

State of California
Department of Mental Health

Health and Welfare Agency


PATH ALLOCATION WORKSHEET - PLANNING ESTIMATE
MH 1772B (6/97)

STATE FISCAL YEAR: 1998/99

FEDERALCATAL6GNb.93.150

COUNTY: Santa Cruz	REVISION NO: Planning Estimate
<p>The State Department of Mental Health (DMH) provides (for planning purposes) the Federal Projects For Assistance in Transition From Homelessness (PATH) Formula Grant funds to counties for State Fiscal Year (SFY) 1998/99. Your Planning Estimate is identified below.</p>	
PATH Funds FY 1998/99 (Amount Reimbursable):	\$11,214
PURPOSE: Planning Estimate	Date: April 6, 1998

I the undersigned Director of Mental Health for Santa Cruz County, have accepted the Federal PATH funds for the county under the specific conditions included in the positive and negative assurances as part of the County Application Package (CAP), as well as those conditions established by other governing federal and state laws, policies, regulations, and guidelines. The CAP, as approved by DMH, will be followed in expending these funds.


County Mental Health Director

5-4-98
Date

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will—
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted—

- (1) Taking appropriate personnel action against such an employee, up to and including termination; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that such person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of my Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

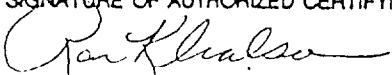
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that the statements herein are true, accurate, and complete, and agrees to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE M. H. Director
APPLICANT ORGANIZATION SANTA CRUZ COUNTY	DATE SUBMITTED MAR 6, 1998

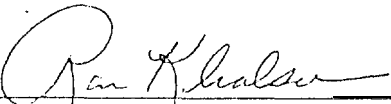
COMPLIANCE ASSURANCES

I hereby certify that the County of SANTA CRUZ agrees to the following:

- A. Amounts received under the PATHI Formula Grant will be expended solely to provide services to persons who have a serious mental illness, or have a co-occurring serious mental illness and substance abuse disorder, and who are homeless or at imminent risk of becoming homeless.
- B. Grant funds shall be expended only for the following services:
 1. Outreach services;
 2. Screening and diagnostic treatment services;
 3. Habilitation and rehabilitation services;
 4. Community mental health services;
 5. Alcohol or drug treatment services;
 6. Staff training, including the training of individuals who work in sites where homeless individuals require services;
 7. Case management services;
 8. Supportive and supervisory services in residential settings;
 9. Referrals for primary health services, job training, education services, and relevant housing services; and
 10. Housing services including minor revision, expansion, and repair of housing; planning of housing, technical assistance in applying for housing assistance, improving the coordination of housing services, security deposits, costs associated with matching eligible homeless individuals with appropriate housing situations, and one-time rental payments to prevent eviction.
- C. Grants will be made pursuant to subsection (a) only to entities that have the capacity to provide, directly or through arrangements, the specified service(s) including coordinating the provision of service(s) in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.
- D. Special consideration will be given to funding entities with a demonstrated effectiveness in serving veterans who are homeless.
- E. Grant funds will not be given to any entity that has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse or which excludes individuals from substance abuse services due to the existence or suspicion of mental illness.
- F. Not more than 2.06 percent of the payments under PATI-I will be expended for administrative expenses.
- G. The county will verify that the manner and timing of the public notification of the mental health board review of the PATI-I application provides sufficient opportunity to allow comments from interested persons and agencies at the board hearing.

- I-I. Not more than 20 percent of the payments will be expended for allowable housing services. The payments will not be expended to support emergency shelters or construction of housing facilities for inpatient psychiatric or inpatient substance abuse treatment costs or to make cash payments to intended recipients of mental health or substance abuse services.
- I. The county will make available, directly or through donations from public or private entities, non-federal contributions toward such costs in an amount that is not less than one dollar for each three dollars of federal funds provided in such payments. The amount of the county match is \$ 3,738.
- J. The description of intended use will be revised throughout the year to reflect substantial changes in the programs and activities funded through the PATH grant.
- K. The county agrees to provide all reports required by the State Department of Mental Health.
- L. The county has budgeted SFY 1998-99 non-PATH funds for services to individuals who are homeless and mentally disabled as follows:

\$ 245,000 (EST.) Federal (non-PATH)
\$ 630,000 (EST.) Other

 5-9-98
Signature of Director Date

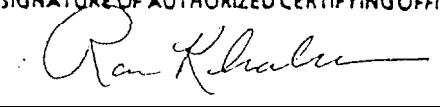
ASSURANCES — NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal, assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- (c) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with **flood insurance purchase** requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et req.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		TITLE Mtl Director
APPLICANT ORGANIZATION SANTA CRUZ COUNTY		DATE SUBMITTED MAY 6, 1998

PATH PROGRAM

PROVIDER NARRATIVE FACE SHEET

County: Santa Cruz Fiscal Year: 1998/99
 Provider: Santa Cruz Community Counseling Center, Inc. Allocation: \$ 1 1 , 2 1 4
 Provider Type(Enter code from below) 3
 Service Area(county,city,region,neighborhood,etc.): County
 County Contact Person: Peter Spofford
 Telephone: (408) 454-4767 Fax: (408) 454-4663

Indicate which of the following essential services will be provided by the provider with PATH funding:

- Outreach
- Housing
- Staff Training
- Community Mental Health Services
- Screening and Diagnostic Services
- Supportive and Supervisory Services In Residential Settings
- Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services
- Case Management
- Alcohol or Drug Treatment

Indicate which budget categories are funded by PATH:

- Personnel
- Equipment
- Travel
- Consultants
- Supplies
- Other

* PROVIDER CODES:

- | | | | |
|---|-------------------------------|---|---------------------------------|
| 1 | Community Mental Health | 6 | Substance Abuse Program |
| 2 | Consumer Mental Health Agency | 7 | Shelter/Other Temporary Housing |
| 3 | Other Mental Health Agency | 8 | Other Housing Agency |
| 4 | Other Social Service Agency | 9 | Other (specify) |
| 5 | Health Care Program | | |

ADDITIONAL REQUIRED ITEMS (B THRU H)

To complete the Program Narrative, please submit items B thru H as outlined in the Program Narrative Guidelines of these instructions. Limit is TWO additional sheets of plain (not letterhead) paper, with name of county indicated at the top of the sheet.

B. PATH Service Delivery System

PATH grant funds represent 4% of the budget of the River Street Shelter, Santa Cruz Community Counseling Center's (SCCCC) program for homeless men and **women**. The funds will be allocated to support a .37 FTE Counselor II position. This Counselor will be responsible for providing case management and referral services to individuals with mental illness residing at the River Street Shelter, including:

- The preparation of service plans for PATH funded clients, in coordination with that person's designated Mental Health Services Coordinator. The service plan will document assistance given to obtain and coordinate social and maintenance services, including services relating to daily living activities, personal financial planning, transportation, habilitative and rehabilitation services, prevocational and vocational services and housing services.
- Assistance in obtaining entitlements (SSI, Disability, food stamps, etc) and other income supports.
- Assistance in obtaining housing.
- Referrals for health, mental health and chemical dependency resources.

C. PATTI Goals and Objectives

GOAL 1: To increase financial resources for single adults (men and women) with mental disabilities who are homeless.

OBJECTIVE: To assist PATH clients to obtain entitlements and other income supports.

GOAL 2: To increase housing opportunities for PATH clients.

OBJECTIVE: To assist these individuals to obtain transitional or permanent housing.

GOAL 3: To increase physical and behavioral health treatment options for PATH clients.

OBJECTIVE: To refer these individuals to health, mental health, and chemical dependency resources.

D1. Projections and Measurements

Projection One

Outcome Projection:	The Counselor will refer 36 PATH funded clients to obtain entitlements and other income supports.
Measurement:	Client outcome data sheets submitted by counselor.

Projection Two

Outcome Projection	The Counselor will assist 24 PATH funded clients to obtain housing.
Measurement	Client outcome data sheets submitted by counselor.

