

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input checked="" type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. <i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p>	
<p><input checked="" type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: 5/22/19</p>
<p><input checked="" type="checkbox"/> Completed 30 day public comment period Comment Period: 4/19/19-5/19/19</p>	
<p><input checked="" type="checkbox"/> BOS approval date</p> <p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled:</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	<p>Approval Date: 6/25/19</p>
<p>Desired Presentation Date for Commission: Nov. 2019</p> <p><u>Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.</u></p>	

County Name: El Dorado County

Date submitted:

Project Title: Partnership between Senior Nutrition and Behavioral Health to reach home-bound older adults in need of mental health services.

Total amount requested: \$900,000

Duration of project: 2 years

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

This project will answer the question, “Will using a mobile approach to reach home-bound and geographically isolated older adults (an underserved population) who participate in the Senior Nutrition Program (a home-delivered meals and a congregate mealsite program) increase access and linkage to services?”

The mental health of older, home-bound and geographically isolated adults has been identified as a main concern throughout El Dorado County, especially given the growth in the number of residents age 65 and over. Home-bound and geographically isolated older adults may not have the knowledge of available services, they may lack the ability to seek services independently, or they may be unable to engage in services due to isolation and lack of transportation. They also may resist in engaging in services due to the stigma associated with “mental health” services.

Through the Community Program Planning Process (CPPP), community members and stakeholders consistently identified that older adults comprise a significant number of El Dorado County’s population (see data below for population data). It also was noted that individuals sometimes choose to live in El Dorado County in order to enjoy a rural life - a life where one is not “bothered” by their neighbors, commercialism, or government. Additionally, in a 2013 County of El Dorado MHSA Older Adults survey, 66.25% of the respondents indicated that they did not want to bother others, 50.63% cited lack of private transportation,

and 36.88% stated that the stigma associated with mental health is one of the reasons they do not seek treatment.

El Dorado County residents generally “age in place,” remaining physically or geographically isolated from support systems, including mental health supports. However, community members also pointed out that older adults *will* participate in the County’s home-delivered and congregate meal programs. Through the CPPP, it was suggested that perhaps older adults who participate in the Senior Nutrition Program would be more willing to engage in services, including mental health services, if given access and linkage to these services through the Senior Nutrition Program.

As mentioned above, older adults represent a significant portion of the County’s population. As of January 2018, there are 41,258 older adults (aged 65 and older) living in El Dorado County.¹ This represents 22.13% of the total El Dorado County population. Statewide, there are 6,305,025 older adults aged 65 and older, which represents 15.89% of the population.² From 2010 to 2017, the population in El Dorado County grew by 2.5% and the majority of El Dorado County citizens (82.8%) reside outside of the incorporated cities of Placerville and South Lake Tahoe.³

In examining El Dorado County’s population, older adults represent almost a quarter of the County’s population. As “empty nesters,” older adults remain in El Dorado County. Likewise, as families retire from other counties and move to El Dorado County, the older adult population in El Dorado County is expected to continue to increase. The question then becomes, “will using a mobile approach to reach home-bound and geographically isolated older adults (an underserved population) who participates in the Senior Nutrition Program increase access and linkage to services?”

El Dorado County’s Senior Nutrition Program reaches nearly 5% of the older adult population in the County. An average of 1,917 unduplicated individuals participated in the County’s Senior Nutrition Program in Fiscal Year 2017/18. Of this, 804 are unduplicated home-delivered meal participants and 1,113 are unduplicated congregate meal site participants. Participants are not required to register at the congregate meal sites, so there may be additional older adults who attend the congregate meal sites.

Following questions and suggestions formulated during the CPPP, County Behavioral Health began to evaluate the possibility of using an interagency collaborative approach (partnering with the County’s Senior Nutrition Program) to reach home-bound and geographically isolated older adults who may be in need of mental health treatment or linkage to other community resources to prevent the need for mental health treatment.

¹ Source: <http://www.welldorado.org/>

² Source: <http://www.welldorado.org/>

³ Source: <https://www.edcgov.us/Government/CAO/Documents/2017-2018%20Budget%20Documents/Demographic%20Data.pdf>

Further validating the community's concerns about isolation among older adults, the 2017 Data Notebook prepared by the California Mental Health Planning Council, in collaboration with the California Association of Local Behavioral Health Boards/Commissions, focused on services for older adults. The Data Notebook provides a structured format for reviewing information and reporting on specific mental health services in each county. El Dorado County MHSA met with the El Dorado County Behavioral Health Commission to review, analyze, and complete the Data Notebook. Notably, the Notebook states that for older adults (aged 65 and older), the following services are a part of a "social safety net and foundation to promote the well-being and mental health of older adults living in the community." The services listed include, but are not limited to:

- Senior centers;
- Shuttle vans/paratransit (transportation is a critical barrier for many across all age groups, but most especially for older adults with limited mobility); and
- Home-delivered meals (programs and volunteers provide more than nutrition; they also provide brief socialization and check on the person's welfare or wellness, etc.)

