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## **Commission Packet**

**Commission Teleconference Meeting  
June 11, 2020  
9:00 AM – 12:00 PM**



Mental Health Services  
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

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## Commission/Teleconference Meeting Notice

**NOTICE IS HEREBY GIVEN** that the Mental Health Services Oversight Accountability and Commission (the Commission) will conduct a **teleconference meeting on June 11, 2020**.

This meeting will be conducted pursuant to Governor Newsom's Executive Order N-29-20, issued March 17, 2020, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic. Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

**DATE: Thursday, June 11, 2020**

**TIME: 9:00 a.m. – 12:00 p.m.**

**ZOOM ACCESS:**

**Link:** <https://zoom.us/j/91474931782?pwd=ckVsaIBqTnYybHdWYnB2ZThHV0IMdz09>

**Web ID:** 914 7493 1782

**Dial-in Number:** 877-853-5257

**Password:** 677491

**Public Participation:** The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding Public Participation Procedures.

**\*The Commission is not responsible for unforeseen technical difficulties that may occur in the audio feed.**

**PUBLIC PARTICIPATION PROCEDURES:** All members of the public shall have the right to offer comment at this public meeting. The Commission Chair will indicate when a portion of the meeting is to be open for public comment. **Any member of the public wishing to comment during public comment periods must do the following:**

- **If joining by call-in, press \*9 on the phone.** Pressing \*9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce the last four digits of your telephone number.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.
- **If joining by computer, press the raise hand icon on the control bar.** Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to

comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce your name.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

### **Our Commitment to Excellence**

The Commission's 2020-2023 Strategic Plan articulates three strategic goals:

- 1) Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.
- 2) Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes; and, elevate opportunities to transform and connect programs to improve results.
- 3) Catalyze improvement in state policy and community practice by (1) providing information and expertise; (2) facilitating networks and collaboratives; and, (3) identifying additional opportunities for continuous improvement and transformational change.

### **Our Commitment to Transparency**

Per the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov) at least 10 days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 445-8696 or by emailing [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov)

### **Our Commitment to Those with Disabilities**

- Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 445-8696 or by emailing [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov). Requests should be made one (1) week in advance whenever possible.

## **AGENDA**

**Lynne Ashbeck**  
Chair

**Mara Madrigal-Weiss**  
Vice Chair

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### **Commission Meeting Agenda**

All matters listed as "Action" on this agenda, may be considered for action as listed. Any item not listed may not be considered at this meeting. Items on this agenda may be considered in any order at the discretion of the Chair.

**9:00 AM      Call to Order, Welcome, and Announcements**

Chair Lynne Ashbeck will convene the Mental Health Services Oversight and Accountability Commission meeting and make announcements.

**9:15 AM      Roll Call**

Roll call of Commissioners to verify the presence of a quorum.

**9:20 AM      General Public Comment**

General Public Comment is reserved for items not listed on the agenda. No debate nor action by the Commission is permitted on such general public

comments, as the law requires formal public notice prior to any deliberation or action on an agenda item.

**9:35 AM Action**

**1: Consent Calendar**

All matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

1. Solano County Innovation Project Extension Plan: Approval of \$1,249,797 Innovation funding to support an extension to the Interdisciplinary and Collaboration Cultural Transformation Model Innovation project previously approved by the Commission in 2015.
  - Public Comment
  - Vote

**9:45 AM Action**

**2: Governor's May 2020 Budget Revise Briefing and the Commission's final 2019-20 Budget**

**Presenter:**

- Norma Pate, Deputy Director

The Commission will be presented with an overview of the Governor's May Budget Revise for Fiscal Year 2020-21. The Commission will consider approval of its final Fiscal Year 2019-20 Operations Budget.

- Public comment
- Vote

**10:20 AM Action**

**3: Tulare Innovation Plans**

**Presenter for the Advancing Behavioral Health and Project Empath Innovation Projects:**

- Michele R. Cruz, MHSA Manager

The Commission will consider approval of \$6,000,000 in Innovation funding to support the Advancing Behavioral Health Innovation Project and \$1,400,000 to support the Project Empath Innovation Project.

- Public comment
- Vote

**11:05 AM    Action**

**4: Mendocino Innovation Plan**

**Presenter for the Healthy Living Community Innovation project:**

- Karen Lovato, Acting Deputy Director of Mendocino County Behavioral Health and Recovery Services.

The Commission will consider approval of \$1,230,000 in Innovation funding to support the Health Living Community Innovation project.

- Public Comment
- Vote

**11:30 AM    Information**

**5: Executive Director Report Out**

**Presenter:**

- Toby Ewing, Ph.D., Executive Director

Executive Director Ewing will report out on projects underway, on county Innovation plans approved through delegated authority, and other matters relating to the ongoing work of the Commission.

- Public Comment

**12:00 PM    Adjournment**

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# AGENDA ITEM 1

Action

June 11, 2020 Commission Meeting

Consent Calendar

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**Summary:** The Mental Health Services Oversight and Accountability Commission (Commission) will consider approval of \$1,249,797 (all of which are subject to reversion) in Innovation funding to support an extension to the Interdisciplinary and Collaboration Cultural Transformation Model Innovation project previously approved by the Commission in 2015.

On May 28, 2015, Solano County received Commission approval of up to \$6,000,000 of Innovation fund spending authority over five (5) years for their Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) Innovation project that would partner with UC Davis-Center for Reducing Health Disparities (CRHD) and address health disparities for three (3) identified underserved populations: the Latino, Filipino, and LGBTQ+ communities.

*“The primary purpose of this project is to improve inter-agency and community collaboration related to Mental Health Services, supports, or outcomes utilizing community engagement approaches. “The Culturally and Linguistically Appropriate Services Standards (CLAS), are nationally recognized standards for achieving cultural proficiency in service delivery (See attached document). As a result of this collaboration, changes will be made to existing mental health practices or approaches, including, but not limited to, adaptation for a new setting or community.”*

The County and UC Davis CRHD experienced some delays in contracting and the original project was implemented on January 1, 2016.

The Solano County project was constructed in 3 phases:

- Phase I focused on the health assessment of the community and behavioral health system and developed a baseline for access and penetration rates for three target populations Latino, Filipino, and LGBTQ+ by using quantitative data from electronic health records.
- Phase II of the ICCTM project included the development and facilitation of a training curriculum, *Providing Quality Care with CLAS*, unique to Solano County for three cohorts of up to 30 people each.
  - Four training sessions were held and included the following:
    - Session 1: Overview/Health Disparities
    - Session 2: Community Needs/Gaps
    - Session 3: CLAS Standards
    - Session 4: Quality Improvement Action Plan Development.

- Phase III focused on the development of ten (10) comprehensive QI action plans and have been grouped into three areas of focus:
  1. Community Outreach
  2. Workforce-Development
  3. Training.

**Early Results:**

The project has accomplished the following activities since it started in 2016:

- Phase I: Three different narrative reports created, one for each priority population: Latino, Filipino, and LGBTQ+. Development of baseline data regarding access and penetration rates for the three target communities.
- Phase II: Developed training curriculum unique to Solano County, and designed QI action plans.
- Phase III: Ten (10) QI action plans were developed and grouped into three areas of focus: Community Outreach, Workforce-Development, and Training.

The project also had some remarkable results in the access and penetration rates for some of the underserved populations (See Exhibit 2 in the Extension proposal) and have made some system improvements throughout the behavioral health department.

Solano County expanded activities and included the CLAS standards into procurement processes, contracting, policy development, and hiring practices, further expanding the learning. The county expects to sustain the strategies identified in the QI plans through community outreach efforts, workforce development, and system training.

***The additional funding requested will go towards supporting the implementation of the QI action plans in the three focus areas above (See Exhibit 1 in Extension Request).***

The issues and the need for additional support for this program were discussed during the four stakeholder meetings the county facilitated during their CPP process.

The County posted their MHSA Reversion Expenditure Plan for FY2018/2019-FY2019/2020 for 30-day public comment from June 28, 2018, through July 27, 2018. The public hearing took place on August 21, 2018, and the Mental Health Advisory Board (MHAB) supported the proposal for additional funding.

The final version of this extension request was shared with the Commission’s six stakeholder contractors and its list serv on April 21, 2020. **No letters of support or opposition were received.**

The items on the consent calendar will be voted on without presentation or discussion unless a Commissioner requests an item to be removed from the Consent Calendar. Items removed from the Consent Calendar may be held over for consideration at a future meeting at the discretion of the Chair.

**Enclosures (4):** (1) Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) Staff Analysis; (2) Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) Extension Request; (3) ICCTM Approval Summary (2015); (4) CLAS Standards\_Final

**Additional Materials (2):** A link to the County's Innovation Extension Request and the original plan are available on the Commission website at the following URLs:

Extension Plan: <https://mhsoac.ca.gov/document/2020-05/solano-county-interdisciplinary-and-collaboration-cultural-transformation>

Original Plan: <https://mhsoac.ca.gov/document/2020-06/solano-county-innovation-proposal-mental-health-interdisciplinary-collaboration>

**Proposed Motion:** The Commission approves all items on the Consent Calendar as presented.





## **STAFF ANALYSIS - SOLANO COUNTY (EXTENSION)**

**Innovative (INN) Project Name: Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM)**

**Extension Funding Requested for Project: \$1,249,797**

### **Review History:**

MHSOAC Original Approval Date:	May 28, 2015
Original Amount Requested:	\$6,000,000
Duration of INN Project:	5 Years

### **Current Request:**

County Submitted Innovation Extension:	April 15, 2020
Approved by BOS:	September 11, 2018
MHSOAC Consideration of INN Project:	June 11, 2020

### **Project Introduction:**

On May 28, 2015, Solano County received Commission approval of up to \$6,000,000 of innovation spending authority over five (5) years for their Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM) innovation project that would partner with UC Davis-Center for Reducing Health Disparities (CRHD) and address health disparities for three (3) identified underserved populations; the Latino, Filipino, and LGBTQ+ communities.

“The primary purpose of this project is to improve inter-agency and community collaboration related to Mental Health Services, supports, or outcomes utilizing community engagement approaches. “The Culturally and Linguistically Appropriate Services Standards (CLAS), are nationally recognized standards for achieving cultural proficiency in service delivery (See attached document). As a result of this collaboration, changes will be made to existing mental health practices or approaches, including, but not limited to, adaptation for a new setting or community.”

The project's goal is to ensure the participation of consumers and their families in identifying challenges and solutions to meet their cultural and linguistic needs when seeking access to, and utilization of mental health treatment services.

The County and UC Davis CRHD experienced some delays in contracting and the original project was implemented on January 1, 2016. The Solano County project was constructed in 3 phases, Phase I focused on the health assessment of the community and behavioral health system and developed a baseline for access and penetration rates for three target populations Latino, Filipino, and LGBTQ+ by using quantitative data from the electronic health record.

Phase II of the ICCTM project included the development and facilitation of a training curriculum, Providing Quality Care with CLAS, unique to Solano County for three cohorts of up to 30 people each. Four training sessions were held and included the following sessions: Session 1: Overview/Health Disparities, Session 2: Community Needs/Gaps, Session 3: CLAS Standards, and Session 4: Quality Improvement Action Plan Development.

Additionally, three local community-based organizations (CBO) representing each of the three priority populations were identified and sub-contracted by CRHD; Rio Vista CARE, Fighting Back Partnership, and Solano Pride Center to help facilitate ongoing community engagement to obtain feedback regarding the Quality Improvement (QI) action plans and the overall progress of the project.

Each CBO hired a Project Coordinator who is responsible to raise awareness around mental health in their respective communities and to support the implementation of the QI action plans which includes engaging the community to obtain feedback about the plans and their impact.

A total of ten (10) comprehensive QI action plans were developed in Phase III and have been grouped into three areas of focus: 1) Community Outreach; 2) Workforce-Development, and 3) Training.

The approved initial budget did not include funding to directly support expenses related to the implementation of the Quality Improvement (QI) action plans that were developed in Phase III. This was partly due to the Change Teams not knowing what the QI action plans would include.

Solano County is requesting additional spending authority in the amount of \$1,249,797 to support the implementation of the QI Action plans, with no changes to the project goals or purpose.

