



**Mental Health Services Act:**

**2010-2011**

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

April 16, 2010

# County of Santa Cruz

## HEALTH SERVICES AGENCY

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

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

April 16, 2010

The Santa Cruz County Mental Health & Substance Abuse Services has completed a “2010-2011 Annual Update to the Three Year Program and Expenditure Plan” of the Mental Health Services Act (MHSA/Proposition 63). This includes a report of the Community Services and Supports (CSS) and Workforce Education & Training activities for fiscal year 2008-2009. The report has been prepared according to instructions from the State Department of Mental Health (DMH), pursuant to DMH Information Notice #10-01.

The report was originally posted from February 13, 2010 to March 17, 2010, and a public hearing was held on March 18<sup>th</sup>. This report has been revised and will be available for public review and comment for another 30 days (from April 16, 2010 to May 16, 2010).

You may provide comments in the following ways:

By fax: (831) 454-4663,

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

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

Or by writing to:

Santa Cruz County Mental Health & Substance Abuse Services  
Attention: Alicia Nájera, MHSA Coordinator  
1400 Emeline Avenue  
Santa Cruz, CA 95060

Sincerely,

Leslie Tremaine  
Director

# County of Santa Cruz

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

February 12, 2010

The Santa Cruz County Mental Health & Substance Abuse Services has completed a “2010-2011 Annual Update to the Three Year Program and Expenditure Plan” of the Mental Health Services Act (MHSA/Proposition 63). This includes a report of the Community Services and Supports (CSS) and Workforce Education & Training activities for fiscal year 2008-2009. The report has been prepared according to instructions from the State Department of Mental Health (DMH), pursuant to DMH Information Notice #10-01.

The report is available for public review and comment from February 13 to March 17, 2010. There will be a public hearing on Thursday, March 18<sup>th</sup>, 2010 at 3:15 at 1400 Emeline, room 207, Santa Cruz, CA. You may provide comments in the following ways:

- At the Public Hearing,
- By fax: (831) 454-4663,
- By telephone: (831) 454-4931 or (831) 454-4498,
- By email to [mhsa@co.santa-cruz.ca.us](mailto:mhsa@co.santa-cruz.ca.us),
- Or by writing to:

Santa Cruz County Mental Health & Substance Abuse Services  
Attention: Alicia Nájera, MHSA Coordinator  
1400 Emeline Avenue  
Santa Cruz, CA 95060

Sincerely,

Leslie Tremaine  
Director

**County Summary Sheet**

**County:** Santa Cruz

			<i>Exhibits</i>							
			A	B	C	C1	D	E	E1	E4
<b>For Each Annual update</b>			X	X	X	X		X		
<b>Component</b>	<b>Previously Approved</b>	<b>New</b>								
<b>CSS</b>	\$5,799,200	\$0				X	X		X	
<b>WET</b>	\$ 0	\$0				X	X			
<b>PEI</b>	\$1,856,609	\$0				X	X			X
<b>Total</b>	\$7,655,809	\$0								

**Dates of 30 day public review comment period:** February 13, 2010 to March 17, 2010  
 Update was posted for another 30 days: April 16, 2010 to May, 16, 2010.

**Date of Public Hearing:** March 18, 2010

**Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:** April 23, 2010.



County:           Santa Cruz          

Date:           February 12, 2010          

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

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

<b>Community Program Planning</b>	
<b>1.</b>	<b>Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</b>
	<p>The County works closely with the Mental Health Board (which includes consumers, family members and other advocates), meets regularly with the various mental health contract agency representatives, and meets monthly with the Santa Cruz County Mental Health Services Act Steering Committee. The MHSA Steering Committee oversees the community planning process for each of the MHSA components. (Note: the MHSA Steering Committee membership was selected with the intention of having a cross section of member representatives, including mental health providers, employment, social services, law enforcement, consumers, and family members, as well as representatives from diverse geographical and ethnic/racial/cultural populations.)</p> <p>Aside from the extensive Community Services and Supports (CSS) Planning Process, the County has conducted planning processes for the CSS Housing component, the Workforce Education &amp; Training Component, and the Prevention &amp; Early Intervention Component. Although consumers and family members participate in the workgroups, the County has found it beneficial to have focus groups with consumers in both North and South County, with NAMI family members, with Spanish speaking family members, with transition age youth, youth, seniors, and veterans. Also, in October 2007, Santa Cruz County Mental Health &amp; Substance Abuse Services held two Town Hall meetings to provide a status update on the Mental Health Services Act (MHSA), and to hear feedback about implementation to date.</p> <p>The County has posted materials from the various stakeholder workgroups on our website.</p>
<b>2.</b>	<b>Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</b>
	<p>The County works closely with the Local Mental Health Board, contract agency representatives, and the MHSA Steering Committee. Additionally, the County works directly with NAMI, the Mental Health Client Action Network (MHCAN), the Mariposa Wellness Center, as well as agencies representing underserved communities (the Diversity Center, Queer Youth Task Force, Barrios Unidos, Migrant Head Start), educational institutions, social services, law enforcement, community resource centers, employment and health.</p>
<b>3.</b>	<b>If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.</b>
	<p>No programs/projects will be added or eliminated.</p>
<b>Local Review Process</b>	
<b>4.</b>	<b>Describe methods used to circulate, for the purpose of public comment, the annual update or update.</b>
	<p>The draft plan was distributed to the Local Mental Health Board, contractors, and to stakeholders. It was also posted on our Internet site, and was made available in hard copy to anyone who requested it. We placed ads in our local newspapers to inform the community at large of its availability.</p>

The plan was circulated for 30-day review and comment from February 13 to March 17, 2010, and a Public Hearing was held on March 18, 2010.

**5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.**

There were no substantive comments received during the stakeholder review that required changing the update. There were comments that supported the use of alternative treatment (such as those used in the Wellness centers). A representative from Suicide Prevention Services congratulated the Board on the MHSA rollout, and indicated that due to PEI funding they have been able to extend their services to more schools, as well as have reached more LGBTQ youth. Carol Williamson, the local NAMI president also thanked the Board and the County, noting that “a lot of hard work and a lot of meetings” took place. She indicated that because of MHSA NAMI has been able to provide the County with the “Provider Education” training that informs providers about the consumer and family perspective of mental health services. Carol looks forward to all of the plans unfolding, and is a member of the WET training task force.

