SANTA CRUZ COUNTY HEALTH CARE OUTREACH: AN INNOVATIVE, COLLABORATIVE APPROACH

Barbara Verba*

EXECUTIVE SUMMARY

This case study presents findings developed based on a review of the Santa Cruz County Health Care Outreach project. The words "collaboration" and "coalition" describe the essence of the project. Through use of a collaborative approach, a health care outreach coalition was formed. The coalition supported attainment of funds through the State Department of Health Services and the Packard Foundation, which resulted in development of the outreach project.

BACKGROUND

- Welfare reform had the unintended consequence of many people being uninsured as they moved from welfare to work. Transitional Medi-Cal benefits were limited or often not offered. Fluctuation of welfare reform rules and regulations also created a lack of clarity regarding the impact of Medi-Cal on attaining citizenship. At the federal, state and county levels, attention has been focused on implementing strategies to counteract the reduction in Medi-Cal beneficiaries.
- In August 1998 the State Department of Health Services (DHS) made $17.9 million in federal funds available for grants to counties to provide outreach activities to Medi-Cal eligibles for the 1931(b) program, specifically for women of childbearing age and children.
- Funds were targeted to applicants for coalitions or cooperative organizational structures to develop and implement enhanced outreach activities. Each county had the opportunity to apply as the prime grantee or a coalition could apply.
- Applicants were required to collaborate with educators, health care agencies, community based organizations, foundations, the religious community and other community members.
- The Santa Cruz County Human Resource Agency (HRA) invited community partners to discuss issues surrounding the topic of Medi-Cal outreach in 1997. That year fifteen (15) agencies including county, managed care, community based organizations (CBO's), health, education, and law enforcement participated in forming the Santa Cruz County Health Care Outreach Coalition (Coalition) from a common desire to expand health care coverage for uninsured residents of Santa Cruz County.

OUTREACH PROJECT

- The Outreach Project is funded through a grant from the Packard Foundation with HRA as the lead agency/fiscal agent for the grant, and a DHS grant, with the Santa Cruz County Health Services Agency (HSA) as the administrator.
- For FY 98/99, there was a 4.8% increase in Medi-Cal enrollments.
- The project has a bilingual Eligibility Worker funded through the DHS grant who is outstationed. He has a key role in the day-to-day functioning of the outreach effort and is widely applauded by Coalition members for his flexi-

*Barbara Verba is the Interim Deputy Director of the CalWORKs Employment & Benefits Division of the Monterey County Department of Social Services.

bility, professionalism, caring attitude, and commitment.

- A part-time Outreach Coordinator coordinates resources, activities and participation of coalition members in events, and develops media outreach.
- A project telephone number was established, a project logo developed, and outreach materials such as brochures, pens, pencils, rulers, magnets, etc. were purchased to promote the project.
- Non-traditional outreach efforts are employed, such as street based outreach, migrants camps, public markets, and targeted community functions during day, evenings and weekends.
- Coalition members interviewed were very positive about the coalition structure and the role of key HRA staff. One member stated "the Coalition is effective, serves as a catalyst for action, and elevates awareness and the importance of the Healthy Families and Medi-Cal programs."
- Coalition members view the current Medi-Call application process and reporting requirements as barriers to completion of applications and retention of Medi-Cal services.

Summary

It is clear that the HRA pro-active involvement in outreach efforts early in the process, their demonstrated commitment to the success of the outreach effort, and support for community partnering enhance the success of the project. A non-profit representative commented "the county is enthusiastic about partnering with us, they are open to learning from us and are responsive."

Implications for Monterey County

For Monterey County, the Santa Cruz County Health Care Outreach project provides real examples of strategies to evaluate for adaptation to enhance our own efforts not only in medi-cal outreach, but also in other areas of community partnering. Specific recommendations for implementing strategies are found in the full report.

SANTA CRUZ COUNTY HEALTH CARE OUTREACH— AN INNOVATIVE, COLLABORATIVE APPROACH

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INTRODUCTION

When any project is described it is important that a common understanding of language exists in order for the writer and reader to reach a basis for understanding, if not agreement of the conclusions drawn. For this report clarity about use of two words "collaboration" and "coalition" is needed because they are the essence of the Santa Cruz County Health Care Outreach project.

