

HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

0265

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

December 19, 2000

AGENDA: January 9, 2001

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

RE: Approval of Renewal Application for Mental Health's 2000-2001
SAMHSA Block Grant and Federal PATH Grant; Approval of
Supplemental SAMHSA Block Grant Funds

Dear Members of the Board:

PATH GRANT:

Since 1984, Community Mental Health (CMH) has received an annual allocation from the State Department of Mental Health of Federal PATH (Project for Assistance in Transition from Homelessness) funds. The County's 2000-2001 allocation is \$17,192 which is an increase of \$5,978 from the 1999-2000 allocation.

The 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 these high-risk individuals, assistance in transitioning to more stable living arrangements and direct treatment interventions.

The State requires an annual reapplication process in order to administer 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. The Local Mental Health Board has reviewed and approved the PATH application as indicated in the attached letter.

BLOCK GRANT:

CMH has received a Federal Block Grant since 1985 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 2000-2001 allocation for this part of the Block Grant is \$43,000.

In 1992-93, the State Department of Mental Health began an augmentation of Block Grant funds to CMH for providing funds to the Mental Health Client Action Network (MHCAN). MHCAN offers organizational support to client-directed, self-help activities and work opportunities. The County's 2000-2001 allocation for this Block Grant augmentation is \$28,261. These funds support a portion of the contract with MHCAN (Contract No. 1460-01).

In 1999-2000 CMH was awarded three years of SAMHSA funding for a Supportive Housing Demonstration Project. The County's 2000-2001 allocation for this project is \$158,500. The project is intended to provide supportive services to CMH clients living independently.

The 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.

Recently, CMH was awarded supplemental funding in the amount of \$21,935 for 2000-2001 to be added to the SAMHSA Block Grant base. These funds will be used to enhance MHCAN's transportation services for mental health clients.

In addition to these continuing Block Grant funded activities, CMH has been awarded one-time only funding of \$5,595. These funds will be used for supplemental services for older adult clients to provide in-home psychiatric nursing services to individuals over the age of 60 with a major mental illness who also have co-existing medical problems and who have no other benefits or resources by which to obtain these services.

As with the PATH Grant, the State requires an annual reapplication for these Block Grant funds. The reapplication (attached) was also submitted pending your Board's and the Local Mental Health Board's approval. The Local Mental Health Board also reviewed and approved the Block Grant application per the attached letter. 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 \$17,192 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 \$257,291 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, \$158,500 for the Supported Housing Demonstration Project, \$21,935 for transportation services and \$5,595 for older adults in-home psychiatric nursing services; and
3. Adopt the attached resolution accepting and appropriating \$21,935 in unanticipated supplemental SAMHSA Block Grant funds, \$5,595 in unanticipated one-time only SAMHSA funding, and \$5,978 in additional unanticipated DMH PATH Grant funding; 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,



Rama Khalsa
Health Services Administrator

RK:ap
Attachments

RECOMMENDED:



SUSAN A. MAURIELLO

County Administrative Officer

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

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

0269

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 from SAMHSA Federal Block Grant & DMH Federal PATH Grant; and

WHEREAS, the County of Santa Cruz is recipient of funds in the amount of \$33,508 which are either in excess of those anticipated or are not specifically set forth 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 \$33,508 into the Health Services Agency (Mental Health department).

<u>T/C</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
001	363101	0620	State Short/Doyle Federal	\$27,530
001	363101	1696	Revenue from Homeless	\$5,978

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>Account Name</u>	<u>Amount</u>
021	363130	3665	PROFESSIONAL SERVICES	\$ 5,595
021	363210	3665	PROFESSIONAL SERVICES	\$27,913

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: 
HEALTH SERVICES ADMINISTRATOR

DATE: 12/20/00

38

COUNTY ADMINISTRATIVE OFFICER

☒ Recommended to Board

0270

☐ Not Recommended to Board

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

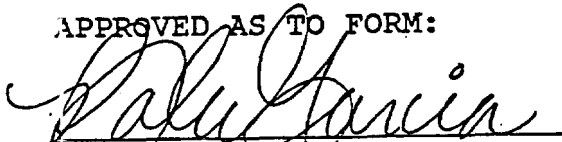
ABSENT: 'SUPERVISORS

CHAIR OF THE BOARD

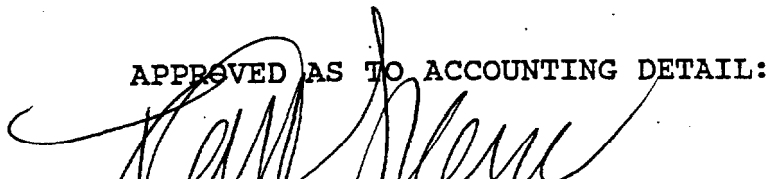
ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:


Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department



0271

County of Santa Cruz

LOCAL MENTAL HEALTH BOARD PO Box 962 SANTA CRUZ CALIFORNIA 95061

November 20, 2000

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street, 5th Floor
Santa Cruz, CA 95060

**Re: Santa Cruz County Renewal Application for FY 2000-2001
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 November 6, 2000. A quorum was present and members reviewed and accepted both the renewal application for the SAMHSA Block Grant Funds for FY 2000-01 as well as the additional unanticipated supplemental and one time only SAMHSA Block Grant Funds for FY 2000-01.

Sincerely,

Max Camarillo, Chair
Local Mental Health Board

MC:ep

cc: State DMH
Local Mental Health Board



County of Santa Cruz

LOCAL MENTAL HEALTH BOARD PO Box 962 SANTA CRUZ CALIFORNIA 95061

November 20, 2000

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street, 5th Floor
Santa Cruz, CA 95060

**Re: Santa Cruz County Renewal Application for FY 2000-2001
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 November 6, 2000. A quorum was present and members reviewed and accepted the renewal application for the PATH Formula Grant Program for FY 2000-2001.

Sincerely,

Max Camarillo, Co-Chair
Local Mental Health Board

MC:ep

cc: State DMH
Local Mental Health Board

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

STATE FISCAL YEAR **2000-2001**

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 2000 (Chapter 52, Statutes of **2000**), 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**) 2000-2001. 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	\$93,196
B. AB 3015 RFP Children's Program	\$0
C. Supportive Housing Demonstration Project	\$158,500
D. One-Time Only Funding	\$5,595
E. SFY 199940 County Rollover Funds	\$0
F. Total Authorized Gross Expenditure Level	<u>\$257,291</u>

II. REIMBURSEMENT ADJUSTMENT(S)

A. SFY 1999-00 County Rollover Fund	< \$0 >
B.	
C. Total Adjustments	< <u>\$0</u> >

111. NET ALLOCATION REIMBURSABLE

\$257,291

PURPOSE: Initial Allocation

DATE: September 27, 2000

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

10/19/00

Date

SAMHSA BLOCK GRANT

0274

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(5/96)

SUBMISSION DATE: 6/27/00

COUNTY: Santa Cruz

FISCAL YEA& 2000-2001

CONTACT PERSON: Paul Bellina

TELEPHONE NUMBER: (831) 454-4428

PROGRAM NAME: Jail Discharge Planner

PROVIDER NUMBER(S): 44AE

STAFFING		1		2	3
TITLE OF POSITION		FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	ME Client Specialist	0.861	\$ 43,000	I	\$ 43,000
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	0.861	\$ 43,000	\$ -	\$ 43,000
13	Consultant Costs (Itemize):				\$ -
14					\$ -
15					\$ -
16					\$ -
17	Equipment (Where feasible lease or rent) (Itemize):				\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22	Supplies (Itemize):				\$ -
23					\$ -
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28	Travel -Per diem, Milcage, & Vehicle Rental/Lease				\$ -
29					\$ -
30	Other Expenses (Itemize):				\$ -
31					\$ -
32					\$ -
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37	COUNTY ADMINISTRATIVE COSTS				\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)		\$ 43,000	\$ -	\$ 43,000
39	OTHER FUNDING SOURCES: Federal Funds				
40	Non-Federal Funds				
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)		\$ -	\$ -	\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)	IS	43,000	I \$ -	is 43,000

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

0275

SUBMISSION DATE: **6/27/00**

FISCAL YEAR: 2000-2001
TELEPHONE NUMBER: (831) 454-4428
PROVIDER NUMBER(S): 4416

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

SAMHSA BLOCK GRANT

0276

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(5/96)

