

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

SECTION II: ANALYZING MENTAL HEALTH NEEDS IN THE COMMUNITY

Question 1: Using the information from population data for the county and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities.

Response 2:

A. Children Unserved Population Analysis

Given the MHSA focus on children/youth with serious emotional disturbances, and their families, the planning estimates described in this response includes adjustments for Santa Cruz County children/youth who are wards (Probation) and dependents (Child Welfare Services/CWS) of the court and are a primary focus of the Children's System of Care for this county (per W&I Code 5850). The analysis to determine the unserved child and youth population was derived from comparing current service delivery to the prevalence estimates detailed below.

DMH Prevalence Estimate for Total Census Data:

In analyzing DMH prevalence data and Santa Cruz County 2004 census data, we find:

- Santa Cruz County's total youth population is 61,834 (2004 Census estimate); &
- Overall DMH Prevalence estimate for this population is 4,489 total children/youth with serious emotional disturbances (SED) (based on 7.26% prevalence).

This estimate of 4,489 is essential for identifying the mental health needs of all our children and youth, since serious emotional disturbances and other significant mental health issues cut across socio-economic status (as discussed in Surgeon General's Report). However, state and county departments of mental health are not the sole provider of mental health services to the total population, since various health insurers and mental health providers (family physicians, private practice therapists, etc.) deliver significant portions of these services.

The private sector typically only provides basic outpatient psychotherapy. Many children and youth above 200% of poverty may require a more intensive service level commensurate with their needs than can typically be provided by these practitioners (despite mental health parity laws). It is important that communities, including policy-makers and legislators, remain aware of the "total picture" when it comes to accurate identification of mental health needs compared to actual service capacity. In Santa Cruz County, 4,489 total children/youth would be estimated to meet SED criteria; many of them only partially, often inadequately, served in the private sector.

Prevalence Estimate for Priority MHTSA Population (< 200% Poverty)

DMH has identified "Households at 200% of poverty or below" as the priority population for MHTSA planning; these estimates for children and youth are:

- Santa Cruz County youth population at/under 200% of poverty is 20,661; and
- DMH Prevalence estimate for this population is 1,811 (based on 8.77% prevalence) (see below for court ward/dependents adjustment data).

Significant risk factors make this group of children/youth a priority population for mental health services, making them a primary focus of MHTSA planning. Children and youth in this target group are more likely to become involved with Probation and Child Welfare, and become identified with significant Education issues related to attendance and performance. With national prevalence estimates of 60-80% in need of mental health services, this group of children and youth are a key priority. Highlighting the increased prevalence rates for this target group is an important part of our analysis, in addition to the adjustments for children/youth who are wards (Probation) and dependents (Child Welfare Services/CWS) of the court (see below).

Prevalence Estimate Adjusted for Probation and Child Welfare Populations

Probation wards and Child Welfare dependents are a relatively small percentage of the overall youth population, but have a much higher prevalence rate of mental health needs. The expected prevalence rate for the priority populations of children/youth involved with the major out-of-home placing agencies of Probation and Child Welfare is estimated at 60%-80% (as cited in the Adolescent Mental Health Policy News, Katie A. Lawsuit article, May 2004). The following figures were utilized to arrive at a better projection of the increased needs of this population:

- Core target population of Probation and Child Welfare children/youth is 1,527;
- Approximately 70% are estimated at/under poverty level (Medi-Cal service percentages are higher, but includes children above the poverty level who receive "placement Medi-Cal"). So, $1,527 \times 70\% = 1,068$ wards and dependents at/below 200% poverty level; and
- National estimate for this population that 60% (conservatively) have significant mental health problems would equal 915 Santa Cruz County wards and dependents ($1,527 \times 60\% = 915$) needing mental health services. (Foster youth typically become Medi-Cal beneficiaries.)

Table 14: Children and Youth Prevalence Estimates by Priority Populations

(Ref. Appendix A: Figure A.4)

Children/Youth Populations	Numbers	Prevalence
Total in County (age 0-17)	61,834	4489
< 200% Poverty Children/ Youth	20,661	1811* (see adjustment below)
Total Wards & Dependents (Probation/Child Welfare Services)	1,527	915 (all Medi-Cal)
< 200% Poverty Wards/ Dependents	1,068	915

The following estimates were utilized to compare 200% of poverty prevalence with the specialized review of foster children/ youth prevalence:

- 20,661 children/youth below 200% of poverty, *minus 1,068 foster youth of poverty* (with higher prevalence rates, considered later) = 19,593 children/youth as priority DMH population for MHSA planning;
- Multiply this new figure of 19,593 by the 8.77% expected prevalence rate = 1,718 children/youth with SED under 200% of poverty (*without foster youth*); and
- Finally, add the additional expected prevalence number for foster youth (915) to the revised 200% of poverty population prevalence above (1,718), which would equal approximately 2,633 total children/youth (915 + 1,718 = 2,633).

Table 15: Children and Youth <200% Poverty Prevalence Adjusted for Wards/Dependents

Population	Total	< 200% Poverty Wards/ Dependents	Non-Ward/ Dependent Youth	Prevalence
< 200% Poverty Children/ Youth	20,661	- 1068	19,593	1,718
Total Wards & Dependents (Probation/Child Welfare Services)	1,527			915
Total MHSA Priority Population				2,633

To summarize, Santa Cruz County's total prevalence estimate of children/youth with SED (<200% poverty), inclusive of higher prevalence estimate for foster youth, is 2,633, rather than the lower figure of 1811 based on the standard DMH prevalence rate.

