

**Mental Health Services Oversight and Accountability Commission**  
**MENTAL HEALTH STUDENT SERVICES ACT (MHSSA)**  
**RFA-MHSSA-004**

**Category 2 - Universal Screening**

**Santa Cruz County Application**

**County Behavioral Health & County Office of Education**

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## ATTACHMENT 2-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Santa Cruz County Children’s Behavioral Health Department	Lisa Gutiérrez Wang, Ph.D., Director of Children’s Behavioral Health, Santa Cruz County Health Services Agency (HSA)	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date
	Director, Children's Behavioral Health	June 28, 2024

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Santa Cruz County Office of Education	Michael Paynter, Ed.D., LMFT, Executive Director of the Student Support Services Department, Santa Cruz COE	
Director or Designee Signature		Date
		June 28, 2024

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is accurate, correct, and consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all entities in the existing partnership.

List all entities in the existing partnership <i>(Add lines as needed)</i>	Entity Type (e.g., COE, School District, School)
1. Pajaro Valley Unified School District	School District
2. Soquel Union Elementary	School District
3. Bonny Doon Elementary	School District
4. Mountain Elementary	School District
5. San Lorenzo Valley Unified	School District
6. Pacific Elementary	School District
7. Happy Valley Elementary	School District
8. Santa Cruz City	School District
9. Live Oak School District	School District
10. Scotts Valley Unified	School District
11. Santa Cruz County Office of Education Community and Court Schools	School District
12. Encompass Community Services	Non-Profit
13. Pajaro Valley Prevention and Student Assistance	Non-Profit
14. Central California Alliance for Health	Managed Care Plan
16. Santa Cruz Community Health Centers	FQHC
17. Salud Para La Gente	FQHC
18. Kaiser Permanente	Health Insurance

Applicant/Lead Grant Coordinator Contact Information:

Name:	<b>Lauren Fein, LMFT</b>
Title:	<b>Director of Behavioral Health</b>
Email:	<b>lfein@santacruzcoe.org</b>
Phone Number:	<b>831.466.5703</b>

Applying for Multiple Grants:

Complete as applicable	
<b>Are you applying for a grant in another category? (Yes / No)</b>	Yes
<p><b>If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.</b></p> <p>The Santa Cruz County Office of Education’s (Santa Cruz COE’s) Student Support Services Department has been managing multiple federal, state and local grants for more than two decades. The current Executive Director has taken the lead in this area for the past seven years. Most relevant to this application are the current and active grants from MHSA (Mental Health Services Act via County Behavioral Health), MHSSA (Mental Health Student Services Act via MHSOAC), two SAMHSA (Substance Abuse and Mental Health Services Act, one direct and one via the California Department of Education (CDE), known as CalWell) Awards, Kaiser, Department of Health Care Services (DHCS) State Capacity Grant for the Multi-Payer Fee Schedule, School Health Demonstration Project (SHDP), SBHIP (School Based Health Incentive Program), SEL (Social Emotional Learning), several Tobacco Use Prevention Education (TUPE) grants, as well as allied work with Foster Youth Services Coordinating Grant, the McKinney-Vento Homeless Student Grant, Probation Diversion funding and finally public health awards for prevention and early intervention with regards to opioid use and health education requirements.</p> <p>In all of these efforts and more, the Santa Cruz COE has developed robust systems of programming, evaluative and fiscal tracking, reporting and implementation. This comes from a core “hub” of staff internal to the Student Support Services Department, which includes three managers in addition to the Executive Director, a fiscal analyst and a department coordinator. Key staffing partners from other departments, such as the Fiscal Director for Business Services, the Director of Human Resources and even the County Superintendent all support meeting deadlines, hiring, producing reports and elevating the vision and impact of the programming endeavors. Perhaps equally as strong are the non-Santa Cruz COE partners in the non-profit, managed care and government entities that help with pass-through funds and contracting, direct services and a braided approach to sharing resources and providing services. Taken all together this community of colleagues, departments and agencies provides a solid</p>	

foundation for ensuring the Santa Cruz COE, and especially the Student Support Services Department, can meet deadlines, outcomes and spending plans.