### **Extension Request**

Due to the Change Teams' not knowing what was going to be included in the QI Action plans, the initially approved project did not include funding to support the implementation of the ten (10) QI action plans that were developed in Phase III. The additional funding

requested will go towards supporting the implementation of the QI action plans in the three focus areas below by meeting the following needs:

### **Community Outreach**

- Training for Trainers (T4T) sessions for the following curriculums: Applied Suicide Intervention Skills Training (ASIST) safeTALK, and Mental Health First Aid (MHFA).
- Graphic designer to design print and signage of materials to support the development of web-based version.
- Graphic designer to design signage that contain QR codes, printing of signage and distribution including bus stop ads and billboards, and expenses related to custom weblinks.
- Graphic designer to design outreach print materials, and giveaways to include logos for table clothes, backdrops, spinning wheel, and ordering of outreach giveaways.
- Support the start-up of wellness centers/rooms on school campuses to include furnishings, CLAS signage, wellness supplies, and trainings as needed for up to 45 school sites, K-12, and adult education campuses across Solano County.

### **Workforce-Development**

- Graphic designer to design pipeline outreach materials for middle school, high school, college pipeline events, and printing of materials. Support pipeline events with middle and high school students in Solano County.

### **Training**

- Contract with Dr. Kenneth Hardy to provide 2 Day “Promoting Cultural Sensitivity in Clinical Supervision” trainings four months apart for at least two cohorts of MHP supervisors and managers. These training sessions will provide supervision for direct service staff, and coaching consultation sessions once per month between Day 1 and Day 2 training sessions. Three (3) sessions of “Trauma in the Trenches” will be held to provide training for reception and direct service staff on concepts related to providing trauma-informed care for marginalized communities and other trainings as needed.
- Purchasing posters and signage that represents the diverse communities of Solano County to make available for both County-operated and CBO-operated mental health programs. Graphic designer to design materials for lobbies as needed, and printing of materials. Translation of newer forms into Spanish, threshold language and translation of all MHP forms into Tagalog, Solano County’s sub-threshold language.
- Contract with training consultants who specialize in the use of interpreters in the behavioral health system of care. Purchase software to develop improved trainings

in cultural responsiveness. Consider purchasing of software to assist in gathering pre/post surveys for trainings.

## **The Community Program Planning (CPP) Process**

### **Local Process**

The issues and the need for additional support for this program were discussed during the four stakeholder meetings the county facilitated during their CPP process.

***Solano’s County MHSA Steering Committee was held on June 21, 2018 and supported the strategies to leverage the funding that would otherwise revert to the state.***

The County posted their MHSA Reversion Expenditure Plan for FY2018/2019-FY2019/2020 for 30-day public comment from June 28, 2018, through July 27, 2018. The public hearing took place on August 21, 2018, and the MHAB supported the proposal for additional funding.

Solano County held three follow up community forums for the three priority populations: Latino, Filipino, and LGBTQ+. The LGBTQ+ Forum was held on April 2, 2019, the Filipino-American Forum held on April 4, 2019, and the Latino Forum was held on April 10, 2019.

Solano County then held three community forums with each of the three priority populations to share the status of the additional funding request and shared the draft QI action plans.

### **Commission Process**

The final version of this extension request was shared with the Commission’s six stakeholder contractors and the list serv on April 21, 2020. **No letters of support or opposition were received.**

## **Learning Objectives and Evaluation**

Solano County’s primary purpose and learning objectives of this project will not change and will continue to improve inter-agency and community collaboration. This will be accomplished by engaging consumers, community and organizational leaders, advocates, and County and contract staff thru education, training, problem-solving,

organizational development, design, implementation, and quality improvement of County mental health services.

The learning objectives included:

1. Identifying strategies to engage the community in developing best practices to address the needs of diverse, and underserved communities.
2. Determining how to best incorporate the CLAS standards into all system and program development processes.
3. Exploring the benefits of community engagement to inform quality improvement (QI) plans to reduce stigma, improve quality of care, and improve timely access for underserved marginalized communities to advance health equity within the organization.

In the original plan approved by the Commission, the county stated that some of the expected measurement tools that the County plans to use in the evaluation will include the following:

- Quadruple Aims Measures (part of the Quadruple Aim Framework)
- Population health measures,
- Patient experience data,
- Electronic health records,
- Focus groups,
- Key information interviews,
- Pre-and post-surveys,
- System data such as penetration rates and costs,
- Community surveys.

### **Early Results**

The project has accomplished the following activities since it started in 2016:

- Phase I: Three different narrative reports created, one for each priority population: Latino, Filipino, and LGBTQ+. Development of baseline data regarding access and penetration rates for the three target communities.
- Phase II: Developed training curriculum unique to Solano County, and designed QI action plans.
- Phase III: Ten (10) QI action plans were developed and grouped into three areas of focus: Community Outreach, Workforce-Development, and Training.

The project also had some remarkable results in the access and penetration rates for some of the underserved populations (See Exhibit 2 in the proposal) and have made some system improvements throughout the behavioral health department. Solano County

expanded activities and included the CLAS standards into procurement processes, contracting, policy development, and hiring practices, further expanding the learning.

The county expects to sustain the strategies identified in the QI plans through community outreach efforts, workforce development, and system training.

***The proposed project extension appears to meet the minimum requirements listed under MHSAs Innovation regulations.***

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## DEPARTMENT OF HEALTH & SOCIAL SERVICES



# SOLANO COUNTY

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### Innovation Change Request – Solano County Interdisciplinary and Collaboration Cultural Transformation Model (ICCTM)

#### **Restate the Innovation (INN) Projects primary learning question(s) or objective(s).**

On May 28, 2015 Solano County Behavioral Health (SCBH), in collaboration with U.C. Davis – Center for Reducing Health Disparities (CRHD), was approved by the MHSOAC for a five-year INN Project to deliver the *Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)* a community-initiated, outcome-driven, sustainability guided project focused on addressing health disparities for three (3) identified underserved populations; the Latino, Filipino, and LGBTQ+ communities. The project was not started until January 1, 2016 due to delays in contracting between SCBH and UCD CRDH. The ICCTM project is expected to end on January 1, 2021.

The ICCTM project is grounded in community-engaged research approaches, the Quadruple Aim framework, and the Cultural and Linguistically Appropriate Service (CLAS) Standards which are nationally recognized standards for achieving cultural proficiency in service delivery. The project aims to ensure the participation of consumers and their families in identifying challenges and solutions to meet their cultural and linguistic needs when seeking access to, and utilization of mental health treatment. Learning objectives include:

1. Identify strategies to engage the community in developing best practices to address the needs of diverse, underserved communities.
2. Determine how to best incorporate the CLAS standards into all system and program development processes.
3. Explore the benefits of community engagement to inform quality improvement (QI) plans to reduce stigma, improve quality of care, and improve timely access for underserved marginalized communities in order to advance health equity within the organization.

The goals of the overall ICCTM project are:

1. Increase access to Solano County's most underserved priority populations: Latino, Filipino-American, LGBTQ+ communities.
2. Improve the quality of mental health services delivered to these communities.
3. Apply lessons learned to then address the mental health needs of other underserved marginalized communities.

#### **For each change, state what was approved and describe the change.**

During Phase I of the ICCTM project UC Davis CRHD conducted a comprehensive health assessment of the Solano community and behavioral health system of care which included: key informant interviews, focus groups, community forums, and organizational surveys to gather information regarding the needs of the three priority populations. CRHD collated all the information gathered during the health assessment into three different narrative reports, one for each priority population; Latino, Filipino, and LGBTQ+.

These reports can be found in English, Spanish and Tagalog on the SCBH website at <http://www.solanocounty.com/civicax/filebank/blobload.aspx?blobid=30077>. Additionally, during Phase I, quantitative data from the County's electronic health record was used to develop a baseline regarding access and penetration rates for the three target communities.

Phase II of the ICCTM project included the development and facilitation of a training curriculum, *Providing Quality Care with CLAS*, unique to Solano County for three cohorts of up to 30 people each. The in-depth training curriculum combined CLAS standards with the community-informed recommendations gathered during Phase I of the project. The cohorts were inter-sectoral including participants selected from SCBH, community-based organizations, law enforcement, education, public health and healthcare services, child welfare, the legal system, businesses, and faith-based organizations. Additionally, the cohorts had multi-stakeholder representation including consumers, family members, mental health providers, quality improvement staff members, county and community leaders and specific representation from the three priority populations. Four training sessions were held over several months and included the following sessions: Session 1: Overview/Health Disparities; Session 2: Community Needs/Gaps; Session 3: CLAS Standards; and Session 4: Quality Improvement Action Plan Development. A total of fifty-one (51) participants were recruited and trained across the three cohort groups.

Each cohort broke up into smaller "Change Teams" who then designed quality improvement (QI) action plans to improve the behavioral health system of care's response and support of our diverse community in Solano County. Following the training the Change Teams received up to 5 months of coaching from the CRHD team and SCBH to further refine the QI action plans to ready them for implementation. Additionally, three local community-based organizations representing each of the three priority populations were identified and sub-contracted by CRHD—Rio Vista CARE (Latino community), Fighting Back Partnership (Filipino community), and Solano Pride Center (LGBTQ+ community)—to help facilitate ongoing community engagement to obtain feedback regarding the QI action plans and the overall progress of the project. Each CBO agency hired a Project Coordinator who is responsible to raise awareness around mental health in their prospect communities and to support the implementation of the QI action plans which includes engaging the community to obtain feedback about the plans and their impact.

Phase III of the project involves the ongoing implementation of the QI action plans and evaluation. A total of ten (10) comprehensive QI action plans were developed and have been grouped into three areas of focus: 1) Community Outreach; 2) Workforce-Development; and 3) Training.

#### **Change requested.**

SCBH is requesting approval to increase funding. Specifically, Solano County requests approval by the MHSOAC to add additional funding in the amount of \$1,249,797 to the ICCTM Project as approved by local stakeholders and the Solano County Board of Supervisors through the *Solano County MHSA Reversion Expenditure Plan FY2018/19 – FY2019/20*. The INN reversion funds are from the following fiscal years (FY): FY2010/11, FY2012/13 and FY2013/14.

#### **List the reasons for change.**

The approved five-year budget for the ICCTM project is \$6,000,000 which included costs associated with the contract with UC Davis CRHD for personnel, evaluators, community engagement, CBO sub-contractors, supplies, travel, equipment, and indirect expenses. The initial budget did not include



funding to directly support expenses related to the implementation of the QI action plans, in part due to not yet knowing what the Change Teams would develop as QI action plans. The requested expansion of this INN project will provide the needed funding and support to implement the QI action plans.

On the pages to follow is a table that includes an overview of each of the ten QI action plans, the primary focus, the CLAS standards each plan addresses, and plans that will require funding.

**Exhibit 1: Summary of QI Action Plans**

Focus	Action Plan	CLAS Standards Addressed	CLAS Alignment Rationale
Community Outreach	Mental Health Education	Standard 3 Standard 4 Standard 13	<ul style="list-style-type: none"> <li>✓ This action plan aims to train faith leaders on mental health promotion to help support mental health of their constituents from diverse backgrounds (3)</li> <li>✓ This action plan highlights ways to bridge culture and mental health (4)</li> <li>✓ This action plan also aims to partner with faith-based organization communities to design, implement, and evaluate workshops for youth and trainings for faith leaders (13)</li> </ul> <p><b>Funding Needs:</b> Training for Trainers (T4T) trainings for the following curriculums: Applied Suicide Intervention Skills Training (ASIST) safeTALK, and Mental Health First Aid (MHFA)</p>
	TRUe Care Promoter: Roadmap	Standard 6 Standard 8	<ul style="list-style-type: none"> <li>✓ This action plan component will provide information for consumers about the availability of services in their preferred language (6)</li> <li>✓ This action plan’s Roadmap component will utilize easy-to-understand print and signage in Spanish, Tagalog and English as well as a web-based Roadmap (8)</li> </ul> <p><b>Funding Needs:</b> Graphic designer to design print and signage materials and support development of web-based version. Printing of materials.</p>
	TRUe Care Promoter: Navigator	Standard 3 Standard 4 Standard 5 Standard 13	<ul style="list-style-type: none"> <li>✓ This action plan’s Navigator component aims to recruit people from diverse communities to become navigators (3)</li> <li>✓ This action plan component hopes to train these navigators on CLAS services available for diverse consumers (4)</li> <li>✓ This action plan component hopes the navigators will be bilingual (5)</li> <li>✓ This action plan component aims to partner with community organizations to design, implement, and evaluate the potential for these navigators to be co-located throughout CBOs in Solano County (13)</li> </ul> <p><b>Funding Needs:</b> Solano County Health and Social Services (H&amp;SS) has hired 4 positions to support all divisions within H&amp;SS including Behavioral Health. No MHSA funding is planned at this time.</p>
	LGBTQ+ Ethnic Visibility	Standard 8	<ul style="list-style-type: none"> <li>✓ This action plan will provide easy-to-understand outreach and linguistically appropriate signage to LGBTQ+, Filipino Americans, and LGBTQ+ Latinos (8)</li> </ul> <p><b>Funding Needs:</b> Graphic designer to design signage which will contain QR codes. Printing of signage and distribution including bus stop ads and billboards. Potentially also expenses related to custom weblinks.</p>
	Bridging the Gap	Standard 8	<ul style="list-style-type: none"> <li>✓ This action plan provides easy-to-understand outreach and linguistically appropriate materials to use for tabling at non-health events (8)</li> </ul> <p><b>Funding Needs:</b> Graphic designer to design outreach print materials, and giveaways to include logos for table clothes, backdrops, spinning wheel. Printing of materials and ordering of outreach giveaways.</p>
	Takin’ CLAS to the Schools	Potential y: 1–15	<ul style="list-style-type: none"> <li>✓ This action plan aims to open culturally responsive school-based wellness centers/rooms on K-12 and adult education sites across Solano County</li> <li>✓ This action plan has the opportunity to embed all 15 CLAS standards into the development of wellness centers/rooms</li> </ul> <p><b>Funding Needs:</b> Support the start-up of wellness centers/rooms on school campuses to include furnishings, culturally and linguistically appropriate signage, wellness supplies, and trainings as needed for up to 45 school sites, K-12 and adult education campuses across Solano County.</p>

