



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE  
SANTA CRUZ, CA 95061  
(408) 454-4066 FAX: (408) 454-4770  
TDD: (408) 454-4123

0471

November 22, 1999

AGENDA: December 14, 1999

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street  
Santa Cruz, California 95061

RE: Approval of Renewal Application for Community Mental Health 1999-2000  
Federal SAMHSA Block Grant and PATH Grant, Approval of SAMHSA  
Supportive Housing Demonstration Project, and related budget items

Dear Members of the Board:

### PATH GRANT:

Since 1984, HSA's Community Mental Health (CMH) division has received an annual allocation from the State Department of Mental Health of Federal Project for Assistance in Transition from Homelessness (PATH) funds. The County's 1999-2000 allocation is \$11,214.

PATH funds are used to support a contract with Santa Cruz Community Counseling Center, Inc. (Contract No. 129-01) to provide support services at the River Street shelter to mentally ill individuals after discharge from acute hospitalization. The services focus on the prevention of homelessness among high-risk individuals, assisting in transitioning to more stable living arrangements and direct treatment interventions.

The State requires an annual reapplication process to permit distribution of the PATH grant for the federal government. The renewal grant application

(attached) was submitted pending approval by your Board and by the Local Mental Health Board, who has reviewed and approved the PATH application as indicated in their attached letter.

#### BLOCK GRANT:

Since 1985, CMH has received a Federal Block Grant for the provision of discharge planning services for mentally ill inmates at the County Jail. The goal of this program is to reduce the number of mentally ill offenders who cycle through the criminal justice system. This intervention approach supports a Mental Health Client Specialist who works with the courts and the Probation Department to develop discharge plans to assist offenders to stabilize their lives in the community. The County's 1999-2000 allocation for this part of the Block Grant is \$43,000.

In 1992-93, the State Department of Mental Health began augmenting Block Grant funds to CMH by providing funds which were allocated to the Mental Health Client Action Network (MHCAN). MHCAN offers organizational support to client-directed, self-help activities and work opportunities. The County's 1999-2000 allocation for this Block Grant augmentation is \$28,261. These funds support a portion of the contract with MHCAN (Contract No. 1460-01).

As with the PATH Grant, the State requires an annual reapplication for these Block Grant funds. The reapplication (attached) was submitted pending your Board's and the Local Mental Health Board's approval. The Local Mental Health Board has reviewed and approved the Block Grant application as indicated in the attached letter.

In addition to these continuing Block Grant activities, CMH has been awarded three years of Substance Abuse and Mental Health Services Administration (SAMHSA) funding for a Supportive Housing Demonstration Project. Your Board approved submission of CMH's application for these funds on March 23, 1999. The County's 1999-2000 allocation for this project is \$158,500. The project is intended to provide supportive services to CMH clients living independently.

These funds will augment existing contracts with Santa Cruz Community Counseling Center, Inc. (\$86,488 in Contract No. 129-04) and the Volunteer Center of Santa Cruz (\$72,011 in Contract No. 205-01). The former will provide housing with supportive services to 39 clients, and the latter will provide vocational and educational services to the same client population.

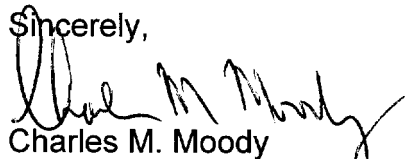
These grants are the result of allocations to the County for specific Community Mental Health purposes. Administrative costs associated with the activities funded by these allocations are recovered through cost reporting mechanisms of

the State Mental Health System and, therefore, are not included as part of these specific allocations. The continuing grants are under the Revenue section of the Continuing Agreements List approved as part of the budget process.

It is, therefore, RECOMMENDED that your Board:

1. Approve submittal to the State of the attached \$11,214 PATH Grant application for continuation of support services to mentally ill clients at the River Street Shelter; and
2. Approve submittal to the State of the attached \$71,281 Block Grant application which provides \$43,000 for Jail Discharge planning services and \$28,261 to the Mental Health Client Action Network for organizational support to client-directed, self-help activities; and
3. Adopt the attached resolution accepting and appropriating \$158,500 of unanticipated revenue into the HSA Mental Health budget for SAMHSA Supported Housing Demonstration Project; and
4. Direct the Clerk of the Board to forward four (4) certified copies of your Board's action to Mental Health for processing to the State.

