

September 9, 2014

**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 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.