Projection Three

Outcome Projection	The Counselor will refer 90 PATH funded individuals to health, mental health, and chemical dependency resources
Measurement	Client outcome data sheets submitted by counselor.

PATH funding for the 1998-99 fiscal year will provide services to 90 homeless, mentally ill clients. Measurement will be by an unduplicated count taken from the attendance log and entered into the management information system.

D2. Gross County Service Projections (Number of PATH enrolled clients)

In 1996-97, the River Street Shelter had two Counselors who served a total of 191 mental health clients. Based on this figure, we are assuming 90, (approximately half), of the mental health clients to be served in 1998-99 will be considered to be PATH clients. The River Street Shelter does not distinguish PATH clients from non-PATH clients on the Counselor’s caseload. PATH funding accounts for only 4% of the River Street Shelter budget, and it would be administratively impractical to designate specific clients as PATH enrolled.

E. Alternate Resources for PATH Supported Services

The Santa Cruz Community Counseling Center (SCCCC) provides Case Management services to mental health clients residing at the River Street Shelter. There are not comparable case management services for mental health clients at any of the other homeless shelters locally, although there are some such services for non-mental health clients. However, SCCC and County Mental Health do provide Case Management services to other homeless mentally ill individuals in the community outside of shelters. These services are provided by Mental Health Services Coordinators with non-PATH funds.

F. Dual Diagnosis Services

The River Street Shelter provides intensive dual diagnosis treatment for up to 10 individuals at a time. The staff member funded by the PATH grant has expertise in Dual Diagnosis issues and is the counselor for these services. SCCCC also has a Dual Diagnosis Day Treatment program at another site that provides services to eligible River Street Shelter clients.

G. Housing /Support Coordination

SCCCC is also contracted by County to operate a successful transitional and long-term supported housing project. Those who are being served at the River Street Shelter have an opportunity to benefit from the supported housing opportunities provided by the program. SCCCC employs Mental Health Services Coordinators who are available to assist in all of those tasks associated with placing these individuals into mainstream housing.

H. Coordination - Other Programs

Santa Cruz is a fairly small County which facilitates the coordination of services for the homeless among the numerous public and private homeless service providers in this area. This coordination occurs daily among managers and staff associated with efforts to house, feed, treat and rehabilitate the homeless.

The Counselors supporting clients at the River Street Shelter interact closely with other programs operated by SCCCC including:

- Pioneer House Dual Diagnosis Day Treatment Program
- Transition House (transitional housing for 10 clients)
- Supported Housing (permanent housing)
- Mental Health Services Coordination (case management)
- Community Organizers (peer support and outreach services)
- El Dorado Residential (crisis residential)
- El Dorado Outpatient (crisis outpatient)
- Paloma House (residential dual diagnosis treatment)

In addition, the Counselors interact with many other community agencies including Dominican Hospital, County Mental Health, Community Connection, the Volunteer Center, Probation, the Public Guardians office, Sunflower House, the Homeless Person's Health Project, the Homeless Resource Center, and the Interfaith Satellite Shelter Project.

State of California
Department of Mental Health

Federal Grant Detailed Provider Budget
MH 1779A Rev(04/98)

PATH GRANT
State fiscal Year 1998199

Submission Date: May 6, 1998

Telephone Number: (408) 454-4767

County: Santa Cruz

County Contact: Peter Spofford

Co. internet address:

Provider Name: Santa Cruz Community Counseling Center, Inc.

Provider Address: 195-A Harvey West Blvd.

Santa Cruz, CA 95060

Provider Number: 4436

Mode/Cost Centers:

Line	Staff (List by title of position and number of FTE)	Column 1 Approved Budget SFY 1997/98	Column 2 Approved Budget SFY 1998/99
1	Counselor II .40 FTE; provided under contract	\$11,214	\$11,214
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total staff expenses(sum lines 1 thru 10)	\$11,214	\$11,214
12	Consultant Costs:		
13			
14			
15	Equipment (Where feasible lease or rent) (itemize):		
16			
17			
18			
19			
20			
21	Supplies (itemize):		
22			
23			
24			
25			
26	Travel:		
27			
28	Other Expenses (itemize):		
29			
30			
31			
32			
33			
34			
35	Total Provider Expenses (sum lines 11 thru 34)	\$11,214	\$11,214
36	Administrative Costs (see Instructions)		
37	Total costs Funded From Grant (sum lines 35 and 36)	\$11,214	\$11,214

DMH APPROVAL BY: James R. Collier

TELEPHONE: (916) 327-9314

DATE:

36

SAMHSA BLOCK GRANT

FEDERAL GRANT DETAILED PROGRAM BUDGET
XIII 1779 REV(1197)

SUBMISSIONDATE: July 8, 1998

COUNTY: Santa Cruz

FISCAL YEAR: 1998-99

CONTACTPERSON: Paul Bellina

TELEPHONE NUMBER: (408) 454-4428

PROGRAM NAME: Jail Discharge Planner'

PROVIDER NUMBER(S): 44AE

STAFFING		1	2	3
TITLE OF POSITION	FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1 MH Client Specialist	85			943,000 -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12 TOTAL STAFF EXPENSES (sum lines 1 thru 11)	.85 0.00	\$ 43,000 -	\$ -	\$ 43,000 -
13 Consultant Costs (Itemize):				\$ -
14				\$ -
15				\$ -
16				\$ -
17 Equipment (Where feasible lease or rent) (Itemize):				\$ -
18				\$ -
19				\$ -
20				\$ -
21				\$ -
22 Supplies (Itemize):				\$ -
23				\$ -
24				\$ -
25				\$ -
26				\$ -
27				\$ -
28 Travel -Per diem, Mileage, & Vehicle Rental/Lease				\$ -
29				\$ -
30 Other Expenses (Itemize):				\$ -
31				\$ -
32				\$ -
33				\$ -
34				\$ -
35				\$ -
36				\$ -
37 COUNTY ADMINISTRATIVE COSTS				\$ -
38 NET PROGRAM EXPENSES (sum lines 12 thru 37)		\$ 43,000 -	\$ -	\$ 43,000 -
39 OTHER FUNDING SOURCES: Federal Funds				
40 Non-Federal Funds				
41 TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)		\$ -	\$ -	\$ -
42 GROSS COST OF PROGRAM (sum lines 38 and 41)		\$ 43,000 -	\$ -	\$ 43,000 -

DMH APPROVAL BY: TERI NEWBY
TELEPHONE: (916) 654-3254
DATE:

SAMHSA BLOCKGRANT

FEDERAL GRANT DETAILED PROGRAM BUDGET
XII 11779 REV(1/97)

SUBMISSION DATE: July 8, 1998

COUNTY: Santa Cruz

FISCAL YEAR: 1998-99

CONTACT PERSON: Paul Bellina

TELEPHONENUMBER: (408) 454-4428

PROGRAM NAME: MH Client Action Network

PROVIDER NUMBER(S): 4416

	STAFFING		1	2	3
	TITLE OF POSITION	FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	0.00	\$ -	\$ -	\$ -
13	Consultant Costs (Itemize):				\$
14					\$
15					\$
16					\$
17	Equipment (Where feasible lease or rent) (Itemize):				\$
18					\$
19					\$
20					\$
21					\$
22	Supplies (Itemize):				\$
23					\$
24					\$
25					\$
26					\$
27					\$
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease				\$
29					\$
30	Other Expenses (Itemize):				\$
31	Contract Services		\$ 28,261		\$ 28,261
32					\$
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37	COUNTY ADMINISTRATIVE COSTS				\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)		\$ 28,261	\$ -	\$ 28,261
39	OTHER FUNDING SOURCES: Federal Funds				\$
40	Non-Federal Funds				\$
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)		\$ -	\$ -	\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)		\$ 28,261	\$ -	\$ 28,261

DMH APPROVAL BY:
TELEPHONE:
DATE:

TERI NEW-BY
(916) 654-3254

ASSURANCE OF COMPLIANCE WITH PUBLIC LAW 102-321
REQUIREMENTS ON USE OF ALLOTMENTS

The county, as recipient of grant funds, acknowledges and agrees to the following:

Section 19 11 (b) PURPOSE OF GRANTS

- (b) Purpose of Grants - A funding agreement for a grant under subsection (a) is that, subject to Section 1916, the State involved will expend the grant only for the purpose of--
- (b)(1) carrying out the plan submitted under Section 1912(a) by the state for the fiscal year involved;
 - (b)(2) evaluating programs and services carried out under the plan; and
 - (b)(3) planning, administration, and educational activities related to providing services under the plan.