## ATTACHMENT 2-3 – Applicant Background

Applicant Background	
9.C.1.	<p><b>Have any of your schools or school districts conducted universal mental health screening in recent years? (Note: previous screening is not a requirement for grantees.)</b> Yes</p>
9.C.2.	If <b>yes</b> , provide the following information: yes
9.C.2.a.	<p><b>When and where was screening implemented?</b> Screening has been implemented in two of our 11 school districts: Pajaro Valley Unified School District (PVUSD) in the Fall of 2022 and Scotts Valley Unified School District (SVUSD) in the Fall of 2023.</p>
9.C.2.b.	<p><b>Is it still in use today? If, yes, where?</b> Both districts are still using the same screening tools mentioned below.</p>
9.C.2.c.	<p><b>Describe the partners that were involved in planning, development, and implementation (i.e., partners in education, behavioral health, community organizations, etc.)</b> The districts focused internally when choosing a vendor and did not consider bringing partners into the planning, development or implementation stages. Districts reported including their clinical staff in this process, such as mental health clinicians and school psychologists.</p>
9.C.2.d.	<p><b>Which students were screened, what did you screen for, and which screening tools were used?</b></p> <p><b>Scotts Valley Unified School District (SVUSD)</b></p> <ul style="list-style-type: none"> <li>● <b>Screening tool:</b> RethinkEd SEL Assessment</li> <li>● <b>Students Screened:</b> All students in the fall and spring</li> <li>● <b>What do they screen for:</b> Social Emotional capacity building</li> </ul> <p><b>Pajaro Valley Unified School District (PVUSD)</b></p> <ul style="list-style-type: none"> <li>● <b>Screening tool:</b> Sown to Grow</li> <li>● <b>Students Screened:</b> All students and teachers at the beginning of the school year, January and June</li> <li>● <b>What do they screen for:</b> Social Emotional capacity building</li> </ul> <ul style="list-style-type: none"> <li>● <b>Screening tool:</b> Social Emotional Check in</li> <li>● <b>Students Screened:</b> Check in required by all teachers once a week</li> </ul>

	<ul style="list-style-type: none"> <li>● <b>What do they screen for:</b> There is a universal question that students respond to. Depending on the answer, an alert is triggered and there is immediate follow-up. The primary function is to build relationships with teacher and student.</li> </ul>
9.C.2.e.	<p><b>List the lessons learned, both positive and negative.</b></p> <p>Districts shared that they wish they would have involved parents, community partners, and community organizations in the process. They attribute union issues, challenges with true universal implementation (districts report less than 50% utilization) and switching from a voluntary to mandatory mindset to explain why they did not involve key stakeholders in the planning and implementation process. They also feel that some of the push back they have gotten on implementing a universal screener could have been mitigated if they spent more time educating stakeholders on the rationale behind it. Instead, there was resistance by staff and parents because it sounded “medical.”</p> <p>Districts reflected that they focused too much on the selection of a tool and did not put enough attention on the impact of how data collection would be on teaching staff or on spending time creating systems for data driven decision making.</p> <p>PVUSD was originally going to use SAEBRs as their universal screener; however, there was pushback on multiple fronts: getting passed by the school board, union issues and resistance from teachers. After two failed attempts, PVUSD decided to pivot and implement <i>Sown to Grow</i> instead.</p> <p>Despite these setbacks, for the most part, the districts feel that they are slowly growing. PVUSD thinks their success with <i>Sown to Grow</i> is due to the fact that SEL is more palatable for teachers because it is part of CDE requirements. Districts also report that teachers were surprised how the screening process has enriched their relationships with their students and report that the data has exemplified how they support their students and connect them to resources.</p>
9.C.3.	<p><b>If no</b>, provide the following information:</p>
9.C.3.a.	<p><b>Explain why universal screening was not pursued before including any barriers encountered (e.g., staffing or resource concerns, lack of parent/teacher buy in, concerns related to confidentiality, etc.).</b></p> <p>In 2019, in an effort to increase school and community-based agency collaboration, increase awareness of available behavioral health services, and facilitate foundational systems changes, the Santa Cruz COE established the Schools Integrated Behavioral Health Initiative (SIBHI). In collaboration with key community partners, this effort fostered strong relationships between schools and community-based providers, increased efficiency for service referrals and resources, and served as the overarching umbrella for Mental Health and Wellness grants as well as supported endeavors driven by the Santa Cruz COE.</p>

Through the SIBHI stakeholder engagement process, Universal Mental Health Screening was an identified focus area. The goals were to identify strength-based screening tool(s) that will be used universally countywide and to ensure all children & youth are screened early and routinely for behavioral health challenges & developmental assets in a trauma-informed & culturally responsive manner.

