



# Customer Awareness Response Effort (CARE)

## Implementation Plan

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## INTRODUCTION

Becoming and engaging in CARE is a process that involves striving towards a new way of understanding people and providing services and support. This process involves a gradual integration of trauma concepts and trauma sensitive responses into daily practice. What it looks like to engage in CARE practices can vary from department to department based on available resources and employment responsibilities. Most organizations begin with a self-assessment of current policy, procedures, and practices to identify needed changes or areas where CARE practices can be successfully implemented and evaluated.

## PURPOSE

The CARE Implementation Plan is designed to illustrate in detail the critical steps for San Luis Obispo County departments and programs to engage in CARE-Informed services and practices in order to build capacity and increase interagency collaboration to best serve SLO County residents. The implementation plan will serve as a guide for departments and programs' administration to establish policies and practices to become proactive when interacting with SLO county residents. Through a series of trainings and internal organizational assessments public departments and programs will determine which steps will help them provide and engage in CARE services.

## IMPLEMENTATION PLAN OVERVIEW

A series of trainings, policy additions or changes, and evaluating processes will be implemented in departments and programs in order to successfully provide CARE services. Due to the various functions and responsibilities of the departments and programs, implementation will be impacted by internal departmental structures that should create and reinforce safe environments.

### System Description

The implementation plan is designed to orient various departments and programs interacting with SLO County residents with various backgrounds to create and implement practices that support organizational functions emphasizing patient empowerment, choice, collaboration, safety, and trustworthiness. The processes for departments and programs to implement CARE-Informed services include:

- **Trainings:**
  - Didactic/Informative/Instructive sessions
  - Activities
  - Commitment to Change section (Appendix A)
  - Train the Trainer/Champions sessions for every department and program
  
- **Policies**
  - Incorporation of all levels of leadership in participating and supporting implementation
  - Selection of a Site Lead and Committee (Committee formed by every department Site Lead)

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- Implement and promote physical environment safety
- Implement and promote socio-emotional environment safety
- Implement policies preventing secondary stress in staff
- Establish guidelines that are aligned and support sustainability of cultural consideration with an informed-care service approach

- **Evaluation**

- Training evaluation and performance measure

### Assumptions and Constraints

The implementation plan assumes that all attending departments are willing to incorporate CARE-Informed practices and policies into their daily functions and seek to promote a safe environment.

<b>Schedule</b>	<ol style="list-style-type: none"><li>1. Necessary accommodations to ensure trainings and meetings to take place;</li><li>2. A total of two trainings biannually, and</li><li>3. A total of two meetings biannually scheduled after each training.</li></ol>
<b>Budget</b>	<ol style="list-style-type: none"><li>1. Budget allocation for CARE trainings and meetings are minimal and should be proposed as part of internal professional workforce development.</li></ol>
<b>Resources availability</b>	<ol style="list-style-type: none"><li>1. Use of departments' and programs resources and facilities for training and meeting times;</li><li>2. Selection of the CARE Site Lead and CARE Committee;</li><li>3. CARE materials to design performance measures and evaluations; and</li><li>4. Other miscellaneous items for the Site Lead/Committee to design and engage in all CARE activities within their department.</li></ol>
<b>Software or other technology to be used</b>	<ol style="list-style-type: none"><li>1. Access to a county authorized computer and software</li><li>2. Internet and printing access for training materials</li></ol>

Administration will assume a lead role in supporting, developing, and executing planning efforts within their departments and programs. Some of the constraints associated with the implementation plan are time and location management for all staff to be involved in developing and sustaining an organizational workforce based in CARE practices and services.

### System Organization

The CARE Implementation Plan follows the following structure and defined strategies essential for its operation, which comprises of a six-active approach to developing and sustaining change in county departments and programs' organizational and workforce interaction.

