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Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting
August 26, 2021
9:00 AM – 1:00 PM

Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814
Phone: (916) 445-8696 * Email: mhsoac@mhsoac.ca.gov
* Website: www.mhsoac.ca.gov

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 August 26, 2021**.

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: August 26, 2021

TIME: 9:00 a.m. – 1:00 p.m.

ZOOM ACCESS:

FOR COMPUTER/APP USE:
Link: https://mhsoac-ca-gov.zoom.us/j/89090295267
Meeting ID: 890 9029 5267
Passcode: 506?LGqj

FOR DIAL-IN PHONE USE:
Dial-in Number: 1-669-900-6833
Dial-in Passcode: 17459082

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 three 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 and ask if you'd like your video on**. 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 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

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. Requests should be made one (1) week in advance whenever possible.

AGENDA

Lynne Ashbeck
Chair

Mara Madrigal-Weiss
Vice Chair

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**

Chair Lynne Ashbeck will convene the Commission meeting, make announcements, and hear committee updates.

9:15 AM **Roll Call**

Roll call will be taken.

9:20 AM **General Public Comment**

General Public Comment is reserved for items not listed on the agenda. No discussion or action by the Commission will take place.

9:50 AM **Action**

1: June 24, 2021 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the June 24, 2021 teleconference meetings.

- Public Comment
- Vote

10:00 AM **Action**

2: Placer County Innovation Plan

- **Presenter: Amy Ellis, Placer County Health and Human Services-Deputy Director, Adult System of Care**

The Commission will consider approval of $2,750,000 in Innovation funding for Placer County's 24/7 Adult Crisis Respite Center Innovation project.

- Public comment
- Vote

10:40 AM **Information**

3: Capitol Collaborative On Race and Equity (CCORE) Team Overview and Discussion with the Commission

- **Presenter: MHSOAC Staff**

CCORE team members will present an update on the progress toward developing a Racial Equity Action Plan, areas of opportunities, and next steps.

- Public comment

11:40 AM **BREAK**

11:50 AM **Action**

4: MHSOAC Budget Overview and Expenditure Plan

- **Presenters: Toby Ewing, Executive Director**
  Norma Pate, Deputy Director

The Commission will hear a presentation on the Fiscal Year 2020-21 budget including specific accomplishments from the past year and will consider approval of the Fiscal Year 2021-22 Operations Budget and Expenditure Plan.

- Public comment
- Vote

1:00 PM **Adjournment**

AGENDA ITEM 1

Action

August 26, 2021 Commission Meeting

Approve June 24, 2021 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the June 24, 2021 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosures (1): (1) June 24, 2021 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the June 24, 2021 meeting minutes.

Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM
Governor

Lynne Ashbeck
Chair
Mara Madrigal-Weiss
Vice Chair
Toby Ewing, Ph.D.
Executive Director

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
June 24, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

928-8101-9542; Code 887109

Members Participating:

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Mayra Alvarez
John Boyd, Psy.D.
Keyondria Bunch, Ph.D.
Steve Carnevale
Shuonan Chen
Itai Danovitch, M.D.
David Gordon
Khatera Tamplen

Members Absent:

Ken Berrick
Sheriff Bill Brown
Assembly Member Wendy Carrillo
Gladys Mitchell
Tina Wooten

Staff Present:

Toby Ewing, Ph.D., Executive Director
Maureen Reilly, Acting General Counsel
Norma Pate, Deputy Director, Program, Legislation, and Administration
Brian Sala, Ph.D., Deputy Director, Research and Chief Information Officer
Tom Orrock, Chief of Stakeholder Engagement and Grants
Sharmil Shah, Psy.D., Chief of Program Operations

CONVENE AND WELCOME

Chair Lynne Ashbeck called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:04 a.m. and welcomed everyone.

Chair Ashbeck asked for a moment of silence and reflection in honor of Richard Van Horn, who recently passed away. Commissioners shared their memories and gratitude for Mr. Van Horn's work and accomplishments in the mental health field.

Chair Ashbeck reviewed the meeting protocols and gave the announcements as follows.

Announcements

- No MHSOAC meeting is scheduled in July.
- The next MHSOAC meeting is scheduled for Thursday, August 26th.
- The Commission will host a brown-bag orientation on July 14th, featuring short presentations on the role, committees, and projects of the Commission and ways to engage.
- Through the Executive Director and the delegated authority to the Chair, two Sonoma County Innovation Projects were approved. Detailed information is included in the meeting materials.

New Personnel

Norma Pate, Deputy Director, Program, Legislation, and Administration, introduced Acting General Counsel Maureen Reilly, HR staff Lynette Green, Research Scientist Courtney Ackerman, and Summer Intern Julianna Roth and welcomed them to the Commission.

Research and Evaluation Committee Update

Commissioner Danovitch, Chair of the Research and Evaluation Committee, provided a brief update of the work of the Committee since the last Commission meeting:

- The Committee reviewed an evaluation framework around facilitating evaluation activities to school-age youth. These approaches should be relevant across the board to other programs.
- The American Public Health Association annual meeting accepted an oral presentation by Kai LeMasson, Ph.D., Senior Researcher. This is the third year in a row that the Commission's Division on Research and Evaluation has had abstracts accepted at this esteemed conference.
- Dawnte Early, Ph.D., Chief, Research and Evaluation, was interviewed for a podcast at SAS Global this past month to discuss the Commission's data and evaluation work. Dr. Early was also interviewed for a GNC article entitled "California Connects Datasets to Show How Mental Health Services Can Reduce Arrests."

- The next Research and Evaluation Committee meeting is scheduled for Wednesday, September 1st.

Client and Family Leadership Committee Update

Commissioner Tamplen, Chair of the Client and Family Leadership Committee (CFLC), provided a brief update of the work of the Committee since the last Commission meeting:

- The CFLC and the Cultural and Linguistic Competency Committee (CLCC) held joint meetings on May 13th and June 17th.
- The June 17th meeting continued to focus on the implementation of Senate Bill (SB) 803, Peer Specialist Certification, with discussions about components that could be included in the Peer Certification Implementation Toolkit, which will be shared with community-based organizations, counties, and peer providers. The goal is to collect and distribute resources to assist in implementation and to ensure that peer providers and peer services are implemented in the way that supports peers and stays true to the model.
- The CFLC and CLCC also continued the Commission's discussion on the Racial Equity Action Plan (REAP) and heard a presentation on the impacts of peer certification on transition age youth (TAY) and on opportunities that exist to grow the number of TAY peer providers.
- The next CFLC meeting is scheduled for Thursday, August 19th.

Cultural and Linguistic Competency Committee Update

Commissioner Alvarez, Chair of the Cultural and Linguistic Competency Committee (CLCC), provided a brief update of the work of the Committee since the last Commission meeting:

- The CLCC members discussed what they looked forward to contributing as part of what the CLCC does, including the scope of work and opportunities to influence the important work of the Commission to advance racial equity.
- The Committee heard a presentation by Dr. Early and Tamu Green, Ph.D., CEO, Equity and Wellness Institute, on the components of the REAP. The Committee joined the CFLC at their June meeting to continue this discussion.
- The Committee will continue the discussion on the REAP at the July meeting and will begin discussion on areas of focus that the Commission has adopted.
- The next CLCC meeting is scheduled for Thursday, July 8th.

Chair Ashbeck stated it is inspiring to see how the work of the Committees link with the work of the Commission.

Roll Call

Maureen Reilly, Acting General Counsel, called the roll and confirmed the presence of a quorum.

GENERAL PUBLIC COMMENT

Poshi Walker, LGBTQ Program Director, Cal Voices, stated the concern about the lack of LGBTQ representation on the Commission.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, stated appreciation that the Committees are open and willing to listen to public comment. The speaker stated, although Commissioner Berrick had requested a focus on youth, education, and the disengagement of the schools, future agendas do not seem to include this important topic.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), commended Commissioner Alvarez for holding regular CLCC meetings. The speaker stated concern about Committee members getting Innovation plans to review. The speaker stated it is unfair to counties to expect individuals to review and make comment on Innovation plans who have not been trained. It is also a concern that Innovation plans are sent to Committee members but Committee members have given no responses, which gives the impression that they approve the plans when they may not have reviewed them or did not know how. Also, some comments made by Committee members about Innovation plans that address communities of color were inappropriate. The speaker suggested that it may be more appropriate to compensate MHSOAC contractors to review Innovation plans from that population's point of view.

ACTION

1: <u>Approve May 27, 2021, MHSOAC Meeting Minutes</u>

Chair Ashbeck stated the Commission will consider approval of the minutes from the May 27, 2021, teleconference meeting.

Public Comment

Poshi Walker stated they will send revisions to staff.

Chair Ashbeck asked for a motion to approve the minutes.

Commissioner Tamplen made a motion to approve the May 27, 2021, teleconference meeting minutes.

Commissioner Alvarez seconded.

Action: Commissioner Tamplen made a motion, seconded by Commissioner Alvarez, that:

- *The Commission approves the May 27, 2021, Teleconference Meeting Minutes as presented.*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Danovitch, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

ACTION

2: <u>Consent Calendar</u>

1. Stanislaus County Early Psychosis Learning Healthcare Network Multi-County Collaborative Innovation Plan:

   Approval of $1,564,633 Innovation funding to support joining the Early Psychosis Learning Health Care Network (EP LHCN) approved by the Commission on December 17, 2018.

2. Stanislaus County Full-Service Partnership (FSP) Multi-County Collaborative Innovation Plan:

   Approval of $1,757,146 Innovation funding to support joining the FSP Multi-County Collaborative approved by the Commission on June 5, 2020.

3. Research and Evaluation Contract: Further authorize the Executive Director to enter into one or more contracts not to exceed $4,244,350 in support of research and evaluation data management and analytical capacity over three years. This authorization extends the Executive Director's authority by $1,222,000 over prior Commission authorizations related to the work effort encompassed by a proposed contract, with the University of California at San Francisco.

Chair Ashbeck stated 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. She asked for a motion to approve the Consent Calendar.

Commissioner Danovitch moved to approve the Consent Calendar.

Commissioner Bunch seconded.

Public Comment

Stacie Hiramoto asked if the research and evaluation contract was discussed in the Research and Evaluation Committee. The speaker asked how an item could be on a consent calendar without discussion.

Poshi Walker echoed Stacie Hiramoto's concerns about the research and evaluation contract.

Action: Commissioner Danovitch made a motion, seconded by Commissioner Bunch, that:

- *The Commission approves the Consent Calendar as presented.*

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Danovitch, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

ACTION

3: <u>Psychiatric Advance Directives Multi-County Collaborative Innovation Project</u>

Presenter:

- Kiran Sahota, MA, President, Concepts Forward Consulting

Chair Ashbeck stated the Commission will consider approval of the following Counties' requests to join the Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation Project. Fresno County was previously approved by the Commission on June 25, 2019.

- Fresno County $500,000
- Mariposa County $517,231
- Monterey County $1,978,237
- Orange County $12,888,948
- Shasta County $630,731

Chair Ashbeck asked the project representative to present this agenda item.

Kiran Sahota, MA, President, Concepts Forward Consulting, provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed PADs Innovation Project. She stated a major hindrance is the lack of a single portal for the storage, access to, and retrieval of a PAD. One of the deliverables of the proposed project will be to create and implement a cloud-based technology platform to utilize PADs to evaluate process, utilization, and impact.

Commissioner Questions

Commissioner Danovitch asked about high-level takeaways from the 27 states that have enacted some version of the PADs.

Ms. Sahota stated the research is not only in 27 states but is in multiple countries, as well. One of the takeaways is the lack of understanding of why it would be important to fill out a PAD. Part of this project is training communities and consumers why it is important. She noted that this has been one of the fundamental flaws throughout the 27 states.

Ms. Sahota stated many of the 27 states also put legislation first, thinking they would back in all the trainings and education. This project will not put legislation first but will look at what is working and what peers want.