The initiative was gaining momentum and had completed an exhaustive asset mapping process assessing countywide universal screening practices when COVID-19 happened.

Currently, districts report that universal screening has not been pursued due to the following barriers:

- Staff/Admin resistance to offering mental health services in a school setting
- Limited availability of resources needed to effectively evaluate
- Students will be labeled
- Challenges identifying and monitoring the mental health needs of an entire student population
- The misconception that the screener will identify much greater need than the already stretched mental health resources can support
- Concern on identifying Serious Mental Illness (SMI) that the school does not have the capacity to address
- Liability
- Common understanding of a universal screener is varied
- The need for clarity on how to integrate screener data into teaming
- Teaming and infrastructure within a school to meet the need of what might be uncovered

9.C.3.b.

**Explain why universal screening is being pursued now, including mitigations to the barriers described above.**

The Governor's Master Plan for Kids Mental Health has provided an unprecedented opportunity to revolutionize mental health for youth by centering school-linked services. This has been a massive perspective shift for both the schools and behavioral health systems. For many districts, this was a pivotal point in recognizing that students and families were not effectively getting their mental health needs met and that they had a responsibility to meet these needs on their school campuses.

In response to the youth mental health crisis, the Santa Cruz County Office of Education (COE) has been focusing on its Centering Wellness Initiative. The vision is two-fold: to create a countywide cohesive, streamlined, school-linked mental health system of care as well as collaborate with districts to build the infrastructure for tiered mental health services by creating Wellness Centers at all comprehensive high schools.

In addition, the Santa Cruz COE has taken on a leadership role in bridging these two systems to best serve our students and their families. Last year, the COE and County Behavioral Health invited organizations from the School and Behavioral Health world to the Breaking Barriers Symposium. The intention of Breaking Barriers is that we must work together to create one system that “allows children, youth and families to access the services and supports they need.” With twenty-six people in attendance, Santa Cruz County had the largest presence highlighting our readiness to build relationships and work together. The team left invigorated and inspired to continue the work, thus the Behavioral Health Collaborative was formed. The Collaborative is a group with membership from the following organizations: County Behavioral Health, School Districts, Managed Care Plans, Government Agencies, Federally Qualified Health Centers (FQHC), and Community Based Organizations. The Collaborative has been tasked with thoughtfully aligning these two somewhat disparate systems and ensuring that as we build our school-linked behavioral health system we are considering all angles.

The Santa Cruz COE’s goal is to centralize school-based behavioral health programmatic infrastructure under one roof. By optimizing resources, braiding funding, and becoming the “local experts”, we can best support our school districts in implementing and sustaining comprehensive behavioral health services. Through the School-Linked Partnership and Capacity Grant, we are underway in building that infrastructure. All of the school districts in Santa Cruz County opted into a consortium model and are wanting the COE to take the lead. We are invested in building a strong foundation with effective communication pathways, strong relationships, and inclusive collaboration spaces and integrated workflows that will support all of our interconnected school-based behavioral health initiatives, including the implementation of a universal screening process.

The school districts now feel that they have the tools, funding, and support system to effectively implement universal mental health screening. In the past, they did not feel they had the resources to effectively identify and monitor the mental health needs of their entire student body nor were they equipped to take on the responsibility of meeting the identified mental health needs of students. Now, with the support of the COE, funding from this grant and sustainability from the MPFS, they are much more equipped to thoughtfully implement and integrate a universal screening process into their MTSS and welcome the opportunity to collaborate with County Behavioral Health and Community Partners to provide an array of services specific to their students’ mental health needs.

Liability will always be a concern; however, through the COE’s centralized support, districts feel much better mitigating those risks. We have seen a shift from districts feeling that they have to build systems on their own to thinking more globally on how we can collectively build the infrastructure.

## ATTACHMENT 2-4 – Proposed Plan

### Proposed Plan

9.D.1.

#### **Explain how the funds will be spent.**

Starting with SIBHI in 2019, the Santa Cruz COE was focused on impacting the well-being and social, emotional, and academic thriving for all children, youth, and families. Since then, the momentum and the relationships have only strengthened. With the inception of CYBHI (Children Youth Behavioral Health Initiative), in the interest of maximizing resources, braiding funding and enhancing our ability to sustain, the Santa Cruz COE has been strategic in aligning each new initiative under our Centering Wellness umbrella. We have been thoughtful to build on existing systems rather than disparate ideas. The Santa Cruz COE has built strong partnerships with our districts and knows that we are more poised to achieve our goal of a cohesive sustainable and equitable school-based behavioral health system of care when we collaborate. The districts recognize that by centralizing systemic operations at the Santa Cruz COE, they can focus on their districts and trust that, with their input, the COE can build a system that works for all.