Random House Webster's College Dictionary defines the word *collaborate* as "1. *To work, one with another; cooperate, as on a literary work.* 2. *To cooperate with an enemy nation, especially with an enemy occupying one's country."* The word *coalition* is defined as "1. *a combination or alliance, esp. a temporary one between factions, parties, states, etc.* 2. *a union into one body or mass; fusion."* The images that the definitions bring forth apply to this study of the Santa Cruz County Health Care Outreach project; therefore, the same words and all that they convey will be used to facilitate presentation of my report. This is not intended in any way to demean or pass negative judgment on the Santa Cruz process. Rather, in spite of strict definition of the word collaborate which may convey a negative basis for cooperation, a collaborative effort resulted in a "coalition". Partnering and sharing of "one's own country" occurred in the Outreach project, with individuals and agencies regarding each other not as "enemies", but as "a union into one body or mass". The results serve as a model for what can be accomplished when individuals and agencies collaborate.

When I identified my research area, I expected the study to be focused on outcomes—the increased number of people receiving Medi-Cal and/or Healthy Families and methods used to achieve outcomes. I also hoped that a side benefit might be establishing relationships for future partnering to serving Monterey County residents who seek service in Santa Cruz County because of proximity. I achieved both goals but also found more, starting with the word "COLLABORATE", and ending, or should I say beginning, with the word "COALITION"!

COLLABORATE—WHY?

Implementation of welfare reform changed the way counties provide services. It changed, in some cases, who we identify as our "customers", expectations for service delivery and participation, and added specific timeframes for providing service. In some counties relationships have been built or redefined with education, training, domestic violence, and behavioral health agencies to address the needs of our mutual customers to achieve self-sufficiency. Although many changes have resulted from the TANF or CalWORKs program, the premise for making changes applies to other social services programs. We change how we approach our work to benefit customers by operating a strength-based service delivery system that draws from all parts of the community, and, ultimately, we do it because we have to.

Welfare reform is having the intended impact as we see the number of families receiving cash aid assistance decline. Unwittingly we also see a reduction

in the number of families participating in the Medi-Cal and Food Stamp programs. A report by Families USA Foundation, issued in May 1999, "Losing Health Insurance, The Unintended Consequences of Welfare Reform" focuses on the unintended consequence of many people being uninsured as they moved from welfare to work. The report speaks about the reduction in persons receiving Medi-Cal benefits because some people moved to jobs with no benefits, transitional Medi-Cal benefits were limited or not offered, and the application process remained cumbersome and difficult for people to re-apply when they lost Medi-Cal with their cash benefits. Other thoughts focus on the confusion about how Medi-Cal benefits affect the ability to obtain citizenship or the assumptions made about eligibility.

Whatever the cause, attention has been focused on implementing strategies to counteract the reduction in Medi-Cal beneficiaries, and health care outreach has become an important focus at the federal, state and county levels. They bring to the table the ability to establish new requirements, provide funding and set eligibility standards; determine how the state puts forth Medi-Cal policies within federal guidelines, and how counties implement the programs.

A series of strategies to assist eligible persons to receive health care were put forward by the State Department of Health Services (DHS). The Healthy Families Program was implemented as an outreach effort separate from county social service agencies. A marketing strategy to promote the program targeted the general public with a mail-in application form. Community Based Organizations (CBO's), health clinics, and other agencies that work with low-income population were targeted to receive training/reimbursement to assist applicants complete the Healthy Families Program application process.

In August 1998, the DHS solicited Request for Applications (RFA's) for grants to provide outreach activities to Medi-Cal eligibles for the 1931(b) program specifically women of childbearing age and children. $17.9 million was available in federal funds for the grants under the provisions of the federal welfare reform law for outreach to individuals who may no longer be eligible for welfare benefits under welfare reform but continue to remain eligible for Medi-Cal. DHS would award grants to applicants for developing coalitions or other types of cooperative organizational structures within each county to develop and implement enhanced outreach activities. The intended focus group could include families not previously participating in Medi-Cal, as well as families who are or have previously been eligible for Medi-Cal, but who may not realize that Medi-Cal is still available even if the family is no longer eligible for cash aid.