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<b>Implementation Strategies</b>	
<b>Departmental Workforce training</b>	
<p><b>Definition:</b></p> <p>1. Includes didactic/informative/instructive trainings and meetings emphasizing participant activities to dynamically impact internal workforce training and practices.</p>	<p><b>Activity:</b></p> <p>1. Two bi-annually trainings                  2. Two bi-annually meetings                  3. Completion of a <i>Commitment to Change</i>: staff's specific commitments to integrate CARE principles; and                  4. Completion of a <i>Commitment to Practice Change</i>: list of activities and practices to engage in.</p>
<b>Internal Policy Alignment &amp; Sustainability</b>	
<p><b>Definition:</b></p> <p>1. CARE practices must engage in internal policies that emphasize an environment of respect, support, safety; cultural understanding, and empowerment.                  2. Understand and align workforce experience and strategies as coordinating factors for successful implementation of policies and practices.</p>	<p><b>Activity:</b></p> <p>1. One meeting to review internal policy that supports CARE practices                  2. One meeting to reinforce how staff engages in CARE practices and what possible changes need to be added.</p>
<b>CARE Site Lead/Committee</b>	
<p><b>Definition:</b></p> <p>1. Embedded internal lead support for designing and developing venues and strategies for change.                  2. Point of contact within departments for inter-departmental collaboration.                  3. The CARE Committee is made up of each CARE Site Lead from the participating departments.</p>	<p><b>Activity:</b></p> <p>1. Head two bi-annually trainings and meetings                  2. Review policies with Administration's assistance                  3. Design strategies and implementation with Administration's assistance                  4. Provide direction, clarification, and answers</p>
<b>Administrative Leadership</b>	
<p><b>Definition:</b></p> <p>1. Leadership participation and support of CARE principles, trainings, and practices build a strong department and program determined to become a world class organization.</p>	<p><b>Activity:</b></p> <p>1. Commitment to attend all trainings                  2. Commitment to attend all meetings                  3. Coordinate with and assist CARE Site Lead with policy review, strategy design, and implementation timeline                  4. Provide guidance to CARE implementation practices</p>
<b>CARE Champions</b>	
<p><b>Definition:</b></p> <p>1. This strategy focuses on developing CARE champions within their organizations that can lead transfer of knowledge.                  2. Expand the network of CARE knowledge and practices to the community.</p>	<p><b>Activity:</b></p> <p>1. Commit to CARE trainings and meetings                  2. Actively engage in practices while at work</p>
<b>Assessment &amp; Evaluation</b>	
<p><b>Definition:</b></p> <p>1. Evaluation is designed to measure training success, readiness, and satisfaction with material presentation.                  2. Assessment is designed to measure comprehension and apprehension of material.</p>	<p><b>Activity:</b></p> <p>1. Survey design measuring success of material retained                  2. Survey design measuring satisfaction with information provided                  3. Survey design measuring awareness increase                  4. Survey design measuring engagement with CARE practices</p>

**IMPLEMENTATION MANAGEMENT OVERVIEW**

The implementation plan will be managed by Department Administrators and the CARE Site Lead and with assistance from the CARE Committee. This implementation plan will allow managers, through informed decision making, to decide what specific CARE policies, practices, and trainings can be executed based on their specific needs, resources, and experiences.

**Description of Implementation**

The CARE implementation process consists of a series of various trainings, meetings, and policies specifically designed for departments and programs. Variations are expected as departments and programs have different functions, but many of them serve the same population. The implementation process will be executed with a phased approach in order to first address departmental and organizational structures and resources to best engage in or update policies and practices positively impacting the application of CARE. The following illustrates the best possible planned implementation for key strategies:

<b>PHASE I</b>	<b>Administrative Leadership Commitment</b>	
	<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li>1. The role of the Administrative leadership is to support and promote the development and inclusion of CARE practices in the departments and programs they oversee.</li> <li>2. Administrative leadership support is essential for the implementation of TIC.</li> </ol>	<p><b>Timeline Tasks Completion (starts in FY):</b>  <b>Five (5) Months (July – Oct., March &amp; July)</b></p> <ol style="list-style-type: none"> <li>1. Administrative Leadership commits to and includes CARE perspectives to the overall public department or program day-to-day activities.</li> <li>2. Coordinate and design training and meeting dates and locations with CARE Site Lead</li> <li>3. Engage in departmental policy review and implementation with CARE Site Lead</li> <li>4. Design survey tools with CARE Site Lead</li> <li>5. Evaluate and assess trainings and information retention with CARE Site Lead</li> </ol>
<b>PHASE II</b>	<b>CARE Site Lead/CARE Committee</b>	
	<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li>1. The selection of the CARE Site Lead and CARE Committee allows for identification of an internal lead group of knowledge and managers whose coordination and attention is needed to implement trainings, practices, and update internal policies.</li> </ol>	<p><b>Timeline Tasks Completion:</b>  <b>Two (2) Months (Sept. - October)</b></p> <ol style="list-style-type: none"> <li>1. Based on departments’ or programs’ resources, the CARE Site Lead and CARE Committee are designated</li> <li>2. Coordinate and design training and meeting dates and locations with Administrative Leadership</li> <li>3. Engage in departmental policy review and implementation with Administrative Leadership</li> <li>4. Design survey tools with Administrative Leadership</li> <li>5. Evaluate and assess trainings and information retention with Administrative Leadership</li> </ol>
<b>PHASE III</b>	<b>Policy Alignment &amp; Sustainability</b>	
	<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li>1. Policies, trainings, guidelines, and human-resources activities, such as promotion and hiring practices, need to support the departments’ and programs’ implementation</li> </ol>	<p><b>Timeline Tasks Completion:</b>  <b>Three (3) Months (Nov. – Feb.)</b></p> <ol style="list-style-type: none"> <li>1. Based on departments’ or programs’ resources, the CARE Site Lead/CARE Committee will conduct informing meetings to include CARE</li> </ol>

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	<p>of CARE.</p> <p>2. Substantiated policy encourages a continued strategy to support further CARE training and development.</p>	<p>language and practices into daily work activities.</p> <p>2. Trainings and meetings align with policy and sustainable practices.</p>
<b>PHASE IV</b>	<b>Workforce Training</b>	
	<p><b>Rationale:</b></p> <p>1. Overall workforce training promotes a shared culture, language, and understanding of the efforts taken by the Administration, the CARE Site Lead/CARE Committee and the sustainable policies and practices for departments and programs to become a world-class organization.</p>	<p><b>Timeline Tasks Completion:</b></p> <p><b>Five (5) Months (Dec. – April., &amp; June)</b></p> <p>1. Identification of specific departmental experiences, resources, and needs to be discussed in trainings and meetings.</p> <p>2. Selection of specific topics relevant to each department’s structure for trainings and meetings.</p> <p>3. One training in February, followed by a meeting in early March.</p> <p>4. One training in late March followed by a meeting in early April.</p> <p>6. Identification of CARE Champions takes place by the end of the month of April.</p> <p>7. Additional training material should be distributed electronically or in hard copy to all departments’ or programs’ staff, including administration.</p>
<b>PHASE V</b>	<b>CARE Champions Training</b>	
	<p><b>Rationale:</b></p> <p>1. The vision of CARE Champions is to develop embedded staff leaders within the county departments and programs that will assist in transfer of knowledge in the workforce environment and between departments.</p> <p>2. This strategy allows for flexible participation and efficient sustainable CARE practices.</p> <p>3. Supports the administrative leadership goals, the CARE Site Lead plan/CARE Committee’s implementing plan, policies, and trainings.</p>	<p><b>Timeline Tasks Completion:</b></p> <p><b>Continued training (May to June)</b></p> <p>1. Continued training for CARE Site Lead/CARE Committee, Administrative Leadership, and staff members of the departments.</p> <p>2. CARE Site Lead and Committee design trainings and meeting to allow continued expansion of CARE practices, as well as integrating language into internal policies and guidelines.</p>
<b>PHASE VI</b>	<b>Assessment &amp; Evaluation</b>	
	<p><b>Rationale:</b></p> <p>1. The evaluation piece is critical to the implementation plan because it measures the effectiveness of knowledge retention and practices acquired through the CARE trainings. It builds on retrospective analysis of the workforce experience in order to inform and influence future practices.</p> <p>2. The assessment piece is critical to the implementation plan because it measures the level of practice and retention of information and engaging activities reflecting CARE practices within the department.</p>	<p><b>Timeline Tasks Completion:</b></p> <p><b>Two (2) Months (May-June)</b></p> <p>1. Administrative Leadership and CARE Site Lead/CARE Committee design and distribute retrospective surveys to all attending staff.</p> <p>2. Pre and post assessment to measure the impact of the training on a one to five scale (one being no influence to five being highly influential).</p> <p>3. A report outlining what policies and practices have been updated, as well as the results from the surveys should be public to all staff.</p>