Focus	Action Plan	CLAS Standards Addressed	CLAS Alignment Rationale
Workforce	Cultural Game Changers: HR	Standard 2 Standard 3	<ul style="list-style-type: none"> <li>✓ This action plan aims to advance policies and practices that recruit, sustain, and promote a diverse workforce (2)</li> <li>✓ This action plan also aims to change the county’s position description to provide better outreach to diverse communities with regard to job postings (3)</li> </ul>
	Cultural Game Changers: Pipeline	Standard 3 Standard 8	<ul style="list-style-type: none"> <li>✓ This action plan focuses on mental health workforce recruitment from diverse communities (3) through outreach at career fairs</li> <li>✓ This action plan provides easy-to-understand outreach and linguistically appropriate materials at mental health career fair events (8)</li> </ul> <p><b>Funding Needs:</b> Graphic designer to design pipeline outreach materials for middle school, high school, and college pipeline events. Printing of materials. Support pipeline events with middle and high school students in Solano County.</p>
	CLAS Gap Finders	Standard 10 Standard 11	<ul style="list-style-type: none"> <li>✓ This action plan aims to establish a position or SCBH internal process that will maintain ongoing CLAS-related and demographic assessments (10, 11), to inform and guide quality improvement. A strategy involves supporting our vendors to develop their own agency Cultural Responsivity Plans by both requiring this contractually but also providing technical assistance for agencies in the development of plans.</li> </ul>
Training	Culturally Responsive Supervision	Standard 2 Standard 3 Standard 4	<ul style="list-style-type: none"> <li>✓ This action plan aims to advance and sustain leadership that promotes CLAS through policy changes (2) by making changes to the current supervisory log guidelines</li> <li>✓ This project aims to train mid-level leadership and workforce personnel on improving CLAS practices through supervision (4)</li> <li>✓ This project also includes components of how supervisors can support a diverse clinical staff (3)</li> </ul> <p><b>Funding Needs:</b> Contract with Dr. Kenneth Hardy to provide 2 Day “Promoting Cultural Sensitivity in Clinical Supervision” trainings four months apart for at least two cohorts of MHP supervisors and managers providing supervision for direct service staff, and coaching consultation sessions once per month between Day 1 and Day 2 training sessions. Three (3) sessions of “Trauma in the Trenches” will be held to provide training for reception and direct service staff in order to train staff on concepts related to providing trauma-informed care for marginalized communities and other trainings as needed.</p>
	ISeeU	Standard 4 Standard 6 Standard 8	<ul style="list-style-type: none"> <li>✓ This action plan aims to train frontline reception staff on CLAS policies and practices that are most relevant (4)</li> <li>✓ This action plan also includes developing easy-to-understand print media or imagery to welcome diverse consumers (8)</li> <li>✓ This action plan aims to inform individuals of availability of language assistance (6) through their comprehensive staff trainings and written materials.</li> </ul> <p><b>Funding Needs:</b> Purchasing posters and signage that represents the diverse communities of Solano County to make available for both County-operated and CBO-operated mental health programs. Graphic designer to design materials for lobbies as needed. Printing of materials. Translation of newer forms into Spanish, threshold language and translation of all MHP forms into Tagalog, Solano County’s sub-threshold language.</p>
	Cultural Humility Champions	Standard 4 Standard 6	<ul style="list-style-type: none"> <li>✓ This action plan aims to train staff about consumers from diverse backgrounds which will include the development of unique trainings (4)</li> <li>✓ This action plan aims to inform individuals of availability of language assistance (6) by incorporating language assistance instruction into their proposed trainings</li> </ul> <p><b>Funding Needs:</b> Contract with training consultants who specialize in the use of interpreters in the behavioral health system of care. Purchase software to develop improved trainings in cultural responsivity. Consider purchase of software to assist in gathering pre/post surveys for trainings.</p>

In addition to the ten (10) QI action plans outlined above, the three CBO partners sub-contracted by CRHD have each developed their own agency QI action plan and they are working collaboratively on a joint action plan called Queer Trans People of Color (QTPOC) group that supports the intersect for Filipinx and Latinx LGBTQ+ communities.

**Do individuals with serious mental illness receive services from this project? If yes, describe the plan for how to protect and provide continuity for these individuals.**

The ICCTM project does not provide direct services for consumers with serious mental illness. As a result of the ICCTM project, however, the changes being made across the Behavioral Health system of care is expected to significantly improve access and quality of mental health services for marginalized people, many of whom are SMI.

**Describe how stakeholder involvement informed this change.**

- The ICCTM project is anchored in community engagement. Three (3) cohorts comprised of participants representing multi-sector stakeholders received the *Providing Quality Care with CLAS* training. This specialized training incorporated findings from a health assessment conducted by CRHD during Phase 1 which included 46 key informant interviews, 3 community forums one with each of the three priority communities, 8 focus groups, and electronic self-assessment completed by leaders from community-based organizations.
- The fifty-one (51) training participants developed the QI action plans that are the focus of the expansion. Concentrated effort was made to not only recruit multi-sector training participants, but specifically participants that also represented one or more of the three priority populations. Following the conclusion of the training members from the Change Teams participated in five monthly coaching sessions with team members from CRHD and SCBH to further refine the QI action plans. For several of the QI action plans the Change Teams held focus groups with community members that represent one or more of the three priority populations.
- SCBH facilitated four stakeholder meetings during the community program planning (CPP) process, which was focused on gathering information and feedback from the community in regards to local funds at risk of reversion and planning to develop the MHSR Reversion and Expenditure Plan.
- The MHSR Steering Committee was held on June 21, 2018. Committee members supported the strategies to leverage the funding that would otherwise revert to the state.
- The *Solano County MHSR Reversion Expenditure Plan FY2018/19 – FY2019/20* was posted for 30-day public comment from June 28, 2018 through July 27, 2018 and a Public Hearing with the Mental Health Advisory Board (MHAB) was held on August 21, 2018.
- The CBO partners contracted by CRHD continue to engage the three priority communities to support the implementation of the QI action plans which may include engaging the community to obtain feedback about the plans and their impact.
- Three follow up community forums were held with each of the three priority populations in order to share a status update on the overall ICCTM project and to share the draft QI action plans. The LGBTQ+ Forum was held on April 2, 2019, the Filipino-American Forum held on April 4, 2019, and the Latino Forum was held on April 10, 2019. Community members who participated in the health assessment conducted during Phase I of the project were invited to these Community Forum events. Each event included a presentation of the status of the

overall ICCTM Project followed by breakout sessions to solicit feedback on QI Action Plans. A third round of community forums is being planned for the Fall of 2020.

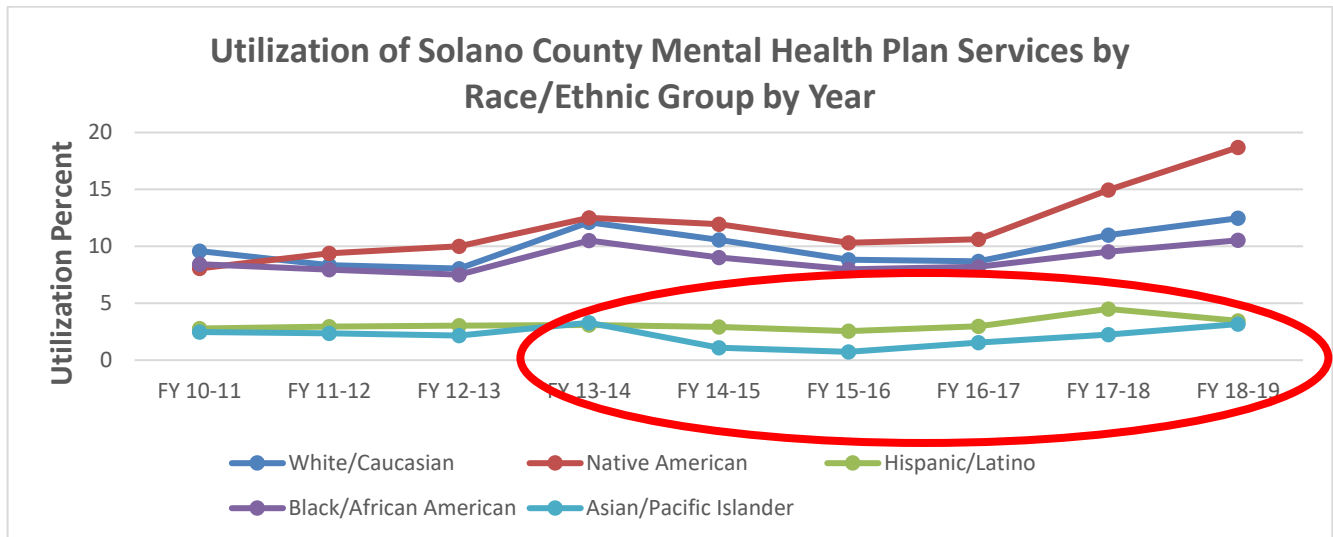
**Date this change took effect.**

- On August 21, 2018 a public hearing was held to review the *Solano County MHSR Reversion Expenditure Plan FY2018/19 – FY2019/20* at the Solano County Mental Health Advisory Board (MHAB) meeting. The MHAB supported the current INN project expansion proposal as outlined in the *MHSR Reversion Expenditure Plan* and recommended that the Plan be sent to the Board of Supervisors for approval as required by MHSR regulations.
- The Solano County Board of Supervisors approved the expansion of the ICCTM project as outlined in the *Solano County MHSR Reversion Expenditure Plan FY2018/19 – FY2019/20* on September 11, 2018.
- The CLAS QI action plans developed by the Change Teams were transitioned to the County in June of 2019 for review and consideration of implementation pending resources and the availability of funding.

**Additional considerations.**

SCBH has prioritized incorporating the CLAS standards into both our service delivery and our administrative functions to include: RFP and contracting processes, policy development, hiring practices, development of forms, etc. During FY 2019/20 SCBH has required our contracted vendors to develop their own agency Cultural Responsivity Plans utilizing the CLAS standards as a guide. As a result of the community engagement activities conducted through the ICCTM project and other SCBH initiatives, we have already seen improvements in access to services for the priority populations.

**Exhibit 2: Solano County Utilization by Race/Ethnic Group by Year**



From FY 2015/16 to FY 2018/19 there has been a **125% increase in SCBH penetration rates for Asian/Pacific Islander**, a **30% increase for Hispanic/Latino**, a 11% increase for Black/African American, 34% increase for White/Caucasian, and a 58% increase for Native Americans. SCBH is in the process of collecting and evaluating the data related to access to services for LGBTQ+ consumers. This is in part due to not having had baseline data for the LGBTQ+ community. During the course of the

ICCTM project SCBH has incorporated data fields into our electronic health record (EHR) to collect gender assigned at birth, current gender identity, and sexual orientation. Additionally, SCBH has both revised existing demographic forms and developed new forms and processes to support collecting accurate data related to LGBTQ+ status. SCBH has also invested in multiple trainings—specific to cultural sensitivity for LGBTQ+ consumers—provided to both reception staff and clinical staff.

**Plan for sustainability and added value due to the project expansion.**

SCBH has already noted positive changes as a result of the ICCTM project and other concentrated efforts to address health disparities. It is anticipated that the strategies identified via the QI action plans can be sustained through future community outreach efforts, workforce development, and system trainings. SCBH leadership and key partners involved in the project are motivated to sustain efforts and progress made. SCBH has expanded upon community engagement activities and have incorporated the CLAS standards into our system planning and program development. SCBH has identified actionable steps that can be taken to incorporate the CLAS standards into procurement processes, contracting, policy development, and hiring.