Ms. Sahota stated the biggest challenge found in the research was access – asking individuals to carry a document or to find the last person they gave it to caused difficulties. She stated having a technology platform enables access in the moment of crisis.

Commissioner Danovitch asked about the measure of effectiveness, what would change, and how to know that the project has done what was expected.

Ms. Sahota stated the five counties will be the true pilot to train law enforcement to talk about PADS, to work with emergency rooms and legal aid, to train peers in the train-the-trainer model, to get the voice of peers to say what it was like to do the PAD, to train in the PAD, to create the PAD, and to fill out the PAD. Being able to change and adjust while going through the project is one of the biggest takeaways.

Commissioner Danovitch asked about the measure of success and how to know that one county implemented the project more effectively than another.

Ms. Sahota stated the measures or indicators that would be tracked are the target population, the number of individuals in that population, the number of individuals enrolled in PADs, and impacts, such as in the technology aspect, do focus groups with law enforcement to learn how many PADs were requested.

Commissioner Bunch asked how PADs are used during times of crisis.

Ms. Sahota stated one aspect that can be seen, especially in crises with law enforcement, is a process called CLETS, the California Law Enforcement Telecommunications System, which is out of the Office of the Attorney General. It is a statewide computer network that provides law enforcement and criminal justice agencies with access to a variety of databases that contain data such as a person's: criminal history, criminal record, and driving record information. The CLETS would access PADs immediately. She stated PADS contain the individual's support network with contact numbers, needs, preferences, and medications in their own voice to access immediate resources to help alleviate hospitalizations and incarcerations. PADs provide the individual's voice in that moment.

Commissioner Tamplen asked about the group process of developing psychiatric advance directives in Innovation plans and how peers will be included.

Ms. Sahota stated this is one of the most important aspects of this project. Sometimes counties make decisions quickly on their own. The fact that this project looks at a peer process will help to slow down the process so it is not an automatic reaction because this tends to hinder the productivity of a project. Zoom meetings allow more stakeholder and peer participation throughout the state.

Chair Ashbeck stated the bulk of the funding will go to the technology investment. She asked how the technology platform will integrate or align with past and/or other mental health technology platforms that are coming along.

Ms. Sahota stated many other mental health platforms are resource platforms for consumers and hospitals that contain Health Insurance Portability and Accountability Act (HIPAA) protected information. The PADs platform differs in that it is custom built according to consumer voice and is easily accessible.

Public Comment

Nakeya Fields, Chair, Black Mental Health Task Force, President, Therapeutic Play Foundation, and Painted Brain, spoke in support of the proposed Innovation Project.

Michaell Rose, DrPH, Chair, Behavioral Health Advisory Board, Orange County, stated their board voted in support of the proposed Innovation Project at their June 9th meeting.

Leslie Moreno, Peer Advocate, spoke in support of the proposed Innovation Project.

Poshi Walker spoke in opposition to the proposed Innovation Project. The speaker stated concerns that only three listening sessions were held, when LGBTQ and other communities learn that law enforcement will have access to this information, they will not want to participate in the project, and, if the largest barrier to implementing the proposed project is explaining to individuals why they should do it, then it was obviously not a request coming from community members.

Poshi Walker stated large amounts of funding have gone to the Technology Suite Collaborative Innovation Project without any results. The resolution of its many issues needs to be learned from prior to implementing another technology project in five additional counties. The speaker suggested beginning with piloting the proposed project in Fresno.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), spoke in support of the proposed Innovation Project.

Andrea Crook, Director of Advocacy, ACCESS California, a program of Cal Voices, spoke in opposition to the proposed Innovation Project. The speaker stated concern about the community program planning, the technology literature, and the measure of success. The speaker stated the proposed project was not borne through the client stakeholder process and was not requested by clients. There is concern around digital literacy and the ability to afford a cell phone or computer and about what advance directives can and cannot do. The speaker agreed with Poshi Walker about first piloting this project in Fresno.

Keith Coleman, Applied Positive Psychology, University of Pennsylvania, and Member, Black Mental Health Task Force, and Co-Founder of Stanford Angels, spoke in support of the proposed Innovation Project.

Nicole Eberhart, Senior Behavioral Scientist, RAND Corporation, the proposed evaluator of the PADs Project, spoke in support of the proposed Innovation Project.

Nichole Eberhart answered Commissioner Danovitch's question about the metrics that indicate success. The speaker stated the RAND Corporation will look at implementation and outcomes:

- The measure of implementation has to do with metrics of completion of PADs, refusals to complete PADs, demographics of those who complete PADs, and qualitative data to look at things like barriers and facilitators and to learn from this Innovation process.
- The measure of outcomes has to do with consumer experiences with PADs and whether it increases their satisfaction, empowerment, autonomy, and engagement in treatment, and the concordance between their preferences and what is actually received.

Nicole Eberhart stated the RAND Corporation is thinking of using a mixed-methods approach that would combine focus groups with qualitative data analysis, surveys as quantitative analysis, as well as analysis of administrative data.

Rayshell Chambers, Co-Founder, Painted Brain, and Member, Black Mental Health Task Force, spoke in support of the proposed Innovation Project.

Steve McNally spoke in opposition to the proposed Innovation Project. The speaker stated technology will not necessarily help with enforcement and asked about the individuals who will enforce it. The speaker stated the estimated Wellness Recovery Action Plan (WRAP) completion rate in wellness centers is approximately 15 percent. The speaker's full comment was sent to staff.

Savannah Thomas, Painted Brain, Black Mental Health Talk Force, spoke in support of the proposed Innovation Project.

Linda Mimms, serious brain disorders advocate, and Board Member, Schizophrenia and Psychosis Actional Alliance, spoke for themself in support of the proposed Innovation Project. The speaker stated the need to build in accountability and enforceability safeguards in the PADs that will allow families and peers to have assurances that it will be followed by doctors and police officers.

Maagic Collins, mental health advocate and civil rights activist, spoke in support of the proposed Innovation Project. The speaker stated who will enforce the project needs to be clarified.

Melissa Hernandez, Painted Brain, spoke in support of the proposed Innovation Project.

Commissioner Discussion

Chair Ashbeck stated the need for all multi-county collaboratives to share the learnings widely and well.

Chair Ashbeck asked for a motion to approve the Multi-County Collaborative PADs Innovation Project.

Commissioner Tamplen moved the staff recommendation.

Vice Chair Madrigal-Weiss seconded.

Action: Commissioner Tamplen made a motion, seconded by Vice Chair Madrigal-Weiss, that:

The Commission approves each of the following County's Innovation plans, as follows:

County	*Total INN Funding Requested*	*Duration of INN Project*
Mariposa County	*Up to $517,231*	*4 years*
Orange County	*Up to $12,888,948*	*4 years*
Shasta County	*Up to $630,731*	*4 years*
Monterey County	*Up to $1,978,237*	*4 years*

Fresno County Additional Funding up to $500,000 5 years

Total $16,515,147

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Danovitch, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

ACTION

4: <u>Butte County Innovation Plan</u>

Presenter:

- Danelle Campbell, Program Manager, Prevention Unit, Butte County Behavioral Health

Chair Ashbeck stated the Commission will consider augmenting the Physician Committed Innovation Project for an additional two years and $1,252,631 further Innovation spending authority. The augmentation would bring the total authorized Innovation expenditure for this project to $2,484,955 over five years. The original Innovation Project was approved by the Commission on May 24, 2018, for $767,900 over three years and on November 14, 2019, the Commission approved an additional $464,424. She asked the county representative to present this agenda item.

Danelle Campbell, Program Manager, Prevention Unit, Butte County Behavioral Health, provided an overview, with a slide presentation, of the need, proposed extension, community contribution, evaluation, and budget of the proposed extension to the Physician Committed Innovation Project.

Commissioner Questions

Commissioner Danovitch stated behavioral health screening and adolescent medicine is considered a standard of care. He asked what is innovative about the proposed project.

Ms. Campbell stated behavioral health screening and adolescent medicine is not a standard of care with medical providers in Butte County. Although some medical providers have been exploring the screening of adverse childhood experiences (ACEs), it does not include the same questions incorporated in the proposed project, which include mental health and substance use questions.

Ms. Campbell stated another innovative feature is the immediate opportunity to refer for brief intervention, which happens within 48 hours. There is a warm hand-off and a referral to a brief intervention specialist who will see that young person regardless of any factor, such as insurance or other barrier.

Ms. Campbell stated physicians sometimes have apprehension about behavioral health screening because there is not a next step that is quick and easy for them to refer to to ensure

that that young person will get the care and support they need. Also, brief intervention is sometimes not enough. She stated the county learned that there was a huge need to have a clinical navigator to help young people who need long-term care and support to work through system barriers that were preventing that from happening in early months of this project. She noted that sufficient time has not passed to fully test that yet.

Commissioner Danovitch asked why the county does not implement it, if the proposed project has been successful and how further scaling will answer questions that enable decisions about the scaling of it.

Ms. Campbell stated the data gleaned to date is too small to examine that and, more importantly, the project has not had an uninterrupted period of time to adequately inform outcomes outside the recent devastating community traumas that have severely impacted the ability for providers to implement the project as designed and for the young people to get the care and support they need. The county did not have access to participants for many months due to the COVID-19 pandemic. The hope is to regain efforts, revisit the program design as it was intended, and have uninterrupted opportunities to support medical providers and systems in the implementation of the initiative as it was proposed.

Commissioner Alvarez asked how this work aligns with the governor's announcement of an investment of $4 billion in child and youth behavioral health initiatives, including the integration of behavioral health in primary care settings and behavior change in practices and ensuring a holistic perspective on child and youth wellbeing. She asked staff where the Commission is taking what this project is doing, learning, and uplifting and sharing it with colleagues at the Department of Health Care Services (DHCS). It is important to ensure that the Commission dollars do not supplant what could be paid for by the Medi-Cal program. She suggested that there perhaps may be an opportunity to show the great work that the Commission has invested in that can strengthen the overall delivery of care for Californians.

Executive Director Ewing stated the governor's $4 billion proposal includes two relevant components: the establishment of a digital portal that would allow for screening with the results leading to a referral and some level of obligation for care to be delivered in response to the results of the screening, and a $430 million investment in identifying evidence-based practices and scaling them. He stated there will be a future conversation on how to identify key priorities.

Executive Director Ewing recognized that the state has made some progress in moving toward a common screening tool but that more work has yet to be done. It is early in these conversations and it is important to recognize that there is not agreement on what the right tools are. More research is needed to better understand what is effective, to identify best practices, and to scale them. There will be lots of opportunities during the next five years to learn and benefit from the work that Butte County and others are doing in this space.

Chair Ashbeck asked about sustainability.

Ms. Campbell stated the hope that the project will be integrated into the overall Mental Health Services Act (MHSA) prevention and early intervention efforts and that it will become part of systems change and that partner agencies will help with long-term sustainability as well.

Public Comment

Monica Soderstrom, Division Director for Community Health Services, Butte County Public Health, spoke in support of the proposed project.

Phillip Filbrandt, M.D., Physician in Butte and Glenn Counties, Member, Butte-Glenn Medical Society, spoke in support of the proposed project.

Faye Javellana, School Nurse, Butte County Office of Education, spoke in support of the proposed project.

Poshi Walker spoke in support of the proposed project. The speaker suggested adding to the screening for the most often invisible trauma that LGBTQ youth experience due to rejecting behaviors.

Gary Smith, Family Member, spoke in support of the proposed project.

Hannah Bichkoff, Policy Director, Cal Voices, spoke in support of the proposed project. The speaker asked how the initial questionnaire has been adapted to capture COVID-19-related ACEs and impacts.

Chair Ashbeck asked Ms. Campbell to send an answer to this question to staff to pass onto Hannah Bichkoff.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve the augmentation to Butte County's Physician Committed Innovation Project.

Commissioner Gordon moved to approve the proposed project.

Commissioner Tamplen seconded.