SUBMISSION DATE: 6/27/00

COUNTY: Santa Cruz

FISCAL YEAR: 2000-2001

CONTACT PERSON: Yana Jacobs

TELEPHONE NUMBER: (831) 4549539

PROGRAM NAME: Supported Housing

PROVIDER NUMBER(S): 4403

STAFFING		1	2	3
TITLE OF POSITION	FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	0.00	\$ -	\$ -
13	Consultant Costs (Itemize):			\$ -
14				\$ -
15				\$ -
16				\$ -
17	Equipment (Where feasible lease or rent) (Itemize):			\$ -
18				\$ -
19				\$ -
20				\$ -
21				\$ -
22	Supplies (Itemize):			\$ -
23				\$ -
24				\$ -
25				\$ -
26				\$ -
27				\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease			\$ -
29				\$ -
30	Other Expenses (Itemize):			\$ -
31	Contract Services	\$ 158,500		\$ 158,500
32				\$ -
33				\$ -
34				\$ -
35				\$ -
36				\$ -
37	COUNTY ADMINISTRATIVE COSTS			\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)	\$ 158,500	\$ -	\$ 158,500
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)	\$ 158,500	\$ -	\$ 158,500

DMH APPROVAL By:
TELEPHONE:
DATE:

TERI NEWBY
(916) 654-3254

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

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

Section 1911(b) PURPOSE OF GRANTS

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

**Section 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 1913(c) CRITERIA FOR MENTAL HEALTH CENTERS

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

(c)(1)(B) **Outpatient** services, including specialized outpatient services for children, the elderly, individuals with a **serious mental** illness, and residents of the service areas of the centers who have been discharged **from** inpatient treatment at a **mental health facility**;

(c)(1)(C) **24-hour-a-day** emergency care services;

(c)(1)(D) Day **treatment** of other partial hospitalization services, or psychosocial rehabilitation services;

(c)(1)(E) Screening for patients being considered for admission to state **mental health facilities** to determine the appropriateness of such admission;

(c)(2) The mental **health** services of the centers are provided, within the limits of the capacities of the **centers**, to any individual residing or employed within the service area of the center regardless of **ability** to pay for **such** services;

(c)(3) **The** mental **health** services of the **centers** are available and accessible promptly, as **appropriate** and in a manner which preserves human dignity and assures continuity and high quality care;

Section 19 16 RESTRICTIONS ON 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

(a) Establishment -

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

Section 1947 NONDISCRIMINATION

(a) In General -

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

(b) Enforcement -

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

6/23/00

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

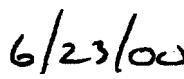
The undersigned **certifies** that reasonable efforts are made to maintain a **drug-free** work **place** in all programs supported by the Block Grant funds.

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



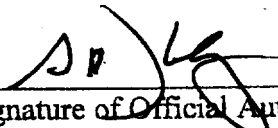
Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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



Signature of Official Authorized
to Sign Application

6/23/00

Date

2000-2001 SAMHSA BLOCK GRANT PROGRAM DATA SHEET

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

COUNTY: Santa Cruz PROGRAM TITLE: Jail Discharge Planner

SAMHSA FUNDING LEVEL: (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 139 # 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	_____
CROUP THERAPY	_____	INDIVIDUAL THERAPY	_____
IN-HOME SERVICES	_____	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	_____	OUTREACH	_____
PEEK 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			139		
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

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2000-2001 SAMHSA BLOCK GRANT PROGRAM DATA SHEET

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

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

SAMHSA FUNDING LEVEL: (MH 1779, Line 58, Net Cost) \$ 28,261

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

SMI ADULT 399 # 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	_____
PEER COUNSELING	<u>X</u>	SOCIALIZATION	<u>X</u>
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	<u>X</u>
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:

From January - April 2000 intake

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT		49	unknown	27 regulars	399
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					2
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENT>:

Average Daily attendance 38
of which (regulars):
4 African American
5 Hispanic
2 Asian

2000-2001 SAMHSA BLOCK GRANT PROGRAM DATA SHEET

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

COUNTY: Santa Cruz PROGRAM TITLE: Supported Housing Program

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) \$ 158,500

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

SMI ADULT 11 # SMI OLDER ADULT _____ # SED CHILD _____

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

ASSESSMENT	_____	CASE MANAGEMENT	_____
COLLATERAL SERVICES	<u>X</u>	CRISIS INTERVENTION	_____
CRISIS STABILIZATION	_____	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	_____	INDIVIDUAL THERAPY	_____
IN-HOME SERVICES	<u>X</u>	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	_____	OUTREACH	<u>X</u>
PEER COUNSELING	<u>X</u>	SOCIALIZATION	<u>X</u>
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	<u>X</u>
C THER: <u>educational</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					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

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SANTA **CRUZ** COUNTY COMMUNITY MENTAL HEALTH
2000-2001 SAMHSA **BLOCK GRANT RENEWAL APPLICATION**

I. Program Narrative for 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 has 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 2000-2001 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.

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 help **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 **inroads** in Santa Cruz County in educating and linking with the criminal justice system on behalf of the client. At this point in time, the courts look to the Jail Discharge Planner to assist in arriving with treatment solutions for mentally disabled offenders who often display very irrational behavior. **This point is** validated by the fact that the majority of the referrals to the **Jail** Discharge Planner currently come from the judge themselves.

Along the same lines, integration with the Probation Department has also improved the service delivery system for the psychiatrically impaired offender on probation. Over the past 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. The Acute Care Services Program Manager supervises this Jail Discharge Planner.

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

f) CULTURAL COMPETENCY

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

g) DESIGNATED PEER REVIEW REPRESENTATIVE

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

h) IMPLEMENTATION PLAN'

The Jail Discharge Planner's position was initially implemented in October of 1965. Since that time, the position has been effectively implemented on an ongoing basis. Currently,

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this position has refined its intervention techniques to efficiently deliver the maximum amount of services possible to the psychiatrically impaired offender. 02 go

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 139 admissions to the caseload of the Jail Discharge Planner from June 1, 1999 to May 30, 2000. Of the 139 admissions, 26 re-offended. This leaves 113 clients successfully diverted into appropriate levels of care, a success rate of 81%. 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 139 admissions, 1 IO clients were male and 29 were female. Of the 139 admissions, 35 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. Four (4) 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.

Ten (10) 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. One (1) client was placed in a board and care facility directly from the jail. Forty-one (41) 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. Eleven (11) 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. Nine (9) clients were placed on LPS Conservatorship while in the County Jail. These clients were then referred to locked facilities. Twenty-one (21) 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 Santa Cruz County implemented a Drug Court Program. The jail discharge planner was included on the initial steering committee that planned this project. Currently, the jail discharge planner attends Drug Court staffing weekly and is an active member of the Drug Court team; In fact, many of the individuals referred to Drug Court have mental health issues. The Drug Court Program has proven so successful that the Criminal Justice Council of Santa Cruz County presented the Outstanding Service in Criminal Justice award to the team. This year the Drug Court program referred twenty (20) defendants to the jail discharge planner. Of the 139 admissions to the Jail Discharge Planner's caseload, 42 clients were placed on formal probation with court ordered psychiatric treatment. These 42 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. Thirty (30) 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. Eight (8) percent of the clients admitted to the Jail Discharge Planner's caseload were placed at the Paloma House program this year. In all, thirty-eight (38) percent of the clients referred to the Jail Discharge Planner were placed in dual diagnosis programming this year.

Again, this year, a significant amount of referrals to the Jail Discharge Planner's caseload have come from Superior and Municipal Court. Over 50% of the referrals to the Jail Discharge Planner have come from either the Judges themselves or attorneys believe this reflects how valuable the Court's view the Jail Discharge Planner position. Through the various mental health agencies working with this population, approximately 35% of the referrals come from this area.

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. 0292

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.

**SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH
1999-2000 JAIL DISCHARGE PLANNER REFERRALS**

0293

ETHNICITY/AGE	18 - 34		35 - 59		60+		TOTAL
	Male	Female	Male	Female	Male	Female	
WHITE	47	8	43	16	1	1	116
BLACK	2	0	2	1	0	0	5
HISPANIC	4	0	5	3	1	0	13
ASIAN	1	0	3	0	0	0	4
OTHER	0	0	0	0	1	0	1

REFERRAL SOURCES	# OF CLIENTS	% OF TOTAL
Judges	44	32
Attorneys	30	22
CIT-Jail	22	16
Probation	16	11
Coordinators	27	19

REFERRALS FROM PROJECT

TYPE OF AGENCY	# OF CLIENTS	% OF TOTAL
Inpatient	4	3
Sub-Acute Residential Trt	10	7
Pioneer House	41	30
Board & Care	1	1
Outpatient Trt	35	25
State Hospital	4	3
LPS in Custody to Institutions for Mental Disorders	9	6
Paloma House	11	8
Shelter	3	2
Returned to County of Residence	21	15

II. PROGRAM NARRATIVE

For The Mental Health Client Action Network (MHCAN)

a) STATEMENT OF PURPOSE

Santa Cruz County Mental Health places a high value on client-directed services in which clients offer support to one another and take charge of their own recovery. This mutual support happens in the context of the wider traditional service system with which MHCAN is a partner in several programs. Case Managers refer clients to MHCAN to work on a **Wellness** Recovery Action Plan. MHCAN provides job placements for the Rehabilitation-Community Connection. Co-op program and provides study space and computer services to students in the College Connection program. For homeless mental health clients, MHCAN functions as an address site and a place where clients can meet or talk to their case managers on the phone in pursuit of housing or for making treatment appointments. Physicians, therapists, family members and other clients refer clients to MHCAN. MHCAN's regular staff participate in the county's Contractor's meetings and Local Mental Health Board. Representatives report back to the client community. At MHCAN clients have the time to share their experiences with other clients and make decisions about their life course, change their minds without retribution, re-group, and try again.

b) CLIENT OUTCOME OBJECTIVES.

1. **Clients, volunteers and staff (all clients) will learn office and social skills that will enable MHCAN to. increase capacity (attendance) without increasing staff.**

The number of unduplicated clients dropping in to MHCAN Jan. to June 1999 was 298. For Jan. through April 2000 the unduplicated number was 399. A 35% increase is projected for 2001. MHCAN moved from 1,600 sq. feet to 4,642-sq. ft. in January of 2000 and is therefore situated to empower more clients to pitch in and help. MHCAN is a "Real Life" Laboratory of planning and working under stress, greeting new people, handling system complaints and questions, and multi-tasking. Persons with SMI are completely responsible for opening and closing the drop-in center **on time** 8 hrs. a day, 5 days a week and 3 1/2 hours on Saturdays. Staff handle Accounts Payable and payroll, and have never bounced a check. Assuming **responsibility** for an enterprise **indirectly leads to individuals learning the virtues of consistency and that their actions directly affect the well being of others.**

Volunteers will be taught to use a FAX machine, load and use photocopier, **answer** phone in a **business-like** manner and record and relay accurate messages. Volunteers will keep the kitchen clean and share food donations, taking care of those without entitlements first. A volunteer math tutor helps clients with budgets, figuring percentages, projecting savings and debt. Three clients, who learned to use computers at MHCAN and did their homework there, made A's in their classes. MHCAN will teach 10 clients to

use word processing to the point that they are confident enough to register for **classes** at Community College in FY 2000-01.

MHCAN pays for hotel rooms and conference registrations (Budget lines 1-9) to client-run events, for state training, and career education to help clients feel part of the greater mental health **clients** movement. In 1999-0, 3 staff attended the state System of Care **Conference**, 3 were trained in Mary Ellen **Copeland's** Recovery Action program, 9 clients attended the State Client Forum, 7 clients went to CAMINAR, and MHCAN hosted a Bay Area Housing Conference at which all the speakers were clients. MHCAN was represented on the CALM Board and Ca. Mental Health Planning Council. At least **half** of the clients who went to conferences had never been before.

2. Despite all employees of MHCAN having an Axis I diagnosis, MHCAN will provide consistent service to fellow clients.

Job Sharing helps clients maintain their employment and MHCAN to **provide** consistent services. In May 2000, MHCAN was presented **the** Outstanding Employer award by the Santa **Cruz** Transition Task Force for commitment to clients in 1999-00.

MHCAN's lead van driver for 4 years suffered a major manic episode during a medication change and two drivers who had been approved by the insurance company took over his 6 day schedule without any lapse in services to clients. The receptionist who worked 17 hours a week cut her hours. back to 12 in order to join the UCSC orchestra as a cello player and trained an assistant to work extra hours. The previous Peer Support and Resources Specialist moved to Monterey to be in school full time **where** housing was more affordable. A client who. graduated from UCSC in Computer Science who had been volunteering **replaced** the Resource Specialist. **When** the janitor left, volunteers did all mopping, vacuuming, dishwashing, opening and closing, for two months until the position was filled.

MHCAN is open on all holidays when the county is closed except four. All phone calls will be returned within 12 hours.

3. Clients will learn mutual support techniques.

(Budget lines 1 I-1 5) In **FY1999-00** MHCAN offered a 13 week training in Peer **Counseling** Skills following the **outline** of the Independent Living Center in San Francisco. Key skills are listening, mirroring, facilitating, and diffusing anger. Guest speakers and trainers were contracted. Twelve clients graduated and four were hired by Community Organizers, one by CCCIL, one at MHCAN, two by T-House. MHCAN will offer Peer Counseling Training again in July-August **2000**. **At the** county's suggestion MHCAN hired a licensed counselor to meet twice a month for a total of 4 hours with all the active peer counselors to discuss **their** strengths and problems. In FY 00-01 MHCAN will **develop** support groups for clients who have lost custody of their children, clients trying to control their smoking habit, clients going through menopause, and one for hoarders and **clutterers**. Newly trained peer counselors will spend one-to-one time with people who don't participate in activities at the drop-in but come and sit alone in FY 00-01.

The nine support group leaders will turn in attendance sheets. Attendance at groups will increase by 20% in the **next FY**. **Poorly** attended groups **will** be dropped.

c) PROGRAM DESCRIPTION:

MHCAN uses **SAMHSA** Block Grant funds to offer **peer-run** mutual support groups (Budget lines **17-30**). MHCAN offers Peer Counseling Training annually to new clients (Budget lines 1-I-5). The grant **also** pays for an informal Saturday drop-in at which people considered mentally ill but not receiving services are also welcome and lunch is provided the last two weeks of the month when clients have run out of funds (Budget lines 32-39). Block Grant funds pay for registrations and hotel costs for clients to attend conferences (Budget lines I-9) Socialization and getting help with obstacles such as paper work (government letters), family disruptions, **threats** of loss of housing, fluctuations in side effects of medications, and food and fellowship are key components of **the** drop-in experience.

Services Offered: MHCAN provides a separate client phone, newspaper, coffee, snacks, games, TV, 6 computers, classes in art, writing and guitar, 9 peer support groups, and van transportation to medical appointments and to work. The chief function of MHCAN, however, is to provide a safe, friendly place for county mental health clients to be during the daytime.

Problems encountered: Previous problem of predominately male attendance and loud Violent TV shows has **been** somewhat softened by adding two hour art class and one hour guitar class on Saturdays. Staff is highly vigilant on Sat. near the time benefit checks come when drug **pushers** hang around and try to buddy-up to our clients, especially now that medical marijuana cards are widespread.

Setting in the Community. MHCAN is separate from the offices of traditional service providers. MHCAN occupies the first floor of a former church fellowship hall on the East Side of Santa Cruz, an increasingly Hispanic neighborhood. MHCAN is on two major bus lines. The building is surrounded by **two** large parking lots, **is** off the street and the public eye, and has many plants to care for.

d) MHCAN's TARGET POPULATION FOR SERVICE:

The adults MHCAN serves are now or have been treated for a major mental illness by the public system. Small percentages who volunteer have private **providers**. Some are homeless and considered by their peers to be mentally ill. Current participants range in age from 22 to 63. MHCAN also works with Transitional Age referrals.

MHCAN has very strong policies with staff against any discrimination based on age, sex, sexual orientation, mental or physical disability, ethnic identity, income level or educational level. Chief problems that crop up are negative attitudes by clients toward clients who are transgendered, chose to remain homeless, have AIDS, are homosexual, lesbian, or loudly atheist.

e) PEER SUPPORT AND SAT DROP-IN STAFFING IN THIS GRANT

Position Title	Program FTE	Total FTE by this grant
Executive Director	1 FTE	.125 FTE 8 hrs. X \$10.50
Counselor to meet with and be on-call for Peer Counselors	CONTRACT	2 hrs. .05 FTE @ \$30 hr
Wellness Recovery Action Plan counselor	.80 FTE	.05FTE 9 hrs. X \$7.73
Mutual Support Specialist- Two Men's Groups	Stipend	\$85.00
Schizophrenia Support Gp Facilitator -	.70 FTE	3hrs. X \$7.50
Peer Support Facilitator- two groups	Stipend	\$92.00
Mutual Support Facilitator-BiPolar Gp	currently donating time	
Peer Support Specialist	Stipend	.10 FTE
Peer Facilitator Spiritual Topics And Math Tutoring	Stipend	\$60.00
Assistant Driver Saturdays	.15 FTE	.075 FTE
Receptionist Saturdays	.40 FTE	.05 FTE \$5.75 X 3
Hospital Support Visitors (2)	Donating time	2 hrs. a week
Peer Supporter in Room at County on Mon. and Wed.	Stipend and Lifeline charges	\$85 plus \$32 a month
Sat. Art Class		2 hrs. X 12.50
Peer Facilitator Dual Recovery Anonymous	Donating time	2 hrs. week

f) CULTURAL COMPETENCY:

