



National Alliance on Mental Illness

Santa Cruz County

**Strategic Plan
2021-2024**

Envision the Future of
Mental Health with NAMI SCC

TABLE OF CONTENTS

I) Executive Summary.....	3
II) Strategic Plan.....	6
About NAMI	6
The Impact of Stigma and the Value of Compassion.....	6
The Landscape of Living with a Mental Health Condition in Santa Cruz County.....	7
System Capacity and Access to Care.....	7
The Issue of Public Funding, Private Insurance and Parity.....	9
NAMI SCC’s Role in Supporting Individuals Living with a Mental Health Condition and Their Families.....	9
NAMI SCC Programs and Services.....	10
Additional Factors in Achieving Our Goals.....	11
The Strategic Planning Process.....	11
NAMI SCC 2021-2024 Key Goals & Activities.....	13
Acknowledgments.....	25

Executive Summary

Strategic Plan 2021-2024

NAMI Santa Cruz County is keenly aware and deeply experienced with the urgent needs of our mental health community, and the complexities involved. This growing awareness has led NAMI SCC to embark on an extensive input and planning process. Our goal is to **enhance NAMI programs**, to articulate the issues found, **and advocate for improved options**.

The issue of mental health has been amplified and the urgency of NAMI's work has been heightened in the unfolding environment of the COVID-19 pandemic.

NAMI SCC brings help and hope by providing excellent educational programs and compassionate support. NAMI SCC wants those who struggle with mental health conditions to find proper treatment, support, purpose and the opportunity to live a full life with dignity.

Through our work, we continue to see and hear about the many gaps and often desperate needs in a mental health system which too often fails to provide needed care.

We know too well that when not treated properly, there is heartbreaking suffering that knows no age, gender, social or economic boundaries. It is hard to capture the depth of despair that many families and individuals experience. One mother referred to her journey with her beloved son as "leaving a trauma tattoo on her heart".

Beginning December 2019, NAMI SCC began an inclusive process to create our 3-year Strategic Plan by collecting information and input from hundreds of families, peers, service providers, practitioners, funders and policy makers. This was a valuable opportunity to assess lessons learned from our past efforts, hear about the often tragic interventions that have failed lives and to focus in on current trends and needs facing those with mental illness and their families.

The process showed us how deeply the community cares about mental health and wants solutions to the most urgent issues. We learned that many look to NAMI with hope, to be the voice for the unmet needs, and create change. NAMI now has a plan designed to improve and guide our current programs and services, plus expand those programs, based on identified needs. It also will steer NAMI's key advocacy areas.

We know it will take the collaborative efforts of many individuals, organizations, providers and policy makers to realize NAMI's vision.

NAMI SCC provides hope, healing, education, and support for those with mental health conditions and their loved ones.



NAMI PROGRAMS

NAMI is the foremost mental health organization in the United States which offers educational programs and groups for those affected by serious mental health challenges. Locally we offer education for family members, peers, providers, law enforcement, and the general public. We also offer a variety of support groups, and a Help Line run by volunteers who have lived experience.

ADVOCACY:

In addition to education and programs, NAMI SCC is the advocacy voice for people affected by serious mental illness.

We fight for the needs and rights of those who need appropriate care, and support legislative change.

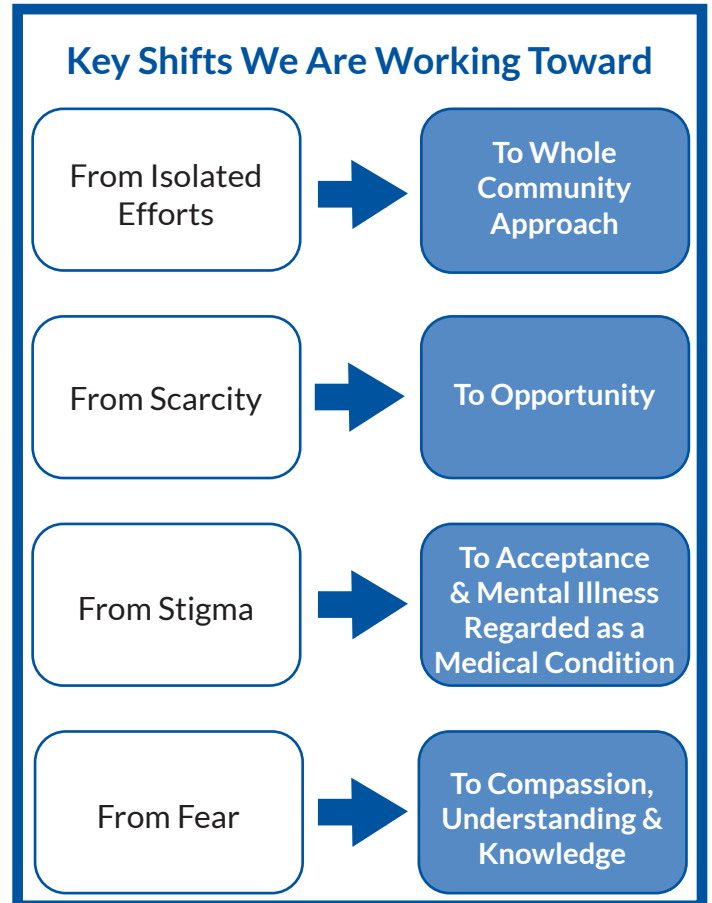
We work to bring awareness to the injustices, discrimination and inadequacies surrounding mental health treatment and housing options.