The Data Notebook also states, "County agencies also provide a variety of mental health and social supports to promote continued engagement of older adults with the larger community. The goals for older adults' mental health are to prevent profound isolation, depression, anxiety, and to avoid re-triggering trauma or serious mental health issues from one's earlier life."

UCLA Center for Health Policy Research released a 2018 Health Policy Fact Sheet in which the authors state, "Those 60 years of age and older are more likely than those in other age groups to have limited mobility and to be socially isolated, both of which can make it difficult to access care. The perceived stigma associated with seeking mental health services is a more significant barrier for older adults compared to other age cohorts."⁴

Further, www.welldorado.org cites Centers for Medicare & Medicaid Services data that indicates in 2015, almost 13% of the population aged 65 and older was treated for depression. As stated in the National Institute of Mental Health, depression is not a normal part of the aging process. Rather, it is a medical condition that interferes with daily life and normal functioning.⁵ Older adults are less likely to admit to feelings of sadness or grief. When home-bound older adults are not able to engage in community services, their mental health needs also go untreated.

In 2016 Marshall Medical Center contracted with Valley Vision to complete a Community Health Needs Assessment (CHNA). The CHNA is used to guide the hospital's community health improvement programs. Marshall Medical Center is an acute care facility located in Placerville, California. The general service area served by Marshall Medical Center includes all areas of El Dorado County, with the exception of South Lake Tahoe.

⁴ Source: <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1712>

⁵ Source: <https://www.nimh.nih.gov/health/publications/older-adults-and-depression/index.shtml>

In the CHNA, the number one prioritized significant health need identified in that study was “access to behavioral health services” and the number five prioritized significant health need was affordable and accessible transportation. When participants in the study were asked to reflect on mental health, one participant stated, “...people are on their own or alone they get depressed and stuff and I think that causes all kinds of health issues and again, it’s all back to what we are saying. People need people to talk to. They need people who care. They need people to be in their lives and stuff... so there’s not as much socialization up here in El Dorado County as if it was in the city.”⁶

The CHNA identified the following qualitative themes:

- Depression, anxiety and daily stress are common, especially for older adults and youth;
- Barriers in accessing mental health care, including lack of transportation, especially for rural residents;
- Residents in the rural parts of the county have to travel far to get comprehensive health care services;
- Bus routes in rural and low-income communities need to operate more frequently and go beyond the current routes;
- Older adults, disabled people, and youth without adequate transportation can feel isolated and depressed; and
- There is a need for on-demand transportation services (i.e., a shuttle or van) for rural residents and older adults to get to medical and dental appointments.

In consultation with Professional Research Consultants, Inc., Barton Health also conducted a CHNA in 2015. Barton Health provides services for individuals primarily in the South Lake Tahoe region. In their CHNA, it was discovered that 10.7% of the population aged 65 and older had been diagnosed with a depressive disorder and 32.5% aged 65 and older had been diagnosed with chronic depression. All individuals interviewed suggested that the reasons they had difficulty with accessing mental health services included the cost or lack of insurance, lack of services, difficulty with getting appointments, and not knowing where to go for help.⁷

Participation in this Innovation program by older adults is completely voluntary and is in no way linked to their eligibility to participate in the Senior Nutrition Program. This program is being offered as an add-on service for participants who wish to engage.

For this project, El Dorado County will use a van that will be outfitted to resemble a “mobile office.” (Note: *The van will not be purchased with Innovation funds.*) The County will contract with a service provider who will use the van to provide outreach, assessments, and linkage services to older adults who participate in the County’s home delivered meals and congregate meal site programs. The County offers congregate meals at eight (8) sites located throughout the county. The County also offers a Home-Delivered Meal Program to

⁶ Source: https://www.marshallmedical.org/documents/CHNA_Final-Draft_6.30.16.pdf

⁷ Source: <https://www.bartonhealth.org/tahoe/community-health.aspx>

isolated, home-bound older adults. In the confines of a private van, if privacy is not possible in the individuals' homes or the individual does not want others to enter their home, the contractor will screen, and if appropriate, assess the meal participant's mental health; provide linkage and referrals to other community services; and provide transportation, as necessary.

Due to the high percentage of older adults residing in El Dorado County, the fact that the home-delivered meal volunteers and congregate meal site volunteers have near daily contact with otherwise isolated older adults, and the fact that older adults do not seek mental health services, this interagency collaboration project was identified as a priority project for El Dorado County.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Nutrition services, as authorized under Title III-C of the Older Americans Act, are intended to reduce hunger and food insecurity, promote socialization, and delay the onset of adverse health conditions. Home delivered meals are often the first access point for other home and community-based services.

The El Dorado County Senior Nutrition Home-delivered Meal Program volunteer drivers are the "eyes and ears" on the county's older adults. Sometimes, the Nutrition Program volunteer drivers are *the only* people older adults have near daily contact with, and thus, a friendly, yet trusting rapport is often fostered through the home-delivered meal program.

Additionally, there are many older adults in El Dorado County who participate in the congregate meal site program. County staff in the County's Health and Human Services Older Adults programs have noticed that in conversing with the congregate meal recipients, they are more open to exploring other programs, potentially including mental health services.