[Note: For additional information regarding the methodology for estimating Probation and Child Welfare Populations, please refer to Appendix C: Figure C-10.]

DMH Prevalence Data Compared to Actual Services Provided:

1,451 total children/youth (age 0-17) were provided services by Children's Mental Health in 2003/04. However, this comprises a significant portion of brief contacts, services to Special Education pupils who may be above 200% of poverty (approximately 60%), as well as other SED clients whose family income is above 200% of poverty (approximately 30%). Approximately 70% of child/youth clients served are Medi-Cal or Healthy Families beneficiaries (excluding those who have Medi-Cal due to foster placement status).

Among the 1,451 children/youth receiving services were 635 Probation/CWS youth (299 Probation youth; 336 CWS children/youth). Only those services provided to clients at/below 200% of poverty should be compared to the MHSA priority population of 2,633. The total number of children/youth served by Children's Mental Health should be compared with the total census/prevalence figure of 4,489.

Estimate of Unserved Children and Youth <200% Poverty Population

- 2,633 children/youth under the age of 18 meet the poverty criteria and are in need of mental health services at the SED level in Santa Cruz County;
- Approximately 1,015 of this same target population received some level of service in 2003/04;
- This leaves 1,618 children/youth unserved in Santa Cruz County (SED youth <200% of poverty & Probation/CWS identified); and
- Among the 1,618, is an estimated subset of 280 unserved children/youth in Probation and CWS.

Although the MHTSA does not require an actual estimate of unserved children and youth, the figure of 1,618 becomes the unofficial planning figure for “unserved” children/youth in Santa Cruz County at 200% of poverty or below.

Children and Youth Unserved as Related to Age and Gender

The following tables identify the prevalence, served and unserved prevalence for Children and Youth by specific age and gender categories.

Table 16: Children/Youth Served and Unserved by Age

[Household of <200% Poverty State Department of Finance + Prob/CWS prevalence vs Santa Cruz County SED Data] (Ref. Appendix A: Figure A.4)

Age	Prevalence	Total Served <200% Poverty	% Unserved
00-05	904	82	81%
06-11	928	247	73%
12-17	801	686	16%
Total	2,633	1,015	1,618

Table 17: Children/Youth Served and Unserved by Gender

[Household of <200% Poverty State Department of Finance + Prob/CWS prevalence vs Santa Cruz County SED Data] (Ref. Appendix A: Figure A.4)

Gender	Prevalence	Total Served <200% Poverty	% Unserved
Male	1,296	590	55%
Female	1,337	425	68%
Total	2,633	1,015	1,618

As discussed in previous sections, this data supports Santa Cruz County's emphasis on reaching out not only to Latino children/youth, but to children aged 0-11 with a slight emphasis on outreach to girls.

Children/Youth Unserved in Relation to Ethnicity

Similar to previous discussions, the ethnicity data in the chart below indicate that a greater proportion of Latino children/youth (74%) are Unserved than White children/youth (40%).

Table 18: Children/Youth Unserved by Ethnicity

[Household of <200% Poverty State Department of Finance + Prob/CWS prevalence vs Santa Cruz County SED Data] (Ref. Appendix A: Figure A.4)

Ethnicity	Prevalence	Total Served <200% Poverty	% Unserved
White	733	438	40%
African American	46	30	0%
Asian	40	6	89%
Pacific Islander	3	4	0%
Native American	17	6	46%
Other	13	1	90%
Multi-ethnic	56	68	0%
Latino	1,726	451	74%
Unknown	0	11	0%
Total	2,633	1,015	1,618

B. Transition Age Youth (18-24) Unserved Population Analysis

B.1 Transitional TAY (SED)

The first TAY subgroup described is the Transitional TAY, youth age 18-20 with serious emotional disturbances (SED), particularly foster youth aging out of the system.

Santa Cruz County Mental Health serves a high percentage of 16-18 year olds in the Children's System of Care. Much of the Transition-age services (and data) is integrated into a 0-18 service continuum. Intensive services are provided for 16-18 year olds in the SED level of care, but services drop-off dramatically for young adults once they turn 18. The focus under MHTSA planning is to focus on the needs of the SED 18-20 year olds, particularly those transitioning from Children's Mental Health services (including foster youth) who are not appropriate for Adult Mental Health SMI services.

DMH Prevalence Data Compared to Total Population:

- Santa Cruz County's total Transition-age youth population (18-20 years) is 14,599 (2004 census data)
- Overall DMH Prevalence estimate for the Transitional TAY population is 1,564 total youth/young adults with serious emotional disturbances (SED) or serious mental illness (SMI) (based on 10.71% prevalence).
(These figures represent total population and prevalence estimates.)

Prevalence Estimate for Priority MHTSA Population

DMH has identified "Households at 200% of poverty or below" as the priority population for MHTSA planning; these estimates for the TAY population are:

- Santa Cruz County youth/young adult population at/under 200% of poverty is 5,358; and
- DMH Prevalence estimate for this population is 660 (based on 12.32% prevalence), which includes both SED and SMI.

Establishing Prevalence Data for Transition-age Youth with SED:

Given the analysis above, DMH prevalence estimates for Santa Cruz County households <200% poverty (2004) would be 660 Transition-age youth aged 18-20 in need of mental health services at the SED Child/Youth level or SMI Adult service level. This analysis does *not* include an additional prevalence estimate based on higher levels of need among foster youth becoming young adults; however, some preliminary analysis towards this end is provided later in this section.