We believe that by working together in true partnerships, we can re-align and build a variety of psychiatric care options from crisis, acute, subacute and an array of supported housing that allows everyone to live with dignity.

Some needs and gaps identified by the Strategic Planning outreach process

- Inadequate bed capacity at all levels of care: locked inpatient, step-down, residential supported, independent, board and care, nursing, homeless shelter
- No hospitalization facility for youth in SC county
- Very limited services for those with private insurance with serious mental illness
- Schools need treatment resources to refer to and counselors available to campus
- Law enforcement expresses need for expanded psychiatric beds, more treatment programs, and alternatives to incarceration
- Contracted provider organizations experience inadequate funding, low wages, staff shortages
- County Behavioral Health needs more case managers, coordinators, doctors, mobile teams

We will also advocate for the expansion of our community's options for suicide prevention, preventative care, including for youth, and for those with the first symptoms of mental illness. Our peers deserve more employment and life options and families need increased support to fully help their loved one navigate the often confusing systems. Mental health services for those in jail is a critical need and we intend to support the establishment of practices and protocols that stop jails from becoming an alternative to mental health treatment. These advocacy areas are also shown within each of our six goals.



NAMI SCC's Mission, Vision, and Values



NAMI SCC VISION

We envision a world where people affected by mental illness experience acceptance and compassion, and live healthy, fulfilling lives supported by a caring community.

NAMI SCC MISSION

We provide education, support, hope, and healing for people affected by mental illness and their families. We advocate for sufficient resources to advance lives free of stigma or discrimination.

NAMI SCC VALUES

- Hope
- Inclusion
- Empowerment
- Compassion

NAMI SCC's Key Goals 2021-2024

	GOAL 1	People in Santa Cruz County get the best possible care through an increase in quality, accessibility, and utilization of mental health services
	GOAL 2	Peers have strengthened abilities and confidence in managing their own lives
	GOAL 3	Families have increased resilience
	GOAL 4	Youth receive adequate prevention services
	GOAL 5	Youth & adults receive early intervention before or at the time of a first psychotic break or mental health episode
	GOAL 6	People living with mental health conditions are diverted from justice system involvement

We hope you will feel inspired by the potential of what we can, as a community, achieve together in Santa Cruz County. Guided by this plan, NAMI SCC will continue to seek new knowledge and input, find new resources, and actively engage and advocate with our community in authentic partnerships to improve the lives and futures of all those affected by mental illness. There is no more critical moment to act together than now. NAMI SCC will rise to the challenge. We invite you to join us.

A full plan is available on our website at www.namisc.org.



Santa Cruz County

Strategic Plan 2021-2024

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental health conditions. NAMI exists on national, state and local levels, all with independent funding and differing functions.

Our local NAMI Santa Cruz County (NAMI SCC), established in 1983, thrives with an active board and staff and over 50 active dedicated volunteers who work together to provide our programming free of charge to the community. NAMI SCC serves over 6,000 community members each year. We also advocate on a local level and contribute to NAMI state and national advocacy efforts.

The past five years have been a time of significant growth for NAMI SCC, both through our expanded services and through the building of our funding/budget, infrastructure and staffing. NAMI SCC relies on donations, grants, county and city contracts, and fundraising to offer classes, support groups, and educational presentations free of charge to our community. In order to meet the growing needs, we are working to build increased resources.

The Impact of Stigma and The Value of Compassion

Stigma, shame and discrimination about mental illness are powerful barriers which often prevent individuals and their families from seeking needed care and services. Insidiously, stigma also negatively impacts funding for and availability of those services. This limited availability of real-time access to mental health services, combined with shame and a lack of knowledge by the community in general, creates a revolving cycle of under or untreated illness, alienation and fear.

“Stigma at the personal level, family level, neighborhood level and employer level gets in the way of people receiving care. Over and over it has been a barrier. We can tackle it head on and break down barriers.”