Each county had the opportunity to apply for funds as the prime grantee, or, if the county did not apply, from a collaboration of community organizations within the county. The applicant was required to include and allocate monies to numerous agencies that included CBO's, community health clinics, school districts, and other interested parties with a documented history of serving the targeted population, to the extent the organizations wished to apply. Further, applicants were required to engage the participation of educators, local agencies, corporations, foundations, the religious community, and other community members to ensure the planning of non-duplicative, well integrated and cost effective outreach which is responsive to the needs of the target populations. In other words, COLLABORATION was not only asked for, it was REQUIRED by DHS for counties to receive funds!

Collaborate—"To work, One with Another; Cooperate as on a Literary Work."

The Santa Cruz County response to the DHS RFA was to build on community partnerships surrounding the topic of Medi-Cal outreach that had already been established. In May, 1997, the Human Resource Agency (HRA) and Santa Cruz County Health Options, the managed care agency, began to address concerns about declining Medi-Cal. HRA formed a Medi-Cal Outreach and Retention Committee to discuss and make recommendations on the issue. The Santa Cruz County Health Services Agency (HSA) also expressed to HRA concern about the need for Medi-Cal outreach.

Of concern to all was the Medi-Cal caseload decrease reported by statewide trends and identified in Santa Cruz County. With welfare reform individuals and families who had automatic linkage to Medi-Cal through AFDC or SSI might lose the linkage and not be aware of the opportunity to apply for Medi-Cal, resulting in more children and adults in the county without a source of health care coverage. There was also concern that those individuals who were successful in finding employment might not have jobs that offered health care coverage, and might not consider they could be eligible for Medi-Cal program services.

As part of an initial brainstorming session, the HRA Committee identified possible outreach locations/ideas such as low income housing complexes, senior centers, school sites, health centers, adult education and ESL sites. They also had ideas on retention such as workers taking more time at renewals to explain the program, offering more phone assistance and home visits with applications, and including information stuffers with the CalWORKs checks. Subsequent meetings of the committee included discussion about possibly applying for community foundation and/or other funds for outreach efforts, research on other county efforts, dialogue with school districts to disseminate information about Medi-Cal, and possibly training CBO staff and other outreach locations to do prescreening. They explored efforts such as obtaining lists from Social Security of those who would be losing SSI and surveyed all Medi-Cal staff for outreach and retention ideas.

In August 1997, a Medi-Cal Outreach and Retention Plan was developed to ensure health care coverage for as many Santa Cruz County Medi-Cal eligible residents as possible. The plan addressed expanding the outstation component and adding new outreach components. Retention was addressed by establishing structured guidelines for workers and seeking further ways to increase retention efforts. Many ideas generated in 1997 are part of current outreach efforts.

Coalition—"Alliance, esp. a Temporary One Between Factions, Parties, States, etc."

In 1997 HRA also invited interested parties within the County to discuss issues related to declining Medi-Cal enrollments, and to develop strategies that might increase enrollments. In the fall of 1997, fifteen (15) agencies including county, managed care, CBO's, health, education and law enforcement participated in forming the Santa Cruz County Health Care Outreach Coalition (Coalition) from a common desire to expand health care coverage for uninsured residents of Santa Cruz County, focusing specifically in children. Membership has since expanded as partner agencies are identified.

In November, 1998, the Coalition received an 18-month grant from the Packard Foundation for $157,740 to fund a variety of outreach efforts. The HRA agency acts as the lead agency and fiscal agent for the grant. The Coalition developed ten (10) specific efforts that target the unique populations and geographic locations in the County. Coalition members have a demonstrated history of working with these target group clients and believe that this established relationship will make outreach efforts more successful.

The outreach efforts funded by the Packard Foundation grant and a DHS Medi-Cal Outreach grant for $135,978 have been tremendously successful. Measures of that success include a 4.8% increase in Medi-Cal enrollments in FY 98/99. In addition, the 95076 zip code that has been heavily targeted by the Coalition was recognized by Managed Risk Medical Insurance Board as one of the top 25 Health Families enrollment zip codes.

To build on this record of success, the Coalition recently submitted a proposal for $260,171 to the Packard Foundation to fund a 12-month project. The project would continue general outreach activities, assist individuals with the application process and enroll them in the appropriate health care program. Outreach would be targeted to meet the intent of the Medi-Cal 1931 (b) regulations. The proposal includes contracts with thirteen (13) CBO's, health, education and food distribution agencies as well as funds for Coalition staff, media materials, and HRA Administration Costs.

