



**Mental Health Services Act:**

**2011-2012**

**Annual Update to the Three-Year Program  
and Expenditure Plan**

March 21, 2011

# County of Santa Cruz

## HEALTH SERVICES AGENCY

1400 Emeline Avenue, Santa Cruz, CA 95060  
(831) 454-4170 FAX: (831) 454-4663 TDD: (800) 523-1786

### LETTER FROM THE MENTAL HEALTH & SUBSTANCE ABUSE DIRECTOR

February 11, 2011

The Santa Cruz County Mental Health & Substance Abuse Services has completed a “2011-2012 Annual Update to the Three Year Program and Expenditure Plan” of the Mental Health Services Act (MHSA/Proposition 63). This includes a report of the Community Services and Supports (CSS), Prevention & Early Intervention (PEI), Innovative Projects (INN), and Workforce Education & Training activities for fiscal year 2009-2010. The report has been prepared according to instructions from the State Department of Mental Health (DMH), pursuant to DMH Information Notice #10-21.

The report will be posted from February 14, 2011 to March 16, 2011, and a Public Hearing will be held on March 17<sup>th</sup> (at 3:00 in room 207 at 1400 Emeline Avenue, Santa Cruz, Ca).

You may provide comments in the following ways:

At the Public Hearing,

By fax: (831) 454-4663,

By telephone: (831) 454-4931 or (831) 454-4498,

By email to [mhsa@co.santa-cruz.ca.us](mailto:mhsa@co.santa-cruz.ca.us),

Or by writing to:

Santa Cruz County Mental Health & Substance Abuse Services

Attention: Alicia Nájera, MHSA Coordinator

1400 Emeline Avenue

Santa Cruz, CA 95060

Sincerely,

Leslie Tremaine  
Director

**Exhibit A  
COUNTY CERTIFICATION**

County: **Santa Cruz**

**Components Included:**

**X CSS      X WET**  
**X CF        X TN**  
**X PEI       X INN**

<b>County Mental Health Director</b>	<b>Project Lead</b>
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Mailing Address: Santa Cruz County Mental Health & Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing<sup>1</sup> was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.<sup>2</sup>

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Leslie Tremaine  
Mental Health Director

\_\_\_\_\_  
Signature 3/21/11  
Date

<sup>1</sup> Public Hearing only required for annual updates.

<sup>2</sup> Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

**EXHIBIT B  
COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

**County:** Santa Cruz

**30-day Public Comment period dates:** 2/14/11-3/16/11

**Date:** **March 21, 2011**

**Date of Public Hearing (Annual update only):** 3/17/11

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p><b>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</b></p> <p>The County works closely with the Mental Health Board (which includes consumers, family members and other advocates), meets regularly with the various mental health contract agency representatives, and until January, 2010 met monthly with the Santa Cruz County Mental Health Services Act Steering Committee. The MHSA Steering Committee oversaw the community planning process for each of the MHSA components. (Note: the MHSA Steering Committee membership was selected with the intention of having a cross section of member representatives, including mental health providers, employment, social services, law enforcement, consumers, and family members, as well as representatives from diverse geographical and ethnic/racial/cultural populations.) The MHSA Steering committee members elected to disband, as their primary function of launching each MHSA component was accomplished. Oversight of MHSA activities has been returned to the Mental Health Board.</p> <p>Aside from the extensive Community Services and Supports (CSS) Planning Process, the County has conducted planning processes for the CSS Housing component, the Workforce Education &amp; Training Component, the Prevention &amp; Early Intervention Component, Innovative Projects, and Capital Facilities &amp; Information Technology Components. Although consumers and family members participate in the workgroups, the County has responded to the request to have specific focus groups. (Note: the Consumer Wellness Centers, family members and Veterans groups particularly advocated for this.) The focus groups included two with consumers (in both North and South County), with NAMI family members, with Spanish speaking family members, with transition age youth, youth, seniors, and veterans. Also, in October 2007, Santa Cruz County Mental Health &amp; Substance Abuse Services held two Town Hall meetings to provide a status update on the Mental Health Services Act (MHSA), and to hear feedback about implementation to date. The County held a Town Hall meeting on January 20, 2011 to specifically obtain stakeholder input on this update.</p>
<p><b>2. Identify the stakeholder entities involved in the Community Program Planning (CPP)</b></p>

<p><b>Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</b></p>
<p>Santa Cruz County is small enough that we benefit from close relationships with people and organizations across the County, and there is a great value of collaboration in service delivery. As such, Santa Cruz County Mental Health &amp; Substance Abuse Services works closely with the Local Mental Health Board, contract agency representatives, NAMI, the Mental Health Client Action Network (MHCAN), the Mariposa Wellness Center, as well as agencies representing underserved communities (the Diversity Center, Queer Youth Task Force, Barrios Unidos, Migrant Head Start), educational institutions, social services, probation, juvenile detention, county jail, law enforcement, community resource centers, veteran organizations, employment and health.</p>
<p><b>3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.</b></p>
<p>Stakeholders were involved in the consolidating of two of the Adult Services CSS programs. This took place at the Local Mental Health Board meeting on December 16, 2010. As stated above, this is the body that is now charged with MHSA oversight. This meeting is open, and is announced according to Brown Act regulations, so in addition to the members of the Board attendance includes various stakeholders and members of the community.</p>
<p><b>Local Review Process</b></p>
<p><b>4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.</b></p>
<p>The draft plan was distributed to the Local Mental Health Board, contractors, and to stakeholders. It was also posted on our Internet site, and was made available in hard copy to anyone who requested it. We placed ads in our local newspapers to inform the community at large of its availability.</p> <p>The plan was circulated for 30-day review and comment from February 14 to March 16, 2010, and a Public Hearing was held on March 17, 2010.</p>
<p><b>5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.</b></p>
<p>No substantive comments were made. Minor editing was made to the document, such as correcting grammatical errors. The only question raised at the public hearing was whether any Santa Cruz County MHSA funds would be reverting to the State. None will be reverted at this time.</p>

**EXHIBIT C  
OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 09/10 ACTIVITIES**

**County:** Santa Cruz

**Date:** February 11, 2011

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

**CSS, WET, PEI, and INN**

**1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.**

**Please check box if your county did NOT begin implementation of the following components in FY 09/10:**

- WET**
- PEI**
- INN**

Community Services & Supports (CSS):

Implementation is proceeding as described in our plan. Santa Cruz County submitted the initial CSS to the State Department of Mental Health in December 2005, receiving approval in May 2006.

The County hired additional personnel (i.e., jail discharge planner, housing coordinator, additional transition age team staff, children's mental health staff) and was able to create an older adult team. The County contracted with various community based agencies (PVPSA, SCCCC, Family Services, Parent Center, Youth Services, Front Street, Community Connection and MHCAN) to provide additional services. The creation of the Wellness Centers in both North and South County were funded by CSS dollars.

Workforce Education & Training:

Implementation is proceeding as described in our plan. This program received approval in June 2008. This program has been quite successful, and well received. We conducted a thorough review of our Actions and goals at the end of 2009-2010, and during the current fiscal year are following up on the few goals that have yet to be achieved.

Prevention & Early Intervention:

Our PEI plan was approved by the OAC on May 29, 2009, and we received our approval letter from the Department of Mental Health in June 2009. We presented our Plan to the Santa Cruz County Board of Supervisors on September 29, 2009, and are beginning implementation. There was a delay in presenting our Plan to the Board of Supervisors because of a request by the County Administrative Officer to hold off in doing so until the State Budget Impact could also be addressed. Initial plan implementation started in September 2009, with some strategies beginning

as late as July, 2010. At this point implementation is generally proceeding as described in our plan.

Innovative Projects:

We conducted the community planning process in FY 09/10, and the plan was approved on March 25, 2009. We did not begin implementation in 2009-2010. Implementation is now proceeding as described in on plan since September 2010.

**2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)**

**Issues identified in children/youth group and how we are addressing the issues:**

Children/youth in the community at-risk of hospitalization or out-of-home placement:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Community Gate” is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. This is achieved by:

- Improvements in our system so that at-risk youth are identified earlier and can get help before problems get serious
- Increased service capacity for youth with both mental health and substance abuse issues. These services include assessment, individual, group and family therapy with the goal of improved mental health functioning and maintaining youth in the community.

Children/youth in the education system at-risk of school failure:

This has been addressed in the Community Services and Supports (CSS) and the Prevention & Early Intervention (PEI) components of MHSA. The CSS “Education Gate” goal is to address the mental health needs of children/youth in Education system at risk of school failure by

- Providing mental health services to children/youth with serious emotional disturbance (SED) at school sites, particularly at the County Office of Education’s alternative schools.
- Providing consultation and training of school staff about mental health issues, screening, and service needs of students with SED.

Our PEI Project #1 - Strategy #3: School-based Prevention and Early Intervention is set in the context of prioritizing children and youth in stressed families, trauma-exposed individuals, and the onset of serious mental illness. By choosing these priority populations, our stakeholders realize that services to these groups will also invariably reach children and youth at risk for school failure, and/or at risk of juvenile justice involvement. A key guiding principle in service design has been that when children are not at home, they are most often at school. Hence, this strategy will expand and help integrate various school-based, school-linked prevention and early intervention efforts.

Children/youth in the child welfare system:

This has been addressed in the Community Services and Supports (CSS) and the Prevention & Early Intervention (PEI) components of MHSA. The CSS “Child Welfare Gate” goals were designed to address the mental health needs of children/youth in the Child Welfare system. We have:

- Developed consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues.
- Increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).
- Increased our service capacity, including expanded services for the 0 to 5 child population. These services include assessment, counseling, family therapy and crisis intervention.
- Provide services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.

Our PEI Project “#1 - Strategy #1 0-5 Screening and Early Intervention” addresses the unique needs of early childhood, and speaks to the issues of poor physical and/or mental health, lack of bonding/attachment between parent and child, lack of appropriate parenting practices, family violence, socio-economic stressors, social isolation, and trauma. We have implemented screening, assessment, and early intervention for young children ages 0-5, with particular emphasis on serving ages 0-3. The assessment center is a multi-disciplinary project implemented in conjunction with Dominican Hospital, First 5, and Child Welfare.

Youth in the juvenile justice system:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Probation Gate” is designed to address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home, rather than in prolonged stays of residential placement or incarcerated in juvenile hall. To achieve our goal we have increased dual diagnosis (mental health/substance abuse) services for youth that are:

- Identified by Juvenile Hall screening tools (i.e., MAYSI, California Endowment Grant) with mental health and substance abuse needs that are released back into the community.
- In the community and have multiple risk factors for probation involvement (with a primary focus on Latino youth).
- Services to Transition-age youth (TAY) in the Probation population (particularly as they age out of the juvenile probation system).
- Services to Probation youth with high mental health needs, but low criminality.

Special focus on family/youth partnerships, cultural competence and dual diagnosis:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Special Focus: Family Partnership” project is designed to expand Family and Youth Partnership activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care. This has increased the capacity of two existing community-based agencies experienced in providing consumer-run and delivered services. The support, outreach, education, and services include a:

- Community-based agency contract to provide parent and youth services in our System of Care, and
- Capacity for youth and family advocacy by contracting for these services with a community bases agency. Emphasis is on youth-partnership activities.

**Issues identified in transition age group and how we are addressing the issues:**

Inability to manage independence:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Child Welfare Gate” goals were designed to address the mental health needs of children/youth in the Child Welfare system. We have increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).

Isolation:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Community Support Services” program is designed to advance recovery goals for all consumers to live independently and be to engaged in meaningful work and learning activities. Part of this Plan includes the “Transition Age Youth Academy” held weekly at the consumer run Mental Health Client Action Network (MHCAN).

Inability to work:

This has been addressed in the Community Services and Supports (CSS), Workforce Education & Training (WET), and the Innovative Projects (INN) components of MHSA. The CSS “Community Support Services” program is designed to advance recovery goals for all consumers to live independently and be to engaged in meaningful work and learning activities. This program includes supportive employment and education activities, including development of job options for clients, competitive and non-competitive options, and volunteer opportunities.

The “Entry Level Employment Preparation” Action of the WET component has established strong collaboration with Cabrillo College Human Services Certificate Program to support consumers expressing interest in working in public mental health, as well as supporting the Cabrillo “College Connection” program for consumer support while attending the college.

The INN project is called “Avenues: Work First for Individuals with Co-Occurring Disorders”. It is a “Work First” approach to treatment. The innovation is to engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals’ symptoms. It is designed after a philosophy and model known as “Housing First” which centers on providing homeless people with housing quickly and then providing services as needed. In this program we are taking a similar approach emphasizing work as a motivating and protective factor. The innovative program expects to have more positive outcomes by offering “natural” activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self described goals.

Frequent hospitalizations:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Community Gate” is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. This is achieved by:

- Improvements in our system so that at-risk youth are identified earlier and can get help before problems get serious
- Increased service capacity for youth with both mental health and substance abuse issues. These services include assessment, individual, group and family therapy with the goal of

improved mental health functioning and maintaining youth in the community.

Additionally, the CSS “Enhanced Crisis & Support Services” program works with individuals 18 and older at high risk of crisis who are either (1) experiencing significant impact to their level of functioning in their home or community placement that need enhanced 24/7 supports to maintain functioning in their living situation, or (2) in need or at risk of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

The CSS “Crisis Residential” program is a diversion from in-patient care for those individuals that can safely be treated outside a hospital. It allows for an intervention other than locked care and allows the individual to remain in the community with access to other supports as needed.

Youth leaving foster care:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Child Welfare Gate” goals were designed to address the mental health needs of children/youth in the Child Welfare system. We have increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).

**Issues identified in adult group and how we are addressing the issues:**

Inability to work:

This has been addressed in the Community Services and Supports (CSS), Workforce Education & Training (WET), and the Innovative Projects (INN) components of MHSA. The CSS “Community Support Services” program is designed to advance recovery goals for all consumers to live independently and be to engaged in meaningful work and learning activities. This program includes supportive employment and education activities, including development of job options for clients, competitive and non-competitive options, and volunteer opportunities.

The “Entry Level Employment Preparation” Action of the WET component has established strong collaboration with Cabrillo College Human Services Certificate Program to support consumers expressing interest in working in public mental health, as well as supporting the Cabrillo “College Connection” program for consumer support while attending the college.

The INN project is called “Avenues: Work First for Individuals with Co-Occurring Disorders”. It is a “Work First” approach to treatment. The innovation is to engage people in active work related activities as an alternative to traditional mental health and/or substance abuse treatment modalities, rather than focusing primarily on the individuals’ symptoms. It is designed after a philosophy and model known as “Housing First” which centers on providing homeless people with housing quickly and then providing services as needed. In this program we are taking a similar approach emphasizing work as a motivating and protective factor. The innovative program expects to have more positive outcomes by offering “natural” activities, e.g., work or career paths that will provide individual incentives for success. These incentives are person centered, designed by each participant based on their own self described goals.

Homelessness:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The services and strategies the CSS “Community Support Services” work plan are designed to advance recovery goals for all consumers to live independently and be to engaged in meaningful work and learning activities. Participants may be enrolled in Full Service Partnership (FSP) Teams. FSPs are “partnerships” between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff. Services in this program include:

- An integrated team to provide housing support.
- Supportive employment and education activities, including development of job options for clients, competitive and non-competitive options, and volunteer opportunities.
- Dedicated beds at the River Street Shelter for Homeless individuals.
- Beds at Wheelock (an adult care facility) with bi-lingual, bi-cultural services.

Frequent hospitalizations:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Enhanced Crisis & Support Services” program works with individuals 18 and older at high risk of crisis who are either (1) experiencing significant impact to their level of functioning in their home or community placement that need enhanced 24/7 supports to maintain functioning in their living situation, or (2) in need or at risk of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

The CSS “Crisis Residential” program is a diversion from in-patient care for those individuals that can safely be treated outside a hospital. It allows for an intervention other than locked care and allows the individual to remain in the community with access to other supports as needed.

Isolation:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Consumer, Peer, and Family Services” program provides countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services. This plan includes the Wellness Center located in Santa Cruz at the Mental Health Client Action Network (MHCAN) self-help center, the Wellness Center located Watsonville referred to as “Mariposa” and operated by our contractor Community Connection, and peer supports. Additionally, the CSS “Community Support Services” program is designed to advance recovery goals for all consumers to live independently and be to engaged in meaningful work and learning activities.

Institutionalization:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Enhanced Crisis & Support Services” program works with individuals 18 and older at high risk of crisis who are either (1) experiencing significant impact to their level of functioning in their home or community placement that need enhanced 24/7 supports to maintain functioning in their living situation, or (2) in need or at risk of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated

at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

The CSS “Crisis Residential” program is a diversion from in-patient care for those individuals that can safely be treated outside a hospital. It allows for an intervention other than locked care and allows the individual to remain in the community with access to other supports as needed.

Additionally, the CSS “Consumer, Peer, and Family Services” program provides countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services. This plan includes the Wellness Centers and peer supports. These services help consumers establish social networks among peers.

#### Frequent emergency medical care:

This has been addressed in the Community Services and Supports (CSS) component of MHSA.

The CSS “Enhanced Crisis & Support Services” works with individuals 18 and older at high risk of crisis who are being inappropriately treated at a higher level of care and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community. The Santa Cruz County Mental Health and Substance Abuse Program is committed to a person-centered recovery vision as it’s guiding principles and values; central to this is the notion that every individual should receive services in the least restrictive setting possible. Every effort is made to avoid or minimize the disruption and trauma of psychiatric hospitalization and/or incarceration while maintaining consumer safety in a supportive, safe and comfortable environment. Services in this program include:

- A crisis residential program as an alternative to acute psychiatric hospitalization.
- Enhanced Support Service (ESS) team to provide adult Transition Age Youth, Adult and Older Adult Full Service Partnerships and other System of Care consumers with wrap around services to maintain placement in the least restrictive setting.
- South County Access services and mobile crisis support.
- Residential treatment beds at the El Dorado Center to be used as step down from locked care. The focus of these beds is to re-integrate individuals back into the community and prepare them to live in the least restrictive setting.
- Focus on heavy utilizers of inpatient and locked care. Emphasis will be placed on supporting individuals in the community and focusing on goals of recovery.

#### Incarceration:

This has been addressed in the Community Services and Supports (CSS) component of MHSA.

The CSS “Enhanced Crisis & Support Services” program works with individuals 18 and older at high risk of crisis who are being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community. A primary focus is on heavy utilizers of inpatient and locked care; emphasis is placed on supporting individuals in the community and focusing on goals of recovery. Additionally, we have added a “jail discharge planner” through CSS funds to facilitate prompt discharge from the county jail, and to assure linkage to necessary post-release services, facilitate independent living, arrange for permanent housing, increase employment opportunities, and reduce incarceration time.

**Issues identified in older adult group and how we are addressing the issues:**

Hospitalization due to untreated serious mental illness:

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS “Enhanced Crisis & Support Services” program works with individuals 18 and older at high risk of crisis who are either (1) experiencing significant impact to their level of functioning in their home or community placement that need enhanced 24/7 supports to maintain functioning in their living situation, or (2) in need or at risk of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.

Institutionalization due to untreated mental illness:

This has been addressed in the Prevention & Early Intervention (PEI) component of MHSA. PEI Project #3 “Early Onset Intervention Services for Transition Age Youth & Adults” seeks to provide education, training and treatment by expanding mental health awareness and services through traditional and non-traditional settings, Community Entry Points, (CEP), Professionals and Family members. This is achieved by a network of care for use prior to being formally “diagnosed” at the earliest signs of possible serious mental illness. This program addresses transition age youth and adults who are trauma exposed and are experiencing (or at risk of experiencing) the onset of serious mental illness. This project also addresses disparities in access to mental health services by including a focus on the needs of Latinos as well as Lesbian, gay, bisexual, transsexual (LGBT) individuals and their families.

Social isolation due to the lack of wellness and recovery oriented programs:

This has been addressed in the Community Services and Supports (CSS) and the Prevention and Early Intervention (PEI) components of MHSA. The CSS “Consumer, Peer, and Family Services” program provides countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services. This plan includes the Wellness Center located in Santa Cruz at the Mental Health Client Action Network (MHCAN) self-help center, the Wellness Center located Watsonville referred to as “Mariposa” and operated by our contractor Community Connection, and peer supports.

The PEI Project “Early Intervention Services for Older Adults” addresses the high rates of depression, isolation and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior’s isolation and challenges in accessing appropriate care.

This component has three proposed strategies:

1. Field Based Mental Health Training and Assessment Services to provide mental health assessment and short-term services to older adults where they reside.
2. Senior services and outreach including brief therapy and peer companions.
3. Warm line providing quick telephone screening and referrals to senior resources for persons seeking service to older adults at risk of mental illness.

**Lack of housing for older adults:**

This has been addressed in the Community Services and Supports (CSS) component of MHSA. The CSS housing program has developed the Bay Avenue Senior Apartments. This project is an important element of the MHSA housing program in that it provides permanent supportive housing units for MHSA eligible tenants who are over 55.

PEI							
1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):							
Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	1281	White	784	English	1657	LGBTQ	130
Transition Age Youth (16-25)	309	African American	47	Spanish	263	Veteran	50
Adult (18-59)	460	Asian	44	Vietnamese		Other	
Older Adult (60+)	128	Pacific Islander	6	Cantonese			
		Native American	2	Mandarin			
		Latino	1065	Tagalog			
		Multi	0	Cambodian			
		Unknown	229	Hmong			
		Other	1	Russian			
				Farsi			
				Arabic			
				Other	258		

2. Provide the name of the PEI program selected for the local evaluation.  N/A

Culture Specific Parent Education & Support.