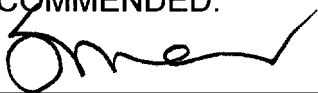
Sincerely,



Charles M. Moody  
Health Services Administrator

CM:PJS:emp  
Attachments

RECOMMENDED:



SUSAN A. MAURIELLO  
County Administrative Officer

cc: Auditor-Controller  
County Administrative Office  
County Counsel  
Health Services Agency  
Mental Health Administration  
Local Mental Health Board

0474

**BEFORE THE BOARD OF SUPERVISORS  
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA**

RESOLUTION NO. \_\_\_\_\_

On the motion of Supervisor \_\_\_\_\_  
duly seconded by Supervisor \_\_\_\_\_  
the following resolution is adopted.

**RESOLUTION ACCEPTING UNANTICIPATED REVENUE**

WHEREAS, the County of Santa Cruz is a recipient of funds SAMHSA Federal Block Grant  
Supported Housing Demonstration Project \_\_\_\_\_ program; and

WHEREAS, the County is a recipient of funds in the amount of \$ 158,500  
which are either in excess of those anticipated or are not specifically set  
in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds  
may be made available for specific appropriation by a four-fifths vote of  
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County  
Auditor-Controller accept funds in the amount of \$ 158,500 into  
Department Mental Health


Short-Doyle Medi-Cal

<u>T / C</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
001	363101	0620	Federal Block Grant	158,500

and that such funds be and are hereby appropriated as follows:

<u>T/C</u>	<u>Index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
021	363210	3665	--	Professional Services	158,500

**DEPARTMENT HEAD** I hereby certify that the fiscal provisions have been  
researched and that the Revenue(s) (has been) (will be) received within the  
current fiscal year.

By  Date 12/1/99  
Department Head

COUNTY ADMINISTRATIVE OFFICER

45  
☒ Recommended to Board

☐ Not Recommended to Board

0475

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,  
State of California, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: 'SUPERVISORS

\_\_\_\_\_  
CHAIR OF THE BOARD

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

Rafael Garcia  
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Ronald J. Wilson 12/2/99  
Auditor-Controller

Distribution:

Auditor-Controller  
County Council  
County Administrative- Officer  
Originating Department



# County of Santa Cruz

LOCAL MENTAL HEALTH BOARD PO BOX 962 SANTA CRUZ CALIFORNIA 95061

0476

November 17, 1999

BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ  
701 Ocean Street, 5<sup>th</sup> Floor  
Santa Cruz, CA 95060

**Re: Santa Cruz County Renewal Application for FY 1999-2000  
PATH Formula Grant Program**

Dear Members of the Board:

This letter is to notify your Board that the Santa Cruz County Local Mental Health Board met on June 7, 1999. A quorum was present and members reviewed and accepted the renewal application for the PATH Formula Grant Program for FY 1999-2000.

Sincerely,

Michael Eipp, Co-Chair  
Local Mental Health Board

ME:ep

cc: State DMH  
Local Mental Health Board



# County of Santa Cruz

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE SANTA CRUZ, CA 95060  
(831) 464-4767 FAX: (831) 454-4663 TDD: (831) 4544123

0477

## Mental Health Administration

April 28, 1999

Donald Rittenhouse  
Planning, Grants and Revenue Enhancement  
State Department of Mental Health  
1600 Ninth Street  
Sacramento, CA 95814

Re: Santa Cruz County Renewal Application for FY 1999-2000 PATH Formula Grant Program

Dear Don,

Enclosed is Santa Cruz County's renewal application for FY 1999-2000 PATH funding.

Documentation of the Local Mental Health Board and Santa Cruz County Board of Supervisor's approval will be sent under separate cover once both Boards have reviewed the renewal application package.

Sincerely,

Peter J. Spofford  
Analyst

PJS:emp  
Enclosures

cc: Rama Khalsa, Director CMH  
Glenn Kulm, Deputy Director CMH  
Paul O'Brien, Santa Cruz Community Counseling, Inc.  
Marilyn Clark, CMH Fiscal

State of California  
Department of Mental Health

Health and Welfare Agency

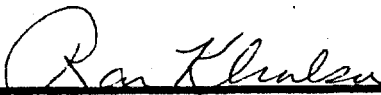
0478

**PATH ALLOCATION WORKSHEET - PLANNING ESTIMATE**  
MH 1772B (3/99)

**STATE FISCAL YEAR: 1999/2000**  
93.150

FEDERAL CATALOG NO.