Thus the inspiration to investigate if using a mobile approach to reach geographically isolated older adults who participate in the Home-Delivered Meal Program, as well as parking the van at the congregate meal sites, will lead to an increase in older adults accessing services, including mental health services.

It is anticipated that the Senior Nutrition Program volunteers will be able to identify individuals who may benefit from mobile mental health screenings and assessments, and linkage to other community resources. MHSA recognizes that the Senior Nutrition Program volunteers are not trained clinicians, but the volunteers can serve as the linkage between meal program

recipients and the contracted service provider regarding a potential need for assessment and linkage to other services.

The mental health of older, home-bound and geographically isolated adults has been identified as a main concern throughout El Dorado County, especially given the growth in the number of residents age 65 and over. Home-bound and geographically isolated older adults may not have the knowledge of available services, they may lack the ability to seek services independently, or they may be unable to engage in services due to isolation and lack of transportation. They also may resist engaging in services due to the stigma associated with “mental health” services.

El Dorado County is a rural county with many geographically isolated areas. Mental health services are primarily available in a few key populated areas (El Dorado Hills, Cameron Park, Shingle Springs, Placerville, Diamond Springs, and South Lake Tahoe). This leaves a vast area of the county without mental health providers. Another challenge is that there are very few mental health Medicare providers in the county. Older adults seeking mental health services must often travel out-of-county to have their needs addressed.

The County has tried various approaches to engage older adults in mental health services, but those efforts have largely been unsuccessful or had limited success. For example, the County’s MHSOAC Prevention and Early Intervention (PEI) program, Senior Peer Counseling, has had some success in engaging older adults in services. However, that program is limited with interventions as the volunteer Senior Peer Counselors are not trained mental health clinicians. The Peer Counselors complete a rigorous 50-hour training course and they are supervised by a licensed clinician, but they are not licensed to handle potentially more serious or in depth mental health issues.

Mental Health Clinicians also accompany Adult Protective Services (APS) Social Workers when performing home visits if APS staff have a concern for the mental health needs of the individual they are visiting (who may or may not be a participant in the Senior Nutrition program), but that outreach and engagement activity is very limited in scope (only to individuals for whom an APS referral is made and only when APS has a concern about an individual’s mental health) and is generally not as well received by older adults as compared to the arrival of a Senior Nutrition Program volunteer.

Further, as the County of El Dorado continues to move toward an Adult System of Care service model, this project will complement the services available to all individuals across the lifespan continuum, and it will especially provide valuable services to home-bound, geographically isolated older adults.

To address the above issues, the County will contract with an experienced service provider that will use a dedicated van that will be configured to an office-like setting with accessibility standards to allow confidential screenings and assessments. The van will be staffed with professionals who are familiar with the unique needs of older adults, as well as knowledgeable about mental health issues and social determinants of health that affect older

adults. The service provider also will have familiarity with the existing community service availability within the county and the needs of older adults.

The van will be utilized for travel to outlying areas of the county, based on referrals from the Senior Nutrition Home-Delivered Meal Program volunteers (who are often older adult peers) or meal program participants, and referrals or requests from participants at the congregate meal sites, to provide connection, assessment, case management, linkage and referral, and other identified services for home-bound older adults in an effort to connect them with needed mental health services or linkage to other community resources to prevent the need for mental health treatment.

Referrals for services from this program may be made to County Behavioral Health, local primary care providers, County Public Health, County Senior Legal Services, and other community-based resources, to address the mental health needs and other whole person care needs of the individuals screened/assessed in an effort to avoiding the future need for mental health treatment to the extent possible. Once an older adult is identified to possibly benefit from linkage to services, the Contractor will coordinate and transport the older adult to services. Case management for older adults engaged in this program would be individualized and ongoing for the duration identified in each client's plan. For older adults who are identified as individuals who would potentially benefit from this program, but they decline services, the Senior Nutrition Home-Delivered Meal Program and congregate site volunteers will continue to engage with and observe the older adults, and caringly encourage the older adults to engage in a connection with needed services.

Overall management of this program will be contracted to a community provider, who will be selected in accordance with the County's Procurement Policy. It is hopeful that the contracted community provider will employ peers (other older adults), which may have a positive effect of encouraging isolated older adults to participate in the program.

Ongoing training will be offered to the Senior Nutrition program volunteers to help them better understand the mental health needs of older adults, especially those who are isolated, and how to talk with individuals about mental health.

PEI funds are not being used for this project because of the innovative component of Behavioral Health partnering with the Senior Nutrition Program, specifically the home-delivered and congregate site meals. Further, as outlined in Welfare and Institutions Code Section 5830 et seq., Innovative programs have the following purposes:

1. To increase access to underserved groups.
2. To increase the quality of services, including better outcomes.
3. To promote interagency collaboration.
4. To increase access to services, including but not limited to, services provided through permanent supportive housing.

This Innovation project meets all of the above criteria, with primary emphasis on increasing access to underserved groups.

- B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

This project makes a change to an existing mental health practice or approach.

