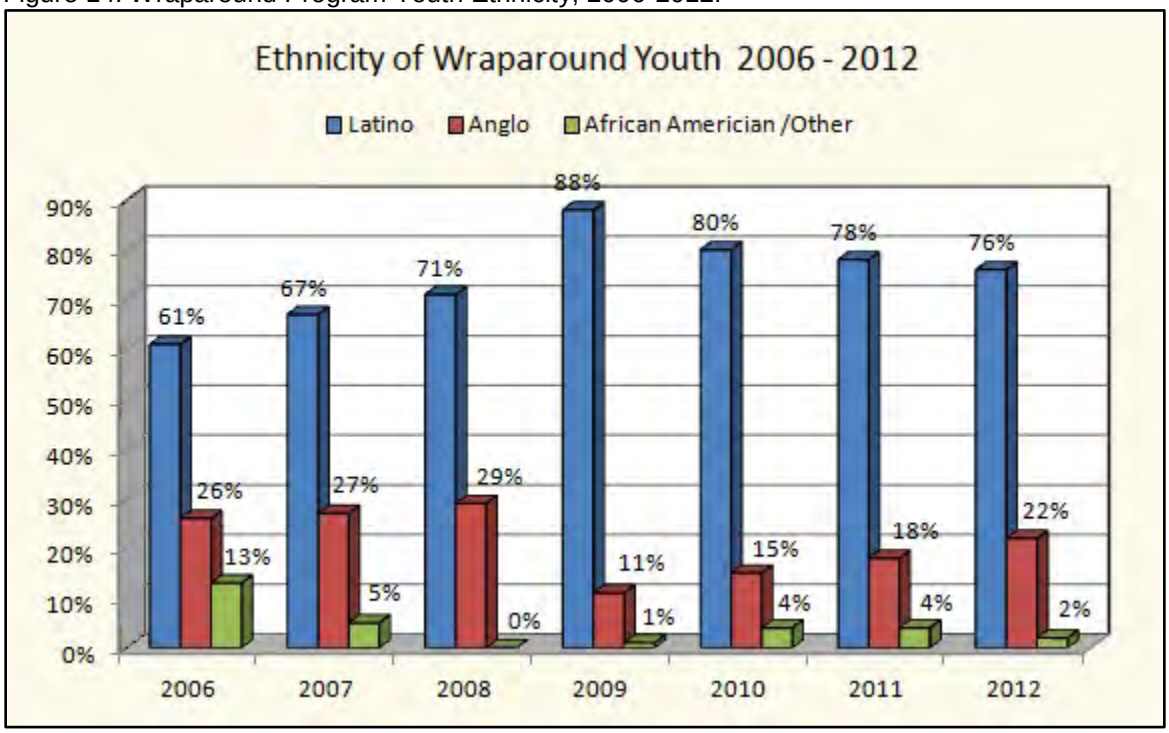
Figure 13. Wraparound Program Recidivism by Offense Severity, 2006-2011.



When comparing recidivism for the same time period to youth exiting residential placement, Wraparound youth had a recidivism rate of 34% compared to 43% for placement youth, 1 year post program completion. Lastly, Wraparound youth experienced a 20% technical violation rate compared to a 58% rate for placement youth 1 year post completion.

Ethnicity and Gender of Wraparound Clients

Figure 14. Wraparound Program Youth Ethnicity, 2006-2012.



Regarding gender, approximately 89% of Wraparound clients have been young men, with 11% young women—which is generally typical of the juvenile justice system.

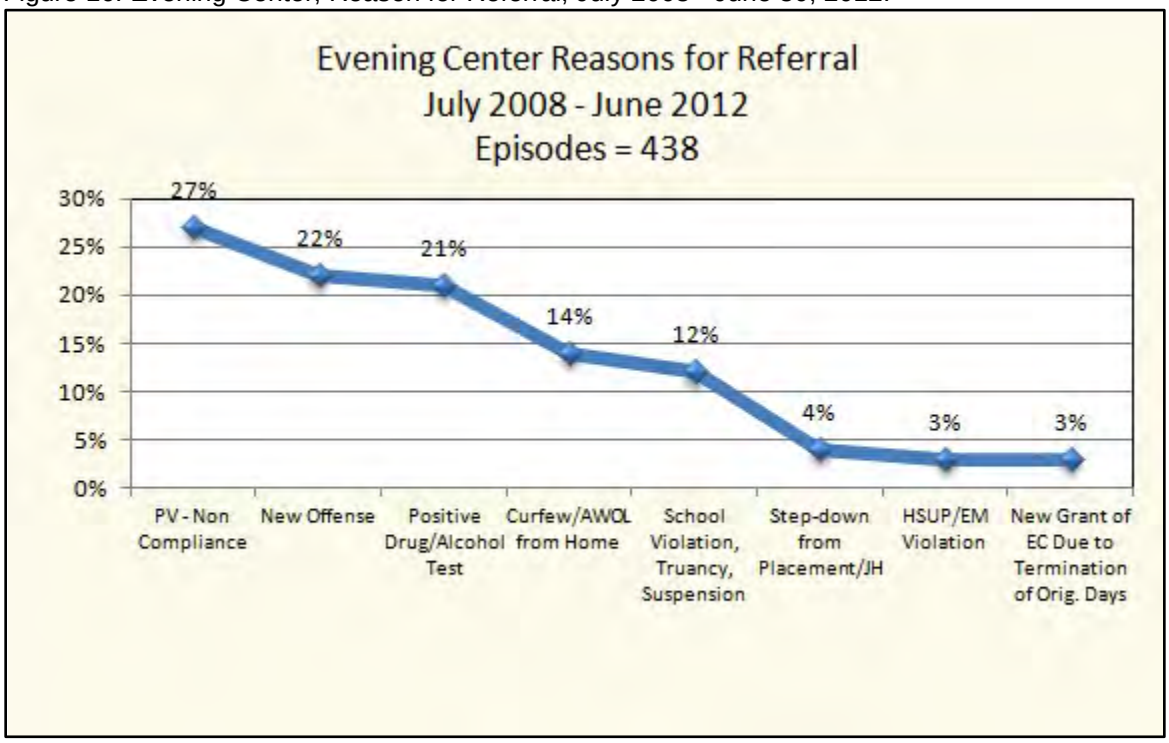
4. Evening Center

With the closure of the STAR/Redwoods residential program in 2004, our system of care determined that there was still a need for some form of site-based, short-term treatment and probation support for youth at-risk of detention or group home, or who were returning to the community from detention and group homes. Because the former Challenge Grant Luna PARK site had proven to be an effective model for serving the mostly Latino population of South County (but was eliminated from the state budget in prior years), the site was maintained and eventually re-opened as an **interagency Evening Center in 2005,** with evening hours for probation youth diverted from unnecessary Juvenile Hall stays, or at risk of residential care, or returning from residential care. Figures 15 & 16 below includes most recent 4 years of data:

Figure 15. Evening Center Summary, July 1, 2008 - June 30, 2012.

Episodes		Ethnicity	
Total Episodes	4384	Latino	96%
Unique Episodes	200	White	4%
Duplicate	93 (47%)		
Average number Duplicate Episodes	3.56		
Days in Program and Completion		**Gender**	
Successful Completion	72%	Male	91.5%
Average number days Ordered	14.8	Female	8.5%
Average number days Completed	12.4		
Average number days for Success	13.5	**Average Age-All**	15.8

Figure 16. Evening Center, Reason for Referral, July 2008 - June 30, 2012.



Through a multi-agency collaboration, the program continues to serve probation youth struggling to meet conditions of probation by offering them evening supervision, life skill training and programming that addresses substance use, delinquency, truancy and other high risk behaviors. The program operates Tuesday through Friday from 4-8 PM, and each Saturday youth participate in special community service work projects. Transportation services are provided to and from the program. Nutritious snacks and meals are served each evening

The schedule at the evening is very packed and each day youth participate in a variety of activities which includes job development programs, drug and alcohol groups, mindful relaxation, life skill programs, cultural awareness programs and cognitive behavioral interventions. In addition to group counseling, special recreational activities take place throughout the week, such as walks on the beach, art and music programs, basketball games,

handball, ping pong, trips to local parks and movie nights. Each night probation staff provides supervision for youth, while mental health clinicians and several community partners engage youth in thoughtful and meaningful discussion about making healthy decisions in their life.

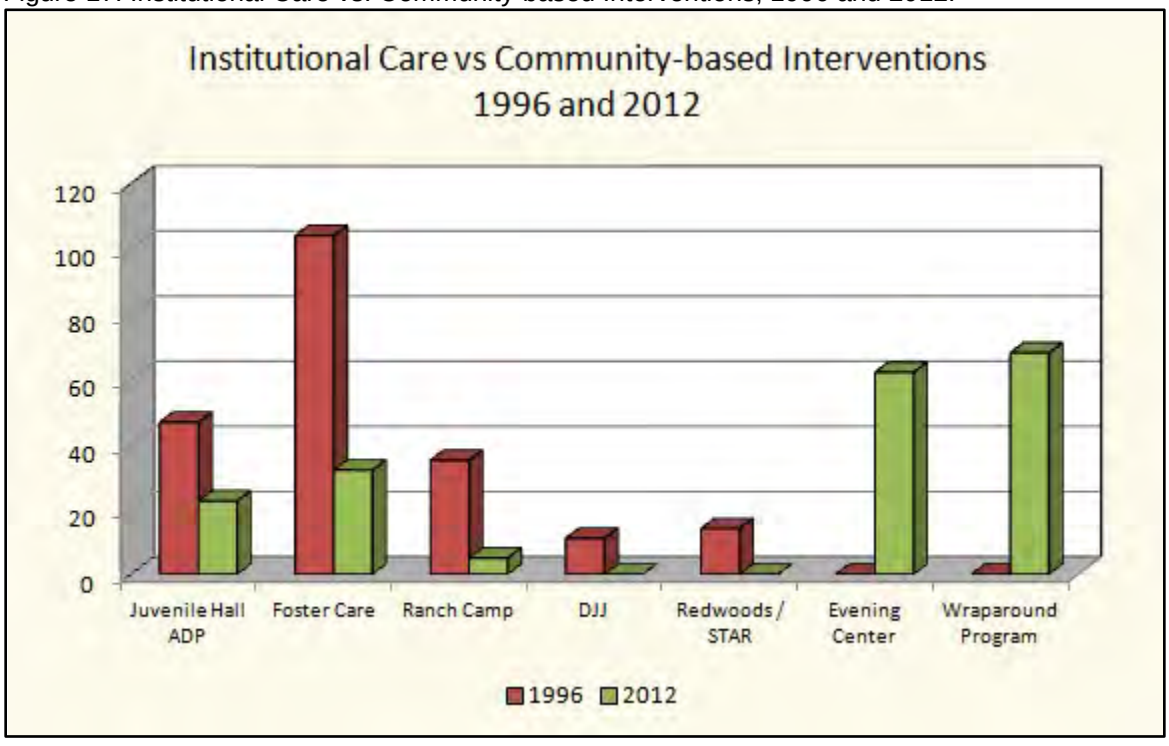
Below is a list of services provided at the program:

- Mental Health/Substance Abuse Assessment
- Transportation (adult to adult hand off)
- Evening Supervision (between the hours of 4:00 PM and 8:00 PM)
- Individual and Group Counseling
- Tutoring and Homework Assistance
- Thinking for a Change (Cognitive/Behavioral Programming)
- 7 Challenges (Alcohol and Drug Treatment cognitively based curriculum)
- Computer Lab
- Physical Fitness and Recreational Programming
- Employment Readiness and Mentoring (Job Training and Mentorship through CRP)
- Fresh Life Lines For Youth (FLY)-Law Related Education Program
- Friday Night Live Program-Life skills building program promoting healthy drug and alcohol free activities

Reductions at all levels of institutional care, while increasing the capacity of Community-based Interventions

Figure 17 below illustrates the movement over time (between 1996 – 2012) from an emphasis on institutional care on the left (residential placement options), to community-based options on the right (Evening Center, and Wraparound).

Figure 17. Institutional Care vs. Community-based Interventions, 1996 and 2012.



5. Youth Services

This contract provides additional treatment and case management support to youth at risk of further Probation involvement, but who need a lower level of care than the Family Preservation and Wraparound programs offer. Youth Services programs for court wards and youth at-risk of deeper involvement with Probation were expanded through the Mental Health Services Act.

SUCCESS STORY:

Laurel is an 18 year-old Caucasian female. Two months ago she was semi-homeless and smoking heroin up to 6 times a day. Since age 15 every day of her life was filled with scheming how to get dope, tracking it down, and getting high. She watched with horror and sadness as friends died, or moved on to injecting. Laurel watched her own life slowly fall apart: a boyfriend choked and punched her, she was furious, but couldn't leave him because he had the connection to get heroin. She found that she had to smoke right before meetings with probation or counselors in order to function. Laurel wanted out but didn't know how. Nothing scared her more than going through withdrawal. The scariest place to go through withdrawal would be detention, or its equivalent in Laurel's eyes, rehab.

Laurel now has 3 weeks clean from heroin. Each day is a challenge, but she's making progress. Her story is a testament to the value of partnership between the Santa Cruz Juvenile Justice System and Youth Services Programs. Laurel was initially referred to probation for possession of marijuana, a low level crime. Even so, her probation officer referred her to counseling. She opened up to her counselor about her heroin use and tentatively started to explore what it would mean to get clean. By the time probation tested her positive for heroin, Laurel was ready to take the bold step of going through medically assisted withdrawal. Juvenile probation provided Laurel with the incentive/ ultimatum to get clean. Counseling gives her the motivation, tools, and self-reflection to make it stick. What would have happened to Laurel if only "high-risk" probation cases were referred to care?

B. Education Programs

1. Special Education: Intensive Treatment Program for Pupils with Emotional Disturbances

Our collaboration with Special Education was really our first interagency program, begun in 1986 with the advent of AB 3632, and described in section 26.5 of California's government code. It better prepared our county to implement the interagency provisions of our first California state System of Care grant under AB 377 in 1989. Mental Health has worked closely with the County Office of Education (COE), the Pajaro Valley Unified School District/SELPA (PVUSD), as well as the North County SELPA and 9 included other local school districts to serve our county's special education students.

With the passage of AB 114 (effective July 1, 2011), educationally-related mental health services (ERMHS) for special education pupils transitioned to local school districts and began a statewide shift in the 25 year history of AB 3632. In Santa Cruz, County Mental Health has continued to provide ERMHS to the Pajaro Valley Unified School District/SELPA via a new Memorandum of Understanding; the North SELPA and related school districts decided to provide alternate counseling related services to their pupils.

For 2008 – 2011, the system of care goals have remained the same for this program; beginning in 2011 this system of care approach applies to the ERMHS program run conjointly with the Pajaro Valley Unified School District/SELPA (PVUSD).

Outcomes

All of our ED classroom/treatment sites are on public school campuses, **with on-site dedicated clinicians.** 80% of mental health services are provided on-site to students and their teachers (28% students, 52% teachers and/or other collateral staff). Students are able to mainstream into regular education classes.

Mental Health clinicians **attend every Individualized Education Plan** (IEP) meeting regarding treatment services (we do not just send written reports).

Clinician/client ratios are kept small and intensive (10-12) to improve treatment delivery and outcomes.

Additional non-IEP **intensive treatment supports** (including psychiatric care) provide targeted services for students at risk of hospitalization or residential placement, **allowing clients to remain at home and in school.**

Unnecessarily restrictive out-of-home placement for educational/mental health needs has been minimized, with an average of **less than one placement per month over 19 years. SINCE out-of-home placement residential costs are now the responsibility of local school districts (rather than utilizing county social service dollars), providing a comprehensive service array to special education pupils at risk of residential placement is even more important for local school boards.**

Transformation - One Child's Life:

He was well known throughout the moderate sized neighborhood school. Some teachers and principals cringed when they heard his name. Yes, Spunky came to my caseload with a reputation that had extreme effects on the people at the I.E.P. meetings. Some teachers or other service providers wanted to barrage me with stories of the difficulty they had with him. Some simply froze, hoping they would not have to deal with him again, ever, hoping he can be somebody else's problem. He had been kicked out more than once, gone to other programs, returned. Wherever he went, he wreaked havoc. Reports indicated there was depression and bi-polar disorders on both sides of the family.

Spunky was a full spectrum kind of kid. Bright, very talkative, clearly articulate, he fit a stereotypic picture of a nerd. He was smart in a kind of know it all way, and happiest when left undisturbed, his head in a book or engrossed in a computer game glaring from a screen. He was a skinny kid, his front teeth looked a little too big for his mouth, his reddish brown hair hung over his eyes and shoulders. His lanky gait reminded me of a giraffe, every joint in every bone moving with exaggerated articulation when he walked. My first impression in our individual session was of a child whose imagination far exceeded the content of his visible world.

For many sessions, he would make a war. The small dolls from the playhouse became his warriors. There were always battles of power and violence. I suggested clay one day to see what might arise from the formless lump. Globby, faceless shapes emerged, each mutilated with the sculpture tools on the clay table. A knife stuck halfway through one, a hammer stuck through another. They were all tortured. We continued, week after week, monster after monster, war after war.

For the first time ever, dad agreed to family therapy, and came regularly every week. Spunky and dad never had an easy time. Dad felt that he had been so frustrated with Spunky ever since he was an odd and troubled screaming, anxious toddler. He felt he had taken his anger out on Spunky and wanted to learn how to have a relationship with him. Therapy allowed them to enjoy some playtime together, to keep them focused on non violent creative ventures such as figuring out puzzles together, building with Jenja blocks or playing sports type activities such as Velcro darts or nerf ball catch.

Every session Spunky begged for wrestle time, a favorite activity at home, even though it also frightened him. So, wrestling, this time with rules and feedback from my observations became a weekly event for the last 3 minutes of our sessions. I had to set limits for dad, especially regarding sneak attacks, and deviations from the agreed upon rules. I insisted that personal touch boundaries were to be respected no matter what.

Slowly, Spunky and dad became friendly. They both looked forward to the playtime and the safe, contained environment. However, there were still periods when Spunky was highly agitated at home and school, running around, blurting out, refusing to cooperate, distracting and irritable. I identified each behavior as symptomatic of ADHD and anxiety. I told them that this is the condition the teachers had to try to teach for 6 hours a day. I suggested that Spunky didn't seem like he could absorb much academically in this condition. In fact, I told them, it seemed to me he was suffering.

I asked if they were ready for an evaluation with our child psychiatrist and they agreed. I described the process and assured them that if medication was indicated, it wasn't forced on

anyone, they had choices all along the way. But, I added, if nothing is done, Spunky would likely continue this way. Well, the combination of therapy and medication really helped. School work improved, behavior improved, relationships improved, mood improved. There were still issues at home and school, but they fell into the normal range. Dad reported that he became accustomed to this way of being and couldn't even imagine the battles they had for so many years. The family and Spunky were all happier, and developed a kinder and gentler way of being together.

2. County Office of Education Alternative Schools and Youth Services

The County Office of Education's (COE) Alternative Education Schools are unique partners in our System of Care, providing targeted alternative classrooms for many of our interagency programs. Wherever there is a need, COE finds a way to create unique classroom opportunities for the youth we share in common, including linkage with mental health supports. Examples include:

- **Juvenile Hall classroom** (includes linkage with on-site Juvenile Hall mental health/substance abuse staff)
- **Clean and Sober classroom/treatment programs** at Youth Services Y.E.S. and Esceula Quetzal programs
- Classrooms in **key geographical regions of the county**, some including targeted EPSDT Mental Health counseling services

While many youth in our system attend local general education classes, COE's Special Education and Alternative Education School programs (as well as the Pajaro Valley Unified School District) provide essential specialized educational opportunities for students who might not otherwise be successful in school, and help fund mental health services to students in need.