MHCAN staff is continually trained in staff meetings to be sensitive/alert to a participant's literacy status, degree of family shame (as with Vietnamese and Cambodian immigrants); long-term stability of housing (African American males and veterans with excessive alcohol use). Outpatients of non-threshold ethnic backgrounds (other than Chicano or **Latino** or Caucasian) complain that their needs/ histories/ differences are ignored. We circulated ~~and~~ discussed the **SAMHSA and NMHDA** papers released recently indicating the high percentage of mental health clients who have been victims of physical, sexual, and emotional abuse. We have found that overbearing religious upbringing and parents of two different religious traditions continue to raise problems for clients-- which we are trying to address with the new support group called Spiritual Topics (began in March 2000). **The Executive Director** has ~~decided that~~ MHCAN will not risk having peer-run support groups for abuse survivors, but will concentrate on providing a safe, trusting atmosphere in which people can thrive.

Among staff ~~and~~ key daily volunteers we can converse in Spanish, Chinese, Vietnamese, German.

Client Culture The majority of Mental Health clients have in common the experience of involuntary treatment, stigma within the family and community, having had their children taken away from them, being under-employed, being poor, being known by the police, and having to live in special segregated housing. **As** such the California Network of Mental Health Clients. has suggested that there is a distinct Client Culture just as there is a Deaf Culture. Staff are trained to be tolerant of behaviors clients have adopted to relieve stress: whether saying the same thing repeatedly, tearing up paper, pacing, or talking incessantly and ~~are~~ able to support that **activity** and give feed back on its effect on others in a social setting with tact. The kitchen volunteers are tolerant of people from different ethnic backgrounds fixing their "comfort" foods whether it's turnip greens or tofu or tomatoes or cream of wheat. At informal drop-in gatherings staff have begun encouraging clients to compare their religious, musical, educational backgrounds as a way of knowing one another better.

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

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 ninth 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. While striving for program continuity, changes may nevertheless be made as a result of the larger space.

The three support groups that we introduced in **FY 97-98** have expanded to nine groups **with** regular attendees. The latest group added is for clients who have born children but do not have custody. Twelve sessions of peer counseling training were

offered in FY 99-00 and will be repeated with improvements in FY 00-01. An Ups & Downs Group, 2nd Men's Group, Dual Diagnosis Group were added in FY 99-00 and three clients were trained by Mary Ellen Copeland as Recovery Educators. Case Managers at the county will make referrals of clients to MHCAN to do a Recovery Plan in FY 2000-01. We will track the number who sign up and dropout before finishing.

The Saturday attendance and homeless population will be reviewed quarterly by county contract monitor and MHCAN Executive Director to weed out people who continue not to access mental health services.

The Wellness Recovery Educator /Support Group Coordinator will keep Self-Help and Recovery resource notebooks and bulletin boards up to date in order to provide information to people with SMI. MHCAN will stock the county's Medication pamphlets and help clients find information on web sites as well. The Support Group Coordinator is in charge of contacting all 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 who serves as a contract consultant responds immediately to any problems. Peer Counselors will have two meetings a month for two hours each with the licensed counselor.

Attendance at the Drop-In and in Peer Support Groups will be reviewed monthly and compared to previous month and previous year

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. She tracks transportation requests, gives out bus passes, and records donations to the program.

i) PROGRAM EVALUATION PLAN

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

- MHCAN makes an annual report on their contract to the Local Mental Health Board.
- The Contract Monitor, Karolin Schwartz, talks with the Executive Director every Friday and visits the center once a month to meet with peer 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 program monitor to visit at any time.
- The receptionists total attendance on a chart by day, week and month so that it can be compared to previous years. Monthly attendance is recorded at end of month by person on a spread sheet, and then sheets are locked in a cabinet.
- MHCAN maintains a suggestion and complaint box. We respond to all within two weeks.
- Drivers maintain a log of whom they take where and for what. Logs are kept in the office in a locked cabinet.
- MHCAN will continue to check to see if participants have current Medicaid benefits or if they have lost them due to change of address or failure to update their paperwork or need to apply. 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. The Board of Directors, half of whom are mental health clients, also reviews monthly expenses.
- The Executive Director meets bi-monthly with all contract providers in a group chaired by the Deputy Mental Health Director.
- A member of Utilization Review staff handles complaints logged with the county against MHCAN (such as evicting clients, threats by one client on another) and plans of action are put in place. In **FY 99-00 MHCAN's** Rules of Conduct were revised and stated more clearly and handed out to attendees.

III. PROGRAM NARRATIVE FOR THE SUPPORTED HOUSING GRANT

a) STATEMENT OF PURPOSE:

When homeless mental health clients in Santa **Cruz County** are asked what services they need the most, the consistent response is, "Permanent, affordable housing that is clean and safe." Santa Cruz County Mental Health (SCCMH) has long believed that clients can live successfully in ~~the~~ community if they have an adequate support network.

Unfortunately, the services provided to residents of the supported housing program are limited due to high client-to-staff ratios. This project addresses the needs of residents of supported housing by creating additional wrap-around services that are non-clinical, **non-**intrusive, and designed to engage clients in meaningful activities that are appropriate to their **desires** and clinical stability.

The current supported housing program is composed of 5 care coordinator teams, ranging from ~~4-to-7~~ care coordinators per team. These teams work in concert with the Housing Council to create a well-coordinated placement process, supportive and well-integrated property management, and an array of housing **resources** to meet a variety of client needs. The housing resources range from emergency shelter to transitional housing to permanent supported housing in settings that include **SROs**, individual apartments, and shared living arrangements.

Supportive services are currently provided through SCCMH and a variety of contract agencies to assist the homeless mentally ill in making the transition from the streets to permanent housing. In addition to SCCMH, the two primary agencies that provide the services in this proposal are Community Support Services and Community Connection,

Community Support Services (CSS) is the adult mental health services component of the Santa Cruz Community Counseling Center, Inc. (SCCCC). CSS provides a wide variety of mental health services with special emphasis on services to homeless and dually diagnosed individuals. CSS operates a 32 bed homeless shelter, a case management/care coordination team with 7 care coordinators and about 175 clients, a dual-diagnosis day treatment program with a capacity for ~~25~~clients, a 18 bed crisis residential program, a crisis outpatient program, a 10 bed social rehabilitation facility, support services ~~for~~104 units of permanent housing, and the "Community Organizers" peer support program. The Community Organizers are staffed by mental health clients who provide activities, transportation, and **social support** to other mental health clients throughout the county. The most recent CSS program is Paloma House, a 12 bed residential treatment facility funded jointly by DMH and ADP as a Dual Diagnosis Demonstration Project.

CSS has a diverse staff that is able to provide culturally competent services relevant to the ethnic and **cultural** makeup of Santa **Cruz** county.

Community Connection is a program of the Volunteer Center of Santa Cruz County, a non-profit agency serving Santa Cruz County since 1989. Community Connection was established in 1978 with a grant from the Department of Rehabilitation to provide vocational services for individuals with psychiatric disabilities. Today, the mission of Community Connection is to assist and support adults with psychiatric disabilities in achieving greater independence and competence as members of the community. Participants have the opportunity to contribute to the community through volunteer work, improve independent

living and working skills, gain work experience, or obtain competitive employment in the community. Custom Mailing Service, a business owned **by** Community Connection, employs mental health clients as part **of their rehabilitation**.

In 1991, Community Connection, SCCMH, and the Department of Rehabilitation (DR) became partners in the **Mental Health Cooperative**, a contractual arrangement which increases collaboration between the partners and accesses federal funds to provide increased vocational/employment services for SCCMH clients. Through the Cooperative, Community Connection created its **Career Services** component, which currently employs 5 Employment Specialists, who provide employment preparation classes, assistance with job search, job development, and job coaching for both North and South. SCCMH clients who are also clients of DR. In addition, an Education Specialist stationed at the community college provides individual and group support for **CMH/DR** clients who are taking classes as part of their vocational objective.