In order to reach home-bound and geographically isolated older adults, a contracted service provider will conduct mental health screenings and assessments to individuals who participate in the Senior Nutrition Home-Delivered Meals and congregate meal site programs. From those screenings and assessments, further linkage, referral, and transportation will assist the older adult in accessing and receiving services, including mental health services. Participation in this Innovation program by older adults is completely voluntary.

- C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

While there are many home-delivered meal types of programs, El Dorado County was unable to detect any programs that provide mobile outreach and linkage, specifically to home-bound and geographically isolated adults in rural areas, who participate in Senior Nutrition Meal Programs. There also are mobile mental health services, but not programs that specifically access home-bound, geographically isolated seniors who are participating in government-sponsored home-delivered and congregate meal programs.

MHSA determined this is the best approach to try to engage older adults in mental health services on the basis that the Senior Nutrition Home-Delivered Meal Program and congregate meal site volunteers are the link for initiating service referrals. The Senior Nutrition Meal Program volunteers are instrumental in being the “eyes and ears” for the home-bound and geographically isolated older adults. The volunteers can be the older adult’s first point of contact in establishing rapport, leading to a referral for accessing and linking to services. They can also help older adults understand that seeking or participating in mental health services is confidential and could be very beneficial.

- D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

It is estimated that services could potentially be offered to over 1,000 individuals, as the most recent data show over 1,917 older adults participate in the Senior Nutrition Program on an annual basis. The Senior Nutrition Program tabulates meal data on a quarterly basis.

Not all individuals contacted through this program will engage in services or meet medical necessity criteria for Specialty Mental Health Services, but it is expected that individuals who engage will be linked to need-appropriate services, including mental health providers, primary care providers, etc.

- E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Services will be provided to older adults who participate in the County’s home-delivered and congregate meal site Senior Nutrition Program. Individuals who participate in the meal programs are at least 60 years or older, and if they are medically or physically disabled, they may participate in the home-delivered meal program. Eligibility for participation in the home-delivered meal program is determined by Senior Nutrition Program staff. All individuals who participate in the meal programs are served without regard for gender identity, race, ethnicity, sexual orientation, and/or language used to communicate.

Additionally, all services will be provided in a culturally competent manner based upon the needs and preferences identified by those being served. When necessary, bilingual/bicultural staff will provide services.

As stated above, participation in this Innovation program by older adults is completely voluntary and is in no way linked to their eligibility to participate in the Senior Nutrition Program. This program is being offered as an add-on service for participants who wish to engage.

The same perimeters and requirements will apply to the County’s service provider who will be connected to the meal program participants. That is, services will be provided without regard to gender identity, race, ethnicity, sexual orientation, and/or language used to communicate; and services will be provided in a culturally competent manner.

RESEARCH ON INN COMPONENT

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

This project is unique in that it specifically addresses underserved, home-bound and geographically isolated seniors, who are already participating in the home-delivered and congregate meal site meal programs. Those individuals are familiar with reaching out to and receiving services from a government entity for assistance. However, due to being home-bound, or living in geographically isolated areas with little, if any, transportation availability, these older adults likely would not participate in mental health services. Additionally, due to the stigma of accessing mental health services and the high moral value older adults attribute to not wanting to “bother others with my problems,” particularly the home-delivered meal program participants likely would not access additional programs and services, unless presented the opportunity to participate in a non-threatening, home- or local-based, trusting environment. The project also permits transportation, if required, to enable immediate engagement and linkage to services.

While this project will use elements of other projects, such as the “Gatekeeper Model of Case-Finding and Response” best practice,⁸ this project will focus on a specific segment of the most vulnerable older adult population in El Dorado County. The Gatekeeper practice focuses on using a gatekeeper as a “non-traditional referral source that comes in contact with older adults through their everyday work activities” (i.e., the Senior Nutrition Program volunteers). The gatekeepers are trained to look for signs and symptoms that might indicate the older adult needs referral and linkage to services. The Senior Nutrition Meal Program volunteers may be trained in Mental Health First Aid, which is a program that helps individuals identify, understand and respond to signs of mental illness, and/or other trainings identified by the service provider or the gatekeepers as needed. The Senior Nutrition Meal Program volunteer drivers are the “gatekeepers,” and subsequently, the contracted service provider will use a mobile van approach to screen and assess identified older adults who participate in the home-delivered and congregate meal site programs.

In contrast, other projects, such as The “Rural Elderly Outreach Project” model,⁹ explored two outreach projects targeting older adults residing in rural areas of Iowa and Virginia. Using Gatekeepers as referral sources, the study compared program indicators such as community partnerships, clinical disciplines, referral sources, operational models (centralized hub and spoke home assessment versus decentralized assessments), and care planning. The researchers concluded that model programs can make “substantial gains in overcoming problems and providing mental health care to rural elderly.” The El Dorado County MHSOAC project is unique in that it strives to use gatekeepers to initiate the referral process of engaging home-bound and geographically isolated older adults, who are already participating in a government-sponsored program, in mental health. From the initial engagement, the project seeks to provide mental health services and access and linkage to other services as necessary.