Efforts to expand housing to serve those with mental health conditions have often been met with neighborhood resistance and discrimination. However, many supported and independent housing units are successful throughout our community.

In addition to the perceived stigma and shame of mental illness, other barriers include lack of knowledge about mental health treatment, inability to recognize symptoms in one’s self, and inability to find adequate care. Too many people who struggle with mental illness do not get treatment.

NAMI recognizes that in order for our community to address issues of capacity and treatment, we must address stigma and discrimination. We must develop policy and communication strategies that build compassion, empathy, and understanding. Effective communication strategies include presentations and storytelling, which easily win over hearts and minds, when told by individuals who are successfully living with a condition such as bipolar disorder, schizophrenia, depression, or anxiety disorders.

The Landscape of Living with a Mental Health Condition in Santa Cruz County

In Santa Cruz County, as in the rest of the country, untreated mental illness causes suffering to individuals, families, and the whole community. But with proper treatment, support, education, and a place to live, people do heal, find purpose, and live fulfilling lives.

Real-time access to mental health treatment is vital. But Santa Cruz County faces critical shortages of facilities and funding. People needing hospitalization during a suicidal crisis or a psychosis face our local overburdened bed capacity: over 55% of those who qualify for hospitalization must be sent to hospitals that are out of our county. Those who need long-term housing and support, will have great difficulty finding those resources, often leading to periodic homelessness. These shortages then impact not only the individual, but also the whole community, including law enforcement, schools, and health care systems. Onset of a serious mental health condition can be sudden and often occurs in late teens. Families and friends are often not equipped to recognize or assist their loved one and don't know where to turn.

“People think Santa Cruz County is a dangerous place, and the data shows it is not. The sense of wellbeing and safety inside our own communities is threatened by biases, stigma, and social media.” – Criminal Justice System Stakeholder

Despite these gaps and challenges, many quality agencies and caring people across Santa Cruz County work hard to meet the needs with existing resources. The majority of people with serious mental illness in the county receive psychiatric and therapeutic services through Medi-Cal public insurance, with services provided at Santa Cruz County Behavioral Health Department and its contracted provider organizations (e.g. Encompass, Front St., Telecare, or public clinics). County Behavioral Health serves over 3,300 adults and youth with mental illness and over 1,450 with Substance Use Disorder, (including dual diagnosis). More than 600 of those individuals served are homeless. Other adults and youth receive services through private pay insurance, and private providers.



System Capacity and Access to Care

There is a tremendous need for expansion of capacity across the spectrum of care. A full NAMI SCC report is being separately prepared on system capacity, bed capacity, and funding complexities, which is expected to be released in 2021/22.

“When my sixteen-year old son had a psychotic break, he had to be transported in an ambulance out of county, strapped in place, as there was no local psychiatric hospital for youth. The trauma for him and for all our family was even greater as we had to drive hours to visit, love and support him.”

Examples of Gaps in System Capacity

- **Inpatient facility for children and youth does not exist in our county.** All youth who need hospitalization are sent out of the county, as far as Sacramento. Family visitation is difficult.
- **More than 50% of adults who need temporary crisis hospitalization must be sent out of the county,** because our psychiatric health facility has only 16 beds.
- **Services for people with private insurance are extremely limited.**
- **Many more beds are needed at all levels of care:** locked inpatient, crisis residential facilities, step-down facilities, long term residential care facilities, supported independent living homes, board and care homes, and homeless shelters.
- **Schools express a critical need for additional support and treatment resources for students and a need for increased collaboration with mental health providers.**
- **Law enforcement officials express a need for jail diversion, increased capacity for psychiatric hospitalization and substance use treatment.** In 2019, 40% of calls to the Santa Cruz Police Department and 10% of calls to the Santa Cruz County Sheriff's Department involved a mental health situation, and approximately 60% of people in jail have a mental health and/or substance use condition.
- **Contracted community-based organizations experience staffing shortages, low wages, and low reimbursements for services.**
- **Services for people with private insurance are extremely limited within Santa Cruz County.**

"In order to meet minimal needs, we would have to double or triple the number of beds available. It is especially urgent to address the need for more temporary step-down beds like El Dorado, and crisis residential beds like Telos."

-Santa Cruz County Behavioral Health Employee

The examples above are based on NAMI SCC's analysis of data collected through extensive interviews, surveys, and focus groups.