Action: Commissioner Gordon made a motion, seconded by Commissioner Tamplen, that:

The Commission approves Butte County's Innovation Plan extension, as follows:

> *Name: Physician Committed*
>
> *Amount: Up to $1,252,631 in additional MHSA Innovation funds, to the total authority of $2,484,955*
>
> *Project Length: Five (5) Years with this Extension*

Motion carried 9 yes, 1 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioner voted "No": Commissioner Danovitch.

ACTION

5: <u>Merced County Innovation Plan</u>

Presenter:

- Jeff Sabean, LMFT, Division Director, Merced County Behavioral Health and Recovery Services, Justice and Community Integration Division

Chair Ashbeck stated the Commission will consider approval of $3,624,323.39 in Innovation funding for Merced County's Transformational Equity Restart Program (TERP) Innovation Project. She asked the county representative to present this agenda item.

Jeff Sabean, LMFT, Division Director, Merced County Behavioral Health and Recovery Services, Justice and Community Integration Division, introduced Sharon Jones, MHSA Coordinator, and Jennifer Valentine, Behavioral Health Director, Merced County Behavioral Health and Recovery Services, and stated they would be available to answer questions. He provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Transformational Equity Restart Program Innovation Project.

Commissioner Questions

Commissioner Carnevale stated a budget is being finalized to support a Bench to School Initiative, a collaboration between UCSF neurology and Hastings Law School that is specifically targeted at the juvenile justice system. UCSF is also involved in other work that shows that the incarcerated population has a disproportionately-high percentage of individuals with learning differences and that those same individuals have overlapping behavioral health issues. Best practices are currently being developed that will help social justice where there are many issues. He suggested reaching out to UCSF to learn about areas of mutual interest.

Chair Ashbeck suggested narrowing down the list of metrics. She stated she is less interested in the number of individuals served versus if something happens to their lives as a result of participating in the program, such as that they gained employment or permanent housing or that they did not go to the emergency room or back to jail. Those are outcomes that have the chance of elevating a person's life.

Public Comment

Poshi Walker questioned that the proposed project is innovative since there are many places that are looking at programs to serve individuals coming out of jail to ensure against recidivism. The speaker stated, although this is a good program, hearing words such as "evidence-based practices" cause questions about the innovativeness of the project.

Poshi Walker stated a focus group with Black, Indigenous, and people of color (BIPOC) individuals showed that they were severely distrusting of mainstream mental health services. Those populations see mainstream mental health services as violent and that the treatment focuses on supporting systems of oppression and wants them to be okay with what is happening on the outside rather than recognizing the real trauma as well as the trauma caused by being incarcerated.

Tiffany Carter, ACCESS California, a program of Cal Voices, agreed with the previous speaker. Although the speaker spoke in support of the proposed Innovation project, they stated Innovation is not the mechanism for it. The speaker suggested that it belongs in the prevention and early intervention category.

Tiffany Carter stated peer work and feedback on this project will be imperative. The speaker suggested elevating the usage of peers, including the ability for peers to be used in leadership roles, and paying peers competitive wages.

Stacie Hiramoto stated an innovative component of this project is that the county will try to make it culturally competent. The speaker suggested working with community-based organizations that serve particular communities but that are not necessarily labeled as behavioral health organizations. People of color do not always think of individuals with mental health issues as peers as much as they think of someone from their own community. This does not mean it is right or wrong – what matters is that they can relate for their culture. The fact that they are a person of color is often more of an issue in their life than having a mental health issue.

Commissioner Discussion

Commissioner Danovitch made a general comment to Commissioners about the Innovation mechanism. He stated the Innovation mechanism is one of the mechanisms the Commission has to achieve the goals of transformation that the MHSA espouses. Commissioners are often asked about the impacts, learnings, and sustainability of approved Innovation projects. He stated there are very few previously-approved Innovation plans for which those questions can be answered. Counties need to bring to the Commission the rationale for what is important to their communities. They have done the work with their stakeholders and know what needs to be done.

Commissioner Danovitch stated the role of Commissioners is to determine if something is innovative and if it includes an evaluation plan that will produce learnings that are generalizable so other counties can replicate it or do what has worked. He stated Commissioners often have trouble with the latter piece but approve plans anyway because the need case is strong. This is how funding is allocated to projects that, years later, have nothing to show for impacts. The Commission potentially colludes and undermines this mechanism, which, in the broader arc, can make it difficult to show the effectiveness of the MHSA in these mechanisms.

Commissioner Danovitch stated the other piece is staff interacts with counties to give them feedback about exactly this; yet, often the plans do not address the critiques and concerns that staff has raised. Then, when Commissioners go ahead and approve the plan, they unwittingly undermine staff's ability to give incisive feedback on these plans.

Commissioner Danovitch stated parts of this has come up in different plans. He stated the need to come together to decide how to use this mechanism to be more effective together in implementing.

Chair Ashbeck agreed. The work with Social Finance and some of the discussion on what Innovation is does not have a good answer. She stated the Merced project is needed but is probably not Innovative, except that it may be Innovative in Merced. That is the work of Social Finance and all the interviews they have done. She stated that was Richard Van Horn's point – not everything is the next big idea but how do we transform mental health not just one transaction at a time. She stated Commissioner Danovitch's comments are important and correct.

Chair Ashbeck asked for a motion to approve Merced County's Transformational Equity Restart Project Innovation Project.

Commissioner Bunch moved to approve the proposed project.

Commissioner Carnevale seconded.

Action: Commissioner Bunch made a motion, seconded by Commissioner Carnevale, that:

The Commission approves Merced County's Innovation Plan, as follows:

Name: Transformational Equity Restart Program (TERP)

Amount: Up to $3,624,323.39 in MHSA Innovation funds

Project Length: Five (5) Years

Motion carried 9 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioner abstained: Commissioner Danovitch.

Chair Ashbeck asked Merced County to look for Innovation in their work and to measure it in a way that will move the learning ahead in California. She encouraged them to review the Commission's Criminal Justice and Mental Health Project Report.

ACTION

6: Humboldt County Innovation Plan

Presenter:

- Jack Breazeal, LMFT, Humboldt County Behavioral Health Services

Chair Ashbeck stated the Commission will consider approval of $1,617,598 in Innovation funding for Humboldt County's Resident Engagement and Support Team (REST) Innovation Project. She asked the county representative to present this agenda item.

Jack Breazeal, LMFT, Humboldt County Behavioral Health Services, introduced Paul Bugnacki, Deputy Director, Raul Torres, Program Manager, Melissa Chilton, Fiscal Services Manager, Cathy Rigby, MHSA Coordinator, and Emi Botzler-Rodgers, Behavioral Health Director, Humboldt County Behavioral Health Services, and stated they would be available to answer questions. He provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Resident Engagement and Support Team Innovation Project. He stated the goal is to add to the learnings in California and to support other counties in their efforts.

Public Comment

Poshi Walker spoke in opposition to the proposed Innovation project. The speaker stated most if not all of the Learning Questions can be answered by asking the veteran's administration about their U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program because this is exactly what they do.

Stacie Hiramoto agreed with the previous speaker and stated they do not understand what is Innovative about the proposed project.

Mr. Breazeal stated his small, rural county looks for opportunities to fill gaps. Asking small counties to implement Housing First-type programs and not having the means of seeing it through is a challenge. He stated the proposed project is Innovative for the small county of Humboldt.

Commissioner Questions and Discussion

Chair Ashbeck asked about the handoff between the proposed project and the already-established HOME Program, which uses the Housing First model.

Mr. Breazeal stated the county has three to four main properties with multiple units that help individuals get housed. He stated clients tend to reach a point of stability after two to three months and the HOME Project needs to then focus on other clients. Then, maybe in month five, the first client has some type of crisis and has not been as engaged or does not have relationships with staff or other programs. He stated it is not that the HOME Project leaves, it is just that they are not as engaged as they once were. The proposed Innovation Project

provides a more formalized mechanism of keeping track of individuals on a daily/weekly basis where the HOME Project would not have the capacity to do that.

Commissioner Bunch stated her understanding that the HOME Project is a higher level of care and the proposed project is stepping individuals down to a lower level of care. She asked if individuals would next step down to a full-service partnership (FSP) or an outpatient-based program that can go into the home.

Mr. Breazeal agreed that FSPs or outpatient-based programs are opportunities for HOME clients that are willing, but the county has found that not everyone is interested in behavioral health services. Also, adult case managers have a time-limited focus and engage only once per week or once every other week for a specific appointment. He stated the REST staff would be responsive and more embedded in the home with the primary focus of augmenting adult outpatient for individuals who are in services.

Chair Ashbeck asked for a motion to approve Humboldt County's Resident Engagement and Support Team Innovation Project.

Commissioner Alvarez moved to approve the proposed project.

Commissioner Boyd seconded the motion with a caveat that the proposed project must do better in this space as discussed above.

Action: Commissioner Alvarez made a motion, seconded by Commissioner Boyd, that:

The Commission approves Humboldt County's Innovation Project, as follows:

Name: Resident Engagement and Support Team (REST)

Amount: Up to $1,617,598 in MHSA Innovation funds

Project Length: Five (5) Years

Motion carried 8 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, and Gordon, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

The following Commissioners abstained: Commissioners Danovitch and Tamplen.

Chair Ashbeck asked Humboldt County to look for Innovation in their work and to get learnings out of this that is different or complementary to the HOME Program and return and share what was learned.

ACTION

7: <u>Imperial County Innovation Plan</u>

Presenter:

- Brenda Sanchez, MPA, Deputy Director, Imperial County Behavioral Health Services, Youth and Young Adult Services

Chair Ashbeck stated the Commission will consider approval of $3,455,605 in Innovation funding for Imperial County's Holistic Outreach Prevention and Engagement (HOPE) Innovation Project. She asked the county representative to present this agenda item.

Brenda Sanchez, MPA, Deputy Director, Imperial County Behavioral Health Services, Youth and Young Adult Services, reported, in response to Commissioner Danovitch's question regarding outcomes from previously-approved Innovation Programs, that Imperial County's First Step to Success Program started with 7 classrooms in 3 different schools and is now in 59 classrooms in 20 different schools and has been moved over to the county's prevention and early intervention program.

Ms. Sanchez provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Holistic Outreach Prevention and Engagement Innovation Project.

Commissioner Questions

Commissioner Alvarez asked about county partners that would send referrals to this project.

Ms. Sanchez provided the example of the Imperial County Crisis Co-Response Team Program, which is behavioral health working with local law enforcement agencies to together respond to psychiatric emergencies. Once situations are stabilized, the individuals are immediately referred to the HOPE Program in an effort to engage the individuals. Referrals will also be generated from outpatient clinics. She stated the plan is to incorporate the proposed project as part of ongoing treatment for active clients.

Leticia Plancarte-Garcia, Director, Imperial County Behavioral Health Services, added that this would also include new clients. Youth come into the system in many ways such as through the crisis desk or the Crisis Co-Response Team Program. She stated youth rarely make it to their first appointment before any treatment is offered. The proposed project will try something different to engage this population to improve that first contact so that they show up for their initial appointment so they can receive services.

Commissioner Bunch asked if the county has peer drop-in centers or a holistic one-stop shop where all services are provided in one place.

Ms. Plancarte-Garcia stated the difference in the proposed project is that the county has a wellness program where adults and adolescents can receive services. The proposed project will be a client-centered approach where clients share what they are interested in or what is lacking in their lives to have a balanced life. The project includes peer support specialists and

a rehabilitation technician that will work with individuals to learn their interests and needs and link them to those resources.

Commissioner Bunch ask how to ensure that the places that are being linked to are appropriately trained to help youth who have mental health issues.

Ms. Sanchez stated activities will be tailored to the individuals' interests. The contracted providers will go through training and have experience working with youth and young adults.

Ms. Plancarte-Garcia added that the county has been successful in doing this with contractors that provide activities for adult populations.

Chair Ashbeck asked about the stream of youth into this program and the number of youths that may be served by the proposed project.

Ms. Sanchez stated the county expects that the proposed three-year project will serve at least 1,000 youths.