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount	Target Audience/Participants
1. <u>Name</u> : Seven Challenges  <u>Description</u> : Seven Challenges is an Evidenced Based Practice (EBP) for the reduction and prevention of substance abuse in adolescents. The curriculum based	Number of participants: 35 Seven Challenge program leaders throughout Santa Cruz County.  Seven Challenges is being implemented

<p>practice assists youth in evaluating the motivation behind and impact of substance use in order to make wise decisions about future behavior. The program involves educational and interactive treatment group formats combined with structured journaling or experiential activities focused on strength based recovery and decision-making. The course materials are available from the vendor in both English and Spanish. In order to deliver the program, staff needs to be trained and certified to their ability to maintain fidelity to the treatment model.</p> <p>The target audience for the program is the staff who become leaders of the treatment groups. Each staff member receives approximately 8 hours of training in order to become certified and kept current on the method of implementation. The PEI TA funds partially fund the annual license renewal for the umbrella program that allows for use of the copy written program materials, the training of new staff members and the monitoring of the fidelity required by the Seven Challenges vendor.</p> <p><u>Funding:</u> \$2,000</p>	<p>throughout the Santa Cruz County by the following agencies:</p> <ul style="list-style-type: none"> <li>• Pajaro Valley Prevention and Student Assistance,</li> <li>• Youth Services,</li> <li>• Santa Cruz County Children's Mental Health,</li> <li>• Santa Cruz County Alcohol and Drug Programs, and</li> <li>• Barrios Unidos.</li> </ul>
<p>2. <u>Name:</u> Heart Math,</p> <p><u>Description:</u> This program is designed to help therapists and others establish and deepen positive emotional states of their clients and to achieve desired results more quickly and with greater sustainability.</p> <p>Heart Math Interventions provides clinicians with tools and technologies that blend increased self-awareness with emotional self-regulation skills, leading to objective and measurable improvements in physiological and behavioral functioning. In many ways, this program reflects a shift from a disease-based model to a prevention model. Clients learn how better to identify depleting emotions and attitudes commonly referred to as stress and replace them with ones that facilitate renewal and resilience.</p> <p>Lastly, we are aware of the impact on the clinician of continually working with stressed clients experiencing pain and suffering. These interventions are not only valuable for empowering clients toward better health</p>	<p>Total Attendance: 17                  Santa Cruz County Mental Health &amp; Substance Abuse Services Clinicians: 16                  Santa Cruz County Mental Health &amp; Substance Abuse Services; Veteran's Advocate/Outreach Worker: 1</p>

and resilience, but can also help the clinician stay balanced and resilient.

At the end of this course, clinicians will have a better understanding of the following:

1. Stress is primarily emotional unease.
2. Emotions are the primary drivers of physiology and either deplete or renew both physiological and psychological systems.
3. A psycho physiological baseline shift is necessary for achieving sustained positive behavioral change.
4. The heart is uniquely connected to the brain and body and plays a key role in emotional experience and perception.
5. Emotions have a profound impact on and are reflected in heart-rate variability (HRV) patterns.
6. Adding emotion self-regulation and coherence-building skills to other therapeutic modalities can significantly increase the effectiveness of a wide variety of treatment outcomes.
7. Heart-rhythm monitoring and feedback training are powerful adjuncts to teaching emotional refocusing and restructuring skills and provide a noninvasive window into observing the dynamics in the autonomic nervous system (ANS).
8. The Heart Math Interventions Program can be used with clients and patients for a wide range of physiological, mental, and emotional challenges as well as for prevention.

Outcome for clients of Heart Math Intervention trained practitioners include:

- Neutralizing and replacing stressful emotions.
- Regaining vitality by stopping energy drains that deplete health and mental and emotional resilience.
- Leveraging the ability to think clearly and discern appropriate solutions to problems.
- Unfolding coherent, effective communication skills.
- Decreasing unseen friction in relationships resulting in efficiencies and less drain from emotional drama.

Heart math demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services. It is a tool for prevention

<p>and early intervention services.</p> <p><u>Funding:</u> \$ 14,960</p>	
<p>3. <u>Name:</u> Neurobiology of the Human Heart: Introduction to Tonal Connectedness &amp; Attunement. Presenter: Dr. David Arredondo.</p> <p><u>Description:</u> Dr. Arredondo discussed Tonal Connectedness, a modern version of an ancient native Norté Americano art, which considers the heart, mind, body and soul of the served and those serving. The model has recently been confirmed by modern brain science. The model is profoundly culturally sensitive and requires no jargon to understand or put into practice. Dr. Arredondo presented a contemporary look at current thinking about child and family development, heart-mind-body &amp; soul connected ‘family’ finding, strength-based empathic practice and the impact of recent neuroscience developments across many disciplines. Discussions included describing the neuroscience of connectedness and attunement with others. The presentation provided a basic understanding of : The Tonal Connectedness Model; the neurobiology which underlies the Tonal Connectedness Model; the difference between connectedness and bonding; Attunement of hearts, bodies, minds and souls; and a model for mapping of human connectedness that can be applied across disciplines.</p> <p>Dr. Arredondo’s talk demonstrated the capacity to develop and provide statewide training, technical assistance and capacity building services. His talk was aimed to help early educators, CASA’s, probation officers, youth development and family support staff, social workers, judges, mental health clinicians, teachers, foster parents and others to connect children and youth with lasting connections to increase overall health.</p> <p><u>Funding:</u> Co-sponsored with First 5 of Santa Cruz County. \$1,800</p>	<p>Total Attendance: 130                  Santa Cruz County Mental Health &amp; Substance Abuse Services Staff: 25                  Contractors: 80                  Community Members/Other: 25</p> <p>Organization/Agencies in Attendance:</p> <ul style="list-style-type: none"> <li>• Hospice Santa Cruz County</li> <li>• Santa Cruz City Schools</li> <li>• First 5 Santa Clara County</li> <li>• PAPAS - Supporting Father Involvement (SFI)</li> <li>• Homes for Kids</li> <li>• Conflict Resolution Center (CRC)</li> <li>• Cabrillo College</li> <li>• San Andreas Regional Center</li> <li>• Women's Crisis Support ~ Defensa de Mujeres (WCS-DDM)</li> <li>• PVPSA</li> <li>• Kaiser Permanente</li> <li>• First 5 Santa Cruz County</li> <li>• Pacific Collegiate School (PCS)</li> <li>• Live Oak Family Resource Center (LOFRC)</li> <li>• WIC Community Bridges</li> <li>• Santa Cruz Community Counseling Center</li> <li>• Second Harvest Food Bank Santa Cruz County</li> <li>• Families Together</li> <li>• Community Foundation of Santa Cruz County</li> <li>• Santa Cruz Medical Foundation</li> <li>• The Community Restoration Project</li> <li>• Family Service Agency of the Central Coast (FSACC)</li> <li>• La Manzana Community Resources</li> <li>• PVUSD Migrant Education</li> <li>• Monterey County Children's</li> </ul>

	<p>Behavioral Health</p> <ul style="list-style-type: none"><li>• Santa Cruz County Mental Health Board</li><li>• Rebele Family Shelter</li><li>• Santa Cruz County Probation Department</li><li>• Walnut Avenue Women's Center</li><li>• Neary Lagoon Partnership</li><li>• Above the Line</li><li>• Applied Survey Research</li><li>• Salinas Adult Education</li><li>• CASA</li><li>• Sycamore St. Commons</li><li>• GEMMA</li><li>• City of Watsonville Parks &amp; Community Services</li><li>• Santa Cruz County Council</li><li>• YWCA – Watsonville</li><li>• Santa Cruz County Office of Education (SCCOE)</li><li>• Salud Para La Gente</li><li>• Homeless Person's Health Project</li><li>• Dominican Hospital MCH Outreach Services</li><li>• Big Brothers &amp; Big Sisters of Santa Cruz County</li><li>• Live Oak School District</li><li>• Raising a Reader</li><li>• Catholic Charities</li><li>• California Children's Services (CCS)</li><li>• Human Services Department (HSD)</li></ul>
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EXHIBIT D1-1: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #1 Community Gate

Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	375	84	N/A
TAY	N/A			N/A
Adults	N/A	N/A	N/A	N/A
Older Adults	N/A	N/A	N/A	N/A
Total	N/A	375	84	N/A
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			459	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	157	English	353	LGBTQ	
African American	4	Spanish	101	Veteran	
Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	6	Mandarin			
Latino	278	Tagalog			
Multi		Cambodian			
Unknown	3	Hmong			
Other	7	Other	5		

<b>C. Answer the following questions about this program.</b>
<b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b>
<p>The services in this program have been proceeding as described. Earlier access to unserved and underserved communities has helped children and youth avoid unnecessary placements (in hospitals and/or group homes). This program addresses ethnic and cultural disparities, and provides services in English and our threshold language (Spanish). Approximately 60% of those served are Latino.</p>
<b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>
<p>In 2009-2010 we were able to keep consistent with previous funding years. Contract providers also remained stable.</p>

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%; padding: 5px;">FY 10/11 funding</th> <th style="width: 20%; padding: 5px;">FY 11/12 funding</th> <th style="width: 60%; padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$240,139</td> <td style="text-align: center; padding: 5px;">\$324,550</td> <td style="text-align: center; padding: 5px;">35%</td> </tr> </tbody> </table>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$240,139	\$324,550	35%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$240,139	\$324,550	35%								
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>								
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth	N/A	329	50	N/A						
TAY	N/A			N/A						
Adults	N/A	N/A	N/A	N/A						
Older Adults	N/A	N/A	N/A	N/A						
Total	N/A	329	50	N/A						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				379						

<p><b>B. Answer the following questions about this program.</b></p>
<p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>Population to be Served:</b>                  The Community Gate services are designed to create expanded community-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances—but who are not referred from our System of Care public partner agencies (Probation, Child Welfare, Education). Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish.</p> <p><b>Work Plan Description:</b>                  The Community Gate is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. This is achieved by:</p> <ul style="list-style-type: none"> <li>• Improvements in our system so that at-risk youth are identified earlier and can get help before problems get serious</li> <li>• Increased service capacity for youth with both mental health and substance abuse issues. These services include assessment, individual, group and family therapy with the goal of improved mental health functioning and maintaining youth in the community.</li> </ul>
<p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ol style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ol>
<p>Not applicable.</p>
<p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>
<p>Not applicable.</p>

EXHIBIT D1-2: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #2. Probation Gate

Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	194	N/A	N/A
TAY	N/A		N/A	N/A
Adults	N/A	N/A	N/A	N/A
Older Adults	N/A	N/A	N/A	N/A
Total	N/A	194	N/A	N/A
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				194

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	77	English	149	LGBTQ	
African American	7	Spanish	43	Veteran	
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	2	Mandarin			
Latino	105	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	2	Other	2		

<b>C. Answer the following questions about this program.</b>
<b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b>
<p>This program is a collaboration with contract providers and juvenile probation, and is proceeding as described. It provides services to youth at the early stages of trouble with the law. We continue to serve youth with dual diagnosis. Sixty (60) to eighty (80) percent of youth served are on probation. Approximately 54% of those served are Latino.</p>
<b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>
<p>There was not an impact in fiscal year 2009-2010.</p>

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No X								
2) Is there a change in services?	Yes <input type="checkbox"/>	No X								
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%; padding: 5px;">FY 10/11 funding</th> <th style="width: 20%; padding: 5px;">FY 11/12 funding</th> <th style="width: 60%; padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$345,173</td> <td style="text-align: center; padding: 5px;">\$266,129</td> <td style="text-align: center; padding: 5px;">-23%</td> </tr> </tbody> </table>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$345,173	\$266,129	-23%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$345,173	\$266,129	-23%								
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/>	No X								
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth	N/A	339	N/A	N/A						
TAY	N/A			N/A						
Adults	N/A	N/A	N/A	N/A						
Older Adults	N/A	N/A	N/A	N/A						
Total	N/A	339	N/A	N/A						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				339						

<b>B. Answer the following questions about this program.</b>	
<b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b>	
<p><b>Population to be Served:</b>                  The Probation Work Plan is designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with the Juvenile Probation system, or at risk of involvement. This includes Transition-age youth aging out of the system, with particular attention paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish.</p> <p><b>Work Plan Description:</b>                  The Probation Gate is designed to address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home, rather than in prolonged stays of residential placement or incarcerated in juvenile hall.</p> <p>To achieve our goal we have increased dual diagnosis (mental health/substance abuse) services for youth that are:</p> <ul style="list-style-type: none"> <li>• Identified by Juvenile Hall screening tools (i.e., MAYSI, California Endowment Grant) with mental health and substance abuse needs that are released back into the community.</li> <li>• In the community and have multiple risk factors for probation involvement (with a primary focus on Latino youth).                         <ul style="list-style-type: none"> <li>▪ Transition-age youth (TAY) in the Probation population (particularly as they age out of the juvenile probation system).</li> <li>▪ Probation youth with high mental health needs, but low criminality.</li> </ul> </li> </ul>	
<b>2. If this is a consolidation of two or more programs, provide the following information:</b>	
<p>a) Names of the programs being consolidated.</p> <p>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</p> <p>c) The rationale for the decision to consolidate programs.</p>	
Not applicable.	
<b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b>	
Not applicable.	

EXHIBIT D1-3: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #3. Child Welfare Services Gate Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	289	N/A	N/A
TAY	N/A		N/A	N/A
Adults	N/A	N/A	N/A	N/A
Older Adults	N/A	N/A	N/A	N/A
Total	N/A	289	N/A	N/A
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				289

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	138	English	222	LGBTQ	
African American	9	Spanish	64	Veteran	
Asian	2	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	0	Mandarin			
Latino	136	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	4	Other	3		

<b>C. Answer the following questions about this program.</b>
<b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b>
<p>This program primarily consists of county positions. It has been successfully serving more (and younger) children involved in child welfare services, including children in the 0-5 age range. Approximately 47% of those served are Latino.</p>
<b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>
<p>There was not a great impact in fiscal year 2009-2010.</p>

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%; padding: 5px;">FY 10/11 funding</th> <th style="width: 20%; padding: 5px;">FY 11/12 funding</th> <th style="width: 60%; padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$294,775</td> <td style="text-align: center; padding: 5px;">\$298,588</td> <td style="text-align: center; padding: 5px;">1%</td> </tr> </tbody> </table>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$294,775	\$298,588	1%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$294,775	\$298,588	1%								
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>										
<b>Age Group</b>	<b># of individuals FSP</b>	<b># of individuals GSD</b>	<b># of individuals OE</b>	<b>Cost per Client FSP Only</b>						
Child and Youth	N/A	222	N/A	N/A						
TAY	N/A		N/A	N/A						
Adults	N/A	N/A	N/A	N/A						
Older Adults	N/A	N/A	N/A	N/A						
Total	N/A	222	N/A	N/A						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				222						

<p><b>B. Answer the following questions about this program.</b></p>
<p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>Population to be Served:</b>                  The Child Welfare Work Plan is designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish.</p> <p><b>Work Plan Description:</b>                  The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system. We:</p> <ul style="list-style-type: none"> <li>• Have developed consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues.</li> <li>• Have increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).</li> <li>• Have increased our service capacity, including expanded services for the 0 to 5 child population. These services include assessment, counseling, family therapy and crisis intervention.</li> <li>• Provide services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.</li> </ul>
<p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
<p>Not applicable.</p>
<p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>
<p>Not applicable.</p>

EXHIBIT D1-4: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #4. Education Gate

Date: February 11, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10					
<input type="checkbox"/> This program did not exist during FY 09/10.					
<b>A. List the number of individuals served by this program during FY 09/10, as applicable.</b>					
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only	
Child and Youth	N/A	18	N/A	N/A	
TAY	N/A		N/A	N/A	
Adults	N/A	N/A	N/A	N/A	
Older Adults	N/A	N/A	N/A	N/A	
Total	N/A	18	N/A	N/A	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				18	
<b>B. List the number of individuals served by this program during FY 09/10, as applicable.</b>					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	11	English	14	LGBTQ	
African American	1	Spanish	4	Veteran	
Asian	0	Vietnamese		Other	
Pacific Islander	0	Cantonese			
Native American		Mandarin			
Latino	5	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	1	Other			

<b>C. Answer the following questions about this program.</b>
<b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b>
We have developed a very good relationship with the Alternative Education programs (under the County Office of Education). There are 15 Alternative schools, and we have managed to develop a very good referral system to address the mental health needs, along with our collaborative partners. (Note: this program should not be confused with our Special Education program.) About 27% of those served are Latino youth.
<b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>
We were fortunate to not have any major funding challenges in fiscal year 2009-2010.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12						
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
3) a) Complete the table below:						
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$95,950</td> <td style="text-align: center;">\$76,890</td> <td style="text-align: center;">-20%</td> </tr> </tbody> </table>					FY 10/11 funding	FY 11/12 funding
FY 10/11 funding	FY 11/12 funding	Percent Change				
\$95,950	\$76,890	-20%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A				
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.						
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>						
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only		
Child and Youth	N/A	20	N/A	N/A		
TAY	N/A		N/A	N/A		
Adults	N/A	N/A	N/A	N/A		
Older Adults	N/A	N/A	N/A	N/A		
Total	N/A	20	N/A	N/A		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				20		

<p><b>B. Answer the following questions about this program.</b></p>
<p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>Population to be Served:</b>                  The Education Gate program is designed to create new school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances. In addition, specific dual diagnosis (mental health/substance abuse) service capacity will be created and targeted to students referred from Santa Cruz County's local schools, particularly those not referred through Special Education (since the AB3632 Program has its own referral process and service capacity). Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served. Services are offered to males and females, and are primarily in English and Spanish.</p> <p><b>Work Plan Description:</b>                  The Education Work Plan goal is to address the mental health needs of children/youth in Education system at risk of school failure by</p> <ul style="list-style-type: none"> <li>• Providing mental health services to children/youth with serious emotional disturbance (SED) at school sites, particularly at the County Office of Education's alternative schools.</li> <li>• Providing consultation and training of school staff in mental health issues regarding screening and service needs of students with SED</li> <li>•</li> </ul>
<p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
<p>Not applicable.</p>
<p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>
<p>Not applicable.</p>

EXHIBIT D1-5: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #5 Special Focus: Family Partnerships

Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	18	267	N/A
TAY	N/A			N/A
Adults	N/A	N/A	N/A	N/A
Older Adults	N/A	N/A	N/A	N/A
Total	N/A	18	267	N/A
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				285

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	113	English	219	LGBTQ	
African American	6	Spanish	63	Veteran	
Asian	3	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	2	Mandarin			
Latino	156	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	5	Other	3		

<b>C. Answer the following questions about this program.</b>
<b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b>
<p>This program is proceeding as planned. We provide advocacy and family partnership support as described in our plan. We have been able to maintain bilingual partnership program, as well as English partnership services. Approximately 55% of those served across our children's system are Latino.</p>
<b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>
<p>No major funding challenges in 2009-2010.</p>

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
2) Is there a change in services?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
3) a) Complete the table below:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">FY 10/11 funding</th> <th style="width: 20%;">FY 11/12 funding</th> <th style="width: 20%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$81,748</td> <td style="text-align: center;">\$77,661</td> <td style="text-align: center;">-5%</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$81,748	\$77,661	-5%
FY 10/11 funding	FY 11/12 funding				Percent Change					
\$81,748	\$77,661	-5%								
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							
		Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A							
<p><b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.</p>										
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth	N/A	11	143	N/A						
TAY	N/A			N/A						
Adults	N/A	N/A	N/A	N/A						
Older Adults	N/A	N/A	N/A	N/A						
Total	N/A	11	143	N/A						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				154						

<p><b>B. Answer the following questions about this program.</b></p>
<p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>Population to be Served:</b>                  Families and youth involved in our Children’s Mental Health System of Care in need of family and youth partnership activities. Services are offered to males and females, and are primarily Caucasian or Latino, and speak English and/or Spanish.</p> <p><b>Work Plan Description:</b>                  This MHSA contract is designed to expand Family and Youth Partnership activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care. This has increased the capacity of two existing community-based agencies experienced in providing consumer-run and delivered services.</p> <p>The support, outreach, education, and services include:</p> <ul style="list-style-type: none"> <li>• A community-based agency contract to provide parent and youth services in our System of Care, and</li> <li>• Capacity for youth and family advocacy by contracting for these services with a community bases agency. Emphasis is on youth-partnership activities.</li> </ul>
<p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <p style="margin-left: 20px;"><b>a) Names of the programs being consolidated.</b></p> <p style="margin-left: 20px;"><b>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</b></p> <p style="margin-left: 20px;"><b>c) The rationale for the decision to consolidate programs.</b></p>
<p>Not applicable.</p>
<p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>
<p>Not applicable.</p>

EXHIBIT D1-6: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #6 Enhanced Crisis Response

Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	29	483	0	\$26,753
Adults	29		0	
Older Adults	14		0	
Total	72	483	0	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				555

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	400	English	494	LGBTQ	
African American	17	Spanish	44	Veteran	
Asian	11	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	5	Mandarin			
Latino	105	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	17	Other	17		

**C. Answer the following questions about this program.**

**1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.**

The Residential Crisis program has been successful in providing an alternative to hospitalization. Only three percent (3%) of persons at the program end up having to go to the hospital. The program continues to serve persons of all ethnicities, and eighty percent (80%) of staff are bilingual in the threshold language (Spanish) and are able to provide culturally appropriate services in English and Spanish. The program has been able to reach consumers that have benefits and those that do not, as well as reaching unserved and underserved populations.

The Enhanced Support Services program continues as planned, providing wrap around services to transition age youth, adults, and older adults. The program provides services to consumers that are in Full Service Partnerships and/or in the System of Care programs.

The South County Access program has been very successful in increasing our South County outreach by developing social work capacity at the County primary health care clinic. The population in South County is predominantly Latino, and we have been able to provide cultural and linguistically appropriate outreach services to this population that is either unserved or underserved.

We continue to provide residential treatment beds at the El Dorado Center to be used as step down from locked care. The focus of these beds is to re-integrate individuals back into the community and prepare them to live in the least restrictive setting. We also have a dedicated Mental Health Client Specialist to focus on heavy utilizers of inpatient and locked care. Emphasis is placed on supporting individuals in the community and focusing on goals of recovery. These programs are proceeding as intended.