Youth Services provides EPSDT services to at-risk youth with an emphasis on cultural and gang-related issues at many of the Alternative Schools operated by the County Office of Education, as well as a variety of schools in the Watsonville area, which have included:

- New School
- Migrant Education
- Alianza Charter
- Watsonville Charter School for the Arts
- Summit Academy
- Watsonville High School
- Renaissance High School

Y.E.S. School Journal Entry:

"In the beginning I was sent here after rehab because any other school would not have been safe for me. Before rehab I saw school as just a safe place to be loaded and not worry about parents messing it up. Every day was a party (in my head at least). From kissing random girls, to the bathroom stalls assuming the position to drown. People felt sorry for me and I liked it that way. Obviously I wasn't there to learn. I'm at Y.E.S. because I TRULY believe I'm an addict/alcoholic. If I wasn't at Y.E.S. I'd be using every day. I've met friends through this program that I know will be at my wedding and my deathbed. I'm very passionate about this school even though it doesn't seem like it, at times. I want to be a miracle kid but I just fuck up too much. This place and these people are family (in more ways than most of my family related by blood). I'm going to try harder to put in an effort to SHOW my love. Rather than just saying it. I promise that none of this is bullshit. But yo, that's basically it."

3. Pajaro Valley Prevention and Student Assistance (PVPSA)

PVPSA provides counseling services to all schools in the Pajaro Valley Unified School District, where there are high concentrations of Latino students and families, Medi-Cal beneficiaries, youth at risk of Juvenile Probation involvement, and families involved with Social Services. **This school-linked, interagency collaboration provides critical mental health/substance abuse support services to students to help prevent deeper involvement with probation, child welfare, and special education**. Mental Health, school district, and Probation funds help leverage significant service capacity to students and families through the natural environment of schools—which helps to de-stigmatize access to services.

C. Social Service/Child Welfare Programs

With the advent of **Child Welfare Redesign (and the Katie A. lawsuit settlement in 2012),** there has been renewed focus on ensuring the adequacy of a service system for abused and neglected children/youth in California. Santa Cruz County, through the use of targeted EPSDT Medi-Cal and county/state funds, has worked to continually improve and expand mental health service supports to court dependents, their families and foster parents. ***All new foster children/youth are screened by social workers for mental health needs, and referred as appropriate for assessment and varying levels of treatment from County Mental Health, the Parents Center, and other community agencies.***

As Katie A implementation proceeds in 2013 with local implementation of the Core Practice Model (similar to Wraparound), the services described below will begin to be shaped and augmented in new ways.

1. Supportive Intervention Services (SIS): Family Preservation Program for Court Dependents

All foster children are screened for mental health service needs by social workers using the Mental Health Screening Tool (MHST), and referred for follow-up assessment by Mental Health.

The SIS Program, open since January 1997, is staffed by clinicians through Community Mental Health and a contract with the Parents Center. These staff work as a team with Human Services Department social workers to provide an intensive treatment/case management model of "wraparound type services" characterized by small clinical caseloads of one clinician per 8-15

clients depending on service intensity need. Services are focused to achieve one of the following outcomes:

- Reduced length of stay in placement.
- Step-down to a lower level of placement.
- Placement prevention – child at imminent risk of placement remains at home with intensive wrap-around services.
- Prevent step-up to a higher level of placement.
- Prevent return to placement.

Overall, over 90% of referred foster youth have demonstrated significant positive outcomes in our family preservation program, as indicated by clinical measures, minimizing group home placements, and allowing them to live in the least restrictive environment suited to their unique needs. See the first section of this report for overall placement outcome data and related cost savings.

SIS Success Story:

Sonya (age 6) and Isabel (age 4) were referred to Children's Mental Health after they were placed into foster care due to their mother's serious substance abuse issues. They presented with a great deal of anxiety. Sonya, the oldest sibling, acted as the parent/adult in the family to "take care" of her younger sister. These girls were extremely sad, as they missed their mother and father as well as their baby sister who was placed into a different foster placement. Counseling consisted of play therapy, as well as school support for the 6 year old, who was having a very hard time in school, as she found it hard to concentrate, because she was so worried about her family.

The Children's Mental Health clinician worked with the girls individually, as well as together. She also worked with their mother, supporting and encouraging her recovery efforts. The clinician also helped the mother, who is monolingual Spanish speaking, apply for Families in Transition housing as well as financial assistance. The clinician also helped the mother and father with increasing their parenting skills, and following their case plan with Families and Children's services (Child Welfare). Both parents worked very hard, and they were able to reunify with their children. The girls were very happy to be home, and they had learned some coping skills to help them alleviate their anxiety. They also learned how to identify and express their feelings so that they were able to get their needs met. The clinician continued to work with the family to insure their continued success, providing family counseling and she helped the parents learn how to work with their children's teachers to insure their continued success in school.

2. Dominican Hospital 0-5 Clinic

The Dominican Interdisciplinary Child Development Program (DICDP) provides mental health and developmental evaluations and recommendations for children ages 0 –5 who are Dependents of the Court in Santa Cruz County. These children are either in foster care or at immanent risk for placement into foster care. The team is comprised of the Children's Mental Health SIS Team; a Developmental Psychologist and Developmental & Behavioral Pediatric Specialist from Stanford; a Dominican Pediatric Social Worker; and an attending Physician who oversees the clinic. This multi-agency team was developed as a collaborative between Dominican Hospital, Stanford, the First Five Commission, and County Mental Health to provide early intervention assessments, treatment and referrals to medical, educational and social

services in order to have improved outcomes for our communities most at risk children. The DICDP began evaluating children in October 2011 and are currently providing evaluations to 4 children a week.

3. Parents Center

The Parents Center has contracts with both Children's Mental Health (EPSDT) and Child Welfare Services to provide a variety of counseling support to families with children, particularly those that have open child welfare cases and whose children are in out of home care. The overarching focus of their work is on family reunification and preservation, child abuse prevention and treatment, and includes a therapeutic visitation program to maximize successful family reunification efforts. **This is accomplished through parenting education (including Triple P), and individual and family therapy that addresses the counseling goals of court mandated services for families with open child welfare cases.** Their EPSDT program focuses on treating children's diagnosable mental health problems while also assisting their adjustment to foster care. Treatment goals include supporting children's parents to more effectively address their children's mental health needs within a family therapy context. **Child Welfare funds Parents Center directly for mental health services for parents who need their own treatment.**

Parents Center Success Story:

When I began working with Natalie she was living in foster care with an extended relative. She was highly anxious, having trouble sleeping, had no friends, and was getting into fights at school and defiant at home. She felt responsible for her family's break-up and ashamed about her abuse. She was attending 8th grade.

Natalie's family of origin had a history of substance abuse and domestic violence that resulted in repeated incidences of neglect and trauma for Natalie. Her father was reported to have sexually abused her. The treatment goals for Natalie included: reducing her anxiety, improving her behavior within the home and at school and assisting her with developing communication skills to enhance her relationship with her caregivers as well as processing her ambivalent feelings towards her parents. Treatment included providing Natalie with an age appropriate understanding of how her past experiences were responsible for her high reactivity in the present and teaching her coping skills to reduce the effects of trauma on her current functioning. She also needed to acquire some socialization skills so that she could make and keep friends her own age. Natalie and her mother received support in making a safety plan to prevent further abuse of Natalie. The plan included facilitating her mother in taking responsibility for failing to adequately protect her previously. Natalie initially resisted talking about what had happened to her but was able, over time, to build a therapeutic relationship with her counselor who utilized a variety of cognitive behavioral techniques to reduce Natalie's symptoms. At the conclusion of treatment, Natalie had significantly reduced her mental health issues, regained some trust in her mother's ability to keep her safe and reduced her defiant behaviors with adults. She proudly shared that she had some new friends. She was able to articulate that her abuse was not her fault and looked forward to her upcoming reunification with her mother.

4. Services for Transition Age Youth

There are several programs that focus on interagency planning for transition age youth aging out of the foster system. These programs are the **SAS team (comprised of County Mental Health clinicians and Child Welfare social workers), and a contract with Community Support**

Services for an integrated ILS program, THP housing support, and mental health counseling/case management.

Supportive Intervention Services for Adolescents (SAS) focuses on interagency support for **transition age youth aging out of the foster system.** SAS is a trans-departmental team comprised of HSD Social Workers and Independent Living Skills specialists with Mental Health Clinicians. This team works with teens ages 14-21. According to recent analysis, the SAS team has been successful in several ways: increasing graduation from high school, increasing rates of employment, increasing college attendance, and decreasing homelessness.

The Independent Living Skills Program (ILP) provides help in finding jobs and developing skills needed to live independently for teens in both Social Services and Probation.

THP is the Transitional Housing Program, which operates a dispersed housing model of psycho-social supports for transition-age youth and young adults up to age 21.

Mental Health Services Act (MHSA) funds established a new Transition Age Youth (TAY) specialist to work with foster and other youth moving into young adulthood. This specialist intensively serves 40 - 50 youth annually, and includes the following types of outcomes:

- Secured housing (rooms to rent or apartments); youth involved with THP+ program, Section 8 housing, and other residential options.
- Supports young mothers through birth process
- Obtain California ID and certified birth certificates to help with job and benefits
- Help acquire California Driver's Licenses
- Open bank accounts
- Find employment
- Attend Cabrillo College
- Receive financial aid, food stamps, SSI benefits
- If needed, transition Adult Mental Health Transition-age team

In addition, Transition Age Youth (TAY) penetration rates for mental health services (per APS Healthcare data) are 9.14%, compared to the statewide average of 6.07% and medium county average of 5.48%. This was due in part to the new MHSA focus on TAY services, increased contracted services, and encouragement of all our programs to serve youth past their 18th birthday.

SAS Success Story:

Charlie is a 14-yr-old placed with a relative 7 years ago, after CPS removed him from his parents who, needless to say, had enough issues to have a severe emotional impact on Charlie. He had other siblings that were also placed and eventually one was returned to a parent that started making positive changes.

For Charlie, he had to settle for several failed placements before his current one, 2 years after his initial removal at age 5. When I met him, he did not say much and seemed very uninterested in participating, having just lost a therapist after 3 years (due to moving), and moreover believing that he was above needing any help. Charlie was being home-schooled due to a violent history and inability to benefit from public school.

By engaging him through casual chatting about his interests, I discovered that he enjoyed playing golf and thus began a bonding/trust period (lasting several months) where little was said, but much was communicated on the driving range and on the links.

Since that time, our settings have continued to evolve, and I have spent countless hours working with Charlie and his family, as well as social workers, school staff, employment specialists, Independent Living Program coordinators, etc.

Charlie has many ups and downs in his life (and still counting) but he has managed to stay enrolled at a comprehensive high school, get a job, spend increasing time with his father and other siblings, and grow in countless ways. His violent tendencies have all-but-disappeared and his ability to express himself well has improved dramatically.

Charlie (and his family) have a ways to go, but now there is communication and teamwork, where before there was mostly secrets and divisiveness. I owe most of this success to getting as many significant people working together and holding the "system of care" vision as we do this work.

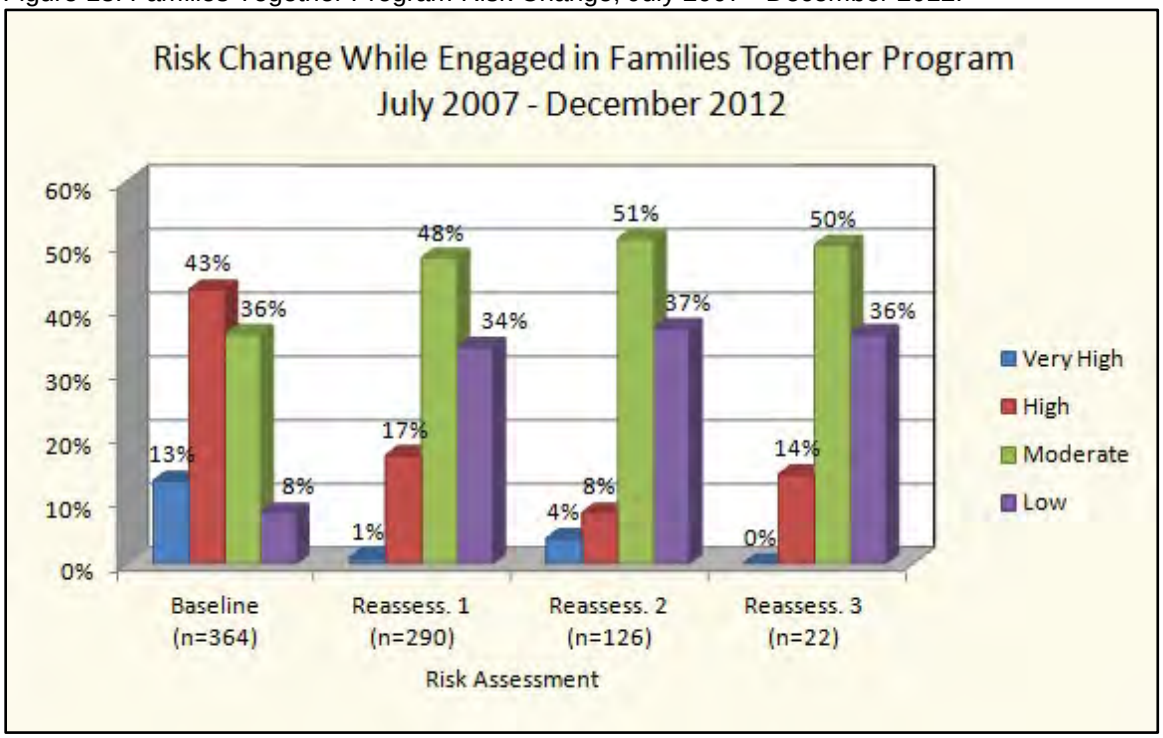
5. Crossroads Transitional Residential Treatment for Foster Youth

The Crossroads Program (operated by Youth Services) is a 6-bed residential/treatment program for foster youth in need of emergency shelter and transitional placement services. Santa Cruz and Monterey counties share access (3 beds each). Crossroads fills a key need for foster youth in need of stabilization, short-term assessment, and transition. Length-of-stay typically ranges from 1-3 months.

6. Families Together (Differential Response Services)

Families Together is operated by the Santa Cruz Community Counseling Center's Early Childhood Division, with blended funding from Mental Health, Child Welfare, and First Five. The program provides an array of flexible, field-based supports for families referred to Child Welfare whose children did NOT become court dependents, but are still at high-risk of formally entering the system. Goals include family stabilization, ensuring health insurance coverage and a medical home, no substantiated allegations of abuse, and decreased risk assessment. See indicators of risk assessment improvements for families in the chart below:

Figure 18. Families Together Program Risk Change, July 2007 - December 2012.



7. Federal and State Child Welfare System Improvement Processes

California's Child Welfare Systems Improvement and Accountability Act (AB 636), in concert with the Federal Child and Family Services Review, initiated a significant county self-assessment and system improvement plan for monitoring and improving Child Welfare services outcomes. As with Juvenile Probation detention and restorative justice reform, these Child Welfare improvement processes and targeted outcomes are entwined with the capacity of community agencies (such as Mental Health) to help support these outcomes, **and are a way of further outlining overall interagency system of care outcomes.**

Below is a description of the primary outcomes for child welfare services. All data, unless otherwise noted is from the Child Welfare Services Reports for California at the University of California at Berkeley Center for Social Services Research website, which can be found at: http://cssr.berkeley.edu/ucb_childwelfare.

How many children were referred to Santa Cruz County Child Welfare System and how many of these referrals were substantiated?

Overall in the last four years, children in referrals and substantiated referrals have decreased. The rate of substantiated referrals per 1000 children has decreased over the last four years. In the last three years the rate was similar to that of the state. The decrease in substantiated referrals is most likely due to the discontinuance of the use of the allegation - substantial risk which occurred in 2009 which is displayed in the chart below.

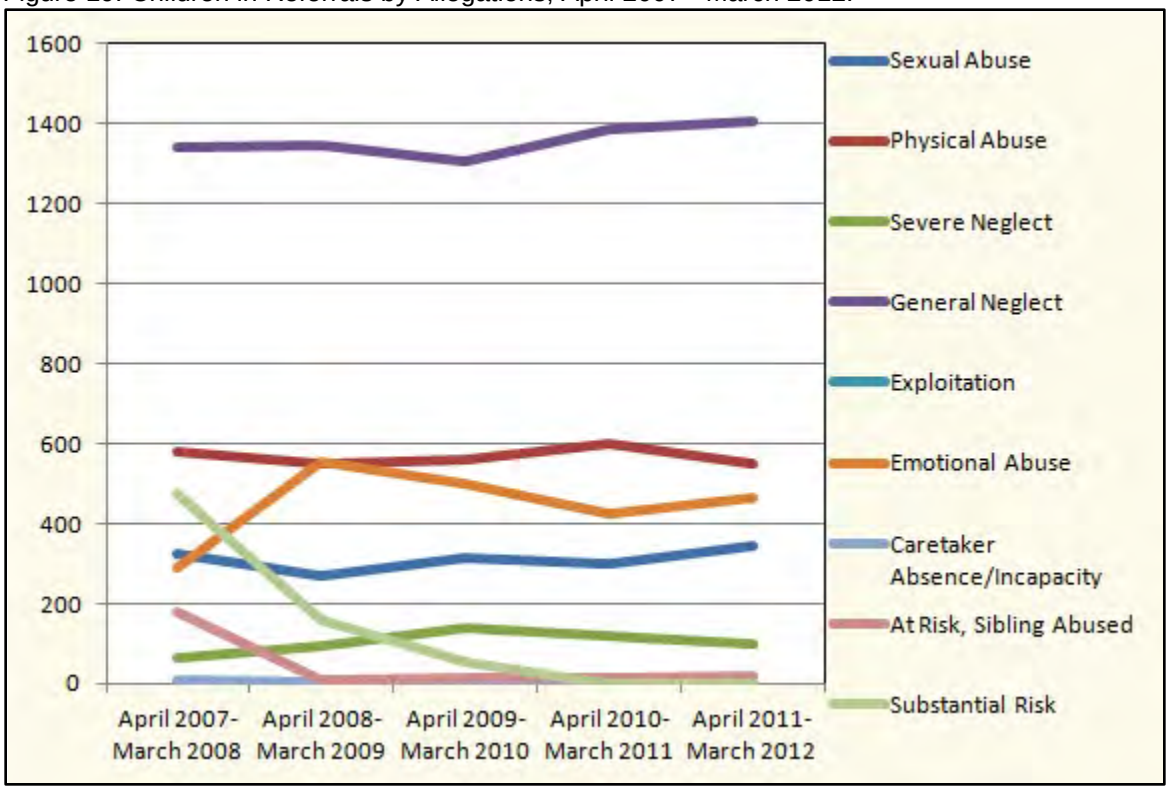
UNIQUE CHILDREN REFERRED

	JUL 2007-JUN 2008	JUL2008-JUN2009	JUL2009-JUN2010	JUL2010-JUN2011	JUL2011-JUN2012
Number of children with at least one referral	3,195	3,012	2,817	2,827	2,889
Number of children with at least one substantiated referral	761	647	516	540	463

RATE OF CHILDREN WITH SUBSTANTIATED REFERRALS PER 1000 CHILDREN

	JAN2008-DEC2008	JAN2009-DEC2009	JAN2010-DEC2010	JAN2011-DEC2011
Santa Cruz	12.6	9.9	8.8	10.9
California	10.5	10	9.6	9.4

Figure 19. Children in Referrals by Allegations, April 2007 - March 2012.



Safety: Are children who are known to child welfare protected from further abuse and neglect?

A central measure of safety is the rate of recurrence of child maltreatment. Recurrence of maltreatment refers to situations in which a child has a substantiated report of abuse or neglect, and then has a second substantiated report within a specific time period. The measure detailed below is the percentage of children who did *not* have a recurrence of a substantiated allegation within a six month period.

As shown below, Santa Cruz County's performance regarding recurrence within a six month time frame was 92.9% in 2007/2008 and in the most recent cohort available, in 2011/2012; the recurrence percentage was similar at 90.2%. The performance in the last FY was slightly under the national goal of 94.6% and under the state's performance.