Public Comment

Poshi Walker stated providing peer support specialists is already an evidence-based practice. The speaker stated there are issues with the county with LGBTQ in general and also with LGBTQ youth. Youth have shared the desire for a program that includes their parents rather than serving youths as a silo. The speaker stated one of their concerns is that there is nothing that involves the parent.

Poshi Walker stated the concern that the county provider list lists almost every provider as LGBT under their cultural competence, when this is not possible. County residents have shared that they have had many negative experiences with Imperial County Behavioral Health staff.

Poshi Walker suggested having real criteria, especially for youth who are particularly vulnerable, who are experiencing behavioral health crises because of rejecting behaviors by their family. The speaker suggested including the Imperial Valley LGBTQ Resource Center at the table to ensure real criteria to avoid further damaging this vulnerable population.

Tiffany Carter spoke in support of capturing as many opportunities as possible to get youth more engaged and keep them engaged but stated the proposed project is not innovative. The speaker stated the proposed program seems heavy with the peer support specialist portion, and yet this is not reflected in the budget. The speaker asked if peers will be provided an ongoing living wage with opportunities for advancement.

Ms. Plancarte-Garcia stated they are working with the HR Department to develop the Peer Support Specialist position. It is the county's intent to implement the peer project by next year. The county hires individuals based on their qualifications. She noted that Community Service Worker is listed in the budget because that is where the majority of individuals come in but, if they qualify for a higher position, they are hired for that higher position.

Andrea Crook asked if peers are being put in the Community Service Worker classification because seeing the two lumped together in the budget makes it seem that either peers or Community Service Workers will be hired.

Luz Pinto, National Alliance on Mental Illness (NAMI) San Diego, spoke in support of the proposed project. The speaker suggested including referrals from parents.

Commissioner Discussion

Chair Ashbeck asked for a motion to approve Imperial County's Holistic Outreach Prevention and Engagement Innovation Project.

Commissioner Alvarez moved to approve the proposed project.

Commissioner Boyd seconded.

Action: Commissioner Alvarez made a motion, seconded by Commissioner Boyd, that:

The Commission approves Imperial County's Innovation Plan, as follows:

Name: Holistic Outreach Prevention and Engagement (HOPE)

Amount: Up to $3,455,605 in MHSA Innovation funds

Project Length: Three (3) Years

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Danovitch, Gordon, and Tamplen, Vice Chair Madrigal-Weiss, and Chair Ashbeck.

ACTION

8: <u>MHSSA Contract Approval</u>

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Vice Chair Madrigal-Weiss and Commissioner Gordon recused themselves from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Chair Ashbeck stated the Commission will consider authorizing staff to allocate funding made available through the budget to support the Mental Health Student Service Act (MHSSA). The Commission will consider fully funding MHSSA applications received in response to the MHSSA grant program, to the extent funding is available. She asked staff to present this agenda item.

Tom Orrock, Chief of Stakeholder Engagement and Grants, provided an overview, with a slide presentation, of the background, anticipated $55 billion in additional MHSSA funding, and potential to fund the eight remaining applicants. He stated the Governor's proposed budget included $55 million in additional funding for the MHSSA, which would include $5 million to

support statewide evaluation and $50 million to fund twelve additional school-county partnerships.

Public Comment

Cathy Parker, Superintendent of Schools, Tuolumne County, stated concern that only $20 million was allocated to small counties, which is 20 percent of that new allocation. The speaker stated the $7.5 million total could have funded all small counties that had asked for funding. This is often small counties' only opportunity to improve and increase mental health services in partnership with mental health partners at behavioral health. The speaker stated concern about the distribution of funding in this round. The speaker requested that small counties, especially rural counties, be looked at with more of an equity lens in the future.

Commissioner Questions and Discussion

Chair Ashbeck asked for a motion to approve the MHSSA grant contracts.

Commissioner Boyd moved to approve the proposed MHSSA grant contracts.

Commissioner Tamplen seconded.

Action: Commissioner Boyd made a motion, seconded by Commissioner Tamplen, that:

- *The Commission authorizes the Executive Director to allocate funding up to $5 million to support the MHSSA including executing contracts as needed to conduct a statewide program evaluation.*
- *The Commission authorizes the Executive Director to allocate funds as appropriate, and to execute MHSSA grant agreements with all applicants under the 2019 Request for Applications.*

Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Boyd, Bunch, Carnevale, Chen, Danovitch, and Tamplen, and Chair Ashbeck.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:16 p.m.

AGENDA ITEM 2

Action

August 26, 2021 Commission Meeting

Placer County Innovation Plan

Summary: The Mental Health Services Oversight and Accountability Commission (Commission) will consider approval of Placer County's request to expend up to $2,750,000 in MHSA Innovation funds over five years to fund the following new innovation project:

1. **24/7 Adult Crisis Respite Center**

The Commission has launched an Innovation Incubator to deliver technical assistance to counties seeking to collaborate on and learn from innovative investments to reduce criminal justice involvement of people with mental health needs.

The Commission completed a project to identify ways to reduce the number of people with mental illness in our criminal justice system. The project report highlighted the dramatic increase in the number of mental health consumers in our criminal justice system. The Commission's criminal justice report recommends that counties develop diversion strategies to keep people with mental health needs out of the criminal justice system—but identified that there is little capacity for technical assistance to meet the demand.

Subsequently, the Governor and Legislature authorized the Commission to develop an innovation incubator to leverage mental health innovation funds to transform approaches to mental health by focusing on prevention, early intervention, recovery, and outcomes that promote health, safety, independence, and opportunity. The Innovation Component of the Mental Health Services Act (MHSA) provides an opportunity to explore new ways to organize and deliver mental health services. To support those goals, the Commission is working to provide strategic guidance, support technical assistance and training, enhance evaluation to document impact, and disseminate information to create statewide systems improvement.

Crisis response systems are critical infrastructure for local agencies serving individuals with serious mental health needs. Effective systems can improve outcomes for individuals while reducing avoidable law enforcement involvement and preventing incarceration. Many counties, however, particularly smaller, and more rural counties, are challenged to develop and sustain comprehensive crisis response systems.

The National Action Alliance for Suicide Prevention in 2016 produced Crisis Now: Transforming

Services is Within our Reach, which documented a proven strategy to crisis response with four core elements:

1. High-tech crisis Call Centers that coordinate all aspects of an immediate crisis response.
2. Mobile Crisis Outreach Teams that work in the community with those at risk and reduce the need for uniformed officers to provide mental health triage in the streets.
3. Facility-based Crisis Centers that divert away from hospital emergency departments and provide crisis-specific interventions in safe and secure environments; and
4. Commitment to evidenced-based safe care practices, such as Trauma-Informed Care, Zero Suicide in Healthcare principles, and a multidisciplinary approach to crisis resolution.

The Crisis Now model enables counties to assess community needs, enhance access to care and realize overall cost savings.

Placer County is requesting up to $2,750,000 of Innovation spending authority to develop a respite center, following the best practice model established by Crisis Now, an MHSOAC funded "academy" to facilitate the learning process for counties interested in enhancing their crisis responses to mental health issues.

Placer County has been participating in the Commission's funded Crisis Now academy since October 2020, allowing the County to assess its continuum of care crisis services in relation to the National Action Alliance for Suicide Prevention's Crisis Services Task Force model. County stakeholders and the County have realized that they are too reliant on local emergency rooms and law enforcement to manage their mental health crises. Through the County's participation in RI International's Crisis Now Academy, the County has identified that it lacks a "sub-acute" residential crisis stabilization program (p. 3). This project proposes to reduce the overall use of emergency rooms and law enforcement by developing a crisis stabilization unit within its current structure at their Cirby Hills Campus.

Placer County began their local stakeholder process for this Innovation as part of its community planning for its Three-Year Program and Expenditure Plan. The Campaign for Community Wellness (CCW), a local stakeholder advisory group, identified the need for more development of crisis services in the county. The CCW is made of community members including individuals and organization serving families, consumers, Latinos, Native Americans, LGBTQ+, children, youth, TAY adults and older adults. Institutions, (education, health care, housing, law enforcement and substance use) are also represented on the CCW. Survey responses conducted in 2021 revealed the need for an alternative to ER, a 24/7 urgent care center, alternatives to 5150 holds and transport, improved post crisis follow up services, improved access to services while in crisis, a non-emergency alternative for older adults and for persons with disabilities.

Since feedback from community surveys indicated that stakeholders wanted improved services and alternatives to 5150 holds, the County worked on this crisis residential center and presented the 24/7 concept to its stakeholders and received support from both County residents as well as community-based organizations, area hospitals, Managed Care Plans, and

law enforcement. The concept for the project was presented to the CCW in January 2021 and subsequently discussed in their March, April, and May meetings. The concepts were also presented to the Mental Health Alcohol and Drug Board during their February and March 2021 public meetings.

Presenters for Placer County's Innovation Project:

- Amy Ellis, LMFT, Deputy Director, Placer County Adult System of Care

Enclosures (3): (1) Biography for Placer County's Innovation Presenter; (2) Staff Analysis: 24/7 Adult Crisis Respite Center; (3) Stakeholder Feedback

Handout (1): PowerPoint will be presented at the meeting.

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/sites/default/files/Placer_INN_AdultCrisisRespiteCenter.pdf

Proposed Motion: The Commission approves Placer County's Innovation Project, as follows:

Name:	**24/7 Adult Crisis Respite Center**
Amount:	**Up to $2,750,000 in MHSA Innovation funds**
Project Length:	**Five Years**

PROFILE

Amy Ellis is the current Placer County Health and Human Services-Adult System of Care Director as the designated Local Mental Health Director and the Alcohol and Drug Administrator.

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AMY R. ELLIS, MFT

Deputy Director, Adult System of Care

EDUCATION

Ms. Ellis is a Licensed Marriage Family Therapist and possesses a bachelor's degree in Family Services from Brigham Young University and a master's degree in Marriage and Family Therapy from the University of Nebraska-Lincoln.

WORK EXPERIENCE

Ms. Ellis began her career with Placer County in 2001 and has vast experience in both providing direct services and as a leader within our Systems of Care including providing Therapeutic Services to children and family and serving as the MHSA Work Force and Education Coordinator. Ms. Ellis has held leadership roles within the Adult System of Care, initially as a program Supervisors within our Alcohol and Drug programs and was eventually promoted to a Program Manager, in 2011. As a Program Manager, Ms. Ellis has been responsible for managing several substance use disorder treatment and mental health programs and served as the lead person designing our Drug Medi-Cal Organized Delivery System program.

STAFF ANALYSIS - PLACER COUNTY

Innovation (INN) Project Name:	**24/7 Adult Crisis Respite Center**
Total INN Funding Requested:	**$2,750,000**
Duration of INN Project:	**5 Years**
MHSOAC consideration of INN Project:	**August 2021**

Review History:

Approval by the County Board of Supervisors:	July 6, 2021
Mental Health Board Hearing:	June 28, 2021
Public Comment Period:	May 28, 2021 – June 27, 2021
County submitted Final INN Project:	July 27, 2021
Date Project Shared with Stakeholders:	July 21, 2021 and July 29, 2021

Project Introduction:

Placer County is requesting up to $2,750,000 of Innovation spending authority to develop a respite center, following the best practice model established by Crisis Now, an MHSOAC funded "academy" to facilitate the learning process for counties interested in enhancing their crisis responses to mental health issues.

Placer County has been participating in the MHSOAC funded Crisis Now academy since October 2020, allowing the County to assess its continuum of care crisis services in relation to the National Action Alliance for Suicide Prevention's Crisis Services Task Force model. County stakeholders and the County have realized that they are too reliant on local emergency rooms and law enforcement to manage their mental health crises. Through the County's participation in RI International's Crisis Now Academy (Technical Assistance provider sponsored by the Commission), the County has identified that it lacks a "sub-acute" residential crisis stabilization program (p. 3). This project proposes to reduce the overall use of emergency rooms and law enforcement by developing a crisis respite center within its current structure at their Cirby Hills Campus.

What is the Problem?