County: Santa Cruz

Date: February 12, 2010

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County’s implementation of the MHSA including CSS, PEI and WET components during **FY 2008/09**.

<b>CSS, WET and PEI</b>
<p><b>1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County’s approved Plan, any key differences, and any major challenges.</b></p>
<p>Implementation is generally proceeding as described in our plans. Activities for fiscal year 2008-09 include:</p> <p><u>COMMUNITY SERVICES AND SUPPORTS (CSS) (services)</u>                      The County hired additional personnel (i.e., jail discharge planner, housing coordinator, additional transition age team staff, children’s mental health staff) and was able to create an older adult team. The County contracted with various community based agencies (PVPESA, SCCCC, Family Services, Parent Center, Youth Services, Front Street, Community Connection and MHCAN) to provide additional services. The creation of the Wellness Centers in both North and South County were funded by CSS dollars.</p> <p><u>COMMUNITY SERVICES AND SUPPORTS: HOUSING PROGRAM (services)</u>                      The County posted a plan for public review and comment on a proposal to develop housing on Bay Avenue, Capitola in September 2008. The California Housing Finance Agency (CalHFA) is the construction and permanent lender as well as the MHSA conduit, and it shut down its construction finance lending in December; the Bay Ave. Apartments was the very last construction loan CalHFA closed.</p> <p><u>PREVENTION &amp; EARLY INTERVENTION - PEI (services)</u>                      The County held an extensive PEI stakeholder process with six workgroups and eight focus groups (two with parents, two with consumers, youth, transition age youth, seniors, and Veterans). There were a total of 60 community and focus group meetings. Notes of each meeting were taken and posted electronically on our website. Additionally, we had two key informant interviews with law enforcement and community health clinic representatives.</p> <p>The Mental Health Oversight Accountability Commission (MHOAC) and the State Department of Mental Health approved our Plan on May 29, 2009. We will present our Plan to the Santa Cruz County Board of Supervisors on August 4, 2009, and will begin implementation immediately thereafter.</p> <p><u>WORKFORCE EDUCATION &amp; TRAINING - WET (infrastructure)</u>                      The County received approval of this Plan in June 2008. Progress to date:</p> <ul style="list-style-type: none"> <li>▪ Individual and group supervision offered to student trainees.</li> <li>▪ Individual and group license examination preparation for staff.</li> <li>▪ Streamlining the field placement (internship) program at the County, including educating field placement supervisors about the policies and procedures of taking on a trainee.</li> <li>▪ WET Task Force established and had the first meeting on 4/15/09. Will oversee the implementation of the Training Academy. WET Task Force is comprised of family member, consumer, Cabrillo representative, contract staff member, and representatives from children’s, adult, and ADP staff.</li> <li>▪ Contract with Cabrillo “College Connection” Program to support “consumer” students expressing interest in work in public mental health.</li> <li>▪ Established stipend criteria and application process for students with special skills (to be available for fiscal year 09-10).</li> <li>▪ Established payment mechanism to reimburse public mental health employees for purchase of</li> </ul>

license exam preparation materials and/or test fees.

- Group consultation established for adult and children clinical team supervisors.
- MHSA Coordinator and two clinical supervisors have been meeting with Personnel Staff at 701 since 12/07.
- Will review/revise Mental Health Aide position, to include “credit” for family/client experience, and Human Services certificate from Cabrillo College.

**2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.**

The MHP recruits culturally competent staff by designating some positions as bilingual only, and encourages bilingual, bicultural persons to apply for all positions. The Santa Cruz County MHP assesses prospective employees in their ability to provide culturally competent services. Santa Cruz County Personnel Department evaluates and certifies staff speaking the threshold language (Spanish) in their ability to use Spanish. Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish. Job openings are disseminated to all eligible employees within the Division by HSA Personnel. We do not have interpreters on staff. The Santa Cruz Mental Health Plan standard is to provide services in the threshold language therefore we rarely use interpreters.

The MHP has policies regarding the provision of Culturally Competent Services, including training requirements that cover client cultural, and working with diverse groups (e.g. Latinos, and LGBT). Contract providers will adhere to cultural competence standards, as specified in their contracts. Retention efforts include the bilingual support group in the Children’s Program, and the bi-annual retention survey designed to measure staff experiences and/or opinions regarding the valuation of cultural diversity in the Division’s workforce, the provision of culturally and linguistically competent services, and their cultural competency training needs.

Our conscious efforts have focused on improving our effectiveness and adequacy in serving unserved and underserved populations, and in reducing racial/ethnic service disparities. The state's economic hardship has impacted our ability to maintain the capacity and quality of services that are needed for the populations we serve. We had hired bilingual (and bicultural) staff through MHSA in an effort to address the racial/ethnic disparities. However due to state and local budget cuts, our county has been forced to cut a significant number of bilingual qualified staff (since they were the most recently hired).

Our WET plan has significantly helped our ability to provide staff training and support workforce development programs and activities. This plan has supported our efforts to improve our ability to maintain a culturally competent workforce, to include clients and/or family members who bring personal and/or family experience to promote client-and-family-driven services. Our WET Plan and PEI efforts are also promoting a system shift, which promotes wellness, recovery and resiliency, which truly embrace the participation of consumers, families and community collaboration.