"Cooperating... Especially with an Enemy Occupying One's Country"

In Santa Cruz County, the HSA coordinates the Medi-Cal Administrative Activities (MAA) Program, which provides reimbursement for outreach activities. The HSA philosophy is to make every attempt to connect those with health needs to available resources to pay for services to meet those needs. However, HSA outreach efforts had not been fully coordinated, staff had not been fully trained, and appropriate outreach materials had not been developed. HSA submitted the County response to the DHS RFA to administer the 1931 (b) Medi-Cal outreach grant. HSA worked with the Coalition in August, 1998 to identify potential activities to be funded by the Medi-Cal Outreach grant, beyond those addressed by the Packard grant. This approach differs from Monterey County where the Social Services Department acts as the prime grantee in receiving outreach funds and contracting with agencies to provide direct service. I am not clear about what has been the norm in the state, if there is a norm, therefore, I cannot tell which if any agency "is occupying the other's country." Regardless, the approach appears to be working well now.

The Medi-Cal outreach grant provided a new full-time bilingual, bi-cultural Eligibility Worker III staff position in HRA. The worker is outstationed in the community to interface with new outreach efforts at various community agencies and clinics that serve potentially eligible clients, and coordinate and assist in benefit retention efforts. The grant funds a full time Mental Health Benefits Representative staff position with Community Mental Health Services. The mental health worker focuses outreach efforts and advocacy with families and their children/adolescents involved with some aspect of care in the Child Protective Services (CPS), Probation/Juvenile Hall or Mental Health to connect the families with Medi-Cal benefits to meet their needs.

The grant also funds a countywide Medi-Cal Outreach coordinator staff position in HSA. The Analyst conducts program-planning activities, evaluation of outreach efforts, and collection and analysis of outreach materials. She makes recommendations regarding new materials to the Coalition, provides training to provider staff, assists in staffing the Coalition meetings, and researches available resources to sustain and enhance existing outreach efforts.

"A Union into One Body or Mass: Fusion"

In completing my study of the Santa Cruz Health Care Project, I interviewed various representatives of the Coalition, key staff related to the project, and attended several Coalition meetings and a Central Coast Alliance for Health meeting. The results of the interviews and meetings was positive overall and complementary of the HRA agency. The results of the interview process will be presented focusing on three general areas, the Coalition, 1931(b) Outreach effort, and HRA operations, with a heavy emphasis on the Coalition since the majority of interviews involved Coalition members.

Coalition

Coalition meetings conveyed a sense of common purpose and camaraderie. Agenda's are prepared and distributed by the Outreach Coordinator and the HRA acts as the meeting facilitator. There was a representative sample of health care, education, county, business (United Way), and CBO participation. Each agency representative had an opportunity to give an update on their role in the outreach effort as well as to make announcements of general interest. At times they offered assistance, support or suggestions as issues arose. Agenda topics included items such as Packard grant application status, Aptos/Capitola business Showcase at the Capitola Mall, Assistor training status, and the viewing of a Public Service Announcement developed with KSBW to publicize health care outreach efforts and the toll-free number.

Through the Packard grant the Coalition has a part-time Outreach Coordinator, an independent contractor, who reports to HRA. She coordinates resources, develops the schedule of activities and coordinates participation of the membership in the events, and develops press releases. The coordinator is positive about her role and describes the Coalition membership "as working collaboratively with each other and having no competitive aspect to their relationships".

Coalition members provide linkage to the process for other programs. For example the Community Action Board (CAB) receives funds for outreach at the Davenport Resource Service. The multi-service community center provides transportation, information & referral, translation, form filing, food distribution, services to children and seniors, and other assistance. In addition CAB links the Coalition to other CAB Programs such as Energy Services, Natural Resources & Employment Programs, S.C. Immigration Project, and The Shelter Project. The CAB representative interviewed stated that she feels "the Coalition is effective, serves as a catalyst for action, and elevates awareness and the importance of the Healthy Families and Medi-Cal Programs".

What Works

- The structure of the Coalition that provides support and leadership to the effort.