The County reports that it currently has several outpatient mental health and case management services located at the Cirby Hills Campus (i.e., FSP, nursing). Additionally, it has a 14-bed voluntary Crisis Residential facility and a non-voluntary 16-bed psychiatric health facility. The County has been awarded Mobile Crisis funds, from the MHSOAC managed Triage Funds (SB 82 funds) and has a robust and successful mobile crisis unit. Unfortunately, the Mobile Crisis unit's only recourse for treatment is the area hospital emergency room which has the potential to increase stressors on the person in crisis, as well as utilizing medical personnel and first responders, including law enforcement. In fact, the County reports that approximately 70% of referrals to the Mobile Crisis unit are from law enforcement (p. 2). Further complicating the use of the Mobile Crisis unit is the County's inability to provide follow up services to those persons identified through the mobile crisis process.

In addition to its Cirby Hills Campus, in 2018 Placer County partnered with Sacramento County in an Innovation project at the Mercy San Juan Hospital which was intended to provide similar respite services. The logistics of this arrangement were such that Placer County did not contribute any funds to the operation of the respite center, but if a Placer County resident ended up at the Mercy San Juan Center they would be treated. No referrals were made from Placer County staff to the Mercy San Juan Center. Given that Placer County averages 289 crisis assessments each month and that 80% of these assessments (p. 1) were and are completed at the local emergency room, it was clear to Placer County that it needed a more accessible and viable location for its crisis services for both treatment and provision of follow up services.

The last piece of the County's decision to try a 24/7 respite center were from lessons learned through its participation in the second cohort of the Crisis Now Academy. While the County believes it can make improvements in certain areas (p. 3) of their crisis continuum, it was missing a sub-acute crisis stabilization unit and was completely dependent upon hospitals and law enforcement to handle this aspect of its crisis needs. The Crisis Now curriculum believes the costs of stabilizing a person in crisis in this type of environment is less than the costs of in-patient care.

How this Innovation project addresses this problem:

The County proposes to add a 6-bed respite center for persons experiencing symptoms that may require more services provided at a drop-in center, yet not severe enough to require hospitalization, either in a residential facility or a hospital setting. The county plans to retrofit one of their two ADA (American with Disabilities Act of 1990) restrooms with a shower and make a larger room with a more restful setting, with recliners and couches, at its current Cirby Hills Center to house this Crisis Now-like respite center. This center is intended to provide law enforcement and Mobile Crisis units with an alternative place to bring persons with a mental health need. This center will serve as a sanctuary where a person in crisis can be monitored, made comfortable and provided services. Because of this center's proximity to other county mental health services, the occupants of the crisis respite center can move from intensive

services, participate in day programs at the center or can just rest, shower, eat, watch TV, read, be evaluated, and hopefully de-escalate.

Additionally, staff from other program areas, currently also housed in the Cirby Hills Campus, can come to the respite center to provide medication information, perform medical checks, provide referrals for after-care, and help ease the transition back to the community through socialization centers.

After Placer County makes some cosmetic changes to the proposed respite area (installing a shower, adding furniture, phone access, meals, and laundry), it intends for the respite center to function in accordance with guidance from the Crisis Now Task Force:

- Function as an integral part of a regional crisis system serving the entire County rather than as an offering of a single provider
- Operate in a comfortable home-like environment
- Utilize peers as integral staff members
- Have 24/7 access to psychiatrists of Masters-level mental health clinicians setting (p. 3)

An integral part of this program will be providing trauma-informed care to participants. The County plans to embed the principles of this type of care (safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice, and choice, and ensuring cultural, historical and gender considerations that will inform the care provided) (p. 7) into the practice at this respite center.

Respite Center staff, including PEERS, will participate in a review and training curriculum prior to working at the Center. MHSOAC staff advised Placer County that Napa County had instituted an ACEs training for its paraprofessionals as one of its Innovations since it had determined that paraprofessional there were relatively unsupported in terms of their own interactions with persons with mental health issues. After investigation of Napa County's efforts in this area, Placer County has decided to ensure that its paraprofessional staff are trained and provided the opportunity to examine their own responses to trauma. Additional training will include crisis intervention, de-escalation, and use of engagement tools, post-crisis care and linkages.

Referrals to the 24/7 Adult Crisis Respite Center can be made from within the Cirby Hills Campus by means of self-referral, family referral, law enforcement or the Mobile Crisis Team. The County believes that establishing multiple points of entry within this program will lessen the reliance on law enforcement and local hospitals relative to "sub-acute" mental health needs. Upon entry into the program, a person will be assessed, and services will be provided by both peers and licensed behavioral health teams to ensure the person is being provided the best level of care. Because the program will be housed in the Cirby Campus, where there also acute crisis services, the program will have access to a psychiatrist, as recommended by the Crisis Now model.

Community Program Planning Process (Pages 9-11)

Local Level

Placer County began their local stakeholder process for this Innovation as part of its community planning for its Three-Year Program and Expenditure Plan. The Campaign for Community Wellness (CCW), a local stakeholder advisory group, identified the need for more development of crisis services in the county. The CCW is made of community members including individuals and organization serving families, consumers, Latinos, Native Americans, LGBTQ+, children, youth, TAY adults and older adults. Institutions, (education, health care, housing, law enforcement and substance use) are also represented on the CCW. Survey responses conducted in 2021 indicated that 60% of respondents were persons with lived experience or had a history of drug abuse, and 96% of survey respondents indicated they were a family member of a person with a mental health or drug abuse experience. Results of the survey revealed the need for alternatives to an emergency room, a 24/7 urgent care center, alternatives to 5150 holds and transport, improved post crisis follow up services, improved access to services while in crisis, a non-emergency alternative for older adults and for persons with disabilities.

Since October 2020 Placer County has been participating in the Crisis Now Academy and began to evaluate its crisis continuum of care. As part of this Academy, the County looked at its continuum of services and identified that it lacked a sub-acute crisis service or residential crisis stabilization program. Since feedback from surveys (see above) indicated that stakeholders wanted improved services and alternatives to 5150 holds, the County worked on this crisis residential center and presented the 24/7 concept to its stakeholders and received support from both County residents as well as community-based organizations, area hospitals, Managed Care Plans, and law enforcement. The concept for the project was presented to the CCW in January 2021 and subsequently discussed in their March, April, and May meetings. The concepts were also presented to the Mental Health Alcohol and Drug Board during their February and March 2021 public meetings.

Placer County's public comment period was held between May 28, 2021 through June 27, 2021, followed by the Mental Health Board hearing on June 28, 2021.

A final plan, incorporating stakeholder input and MHSOAC technical advice, was submitted to Commission staff on July 27, 2021.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the Commission's listserv on July 21, 2021; the final version of this project was again shared with stakeholders on July 29, 2021. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

Two comments were received in response to Commission sharing plan with stakeholder contractors and the listserv. The commenters expressed support for this project. (Comments will be provided in Commission packets).

Learning Objectives and Evaluation:

By introducing a new practice to the overall mental health system, the County (p. 11) hopes to learn if the provision of the Crisis Now respite environment will fit "mechanically" (p. 5) into their current system of care. The county hopes that this environment will support the financial, emotional, and logistical needs of its clients and support a more holistic level of service. This project intends to serve 900 unduplicated individuals per year. The County proposes that it will work with an outside evaluator to help identify the learning objectives and critical pre-post measures as well as continue to work with its stakeholders throughout the life of this innovation (quarterly, p. 11) to ensure the program design and evaluation are culturally and linguistically appropriate.

Quantitatively, the County hopes to learn the following:

- Does prioritizing the client experience and community needs allow our organization to build a 24/7 crisis center that is fiscally stable?
- Will this innovative approach to customer/community services ultimately increase the number of clients who will enter crisis services voluntarily, reducing the need for involuntary 5150s and hospitalizations?

The County will identify these learning goals by a variety of methods:

- Collecting data on the number of persons served, the number of persons in crisis who access the Center along with the rates of recidivism
- The percentage of admissions requiring a higher level of service compared with those who are stabilized and discharged home
- Individual or entity making the referral (law enforcement, self-referral, family member)
- Identify positive impacts to local hospitals (decreased wait times and decrease in the number of individuals admitted)

Qualitatively, the County hopes to learn if:

- Prioritizing client experiences and community needs allows for a 24/7 crisis center that provides better outcomes to those served?

For data regarding these qualitative goals, the County is proposing to analyze and determine any changes in the severity and intensity of psychological symptoms by administering pre- and post- service client questionnaires, client, and family members satisfaction surveys regarding the level of care and support they received, and quarterly meetings and feedback with stakeholder groups.

Assuming positive outcomes and results based on the evaluation of this project, the County intends to sustain this project with CSS and Medi-Cal reimbursements.

After follow-up discussions with MHSOAC staff the County will provide more concrete measures and outcomes in its slide presentation to the Commission.

The Budget

The County is requesting authorization to spend up to $2,750,000 in MHSA Innovation funding for this project over a period of five (5) years. The total project budget is $15,777,595.00. The MHSA Innovation funding represents 17.4% of the total intended budget of this Innovation project. The balance of the total funding is braided from other revenue funding sources such as Medi-Cal, grants, and Managed Care Plans. Placer County Administration has committed to providing net costs associated with staffing, general funds, and funding commitments from Sutter Health, Kaiser Hospital, California Health and Wellness and Anthem. During technical assistance calls with Commission staff regarding the size of the "net cost," County staff expressed assurances had been made to cover these costs.

Funding Source	Year-1	Year-2	Year-3	Year-4	Year-5	TOTAL
Innovation Funds	$550,000.00	$550,000.00	$550,000.00	$550,000.00	$550,000.00	$2,750,000.00
Medi-Cal FFP	$777,625.00	$777,625.00	$777,625.00	$777,625.00	$777,625.00	$3,888,125.00
1991 Realignment						$0.00
Behavioral Health Subaccount						$0.00
Any other funding (Non-recurring Costs)	$235,400.00					$235,400.00
Total	$1,563,025.00	$1,327,625.00	$1,327,625.00	$1,327,625.00	$1,327,625.00	$6,873,525.00

5 Year Budget	Year-1	Year-2	Year-3	Year-4	Year-5	Total
Personnel	$2,090,000.00	$2,090,000.00	$2,090,000.00	$2,090,000.00	$2,090,000.00	$10,450,000.00
Operating	$461,850.00	$461,850.00	$461,850.00	$461,850.00	$461,850.00	$2,309,250.00
Indirect Costs	$406,589.00	$406,589.00	$406,589.00	$406,589.00	$406,589.00	$2,032,945.00
Consultant / Contract	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$750,000.00
Non-recurring Costs	$235,400.00					$235,400.00
						$0.00
						$0.00
Total	$3,343,839.00	$3,108,439.00	$3,108,439.00	$3,108,439.00	$3,108,439.00	$15,777,595.00

Personnel costs in the amount of $10,450,000 represent 66.2% of the total budget:

Direct Service Staff:

- 1.0 FTE Registered Nurse at $165,000 per year
- 8.0 FTE Client Services Practitioners at $170,000 per year
- 5.0 FTE Peer Support Specialists at $65,000 per year
- On call 24/7 Psychiatrist at $240,000 per year

Operating costs in the amount of $4,342,195 represent 27.6% of the total budget

- Inclusive of indirect costs and administrative costs

Total non-recurring costs amount to $235,400 represent 1.5% of total budget

- Sutter Hospital and Managed Care Plans will provide funding in the amount of $205,000
- County net cost will be $30,500 to supplement total non-recurring cost

Consultant/Contract costs in the amount of $750,000 represent 4.7% of the total budget

- Inclusive of evaluation contractor

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

From:	Reedy, Grace@MHSOAC
To:	Reedy, Grace@MHSOAC
Subject:	FW: I favor the Innovation Plan for Placer County Crisis Center
Date:	Friday, August 13, 2021 9:31:07 AM

From: [redacted]

Sent: Saturday, July 24, 2021 3:32 PM

To: Reedy, Grace@MHSOAC <Grace.Reedy@mhsoac.ca.gov>

Cc: Sue Compton <scompton@placer.ca.gov>; Orrock, Tom@MHSOAC <Tom.Orrock@mhsoac.ca.gov>

Subject: I favor the Innovation Plan for Placer County Crisis Center

Dear Grace,

I strongly support this innovation plan for a crisis center while we have none. This will help Placer County with its current mental health crisis calls response, such as telephone referrals/warmlines, or mobile response unit, but also prepare for the new 988 system. The Crisis Now model requires active 988 crisis call dispatches for low and mid-level referrals such as this innovation plan proposes. Efficiency in this service model will help.