Current Services for Residents of Supported Housing:-Santa Cruz County and its contract agencies currently provide the following services to the homeless mentally ill:

- One full time homeless outreach worker employed by SCCMH. The outreach worker's job is to contact homeless individuals on the street, in the shelters **and day** programs, or in their campgrounds to let them know about the services that are available and to make assisted referrals into those services;
- A homeless day resource center (Homeless Resource Center) with case management and referral;
- The Homeless Persons Health Project deals with medical issues and is often the point of initial contact for referral into other services for the homeless mentally ill;
- Coordination with the **criminal** justice system on homeless referrals coming from Probation or the county jail; this includes a jail discharge planner employed by SCCMH and a mental health probation officer who works for Probation but is paid by Mental Health;
- Coordination with Dominican Hospital on homeless referrals coming out of the locked mental health unit;
- Assessment and screening by a multidisciplinary treatment team that includes a psychiatrist employed by SCCMH;
- A weekly interagency clinical meeting that includes care coordinators, Probation, VNA, jail staff, homeless shelter and treatment program staff to coordinate care and facilitate treatment referrals;
- Drug and alcohol treatment for **DD/SMI** (Pioneer House and Paloma House); this' includes an interdisciplinary **60-day** assessment program for individuals new to the system whose diagnosis and needs have yet to be determined;
- Interdisciplinary care coordination teams, available 24 hours/day, that coordinate all clinical services, including services for indigents; tenants at all permanent housing sites have a care coordinator unless they decline services;
- Supportive property management - available 24 hours/day - (CFSC, Mid Peninsula);
- Coordination of all housing placements through the SCCMH Housing Council; active participation of property management in the placement process;

- Each housing **unit** has a care coordinator assigned to it for tenant support and to serve as a liaison with property management;
- A problem resolution process for tenants that includes the tenant, the **tenant's** care coordinator, the care coordinator assigned to the house, and property management. The goal is to intervene at the earliest possible point in order to preserve the tenants housing. This process has been highly successful **in reducing** evictions.
- Activities and socialization supports (Community Organizers) at some of the housing sites; transportation of clients to **treatment programs** and out-of-home activities; transportation is provided by client/drivers employed by CSS.
- Vocational/employment and educational support services for some residents are currently provided by Community Connection. These services are funded by a contract with the Department of Rehabilitation (DR) and are therefore limited clients of DR.

b) CLIENT OUTCOME OBJECTIVES: *GOAL:*

To increase supported housing and to reduce **homelessness** by inspiring persons with psychiatric disabilities to engage in enriched life activities and to participate in active programs of recovery.

Objective #1 To provide supportive housing services to 200 persons with serious mental illness who are homeless or at risk of becoming homeless.

Objective #2 To provide vocational and/or educational services for 160 individuals over the 3 years of the grant.

Objective #3 To provide **peer** counseling to 200 individuals:

Objective #4 To provide stable tenancy for 160 individuals.

Objective #5 To create 39 additional units of affordable supported housing.

c) PROGRAM DESCRIPTION:

SCCMH is using the addition of the SAMHSA funds to provide non-clinical support services that are highly desired by residents but were not previously available in the County supported **housing** network. The addition of these services is helping to lighten the workload of the existing clinical care coordinators sufficiently to enable them to assume clinical responsibility for the 39 additional units over the next three years. The services are rehabilitative in nature with the goal of assisting clients to acquire improved independent living skills and self-reliance. Clients are included throughout in the planning and delivery of these services.

The services **have** three tracks: peer support, vocational, and educational.

- The **peer support track** is provided by the Community Organizers component of **CSS/SCCCC**. It includes activities and support services offered by mental health clients trained as peer counselors. There are 1.89 **FTE** peer counselors (6 individuals working 10-15 hours/week) who are employees of CSS. Most have been trained in the peer

counseling program at the Mental Health Client Action Network (MHCAN) or the new peer counseling program being developed at Cabrillo College.

The peer counselors are role models who provide support for individuals who are out of the home at work or in school during the day, as well **as** for those who are not yet ready to get out of the house to pursue **educational** or vocational activities. Their services include in-home prevocational training, co-facilitation of house meetings, socialization activities, and transportation to out-of-home activities. For those clients who are not yet ready for work or **school**, the focus is on developing trust and personal relationships that enhance personal strengths and gradually bridge to activities outside the home.

- The **vocational track** is provided by Community Connection. It includes the following list of services, some of which are also provided by Career **Services** under the Cooperative contract with DR. However, SAMHSA services are provided for clients not eligible for DR. Other services, such as home outreach, are unique to the SAMHSA project. The Job Center is also new, but it serves clients from both programs. The expenses associated with the Job Center are shared between the SAMHSA grant and the existing Cooperative program. We try to make the distinction between the programs “seamless” to the clients, and this enables us to- serve them more cost-effectively. Services include:
 - Outreach to residents in their homes to **encourage** them to participate in vocational activities.
 - Prevocational activities and groups, including mental health clients who are working as guest speakers; career exploration exercises; and information about **SSI/SSDI** work incentives.
 - **Job search** assistance, including assistance **with** reading classified ads, filling out **applications**, and creating resumes.
 - A Job Center in **Watsonville** where clients are able to go to look at job postings, use computers to work on their resumes, access the Internet for employment-related information.
 - A Job Club at the Job Center for working consumers.

The SAMHSA vocational/employment services are delivered by 1.5 **FTE** Employment Specialists. These Employment Specialists work as part of the existing Career Services team in order to better share information and resources, to avoid duplication of job development with individual employers, and to facilitate the progress of individuals from the **SAMHSA-funded** services to Cooperative-funded services.

In order to maximize resources, whenever possible, consumers are encouraged to apply for DR services so they can then receive services under the Cooperative program. This “transfer,” is seamless to the client; their services are not interrupted, and with **the** support of the SAMHSA staff, their application process with DR goes smoothly. As clients are “transferred” to the Cooperative program, SAMHSA Employment Specialists are freed up to work with residents who are not currently ready or able to apply for DR services.

Another limitation of the Cooperative program is that individuals are expected to work towards a vocational objective which is documented in their Individual Written Rehabilitation Plan (IWRP) with DR. Therefore, Cooperative-funded staff cannot ‘work with

individuals who just want to take a **class** as a way to **test** out returning to a college campus. Likewise, they cannot do job development on behalf of a person who just wants a temporary job which may not be related to their ultimate vocational objective. The SAMHSA-funded staff bridge this gap, supporting consumers until they are ready to take classes toward a degree, or to set and achieve a vocational objective.

- The **educational track**, also provided by Community Connection, includes the following:
 - Outreach to residents in their homes to encourage them to take classes, return to college, finish their GED, or attend a group to learn about college registration.
 - Weekly peer support groups for individuals taking classes.
 - Individual support for students to address school-related stressors: deadlines, study skills, communicating with instructors, understanding academic requirements, etc.
 - Liaison with Cabrillo College Disabled Students **Programs and Services** (DSPS) in order to access DSPS services such as priority registration, educational testing, academic counseling, academic tutoring, etc.
 - Referral to DR if appropriate, and support through the process of becoming a DR client. In order to maximize SAMHSA resources, residents who are eligible are assisted in becoming DR clients whenever possible. This allows them to access resources available directly from DR (funds for tuition or fees), as well as the existing educational support through Community Connection.

d) **TARGET POPULATION:**

The target population is adults with a serious mental illness who are living in supported housing.

e) **STAFFING:**

Position Title	Program FTE	% of FTE Paid by SAMHSA Grant
Employment Specialist (2)	1.50	100%
Peer Support Staff (3)	1.14	100%
Peer Support Divers (3)	0.75	100%
Program Mgr. – Voc/Ed	0.10	100%
Program Mgr. – Peer Support	0.20	0% - Match only
Counselor II	1.25	0% - Match only
Community Organizer	0.18	0% - Match only
Admin. Support Staff	0.43	0% - Match only
Director	0.04	0% - Match only

f) CULTURAL COMPETENCY:

A strong emphasis is placed on hiring mental health clients into at least 50% of the staff positions. Both of the contract providers for this project have a strong commitment to the hiring of mental health consumers: **33%** of the **Community Connection** staff and 100% of the **CSS-Peer Support** staff are mental health consumers. Staff reflect cultural background/ethnicity and linguistic capabilities of the target population. 23% of SCCMH direct service staff, 24% of CSS staff and 25% of Community Connection staff are bilingual/Spanish. The table below provides a breakdown by ethnicity of staff for SCCMH and the SAMHSA service providers.