What the expected prevalence rate for Transition-age youth with SED should be, compared to expected prevalence rate for young adults with SMI has yet to be established. Sufficient data/analysis on this breakout is not currently available. The attempt to identify the number of Transition-age youth with SED (versus SMI in need of Adult Mental Health supports) will compare actual service delivery to Transition-age youth with SED to the number of youth who turn 18 while receiving services.

In 2003/04, 169 youth served by Children's Mental Health (and contractors) turned 18 (most leaving services, except for the 38 served). Of the 169, 59 were from SED programs, and 110 were from Other EPSDT.

Interagency data also shows that in 2003/04, 158 Probation wards and 46 Child Welfare dependents turned 18 while under the court's jurisdiction. This data has not been cross-checked with Mental Health data yet to provide an unduplicated number. However, it still provides helpful context for understanding the numbers of foster youth who turn 18 each year.

38 total Transition-age foster youth were served by Children's Mental Health in 2003/04. The estimate of 131 unserved SED Transition-age youth in Children's Mental Health was determined by comparing these 38 served youth with the 169 total served 18-20 population who turned 18 while being served in Children's Mental Health programs.

Assuming that approximately 169 youth turn 18 each year, the number that could be expected to be served might be higher over the three-year span of 18-20 years of age. However, assuming one year of intensive services for most youth, it seems prudent to start with the above estimate of 131.

B.2. TAY Recovery (SMI)

The next subgroup for this discussion is TAY Recovery (SMI), those individual ages 18-24 who are beginning their recovery process and require intensive supports that are more appropriately provided in the adult system of care. The data numbers and estimates contained in this discussion of the TAY population can be referenced in Appendix A: Figure A.4.

These data indicate a significant gap between the number of individuals receiving services and the expected number of individuals that need services. Over 85% of TAY individuals age 18-20, with a serious mental illness, are receiving no mental health services. 77% of TAY individuals age 21-24 are not receiving any services. Together, these data represent the largest Unserved Population in the county and point towards dramatic changes in resource allocation and system expansion and development.

- For the 18-20 SMI Transition Age Youth group:
 - Prevalence data suggest that 660 individuals need services;
 - Utilization data indicates only 96 persons are receiving services; and
 - ❖ 85.5% (564) of the persons in this age group are unserved.
- For the 21-24 age Group:
 - Prevalence data suggests there are 807 individuals needing services;
 - Utilization data indicates only 182 persons are receiving services; and
 - ❖ 77.4% (625) of the persons in this age group are unserved.

Table 19: TAY Recovery Unserved

Age	Prevalence	Fully Served & Underserved	% Unserved
18-20	660	96	85.5%
21-24	807	182	77.4%
Total	1467	278	

C. Adult (Ages 25-64) Unserved Population (Ref. Appendices A: Figure A.5, B: Figure B.1)

The Adult Unserved population described in the following sections includes those individuals aged 25-64 who may have a serious mental illness and are not receiving mental health services. These individuals are often homeless, incarcerated, at risk of homelessness or incarceration, with co-occurring substance use disorders.

Many of these individuals are a part of racial or ethnic populations that have faced challenges in their ability to access to mental health programs due to barriers such as poor identification of their needs, provider barriers lacking ethno-culturally competent services, poor engagement and outreach, limited language access, limited access in rural areas, and lack of culturally competent services and programs within existing mental health programs.

The prevalence data for persons in Santa Cruz County households living at less than 200% of the poverty level, taken from the 2000 Census and updated by extrapolation to July 2004, for persons with a Serious Mental Illness (SMI) age 25-64, is 2,643.

Utilization data indicates a total of 1,828 unduplicated individuals with SMI in this age group received County mental health services in 2003-04. SMI was defined following the criteria outlined in the Mental Health Service Act Section 7 and W&I Code 5600 (b) and (c). There were additional individuals in this age group who received services, but were not SMI.

Age Disparities of Adult Unserved Population

Prevalence data for most age groups in Santa Cruz County reveal significant numbers of individuals who need services, but are receiving no services. The only age group that appears to be getting adequate access to mental health services are those aged 45-54, when prevalence is compared to utilization.

Table 20: Adults (25-64) Unserved by Age

[Household of <200% Poverty State Department of Finance vs Santa Cruz County SMI Data]
 (Ref. Appendices A: Figure A.5; B: Figures B.1 and B.6)

Age	Prevalence	Fully Served & Underserved	% Unserved
25-34	841	451	46.3%
35-44	1039	595	42.7%
45-54	507	581	-14.6%
55-64	256	201	21.5%
Total	2643	1828	

Racial/Ethnic Disparities of Adult Unserved Population

There are significant racial/ethnic disparities in utilization of services, compared to expectations from prevalence data. For this discussion, racial and ethnic disparities are similar across age groups and include TAY Recovery, Adult and Older Adult data.

- Asian Population
 - Prevalence data for the Asian population suggests there are 126 individuals with an SMI, below 200% of the poverty level, needing services;
 - There are only 30 Asians receiving services; and
 - ❖ 76% of the individuals needing service in this racial/ethnic group are unserved.

- “Other” Category
 - Prevalence data revealed 26 individuals in the Other category needing services;
 - Only 6 individuals in this group received services; and
 - ❖ 76.9% of the individuals in this racial/ethnic group are unserved.