In the last year, we have adapted the Consortium model on many Behavioral Health initiatives including: Wellness Coaches, Multi-Payer Fee Schedule Readiness and School-Based Wellness Centers. With each project, our relationships and trust have only strengthened.

Leveraging the existing infrastructure that we have in place, the Santa Cruz COE will use this funding to further our mission with the Santa Cruz Universal Screening Project.

To ensure that there is representation from all stakeholders, the following groups will play a role in the project:

- A local planning team, a subcommittee of our Behavioral Health Collaborative, will consist of representation from organizations in the collaborative, students, parents and community members.
- The Behavioral Health Collaborative will provide guidance, support and feedback throughout the Universal Screening Project.
- Two Professional Learning Networks (PLN) - The Community Organizer will lead two different PLNs: one for focal sites, and one for non focal sites. The PLN will provide opportunities for shared learning, collaboration and problem solving.

	<ul style="list-style-type: none"> <li>• The Community Organizer will meet with each district lead to provide ongoing technical assistance based on assessment results.</li> </ul> <p>With sustainability at the forefront of our mind, wherever possible, the Santa Cruz COE tries to leverage existing internal infrastructure. For this project, we felt we needed to hire a Community Organizer to hold the bulk of the project. The structure is such that when the grant sunsets, for focal sites, the district leads will be able to replicate the pilot work with the remaining sites at their districts. For non-focal sites, with the ongoing support of the Santa Cruz COE they will work toward achieving Universal Screening readiness by focusing on mental health quality improvement.</p> <p>The funding from this grant will augment our current infrastructure by hiring 1 FTE Community Organizer to oversee the Santa Cruz Universal Screener Project. Our Director of Behavioral Health will supervise the Community Organizer, and a Department Coordinator will support the staff as well as the project. For the first year, we will hire a Social Impact Consultant who played a critical role in the asset mapping of Universal Screeners for SIBHI.</p> <p>The Santa Cruz COE recognizes that schools, community organizations and government agencies are taxed and while this work is crucial, it adds another thing to their plate. We budgeted an annual stipend for each organization as an acknowledgement of their time and commitment to this endeavor. Should we need more funding for stipends than the grant is budgeted for, we will encumber funds through our State Partnership and Capacity Grant.</p>
9.D.2.	<p><b>If hiring staff, describe the plan and steps needed to hire staff.</b></p> <p>Should the Santa Cruz COE be awarded this grant, we will immediately start the hiring process for a Community Organizer. The hiring process consists of the following steps: job posting, recruitment, testing, two rounds of interviews, reference checks, and a hiring letter.</p>
9.D.2.a.	<p><b>How long would it take to complete the hiring process?</b></p> <p>The timeline will be expedited as this position already exists at the Santa Cruz COE and will not have to go through the personnel commission. We anticipate the hiring process will take 2-3 months.</p>
9.D.3.	<p><b>If hiring a contractor, describe the plan and steps needed to hire a contractor.</b></p> <p>In order to expedite this initiative and build on the work started with SIBHI, we will contract with Robyn McKeen. Ms. McKeen will build on the previous asset mapping and data collection that she helped start with our SIBHI initiative, while we start the hiring</p>