El Dorado County’s proposed project will be staffed by qualified individuals who are knowledgeable about the unique needs of older adults, and they will conduct assessments for older, home-bound adults who are in need of mental health assessments, case management, linkage, and other services. The service provider will be required to utilize a standardized assessment tool with validated outcome measures.

- B) Describe the efforts made to investigate existing models or approaches close to what you’re proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

MHSOAC staff conducted a variety of Google searches and was unable to detect a similar program with all of the proposed components. Additionally, MHSOAC was unable to find more recent (i.e., in the last five years) promising or best practice that combines geriatric behavioral health assessments that are administered in the individual’s home; to older adults who are

⁸ Source: <https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/Bestpracexecsum.pdf>

⁹ Source: https://ir.uiowa.edu/nursing_pubs/469/

already engaged in participation of a government-run program (home-delivered meal program), in a rural community.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

- A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

Learning objectives –

1. Will using a mobile approach to reach geographically isolated seniors who participate in the Senior Nutrition Program, increase access to services, including mental health services?
2. Will older adults who are already participating in a government program be more likely to engage in mental health services?
3. After an initial screening, will older adults continue to participate in services?
4. Is using the gatekeeper model an effective way to identify older adults potentially in need of services?
5. Will using a mobile approach destigmatize mental health services?

El Dorado County prioritized this goal due to the large number of older adults (age 60 and older) residing in the county, especially in geographically isolated areas with limited transportation. The priority age of 60 and older was selected as this is the age guideline to participate in the Senior Nutrition Program.

Additionally, as outlined in the “Primary Problem” section of this template, the older adult population segment is rapidly increasing in El Dorado County.

- B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The learning goals directly relate to the unique aspect of engaging home-bound and geographically isolated, older adults who participate in the County’s Senior Nutrition Meal Program. It is a new approach to try to engage vulnerable adults who already participate in the meal-delivery program, which is a government program.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Learning objectives and how the goal will be measured –

The baseline data for each of the learning objectives will be the number of individuals identified as potential participants in the Innovation project.

1. Will using a mobile approach to reach geographically isolated seniors who participate in the Senior Nutrition Program, increase access to services, including mental health services?

This approach will be measured by tracking the number of individuals contacted versus the number of individuals who agree to a screening or assessment, versus the number of individuals who agree to engage in services, versus the number of individuals who attended at least one service since agreeing to engage.

This approach also will be measured by tracking the number of referrals for linkage to services outside to and outside of mental health services.

Finally, this approach will be measured by tracking the number of individuals who use the transportation service to attend appointments.

In FY 17/18, there were 1,585 outpatient Specialty Mental Health Services episodes. Of those, only 7.5% were age 60 and over (119 episodes). There were 98 unique individuals age 60 and over in the total episodes open in FY 17/18, representing 8% of the total number of individuals engaged in services. Of those, 27 individuals were conserved and placed out of the county. Of the 1,248 clients for whom a request for service was opened, only 66 (5.3%) were age 60 and over. It is assumed that these figures do not adequately represent the number of older adults who would engage in services if provided more direct access and linkage to services. However, these figures will provide a baseline in order to determine if through this project, a greater number of older adults engage in services.

2. Will older adults who are already participating in a government program be more likely to engage in mental health services?

This approach will be measured by comparing the number of individuals who agree to engage in services and attend at least one service since agreeing to engage versus the number of older adults who engage in mental health services through other referral sources.

Although the County has this information in its Electronic Health Record, the information is not yet available as a report.

3. After an initial screening, will older adults continue to participate in services?

This approach will be measured by comparing the number of individuals who agree to engage in services, versus the number of individuals who attend at least one service since agreeing to engage in services.

Older adult engagement in services will be compared to engagement by other age ranges during the same period.

4. Is using the gatekeeper model an effective way to identify older adults potentially in need of services?

This approach will be measured by identifying the number of individuals referred by the gatekeeper, to the service provider.

As identified above, of the 1,248 clients for whom a request for service was opened, only 66 (5.3%) were age 60 and over. Again, it is assumed that this figure does not adequately represent the number of older adults who would engage in services if provided more direct access and linkage to services. However, this figure will provide a baseline in order to determine if through this project, a greater number of older adults engage in services.

5. Will using a mobile approach destigmatize mental health services?

This approach will be measured by the number of individuals who agree to a screening or assessment, and by comparing their attitude toward mental health treatment before engaging in services compared to after engaging in services.

When participants in the Senior Nutrition program were surveyed in 2013, there were 162 responses. 36.88% stated that the stigma associated with mental health is one of the reasons they do not seek treatment.

Impediment	# of Responses	% of Responses
Not wanting to bother others	106	66.25%
Lack of private transportation	81	50.63%
Cost of services	79	49.38%
Not knowing where to start	77	48.13%
Physical health limitation	70	43.75%
Stigma associated with mental health/illness	59	36.88%
Lack of or insufficient public transportation	51	31.88%
Cost of transportation	50	31.25%
Travel distance to services from home	40	25.00%
Concern friends or family may find out	26	16.25%
Lack of trust in service provider	25	15.63%

Inconvenient appointment times	22	13.75%
Cultural differences	5	3.13%
Language differences	2	1.25%

The same survey will be distributed again with this Innovation project to gauge pre- and post-engagement beliefs.