Section 19 12 STATE PLAN FOR COMPREHENSIVE COMMUNITY MENTAL
HEALTH SERVICES FOR CERTAIN INDIVIDUALS

- (a) In General - The Secretary may make a grant under Section 1911 only if--
- (a)(1) the state involved submits to the Secretary a plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance;
 - (a)(2) the plan meets the criteria specified in subsection (b); and
 - (a)(3) the plan is approved by the Secretary.

Section 19 13(c) CRITERIA FOR MENTAL HEALTH CENTERS

- (c) Criteria for Mental Health Centers - The criteria referred to in subsection (b)(2) regarding community mental health centers are as follows--
- (c)(1) With respect to mental health services, the centers provide services as follows;
 - (c)(1)(A) Services principally to individuals residing in a defined geographic area (hereafter in the subsection referred to as a "service area");

- (c)(1)(B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility;
- (c)(1)(C) 24-hour-a-day emergency care services;
- (c)(1)(D) Day treatment of other partial hospitalization services, or psychosocial rehabilitation services;
- (c)(1)(E) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission;
- (c)(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed within the service area of the center regardless of ability to pay for such services;
- (c)(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care;

Section 19 16 RESTRICTIONS ON TJSE OF PAYMENTS

- (a) In General - A funding agreement for a grant under Section 19 11 is that the state involved will not expend the grant--
 - (a)(1) to provide inpatient services;
 - (a)(2) to make cash payments to intended recipients of health services;
 - (a)(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
 - (a)(4) to satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or
 - (a)(5) to provide financial assistance to any entity other than a public or nonprofit private entity.
- (b) Limitation on Administrative Expenses - A funding agreement for a grant under Section 19 11 is that the state involved will not expend more than five percent of the grant for administrative expenses with respect to the grant.

Counties have a ten percent administrative cap (see MH 1779)

Section 1946 PROHIBITIONS REGARDING RECEIPT OF FUNDS

(a) Establishment -

- (a)(1) Certain false statements and representation - A person shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made by a state from a grant made to the state under Section 1911 or 1921.
- (a)(2) Concealing or failing to disclose certain events - A person with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made to a state under Section 1911 or 1921 shall not conceal or fail to disclose any such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such amount is due.
- (b) Criminal Penalty for Violation of Prohibition - Any person who violates any prohibition established in subsection 9a) shall for each violation be fined in accordance with Title 18, United States Code, or imprisoned for not more than five years, or both.

Section 1947 NONDISCRIMINATION

(a) In General -

- (a)(1) Rule of construction regarding certain civil rights laws - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under Section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under Section 1911 or 1921 shall be considered to be programs and activities receiving federal financial assistance.
- (a)(2) Prohibition - No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant), or on the grounds of religion, be excluded, from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under Section 1911 or 1921.

(b) Enforcement -

(b)(1) Referrals to Attorney General after notice: Whenever the Secretary finds that a state, or an entity that has received a payment pursuant to Section 1911 or 1921, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with and applicable regulation (including one prescribed to carry out subsection (a)(2)), the Secretary shall notify the Chief Executive Officer of the state and shall request the Chief Executive Officer to secure compliance. If within a reasonable period of time, not to exceed 90 days, the Chief Executive Officer fails or refuses to secure compliance, the Secretary may--

(b)(1)(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(b)(1)(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment of 1972, or Title VI of the Civil Rights Act of 1964, as may be applicable; or

(b)(1)(C) take such other actions as may be authorized by law.

(b)(2) Authority of Attorney General - When a matter is referred to the Attorney General pursuant to paragraph (a)(1)(A), or whenever the Attorney General has reason to believe that a state or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.


Signature of Official Authorized

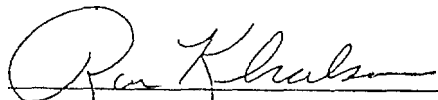
to Sign Application

7-8-98

Date

ON REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS

- 1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal/application.



 Signature of Official Authorized
 to Sign Application

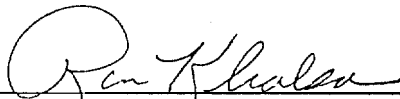
7-8-98
 Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.



Signature of Official Authorized
to Sign Application

7-8-98

Date

**1998-99 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: Santa Cruz **PROGRAM TITLE:** Jail Discharge Planner

SAMHSA FUNDING LEVEL: (MI-I 1779, Line 38, Net Cost) \$ 43,000

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT _____ # SMI OLDER ADULT 110 # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

- | | |
|----------------------------------|-------------------------------|
| ASSESSMENT _____ | CASE MANAGEMENT <u>X</u> |
| COLLATERAL SERVICES _____ | CRISIS INTERVENTION _____ |
| CRISIS STABILIZATION _____ | DAY CARE REHABILITATIVE _____ |
| GROUP THERAPY _____ | INDIVIDUAL THERAPY _____ |
| IN-HOME SERVICES _____ | INTENSIVE DAY TREATMENT _____ |
| MEDICATION SUPPORT _____ | OUTREACH _____ |
| PEER COUNSELING _____ | SOCIALIZATION _____ |
| SUBSTANCE ABUSE COUNSELING _____ | VOCATIONAL _____ |
| OTHER: _____ | |

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT			110		
FUNDING LEVEL	\$	\$	\$ 43,000	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

**1998-99 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: Santa Cruz PROGRAM TITLE: Mental Health Client Action Network

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) \$ 28,261

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 225 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

- | | | | |
|----------------------------|--------------------------|-------------------------|-------------------------------------|
| ASSESSMENT | <input type="checkbox"/> | CASE MANAGEMENT | <input type="checkbox"/> |
| COLLATERAL SERVICES | <input type="checkbox"/> | CRISIS INTERVENTION | |
| CRISIS STABILIZATION | <input type="checkbox"/> | DAY CARE REHABILITATIVE | |
| GROUP THERAPY | <input type="checkbox"/> | INDIVIDUAL THERAPY | |
| IN-HOME SERVICES | <input type="checkbox"/> | INTENSIVE DAY TREATMENT | |
| MEDICATION SUPPORT | <input type="checkbox"/> | OUTREACH | <input checked="" type="checkbox"/> |
| PEERCOUNSELING | <input type="checkbox"/> | SOCIALIZATION | |
| SUBSTANCE ABUSE COUNSELING | <input type="checkbox"/> | VOCATIONAL | |
| OTHER: _____ | <input type="checkbox"/> | | |

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					225
FUNDING LEVEL	\$	\$	\$	\$	\$ 28,261
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

I. PROGRAM NARRATIVE
FOR THE JAIL DISCHARGE PLANNER

A. STATEMENT OF PURPOSE

In October of 1985, Santa Cruz Community Mental Health was awarded a Federal Block Grant to provide discharge planning services for mentally ill inmates in the Santa Cruz County Jail. The intervention approach funded by this grant involves .86 FTE Mental Health Client Specialist. The Jail Discharge Planner works with the Probation Department, the jail psychiatrists, and the courts try to develop discharge plans that help offenders stabilize their lives within the community. Since the establishment of this Federal Block Grant, the Jail Discharge Planner has been a highly visible interventionist from the County Mental Health system on behalf of the psychiatrically impaired jail inmate.