**Point of Contact**

The following table below covers the key roles for point of contact. It is recommended that CARE Site Lead be assigned to a total of two (2) staff members. Please complete the table below and distribute to your staff:

<b>Role</b>	<b>Name</b>	<b>E-mail</b>	<b>Contact Number</b>
<b>Department Head</b>			
<b>Program Manager(s)*</b>			
<b>CARE Site Leads</b>			

\*Add more lines if necessary

**Major Tasks**

Major tasks are comprised of three specific areas that are essential for implementation; these three areas are Trainings, Policies, and Evaluation. Below is a table designed for implementing processes of key objectives based on each of these three specific areas. Modifications will have to be made based on departments’ staff and resource availability, but they offer a clear example on how objectives, outputs, tasks, activities, and assigned responsibilities are designated for proper implementation and completion.



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**Training Task:**

<b>Objective</b>	<b>Output</b>	<b>Task</b>	<b>Activity</b>	<b>Who?</b>	<b>When?</b>
<b>1. Trained staff in CARE practices and concepts</b>	<b>1.1</b> Two trainings and two meetings per year  (This item might differ by department based on resources. An increase number of trainings or meetings can be proposed, and what is the most appropriate output or activity based on the interaction with clients/participants can also change)	<b>1.1.1</b> Schedule two (2) trainings throughout the year (location and time)  (this item might differ by department based on resources and what is the most appropriate output or activity based on the interaction with clients/participants)	<b>1.1.1.1</b> Select a CARE Site Lead(s) who will organize trainings	Department’s Administrative Leadership to select CARE Site Lead(s)	<i>September</i>
			<b>1.1.1.2</b> Get materials for trainings (agenda and handouts)	CARE Site Lead(s)	<i>Sept. – Oct.</i>
			<b>1.1.1.3</b> E-mail training reminders with location and time, handouts. Follow through with feedback after training.	CARE Site Lead(s)	<i>Dec. – Jan. 1<sup>st</sup> Training early February 2<sup>nd</sup> Training early March</i>
			<b>1.1.1.4</b> Follow through with e-mails and quizzes of what it was learned	CARE Site Lead(s)	<i>February (early)</i>
		<b>1.1.2</b> Schedule two (2) meetings throughout the year (location and time)	<b>1.1.2.1</b> Select a CARE Site Lead(s) who will organize meetings	Department’s Administrative Leadership to select CARE Site Lead(s)	<i>September</i>
			<b>1.1.2.2</b> Get materials for meeting (agenda)	CARE Site Lead(s)	<i>Sept. – Oct.</i>
			<b>1.1.2.3</b> E-mail meeting reminders with location and time. Deliver information, and Follow through with feedback after meeting	CARE Site Lead(s)	<i>Dec. – Jan. 1<sup>st</sup> Meeting early March 2<sup>nd</sup> Meeting early April</i>
			<b>1.1.2.4</b> Follow through with agenda minutes for record keeping	CARE Site Lead(s)	<i>March – April (early)</i>
		<b>1.1.3</b> Create a list of staff attending trainings and meetings for evaluation purposes	<b>1.1.3.1</b> Maintain and upkeep a list of all staff attending trainings and meetings	Administrative Leadership & CARE Site Lead(s)	<i>Dec. - June</i>
			<b>1.1.3.2</b> Allow any missing staff to be trained or to read the meeting minutes in order for all staff to be informed	Administrative Leadership & CARE Site Lead(s)	<i>Dec. - June</i>