Ethnicity of Current Staff of SAMHSA Service Providers

Ethnicity	SCCMH	CSS	Community Conn.
White	77%	66%	84%
Latino	17%	21%	16%
Asian	2%	3%	0%
Other	4%	10%	0%
Total	100%	100%	100%

g) DESIGNATED PEER REVIEW REPRESENTATIVE:

The Santa Cruz County Acting Mental Health Director has designated B J North to represent the County in annual peer reviews.

h) IMPLEMENTATION PLAN:

This program is fully implemented.

i) PROGRAM EVALUATION PLAN:

SCCMH is collecting all of the federally required SAMHSA data and all of the program evaluation data required by this grant. Yana Jacobs, the Program Manager responsible for overseeing data collection, works with DMH evaluation staff to ensure that the project successfully administers and collects data in order to demonstrate the effects of the program. Her qualifications include experience in overseeing the instrument administration and data collection for the current Dual Diagnosis Demonstration Project,

SCCMH assures that staff are available for the trainings on administration of each of the instruments when required. The three assessment instruments are being completed and the resulting information reported directly to DMH on an as collected basis.

0307

SAMHSA BLOCK GRANT

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH1779 REV(5/96)

SUBMISSION DATE: 11/27/00

COUNTY: Santa **Cruz**
CONTACT PERSON: **Karolina** Schwartz
PROGRAM NAME: Older Adult Supplemental Services

FISCAL YEAR: 2000-2001
TELEPHONE NUMBER: (831) 454-4671
PROVIDER NUMBER(S): **TBD**

STAFFING		1	2	3
TITLE OF POSITION	FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	0.00	\$ -	\$ -
13	Consultant Costs (Itemize):			\$ -
14				\$ -
15				\$ -
16				\$ -
17	Equipment (Where feasible lease or rent) (Itemize):			\$ -
18				\$ -
19				\$ -
20				\$ -
21				\$ -
22	Supplies (Itemize):			\$ -
23				\$ -
24				\$ -
25				\$ -
26				\$ -
27				\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease			\$ -
29				\$ -
30	Other Expenses (Itemize):			\$ -
31	Contract Services	\$ 5,595		\$ 5,595
32				\$ -
33				\$ -
34				\$ -
35				\$ -
36				\$ -
37	COUNTY ADMINISTRATIVE COSTS			\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)	\$ 5,595	\$ -	\$ 5,595
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)	\$ 5,595	\$ -	\$ 5,595

DMH APPROVAL BY: TERI NEWBY
TELEPHONE: (916) 6.54-32.54
DATE:

SAMHSA BLOCK GRANT

0308

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(5/96)

SUBMISSION DATE: 11/27/00

COUNTY: Santa Cruz
CONTACT PERSON: Karolin Schwartz
PROGRAM NAME: ME Client Action Network

FISCAL YEAR: 2000-2001
TELEPHONE NUMBER: (831) 454-4671
PROVIDER NUMBER(S): 4416

STAFFING		1	2	3
TITLE OF POSITION	FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)		0.00 \$ -	\$ -
13	Consultant Costs (Itemize):			\$ -
14				\$ -
15				\$ -
16				\$ -
17	Equipment (Where feasible lease or rent) (Itemize):			\$ -
				\$ -
				\$ -
				\$ -
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		\$ 21,935	\$ 21,935
32				\$ -
33				\$ -
34				\$ -
35				\$ -
36				\$ -
37	COUNTY ADMINISTRATIVE COSTS			\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)		\$ 21,935	\$ 21,935
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)		\$ 21,935	\$ 21,935

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

**2001-2002 SAMHSA RECOVERY PROGRAM
PROGRAM DATA SHEET**

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

0309

COUNTY: Santa Cruz PROGRAM TITLE: Older Adult Supplemental Services

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) \$ 5,595

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

SMI ADULT _____ # SMI OLDER ADULT 20 # SED CHILD _____

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

ASSESSMENT	<u>X</u>	CASE MANAGEMENT	_____
COLLATERAL SERVICES	<u>X</u>	CRISIS INTERVENTION	<u>X</u>
CRISIS STABILIZATION	_____	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	_____	INDIVIDUAL THERAPY	_____
IN-HOME SERVICES	<u>X</u>	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	<u>X</u>	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					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

2000-2001 SAMHSA BLOCK GRANT PROGRAM DATA SHEET

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

0310

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

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) \$ 21,935

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

SMI ADULT 3 9 9 # 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	
PEER COUNSELING	<u>X</u>	SOCIALIZATION	<u>X</u>
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	<u>X</u>
OTHER: <u>Transportation Services</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		49	unknown	27 regulars	399
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

38

Brief Program Narrative
 SAMHSA BLOCK GRANT FOR OLDER ADULT SUPPLEMENTAL SERVICES
 Amount: \$5,595

A. STATEMENT OF PURPOSE

The Older Adult Services Team serves individuals with a major mental illness who are over the age of 60 and have co-existing medical problems. Many of these individuals have Medicare benefits that do not cover needed services. Providing in home psychiatric nursing is an especially critical gap. This includes services such as monitoring appropriate medication intake, education/training, monitoring blood sugar levels, monitoring responses to new or combinations of medications, following up on doctor's orders for aftercare, evaluating home safety and other related activities. Medicare will only cover **this** service for their beneficiaries that meet a strict definition of "homebound". Yet many of our older adult clients who still have these needs do not meet this criterion.

In response we are proposing to use the grant **funds** to provide supplemental and enhanced in home psychiatric nursing services for older adults who are otherwise unable to receive these necessary services.

The above provisions will permit the Older Adult Team members to continue to enhance their collaboration with health care providers, residential facility operators, as well as the Public Guardian.

B. CLIENT OUTCOME OBJECTIVES

We will provide a description of the numbers of clients who were provided the above described services and the units of service. These services are intended to help older adults reside at the lowest possible level of care and prevent a decrease in their **functional** abilities.

C. PROGRAM DESCRIPTION

A psychiatric RN on contract to provide the following services to older adult clients residing in various settings in the community:

- Medication Support Services (excluding pharmacy)
- Assessment, Collateral and other medically necessary services within their scope of practice.

These services are for brief periods of up to three months during which individual clients have special needs. This includes post hospital support, efforts to prevent an escalation of symptoms, support for clients in caring for emergent medical conditions and other sub-acute situations.

D. TARGET POPULATION

The older adult population with a major mental illness served by the Santa **Cruz** County Mental Health's system of care will be the recipients of these services.

E. STAFFING

There is no proposal for staff in this grant. Care will be provided through a current well-established psychiatric nursing service.

F. CULTURAL COMPETENCY

These services will be provided to older adults with a major mental illness with sensitivity to the cultural and linguistic needs of the individual. Whenever possible the providers will be able to communicate in the client's preferred language or will arrange for translation services.

G. IMPLEMENTATION PLAN

The plan will be implemented by December 15, 2000.

H. PROGRAM EVALUATION PLAN

Review of this program will occur monthly by the Program Manager. Psychiatric Nursing visits will be evaluated in terms of **frequency**, duration and type as well as the number of clients served. Demographics of clients served will be documented as well as any barriers to service delivery. A random sample of records documenting services will be reviewed.

Brief Program Narrative
 SAMHSA Community Mental Health Block Grant for SFY2000-01 to Santa Cruz County
 Contractor: **Mental Health Client Action Network (MHCAN)** , Provider 44 16
 Amount: \$21,935

A. STATEMENT OF PURPOSE

Santa Cruz County Community Mental Health places a high value on client-directed services, which result in opportunities for clients to offer support to one another. The **Mental Health Client Action Network (MHCAN)** is entirely staffed by mental health clients and has been providing services to other clients since 1993. The organization has received SAMHSA Block Grant funds for their Peer Counseling program and Saturday informal half-day since 1997-98. This grant application is to enhance MHCAN's transportation services.

Integration of Sex-vices: MHCAN picks up clients every morning from Transition House, a program of Santa Cruz Community Counseling Center, and brings them to MHCAN for the day. We also pick up clients from Community Connection, part of the Rehabilitation Co-op with County Mental Health, and bring students to MHCAN for computer and Internet tutoring which other clients provide. Once a month we collaborate with the Community Organizers to provide lunch for clients in Satellite Housing. On Tuesdays we send visitors to Dominican Behavioral Health Unit.

B. CLIENT OUTCOME OBJECTIVES

MHCAN advertises its 4,263 sq. feet as a "safe place to recover," where recipients of mental health services help each other fix coffee, make phone calls to look for housing and jobs, go to peer-run support groups, learn to use the internet, play chess, re-learn how to get along with others.