Additional data points may be collected based upon general number of contacts made and demographics, as well as future identified data points that would aid in project evaluation (i.e., future stakeholder input may identify additional data points that would aid in evaluation).

The data gathered from these learning questions will inform MHSA if this project answers the question, “Will using a mobile approach to reach geographically isolated seniors who participate in the Senior Nutrition Home-Delivered Meal Program increase access and linkage to services?” The data gathered from the learning objectives also will determine if this project is successful at making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County’s relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

El Dorado County plans to contract services for this project to a qualified service provider, which will be selected in compliance with the County’s Procurement Policy. It is hopeful that the service provider will employ older adults, who as peers may be more successful in rapport building with the Senior Nutrition Program participants.

The MHSA Coordinator, MHSA Manager, and the County’s Health and Human Services Agency Contracts Monitoring Unit will manage the contract and the County’s relationship with the contractor(s). Regulatory compliance and service expectations will be communicated to the service provider(s) through direct verbal and written communication with the provider(s) and through contractual requirements.

COMMUNITY PROGRAM PLANNING

Please describe the County’s Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-

served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Throughout El Dorado's MHSA CPPP, the general public and stakeholders were invited to provide input in or host MHSA planning opportunities and to provide comments to contribute to the development of the MHSA Annual Update and the Innovation plans. Community meetings were held county-wide, both during the day and at night. A total of 121 individuals attended the meetings. MHSA also participated in the County of El Dorado's Health and Human Services Agency's Community Open Houses. Approximately 250 community members stopped by the MHSA booth. MHSA staff was available to answer questions regarding MHSA programs and Innovation proposals.

Additionally, MHSA distributed surveys, soliciting input on the FY 2019/20 Annual Update and this Innovation Proposal. MHSA received a total of 302 surveys (185 online via SurveyMonkey® and 117 paper surveys, which included 29 Spanish responses). Of the responses, 27.9% of the respondents were age 60 or older. 52.57% of respondents reported familiarity with Mental Health First Aid and 40.07% reported familiarity with Senior Peer Counseling.

Throughout the CPPP meetings, services for older adults were identified as a service need. MHSA met with veterans, older adults and their families who attended the CPPP meetings (which includes individuals who participate in the Senior Nutrition Program), and with individuals who work directly with the County's older adult population through the County's Older Adult programs. MHSA also conducted focus group interviews with older adult service providers and the El Dorado County Commission on Aging. (The Commission on Aging is an advisory board to the El Dorado County Board of Supervisors. The Commission works on community interests and issues or challenges facing the older adult population in El Dorado County.) These meetings continued to enforce the 2013 survey findings that older adults do not seek mental health services due to the stigma associated with "mental health" and because they do not want to burden their families or service providers with their "problems" (see survey results identified above under the Evaluation Plan).

Due to the combination of older adults being unable or not willing to access services, as well as transportation barriers, the community supported pursuing an interagency collaboration Innovation project to address these needs with the home-delivered and congregate meal Senior Nutrition Program participants.

The proposed Innovation project was published for Public Comment on April 19, 2019. Public Comment ended April 19, 2019 and the Public Hearing was May 22, 2019. The County of El Dorado Board of Supervisors adopted the proposed Innovation expansion on June 25, 2019.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

This project will meet the following General Standards:

1. Community collaboration through referral and linkage to services.

Through collaboration with the Senior Nutrition program, a system of referral and linkage will be established to ensure that individuals referred for services and receiving services are appropriately linked with other community-based organizations. The number of referrals and linkages will be tracked and evaluated.

2. Cultural competence – the selected service provider will be required to provide culturally and linguistically competent services and the service provider will be required to provide evidence to MHSA that the employees are trained in and demonstrate culturally and linguistically competent services.

A provider will be selected based upon their experience with serving older adults, as well as serving those groups who have been identified as unique cultural groups in El Dorado County, including but not limited to: Hispanic/Latino individuals; Veterans; and Lesbian, Gay, Bisexual, Transgender, Questioning individuals. Bilingual/bicultural providers will be encouraged.

3. Client driven – all services will be designed and implemented with client input.

A provider will be selected based on their demonstrated ability to engage clients in treatment planning, goal setting, and service identification and provision.

4. Family driven – if appropriate, families will be involved in the service design and implementation.

A provider will be selected based on their demonstrated ability to engage not only clients, but also their families or other natural supports, when appropriate.

Wellness, recovery, and resiliency focused – all services will be focused on providing services with a wellness model at the forefront.

A provider will be selected based on their demonstrated ability to provide appropriate wellness, recovery and resiliency focused services.

5. Integrated service experiences for clients and their families – service design and implementation will focus on the whole person and will include treatment and linkage to services based upon objective screenings and assessments.

The referrals and linkage to other services necessary to address the whole person needs will be tracked as identified above.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The Learning Objectives and Outcomes are written with consideration of being culturally competent, and reflective of stakeholder participation. Stakeholders have expressed their desire for hard numbers related to the services (e.g., number of referrals, number of linkages, duration of service, number of hospitalizations/re-hospitalizations). This input is reflected in the evaluation process developed.