At this time, the Jail Discharge Planner screens and staffs all psychiatrically impaired inmates daily with the jail psychiatrist, the crisis intervention team, jail nursing staff, and jail detention staff. The Discharge Planner also works aggressively with the courts, the District Attorney, the Public Defender, as well as private attorneys and Adult Probation to incorporate treatment plans into the court release and sentencing process which will effectively prevent the psychiatrically impaired inmate from re-offending. After release from custody, the Jail Discharge Planner coordinates and monitors aftercare services to help insure that the psychiatrically impaired inmate does not re-offend. The position works very closely with the courts and the Probation to insure that psychiatrically impaired inmates follow through the treatment plans agreed to in court. The Discharge Planner regularly advocates for appropriate supervised independent housing in the community for the psychiatrically impaired inmate. Over the past five (5) years, an average of over ninety (90) inmates per year have been admitted to the Jail Discharge Planner's caseload. Each year, over 80% of the admissions to this caseload do not re-offend.

B. CLIENT OUTCOME OBJECTIVES

The objectives for the Jail Discharge Planner for 1998-99 are as follows:

1. Provide services to at least 20 clients per month.
2. Place 80% of referrals at a lower level of care in the community, i.e., residential care, transitional housing, shelter, satellite housing, or independent housing.
3. 80% of all Jail Discharge Planner referrals placed in the community will not re-offend within one (1) year of release from jail. 80% of clients

placed in independent or semi-permanent housing will remain successful in their placement for at least six (6) months.

4. The Jail Discharge Planner will continue to develop and coordinate the Jail Treatment Team consisting of a Probation Officer and a long-term Mental Health case manager. The Discharge Planner will organize and coordinate Jail Team duties to maximize efficient services delivery.

C. PROGRAM DESCRIPTION

The Discharge Planner maintains a highly organized schedule that is balanced between the assessment of in-custody clients and monitoring compliance with treatment by out-of-custody clients. Each day, the Discharge Planner screens and staffs all psychiatrically impaired inmates in a morning staffing with the jail psychiatrists, crisis intervention team, jail nursing staff, and jail detention staff. The Jail Discharge Planner also attends court arraignments for psychiatrically impaired inmates for assessment of treatment plans for inmates referred by both the pre-trial release program and the crisis intervention team. Upon receiving the referral, the Jail Discharge Planner assesses the client for the appropriate level of care to insure that the client does not re-offend.

The resources available to the Jail Discharge Planner include a full range of psychiatric care facilities. These facilities include an acute inpatient unit, residential care, sub-acute residential care, homeless shelter and dual diagnosis services, mental health independent housing, transitional housing, and state hospital care. The Jail Discharge Planner also coordinates referrals to outpatient treatment that are court ordered as a term of probation. The Discharge Planner can access these services at any point of entry that is necessary for providing an appropriate level of care for the mentally ill offender.

The Jail Discharge Planner also maintains a high degree of sensitivity of delivering culturally appropriate services to clients. All treatment plans and recommendations made by the Jail Discharge Planner specifically address the individual needs of the clients referred including cultural background. The Discharge Planner interfaces with a variety of other County departments that serve the same clients. In the County Jail facility, the Jail Discharge Planner helps informally educate the Detention staff regarding psychiatrically impaired inmates while they are in custody. The presence and intervention of the Jail Discharge Planner many times helps alleviate some of the behavior problems that the psychiatrically impaired inmates display in the jail. At this time, the Jail Discharge Planner has office space in the jail, consults daily with jail nursing staff, and is seen as an ally by Detention staff.

The Jail Discharge Planner also addresses the stigma of mentally ill offenders and the reluctance of local residential treatment programs to accept them for services. In addition to intensive and responsible case management follow-up, the Jail Discharge Planner educates residential care providers about mentally ill offenders and how the criminal justice system handles them. It has

been helpful to have a coordinated system of mental health, criminal justice and detention facilities to bring pressure on clients who deny their need for treatment to avail themselves of psychiatric services.

The Jail Discharge Planner also addresses the lack of knowledge on the part of the criminal justice system regarding psychiatric treatment. The Discharge Planner has made major in-roads in Santa Cruz County in educating and linking with the criminal justice system on behalf of the client. At this point in time, the courts look to the Jail Discharge Planner to assist in arriving with treatment solutions for mentally disabled offenders who often display very irrational behavior. This point is validated by the fact that the majority of the referrals to the Jail Discharge Planner currently come from the judge themselves.

Along the same lines, integration with the Probation Department has also improved the service delivery system for the psychiatrically impaired offender on probation. Over the past four years, the Santa Cruz County Board of Supervisors has authorized a designated Probation Officer position to be located within the County's Mental Health treatment clinic. This Probation Officer has been designated to supervise an intensive caseload of clients for the purpose of monitoring compliance with treatment in an attempt to prevent them from re-offending. This new linkage with the Probation Department has helped to educate and provide an understanding of the mental health service delivery system for all members of the Probation Department. Currently, any psychiatrically impaired offender who is placed on probation with mandated terms of treatment goes directly to the designated supervision Probation Officer located at the Mental Health clinic.

The Jail Discharge Planner regularly contacts landlords in the community in search of housing resources for mentally ill offenders coming out of custody and short-term treatment programs. Once again, responsive case management follow-up is showing local landlords that it is to their benefit to provide rental housing to these clients. The Jail Discharge Planner is also working with local landlords to create more housing sources in our community. The Discharge Planner also coordinates with the County's homeless services. New resources for drug and alcohol counseling for the mentally ill offender are now becoming available in coordination with our homeless and shelter projects. Santa Cruz County's homeless shelter program is providing a dual diagnosis program for homeless mentally ill adults. The Jail Discharge Planner has had great success in referring homeless mentally ill, dual diagnosis offenders to this program.

““The Jail Discharge Planner also has the ability to refer clients for LPS conservatorship while they are in custody in the county jail. Santa Cruz County Mental Health has also established a long-term follow-up case manager for mentally ill clients who are referred by the Jail Discharge Planner. Overall, the Jail Discharge Planner interfaces with the criminal justice system, all levels of care of Community Metal Health Services, and provides community outreach services on behalf of the mentally ill offender.

D. Target Population

The target population for the Jail Discharge Planner are severely mentally ill adults and older adults who are arrested and incarcerated in the County Jail. The Jail Discharge Planner only provides services for offenders who are diagnosed with a major mental disorder.

E . STAFFING

The intervention approach funded by this grant involves .86 FTE Mental Health Client Specialist. This Jail Discharge Planner is supervised by the Acute Care Services Program Manager.

This position is assigned to work eight (8) hours a day, Monday through Friday, in order to maximize access to supportive and referral services functioning as a member of the Mental Health team. The skills required include the ability to provide limited psychiatric assessments, sound knowledge of treatment resources, understanding of various legal, LPS and funding issues, and the ability to relate to the public, attorneys, treatment facilities, and various components of the criminal justice system.

F. CULTURAL COMPETENCY

The Jail Discharge Planner is able to provide services to clients from a variety of ethnic or cultural backgrounds. The courts are mandated to provide interpreters if necessary for any individual who enters the criminal justice system. Over the years, the Jail Discharge Planner has been asked to intervene with individuals from a variety of backgrounds. Discharge plans are made with the assistance of court interpreters and many times with family members to insure that these plans address the needs of mentally disabled clients within the context of their ethnic or cultural background.

G. DESIGNATED PEER REVIEW REPRESENTATIVE

Paul Bellina, Mental Health Program Manager, will participate as a member of State DMH review team to meet the annual peer review requirements.

H . IMPLEMENTATION PLAN

The Jail Discharge Planner's position was initially implemented in October of 1985. Since that time, the position has been effectively implemented on an ongoing basis. Currently, this position has refined its intervention techniques to efficiently deliver the maximum amount of services possible to the psychiatrically impaired offender.