Specific working objectives of the transportation component of MHCAN's program are as follows:

- (1) to get 2-3 staff members to the center before opening hours to prepare for the day and home at the end of the day.
- (2) to get clients to doctor's appointments on time with another client to accompany them if they request it.
- (3) to get clients to Clorazil lab weekly appointments for blood draws and to pick up their prescriptions.
- (4) to make sure clients keep dental appointments on time, a complaint of Medical providers.
- (5) to help clients with the many trips they have to make to Emeline and Pioneer House for checks from Public Guardian's office and Payee's.
- (6) to transport clients to River Street Shelter to sign up for Armory or Interfaith Satellite Shelter Program to keep them off the streets at night.
- (7) to provide transportation to people of large size or who talk to themselves who are objects of public disdain on the bus.
- (8) to transport clients to and from support groups in rainy weather.
- (9) to assist clients Accessing specialty mental health services for the first time.
- (10) to assist clients who live in Felton or Davenport to come directly to MHCAN because if they get off the bus at **Metro** they are apt to wander around downtown and some are too fragile to ride the bus.
- (11) to enable staff and participants at the drop-in to attend one day conferences and workshops in the Bay Area.

C. PROGRAM DESCRIPTION

Transportation services and employment opportunities offered by MHCAN are available to all individuals who receive services from Santa Cruz County Mental Health Plan and homeless support services. MHCAN does not drive to South County (Watsonville) or the Capitola Mall Shopping Center because

Bus Route 71 runs every 15 minutes and stops in front of our activity center. The South County Drop-In and Community Organizers cover these areas adequately with three vans. We are, however, under this grant beginning a program to extend service to the mountain areas.

MHCAN will use the SFY2000-01 additional funds to enhance their transportation program by adding client staff and raising present salaries to minimum wage to **total \$8,412.49** MHCAN will also purchase a used 1996 van for a total expense package of **\$13,522.50**.

Part-time driving staff (4) are all clients of Career Services a co-op of the Dept. of Rehabilitation and County Mental Health Services. Drivers keep a written daily log of whom they pick up, the speedometer reading, where the passenger is taken, and for what, then the driver **always** returns to MHCAN. The driver is also responsible for getting the staff who don't own cars or are not allowed to drive due to medications they are taking to the center before work and returning them home safely at the end of the day.

An already existing Assistant Driver position will have hours added and the wage raised to minimum wage. Another Assistant Driver position will be added. Paid hours include increasing the driving time by one hour and one half in late afternoon so that homeless mentally ill can be transported to the Homeless Resource Center for a meal and overnight shelter at the Armory or the Interfaith Satellite Shelter Program. Two drivers will overlap from the middle of the day to the end so that the Lead Driver can get a raise but stay under income **cap** that will preserve his **MediCal** benefits and so that one driver on two days a week can pick up clients at Rose Acres Residential Care or other pick up points in the mountains coordinated with Dr. H. Natu.

One hour a day of the Drop-In Floor Manager will be re-assigned to coordinating rides, but not charged to this grant. No overhead is charged.

The principal non-staff expense is purchase of a 1996 Honda Odyssey EX Mini VAN for \$11,000. The Blue Book retail value is \$14,965. The Odyssey has dual air bags, four doors, power door locks, stereo, steel, alloy ABS wheels, air conditioning. Consumer Reports gave the 1996 Odyssey the highest reliability score for infrequent problems reported.

MHCAN will supplement the use of their 1989 van (138,000 miles) with the lower mileage 1996 van. Between the County mental health Bldg, MHCAN, client apartments within the city of Santa Cruz 5 days a week, the old van logs 3,200 miles every 3 months or 12,800 a year on very short trips. We do not plan to sell our old van because with two vans we will be able to take more clients as well as staff to client conferences in the Bay Area and meetings of the California Network of Mental Health Clients.

The amount of the current owner's registration fee is listed in the budget attachment. Additional auto insurance is budgeted with the same carrier Aetna who covers our other van. The \$500 deductible already in our county budget **can** serve for both vans.

Gas: For our current transportation program, MHCAN fills up the Plymouth van twice a week. Gas and oil for July 2000 to Oct 31, 2000, 4 months, has cost \$525.26. We have budgeted \$1,400 for the year so we are already over budget. The budget for the new van for gas is \$693.50 for 7 months so we will have to limit its use to mountain trips and special needs for double driving trips. If it turns out that we can schedule less Assistant Driver's hours, we will move some Staff money to Gas.

Demonstrated Responsibility for Owning a Van: FY 1994-95 when MHCAN purchased a 1989 Plymouth Voyager, the organization has never had any kind of accident or insurance claim. Mental health clients have kept the van washed, vacuumed, gassed, oiled, and all its bills paid on time. Drivers must first submit their DMV record to our insurance company and the Executive Director for approval.

D. TARGET POPULATION

MHCAN provides daytime activities and employment to adults and mobile seniors with serious mental illnesses who qualify for Medical, and other adults who have MediCruz, or who are indigent.

E. STAFFING

Position Title	Name	Program FTE	Grant FTE	Hourly Rate	Annual Dollars- Dec to July
Lead Driver 24 hrs.	Appolonio Ramirez, Jr.	.65FTE	.08FTE	6.85	1,140.00
Lead Driver	Raise wage to \$7.00	.65 FTE			\$187.20
Asst. Driver 20 hrs	New-7 ½ months		.50FTE	6.75	\$4,185.00
Assistant Driver	New – 10 hrs. Trainee, 7 months		.25FTE	6.75	2092.50
Wed morning driver-MPR at county	Raise to minimum wage		.15 FTE	\$6.60	46.50
Scheduler of rides	Carla McSweeney 5 hrs. For 31 weeks	.325 FTE	.125 FTE re-assigned	7.75	
Sub Total Staff	All are county mental health clients				\$7,651.20
Worker's Comp, Payroll Taxes					\$761.29
TOTAL STAFF					\$8,412.49

The Lead Driver has worked for MHCAN 2 ½ years and the Scheduler for 5 ½ years without any sick days. The Assistant Drivers have been reliable as on-call drivers and are approved by the insurance company.

F. CULTURAL COMPETENCY

MHCAN employs a transition age client and a senior citizen, a person of Chinese and Hispanic and Native American ethnicities. We are serious about taking the time to know individuals for their strengths. We are equally serious about monitoring the drop-in every day for racist, gender-preference and cognitive-behavioral put-downs and calling attention to them as demeaning to others self esteem and respect.

G. IMPLEMENTATION PLAN

The program can be fully implemented within one month.

H. PROGRAM EVALUATION

Client drivers maintain a daily log of each trip, who they carry, the purpose, destination and mileage. The accountant monitors gas use each month. Transportation problems are discussed in biweekly staff

meetings. Common problems are occasional refusal to transport belligerent or rude clients, complaints about smelly homeless clients and how to get the person clean tactfully, decisions that some requests for trips are not within our mission and scope of service, a decision that one frazzled client may need more service than others. We also keep a list of those who request bus passes and compare the van transport list to the bus pass list to make sure clients aren't getting bus passes to sell and then asking for a ride from the van.

Anticipated problems: MHCAN anticipates having an initial problem with purchase of a newer van that clients will prefer the new one. We anticipate additional security problems in the parking lot in the winter when those who are homeless seek to break into vehicles to keep warm or ask to use the older van as a shelter. We will encourage landlord to fix lighting in the parking lot. We will consider having drivers drive vehicles home at the end of the day after consultation with our insurance agent.

Goals: With greater van availability, MHCAN's goals are to get 3 clients accepted for dental work at Dientes, 2 new clients into the Mental Health Plan through Access, 2 new clients enrolled into the women's support group, men's group, Dual Recovery Anonymous, the Computer Lab, and the Schizophrenia Group, engaging some of the clients who live in Felton or Davenport.

Monitoring: The MHCAN Staff meets with a County Contract Monitor monthly. The MHCAN Executive Director has a phone or in-person meeting with the Contract Monitor, Karolin Schwartz, weekly. The Contract Monitor reports to the Mental Health Director and MHCAN makes an annual report to the Local Mental Health Board.

PERSONNEL

Additional drivers, raising present drivers to minimum wage and scheduler of pickups and returns of clients	\$8,412.49
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OTHER EXPENSES

Purchase 1996 Honda Odyssey EX	\$11 ,000.00
Registration	\$283.00
Auto liability insurance	\$1,540.00
Disabled Parking Application on Honda	\$6.00
Extra Gas & Oil to supplement \$1,400 budgeted for older van	\$693.50
Sub-Total Other Expenses	\$ 13,522.50

TOTAL PERSONNEL AND EXPENSES	\$21,934.99
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State of California
Department of Mental Health

Health and Welfare Agency

PATH ALLOCATION WORKSHEET - INITIAL ALLOCATION
MH 1772B (2/00)

STATE FISCAL YEAR: 2000/2001

FEDERAL CATALOG NO. 93.150

COUNTY: SANTA CRUZ REVISION NO: Planning Estimate

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) 2000/2001. Your **Planning** Estimate is identified below.