<b>COUNTY: Santa Cruz</b>		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) 1999/2000. Your Planning Estimate is identified below.</p>		
PATH Funds FY 1999/2000 (Amount Reimbursable)		\$11,214
PURPOSE: Planning Estimate		Date: March 22, 1999

  
County Mental Health Director

4/20/99  
Date



**Checklist for PATH Application**

Before mailing the application, please use this checklist to be sure your application addresses the following issues:

- ☒ Have you **described** anticipated gaps in mental health and other needed services in your county? Have you described the county's strategies for overcoming the identified gaps. (Section E.)
- ☒ Have you identified other services in your county for PATH eligible persons, including services provided by the private sector? (Section E.)
- ☒ Have you described the coordination of PATH funded and non-PATH funded services? (Section H.)
- ☒ Have you described how the special needs of homeless clients with co-occurring SMI and substance abuse disorders will be met? (Section F.)
- ☒ Have you described how suitable housing services will be made available to PATH eligible individuals, including the names of sponsors and location of housing services? Have you indicated any HUD participation in your local planning process? (Section G.)
- ☒ Have you described how consumers and family members are appropriately involved in the planning, implementation and evaluation of PATH funded services? (Section I.)
- ☒ Have you described how the staffing is sensitive to the age, gender, and racial/ethnic characteristics of the target population? (Section J.)

0480

## 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, a 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 Transactions" in all lower tier covered transactions (i.e., transactions with sub grantees and contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2 CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, 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 an ongoing 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 in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

- central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted—
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; 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).

For Purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

**Division of Grants Policy and Oversight**  
**Office of Management and Acquisition**  
**Department of Health and Human**  
**Services; Room 517-D**  
**200 Independence Avenue, S.W.**  
**Washington, D.C. 20201**

### 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 each 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 under-

signed, 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 altering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of my 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 that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

## 5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE


Public Law 103-227, also known as the Pm-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 residence, 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 the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of my indoor facility used for the provision of services for children as defined by the Act.

The applicant 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.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		TITLE MH Director	
APPLICANT ORGANIZATION SANTA CRUZ COUNTY		DATE SUBMITTED April 30, 1999	

## COMPLIANCE ASSURANCES

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

- A. Amounts received under the PATH 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 PATH 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 PATH application provides sufficient opportunity to allow comments from interested persons and agencies at the board hearing.

- H. 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 1999-2000 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

  
Signature of Director

April 30, 1999  
Date

0485

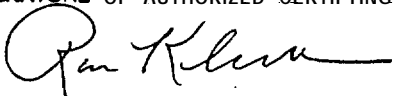
## ASSURANCES - NON-CONSTRUCTION PROGRAMS

**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 my authorized representative, access to and the right to examine all records, books, papers, and documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard 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 Standard 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; (e) 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 Title 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 wetland 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 Clean 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 seq.).
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 MH Director
APPLICANT ORGANIZATION Santa Cruz County		DATE SUBMITTED April 30, 1999



## PATH PROGRAM

### PROVIDER NARRATIVE FACE SHEET

County Santa Cruz Fiscal Year: 1999/2000  
Provider Santa Cruz Community Counseling Center, Inc. Allocation: \$11214  
Provider Type: (Enter code from below): Community Mental Health  
Service Area (county, city, region, neighborhood, etc) County  
County Contact Person: Peter Spofford  
Telephone: (831) 454-4767 FAX: (831) 454-4663  
mail: \_\_\_\_\_

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:

<input checked="" type="checkbox"/> Personnel	<input type="checkbox"/> Equipment	<input type="checkbox"/> Travel
<input type="checkbox"/> Consultants	<input type="checkbox"/> Supplies	<input type="checkbox"/> Other

Additional Required Items (B thru J)

To complete the Program Narrative, please submit items B thru J as outlined in the Program Narrative Guidelines of these instructions. Limit is THREE 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 just under 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 35% of a full-time 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 client'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. PATH 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 100 PATH funded individuals to health, mental health, and chemical dependency resources
Measurement	Client outcome data sheets submitted by counselor.

PATH funding for the 1999-00 fiscal year will provide services to 100 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 1997-98, the River Street Shelter had two Counselors who served a total of 207 mental health clients. Based on this figure, we are assuming 100, (approximately half), of the mental health clients to be served in 1999-00 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 less than 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. Without PATH funds, fewer homeless clients with mental illness and substance abuse problems would be served.

Gaps in service include the tight local housing market and scarcity of affordable housing. SCCC and the County are applying to HUD to fund more permanent supported housing and develop more clean and sober homes for dual diagnosis clients.

**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. SCCC 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.

For the last five years, the Continuum of Care Coordinating Group for Santa Cruz County has met regularly to coordinate homeless services and prioritize local needs. The group prioritizes HUD Super NOFA applications by area of greatest need. It also works to increase housing resources for homeless individuals, including the homeless mentally ill.

## **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.

## **I. Consumers and Family Members**

Consumers and family members are invited to participate in the Continuum of Care Coordinating Group which meets regularly to coordinate homeless services and prioritize local needs.