  - Relationships established allow opportunities to partner, particularly with HRA, in other work areas. Many positive comments about HRA staff willingness to be flexible and cooperative.
  - Active participation of Coalition members from the various communities who build their outreach efforts on the relationships they have established with their client base.
- Having an Outreach Coordinator familiar with county resources, who can devote a concentrated amount of time to the project.
- Establishment of a Health Care Outreach telephone line in Watsonville and Santa Cruz to direct applicants/clients or anyone seeking information to a centralized Eligibility Worker.
- Establishing a logo that is simple and easy to identify with the outreach effort.
- Having Packard funds to use for public relations efforts and for purchasing promotion materials with referral information/telephone numbers, such as rulers, pencils, pens, bubble necklace, blow-up beach ball, and Band-Aid dispensers. They are useful tools in the outreach effort to capture audience attention at events, such as Kindergarten Round-ups, senior presentations, health fairs.

Recommendations from interviews

- Have more media coverage and recognition for the successes of the coalition. Stress the importance of putting a "face" on the program with live case studies to show successes and impact of the project. Coalition members need to be able to articulate successes and numbers related to outreach effort to promote repetition of success.
- Hire the coordinator full time for project focus. With a part-time coordinator, it takes longer to get things done because prep work takes time.
- Look at combining Medi-Cal and Healthy Families programs/outreach into one.
- Focus attention on retention efforts to avoid the "on/off" syndrome. Use case management contacts and involvement with the family.
- Expand outreach to the business community.
- Try to take time on a regular basis to step back, look the Coalition membership and identify those not at the table who should be. Need to invite those missing to participate.

1931 (b) Outreach Effort

In discussing the 1931 (b) Outreach funding relationships with the HSA taking the lead role, both representatives from HSA and HRA, indicated that initially there was some awkwardness due to a lack of clarity about each agency's role. HRA wrote the Packard Grant to fund the Coalition and HSA wrote the DHS 1931 (b) grant. There was a feeling of overlap in responsibility, concern about not wanting to "step on each others toes" and internal to HSA, concern about where the Analyst should reside with HSA or HRA. Since that time, roles have been worked out. The HSA representative indicated that "this arrangement (HSA/HRA) works because of the people assigned to the project. We have come to appreciate each other's strengths, have the ability to see the big picture and are committed to the success of the project."

The Eligibility Worker III who was hired with outreach funds has had a key role in the day-to-day functioning of the outreach effort. He had previously been a long-time Medi-Cal Worker, in Monterey and in Santa Cruz County and recently worked with the Medi-Cruz program. He felt his Medi-Cal background as well as his work in a program that developed a strong knowledge of community resources was helpful to him being effective in this project.

His outstation schedule includes mornings at Adelante, Valley Resource Center, Salud Para La Gente Clinic and Watsonville Health Clinic. The afternoons and Fridays are used for processing applications, retrieving closed cases for former clients, following up on outstanding information, answering the outreach "hot line", and participating in special training/outreach efforts at senior citizen centers, labor camps, and community events.

What Works

- All interviews point to a key aspect to the success of this project, the need to have the "right type" of person assigned as the Eligibility Worker. The Worker received universal praise from Coalition members and agency staff for his flexibility, patience, professionalism, caring attitude, and dedication to the project.
- Having a laptop computer at outstation sites to simplify the application process and saves time.
- Use of non-traditional education and outreach efforts such as street based outreach, migrant camps, and targeted areas such as Beach Flats and public markets.
- Development of outreach educational brochures that are culturally sensitive, user friendly and informative.
- Plan to include an outreach worker for North County in next years funding request.
- Coordination of efforts with Packard grant activities to maximize outreach efforts and impact.
- HSA support and use of the Medi-Cal Administrative Activities (MAA) program to claim DHS funding to market and get people enrolled in the Medi-Cal program. The process allows HSA disbursement of funds to agencies, schools, etc. who provide information and referral service which funds expansion of outreach activities. The program draws $1 million per year.
- Collaboration efforts with the California Kids Program to provide care for undocumented children.

Recommendations from interviews

- Define the duties more clearly for the outreach worker.
- Look at re-classifying the outreach worker—the job is thought to be more specialized than that of an intake worker whose work with clients and coordination with agencies and community resources is less intense.
- Expand worker time at locations with high volume.