Perhaps most important are the findings in the Latino population. These findings are significant because these individuals represent the largest racial/ethnic group in the County, other than White. This group also meets the criteria for a “threshold population” for purposes of Cultural Competency Plan requirements.

- Latino Population
 - Prevalence data suggest that 1,635 individuals in this racial/ethnic group are SMI and needing services;
 - Utilization extraction data indicate that 313 individuals received services in the group; and
 - ❖ Fully 81% of the eligible Latino population is unserved.

Because of the high percentage and numbers of unserved persons in the Latino group, the initial focus will be on improving access and increasing services to the Latino population. The Asian and Other racial/ethnic groups also contain high percentages of unserved persons, but in an overall smaller population.

Table 21: Adults Unserved by Ethnicity

[Household of <200% Poverty State Department of Finance vs Santa Cruz County SMI Data]
(Ref. Appendices A: Figure A.5; B: Figures B.2 & B.7)

Ethnicity	Prevalence	Fully Served & Underserved	% Unserved
White	2472	1674	32.3%
African American	41	63	-53.7%
Asian	126	30	76.2
Pacific Islander	4	15	-275%
Native American	20	16	20%
Other	26	6	76.9%
Multi-ethnic	117	61	47.9%
Latino	1635	313	80.9%
Unknown	0	52	~
Total	4,441	2,230	

D. Older Adults

Age disparities of the Older Adult population is described above, with 62.5% of the individuals in this age group being Unserved, and representing a significant disparity.

No information is available to indicate any distinct ethnic disparities of the Older Adult population and they are considered to be similar to the general adult population. For planning purposes, the Older Adult Latino population is very likely the largest ethnic disparity, as is for all other age groups.

These individuals include Older Adults with frequent, avoidable emergency room and hospital admissions.

- For those age 65 and Older:
 - Prevalence data indicate there are 331 individuals needing service,
 - Utilization data indicates only 124 persons are receiving services; and
 - ❖ 62.5% (207) of the individuals in this age group are unserved.

Table 22: Older Adults Unserved (Ref. Appendix B: Figure B.1)

Age	Prevalence	Fully Served & Underserved	% Unserved
65+	331	124	62.5%

Question 2: *Using the format provided in Chart A, indicate the estimated total number of persons needing MHSAs mental health services who are already receiving services, including those currently fully served and those underserved/ inappropriately served, by age group, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity. (Transition Age Youth may be shown in a separate category or as part of Children and Youth or Adults.)*

Response 2:

A. Children

PLEASE NOTE: The service data in Chart A.1 represents "total" number of children/youth served, as opposed to number served who are at/below 200% of poverty. The previous narrative in Section 1, as well as the sections that follow, provide data more specific to the MHSAs priority population of 200% of poverty. Because Chart A.1 includes the total Santa Cruz County population figures for children/youth, it also includes total service data.

In addition, as discussed later in the Children's Fully Served section, we identify 400 Intensively Served children/youth that are not reflected under the Fully Served category below in Chart A.1. (for reasons discussed in that section). Because they are so intensively served, we do not identify them as Underserved either. However, they are included in the Total Served category below.

Chart A.1: Children and Youth Service Utilization by Race/Ethnicity
(Ref. Appendix A: Figure A.4)

CHILDREN AND YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population Estimates		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	15	7	506	424	1,451	100%	20,661	100%	61,834	100%
African American			20	11	44	3%	359	1.7%	492	<1%
Asian Pacific Islander			5	3	14	1%	334	1.6%	1396	2.3%
Latino	9	3	251	205	644	44%	13,543	65.5%	25,166	40.7%
Native American			0	3	9	<1%	131	<1%	253	<1%
White	5	3	196	177	626	43%	5,753	27.8%	31,934	51.6%
Other	1	1	34	25	114	8%	540	2.6%	2,593	4.2%

Chart A.2: Transition Age Youth (SED) Utilization by Race/Ethnicity
(Ref. Appendix A: Figure A.4)

Transition Age Youth (18-20)	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	0	0	13	9	38	100%	5,358	100%	14,599	100%
African American									175	1.2%
Asian Pacific Islander					1	2.6%			797	5.5%
Latino			4	5	14	36.8%			4,122	28.2%
Native American			1		1	2.6%			65	<1
White			6	4	17	44.7%			8904	61%
Other			2		5	13.2%			536	3.7%

[The next Charts: A.3, A.4 and A.5 were developed with data from Appendices: A: A.5; B: B.8, B.9 & B.11.]

Chart A.3: Transition Age Youth (SMI) Utilization by Race/Ethnicity

Transition Age Youth (18-24)	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	4	1	166	107	278	100%	13,534	100%	30,944	100%
African American			5	1	6	.02%			340	1.1%
Asian Pacific Islander			4	1	5	.02%			1578	5.1%
Latino	1		40	21	62	22%			10,366	33.5%
Native American									285	<1
White	3	1	107	77	188	68%			17,422	56.3%
Other			10	7	17	6%			959	3.15%

Chart A.4: Adult Utilization by Race/Ethnicity

Adults (25-64)	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	45	21	993	769	1828	100%	30,356	100 %	141,479	100%
African American	1	0	30	25	56	.03%			1,531	<1
Asian Pacific Islander	0	0	18	21	39	.02%			4,952	3.5%
Latino	6	2	136	93	237	13%			34,662	24.5%
Native American	0	0	9	7	16	.01%			874	<1
White	32	18	754	582	1386	76%			97,196	68.7%
Other	6	1	46	41	94	.05%			2,264	1.6%

Chart A.5: Older Adult Utilization by Race/Ethnicity

Older Adults (65+)	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	0	0	36	88	124	100%	5,139	100	25,946	100%
African American	0	0	0	1	1	.01%			159	<1
Asian Pacific Islander	0	0	0	1	1	.01%			1,038	4.0
Latino	0	0	9	5	14	11%			2,880	11%
Native American	0	0	0	0	0	0			118	<1
White	0	0	27	73	100	81%			21,457	83%
Other	0	0	4	4	8	.06%			294	<1

Question 3: Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.