PATH Funds SFY 2000/2001 (Amount Reimbursable):	\$17,192
SFY 1998/1999 Rollover:	
Total PATH Program SFY 2000/2001:	\$ 17,192

PURPOSE: Planning Estimate

Date: March 20, 2000

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


County Mental Health Director


Date

Enclosure I-A

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 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 the coordination of PATH funded and non-PATH funded services? (Section H.)
- ☒ 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.)

Federal Assurances

Forms Included:

1. CERTIFICATIONS
PHS 5161-1 (6/99)

CERTIFICATIONS

1. CERTIFICATION REGARDING **DEBARMENT**
AND SUSPENSION

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

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

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

The applicant agrees by submitting this proposal that it will include, without modification, **the** clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in **all** lower tier covered transactions (i.e., transactions with sub-grantees and/or 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:

Office of Grants and Acquisition Management
 Office of Grants Management
Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 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:

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 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 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 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 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 any 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 MIT DIRECTOR
APPLICANT ORGANIZATION SANTA CRUZ COUNTY	DATE SUBMITTED 6/12/00

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 2.0 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.

Enclosure III

- 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 \$ 5,731
- 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 2000-2001 non-PATH funds for services to individuals who are homeless and mentally disabled as follows:

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

\$ 670,000 EST. Other

 6/12/00
Signature of Director Date

Federal Assurances

Forms Included:

1. ASSURANCES – CONSTRUCTION PROGRAMS
(Standard Form 424d (Rev. 7-97))

2. ASSURANCES – NON – CONSTRUCTION PROGRAMS
(Standard Form 424b (Rev 7-97))

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of **information** is estimated to average 15 minutes per response, **including** time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, **Paperwork** Reduction Project (03460040). Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET..
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**


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 cost) to ensure proper planning, management and **completion** of the *project* described in this application.
2. Will give the **awarding** agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or **organizational** conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of **approval** of the awarding agency.
5. **Will** comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. **§§4728-4763**) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of **OPM's** Standards for a Merit System of Personnel Administration (5 C.F.R. 909, 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. 68-352) 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 Titles II and III of the Uniform **Relocation** Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with 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.

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9. Will comply, as applicable, with the provisions of the **Davis-Bacon Act** (40 U.S.C. **§§276a to 276a-7**), the **Copeland Act** (40 U.S.C. **§276c** and 18 U.S.C. **§874**), and the **Contract Work Hours and Safety Standards Act** (40 U.S.C. **§§327-333**), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to **participate** in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. **Will** comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) **11514**; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) **assurance** of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. **§§1451 et seq.**); (f) conformity of Federal actions to State (Clean 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 Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
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 38		DATE SUBMITTED 6/12/00

ASSURANCES - CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.



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 assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and Instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. 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.
8. 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 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. 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.
10. Will comply with all Federal statutes relating to non-discrimination. 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 dd3 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.

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11. Will comply, or has already complied, with the requirements of Titles II and III of ~~the~~ Uniform Relocation Assistance and Real Property ~~Acquisition~~ Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to ~~all~~ interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (6 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.
13. 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.
14. Will comply 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.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with ~~the~~ approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean 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).
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18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. 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 MIT DIRECTOR
APPLICANT ORGANIZATION SANTA CRUZ COUNTY 	DATE SUBMITTED 6/12/00

P A T H P R O G R A M

PROVIDER NARRATIVE FACE SHEET

county Santa Cruz Fiscal Year: 2000/2001
 Provider Santa Cruz Community Counseling Center, Inc. Allocation: \$17,192
 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
 email: pspoffor@health.co.santa-cruz.ca.us

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

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

Indicate which budget categories **are** funded by PATH:

☒ Personnel ☐ Equipment ☐ Travel
☐ Consultants ☐ Supplies ☐ Other

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

The PATH funds will be allocated to support a Counselor II/Case Manager (.53 FTE) who will be responsible for providing case management and referral services to homeless individuals suffering **from** serious mental illness or co-occurring serious mental illness and substance abuse disorder. These individuals will **reside at** the River Street Shelter, a program for homeless men and women operated by the Santa Cruz Community Counseling Center, Inc. (SCCCC)

C. PATH Goals and Objectives

GOAL 1: To increase financial resources for homeless men and women who are suffering with serious mental illness or a dual diagnosis.

OBJECTIVE: To assist PATH clients to obtain entitlements and 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 2000-2001 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)

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In 1998-99, the River Street Shelter had two counselors who served a total of 201 mental health clients. Based on this figure, we are assuming 100, (approximately half), of the

mental health clients to be served in 2000-2001 will be considered to be PATH clients. Since PATH funding is only 5 % of the budget, the River Street Shelter does not distinguish PATH clients **from** non-PATH clients on the counselor's caseload and it would be administratively impractical to designate specific clients as PATH enrolled. Individual client files are kept on all Shelter clients.

E. Alternate Resources for PATH Supported Services

SCCCC provides case management services to mental health clients residing at the River Street Shelter. PATH funding enables mental health case management contacts to be made to approximately 100 Shelter residents annually that would not be available otherwise. There are not comparable mental health case management services for mental health clients at any of the other homeless shelters locally.

The Santa **Cruz** community, however, has many other alternative resources of the type being **funded** by PATH. Next door to the River Street Shelter is the Homeless Resource Center. This program includes a daytime drop-in center with showers, lockers, and hot meals for the homeless. It also includes the Page Smith House that provides transitional housing for homeless persons making the transition to more stable lifestyles, and transportation in the evening to the churches (the **Interfaith** Satellite Shelter program) and the armory providing emergency shelter. The St. Francis Soup Kitchen also provides hot meals for the homeless.

SCCCC and County Mental Health also provide case management services to other homeless mentally ill individuals in the community outside of shelters. Mental Health Services Coordinators provide these services with non-PATH funds.

The biggest gaps in services are the scarcity of transitional housing and affordable permanent housing. The local housing market is the second least affordable market in the nation-and vacancy rates are **1-2%**. The local planning group that identifies these gaps and prioritizes the needs is the "Continuum of Care Coordinating Group". The Coordinating Group includes representatives **from** the five local government jurisdictions, **community-**based agencies, philanthropies, businesses, and individuals.

SCCCC is a regular and active participant in the Coordinating Group and has applied to HUD in the annual "Continuum of Care" application to fund additional transitional and permanent supported housing. SCCCC also hopes to develop more clean and sober homes for dual diagnosis clients. Other agencies addressing these gaps include Families in Transition, Pajaro Valley Shelter Services, Mercy Charities Housing, the Community Action Board, and the Homeless Persons Health Project.

F. Dual Diagnosis Services

The River Street Shelter provides intensive dual diagnosis treatment for up to 8 clients at a time through services provided in collaboration with the Pioneer House Dual Diagnosis Day Treatment Program. The staff member **funded** by the PATH grant has expertise in dual diagnosis issues and is assigned to these clients.

G. Housing /Support Coordination

SCCCC also operates a successful transitional and long-term supported housing program. Clients being served at the River Street Shelter have an opportunity to benefit **from** the supported housing opportunities provided by the program. SCCCC employs other case managers to assist with placing homeless mentally ill 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 County facilitates the coordination of services for the homeless amongst the public and private service providers. Coordination occurs daily with the 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 (106 units of 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 to coordinate homeless services and prioritize local needs.

J. Cultural Competency

The current **staffing** at the River Street Shelter consists of 5 women and 3 men, 6 Caucasians, and 2 Latinos. Two 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 31% women and 69% **men**, 79% Caucasian, 9% 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(02/2000)

PATH GRANT
State fiscal Year 200012001

Submission Date: June 13, 2000

Telephone Number: (831) 454-4767

County: Santa Cruz

County Contact: Peter Spofford

Provider Name: Santa Cruz Community Counseling Center, Inc.

Provider Address: 195-A Harvey West Blvd.

Santa Cruz, CA 95060

Provider Number: 4436

Mode/Cost Centers:

Line Number	Staff (List by title of position and number of FTE)	Mode/Cost Centers	Column 2
			Budget SFY 2000/2001
1	Counselor II (.53 FTE)		\$17,192
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total staff expenses(sum lines 1 thru 10)		\$17,192
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)		\$17,192
36	Administrative Costs (see Instructions)		
37	Total costs Funded From Grant (sum lines 35 and 36)		\$17,192

DMH APPROVAL BY: James R. Collins

TELEPHONE: (916) 654-3390

DATE:

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