Unfortunately ER visits can be more costly, needlessly complex, time consuming to the hospital and client and client family, and sometimes ineffective and inefficient. A staffed crisis center will offer the community effective, timely, and efficient treatment, and also prevent further trauma to the crisis patient in a sensitive setting.

With the continuing Covid Delta variant, ERs will continue to be pressed for walk-in services and beds. The sub-acute care model offered by the Placer project will likely free up clinical time and resources for the ongoing pandemic.

Finally, the family and related community based MH services are better able to respond to a nearby crisis facility. ER visits sometimes result in distant travel to available acute treatment hospitals whereas a local response system allows the patient, family and local therapists to more quickly restore a sense of normalcy and curative measures to the patient.

It is hoped this embedded facility will grow if demand increases, and that the 988 system will wisely manage this and the many other crisis care facilities in the region. MHSOAC funds need to serve all counties in this region and even visiting Californians at this facility. I embrace this project! Please vote in favor.

Sincerely,

[redacted]

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From:	Reedy, Grace@MHSOAC
To:	Reedy, Grace@MHSOAC
Subject:	FW: Placer County Innovation Plan for Review
Date:	Friday, August 13, 2021 9:30:43 AM
Attachments:	image002.png image001.gif

From: [redacted]
Sent: Tuesday, July 27, 2021 5:02 PM
To: Reedy, Grace@MHSOAC <Grace.Reedy@mhsoac.ca.gov>; MHSOAC <MHSOAC@mhsoac.ca.gov>
Cc: [redacted]
Subject: Placer County Innovation Plan for Review

Good Afternoon,

I wholeheartedly agree with Placer County and their plans to expand their existing Adult Crisis Respite Center.

My [redacted] used to live in Placerville on [redacted] Road and my [redacted] suffers from substance abuse and he has mental health issues. I have seen first hand what can be done with an Adult Crisis Respite Center.

I look forward to reviewing the County's quarterly progress reports.

[redacted]

From: MHSOAC Communications <Communications@MHSOAC.CA.GOV>
Sent: Wednesday, July 21, 2021 2:25 PM
To: MHSOAC_LISTSERV@LISTSERV.STATE.CA.GOV
Subject: MHSOAC Update: Placer County Innovation Plan for Review

Below is information on the proposed Innovation Plan for Placer County. The plan has been attached to this email and the 30-day public comment period was held between May 28, 2021 through June 27, 2021.

Project Name: 24/7 Adult Crisis Respite Center

County: Placer

Project Amount: $2,750,000

Project Length: 5 years

The proposed Innovation Project would add a six (6) bed 24/7 Mental Health Adult Crisis Respite Center embedded within our existing array of services at our Cirby Hills campus. It would be considered an intermediate level of support for those experiencing a mental health crisis that is more severe than what a standard "drop-in center" could provide but does not require an emergency room or inpatient psychiatric hospitalization setting. Residential crisis stabilization programs such as this offer short-term "sub-acute" care for individuals who need support and observation, but not emergency department holds or medical inpatient stay, at

lower costs and without the overhead of hospital-based acute care. The goal of the 24/7 Adult Crisis Respite Center is to create a local respite service that offers a safe, supportive, home-like environment for community members to utilize when experiencing a behavioral health crisis. It is an alternative that is less costly and less intrusive than a hospital setting and more easily designed to connect individuals immediately to needed supports and ultimately reduce recidivism. This proposed project will allow us to try the Crisis Now Model within a more flexible "Respite Care" environment and use the five-year Innovation Plan to help measure how the Crisis Now Model fits mechanically into our continuum to best serve our community. We can gather additional data based on actual use and continue to gather community input during this timeframe to see what is needed most (e.g., CSU, Respite Care, or other type of crisis program).

A copy of the plan can be accessed online at: SEE ATTACHED PLAN

Comments/Feedback

To provide comment, please email the Commission at mhsoac@mhsoac.ca.gov or contact Grace Reedy at grace.reedy@mhsoac.ca.gov. **Please include the name of the INN Project in the Subject line.**

Comments due by: **Tuesday, July 27, 2021 - COB**

AGENDA ITEM 3

Information

August 26, 2021 Commission Meeting

Update on the Capitol Collaborative on Race and Equity (CCORE)

Summary: The Mental Health Services Oversight and Accountability Commission (Commission) will hear about progress and areas of opportunity from Commission staff related to the Capitol Collaborative on Race and Equity (CCORE).

Background: In August 2020, the Commission joined the Capitol Collaborative on Race & Equity (CCORE). Sixteen Commission staff volunteered as part of the staff team tasked with learning about, planning, proposing and helping to implement strategies to improve the Commission's commitment to racial equity approaches through enhancing institutional culture, policies, and practices. Commission staff have participated in shared learning with 16 other state agencies, researched, and held public meetings to better understand disparities and areas of opportunity across the state. This work will culminate in an organizational Racial Equity Action Plan to support race equity in mental health.

Considerations for Commissioners:

- How could the State support the success of strategies that increase equity in access to care and decrease stigma given the diversity of California's population?
- How could the Racial Equity Action Plan leverage the Commission's tools and strategies, including with financial incentives, innovation, and policy, to prioritize reducing disparities in mental health?

Commission Staff Presenters:

- Lauren Quintero, Chief of Administrative Services
- Anna Naify, Consulting Psychologist

Enclosure: CCORE Information Sheet

Handout (2): Racial Equity Action Plan: Project Overview

PowerPoint to be presented at the meeting

Racial Equity Action Plans from other State Agencies

Capitol Collaborative on Race & Equity (CCORE)



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CALIFORNIA HEALTH IN ALL POLICIES TASK FORCE

Information Sheet

What is the Capitol Collaborative on Race & Equity (CCORE)?

CCORE (formerly the GARE Capitol Cohort) is a community of California State government entities working together since 2018, to learn about, plan for, and implement activities that embed racial equity approaches into institutional culture, policies, and practices. CCORE implements a commitment by the Health in All Policies Task Force to increase the capacity of State government to advance health and racial equity. The California Strategic Growth Council (SGC) and the California Department of Public Health (CDPH) convene the HiAP Task Force. In addition to the community of practice, CCORE offers two capacity building components: 1) a training program for State government entities, and 2) a staff team that provides technical assistance and support to the CCORE community.

Who convenes CCORE?

The Public Health Institute (PHI) works in collaboration with a number of State, philanthropic, and training partners to offer CCORE. PHI is a non-profit, non-governmental organization, with significant capacity and expertise convening and training governmental partners to advance equity and facilitates cross-sectoral initiatives. PHI is grateful to the many supporting organizations including: Race Forward, SGC, The California Endowment, The California Wellness Foundation, and CDPH, which provides leadership and staffing support throughout the initiative.

What are CCORE's anticipated outcomes?

1. State government entities establish Racial Equity Action Plans and organizational leadership structures to implement their plans.
2. State government increases transparency around racial equity commitments and progress.
3. State government pursues proposals for resources to advance racial equity.
4. State employees and leaders grow in their personal and interpersonal learnings about racial equity, strengthening their capacity and the implementation efficacy of institutional-level change strategies.
5. Executives across the State enterprise are informed about progress and cultivate a policy environment receptive to action for racial equity.

To learn more about CCORE, email CCORE@phi.org

Capitol Collaborative on Race & Equity (CCORE)

What are CCORE's key features?

KEY FEATURE #1: Training cohorts provide CCORE participants with foundational and technical lessons and experiential learning.

The curriculum is grounded in a goal-oriented change management framework that guides individual and organizational change. This developmental approach builds on previous learnings and revisits foundational content to support retention.

- CCORE Learning Cohort (August 2020 through October 2021) is designed for State entities that have not previously participated in CCORE, and do not yet have Racial Equity Action Plans. Training includes racial equity concepts, history, language, practices, policies, and tools, including the use of Racial Equity Tools and development of customized Racial Equity Action Plans.
- CCORE Advanced Implementation Cohort (2020 through 2021) is designed for State entities that participated in the 2018 and 2019 pilot initiative. Training modules include an expanded framework for addressing institutional & structural racism, and understanding individual power and privilege to catalyze organizational change. Participants will build technical skills for leveraging State processes to advance Racial Equity Action Plan implementation.

KEY FEATURE #2: CCORE entities receive support to make lasting systems change, tailored to their unique needs and opportunities.

Participating organizations receive:

- Coaching and technical assistance, using Health in All Policies methods, to implement racial equity policy and programmatic commitments.
- Peer mentorship from government innovators and movement builders across the nation.
- Transformational and adaptive leadership skills support a policy environment receptive to innovative racial equity policy and practice.

KEY FEATURE #3: Cross-agency networking and enterprise-wide executive engagement amplify racial equity progress to the highest levels of State government.

Participating organizations benefit from:

- Amplification of messages and strategies through executive briefings (i.e., Cabinet members) and reports, convenings, and other mechanisms.
- A State government network that collectively elevates racial equity values, collaborates on strategy, models leadership for racial equity, and supports transformational governance.



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AGENDA ITEM 4

Action

August 26, 2021 Commission Meeting

MHSOAC Budget Overview and Expenditure Plan

Summary: Commission staff will present the Commission's accomplishments and final budget overview from Fiscal Year 2020-21. The Commission will also be presented with an overview of the Commission's Fiscal Year 2021-22 budget and expenditure plan for the new fiscal year.

Background:

On July 12, 2021, Governor Gavin Newsom signed SB 129 (Budget Act of 2021) which made appropriations for the support of state government for the 2021–22 fiscal year.

The biggest change to the Commission budget is an increased one-time allocation for the Mental Health Student Services Act (MHSSA) to fund grants to school and county mental health partnerships that support the mental health and emotional needs of children and youth as they return to schools and everyday life. $205 million in additional funds ($100 million Coronavirus Fiscal Recovery Fund and $105 million Mental Health Services Fund) was approved for the Commission FY 2021/22 budget on top of the annual $8,830,000 MHSSA allocation.

The second notable change to the Commission budget is a new one-time allocation of $5,000,000 in Fiscal Year 2021/22 to support an anti-bullying project for children and youth.

Here is a summary of the 2021/22 Budget for the MHSOAC as approved in SB 129, which totals $255,097,000:

$31,028,000 for Commission Operations and Payroll from the Mental Health Services Fund

- Provisions
    - MHSSA - $10,000,000 shall be available for encumbrance or expenditure until June 30, 2026, to support administration and evaluation of the Mental Health Student Services Act
    - Anti-bullying - $5,000,000 shall be available for encumbrance or expenditure until June 30, 2023, to support a peer social media network project for children and youth, with an emphasis on students in kindergarten and grades 1 to 12, inclusive, who have experienced bullying, or who are at risk of bullying, based on race, ethnicity, language, or country of origin, or perceived race, ethnicity, or county of origin.
        - No later than August 31, 2021, the Mental Health Services Oversight and Accountability Commission shall convene an advisory group that includes

youth, including transition age youth, mental health providers, representatives of community- based organizations that work on issues associated with racial justice and understanding, legislative staff, the State Department of Public Health, and others. The commission shall strive to ensure membership is reflective of California's diverse population and includes members with expertise and lived experience related to bullying.