	<p>process for the Community Organizer. Once the position is filled, Ms. McKeen will support onboarding the Community Organizer. She will also support them in the updated data collection process and convening of the local planning team. Because we have an ongoing contract with Ms. McKeen in other areas of work, she will be able to start immediately while these new additions to her contract scope is processed.</p>
9.D.3.a.	<p><b>How long would it take to complete the hiring process?</b> She would be able to start immediately following the grant award notice given the status of being a current contractor in other areas of the Santa Cruz County Office of Education.</p>
9.D.4.	<p><b>Describe the activities and provide a timeline for developing a universal mental health screening plan including, but not limited to the following:</b></p> <p>a. Process for developing a local planning team to better understand and respond to the unique and nuanced needs of students.</p> <p><b><u>YEAR 1: 2024-2025 PLANNING PHASE</u></b> <b>August-December 2024</b> <b>Build a Foundation:</b> Building off of the strengths of our Behavioral Health Collaborative, the Community Organizer will convene and facilitate a local planning team (LPT) as a subcommittee composed of members of the organizations within.</p> <ul style="list-style-type: none"><li>● <b>Members:</b> In the interest of inclusivity, they will assess what stakeholders are missing and invite them to the planning team. Currently, the collaborative does not have representation from student and parent groups, which are crucial voices in this process. The Community Organizer will research existing groups within our county and extend invitations to ensure representation. The Community Organizer will ensure that the group:<ul style="list-style-type: none"><li>○ Has breadth and depth of representation (vertical and horizontal)</li><li>○ Represents population of our county</li><li>○ Has diversity in roles (i.e., teachers, administration, clinicians, parents, students, finance, IT, analysts)</li></ul></li><li>● <b>The Local Planning Team will:</b><ul style="list-style-type: none"><li>○ Support the planning and implementation of the Universal Screening Plan</li><li>○ Generate buy-in and support from the community</li><li>○ Identify goals and outcomes determining how mental health screening will improve system issues and/or student outcomes</li></ul></li></ul> <p><b>Community Organizer</b></p> <ul style="list-style-type: none"><li>● Using the SHAPE system, with the support of the local planning team, facilitate asset mapping and needs assessment. As will also be described, the National Center for School Mental Health’s SHAPE (School Health Assessment and Performance Evaluation) system. The SHAPE system is a web-based platform that offers districts a workspace and resources, including assessment, to support</li></ul>

mental health quality improvement. The tool is free to use and can assess, track and advance district quality improvement goals across multiple areas.

### **January-May 2025**

- **Local Planning Team:**

- **Analyze Data and present to Behavioral Health Collaborative**
- **Develop Administration Policies**
- **Identify Community Resources:** Building on previous behavioral health asset mapping, ensure staff/community is aware of resources available for referrals
- **Choose Focal Sites:** Based on SHAPE assessment outcomes and school capacity and resources, select 3-5 sites that are ready to pilot the Universal Screener, should focal sites already have a screener in place. Collaborate on road map to improve utilization and system integration such as improving data driven decision making, utilization rates, etc.
- **Evaluate Universal Screeners:** Based on district data and SHAPE assessment, develop rubric for choosing a Universal Screener to pilot.
  - Factors to consider
    - What student needs are important to assess
    - How long tool takes to administer
    - Assess both student strengths and challenges
    - Who conducts the screening (and what the training/bandwidth implications are)
    - How does this Screener integrate into the larger Countywide Mental Health System of Care
    - Cost (initial and ongoing)
    - Reliability, validity, evidence based, trauma informed
    - Is it effective with the diverse population within our school community
    - Consent processes

- **Community Organizer:**

- Identify staff and budget needs at focal sites
- Start two Professional Learning Networks (PLN) one for focal sites, and one for non-focal sites

### **YEAR 2: 2025-2026 DEVELOPMENT PHASE**

#### **August - December 2025**

- **Community Organizer:** Write draft of Universal Screening Report

- **With Focal Sites**

- Develop data collection, administration and follow up processes
- Determine Universal Screening workflow including teaming
- Develop protocol for data driven decision making
- Determine consent and assent processes

- Select Universal Screener
- **With Non-Focal Sites:** review SHAPE results and provide opportunities to reflect on data

#### **January - May 2026**

- **Community Organizer:** Present draft of Universal Screening report to BH Collaborative
  - **With Focal Sites:** Train administration and team on screener. Community Organizer to work with District Leads to plant seeds at school site.
  - **With Non-Focal Sites:** Based on assessment, set goals and objectives to achieve universal screening readiness in a 3-year roadmap

#### **YEAR 3: 2026-2027 IMPLEMENTATION PHASE**

##### **August - December 2026**

- **Community Organizer**
  - **Focal Sites:**
    - Pilot Universal Screener
    - Integrate feedback loop mechanisms at each phase (data collection, data analysis, teaming integration, policies and procedures) and by user (teacher, administrator, student, parent)
    - Provide information sessions for key stakeholders to gather feedback
  - **Non-Focal Sites:** Through PLN provide technical assistance in achieving year one goals

##### **January -May 2027**

- **Community Organizer**
  - **With Focal Sites:**
    - Gather user feedback from Universal Screener Pilot
    - Based on user feedback, create roadmap, outlining goals and objectives for next 2 years
    - Reflect on policies and procedures to integrate data into current workflows and adjust as necessary
    - Reflect on learnings, integrate into a sustainability plan
  - **With Non-Focal Sites:**
    - Continue to provide technical assistance in achieving year one goals
    - Create sustainability plan for grant sunsetting

##### **Post Grant**

- **Santa Cruz COE will:**
  - Continue to braid funding to support ongoing technical assistance
  - Work with districts to braid funding to support universal screening efforts at non-focal sites

- District leads can replicate efforts for other sites

9.D.5.