I. PROGRAM EVALUATION PLAN

On an ongoing basis, the Jail Discharge Planner collects data which assesses the effectiveness of the program. The position analyzes the number and types of inmate referrals, does follow-up on the success of the referral, and documents recidivism in the criminal justice system. The evaluation method used to determine the effectiveness of the program is the detailed tracking of each client served. The evaluation utilizes client data system records for each calendar year. Each client is tracked through appropriate levels of care as they improve with treatment. Each client's compliance with treatment plans agreed to in court is monitored on a regular basis throughout the duration of their probation or court agreed treatment period. The main tool used to determine the effectiveness of the program is measuring readmits to the jail as a measure of recidivism. Cases are assessed by units of service, diagnostic categories, placements outside of the criminal system, and length of stay in placement as a measure of success. The Jail Discharge Planner maintains an ongoing log of all clients served each working day; this log enables the Jail Discharge Planner to track all clients referred. This position also provides documentation of treatment plans in all clients' jail mental health medical records. When appropriate, the Jail Discharge Planner prepares reports for the courts as needed. The Discharge Planner also does all the appropriate paper work for referrals to various levels of care of psychiatrically impaired inmates, i.e., 5150 referrals to the local acute inpatient unit, inter-agency referrals to the sub-acute residential treatment facility, referrals to board and care facilities, and intake evaluations for clients being referred to long-term case management.

Each year, the Jail Discharge Planner collects data which reflects the effectiveness of the program. There were 109 admissions to the caseload of the Jail Discharge Planner from June 1, 1997 to May 30, 1998. Of the 109 admissions, 12 re-offended. This leaves 97 clients successfully diverted into appropriate levels of care, a success rate of 89%. Most of the clients that re-offended were re-arrested on probation violations. That is, they did not commit any new offenses, but were arrested on violations of probation. That would be either not taking their medications as ordered or testing positive for illegal drugs. Of the 109 admissions, 86 clients were male and 23 were female. Of the 109 admissions, 7 clients were released back into independent living in the community with court order referrals to outpatient psychiatric treatment that were arranged by the Jail Discharge Planner. Five (5) clients were sent on a Conditional Release status to the local inpatient facility on a 5150 status for treatment, while the Jail Discharge Planner tracked their court cases during their hospitalization.

Nineteen (19) clients were referred to the local sub-acute treatment facility directly from the jail. The Jail Discharge Planner coordinates Intake interviews with this program, intervenes in the court process, and arranges placement directly from the jail as beds become available. Two (2) clients were placed in a board and care facility directly from the jail. Thirty-two (32) clients were referred to our local, homeless Dual Diagnosis Treatment program, the Pioneer House.

Sixteen (16) clients were referred to Paloma House, a intensive, residential, dual diagnosis program which is currently a demonstration project grant awarded to Santa Cruz County Mental Health and Drug and Alcohol Services. One (1) client was court ordered to Atascadero State Hospital for treatment. Twelve (12) clients were placed on LPS Conservatorship while in the County Jail. These clients were then referred to locked facilities. Fourteen (14) clients admitted to the Jail Discharge Planner's caseload were residents of other counties. The Jail Discharge Planner worked with the courts to get these clients released from custody on condition these clients return to their home counties for treatment. The Discharge Planner then returned these clients to their county of origin either by a 5150 to a locked inpatient facility in their county of residence or by purchasing a bus ticket for clients to return home. The Jail Discharge Planner obtains discharge medication to last clients until they can make appointments at their outpatient clinics in their county of residence. Of the 109 admissions to the Jail Discharge Planner's caseload, 33 clients were placed on formal probation with court ordered psychiatric treatment. These 33 clients are monitored by the Probation Officer that is now assigned to assist the Jail Mental Health Team. The Jail Discharge Planner provides short-term case management services for these clients and refer them to whatever support services they need to help them not re-offend. These clients' compliance with psychiatric treatment is then monitored by the special Probation Officer assigned to Mental Health.

The most significant change in the statistics for the Jail Discharge Planner's caseload this year is a significant increase in referrals to dual diagnosis services. Santa Cruz County now has two (2) dual diagnosis programs in operation which are significantly different. Pioneer House, is a dual diagnosis program for homeless, non-benefited adults that have a major mental disorder and significant substance abuse problems. It is run through Community Support Services out of our homeless shelter. Twenty-nine (29) percent of the admissions to the Jail Discharge Planner's caseload were placed in that program. In August of 1997, Santa Cruz County Mental Health in conjunction with Community Support Services and Drug and Alcohol Services was awarded a grant for a demonstration project for an intensive residential dual diagnosis program. This program is called Paloma House. Clients must have an established diagnosis and benefits to be eligible for this program. Fifteen (15) percent of the clients admitted to the Jail Discharge Planner's caseload were placed at the Paloma House program this year. In all, forty-four (44) percent of the clients referred to the Jail Discharge Planner were placed in dual diagnosis programming this year.

Again, this year, a significant amount of referrals to the Jail Discharge Planner's caseload have come from Superior and Municipal Court Judges. However, this year a significant amount of referrals to the Jail Discharge Planner have come from Care Coordinators in Community Mental Health services and contract agencies. The networking that the Jail Discharge Planner has done within our system of care has encouraged a great deal of support and referral from care providers themselves whose clients have gotten involved with the criminal justice system. Thirty-one (31) percent of the referrals to the Jail Discharge Planning came from the Care Coordinators in the community this

criminal justice system. Thirty-one (31) percent of the referrals to the Jail Discharge Planning came from the Care Coordinators in the community this year. It appears there is shift of referrals sources moving from a decrease in internal agencies such as pre-trial and nursing to outside referral sources such as judges, attorneys, and care coordinators. I believe this reflects how successful the Jail Discharge Planner has been in networking and coordinating within several different systems of care.

A variety of barriers have been encountered by the Jail Discharge Planner position. At times, it is difficult to gain access to psychiatrically impaired inmates in the Jail. At times, Jail Detention staff have not been accepting of the Jail Discharge Planner as part of the criminal justice system, but saw the Discharge Planner as being a visitor to the Jail. Assessing and interviewing clients had been cumbersome and time consuming. Another barrier encountered has been poor acceptance of the mentally ill offender in the community and limited placement ability as a result of the stigma of being a mentally ill offender. This has been a major barrier to service. There were essentially no residential programs available to this population at the beginning of this project. Another difficulty in the provision of services to this particular population is denial on the part of the psychiatrically impaired inmates of their illness and their need for treatment. Another difficulty encountered is the lack of knowledge on the part of attorneys and judges of how psychiatric treatment works and how to intervene with the psychiatrically impaired inmate. The Jail Discharge Planner, in the past, had difficulty integrating services with the probation department to insure that the psychiatrically impaired offender complies with the services agreed to in court on a continuing basis. The lack of housing, drug and alcohol counseling, and residential treatment programs for the dual-diagnosis inmate are major gaps in our system. Over the past five years, a growing caseload of long-termed impaired offenders who need monitoring, has stretched the Jail Discharge Planner's coverage quite thin.

The Jail Discharge Planner has made significant progress to resolve these identified problems. The Discharge Planner initially negotiated with the detention staff for times which were convenient to access inmates. On an ongoing informal basis, the Discharge Planner helps to educate the detention staff regarding the psychiatrically impaired inmate in custody. Over-time, the Jail Discharge Planner has become a welcome member of the Jail team.

In addressing the stigma of mentally ill offenders and the reluctance of local residential treatment programs to accept them, the Jail Discharge Planner has impacted this problem by intensive and responsive case management follow-up. Because acceptance of treatment is often a promise made in court and mandated by terms of probation, residential care providers have found that clients placed in their facilities by the Jail Discharge Planner comply well with treatment. The current level of credibility and responsiveness maintained by the Jail Discharge Planner has even a higher level of consideration of referrals made to residential treatment programs. More residential care providers are amenable to placement of the mentally ill offender in their facilities.