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**Policy Task:**

<b>Objective</b>	<b>Output</b>	<b>Task</b>	<b>Activity</b>	<b>Who?</b>	<b>When?</b>	
<b>1. Safety policy</b>	<b>1.1 Physical safety guidelines and practices</b>	<b>1.1.1</b> Review current policy regarding best safety practices at work	<b>1.1.1.1</b> Analyze policies outlining current practices that support a physical safety environment.	Department’s Administrative Leadership and CARE Site Lead(s)	<b>Sept. – Oct.</b>	
			<b>1.1.1.2.</b> Review what practices staff engaged in while attending county residents	CARE Site Lead(s)	<b>October</b>	
		<b>1.1.2</b> If current practices are in compliance, maintain status quo	<b>1.1.2.1</b> Maintain and promote CARE practices that impact staff’s daily activities	Department’s Administrative Leadership and CARE Site Lead(s)	<b>Jan. – June</b>	
			<b>1.1.3</b> If not in compliance, re-write policy with CARE practices in mind	<b>1.1.3.1</b> Propose and apply CARE practices to staff’s daily activities	Administrative Leadership & CARE Site Lead(s)	<b>Dec. – April (test period)</b>
				<b>1.1.3.2</b> Review new staff’s policy and practices	Administrative Leadership & CARE Site Lead(s)	<b>May – June</b>
	<b>1.2 Emotional safety guidelines and practices</b>	<b>1.2.1</b> Review current policy regarding best safety emotional/wellbeing practices at work	<b>1.2.1.1</b> Analyze policies outlining current practices that support an emotional/wellbeing safety environment.	Department’s Administrative Leadership and CARE Site Lead(s)	<b>Sept. – Oct.</b>	
			<b>1.2.1.2.</b> Review what practices staff engaged in while attending county residents	CARE Site Lead(s)	<b>October</b>	
		<b>1.2.2</b> If current practices are in compliance with CARE approach, maintain status quo	<b>1.2.2.1</b> Maintain and promote CARE practices that impact staff’s daily activities	Department’s Administrative Leadership and CARE Site Lead(s)	<b>Jan. – June</b>	
			<b>1.2.3</b> If not in compliance, re-write policy with CARE approach and practices in mind	<b>1.2.3.1</b> Propose and apply CARE approaches and practices to staff’s daily activities	Administrative Leadership & CARE Site Lead(s)	<b>Dec. – April (test period)</b>
				<b>1.2.3.2</b> Review new staff’s policy and practices	Administrative Leadership & CARE Site Lead(s)	<b>May - June</b>

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**Evaluation Task:**

<b>Objective</b>	<b>Output</b>	<b>Task</b>	<b>Activity</b>	<b>Who?</b>	<b>When?</b>
<b>1.</b> 30% of targeted employees have received CARE training	<b>1.1</b> Two training evaluations of all targeted employees receiving training	<b>1.1.1</b> Develop evaluation tools for all attending employees	<b>1.1.1.1</b> Research and develop draft evaluation tool based on available resources and needs – electronic or hard copy*	Department’s Administrative Leadership and CARE Site Lead(s)	<b>March</b>
			<b>1.1.1.2</b> Finalize and approve draft evaluation tool – electronic or hard copy*	Department’s Administrative Leadership and CARE Site Lead(s)	<b>April (end)</b>
		<b>1.1.2</b> After trainings have been scheduled, coordinate when evaluations will be distributed	<b>1.1.2.1</b> Coordinate date and distribute evaluation tool via e-mail or hard copy	CARE Site Lead(s)	<b>April - May</b>
			<b>1.1.2.2</b> Coordinate a second date for distribution to ensure all targeted staff responded to the evaluation tool via e-mail or hard copy	CARE Site Lead(s)	<b>April - May</b>
		<b>1.1.3</b> Gather, analyze, report data and provide recommendations	<b>1.1.3.1</b> Ensure all evaluation tool documents have been collected and that match the number of attendees	CARE Site Lead(s)	<b>May</b>
			<b>1.1.3.2</b> Analyze collected data and ensure it meets minimum target goal, otherwise propose explanation and corrective activities	Administrative Leadership & CARE Site Lead(s)	<b>May - June</b>
<b>2.</b> 30% awareness increase in the stigma related to mental health consumers	<b>2.1</b> Retrospective evaluation conducted at the end of fiscal year training and meeting period	<b>2.1.1</b> Develop pre-post evaluation tool for all attending employees	<b>2.1.1.1</b> Research and develop draft pre/post evaluation tools based on available resources and needs – electronic or hard copy*	Administrative Leadership & CARE Site Lead(s)	<b>March</b>
			<b>2.1.1.2</b> Finalize and approve draft pre/post evaluation tools – electronic or hard copy*	Administrative Leadership & CARE Site Lead(s)	<b>April (end)</b>
		<b>2.1.2</b> Coordinate evaluation distribution	<b>2.1.2.1</b> Coordinate date and distribute pre/post evaluation tools via e-mail or hard copy	CARE Site Lead(s)	<b>April – May</b>
		<b>2.1.3.</b> Gather, analyze, report data, and provide recommendation	<b>2.1.3.1</b> Ensure evaluation tools documents have been collected and match the numbers of trained attendees	CARE Site Lead(s)	<b>May</b>
			<b>2.1.3.2</b> Analyze collected data and ensure it meets minimum target goal, otherwise propose explanation and corrective activities	Administrative Leadership & CARE Site Lead(s)	<b>May - June</b>