The contracted service provider will ensure services are provided without regard to gender identity, race, ethnicity, sexual orientation, and/or language used to communicate; and services will be provided in a culturally competent manner, appropriate to the needs of each individual client.

The Senior Nutrition volunteers (the gatekeepers) are generally representative of the age, race, ethnicity, and language of the recipients of the home-delivered meals.

The evaluation of the effectiveness of this program will include general input from the recipients of the home-delivered meals, the volunteers who deliver the meals and who may work at the congregate meal sites, and the Senior Nutrition program staff. Additionally, the MHSA Team will seek evaluation input from the El Dorado County Commission on Aging. More specific input will be sought from the recipients of project's services.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Based upon the outcomes of the “Learning Objectives,” the County will decide whether to continue with this Innovation project or whether to only maintain portions of the project. It is anticipated that most of the participants will benefit from some level of service, whether it is

prevention and early intervention mental health services, or access and linkage to other community health providers. If this project demonstrates value in maintaining the program, it will be converted to an Outreach and Education program under Community Services and Supports (CSS) or a Prevention and Early Intervention program, depending upon what the collected data reveals about older adult eligibility for serious mental illness and their engagement in Specialty Mental Health Services. Direct services to the participants may be provided through CSS Older Adult programs and/or Prevention and Early Intervention projects, as appropriate based on individual client needs.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Historically, throughout the MHSA CPPP, El Dorado MHSA reviews and explains the various existing approved MHSA projects to stakeholders and community members. This provides MHSA with an opportunity to share developments and discoveries acquired in the implementation of projects, as well as to seek feedback from the community.

In development of this Innovation Project, many stakeholders demonstrated significant interest in the project and they provided input on the learning objectives. The outcomes will be communicated through the CPPP meetings, in our MHSA 3-Year Program and Expenditure Plans and Annual Updates, posted on our Behavioral Health website and County of El Dorado/Health and Human Services Agency Facebook pages, and shared with our community-based partners.

Presentations may also be made to community and County organizations, such as the Commission on Aging or the Behavioral Health Commission.

- B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

1. Rural area older adult mental health
2. Geriatric mental health screenings
3. Mental Health linkage for home-delivered meal program participants
4. Mobile Mental Health Assessments
5. Access and Linkage to services for older adults in rural communities

TIMELINE

A) Specify the expected start date and end date of your INN Project

Upon MHSOAC approval of this Innovation Project, the County will begin the process to procure and enter into a contractual relationship with a qualified service provider. MHSOAC also will begin the process to procure a customized van to be used by the qualified service provider. Services will begin as soon as practically possible after those steps are completed.

B) Specify the total timeframe (duration) of the INN Project

Initially, the project will be funded with Innovation Reversion funds, then the project will continue being funded with non-reversion Innovation funds. The project will terminate on June 30, 2021.

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Anticipated Timeline (with quarters based on a starting quarter of July – September, to coincide with the County’s Fiscal Year):

Timeframe	Key Activity/Milestones/Deliverables
Quarter 1 (July – Sept 2018)	<ul style="list-style-type: none"> • Research and drafting of MHSOAC Innovation template • Community Program Planning Process
Quarter 2 (Oct – Dec 2018)	<ul style="list-style-type: none"> • Research and drafting of MHSOAC Innovation template • Community Program Planning Process
Quarter 3 (Jan – Mar 2019)	<ul style="list-style-type: none"> • Community Program Planning Process
Quarter 4 (April – June 2019)	<ul style="list-style-type: none"> • FY 19/20 MHSOAC Annual Update, which includes proposed Innovation projects, posted for 30-day comment period • Public Hearing on Annual Update, which includes proposed Innovation projects • Board of Supervisor adoption of Annual Update and proposed Innovation projects
Quarter 1 (July – Sept 2019)	<ul style="list-style-type: none"> • Ongoing communication and revisions of template as a result of MHSOAC technical assistance and review of proposed Innovation Plan • Community Program Planning Process for new 3-Year MHSOAC Plan and stakeholder discussion on status on Innovation project

Timeframe	Key Activity/Milestones/Deliverables
Quarter 2 (Oct – Dec 2019)	<ul style="list-style-type: none"> • Ongoing communication with MHSOAC for technical assistance and review of proposed Innovation Plan • Submission of proposed Innovation Plan and MHSOAC hearing calendaring or confirmation of placement on Consent Calendar • Presentation of the Innovation Plan to MHSOAC (or approval via the Consent Calendar) • Community Program Planning Process for new 3-Year MHSA Plan and stakeholder discussion on status on Innovation project
Quarter 3 (Jan – Mar 2020)	<ul style="list-style-type: none"> • Selection of service provider and completion of contracting process • Educate and train Senior Nutrition Meal Program volunteers on identifying and communicating identification of potential participants for screenings and linkage to other services
Quarter 4 (April – June 2020)	<ul style="list-style-type: none"> • Public Hearing on FY 2020/21-2022/23 MHSA Three-Year Program and Expenditure Plan, which includes updates on Innovation projects • Board of Supervisor adoption of FY 2020/21-2022/23 MHSA Three-Year Program and Expenditure Plan • Services to be provided by contracted service provider
Quarter 1 (July – Sept 2020)	<ul style="list-style-type: none"> • Services continue to be provided by contracted service provider
Quarter 2 (Oct – Dec 2020)	<ul style="list-style-type: none"> • Services continue to be provided by contracted service provider • First year of Innovation project evaluation and report • Community Program Planning Process for FY 2021/22 MHSA Annual Update and stakeholder discussion on status on Innovation project