Response 3:

A. Children

In Chart A.1 above, there is some indication that Children's Mental Health Services has been reaching out to the Latino population through the "Fully-Served" SB 163 Wraparound population. Of the 22 youth served so far, 12 are Latino (9 male, 3 female) and 8 are White (5 male, 3 female). While the numbers are still too small (given recent program start-up) to draw definitive conclusions, it appears more girls could be identified for the program, and this will become an interagency focus in the coming year.

Regarding the Underserved population, similar data is discussed below (and in previous sections). The identified Underserved population includes 456 Latino children/youth (251 male, 205 female), compared to 373 White children/youth (196 male, 177 female). The program appears to be serving a percentage of Latino children/youth comparable to overall population demographics, with girls slightly underserved.

However, as discussed previously in more detail in Table 16, Children/Youth Served and Unserved by Age (see page 32), it is evident that a higher proportion of adolescents (12-17) are served than younger children (0-11). Through the county's participation in the CIMH Outcome Development Team with 7 other counties, Santa Cruz served a significantly higher proportion of adolescents than all the other counties. This is both a strength and a gap: evidencing a strong service array for adolescents (particularly with our Probation partners/programs), but also pointing to the need for increased services and focus on children aged 0-11.

Regarding racial/ethnicity disparities in service, as previously indicated (see Appendix A: Figure A.4 for more detail), of the 61,834 total children/youth in Santa Cruz County, approximately 25,166 are Hispanic/Latino (41%) compared to 31,934 White children (52%). Of the total child/youth population receiving services (1,451), service data tends to indicate that Hispanic/Latino clients (644, or 44%) have fairly equitable access compared to the general population (as well as the 626 White children/youth, or 43% of clients served).

However, when comparing service delivery ethnicity data to the priority population of children/youth at or under 200% of poverty, the analysis changes. This total child/youth sub-population (20,661) is 66% Hispanic/Latino (13,543 children/youth), compared to 5,753 White children/youth (28%). Hence, while the "penetration rate" for Latino youth accessing mental health services is relatively good compared to the general population served, the data still shows that access opportunities for them must be increased, particularly for Latino children/youth at or under 200% of poverty. The most cogent analysis of services provided by Santa Cruz County Children's Mental Health demonstrates that the predominate underserved population is Latino children, ages 0-11.

Children/Youth Underserved Estimates

As described previously, the prevalence data for Santa Cruz County generates the estimate that 2,633 children/youth under the age of 18 (<200% poverty) are in need of mental health services at the SED level; with 1,015 at/below poverty level having been served at some level (out of 1,451 total served).

The 1,451 total children/youth served, can be identified as follows:

- 400 children/youth were served at this SED;
- 132 children/youth receiving 3632 Special Education mental health services, but 11 of whom were also served in SED (identified by SCHOOL reporting unit);
- 930 additional children/youth received some level of mental health service; of these:
 - 353 children/youth receiving some level of on-going EPSDT rehabilitative mental health services by contractors; and
 - 577 children/youth receiving brief services of some kind.

Since it is to be assumed that all 2,633 children/youth with serious emotional disturbances would need a level of service commensurate with the need, Santa Cruz County will focus on the 930 children/youth identified in the latter two populations above as our underserved population.

While these children/youth with serious emotional disturbances are receiving some level of mental health services, it would not appear to be sufficient to fully meet an SED level of need. Approximately half receive only brief assessment and service contacts, while the other half receive an on-going level of EPSDT care that is not necessarily sufficient to meet their SED needs.

651 children/youth (70% of the 930 underserved children/youth) estimated to be at/under 200% of poverty are the priority population of underserved.

Inappropriately Served Estimates

There are very few “inappropriately served” children/youth in the System of Care, per analysis that follows. However, one key group (multi-problem youth in juvenile hall) is addressed in the Juvenile Hall section below.

Group Home Care

As evidenced in Children’s Mental Health 15 Year Children’s System of Care report, the numbers of children/youth placed in group homes (particularly out of the county) have dramatically decreased since implementation of the System of Care in 1989, including subsequent family preservation service additions. Most of the children/youth who can be kept at home in their communities, rather than in group homes, have been able to be maintained in their home. However, there remain a smaller sub-group of clients who need a residential level of care for at least periods of time.

Santa Cruz has developed key residential/treatment contracts with Unity Care for Probation boys (12 beds), Tyler House (SCCCC) for co-ed dual diagnosis mental health/substance abuse issues (6 bed), and Crossroads (SCCCC) for Child Welfare co-ed youth in transition (6 bed). These children/youth are tracked through our interagency placement screening committees, and are transitioned into the appropriate level of aftercare within the Children's Mental Health system upon discharge.