## **J. Cultural Competency**

The staffing at the River Street Shelter consists of 4 women and 4 men, 3 Caucasians, 3 Latinos, an American Indian and an Asian/Pacific Islander. Three of the staff are Spanish bilingual, and all forms used by clients are available in Spanish as well as English. This contrasts with a client population of 30% women and 70% men, 80% Caucasian, 8% Latino, and 12% other minority. All staff receive training on cultural competency issues.

State of California  
Department of Mental Health

Federal Grant Detailed Provider Budget  
MH 1779A Rev(03/99)

**PATH GRANT**  
**State fiscal Year 199912000**

Submission Date: April 30, 1999

Telephone Number: (831) 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:

	Staff (List by title of position and number of FTE)	Column 1 Approved Budget SFY 1998199	Column 2 Approved Budget SFY 1999/2000
1	Counselor II, <del>40</del> <sup>.35</sup> FTE	\$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 **36**

TELEPHONE: (916) 327-9314

DATE:



# County of Santa Cruz 0492

LOCAL MENTAL HEALTH BOARD PO Box 962 SANTA CRUZ CALIFORNIA 95061

November 17, 1999

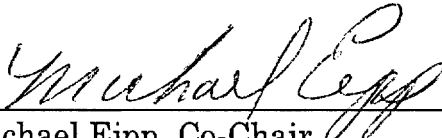
BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ  
701 Ocean Street, 5<sup>th</sup> Floor  
Santa Cruz, CA 95060

**R e : Santa Cruz County Renewal Application for FY 1999-2000  
SAMHSA Block Grant Funds**

Dear Members of the Board:

This letter is to notify your Board that the Santa Cruz County Local Mental Health Board met on August 2, 1999. A quorum was present and members reviewed and accepted the renewal application for the SAMHSA Block Grant Funds for FY 1999-2000.

Sincerely,

  
\_\_\_\_\_  
Michael Eipp, Co-Chair  
Local Mental Health Board

ME:ep

cc: State DMH  
Local Mental Health Board

SAMHSA **BLOCK** GRANT ALLOCATION WORKSHEET  
MH 1772A (9/94)

STATE FISCAL YEAR 1999-2000

FEDERAL CATALOG NO. 93.958

COUNTY SANTA CRUZ

REVISION NUMBER 0

The State Department of **Mental** Health (DMH), under provisions of 42 United States Code, Sections 300x et. seq., as it read on January 1, 1992, and as amended by P. L. 102-321, and the State Budget Act of 1999 (Chapter 50, Statutes of 1999), is authorized to allocate the mental health portion of the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funds to counties for State Fiscal Year (SFY) 1999-2000. Please note that these allocation amounts are subject to further adjustments, as amounts are identified, which include, but are not **limited** to, Gramm-Rudman reductions, prior years' audit recoveries, retained unexpended amounts, etc. Your allocation is identified below.

I. GROSS EXPENDITURE LEVEL

A. SAMHSA Block Grant Funding Base	\$71,261
B. AB 3015 RFP Children's Program	\$0
C. Supportive Housing Demonstration Project	\$158,500
D. SFY 1998-99 County Rollover Funds	\$0
E. Total Authorized Gross Expenditure Level	<u>\$229,761</u>

II. REIMBURSEMENT ADJUSTMENT(S)

A. SFY 1998-99 County Rollover Fund	c	\$0 >
B.		
C. Total Adjustments	C	<u>\$0 &gt;</u>

III. NET ALLOCATION REIMBURSABLE

\$229.761

\*\*\*\*\*  
PURPOSE: initial Allocation

DATE: August 12, 1999  
\*\*\*\*\*

I, the undersigned, have accepted the Federal SAMHSA Block Grant funds for the county under those conditions established by governing federal and state laws, policies, regulations, and guidelines as well as the specific conditions included in the County Application.



County **Mental** Health Director

Sept 1, 99  
Date

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION (SAMHSA) BLOCK GRANT  
SFY 1999-2000 PLANNING ESTIMATE

COUNTY: SANTA CRUZISSUE DATE: March 3, <sup>1999</sup>~~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) 102-32 1, 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 1999-2000. The amount identified above is subject to change based on the level of appropriation approved in the State Budget Act of 1999. 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 1999-2000 base budget for SAMHSA Block Grant funded mental health programs.