Santa Cruz County Mental Health & Substance Abuse Services

<b>3. Provide the following information on the number of individuals served:</b>				
<b>Age Group</b>	<b>CSS</b>	<b>PEI</b>	<b>WET</b>	
	<b># of individuals</b>	<b># of individuals (for universal prevention, use estimated #)</b>	<b>Funding Category</b>	<b># of individuals</b>
Child and Youth	<b>782</b>	N/A	Workforce Staff Support	<b>11</b>
Transition Age Youth	<b>458</b>	N/A	Training/Technical Assist.	<b>517</b>
Adult	<b>1849</b>	N/A	MH Career Pathway	<b>240</b>
Older Adult	<b>284</b>	N/A	Residency & Internship	<b>44</b>
<b>Race/Ethnicity</b>			Financial Incentive	<b>0</b>
White	<b>2240</b>	N/A		
African/American	<b>107</b>	N/A	[ ] WET not implemented in 08/09	
Asian	<b>35</b>	N/A		
Pacific Islander		N/A		
Native	<b>35</b>	N/A		
Hispanic	<b>1031</b>	N/A		
Multi		N/A		
Other	<b>107</b>	N/A		
<b>Other Cultural Groups</b>				
LGBTQ		N/A		
Other		N/A		
<b>Primary Language</b>				
Spanish	<b>426</b>	N/A		
Vietnamese		N/A		
Cantonese		N/A		
Mandarin		N/A		
Tagalog		N/A		
Cambodian		N/A		
Hmong		N/A		
Russian		N/A		
Farsi		N/A		
Arabic		N/A		
Other	<b>107</b>	N/A		
English	<b>3022</b>	N/A		
<b>PEI</b>				
<b>4. Please provide the following information for each PEI Project:</b> a) The problems and needs addressed by the Project. b) The type of services provided. c) Any outcomes data, if available. (Optional) d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).				
PEI was not implemented in 2008-09. (We received approval for our PEI plan on May 29, 2009.)				

**Exhibits for:**

- **Prevention & Early Intervention**
- **Workforce Education & Training**
- **Community Services & Supports**



Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: 1: Early Intervention Services for Children

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	X	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
<p>This project area addresses three priority populations: children and youth from stressed families, onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing parental/supervision skills affected by substance use/abuse, and/or are exposed to violence, abuse, and /or neglect. The desire is to decrease the negative impact of these factors by offering mental health services to youth and their families. This project also addresses disparities in access to services by including a focus on the needs of Latino children/families, as well as lesbian, gay, bisexual, transsexual, and questioning (LGBT) youth and their families. Services will be leveraged whenever possible, such as Medi-Cal billing for services (if applicable) and contributions from First 5, and other community partners, as well as Mental Health Services Act Workforce Education &amp; Training, as appropriate.</p> <p>This component has three proposed strategies:</p> <ol style="list-style-type: none"> <li>1. 0-5 Screening and Early Intervention</li> <li>2. County-wide Parent Education and Support</li> <li>3. School-based Prevention and Early Intervention</li> </ol>				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates.			
	Total Individuals: _____ Total Families: _____		<b>NO CHANGE</b>	

Santa Cruz County Mental Health & Substance Abuse Services

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>		<b>Early Intervention</b>	
	<b>Total Individuals:</b>						
	<b>Total Families:</b>						
<b>Existing Programs to be Consolidated</b>							
<b>No.</b>	<b>Question</b>	<b>Yes</b>	<b>No</b>				
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above			
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	x	If no, answer question #3; If yes, complete Exh. F4			
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	x	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4			
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation						
Program is not consolidated. Services are same as above.							

County: Santa Cruz

Program Number/Name: 2: Culture Specific Parent Education & Support

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
<p>The objective of this project is to decrease the risk of violence, suicide, and other traumas that children and youth age 0 – 17 may be exposed to by providing education, skills-based training, early intervention and treatment referrals to parents, families, and children, that are in need of parental/supervision skills, are affected by substance abuse, and/or are exposed to violence, abuse, or neglect. We have chosen Cara Y Corazón and Jóven Noble. Cara Y Corazón is a culturally based family strengthening and community mobilization approach that assists parents and other members of the extended family to raise and educate their children from a positive bicultural base. Jóven Noble is a youth leadership development program.</p>				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____		<b>NO CHANGE</b>	
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>
				<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4

Santa Cruz County Mental Health & Substance Abuse Services

4.	Description of Previously Approved Programs to be consolidated. Include in your description: d) The names of Previously Approved programs to be consolidated, e) How the Previously approved programs will be consolidated; and f) Provide the rationale for consolidation
Program is not consolidated. Services are same as above.	

County: Santa Cruz

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

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
<p>This project seeks to provide education, training and treatment by expanding mental health awareness and services through traditional and non-traditional settings, Community Entry Points, (CEP), Professionals and Family members. This will be achieved by developing a network of care for use prior to being formally "diagnosed" at the earliest signs of possible serious mental illness. Through consultation, training and direct service delivery, a broad menu of services will be offered by Peer Counselors, Family Advocates, and Licensed counselors and psychiatrists to transition age youth and their families. This program will integrate evidence-based practices that are client-centered. This program addresses transition age youth and adults who are trauma exposed and are experiencing (or at risk of experiencing) the onset of serious mental illness. This project also addresses disparities in access to mental health services by including a focus on the needs of Latino youth as well as Lesbian, gay, bisexual, transsexual (LGBT) individuals and their families. Services will be leveraged whenever possible, such as Medi-Cal billing for services (if applicable), "in kind" supervision, as well as Mental Health Services Act Workforce Education &amp; Training, as appropriate.</p> <p>This component has five proposed strategies:</p> <ol style="list-style-type: none"> <li>1. Identification of signs and early symptoms of Early Onset of Mental Disorders with Family Members, Professionals and Community Entry Points</li> <li>2. Early Onset Intervention Services Utilizing service "Navigator," Psychiatry, Peer and Family Advocates, and Employment Services for Individuals and Family Members</li> <li>3. Monthly Transition Age Youth Provider Roundtable service coordination meetings</li> <li>4. Veterans advocacy and service coordination</li> <li>5. Suicide Prevention services</li> </ol>				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____		<b><u>NO CHANGE</u></b>	

Santa Cruz County Mental Health & Substance Abuse Services

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
<b>Existing Programs to be Consolidated</b>				
<b>No.</b>	<b>Question</b>	<b>Yes</b>	<b>No</b>	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	x	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	x	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: g) The names of Previously Approved programs to be consolidated, h) How the Previously approved programs will be consolidated; and i) Provide the rationale for consolidation			
Program is not consolidated. Services are same as above.				