**Describe the strategies for conducting needs assessments, asset mapping, and identifying potential challenges relative to implementing universal screening.**

Rather than start from scratch, the local planning team, led by the Community Organizer, will start by collecting and consolidating previous asset mapping efforts. The team will then start an asset mapping process on the foundation of these previous findings. We will also employ techniques that have been successful in our community in past asset mapping efforts including:

- Project Lead (Community Organizer) creates a clear schedule, with timelines and deliverables
- Identify all stakeholder groups (those impacted by screening) within and outside of the school setting
- Meeting in person with key district stakeholders to conduct the mapping (rather than through a survey)
- Provide opportunities for other key site level staff to reflect on that data and give feedback on what is missing
- Multiple opportunities to reflect back on the data: Clear transparent communication around what data is being collected, what we heard and what we are going to do with it

The Local Planning Team must have a comprehensive understanding of how Mental Health services are currently integrated into each district's infrastructure so they can assess universal screening readiness. Using 2019 SIBHI research as a foundation, the Community Organizer and Ms. McKeen will employ the National Center for School Mental Health's SHAPE (School Health Assessment and Performance Evaluation) system. The SHAPE system is a web-based platform that offers districts a workspace and resources, including assessment, to support mental health quality improvement. The tool is free to use and can assess, track and advance district quality improvement goals across multiple areas. The Community Organizer will meet with district teams to assess the following areas:

- Teaming
- Needs Assessment/Resource mapping
- Mental Health Screening
- Mental Health Promotion Services and Supports (Tier 1)
- Early Intervention and Treatment Services and Supports (Tier 2 & 3)
- Funding and Sustainability
- Impact

Along with the Asset Mapping, the SHAPE assessment will inform the universal screening report. From this data, the local planning team will choose 3-5 focal sites to pilot.

	<p>Through these processes, the local planning team will identify potential challenges relative to implementing universal screening. They will then research best practices to respond to these challenges. This information will be in the universal screening report to support future implementation as well as brought to the MHSSA learning cohort to inform the group's roadmap.</p>
9.D.6.	<p><b>What is the goal of your plan?</b></p> <p>The goal of our plan is to meet each district where they are and provide the necessary resources, expertise and support on the path toward successful Universal Screening Implementation and Sustainability.</p> <p>Upon completion of the grant, we will have created the following deliverables:</p> <ul style="list-style-type: none"><li>● A comprehensive report highlighting the strengths, needs and challenges implementing a Universal Screener in Santa Cruz County and best practices for implementation based on local data</li><li>● For focal sites who have implemented a Universal Screener, a road map outlining next steps for sustainability, utilization and data driven decision making</li><li>● For non-focal sites, a district-centric road map outlining steps and timeline toward achieving Universal Screening readiness</li></ul>
9.D.7.	<p><b>Explain how this plan will achieve the goals and objectives of universal mental health screening.</b></p> <p>Our plan highlights how critical taking the time to complete a comprehensive assessment of the district's Mental Health System of Care is to the success of the screener. Just as crucial, is the integration of the data into the district's current system. By taking the time to ensure that the district is implementing under the right set of conditions and has policies and procedures in place on how to use the data, we are ensuring that the screener is successful in being an effective tool to uncover mental health warning signs and provide opportunity to connect students to the appropriate tiered intervention.</p>