**2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.**

In 2009-2010 we were able to keep consistent with previous funding years.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%; padding: 5px;">FY 10/11 funding</th> <th style="width: 20%; padding: 5px;">FY 11/12 funding</th> <th style="width: 60%; padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$1,295,110</td> <td style="text-align: center; padding: 5px;">\$1,354,241</td> <td style="text-align: center; padding: 5px;">5%</td> </tr> </tbody> </table>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,295,110	\$1,354,241	5%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$1,295,110	\$1,354,241	5%								
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.										
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>										
<b>Age Group</b>	<b># of individuals FSP</b>	<b># of individuals GSD</b>	<b># of individuals OE</b>	<b>Cost per Client FSP Only</b>						
Child and Youth	N/A	N/A	N/A	N/A						
TAY	9	100	50	\$22,886						
Adults	13									
Older Adults	3									
Total	25	100	50							
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				175						

**B. Answer the following questions about this program.**

- 1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.**

**Population to be Served:**

The priority population for this program are individuals 18 and older at high risk of crisis who are either (1) experiencing significant impact to their level of functioning in their home or community placement that need enhanced 24/7 supports to maintain functioning in their living situation, or (2) in need *or at risk* of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community. The target population for this program is primarily White or Latino, male or female, and speaks English and/or Spanish.

**Work Plan Description:**

The Santa Cruz County Mental Health and Substance Abuse Program is committed to a person-centered recovery vision as it's guiding principles and values; central to this is the notion that every individual should receive services in the least restrictive setting possible. Every effort will be made to avoid or minimize the disruption and trauma of psychiatric hospitalization and/or incarceration while maintaining consumer safety in a supportive, safe and comfortable environment.

To accomplish the above, we will:

- Maintain a crisis residential program as an alternative to acute psychiatric hospitalization.
- Maintain mobile Enhanced Support Service (ESS) team to provide adult Transition Age Youth, Adult and Older Adult Full Service Partnerships and other System of Care consumers with wrap around services to maintain placement in the least restrictive setting.
- Maintain South County Access services and mobile crisis support.
- Maintain residential treatment beds at the El Dorado Center to be used as step down from locked care. The focus of these beds is to re-integrate individuals back into the community and prepare them to live in the least restrictive setting.
- Maintain Mental Health Client Specialist to focus on heavy utilizers of inpatient and locked care. Emphasis will be placed on supporting individuals in the community and focusing on goals of recovery.

<p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"><li><b>a) Names of the programs being consolidated.</b></li><li><b>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</b></li><li><b>c) The rationale for the decision to consolidate programs.</b></li></ul>
<p>Not applicable.</p>
<p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>
<p>Not applicable.</p>

EXHIBIT D1-7: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #7 Consumer, Peer, and Family Services Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	129	344	572	\$7,549
Adults	126			
Older Adults	1			
Total	256	344	572	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				1219

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	878	English	1085	LGBTQ	
African American	37	Spanish	98	Veteran	
Asian	24	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	12	Mandarin			
Latino	232	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	36	Other	36		

**C. Answer the following questions about this program.**

**1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.**

MHCAN (Mental Health Client Action Network) is a client owned and operated site that offers a menu of services for persons in the early stages of engagement to “graduates” of mental health services. The program is welcoming to all persons (the unserved and underserved), thus reducing ethnic disparities. For some persons this is the first point of contact for mental health services. Often friends and relatives find out about MHCAN, and learn from MHCAN about how to Access the County Mental Health Access Team. Providers at the site include a part time psychiatrist, a part-time nurse practitioner, a full time therapist, and numerous peers. There is also an acupuncture program. The majority of the groups are peer run.

Mariposa is a particularly successful strategy to address disparities in access among underserved populations. It is Santa Cruz County’s second Wellness Center program located in the heart of downtown Watsonville, a community which houses many Anglo/Caucasian consumers as well as a large number of underserved Latino consumers and their families. The population in Watsonville is about 75% Latino, and mostly Spanish speaking. The Mariposa Wellness Center program is a hub for activities and support services for adult mental health consumers as well as for outreach activities. The center is a convenient, friendly, easily accessible gathering place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. However, there is overlap between the two groups, who are able to access whichever programs and services best fit their needs. With the exception of one person, all the staff are peers. A part time nurse practitioner offers services there (for those that prefer not to go to the mental health clinic). Mariposa offers peer run groups, as well as some groups by County therapist. This activity hub includes employment services, therapy, groups, and medication management. Mariposa staff empower clients to take leadership roles, and it is often the first place of employment for some. It also helps some peers get on track for the Human Services Certificate program at Cabrillo College.

Additional Peer Supports (aside from those mentioned at MHCAN and Mariposa) are embedded on the county mental health teams. They build relationships with consumers and address isolation and socialization issues. They provide home visits, and take consumers to their doctor appointments and/or to 12 step meetings. They provide a great service!

**2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.**

The budget impact of 09-10 led to a slight reduction in peer support hours.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 20%; padding: 5px;">FY 10/11 funding</th> <th style="width: 20%; padding: 5px;">FY 11/12 funding</th> <th style="width: 60%; padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$257,020</td> <td style="text-align: center; padding: 5px;">\$233,986</td> <td style="text-align: center; padding: 5px;">-9%</td> </tr> </tbody> </table>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$257,020	\$233,986	-9%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$257,020	\$233,986	-9%								
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.										
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth	N/A	N/A	N/A	N/A						
TAY	3	90	60	\$6,964						
Adults	25									
Older Adults	2									
Total	30	90	60							
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				180						

<b>B. Answer the following questions about this program.</b>
<b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b>
<b>Population to be Served:</b> The priority population for these services includes transition age youth, adults and older adults, males and females, with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.
<b>Work Plan Description:</b> The Consumer, Peer and Family Service work plan expanded countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services. This plan includes <ul style="list-style-type: none"><li>• The Wellness Center located in Santa Cruz at the Mental Health Client Action Network (MHCAN) self-help center</li><li>• The Wellness Center located Watsonville referred to as “Mariposa” and operated by our contractor Community Connection</li><li>• Peer supports</li></ul>
<b>2. If this is a consolidation of two or more programs, provide the following information:</b> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
<b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b>
Not applicable.

EXHIBIT D1-8: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #8 Community Support Services Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	33	459	0	\$1,151
Adults	126			
Older Adults	3			
Total	162	459	0	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				621

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	447	English	553	LGBTQ	
African American	19	Spanish	50	Veteran	
Asian	12	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	6	Mandarin			
Latino	118	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	19	Other	18		

<b>C. Answer the following questions about this program.</b>
<b>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</b>
<p>The Housing Team has been a great addition to services. They provide intensive support to people who live independently. They provide medication monitoring, and an occupational therapist assesses client skills and abilities to live independently. There has been a reduction in the number of people losing their housing. This program provides services to a diverse client population.</p> <p>The employment and education programs have offered supportive and creative services to consumers. There has been an increase in the number of consumers being served at Community Connection. They help people entering the work force by teaching how to write a resume, how to prepare for and interview, and other tips on how to get ready to start a job. The Cabrillo Connection Program offers support on site (at the college campus) to help consumers get through school.</p>
<b>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</b>
<p>In 2009-2010 we were able to keep consistent with previous funding years.</p>

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12						
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
3) a) Complete the table below:						
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 20%;">FY 10/11 funding</th> <th style="width: 20%;">FY 11/12 funding</th> <th style="width: 20%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$2,500,495</td> <td style="text-align: center;">\$2,288,190</td> <td style="text-align: center;">-8%</td> </tr> </tbody> </table>					FY 10/11 funding	FY 11/12 funding
FY 10/11 funding	FY 11/12 funding	Percent Change				
\$2,500,495	\$2,288,190	-8%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.						
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>						
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only		
Child and Youth	N/A	N/A	N/A	N/A		
TAY	44	200	38	\$11,835		
Adults	58					
Older Adults	53					
Total	155	200	38			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				393		
<b>B. Answer the following questions about this program.</b>						

<p><b>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>Population to be Served:</b> The priority population for these services includes transition age youth, adults and older adults, males and females, with serious mental illness. The target population for this program is primarily White or Latino, and speaks English and/or Spanish.</p> <p><b>Work Plan Description:</b> The services and strategies in this work plan are designed to advance recovery goals for all consumers to live independently and be to engaged in meaningful work and learning activities. Participants will be enrolled in Full Service Partnership (FSP) Teams. FSPs are “partnerships” between clients and clinicians that include opportunities for clinical care, housing, employment, and 24/7 service availability of staff.</p> <p>To accomplish the above, we will:</p> <ul style="list-style-type: none"> <li>• Continue integrated team to provide housing support. Team consists of County Housing Coordinator, Front Street staff (housing case management, OT, RN, and peer counselor), and Community Connection staff (employment specialist and peer counselor).</li> <li>• Supportive employment and education activities, including development of job options for clients, competitive and non-competitive options, and volunteer opportunities.</li> <li>• Maintain 8 Dedicated beds at the River Street Shelter for Homeless individuals.</li> <li>• Maintain 16 beds, 24/7, adult care facility with bi-lingual, bi-cultural services. (Wheelock).</li> <li>• Benefit support.</li> </ul>
<p><b>2. If this is a consolidation of two or more programs, provide the following information:</b></p> <ul style="list-style-type: none"> <li>a) <b>Names of the programs being consolidated.</b></li> <li>b) <b>How existing populations and services to achieve the same outcomes as the previously approved programs.</b></li> <li>c) <b>The rationale for the decision to consolidate programs.</b></li> </ul>
<p>This is a consolidation of two previously approved programs: #8 Community Support Services and #9 Person Centered Programs. The two previously approved programs were already being paired up to provide services to the same target population. Essentially the same services are being provided so we anticipate that we will achieve the same outcomes.</p>
<p><b>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</b></p>
<p>Not applicable.</p>

EXHIBIT D1-9: Community Services & Supports

County: Santa Cruz

No funding is being requested for this program.

Program Number/Name: #9 Person-Centered Programs

Date: February 11, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	44	883	38	\$11,943
Adults	74			
Older Adults	52			
Total	170	883	38	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				1091

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	786	English	971	LGBTQ	
African American	33	Spanish	87	Veteran	
Asian	22	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	10	Mandarin			
Latino	207	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	33	Other	33		

**C. Answer the following questions about this program.**

**1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.**

The priority population for all of these services includes transition age youth, adults and older adults with serious mental illness. Services are provided to unserved and underserved populations, the majority of which are White or Latino, and speak English and/or Spanish (which is reflective of the population make up of Santa Cruz County).

Benefit Representatives: We have had a great record of securing benefits for our mental health consumers. In fact our County staff have been invited to discuss their success with other providers. This is a major benefit for consumers so that they may receive needed services.

Full Service Partnerships (FSP): The “partnerships” between clients and clinicians include intensive wrap around services for clinical care, housing, employment, and 24/7 on-call. We provide FSP services to a diverse consumer population: transition age youth, adults, and older adults, including persons that are homeless and have a major mental illness. The transition age youth team is particularly successful in targeting the unserved (and underserved) populations, and is able to engage and educate the consumer and their family about mental illness, wellness, and recovery. The older adult team serves persons that are age 60 or older that have a complex medical illness and a major mental illness. The team helps people continue to live independently, and helps reduce their isolation, and provide linkage to medical care and other relevant services in the community.

Aside from the TAY, adult (in North and South counties), and older adult teams, we also have a “MOST” team for mentally ill offenders that are on mental health probation.

River Street Shelter: This is a great service. Aside from beds at the shelter, there are dedicated (targeted) mental health services for mental health consumers at the shelter. Additionally, a representative from the Shelter attends the weekly Housing Council to assure that these consumers do not “fall through the cracks” when discussing housing options for consumers.

Wheelock: This is an excellent new Board and Care facility. The staff have built in a program at the site to assess consumers for independent housing, and develop an individual plan to work with consumers towards that goal. Additionally, some County therapists provide group therapy at the Board and Care, for those that wish to participate.

**2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.**

We have had a decrease in staff in the Puentes Program (that provides services specifically to the homeless mentally ill population). We have one mental health specialist who provides service the homeless mentally ill population.

NOTE: Section II A and B were filled out in previous work plan (#8: Community Support Services). This work plan was consolidated with work plan #8. (The State Department of Mental Health provided instructions on how to complete these exhibits on January 10, 2011.)

EXHIBIT D2-1: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #1 Workforce Education and Training Coordination Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** In collaboration with various stakeholders, including public mental health staff (both County and Contractors), consumers, family members, and local educational institutions, Santa Cruz County has created a Workforce Education and Training Plan. The County will hire a Workforce, Education and Training (“WET”) Coordinator to implement and coordinate the Plan. The WET Coordinator will ensure that the five fundamental elements of MHSA (consumer and family driven, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competency) are embedded within all training events.

Additionally, Santa Cruz County will hire a WET administrative assistant to help with the logistics in supporting training events and activities, create and maintain a web-site containing a current mental health resource directory, training needs assessments, workshop evaluations, etc. Staff in these positions will report to the MHSA Coordinator who is responsible for coordinating state and regional activities with local MHSA efforts.

**Goal:** To implement and coordinate the Santa Cruz County WET plan and to create a well-run welcoming environment for all training audiences the WET Coordinator will:

**Objectives:**

1. Implement the WET Plan by collaborating actively with the Training Task Force and other stakeholder groups as needed.
2. Coordinate and share information regarding WET efforts on the State and regional level.
3. Regularly assess the training and educational needs of paid staff, interns, consumers and their families, and volunteers.

4. Communicate regularly with various stakeholders and coordinate and provide training events for the public mental health system (consumers, families, County and mental health contract providers).
5. Establish and oversee contracts with entities providing WET services.
6. Participate with Cabrillo College to develop the Human Services and Mental Health Track Programs, resulting in better-trained people applying for entry-level public mental health positions.
7. Regularly convene the education providers to explore ways in which more cost effective in-service training can be provided to the county's mental health workforce by leveraging their programs and funding sources.

**Progress to Date:**

These objectives have been met.

- We established a Workforce Education & Training (“WET”) Task Force with representatives from children’s mental health, adult mental health, alcohol & drug services, community based agencies, consumer, family and community college. The WET Task Force oversees the Training Academy, including creating and/or contracting for trainings that are needed, and assessment of the trainings provided.
- Training evaluation forms (distributed at all trainings we provide) solicit training needs of attendees. Additionally, the County assesses training needs of staff on a bi-annual basis (at minimum).

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>									
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No X							
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No X							
3) a) Complete the table below:	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table> <p style="margin-top: 10px;">b) Is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the previously approved amount, <b>or</b>,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the <math>\pm 25\%</math> criteria, please provide an explanation below.</p> </div> <div style="width: 50%; padding-left: 20px;"> <p>Yes <input type="checkbox"/>                      No x</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/>                      N/A</p> </div> </div>			FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0
FY 10/11 funding				FY 11/12 funding	Percent Change				
0				0	0				
<p><b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>									

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	x
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-2: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #2 Professional Development for Clinical Supervisors Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** The WET process revealed that an employee’s relationship with their supervisor significantly determined job satisfaction. The more skilled and engaged the supervisor the greater the job satisfaction reported by the employee. Staff supervisors will be offered on-going training to augment their clinical supervision skills. Emphasis will be placed upon exploring ways to create a supportive welcoming environment to all new hires, including consumers and families. Supervisors will participate in-group consultation with a master clinician; attend required supervision training and specialized trainings, as needed and/or required. The MHSAs Coordinator will hire master clinicians to provide these services.

**Goal:** Supervisors to be better equipped to provide supportive and constructive guidance to line staff, including consumer and family employees.

**Objectives:**

1. To provide a welcoming and supportive environment for new employees.
2. To ensure line staff is providing effective services that embrace the five philosophical elements of the MHSAs plan.
3. To amplify the view of family members as critical caregivers and essential in treatment planning.
4. To maximize supervisory performance in accordance with personnel policies and procedures in a manner that supports the five fundamental MHSAs elements.
5. To offer opportunities for clinical supervisors to learn management skills for their own career pathway as a means of retention.
6. For supervisors to embrace the paradigm shift and to foster and nurture this shift in their supervisees.

**Progress to Date:**

- Established ongoing monthly consultation groups for supervisors.
- Provided two conflict resolution trainings for supervisors.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a						
<table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0
FY 10/11 funding		FY 11/12 funding	Percent Change				
0		0	0				
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?							
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	x
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-3: Workforce Education & Training

County: Santa Cruz

**X** No funding is being requested for this program.

Program Number/Name: #3 The Training Academy

Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** In order to increase the quality and success of educating and training the public mental health workforce in order to better serve unserved and underserved populations the Training Academy will offer trainings to multiple audiences. The overarching goal is to increase skills in order to improve public mental health services. Trainings will reflect the needs identified in the assessment of paid public mental health (County and Contractor) staff, volunteers, consumers and family members.

The Academy will offer workshops and on-going classes of varying sizes, areas of focus and depth and support for pertinent application of knowledge gained. The existing Training Task Force (TTF) will be replaced by the Workforce Education & Training Task Force (WET-TF) and will advise the WET Coordinator regarding the assessment tool to be used to evaluate training needs, effectiveness of the trainings, and establishment of a Three Year Training Plan with priority placed upon the five fundamental MHSa concepts (consumer and family driven, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competency). The Training Plan will also include family trainings, new hire orientation and classes to establish minimal competency regarding positive customer service attitudes, and specific skills needed for paid staff, interns, and volunteers to accomplish their jobs.

Consumers and family members will be an integral part of the Training Academy, as participants in trainings, members of the WET-TF, and as trainers and/or co-facilitators, whenever possible.

All training courses will include evaluation, and results will be used to contribute toward decision-making regarding future trainings.

**Goal #1:** To create a training environment that is responsive to stakeholders' needs.

**Objectives:**

1. The Workforce Education & Training Task Force (WET-TF) will expand membership to include consumers, families and community-based organizations that contract with mental health.
2. The WET-TF will have its size and structure determined by the MHSA steering committee.
3. The WET-TF will create a one-year and a three-year training plan, to include cultural competence, wellness/recovery/resilience, and consumer values.
4. The WET-TF will explore providing educational experiences for individuals who learn best in non-traditional settings or non-academic formats.
5. To create a paradigm shift throughout public mental health that embraces the five fundamental elements of the MHSA model.

**Progress on Action #3, goal #1:**

- We established a Workforce Education & Training (“WET”) Task Force with representatives from children’s mental health, adult mental health, alcohol & drug services, community based agencies, consumer, family and community college.
- The WET Task Force oversees the Training Academy, including creating and/or contracting for trainings that are needed, and assessment of the trainings provided.
- The One-year Training plan has been implemented very successfully. The WET Task Force will review the Three-year Training Plan in July 2010.

**Goal #2:** To regularly offer orientations (or overviews) of the public mental health system to consumers, family members, new employees, potential employees, interns, and community members.

**Objectives:**

1. To describe all the services and populations served in Santa Cruz County Public Mental Health.
2. To increase stakeholders understanding of how to navigate within the Santa Cruz Public Mental Health system.
3. To expose stakeholders to areas in the system that may be of interest for future employment.

**Progress on Action #3, goal #2:**

- We have provided orientations for student interns. (We have not had new employees recently.)
- Provided several overview presentations about how to understand and navigate the mental health system to high school students and students at community colleges.

**Unmet Goal:**

- Provide orientation/overview of the public mental health system to consumers and family members.

NOTE: The WET Task Force is working on how to meet this goal.

**Goal #3:** To offer trainings on how to create a respectful, welcoming, and “customer service” attitude towards consumers and families

**Objectives:**

1. To share input from consumers and family members about what would help create a mental health system that is easier to navigate.
2. Employees will develop skills to reduce stigma and discrimination, such as actively listen to consumers’ and family members’ goals and choices, ensure their civil and human rights, and encourage independence.
3. Staff responding to community mental health needs will offer information and referrals whenever possible.
4. To create environments that value the client’s and the family’s perspective.
5. To foster supportive, solution-focused communication and collegiality between various program staff.
6. To ensure that all new employees and interns will develop skills such as respectful communication, “customer service”, as well as documentation, clinical assessments, and treatment planning.

**Progress on Action #3, goal #3:**

- WET project efforts dedicated to create a deeper and more effective understanding of the paradigm shift beyond just welcoming.
- NAMI Provider education Series has helped providers understand the personal experience and/or perspective of consumers and family members.
- Developing an effective response to community mental health needs, through referrals, direction and local resources through staff, volunteer and student intern orientations and trainings.
- Developed an informational, educational and Mental Health resource brochure for agencies, stakeholders and the community.
- Working on bulletin board that fosters supportive, welcoming, and one that values the client's and family's perspective.
- Working to develop an environment that also acknowledges and provides positive reinforcement for employees.

**Unmet Goal:**

- "Welcoming and Customer Service" training.

NOTE: The WET Task Force is working on how to meet this goal.

**Goal #4:** To develop the skill sets of consumers and family members to participate more effectively in treatment and recovery.

**Objectives:**

1. Consumers and family members will learn concepts and terms used to describe mental illness and treatment interventions.
2. Consumers and family members will learn about their rights, the law, and their responsibilities within the mental health system.
3. Consumers and families will develop a better understanding of current treatments, medications, their intended and side effects,

and alternative treatments.

4. To underscore the importance of the concepts of recovery, wellness and resiliency to increase the skills of staff and to offer strength-based services that include the use of family supports.

**Progress on Action #3, goal #4:**

- We have opened our trainings to a larger audience, including consumers and family members. For example ( Obsessive Compulsive Disorder OCD, A Way of Life, Compassionate Presence in the Helping Profession, Homeless Services 101, New Directions in Mental Health, Trauma Informed Services Training Series, The Neurobiology of the Human Heart, Calciano Memorial Youth Symposium.
- Other trainings are being offered to underscore the importance of the concepts of wellness, Recovery and Resiliency. These have included: A Way of Life, New Directions in Mental Health, Trauma Informed Training Series, The Neurobiology of the Human Heart, and the Calciano Memorial Youth Symposium.

**Unmet Goal:**

- Currently in the process of working in collaboration with NAMI of Santa Cruz to develop a Mental Health Overview Training, which will provide education for consumers and family members, regarding their rights, the law, and their responsibilities within the mental health system.

NOTE: The WET Task Force is working on how to meet this goal.