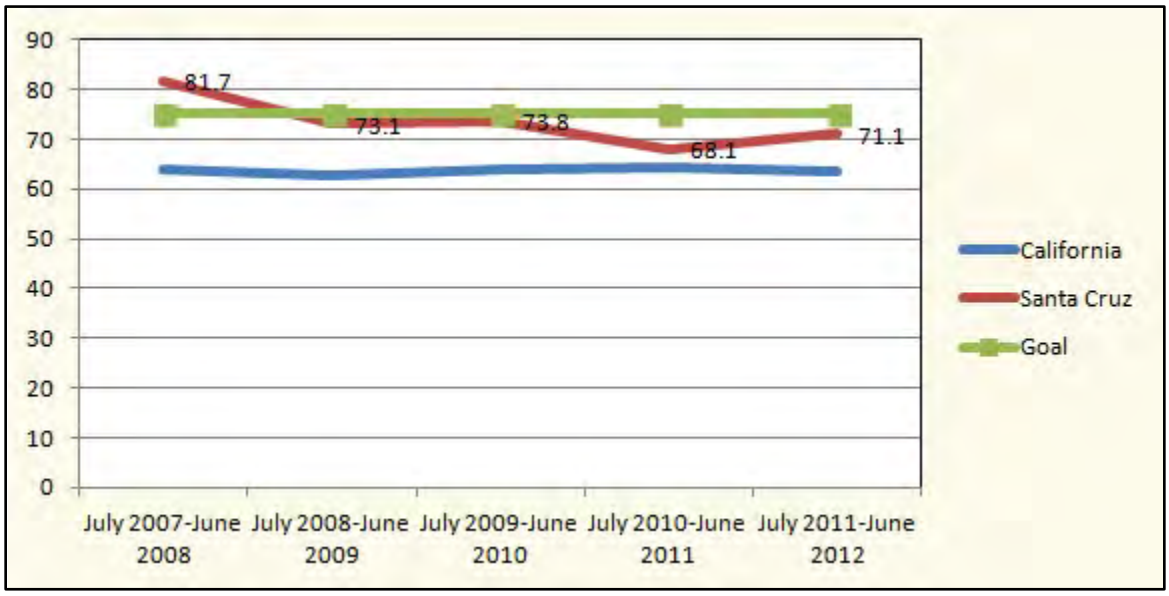
Figure 20. Percent of Children with No Recurrence within 6 Months, October 2007 - March 2012.

Permanency: Do children involved with CWS have permanency and stability?

(1) Reunification with Families

Child welfare measures the timeliness of reunification; the goal is to have at least 75.2% of children who reunify, do so under 12 months with a median time frame of 5.4 months. In previous years, Santa Cruz County had a relatively short time frame to reunification and there was concern that children were being reunified too quickly and therefore the reunification was not always permanent. As noted below in the chart, in FY 07/08 over 80% of children who reunified, did so under 12 months. In approximately 2009, Santa Cruz began implementing strategies to support the permanency of reunifications; one of these strategies was the implementation of Team Decision Making at the point of potential reunification. More recently, for the children who had been in care at least 8 days and reunified in FY 11/12, 71% reunified timely. In this time frame, the median number of months children were in care prior to reunification was 7.2 months.

Figure 21. Time to Reunification (Exit Cohort) for Children in Care 8 Days or More, July 2007 - June 2012.



An important indicator of the success of family reunification is the percentage of children who re-entered foster care within 12 months of reunification. For children who reunified between July 2009 and June 2010, 12.5% re-entered the system, which is higher than the federal standard of 9.9%. This is an outcome the county has been working on and the most recent data shows improvement. However, it is important to note, as shown in the table below, Santa Cruz's percentages vary greatly, which is most likely due to the small numbers of children re-entering.

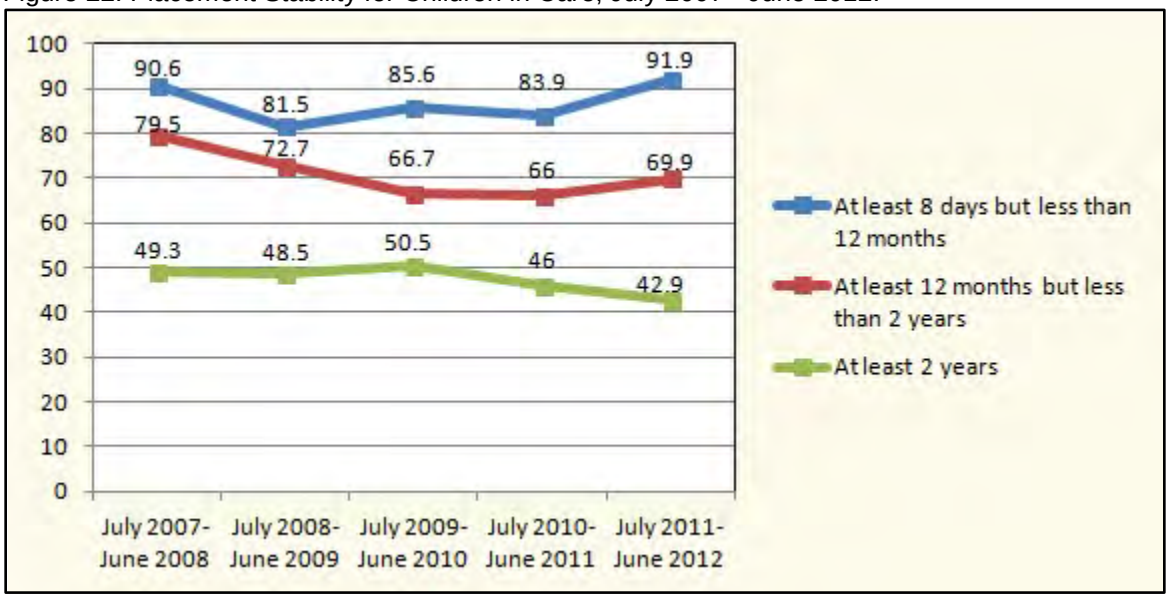
PERCENTAGE OF CHILDREN REENTERING PLACEMENT WITHIN 12 MONTHS FOLLOWING REUNIFICATION

JUL2006-JUN2007	JUL2007-JUN2008	JUL2008-JUN2009	JUL2009-JUN2010
10.3	14.3	15.9	12.5

(2) Placement Stability

Placement stability is a goal for all children needing to be in foster care. Santa Cruz typically has had high rates of placement stability and exceeded the national goals. For children in care, at least 8 days and under one year, the placement stability declined a bit in FY 08/09 through FY 10/11 but in the last FY it returned to a high of 92%. The national goal for this group of children is 86%. For the children who were in care one year to two years, the national goal is 65.4% and the most recent performance exceeds this goal at almost 70%. Lastly, the group of children who were in care over two years often have the most placements. The national goal for this group is 41.8%, in FY 2011-12; Santa Cruz's performance slightly exceeded this goal at 42.9%.

Figure 22. Placement Stability for Children in Care, July 2007 - June 2012.



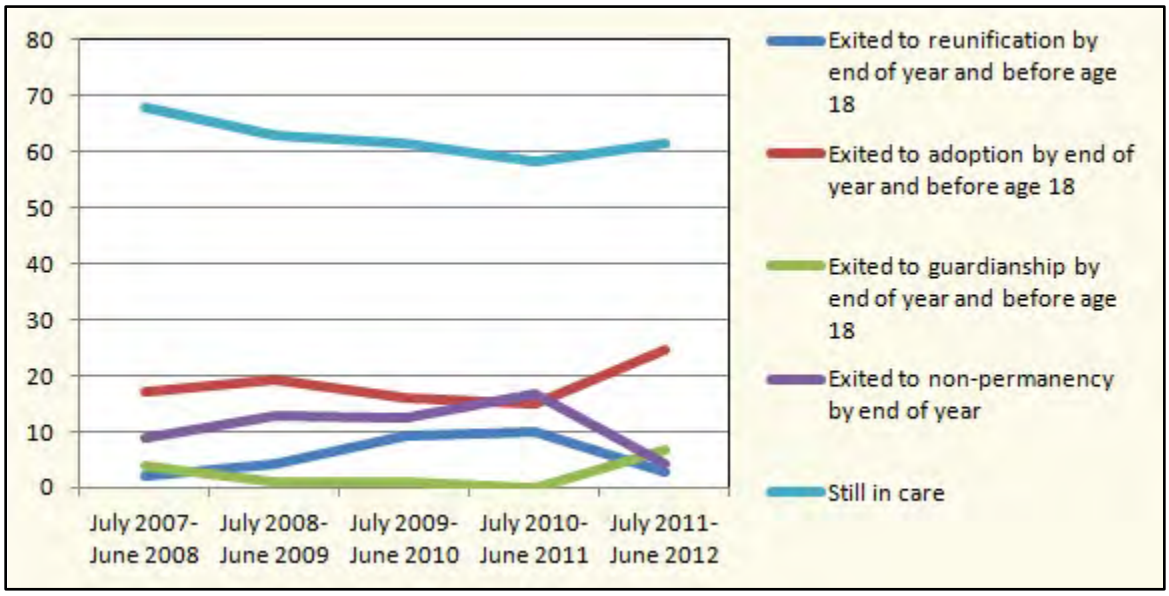
(3) Sibling Placements

At a point in time (July 1) in 2012, 81% of all children were placed with all or some of their siblings. This is an increase from the same point in time in 2009 when 75% were placed with some or all of their siblings (Safe Measures, 2012).

(4) Exits from Care

The information below shows percentage of all children in care 24 months or more on the first day of a given year (in essence, children whose parents failed to reunify), who attain a permanent home by the last day of that year. The percentage of children discharged to a permanent home prior to turning 18, who had been in care for 24 months or longer, was 32.9% in FY 2011-2012. The federal standard is to have at least 29.1% of children in care for two years or more discharged to a permanent home prior to their 18th birthday. The rate for this measure for children in Santa Cruz has been increasing over the last several years, from a low of 5% for the year July 2005 – June 2006, to over 30% for the year July 2011 – June 2012, with most of those exits to adoption. There has been an uptick in the percentage of children in long term care adopted or placed in guardianship. This is an outcome the county has been working on through an initiative titled Roots and Wings, which works to find permanent homes for all children in care.

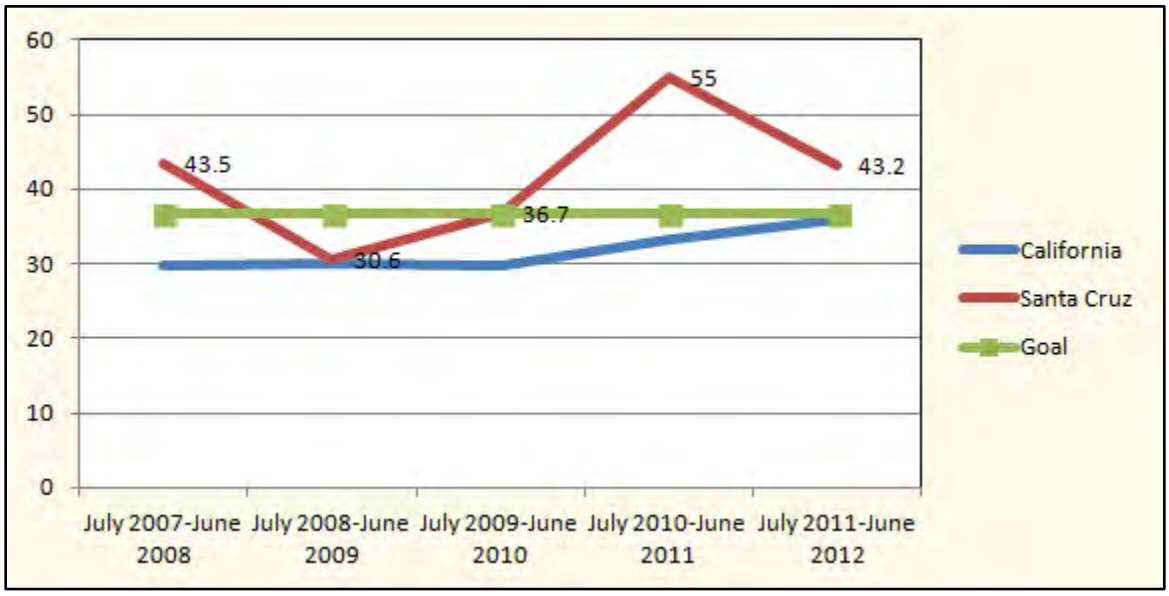
Figure 23. Children in Care 24 Months or Longer, Type of Exit by the End of the Year, July 2007 - June 2012.



(5) Adoption

Santa Cruz County is typically successful at exiting children to adoption within 24 months. The federal standard for this measure is 36.6%. Santa Cruz County has consistently exceeded the federal standard over the last five years. The most recent performance is 43.2% in 2011-12.

Figure 24. Percentage of Children Adopted Who Were Adopted Within 24 Months, July 2007 - June 2012.



D. Community ACCESS Mental Health Services

In addition to our primary partnerships with Probation, Education, and Social Services, our System of Care includes core programs that serve **children and youth with Medi-Cal referred from the general community.**

1. Community Gate

Our Community Gate team serves children, youth and families with Medi-Cal who are either self-referred through our 1-800 #, or who seek services directly through our non-profit Medi-Cal provider contracts:

- Santa Cruz Community Counseling Center (including Youth Services)
- Family Services Agency
- Parents Center (see Child Welfare section for description)
- Pajaro Valley Prevention and Student Assistance (PVPSA) (see Education section for description).

The youth treated at the County level are often first identified pre- or post- hospitalization and are in need of intensive services. They tend to have very serious emotional disturbances, often experiencing their first psychotic break, or are severely depressed and suicidal. The Community Gate team has **small clinician to client ratios so that they can provide intensive therapeutic services to prevent hospitalization and keep youth at home and in our community**. An integral part of this team is our staff psychiatrist who works closely with our clinicians and the youth and families we serve to ensure coordinated medication management.

The contractor level of Community Gate services provide easy neighborhood-based access to EPSDT level of mental health services for a broad array of counseling needs experienced by children/youth and their families with Medi-Cal. Each contractor also has a range of other non-Medi-Cal grants and funds for at-risk families without Medi-Cal.

Santa Cruz County also funds the local **HEALTHY KIDS insurance program** for un-insured children, which also has a mental health benefit through Optum Health. **This program helps ensure that most children/youth are covered for health, and mental health, services** through their parent's insurance, Medi-Cal/Healthy Families, or Healthy KIDS. Our Children's ACCESS team can help non-Medi-Cal covered families realize they have access to counseling via their own insurance behavioral health provider panels.

Measuring ACCESS to Appropriate Levels of Service

Various national studies have estimated the approximate percentage of children/youth in the general population ("penetration rate") that would need the following levels of mental health services:

- Up to 8% requiring intensive/coordinated services for serious emotional disturbances
- 8-12% requiring moderate service intensity for mental health conditions
- 12-20% requiring basic access to services to ameliorate developmental and emotional issues
- In addition, estimates range from 60-80% (some would say 100%) of children and youth in the Child Welfare and Juvenile Probation systems given exposure to a wide range of neglect, trauma, crime, and substance abuse issues.

Previous sections of this report outline the specialized access that children and youth in Child Welfare and Juvenile Probation receive into System of Care services. For the general Medi-Cal population, we can examine the annual APS Healthcare information that details Medi-Cal Approved Claims for the Santa Cruz Mental Health Plan. The chart below shows data for the most recent year of 2011:

AGE GROUP	Avg Monthly Eligibles	# of Beneficiaries Served per Yr	Santa Cruz Penetration Rate	Medium County Penetration Rate	Statewide Penetration Rate
0-5	9,152	192	**2.10%**	1.43%	1.72%
6-17	11,388	1,216	**10.68%**	6.57%	7.38%
18-21*	2,835	259	**9.14%**	5.48%	6.07%
Foster Care	310	291	**93.87%**	55.23%	54.96%

As you can see, Santa Cruz tends to serve a higher percentage of children/youth with Medi-Cal than both similar medium size counties, and statewide averages.

2. Therapeutic Behavioral Services (TBS)

Therapeutic Behavioral Services (TBS) are an **intensive Medi-Cal mental health service** that provide short-term 1:1 services to children and youth (to age 21) with severe emotional disturbances that are already receiving other mental health services, and are in or at-risk of placement in a psychiatric hospital or RCL-12/14 group home. A California "Special Master" to the court was assigned to assist counties in providing at least 4% of their mental health services via TBS to ensure that children/youth with the highest level of needs were being appropriately served.

According to APS Healthcare data, Santa Cruz County already serves a higher percentage of children/youth with intensive service levels, particularly youth at-risk of placement or hospitalization. Our "regular" intensive field-based mode of mental health service delivery includes **similar service approaches to TBS that would carry us significantly beyond the 4% target** the state set (because we believe System of Care services should indeed be targeted to the most at-risk youth). Santa Cruz County worked with the Special Master to highlight only a small portion of those "TBS Equivalent" services in 2010 to document that we exceed the target set by the court (e.g., SB163 Wraparound services, Intensive services to foster children, pre/post hospitalization, etc.) See chart below:

Figure 25. TBS Recipients as a Percentage of EPSDT Children with MH Services - Santa Cruz, 2005 - 2010.

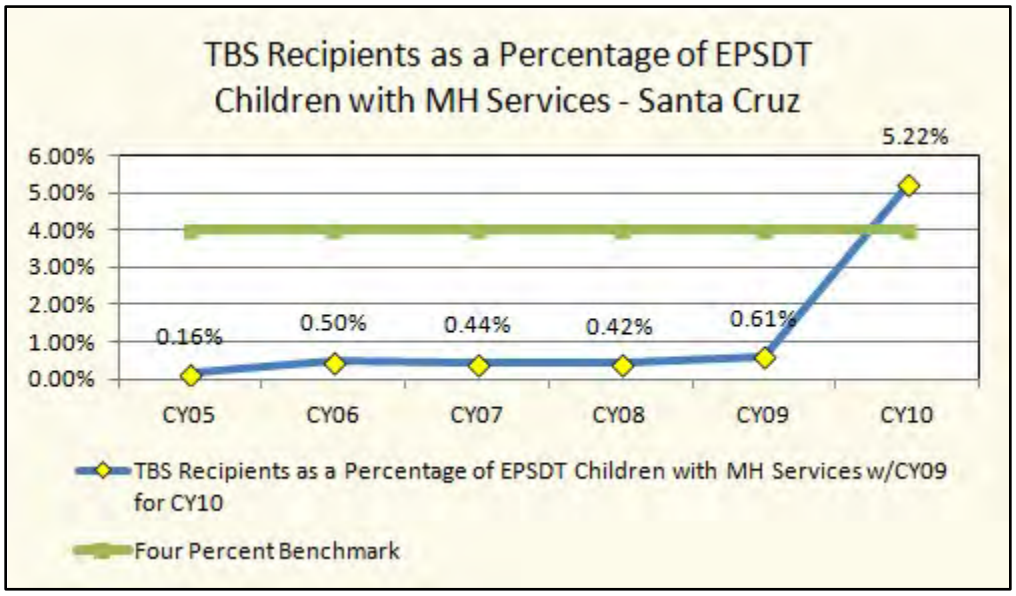
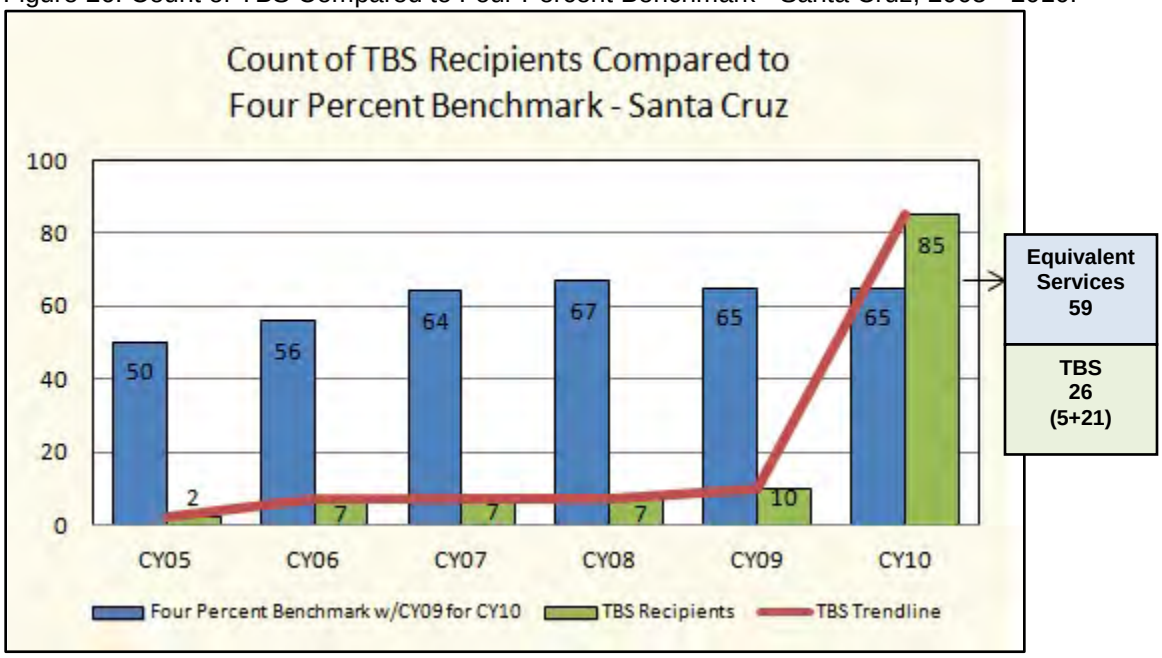


Figure 26. Count of TBS Compared to Four Percent Benchmark - Santa Cruz, 2005 - 2010.