The Issue of Public Funding, Private Insurance and Parity

Public Funding: County services are funded through Federal Medicaid reimbursement (Medi-Cal in California), State funds, the Mental Health Services Act, grants, and the County General Fund. Medi-Cal provides a 50% reimbursement rate which requires a local match of expenditures. This inhibits the use of non-reimbursable services, such as the beloved Second Story Respite House, which is staffed by peers to help other peers. Another critical issue is that Medi-Cal prohibits reimbursement of any amount for locked facilities which have more than 16 beds unless part of a hospital. This is called the IMD Exclusion, and it limits our one locked Psychiatric Health Facility for crisis care to an inadequate 16 beds.

Private Insurance: Private insurance reimbursement rates do not cover the full cost of mental health services or facilities, which inhibits the ability of providers to offer adequate services. Privately run mental health facilities also struggle to exist, due to insufficient reimbursement rates. Many Board and Care homes across the state have closed, including our own Rose Acres 35-bed facility in Felton. In addition, many treatment options are only made available outside of Santa Cruz County.

Parity: Insurance companies have been required since 2014 to cover costs for mental health treatment as they do for physical health coverage, providing parity for mental health treatment. Based on input from families, too many families still struggle to get needed care paid for by their insurance.



Story: “My daughter, a 23-year-old UCSC student on private insurance, experienced a “first break” psychotic episode while in her second semester. Beds at the local 16-bed crisis unit are prioritized for Medi-Cal clients, so she was sent to Sacramento for inpatient locked care for 7 days. There were no options in Santa Cruz County for a step-down facility for recovery for the privately insured, so she was returned home to us in a very unstable state. We had no prior experience of anything like this and the trauma for all in our family has been overwhelming”

NAMI SCC’s Role in Supporting Individuals Living with a Mental Health Condition and Their Families

“NAMI’s Family to Family class gave me tremendous skills to COMMUNICATE and accept the reality of the illness and the importance of being informed. Learning so much about the topic of mental illness has really helped me cope and help the people in my life, who mean the most to me.”

NAMI SCC provides a full spectrum of programs, resources and services that enhance those whose lives are affected by mental illness, through education and support of the individual, the family and the community. According to our survey of peers, families, providers and other community stakeholders, support, education, and advocacy are among NAMI SCC's greatest contributions. In fact, 95% of all respondents who have participated in NAMI SCC programs have found it extremely or very helpful in supporting them in dealing with mental health issues.

NAMI SCC Programs and Services

NAMI Santa Cruz County works for those with serious mental health conditions, and also for all who experience various levels of these conditions.

Education

- NAMI Family to Family Class (also in Spanish)
- NAMI Basics Class (also in Spanish)
- NAMI Peer to Peer Class
- NAMI Provider Education Class
- Crisis Intervention Training for Law Enforcement
- Ending the Silence Presentation
- In Our Own Voice Presentation
- Ambassadors Presentation



Support

- NAMI Family Members Support Group
- NAMI Peer Connections Support Group
- Hope Bipolar Disorder and Depression Support Group
- Telephone Help Line
- Help navigate the mental health care system to receive care



Quotes from Program Participants:

"Your Crisis "Help Line" works and your volunteer staff, Fay in particular, is most efficient in problem solving when the pressure is on. Without the NAMI service, this behavioral crisis would have been amplified and the consequences would have been grave. I thank you for providing the NAMI volunteer crisis team service and a special thanks to Fay, for her outstanding responsiveness, professional demeanor and efficient problem- solving approach to mitigating this crisis."

"I have been inviting NAMI's "Ending the Silence" into my high school and college classes for years because understanding mental health and ending the stigma is relevant to everything we do. I often have students tell me that these presentations are not just informative but empowering and validating. So many of my students deal with mental health issues and it is so powerful for them to see their peers become educated and have meaningful conversations about mental health."

-Jamie Cutter, Delta Charter High School teacher

Advocacy

We will work with our community, elected officials, partners and providers to advocate for the following:

- More beds and services at all levels, from crisis locked care to supported independent housing.
- More services for youth including hospitalization capacity, outpatient services and mental health support in schools.
- Reduction of stigma and discrimination through community education leading to neighborhood acceptance of mental health housing.
- True insurance parity and more treatment options for private payers.
- More employment and socialization opportunities for peers.
- Provider practices that include the whole family in treatment planning and ongoing support.
- Hiring a Family Advocate within County Behavioral Health management.
- Diversion from the criminal justice system including expansion of crisis beds capacity, wrap-around programs, mobile mental health liaisons, linkage to mental health resources after booking/jail discharge, improved psychiatric services in the jail, and creation of a triage center.
- Legislative changes at the national and state levels.