**Goal #5:** The WET-TF will ensure involvement of consumers and families, as both participants and trainers at educational events.

**Objectives:**

1. To address the issues of stigma and discrimination faced by mental health consumers and by family members (of mental health consumers).
2. To ensure that staff is exposed to various client and family member viewpoints and to better understand the client and family experience.

**Progress on Action #3, goal #5:**

- Collaborative partnership with NAMI of Santa Cruz to provide an educational program for mental health service providers co-taught by consumers and family members.
- We had two 10 week series, and are scheduled for another one day “What is NAMI” training in May.

**Goal #6:** Offer training modules on topics as a broad overview to be accessible to a larger audience and to progress to more skilled, in-depth techniques.

**Objectives:**

1. The training module supports prevention, identification and treatment of mental health conditions across the lifespan.

2. To develop staff clinical skills in areas identified as special need for consumers across the lifespan.
3. To identify public mental health staff that have special skill sets or assist them in developing special skill sets so they are able to train others through the Training Academy.

**Progress on Action #3, goal #6:**

- Provided a variety of trainings that focused on the module approach, technical assistance or booster sessions, in an effort to support ongoing staff skill development, such as; CBT, DBT, Motivation Interviewing, MBSR.

**Goal#7:** To utilize local education providers to deliver in-service education where doing so will result in cost savings through leveraging existing public investments in education.

**Objectives:**

1. To expand the range and depth of offerings available through the Training Academy.
2. To integrate in-service and pre-service training programs and strengthen the connection between pre-service programs and the programs employing students from these programs.
3. To convene a regular and on-going dialog with education providers in order to continuously evolve relationships of productive and mutual value.

**Progress on Action #3, goal #7:**

- Ongoing collaborative partnership with local community college.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a						
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c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-4: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #4 Medical Staff (Psychiatrists and Nurse Practitioners) Training

Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** In recognition of the fact that medical staff have unique training needs and requirements, the MHSA and WET Coordinator in conjunction with the Mental Health Director will develop training guidelines for the physicians in public mental health. Required trainings will include the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based services, integrated services, and culturally competent services).

**Goal:** To ensure that public mental health psychiatrists and nurse practitioners are equipped with the education and training needed to help transform the public mental health service system towards the new MHSA paradigm.

**Objectives:**

1. To create a cultural shift throughout public mental health psychiatrists and nurse practitioners that embraces the five fundamental elements of the MHSA model.
2. To assess public mental health psychiatric and nurse practitioner staff for determination of training needs.
3. To provide training for psychiatrists and nurse practitioners that address the needs of families and consumers, as identified by the surveys and focus groups.

**Progress to Date:**

- Provided 8-week (Mindfulness-Based Stress Reduction) to support psychiatric staff.
- Integrating 5 fundamental concepts of the MHSA model in trainings to support a cultural shift.

- Support “out of Academy” training needs of medical staff.
- Provided trainings on the 5 fundamental MHSa concepts, and opened this up to psychiatrists and nurse practitioners to participate

**Unmet Goals:**

- Assessment of public mental health psychiatrists and nurse practitioner staff training needs.

NOTE: The WET Task Force is working on how to meet this goal.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
FY 10/11 funding	FY 11/12 funding	Percent Change					
0	0	0					
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	x
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-5: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #5 Consumer "Culture" Training Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** To support our commitment of creating a public mental health system that truly understands the consumer's needs and perspectives, the MHSA Coordinator will contract and/or partner with persons and/or organizations to provide educational services to public mental health. This will be an integral part of the Training Academy.

**Goal:** To educate providers about the important role that consumers play in their wellness and recovery, and to foster consumer involvement and participation in primary clinical decision-making.

**Objectives:**

1. To promote increased understanding and sensitivity of public mental health staff toward consumer perspectives.
2. To foster a culturally sensitive inclusive model where consumers' needs are an essential part of clinical decision-making and treatment planning.
3. To encourage providers to recognize consumers as an important and necessary part of the treatment team.
4. To address the issues of stigma and discrimination faced by mental health consumers.

**Progress to Date:**

- The WET/TF has integrated educational trainings, which recognize the important role of consumers. These trainings include:
  - Wellness, recovery and resiliency trainings

- NAMI Provider Education training (two 10-week series completed)
- MHCAN peer to peer trainings
- Collaborated with contractor to develop and provide trainings on the concepts of Wellness, Recovery and Resiliency.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
FY 10/11 funding	FY 11/12 funding	Percent Change					
0	0	0					
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-6: Workforce Education & Training

County: Santa Cruz

**X** No funding is being requested for this program.

Program Number/Name: #6 Family "Culture" Training

Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** To support our commitment of creating a public mental health system that truly understands the family’s needs and perspectives, the MHSA Coordinator will contract and/or partner with persons and/or organizations to provide educational services to public mental health. This will be an integral part of The Training Academy.

**Goal:** To educate providers about the important role that families can play in wellness and recovery, and to foster family involvement and participation in primary clinical decision-making.

**Objectives:**

1. To promote increased understanding and sensitivity of public mental health staff toward family perspectives.
2. To foster a culturally sensitive inclusive model where families’ needs are an essential part of clinical decision-making and treatment planning.
3. To encourage providers to recognize families as an important and often necessary part of the treatment team.
4. To address the issues of stigma and discrimination faced by families of mental health consumers.

**Progress to Date:**

- Collaborative partnership with NAMI of Santa Cruz to provide an educational program for mental health service providers co-taught by consumers and family members.
- We had two 10 week series, and are scheduled for another one day “What is NAMI” training in May.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a						
<table border="1" style="margin-left: 40px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0
FY 10/11 funding		FY 11/12 funding	Percent Change				
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c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-7: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #7 Santa Cruz County Career Pathways Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** Current County personnel processes present challenges to attracting a diverse workforce in County mental health. A special emphasis will be made to recruiting persons in the mental health field with Spanish speaking capabilities.

Student interns that graduate and apply for paid positions are not credited for their experience by the Personnel Department. This makes it difficult for supervisors to hire qualified and trained interns. Additionally, if the MHSA model is to be implemented then a person's life experience of successfully recovering from a serious mental illness as well as a family member's experience providing care and hope to that individual should be honored and valued by the County civil service process. As a result of the WET process the MHSA Coordinator is in discussion with representatives from the Santa Cruz County Personnel Department to explore ways to value different aspects of a job candidate's experience.

**Goal:** To create an application process and work experience that encourages all potential applicants, including consumers and family members, to work for County Mental Health.

**Objectives:**

1. To create a "user friendly" system when applying for public mental health positions.
2. To promote a process that allows for the creation of entry-level positions and mental health positions for consumers and family members, and encourages consumers and family members to apply.
3. To create half time and/or part time positions for consumers needing greater flexibility in their work schedules.

4. To change the training and experience rating form for Mental Health Client Specialists to give “credit” to interns for their experience working at County Mental Health when applying for paid positions.

**Progress to Date:**

- MHSA coordinator along with a supervisor from children’s mental health, and a supervisor from adult mental health, had a series of meetings with personnel staff to revise the Mental Health Client Specialist, Senior Mental Health Client Specialist and Community Mental Health Aide Supplemental questions.
- Revised the job announcements for bilingual positions to include the following the statement that bilingual positions “require that the mental health clinician be fully fluent in Spanish and English in order to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English speaking mental health professionals.”
- Adapted the Community Mental Health Aide position to encourage consumer and family members to apply, and revised the application review in order to give "credit" for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer training certificate.
- Changes in the training and experience rating form for Mental Health Client Specialist and Senior Mental Health Client Specialist positions to give "credit" to applicants for experience related to county mental health work, rather than solely based on years of experience.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
FY 10/11 funding	FY 11/12 funding	Percent Change					
0	0	0					
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	X
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-8: Workforce Education & Training

County: Santa Cruz

**X** No funding is being requested for this program.

Program Number/Name: #8 High School Outreach

Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** The public mental health system needs to conduct targeted ‘outreach’ to high school students to provide information about mental illness, resources and to promote the idea of employment in public mental health. One way to accomplish this is by partnering with existing ROP programs currently in the local high schools. The Workforce Needs Assessment for Santa Cruz County reflects that there is a lack of sufficient mental health providers. Outreach will focus on Spanish speaking communities. Additionally, the local community colleges will be encouraged to target this same population in order to inform the students about the application process and supports available for students interested in pursuing higher education.

**Goal:** To foster knowledge and create interest in mental health as a career path amongst high school students, with a focus on bilingual (Spanish) and bicultural students.

**Objectives:**

1. Establish outreach strategies to recruit individuals from unserved or underserved communities for entry into mental health occupations by increasing the prevalence of mental health career development.
2. Presentations will include discussion of the need for persons to work in public mental health, dispelling the myths about mental illness, and provide information about community resources, including suicide hotline information.
3. Facilitate entrance to community college in order to produce better-prepared applicants for public mental health.

**Progress to Date:**

- Carried out six different presentations at local high schools and at Adult Education sites to provide education, awareness, diffuse myths about Mental Health, and to encourage students to consider a career in public mental health.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a						
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c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	x
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-9: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #9 Entry Level Employment Preparation

Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** Cabrillo College has a record of excellence at offering educational opportunities to students interested in working within the allied health fields. Those attending the focus groups repeatedly praised Cabrillo College’s success at working with mental health clients who are re-entering the educational system. Former clients reported excellent student support services.

**Goal:** To develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered.

**Objectives:**

1. To expand Cabrillo’s certificate programs to include courses relevant to mental health, gerontology, and substance abuse.
2. To explore providing pre-employment preparation skills training and on-going post-employment support.
3. To work with County Personnel to accept the Human Services certificate as a recognized qualification for employment, and encourage public mental health contractors to also recognize this certificate.
4. To provide support to all new hires, including consumers and family members.

**Progress to Date:**

- Adapted the Community Mental Health Aide position to encourage consumer and family members to apply, and

revised the application review in order to give "credit" for lived experience as a consumer, or family member, as well as credit for obtaining a Human Services Credential and/or a consumer peer training certificate.

- Strong collaboration with Cabrillo College certificate program, to support consumers expressing interest in working in public mental health.
- Support the Cabrillo “College Connection” program.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
FY 10/11 funding	FY 11/12 funding	Percent Change					
0	0	0					
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	x
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-10: Workforce Education & Training

County: Santa Cruz

**X** No funding is being requested for this program.

Program Number/Name: #10 Public Mental Health Internship Program Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** The internship program in Santa Cruz is not consolidated. Several supervisors do outreach with educational institutions and each trains their own trainee. Also at present, the registered interns have limited support in preparing for licensure.

**Goal:** To create a more cohesive internship program for trainees at county mental health, and to foster greater support for registered interns on licensure track.

**Objectives:**

1. To provide a single point of contact for educational institutions regarding internship placements within the County.
2. To provide and coordinate group supervision for all trainees placed within the public mental health sector.
3. To provide license track education & support to all public mental health registered interns for license examination preparation.
4. To offer funds for public mental health employees for purchase of license exam preparation materials and/or test fees.

**Progress to Date:**

- Established a centralized process for internship placements with single point of contact in the County. Procedures have been shared with clinical supervisors and are accessible via the intranet.
- WET clinical supervisor provides supervision to interns
- WET clinical supervisor provides education and support for all public mental health registered staff for license examination.

- Developed and implemented application process to reimburse public mental health employees for purchase of license exam preparation materials and/or tests fees. Implementation began on 12/1/08.
- \$12,154 reimbursed in 2009-2010. 61 % were contract employees; 39% were county employees

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a						
<table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0
FY 10/11 funding		FY 11/12 funding	Percent Change				
0		0	0				
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?							
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	x
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-11: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #11 Local Graduate School Initiative: CSUMB MSW Program

Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

**This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** There is a critical need for clinical social workers in the public mental health workforce, particularly bilingual (Spanish) and bicultural persons. The California State University at Monterey Bay (CSUMB) is currently conducting a feasibility study to assess the possibility of starting a master in social work program at their campus. Monterey County mental health has been instrumental in supporting this feasibility study, and has reached out to neighboring counties (Santa Cruz and San Benito) for additional support and input. Santa Cruz is also committed to collaborate with other institutions of higher learning in order to foster mutual support in the creation of a trained workforce for public mental health.

**Goal:** To support the creation of a master of social work program at CSUMB and continue to collaborate with other local institutions of higher learning (such as Bethany, JFK, Santa Clara University, and San Jose State University).

**Objectives:**

1. Participate in stakeholder meetings to help determine the need for a School of Social Work program at CSUMB.
2. Collaborate with local colleges and universities.

**Progress to Date:**

- WET staff is supporting the creation of the MSW program at CSUMB (by participating on the monthly curriculum committee, and the quarterly Advisory Board meeting).
- Creation of master of social work program at CSUMB has come to fruition; first class begins in the fall of 2010.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>								
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a							
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">0</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0
FY 10/11 funding			FY 11/12 funding	Percent Change				
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b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?								
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.								

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	x
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D2-12: Workforce Education & Training

County: Santa Cruz

X No funding is being requested for this program.

Program Number/Name: #12 Stipends for Clinical Psychologist, Social Worker and Marriage and Family Therapist Graduate Student Trainees  
Date: 2-11-2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Description:** In order to address workforce shortage of critical skills, including under representation of racial/ethnic, persons with family or consumer lived experience, cultural and/or bilingual (Spanish) groups, Santa Cruz County will provide financial incentives for student interns at public mental health. Stipends will be for interns to complete their education. This will allow public mental health and student interns to determine if future employment in public mental health will be a good match. The student interns are not considered employees and will not be receiving a salary or benefits.

**Goal:** To address workforce shortages of critical skills, diversity and language proficiency shortfalls.

- To create an application and a process to allocate for stipend funds.
- To encourage bilingual (Spanish) and bicultural interns to participate in our internship program.
- To create standard contract for stipend program.

**Objectives:**

1. To encourage bilingual (Spanish) and bicultural interns to participate in our internship program.
2. To create standard contract for stipend program.

**Progress to Date:**

- Eligibility requirements established (including the need to have "special Skills" and only applicable to volunteer,

not paid staff).

- Developed and implemented application and process for stipends for Clinical Psychologist, Social Worker and Marriage and Family Therapist graduate Student Trainees.
- Implemented in April 2010.
- \$7,500 awarded in 2009-2010. Of these (3) persons or 50 % were contract volunteers; (3) persons or 50% were county volunteers.

Note: no funds are being requested for this program.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
FY 10/11 funding	FY 11/12 funding	Percent Change					
0	0	0					
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

**B. Answer the following questions about this program.**

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Name of the programs.</li> <li>b) The rationale for the decision to consolidate programs.</li> <li>c) How the objectives identified in the previously approved programs will be achieved.</li> </ul>
<p>Not applicable.</p>

EXHIBIT D3-1: Prevention & Early Intervention

County: Santa Cruz

Program Number/Name: #1 Early Intervention Services for Children Date: 2-11-2011

Please check box if this program was selected for the local evaluation

<b>SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10</b>
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	478	White	124	English	182	LGBTQ	53
Transition Age Youth (16-25)		African American		Spanish	38	Veteran	
Adult (18-59)	N/A	Asian		Vietnamese		Other	
Older Adult (60+)	N/A	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Latino	298	Tagalog			
		Multi		Cambodian			
		Unknown	56	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other	258		

**B. Please complete the following questions about this program during FY 09/10.**

**1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.**

This project includes several strategies, and all are proceeding well.

Strategy #1 is the 0-5 Screening & Early Intervention services.

- One of our clinicians works at various primary care sites and provides triage, assessments, and some case management services. One of our psychiatrists also provides consultation services. These services have been well received by the clinics. Approximately 75% of the recipients of services are Spanish-speaking.
- An additional clinician is providing early childhood mental health consult to children ages 0-3. This is a partnership with First 5 and Dominican Hospital, and the initial focus is on children referred by child welfare.
- The Assessment Center is due to be open in July 2011. Services will include linkage to a developmental psychologist from Stanford.

Strategy #2 is the Countywide Parent Education & Support.

- Santa Cruz Community Counseling Center is providing screening and assessment services to day care centers through a program they have named “Side by Side”. The services target children ages 3-5.
- In partnership with First 5 we have rolled out the first phase (level 4 & 5) of Triple P trainings. The training has been targeting county, contractor and other community based agency staff throughout the geographic area. There are plans for the level 2 & 3 training in the next year.

Strategy #3 is the School-based Prevention & Early Intervention Services.

- Barrios Unidos is providing early intervention services in schools.
- North County Schools are providing “Positive Behavioral Services” which is an evidence-based practice that helps schools change the culture to encourage positive behaviors, and prevent bullying and violence. It is a primary prevention model whereby children K to 3 grades are referred by teachers and paired up one on one with a “buddy”.
- “Strange” is a program implemented by Santa Cruz Community Counseling Center that targets LGBTQ youth. It provides mental health education and support.
- South County Schools are providing Seven Challenges, an Evidenced Based Practice (EBP) for the reduction and prevention of substance abuse in adolescents. The curriculum based practice assists youth in evaluating the motivation behind and impact of substance use in order to make wise decisions about future behavior. The course materials are available from the vendor in both English and Spanish.

**2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:**

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program**
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken**
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants**
- d) Specific program strategies implemented to ensure appropriateness for diverse participants**
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes**

Strategy 1: 0-5 Screening & Early Intervention Services:

- The PEI clinician assigned to the Screening and Early Intervention Services provided direct clinical contact at 7 primary care settings throughout Santa Cruz County. She saw 57 youth and families for 122 total contacts during the first four months of program operations. Of these, 17 were Caucasian and 40 were Latino, 33 male, 24 female. The main focus of the program this year was to establish a working relationship between the primary care sites and introduce the mental health resources to the medical clinic culture. The clinician's tracking of outcomes indicate a high level of referral for counseling services and a moderate number of brief therapy interventions. The fact that 57 youth were referred for mental health services demonstrates a willingness and openness on the part of the medical programs to integrate and accept a new type of preventative service. Clinic sites report that the services offer the clients a significant added value to their comprehensive treatment.
- The clinician who was assigned to provide early childhood mental health consults saw 15 youth between January and June. Of those, seven were male, eight female, 10 Caucasian, five Latino, and 14 English speakers and one Spanish speaker. Evaluation of these youth is based upon the Ohio Scales and the Child Behavioral Check List and is integrated into the annual review of clinical services.
- The Assessment Center has not yet opened. Interagency planning meetings continue in anticipation of program initiation.

Strategy 2, County Wide Parent Education and Support:

- The Side-by-Side: Early Childhood Mental Health Access Program, launched in March 2010, was created to address the significant need for early mental health services for families with children between 0-5 years of age. The program has expanded early childhood mental health services and provides intervention services to families who have children showing early signs of social/emotional difficulty. The program also provides guidance and consultation about social/emotional and mental health needs of infants and young children to early childhood educators. The program strives to support the working relationship between families and childcare providers/preschool staff. 20 parents, 15 children, and 9 Childcare Centers were served in this start up year. Formal outcome data is not yet available for this program. The program is planning to expand in 2011 to include MediCal EPSDT funded intervention. The preliminary outcome report of Side by Side is attached.
- The Triple P program, our public health model parent education program, successfully trained 58 practitioners, 40 in Level 3 and 18 in Level 4/5. Twelve community and county agencies participated in the training. 53 parents and 48 children participated in the program in Fiscal Year 09-10. The stated objectives of Triple P are as follows:
  - i. Parents will increase their use of appropriate discipline styles.
  - ii. Parents will improve their level of confidence in parenting.
  - iii. Parents will report reduced level of conflict over parenting.
  - iv. Parents will report increased level of satisfaction with their relationship.
  - v. Parents will report decreased levels of parental depression, stress and anxiety.
  - vi. Parents will report improved child behavior
  - vii. Parents will be satisfied with Triple P Program
- MHSA PEI funding and the Santa Cruz County First 5 Initiative jointly fund the Triple P Program. Formal evaluation of the program is conducted by the research firm Applied Survey Research. The preliminary outcome report is attached.

Strategy 3, School-based Prevention & Early Intervention Services.

- Barrios Unidos provided both Prevention and Early Intervention Services. The Prevention services were provided to youth in targeted community based programs to prevent violent behavior. Thirty-nine youth were served, 23 were Latino, 13 Caucasian, 1 African American, and 2 of another ethnicities. Twenty-five youth were male, 14 female, 3 Spanish speakers and 36 English speakers. The statistics for the Early Intervention Services are as follows: 165 total youth, 150 Latino, 9 Caucasian, 2 African American, 4 of other ethnicity, 100 males, 65 females, 34 Spanish speakers and 131 English speakers. The principle success of the Early Intervention Services was to keep youth in school following an episode of violence. Rather than being expelled, these youth had the opportunity to remain in school and receive support for alternative behaviors.