SCBH and UC Davis CRHD have and will continue to share lessons learned through the ICCTM project with other Counties and partners in order to share viable strategies to advance health equity, improve quality of care, and eliminate health care disparities within individual organizations and systems of care. To that end, SCBH and UC Davis have partnered to present on the ICCTM project at various conferences for various organizations to include: National Alliance for Mental Illness (NAMI), the American Public Health Association (APHA), and most recently for the CalQIC conference in March of 2020. Furthermore, SCBH will share materials developed through the QI action plans with other communities to utilize or customize for their specific needs.



STATE OF CALIFORNIA  
EDMUND G. BROWN JR., Governor



VICTOR CARRION  
Chair

June 10, 2015

JOHN BUCK  
Vice Chair

KHATERA ASLAMI  
Commissioner

Halsey Simmons, MFT  
Mental Health Director  
Solano County  
275 Beck Avenue  
Fairfield, CA 94533

JIM BEALL  
Senator  
Commissioner

JOHN BOYD, Psy.D.  
Commissioner

Dear Director ~~Simmons~~ *Halsey*:

BILL BROWN  
Sheriff  
Commissioner

On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), I congratulate you, your stakeholders, providers and staff on the approval of the Solano Mental Health Services Act (MHSA) Innovation plan which was approved by the MHSOAC on May 28, 2015.

DAVID GORDON  
Commissioner

PAUL KEITH, M.D.  
Commissioner

Solano County may now expend \$6,000,000 in Innovation funds for the program listed below:

LEEANNE MALLEL  
Commissioner

\$6,000,000 for Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

CHRISTOPHER  
MILLER-COLE  
Commissioner

The MHSOAC looks forward to hearing and learning from you as this landmark Innovation plan is implemented.

RALPH NELSON, M.D.  
Commissioner

Feel free to contact me at [Jose.Oseguera@mhsaac.ca.gov](mailto:Jose.Oseguera@mhsaac.ca.gov) or by phone at (916) 445-8722, if you have additional questions or require further assistance.

LARRY POASTER, Ph.D.  
Commissioner

TONY THURMOND  
Assembly member  
Commissioner

Sincerely,

RICHARD VAN HORN  
Commissioner

*Jose Oseguera*

TINA WOOTON  
Commissioner

JOSE OSEGUERA  
Chief of Plan Review and Committee Operations  
Mental Health Services  
Oversight and Accountability Commission

TOBY EWING, Ph.D.  
Executive Director

Cc: Mary Roy LMFT, MHSA Manager

# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

*The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:*

## **Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## **Governance, Leadership, and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## **Communication and Language Assistance:**

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## **Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



# The Case for the Enhanced National CLAS Standards

*Of all the forms of inequality, injustice in health care is the most shocking and inhumane.*  
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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# AGENDA ITEM 2

Action

June 11, 2020 Commission/Teleconference Meeting

**Governor's May 2020 Revise Briefing and the Commission's final 2019-20 Budget**

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**Summary:** The Commission will receive an update on Fiscal Year 2019-20 Operations Budget and request authorization to encumber the remaining funds for the current fiscal year. The Commission will also be presented with a brief overview of the Governor's May 2020 Revise.

**Background:** In January, the Commission received presentation on the 2019-20 mid-year expenditures and approved the expenditures below.

<b>FY 2019-20 Total Budget: \$122,337,000</b>	<b>Budgeted (July 2019)</b>	<b>Budgeted (Rev. Jan. 2020)</b>	<b>Expenditures (as of Jan. 2020)</b>	<b>Projected</b>	<b>Uncommitted</b>
Personnel Services	\$4,960,589.79	\$6,458,500.00	\$2,516,342.00	\$3,762,917.00	\$179,241.00
Operations (OE & E)	\$1,531,631.00	\$2,573,216.00	\$500,405.00	\$2,072,811.00	
Information Technology	\$923,500.00	\$955,204.00	\$174,037.00	\$781,167.00	
Communications	\$298,990.00	\$353,990.00	\$47,665.00	\$306,325.00	
Evaluation	\$676,344.00	\$976,919.00	\$23,622.00	\$953,297.00	
Innovation Incubator	\$2,500,000.00	\$2,500,000.00	\$58,487.00	\$2,441,513.00	
Stakeholders	\$5,415,500.00	\$5,415,500.00	\$56,250.00	\$5,359,250.00	
Triage	\$20,000,000.00	\$20,000,000.00	\$0.00	\$20,000,000.00	
Mental Health Student Services Act	\$50,000,000.00	\$48,830,000.00	\$0.00	\$48,830,000.00	
Youth Drop-In Centers	\$15,000,000.00	\$14,589,000.00	\$0.00	\$14,589,000.00	
Early Psychosis Research and Treatment	\$20,000,000.00	\$19,452,000.00	\$0.00	\$19,452,000.00	
Remaining Balance	\$545,445.21	\$232,671.00			\$232,671.00
<b>Total</b>	<b>\$121,852,000.00</b>	<b>\$122,337,000.00</b>	<b>\$3,376,808.00</b>	<b>\$118,137,109.00</b>	<b>\$411,912.00</b>

The Local assistance budget includes:

### Triage Grant Programs

The Commission approved the funding for Triage Grant Programs in 2017. The current Triage Grants will end in 2021. The current funding allocations are listed below.

Grant Programs	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Triage Adults/TAY		\$9,844,300.20	\$8,969,419.52	\$9,290,644.24	\$5,773,186.97
Triage Children (0-21)		\$5,847,707.32	\$5,878,401.55	\$5,731,842.76	\$3,433,204.83
Triage Schools/MH	\$3,000,000.00	\$2,521,594.90	\$4,001,830.07	\$4,028,744.28	\$7,621,300.14
Triage Evaluation		\$1,786,397.58	\$1,150,348.86	\$984,768.72	\$3,172,307.84
<b>Totals</b>	<b>\$3,000,000.00</b>	<b>\$20,000,000.00</b>	<b>\$20,000,000.00</b>	<b>\$20,000,000.00</b>	<b>\$19,999,999.78</b>

### **Additional Local Assistance Funds 2019:**

Over the last year, the Commission approved funding for the additional local assistance grant programs that were included in the Governor's 2019 Budget. As a reminder, the following programs were approved, or still require the Commission's approval.

- \$20 million one-time funds for Early Psychosis Detection and Intervention – Commission approved release of Request for Applications and Commission is schedule to consider awarding the contracts at its July 2020 meeting.
- \$15 million one-time funds to develop mental health drop-in centers for youth – Commission approved the release of the Request for Application and **the Commission will consider awarding the contracts at the May 28<sup>th</sup> Meeting.**
- \$50 million (40 M one-time funds and \$10 M on-going for the Mental Health Student Services Act– The Commission approved release of the Request for Applications and awarded the contracts for **Category 1 in April 2020. The contracts for Category 2 are scheduled to be awarded at the Commission's August 2020 meeting.**
- \$5.4 million for stakeholder advocacy efforts. **Approved by the Commission in February 2020.**
- \$20 million ongoing funds for the Triage grant program. – **Approved by the Commission in 2017.**

### **Innovation Incubator Project**

In 2018 the Legislature authorized the Commission to establish an innovation incubator and allocated \$5 million in one-time funds to work with counties to reduce the potential for criminal justice involvement among people with mental health needs.

The Commission has allocated about half of those funds to support three multi-county collaboratives. The Commission has been assessing opportunities for additional collaboratives.

In February 2020, Jim Mayer, Chief of Innovation Incubation provided an update to the Commission on the incubator's projects and the process underway to identify additional projects.

At the May 28<sup>th</sup> Teleconference meeting the Commission will consider approving four contracts to support the Commission's Innovation Incubator work.

#### Governor's Budget - Fiscal Year 2020-21

In January, the Commission was presented with the Governor's 2020-21 Budget proposal for the Commission. The January budget proposed \$45 million for Commission Operations in 2020-21, which includes \$29 million ongoing funds for local assistance for Triage grants and the Mental Health in Schools Services Act grants.

As you may be aware, Governor Gavin Newsom's revised state budget proposal revealed a significant cut in spending due to the projected \$54.3 billion shortfall resulting from the COVID-19 pandemic.

The \$54.3 billion budget deficit is three times the size of the state's \$16 billion "Rainy Day Fund" and has reduced California's projected revenue for 2020 by more than 22%.

Most of the funding proposed for initiatives introduced in January will be reallocated, and many existing programs will face cuts, unless California receives federal funding.

Public health and safety are also a priority for the revise, Governor Newsom said, with the budget targeting \$3.8 billion in federal money to protect public health and safety. The state is also proposing \$1.3 billion to counties for public health, behavioral health and other programs, with \$450 million proposed to cities to support the state's homeless population.

At this time, there are no cuts to the Commission's budget, and Staff will work with the Department of Finance and the Legislature to determine if our current local assistance grants can be executed before the end of the fiscal year.

The Governor stated that non-essential state contracts, purchases and travel have been suspended, with the goal of reducing state operations over the next two years. Staff will begin to look for ways to reduce the Commission's spending over the next few years and assess the need to continue some of our current contracts.

Currently, one of the most significant impacts to the Commission's budget is the reduction in pay for government employees. The Governor stated in his presentation on May 14<sup>th</sup> that it will be necessary to reduce pay to government employees. Negotiations will begin with multiple state unions, with the goal of reducing pay by about 10%.

If an agreement cannot be reached, the May Revision includes a provision to impose reductions through two furlough days per month.

In response to the escalating threat of COVID-19 and associated public health orders, the Commission developed plans in early March 2020 to provide for the continuity and completion of essential activities and the adaptive management of nonessential activities.

The plans comply with official guidance intended to reduce the spread of COVID-19. We have already taken steps to enable all staff to work remotely. While meeting all state personnel requirements, we also want to enable staff to manage other aspects of their disrupted lives.

**Presenter:** Norma Pate, Deputy Director

**Enclosures:** None.

**Handouts (1):** A PowerPoint will be provided at the teleconference meeting.

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# AGENDA ITEM 3

Action

June 11, 2020 Commission Meeting

Tulare County Innovation Plans

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**Summary:** The Mental Health Services Oversight and Accountability Commission (MHSOAC) will consider approval of Tulare County's request to fund two new innovative projects:

## 1. Advancing Behavioral Health

**Tulare County is requesting \$6,000,000 (of which \$2,565,553 are funds subject to reversion) in innovation spending authority to initiate Advancing Behavioral Health, which will evaluate and compare the outcomes of consumers with Specialty Mental Health Services both within a traditional clinical setting and in an urban community setting. Services will be provided through a Whole Person Care (WPC) delivery system model by a multidisciplinary team (MDT) in both settings. The goal of the proposed project is to determine which setting yields better outcomes for the consumer.**

Through the community planning process, Tulare County conducted a community assessment where multiple needs were identified. The County worked with MHSOAC stakeholders and other community partners to narrow down themes resulting in a focus on improving access to care for individuals including those experiencing homelessness and/or substance use disorders. Stakeholders chose to develop an innovation proposal to increase access to care based on data showing the following barriers:

1. Lack of awareness of how and where to access services
2. Appointment availability
3. Lack of transportation
4. Difficulty finding a mental health professional that consumers feel comfortable with

The proposed project provides services in two different clinical settings: a traditional clinical setting and a community clinical setting. The traditional clinical setting is comprised of walk-in/self-seeking mental health services with WPC and MDT services available on-site. The community clinical setting differs in that participants are identified through outreach and engagement efforts at various community sites throughout the County.

WPC and MDT services will still be used as the service delivery system in the community clinical setting as well. The County will evaluate which setting results in better outcomes: individuals that seek out their own service or those identified through outreach and engagement at various community locations.

The multidisciplinary team will be made up of:

- Clinician
- Nurse
- Clinic administrators
- Contracted providers
- Case managers
- Family advocates
- Peer support specialists
- Alcohol/drug counselors
- County staff

The proposed innovation plan was posted for public comment beginning March 4, 2020 and concluded on April 5, 2020. No comments were received. A public hearing was conducted on April 7, 2020 and no public testimony was received. This project is expected to be approved by their Board of Supervisors after Commission approval.

Commission staff originally shared this project with its six stakeholder contractors and its listserv on March 3, 2020 while the County was in their 30-day public comment period and comments were to be directed to the County. The final version of this project was again shared with stakeholders on April 14, 2020. No letters of support were received.