Additional Factors in Achieving Our Goals

- The financial impact of the Covid-19 Virus and the fires may roll back existing services and limit expansion from both public and private organizations
- Expanding needed services will require addressing the significant payer/provider gaps in coverage and reimbursement. Stakeholders include: Federal, state, and county funding, County Behavioral Health, private providers and insurers.
- The co-occurrence of substance abuse and mental health conditions is a fact which must be incorporated into our education, support, and proposed solutions.
- The recovery spectrum needed for individuals requires not only the medical/diagnostic solutions, but the full range of social determinants (employment, housing, education, transportation, medical insurance, nutrition, etc.) Solutions designed around each individuals goals and needs will optimize the path to healthy recovery.

The Strategic Planning Process

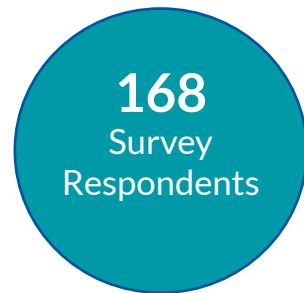
From October 2019 to May 2020, NAMI Santa Cruz County embarked on a strategic planning process deeply informed by the community and key stakeholders to help NAMI SCC best support individuals living with mental health conditions, their families and their community.

The 2021-2024 NAMI Santa Cruz County Strategic Plan was developed based on input from over 200 multiple and diverse stakeholders, including individuals and families affected by mental illness, program participants, volunteers, board members, non-profit agency management and staff, County Behavioral Health director and management staff, police chiefs, the sheriff, school superintendents and management staff, and state and local elected officials. These stakeholders provided their open and honest feedback regarding NAMI's role in the

community. They shared what they see as our greatest contributions, where we can grow and improve our programs, and what barriers to receiving adequate mental health care we can address through advocacy. Our community cares deeply and wants solutions.

The NAMI SCC Board selected a Strategic Planning Committee to lead the process, composed of the executive director, and three board members. We contracted with Impact Launch to facilitate the stakeholder input and strategic planning process. The committee and consultants conducted key stakeholder interviews, focus groups, and an online survey, which revealed a high level of concern for the unmet needs of people affected by mental health issues and the need for increased capacity of treatment, services, and beds.

We are grateful to the many stakeholders who provided input.



This process guided us to identify goals, outcomes and activities to accomplish the following:



Expand the quantity and quality of
EXISTING EDUCATION AND SERVICES
provided by NAMI SCC and volunteers

Create
NEW EDUCATION AND SERVICES
provided by NAMI SCC and volunteers



Partner with stakeholders to
ADVOCATE FOR CHANGES
identified and prioritized by NAMI SCC
members, volunteers and families



NAMI SCC 2021-2024 Key Goals & Activities

Within each of the six goals, the activities are outlined in three areas:

Existing NAMI programs
New NAMI programs
Advocacy for Change

*All Year 1 activities are dependent on the circumstances of local, state and national COVID-19 response and recovery

GOAL 1	People in Santa Cruz County get the best possible care through an increase in quality, accessibility, and utilization of mental health services
GOAL 2	Peers have strengthened abilities and confidence in managing their own lives
GOAL 3	Families have increased resilience
GOAL 4	Youth receive adequate prevention services
GOAL 5	Youth & adults receive early intervention before or at the time of a first psychotic break or mental health episode
GOAL 6	People living with mental health conditions are diverted from justice system involvement



Individually we are one drop.
Together we are an ocean.

-Ryunosuke Satoro



GOAL 1: PEOPLE IN SANTA CRUZ COUNTY GET THE BEST POSSIBLE CARE THROUGH AN INCREASE IN QUALITY, ACCESSIBILITY, AND UTILIZATION OF MENTAL HEALTH SERVICES

GOAL 1A: QUALITY

GOAL 1A QUALITY: EXISTING PROGRAMS & SERVICES

Expand the quantity and quality of existing programs and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Review evaluations and modify programming accordingly, including Help Line and Spanish language programs.
	Enhance process for volunteer recruitment, orientation, training, support, retention and review.
	Plan to expand the Help Line to develop into a more comprehensive Family Mentorship Program.
	Collaborate with Suicide Prevention Services for training and volunteers. Define and advertise NAMI's role in suicide prevention.
Begin Year 2: 2022-2023	To be determined based on Y1 activities. Participate in Suicide Prevention Task Force Committees including Suicide Survivors Support (LOSS), Reduce Access to Lethal Means, etc.
Begin Year 3: 2023-2024	To be determined based on Y1 & Y2 activities

GOAL 1A QUALITY: NEW PROGRAMS & SERVICES

Provide new programs and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Explore NAMI National on-line signature education programs and new short version of Provider Education and new Family/Friends 4-hour presentation.
Begin Year 2: 2022-2023	Develop Family Mentorship Program in English & Spanish.
Begin Year 3: 2023-2024	Fully Implement Family Mentorship Program.