- The COE instituted the PBIS program in 11 schools. Since this program is an operational framework emphasizing prevention and early intervention across a spectrum of need, it is not possible to gather specific data regarding individual youth impacted. There were three Mental Health Awareness trainings provided to over 20 school site professionals. The trainings helped school professionals to be better equipped to manage issues and provide support to students. The therapeutic consultation was a successful service with over 50 calls responded to during the start-up period. The funding for the PIP program arrived too late in the school year for implementation, the services are targeted for implementation in 4 schools in the 10-11 fiscal year.
- The “Strange” program Prevention and Early Intervention is combined with the Community Support Services. The PEI portion of the program served 53 LGBTQ youth. A targeted LGBTQ support / therapy group was established. No specific outcome data is available at this time.
- The South County School Seven Challenges program was provided by two community based organizations. The statistics for the program are as follows: 36 youth served, 28 parents served. Youth stats: 31 male, 5 female, 31 Latino, 5 Caucasian, no information on spoken language. There were 14 pre and post intervention surveys completed, 11 youth demonstrated an improvement in social functioning, 2 indicated no change, 1 reported a slight decrease in social functioning. 17 out of 18 youth in one program were enrolled and none were expelled.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$723,648</td> <td style="padding: 5px;">\$738,430</td> <td style="padding: 5px;">2%</td> </tr> </tbody> </table> <p style="margin-left: 20px;">b)</p> <p>Is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the previously approved amount, <b>or</b>,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the <math>\pm 25\%</math> criteria, please provide an explanation below.</p> </div> <div style="width: 50%;"> <p>Yes <input type="checkbox"/>      No <input checked="" type="checkbox"/></p>   <p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      N/A</p> </div> </div>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$723,648	\$738,430	2%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$723,648			\$738,430	2%				
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
<b>A. Answer the following questions about this program.</b>								
<b>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</b>								
Not applicable.								
<b>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</b>								
<b>a. Names of the programs being consolidated</b>								

<b>b. The rationale for consolidation</b>		
<b>c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)</b>		
Not applicable.		
<b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>		
	<b>Prevention</b>	<b>Early Intervention</b>
Total Individuals:	560	415
Total Families:	480	214

EXHIBIT D3-2: Prevention & Early Intervention

County: Santa Cruz

Program Number/Name: #2 Culture Specific Parent Education & Support Date: 2-11-2011

X This program was selected for the local evaluation

<b>SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10</b>
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	15	White	4	English	27	LGBTQ	
Transition Age Youth (16-25)	35	African American	2	Spanish	167	Veteran	
Adult (18-59)	134	Asian		Vietnamese		Other	
Older Adult (60+)	10	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Latino	188	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**B. Please complete the following questions about this program during FY 09/10.**

**1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.**

This program is targeted to reach the underserved Latino population, and we have achieved that goal. The majority of services have been in Spanish, although we always offer at least one cycle of classes in English at any given time. In fiscal year 2009-2010 we provided eight months of services (starting in October 2009). We had a target of serving 200 individuals over a 12-month period, and during the eight months we were able to serve 194 individuals.

We have worked collaboratively with a variety of schools, the County Office of Education, and community based agencies. With their cooperation, we have been able to outreach to prospective participants, as well as receive in-kind support, such as donation of space facilities.

During this past year we have contracted with facilitators to run the Cara y Corazón and Jóven Noble classes. The Coordinator for this program holds monthly meetings with all the facilitators to provide oversight, fidelity monitoring, and support. He also meets with individual facilitators as needed.

The Coordinator keeps a current calendar of all of the classes, which are offered at various sites throughout the County. The calendar helps families seek out services in a location that is most convenient to them.

**2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:**

- a) **A summary of available information about person/family-level and program/system-level outcomes from the PEI program**
- b) **Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken**
- c) **The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants**
- d) **Specific program strategies implemented to ensure appropriateness for diverse participants**

**e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes**

This program was selected for the local evaluation.

a. We are not able to provide outcomes at this point in time. During 2009-2010 we selected a project evaluator through a competitive bid process. The evaluator developed a logic model, intake documents, pre/post surveys, and a fidelity check list for both Cara y Corazón and Jóven Noble.

The evaluators used a culturally diverse population to provide input into the development of the evaluation tools including focus groups of previous program participants and facilitators. The evaluator also met numerous times with the Evaluation Steering Committee consisting of the Substance Abuse Services Chief, the MHSA Coordinator, the Program Coordinator (who is also the Cultural Competence Coordinator), a Behavioral Health Program Manager, and a Probation Manager. Additionally, the evaluator has collaborated with Jerry Tello and gotten his input on all the documents. (Mr. Tello developed the Cara y Corazón and Jóven Noble curriculum and philosophies.)

All of the documents have been translated into Spanish. We will begin data collection in January 2011.

b. Although we have not begun our "formal" data collection, we can report that we have served 15 children & youth, 35 transition age youth, 134 adults, and 10 older adults. The bulk of participants were Latino (188), while a few were White (4) and African American (2). Most were Spanish speakers (167) and some were English speakers (27).

c. As mentioned above, data collection will begin in January 2011. However, in developing the tools our evaluators have made use of the input provided by diverse populations.

d. In order to ensure appropriateness for diverse populations, the evaluators consulted with Mr. Jerry Tello, the Evaluation Steering Committee, and focus groups with previous program participants and facilitators.

e. There were several modifications to the documents in their development. Once "formal" data collection begins we will re-evaluate to see if any changes need to be made.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; text-align: center;">\$111,016</td> <td style="padding: 5px; text-align: center;">\$111,581</td> <td style="padding: 5px; text-align: center;">1%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$111,016	\$111,581	1%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$111,016	\$111,581	1%						
<p>b) Is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the previously approved amount, <b>or</b>,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the <math>\pm 25\%</math> criteria, please provide an explanation below.</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
	Yes <input type="checkbox"/>	No <input type="checkbox"/> n/a						
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								

<b>A. Answer the following questions about this program.</b>		
<b>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</b>		
Not applicable.		
<b>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</b>		
<ul style="list-style-type: none"> <li><b>a. Names of the programs being consolidated</b></li> <li><b>b. The rationale for consolidation</b></li> <li><b>c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)</b></li> </ul>		
Not applicable.		
<b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>		
	<b>Prevention</b>	<b>Early Intervention</b>
Total Individuals:	100	25
Total Families:	75	18

EXHIBIT D3-3: Prevention & Early Intervention

County: Santa Cruz Date: 2-11-2011

Program Number/Name: #3 Early Onset Intervention Services for Transition Age Youth & Adults

Please check box if this program was selected for the local evaluation

<b>SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10</b>
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	788	White	610	English	1397	LGBTQ	77
Transition Age Youth (16-25)	274	African American	45	Spanish	57	Veteran	49
Adult (18-59)	314	Asian	44	Vietnamese		Other	
Older Adult (60+)	78	Pacific Islander	6	Cantonese			
		Native American	2	Mandarin			
		Latino	573	Tagalog			
		Multi	0	Cambodian			
		Unknown	173	Hmong			
		Other	1	Russian			
				Farsi			
				Arabic			
				Other			

**B. Please complete the following questions about this program during FY 09/10.**

**1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.**

The “System Navigator” strategy began in May 2010. Our challenge in implementing this program was due to delays and obstacles in hiring at the Countywide level. The Navigator positions are responsible for providing mobile services and outreaching to community entry points, family members and professionals to provide prevention and early intervention to persons at risk of developing a serious mental illness. Additionally, the navigators are charged with conducting training with professionals, family members and community entry points regarding signs and symptoms of serious mental illness. Twenty two percent (22%) of those persons seen in FY 09-10 were Latino, and eleven percent (11%) were Spanish speaking; the rest were White and English speaking. This program targets the unserved populations.

Community Connection hired the Employment Specialist in June, 2010 and began services at the end of that month serving one transition age youth.

The Veterans Advocate position began in December 2009. In the first six months of operation, the position served 40 individuals (72.5% White, 5% African American and 22.5% Latino). All individuals were English-speaking. As the Veteran Advocate position was new to Santa Cruz County, program development was initiated to build linkages to the local, state and federal Veteran community and resources. Additionally interagency relationships were forged to assure continuity of care to local community-based programs. The Veteran Advocate was successful in linking individuals to benefits, working to obtain and rectify old documents to allow the individual to be benefit-eligible through Veteran Affairs and assisted several individuals into housing through the HUD-VASH program. Linkages to mental health services, health care, homeless resources, employment services and support services were also made. The Veteran Advocate provides Outreach services to individuals resistant to or not linked with existing Veteran Services.

Suicide Prevention Service: In the last fiscal year, with the addition of bilingual support staff, we have been able to reach monolingual Spanish populations that were heretofore inaccessible due to language differences. Our outreach and support materials are in both Spanish and English. We are able to augment these distributions to new organizations, schools, and areas that are home to mostly monolingual Spanish populations. Additionally, we have been able to reach a large segment of LGBTQ youth. Suicide Prevention Service is attempting to localize materials and raise awareness among other cultures about the signs and issues regarding suicidality no matter age, income level, race or gender. Because suicide is preventable, our focus is on training and raising awareness as well as increasing support to isolated areas and individuals.

**2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:**

- a. A summary of available information about person/family-level and program/system-level outcomes from the PEI program**
- b. Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken**
- c. The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants**
- d. Specific program strategies implemented to ensure appropriateness for diverse participants**
- e. Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes**

“System Navigator”: All of the persons served received early intervention services. Thirty-three percent (33%) were assessed and determined to have a major mental illness and were referred to a “system of care” team. The others (67%) received early intervention services and were able to function with lower levels of care outside of the system of care. We referred them to various community services, such as outpatient counseling, career services, primary care, and/or educational services. Referrals for these services come from hospitals, family members, schools, and career services. The team provides field based assessments, and these assessments are conducted over time due to the complexity of the issues (substance abuse, family dynamics, and developmental issues).

Veterans Advocate: In addition to the demographics of the 40 individuals served in this reporting period, we sought to evaluate the source of referrals to the Veteran Advocate. We wanted to measure the impact of the outreach and networking efforts toward our goal of reaching the underserved. The referral sources were from Jail (3), Mental Health programs (6), Employment Development Department (3), health services (3), homeless services (10), other Veteran services (9) and word of mouth (6). Surprising to us were the referrals from the other Veterans Programs. These programs do not have the flexibility to provide close follow-up support and seek out the Veteran Advocate to assist with individuals they are concerned about. Building on our interagency collaboration is a goal as we move forward to assure positive outcomes and a diverse population served.

Employment Specialist: The program began in June 2010, thus there is insufficient data to report for 2009-2010.

Suicide Prevention Services: A large part of our program and outreach services focus on training first responders and those “on the front lines” in our goal to prevent suicide and intervene in those populations most affected by this issue. Our outreach goals are directly connected to the number of individuals that call our suicide/crisis line and in that way work in tandem to prevent and intervene in crisis and suicidal situations. Training the first responders also allows for more awareness in the emergency services community and can serve to direct those populations that have already engaged in suicidal behavior to services that will support their recovery. 97% of those individuals we have reached through our outreach programs report an increase in awareness about the signs and issues relating to suicide.

With the addition of bilingual staff, Suicide Prevention has both augmented our cultural relevance and augmented the number of staff hours available to serving more diverse populations. Each population we serve evaluates our service in informational handouts that ask for demographic information, but excludes any personal, identifying information so as to maintain the confidentiality and anonymity of those we serve. The hiring of bilingual staff, translation of additional outreach materials, and attendance at events like health fairs that attract a large and diverse swath of the community.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>							
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$563,972</td> <td style="padding: 5px;">\$575,882</td> <td style="padding: 5px;">2%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$563,972	\$575,882	2%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$563,972	\$575,882	2%					
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.							

<b>A. Answer the following questions about this program.</b>		
<b>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</b>		
Not applicable.		
<b>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</b>		
<ul style="list-style-type: none"> <li><b>a. Names of the programs being consolidated</b></li> <li><b>b. The rationale for consolidation</b></li> <li><b>c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)</b></li> </ul>		
Not applicable.		
<b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>		
	<b>Prevention</b>	<b>Early Intervention</b>
Total Individuals:	460	136
Total Families:	100	55

EXHIBIT D3-4: Prevention & Early Intervention

County: Santa Cruz Date: 2-11-2011

Program Number/Name: #4 Early Intervention Services for Older Adults

Please check box if this program was selected for the local evaluation

<b>SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10</b>
<input type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	46	English	51	LGBTQ	
Transition Age Youth (16-25)		African American		Spanish	1	Veteran	1
Adult (18-59)	12	Asian		Vietnamese		Other	
Older Adult (60+)	40	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Latino	6	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**B. Please complete the following questions about this program during FY 09/10.**

**1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.**

Field Based Mental Health Training and Assessment Services began in May 2010. Our challenge in implementing this program was due to delays and obstacles in hiring at the Countywide level. The occupational therapist (with mental health training) on the team attends a monthly older adult roundtable that is attended by all the older adult agencies in the county to provide education on major mental illness, and to discuss referrals. Referrals come from a variety of resources (community agencies and family members), and the occupational therapist and, if needed, one of the mental health client specialists will triage and assess at the place where the individual resides. The team assesses individuals over time (not just in one visit) to determine the appropriate level of care and treatment needed, if any, taking into account substance abuse, dementia, complicating medical issues along with any mental health issues.

Solution Focused Therapy: The program has bicultural staff to provide services to unserved and underserved populations. All our outreach information is available in English and Spanish. The major challenge for our program is recruiting Spanish-speaking LCSWs who do therapy. Our Spanish speaking LCSW sees clients in Watsonville, as well as Santa Cruz. We have 10 additional LCSWs and PhDs in this program.

Senior companions did not begin until July, 2010.

Senior Network did not begin until July, 2010.

**2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:**

- a. A summary of available information about person/family-level and program/system-level outcomes from the PEI program**
- b. Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken**
- c. The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants**

**d. Specific program strategies implemented to ensure appropriateness for diverse participants**

**e. Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes**

Field Based Mental Health Training and Assessment Services: Thirty six percent of those served were determined to have a major mental illness, and were referred to our system of care. The others were referred to various community services, such as primary care, counseling, and other older adult service programs.

Solution Focused Therapy: a) All our (Medicare) therapists were given training in brief, solution-focused therapy with the inauguration of this treatment modality. b) All intake forms of clients in the (Medicare) program contain the information about age, gender, ethnicity, and primary language spoken with the results listed above. c) Our client feedback forms are in English and Spanish and the therapist monitors progress in therapy. d) Counseling goals reflect the perspectives of each diverse participant and reflect their needs and culture. e) We are evaluating the criteria for admission to the Solution Focused Treatment program to make sure all the people who can benefit will be able to participate.

Senior companions did not begin until July, 2010.

Senior Network did not begin until July, 2010.

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; text-align: center;">\$172,715</td> <td style="padding: 5px; text-align: center;">\$189,453</td> <td style="padding: 5px; text-align: center;">10%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$172,715	\$189,453	10%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$172,715	\$189,453	10%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
<b>NOTE:</b> If you answered <b>YES</b> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								

<b>A. Answer the following questions about this program.</b>		
<b>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</b>		
None.		
<b>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</b>		
<ul style="list-style-type: none"> <li><b>a. Names of the programs being consolidated</b></li> <li><b>b. The rationale for consolidation</b></li> <li><b>c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)</b></li> </ul>		
Not applicable.		
<b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>		
	<b>Prevention</b>	<b>Early Intervention</b>
Total Individuals:	210	84
Total Families:	74	34

EXHIBIT D4: Innovative Project

County: Santa Cruz

Date: 2-11-2011

Program Number/Name: Avenues: Work First for Individuals with Co-Occurring Disorders

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

X Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The Oversight Accountability Commission approved our Plan on March 25<sup>th</sup>, 2010. The Avenues project is staffed by various community based agencies (not by County staff). The delay was due to the time involved in developing the various contract agreements. Additionally, it took time for the residential facility to get licensed and for the various contractors to hire the appropriate staff.

**A. Please complete the following questions about this program during FY 09/10.**

**1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.**

Not applicable.

**2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:**

- a) **A summary of what has been learned from the program, to date, including how the program affected participants, if applicable**
- b) **Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders**
- c) **Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race,**

<p><b>ethnicity, and primary language spoken, if applicable</b></p> <p><b>d) Changes and modifications made during the program’s implementation, if any, and the reason(s) for the changes</b></p>
<p>Not applicable.</p>

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes <input type="checkbox"/> No X
2. Is there a change to the learning goals?	Yes <input type="checkbox"/> No X
<p><b>NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.</b></p>	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	
<p>Not applicable.</p>	

Exhibit E: MHSA SUMMARY FUNDING REQUEST

	CSS	W E T	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2011/12 Component Allocations</b>						
1. Published component allocation	\$5,483,900			\$1,353,000	\$359,500	
2. Transfer from FY 11/12						
3. Adjusted component allocation	\$5,483,900					
<b>B. FY 2011/12 Funding Request</b>						
1. Requested Funding in FY 2011/12	\$5,483,900		\$1,544,164	\$2,036,798	\$987,129	
2. Requested Funding for CPP	\$0			\$0	\$0	
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue & Expenditure Report	\$0			\$2,064,478	\$266,329	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)				\$2,064,478	\$266,329	
c. Unexpended Funds from FY 10/11				-\$6,737	-\$594	
d. Total Net Available Unexpended Funds	\$0			\$0	\$0	
4. Total FY 2011/12 Funding Request	<b>\$5,483,900</b>	<b>\$0</b>	\$1,544,164	<b>\$2,036,798</b>	<b>\$987,723</b>	
<b>C. Funds Requested for FY 2011/12</b>						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations			\$1,544,164			
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations	\$0			\$0	\$14,690	
5. Unapproved FY 10/11 Component Allocations	\$0			\$683,798	\$882,700	
6. Unapproved FY 11/12 Component Allocations	\$5,483,900			\$1,353,000	\$89,739	
<b>Sub total</b>	\$5,483,900	\$0	\$1,544,164	\$2,036,798	\$987,129	
7. Access Local prudent reserved	\$0					
<b>8. FY 2011/12 Total Allocation</b>	\$5,483,900	\$0	\$1,544,164	\$2,036,798	\$987,129	

Exhibit E1: CSS Funding Request

	No.	CSS Programs Name	FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
				Full Service Partnership	System Development	Outreach & Engagement	MHSA Housing Program	Children & Youth	Transition Age Youth	Adult	Older Adult
		<b>Previously Approved Programs</b>									
1	2	Probation Gate	\$266,129	\$0	\$266,129	\$0		\$199,597	\$66,532	0	
2	3	Child Welfare Gate	\$298,588	\$0	\$298,588	\$0		\$268,729	\$29,858	0	
3	4	Education Gate	\$76,890	\$0	\$76,890	\$-		\$69,201	\$7,689	0	
4	5	Family Partnerships	\$77,661	\$0	\$17,543	\$60,118		\$38,831	\$38,831	0	
5	6	Enhanced Crisis Response	\$1,354,241	\$572,151	\$633,653	\$148,437			\$451,414	\$451,414	\$451,414
6	7	Consumer, Peer and Family Services	\$233,986	\$208,907	\$10,516	\$14,563			\$77,995	\$77,995	\$77,996
7	8	Community Support Services	\$2,288,190	\$1,834,416	\$319,655	\$134,119			\$915,276	\$915,276	\$457,638
8											
9											
10											
11											
12											
13											
14											
15											
16		Subtotal: Programs	\$4,595,685	\$2,615,474	\$1,622,974	\$357,237		\$576,358	\$1,587,595	\$1,444,685	\$987,048
17		Plus up to 15% Indirect Administrative Cost	\$563,665								
18		Plus up to 10% Operative Reserve									
19		Subtotal: Programs/Indirect Admin/Operating Reserve	\$5,159,350								
		<b>New Programs/Revised Previously Approved</b>									
1	1.	Community Gate	\$324,550	\$0	\$269,270	\$55,280		\$292,095	\$32,455		
2			0								
3			0								
4			0								
5			0								
6		Subtotal: Programs	\$324,550	\$0	\$269,270	\$55,280		\$292,095	\$32,455		
7		Plus up to 15% Indirect Administrative Cost									
8		Plus up to 10% Operating Reserve									
9		Subtotal Programs/Indirect Admin/Operating Reserve	\$324,550								
10		<b>Total MHSA Funds Requested for CSS</b>	<b>\$5,483,900</b>								

Exhibit E3: PEI Funding Request

		PEI Programs	FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
No	Name	Prevention		Early Intervention	Children & Youth	Transition Age Youth	Adult	Older Adult	
		<b>Previously Approved Programs</b>							
1	1	Early Intervention Services for Children	\$738,430	\$558,515	\$179,915	\$553,823	\$184,608		
2	2	Culture Specific Parent Education and Support	\$111,581	\$55,791	\$55,790	\$83,686	\$27,895		
3	3	Early Intervention Services for TAY & Adults	\$575,882	\$431,912	\$143,970		\$431,912	\$143,971	
4	4	Older Adults	\$189,453	\$142,090	\$47,363				\$189,453
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16	Subtotal: Programs		\$1,615,346	\$1,188,308	\$427,038	\$637,509	\$644,415	\$143,971	\$189,453
17	Plus up to 15% Indirect Administrative Cost		\$238,557						
18	Plus up to 10% Operative Reserve		\$182,895						
19	Subtotal: Programs/Indirect Admin/Operating Reserve		\$2,036,798						
		<b>New Programs/Revised Previously Approved</b>							
1			0						
2			0						
3			0						
4			0						
5			0						
6	Subtotal: Programs								
7	Plus up to 15% Indirect Administrative Cost								
8	Plus up to 10% Operating Reserve								
9	Subtotal Programs/Indirect Admin/Operating Reserve		0						
10	<b>Total MHSA Funds Requested for PEI</b>		<b>\$2,036,798</b>						

Exhibit E4: INN Funding Request

		INN Programs	FY 11/12 Requested
No	Name		MHSA Funding
<b>Previously Approved Programs</b>			
1	1	Avenues: Work First for Individuals with Co-Occurring Disorders	\$780,339
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
16		Subtotal: Programs	\$780,339
17		Plus up to 15% Indirect Administrative Cost	\$117,051
18		Plus up to 10% Operative Reserve	\$89,739
19		Subtotal: Programs/Indirect Admin/Operating Reserve	\$987,129
<b>New Programs/Revised Previously Approved</b>			
1			0
2			0
3			0
4			0
5			0
6		Subtotal: Programs	
7		Plus up to 15% Indirect Administrative Cost	
8		Plus up to 10% Operating Reserve	
9		Subtotal Programs/Indirect Admin/Operating Reserve	0
10		<b>Total MHSA Funds Requested for INN</b>	<b>\$987,129</b>

Exhibit E5: CFTN Funding Request

Capital Facilities and Technological Needs Work Plans/Projects				Total FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1	1	Information Technology	N	\$1,124,967		\$1,124,967
2	2	MH Reception Area Renovation	N	\$105,000	\$105,000	
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	Subtotal: Work Plans/Projects			<b>\$1,229,967</b>		
27	Plus up to 15% Indirect Administrative Costs			<b>\$173,818</b>		
28	Plus up to 10% Operating Reserve			<b>\$140,379</b>		
29	<b>TOTAL MHSA FUNDS REQUESTED</b>			<b>\$1,544,164</b>		

**Exhibit F1  
Community Services & Supports**

County: Santa Cruz  Completely New Program

Program Number/Name: Work Plan #1 Community Gate  Revised Previously Approved Program

Date: January 31, 2011

**D. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.**

Age Group	# Of individuals FSP	# Of individuals GSD	# Of individuals OE	Cost per Individual FSP Only
Child and Youth		50	329	
TAY				
Adults				
Older Adults				
Total		50	329	

Total Estimated Number of Individuals to be served (all services categories) by the Program during FY 11/12: 379

**B. Program Narrative**

The Community Gate is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement and related factors. This is achieved by:

- Improvements in our system so that at-risk youth are identified earlier and can get help before problems get serious.
- Increase service capacity for youth with both mental health and substance abuse issues. These services include assessment, individual, group and family therapy with the goal of improved mental health functioning and maintaining youth in the community.