- For CY10, the count of TBS recipients includes 5 from APS analysis of DMH claims files (February, 2011), an additional 21 from MHP Director certified self-report (as of April, 2011) and 59 with TBS Equivalent Services as certified by the Special Master (as of April, 2011).
- The MHP Director certified self-report includes a projected count for FY10-11 based on a trajectory approved by the Special Master.

3. Primary Care Liaison

The Mental Health Services Act (MHSA) funded a new position in 2010 to operate as our **Primary Care Liaison to health care sites throughout the county serving Medi-Cal children/youth**. The position is staffed by a clinician who is also a nurse, and provides brief interventions, including behavior modification and parenting skills (**including Triple P parenting modules**). As needed, the Primary Care Liaison makes referrals for follow up counseling with our Community Gate clinicians, or one of our contract community based agencies: Youth Services, Family Service Agency, Parents Center or PVPSA.

The Primary Care Liaison serves clients at the following health sites: **Crestview Clinic, Emeline Health Clinic, Dominican Pediatrics, Santa Cruz Women's Health Center and Salud Para La Gente and consults as needed with Planned Parenthood**. The position works collaboratively with the medical staff and sees any client they refer, regardless of payor source. **Serves 300-400 children/youth and their families annually**. In addition, many contacts are also made with referring physicians, nurses, and health clinic staff.

We intend this position and related services to expand under Health Care Reform, to further System of Care development with our health care partners.

Community Gate "Intensive Services" Success Story

"I don't think we can keep this up," said foster mom, Cathy, fighting back tears. "Her refusal to get up in the morning is making us so often late for work that I'm afraid we're going to lose our jobs. We love her, and in order for this to work, we need help"

The foster mom saying those words in October was beside herself with worry. Their home was 12-year-old Norma's last chance to grow up in a family. If this didn't succeed Norma would be going to another Level 14 group home. Her oppositional and physically aggressive behaviors had gotten so bad that she was refusing daily to even get out of bed and go to school.

The clinicians working with the family were discouraged; the outcome looked grim, in spite of regular therapy. While discussing treatment strategies, it was decided that Debra or her teammate Jon (of the intensive Family Support Team) , would go to the foster home every school morning and work with the whole family. The foster parents were thrilled at the idea. A plan was developed.

Debra and Jon took turns and showed up between 6 and 6:30AM Monday through Friday. They provided family counseling and helped the parents and Norma develop a behavioral plan with rewards and consequences. Using a Cognitive-Behavioral approach, they worked with her on appropriate verbal communication of feelings and concerns. They offered Norma motivation and non-judgmental reminders about the benefits of compliance and the risks of non-compliance. With Cathy and husband Alex they were able to model effective parenting skills—in the home environment, at the point of conflict. They taught and reinforced positive encouragement, appropriate limit setting and de-escalation techniques. They offered constructive feedback and reminded the parents of the need for consistency and follow-through. The whole family worked hard to make changes.

This went on 5 days a week for several months. Slow progress was made. Over the course of the whole school year, as the foster parents' skill improved and Norma gained more ability to control

her rage and express herself verbally, Debra and Jon were able to gradually decrease their level of intervention.

Norma has been on the Honor Roll at school, never fell below 3.5 grade average during 7th and 8th grade, and was awarded the Language Arts top student of her class. Her new teacher said "Norma has been a delight to have in the class and is very caring towards other students. This foster family is stable. The primary clinician continues to provide regular therapy, and the Family Support Team no longer needs to be involved!

4. Youth Services: Dual Diagnosis Outpatient Services in Clean and Sober Classrooms

Since 1995, the Santa Cruz County Mental Health and Substance Abuse divisions have collaborated with a local non-profit agency, Youth Services, to provide **dual diagnosis treatment programs for adolescents**. Youth Services provides programs at North and South county sites, in conjunction with **"clean and sober" classrooms** run by the County Office of Education. Referred youth must have co-existing mental health and substance abuse problems. To date, this collaborative program has been key to beginning a more integrated treatment approach targeted to the many youth abusing or addicted to drugs and alcohol.

5. Tyler House: Dual Diagnosis Residential/Treatment for Voluntary Youth and Probation Girls

Tyler House is a 6-bed, 6 to 9 month, co-educational dual diagnosis program operated by Youth Services that provides residential treatment for adolescents between 14 and 17 years old. It gives teens and families the dual diagnosis mental health support and guidance necessary to intervene in the cycle of addiction and create a foundation for ongoing sobriety. Residents attend Youth Services' clean and sober school Escuela Quetzal in Watsonville, a fully accredited high school where the County Office of Education provides a teacher to help students meet all requirements for high school graduation. Participants that graduate from Tyler House transition either to Escuela Quetzal or the Y.E.S. School in Santa Cruz for aftercare and continuing support.

Tyler House Success Story

Rosa, a female client that came from an extremely abusive childhood, was adopted as a preteen. She has been in one treatment program before Tyler House. Rosa was a poly-substance abuser, with her main drug being methamphetamine. At one point, she was admitted to a children's psychiatric ward for being out of control as a result of using drugs. Rosa entered Tyler House as a voluntary placement. Her goals included finishing high school, staying clean and sober, and getting a job after graduating the program. Rosa accomplished all of these goals and entered a Sober Living Home after completing the program. She now has eight months of clean time and attends AA meetings, has a sponsor, and attends after care programs.

6. Other Youth Services Programs

The Mental Health Services that Youth Services contracts to provide for the county make up a large share of agency funding; they are able to combine this funding with other sources of revenue which include County Drug and Alcohol funding, City Jurisdictional funding, Juvenile Probation, client fees, school districts, MHSA/PEI funding, grants, and private funds. Since most

of the County Mental Health contract dollars are targeted to provide services to community members who are Medi-Cal eligible, **the ability to join these dollars with other funding sources allows Youth Services to serve the entire community by casting a wider net to folks who need help.**

Currently, Youth Services has **counselors on -site in over 20 different schools throughout Santa Cruz County**. In schools where Youth Services counselors are funded by other means, they are able to refer students who have Medi-Cal to other field-based outpatient counselors when more intensive services are needed, thus increasing the number of community members who have access to System of Care services.

Currently, Youth Services also has a number of specialized counseling groups proving drug and alcohol intervention utilizing the **7 Challenges curriculum**, supporting **LGBT youth**, supporting youth working on recovery, providing general parenting support, providing family group support, and three different groups supporting youth development.

7. Family Services Agency

Family Service Agency (FSA) of the Central Coast is a private, non-profit agency serving the community since 1957. FSA is an EPSDT mental health provider, offering services to children, youth and families in north and south county locations. **They also offer a variety of clinical, crisis, educational, outreach and supportive services designed to maintain and strengthen family and community life. Programs include: Counseling Services, Senior Outreach, Suicide Prevention, I-You Venture, Renaissance, First Step, PEAK, and Continuing Education.**

E. MENTAL HEALTH SERVICES ACT (Prop 63)

The citizens of California passed the Mental Health Services Act (MHSA - Proposition 63) in 2004, utilizing a 1% income tax on personal income in excess of $1 million to help sustain and expand the public mental health system, **including new Prevention & Early Intervention (PEI) funds begun in 2008.** PEI Project #1 outlined below provides an overview of these new services and strategies, which are designed to help children/youth and family members more broadly in the community "earlier" in the process of developing mental health needs, and "before" entry into more intensive public mental health services (and/or Child Welfare, Probation, Special Education, etc.).

1. PEI Project #1: Early Intervention Services for Children

Purpose: To serve 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, earlier and more broadly.

PEI Project #1 has three strategies:

1. **0-5 Screening and Early Intervention:** Provides multi-disciplinary team assessments for foster children 0-5 at the Dominican Rehabilitative clinic. Dominican clinic is up and running, with PEI supported mental health clinician as well as in-kind and contracted services for **Stanford University specialist** time from a developmental psychologist and a pediatrician.

2. **Countywide Parent Education and Support:**
   - **Co-funded by First Five, the Positive Parenting Program (Triple P)** has rolled out multiple levels of community training and is providing a wide array of groups and consultations. This evidence-based practice is a **public health model with 5 distinct levels of intervention**, ranging from Level 1 Universal Media, to Levels 2/3 which offer short, topic-driven 1:1 or group sessions to parents at a wide variety of community sites, to Levels 4/5 which offer more intensive manualized treatment for complex problems.
   - Co-funded by First Five, a part of this second strategy is the **Side-by-Side program for early mental health consultation to day care providers**, which has been proceeding well. The Santa Cruz Community Counseling Center's Early Childhood Division also operates a variety of Head Start sites, but utilizes Side-by-Side to reach out to an array of smaller family run day care settings with significant need for early mental health consultation to help avoid escalation of emotional and behavioral problems.
   - Additionally, we provide **Primary Care Outreach & Consultation**. This Primary Care Liaison has helped improve screening and referrals for mental health services, and improve the training/guidance for physicians and health care professions regarding mental health issues.

3. **School-based Prevention and Early Intervention:**
   - Our contract with **Barrios Unidos provides violence prevention and related support services with a unique cultural focus** at various high schools and community sites across the county. They are particularly effective in addressing gang-related issues and offering positive cultural development alternatives.

- **The County Office of Education through the Mental Health/School Partnership Collaborative** provides services ranging from direct support to students through the Prevention Intervention Program (**PIP**), Positive Behavioral Interventions and Support (**PBIS**) program, Gay Straight Alliances, Suicide Prevention and Queer Youth Scene to School Staff support via **Triangle Speakers**, **NAMI** (National Alliance for the Mentally Ill), Staff **support Warm Line and PBIS training**. In addition, parents through all districts received **Positive Discipline** support from the Live Oak Family Resource Center.
- **Seven Challenges** is an excellent harm reduction program that prevents further escalation of issues among youth with co-occurring mental health and substance se disorders. It assists youth in evaluating the motivation behind and the impact of substance use in order to make wise decisions about future behavior. These services are sub-contracted through our Substance Abuse program and contractors in the community.

The various PEI projects in this section have had a tremendous impact on the community given the wide range of approaches that include schools, cultural organizations, and evidence-based practices such as Triple P and PBIS that **touch the lives of many more families than individual treatment services can.** Each of these PEI strategies has made a significant impact on local children, youth and families.

Target Population: This project area addresses three priority populations: **children and youth from stressed families, onset of mental illness, and trauma exposed children 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**.

Providers: The services in this component are provided by staff from First 5, SCCCC, Barrios Unidos, County Office of Education, Pajaro Valley Prevention & Student Assistance, and Santa Cruz County Mental Health & Substance Abuse Services. Some of these agencies collaborate on the strategies listed above.

- **First 5** provides Triple P, Side by Side
- **SCCCC** provides Side by Side, Seven Challenges, and school-based services
- **Barrios Unidos** provides violence prevention in the school-based prevention & early intervention strategy
- **County Office of Education** provides services in the school-based prevention & early intervention, and has subcontracted with NAMI, the Diversity Center, the Live Oak Resource Center, Positive Behavioral Interventions & Support, and SCCCC to provide the services.
- **Pajaro Valley Prevention & Student Assistance** provides school based prevention & early intervention services, and Seven Challenges
- **Santa Cruz County Mental Health & Substance Abuse Services** provides 0 to 5 early intervention services, and primary care outreach/consultation.

Target Number of individuals to be served in 2013-2014:

First 5- Triple P: 3400 youth, 1900 parents
First 5 & SCCCC- Side by Side: 20
SCCCC- Seven Challenges: 30
SCCCC- Familias Fuertes: 17
Barrios Unidos: 300

County Office of Education:

- Live Oak Community Resource Center: 75 parents
- Diversity Center: 25 triangle panels in Santa County schools (reaching 750 students)
- Positive Behavioral Interventions & Support: 15 teachers
- Youth Services: 84 students, 21 parents, 13 teachers and 4 principals.

Pajaro Valley Prevention & Student Assistance, Seven Challenges: 40
Santa Cruz County Mental Health & Substance Abuse Services- 0-5: 100
Santa Cruz County Mental Health & Substance Abuse Services- primary care outreach: 400

Community Impact: 0-5 Dominican Clinic

Juan was placed into foster care for the 2nd time when he was 5 years old. He had been witness to extreme domestic violence, had been physically abused and he had experienced significant neglect as a result of his parents drug abuse. He was referred to Children's Mental Health and began receiving mental health treatment right away. He demonstrated significant anxiety, had difficulty sleeping, difficulty concentrating, and talked about some of the traumas he had experienced. He missed his parents, and was having challenges adjusting to living in his foster home. His mental health treatment included supporting him in his foster home, working with him individually, and with his family, and supporting him in his educational setting. He was also referred to our Dominican Interdisciplinary Child Development Program (DICDP) for a psychological assessment. His mental health clinician worked with the developmental psychologist who provided developmental and cognitive testing to assess for any unmet needs Juan might have.

The testing results indicated that Juan should be eligible for special education services due to his cognitive functioning. Juan's mother was provided with a letter addressed to Juan's school requesting an eligibility assessment to ensure that Juan received the support he needed at school to ensure his success. Unfortunately, Juan's mother was not willing to provide the school with that letter, as she did not want her son to receive special education services. Juan's mental health therapist worked with Juan's mother and with his social worker to support Juan in receiving the educational support he needed. Juan's mother was ultimately unable to reunify with Juan and he was placed in an adoptive home. Juan's mental health counselor was able to talk with the adoptive parent educating her on Juan's educational needs, and she was very interested in following up with the request for Juan to receive educational support at school. Juan's mental health counselor consulted with the DICDP psychologist, who was happy to write an addendum to her report requesting that the school provide the eligibility assessment for Juan.

We are happy to report that Juan received the eligibility assessment at school and is now receiving the special education support he needs to be successful at school. Juan is happily living in a loving home, and his adoption will be finalized soon. He is still receiving mental health therapy, and has made significant progress in his treatment. He is no longer feeling as anxious and he is building a loving and caring relationship with his new family.

Community Impact: Barrios Unidos

At fifteen years old, Mario was all too familiar with Juvenile Hall and the gang culture that permeated his life. Mario has participated at Barrios Unidos programs through the Educational Outreach Program and the Beach Flats Youth Group program for over seven months now and has made huge improvements in his life. He is enrolled and doing well in school with an almost perfect attendance record. Most importantly, Mario has had a completely clean track record with the juvenile system since he started participating in Barrios Unidos programs.

Community Impact: Diversity Center (Under COE – Mental Health/School Partnerships)

This Spring we received a request from one of our South County middle schools for support around their first openly transgender student. Our staff met with the schoolteachers and administrators to provide education on the topic. Together we helped craft a plan to keep the student physically and emotionally safe while at school. The plan includes a Triangle Speakers panel and implementation of a GSA. The transgender student has since expressed that she feels much safer at school and really appreciates that school staff are treating her more appropriately. Her academic performance has also improved markedly. This success story is important for the many other students struggling with LGBT issues at her school who now have access to more resources.

Community Impact: Live Oak Family Resource Center – Positive Discipline (Under COE)

One particular success this year was our partnership (driven and supported by our MHSA partnership) with Del Mar Elementary to provide a Positive Discipline class targeted to Spanish speaking Del Mar parents and held at Del Mar School. Del Mar did special targeted outreach to families with special challenges…" The following is a comment from one of the parents in this class: "My entire family has benefited. We are learning how to live better as a family and with others."

Community Impact: Triple P

"Gina" began receiving in-depth individual Triple P sessions because of concerns that her 3-year old daughter, "Amanda," regularly threw tantrums and was aggressive with mom, grandma, cousins, and even her 3-month old sister. At times, Amanda would also go to her grandmother, who would end up giving in. Amanda had also regressed in her potty training and was having accidents several times each day, despite only having occasional accidents at night several months earlier.

Through the Triple P assessment process, Gina revealed that her parenting style tended to be lax, and her anxiety level was really high. The Triple P practitioner taught Gina some Triple P parenting strategies to help strengthen her relationship with Amanda, such as spending quality time together and providing descriptive praise for the things that Amanda did well. Gina also learned Triple P strategies for giving calm, clear instructions and following up with logical consequences if needed.

Gina is now nine weeks into the program, and her confidence has skyrocketed. She is able to use the Triple P strategies consistently, and Amanda can now calm herself down. Amanda no longer goes to her grandma when throwing tantrums, and Gina feels that her family now sees her as a competent parent because she is able to set appropriate limits and follow through. Gina and Amanda also spend more quality time together baking cupcakes, playing at bath time, and making jewelry together. And Gina is ecstatic that the news skills and confidence that both she and Amanda have gained has resulted in tremendous improvements in Amanda's potty training…and there is now much less laundry to do.

F. Clinical Outcomes and Youth/Family Satisfaction

Since July 1, 1995, consumer level outcome measures have been implemented in our System of Care. Beginning in October 2003, the State Department of Mental Health changed the method of evaluating consumer satisfaction with services. The **Youth Services Survey (YSS) and the Youth Services Survey for Families (YSS-F)**, both adapted by Molly Brunk, Ph.D. (1999) from the Family Satisfaction Questionnaire, were instituted as the standard measurement of satisfaction. The new surveys, available in Spanish and English, provide more comprehensive data from youth and families about their experience of receiving treatment. They are administered twice yearly to all families receiving services in November and May.

In addition, for many years we've utilized a variety of clinical measures to gauge improvements in functioning from the point of view of the treating clinician, the parent/caregiver, and youth receiving services. For this reporting cycle, the **Ohio Scales** (Benjamin M. Oglas and Southwest Consortium for Children - **Worker & Youth versions)** have replaced the Child and Adolescent Functional Assessment Scale **(CAFAS)** for the clinician assessment. The Child Behavior Checklist **(CBCL)** remains the instrument used for parent/caregiver assessment of child/youth progress. These instruments are administered at admit, six months, twelve months, annually, and at discharge from the System of Care whenever possible. The data below represents a large sampling of clinical measurement.

1. Clinician Perspective

Ohio Scales - Worker Version

The Ohio Scales data below shows child/youth clinical outcomes *from the point of view of the treating* ***clinician***. The first graph shows an ***improvement in functioning*** for clients administered pre and post tests. The statistics indicate very strongly confidence that these changes represent true change for the clients. The second graph shows ***decreases in problem severity*** for clients tested. The statistics indicate extremely strongly confidence that these changes represent true changes for the clients.