GOAL 1A QUALITY: ADVOCACY

Partner with stakeholders to advocate for changes identified and prioritized by NAMI SCC members, volunteers and families

Begin Year 1: 2021-2022	Increase NAMI SCC participation at community meetings to advocate for needed mental health services, including facilities and housing.
	Explore NAMI's role in county-level advocacy on mental health, including NAMI leading the possible establishment of a task force to advocate for adequate resources, providers, and facilities.
Begin Year 2: 2022-2023	Encourage participation in local, state and federal legislative efforts to advocate for high quality providers and facilities.
Begin Year 3: 2023-2024	Produce a comprehensive report on capacity of facilities and services to inform advocacy efforts.

GOAL 1B: ACCESSIBILITY

GOAL 1B ACCESSIBILITY: EXISTING PROGRAMS & SERVICES

Expand the quantity and quality of existing programs and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Increase frequency of Spanish language offerings and improve cultural competency across all programs and services.
	Strengthen partnerships across the county and with other counties to fill NAMI's programming gaps (i.e. share teachers, co-host programs and promote each other's programming).
Begin Year 2: 2022-2023	Increase staff and number of programmatic offerings in South County in Spanish and in English.
	Explore establishing a NAMI SCC location that serves as administration, program, and connection hub.
Begin Year 3: 2023-2024	To be determined based on Y1 & Y2 activities

GOAL 1B ACCESSIBILITY: ADVOCACY

Partner with stakeholders to advocate for changes identified and prioritized by NAMI SCC members, volunteers and families

Begin Year 1: 2021-2022	Increase NAMI SCC attendance at community meetings to show support for accessibility of mental health services such as facilities and housing
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	Advocate for adequate, needed quantity and quality of beds and facilities, step-down care and crisis care, including for youth.
	Address and reduce stigma including reluctance of individuals to ask for help, seek treatment, and/or attend support groups. Address neighborhood stigma/discrimination that limits increased mental health housing and facilities. Partner with existing housing efforts in the community
Begin Year 2: 2022-2023	Continue to address stigma and discrimination. Utilize Community TV and social media to educate the community on mental health issues and needs.
	Explore and determine NAMI's role in advocacy for payer source parity.
	Encourage participation in local, state and national legislative advocacy to support accessibility of services.
Begin Year 3: 2023-2024	Continue to address stigma and discrimination.
	Produce a report on capacity of beds, facilities, step-down care and crisis care to inform and support advocacy.
	Advocate for payer source parity.

GOAL 1C: UTILIZATION

GOAL 1C UTILIZATION: EXISTING PROGRAMS & SERVICES
Expand the quantity and quality of existing education and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Strengthen program outreach and engagement process for specific underserved populations, including young adults: <ul style="list-style-type: none"> • Explore program capacity • Identify barriers to program participation
	Increase partnership with County ACCESS team: <ul style="list-style-type: none"> • Share resources and information • Joint trainings • ACCESS team members join Help Line meetings
Begin Year 2: 2022-2023	Increase Help Line capacity, cultural competency, and responsiveness in English & Spanish. Learn from other counties, such as Alameda and Santa Clara, as models.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 2: PEERS HAVE STRENGTHENED ABILITIES AND CONFIDENCE IN MANAGING THEIR OWN LIVES

GOAL 2 / PEERS: EXISTING PROGRAMS & SERVICES

Expand the quantity and quality of existing education and services for North and South County provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Explore with North and South County peers how to tailor outreach and programming to meet specific needs for diversity of mental health conditions.
	Explore with North and South County peers increased recreational activity opportunities for peers, including events/gatherings with peer organizations, with families, and a NAMI SCC volunteer recognition event.
	Continue to collaborate with Suicide Prevention Services to enhance our offerings for youth.
Begin Year 2: 2022-2023	Scale up existing peer programs in North and South County, including number of offerings and locations.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 2 / PEERS: NEW PROGRAMS & SERVICES

Provide new programs and services provided by NAMI SCC and volunteers for North and South County

Begin Year 1: 2021-2022	Begin planning for a peer mentorship program on discharge from the hospital, such as the “Peer Pal” program.
Begin Year 2: 2022-2023	Implement a “Peer Pal” peer mentorship program.
	Increase South County strategies for peer support.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 2 / PEERS: ADVOCACY

Partner with stakeholders to advocate for changes identified and prioritized by NAMI SCC with input from peers and families for North and South County