**NOTE:** \*Please refer to the Appendix B to review the components and format of an evaluation tool

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**Implementation Schedule** (\*Starts in the month of July and follows a fiscal year period)

CUSTOMER AWARENESS RESPONSE EFFORT (CARE) IMPLEMENTATION CALENDAR*												
	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
<b>Phase I</b>	1. Administrative Leadership commits to and includes CARE perspectives to the overall public department or program day-to-day activities.		2. Coordinate and design training and meeting dates and locations with CARE Site Lead	3. Engage in departmental policy review with CARE Site Lead					4. Design survey tools with CARE Site Lead			5. Evaluate and assess trainings and information retention with CARE Site Lead
<b>Phase II</b>			1. Based on departments' or programs' resources, the CARE Site Lead and CARE Committee are designated 2. Coordinate and design training and meeting dates and locations with Administrative Leadership 3. Engage in departmental policy review and implementation with Administrative Leadership						4. Design survey tools with Administrative Leadership			5. Evaluate and assess trainings and information retention with Administrative Leadership
<b>Phase III</b>					1. Based on departments' or programs' resources, the CARE Site Lead/CARE Committee will conduct informing meetings to include CARE language and practices into daily work activities.			2. Trainings and meetings align with policy & sustainable practices				
<b>Phase IV</b>						1. Identification of specific departmental experiences, resources, and needs to be discussed in trainings and meetings. 2. Selection of specific topics relevant to each department's structure for trainings and meetings. 3. One training in February, followed by a meeting in early March. 4. One training in late March followed by a meeting in early April. 5. Identification of CARE Champions takes place by the end of the month of April.						6. Additional training material distributed electronically or in hard copy to all departments' staff, including administration
<b>Phase V</b>											1. Continued training for all staff members of the departments. 2. CARE Site Lead & Committee design future trainings to allow continued expansion of CARE practices, as well as integrating language into internal policies and guidelines.	
<b>Phase VI</b>											1. Administrative Leadership and CARE Site Lead design and distribute retrospective surveys to all staff. 2. Design and distribution of pre/post surveys measuring the impact of the training on a one to five scale. 3. A report outlining what policies and practices have been updated, as well as the results from the surveys should be public to all staff	

## IMPLEMENTATION SUPPORT

The following table describes physical and active components based on the three areas of the implementation process, which are trainings, policies, and evaluations. Some of the needed support overlaps based on the physical location and activities that aim to produce a similar outcome. The following support will be needed:

<b>Trainings:</b>	<ol style="list-style-type: none"> <li>1. Reserved and confirmed training and meeting rooms</li> <li>2. Chairs or desks for attendees</li> <li>3. If available, a projector to display training information</li> <li>4. Training handouts/meeting agendas to be distributed</li> <li>5. Materials for activities</li> <li>6. Computers to confirm attendees' participation</li> <li>7. Light refreshments and snacks for trainings and meetings</li> </ol>
<b>Policies:</b>	<ol style="list-style-type: none"> <li>1. Reserved time and location meeting for Administrative Leadership and CARE Site Lead</li> <li>2. Selection of a CARE Site Lead/CARE Committee</li> <li>3. Access to internal policy review and updates</li> <li>4. Work station for CARE Site Lead to design trainings, meetings, and evaluation tools</li> <li>5. Access to a computer with adequate working software and</li> </ol>
<b>Evaluation:</b>	<ol style="list-style-type: none"> <li>1. Reserved time and location meeting for Administrative Leadership and CARE Site Lead</li> <li>2. Example of evaluation material to design tools reflecting work and needs of the department</li> </ol>

## HARDWARE, SOFTWARE, & FACILITIES REQUIREMENTS

Participating County departments should have all county required hardware and software to be utilized within normal work functions. Primarily, the CARE Implementation Plan training phase will require of attendees to have access to a personal computer and county e-mail to access training material, review CARE-related information, and enter CARE training and meeting appointments.