In addressing denial of the need for treatment by many psychiatrically impaired inmates, it has been helpful to have a coordinated system of mental health, criminal justice, and detention facilities to bring pressure on these clients to avail themselves of psychiatric services. In addressing the growing caseload numbers for the Jail Discharge Planner, Santa Cruz County Mental Health has established a jail mental health team. This team consists of the Probation Officer stationed at Mental Health, the Jail Discharge Planner, and a case manager to provide long-term follow-up services that need probation monitoring and long-term case management to either the probation officer and/or long-term case manager position. This team approach has proven to be very effective in service delivery.

BLOCK Jail Discharge Planner 1998

SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH
1997-98 JAIL DISCHARGE PLANNER REFERRALS

ETHNICITY/AGE	18 - 34		35 - 59		60+		TOTAL
	Male	Female	Male	Female	Male	Female	
WHITE	25	8	37	13	1	0	84
BLACK	1	0	3	0	0	0	4
HISPANIC	9	1	6	1	1	0	18
ASIAN	1	0	2	0	0	0	3
PALISTANIAN	0	0	0	0	0	0	0
NATIVE AMERICAN	0	0	0	0	0	0	0

REFERRAL SOURCES	# OF CLIENTS	% OF TOTAL
Judges	39	36
Attorneys	16	15
CIT-Jail	17	16
Probation	3	2
Coordinators	34	31

REFERRALS FROM PROJECT

TYPE OF AGENCY	# OF CLIENTS	% OF TOTAL
Inpatient	5	5
Sub-Acute Residential Trt	19	17
Pioneer House	32	29
Board & Care	2	2
Outpatient Trt	7	6
State Hospital	1	1
LPS in Custody to Institutions for Mental Disorders	12	11
Paloma House	16	15
S h e l t e r	1	1
Returned to County of Residence	14	13

IV PROGRAM NARRATIVE

FOR THE MENTAL HEALTH CLIENT ACTION NETWORK

a) Statement of Purpose

Santa Cruz County Mental Health places a high value on client-directed services which result in opportunities for clients to offer support to one another. MHCAN's regular staff participate in the county's Adult Planning and Contractor's meetings. MHCAN provides job training for the Rehabilitation-Community Connection Co-op program and provides study space and computer services to students in the College Connection program. For persons without shelter, MHCAN functions as an address site and a place where clients can meet or talk to their case managers on the phone in pursuit of housing or for making treatment appointments.

b) Client Outcome Objectives.

Clients will learn office and social skills, demonstrate job sharing and mutual support and, to the extent possible, help themselves and others stay in treatment and preserve their entitlements to medical care and housing subsistence.

1. Clients, volunteers **and** staff who are also clients will learn and use marketable office and social skills. MHCAN provides meaningful work opportunities for individuals in the mental health system.

MHCAN is a "Real Life" Laboratory of planning and working under stress, complaints, multi-tasking. Persons with SMI are completely responsible for opening and closing the drop-in center on time 5-6 hrs. a day, 5 days a week and 3 1/2 hours on Saturdays. Since July 1997 mental health clients have done their own Accounts Payable and payroll. All purchasing, teaching, managing of the activities center is done by mental health clients. Assuming *responsibility* for an enterprise indirectly leads to *individuals* learning the virtues of consistency *and that their actions directly affect the well-being of others*. In 6 years no one has ever been taken against their will for involuntary treatment from the drop-in center. All MHCAN staff have an Axis I mental disorder.

All paid employment at MHCAN includes development of marketable skills. Staff and volunteers will be taught to use a FAX machine, load and use photocopier, answer phone in a business-like manner and record and relay accurate messages. Staff will help those with Serious mental illness experiencing active symptoms to fill out forms, use templates for resumes when requested to do so and also set up or write letters. Staff are taught to prioritize tasks, make their own job flow charts to meet deadlines. Staff make written reports on their

accomplishments each week, some daily, and the Executive Director in turn reports to the Board of Directors.

MHCAN-pays for conference registrations to client-run events, for state training, and career education. In 1997-8, the hostess attended stress management seminar, 1 staff and 3 volunteers attended the Alternatives Conference, the Executive Director attended a Partnership Conference.

Progress: All staff and at least 7 regular participants know how to photocopy, use the fax and cover as receptionist for our regular receptionist. We wrote 6 resumes with cover letters for people and have a template set up on the floor for resumes available to those who can type themselves. MHCAN was presented an Outstanding Employer award by the Santa Cruz Transition Task Force for commitment to clients in 1997-98.

2. Staff will demonstrate sharing of job responsibility as a preliminary skill to future employment or community volunteer work. Volunteers and staff will assume the workload for anyone hospitalized or in college so his/her job will not be in jeopardy. They will communicate with the hospitalized person to get work directions and to report what is being done. Staff will cover for those going back to school when they have papers and exams.

A driver will aide four staff who cannot drive in getting to work and to meetings, and to medical appointments, lab work, pharmacy. The driver will also pick up people who want to come to the support groups when it is raining or when they are experiencing hearing voices or feeling too vulnerable to ride the bus and walk. A .50FTE Driver, a senior citizen and client of county mental health, cost \$8,190 in 1997-98. Cost in 1998-99 will be \$8,675.10

Progress: The receptionist who works 16-17 hours a week graduated in May 1998 from the local Community College. The Peer Support and Resources Specialist was able to work 16 hours a week and take three classes without dropping out of school or work.

3. Clients will demonstrate mutual support of one another by learning mutual support techniques and conflict resolution skills which they teach to others.

Progress: No staff member was hospitalized more than 36 hours in 1997-98.

Peer Counseling/ Group Facilitation Skills: In FY1 1997-98 MHCAN offered a 13 week training in Peer Counseling Skills following the outline of the Independent Living Center in San Francisco. Guest speakers and trainers were hired, and 11 people graduated on Dec. 13, 1997. Five staff members completed the course. From that group four people began to advertise and hold their own support groups as volunteers. Those who show responsible job skills over 3 months are paid for

their time. Staff costs for mutual support group facilitators is \$8,736. Licensed counselor to act as their support is \$3,120.

Conflict Resolution: 3 staff people will be trained in conflict resolution and dealing with difficult people. They will work hard at applying these skills on the job and teaching others. Three new staff or volunteers will be trained in 1999 @ \$75 each. \$225.00

MHCAN will maintain and add to a library of self-help videos, audio tapes and books. Budget under this grant \$200.00

Progress: 3 staff members took two full day training offered by the Conflict Resolution Institute of Santa Cruz. The Executive Director presented material she learned to a group at the drop-in on Saturday. Dealing with conflict informally and difficult people is still a major need.

4. New for 1998-99: Participants will stay in treatment or find access to treatment under Managed Care. They will preserve their entitlements by filling out papers and questionnaires in a timely manner, learn to control strong emotions that contribute to instability in housing and with relationships. Staff and Mutual Support Groups will work closely with participants to keep them eligible for Medicaid and pharmacy coverage. MHCAN will continue supporting the use of atypical anti-psychotics in the formulary. Three (3) Emotions Anonymous groups will stay active with at least five members in each. MHCAN will invite the Program Chief of County Mental Health to participate in Focus Groups on pharmaceutical concerns of clients.

c) Program Description:

MHCAN uses SAMHSA Block Grant funds to offer peer-run mutual support groups. The grant also pays for The Saturday Club, provides transportation to and from the center for staff-and those living in the community to informal groups. Socialization and getting help with obstacles such as paper work(forms), family disruptions, loss of housing, fluctuations in side effects of prescriptions, and free food and fellowship are key components of the drop-in experience.

Volunteers and staff keep the drop-in center open when the county is closed to give mental health clients without close families a place to observe holidays. County governments observes 11.5 holidays and MHCAN observes 4. MHCAN was closed for: July 4, New Year's, Lincoln's Birthday, and Thanksgiving. Staff cost for being open 7 holidays including the driver cost is \$864.00

Setting in the Community. MHCAN is separate from the offices of traditional service providers. MHCAN occupies the basement of an inner city(Seabright neighborhood) United Methodist Church in 1440 sq. ft, including a large meeting room, a support group room-library,

an art and game room, an office, and a kitchen without a stove. MHCAN is on two major bus lines.