The program description has not changed from prior years. It is increasing in size as a result of reallocation of funds that were mistakenly applied to another Work Plan in last year's implementation.

**1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.**

The Community Gate services are designed to create expanded community-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances—but who are not referred from our System of Care public partner agencies (Probation, Child Welfare, Education). Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish.

**2. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.**

Priorities identified in the Community Planning Process were (1) exploring interagency intensive treatment supports necessary to provide enhanced home/community options for the most serious multi-problem youth in the community; and (2) expanding community resources for Mental Health/Substance Abuse treatment for at-risk youth.

Original CSS programs focused treatment on these two priorities. The reallocation of services allowed for continuation of services to beneficiaries impacted by these clinical issues.

The original planning process included the Local Mental Health Board, community stakeholder town hall meetings, age-specific focus group meetings. Local community agencies participated in these planning efforts, including Family Partnership Agency and Family Resource Centers. In addition there was the establishment of the Mental Health Services Act Steering Committee for purposes of reviewing community input for proposal and making recommendations for program development. The process focused on specific needs of probation involved youth and the needs of Latino youth in the county.

The reallocation of services into this Work Plan was built on the foundation of these original standards.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).**

Community Collaboration and Integrated Services:

This program relies heavily on not only County staff, but also on the support and work with our community based agencies, and other stakeholders, as described above.

Cultural Competence:

The target population for this program includes youth age 0 to 18 with serious mental illness and/or serious emotional disturbance who are primarily White or Latino, and speak English and/or Spanish.

Service providers deliver services in a culturally appropriate manner, in the preferred language of the individual. We do not have interpreters on staff. The Santa Cruz Mental Health Plan standard is to provide services in the threshold language therefore we rarely use interpreters. When interpreters are needed, we use bilingual mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We use an interpreter service for non-threshold languages and for sign language on an as-needed basis.

Santa Cruz County Mental Health & Substance Abuse Services recruits culturally competent staff by designating some positions as bilingual only, and encourages bilingual, bicultural persons to apply for all positions. We assess prospective employees in their ability to provide culturally competent services. Santa Cruz County Personnel Department evaluates and certifies staff speaking the threshold language (Spanish) in their ability to use Spanish. Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish. Job openings are disseminated to all eligible employees within the Division by HSA Personnel.

The County has several Cultural Competence Policies, which outline staff expectations in their service delivery, including training requirements that cover client cultural, and working with diverse groups (e.g. Latinos, and LGBT). The county of Santa Cruz is committed to follow the Cultural Competence policies that have been established, and also to offer at least one Cultural Competence training, workshop or seminar per month, so that county staff are able to choose from the many diverse courses to meet their required 7 hours of cultural competence training hours per year. We have established a series of policies that underscore our commitment and practice. The policies include: Implementation of Cultural Competence Standards, Service Access for Visually or Hearing Impaired; Contract Requirements for Cultural Competence; Outreach to Medi-Cal Beneficiaries; and Availability of Cultural Competent Staff. The requirement for all staff to receive seven hours of cultural competence training per year is included in these policies, as well as the requirement for each staff to be evaluated on “cultural competence” in their annual performance evaluation.

Contract providers are also expected to adhere to cultural competence standards, as specified in their contracts.

#### Client & Family Driven Services:

Consumers are seen as “partners”. Clinicians may help consumers link with community resources, but consumers are in charge of establishing their wellness and recovery goals identifying their needs and preferences for services and supports that will be most effective for them. Families are included in the provision of services.

#### Wellness, Recovery and Resilience Focused:

Clinicians are challenged by the confines of the fact that we must give a DSM diagnosis and have an “identified patient”. However, there is an increasing shift on focusing on empowering the client to recognize their own inner resiliency and strength and to build on those strengths to make healthy choices.

In the Children's program our community gate counselor uses a strength-based approach when working with families. Services often include wellness education on topics such as anger management, victim's awareness, and positive coping skills. Optimum mental health is more than the absence of pathology. By strategically focusing on spiritual awareness (both internal and external sources of strengths) youth and their family's repeatedly self-report feelings of hope rather than continued despondency.

**4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).**

The County has contracted with Community Based Organizations (CBO) to provide approximately half of the clinical services within our children's system of care. The County and these organizations have specialized treatment programs and employ licensed, licensed-eligible or rehab-level staff to provide clinical services.

The current reallocation of resources is within the CBO provided services in our county.

**5. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

Not Applicable.

**6. If this is a consolidation of two or more programs, please provide the following information:**

- a. Names of the programs being consolidated.
- b. The rationale for the decision to consolidate the programs.
- c. How existing populations and services will achieve the same outcomes as the previously approved programs.

Not applicable.

**C. Provide an estimated annual program budget, utilizing the following line items.**

<b>NEW/REVISED PROGRAM BUDGET</b>					
<b>A. EXPENDITURES</b>					
	<b>Type of Expenditure</b>	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers/CBO's</b>	<b>Total</b>
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures	\$321,900		\$534,299	\$856,199
4.	Operating Expenditures	\$13,892		\$178,099	\$191,991
5.	Non-recurring Expenditures				
6.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>\$335,792</b>		<b>\$712,298</b>	<b>\$1,048,190</b>
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)	\$99,786		\$352,489	\$452,275
	b. State General Funds	\$59,872		\$211,493	\$271,365
	c. Other Revenues				
	<b>Total Revenues</b>	<b>\$159,658</b>		<b>\$563,982</b>	<b>\$723,640</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$176,134</b>		<b>\$148,416</b>	<b>\$324,550</b>

**FY1011 CSS WORKPLAN 1 BUDGET NARRATIVE  
Community Gate**

**D. Budget Narrative**

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE’s functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

**County Mental Health Department**

**Personnel Expenditures**

- 3.0 FTE Mental Health Client Specialist (Salary & Benefits): \$321,900  
 Staff provides Access services and Out-patient Mental Health services.

**Total Personnel Expenditures \$321,900**

**Operating Expenditures**

- Operating expenses include: \$13,892
  - Employee mileage
  - Cell/desk phone
  - Office supplies
  - Computer and network charges

**Total Operating Expenditures \$13,892**

**Community Mental Health Contract Providers Contracts**

- Santa Cruz Community Counseling Center will provide: \$712,298
  - Outpatient Mental Health Services to youth experiencing symptoms of serious emotional disturbances.
- Family Services agency will provide
  - Outpatient Mental Health Services to youth experiencing symptoms of serious emotional disturbances.

**Total Contracts \$712,398**

**Total Project Budget \$1,048,190**

**Revenue**

- Medi-Cal FFP \$452,275
- State General Funds \$271,365

**Total Project Budget Revenues \$723,640**

**Total Funding Request \$324,550**

**EXHIBIT F5  
NEW AND EXISTING PROJECT DESCRIPTION  
Capital Facilities**

County: Santa Cruz

Project Number/Name: Mental Health Reception Renovation

Select one:  
 New  
 Existing

Project Address: 1430 Freedom, Watsonville, CA 95076, and 1400 Emeline Avenue, Santa Cruz, Ca 95060

Date: February 11, 2011

Type of Building (Check all that apply)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input checked="" type="checkbox"/> Existing Facility	<input checked="" type="checkbox"/> County owned	<input type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> Land only

**NEW PROJECTS ONLY**

1. Describe the type of building(s). Include (as applicable):

- Prior use and ownership.
- Scope of renovation.
- When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
- When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
- If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property.

South County Offices: The building is County owned, and was previously the County Court house. The previous location of mental health services was privately owned, and the rent was steadily increasing. With the re-location of the Court system the County decided to move the mental health service site to the County-owned site. Renovation includes the installation of two counters outside the reception windows for a horizontal barrier for client use. One counter will be at the American Disabilities Act height requirement and the other counter at a higher height. We will also make other ADA changes such as grading the ramp into the building, improving doorway widths, and other changes that may not yet be identified.

North County Offices: The building is County owned. Renovation includes upgrading existing reception by expanding existing window opening on existing wall, installing secure fire rated, electronically operated secure window (door) system, and installing new counters.

**2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.**

The purpose is to provide mental health services to persons of all ages. Services include: individual and family therapy, full service partnerships, case management, and medication management. Over 1000 children and adults are served in South County and over 2500 are served in North County.

**3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.**

The new South County site is 1.3 miles away from the previous mental health clinic site. It is located across the parking lot from the County primary health care clinic, and it is on the bus line. The North County site is on the Health Services campus (which includes the health care clinic and public health services). It is approximately two miles from the center of town, and on a direct bus line.

**4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)**

The portion of the South County building assigned to Health Services Agency will be used exclusively to provide mental health services, most of which are MHSA services. The building is the re-location of our previous mental health clinic site. Services are provided to children, transition-age youth, adults and older adults.

The North County mental health offices are located in a building shared with the Human Resources Department (including child welfare and adult protective services). The majority of the mental health services are MHSA funded. Services are provided to children, transition-age youth, adults, and older adults. The renovation will be only in the mental health portion of the building.

**5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.**

Both buildings are County owned facilities, and are maintained by County staff. There are no plans to sell these buildings. The Santa Cruz County Health Services Agency has plans to continue to expand. The new South County site for mental health services is conveniently located next to the County owned and County run primary health clinic, as is the existing North County site. The co-location of these services fits in nicely with the plans we have for health care reform.

- 6. If proposing Leasing (Rent) to Own Building provide a justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.**

Not applicable.

- 7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County’s infrastructure.**

Not applicable.

- 8. If proposing to develop a restrictive setting, submit specific facts and justification that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welfare & Institutions Code 5847, subdivision (a)(5).**

Not applicable.

- 9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.**

Not applicable.

**Provide an estimated annual program budget, utilizing the following line items.**

NEW/EXISTING PROJECT BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Pre-Development Costs	\$77,000			
2.	Building/Land Acquisition				
3.	Renovation	\$10,000			
4.	Construction				
5.	Repair/Replacement Reserve				
6.	Other Expenditures	\$87,000			
	Total Proposed Expenditures				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal-cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C.	Total Funding Requested	\$87,000			

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/placement reserve, and other expenditures associated with this CF project.

<b>Renovation</b>		
<ul style="list-style-type: none"> <li>▪ South County Reception: Install 2-3 integrated counters on outside of reception windows for horizontal barrier and client use.</li> </ul>		-
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Purchase of counters and installation</li> </ul> </li> </ul>		\$5,000
<ul style="list-style-type: none"> <li>▪ North County Reception: Install counters and fired rated, electronically operating secure window (door) system.</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Purchase of roll-up windows (\$20K ea. x 2)</li> </ul> </li> </ul>		\$40,000
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Installation of windows</li> </ul> </li> </ul>		\$14,500
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Wall modification</li> </ul> </li> </ul>		\$2,000
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Carpeting</li> </ul> </li> </ul>		\$3,000
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Paint walls</li> </ul> </li> </ul>		\$2,000
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>○ Electrical system to install roll down windows</li> </ul> </li> </ul>		\$5,000

○ Purchase and installation of counters	\$3,500
○ Additional renovations to comply with ADA requirements	\$20,000
<b>Total Renovation</b>	<b>\$75,000</b>
<b><u>Other Expenditures</u></b>	<b>-</b>
Personnel Expenditures for Project Management	\$10,000
<b>Total Other Expenditures</b>	<b>\$10,000</b>
<b>Total Funding Request</b>	<b>\$105,000</b>

**EXHIBIT F6  
TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION**

- New**
- Existing**
- Completed Project (PIER)**

County: Santa Cruz

Project Name: Information Technnology Project Number: 1

Technological Needs New Project	
Check at least one box from each group that describes this MHSA Technological Needs project category:	
<input checked="" type="checkbox"/> New system <input type="checkbox"/> Increases the number of users of an existing system <input type="checkbox"/> Extends the functionality of an existing system <input checked="" type="checkbox"/> Supports goal of modernization/transformation <input checked="" type="checkbox"/> Supports goal of client and family empowerment	
Indicate the type (and subtype if applicable) of MHSA Technological Needs Project and provide the Vendor/Consultant information:	
<b>ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check all that apply.)</b>	
<b>X Needs Assessment and Vendor Selection</b> <input type="checkbox"/> Needs Assessment <input checked="" type="checkbox"/> Vendor Selection Process	<input type="checkbox"/> Vendor/Consultant Not Selected <input checked="" type="checkbox"/> Vendor/Consultant Selected Name: <u>ECHO</u> <input type="checkbox"/> Internal
X Infrastructure, Security, and Privacy	<input type="checkbox"/> Vendor/Consultant Not Selected <input checked="" type="checkbox"/> Vendor/Consultant Selected Name: <u>ECHO</u> <input type="checkbox"/> Internal
<b>X Practice Management</b> <input checked="" type="checkbox"/> Electronic Registration <input checked="" type="checkbox"/> Electronic Scheduling <input checked="" type="checkbox"/> Billing Interface with State <input checked="" type="checkbox"/> Billing Interface with Contract Providers	<input type="checkbox"/> Vendor/Consultant Not Selected <input checked="" type="checkbox"/> Vendor/Consultant Selected Name: <u>ECHO</u> <input type="checkbox"/> Internal
<b>X Clinical Data Management</b> <input checked="" type="checkbox"/> Assessment and Treatment Plan <input type="checkbox"/> Document Imaging <input checked="" type="checkbox"/> Clinical Notes Module	<input type="checkbox"/> Vendor/Consultant Not Selected <input checked="" type="checkbox"/> Vendor/Consultant Selected Name: <u>ECHO &amp; OCHIN</u> <input type="checkbox"/> Internal
<b>X Computerized Provider Order Entry</b> <input checked="" type="checkbox"/> Lab – Internal <input checked="" type="checkbox"/> Lab – External <input checked="" type="checkbox"/> Pharmacy – Internal <input checked="" type="checkbox"/> Pharmacy – External	<input type="checkbox"/> Vendor/Consultant Not Selected <input checked="" type="checkbox"/> Vendor/Consultant Selected Name: <u>ECHO &amp; OCHIN</u> <input type="checkbox"/> Internal
<b>X Interoperability Components</b> <input checked="" type="checkbox"/> Messaging – Data transfer between different systems with different data standards. <input checked="" type="checkbox"/> Record Exchange – Data transfer between two systems that share a common structural design.	<input type="checkbox"/> Vendor/Consultant Not Selected <input checked="" type="checkbox"/> Vendor/Consultant Selected Name: <u>ECHO &amp; OCHIN</u> <input type="checkbox"/> Internal
<b>X Full Electronic Health Record (EHR) with Interoperability Components</b> (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	<input type="checkbox"/> Vendor/Consultant Not Selected <input checked="" type="checkbox"/> Vendor/Consultant Selected Name: <u>ECHO &amp; OCHIN</u> <input type="checkbox"/> Internal

<b>CLIENT AND FAMILY EMPOWERMENT PROJECTS</b>	
Check at least one box from each group that describes this MHSA Technological Needs project category:	
<input checked="" type="checkbox"/> <b>Client/Family Access to Computing Resources</b>	<input checked="" type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name: _____ <input checked="" type="checkbox"/> Internal
<input type="checkbox"/> Personal Health Record (PHR) System	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name: _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Online Information Resource (Expansion / Leveraging Information Sharing Services)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name: _____ <input type="checkbox"/> Internal
<b>OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS</b>	
<input type="checkbox"/> Telemedicine and other Rural/Underserved Service Access Methods	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name: _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Pilot Projects to Monitor New Programs and Service Outcome Improvement	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name: _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Data Warehousing/Decision Support	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name: _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Imaging/Paper Conversion	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name: _____ <input type="checkbox"/> Internal

**TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION**

**1. Provide an Executive Summary of your project:**

We have two primary information technology needs:

- To increase consumer and family empowerment. Access to knowledge is a human right. Every client will be tech literate and have Internet access to increase communication between each other and all the supports that promote recovery, wellness, resiliency, and social inclusion. Our goal is to have computer access for consumers in housing and kiosks at existing clinic sites, and to provide technical support and training (for consumers and staff).
- To modernize and transform clinical administrative systems. Our goal is to improve overall functionality and user-friendliness for both clinical and administrative work processes. We need to have one cohesive system with intuitive functionality where it would only be necessary to enter information one time and have that information populate fields as needed.

The system must support fiscal, billing, administrative work processes, and include an electronic health record. Strong billing processes, including automated eligibility and exception reports, are needed to effectively manage accounts payable and accounts receivable, and also provide necessary reporting tools for cost reports and budgeting activities. It also needs to include robust caseload and clinical management tools, as well as encourage and allow client access, interaction and participation. It should facilitate person-centered treatment planning, and ease of information sharing of documentation.

Briefly, we plan to purchase an upgrade of our existing practice management system. Insyst will be upgraded to the new system Share Care, which includes an electronic health record (EHR). Vendors ECHO and OCHIN are collaborating to coordinate our health record across systems. The first stage of this project is the practice management, including billing, reporting and utilization. The second stage is the development of the electronic health record. The third stage is the collaboration between primary health and behavioral health.

<b>TECHNOLOGICAL NEEDS EXISTING PROJECT</b>	
<b>1. Please provide the following information when requesting additional funds for existing projects only:</b>	
Not applicable.	
<b>2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.</b>	
a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in Scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed	h. <input type="checkbox"/> Change in Vendor/Contract Services cost i. <input type="checkbox"/> Change in cost of materials j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other
Explanation: Not applicable.	
<b>3. Which sections, if any of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.</b>	
a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope a. <input type="checkbox"/> Project roles and responsibilities b. <input type="checkbox"/> Project monitoring and oversight	j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions
Explanation: Not applicable.	

<b>PROJECT BUDGET</b>					
<b>A. EXPENDITURES</b>					
	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel	286,982	482,530	498,099	1,267,611
2.	Hardware				-
3.	Software				-
4.	Contract Services	1,050,082	325,801	298,326	1,674,209
5.	Indirect Administrative Cost	173,818	105,387	103,535	382,740
	Total Proposed Expenditures	1,510,882	913,718	899,960	3,324,560
<b>B. REVENUES</b>					
1.	New Revenues	212,097	217,344	220,849	650,290
	a. Medi-Cal (FFP only)				-
	b. State General Funds				-
	c. Other Revenues	212,097	217,344	220,849	650,290
	Total Revenues	1,298,785	696,374	679,111	2,674,270
<b>C. TOTAL FUNDNG REQUESTED</b>					

**D. BUDGET NARRATIVE**

**1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.**

<b>Expenditures</b>	<b>FY1112</b>	<b>FY1213</b>	<b>FY1314</b>
<b>Personnel:</b>			
Labor/Benefits & Insurance Costs			
<ul style="list-style-type: none"> <li>• Add 3 FTE Departmental Informational Systems Analyst for all 3 years</li> </ul>	\$274,575	\$285,627	\$296,940
<ul style="list-style-type: none"> <li>• Add 1 FTE Departmental Informational Systems Analyst for FY1213 &amp; FY1314</li> </ul>	\$0	\$91,525	\$95,209
<ul style="list-style-type: none"> <li>• Add 1 FTE Mental Health Client Specialist – Trainer in FY1213 &amp; FY1314</li> </ul>	\$0	\$89,205	\$92,686
Operating Costs	\$12,407	16,173	13,264
<ul style="list-style-type: none"> <li>○ Employee mileage</li> <li>○ Desk phone</li> <li>○ Office supplies</li> <li>○ Computer and network charges</li> </ul>			
<b>Total Personnel Expenditures</b>	<b>286,982</b>	<b>482,530</b>	<b>498,099</b>

<b>Contract Services</b>			
Contractor Echo:			
One-Time Expense	\$724,281	\$0	\$0
<ul style="list-style-type: none"> <li>▪ ShareCare Software License</li> <li>▪ ShareCare 3<sup>rd</sup> Party License Cost</li> <li>▪ ShareCare Implementation and Integration</li> <li>▪ ShareCare Training</li> </ul>			
Annual Maintenance Costs	\$325,801	\$325,801	\$298,326
<ul style="list-style-type: none"> <li>▪ ShareCare Annual Maintenance</li> <li>▪ ShareCare Annual Hosting</li> <li>▪ ShareCare – 3<sup>rd</sup> Party annually license and Dr. Driste-Prescribing annual license</li> </ul>			
<b>Total Contract Services Expenditures</b>	<b>1,050,082</b>	<b>\$325,801</b>	<b>\$298,326</b>

<b>Indirect Admin Costs</b>			
• Countywide admin	33,847	20,522	20,162
• Buildings	32,466	19,684	19,338
• Insurance	3,667	2,223	2,184
• Housekeeping	7,015	4,253	4,178
• Admin	96,823	58,705	57,673
<b>Total Indirect Admin Costs</b>	<b>173,818</b>	<b>\$105,387</b>	<b>\$103,535</b>
<b>Total Project Budget</b>	<b>\$1,510,882</b>	<b>\$913,718</b>	<b>\$899,960</b>
<b>Revenue</b>			
Revenues will include FFP	\$212,097	\$217,344	\$220,849
<b>Total Funding Request</b>	<b>\$1,298,785</b>	<b>\$696,374</b>	<b>\$679,111</b>

**TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER)**

Questions for this section are not applicable.