Begin Year 1: 2021-2022	Research to determine NAMI's advocacy plan for education and employment opportunities for peers in North and South County
	Encourage North and South County peer involvement in state and federal advocacy on legislative efforts, and local Mental Health Advisory Board.
	Encourage and support North and South County peer attendance at NAMI conference.
Begin Year 2: 2022-2023	Continue to encourage and support North and South County peer attendance at NAMI conference.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 3: FAMILIES HAVE INCREASED RESILIENCE

GOAL 3 / FAMILIES: EXISTING PROGRAMS & SERVICES

Expand the quantity and quality of existing education and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Continue and increase frequency of offerings of existing programming to support families, including: <ul style="list-style-type: none"> • Family to Family (in English and in Spanish) • Help Line • Family Support Groups (in English and in Spanish) • Basics (in English and in Spanish) • Ending the Silence for parents • Provider Education
	Begin developing a 3-Year South County expansion action plan for both Spanish and English services
Begin Year 2: 2022-2023	Develop a 3-Year South County expansion action plan for both Spanish and English services
Begin Year 3: 2023-2024	Implement a 3-Year South County expansion action plan for both Spanish and English services

GOAL 3 / FAMILIES: NEW PROGRAMS & SERVICES

Provide new programs and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Plan to expand the Help Line into a more comprehensive Family Mentorship Program.
	Begin developing a 3-Year South County expansion action plan for both Spanish and English services.
Begin Year 2: 2022-2023	Develop a 3-Year South County expansion action plan for both Spanish and English services.
	Develop a Family Mentorship Program in English & Spanish.
Begin Year 3: 2023-2024	Implement South County Expansion Plan.

GOAL 3 / FAMILIES: ADVOCACY

Partner with stakeholders to advocate for changes identified and prioritized by NAMI SCC members, volunteers and families

Begin Year 1: 2021-2022	Advocate for increased provider practice of including the whole family in treatment planning and ongoing support: <ul style="list-style-type: none">• Promote use of the Family Information Form• Increase participation of providers in the NAMI Provider Education Program as part of professional development• Increase providers awareness of NAMI's education and support for families
	Begin developing a 3-Year South County Advocacy Action Plan for expansion of BH services provided by county and other providers both in Spanish and English. Research existing capacities.
Begin Year 2: 2022-2023	Advocate for a Family Advocate at County Behavioral Health to serve adults and youth in English & Spanish.
	Develop a 3-Year South County Advocacy Action Plan for expansion of BH services provided by county and other providers both in Spanish and English.
Begin Year 3: 2023-2024	Implement a 3-Year South County Advocacy Action Plan for expansion of BH services provided by county and other providers both in Spanish and English.

GOAL 4: YOUTH RECEIVE ADEQUATE PREVENTION SERVICES

GOAL 4 / YOUTH: EXISTING PROGRAMS & SERVICES

Expand the quantity and quality of existing education and services provided by NAMI SCC and its volunteers

Begin Year 1: 2021-2022	Continue Ending the Silence (ETS) programming for students and include protocols and resources for schools to best follow up with students.
	Revise ETS programming based on evaluation data and COVID-19 protocols.
	Continue to collaborate and with Suicide Prevention Services to enhance our offerings for youth.
Begin Year 2: 2022-2023	Expand the number of ETS presentations for educators and staff.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 4 / YOUTH: NEW PROGRAMS & SERVICES

Provide new programs and services provided by NAMI SCC and its volunteers

Begin Year 1: 2021-2022	Plan a strategic approach for partnering with schools and existing initiatives.
	Provide NAMI brochures to families throughout county schools.
Begin Year 2: 2022-2023	Implement adopted approach for partnering with schools and existing initiatives.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 4 / YOUTH: ADVOCACY

Partner with stakeholders to advocate for changes identified and prioritized by NAMI SCC, its volunteers and families

Begin Year 1: 2021-2022	Address and reduce stigma through community education.
	Explore increased ways to partner with youth prevention services in the community such as PVPSA and SC County Children's Behavioral Health.

Begin Year 2: 2022-2023	Leverage partnerships with other organizations/agencies to increase county-wide youth prevention efforts.
	Advocate for increased youth services, including: <ul style="list-style-type: none"> • More groups and programming provided by appropriate agencies • Local youth acute care capacity and/or access to new Monterey CHOMP facility • Local youth outpatient day programs similar to ASPIRE at El Camino Hospital • Increased availability of counselors in schools • Standardized mental health education in the schools
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 5: YOUTH & ADULTS RECEIVE EARLY INTERVENTION BEFORE OR AT THE TIME OF A FIRST PSYCHOTIC BREAK OR MENTAL HEALTH EPISODE

GOAL 5 / FIRST BREAK: EXISTING PROGRAMS & SERVICES

Expand the quantity and quality of existing education and services provided by NAMI SCC and its volunteers