Juvenile Hall

The System of Care partnerships with Probation and community-based providers has helped dramatically decrease Santa Cruz County's juvenile hall population, thanks largely to several Probation initiatives:

- Balanced and Restorative Justice (BARJ) approaches emphasizing detention reform and community alternatives;
- Disproportionate Minority Confinement (DMC) reform to reduce overrepresentation of youth of color who are incarcerated; and
- Annie E. Casey Foundation training site for juvenile reform efforts.

The juvenile hall census this year has been in the 8-12 range, for a juvenile hall rated capacity of 42. Hence, most youth who can be monitored and served in the community (even while awaiting court dates) are being served in this manner. Only those youth who pose significant risk to the community and/or themselves are detained in juvenile hall while awaiting court dates and appropriate placement.

However, there is a priority population of several complicated, multi-problem court wards per year who do remain in juvenile hall for extended periods, or are in and out of juvenile hall, due to repeated placement failures. Hence, our System of Care will be exploring better service supports (e.g., extended Wraparound, TBS, access to periodic higher level placement) that will be explored with non-MHSA funds.

Fully Served Estimate

While the Children's program serves approximately 400 children/youth at the SED level of service (including another 50 or so receiving intensive AB 3632 services in ED classrooms), they are not considered to be "fully served". While not identifying them in the "underserved" category, they are identified in this SED level of service as "intensive" (DMH in technical assistance training encouraged counties to design additional categories at the local level if it helped to analyze need and service level).

These clients do generally receive intensive services within the context of a "wraparound" philosophy and approach (including low client/staff ratios, field-based community supports, pro-social activities, access to Intensive In-home Family Supports, psychiatric consultation, flexible funding, etc.). They all have access to our Mobile Emergency Response Team (MERT), which provides 24 hr/day, 7 day/wk crisis and hospital evaluation services at both our community hospitals, as well as Juvenile Hall.

These children/youth with multiple emotional/behavioral disorders are served through an evidence-based practice model of Intensive Case Management, as described in CIMH trainings. However, there are still key gaps in our System of Care for these children and youth, which we begin to address in this plan. These gaps include needs for increased family partnership activity, increased dual diagnosis mental health/substance abuse services, increased service levels to court dependents and their families, etc. These 400 clients are not identified as "fully-served" at this point--though they do receive a very intensive level of services.

SB 163 Wraparound and Other Family Preservation Services

There are currently 12 slots in the SB 163 Wraparound Program in Santa Cruz County, providing a full array of wraparound services. For a partial year in 2004/05, 22 youth were served. These youth are considered to be the "fully-served" population (in terms of service-intensity; not in terms of all needs being met, as there is always room for improvement). Since the program was begun in September 2004, 03/04 data is not available for this group. Instead, there are partial year demographics for 04/05. As clients may be in a wraparound "slot" for less than one year, there may be more than 12 clients in a year to report as receiving services.

SB 163 Wraparound does not require MHTSA funds (it has its own funding mechanisms, which include State AFDC, county, and Medi-Cal funds), though counties are required by the MHTSA to implement Wraparound. Santa Cruz County considers Wraparound to be commensurate with Full Service Partnerships, though MHTSA fund expenditures are not designated in this area. The System of Care intention is to expand SB 163 Wraparound over the next two years, but will do so without showing Full Service Partnership expenditures.

B. Transition Age Youth

Underserved Transitional TAY (SED 18-20)

Since a relatively few number of Transition Age Youth ages 18-20 were served by Children's Mental Health (and contractors), there will be more unserved youth than underserved. However, reviewing the service data cited in previous section:

- 12 Transition-age youth receiving SED level of service;
- 4 children/youth receiving 3632 Special Education mental health services; and
- 22 "Other" Transition-age youth receiving some level of on-going EPSDT rehabilitative mental health or managed care services by contract agencies.

The 12 Transition-age youth receiving SED level services, while not "fully-served", do receive an intensive level of services commensurate with their level of need (see related discussion under Child/Adolescent section). However, the other youth described above do not necessarily receive an SED level of service intensity.

Since it is to be assumed that all Transition-age youth with SED would need a level of service commensurate with the need, Santa Cruz County will focus on the 26 Transition-age youth (4+22 noted above) receiving some level of EPSDT mental health services (including 3632 services) as our "underserved" population in Children's Mental Health. While these Transition-age youth with SED are receiving some level of mental health services, it would not appear to be sufficient to fully meet their needs.

Fully-served and Inappropriately Served

While the Children's program serves approximately 12 Transition-age youth at the SED level of service, we do not consider them to be "fully served". While not identifying them in the "under-served" category, we are identifying this SED level of service as "intensive" (DMH in technical assistance training encouraged counties to design additional categories at the local level if it helped to analyze need and service level). These clients do generally receive intensive services within the context of a "wraparound" philosophy and approach (including low client/staff ratios, field-based community supports, pro-social activities, access to Intensive In-home Family Supports, psychiatric consultation, flexible funding, etc.).

These Transition-age youth with multiple emotional/behavioral disorders are served through an evidence-based practice model of Intensive Case Management, as described in CIMH trainings. However, there are still key gaps in our System of Care for these youth, which we hope to begin to address in our plan. These gaps include needs for increased family partnership activity with these young adults, increased dual diagnosis mental health/substance abuse services, increased focus on job and college transition, etc. So, these 12 clients are not identified as "fully-served" at this point-- though they do receive an intensive level of services.