HRA—Medi-Cal Operations/ Health Care Outreach

There are barriers to the Medi-Cal application/ retention process that negatively impact the ability of the county to provide services, but which are not within the county scope of responsibility to change. The state and federal government play a critical role in these areas. The current Medi-Cal application process is cumbersome which makes it difficult to apply or re-apply for benefits, although there is a change regarding mail-in applications for Medi-Cal coming in July. The reporting requirements to maintain eligibility affect some clients who do not following through and therefore are discontinued. The Medi-Cal Program has the stigma of "welfare" so some people are reluctant to apply. There continues to be a lack of clarity in the community about the impact of receiving Medi-Cal benefits on immigration status, which causes some individuals to refrain from applying.

What Works

- HRA administration pro-active involvement in outreach efforts early in the process and their commitment to the success of the outreach effort.
- HRA maintains a climate that supports and promotes staff working in partnership with community agencies for the benefit of mutual customers. A non-profit representative commented "the county is enthusiastic about partnering with us, they are open to learning from us and are responsive."
- Because of the demonstrated need and effectiveness of having an outreach Eligibility Worker, HRA "picked-up" the salary cost of the position when it appeared that funding would not continue beyond October 1999 to support the position.
- Maintaining lower caseload processing targets which allows the worker to spend more one-on-one time with clients, time to follow-up with clients and time to answer questions and provide training to agency staff at outstation locations.
- Having the outreach worker attached to a Medi-Cal unit of outstationed workers. This supports relationships and connection to the district office line staff for collaboration and/or help in trouble-shooting issues, supports maintenance of technical expertise, and helps to educate staff about outreach efforts.
- Outstation/Outreach Eligibility Supervisors articulated a clear understanding of their role and the need for their staff to be flexible and cooperative in working with clients and outstation site staff.

Implications and Recommendations for Monterey County

This report focused on looking at outreach efforts, which was my primary goal in selecting Santa Cruz County as a project site. For Monterey County, the Santa Cruz project provides real examples of strategies to evaluate for adaptation, and proximity, that would easily allow a "closer look" and more technical assistance. Some of the strategies could be easily adapted and implemented. Others that would focus on further assisting staff at all levels to adopt collaboration as a cultural norm and mindset, will take more time with continued emphasis and modeling behavior. It will be important to be aware that attainment of this goal will set expectations in the community for consistency in behavior. As we welcome other community agencies to the table as partners, the "guest list" will be set.

The following items are presented as recommendations for consideration in Monterey County:

- Seek other sources of funding to expand outreach efforts in order to augment and complement the existing funds for Medi-Cal outreach and evaluate implications of replicating process towards Food Stamp program outreach.
  - Focus and fund expansion of outreach efforts in areas currently not being given attention such as schools, business, and agencies such as WIC, CHDP, and the Food Bank.
  - Develop a countywide media campaign to promote the outreach effort to the community and purchase promotional items for use in media/outreach efforts.
- Initiate effort focused on energizing and enhancing the partnering relationships of the existing Monterey County Health Care Coalition group in order to ensure an open, healthy collaborative process.

- Invite existing Monterey County Outreach "players" to participate in providing an overview of outreach efforts and conduct education forums for staff in order to:
  - Strengthen knowledge and understanding of benefits managers, supervisors, and line staff, particularly intake staff, of the reasons why there is a need to be open to providing services in non-traditional ways that meet the needs of our customers and the community at large.
  - Establish a common language and basis for improving communication between outreach and district office staff.
  - Develop a base of workers who understand the philosophy of the outreach effort and willingly seek opportunities to work in a different way with community partner agencies.
  - Support application of outreach strategy efforts to other program service delivery areas such as Food Stamps and General Assistance.
  - Complement our ongoing change management training that focuses attention on personal responsibility for participating in change.

Summary Statement

As is clearly documented in my report, I found the Santa Cruz County Health Care Outreach Project to be an innovative approach for implementing health care outreach services. The project is a model for a collaborative, strength-based approach to involving the many community partner agencies, which serve the same client population. The partner agencies can be found more directly in the communities being served, have gained the trust and confidence of the people, and they share a passion for ensuring that families, and most importantly children, receive the health care they need to live long and healthy lives. They model collaboration, each with their own "country" or area of operation.

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