**ATTACHMENT 2-5 – Budget Worksheet**

9.E.1.	<b>Proposed Budget</b>				
	<b>Description</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
	<b>Hire Staff</b>				
	Community Organizer	\$123,316.55	\$158,033.23	\$164,409.68	<b>\$445,759.46</b>
	<b>Other Personnel Services Cost</b>				
	Director of Behavioral Health	\$26,171.00	\$27,479.55	\$13,909.41	<b>\$67,559.96</b>
	Department Coordinator	\$8,867.90	\$9,754.69	\$10,710.16	<b>\$29,332.75</b>
	<b>Hire Contractors</b>				
	Social Impact Consultant	\$35,000	\$0	\$0	<b>\$35,000</b>
	<b>Other Costs</b>				
	Stipends	\$30,000	\$30,000	\$30,000	<b>\$90,000</b>
	Supplies	\$1,500	\$1,000	\$500	<b>\$3,000</b>
	Screeners and Training	\$0.00	\$0.00	\$25,000.00	<b>\$25,000</b>
	Administration Cost	\$34,782.61	\$34,782.61	\$34,782.61	<b>\$104,347.83</b>
	<b>Total</b>	<b>\$259,638.06</b>	<b>\$261,050.08</b>	<b>279,311.86</b>	<b>\$800,000</b>
Provide a description of the proposed expenditure for each line listed in the Proposed Budget.					
<b>Hire Staff</b>					
<p><b>Community Organizer:</b> This position will organize and oversee this program and be responsible for executing our Universal Screening Plan, serve as a liaison with our Behavioral Health Collaborative and the organizations represented, students and parents, District Leads and the Santa Cruz COE. They will also be responsible for fulfilling all grant responsibilities. We anticipate it could take 2-3 months to hire this position. Thus the position is funded at 75% for the first year. This position is 1 FTE for grant years 2 and 3.</p>					
<b>Other Personnel Services Cost</b>					
<p><b>Director of Behavioral Health:</b> Our Director of Behavioral Health oversees the development, expansion, and linkage of systems of support for mental wellness connecting county services, school districts, local agencies and nonprofits, as well as to state and federally funded grants, and additional funding partners. They will manage this project and provide supervision and oversight for the Community Organizer. They are also involved in the Behavioral Health Collaborative. The grant will fund 10% of their position in grant years 1 and 2 and 5% in year 3.</p>					

**Department Coordinator:** 10% of this position has been budgeted to support the Community Organizer in project management. They will support the planning, organizing and coordinating of the operating procedures for this project.

### **Hire Contractors**

#### **Social Impact Consultant:**

Ms. McKeen is a social impact consultant who worked part-time with the Santa Cruz COE's Schools Integrated Behavioral Health Initiative (SIBHI), in which Universal Screening Research was a key component.

Ms. McKeen provides support as needed for the Santa Cruz COE's multiple mental health and wellness initiatives, addressing system wide coordination and alignment. In addition, Ms. McKeen ensures strong partnerships with community agencies, as well as curates and disseminates behavioral health resources.

### **Other Costs**

#### **Stipends:**

In order to account for their time commitment, each district lead and local planning team member will receive an annual stipend. With the support of the Community Organizer, the district lead will be responsible for all district requirements for this project. They will lead data collection efforts as well as pilot universal screening at a school site within their district. The local planning team will be tasked with supporting the Community Organizer in asset mapping, needs assessments and the development of the Universal Screening Report.

**Supplies:** Funds have been set aside for supplies to support the activities necessary for the three phases of our Universal Screening Plan. These include printer cartridges, printer paper, snacks for training and desk utensils. These costs will be leveraged against other supply orders for the departments or agencies to partially cover overall needed items.

**Screeners and Training:** While we have budgeted \$50,000 for universal screeners and training, we will not know exactly how much it will cost until our local planning team goes through our planning and development phases. After extensive research we believe that this amount will be sufficient for implementation; however, should this not be the case, the Santa Cruz COE will leverage funding from other grants to cover the cost.

**Administration Cost:** *Indirect Rates at COE and County:* This amount, totaling 15% of the grant, is the required contribution to each agency's overhead and administrative costs to help support the fiscal, accounting and transactional components of the grant. The Santa Cruz COE has an assigned indirect rate, given by the CDE, for fiscal year 2024-25 of 7.83%. The County of Santa Cruz, being the designated recipient of the grant funds, with the COE as the lead applicant, has

requested a similar indirect rate for their back-end work. Since the maximum indirect rate was set at 15%, and since the COE cannot change their rate unless specified in a grant RFA, the remaining percentage was allocated to the county at 7.17%. This was calculated using an indirect rate worksheet set at 1.15 which calculates the amount by backing in the indirect costs from the total grant amount, so essentially indirects are not taken on indirects. It makes sense programmatically but does not produce the same number as if simply multiplying the total grant amount by .15. Ultimately it allows for more of the grant dollars to be used on programming! Therefore, we simply took the total award amount over three years, plugged it into the spreadsheet and divided by three to get an annual amount. The final amount taken will entirely depend on actual expenditures annually, as none are taken until the money is spent.