## 2. Project Empath

**Tulare County is requesting \$1,400,000 (all of which are funds subject to reversion) in innovation spending authority to utilize virtual reality technology to reduce stigma and increase overall understanding and empathy for individuals living with a serious mental illness. This technology will be incorporated into the training for the County's Law Enforcement Crisis Intervention Team, participants and family members participating in the First Episode Psychosis program, and those who express interest within the community.**

During the County's three-year program planning process, consumers, family members, community agencies and the general public completed a needs assessment which identified homelessness, substance abuse, and suicide as concerns. The County currently has programs and resources that are trying to address those concerns.

Additionally, themes emerged reflecting that there was a lack of knowledge related to available resources in the County and there were overall misconceptions surrounding serious mental illness which is leading to stigma.

Surveys received from the community during the stakeholder process revealed:

- a lack of knowledge relative to available mental health programs and services.
  - Nearly 78% of respondents indicated they would be more likely to access services if they knew what was available.
- consumers were experiencing cultural stigma and that posed a barrier to accessing services.

Although the community felt stigma and discrimination surrounding mental health was slowly improving through traditional outreach and awareness programming, the County felt that more information regarding diagnoses and the managing of symptoms was needed and was expressed by stakeholders to increase awareness, reduce stigma, and gain understanding and empathy for individuals living with a serious mental illness.

To reduce stigma and increase knowledge of mental health resources in the County, Tulare will work with consultant who will develop a virtual reality application that will allow individuals to experience first-hand the challenges and difficulties of those living with a Serious Mental Illness (SMI) or a substance use problem.

Upon selecting a consultant, the County will create working groups comprised largely of diverse clinicians representing various agencies who will work with the consultant to create and develop a range of SMI scenarios that will allow participants to experience via virtual reality technology what individuals living with SMI experience. This will help the clinicians gain insight, understanding, and empathy.

***Peers with lived experience will be included in these work groups and will assist in the development and provide feedback related to SMI scenarios.***

The County states the first two years of this project will be dedicated to selecting a consultant, creating the work groups, and developing the virtual reality scenarios and environments. As Tulare County has a large Spanish speaking community, scenarios will be created in English and Spanish to reach underserved individuals who may be monolingual Spanish speaking.

This project will also utilize a Mobile Empath Team which will include an:

- Outreach Worker
- Clinician
- Peer Support Specialist
- Individual to assist with technological needs.

The proposed innovation plan was posted for public comment beginning March 4, 2020 and concluded on April 5, 2020, and there were no comments reported. A public hearing was conducted on April 7, 2020 and no public testimony was received. This project is expected to be approved by their Board of Supervisors after Commission approval.

**Commission staff originally shared this project with its six stakeholder contractors and its listserv on March 3, 2020 while the County was in their 30-day public comment period and comments were to be directed to the County. The final version of this project was again shared with stakeholders on April 14, 2020.**

**One letter of support was received via email dated April 14, 2020 (included in Commissioner packets):**

*"I would like to share my support for Tulare County's proposal. I have been following the Augmented Reality/Virtual Reality space closely for several years now. It is my belief that It is not a matter of "If" AR/VR will become a part of the community mental health system of care but rather "how" and "when" it will become a part of the system of care. I look forward to the learnings that will result from this project that will be helpful across the state in "how" to implement AR/VR." – Alex Elliot, Los Angeles County*

The County hopes that this training and virtual reality experience will engage the community in reducing stigma and discrimination related to mental health, increasing knowledge of mental health resources in the County, and having an overall sense of empathy for all members of the County.



**Enclosures (6):** (1) Biography for Tulare County's Innovation Presenter; (2) Staff Analysis: Advancing Behavioral Health; (3) Staff Analysis: Project Empath; (4) Advancing Behavioral Health PowerPoint Presentation; (5) Project Empath PowerPoint Presentation; (6) Project Empath Letter of Support

**Additional Materials (1):** A link to the County's Innovation Plans are available on the Commission website at the following URL:

<https://mhsoac.ca.gov/document/2020-05/tulare-county-advancing-behavioral-health-innovation-project>

<https://mhsoac.ca.gov/document/2020-05/tulare-county-project-empath-innovation-project>

**Proposed Motions:** The Commission approves Tulare County's Innovation plans, as follows:

**Name:** Advancing Behavioral Health  
**Amount:** \$6,000,000  
**Project Length:** Five (5) Years

**Name:** Project Empath  
**Amount:** \$1,400,000  
**Project Length:** Five (5) Years



TULARE COUNTY  
HEALTH & HUMAN SERVICES AGENCY

Timothy W. Lutz, MBA  
Agency Director

Donna L. Ortiz • Director • Mental Health Branch

Mental Health Services Act (MHSA) – Innovation Projects Presenter

**Project:** Advancing Behavioral Health

**Project:** Project Empath

*Michele R. Cruz, MHSA Manager* – Ms. Cruz has been in her role as MHSA Manager approximately four and half years, leading a team which oversees the various components within MHSA, including Innovation. This has included oversight of the stakeholder meetings and development of the draft programs in collaboration with various community providers, stakeholders, and the MHSA Team.

Ms. Cruz joined the Tulare County HHSA – Mental Health Branch in 2014, as an Administrative Specialist, after a wide-ranging career. She earned a Bachelor of Arts in International Relations from the University of California, Davis, and has worked with a local newspaper in Nevada, in the Communications Office of the Governor of Guam, the Guam Economic Development Authority, all before owning and operating a real estate appraisal corporation in Arizona. In 2013, Ms. Cruz and her family relocated to Tulare County.



## STAFF ANALYSIS – TULARE COUNTY

<b>Innovation (INN) Project Name:</b>	<b>Advancing Behavioral Health</b>
<b>Total INN Funding Requested:</b>	<b>\$6,000,000</b>
<b>Duration of INN Project:</b>	<b>5 Years</b>
<b>MHSOAC consideration of INN Project:</b>	<b>June 11, 2020</b>

### Review History:

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	April 7, 2020
Public Comment Period:	March 4, 2020 – April 5, 2020
County submitted INN Project:	April 10, 2020
Date Project Shared with Stakeholders:	March 3, 2020 and April 15, 2020

### Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

**The primary purpose of this project is to** *increase access to mental health services for underserved groups*, by reducing barriers, determine a best practice for engagement in service delivery and advancing a Whole Person Care delivery system model. Therefore, increasing the quality of mental health services; as well as broadening integration with community partners.

Through the Advancing Behavioral Health project, Tulare County Mental Health will have the opportunity to collaborate with community partners in bringing resources and services to their sites, therefore increasing access to mental health programs and services for individuals including those experiencing homelessness.

**This proposed project meets INN criteria** *by making a change to an existing practice in the field of mental health, including but not limited to, application to a different population* by testing an alternative way to deliver mental health services with the goal to increase the quality of mental health services, including measurable outcomes. This project will focus on a two-prong evaluation, seeking ways to improve the quality of mental health services in Tulare County, by 1) evaluating the responsiveness to services when consumers receive services in a traditional clinical setting compared to those who are served in a community setting, and 2) evaluating whether increasing the network of community supports to include training, promotes better outcomes for consumers.

**Project Introduction:**

Tulare County is requesting \$6,000,000 in innovation spending authority to initiate Advancing Behavioral Health, which will evaluate and compare the outcomes of consumers with Specialty Mental Health Services both within a traditional clinical setting and in an urban community setting. Services will be provided through a Whole Person Care (WPC) delivery system model by a multidisciplinary team (MDT) in both settings. The goal of the proposed project is to determine which setting yields better outcomes for the consumer.

**What is the Problem:**

Through the community planning process, Tulare County conducted a community assessment where multiple needs were identified. The County worked with MHSA stakeholders and other community partners to narrow down themes resulting in a focus on improving access to care for individuals including those experiencing homelessness and/or substance use disorders. Stakeholders chose to develop an innovation proposal to increase access to care based on data showing the following barriers:

1. Lack of awareness of how and where to access services
2. Appointment availability
3. Lack of transportation
4. Difficulty finding a mental health professional that consumers feel comfortable with

**How this Innovation project addresses this problem:**

The proposed project provides services in two different clinical settings: a traditional clinical setting and a community clinical setting. The traditional clinical setting is comprised of walk-in/self-seeking mental health services with WPC and MDT services available on-site. The community clinical setting differs in that participants are identified through outreach and engagement efforts at various community sites throughout the County. WPC and MDT services will still be used as the service delivery system in the community clinical setting as well. The County will evaluate which setting results in better outcomes: individuals that seek out their own service or those identified through outreach and engagement at various community locations.

The County hopes to partner with multiple community sites/individuals to provide the spaces for the community clinical setting. In addition to increasing the amount of community access points to mental health services, the project would also provide training for these community sites/individuals in identifying and connecting potential clients to County services.

The multidisciplinary team will be made up of:

- Clinician
- Nurse
- Clinic administrators
- Contracted providers
- Case managers
- Family advocates
- Peer support specialists
- Alcohol/drug counselors
- County staff

## **The Community Program Planning Process:**

### **Local Level**

The proposed innovation plan was posted for public comment beginning March 4, 2020 and concluded on April 5, 2020. No comments were received. A public hearing was conducted on April 7, 2020 and no public testimony was received. This project is expected to be approved by their Board of Supervisors after Commission approval.

### **Commission Level**

Commission staff originally shared this project with its six stakeholder contractors and its listserv on March 3, 2020 while the County was in their 30-day public comment period and comments were to be directed to the County. The final version of this project was again shared with stakeholders on April 14, 2020. No letters of support were received.

### **Learning Objectives and Evaluation:** (see pgs 11-13 for detailed evaluation plan)

Tulare County is proposing to *increase access to mental health services to underserved groups* by providing WPC and MDT services in two different settings: the traditional clinical setting and in the field/community urban setting.

The primary target population are those individuals 18 years or older who are at risk for homelessness. The target population will be split with half receiving services in a traditional clinic setting and half receiving services in a community clinic setting. Services will begin starting in year two of the project and the County estimates to serve 1,600 consumers throughout the duration of the project, or 200 individuals in each target population each year (200 in the traditional clinic setting and 200 in the community clinic setting.)

The County has identified nine learning questions for this project:

1. Does providing services in a clinical community service increase wellness and recovery outcomes for consumers?
2. How many contacts with consumers were made before intake assessment was completed?
3. Does utilizing a community clinical setting decrease no show rates?
4. Does utilizing a community clinical setting reduce the discharged due to not returning to services?
5. Does utilizing a community clinical setting increase discharge rates of consumers with goals met?
6. Does utilizing a community clinical setting increase discharge rates of consumers with goals partially met?
7. Which type of community support was most effective?
8. Did participants' World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) assessment tools indicators decrease?
9. Which clinical setting did the homeless or at-risk homeless population have better outcomes?

Tulare County plans to evaluate project data and utilize measures by using Electronic Health Records data, WHODAS 2.0 assessment tools, and by conducting consumer surveys that will be used to evaluate participants’ perspectives of the services they receive in their clinical setting.

The County will hire an outside evaluator for this project who will develop scope of work, deliverables, and evaluation of collected data, surveys, and materials.

**The Budget:** (see pgs 19-24 for detailed project budget)

Tulare County is requesting authorization to spend \$6,000,000 of MHSa Innovation funds over five years to administer this project. **This project will utilize \$2,565,553 of funds that would be subject to reversion on June 30, 2020.**

Funding Source	Year-1	Year-2	Year-3	Year-4	Year-5	TOTAL
Innovation Funds	\$716,202	\$1,192,054	\$1,289,941	\$1,359,988	\$1,441,815	\$6,000,000
FY 2020/21-2024/25						
5 Year Budget	Year-1	Year-2	Year-3	Year-4	Year-5	Total
Personnel	\$417,365	\$842,917	\$868,204	\$894,250	\$921,077	\$3,943,813
Operating Cost	\$103,837	\$118,137	\$135,737	\$135,738	\$135,738	\$629,187
Non-Recurring Cost	\$30,000	\$0	\$0	\$0	\$0	\$30,000
Consultant/Contracts	\$165,000	\$231,000	\$286,000	\$330,000	\$385,000	\$1,397,000
						\$0
Total	\$716,202	\$1,192,054	\$1,289,941	\$1,359,988	\$1,441,815	\$6,000,000

- Personnel costs for the project total \$3,943,813 (65% of the total budget) and include salary and benefits of the following positions:
  - Administrative staff
    - Administration Specialist (.25 FTE)
    - MHSa Manager (0.1 FTE)
  - Multi-Disciplinary Team (MDT)
    - Office Assistant III (2 FTE)
    - Licensed Clinical Social Worker (1-2 FTE)
    - Supervising Licensed Clinical Social Worker (1-2 FTE)
    - Peer Support Specialist II (1-2 FTE)
    - Alcohol & Drug Specialist II (1-2 FTE)
- Operating costs for the project total \$629,187 and include:
  - Travel
  - Outreach materials
  - Meeting supplies
  - Training
  - Office supplies
- Non-recurring costs total \$30,000 for technology costs for staff to work in the field.