The Saturday Club promotes self-reliance: Staff and volunteers will continue to plan a menu for lunch, keep within a budget, do buying and preparation, serving and clean-up for The Saturday Club, to which homeless persons are encouraged to attend. Everyone who sought shelter was let in during heavy El Nino rains to eat and watch a video.

The Saturday Club Expenses:

Hot dogs, sandwiches, etc. for The Saturday Club	\$1,092 00
A Driver for Saturday for 3 hours costs	\$1014.00
Maintenance for Saturday clean-up costs	936.00
Video Rental for Saturdays \$3.50 X 52 =	182.00
<u>Receptionist, Medical checker 2 hours @\$5.50</u>	<u>572.00</u>
TOTAL	\$3,796.00

Problems encountered: When the Saturday attendance became 60-70% male, all women stopped coming. The adventure videos selected by men was frequently not ones women wanted to watch. We have addressed this problem by having Executive Director cover at least half of Saturdays and inviting some women and men to work on volunteer projects with her. In 1998-99 we are planning a crafts and art hour on Saturday which will attract women. Saturday

Progress: The Saturday Club was by invitation only to control who came and who didn't since programs for people with criminal justice issues and active addiction disorders were closed on the weekends. The Saturday Club was our first experiment to require that people sign in and give some information about themselves. After six months we began taking names and soliciting Medicaid information every day. Attendance since April 1997 has varied from 28 all men to 63 mixed genders. Between October and May when the Armory opens, we have less people simply looking for a place to sleep in the day time since Santa Cruz County has a sleeping ban between 7 p.m. and 7 a.m. for sleeping in public places. We found that we needed to be closed on any Saturday that fell at the end of the month when SSI checks come because people selling drugs would try to buddy-up to our clients and make a sale.

Outreach to the community is accomplished by monthly calendars and news releases faxed and hand carried to other service locations and homeless programs frequented by mental health clients. In addition, MHCAN staff visit outpatient rehabilitation and treatment settings to tell about our program: Community Connections, El Dorado Rehabilitation, the College Connection, Aptos High School.

MHCAN staff will produce four quarterly issues of *The We Can Courier* (12-16 pages each; 600 copies) and all text will be written by those with SMI. We did 3 24-page quarterly news magazines in 1997-98. We featured art work by persons who are homeless done in a minimum security facility. In 1998 MHCAN bid on and received the contract to produce four issues of the state's client newsletter and distributed copies locally. Three clients served on a committee to write the text for the County's Managed Care brochures. Clients did the mockup for layout and all editing. Client artwork produced in classes at MHCAN was used as illustrations in the Managed Care folders.

Outreach to the Traditional Mental Health System is accomplished by organizing four Focus Groups a year with the Mental Health Director and following up on emergent needs. The topics in 1997-98 were:

1. What can the county do to help us find affordable housing?

As a result of the Focus Group on Housing and a subsequent report to LMHB, MHCAN's Executive Director formed a Housing Workgroup with the Program Manager of the county's Supported Housing program as well as three clients. The group explored co-op designs for clusters of mental health clients renting a house together and managing the finances and savings plans for deposits and maintenance. The shortage of affordable housing in Santa Cruz County is the most acute problem to clients.

2. Where can people get a sense of family during the holidays and extra support?

As a result of the Focus Group on Holiday Stresses, MHCAN got an agreement with the county for the dual diagnosis house to remain open extra hours as well as the partial hospitalization walk-in. Problem encountered was that they covered Christmas, but the period following New Year's turned out to be the most critical for low-key crisis services.

3. What's Most on Your Mind?

This open topic group turned out to focus on the dilemma of housemates who had started using drugs again, the tendency of housing programs not wanted to face up to problems which would affect their reputation, the loss of therapy services, questions about St. John's Wort and Melatonin and the desire for Klonopin and Ativan. MHCAN issued a report in table form on interactions between street drugs and prescribed medicines as well as the signs of overdose and withdrawal from illegal drugs.

4. What we'd like to know about Managed Care and Social Security Reviews? Scheduled for June 30 following Santa Cruz County beginning Managed Care for Mental Health on June 1, 1998.

MHCAN will continue to schedule Focus Groups with the Mental Health Director a the most valuable "connection" clients have "officially" to the

system. In addition, we will schedule times to meet with the new Medical Director, Program Chief, Dr. Adams.

d) MHCAN's Target Population for Service:

The adults MHCAN serves are, have been, or might be at risk of becoming identified as mentally ill by service providers including the criminal justice system and alcohol and drug addiction programs. Initially we serve all who request our assistance. Current participants range in age from 22 to 78. MHCAN has very strong policies with staff against any discrimination based on age, sex, sexual orientation, mental or physical disability, ethnic identity, income level or educational level. MHCAN also works with Transitional Age placements from Court Referral for youth or young adults needing to do community service hours.

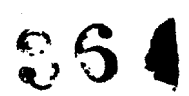
e) Staffing

Position Title	Name and languages and group	Program FTE	Total FTE by this grant	Annual Budget cost to Grant
Executive Director	Bonnie Schell English and "word salads"-	.50 FTE	.125 FTE	8 hrs. X\$10 \$4,160.00
Counselor to meet with and be on-call for Peer Counselors	MFCC or LCSW	OUTSIDE CONTRACT	2 hrs. .05 FTE @ \$30 hr	\$3,120.00
Mutual Support Specialist I-	Susan Ashworth Women's Group	.52 FTE \$12 per session	.05FTE	\$1,248.00
Mutual Support Specialist-	Horace McMahon Men's Group	.51 FTE	.05 FTE	\$1,248.00
Peer Support- People who have Schizophrenia	Greg Warren Schizophrenia Support Gp	.05FTE	.05FTE	\$1,248.00
Asst. to Schziophrenia Gp leader	Kenneth Nguyen- speaks French, Cambodian	.05 FTE	.05 FTE	\$624.00
Mutual Support Specialist -	Marko Greenfield Emotions Group	currently donating time	.05 FTE	\$1,248.00

Mutual Support specialist	Ellen Jennings Emotions Gp	currently donating time	.10 FTE	\$1,248.00
Evening Driver	Appollino Ramirez- speaks Spanish	.075 FTE	.075 FTE \$6.50 X3hrs	\$1,014.00
Assistant Driver	Kevin Murphy Saturday Driving	.15 F T E	.075 FTE	\$1014.00
Receptionist	Carla McSweeney Acute Hospital Visits	.40 FTE	.05 FTE	\$624.00
IMD Support Gp	Tim Conger, speaks Spanish Leslie Bennett-dual disability, wheelchair		.05 FTE	\$1,248.00 \$1,248.00
Maintenance-Cleaning-Sat	Kenneth Nguyen		.07 FTE 3 hrs. X\$6.50	\$1014.00
Homeless person's Day Video group	Kim Emmingcr coffee maker & video program-Sat Club.	donates 3 days	.04 FTE 2 X \$6.50	\$676.00
TOTAL STAFF				\$20,982.00
Benefits & Taxes				\$ 2,517.84

Non-Staff Expense paid for by Block Grant:

Saturday Video and hot dogs	\$1,274.00
Cost of being open for 7 holidays	\$ 864.00
Conflict Resolution Classes	\$ 225.00
Refreshments and rent for 8 Focus Groups	\$ 640.00
Evening meeting space (Louden Nelson Ctr),	\$ 520.00
Intermediate Peer Counseling Training \$50 a session	\$ 500.00
Calif. Assoc. Social Rehab. Agencies Conference - 4 people	\$ 320.00
<u>Cultural Competency Training, regional</u>	<u>\$ 200.00</u>
Sub- Total	\$5,403.00
TOTAL	\$28,146.84



f) Cultural Competency:

MHCAN staff is trained to be sensitive to participant's literacy status (do they have trouble with entitlement programs because they read poorly and fail to fill out forms adequately); degree of family shame (is the participant singularly missing outside support network because family is shamed by the participant's disorder as with Vietnamese and Cambodian immigrants); long-term stability of housing (do the participants seem to be housed because they are currently sleeping in a place of temporary menial labor because they are Afro-American males hired for heavy work, but paid under the table and laid off frequently?). Outpatients of ethnic backgrounds other than Chicano or Latino or Caucasian complain that their needs/ histories/ differences are ignored.