Figure 27. Ohio Worker Function Scale, sampling from July 2008 – June 2012

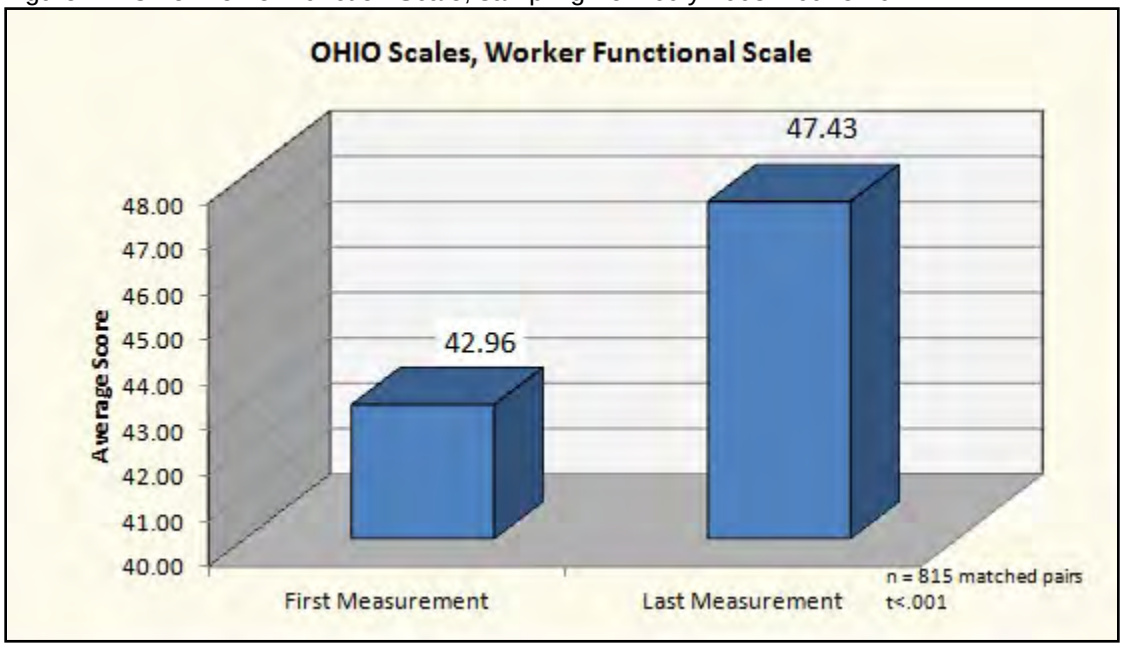
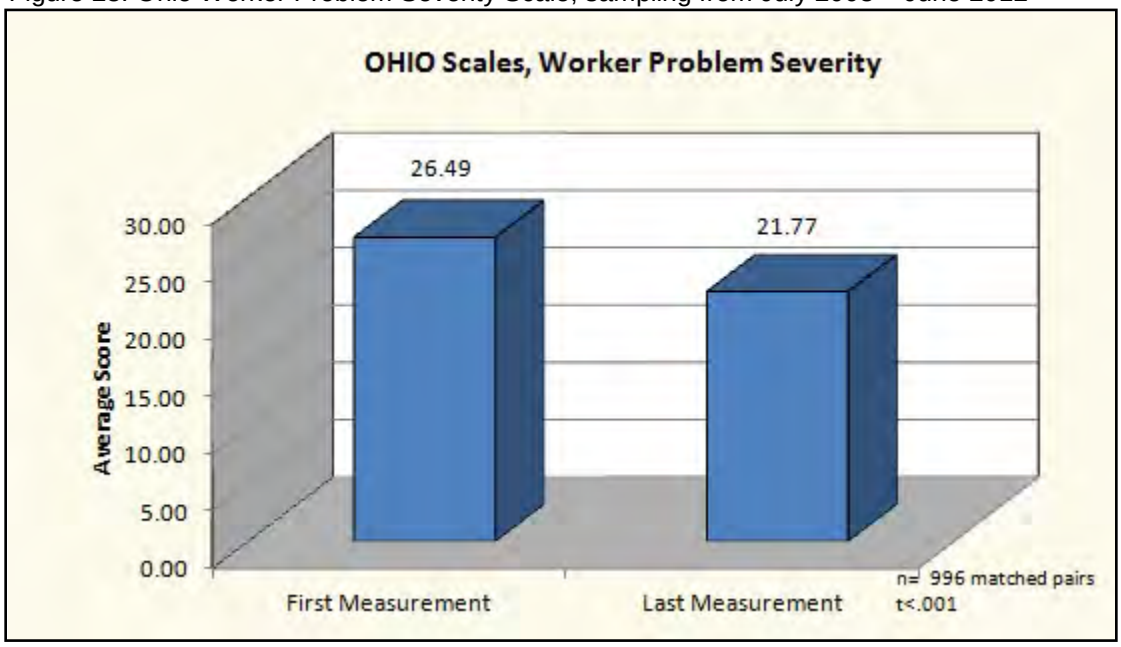


Figure 28. Ohio Worker Problem Severity Scale, sampling from July 2008 – June 2012



Historical View - CAFAS Data

Since the administration of the Ohio Scales is relatively new, we've included previous years of CAFAS data for historical purposes. On the CAFAS the *clinician* is asked to rate the youth's level of functioning in each of eight areas: School/Work, Home, Community, Behavior toward Others, Moods/Emotions, Self-Harmful Behavior, Substance Use, and Thinking.

Between 7/1/95 and 6/30/03*, Santa Cruz County clinicians administered 7,010 CAFAS. Of these, 2,823 are admits/screening for coordinated care; 1,157 are at six months of treatment; 1,339 are annual measures, and 1,691 are discharges from treatment.

From the clinician perspective, trends show:

> **Statistically significant improvement in ALL of the reported CAFAS Scales between admit and the most recent administration of the measure.**

2. Parent Perspective: Child Behavior Checklist (CBCL, Achenbach and Adelman, 1991)

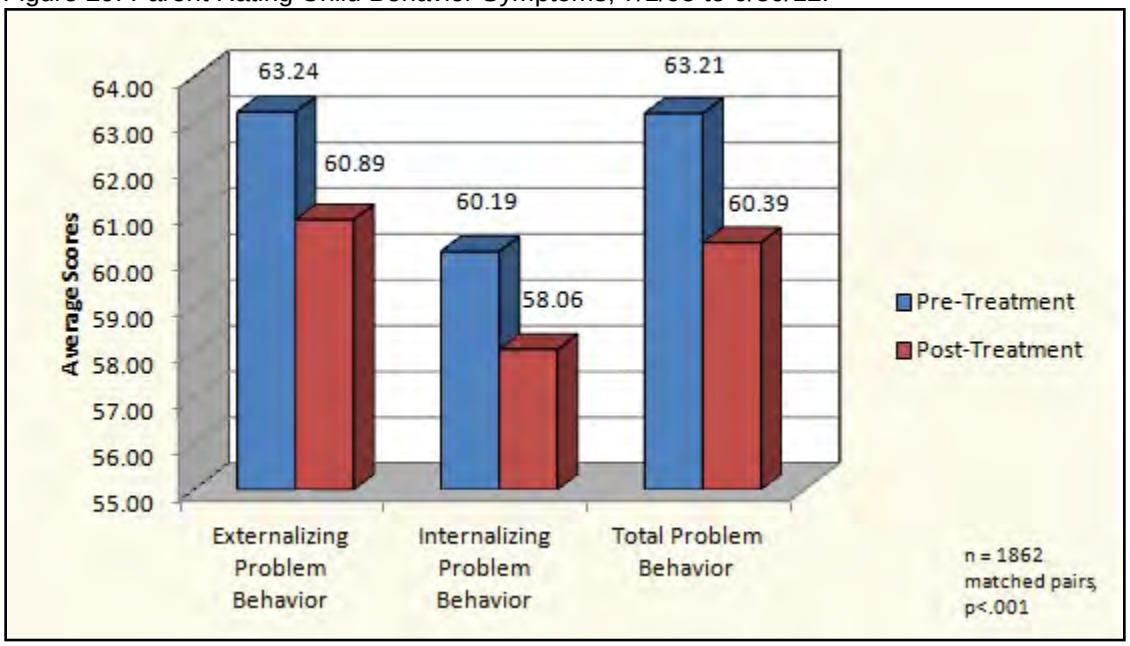
The CBCL, Child Behavior Checklist, was designed to describe a range of problem behaviors of children 4 to 18 years old from the perspective of the ***parent or caregiver.*** The problem behavior section addresses a broad range of behaviors and provides empirically derived Externalizing (e.g., "fights," "argues a lot") and Internalizing (e.g., "unhappy, sad, or depressed," "stares blankly") factor scores as well as a Total Problem Behavior score.

Between 7/1/95 and 6/30/12, Santa Cruz County administered CBCL's to youth assessed or being served in the System of Care (which includes those administered at admit, six months of treatment, at the annual mark, or upon discharge).

Changes in scores in problem behaviors on 1,862 youth for whom we have two points of measurement indicate:

- **Significant decrease in internalizing problem behaviors**
- **Significant decrease in externalizing problem behaviors**
- **Significant decrease in total problem behaviors**

Figure 29. Parent Rating Child Behavior Symptoms, 7/1/95 to 6/30/12.



3. Youth Perspective

Ohio Scales - Youth Version

The Ohio Scales data below shows youth clinical outcomes *from the point of view of the* ***youth.*** The first graph indicates that youth see an ***improvement in functioning*** for themselves, for clients administered pre and post tests. In this case the statistics demonstrate a confidence that the changes are genuine for the clients. The second graph indicates how youth see the severity of their own problems, with ***decreases in problem severity*** for clients tested. Although the test results were just below statistical significance, in this case, the change reported from pre to post was in a declining direction.

Figure 30. Ohio Youth Functioning Scale, sampling from July 2008 – June 2012.

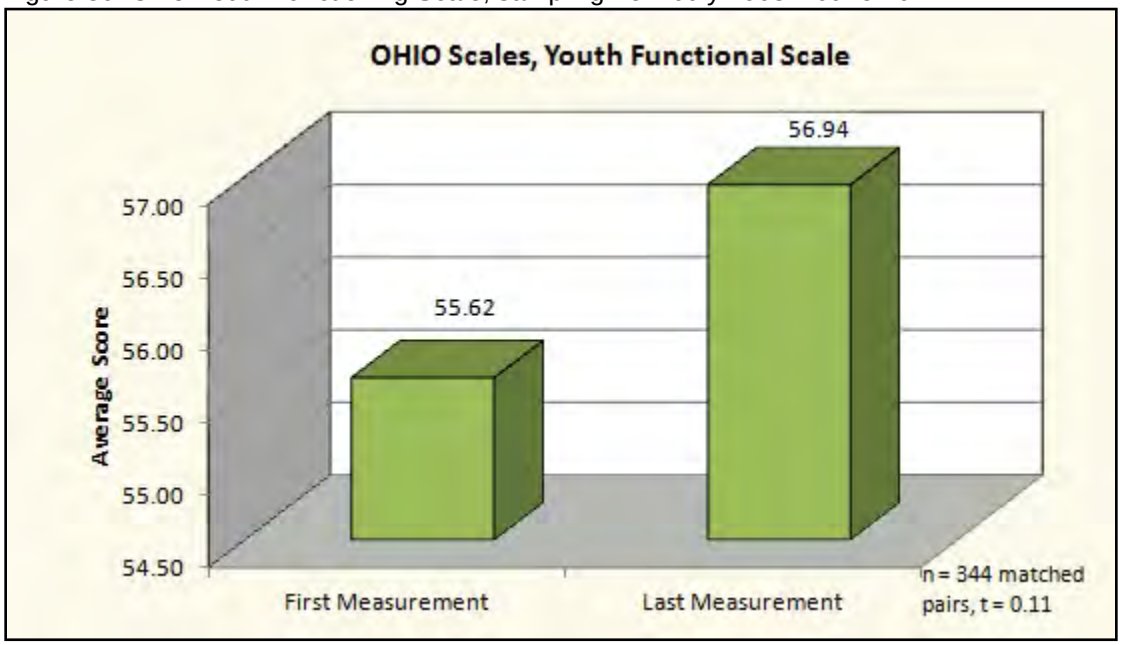
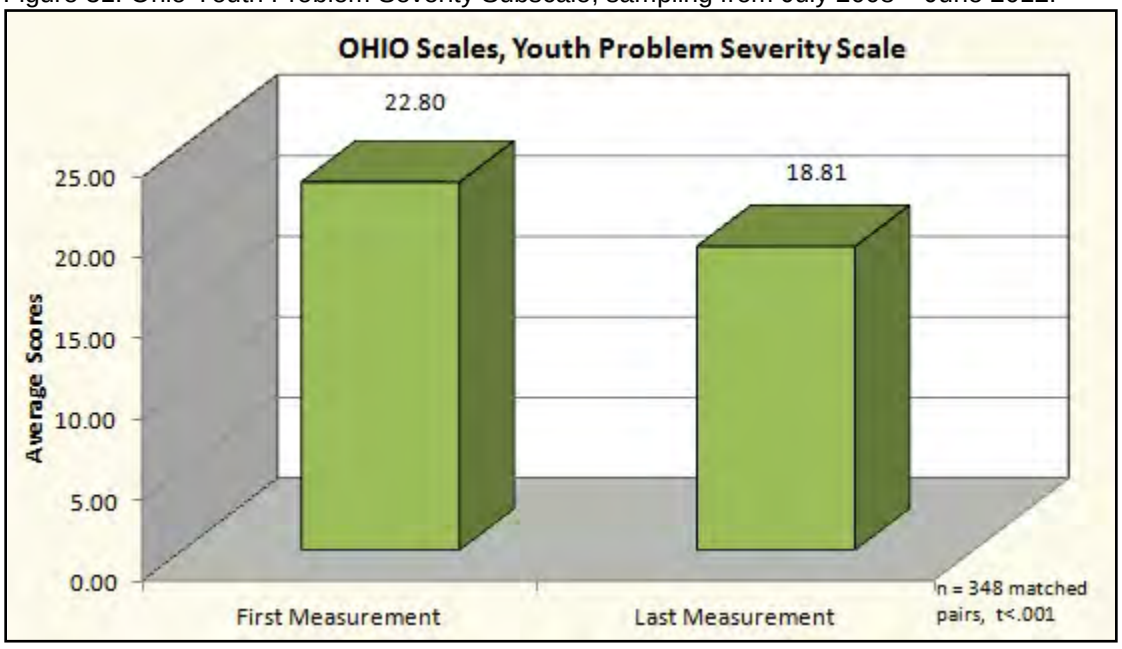


Figure 31. Ohio Youth Problem Severity Subscale, sampling from July 2008 – June 2012.



Historical View - Youth Self Report (YSR, Achenbach and Adelman, 1991)

The YSR is a companion instrument to the CBCL and is **completed by children 11 to 18 years of age**. Similar to the CBCL, the YSR contains a 113 item problem behavior section and a 14 item social competence section, and yields a number of empirically derived scales, including a Total Problem Behavior scale, Externalizing Behavior scale and Internalizing Behavior scale.

Between 7/1/95 and 6/30/03*, Santa Cruz County clinicians administered 5,275 YSR's. Of these 2,397 are admits/screenings, 776 represent six months of treatment, 940 are annual, and 1,162 are discharges from treatment.

Changes in scores in problem behaviors on youth for whom we have two points of measurement, representing an average of 17 months of treatment, indicate:

- Significant decrease in internalizing problem behaviors
- Significant decrease in externalizing problem behaviors
- Significant decrease in total problem behaviors

4. Youth and Family Satisfaction Questionnaires

Since 7/1/95, Santa Cruz County Children's Mental Health has administered family and youth satisfaction questionnaires as part of our ongoing System of Care evaluation. **Research shows a link between consumer satisfaction and improved outcomes, so this measure is important in both domains.**

Youth Services Survey (YSS) and the Youth Services Survey for Families (YSS-F)

The State Department of Mental Health, as part of its Performance Outcome and Quality Improvement (POQI) efforts, has periodically required youth and parent/caregivers in local mental health services to be offered a satisfaction survey. It provides important feedback to state and local leaders about how our services are seen by the families that use them. **The chart below illustrates youth and family feedback at a point in time (2011),** with a predominance of scores in the ***strongly agree*** and ***agree*** range regarding overall satisfaction with services received. This is important feedback to our system; the score sampling has been consistent over many years of service delivery.

Youth Services Survey for Families from CIMH (California Institute for Mental Health) – Selected Questions

November 2011

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my family received.	63.4%	28.1%	5.2%	0.7%	2.6%
My family got the help we wanted for my child.	57.1%	26.9%	9.0%	3.8%	3.2%

Historical View – Family and Youth Satisfaction Questionnaires

From 1995 through the beginning of 2004, the instruments used were the Family Satisfaction Questionnaire (CSQ-8) developed by Cliff Attkisson of the University of California San Francisco Child Research Service Group, and the Youth Satisfaction Questionnaire, developed by MACRO International as part of the CMHS National Evaluation of Systems of Care. Overall we collected 1,118 Family Satisfaction Questionnaires and 1,034 Youth Satisfaction Questionnaires. **For many years now, the equivalent "ratings" collected have consistently "graded" Santa Cruz County mental health services "A's & B's" on our report card from parents and youth.**

III. SYSTEM OF CARE VALUES

A. Family Partnership Program

The Family Partnership Program, initiated in 1995, offers **peer support services to parents, caregivers and family members of children and youth with serious emotional disturbances.** Services are offered by **trained peer counselors--family members with personal experience as parents or caregivers of children with mental health issues and/or other service needs.** The program is operated by the Volunteer Center of Santa Cruz, a non-profit agency, under contract with Santa Cruz County Children's Mental Health. The program provides home and field-based services to families throughout Santa Cruz County. It was **designed to give family members a stronger voice in their children's care and treatment by engaging them and honoring their role as full partners in their children's care.**

Working closely with Children's Mental Health, Juvenile Probation and other System of Care providers, the Family Partnership Program assigns peer advocate staff members to **help families navigate the sometimes complex public service system for their child/youth.** Family Partner staff work closely with families on a 1-1 basis to assist them in learning about children's mental health issues, about parents' rights to participate in treatment planning, about effective coping skills and parenting strategies and about available mental health services and community resources. Program services include individual consultation, court accompaniment, education workshops, referrals, advocacy, respite care and assistance with family reunification following out-of-home placement. Bilingual/bicultural staff are available to provide culturally-competent support to Spanish-speaking and Latino families.

Family Partnership services are supported in part by Mental Health Services Act (MHSA), as well as through EPSDT services.

In addition to these accomplishments, the Family Partnership Program's proudest achievements are summed up in the feedback they receive from family members. In a recent survey, comments included:

"The program provides us with trust and confidentiality. The result is that it helps us mentally, physically, and spiritually."

"Without the program, I would probably drown."

B. Cultural Competence

Santa Cruz County strives to recognize and value cultural differences among its citizens. Children's Mental Health has traditionally sought ways to increase its ability to provide culturally competent services for our children and families. Our Federal System of Care Grant in the 1990's helped Children's Mental Health take a leadership role in cultural competence for our Mental Health department in the 1990's. Since then, the entire Mental Health/Substance Abuse department has undertaken a focused commitment to achieve greater cultural competency—**particularly with our large population of Latino families; with Lesbian, Gay, Bisexual, Trans and Questioning youth/families; and with youth/family/consumer cultures.**

In recent years, we have integrated our **Cultural Competence Council** into our Core Leadership management team, helping to infuse dialogue and data review with a broader array of agency/community stakeholders. The council is made up of staff, contractors, clients and family members charged with the responsibility of moving cultural competence issues forward. The council reviews and makes recommendations on important issues such as access for special populations, evaluating staff for cultural and linguistic competency, and staff recruitment and training.