- Consultant and contract expenses total \$1,397,000 or 23% of the budget and include:
  - \$1,000,020 for direct and indirect costs associated with contracting space within community-based organizations
  - \$250,000 (approximately 4% of total budget) for evaluator

*The proposed project appears to meet the minimum requirements listed under MHSAs Innovation regulations; **however**, if Innovation Project is approved, the County must receive and inform the MHSOAC of this certification of approval from the Tulare County Board of Supervisors before any Innovation Funds can be spent.*



## STAFF ANALYSIS – TULARE COUNTY

<b>Innovation (INN) Project Name:</b>	<b>Project Empath</b>
<b>Total INN Funding Requested:</b>	<b>\$1,400,000</b>
<b>Duration of INN Project:</b>	<b>3 Years</b>
<b>MHSOAC consideration of INN Project:</b>	<b>June 11, 2020</b>

### **Review History:**

Approved by the County Board of Supervisors:	Pending Commission Approval
Mental Health Board Hearing:	April 7, 2020
Public Comment Period:	March 4, 2020 – April 5, 2020
County submitted INN Project:	April 13, 2020
Date Project Shared with Stakeholders:	March 3, 2020 and April 14, 2020

### **Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):**

**The primary purpose of this project is to** *increase access to mental health services to underserved groups* by increasing the knowledge, resources, empathy, and changing the attitude within the community, including law enforcement and first responders, while improving the response from support systems and first responders toward those with serious mental illness (SMI).

**This Proposed Project meets INN criteria** *by introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention* by utilizing the Project Empath training team and employing virtual/augmented reality equipment with firsthand experience SMI scenarios, providing additional, near real-life, training tools for first responders, consumers, and their family members and will accomplish the identified primary purpose and criteria of reducing stigma and discrimination in consumers, family members, and first responders as well as increasing access to mental health services. The utilization of Technology is a new practice in Tulare County and involves a mobile training team with the outlined objectives.

### **Project Introduction:**

Tulare County is requesting \$1,400,000 in innovation spending authority to utilize virtual reality technology to reduce stigma and increase overall understanding and empathy for



individuals living with a serious mental illness. This technology will be incorporated into the training for the County's Law Enforcement Crisis Intervention Team, participants and family members participating in the First Episode Psychosis program, and those who express interest within the community.

### **What is the Problem:**

During the County's three-year planning process, consumers, family members, community agencies and the general public completed a needs assessment which identified homelessness, substance abuse, and suicide as concerns. The County currently has programs and resources that are trying to address those concerns. Additionally, themes emerged reflecting that there was a lack of knowledge related to available resources in the County and there were overall misconceptions surrounding serious mental illness which is leading to stigma.

Surveys received from the community during the stakeholder process revealed:

- a lack of knowledge relative to available mental health programs and services.
  - Nearly 78% of respondents indicated they would be more likely to access services if they knew what was available.
- consumers were experiencing cultural stigma and that posed a barrier to accessing services.

Although the community felt stigma and discrimination surround mental health was slowly improving through traditional outreach and awareness programming, the County felt that more information regarding diagnoses and the managing of symptoms was needed and was expressed by stakeholders to increase awareness, reduce stigma, and gain understanding and empathy for individuals living with a serious mental illness.

Research conducted by the County revealed that other counties may utilize virtual reality for training purposes; however, the County states there is a lack of research surrounding the utilization of a mobile team that will provide training specific to SMI for mental health providers, first responders, consumers and their family members.

### **How this Innovation project addresses this problem:**

To reduce stigma and increase knowledge of mental health resources in the County, Tulare will work with consultant who will develop a virtual reality application that will allow individuals to experience first-hand the challenges and difficulties of those living with a Serious Mental Illness (SMI) or a substance use problem.

Upon selecting a consultant, the County will create working groups comprised largely of diverse clinicians representing various agencies who will work with the consultant to create and develop a range of SMI scenarios that will allow participants to experience via virtual reality technology what individuals living with SMI experience. This will help the clinicians gain insight, understanding, and empathy.

***Peers with lived experience will be included in these work groups and will assist in the development and provide feedback related to SMI scenarios.***

Clinicians will reference the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), Substance Abuse and Mental Health Services Administration (SAMHSA) and other mental health resources when developing scenarios and will ensure that scenarios are realistic, medically sound and will represent the broad spectrum of SMI. The County states the first two years of this project will be dedicated to selecting a consultant, creating the work groups, and developing the virtual reality scenarios and environments. As Tulare County has a large Spanish speaking community, scenarios will be created in English and Spanish in an effort to reach underserved individuals who may be monolingual Spanish speaking.

Various SMI scenarios will be developed and may include, but not be limited to depression, psychosis, anxiety, Post Traumatic Stress Disorder and Obsessive-Compulsive Disorder. This will allow realistic scenarios to be created for others to understand and be sensitive to individuals with SMI and how they may experience situations.

Once the SMI scenarios have been created and approved, they will be incorporated as a segment within Crisis in Training (CIT) provided for law enforcement personnel. The County states CIT is a collaboration model between law enforcement and mental health providers to promote improvement and efficiency when responding to a mental health crisis. The purpose in allowing law enforcement to experience virtual reality through the lens of an individual living with a SMI is to become aware and sensitive to the realities or thoughts a person with SMI might experience which may impact how the individual reacts, hears, perceives, or follows instructions provided by law enforcement and first responders. If first responders are made aware of how someone with SMI may react adversely in certain situations, they may be able to consider different approaches or engage an individual differently and with more empathy and understanding. This training puts law enforcement and first responders in the shoes of the person with SMI, as opposed to engaging in this training as law enforcement.

This project will also utilize a Mobile Empath Team which will include an:

- Outreach Worker
- Clinician
- Peer Support Specialist
- Individual to assist with technological needs.

The Outreach Worker will contact organizations within the community to provide the virtual reality training and provide information regarding resources within the County's mental health system of care.

The Peer Specialist will work with consumers and families after receiving the SMI training to provide referrals to access services.

- Peers will also work with law enforcement and first responders to provide information on available services in the County.

The Clinician will be available for emotional support for individuals who may be triggered by immersing themselves in the virtual reality scenario and will also be able to provide SMI training for any organizations who receive this training.

The Technology team member will be available for maintenance of the technology and address any technical issues that may arise.

After law enforcement personnel and first responders receive this training, the project will then focus on the primary population consisting of consumers, family members of consumers, and members of the community. Consumers and family members that participate in the County's First Episode Psychosis (FEP) program will initially receive this training (participation is voluntary).

The County hopes that this training and virtual reality experience will engage the community in reducing stigma and discrimination related to mental health, increasing knowledge of mental health resources in the County, and having an overall sense of empathy for all members of the County.

### **The Community Program Planning Process**

#### **Local Level**

The proposed innovation plan was posted for public comment beginning March 4, 2020 and concluded on April 5, 2020, and there were no comments reported. A public hearing was conducted on April 7, 2020 and no public testimony was received. This project is expected to be approved by their Board of Supervisors after Commission approval.

#### **Commission Level**

Commission staff originally shared this project with its six stakeholder contractors and its listserv on March 3, 2020 while the County was in their 30-day public comment period and comments were to be directed to the County. The final version of this project was again shared with stakeholders on April 14, 2020.

One letter of support was received via email dated April 14, 2020 (included in Commissioner packets):

*"I would like to share my support for Tulare County's proposal. I have been following the Augmented Reality/Virtual Reality space closely for several years now. It is my belief that it is not a matter of "If" AR/VR will become a part of the community mental health system of care but rather "how" and "when" it will become a part of the system of care. I look forward to the learnings that will result from this project that will be helpful across the state in "how" to implement AR/VR." – Alex Elliot, Los Angeles County*

### **Learning Objectives and Evaluation:**

Tulare County is proposing to *increase access to mental health services to underserved groups* by developing and utilizing virtual reality technology to reduce stigma, increase understanding, and promote empathy for individuals living with a serious mental illness.

The primary target population for this project will be consumers (to include youth) and families of consumers; however, law enforcement personnel and first responders will receive this SMI training initially as part of their Crisis and First Episode Psychosis training. In total, the County estimates the project will serve approximately 250 individuals on an annual basis - approximately 750 individuals over the three-year duration.

The County has identified four learning questions for this project:

Can the use of virtual reality result in the following?

- 1) An increased knowledge of serious mental illness (SMI)
- 2) An increased knowledge of resources available for those with SMI.
- 3) An increased level of empathy and attitude change toward those with SMI.
- 4) An overall improved response from family members and first responders towards those with SMI.

Tulare County plans to evaluate project data and utilize measures by:

- Tracking any increases in number of referrals to mental health providers and compare with current baseline data
- Tracking any increases in the number of referrals to access county mental health resources and compare with current baseline data
- An increase in the number of referrals for mental health providers and resources
- Utilize pre-post surveys for participants to assess knowledge prior to training and after training
- Utilize post survey to ask participants what part of training was most meaningful for reducing stigma
- Increased use of mental health resources and services in the County

The County has identified the following short term and long-term goals to assist in the overall success of this project:

- Positive changes in attitudes and behaviors when engaging with individuals with SMI
- Decreased stigma
- Improvement in the quality of mental health services
- Increased collaboration between mental health system of care and law enforcement

The County will hire an outside evaluator for this project who will develop a scope of work, deliverables, and evaluation of collected data, surveys, and materials.

**The Budget**

Funding Source	Year-1	Year-2	Year-3	TOTAL
Innovation Funds	\$ 465,100.00	\$ 453,700.00	\$ 481,200.00	\$ 1,400,000.00
3 Year Budget	Year-1	Year-2	Year-3	Total
Personnel	\$ 38,900.00	\$ 39,900.00	\$ 375,000.00	\$ 453,800.00
Operating Costs	\$ 13,200.00	\$ 13,200.00	\$ 13,200.00	\$ 39,600.00
Technology Costs	\$ 388,000.00	\$ 375,600.00	\$ 68,000.00	\$ 831,600.00
Evaluator Costs	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 75,000.00
<b>Total</b>	<b>\$ 465,100.00</b>	<b>\$ 453,700.00</b>	<b>\$ 481,200.00</b>	<b>\$ 1,400,000.00</b>

- Tulare County is seeking authorization to use up to \$1,400,000 in innovation funding over a three-year period. **All of the funds for this project are subject to reversion.**
- Personnel costs total \$453,800 (32% of the total project) and will cover the funding and benefits for the following positions:
  - Administrative Specialist (0.25 FTE)
  - MHSA Manager (0.1 FTE)
  - Outreach/Referral Worker (1.0 FTE)
  - Clinician/LCSW (1.0 FTE)
  - Technology Support Staff (1.0 FTE),
  - Peer Support Specialist (1.0 FTE)
- Operating costs total \$39,600 (3% of the total project) and will cover expenses associated the printing materials, cell phones, rental costs to cover meetings, travel costs, and meeting and office supplies
- Technology costs total \$831,600 (60% of total project) and will cover contractor costs for application development, development of at least 10 various SMI scenarios and environments, and the purchase of a virtual reality-ready laptop and associated computer equipment
- The County will hire an external evaluator in the amount of \$75,000 (5% of total project) to evaluate data and materials collected

***This project will provide full-time employment and compensation for a peer with lived experience to educate first responders and provide referrals to consumers and families after training has been provided (See pg. 17 for salary and responsibilities).***

*The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; **however**, if Innovation Project is approved, the County must receive and inform the MHSOAC of this certification of approval from the Tulare County Board of Supervisors before any Innovation Funds can be spent.*



## What is the problem you are trying to solve in your county?

- Identified Problem: Reduction of barriers which prevent access to services.
- Background:
  - Three-Year Plan CPP 2017-2020
  - 28 Focus Groups – 198 participants
  - 884 Survey responses
- 60% of respondents noted barriers to accessing services – Top 2:
  - Appointment availability
  - Lack of transportation
- 50% of respondents state homelessness is a top community need. Annual Point in Time reveals an increase in total homeless population over 40% (2013)
- As of 2018, 66% of our homeless population was unsheltered.





How does the INN project address the problem?

What is not working?

- Partner with community settings/organizations
  - Increase access and services points in the community
- Increase quality of services
  - Compare utilization of community settings for mental health services delivery vs traditional clinical settings
- Learning best ways to engage target population
  - Evaluate if self-seeking consumers are more successful than those contacted through typical engagement efforts
- ABH will create new service processes not already in place, implementing a WPC approach while utilizing the MDT as a tool to ensure the highest quality of expansive services in a setting most comfortable for the consumer and most likely to encourage consumer engagement and continued participation.