County: Santa Cruz

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

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
<p>This prevention strategy addresses the high rates of depression, isolation and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior's isolation and challenges in accessing appropriate care. Services will be leveraged whenever possible, such as Medi-Cal billing for services (if applicable), "in kind" supervision, as well as Mental Health Services Act Workforce Education &amp; Training, as appropriate.</p> <p>This component has three proposed strategies:</p> <ol style="list-style-type: none"> <li>1. Field Based Mental Health Training and Assessment Services to provide mental health assessment and short-term services to older adults where they reside</li> <li>2. Senior services and outreach including brief therapy and peer companions</li> <li>3. Warm line providing quick telephone screening and referrals to senior resources for persons seeking service to older adults at risk of mental illness</li> </ol>				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____		<b>NO CHANGE</b>	

Santa Cruz County Mental Health & Substance Abuse Services

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
<b>Existing Programs to be Consolidated</b>				
<b>No.</b>	<b>Question</b>	<b>Yes</b>	<b>No</b>	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	x	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	x	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: j) The names of Previously Approved programs to be consolidated, k) How the Previously approved programs will be consolidated; and l) Provide the rationale for consolidation			
Program is not consolidated. Services are same as above.				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #1: Workforce Education & Training Coordination

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET						
Previously Approved						
No.	Question	Ye s	No			
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2		
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3		
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4		
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly		
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.		
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>	<b>Percent Change</b>
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>					
<p><b>Goal 1:</b> To implement and coordinate the Santa Cruz County WET plan and to create a well-run welcoming environment for all training audiences the WET Coordinator will:</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement the WET Plan by collaborating actively with the Training Task Force and other stakeholder groups as needed.</li> <li>2. Coordinate and share information regarding WET efforts on the State and regional level.</li> <li>3. Regularly assess the training and educational needs of paid staff, interns, consumers and their families, and volunteers.</li> <li>4. Communicate regularly with various stakeholders and coordinate and provide training events for the public mental health system (consumers, families, County and mental health contract providers).</li> <li>5. Establish and oversee contracts with entities providing WET services.</li> </ol>						

Santa Cruz County Mental Health & Substance Abuse Services

- 6. Participate with Cabrillo College to develop the Human Services and Mental Health Track Programs, resulting in better-trained people applying for entry-level public mental health positions.
- 7. Regularly convene the education providers to explore ways in which more cost effective in-service training can be provided to the county's mental health workforce by leveraging their programs and funding sources.

**Existing Programs to be Consolidated**

No.	Question	Ye s	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #2: Professional Development for Clinical Supervisors

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Goal:</b> Supervisors to be better equipped to provide supportive and constructive guidance to line staff, including consumer and family employees.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>To provide a welcoming and supportive environment for new employees.</li> <li>To ensure line staff are providing effective services that embrace the five philosophical elements of the MHSA plan.</li> <li>To amplify the view of family members as critical caregivers and essential in treatment planning.</li> <li>To maximize supervisory performance in accordance with personnel policies and procedures in a manner that supports the five fundamental MHSA elements.</li> <li>To offer opportunities for clinical supervisors to learn management skills for their own career pathway as a means of retention.</li> <li>For supervisors to embrace the paradigm shift and to foster and nurture this shift in their supervisees.</li> </ol>										

Santa Cruz County Mental Health & Substance Abuse Services

<b>Existing Programs to be Consolidated</b>				
<b>No.</b>	<b>Question</b>	<b>Yes</b>	<b>No</b>	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: d) The names of Previously Approved programs to be consolidated, e) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and f) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #3: The Training Academy

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Goal #1:</b> To create a training environment that is responsive to stakeholders' needs.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. The Workforce Education &amp; Training Task Force (WET-TF) will expand membership to include consumers, families and community-based organizations that contract with mental health.</li> <li>2. The WET-TF will have its size and structure determined by the MHSA steering committee.</li> <li>3. The WET-TF will create a one-year and a three-year training plan, to include cultural competence, wellness/recovery/resilience, and consumer values.</li> <li>4. The WET-TF will explore providing educational experiences for individuals who learn best in non-traditional settings or non-academic formats.</li> <li>5. To create a paradigm shift throughout public mental health that embraces the five fundamental elements of the MHSA model.</li> </ol> <p><b>Goal #2:</b> To regularly offer orientations (or overviews) of the public mental health system to consumers, family members, new employees, potential employees, interns, and community members.</p>										

**Objectives:**

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

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

**Objectives:**

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

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

**Objectives:**

1. Consumers and family members will learn concepts and terms used to describe mental illness and treatment interventions.
2. Consumers and family members will learn about their rights, the law, and their responsibilities within the mental health system.
3. Consumers and families will develop a better understanding of current treatments, medications, their intended and side effects, and alternative treatments.
4. To underscore the importance of the concepts of recovery, wellness and resiliency to increase the skills of staff and to offer strength-based services that include the use of family supports.

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

**Objectives:**

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

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

**Objectives:**

1. The training module supports prevention, identification and treatment of mental health conditions across the lifespan.
2. To develop staff clinical skills in areas identified as special need for consumers across the lifespan.
3. To identify public mental health staff that have special skill sets or assist them in developing special skill sets so they are able to train others through the Training Academy.

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

Santa Cruz County Mental Health & Substance Abuse Services

**Objectives:**

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

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: g) The names of Previously Approved programs to be consolidated, h) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and i) Provide the rationale for consolidation.			

Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)

County: Santa Cruz

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

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. <b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									
<b>Goal:</b> To ensure that public mental health psychiatrists and nurse practitioners are equipped with the education and training needed to help transform the public mental health service system towards the new MHSA paradigm.										
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1. To create a cultural shift throughout public mental health psychiatrists and nurse practitioners that embraces the five fundamental elements of the MHSA model.</li> <li>2. To assess public mental health psychiatric and nurse practitioner staff for determination of training needs.</li> <li>3. To provide training for psychiatrists and nurse practitioners that addresses the needs of families and consumers, as identified by the surveys and focus groups.</li> </ol>										

Santa Cruz County Mental Health & Substance Abuse Services

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: j) The names of Previously Approved programs to be consolidated, k) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and l) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #5: Consumer "Culture" Training

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET						
Previously Approved						
No.	Question	Ye s	No			
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2		
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3		
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4		
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly		
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.		
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>	<b>Percent Change</b>
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>					
<p><b>Goal:</b> To educate providers about the important role that consumers play in their wellness and recovery, and to foster consumer involvement and participation in primary clinical decision-making.</p>						
<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. To promote increased understanding and sensitivity of public mental health staff toward consumer perspectives.</li> <li>2. To foster a culturally sensitive inclusive model where consumers' needs are an essential part of clinical decision-making and treatment planning.</li> <li>3. To encourage providers to recognize consumers as an important and necessary part of the treatment team.</li> <li>4. To address the issues of stigma and discrimination faced by mental health consumers.</li> </ol>						

Santa Cruz County Mental Health & Substance Abuse Services

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: m) The names of Previously Approved programs to be consolidated, n) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and o) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

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

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. <b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									
<b>Goal:</b> To educate the providers about the important role that families can play in wellness and recovery, and to foster family involvement and participation in primary clinical decision-making.										
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1. To promote increased understanding and sensitivity of public mental health staff toward family perspectives.</li> <li>2. To foster a culturally sensitive inclusive model where families' needs are an essential part of clinical decision-making and treatment planning.</li> <li>3. To encourage providers to recognize families as an important and often necessary part of the treatment team.</li> <li>4. To address the issues of stigma and discrimination faced by families of mental health consumers.</li> </ol>										

Santa Cruz County Mental Health & Substance Abuse Services

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: p) The names of Previously Approved programs to be consolidated, q) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and r) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

Select one:

- CSS
- WET
- PEI
- INN

County: Santa Cruz

Program Number/Name: #7: Santa Cruz County Career Pathways

Date: February 12, 2010

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. <b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									
<b>Goal:</b> To create an application process and work experience that encourages all potential applicants, including consumers and family members, to work for County Mental Health.										
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1. To create a “user friendly” system when applying for public mental health positions.</li> <li>2. To promote a process that allows for the creation of entry-level positions and mental health positions for consumers and family members, and encourages consumers and family members to apply.</li> <li>3. To create half time and/or part time positions for consumers needing greater flexibility in their work schedules.</li> <li>4. To change the training and experience rating form for Mental Health Client Specialists to give “credit” to interns for their experience working at County Mental Health when applying for paid positions.</li> </ol>										

Santa Cruz County Mental Health & Substance Abuse Services

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: s) The names of Previously Approved programs to be consolidated, t) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and u) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #8: High School Outreach

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Goal:</b> To foster knowledge and create interest in mental health as a career path amongst high school students, with a focus on bilingual (Spanish) and bicultural students.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Establish outreach strategies to recruit individuals from unserved or underserved communities for entry into mental health occupations by increasing the prevalence of mental health career development.</li> <li>2. Presentations will include discussion of the need for persons to work in public mental health, dispelling the myths about mental illness, and provide information about community resources, including suicide hotline information.</li> <li>3. Facilitate entrance to community college in order to produce better-prepared applicants for public mental health.</li> </ol>										

Santa Cruz County Mental Health & Substance Abuse Services

<b>Existing Programs to be Consolidated</b>				
<b>No.</b>	<b>Question</b>	<b>Ye s</b>	<b>No</b>	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: v) The names of Previously Approved programs to be consolidated, w) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and x) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

County: Santa Cruz

Program Number/Name: #9: Entry Level Employment Preparation

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. <b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									
<b>Goal:</b> To develop an entry-level preparation program (for consumers and family members and the general public) for services in the public mental health sector which incorporates the five fundamental elements of MHSA (consumer and family driven services, community collaboration, recovery/resiliency strength-based, integrated services, and culturally competent services) into the courses offered.										
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1. To expand Cabrillo's certificate programs to include courses relevant to mental health, gerontology, and substance abuse.</li> <li>2. To explore providing pre-employment preparation skills training and on-going post-employment support.</li> <li>3. To work with County Personnel to accept the Human Services certificate as a recognized qualification for employment, and encourage public mental health contractors to also recognize this certificate.</li> <li>4. To provide support to all new hires, including consumers and family members.</li> </ol>										

Santa Cruz County Mental Health & Substance Abuse Services

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: y) The names of Previously Approved programs to be consolidated, z) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and aa) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #10: Public Mental Health Internship Program

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. <b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									
<b>Goal:</b> To create a more cohesive internship program for trainees at county mental health, and to foster greater support for registered interns on licensure track.										
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1. To provide a single point of contact for educational institutions regarding internship placements within the County.</li> <li>2. To provide and coordinate group supervision for all trainees placed within the public mental health sector.</li> <li>3. To provide license track education &amp; support to all public mental health registered interns for license examination preparation.</li> <li>4. To offer funds for public mental health employees for purchase of license exam preparation materials and/or test fees.</li> </ol>										

Santa Cruz County Mental Health & Substance Abuse Services

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: bb) The names of Previously Approved programs to be consolidated, cc) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and dd) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

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

Date: February 12, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Goal:</b> To support the creation of a masters of social work program at CSUMB and continue to collaborate with other local institutions of higher learning (such as Bethany, JFK, Santa Clara University, and San Jose State University).</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Participate in stakeholder meetings to help determine the need for a School of Social Work program at CSUMB.</li> <li>2. Collaborate with local colleges and universities.</li> </ol>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2	Will all populations of existing program continue to be served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						

Santa Cruz County Mental Health & Substance Abuse Services

3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: ee) The names of Previously Approved programs to be consolidated, ff) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and gg) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

County: Santa Cruz

Program Number/Name: #12: Stipends for Clinical Psychologist, Social Worker, and Marriage & Family Therapist Trainees

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>					FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Goal:</b> To address workforce shortages of critical skills, diversity and language proficiency shortfalls.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. To encourage bilingual (Spanish) and bicultural interns to participate in our internship program.</li> <li>2. To create standard contract for stipend program.</li> </ol>										
Existing Programs to be Consolidated										
No.	Question	Ye s	No							
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above						