Staff has also provided leadership in cultural competence through **sponsorship of important trainings.** Our department's Cultural Competence coordinators, Alicia Najera and Elizabeth Soria, have worked with staff and external trainers to maintain a rich array of trainings. Topics in recent years have included:

- Art of Ana Mendieta
- Triangle Speakers (LBGTQ issues)
- Last Chance for Eden (4 sessions)
- The Cultural Significance of Mexican Folklórico Dance
- Changing Gendered Constructions of Risk by Mexican Immigrants
- Lost in Translation?
- Found in Interpretation.
- Cultural Considerations in Relapse Prevention Therapy
- Whose Holiday is it Anyway?
- Spirit Possession and Mental Health among Vietnamese-American Spirit Mediums
- Sí Se Puede Panel Presentation
- Mental Health Client Action Network – Client Perspectives
- Disabled and Mislabeled
- Creating Welcoming Spaces (2 sessions)
- What is Same Sex International Dance Competition
- Culture, Family Factors & The Course of Mental Illness
- Jewish Presentation, Panel Discussion
- Healing Oppression
- Parents and Teachers as Allies (LGBTQ)
- Queer Youth Health Summit
- Anti-Oppressive Practices
- Advances in Working with Transgender Clients

Yet another way that the Children's Program has worked to increase cultural competence is through emphasis on recruitment and retention of bilingual/bicultural staff. The Bilingual Clinician Support Group provides a forum for bilingual/bicultural staff to receive support from

others experiencing similar challenges in providing services to a multi-cultural community. In addition, the department's new Cultural Competence plan has helped us better map and understand our client's needs, our staff resources, and how we need to move forward towards even better, culturally relevant services to the families we serve.

C. Youth Services STRANGE Program for Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer and Questioning Youth

STRANGE provides supportive, educational and social activities for lesbian, gay, bisexual, transgender, intersex, queer and questioning (LGBT) youth and their allies. With the help of adult mentors, STRANGE participants take a leadership role in supporting high school campus Gay-Straight Alliances, providing peer counseling and training, and advocating for LGBT youth.

D. Other Family and Youth Involvement Approaches

Involving family and youth in the treatment process is a core value of our System of Care. Families are invited to provide feedback to our clinicians and programs on what works and how to improve the delivery of services in a variety of ways (including the satisfaction survey data in the previous section).

In addition to some of the real client stories conveyed in previous pages, we've included client poetry and art as a way of sharing some of the personal experience of youth in our programs. The following come from Dennis Morton's poetry workshop in Juvenile Hall, and other venues:

A Letter To My Dad

Dear Dad,
I know you left before I was born.
You left my Mom's heart torn.
My Mom was working while my brothers smoked weed.
I never found out I really need a father, until now.
I wonder how you could leave me before I'd even seen the light.
Even though I've been living on the dark side
I look at the bright side. I'm not mad at you.
I'm mad at what you've done.
Grew up without you. Grew up without a role model.
Grew up without advice. Grew up to be a thug.
Remember the time you said you were gonna pick me up
For my birthday? You didn't even answer my call.
But I forgive you for it all.
After all – I only get one father.
Every day my mind gets smarter, and my heart – harder.
I'm one of a kind.

-- Chicos The Hall *(selected for the 2013 Santa Cruz County High School poetry anthology)*

Stuck

My appointment with life
starts with a cup of coffee.
A crow is watching
as my blessings fail me.
I'm stuck in traffic
with a pocket full of wishes
and dust in my eyes.

-- Kate, *YES School*

Beauty

What is beauty?
Once when I looked up at the sky I saw a star.
It turned into a meteor
and soared across the sky for ten seconds
and then it vanished.
That was beauty.
That was the most beautiful thing I ever saw.

--Xavier, The Hall

Wondering

Every hour I think and wonder,
hoping that I could go home,
hoping my mom won't shed that tear.
No space for me to be free,
wishing I could just walk out that door.
Looking at the four corners in my room
gots me wondering if I'll be a ghost soon.
gots my eyes closed tight,
thinking about the history of my
childhood life.

-- Robert, *first published in issue 13.14 of the Beat Within*

This Time

I was with some friends.
It was winter, icy, windy.
We were hanging out
in a car in a dark alley.
We were full of doubt but
we didn't want to show it.
And then, red and blue lights
in the mirrors of the Cadillac.
We took deep breaths, wondered
what we were guilty of,
this time.

-- Michael, *first published in issue 13.01 of the Beat Within*

Needless, Needles

Needless to say, needles I say,
on the streets I stay. I play mind games,
seek riddles, dance in the rain.
It's what destiny says to me,
that truly tests the best of me,
confess and we'll see.
We're trespassing to find places to sleep.
Cardboard's all that's between us and concrete.
I don't sleep in a tent anymore.
I've found front porches, cardboard boxes,
alleyways and parking lots.
I steal only what I need,
only take what other people leave.
I live to write but wrote to die.
With unsober mind I lived in spite.
These words are all I've got.
If I didn't have them I'd have no reason to go on.
So I sit here, letting my mind race,
trying to find something to do in this unbearable place.

-- Faith, *first published in issue 13.01 of the Beat Within*

Twice

Inside a confused head
held up by words unsaid
I explore my brain
delving into a realm
from which I can extract the pain.
But that trip comes with a price.
I'm misguided by my own corrupted advice.
If I were my own therapist
I'd have to take my time, drop a rhyme,
and fire myself twice.

-- Jackson, *first published in issue 13.05 of the Beat Within*

Thinking

I'm sitting in my room
thinking of the game
that gave me this 'fame'.
It's just a big journey
and sometimes I sleep
through it. I'm thinking
about the past. I wish
I was on the outs
so I could feel the wind
and smell my girl's scent
at night. All I can hear
is the rain, and a moving train.

-- George, *first published in issue 13.16 of the Beat Within*

What Hand

What type of hand
can turn the key
to open a shell
of sorrow?
Or does it take a kiss
to open the abyss
and turn the pain
from yesterday
into happiness tomorrow?

Always more -
greed is a whore.
More lies.
More money.
More anger, hate, and pain.
More corruption.
Who's to blame?
The greatest nation on earth -
an imposter since it's birth.

-- Jackson, *first published in issue 13.09 of the Beat Within*

Together

Creatures of the night
angels of the day
ride the bus together
like cigarettes in an ash tray.

-- Jackson, *first published in issue 13.08 of the Beat Within*

Finally, a poem about therapists, youth and families coming together to understand each other more, about culture, about what it feels like to stand alone, and stand together:

How Therapists Dance

Washington DC after a conference,
we head into the urban night
led by the jive-talking white ghetto boy
raised in black foster homes
bent on showing us the town. We
wander from night club to bar,
a mix of Black, Asian, Latino, White
earnest saviors eager to party, to strip
the mind of diagnostic prognostication,
to revel. Eventually, one by one, our group
slips back to the hotel till I am alone
with a young black woman who says
I want to show you one more place.
Down an alley, she leads me to a club
where I am the only white face in the joint,
and while she is gone to the bathroom,
the owner saunters over, asks how I'm doing,
says *if you have any trouble here, come find me.*
And I am suddenly more alone
than ever, till my young friend returns,
looks at my anxious face, smiles, says
this is what I wanted to show you.

---*Dane Cervine, Chief of Children's Mental Health, Santa Cruz County*

Poem first appeared in The SUN Magazine, *and is the title poem from Dane's book of poems/essays from Plain View Press entitled* HOW THERAPISTS DANCE.

Dennis Morton linked with the organizers of the Cabrillo Music Festival to bring a number of youth poems alive as part of a musical/performance collaboration entitled ***Someone Else's Child.*** The symphony, composed and performed by John Christopher Wineglass, includes a version of four youth poems written in Juvenile Hall, and read by Charles Holt, the Broadway actor. Dennis says: *The poems are the integral part of the performance. Which isn't to say that the music itself isn't essential. But it was the kids' words that blew the audience away.*

Here's an overview of the musical composition, as well as the poetry text that was performed:

Someone Else's Child (2012)
World Premiere/Festival Commission
John Christopher Wineglass

John Wineglass received his undergraduate degree in composition (with a minor in viola) at the American University and his masters' degree at New York University while studying with Justin Dello-Joio at the Juilliard School. Wineglass has received seven Emmy Award nominations, three ASCAP Film and Television Music awards and has performed on five continents for numerous world leaders. Someone Else's Child *was commissioned by Festival patron David Kaun. Composer John Wineglass writes the following notes:*

Loosely based on the title and topic of the book by the award-winning authors Jill Wolfson and John Hubner [*Somebody Else's Children*], this work is a symphonic poem describing the life and thoughts of incarcerated youth in America today. It uses texts from a select number of poems from *The Beat Within*–a weekly publication of writing and art from kids in the juvenile detention center of Santa Cruz, California. I was deeply impacted, emotionally and musically, by my initial reading of these works introduced to me by David Kaun, and by my several visits to this guarded facility with poet and volunteer coordinator Dennis Morton.

The opening movement entitled *Scarred* is a dark description of a once positive 'light' entering into a sea of obscurity and eventual loss of identity. This brooding movement…signifying the fragility and innocence of the human soul as it enters this world as a child, unabated until it is eventually 'scarred' by some of the perversions of this life…

Instability, the second movement, further depicts the life of chaos exemplified in the hundreds of poems I read through… Starting in a 7/8 meter marked *Vivace*, this movement rips at 180 bpms with blaring French horns and counter-rhythmic melodies in the lower brass and strings. It saunters into a scherzo-like dance exemplifying the wickedness of perhaps the devil himself. I even briefly quote an altered version of *Mary Had A Little Lamb* for some resemblance of the idealized childhood most of these kids still desire today. The apex of this movement approaches with a chaotic wall of sound that comes to a screeching halt, representing utter brokenness. The narration begins—colored by the orchestra with an occasional period of silence—and the narrator, in a rubato fashion, manifests as a solo 'instrument.' Using different lines from the texts of a number of these select poems, a landscape is painted through the voice of detainees, giving details and reflections of his/her choices.

The third movement, entitled *The Rise*, opens with the text of *the sun is in the sky*, and offers a ray of light—the possibility of rising from the adversities of life. A slow Adagio with a rising melody in the strings is later doubled with the winds and then accompanied by the brass in an explosive fanfare and

narrative celebration proclaiming that even in the darkest of adversity, "I rise… All of me…yet I rise. I am FREE again."

Text from *Someone Else's Child* for Narrator and Orchestra by children of the Hartman School Juvenile Hall, with additional text contributed by Charles Holt:

I can hear the keys dangling
as they walk by my cell,
like a rattlesnake hissing
in the hallway of hell.
Footsteps approaching
telling me to do well.
Is it a demon or an angel?
I can't really tell.

Voices in my head guide me.
My future's on the block.
Poems are my release.
My mind is turning like a clock.
Homeless for two years. Sleeping in the cold
They say this life ain't right for a 17 year old.
Am I destined to live this way 'til the end?
Will I prosper from it or live life in the pen?
What can a band-aid do
when the scar comes from within?

I'm laughing at time
and how I have disappeared
into the shadows.
Now I am standing by a cemetery.
Night stands with the moon –
which is guiding me
along an unknown path
with its merciful light.
But what can I say? I chose this life.
I'm married to my barrio. My 'hood is my wife.
Am I destined to live this way 'til the end?
Will I prosper for it or live life in the pen?
What can a band-aid do
when the scar comes from within?

The sun is in the sky
but in my mind it's still night.
Could I rise?
The shadow approaches
but my heart's without fright.
Should I rise?
Posted on the porch
with my brain filled with splinters,
my smile starts to fade
and my blood gets cold as winter.

But I wanna rise...

Above the eyes of appearances to the mind
Beyond my predicament where I am free.
I rise...
All of me...yet I rise
I am FREE again.

Here's a link to the music festival website, with more background on John Wineglass and Charles Holt.

http://www.cabrillomusic.org/2012-season/composers/john-wineglass.html

Tyler House Art Project Spring 2010

Youth in our Tyler House program participated in a 3-day art project in which they created works of arts which were later placed on display in the group home. Two professional artists from the community help our program for this 3-day event. Youth were asked to show “what you (KNOW) or what you (NO)”. A multitude of materials were used on canvas to create these works of self-expression. After their works were completed, youth joined in circle to reflect on the experience and many shared they were moved by the deepening effect of the creative process.

Pictures on display in Tyler House’s dinning area.

16 year-old female’s first day at Tyler House.

“Dreams” - 18 year-old female.

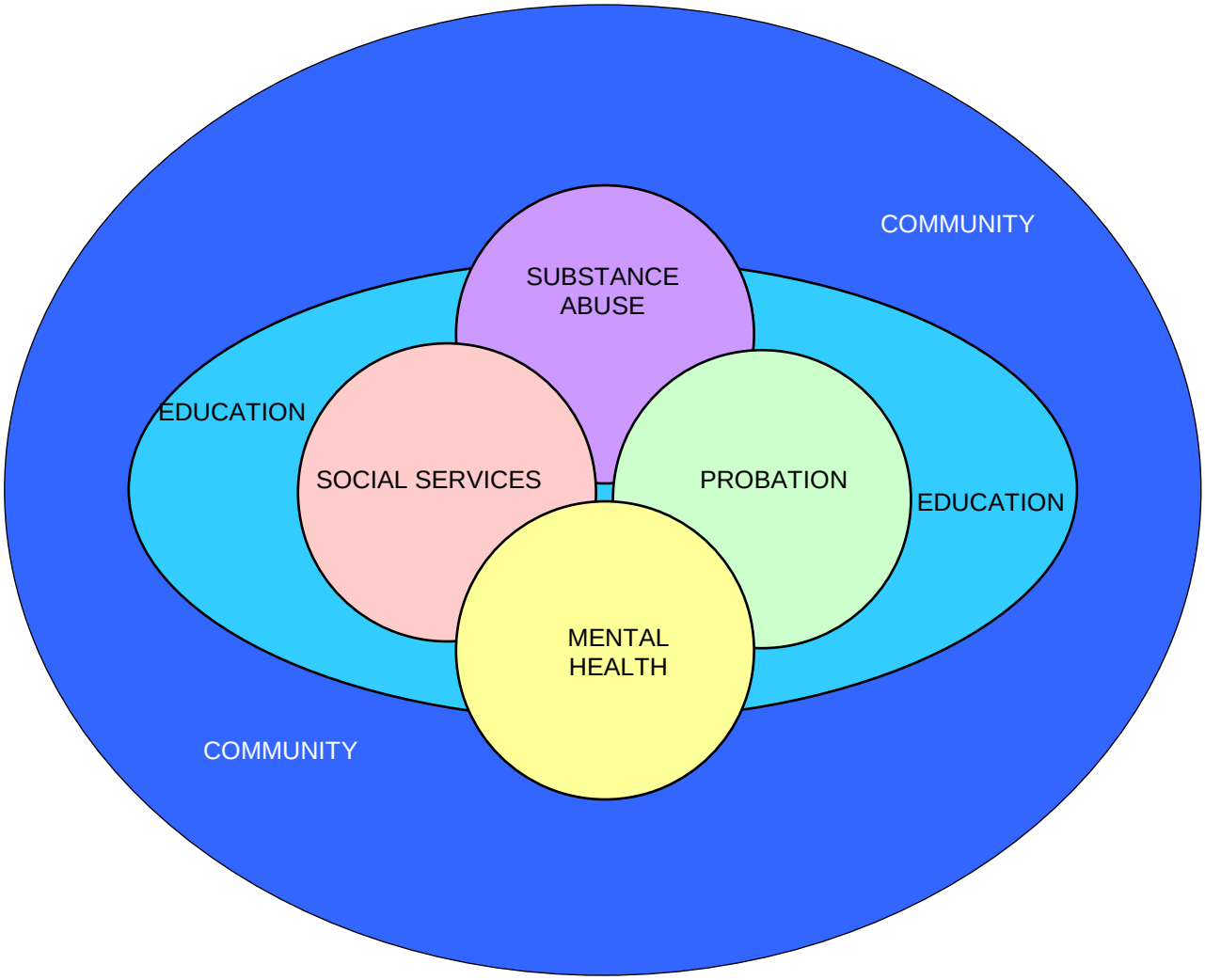
17 year-old male reflections on his Aztec ancestry.

Male youth reflecting on the hope he has gained during his stay at Tyler House.

"Friendship" -14 year-old male.

"Looking Forward" - 13 year-old female.

System of Care
COMMUNITY AND INTERAGENCY COLLABORATION



CHILD / ADOLESCENT WITH SERIOUS

EMOTIONAL DISTURBANCES

Appendix B

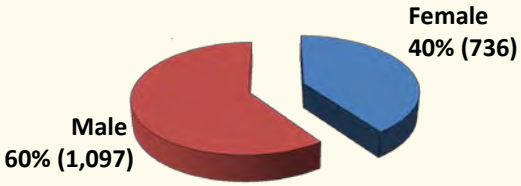
Year Twenty of System of Care – Demographics

July 1, 2008 – June 30, 2009

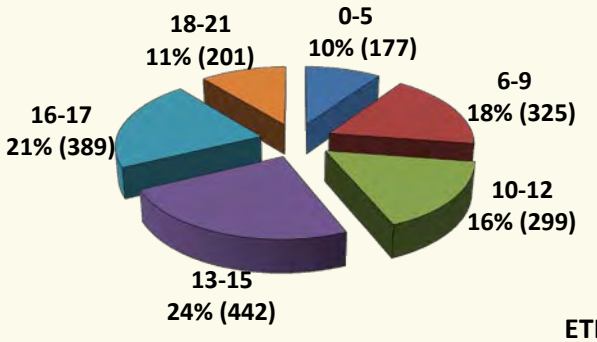
FY 08/09
ALL Children's Clients

Total Unduplicated Clients: 1,833

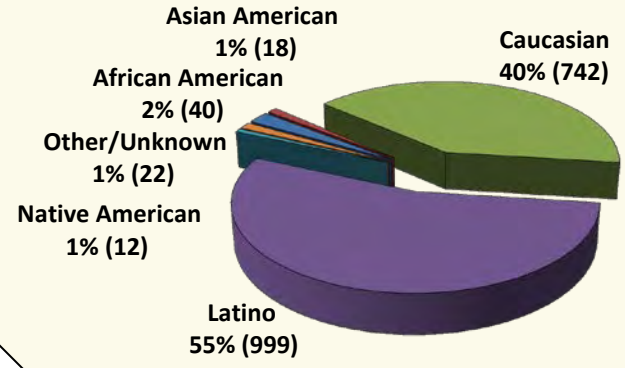
GENDER



AGE



ETHNICITY



Child Welfare Clients

Total Clients: 492

Ethnicity		Age	
Latino:	223	0-5:	107
Caucasian:	238	6-9:	108
African Amer.:	16	10-12:	72
Asian Amer.:	6	13-15:	86
Native Amer.:	1	16-17:	52
Other/Unknown:	8	18-21:	67

Probation Clients

Total Clients: 403

Ethnicity		Age	
Latino:	230	0-5:	0
Caucasian:	152	6-9:	0
African Amer.:	11	10-12:	20
Asian Amer.:	3	13-15:	149
Native Amer.:	4	16-17:	173
Other/Unknown:	3	18-21:	61

Special Education Clients

Total Clients: 191

Ethnicity		Age	
Latino:	58	0-5:	2
Caucasian:	115	6-9:	44
African Amer.:	7	10-12:	63
Asian Amer.:	5	13-15:	45
Native Amer.:	1	16-17:	29
Other/Unknown:	5	18-21:	8

Crisis Stabilization Clients

Total Clients: 114

Ethnicity		Age	
Latino:	41	0-5:	0
Caucasian:	69	6-9:	5
African Amer.:	2	10-12:	12
Asian Amer.:	1	13-15:	39
Native Amer.:	1	16-17:	48
Other/Unknown:	0	18-21:	10

EPSDT Contract Services Clients

Total Clients: 872

Ethnicity		Age	
Latino:	584	0-5:	74
Caucasian:	262	6-9:	184
African Amer.:	8	10-12:	159
Asian Amer.:	4	13-15:	210
Native Amer.:	6	16-17:	171
Other/Unknown:	8	18-21:	74

Community / Other SED Clients

Total Clients: 97

Ethnicity		Age	
Latino:	56	0-5:	0
Caucasian:	38	6-9:	13
African Amer.:	1	10-12:	18
Asian Amer.:	0	13-15:	22
Native Amer.:	0	16-17:	36
Other/Unknown:	2	18-21:	8

NOTE: Clients may receive services in multiple programs or reporting units.