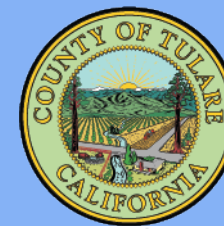
How does  
INN project  
meet  
primary  
purpose  
and criteria  
indicated?

- ABH was developed as an Innovative project to address this primary problem by **reducing barriers; determine a best practice for engagement to service delivery, advancing a Whole Person Care delivery system model, thereby increasing the quality of mental health services; as well as broadening integration with community partners.**
- With the ABH project, Tulare County will have the opportunity to collaborate with community partners in bringing resources and services to their sites.
- Also, through this project, resources and services will be in the field, with one of the target population groups being individuals experiencing homelessness.





# Advancing Behavioral Health



# HHSA

## Mental Health

## Budget

~ Total five-year budget: \$6,000,000

~ \$2,565,553 in AB 114 funds subject to reversion

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY						
EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1 Salaries	\$304,273	\$599,026	\$616,996	\$635,506	\$654,571	\$2,810,372
2 Direct Costs						
3 Indirect Costs (Benefits)	\$113,092	\$243,891	\$251,208	\$258,744	\$266,506	\$1,133,441
4 Total Personnel Costs	\$417,365	\$842,917	\$868,204	\$894,250	\$921,077	\$3,943,813
OPERATING COSTS	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
5 Direct Costs	\$94,397	\$107,397	\$123,397	\$123,398	\$123,398	\$571,987
6 Indirect Costs	\$9,440	\$10,740	\$12,340	\$12,340	\$12,340	\$57,200
7 Total Operating Costs	\$103,837	\$118,137	\$135,737	\$135,738	\$135,738	\$629,187
NON RECURRING COSTS (equipment, technology)	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
8 Laptops, iPads, etc. (6 devices x \$5,000)	\$30,000					\$30,000
9						
10 Total Non-recurring costs	\$30,000	\$0	\$0	\$0	\$0	\$30,000
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
11 Direct Costs	\$150,000	\$210,000	\$260,000	\$300,000	\$350,000	\$1,270,000
12 Indirect Costs	\$15,000	\$21,000	\$26,000	\$30,000	\$35,000	\$127,000
13 Total Consultant Costs	\$165,000	\$231,000	\$286,000	\$330,000	\$385,000	\$1,397,000
BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
Personnel Salaries (line 1)	\$304,273	\$599,026	\$616,996	\$635,506	\$654,571	\$2,810,372
Direct Costs (add lines 2,5, and 11 from above)	\$244,397	\$317,397	\$383,397	\$423,398	\$473,398	\$1,841,987
Indirect Costs (add lines 3, 6 and 12 from above)	\$137,532	\$275,631	\$289,548	\$301,084	\$313,846	\$1,317,641
Non-recurring costs (line 10)	\$30,000	\$0	\$0	\$0	\$0	\$30,000
<b>TOTAL INNOVATION BUDGET</b>	<b>\$716,202</b>	<b>\$1,192,054</b>	<b>\$1,289,941</b>	<b>\$1,359,988</b>	<b>\$1,441,815</b>	<b>\$6,000,000</b>





# Motion Slide

The Commission approves Tulare County's Innovation Plan as follows:

- Name: Advancing Behavioral Health
- Amount: Up to \$6,000,000 in MHSA INN funds
- Project Length: Five (5) Years





What is the problem you are trying to solve in your county?

- Identified Problem: Stigma and discrimination around SMI preventing access to services.
- Background:
  - Three-Year Plan CPP 2017-2020
  - 28 Focus Groups – 198 participants
  - 884 Survey responses
- Of those surveyed, **9.14%** reported experiencing community stigma around mental illness that directly impacted access to services.
- **74%** of respondents felt people would access services more if they were more educated on the topic of mental illness.





How does  
the INN  
project  
address the  
problem?

What is not  
working?

- Addresses problem within the community through technological resources not already being employed to further current efforts to reduce stigma and discrimination.
- Virtual/augmented reality scenarios will give the participant firsthand experience and perspective on an individual's experience living with SMI, thus building empathy, understanding, and awareness.
- Utilizes an Empath training team that will deliver the Innovation program as training in both CIT and FEP programs/trainings to both first responders and consumers and their family members.
- Current mental health practices addressing stigma and discrimination solely through outreach and education are not adequately solving problem.





How does  
INN project  
meet  
primary  
purpose  
and criteria  
indicated?

- The primary purpose is to increase access to mental health services, by increasing knowledge of SMI, increasing knowledge of resources available to those with SMI, increasing empathy and attitude change for those with SMI, and improving the response from support systems and first responders toward those with SMI.
- By utilizing this Empath training team and employing virtual/augmented reality equipment with firsthand experience SMI scenarios, the County can provide an additional, near real-life, training tool for first responders, consumers, and their family members and will accomplish the identified primary purpose and criteria.



# Project Empath



# HHSA

## Mental Health

## Budget

~ Total three-year budget: \$1,400,000

~ All funds are AB 114 funds subject to reversion

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY					
<b>EXPENDITURES</b>					
<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>TOTAL</b>
1	Salaries	\$28,000	\$28,700	\$269,800	\$326,500
2	Direct Costs				
3	Indirect Costs (Benefits)	\$10,900	\$11,200	\$105,200	\$127,300
4	Total Personnel Costs	\$38,900	\$39,900	\$375,000	\$453,800
<b>OPERATING COSTS</b>		<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>TOTAL</b>
5	Direct Costs	\$12,000	\$12,000	\$12,000	\$36,000
6	Indirect Costs	\$1,200	\$1,200	\$1,200	\$3,600
7	Total Operating Costs	\$13,200	\$13,200	\$13,200	\$39,600
<b>NON RECURRING COSTS (equipment, technology)</b>		<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>TOTAL</b>
8					\$0
9					
10	Total Non-recurring costs	\$0	\$0	\$0	\$0
<b>CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)</b>		<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>TOTAL</b>
11	Direct Costs				\$0
12	Indirect Costs				\$0
13	Total Consultant Costs	\$0	\$0	\$0	\$0
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>TOTAL</b>
14	Technology Costs	\$388,000	\$375,600	\$68,000	\$831,600
15	Evaluator	\$25,000	\$25,000	\$25,000	\$75,000
16	Total Other expenditures	\$413,000	\$400,600	\$93,000	\$906,600
<b>BUDGET TOTALS</b>		<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>TOTAL</b>
Personnel Salaries (line 1)		\$28,000	\$28,700	\$269,800	\$326,500
Direct Costs (add lines 2,5, and 11 from above)		\$12,000	\$12,000	\$12,000	\$36,000
Indirect Costs (add lines 3, 6 and 12 from above)		\$12,100	\$12,400	\$106,400	\$130,900
Non-recurring costs (line 10)		\$0	\$0	\$0	\$0
Other Expenditures (line 16)		\$413,000	\$400,600	\$93,000	\$906,600
<b>TOTAL INNOVATION BUDGET</b>		<b>\$465,100</b>	<b>\$453,700</b>	<b>\$481,200</b>	<b>\$1,400,000</b>



## The Commission approves Tulare County's Innovation Plan as follows:

### PROPOSED MOTION:

Name:	Project Empath
Amount:	Up to \$1,400,000 in MHSA INN funds
Project Length:	Three (3) Years

**From:** [Alex Elliott](#)  
**To:** [Reedy, Grace@MHSOAC](mailto:Reedy_Grace@MHSOAC)  
**Subject:** Project Empath  
**Date:** Tuesday, April 14, 2020 3:52:13 PM

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Good afternoon,

My name is Alex Elliott, I am a Psychiatric Social Worker for the Los Angeles County Department of Mental Health and a Disabilities Commissioner for the City of Santa Monica.

I was the Project Lead on the Virtual Reality/Augmented Reality project referenced in Tulare County's Project Empath proposal:

*County of Los Angeles, Department of Mental Health. MHSA Innovation 6 Project Enhancing Workforce Training Through Mixed Reality Approaches. 2018. Retrieved from [https://mhsoc.ca.gov/sites/default/files/documents/2018-08/Los%20Angeles%20County\\_INN%20Project%20Plan\\_Mixed%20Reality\\_7.16.2018\\_Final.pdf](https://mhsoc.ca.gov/sites/default/files/documents/2018-08/Los%20Angeles%20County_INN%20Project%20Plan_Mixed%20Reality_7.16.2018_Final.pdf).*

I would like to share my support for Tulare County's proposal. I have been following the Augmented Reality/Virtual Reality space closely for several years now. It is my belief that it is not a matter of "if" AR/VR will become a part of the community mental health system of care but rather "how" and "when" it will become a part of the system of care.

I look forward to the learnings that will result from this project that will be helpful across the state in "how" to implement AR/VR. For example, learnings relating to implementation, providing technical support for AR/VR devices, procurement, training, outcomes, and user experience to name a few.

Hopefully, the learnings from the project will speed up "when" AR/VR becomes a part of the system of care to support the people we serve across the state.

Thank you,  
Alex

Alex Elliott, MSW  
Quality, Outcomes, and Training Division  
Los Angeles County Department of Mental Health  
Mobile: 213.760.1734



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# AGENDA ITEM 4

Action

June 11, 2020 Commission Meeting

Mendocino County Innovation Plan

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**Summary:** The Mental Health Services Oversight and Accountability Commission (MHSOAC) will consider approval of Mendocino County's request to fund the following new Innovative project:

## 1. Healthy Living Community

**Mendocino County is requesting \$1,230,000 (of which \$765,599.30 are funds subject to reversion) in Innovation fund spending authority to reduce utilization of high-level services, such as crisis contact and acute psychiatric hospitalization by providing Wellness Center style services in a residential setting. Focusing on peer driven and chosen activities such as game night (chess, bingo, puzzles), outdoor games (badminton, ping pong), birthday night, garden club, community meals, cooking class AA/NA groups on site, arts and crafts, jewelry making, employment related skills the county hopes to increase resident engagement and reduce the utilization of crisis level services.**

Access to social supports has been identified as a need among individuals recently housed at the Supported FSP Housing Unit (Willow Terrace). Residents have stated that they are lonely, isolated, and bored. Residents lack transportation and are fearful of attending off location wellness centers. The existing wellness centers do not provide an opportunity to build a community that is specific to a housing location. The key informant interviews with providers cited isolation as a frequently mentioned problem.

*The key informant interviews were a significant source of information to determine the challenges that these individuals face and the basis for the problem the County is trying to solve.*

This project will adapt the standard wellness center model that generally includes services such as rehabilitative services, skill-building groups, and computer labs with internet access, by locating the services at the Willow Terrace Housing Unit.

In addition, it will expand the peer based social development programming, generally consisting of social activities in an off-site service location, to moving social supports toward development of lasting friendships and relationships between residents. The project will foster organic friendships by providing useful activities the residents are both in need of and have indicated they are excited to participate in.

By providing peer led services at the housing unit the Healthy Living Community project will test whether they can increase utilization of social supports, decrease negative

outcomes of serious mental illness and increase social support beyond that received from an off-site service location.

The groups and activities will initially be led by staff and consultants who will support consumers in developing the skills to lead activities themselves.

This project was first proposed during the Community Planning Process (CPP) in the FY 18-19 Annual update. The County utilized MHSAs forums, Stakeholder committee Meetings, Program/Fiscal management Group Meetings, Behavioral Health Advisory Board meetings and emailed suggestions through the MHSAs website.

Throughout the CPP the community members have frequently requested that MHSAs develop resources to help support mental health clients with opportunities to build social skills, provide strategies for finding roommates, friends, and social supports outside of a service provider relationship.

The 30-day public comment period was held between March 19, 2020 through April 18, 2020. The County's Local Mental Health Board Hearing took place on April 15, 2020 and is set for Board of Supervisors review on June 9, 2020. The county summarized the comments in Appendix A of this proposal. There seemed to be general support for the project with many suggestions offered for activities and classes.

*" I am in support of the innovation project and I look forward to the deliverables and am extremely excited about the possibilities for severe and persistent mental health clients."*

This Innovation project was shared with the Commission's six stakeholder contracts and the listserv on April 24, 2020. No letters of support or opposition were received.

Mendocino County is proposing to test whether strategies shifting the focus of peer and wellness services from activities from an off-site service location, to an on-site location the focus is on the development of lasting friendships and relationships, increases utilization of outpatient services, decreases negative impacts of serious mental illness and improves social support beyond provider relationships.