  
County ~~Mental Health~~ Director

April 8 1999  
Date



SAMHSA BLOCK GRANT

FEDERAL GRANT DETAILED PROGRAM BUDGET  
MH 1779 REV(3/99)

SUBMISSION DATE: June 25, 1999

COUNTY: Santa Cruz

FISCAL YEAR: 1999-2000

CONTACTPERSON: Paul Bellina

TELEPHONE NUMBER: (831) 454-4428

PROGRAMNAME: Jail Discharge Planner

PROVIDER NUMBER(S): 44AE

STAFFING		1	2	3
TITLE OF POSITION		LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	<b>MH Client Specialist</b>	<b>\$43,000</b>		<b>\$43,000</b>
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12	<b>TOTAL STAFF EXPENSES (sum lines 1 thru 11)</b>	<b>\$43,000</b>		<b>\$43,000</b>
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	<b>COUNTY ADMINISTRATIVE COSTS</b>			
38	<b>NET PROGRAM EXPENSES (sum lines 12 thru 37)</b>	<b>\$43,000</b>		<b>\$43,000</b>
39	OTHER FUNDING SOURCES: Federal Funds			
40	Non-Federal Funds			
41	<b>TOTAL OTHER FUNDING SOURCES (sum lines 39 &amp; 40)</b>			
42	<b>GROSS COST OF PROGRAM (sum lines 38 and 41)</b>	<b>\$43,000</b>		<b>\$43,000</b>

DMH APPROVAL BY  
TELEPHONE:  
DATE.

TERI NEWBY  
(916) 654-3254

SAMHSA BLOCK GRANT

0497

FEDERAL GRANT DETAILED PROGRAM BUDGET

MH 1779 REV(3/99)

SUBMISSION DATE: June 25, 1999

COUNTY: Santa Cruz

FISCAL YEAR: 1999-2000

CONTACT PERSON: Paul Bellina

TELEPHONE NUMBER: (831) 454-4428

PROGRAM NAME: MH Client Action Network PROVIDER NUMBER(S): 4416

STAFFING		1	2	3
TITLE OF POSITION		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)			
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 NEWBY  
(916) 65-13254

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 1911 (b) PURPOSE OF GRANTS

- (b) Purpose of Grants - A funding agreement for a grant under subsection (a) is that, subject to Section 19 16, the State involved will expend the grant only for the purpose **of--**
- (b)(1) carrying out the plan submitted under Section 19 12(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 1912 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 1916 RESTRICTIONS ON USE OF PAYMENTS

- (a) In General - A funding agreement for a grant under Section 1911 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 1911 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

0500

(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 **fin**ed 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 -

0501

(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 60 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

6/22/99  
\_\_\_\_\_  
Date

## CERTIFICATIONS

### CERTIFICATION REGARDING LOBBYING

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and 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 any 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 federal 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 Form to Report Lobbying," in accordance with its instructions.
- 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 prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, 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 for each such failure.

### SALARY CAP

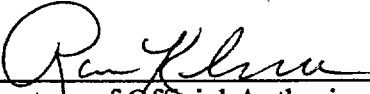
The undersigned certifies that no grant funds will be used to pay an individual salary at a rate in excess of \$125,000 per year, not including benefits.

### DRUG FREE WORK ENVIRONMENT

The undersigned certifies that reasonable efforts are made to maintain a drug-free work place in all programs supported by the Block Grant funds.

CERTIFICATION 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

6-22-99  
\_\_\_\_\_  
Date



0504

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

6-22-99  
Date



# County of Santa Cruz

## HEALTH SERVICES AGENCY

1400 EMELINE AVENUE SANTA CRUZ, CA 95060  
(831) 454-4767 FAX: (831) 454-4663 TDD: (831) 454-4123

### Mental Health Administration

June 25, 1999

Teri Newby, Federal Block Grant Liaison  
Department of Mental Health  
Planning, Grants & Revenue Enhancement  
1600 9<sup>th</sup> Street, Room 130  
Sacramento, CA 95814

Re: Santa Cruz County Renewal Application for FY 1999-2000 SAMHSA  
Block Grant Funds

Dear Teri,

Enclosed is Santa Cruz County's renewal application for FY 1999-2000 SAMHSA funding. Please contact Paul Bellina at (408) 454-4428 regarding reviews of SAMHSA funded programs.

Documentation of Local Mental Health Board review and Santa Cruz County Board of Supervisor's approval will be sent under separate cover once both boards have reviewed the renewal application package.

Sincerely,

Peter J. Spofford  
Analyst

PJS:emp  
Enclosures

cc: Rama Khalsa, Director  
Glenn Kulm, Assistant Director  
Marilyn Clark, Mental Health Fiscal  
Paul Bellina, Mental Health Program Manager

**1999-2000 SAMHSA BLOCK GRANT  
PROGRAM DATA SHEET**

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

COUNTY: Santa Cruz PROGRAM TITLE: Jail Discharge Planner

0505

SAMHSA FUNDING LEVEL: (MH 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 105 # SMI OLDER ADULT \_\_\_\_\_ # 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			<b>105</b>		
ESTIMATED NUMBER OF SMI OLDER ADULT					
ESTIMATED NUMBER OF SED CHILDREN					