### Hardware

The implementation and training process will employ staff members' county approved computer for training purposes, as well as county approved software to display training presentations. In addition access to a room projector and sound system is needed to display videos or CARE-related training material. Participating departments should provide their staff with a computer, keyboard, speakers, and mouse to access, as well as a work space to complete daily work functions and CARE-related training activities or information.

### Software

The implementation and training team will employ staff members' county approved software to access training material, presentations, and required information to deploy all training and meetings. Participating departments should have the latest approved County Information Technology Department software and operational system to be used and to access e-mails, review calendars, and gather information related to CARE trainings and activities. All other software requirements shall remain the same as stipulated under employee's work responsibilities.

**Facilities & Equipment**

Within the departments’ available resources and constraints, facilities and equipment will be in accordance with site specifications and availability. If the department chooses to hold large training sessions and extend the number of trainings, venues such as the Library Community Room are available upon request and approval of permit contract.

**PERSONNEL**

The personnel for implementation and guidance will include the same members of the Point of Contact section. This personnel list is meant to guide, design, implement, and evaluate the CARE trainings and meetings. Please, fill the information below and distribute to your staff.

Role	Name	E-mail	Contact Number
Department Head			
Program Manager(s)*			
CARE Site Leads			

\*Add more lines if necessary

**Staffing Requirements**

The CARE implementation plan requires Administrative Leadership and the CARE Site Lead/CARE Committee. Staff members attending the CARE trainings and meetings are primarily identified because of their customer service work responsibilities as they interact with SLO county residents, but there are no specific requirements for staff to attend.

**IMPLEMENTATION IMPACT**

The implementation will impact in the following:

1. Increase awareness of trauma
2. Understand the prevalence of trauma
3. Improve cultural awareness and empathic approach to customer service
4. Inter-departmental collaboration

**PERFORMANCE MONITORING**

Performance measures include:

1. Percentage of department’s employees participating:
  - 1.1 Count of all employees against trained employees
2. Percentage of target employee receiving CARE training:

## CARE Implementation Plan

2.1 Survey distributed to departments and analyzed against attending staff

3. Consumer satisfaction rates:

3.1 Satisfaction surveys measuring:

3.1.1 Level of Service

3.1.1.1 Satisfaction scale (1-5)

5. Learning metrics measuring:

5.1 Concepts learned

5.2 Activities/skills learned

5.3 Applicable skills

Measuring the improved quality of services and outcomes include understanding the impact of CARE trainings. Outcomes & Measurements include:

1. 20% increase in clients'/consumers' satisfaction rates

1.1 Surveys reporting the number of incidents

2. 30% of targeted employees have received CARE training.

2.1 Training sign-in sheets and certificates of completion

3. 30% awareness increase in the stigma related to mental health consumers

3.1 Pre-post surveys and self-reported awareness of mental illness

4. Measure the trainings' influence in staff mental health and wellbeing

4.1 Pre-post internal surveys

5. Assess commitment level

5.1 Individual agency commitment

5.2 Inter-agency improvement

## RISKS & CONTINGENCIES

Risks and Contingencies are added to the CARE Implementation Plan as a measure of precaution regarding trainings, meetings, and materials that are needed for successful implementation. Risks are associated with CARE implementation as a trigger to alter or change internal policies and practices, as well as staff's behavior due to introspective knowledge. Departmental guidance from Administrative Leadership and CARE Site Lead/CARE Committee will offer guidance and seek available county resources to address internal staff's concerns.

Contingency plans are designed and proposed in case trainings, meetings, materials, as well as staff behavior may become altered or changed due to unintended consequences because of training information. Administrative Leadership and the CARE Site Lead/CARE Committee can be sought after for clear guidance, as well as accessing resources at County Public Health Services are available.