Year Twenty-one of System of Care – Demographics

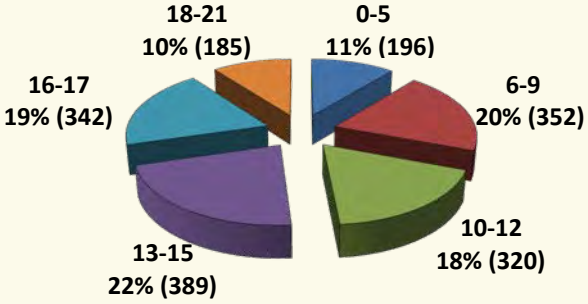
July 1, 2009 – June 30, 2010

FY 09/10
ALL Children's Clients

Total Unduplicated Clients: 1,784

GENDER

AGE



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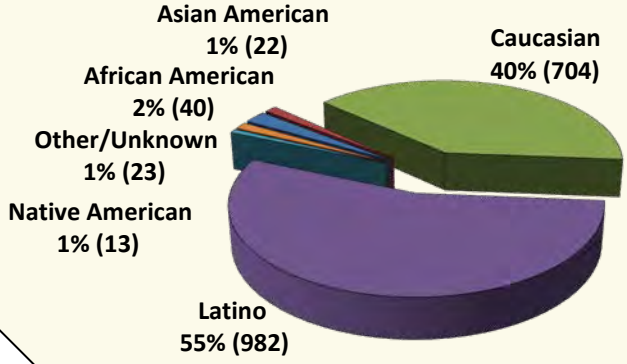


Child Welfare Clients

Total Clients: 470

Ethnicity		Age	
Latino:	222	0-5:	124
Caucasian:	223	6-9:	112
African Amer.:	16	10-12:	57
Asian Amer.:	3	13-15:	67
Native Amer.:	0	16-17:	45
Other/Unknown:	6	18-21:	65

Probation Clients

Total Clients: 330

Ethnicity		Age	
Latino:	189	0-5:	0
Caucasian:	120	6-9:	0
African Amer.:	11	10-12:	31
Asian Amer.:	2	13-15:	102
Native Amer.:	3	16-17:	153
Other/Unknown:	5	18-21:	44

Special Education Clients

Total Clients: 196

Ethnicity		Age	
Latino:	54	0-5:	2
Caucasian:	122	6-9:	33
African Amer.:	7	10-12:	69
Asian Amer.:	7	13-15:	53
Native Amer.:	1	16-17:	29
Other/Unknown:	5	18-21:	10

Crisis Stabilization Clients

Total Clients: 94

Ethnicity		Age	
Latino:	26	0-5:	0
Caucasian:	56	6-9:	5
African Amer.:	3	10-12:	12
Asian Amer.:	7	13-15:	39
Native Amer.:	0	16-17:	48
Other/Unknown:	2	18-21:	10

EPSDT Contract Services Clients

Total Clients: 828

Ethnicity		Age	
Latino:	556	0-5:	73
Caucasian:	237	6-9:	214
African Amer.:	13	10-12:	153
Asian Amer.:	5	13-15:	172
Native Amer.:	10	16-17:	146
Other/Unknown:	7	18-21:	70

Community / Other SED Clients

Total Clients: 135

Ethnicity		Age	
Latino:	76	0-5:	1
Caucasian:	50	6-9:	11
African Amer.:	3	10-12:	26
Asian Amer.:	2	13-15:	36
Native Amer.:	2	16-17:	40
Other/Unknown:	2	18-21:	21

NOTE: Clients may receive services in multiple programs or reporting units.

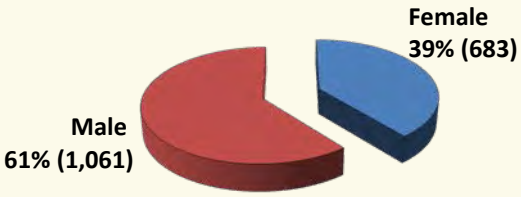
Year Twenty-two of System of Care – Demographics

July 1, 2010 – June 30, 2011

FY 10/11
ALL Children's Clients

Total Unduplicated Clients: 1,744

GENDER



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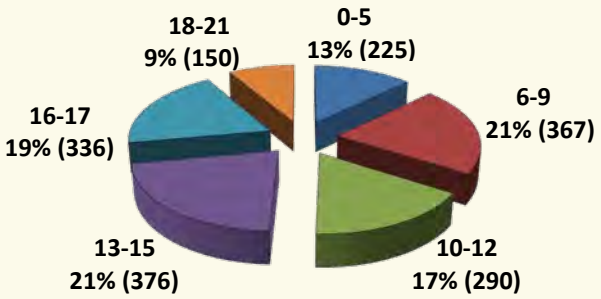

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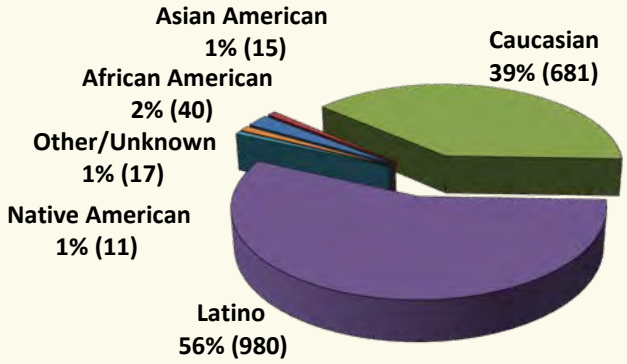


Child Welfare Clients

Total Clients: 429

Ethnicity		Age	
Latino:	199	0-5:	140
Caucasian:	212	6-9:	98
African Amer.:	13	10-12:	45
Asian Amer.:	3	13-15:	64
Native Amer.:	0	16-17:	34
Other/Unknown:	2	18-21:	48

Probation Clients

Total Clients: 386

Ethnicity		Age	
Latino:	219	0-5:	0
Caucasian:	139	6-9:	0
African Amer.:	15	10-12:	60
Asian Amer.:	2	13-15:	110
Native Amer.:	6	16-17:	160
Other/Unknown:	5	18-21:	56

Special Education Clients

Total Clients: 152

Ethnicity		Age	
Latino:	48	0-5:	2
Caucasian:	93	6-9:	24
African Amer.:	5	10-12:	49
Asian Amer.:	4	13-15:	47
Native Amer.:	1	16-17:	23
Other/Unknown:	1	18-21:	7

Crisis Stabilization Clients

Total Clients: 99

Ethnicity		Age	
Latino:	29	0-5:	0
Caucasian:	61	6-9:	11
African Amer.:	2	10-12:	9
Asian Amer.:	3	13-15:	35
Native Amer.:	1	16-17:	40
Other/Unknown:	3	18-21:	4

EPSDT Contract Services Clients

Total Clients: 769

Ethnicity		Age	
Latino:	543	0-5:	86
Caucasian:	200	6-9:	233
African Amer.:	12	10-12:	124
Asian Amer.:	4	13-15:	152
Native Amer.:	3	16-17:	129
Other/Unknown:	7	18-21:	45

Community / Other SED Clients

Total Clients: 141

Ethnicity		Age	
Latino:	71	0-5:	6
Caucasian:	60	6-9:	23
African Amer.:	7	10-12:	30
Asian Amer.:	0	13-15:	48
Native Amer.:	2	16-17:	27
Other/Unknown:	1	18-21:	7

NOTE: Clients may receive services in multiple programs or reporting units.

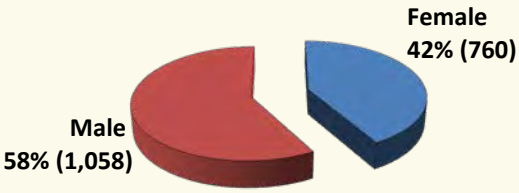
Year Twenty-three of System of Care – Demographics

July 1, 2011 – June 30, 2012

FY 11/12
ALL Children's Clients

Total Unduplicated Clients: 1,818

GENDER



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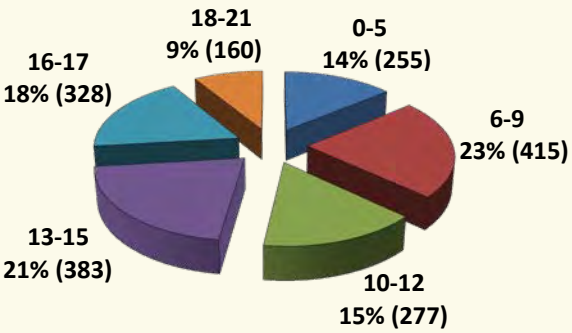

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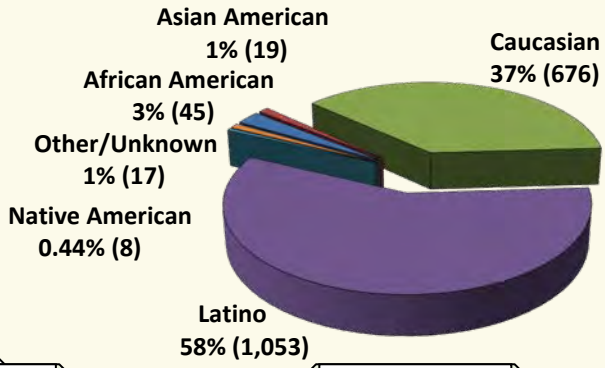


Child Welfare Clients

Total Clients: 486

Ethnicity		Age	
Latino:	229	0-5:	158
Caucasian:	227	6-9:	116
African Amer.:	16	10-12:	56
Asian Amer.:	7	13-15:	61
Native Amer.:	3	16-17:	37
Other/Unknown:	4	18-21:	58

Probation Clients

Total Clients: 347

Ethnicity		Age	
Latino:	194	0-5:	0
Caucasian:	135	6-9:	0
African Amer.:	12	10-12:	42
Asian Amer.:	2	13-15:	112
Native Amer.:	2	16-17:	145
Other/Unknown:	2	18-21:	48

Special Education Clients

Total Clients: 140

Ethnicity		Age	
Latino:	51	0-5:	2
Caucasian:	77	6-9:	28
African Amer.:	5	10-12:	38
Asian Amer.:	4	13-15:	46
Native Amer.:	2	16-17:	20
Other/Unknown:	1	18-21:	6

Crisis Stabilization Clients

Total Clients: 74

Ethnicity		Age	
Latino:	18	0-5:	0
Caucasian:	47	6-9:	4
African Amer.:	2	10-12:	6
Asian Amer.:	3	13-15:	29
Native Amer.:	1	16-17:	34
Other/Unknown:	3	18-21:	1

EPSDT Contract Services Clients

Total Clients: 813

Ethnicity		Age	
Latino:	583	0-5:	98
Caucasian:	201	6-9:	253
African Amer.:	14	10-12:	129
Asian Amer.:	5	13-15:	157
Native Amer.:	2	16-17:	122
Other/Unknown:	8	18-21:	54

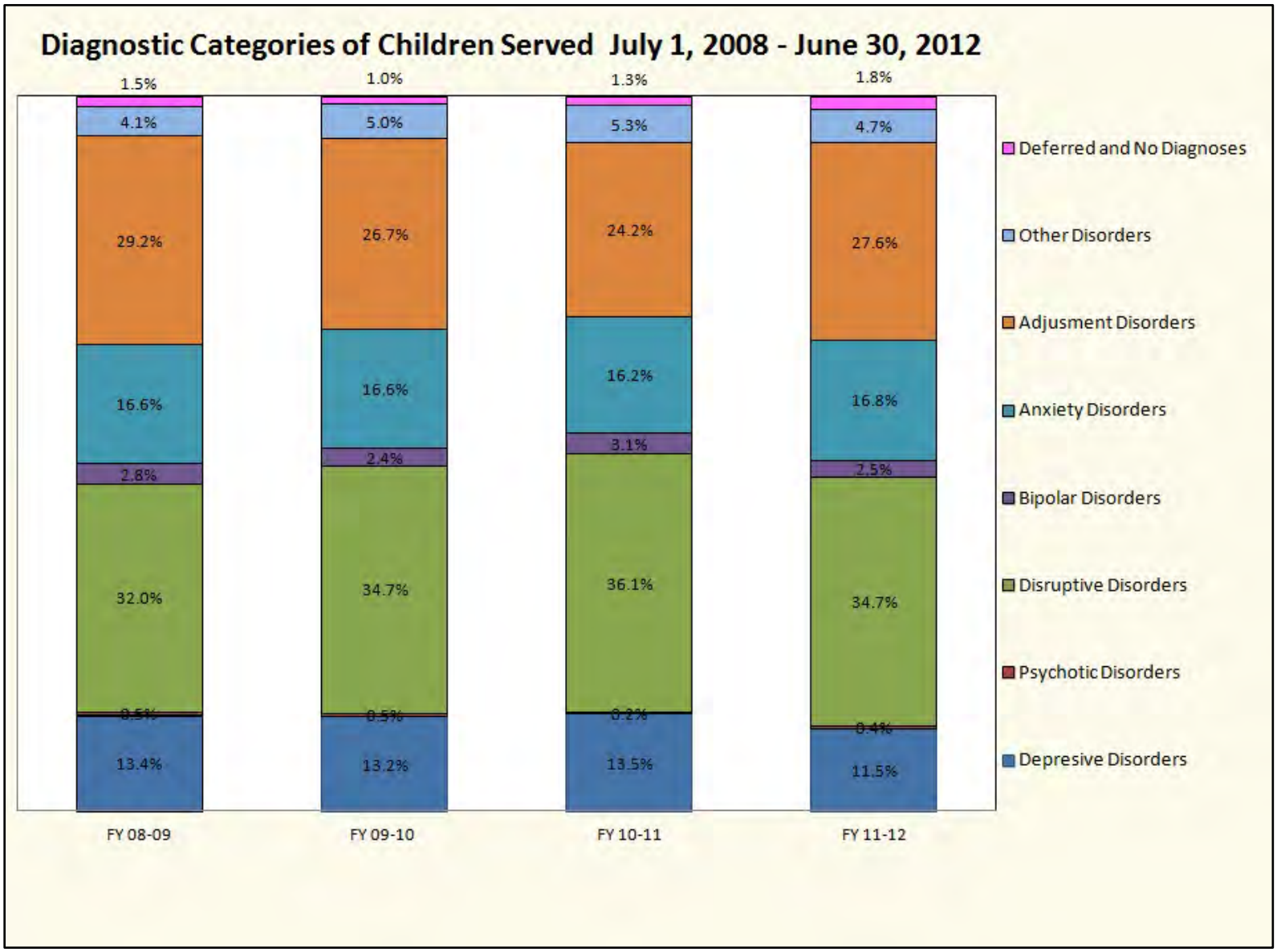
Community / Other SED Clients

Total Clients: 175

Ethnicity		Age	
Latino:	85	0-5:	5
Caucasian:	78	6-9:	38
African Amer.:	8	10-12:	31
Asian Amer.:	2	13-15:	53
Native Amer.:	1	16-17:	41
Other/Unknown:	1	18-21:	7

NOTE: Clients may receive services in multiple programs or reporting units.

Appendix C


Diagnostic Categories of Children Served July 1, 2008 - June 30, 2012
1.5%
4.1%
29.2%
16.6%
2.8%
32.0%
0.5%
13.4%
1.0%
5.0%
26.7%
16.6%
2.4%
34.7%
0.5%
13.2%
1.3%
5.3%
24.2%
16.2%
3.1%
36.1%
0.2%
13.5%
1.8%
4.7%
27.6%
16.8%
2.5%
34.7%
0.4%
11.5%
FY 08-09
FY 09-10
FY 10-11
FY 11-12
Deferred and No Diagnoses
Other Disorders
Adjusment Disorders
Anxiety Disorders
Bipolar Disorders
Disruptive Disorders
Psychotic Disorders
Depresive Disorders

Improve Parent and Caregiver Practices that Support Children's Social and Emotional Development

The Triple P Program

Triple P (Positive Parenting Program) is a comprehensive, evidence-based parenting and family support system designed to increase parents' confidence and competence in raising children, improve the quality of parent-child relationships, and make evidence-based parenting information and interventions widely accessible to parents. Parenting skills are taught using a self-regulatory framework in which the practitioner provides information, training, coaching, and support based on the parents' concerns. Parents use self-evaluation to set goals and assess their progress. The Triple P system is designed to reach an entire community, as well as individual families who need more intensive services, through the following five levels of interventions:

- *Level 1: Universal Triple P* disseminates information about positive parenting to the entire community through a media-based social marketing campaign.
- *Level 2: Selected Triple P* provides brief information through one-time consultations *(Level 2 Individual)* or a series of Seminars on general parenting topics *(Level 2 Seminars)*.
- *Level 3: Primary Care Triple P* offers brief, targeted parent education and skills training through Workshops on specific topics *(Level 3 Workshops)* or 3-4 sessions with a practitioner on an individual basis (*Level 3 Individual*) or in a group with other families (*Level 3 Brief Group)*.
- *Level 4: Standard & Group Triple P* provides in-depth parent education and skills training through 10 sessions with a practitioner on an individual basis (*Level 4 Standard*) or 8 sessions in a group with other families (*Level 4 Group*).
- *Level 5: Enhanced & Pathways Triple P* offers additional support to help parents deal with stress and improve communication with their partners or co-parents (*Level 5 Enhanced*) and handle anger or other difficult emotions (*Level 5 Pathways*).

Implementation of the Triple P Program in Santa Cruz County

First 5 Santa Cruz County has led the implementation of Triple P since early 2010, in partnership with two local funders (Health Services Agency and Human Services Department) and agencies that serve children and families. The long-term vision is to implement every level of Triple P broadly in Santa Cruz County to make parenting information and support available to all families.

During the start-up phase of the program, Triple P was implemented incrementally, beginning with Levels 3, 4, and 5 in the first year, and adding Levels 1 and 2 in the second year. In 2011-12, additional program variants were introduced that focused on parents of adolescents (Teen Triple P) and parents of children with special needs (Stepping Stones Triple P). First 5 also launched a small-scale media campaign (Level 1 Universal) consisting of monthly parenting articles in *Growing Up in Santa Cruz*, radio public service announcements (PSAs) in English and Spanish, and flyers to promote Triple P Seminars and Workshops.

Indicator: Improved parenting skills, knowledge, and support

The following diagram illustrates the design of this program, and the results that have been achieved towards addressing the program's incremental levels of parenting support and information.

Level 5: *Enhanced & Pathways*

Additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties, or there is risk for child maltreatment.

Implementation and Results in Santa Cruz County

- Trained and accredited **18 practitioners** to provide Level 5 Enhanced services, and **21** for Level 5 Pathways.
- More parents are beginning to receive Level 5 services, and will complete assessments to measure improvement in their parenting skills and understanding of their children's behavior.

Level 4: *Standard & Group*

In-depth training in positive parenting skills.

Implementation and Results in Santa Cruz County

- Families showed ***significant improvements*** in style of discipline – levels of conflict over parenting – levels of parental depression, stress & anxiety – child behavior.
- Parents who had more serious parenting issues made the **most meaningful** changes in their family life.
- Parents reported high levels of **satisfaction** with their services.
- Approximately **641 parents/guardians** have participated in Level 4 Standard & Group sessions.
- Trained and accredited practitioners to provide Level 4 Group services (**36 Core, 18 Teen**)
- Trained and accredited practitioners to provide Level 4 Standard services (**38 Core, 18 Teen, 13 Stepping Stones**)
- Programs added for parents with ***adolescents*** or ***children with special needs***.

Level 3: *Primary Care*

Consultations and workshops about specific parenting concerns.

Implementation and Results in Santa Cruz County

- Families showed ***significant improvements*** in children's behavior, confidence in parenting skills, and support from parenting partners.
- Parents reported high levels of **satisfaction** with both Level 3 workshops and individual/group sessions.
- Approximately **1,225 parents** have participated in Level 3 workshops, and **123** in Level 3 Individual/Group sessions.
- Trained and accredited **80 practitioners** to provide Level 3 Primary Care services.
- Workshops added for parents with ***adolescents*** or ***children with special needs***.