ADDITIONAL COMMENTS:

**1999-2000 SAMHSA BLOCK GRANT  
PROGRAM DATA SHEET**

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

**COUNTY:** Santa Cruz **PROGRAM TITLE:** MH Client Action Network

0506

**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 270 # SMI OLDER ADULT \_\_\_\_\_ # SED CHILD \_\_\_\_\_

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

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

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					270
ENDING YEAR					
ESTIMATED NUMBER OF SMI OLDER ADULT					
ENDING YEAR					
ESTIMATED NUMBER OF SED CHILDREN					
ENDING YEAR					

**ADDITIONAL COMMENTS:**

**SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH  
1999-2000 SAMHSA BLOCK GRANT RENEWAL APPLICATION**

0507

**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 1999-2000 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.

0508

### 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.

0509

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 ten 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 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. Overall, the Jail Discharge Planner interfaces with the criminal justice system, all levels of care of Community Mental 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.

0510

#### **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 99 admissions to the caseload of the Jail Discharge Planner from June 1, 1998 to May 30, 1999. Of the 99 admissions, 12 re-offended. This leaves 87 clients successfully diverted into appropriate levels of care, a success rate of 88%. 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 99 admissions, 80 clients were male and 19 were female. Of the 99 admissions, 23 clients were released back into independent living in the community with court ordered referrals to outpatient psychiatric treatment that were arranged by the Jail Discharge Planner. Six (6) 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.

Five (5) 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 with the court process, and arranges placement directly from the jail as beds become available. Four (4) clients were placed in a board and care facility directly from the jail. Twenty-eight (28) clients were referred to our local, homeless Dual Diagnosis Treatment program, the Pioneer House. These clients were, also, court ordered to comply with outpatient treatment. Twelve (12) 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 Patton State Hospital for treatment. Ten (10) clients were placed on LPS Conservatorship while in the County Jail. These clients were then referred to locked facilities. Ten (10) 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 Jail 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 medications to last clients until they can make appointments at their outpatient clinics in their county of residence. This year, the Jail Discharge Planner assisted the Dutch Consulate in returning a young native of Holland experiencing a manic episode here in the United States to return home to Amsterdam. The Discharge Planner work closely with the Dutch Consulate to coordinate this young man's travel plans and medication stabilization to return him from the Santa Cruz County Jail to his home in Amsterdam. Of the 99 admissions to the Jail Discharge Planner's caseload, 40 clients were placed on formal probation with court ordered psychiatric treatment. These 40 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.

Again, the most significant change in the statistics for the Jail Discharge Planner's caseload this year is the 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. Twelve (12) percent of the clients admitted to the Jail Discharge Planner's caseload were placed at the Paloma House program this year. In all, forty-one (41) percent of the clients referred to the Jail Discharge Planner were placed in dual diagnosis programming this year.

0512

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 (30) 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.

0513

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.

BLOCK Jail Discharge Planner 1999-2000  
6.2599

**SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH  
1998-99 JAIL DISCHARGE PLANNER REFERRALS**

0514

ETHNICITY/AGE	18 - 34		35 - 59		60+		TOTAL
	Male	Female	Male	Female	Male	Female	
WHITE	34	6	25	9	3	0	77
BLACK	2	0	2	0	0	0	4
HISPANIC	11	1	3	1	0	0	16
ASIAN	0	0	0	0	0	0	0
NATIVE AMERICAN	0	2	0	0	0	0	2

REFERRAL SOURCES	# OF CLIENTS	% OF TOTAL
Judges	38	34
Attorneys	16	16
CIT-Jail	10	10
Probation	5	5
Coordinators	30	30

**REFERRALS FROM PROJECT**

TYPE OF AGENCY	# OF CLIENTS	% OF TOTAL
Inpatient	6	6
Sub-Acute Residential Trt	5	5
Pioneer House	28	29
Board & Care	4	4
Outpatient Trt	23	23
State Hospital	1	1
LPS in Custody to Institutions for Mental Disorders	10	10
Paloma House	12	12
Shelter	0	0
Returned to County of Residence	10	10

II. PROGRAM NARRATIVE  
FOR THE MENTAL HEALTH CLIENT ACTION NETWORK

0515

**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 provides volunteer assignments, study space and computer services to students in the College Connection program. For adults without day shelter, MHCAN functions as an address site and a place where clients can talk to their case managers on the phone in pursuit of housing. MHCAN also provides transportation to County Mental Health clinic 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. The number of clients participating in Saturday Club, support groups, volunteer work will increase by 15%.