**APPENDIX A: Commitment to Change & Commitment to Practice Change**

**CARE – Customer Awareness Response Effort**

**Commitment to Change (CTC)**

Commitment to change is a tool that allows participant to introspectively understand their perspectives, values, and efforts that may allow them to alter, improve, or change their approach or behavior based on CARE principles.

As a participant, you are encouraged to select a primary Commitment to Change goal from the following list of examples, but you can also select your own unique Commitment to Change goal by writing it in the available space below:

GOALS	Checked Goals
1. Schedule a 5 minute break during every workday to relax away from your responsibilities	
2. Teach co-workers/consumers a new healthy coping skill that you will also begin to use on a regular basis	
3. Regularly offer a private or public thank you to specific co-workers for their effort and support.	
4. Begin meetings with a friendly check-in where staff can briefly share positive experiences	
5. Help each staff member identify and develop a particular professional skill or strength	
6. Check in with clients if they feel safe coming to your service site and help them to resolve any concerns	
7. Support staff in creating and implementing personal self-care plans for their work environment and life	
8. Meet regularly with supervisor to discuss any concerns that have not been addressed or how to continue to improve use of CARE principles	
9. Conduct friendly follow-ups with consumers, staff, co-workers to whom you provided services, assistance, or direction.	
10. Take time to explain to each consumer the general process you'll take in resolving their concern.	
11. Regularly shadow or meet with frontline staff to better understand their needs and work life experiences.	
12. Designate and set a regular meeting with staff member who acts as a CARE Site Lead.	
13. Set a regular meeting with supervisor or co-workers to address concerns or events that may alter functioning	
<b>WRITE IN GOALS</b>	
14.	
15.	



## CARE – Customer Awareness Response Effort

### Commitment to Practice Change (CTPC)

Commitment to practice change is a tool that identifies opportunities for participants to engage in CARE practices and becoming informed.

As a participant, you are encouraged to select two Commitment to Practice Change opportunities from the following list, but you can also select your own unique Commitment to Practice Change by writing it in the available space below:

GOALS	Checked Goals
1. Practice wellness/self-care	
2. Utilize CARE skills/techniques with others	
3. Practice gratitude	
4. Practice compassion/empathy/support	
5. Better perspective taking/awareness of others	
6. Practice CARE principles	
7. Teach/share CARE knowledge or skills	
8. Ask others “what has happened to you?” rather than “what’s wrong with you?”	
9. Recognize personal triggers/trauma history	
10. Listen to consumers/co-workers/others more or more effectively	
11. Be more self-aware	
12. Support others’ coping/wellness	
13. Get more information/training	
WRITE IN GOALS	
14.	
15.	

**APPENDIX B: Project Implementation Plan Approval**

The undersigned acknowledge that they have reviewed the CARE Implementation Plan and agree with the information presented within this document. Changes to this **Project Implementation Plan** will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Title: Department Head  
Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Title: Supervisor/Division/Program Manager  
Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Title: CARE Site Lead  
Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Title: CARE Site Lead  
Role: \_\_\_\_\_

**APPENDIX C: Measurement & Evaluation Tool (SAMPLE)**

**Directions:** Please read the statements below. Circle the answer that best represents your understanding of public service wellbeing and mental health for SLO County residents.

BEFORE attending this training					STATEMENTS	AFTER attending this training:				
Strongly Disagree	→			Strongly Agree		Strongly Disagree	→			Strongly Agree
1	2	3	4	5	1. I feel/believe that our services engage and promote wellness for all SLO county residents.	1	2	3	4	5
1	2	3	4	5	2. I feel/believe that our internal training and culture has prepared us to engage SLO county residents from various backgrounds.	1	2	3	4	5
1	2	3	4	5	3. I feel/believe that at least 50% of SLO county residents who come into our office are satisfied with the information and services provided.	1	2	3	4	5
1	2	3	4	5	4. I feel/believe that my department has avenues or implemented ways to gather customer feedback.	1	2	3	4	5
1	2	3	4	5	5. I feel/believe that our internal training addresses staff’s health and wellbeing.	1	2	3	4	5
1	2	3	4	5	6. I feel/believe that our internal training encourages staff’s mental and physical wellbeing and productivity.	1	2	3	4	5
1	2	3	4	5	7. I am familiar with the stigma related to mental health consumers in the county.	1	2	3	4	5