- The advisory group shall develop a social media program to support children and youth who have faced bullying, or who are at risk of bullying, based on race, ethnicity, language, or country of origin, or perceived race, ethnicity, or county of origin, through the delivery of trusted content from licensed therapists, counselors, or others to support healthy discussion of difficult topics that young people may not feel comfortable discussing with teachers or parents, and ways to support youth to connect with mental health staff, peer providers, or others to reduce risks associated with bullying and improve youth resiliency when experiencing bullying.
- No later than October 31, 2021, the Mental Health Services Oversight and Accountability Commission shall contract with one or more entities to provide the services and supports as outlined in the social media program developed through the commission's advisory group.

$123,830,000 for Local Assistance from the Mental Health Services Fund

- Provisions
  - Triage - $20,000,000 is available for encumbrance or expenditure until June 30, 2023.
  - MHSSA - $95,000,000 shall be available for encumbrance or expenditure until June 30, 2026, to support the Mental Health Student Services Act.
  - MHSSA - $8,830,000 shall be available for encumbrance or expenditure until June 30, 2022 to support the Mental Health Student Services Act.

$100,000,000 for Local Assistance from the Coronavirus Fiscal Recovery Fund of 2021

- Provisions
  - The funds appropriated in this item are available to support grants for partnerships between counties and schools pursuant to the Mental Health Student Services Act. These grants shall be for economically disadvantaged communities, as determined in consultation with the Department of Finance, consistent with the requirements developed by the United States Treasury pursuant to the American Rescue Plan Act of 2021.

$239,000 for Local assistance from the Suicide Prevention Voluntary Contribution Fund

Presenters: Toby Ewing, Executive Director and Norma Pate, Deputy Director

Enclosures: None

Handouts: A Summary of the Commission's 2020-21 and 2021-22 Budget and PowerPoint will be made available at the Commission Meeting.

MISCELLANEOUS ENCLOSURES

August 26, 2021 Commission Meeting

Enclosures (14):

(1) Amador County Innovation Plan and Staff Analysis: Comprehensive Community Support Model to Address Student Mental Health
(2) Colusa County Innovation Plan and Staff Analysis: Social Determinants of Rural Mental Health
(3) San Luis Obispo Innovation Plan and Staff Analysis: Behavioral Health Education and Engagement Team (BHEET)
(4) San Luis Obispo Innovation Plan and Staff Analysis: SoulWomb
(5) Santa Clara County Innovation Plan and Staff Analysis: Independent Living Empowerment Project (previously titled Independent Living Facilities Project)
(6) Sonoma County Innovation Plan and Staff Analysis: New Parent TLC
(7) Yolo County Innovation Plan: Planning and Stakeholder Input Process for Crisis System Re-Design and implementation
(8) Letter to MHSOAC Regarding PEI Priorities
(9) June 24, 2021 Motions Summary
(10) Evaluation Dashboard
(11) Innovation Dashboard
(12) Department of Health Care Services Revenue and Expenditure Reports Status Update
(13) Supported and Sponsored Legislation
(14) Tentative Upcoming MHSOAC Meetings and Events

Handouts: Calendar of Tentative Commission Meeting Agenda Items

Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.
☒ Local Mental Health Board approval Approval Date: May 19,2021
☒ Completed 30 day public comment period Comment Period: April 19 – May 19, 2021
☐ BOS approval date Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: June 8, 2021 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: ASAP – prior to 6/30/21 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name: Amador

Date submitted: March 22, 2021 (first draft)

Project Title: Comprehensive Community Support Model to Address Student Mental Health

Total amount requested: $665,000 ($133,000 per year for five years)

Duration of project: July 1, 2021 through June 30, 2026

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

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

Background: In April 2018, at the direction of stakeholders and the Behavioral Health Advisory Board, Amador County Behavioral Health Services (ACBHS) implemented a program that engages with the school district to explore school-based mental health early intervention strategies. ACBHS coordinated this engagement process with the Amador County Unified School District (ACUSD), Amador County Office of Education (ACOE) and other community-based organizations to determine where the gaps lie in providing students mental health treatment and what processes and systems should be in place to identify and treat mental illness in the school settings.

The program operates as a workgroup called 'School Based Mental Health Early Intervention Strategies' and has met several times since April 2018. Specific members of the workgroup include ACBHS, ACUSD and ACOE. Two other community-based organizations that work within the school sites to provide prevention and early intervention services also participate in the workgroup and they are Nexus Youth & Family Services and First 5 Amador. Updates regarding the workgroup activities are provided at the bi-monthly Behavioral Health Advisory Board meetings, bi-monthly Mental Health Services Act/Cultural Competency Steering Committee meetings and annually to the Amador County Board of Supervisors. In order to formalize the county/school district relationship a Memorandum of Understanding was implemented in August 2018 and continues today.

The vision of the work group is to provide access and linkage to mental health services and supports to students and their families in Amador County.

The mission of the workgroup is to increase mental health services to students, develop and enhance a seamless system of care that identifies at-risk youth and youth who are in need of early intervention services in order to better meet the needs of students in school by providing services in school settings.

Problem: Prior to COVID-19, the School Based Mental Health Early Intervention Strategies workgroup developed long and short term goals to address student mental health and increase services and supports for students and their families.

Short-term solutions have included:

- The creation of an MOU between ACBHS and ACUSD/ACOE resulted in implementation of ACBHS clinicians providing services directly at the school sites. The MOU was recently expanded in the school year 2019/20 to reflect the addition of the additional services provided by ACBHS regarding ACUSD/ACOE Threat Protocols.
- Referral sheets and flow charts to assist school counselors and personnel have also been developed and disseminated to the school sites in order to provide students and families' access and linkage to mental health services and supports.
- Quarterly meetings between the workgroup and School Counselors have been established.

Long-term solutions include:

- The implementation of a universal screening tool in order to identify students who may be at-risk for mental illness and students who are experiencing mental illness and are in need of early intervention services. The screening tool would be implemented as early as pre-k as a requirement similar to hearing and vision tests in order to reduce stigma amongst mental illness. The workgroup has done research on screening tools and has not yet implemented this long-term solution yet.
- Implementation of a Student Assistance Program to work with students and engage their families in connecting to higher levels of mental health treatment and support. A Student Assistance Program was implemented for the 2019-20 school year with limited funds and is having a significant response from school personnel.
- Mental Health professionals, to provide mental health services to students at any school site within the school district.
- Increase school counselors so that at least one school counselor is located at each school site throughout the district and/or that social emotional wellness school counselors are available to address the wellness of students.
- Suicide Prevention activities related to the implementation of AB2246 including but not limited to training and activities for school personnel and students.

However, with the onset of COVID-19 and the negative community impact felt by students and families, these goals are now needing to be expanded and/or revised.

Students and families in Amador County are now dealing with a new set of challenges that negatively impact mental health and social emotional wellbeing. With the onset of distance and/or hybrid learning and challenges that are arising from not being physically in school or around others, youth are more depressed, unmotivated, anxious and stressed. Additionally parents and childcare providers are managing multiple things in a constantly changing world/environment.

Prior to COVID-19, students/school aged children were in the classroom setting and parents/caregivers were able to effectively manage schedules and care. This also made the goals of the workgroup easier to implement since students were physically in schools within the community. With the onset of COVID-19, students are in various locations each day—some are in childcare settings, others are at home with their parents/caregivers, some are at work with their parent/caregivers and if the child is participating in hybrid learning, they could be at school but with limited access to additional resources needed. Due to the complex switch in the family dynamic and rural nature of Amador County, access to students is challenging and requires a more robust system of care to create outreach, services and support for student mental health and their support networks.

Amador County is lacking a community response to students, parents and childcare providers that would address mental health as a result of the COVID-19 pandemic and beyond. COVID-19 has revealed that cohesive systems are not in place to adequately serve and support the mental health needs of the community who are serving students in various capacities.

In November 2020, a survey of 174 students revealed that 69% of students feel overwhelmed by their social situation, school or home. Nearly half also reported feeling hopeless. Many students, youth and families are experiencing increased stress, anxiety and overwhelm. School closures and distance learning have affected families in negative ways. Childcare providers are working to assist parents while they are working with little to no skillset in how to provide a homeschooling environment. Families and students are not able to receive much needed assistance or guidance as they once had. As a result, people are falling through the cracks, not receiving the appropriate referrals they need. Parents are struggling to accommodate the needs of their students while also trying to balance a work/life schedule that often does not accommodate distance learning environments or educational benchmarks. Additionally, if students have mental health or behavioral challenges, parents/caregivers and childcare providers are often unequipped, lacking the skills and experience necessary to handle the stressors that come with caring for and teaching students who are experiencing those challenges.

There are currently no supports in place to promote access to services for students and their families, let alone referral pathways to services from school sites are now limited because students and families are not being seen. When students are not reporting to school, negative consequences are pursued, creating more stress. Parenting classes offered by community partners have shifted to discussions regarding the pandemic and the impacts it has and is having on lives. Childcare providers are reporting increasing struggles and need additional support for themselves and the families they serve. In August 2020, a survey to 26 child care sites was issued. The survey revealed that the child care providers were caring for 118 students ranging in age from Transitional Kindergarten through 6th grade. 88% of the child care provider sites were providing assistance to the children with their distance learning. Providers also used the commentary section of the survey that revealed how much they are struggling with juggling various demands of providing child care in a COVID-19 world, mainly how other, younger children are not being provided the attention they once had due to the provider being pulled several different directions. This has caused behavioral challenges with those children who are younger, needing more attention and focus and are not receiving it.

Amador County families are in need of interim supports while appropriate and sustainable services are accessed. Amador County is lacking a comprehensive mental health response to the COVID-19 pandemic and addressing the increased sphere of student and caregiver mental health.

PROPOSED PROJECT

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

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

First and foremost, the 'School Based Mental Health Early Intervention Strategies' workgroup (referred to as the 'workgroup') would convene to develop a community support model implementation plan and engage community based partners in this process. Weekly or bi-weekly meetings will be scheduled to ensure cohesiveness in the development of the implementation plan and roll out of service delivery. The workgroup would be responsible for creating the model.

Simultaneously, the Student Assistance Program (community-based organization to be identified) would receive referrals as usual for students. Another community based organization in Amador would receive referrals for childcare providers, students and student siblings. Other agencies as identified could also be included in the 'referral clearinghouse'. Increasing referral pathways will provide more timely access to intervention and support, as appropriate. This would assist in providing a formal system of care that would provide efficient access to mental health services.