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. Persons with SMI are completely responsible for opening and closing the drop-in center on time 6 hrs. a day, 5 days a week and 3 112 hours on Saturdays. Since July 1997, mental health clients have done their own accounts payable and payroll. All purchasing, teaching, managing of the activity center are done by mental health clients. *Assuming responsibility for an enterprise indirect/y leads to individuals learning the virtues of consistency and that their actions direct/y affect the we// being of others.* 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, file and 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, create resumes and 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 monthly.

0516

MHCAN pays for conference registrations to client-run events, for state training, and career education: In 1998-99, CASRA, Patient Rights, Client Forum, CAMINAR and Cultural Competency State presenters, stress management seminar, and a Partnership Conference were attended.

Progress: All staff and at least 10 regular participants know how to photocopy, use the fax and cover as receptionist. We wrote 6 resumes with cover letters for people. We taught Microsoft Word and Internet use to 8 participants.

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.

Progress: A peer counselor graduated from UCSC in June, 1999; 4 volunteers were in community college; 1 staff person was enrolled full time at CSU Monterey. One staff member plays in the University orchestra.

3. **Clients will demonstrate mutual support of one another by learning mutual support techniques.**

Peer Counseling/ Group Facilitation Skills: In FYI 998-99, five clients began to advertise and hold their own support groups as volunteers on stipend including Men and Women's Support group, Positive Living group, Schizophrenia group and Bi-Polar group. Two groups will be added in 1999-00. Staff costs for mutual support group facilitators is \$8,736. A licensed counselor met with peer counselors twice a month. Peer counselors also meet monthly with County Contract Monitor.

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

Progress: 3 staff members took two full days of training offered by the Conflict Resolution Institute of Santa Cruz and Santa Cruz Community Foundation. Dealing with difficult people is still a major needed skill.

4. **Participants will stay in treatment or find access to treatment under Managed Care.** MHCAN invited the Medical Director of

County Mental Health to participate in Focus Groups on pharmaceutical concerns of clients and better communication with physicians.

0517

Progress: Two focus groups with Medical Director of Mental Health and two with the Director were held in 1998-99.

### 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 and County clinics. Socialization and getting help with obstacles such as paper work, family disruptions, loss of housing, fluctuations in side effects of prescriptions, and free food and fellowship are key components of the drop-in experience. Total attendance hours in FY 98-99 through the end of May 1999 was 5,243 compared to 4,172 for FY 97-98, an increase of 26%.

**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 government observes 11.5 holidays and MHCAN observes 4. MHCAN also is open half day on Saturdays and provides lunch.

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 library, an office, a kitchen, and a TV or small meeting room. 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. In 98-99, cable TV was installed. The number of Saturday visits increased from 40 (the first six months of the fiscal year) to 75 the last six months.

#### The Saturday Program Expenses:

Hot dogs, sandwiches, etc. for The Saturday Club	\$1,092 00
A Driver for Saturday for 3 hours costs	\$1,014.00
Maintenance for Saturday clean-up costs	936.00
Video Rental for Saturdays \$3.50 X 52 =	182.00
Receptionist, Medi-Cal checker 2 hours @\$5.50	572.00
<b>TOTAL</b>	<b>\$3,796.00</b>

Problems encountered: In 1998-99, the Art class switched from Tuesday to Saturday and a meeting of peer counselors every other Saturday.

0518

Progress: The Saturday Club. By weeding out people who weren't eligible for Medi-Cruz, Medi-Cal or Veterans Benefits, we eliminated some behavior problems of the Saturday Club.

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 present our program: Community Connection, El Dorado Rehabilitation, the College Connection, area High Schools, and community television.

Outreach to the Traditional Mental Health System is accomplished by organizing four Focus Groups a year with the Mental Health Director and Medical Director and following up on emergent needs. A volunteer and staff member also attend monthly Local Mental Health Board meetings.

MHCAN will continue to schedule Focus Groups with the Mental Health Director, the most valuable "connection" clients have "officially" to the system. In addition, we will schedule times to meet Medical Director.

#### **d) MHCAN'S TARGET POPULATION FOR SERVICE**

The adults MHCAN serves are, or have been, 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 then ask those not in coordinated care to find other community services. Current participants range in age from 27 to 78. MHCAN has very strong policies against any discrimination based on age, sex, gender orientation, mental or physical disability, ethnic identity, income level or educational level.