California Department of Education FY 24/25 Approved Indirect Rate 7.83%

<https://www.cde.ca.gov/fg/ac/ic/>

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

Section 1 - Payee Information

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)

County of Santa Cruz

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

701 Ocean St., Room 100

CITY, STATE, ZIP CODE
Santa Cruz, CA 95060

E-MAIL ADDRESS

traci.turner@santacruzcountyca.gov

Section 2 - Entity Type

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

SOLE PROPRIETOR / INDIVIDUAL

SINGLE MEMBER LLC Disregarded Entity owned by an individual

PARTNERSHIP

ESTATE OR TRUST

Government

CORPORATION (see instructions on page 2)

MEDICAL (e.g., dentistry, chiropractic, etc.)

LEGAL (e.g., attorney services)

EXEMPT (e.g., nonprofit)

ALL OTHERS

Section 3 - Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.

- For Individuals, enter SSN.
If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.
Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

OR

Federal Employer Identification Number (FEIN)

9 4 - 6 0 0 0 5 3 4

Section 4 - Payee Residency Status (See instructions)

CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.

CALIFORNIA NONRESIDENT - Payments to nonresidents for services may be subject to state income tax withholding.

No services performed in California

Copy of Franchise Tax Board waiver of state withholding is attached.

Section 5 - Certification

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

NAME OF AUTHORIZED PAYEE REPRESENTATIVE

Traci Turner

TITLE

Accounting Manager

E-MAIL ADDRESS

traci.turner@santacruzcountyca.gov

SIGNATURE

DATE

6/27/24

TELEPHONE (include area code)

831-454-2704

Section 6 - Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE

UNIT/SECTION

MAILING ADDRESS

FAX

TELEPHONE (include area code)

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

# Generative Artificial Intelligence (GenAI) Disclosure & Factsheet

## Bidder/Offer Information

RFA-MHSSA-004 Category 2 - Universal Screening

Solicitation Number

Santa Cruz County Office of Education

Bidder ID/Vendor ID (optional)

Business Name

400 Encinal Street

Business Telephone Number

Santa Cruz CA 95062

Business Address

City

State

Zip Code

## GenAI Disclosure & Factsheet

Will you be using or offering GenAI technology, model, or service (collectively, "system")?  Yes  No (If No, skip to Signature section of this form.)

If yes, provide details regarding the GenAI system"). See *GenAI Disclosure & Factsheet Definitions* at the end of this form for more information.

Failure to disclose GenAI to the State and submit the detailed description may result in disqualification and may void any resulting contract.

1. GenAI Model Name, Version (including number of parameters)	
2. Model Owner	
3. Overview	
4. Purpose	
5. Intended Domain	
6. Model Training Data	
7. Model Information	

<b>8. Input and Outputs</b>	
<b>9. Performance Metrics</b>	
<b>10. Optimal Conditions</b>	
<b>11. Poor Conditions</b>	
<b>12. Bias</b>	
<b>13. Test Data</b>	

Explain below how you are ensuring the GenAI system is not adversely affecting “decisions that materially impact access to, or approval for, housing or accommodations, education, employment, credit, health care, and criminal justice.” (AB 302, Department of Technology: High-Risk automated decision systems: inventory).

Signature

---

By signing this document, I certify that I have identified and disclosed, if any, all GenAI components in the proposed solution or service.

**Lauren Fein**

 Digitally signed by Lauren Fein  
Date: 2024.06.27 12:32:58 -07'00'

**6/27/24**

Signature

Date

### ATTACHMENT 2-8 – Final Submission Checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

Included	Attachment	
✓	ATTACHMENT 2-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
N/A	ATTACHMENT 2-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
✓	ATTACHMENT 2-3	Applicant Background
✓	ATTACHMENT 2-4	Proposed Plan
✓	ATTACHMENT 2-5	Budget Worksheet
✓	ATTACHMENT 2-6	Payee Data Record (STD 204)
✓	ATTACHMENT 2-7	Generative Artificial Intelligence (GenAI)
✓	ATTACHMENT 2-8	Final Submission Checklist