Santa Cruz County Mental Health & Substance Abuse Services

2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	N/A		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: hh) The names of Previously Approved programs to be consolidated, ii) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and jj) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above. (Not requesting additional funding as we have received our full planning estimate already.)				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #1: Community Gate

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 20%;">FY 09/10 funding</th> <th style="width: 20%;">FY 10/11 funding</th> <th style="width: 20%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Population to be Served:</b> The Community Gate services are designed to create expanded community-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances—but who are not referred from our System of Care public partner agencies (Probation, Child Welfare, Education). Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth.</p> <p><b>Work Plan Description:</b> The Community Gate is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. This is achieved by:</p> <ul style="list-style-type: none"> <li>• Improvements in our system so that at-risk youth are identified earlier and can get help before problems get serious</li> <li>• Increased service capacity for youth with both mental health and substance abuse issues. These services include assessment, individual, group and family therapy with the goal of improved mental health functioning and maintaining youth in the community.</li> </ul>										

Santa Cruz County Mental Health & Substance Abuse Services

<b>Existing Programs to be Consolidated</b>				
<b>No.</b>	<b>Question</b>	<b>Ye s</b>	<b>No</b>	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: kk) The names of Previously Approved programs to be consolidated, ll) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and mm) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #2: Probation Gate

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET						
Previously Approved						
No.	Question	Ye s	No			
1	Is this an existing program with no changes?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2		
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3		
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4		
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly		
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.		
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>	<b>Percent Change</b>
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>					
<p><b>Population to be Served:</b> The Probation Work Plan is designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with the Juvenile Probation system, or at risk of involvement. This includes Transition-age youth aging out of the system, with particular attention paid to addressing the needs of Latino youth and families.</p> <p><b>Work Plan Description:</b> The Probation Gate is designed to address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home, rather than in prolonged stays of residential placement or incarcerated in juvenile hall.</p> <p>To achieve our goal we have increased dual diagnosis (mental health/substance abuse) services for youth that are:</p> <ul style="list-style-type: none"> <li>• Identified by Juvenile Hall screening tools (i.e., MAYSI, California Endowment Grant) with mental health and substance abuse needs that are</li> </ul>						

Santa Cruz County Mental Health & Substance Abuse Services

released back into the community. <ul style="list-style-type: none"> <li>• In the community and have multiple risk factors for probation involvement (with a primary focus on Latino youth).</li> <li>▪ Services to Transition-age youth (TAY) in the Probation population (particularly as they age out of the juvenile probation system).</li> <li>▪ Services to Probation youth with high mental health needs, but low criminality.</li> </ul>				
<b>Existing Programs to be Consolidated</b>				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: nn) The names of Previously Approved programs to be consolidated, oo) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and pp) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

County: Santa Cruz

Program Number/Name: #3: Child Welfare Gate

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET						
Previously Approved						
No.	Question	Ye s	No			
1	Is this an existing program with no changes?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2		
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3		
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4		
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly		
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.		
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>	<b>Percent Change</b>
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>					
<p><b>Population to be Served:</b> The Child Welfare Work Plan is designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families.</p>						
<p><b>Work Plan Description:</b> The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system. We have</p> <ul style="list-style-type: none"> <li>• Developed consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues.</li> <li>• Increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18).</li> <li>• Increased our service capacity, including expanded services for the 0 to 5 child population. These services include assessment, counseling,</li> </ul>						

Santa Cruz County Mental Health & Substance Abuse Services

family therapy and crisis intervention. <ul style="list-style-type: none"> <li>• Provide services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.</li> </ul>				
<b>Existing Programs to be Consolidated</b>				
No.	Question	Ye s	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: qq) The names of Previously Approved programs to be consolidated, rr) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and ss) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #4: Education Gate

Date: February 12, 2010

- Select one:  
 CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 60%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Population to be Served:</b>                      The Education Gate program is designed to create new school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances. In addition, specific dual diagnosis (mental health/substance abuse) service capacity will be created and targeted to students referred from Santa Cruz County's local schools, particularly those not referred through Special Education (since the AB3632 Program has its own referral process and service capacity). Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served.</p>										
<p><b>Work Plan Description:</b>                      The Education Work Plan goal is to address the mental health needs of children/youth in Education system at risk of school failure by</p>										

Santa Cruz County Mental Health & Substance Abuse Services

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

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: tt) The names of Previously Approved programs to be consolidated, uu) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and vv) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #5: Family Partnerships

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET						
Previously Approved						
No.	Question	Ye s	No			
1	Is this an existing program with no changes?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2		
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3		
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4		
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly		
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.		
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>	<b>Percent Change</b>
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>					
<p><b>Population to be Served:</b> Families and youth involved in our Children's Mental Health System of Care in need of family and youth partnership activities.</p>						
<p><b>Work Plan Description:</b> This MHSA contract is designed to expand Family and Youth Partnership activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care. This has increased the capacity of two existing community-based agencies experienced in providing consumer-run and delivered services.</p> <p>The support, outreach, education, and services include an:</p> <ul style="list-style-type: none"> <li>• Community-based agency contract to provide parent and youth services in our System of Care, and</li> <li>• Capacity for youth and family advocacy by contracting for these services with a community based agency. Emphasis is on youth-partnership</li> </ul>						

Santa Cruz County Mental Health & Substance Abuse Services

activities.				
<b>Existing Programs to be Consolidated</b>				
No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: ww) The names of Previously Approved programs to be consolidated, xx) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and yy) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #6: Enhanced Crisis Response

