Group #1 (Carmen): Focus on Adult Services

1. In looking at the key need and gap areas that have been identified so far, are there any, from your perspective, that are missing? If so, what are they?

- Co-occurring disorder population, mild to moderate and emphasize the gap for the substance use and MH, needs an integrated model of care that simultaneously addresses all the issues.
- Focus and prioritization of peer support
- Help people with first break, "extreme states" with alternative services, not the standard medical model.
- What about people who want "out of the system" How do we help them with their individual/personal goals to not take medications or lower their medications, become free/independent from "the system"
- Service providers need to share information “talk to each other”, technology
- There are "treatment beds" (drug and alcohol) but not the funding for the beds!
- Peer support/"buddy system", community, a place to cook a meal together.
- Mobile intervention team before jail
- No SLEs services for women and kids
- Transgender services
- Don’t rely on visual cues; “don’t judge a book by its cover”
- Need high quality and consistent services for people entering housing for the first time, Needs funding to to assure services are maintained over time.
- Respite, some quite from the storm, calm, community which gives hope.
- Veterans Santa Cruz is in the "middle" geographically for services, Palo Alto or Monterey
- Children also have to go out to county for acute care
- Older Adult services, needs, housing and support, NOT enough, the population is aging and we aren't keeping up with the needs
- Medical records
- Timely access to treatment
- Lack of recognition for mental health services for people with private insurance. We don't have housing or employment services, "we don't have anything for them”.
- Navigation where to go for services? (Resource directory)
- A handout for the public for people in crisis, what to do, where to go, who to call? 211
- How to provide shared communication between multiple service providers for those individuals who are getting services from multiple points. How can this information be shared and communicated? Technology, a "universal release of information card"
2. **Which need or gap areas are most important? AND**
   - Safe and affordable housing; supportive housing for sub-acute
   - Need adequate staffing; need a process of checks and balances
   - Make criteria based on person’s need not category; making people "fit" to services, open up the criteria to focus on the individuals "need" rather than a "category" that often works to "reject" them from services.
   - Timely access to services
   - Pursue all options before jail (jail is last resort); stop criminalizing mental illness, homeless, drug issues
   - Detox & housing
   - Stabilize/access/treatment plan or just “plan”
   - Staffing is an issue, not enough staff to provide support, everyone is stressed too thin and not paid well enough.

3. **Which need or gap areas should we focus on working on first?**
   - SAFE AFFORDABLE HOUSING is #1 PRIORITY
   - Timely access to services with adequate staffing
   - Make Criteria based on persons needs rather than "mandates/categories" to require that people fit into

4. **Are there specific need or gap areas that may be unique or different for South County.**
   - Limited access to services in South County
   - Need bilingual and bicultural
   - Services for people who are undocumented
   - No (Coral Street) equivalent in South County
   - No treatment programs for women or women and children.