**Exhibit I**  
**Training, Technical Assistance and Capacity Building Funds Request Form**  
**(Prevention and Early Intervention Statewide Program)**  
**X Previously approved with no changes**

New

Date: February 11, 2011	County Name: Santa Cruz
Amount Requested for FY 2010/11: \$42,900	
Amount Requested for FY 2011/12: \$42,900	
A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).	
<p>Interactive and practicum sessions for County staff and partners (which may include law enforcement, education, primary health care) particularly in regards to:</p> <ul style="list-style-type: none"> <li>▪ Recognizing signs and symptoms of mental illness (across the lifespan),</li> <li>▪ Specialized training on interventions (across lifespan, and with specialized groups such as Veterans, Latino community, and LGBT)</li> <li>▪ Materials development and dissemination.</li> </ul>	
<p><b>B. The County and its contractor(s) for these services agree to comply with the following criteria:</b></p> <ol style="list-style-type: none"> <li>1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County’s Three-Year Program and Expenditure Plan.</li> <li>2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.</li> <li>3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892.</li> <li>4) These funds may not be used to pay for any other program.</li> <li>5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892.</li> <li>6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.</li> <li>7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.</li> </ol>	
<p><b>Certification</b></p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p> <p>_____</p> <p>Director, County Mental Health Program (original signature)</p>	

# Attachments

## **Triple P – Positive Parenting Program**

### **Program Description**

Triple P (Positive Parenting Program) is a comprehensive, evidence-based parenting and family support system designed to increase parents' confidence and competence in raising children, improve the quality of parent-child relationships, and make evidence-based parenting information and interventions widely accessible to parents. It is based on a public health model in which an ecological approach is used. This approach initiates activities at individual, family, community and systemic levels to provide a comprehensive structure of support. There are five levels of intervention in Triple P. Level 1 is intended to reach a broad range of community members in the County, and as the levels increase, more intensive services are provided:

- *Level 1: Universal* involves a media-based parenting information campaign.
- *Level 2: Selected Individual & Seminar* provides information or advice for a specific parenting concern.
- *Level 3: Primary Care* offers narrow-focus parenting skills training.
- *Level 4: Standard & Group* includes broad-focus parenting skills and training.
- *Level 5: Enhanced & Pathways* offers additional interventions for families with risk factors for child abuse or neglect.

Triple P focuses on 17 core-parenting skills that are grouped into 4 areas: promoting positive relationships, encouraging desirable behavior, teaching new skills and behaviors, and managing misbehavior. It is based on a self-regulatory framework in which the practitioner provides information, skills, training and support based on the parents' concerns. Parents use self-evaluation to set goals and assess progress. While practitioners are helping parents to build confidence and competence, parents are helping children to build these skills in a parallel process.

Beginning in this funding cycle (2009-10), three local funders (First 5 Santa Cruz County, Health Services Agency, and Human Services Department) have launched a pilot of the Triple P system in partnership with other agencies that serve children and families. The pilot phase is expected to last a minimum of two years. During the pilot phase, Triple P is being implemented incrementally, beginning with Levels 3, 4, and 5 in the first year, and adding Levels 1 and 2 in the second year. The long-term vision is to implement every level of Triple P in Santa Cruz County to make parenting information and support available to all families. During the 2009-10 year, nearly all of the parents in Triple P were participating in Level 4 of the Triple P program.

## Population Served

2009-2010	
Parents	52
Children	48
Practitioners Trained & Accredited in Triple P Level 3	40
Practitioners Trained & Accredited in Triple P Level 4/5	18

Source: Triple P, First 5 Santa Cruz County Commission Meeting PowerPoint Presentation, September 22, 2010.

A total of twelve agencies participated in the Triple P Program during the 2009-10 year. Participating agencies were those that provide a range of services for families, such as mental health counseling, early education, health care, case management, and support for victims of domestic violence and sexual assault:

- Children’s Mental Health
- Dominican Hospital Pediatrics
- Familia Center
- First 5 Santa Cruz County
- La Manzana Community Resources
- Mountain Community Resources
- Parents Center
- Santa Cruz Community Counseling Center – Families Together
- Santa Cruz Community Counseling Center – Primeros Pasos
- Santa Cruz Community Counseling Center – Head Start/ Early Head Start/Starlight Infant Toddler Program
- Santa Cruz Women’s Health Center
- Women’s Crisis Support/Defensa de Mujeres

Between October 2009 and April 2010, the 12 agencies described above enabled 58 of their staff to become trained and accredited with the Triple P Program. Many of these staff were trained in multiple levels.

Figure 1: Number of Practitioners Trained and Accredited with Triple P

COURSE TYPE	NUMBER OF TRAINING COURSES CONDUCTED	NUMBER OF PARTICIPANTS	NUMBER OF ACCREDITATION COURSES CONDUCTED	NUMBER OF PARTICIPANTS ACCREDITED
Level 3 Primary Care	2	41	2	38
Level 4 Group	1	20	1	18
Level 4 Standard	1	20	1	18
Level 5 Enhanced	1	18	1	18
Level 5 Pathways	1	18	1	18

Source: Triple P - Positive Parenting Program (October 2009 – April 2010). *Triple P Provider Training Reports: First 5 Santa Cruz.*

**Program Objective: Efficacy of Staff Training on Triple P**

In addition to offering structured trainings to practitioners, Triple P America also provides measures to assess the effectiveness of such trainings. The first measure is a *Parent Consultation Skills Checklist (PCSC)*, an instrument to gauge changes in practitioners’ ability and confidence to conduct parent consultations. The second instrument is a measure of practitioners’ satisfactions with the trainings. These data are described below.

**Changes in self-efficacy related to parent consultation**

The *Parent Consultation Skills Checklist (PCSC)* was used to measure practitioners’ self-efficacy, or perceived competency, in core skills including assessment, active skills training, dealing with process issues and clinical application of positive parenting strategies. Practitioners rated their proficiency on a 7-point scale (1 = not at all confident or definitely not adequately trained, 7 = very confident or definitely adequately trained). The questionnaire was administered prior to beginning training (Pre), immediately after training (Post) and at the end of accreditation (Follow-up). The mean ratings of self-efficacy increased from Pre to Post and Follow-Up across all levels, with statistically significant increases occurring for most of the training levels. The mean ratings for all levels of trainings and accreditations are summarized below.

Figure 1: **Summary of Parent Consultation Skills Checklist Ratings**

LEVEL OF TRIPLE P	ADEQUATELY TRAINED IN PARENT CONSULTATIONS			CONFIDENCE IN CONDUCTING PARENT CONSULTATIONS			OVERALL PROFICIENCY IN PARENT CONSULTATION SKILLS		
	Pre	Post	Follow-Up	Pre	Post	Follow-Up	Pre	Post	Follow-Up
Level 3 Primary Care	4.71	5.54	6.29*	4.63	5.26	6.06*	4.49	5.46	5.99*
Level 4 Group	5.79	5.64	6.29	5.64	5.21	6.14*	5.58	5.69	6.30*
Level 4 Standard	5.00	6.06	6.53*	5.12	5.82	6.41*	5.36	5.96	6.43*
Level 5 Enhanced	5.82	6.35	6.67*	5.63	6.00	6.50*	5.60	6.36	6.59*
Level 5 Pathways	6.11	6.50	6.61	6.00	6.50	6.38	6.01	6.40	6.26*

Source: Triple P America and Optimal Solutions Consulting, 2010.

Note: \* indicates statistically significant increase from Pre to Post to Follow-Up. The Level 4 Group & Standard Combined training was held over the course of 5 days. The Group training was the first 3 days, and participants completed the Parent Skills Competency Checklist (PSCC) on the first and last day of the Group training, as well as the Workshop Evaluation Survey (WES) on the last day of Group training. The Standard training was held on the 4th and 5th day, and participants again completed the PSCC at pre and post, as well as the Workshop Evaluation Survey. The PSCC and WES were completed again at the end of Accreditation for Level 4 Group and Level 4 Standard as a “follow up” measure of competency.

### Satisfaction with Training

Participants completed a *Workshop Evaluation Survey* at the end of each training and on completion of the accreditation process. The survey included a 7-point scale (1 = low, 7 = high) to assess:

- Quality of the training course
- Whether the amount of active participation within the course was appropriate
- Quality of the content of the training
- Whether respondents felt they had the skills to implement the program, and
- Overall satisfaction with the training course

The mean ratings for all levels of trainings and accreditations are summarized in the figure below. On average, participants were highly satisfied with the quality and content of all levels of Triple P trainings and accreditation workshops. The mean ratings for accreditation workshops were slightly higher than the mean ratings for trainings, with the greatest increase seen in ratings for Level 4 Standard.

Figure 2: **Summary of Workshop Evaluation Survey Ratings**

LEVEL OF TRIPLE P	QUALITY OF PRESENTATION		WORKSHOP CONTENT		OVERALL SATISFACTION	
	Training	Accreditation	Training	Accreditation	Training	Accreditation
Level 3 Primary Care	6.11	6.64	6.21	6.62	5.85	6.62
Level 4 Group	5.89	6.12	5.89	5.94	5.50	6.06
Level 4 Standard	5.42	6.65	5.26	6.71	5.05	6.82
Level 5 Enhanced	6.18	6.61	6.18	6.44	6.18	6.61
Level 5 Pathways	6.22	6.56	6.00	6.37	6.06	6.63

Source: Triple P America and Optimal Solutions Consulting, 2010.

**Program Objective:** **Alignment of referral, billing, and data sharing processes across the network of agencies who support Triple P**

### Referral System

The Triple P Coordinator developed a contact list that indicates which organizations have practitioners accredited in Levels 3, 4 and/or 5 and whether those practitioners are bilingual. This list was distributed to current practitioners and other service providers to encourage referrals for Triple P services. In addition, the Triple P Coordinator assisted practitioners with distributing flyers and registration information for Level 4 Groups and Level 3 Workshops. In

the next fiscal year, First 5 will enhance its website to include information about practitioners, referral processes and a master calendar of Triple P Groups, Workshops and Seminars.

### **Billing**

First 5 and Children's Mental Health established a collaborative system for funding Triple P trainings, parent resources and services. Children's Mental Health contracted with First 5 to implement Prevention and Early Intervention strategies in the Mental Health Services Act (MHSA) Plan, including start-up and coordination of Triple P. First 5 blended these funds with its own resources to contract with Triple P America and organizations providing specific Triple P services. This blended funding strategy streamlined billing procedures and reporting requirements, which allowed resources to be used in a more flexible and coordinated manner.

### **Data Sharing**

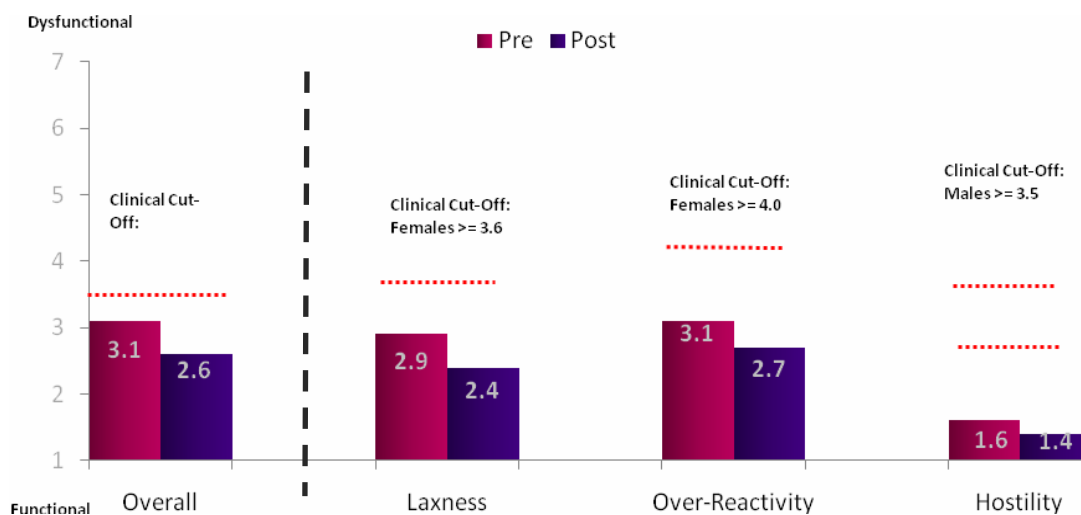
First 5 and Applied Survey Research developed evaluation protocols and forms for each level of Triple P services. Practitioners were trained to obtain parents' informed consent to participate in the evaluation of the Triple P program, collect the required intake and assessment data and submit the data to ASR on a monthly basis. Specific protocols were established to protect the privacy and confidentiality of parents participating in Triple P services.

ASR also developed an Excel-based scoring application that enables practitioners to enter and summarize parents' assessment data quickly and accurately. Practitioners use the assessment data to help parents set goals for change, then submit data electronically to ASR for further analysis.

### **Outcome Objective: Parents will increase their use of appropriate discipline styles**

Parents who participated in Level 4 of the Triple P program were asked to complete the *Parenting Scale* as a pre and post assessment of their style of discipline, such as being lax, over-reactive or hostile. As seen in the figure below, there was consistent improvement from pre to post assessment regarding parents' style of discipline, indicating their parenting style became less lax, less over-reactive and/ or less hostile though the course of the Triple P program.

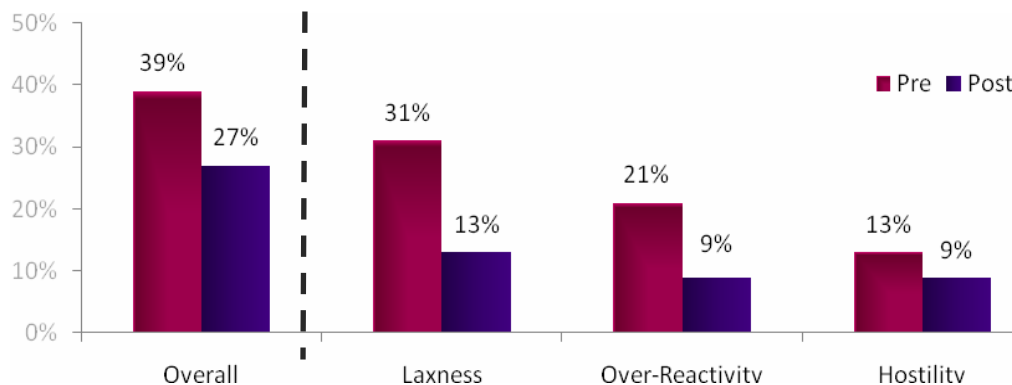
Figure 3: **Parents' Use of Appropriate Discipline Styles**



Source: Triple P practitioners, *Parenting Scale*, 2010. Note: N= 32-33. Scores for each scale are calculated by averaging the participants' responses for each of the items. Higher scores indicate a greater degree of dysfunctional parenting styles.

At the aggregate level, as seen above, overall parent scores did not reach the clinical cutoff for concern. However, there were individual parents whose scores were in the clinical range. As seen below, the percentage of parents with scores in the clinical range decreased from pre to post assessment, indicating a meaningful shift from the use of inappropriate styles to appropriate styles of discipline.

Figure 4: **Parents' Use of Appropriate Discipline Styles (Percentage of Parents with Pre-scores in Clinical Range only)**



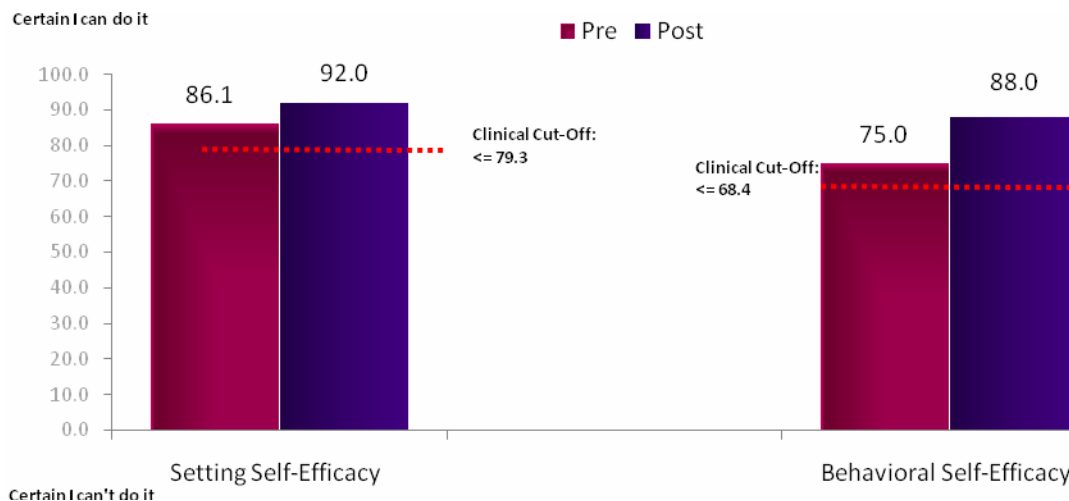
Source: Triple P Practitioners, *Parenting Scale*, 2010. Note: N= 32

**Outcome Objective: Parents will improve their level of confidence in parenting**

Parents who participated in Level 4 of the Triple P Program were asked to complete the *Parenting Task Checklist* as a pre and post assessment of their confidence in handling certain kinds of potentially challenging child behaviors, such as tantrums, and in various settings, such as going shopping with child. As seen in the figure below, after parents participated in the

program, they indicated having more confidence in their abilities to manage their children in difficult situations and more confidence in their abilities to handle difficult child behaviors.

Figure 5: **Level of Parent Confidence**

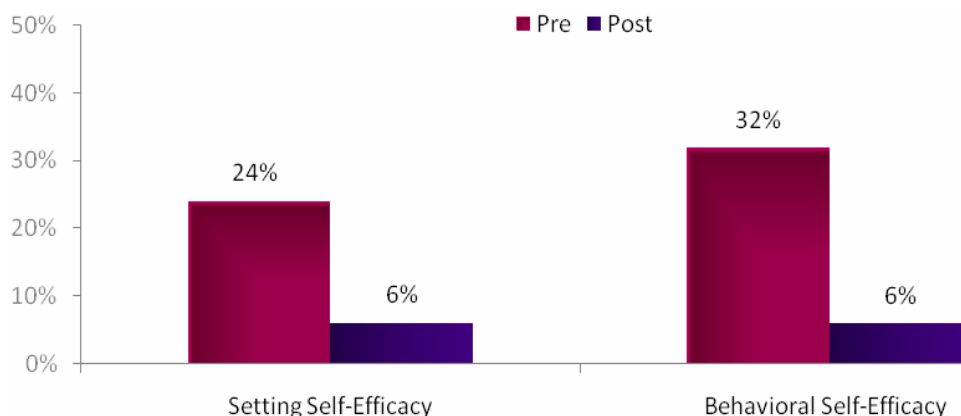


Source: Triple P practitioners, *Parenting Tasks Checklist*, 2010.

Note: Number of parents responding at both pre and post = 34. Participants responded to each item using 0 to 100 scale. A "0" = *Certain I can't do it* and a "100" = *Certain I can do it*.

As indicated in the charts above, the average level of confidence across all parents was not in the clinical range. However, some parents actually did have pre scores that fell within the clinical range. A second analysis of those parents, and the change indicated from pre to post assessment, is presented below. The percentage of parents with scores in the clinical range decreased from pre to post assessment, meaning there was a reduction in the percentage of parents who had confidence levels that were of clinical concern.

Figure 6: **Level of Parenting Confidence (Percentage of Parents with Pre-scores in Clinical Range only)**

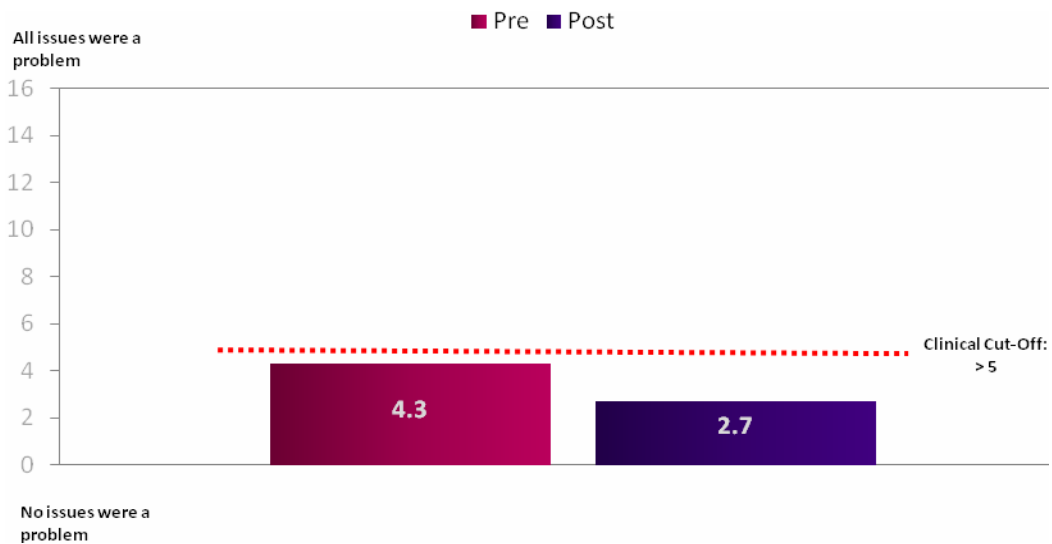


Source: Triple P Practitioners, *Parenting Tasks Checklist*, 2010. Note: N = 34

**Outcome Objective: Parents will report reduced level of conflict over parenting**

Parents who participated in the Triple P Program completed the *Parent Problem Checklist* as a way to gauge changes in the level of conflict in their relationships due to parenting disagreements. In this scale, parents were given a range of parenting and relationship issues and asked to identify whether or not each issue was a problem for them. After completing the program, parents on average indicated that fewer parenting and relationship issues were actually problems. These data from parents also indicated a very slight decrease in the extent to which those issues were actually viewed as problems (see Figure 75).