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET					
Previously Approved					
No.	Question	Ye s	No		
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2	
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3	
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4	
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly	
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.	
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>
				<b>Percent Change</b>	
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>				
<p><b>Population to be Served:</b> The priority population for this program are individuals 18 and older at high risk of crisis who are either (1) experiencing significant impact to their level of functioning in their home or community placement that need enhanced 24/7 supports to maintain functioning in their living situation, or (2) in need <b>or at risk</b> of psychiatric hospitalization but are able to be safely treated on a voluntary basis in a lower level of care, or (3) individuals being inappropriately treated at a higher level of care or incarceration and able to step down from psychiatric hospitalization or locked skilled nursing facility to a lower level of care in the community.</p> <p><b>Work Plan Description:</b> The Santa Cruz County Mental Health and Substance Abuse Program is committed to a person-centered recovery vision as it's guiding principles and values; central to this is the notion that every individual should receive services in the least restrictive setting possible.</p> <p>To achieve this mission we:</p>					

Santa Cruz County Mental Health & Substance Abuse Services

- Enable individuals to avoid or minimize the disruption and trauma of psychiatric hospitalization and/or incarceration while maintaining their safety in a supportive, safe and comfortable environment.
- Provide individualized attention, and a “compassionate presence” for individuals in need on a 24/7 basis.
- Transformed the Center for Hope and Healing to a crisis residential program to enhance the capacity of voluntary alternatives to acute psychiatric hospitalization.
- Added a new mobile Enhanced Support Service (ESS) team to assist adult Full Service Partnerships and other System of Care consumers maintain the least restrictive care by providing wrap around services.
- Added additional staff to South County region to expand Access services and mobile crisis support.

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount ± 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: zz) The names of Previously Approved programs to be consolidated, aaa) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and bbb) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

Select one:

- CSS
- WET
- PEI
- INN

County: Santa Cruz

Program Number/Name: #7: Consumer, Peer, and Family Services

Date: February 12, 2010

CSS and WET										
Previously Approved										
No.	Question	Ye s	No							
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5	<b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. <b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									
<b>Population to be Served:</b> The priority population for these services includes transition age youth, adults and older adults with serious mental illness.										
<b>Work Plan Description:</b> The Consumer, Peer and Family Service work plan expanded countywide access to culturally competent, recovery-oriented, peer-to-peer, community mentoring, and consumer-operated services. This plan includes <ul style="list-style-type: none"> <li>• The Wellness Center located in Santa Cruz at the Mental Health Client Action Network (MHCAN) self-help center</li> <li>• The Wellness Center located Watsonville referred to as "Mariposa" and operated by our contractor Community Connection</li> <li>• Peer supports</li> <li>• Family Advocacy for Adults</li> <li>• Client Leadership Advocacy</li> </ul>										

Santa Cruz County Mental Health & Substance Abuse Services

<b>Existing Programs to be Consolidated</b>				
<b>No.</b>	<b>Question</b>	<b>Ye s</b>	<b>No</b>	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: ccc) The names of Previously Approved programs to be consolidated, ddd) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and eee) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

Santa Cruz County Mental Health & Substance Abuse Services

County: Santa Cruz

Program Number/Name: #8: Community Support Services

Date: February 12, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET					
Previously Approved					
No.	Question	Ye s	No		
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2	
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3	
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4	
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly	
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.	
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>
				<b>Percent Change</b>	
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>				
<p><b>Population to be Served:</b> This expansion will serve Older Adults with mental illness and health issues, adults with serious mental illness (including adults with co-occurring substance abuse disorders) and adults involved in the criminal justice system. This population has been underserved in the area of supports to enhance meaningful activities.</p>					
<p><b>Work Plan Description:</b> The services and strategies in this work plan are designed to advance recovery goals by holding out hope and opportunities for all consumers reach their goal to live independently and be to engaged in meaningful work and learning activities.</p> <ul style="list-style-type: none"> <li>▪ Housing Coordinator at Front Street with addition of 1 FTE</li> <li>▪ Enhancement of Housing support Team with addition of 1 FTE OT, 1 FTE LPT, .75 FTE Peer Counselor (contract with</li> </ul>					

Santa Cruz County Mental Health & Substance Abuse Services

- Community Connection) and 1 FTE Employment Specialist
  - Supportive employment and other productive activities and personal growth opportunities, including development of job options for clients, competitive and non-competitive options as well as volunteerism, and other meaningful activities
  - Supportive education
- Values-driven culturally competent evidence-based practices that are integrated with overall service planning and support housing, employment and/or education goals.

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: fff) The names of Previously Approved programs to be consolidated, ggg) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and hhh) Provide the rationale for consolidation.			
Program is not consolidated. Services are same as above.				

Select one:

County: Santa Cruz

- CSS
- WET
- PEI
- INN

Program Number/Name: #9: Person-Centered Programs

Date: February 12, 2010

CSS and WET					
Previously Approved					
No.	Question	Ye s	No		
1	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2	
2	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3	
3	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4	
4	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly	
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.	
				<b>FY 09/10 funding</b>	<b>FY 10/11 funding</b>
				<b>Percent Change</b>	
5	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>				
<p><b>Work Plan Description:</b>                      This work plan increases access and enhances geographic proximity of public mental health services, and increases the array and types of available services to transition age youth, adults and older adults with serious mental illness by:</p> <ul style="list-style-type: none"> <li>▪ Conversion of Housing Coordinator position from a Senior Analyst position to a Mental Health Client Specialist to enable more direct supportive services and advocacy to take place. The MHSA Housing projects will be implemented in collaboration with a new partnership created with our local Redevelopment Agency.</li> <li>▪ Benefits Supports</li> <li>▪ Conversion of Darwin and Opal Cliffs to provide 17 beds for Independent Supported Housing (Front Street Inc.) and augment and enhance the Supported Housing team which is a collaboration of County and two non-profit providers.</li> <li>▪ Due to increased number of clients on the FSP for TAY that has included the Homeless population, we converted this team into two separate teams: one FSP with a focus on TAY and the other with a focus on Homelessness. This will enable more focused services on these two distinct populations.</li> <li>▪ There will be an additional 8 dedicated beds at the River Street Shelter for Homeless individuals. These beds will allow individuals to stay a in</li> </ul>					

Santa Cruz County Mental Health & Substance Abuse Services

the shelter up to 30 days while transitioning to a more stable living environment.