Timeframe	Key Activity/Milestones/Deliverables
Quarter 3 (Jan – Mar 2021)	<ul style="list-style-type: none"> • Services continue to be provided by contracted service provider • Community Program Planning Process for FY 2021/22 MHSA Annual Update and stakeholder discussion on status on Innovation project
Quarter 4 (April – June 2021)	<ul style="list-style-type: none"> • Services continue to be provided by contracted service provider • MHSA Public Comment and Public Hearing on FY 2021/22 MHSA Annual Update • Board of Supervisor adoption of FY 2021/22 MHSA Annual Update
Quarter 1 (July – Sept 2021)	<ul style="list-style-type: none"> • Services continue to be provided by contracted service provider
Quarter 2 (Oct. 2021 – Dec. 2021)	<ul style="list-style-type: none"> • Services continue to be provided by contracted service provider
Quarter 3 (Jan 2022- Mar 2022)	<ul style="list-style-type: none"> • Final Innovation Evaluation and Report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For

example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The annual budget for this project has been established at \$450,000 for two years for the contracted project. The exact breakdown in categories will not be known until the service provider has been identified and submits their proposed budget. Therefore, the numbers below are representative of estimated expenditures only.

Estimated Expenditures

Cost Category	FY 19/20	FY 20/21	TOTAL
Personnel	--	--	--
Operating	--	--	--
Contracts	\$445,000	\$443,000	\$888,000
Evaluation	\$3,300	\$5,300	\$8,600
Administration	\$1,700	\$1,700	\$3,400
Total	\$450,000	\$450,000	\$900,000

- Personnel**
County personnel will not be implementing this project. Therefore, all County personnel costs are listed under Evaluation and Administration.
- Operating**
County personnel will not be implementing this project. Therefore, all County personnel costs are listed under Evaluation and Administration.
- Contracts**
The County will contract this project to a community-based provider. It is anticipated that the contract amount will be a total of \$445,000 in FY 19/20 and \$443,000 in FY 20/21. However, due to the late implementation of this project in FY 19/20, unused FY 19/20 funds may roll over for use in FY 20/21, in addition to the \$443,000 already allocated for FY 20/21.

Contract Costs	FY 19/20	FY 20/21	TOTAL
Direct Costs	\$400,000	\$399,000	\$799,000
Indirect Costs	\$45,000	\$44,000	\$89,000
Total Contracts	\$445,000	\$443,000	\$888,000

Indirect costs for the contractor are estimated at \$45,000 for FY 19/20 and \$44,000 for FY 20/21. Once approved by the MHSOAC, the services under this project will be contracted to a provider. As such, the County is unable to state exactly which costs will

be included under "Estimated Indirect Costs". However, in compliance with Information Notice 14-033, the County anticipates that indirect costs may include, but are not limited to, the following:

- administrative and/or support personnel (salary and benefits);
- facility costs, such as rent, utilities, common area maintenance fees;
- operating expenses including but not limited to communications, office supplies, utilities, IT (internet, computers, copiers, scanners, fax, etc.), and janitorial services;
- taxes;
- insurance; and/or
- professional services (accounting, legal fees).

• **Evaluation and Administration**

These costs are for County personnel to administer (contracting, invoice processing, etc.) and evaluate the program, and are inclusive of indirect costs in the sum of approximately \$1,950 for FY 19/20 and \$2,730 for FY 20/21.

Indirect costs are allocated to programs based upon project salaries and include:

- County A-87 Costs;
- Facility Maintenance;
- Administrative and Fiscal Costs;
- Insurance;
- Central Government Costs (Mail and Stores).

Funding by Source and Fiscal Year

Cost Category	FY 19/20	FY 20/21	TOTAL
Innovation	\$450,000	\$450,000	\$900,000
Federal Financial Participation	--	--	--
Realignment	--	--	--
Behavioral health Subaccount	--	--	--
Other Funding	--	--	--
Total	\$450,000	\$450,000	\$900,000

In the event AB 114 Reversion funds for Innovation are available, those funds will be utilized first. If no AB 114 Reversion funds for Innovation are available, or after all available AB 114 Reversion funds have been utilized, then regular MHSA Innovation funds will be utilized.

Regarding "Other Funding", the County's Senior Nutrition Program will be partnering with the contracted provider to help inform Home Delivered Meal participants of the availability of this service and provide referrals, as may be needed. However, individuals who deliver the meals are volunteers and, therefore, there is not a direct other funding source for this project.