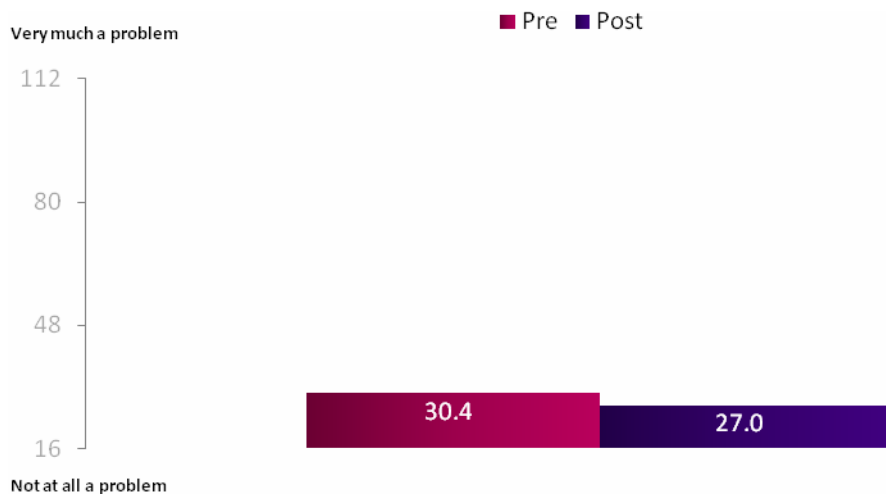
Figure 7: **Levels of Conflict Over Parenting – Number of Problems**



Source: Triple P practioners, *Parent Problem Checklist*, 2010.

Note: N= 23. Scores for each scale are calculated by summing the participants' responses for each of the items. A "0" = *No issues were a problem* and a "16" = *All issues were a problem*. Higher scores indicate a greater number of parenting problems.

Figure 8: Levels of Conflict Over Parenting – Extent of Problems



Source: Triple P practitioners, *Parent Problem Checklist*, 2010.

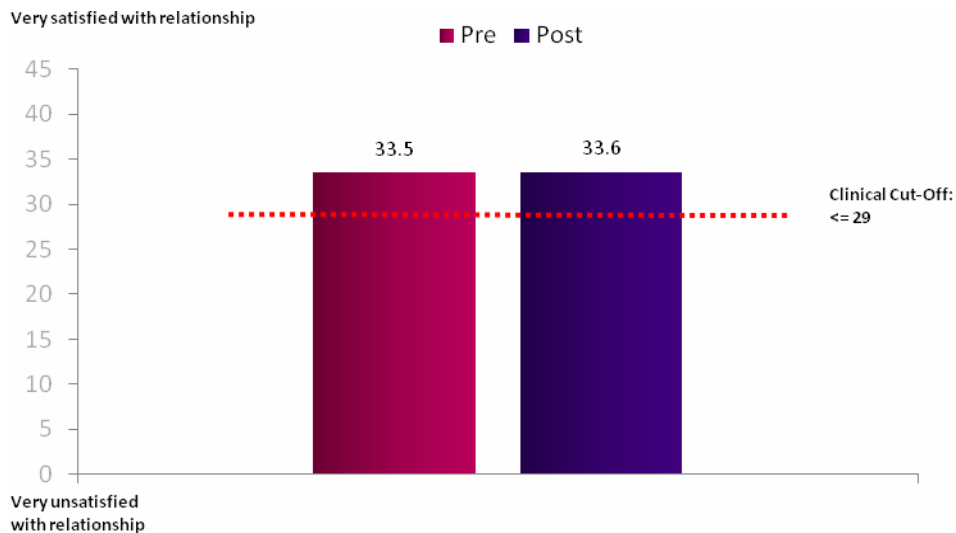
Note: N= 20. Scores for each scale are calculated by summing the participants' responses for each of the items. A "16" = *Not at all a problem* and a "112" = *Very much a problem*. Higher scores indicate a greater number of parenting problems.

**Outcome Objective: Parents will report increased level of satisfaction with their relationship**

As parents learn new ways of interacting with their children, Triple P has found that conflicts between partners regarding parenting decrease, and consequently, partners' satisfaction with their relationship increases. The measure used to assess satisfaction with the inter-parent relationship is the *Relationship Quality Index*.

Data on parents who participated in the initial pilot phase of the Triple P program did not indicate improved satisfaction in the relationship between parent partners, in that the average level of relationship satisfaction was nearly unchanged from pre to post assessment.

Figure 9: **Level of Parents' Satisfaction with Their Relationship**



Source: Triple P practitioners, *Relationship Quality Index*, 2010.

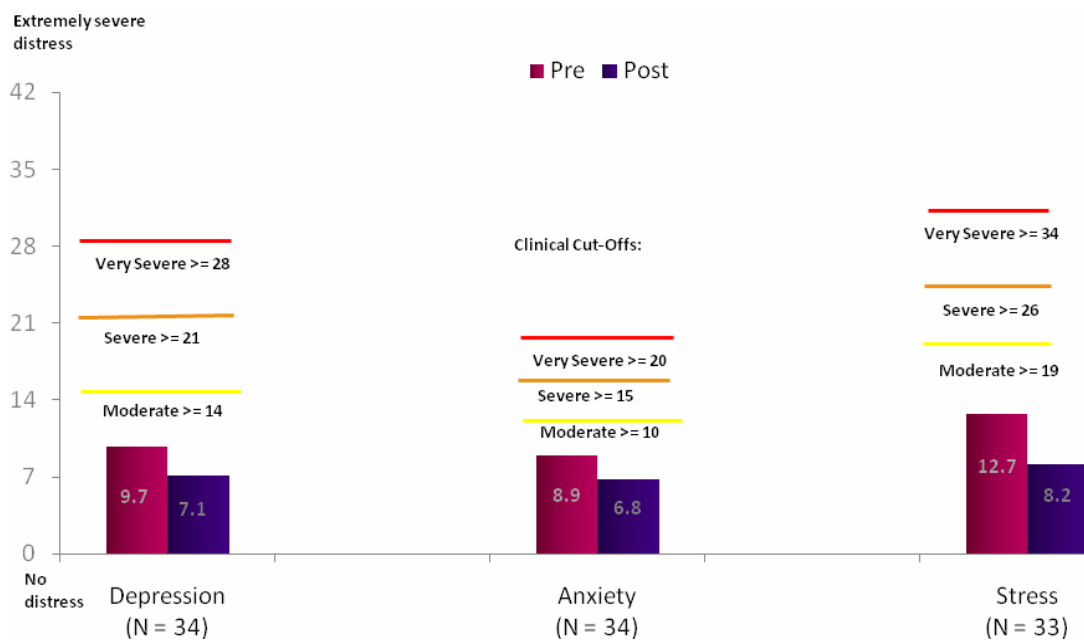
Note: N= 29. Scores for each scale are calculated by summing the participants' responses for each of the items. Higher scores indicate greater relationship satisfaction.

**Outcome Objective: Parents will report decreased levels of parental depression, stress and anxiety**

As parents learn new techniques for improving the relationship with their child, and parenting conflicts have been reduced, Triple P has found that parents' level of stress, anxiety and even depression can improve. The measure used to assess such changes is the *Depression, Anxiety and Stress Scales – Short Version*.

As displayed in Figure 78, pre and post assessments indicate those parents' level of depression, stress, and anxiety improved during the program. Another positive finding is that on average, parents' level of depression, stress or anxiety did not reach the clinical range of concern.

Figure 10: **Level of Parental Depression, Stress, and Anxiety**



Source: Triple P practitioners, Depression, Anxiety and Stress Scales – Short Version, 2010.

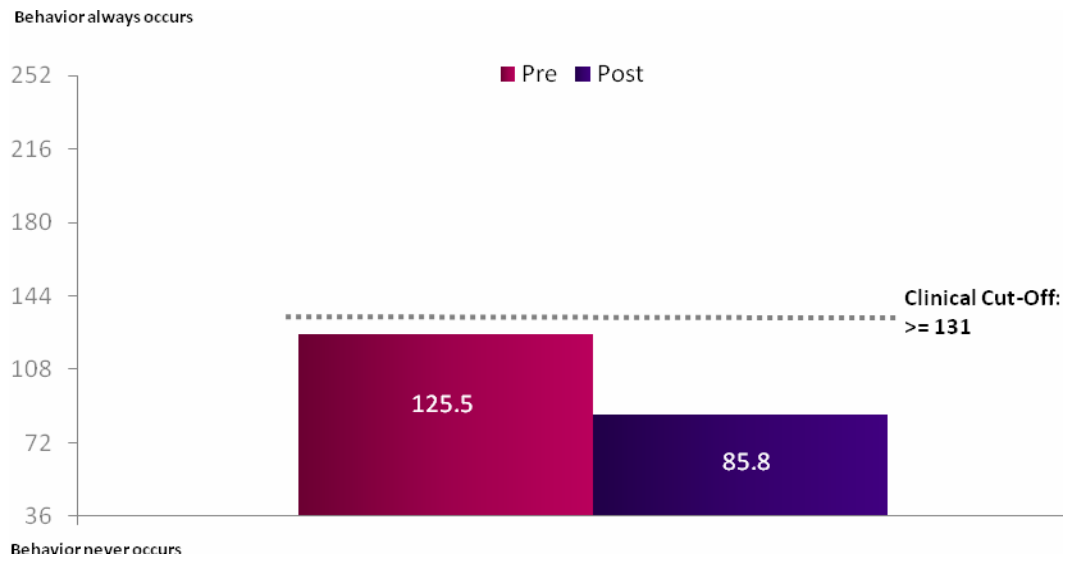
Note: Scores for each scale are calculated by summing the participants' responses for each of the 21 items. Higher scores on each of the scales indicate greater levels of depression, anxiety, and stress.

**Outcome Objective: Parents will report improved child behavior**

In Triple P, the parent is considered the agent of change to bring about improvements in the parent-child relationship. Therefore, response to intervention in the program is guided by an assessment of how parents view their children’s behavior. Parents participating in Level 4 of the Triple P Program were asked to complete the *Eyberg Child Behavior Inventory*, a pre and post assessment of the frequency with which certain child behaviors occur (*Intensity subscale*), and the extent to which parents view those behaviors to be a problem (*Problem subscale*).

At the aggregate level, as seen below, the overall pre score for the *Problem* subscale just reached the level of clinical concern. As seen in the two figures that follow, after completing the Triple P Program, parents reported that their children engaged in problematic behaviors less frequently than prior to participating in the program. Parents also reported fewer problematic child behaviors as actually being a problem for them.

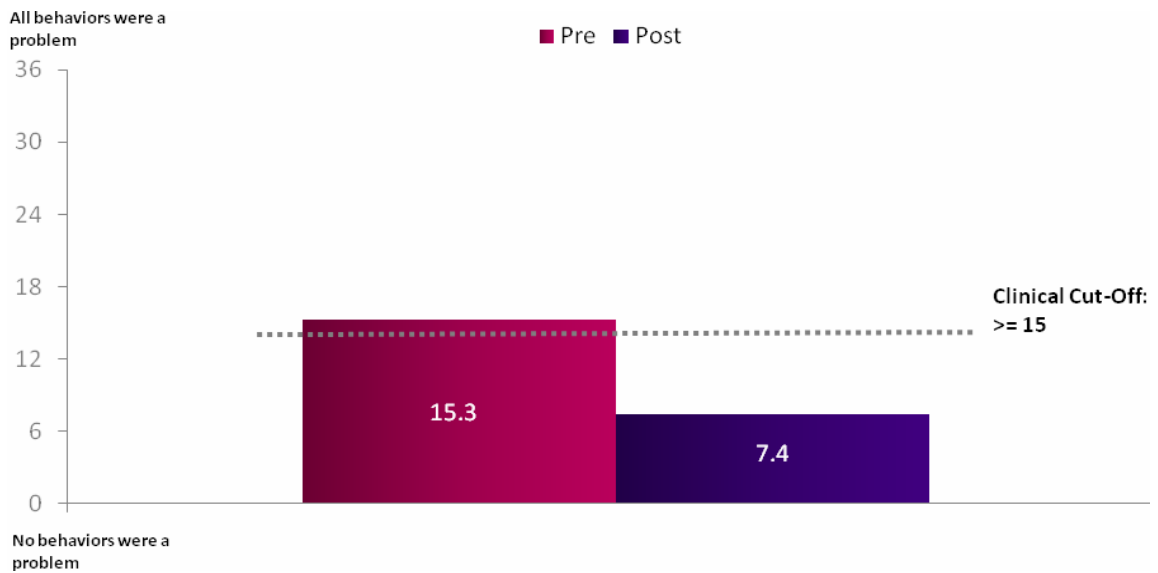
Figure 11: **Frequency of Potentially Problematic Child Behaviors**



Source: Triple P practitioners, *Eyberg Child Behavior Inventory* - 2010.

Note: N= 30. Scores for this subscale are calculated by summing the participants' responses for each of the items. Higher scores indicate a greater frequency with which children's problem behaviors occurred.

Figure 12: **Number of Child Behaviors Perceived to Be a Problem**

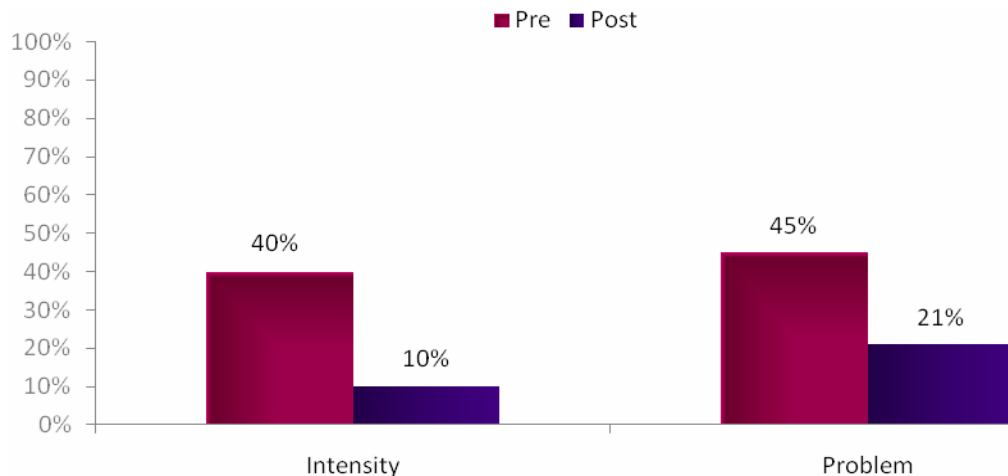


Source: Triple P practitioners, *Eyberg Child Behavior Inventory*, 2010.

Note: N= 29. Scores for this sub-scale are calculated by summing the participants' responses for each of the items. Higher scores indicate a greater perceived intensity of children's problem behaviors.

Though the aggregate pre scores neared or just reached the clinical range for concern, there were individual parents whose scores did fall within that range. As seen below, the percentage of parents with scores in the clinical range decreased from pre to post assessment, indicating that by the end of their program, fewer parents viewed their children’s behavior as problematic, and/or that problems still occurred frequently (intensity scale).

Figure 13: **Parent’s Perception of Child Behavior (Percentage of Parents with Pre-scores in Clinical Range only)**

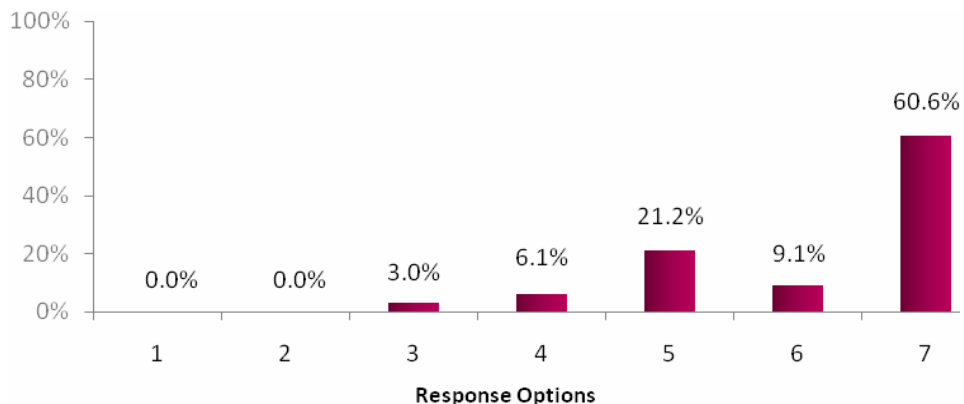


Source: Triple P practitioners, *Eyberg Child Behavior Inventory*, 2010. Note: N= 30

**Outcome Objective: Parents will be satisfied with the Triple P Program**

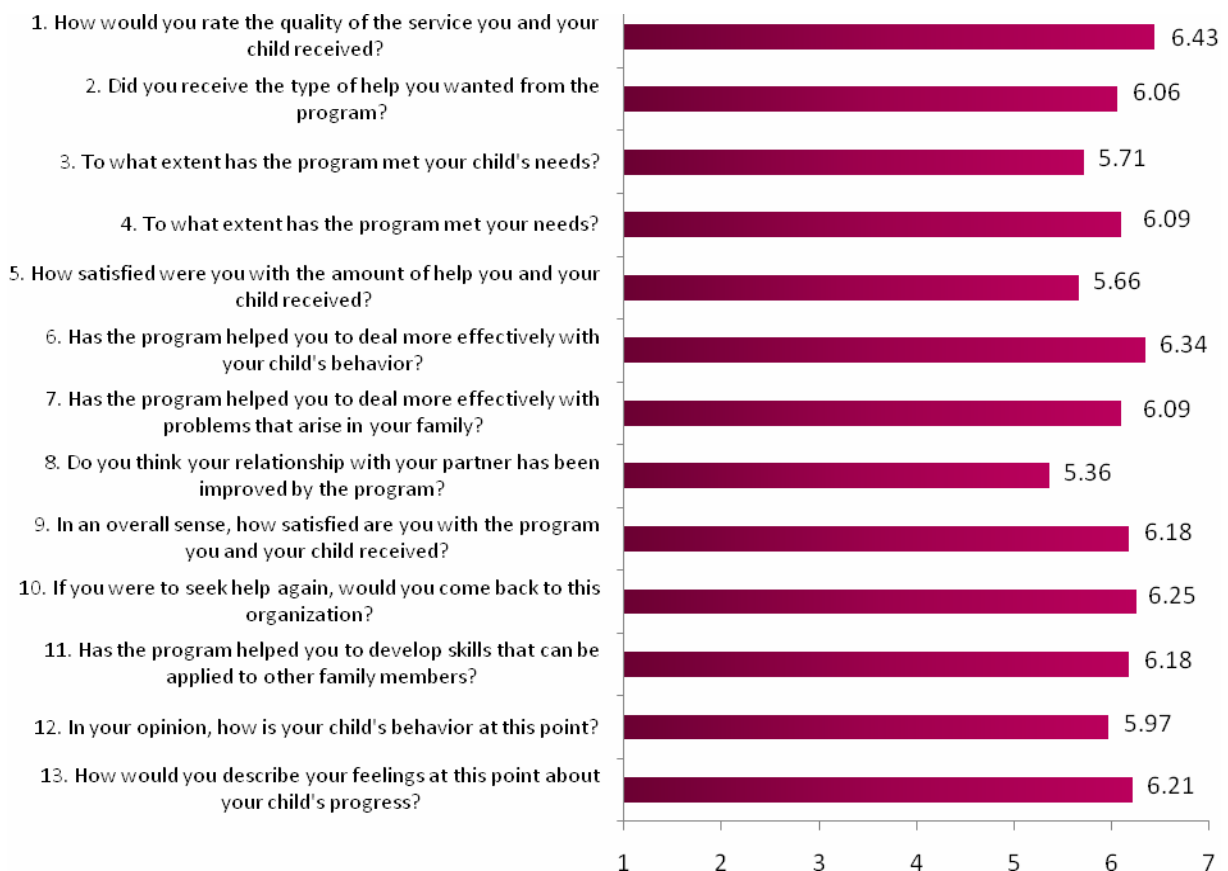
Parents in the Triple P program were asked to complete a self-administered satisfaction survey upon completing the program. Using a 13 item, 7-point scale, with 1=very dissatisfied, and 7= very satisfied, the average parent satisfaction ratings ranged from 5.36 to 6.43. Nearly two-thirds of Triple P parents (61%) who responded to the survey indicated that they were *very satisfied* with their overall program experience. As seen in the first figure below, there weren’t any parents who indicated that they were *very dissatisfied*. As seen in the second figure below, most parents felt that the program met their needs, as well as the needs of their children, offered the help that they needed, and if they needed help in the future, they would return to Triple P.

Figure 14: **Overall Parental Sense of Satisfaction with Triple P Program, by Response Category**



Source: Triple P practitioners, *Parent Satisfaction Survey*, 2010. Note: N= 33. "1" = Very Dissatisfied; "7" = Very Satisfied.

Figure 15: **Parents' Satisfaction with Various Aspects of the Triple P Program**



Source: Triple P practitioners, *Parent Satisfaction Survey*, 2010.

Note: N= 32-35. All items were on a 7-point scale. Higher scores indicate greater satisfaction.

## Side-by-Side

### Program Description

The *Side-by-Side: Early Childhood Mental Health Access Program*, launched in March 2010, was created to address the significant need for early mental health services for families with children between 0-5 years of age. The program has expanded early childhood mental health services and provides intervention services to families who have children showing early signs of social/emotional difficulty. The program also provides guidance and consultation about social/emotional and mental health needs of infants and young children to early childhood educators. The program strives to support the working relationship between families and childcare providers/preschool staff.

### Population Served

MARCH-JUNE 2010	
Parents/Guardians	20
Children	15
Childcare Centers	9

Source: SUN database/CCD data for July 1, 2009 – June 30, 2010 and Side-by-Side/First 5 Santa Cruz County, 2009-2010.

### Outcome Objective: Children will receive developmental screening

MARCH-JUNE 2010	
100% of children referred to Side-by-Side will receive a developmental screening.	PENDING

Source: Side-by-Side Quarterly Progress Report FY2009-2010.

### Outcome Objective: Families will report improvements in child behavior

MARCH-JUNE 2010	
Of the 85% of eligible families, completing 8 weeks of intensive therapy, 75% will demonstrate improvements in at least one measure of the Child Behavior Checklist.	PENDING

Source: Side-by-Side Quarterly Progress Report FY2009-2010.