- Mental Health Client Specialists to focus on heavy utilizers of inpatient and locked care . Emphasis will be placed on supporting individuals in the community and focusing on goals of recovery.
- Converted 4 residential treatment beds at the El Dorado Center to be used as step down from locked care. The focus of these beds is to re-integrate individuals back into the community and prepare them to live in the least restrictive setting. Length of stay may be up to 3 months during the transition period.
- Contract for a licensed, 16 beds, 24/7, adult care facility with bi-lingual, bi-cultural services. (Wheelock).

**Existing Programs to be Consolidated**

No.	Question	Ye s	No	
1	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	x	If yes, answer question #2; If no, answer questions for existing program above
2	Will all populations of existing program continue to be served?	x	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3	Will all services from existing program continue to be offered?	x	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4	Is the funding amount ± 15% of the sum of the previously approved amounts?	x	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5	Description of Previously Approved Programs to be consolidated. Include in your description: iii) The names of Previously Approved programs to be consolidated, jjj) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and kkk) Provide the rationale for consolidation.			

Program is not consolidated. Services are same as above.

**MHSA SUMMARY FUNDING REQUEST**

	MHSA Funding		
	CSS	PEI	Local Prudent Reserve
<b>A. FY 2010/11 Planning Estimates</b>			
1. Published Planning Estimates	\$5,799,200	\$1,579,500	
2. Transfers	0	0	
3. Adjusted Planning Estimates	\$5,799,200	\$1,579,500	
<b>B. FY 2010/11 Funding Request</b>			
1. Requested Funding in FY 2010/11	\$5,799,200	\$1,856,609	
2. Requested for CPP	0	0	
3. Net Available Unexpended Funds			
a. Unexpended FY 06/07			
b. Unexpended FY 07/08			
c. Unexpended FY 08/09			
d. Adjustment for FY 09/10			
e. Total Net Available Unexpended Funds	0		
4. Total FY 10/11 Funding Request	\$5,799,200	\$1,856,609	
<b>C. Funds Requested for FY 2010/11</b>			
1. Previously Approved Programs/Projects			
a. Unapproved FY 06/07 Planning Estimates			
b. Unapproved FY 07/08 Planning Estimates			
c. Unapproved FY 08/09 Planning Estimates			
d. Unapproved FY 09/10 Planning Estimates		\$1,092,058	
e. Unapproved FY 10/11 Planning Estimates	\$5,799,200	\$ 764,551	
Sub-total	\$5,799,200	\$1,856,609	
f. Local Prudent Reserve			
2. New Programs/Projects			
a. Unapproved FY 06/07 Planning Estimates			
b. Unapproved FY 07/08 Planning Estimates			
c. Unapproved FY 08/09 Planning Estimates			
d. Unapproved FY 09/10 Planning Estimates			
e. Unapproved FY 10/11 Planning Estimates			
Sub-total			
f. Local Prudent Reserve			
<b>3. FY 2010/11 Total Allocation</b>	\$5,799,200	\$1,856,609	

**NOTE: We are not requesting funds for CFTN, INN or WET. We do not have WET funds available. CFTN has not been submitted yet. Our INN project is being reviewed now.**

**CSS BUDGET SUMMARY**

NAME	FY 10/11 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group			
		FSP	System Development	Outreach & Engagement	MHA Housing Program	Children & Youth	TAY	Adult	Older Adult
Previously Approved Programs									
1. Community Gate	\$274,677	0	\$260,943	\$13,734		\$247,209	\$27,468	0	0
2. Probation Gate	\$345,173	0	\$327,914	\$17,259		\$258,880	\$86,293	0	0
3. Child Welfare Gate	\$260,237	0	\$247,225	\$13,012		\$234,213	\$26,024	0	0
4. Education Gate	\$94,503	0	\$89,778	\$4,725		\$85,053	\$9,450	0	0
5. Family Partnership	\$81,748	0	\$14,715	\$67,033		\$40,874	\$40,874	0	0
6. Enhanced Crisis Support	\$1,292,430	\$452,351	\$840,080	0		0	\$430,810	\$430,810	\$430,810
7. Consumer, Peer, and Family Services	\$257,020	\$64,255	\$179,914	\$12,851		0	\$85,673	\$85,673	\$85,673
8. Community Support Services	\$547,547	\$191,641	\$328,528	\$27,377		0	\$219,019	\$219,019	\$109,509
9. Person-Centered Programs	\$2,154,295	\$1,981,951	\$129,258	\$43,086		0	\$861,718	\$430,859	\$861,718
Subtotal: Programs	\$5,307,630	\$2,690,199	\$2,418,355	\$199,077		\$866,229	\$1,787,329	\$1,166,361	\$1,487,711
Plus up to 15% County Administration	\$491,570								
Plus up to 10% Operating Reserve	0								
Subtotal: Previously Approved	\$5,799,200								
New Programs	0								
Total MHA Funds Requested for CSS	\$5,799,200								

**PEI Budget Summary**

**Date:**

PEI Programs			FY 10/11 Requested Funding	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group			
No.	Name	Universal Prevention		Selected/Indicated Prevention	Early Intervention	Children & Youth	TAY	Adult	Older Adult	
		<b>Previously Approved Programs</b>								
1	1	Early Intervention Services for Children	\$640,751	\$95,878	\$392,308	\$152,564	\$480,563	\$160,188		
2	2	Culture Specific Parent Education & Support	\$132,062		\$66,031	\$66,031	\$99,047	\$33,016		
3	3	Early Intervention Services for TAY & Adults	\$530,84		\$398,721	\$132,721		\$398,163	\$132,721	
4	4	Older Adults	\$164,022		\$123,016	\$41,005			\$164,022	
5										
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15										
16	Subtotal: Programs		\$1,467,719	\$95,878	\$979,519	\$392,322	\$579,610	\$591,367	\$132,721	\$164,022
17	Plus up to 15% County Administration		\$220,107							
18	Plus up to 10% Operating Reserve		\$168,783							
19	Subtotal: Previously Approved Programs/County Admin/Operating Reserve		\$1856,609							
	New Programs		0							
	Total MHSA Funds Requested for PEI		\$1856,609							