#### **e) STAFFING**

<b>Position Title</b>	<b>Name and Languages and Group</b>	<b>Program FTE</b>	<b>Total FTE by this Grant</b>	<b>Annual Budget Cost to Grant</b>
Executive Director	Bonnie Schell English	.50 FTE	.125 FTE	8 hrs. x\$10.50 \$4,368.00



05

Counselor to meet with and be on-call for Peer Counselors	MFCC or LCSW	OUTSIDE CONTRACT	4 hrs. .10 FTE @ \$30 hr	\$1,440
Mutual Support Specialist I	Susan Ashworth Women's Group	.82 FTE \$7.73/hour	.05FTE .10 4/hrs week	\$1,608.00
Mutual Support Specialist	Senior's Men's Group Men's Group	.10 FTE	.10 FTE	\$936.00
Peer Support- People who have Schizophrenia	Greg Warren Schizophrenia Support Group	.05FTE	.05FTE	\$1,248.00
Mutual Support Specialist	Marko Greenfield Emotions Group	currently donating time		
Computer Teacher	Hai Tran	.15 FTE	.15 FTE	\$1,020
Saturday Art	Bill Manchester	.05 FTE	.05 FTE	\$1,092
Lead Driver	Appollino Ramirez Spanish speaking	.45 FTE	.075 FTE \$6.50 x3hrs	\$1,014.00
Assistant Driver	Kevin Murphy Saturday Driving	.15 FTE	.075 FTE	\$1014.00
Receptionist	Carla McSweeney Acute Hospital visits	.40 FTE	.05 FTE	\$624.00
Support Day Group	Leslie Bennett, wheelchair bound	.10 FTE	.10 FTE	\$720.00
Maintenance-Cleaning Saturday	Kenneth Nguyen		.07 FTE 3 hrs. x\$6.50	\$1014.00
Homeless person's Day Video group	Kim Emminger coffee maker & video program-Sat Club.	donates 3 days	.04 FTE 2 X \$6.50	\$676.00
TOTAL STAFF				\$15,526.00
Benefits & Taxes				\$ 2,639.42
SUBTOTAL				\$18,165.42

Non-Staff Expense paid for by Block Grant:

Saturday Program Expenses	\$ 3,796.00
Cost of being open for 7 holidays	\$ 1,205.55
Peer Counseling Classes	\$ 325.00

Refreshments and rent for 4 Focus Groups	\$ 240.00
CA Network of Mental Health Clients State Meeting	\$ 894.87
Intermediate Peer Counseling Training \$50 a session for 5x12	\$ 3,000.00
CA Assoc. Social Rehab. Agencies Conference - 4 people	\$ 320.00
<u>Cultural Competency Training, regional</u>	<u>\$ 200.00</u>
Sub- Total	\$9,981.42
TOTAL	\$28,146.84

0520

#### f) CULTURAL COMPETENCY

MHCAN staff are trained to be sensitive to participant's literacy status, degree of family shame, long-term stability of housing and support network during crisis.

**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 Center also currently serves three regular participants with concurrent physical disabilities: paraplegic, deafness, and rheumatoid arthritis.

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. Staff attended two all-day cultural competency presentations in 98-99.

MHCAN currently serves as the mailing address for 7 mental health clients. 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.

#### g) DESIGNATED PEER REVIEW REPRESENTATIVE

Paul Bellina, Mental Health Program Manager, will participate to meet peer review requirements.

## h) IMPLEMENTATION PLAN

Program implemented in 1992-3; this application is for the eight 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.

0527

In FY 99-00, MHCAN will concentrate on the continued stability and longevity of the fledgling support groups succeeding (regular attendance of 5 clients makes a stable group). If attendance does not grow in the new support groups, we will experiment with changes in day or time. A second men's group and Ups & Downs group will be added in 1999-00; 3 clients will be trained as Recovery Specialists.

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. Weekly and Saturday, client rolls are now submitted to Contract Monitor.

The Mutual Support Specialist will make presentations to case management teams. A volunteer maintained the pharmacy files on medications.

The Mutual Support Specialist is 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. The Executive Director and a licensed counselor will immediately address any problems if appropriate. Staff members continue to learn Microsoft Word, Excel and Microsoft Publisher, and one staff member learned Microsoft Access to maintain mailing lists.

Attendance is reviewed monthly and compared to previous month and previous year.

Further training will be offered to Peer Support Counselors to increase their skills.

The Receptionist/hostess takes a daily count of participants by name; recording whether or not the person has Medi-Cal and a current primary care physician, prepares a monthly report of attendees by day, and compares to previous year. She trained two volunteers to perform essential duties of her job.

## i) PROGRAM EVALUATION PLAN

0522

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

- MHCAN makes an annual report on its contract to the Local Mental Health Board.
- The Contract Monitor, Karolin Schwartz, talks with the MHCAN Executive Director every Friday and visits the center monthly 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 downtown outreach worker, the Mental Health Director or contract monitor to visit.
- Drivers maintain a log of who they take where and for what.
- In 1998-99, MHCAN checked to see if participants had current Medi-Cal benefits or if they have lost them due to change of address or failure to update paperwork. We also encourage participants to register to vote.

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 who 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.