Level 2: *Selected Individual & Seminar*

General information and tips for specific parenting concerns.

Implementation and Results in Santa Cruz County

- Parents reported great **satisfaction** with Level 2 Seminars, particularly noting that they would continue to use the strategies that they learned.
- Approximately **406 parents** have participated in Level 2 Seminars, and **334** in Level 2 Individual sessions.
- Trained and accredited **20 practitioners** to provide Level 2 Seminars, and **80** for Level 2 Individual sessions.
- Seminars added for parents with ***adolescents***.

Level 1: *Universal*

Media-based parenting information campaign.

Implementation and Results in Santa Cruz County

- Began Level 1 outreach via a **small-scale media campaign**.
- Further developed First 5's **website** to include information about Triple P, accredited practitioners, referral processes, and a master calendar of Triple P Groups, Workshops, and Seminars.
- Disseminated **flyers** and descriptions of Triple P Seminars, Workshops, and Groups to service providers as a means to encourage referrals.
- Publicized Triple P services in print and online editions of **newspapers and community calendars**, and via **TV and the radio.**
- Established First 5's main phone number as a "**warmline**," publicized in all flyers, emails and media announcements as a central place to locate services.

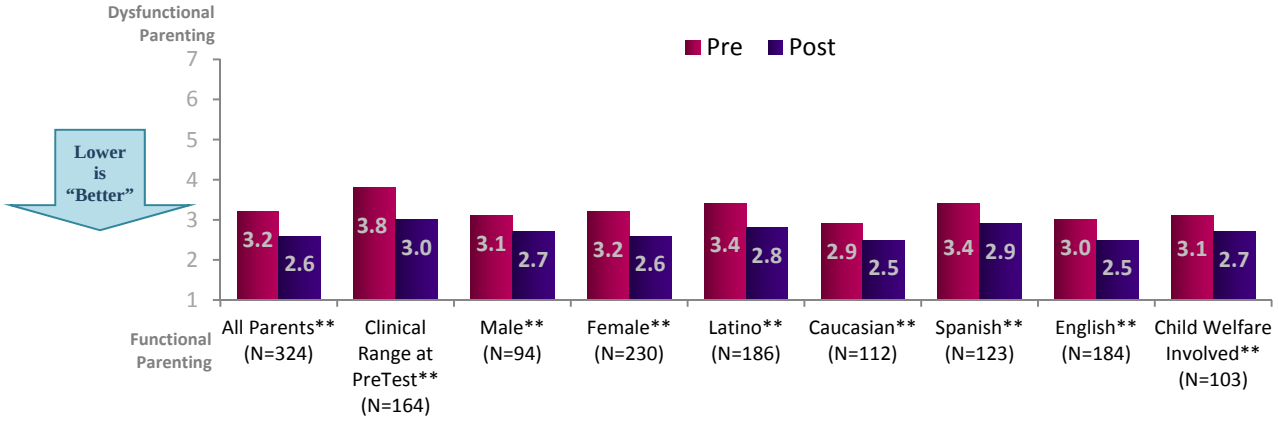
Selected data for all parents and sub-populations of parents are highlighted below for their significance, and more detailed data are presented in the Triple P Partner Profile found later in this report.

Indicator: Use of positive parenting styles

Parents who participated in Levels 4 and 5 of the Triple P program were asked to complete the *Parenting Scale* as a self-assessment of their parenting style (this was only completed if the parent had at least one child aged 18 months or older). Scores could range from 1 (positive parenting) to 7 (ineffective parenting), with lower scores indicating more positive styles of discipline. An analysis of pre and post assessment scores indicates that:[12]

- There was *significant* improvement from pre to post assessment, indicating their parenting style became less lax, less over-reactive, and less hostile through the course of the Triple P program.
- On average, All Parents and all parent sub-populations experienced a moderate to large magnitude of change. These results indicate that these observed differences were not only *statistically significant* but also *meaningful.*
- On average, the magnitude of change (effect size) was much larger for parents with scores in the Clinical Range at Pre-test, which could be used as evidence that these intensive services have a stronger impact (benefit) on parents who begin the program with more serious parenting issues.

Figure 42: **Parents' Use of Positive Parenting Styles, Overall (2010-2012)**



Source: Triple P data from the *Parenting Scale*, analyzed by Applied Survey Research, Jan. 2010 - June 2012.
Note: The *Parenting Scale* measures parenting styles in 3 scales, and overall. Scores for each scale are calculated by averaging the participants' responses for each of the items. Higher scores indicate a greater degree of ineffective parenting styles. See page 109 for a description of the sub-populations and analyses that were run. In 2012, modifications were made to the *Parenting Scale* to accommodate the launching of the "Teen" variant of the Triple P program, so comparisons to previous years' results should be made with caution. Due to these changes, there is no Clinical Cut-Off for the overall assessment score. See Appendix II for a complete description of these changes.
** Results marked with two asterisks had PRE/POST differences that were statistically significant at p<.05, with a moderate to large magnitude of change (≥ 0.5).

[12] For an explanation of the analyses that were run and the sub-populations that were developed, see "Triple P Domains and the Collection of Assessment Data" on page 109.

Indicator: Report of child behavior problems

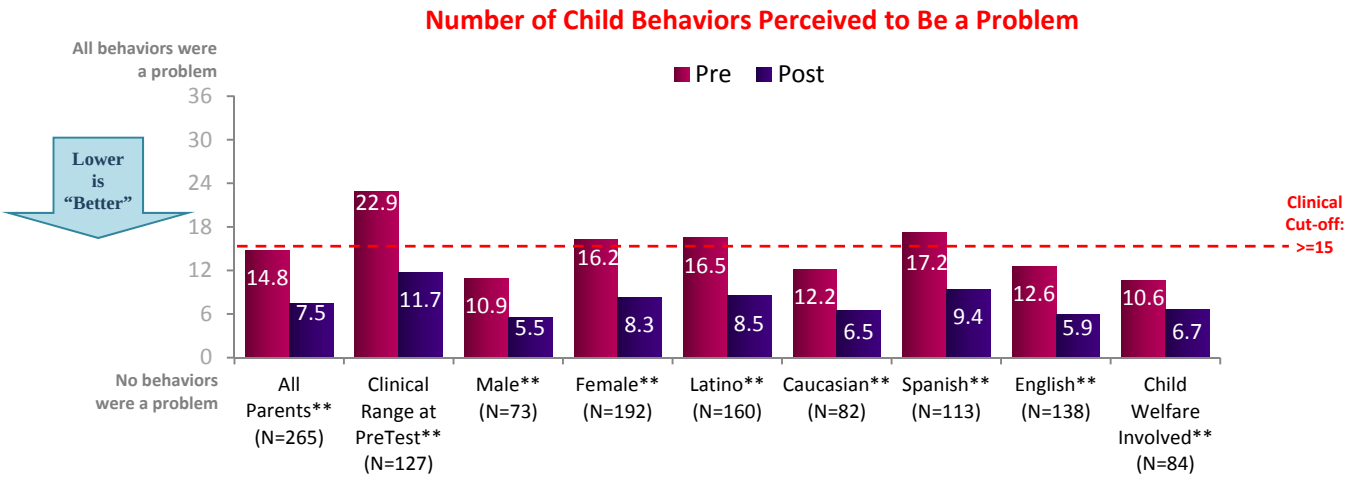
In Triple P, the parent is considered the agent of change to bring about improvements in the parent-child relationship. Therefore, how parents view their children's behavior is an important assessment of the relationship.

Parents participating in Levels 4 and 5 of the Triple P Program were asked to complete the *Eyberg Child Behavior Inventory (ECBI)*, a pre and post assessment of parents' perception of their children's behaviors (this was only completed if the parent had at least one child aged 18 months or older). Scores ranged from 0 (No) to 36 (Yes), with higher scores indicating greater likelihood that these behaviors were a problem to the parent. An analysis of pre and post assessments indicate that parents reported fewer problematic child behaviors after completing the Triple P program. [13]

Other key results include:

- On average, for All Parents and all parent sub-populations, there was a *significant* reduction in the number of child behaviors that were perceived to be a problem. Of special note, certain sub-populations of parents scored above the clinical cut-off at the beginning of the program, and subsequently ended out of a range of concern by the end of the program. These sub-populations included parents with scores in the Clinical Range at Pre-test, Females, Latinos, and Spanish-speaking parents.
- An analysis of Effect Sizes showed that on average, All Parents and all parent sub-populations experienced moderate or large magnitudes of change, indicating that the observed differences were not only *statistically significant* but also *meaningful*.

Figure 43: **Parents' Perceptions of Child Behavior (2010-2012)**



Source: Triple P data from the *Eyberg Child Behavior Inventory*, analyzed by Applied Survey Research, Jan. 2010 - June 2012.
Note: The *Eyberg Child Behavior Inventory* measures the frequency with which certain child behaviors occur (*Intensity subscale),* and whether parents view those behaviors to be a problem *(Problem subscale).* Intensity scores could range from 36 (Never occurs) to 252 (Always occurs), and Problem scores ranged from 0 (No) to 36 (Yes), with higher scores indicating greater numbers of problem behaviors and greater likelihood that these behaviors were a problem to the parent. See page 109 for a description of the sub-populations and analyses that were run.
** Results marked with two asterisks had PRE/POST differences that were statistically significant at p<.05, with a moderate to large magnitude of change (≥ 0.5).

[13] For an explanation of the analyses that were run and the sub-populations that were developed, see "Triple P Domains and the Collection of Assessment Data" on page 109.

ANNUAL REPORT 2011-2012

SMHP Report

Schools Mental Health Partnership for Integrating PEI services in

Save the Date!

Positive Discipline Training:
Steps to Gaining Cooperation

Saturday, February 9, 10 am - 12 pm
Live Oak Family Resource Center
1740 17th Ave, Santa Cruz
To pre-register or for more information call **476-7284 x 107**

The Mental Health Partnership...

is comprised of school districts, community and public health agencies all working together in concerted effort towards mental health for our students. The partnership researches and utilizes the latest research.

The Santa Cruz County Office of Education coordinates the partnership. **Our goal is that each student is learning while feeling safe and supported.**

We are about...

- Providing programs to promote social emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers
- Providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- Building the capacity of all school staff to address barrier to learning and promote healthy development
- Addressing systemic matters at schools that affect mental health, such as high-stakes testing (including exit exams) and practices that engender bullying, alienation, and student disengagement from classroom learning
- Drawing on all empirical evidence as an aid in developing a comprehensive, multi-faceted, and cohesive continuum of interventions.

Prop 63 – PEI Services

The Santa Cruz County Mental Health Prevention and Early Intervention Initiative Provides the following services to local school districts

Youth Services-Consultation

Provides early identification of students with emerging mental health issues through one-to-one consultations, classroom observations, IEP attendance, written recommendations and other services through a single point of contact "warm line" with a licensed mental health professional.

Youth Services–LGBT Support

Assist schools in the creation of Gay Straight Alliance (GSA) clubs that promote LGBT youth leadership development and communication skill development. Connect LGBT youth to community resources and provide weekly therapy group to LGBT youth.

The Diversity Center

Triangle Speakers provide LGBT awareness and understanding through educational panels at local middle school and high schools. Queer Youth Scene provide staff support for GSA clubs. Safe Schools Project assists school administration in developing policies, action teams and advocacy for LGBT youth.

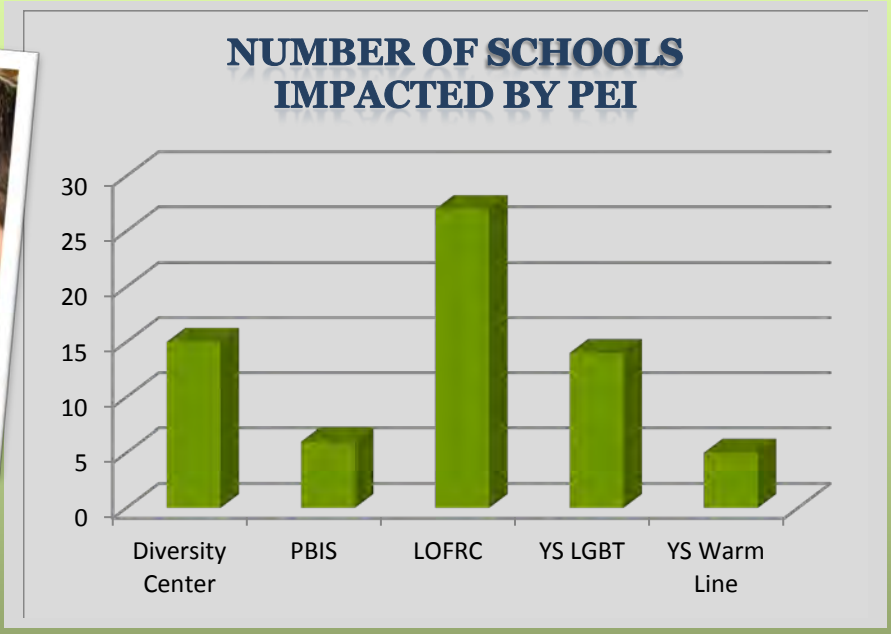
Positive Behavioral Interventions and Support

Positive behavior support is an application of a behaviorally based systems approached to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environment in which teaching and learning occurs.

Live Oak Resource Center

Provide Parent education services in English and Spanish utilizing the approach of "Positive Discipline". For the first time provided a "Positive Discipline & Digital Media"

A total of 43 schools in 7 school Districts received PEI services during the 2011-2012 school year



School Emergency Response Protocol
Mental Health Response
(S.E.R.P.)

WHO is SERP?
The School Emergency Response Protocol is a county coordinated inter agency effort to help provide urgent mental health response following critical incidents at school sites.

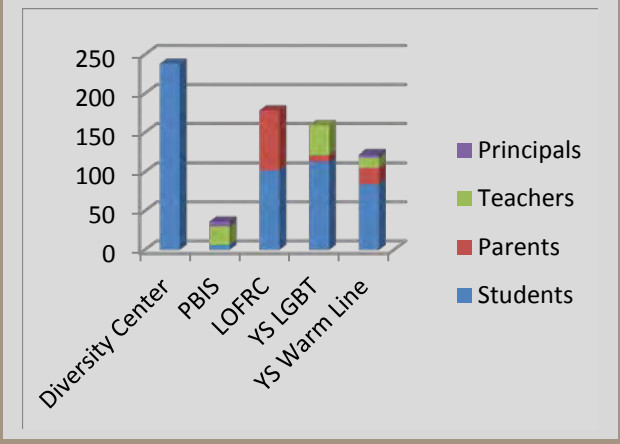
WHAT is a Critical Incident?
Examples of a critical incident include: school shootings, homicides and suicides of school community members, sudden deaths, violent acts and natural disasters.

WHEN to activate SERP?
SERP is activated by the administrator of an impacted school AFTER it is determined that the internal resources of the school site and school district are not adequate to meet the presenting need.

HOW to activate SERP?
Contact the County Emergency Response Logistical Coordinator:
Primary:
Chris McCauley: (831)454-4945
Backup:
Children's Mental Health: (831)454-4900
Prepare to discuss the following:
(1) The nature of the critical incident (2) how the school has responded so far (3) what kind of additional support is being requested (4) the name and phone number of primary school contacts (5) the extent to which families or parents of any victims have been contacted related to the incident and whether there are any concerns about how to share this information.

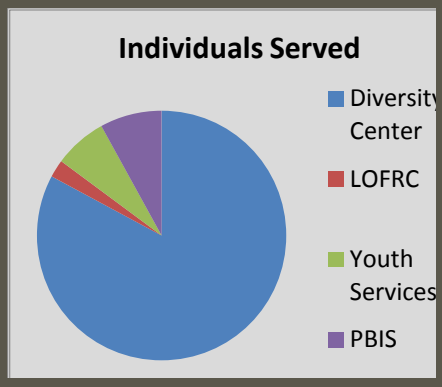
SERP Website:
http://www.santacruz.k12.ca.us/superintendent/emerg_response.html
Red Cross Disaster Mental Health:
http://www.sccredcross.org/general.asp?SN=2469&OP=2470&SUOP=3824&IDCapitulo=77201HH3L1

Who Benefits from PEI…



- A total of 543 students received PEI Services
- The Diversity Center provided services to nearly 1,200 students by holding 39 panels in local schools & 238 students were supported through the Gay Straight Alliance clubs.
- 24 Teachers and 6 Principals were trained in PBIS
- 76 parents and 102 students received Positive Discipline.
- Over 120 staff, students and parents accessed services through the WARM Line.

Sneak Peek: 2012-2013



- **The diversity Center served a total of 145 students this school year.**
- **The Live Oak Resource center has served 7 students**
- **Youth Services has currently served16**
- **PBIS has served 15 teachers.**

Success Stories…

Diversity Center

"This Spring we received a request from one of our South County middle schools for support around their first openly transgender student. Our staff met with the school teachers and administrators to provide education on the topic. Together we helped craft a plan to keep the student physically and emotionally safe while at school. The plan includes a Triangle Speakers panel and the implementation of a GSA. The transgender student has since expressed that she feels much safer at school and really appreciates that school staff are treating her more appropriately. Her academic performance has also improved markedly. This success story is important for the transgender student, but also for the many other students struggling with LGBT issues at her school who now have access to more resources." **Jim Brown, Executive Director**

Live Oak Family Resource Center - Positive Discipline

"One particular success this year was our partnership this year (driven and supported by our MHSA partnership) with Del Mar Elementary to provide a Positive Discipline class targeted to Spanish speaking Del Mar parents and held at Del Mar school. Del Mar did special targeted outreach to families with special challenges. We worked with the school to find a time that would work for the families who found that evening classes on school nights presented too much of a challenge because of the need to cook dinner and help children with homework. We provided the workshop at the school after school let out, from 2:30 to 4:30 PM, and provided child care at the school. Our child care staff gave the children snacks and helped them with their homework, allowing their parents the time to dedicate to the class. The following are comments from parents in this class:

- "My entire family has benefitted. We are learning how to live better as a family and with others."
- "I would like to have the opportunity of taking this or other workshops again to have the opportunity of learning more things to benefit me as a person. Thanks for the opportunity."

Lorrie Bornstein, Assistant Director

PBIS – Positive Behavioral Interventions and Supports

"Based in part on the success of the PBIS trainings conducted with Gault and DeLaveaga Elementary Schools, a third school from Santa Cruz City School District (Westlake Elementary) has decided to pursue the training themselves. The 2 day Tier 1 School-wide PBIS training will take place 4/23 and 4/24"

- **Josh Harrower Ph. D., BCBA-D**

Youth Services – Warm Line

"A long time, clearly excellent and dedicated teacher had four severely special needs students placed in her classroom. When she first contacted me she was frustrated and burnt out. Through her reaching out to the warm line, her principal and other resources, she was able to re-group and have a successful school year with her students. " **Bill McCabe, Youth Services Director**

Youth services – LGBT Youth Support Program

One of our recent successes came on National Day of Silence, a day on which students nation-wide take a vow of silence to call attention to the silence that many LGBTQ students are forced into through anti-LGBTQ bullying and harassment. Our program supported 8 participating middle schools and high schools with over 150 total student participants. This event supports LGBTQ youth in a number of ways. Students who are not out about their sexual orientation or gender identity are able to see a widespread display of support for LGBTQ students. The student organizers of the event at each school gain valuable leadership and event planning experience that can boost their sense of accomplishment and self-worth. **Bill McCabe, Youth Services Director**

Thank you to Anna Oneglia, who generously gave her permission to use her painting for this celebration report cover.

Anna Oneglia is a local painter and printmaker of colorful figurative work. The Santa Cruz Art League named her Santa Cruz Distinguished Artist of the year in 2002. Her paintings have been published as posters for many causes and each October she participates in the Cultural Councils Open Studios Art Tour.

To see more images, visit her website,
www.annaoneglia.com