**Enclosures (3):** (1) Biography for Mendocino County's Innovation Presenter; (2) Staff Analysis: Healthy Living Community; (3) PowerPoint Presentation

**Additional Materials (1):** A link to the County's Innovation Plan is available on the Commission website at the following URL:

<https://mhsoac.ca.gov/document/2020-05/mendocino-county-healthy-living-community-innovation-project>

**Proposed Motions:** The Commission approves Mendocino County's Innovation plan, as follows:

<b>Name:</b>	Healthy Living Community
<b>Amount:</b>	\$1,230,000
<b>Project Length:</b>	Five (5) Years



## **Biography for Mendocino**

Karen Lovato, Acting Deputy Director of Mendocino County Behavioral Health and Recovery Services. With a Bachelor's degree in Psychology, Karen Lovato has worked for Mendocino County since 2001. Karen started in Crisis Response services, and has worked in LPS Placement Coordination and Mental Health Services Act Coordination, prior to becoming a Supervisor, Manager, and Acting Deputy.



## STAFF ANALYSIS – MENDOCINO COUNTY

**Innovation (INN) Project Name: Healthy Living Community**

**Total INN Funding Requested: \$1,230,000**

**Duration of INN Project: 5 years**

**MHSOAC consideration of INN Project: June 11, 2020**

### **Review History:**

Approved by the County Board of Supervisors: November 5, 2019  
Mental Health Board Hearing: April 15, 2020  
Public Comment Period: March 19, to April 18, 2020  
County submitted INN Project: April 20, 2020  
Date Project Shared with Stakeholders: April 24, 2020

### **Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):**

**The primary purpose of this project** is to *increase access to mental health services, including but not limited to services provided through permanent supportive housing, and to increase the quality of mental health services, including measured outcomes by.*

- Providing services on site at the Willow Terrace Housing Unit.
- By increasing social networks and supports for residents, decreasing their feelings of isolation and fostering a sense of community and belonging.

**This proposed project meets INN criteria** *by making a change to an existing practice in the field of mental health, and supports participation in a housing program designed to stabilize a person's living situation while providing services on site by providing wellness center services where residents live.*

### **Project Introduction:**

Mendocino County is requesting \$1,230,000 in innovation spending authority to reduce utilization of high-level services, such as crisis contact and acute psychiatric hospitalization by providing Wellness Center style services in a residential setting. Focusing on peer driven and chosen activities such as game night (chess, bingo, puzzles), outdoor games (badminton, ping pong), birthday night, garden club, community meals, cooking class AA/NA groups on site, arts and crafts, jewelry making, employment related skills they hope to increase resident engagement and reduce the

utilization of crisis level services. The Healthy Living Community will aim to serve 37-50 individuals per year. The project will serve TAY, Adults and older adults of mixed genders and mixed races.

The project will be located at Willow Terrace, a Supported FSP Housing unit. Willow Terrace opened in May of 2019 and has 37 single and/or multiple occupant units. The Willow Terrace housing unit prioritizes individuals with chronic specialty mental health conditions who are stepping down from higher levels of care, conservatorships, or have previously been homeless or at risk of homelessness for occupancy.

**What is the Problem:**

Access to social supports has been identified as a need among individuals recently housed at the Supported FSP Housing Unit (Willow Terrace). Residents have stated that they are lonely, isolated, and bored. At the key informant interview with providers isolation was frequently mentioned as a problem. The key informant interviews were a significant source of information to determine the challenges that these individuals face and the basis for the problem the County is trying to solve.

Residents lack transportation and are fearful of attending off location wellness centers. The existing wellness centers do not provide an opportunity to build a community that is specific to a housing location.

**How this Innovation project addresses this problem:**

This project will adapt the standard wellness center model that generally includes services such as rehabilitative services, skill-building groups, and computer labs with internet access, by locating the services at the Willow Terrace Housing Unit.

In addition, it will expand the peer based social development programming, generally consisting of social activities in an off-site service location, to moving social supports toward development of lasting friendships and relationships between residents. The project will foster organic friendships by providing useful activities the residents are both in need of and have indicated they are excited to participate in.

By providing peer led services at the housing unit the Healthy Living Community project will test whether they can increase utilization of social supports, decrease negative outcomes of serious mental illness and increase social support beyond that received from an off-site service location.

The groups and activities will initially be led by staff and consultants who will support consumers in developing the skills to lead activities themselves.

**Community Planning Process** (see pgs. 14-15 and page 23 of project plan for detailed CPP pages 16-19 of the 2018-2019 Annual Update.)

### Local Level

This project was first proposed during the Community Planning Process (CPP) in the FY 18-19 Annual update. The County utilized MHSAs forums, Stakeholder committee Meetings, Program/Fiscal management Group Meetings, Behavioral Health Advisory Board meetings and emailed suggestions through the MHSAs website. Stakeholders are individuals with mental illness including children, youth, adults, and seniors; family members of consumers with mental illness; service providers; educators; law enforcement officials; veterans; substance use treatment providers; health care providers; community based organizations and other concerned community members.

Throughout the (CPP) the community members have frequently requested that MHSAs develop resources to help support mental health clients with opportunities to build social skills, provide strategies for finding roommates, friends, and social supports outside of a service provider relationship.

In addition, for this specific project the county did key informant interviews with service providers, and the Housing Manager in July of 2019. Residents of Willow Terrace were also consulted with on 7/18/2019 to determine which type of activities and supports would be helpful to them.

The 30-day public comment period was held between March 19, 2020 through April 18, 2020. The County's Local Mental Health Board Hearing took place on April 15, 2020 and is set for Board of Supervisors review on June 9, 2020. The county summarized the comments in Appendix A of this proposal. There seemed to be general support for the project with many suggestions offered for activities and classes.

*" I am in support of the innovation project and I look forward to the deliverables and am extremely excited about the possibilities for severe and persistent mental health clients."*

### Commission Level

This Innovation project was shared with the Commission's six stakeholder contracts and the listserv on April 24, 2020. No letters of support or opposition were received.

### **Learning Objectives and Evaluation:** (see pgs. 8-10 of project plan for details)

The target population for this project is individuals with chronic specialty mental health conditions who are stepping down from higher levels of care, conservatorships, or have previously been homeless or at risk of homelessness.

Mendocino County is proposing to test whether strategies shifting the focus of peer and wellness services from activities from an off-site service location, to an on-site location the focus is on the development of lasting friendships and relationships, increases

utilization of outpatient services, decreases negative impacts of serious mental illness and improves social support beyond provider relationships.

The County has identified three learning goals for this project and the subsequent measurements:

- 1) Does providing whole person wellness activities in a home- based environment increase consumer utilization of services?
  - Consumer satisfaction and self-report of engagement
  - Utilization of outpatient services
  - Utilization of activities.
  - Consumer family member satisfaction surveys
- 2) Can providing in home whole person wellness activities decrease the negative impacts of SMI.
  - Crisis contacts
  - Psychiatric hospitalizations
  - Medical hospitalization and incarceration
  - Utilization of higher levels of care (Lanterman Petris Short Conservatorships)
  - Health biomarkers such as blood pressure, blood sugar and smoking cessation
- 3) Do home based whole person wellness activities improve social supports beyond “provider” relationships for specialty mental health clients?
  - Self-reported loneliness
  - Satisfaction survey/interviews from clients and family members
  - Interview responses regarding social relationships
  - As evidenced by increased consumer led activities

The evaluation will be completed by an outside contractor.

**The Budget** (see pgs19-22 for detailed project budget)

Mendocino county is requesting authorization to spend \$1,230,000 of MHSA Innovation fund over the next five years to administer this project.

- The County will be utilizing approximately \$765,599.30 in funds subject to reversion.

<b>Funding Source</b>	Year-1	Year-2	Year-3	Year-4	Year-5	TOTAL
Innovation Funds	\$276,536	\$199,013	\$304,663	\$219,412	\$230,376	\$1,230,000

FY 20/21-24/25

<b>5 Year Budget</b>	Year-1	Year-2	Year-3	Year-4	Year-5	Total
Personnel	\$125,146	\$131,404	\$137,973	\$144,872	\$152,116	\$691,511
Operating	\$26,815	\$28,156	\$29,564	\$31,041	\$32,594	\$148,170
Non- Recurring	\$87,000	0	\$95,700	0	0	\$182,700
Consultants	\$18,150	\$19,058	\$20,009	\$21,011	\$22,062	\$100,290
Other	\$19,425	\$20,396	\$21,416	\$22,487	\$23,605	\$107,329
<b>Total</b>	<b>\$276,536</b>	<b>\$199,013</b>	<b>\$304,663</b>	<b>\$219,412</b>	<b>\$230,376</b>	<b>\$1,230,000</b>

- Personnel costs total \$691,511 (56% of the total budget) Staffing will include a clinician at .3 Full Time Employee (FTE), a .3 FTE Mental Health Rehabilitation Specialist, .2 FTE Health Nurse and 1 FTE Peer advocate.
  - The yearly salary for the Peer Advocate is \$39,333 with a 5 % increase every year.
- Operating Costs total \$148,170 (12% of the total budget)
- Non-Recurring costs are \$182,700 (15% of the total budget) .The County states they will purchase one van for transportation to events and another one to provide transportation to appointments for They plan to purchase an additional two vans in year three for program expansion.
- Consultant and Contractor costs are projected to total \$100,290 over the five years.
  - The evaluation costs are estimated to be \$90,068 over 5 years (7 % of the total budget). Evaluation costs are accounted for in the Consultant and Contractor cost as the evaluation will be contracted out.
- Other Expenditures are \$107,329 (9%) for speaker fees, training, flex funds and incentives

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; and once the Innovation Project is approved, the County must receive and inform the MHSOAC of their certification of approval from the Mendocino County Board of Supervisors before any Innovation Funds can be spent.





behavioral  
health &  
recovery services  
HHSA of Mendocino County

# HEALTHY LIVING COMMUNITY

## PRIMARY PURPOSE

### Primary Purpose to Increase Access and Quality of Mental Health Services.

- Healthy Living Community brings Wellness Center type activities to the home living environment. The Housing unit is Full Service Partnership Supported Housing for individuals that lived homeless prior to moving in. Most residents were previously chronically homeless.
- We anticipate that bringing health and wellness activities to the home setting will reduce barriers to accessing services.
- We anticipate that including social activities and peer advocates in the program will increase the likelihood of engagement and have an overall improvement on the quality of mental health outcomes for the participants.



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# HEALTHY LIVING COMMUNITY

## THE PROBLEM

- High rates of homelessness per capita in Mendocino County contribute to difficulty connecting to services. Stakeholders reported challenges adapting to being housed after chronic homelessness, increasing barriers to wellness for the population in this housing unit.
- Individuals in the FSP Supported Housing units meet criteria for the highest levels of institutionalization and difficulty engaging in outpatient care prior to being housed including:
  - High rates of hospitalization and/or incarceration
  - Chronic homelessness
  - Recent step down from higher levels of care
- Chronically homeless individuals show reluctance toward leaving the place where they sleep and belongings are stored.





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# HEALTHY LIVING COMMUNITY

## HOW THE PROJECT ADDRESSES THE PROBLEM

We expect that:

- Providing activities in the housing setting will reduce barriers such as transportation and concern for leaving the sleeping environment.
- Peer advocacy and programs have been shown to increase access to recovery oriented services, and the use of peer supports will decrease isolation of residents and increase quality of mental wellness.
- Blending social rehabilitative activities and peer advocacy in the home environment will reduce association of healthy behaviors activities with provider staff only and will encourage healthy activities in all environments (home/provider/community) and reduce isolation.
- Expanding the association of healthy activities beyond service provider environments will have a more significant impact on quality of mental wellbeing.



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# HEALTHY LIVING COMMUNITY BUDGET

	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Personnel Costs	\$125,146	\$131,403	\$137,973	\$144,872	\$152,116	\$691,511
Operating Costs	\$26,815	\$28,156	\$29,564	\$31,042	\$32,594	\$148,170
Non Recurring Costs	\$87,000	\$0	\$95,700	\$0	\$0	\$182,700
Consultant Costs	\$18,150	\$19,058	\$20,010	\$21,011	\$22,061	\$100,290
Other	\$19,425	\$20,396	\$21,416	\$22,487	\$23,605	\$107,329
Total	\$276,536	\$199,013	\$304,663	\$219,412	\$230,376	\$1,230,000

# PROPOSED MOTION

- The Commission approves Mendocino County's Innovation Plan as follows:
- Name: Healthy Living Community
- Amount: Up to \$1,230,000 in MHSA INN funds
- Project Length: Five (5) Years

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# AGENDA ITEM 5

Information

June 11, 2020 Commission Meeting

Executive Director Report Out

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**Summary:** Executive Director Ewing will report out on projects underway and other matters relating to the ongoing work of the Commission.

**Presenter:**

- Toby Ewing, Executive Director, MHSOAC

**Enclosures:** None

**Handouts:** TBD