Begin Year 1: 2021-2022	Expand NAMI support groups for parents of youth.
	Increase family education/support regarding a first psychotic break or mental health episode through strategies such as: <ul style="list-style-type: none"> • Increasing family enrollments in Basics classes • Providing a Speaker Meeting topic on first break • Providing NAMI informational packets in Telecare, physicians' offices, providers' offices
Begin Year 2: 2022-2023	To be determined based on Y1 activities
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 5 / FIRST BREAK: NEW PROGRAMS & SERVICES

Provide new programs and services provided by NAMI SCC and its volunteers

Begin Year 1: 2021-2022	Plan to expand the Help Line into a more comprehensive Family Mentorship Program.
	Partner with Telecare/County to connect NAMI SCC families & peers to families experiencing first break.
Begin Year 2: 2022-2023	Develop the Family Mentorship Program in English & Spanish.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 5 / FIRST BREAK: ADVOCACY

Partner with stakeholders to advocate for changes identified and prioritized by NAMI SCC members, volunteers and families

Begin Year 1: 2021-2022	Explore evidence-based programming with partners, such as PREP (Prevention and Recovery in Early Psychosis) and RAISE (Recovery After an Initial Schizophrenia Episode), and the Open Dialogue approach.
	Leverage partnerships with organizations/agencies, including those providing youth support groups.
Begin Year 2: 2022-2023	Build closer partnership with County Behavioral Health to promote early involvement of NAMI SCC with individuals and their families at the time of a first psychotic break or mental health episode.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 6: PEOPLE LIVING WITH MENTAL HEALTH CONDITIONS ARE DIVERTED FROM JUSTICE SYSTEM INVOLVEMENT

GOAL 6 / JAIL DIVERSION: EXISTING PROGRAMS & SERVICES

Expand the quantity and quality of existing education and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Learn about existing and emerging diversion resources, including Rapid Connect, the MOST Team model, and Behavioral Health Court.
	Educate criminal justice system stakeholders about NAMI SCC programs.
	Continue Crisis Intervention Team (CIT) trainings for Law Enforcement. Distribute NAMI's "JAIL 101: What to Do When Your Loved One Has Been Arrested."
	Develop the resources, volunteers, and specific training necessary to expand Peer to Peer and Family to Family program offerings in law enforcement settings such as Probation.
Begin Year 2: 2022-2023	Tailor CIT trainings for specific law enforcement agencies.
	Implement expanded Peer to Peer and Family to Family program offerings in law enforcement settings.
Begin Year 3: 2023-2024	To be determined based on Y1 and Y2 activities

GOAL 6 / JAIL DIVERSION: NEW PROGRAMS & SERVICES

Provide new programs and services provided by NAMI SCC and volunteers

Begin Year 1: 2021-2022	Explore how to increase support to families when a loved one is involved in criminal justice system.
Begin Year 2: 2022-2023	To be determined based on Y1 activities
Begin Year 3: 2023-2024	Offer mental health education to the District Attorney's office, Probation, and County Behavioral Health Courts.

GOAL 6 / JAIL DIVERSION: ADVOCACY

Partner with stakeholders to advocate for changes identified and prioritized by NAMI SCC members, volunteers and families

Begin Year 1: 2021-2022	Explore supporting the full implementation of the 'Stepping Up' initiative adopted by the Sheriff's Department and County Behavioral Health.
	Increase partnership, collaboration, and participation with law enforcement agencies and committees.
	Advocate for alternative options to justice system involvement, including: <ul style="list-style-type: none">• Access to 24-hour mental health liaison• Expansion of accessibility of Mobile Emergency Response Team (MERT)• Inclusion of County peer position on MERT team• Consistent practice of linking client to mental health resources after jail discharge, modeled after "Rapid Connect"• Behavioral Health Court Expansion
Begin Year 2: 2022-2023	Advocate for the creation of a triage/holding/evaluation space for crisis intervention and support as an addition and alternative to the Crisis Stabilization Program.
Begin Year 3: 2023-2024	Advocate for improved psychiatric services in the jail, staff training, and for mental health education and support groups for people incarcerated in mental health units.

Join Us

For over 30 years, NAMI SCC has provided valuable education, support and advocacy for our community. The strategic planning process revealed clear existing strengths and tremendous needs in the community as identified by our stakeholders. NAMI SCC has responded with bold goals and focused contributions. We will rise to the challenge. There is no more critical moment to act together than now. We invite you to join us.

Today, we renew our commitment to our vision of a world where people affected by mental illness experience acceptance and compassion, and live healthy, fulfilling lives supported by a caring community.



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