"Inappropriately served" transition-age foster youth (e.g., adult jail) cannot currently be identified without further data.

C. Adults (25-64) and TAY-Recovery (SMI 18-24)

Underserved Population

The Underserved Adult and TAY Recovery (SMI) population in Santa Cruz County includes those individuals age 18-64 diagnosed with a serious mental illness, receiving some services, but those services do not provide the necessary opportunities to participate and move forward and pursue their wellness/recovery goals. Many of these individuals are so poorly served that they are at risk of generally undesirable outcomes such as homelessness, institutionalization, incarceration, or other serious consequences.

This population includes individuals who are in institutions because they are not receiving services that would allow them to remain in their own homes, and adults who are in Institutes of Mental Disease (IMD) and Board and Care facilities but are not receiving services that would allow them a greater degree of community integration, permanent housing and self-management with appropriate supports.

A “Serious Mental Disorder” was defined as a DSM-IV disorder with symptoms of sufficient severity and persistence in duration, that they result in significant impairments in behavioral/social functioning. In addition, these conditions interfere substantially with the individual’s primary activities of daily living, and resulting in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Included in this definition, but not limited to, are a range of diagnoses/conditions including schizophrenia, major affective disorders, and other severely disabling mental disorders. Persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder were not excluded.

All criteria referenced in the Mental Health Service Act Section 7 and W&I Code 5600 (b) and (c) were met by this population. Additionally, these 2106 individuals were identified as having either a serious mental disorder either by Axis I diagnoses (see Appendix B: Figures B.2 & B.6), Global Assessment Functioning (GAF) score below 50, or a small percentage of other individuals being treated in the Coordinated Care System by reason of functional impairments and risk factors.

Of these 2106 Adults and TAY Recovery (18-64) identified as being SMI, 71 were considered Fully Served. The Fully Served were treated in an AB 2034 program (Puentes) and described above. The remaining 2035 individuals approximate the Underserved or Inappropriately Served individuals, age 18-64.

The ethnicity of the 2035 Underserved individuals is made up of White (74%), Latino (15%), African American (3%), Asian/Pacific Islander (2.2%), Native American (<1%) and Other (5.1%). Overall, Whites again tend to be over-represented, particularly in the 55-64 age sub-group which was 84% White, compared to Latinos in this sub-group at 8%. Latino’s accounted for 26% of the unduplicated clients in the 18-20 age sub-group and are well represented.

The primary language of the 2035 Underserved individuals is English (91.7%), Spanish (5.4%), and various Other (3%). The Underserved population consists of 43% Females and 57% Males, compared to the general population which suggests an even split. Prevalence data suggest almost twice as many Females than Males, so it is likely that Females are under-represented in the Underserved category.

No information is available regarding the sexual orientation of the Underserved population.

Adult and TAY-Recovery (SMI) Fully Served Population

The Fully Served population includes individuals who have been diagnosed with serious mental illness and are receiving mental health services through a person-centered and recovery oriented individual service plan where both the client and their service provider/coordinator agree that they are getting the services they want and need in order to achieve their wellness/recovery goals. Examples of people who may be fully served included individuals in AB 2034 programs.

Santa Cruz has an AB 2034 program called Puentes. This program is built around an integrated service delivery team that includes employment and housing specialists, physical health care, nursing, substance abuse expertise, shared caseloads, small caseloads, and 24/7 service availability. Service delivery options are flexible, staff provide whatever services are needed to achieve the outcomes, and the program maintains a 'no wrong door' philosophy.

There were 71 individuals in this program in 04-05, aged 18-64. (See Appendix B: Figures B.6, B.7 & B.9) There were no Transitional Age Youth age 18-20 or Older Adults over age 65. 7% of this group were aged 21-24, 69% were Male and 31% were female. 90% spoke English as their Primary Language and 7% spoke Spanish. The group was mostly White and represented 76% of the total, followed by Latino at 13%, Multi-Ethnic 6%, and 4% Other.

White, middle age, males are over-represented in this Fully Served population. Transitional Age Youth, Older Adults, Latinos, and Females are under-represented.

D. Older Adults

Older Adults Underserved Population

71% of the older adults served were female, a percentage that differs significantly from the DMH prevalence data. This gaping disparity in the gender served indicates significant barriers that impede older adult males from obtaining services. Improved and increased outreach and identification of older adult males needs to be priority with the development of any programs.

Older Adults Fully Served

There are no Fully Served Older Adults.

Question 4: Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county’s threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.

Response 4:

General Population Assessment (excerpted from the Cultural Competence Plan)

The population in Santa Cruz County was 255,602 according to the 2000 Census data. This is an increase of 11.3% from the 1990 census. Sixty-five percent (65.5%) are White (not of Latino origin), one percent is Black, 26.8% Latino, and 3.4% are Asian. Almost twenty four percent (23.8%) of the population is under age 18; 6.1% is under age five. Ten percent of the population is over 65 years old. The primary language in Santa Cruz is English, with 27.8% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Half the population (50.1%) is female. Santa Cruz County has only one region.

The information below describes Medi-Cal beneficiaries utilizing specialty mental health services sorted by age, ethnicity, and language. Additionally, included is information about clients that use specialty mental health services that are not Medi-Cal beneficiaries.