Cultural and Individual Differences: The majority of Mental Health clients have in common the experience of involuntary treatment, stigma within the family and community and enormous frustration when treatment programs don't work. At MHCAN an attempt is made to describe people by their work habits and skills rather than their symptoms. Staff will be able to say how fellow staff members like to work: such as most productive hours, use of calendars, lists, notes, phone messages to themselves, preference for neatness or clutter, length of concentration time, pet peeves, etc. Staff will know how regular participants relieve stress whether reading, tearing up paper, pacing, or talking incessantly and be able to support that activity and give feed back on its effect on others in a social setting. The kitchen monitor is tolerant of people from different ethnic backgrounds fixing their "comfort" foods on hot plates whether it's turnip greens or tofu or tomalleyes. The Center also currently serves three regular participants with concurrent physical disabilities: paraplegic, deafness, rheumatoid arthritis.

MHCAN has been reluctant for the past 5 years to ask new participants many questions, believing that act would drive them away, or contribute to a feeling of suspicion about "government watching". In quarters I and II of calendar year 1998, however, the receptionist started keeping role by name and asking about people's Medicaid status. No one who legitimately needed to be at MHCAN objected. At informal drop-in gathering staff have begun encouraging clients to compare their religious, musical, educational backgrounds as a way of knowing one another better.

MHCAN currently serves as the mailing address for 6 mental health clients who vacillate between the Homeless Shelter and jail. When addressees fail to pick up their first class mail, the MHCAN receptionist notifies the downtown outreach worker or the public guardian that something may be wrong and to consider the mental health client "missing."

g) Designated Peer Review Representative

Mike Eipp, co-chair of the Santa Cruz Local Mental Health Board, and a person with direct experience of addiction disorders and primary co-occurring bipolar disorder will participate as a member of the DMH Review Team in a neighboring county.

h) Implementation Plan:

Program implemented in 1992-3; this application is for the seventh year of services. The basic job descriptions and day to day policy of keeping the drop-in center open and offering activities is fully implemented. We do not anticipate any changes in key staff. By August 1998 we will outsource all bookkeeping functions except payroll and accounts payable because tax forms have taken up too much of staff time that is better spent with people.

In FY98-99 MHCAN will concentrate on the stability and longevity of the fledgling support groups succeeding (regular attendance of 5 clients makes a stable group). If the attendance does not grow in the new support groups, we will experiment with changes in day or time. By Feb. 1999 mutual support counselors will have received 10 hours additional training and a mini-series of 7 peer counseling classes in attentive listening will be offered to other clients. Further training in Conflict Resolution will be completed by January 1999.

The Saturday Club will be reviewed quarterly by county contract monitor and MHCAN Executive Director to weed out people who have not availed themselves of mental health services in any way despite the need or who are not staying clean and sober or who are bothering others' sense of quiet and safety.

The new Mutual Support Specialists (2) will make presentations to partial hospitalization and rehabilitation groups about MHCAN's philosophy, will keep resource notebooks and bulletin boards up to date in order to provide information to people with SMI. By November they will have identified two volunteers who will be in charge of maintaining the pharmacy files on medications and MHCAN's on-line electronic mail account.

One Mutual Support Specialist will be in charge of contacting all other support group leaders once a week to see if they need anything, are pleased with their groups or having problems. Any problems will be immediately addressed by the Executive Director and a licensed counselor if appropriate.

Four staff members who know Microsoft will learn more about Excel and two will master Microsoft Publisher, and one staff member will learn Microsoft Access to transfer the mailing list.

Attendance will be reviewed monthly for Saturdays and Thursday and Tuesday mutual support group and art days.

Further training will be offered to Mutual Support Specialists in first six months of FY 98-99. MHCAN's Director will stay in close communication

with county mental health program staff as the County enters first year of Managed Mental Health care to reflect whether client needs are being met.

The Receptionist/hostess takes a daily count of participants by name, recording whether or not the person has Medicaid and a current primary care physician, prepares a monthly report of attendees by day, and compares to previous year. She will train at least two volunteers to essential duties of her job. By March the receptionist will have designed a custom form to catalogue phone requests which are already recorded in her message books.

Staff and volunteers will rotate as observers at the local mental health board and county and city meetings on issues that effect them such as housing, conditions at the jail, and access for persons to treatment who do not have an Axis I diagnosis but do have a diagnosis covered under Medicaid as a mental health disorder. An MHCAN staff member will serve on the Managed Care Policy Advisory Workgroup/Board when implemented.

i) Program Evaluation Plan

CMH utilizes various methods to ensure that County contracted programs stay "on track." These include the following:

MHCAN makes an annual report on their contract to the Local Mental Health Board.

The Contract Monitor, Karolin Schwartz, talks with the Executive Director every Friday and visits the center twice a month to meet with mutual support counselors. The Contract Monitor reports directly to the Mental Health Director.

MHCAN maintains an "Open Door" for any case coordinator, the down town outreach worker, the Mental Health Director or program monitor to visit.

The receptionists total attendance on a chart by day, week and month so that it can be compared to previous years. MHCAN pays close attention to people who drop-in just after everyone gets entitlement checks, but who do not participate in any program. Attendance is our best guide to meeting client needs. We monitor percentage of women who are active and feel comfortable at the center as a gauge of a "safe" atmosphere. We respond to complaints. (One this year was the lack of bright light in two rooms of the basement; we replaced the florescent tubes with full spectrum bulbs.)

Drivers maintain a log of who they take where and for what. By October we will begin converting this data into a table that shows number of trips to doctors, county appointments, pharmacy, classes and support groups.

In 1998-99 MHCAN will be checking to see if participants have current Medicaid benefits or if they have lost them due to change of address or failure to update their paperwork. We also encourage participants to register to vote. Participants without an address use the Drop-In Center as a home base.

MHCAN's budget is monitored when expenses are itemized and turned in at the end of every month to the County. All expenses require an invoice and

all checks require two signatures. Monthly expenses are also reviewed by the Board of Directors half of whom are mental health clients.

The Executive Director or a representative from MHCAN's staff meets monthly with all contract providers in a group chaired by the Mental Health Director.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION (SAMHSA) BLOCK GRANT
SFY 1998-99 PLANNING ESTIMATE


COUNTY: S A N T A CRUZ ISSUE DATE: March 3, 1998

PROPOSED ALLOCATION \$ 71,261

The County Department of Mental Health requests continuation of the Substance Abuse and Mental Health Services Administration (SAMHSA), Community Mental Health Services Block Grant. These funds will be used in accordance with 42 U.S.C.A., Sections 300x through 300x-13, as it read on January 1, 1992, and amended by Public Law (PL) 102-321, and will be used as stated in the enclosed Assurance of Compliance with Federal Requirements on Use of Allotments, and the Certification Statements.

The amount is the proposed total expenditure level for SFY 1998-99. The amount identified above is subject to change based on the level of appropriation approved in the State Budget Act of 1998. In addition, this amount is subject to adjustments for a net reimbursable amount to the county. The adjustments include, but are not limited to, Gramm-Rudmann-Hollings (Federal Deficit Reduction Act) reductions, prior year audit recoveries, federal legislative mandates applicable to categorical funding, augmentations, etc. The net amount reimbursable will be reflected on future allocations and/or advance payments as the specific dollar amounts of adjustments become known for each county.

The county should use this amount for planning purposes and to build the county's SFY 1998-99 base budget for SAMHSA Block Grant funded mental health programs.



County Mental Health Director

7-8-98

Date