Table 23:

Mental Health Services FY 03-04 Unduplicated Client Count by										
Age Group										
Total Clients	0-17		18-21		22-64		65+			
3,435 (Medi-Cal)	1036		253		2026		120			
1099 (Non Medi-Cal)	247		112		708		32			
4534 total	1283		365		2734		152			
Ethnicity										
Total Clients	American Indian/Alaska Native	Asian	Black/African American	Latino/Hispanic	Multiple	Native Hawaiian/Other Pacific Islander	Other	Unknown	White	
3,435 (Medi-Cal)	32	54	100	963		2	6	57	2,221	
1099 (Non Medi-Cal)	10	15	34	214			4	26	798	
Language										
Total Clients	English			Spanish			Other			
3,435 (Medi-Cal)	3,059			315			61			
1099 (Non Medi-Cal)	985			76			38			

The chart below reflects the overall population in Santa Cruz County by ethnic group and compares that data with the Santa Cruz County Medi-Cal recipients, the Santa Cruz MHP consumers that have Medi-Cal and all MHP consumers (Medi-Cal beneficiaries and non Medi-Cal beneficiaries). The second chart looks at the same data broken down by service mode and children services (“Kids”) and adult services.

Table 24:

Ethnic Group	2000 Census	Medi-Cal		MHP Consumers with Medi-Cal		All MHP Consumers 03-04
		2003	2004	02-03	03-04	
White	65.5%	26%	24.4%	67%	64.6%	66.5%
Latino	26.8%	70.8%	72.4%	25%	28%	26%
Asian	3.4%	1.3%	1.1%	3%	1.6%	1.5%
Black	1%	.7%	.7%	3%	3%	3%

Table 25:

Ethnic Group	Inpatient		Crisis		Outpatient		Day tx/Res	
	Children	Adults	Children	Adults	Children	Adults	Children	Adults
White	71%	81%	58%	81%	48%	74%	46%	79%
Latino	23%	12%	31%	13%	48%	18%	48%	13%
Asian	0	1%	5%	3%	1%	2%	0	3%
Black	3%	3%	3%	2%	3%	1%	6%	2%

The Santa Cruz MHP is serving ethnic groups at comparable rates as reflected in the overall population. However, when comparing the Mental Health consumers against the Medi-Cal population the Mental Health Plan is doing poorly at serving Latinos (26% of our consumers are Latinos compared to 72.4% of Santa Cruz Medi-Cal beneficiaries that are Latino). The Mental Health Plan appears to be serving Black and Asian consumers at comparable rates to their representation among Medi-Cal beneficiaries. White consumers are “over-represented”: 66.5% of our consumers identify as White (non Latino) compared to 24.4% of Medi-Cal consumers identifying as White.

In sum, when looking at the ethnic breakdown of Children and Adults in the various service modes we see that Latino children are getting served at greater rates than Latino adults, and White children are getting served at lower rates than white adults. Black and Asian children and adults are represented at about equal rates compared to the general population and the Medi-Cal beneficiaries. (As noted in the chart above, the rates do vary by mode of service.)

The table below reflects the overall population in Santa Cruz County by language group and compares that data with the Santa Cruz County Medi-Cal recipients, the Santa Cruz MHP consumers that have Medi-Cal and all MHP consumers (Medi-Cal beneficiaries and non Medi-Cal beneficiaries). The second chart looks at the same data broken down by service mode and children services (“Kids”) and adult services.

Table 26:

Language	2000 Census	Medi-Cal		MHP Consumers with Medi-Cal		All MHP Consumers 03-04
		2003	2004	02-03	03-04	
English	72.2%	42.45	41%	88%	89%	89%
Spanish	22.2%	57.45 %	59%	9%	9%	9%
Other	5.6%	.1%	0%	3%	2%	2%

Table 27:

Language	Inpatient		Crisis		Outpatient		Day tx/Res	
	Kids	Adults	Kids	Adults	Kids	Adults	Kids	Adults
English	90%	93%	83%	93%	85%	91%	81%	93%
Spanish	10%	3%	16%	4%	13%	6%	19%	4%
Other	0	3%	1%	3%	2%	3%	0	3%

While there is some discrepancy between the MHP’s adult and children service when it comes to serving identified ethnic groups, there is little discrepancy between adult and children services when it comes to providing services in the threshold language: clients that identify Spanish as their primary language are not being served. This also holds true when looking at the various service modes.

Overall Mental Health Program Cultural Competence Objectives

It is clear there is a disparity in access and service delivery to the Latino community and to persons speaking the threshold language (Spanish) Therefore, the county has identified the goal of increasing access to services to Spanish speaking Latinos. The following objectives developed by the Cultural Competence Steering Committee have been identified to meet this goal.

- Re-instate open recruitment for bilingual clinicians as resources permit;
- Develop ways to support and retain bilingual and bicultural staff;
- Assess the feasibility of various “grow your own” methods, such as tuition reimbursement, internships, and mentoring programs;
- Educate staff about career paths, including “advertising” vacancies, especially promotional opportunities, as well as increase staff knowledge about personnel processes;
- Explore loan forgiveness program for bilingual bicultural staff;
- Upgrade the bilingual test for mental health staff to include test of language appropriate to mental health;
- Hire bilingual (Spanish/English) staff to do outreach to Spanish speaking communities;
- Offer stipends to bilingual (Spanish/English) graduate students in masters programs in the mental health field;
- Explore the feasibility of hiring an interpreter (Spanish/English) for psychiatric services;
- Explore the feasibility of hiring another bilingual (Spanish/English) psychiatrist.