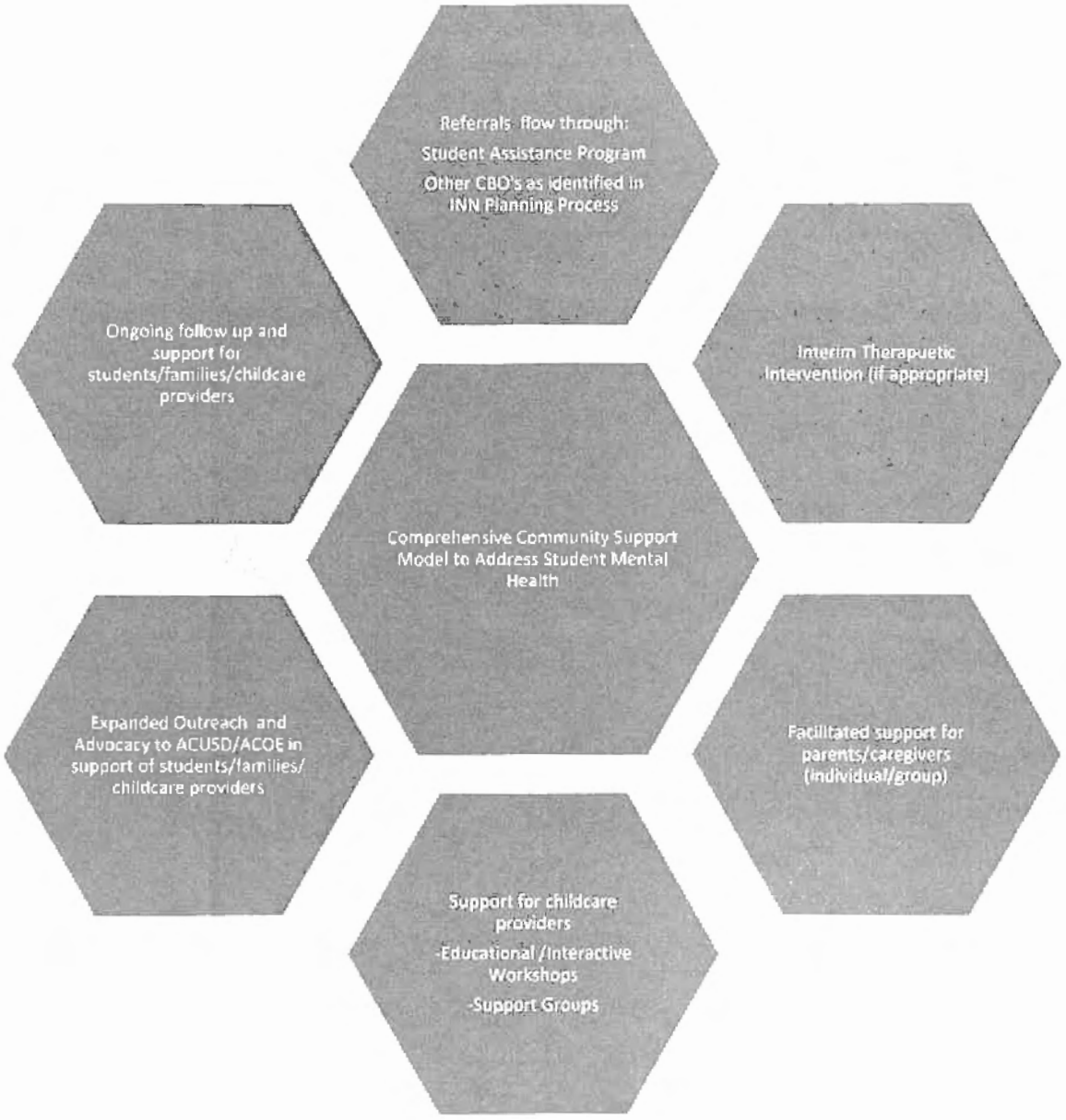
After the referrals are reviewed and initial contact is made, if appropriate, the student, parent/caregiver or childcare provider would be provided access to a mental health therapist to provide interim support while the student, parent/caregiver or childcare provider are supported in ascertaining sustainable solutions. For example, the student is in need of therapeutic intervention while waiting for an appointment with a private community therapist or a childcare provider needs to discuss coping mechanisms while finding out what other services are available to support their needs.

In addition to a therapeutic intervention, community supports for parents and caregivers would be offered. Support groups for parents, educational workshops and support groups for childcare providers and increased outreach and advocacy to address student's needs are examples of the community support model implementation plan. Continued support through the Student Assistance Program or and other community based organizations would be ongoing.

This model is fluid and would adapt to the changing requirements at the local, state and federal level for COVID-19. Stakeholders will be identifying needs through conversation and surveys and program implementation would be adjusted to meet those changing needs.

By expanding the Student Assistance Program model, ACBHS would be able to adapt the program to a comprehensive community support model, which would address student mental health. The conceptualized model would create support networks, leverage existing resources, and develop a countywide system that addresses the entire spectrum of student mental health including parents, childcare providers, and individual needs.

The graphic below provides a visual of how the system of care is currently envisioned:



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

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

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

The Student Assistance Program (SAP) is a comprehensive school-based approach that coordinates support services and some direct services for students. Through the referral and facilitation of appropriate services, SAPs have been successful in reducing students' behavioral and disciplinary violations including substance use, helping students get through schools safely and successfully, and improving school attendance and academic performance. Although the approach is titled Student Assistance Program, it directly benefits and supports the staff, family, and the community when students use the supportive services when they need it.

The Student Assistance Program should be used as a portal to allow the students and families to access the county or community based services. Referrals to the SAP are usually open to any school staff, family, students or friends. There are a lot of variations of how a SAP is structured, run, and funded. Services provided under a SAP also vary, but may include an array of interventions that address non-academic barriers. These non-academic barriers include, but are not limited to:

- Individual or family stress
- School challenges
- Family changes
- Attendance concerns
- Substance abuse concerns
- Safety concerns
- Mental health concerns

In FY 19/20, Amador County piloted a Student Assistance Program in Amador County Unified Schools, utilizing a community-based organization as a neutral party outside of the school or county systems in order to create a safety net of support for students and families. School counselors and administrators provided the majority of the referrals to the SAP. Due to the lack of direct mental health professional services, dedicated school counselors at school sites and other barriers that exist in rural communities such as transportation and access to professional services and treatment, the SAP had a profound response. Utilizing a prevention-focused approach, a total of 94 referrals were made to the program directly from ACUSD/ACOE school sites between October 1, 2019 and June 30, 2020. The SAP completed 70 family conferences. 124 youth and 115 adults participated in SAP services and families have received 277 referrals to community resources, support and services. The success rate on the referrals to community resources and services is averaging at 73%. However, 100% of SAP participants have stated that they have learned where to go for help when needed and they would seek other prevention services, if needed, again in the future.

Continuation of a Student Assistance Program, using a community based organization as a neutral party, in Amador County Unified Schools will continue to create a safety net for students and families who need ongoing assistance to address an array of non-academic needs in a respectful and appropriate way. However, as noted in the high number of referrals provided by the SAP last fiscal year, a stand-alone program is not the answer. COVID-19 has revealed that Amador County lacks a comprehensive response system to address student mental health at all levels. As a result, a more comprehensive system needs to be developed in order to promote a preventative approach, not a responsive approach to accessing students, families and caregivers/providers. Now that students are no longer in a school setting, referrals into the SAP

have decreased and as a result, a broadened community-based approach is necessary to meet students and families where they are at. Additionally, support is now needed beyond the family unit. Child care settings and other caregivers also need assistance, specifically when it comes to coping mechanisms in managing stress, anxiety and resources to help them with the students and youth they are tasked with providing care for. By expanding the SAP model a more broad approach will be implemented to meet the mental health needs of students and support their expanded sphere of providers.

Due to the success of the Student Assistance Program and the undeniable fact that more support for students is needed, the selected approach of expanding the program to include a community-based, holistic and prevention-focused approach is appropriate to meet Amador's needs.

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

350 individuals are to be served annually. In eight months, the SAP served 239 individuals. This proposed project will expand service provision and supports and be implemented for a full twelve months. Thus, it is anticipated that a higher number of individuals will be served.

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

The target population includes:

- Students in Amador County who are in preschool through the 12th grade
- Parents and Caregivers
- Childcare providers
- ACUSD and ACOE Staff
- Any student or anyone who is supporting a student as a family member, childcare provider, caregiver, teacher and/or anyone who is identified as providing support that benefits the child in any capacity.

RESEARCH ON INN COMPONENT

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

The proposed project is different from similar projects that have been implemented by other counties and other school districts. This project is unique as it is not isolated to school settings. Other county public mental health systems have developed robust relationships with their respective office of education and school districts to provide effective systems of care within the school settings. This project, however, takes a different approach by working as a community based support model that targets students and anyone working with that student to provide access to mental health services and supports.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing

practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Diligent efforts were made to investigate existing models or approaches that would be similar or close to what ACBHS is proposing.

First, a thorough review of the recently published 'Summaries of County-School Partnerships to Advance School Mental Health', created by the California School-Based Health Alliance, in partnership with California Mental Health Services Authority (CalMHSA) was completed. The detailed matrix report provided information on various counties and their school-based mental health service strategies. However, the community based model wasn't clearly defined in what the counties were doing and the work, although different in each community, was not utilizing a community model. The proposed project would create a community-school based partnership as opposed to a county-school partnership. The community-school based partnership would address an array of student mental health needs that expand beyond the student itself to include their support networks and families.

Research was conducted to further investigate existing models or approaches similar to a community based approach to student mental health. One approach, Whole School, Whole Community, Whole Child (WSCC) combines and builds on the elements of the Whole Child model and the Coordinated School Health (CSH) approach to create a unified model that supports a systematic, integrated and collaborative approach to health and learning. (Theresa C. Lewallen MA, Holly Hunt, William Potts-Datema, Stephanie Zaza MD, & Wayne Giles MD, 2015) Throughout the article titled 'The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Educational Attainment and Healthy Development for Students' in the Journal of School Health, it is learned that the WSCC approach uses the student as a focal point, which is the same focal point as the proposed project. What is unique about the WSCC is "...*whole* to support the development of each child and youth most effectively. The focus of the WSCC model is a socioecological approach that is directed at the whole school, with the school, in turn, drawing its resources and influences from the whole community and serving to address the needs of the whole child." The article further states that "ASCD and the CDC encourage use of the model as a framework for improving students learning and health." (Theresa C. Lewallen MA, Holly Hunt, William Potts-Datema, Stephanie Zaza MD, & Wayne Giles MD, 2015)

In order to determine what exactly the WSCC framework is, additional investigation was conducted, which led to the Centers for Disease Control and Prevention (CDC) Healthy Schools website. According to the CDC, "The Whole School, Whole Community, Whole Child, or WSCC model, is CDC's framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. The WSCC model has 10 components:

1. Physical education and physical activity.
2. Nutrition environment and services.
3. Health education.
4. Social and emotional school climate.
5. Physical environment.
6. Health services.
7. Mental health counseling, psychological and social services.

8. Employee wellness.
9. Community involvement.
10. Family engagement." (Center for Disease Control and Prevention (CDC) , 2020)

The CDC website clarifies that schools can incorporate components of the WSCC as they see fit. Therefore it was determined that although different schools throughout the nation are using this framework, it is applied in different ways based off each schools unique needs and communities. The WSCC validates that a community-school approach is effective but a universal model is not established due to the varying needs of each school community. In fact, in researching the WSCC further it became evident that the WSCC is focusing on healthy schools, however, due to COVID-19, students are no longer physically in school as they once were and the WSCC framework would need to be adapted to address gaps identified at the local level. The first gap is that due to the fact that many school-based services are obsolete from school campuses, the community has essentially become the 'school setting' and the need to create a community-school system that supports students outside of the school campus is greater now more than ever.

In an article titled, School-based mental health services in the United States: History, current models and needs, it noted that "As schools have increasingly been mandated to serve the needs of all children (including those who are emotionally disturbed) general health and mental health services have been increasingly placed in them." (Lois T. Flaherty M.D., 1996) As a result, schools are taxed with an array of mandates that stray from the academic focus. In order to support school systems, a community-school based relationship must be formed in order to meet the needs of students and the expanded sphere of support they are now engaged in as a result of the COVID-19 pandemic.

Another study that uses a similar approach to what the project is proposing, was examined. Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada (Marion A Maar, 2009), utilized a community based approach in a rural area to meet the mental health needs of an isolated and underserved aboriginal community. However, the study was not a community-school based relationship, it was an integrated service model that focused on adults. With that being said, after extensive review of the service model it was determined that the approach used in this study is very similar to the proposed project, however, the target of the ACBHS INN Proposal is a small, rural American community with a focus on using community supports to comprehensively provide a system of care for students and their entire support system, as appropriate.

The research investigation points to successful approaches and frameworks which can be applied to the proposed project in various ways. The research also identifies where challenges are most likely to occur and how to implement a strong program to mitigate the severity of potential issues while working as partners to provide community-school services. However, no clear approach to defining a comprehensive community model of care that addresses students and their support system, including their unique set of needs during COVID-19 and beyond, could be found.

LEARNING GOALS/PROJECT AIMS

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

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

The project goal is to create a sustainable community-school system that supports the entire spectrum of student mental health. Through the creation of a sustainable community-school system we would like to learn:

- Will supporting students individually increase access to mental health and wellness services and supports?
- Will supporting student families increase access to community resources, including mental health and wellness services and supports for the entire family (siblings, parents, etc.)?
- Will supporting childcare providers who are serving school-aged children provide a decrease in their stress and increase knowledge of available mental health and wellness services and supports available to students, their families and for themselves?
- Through the community-school based support model will ACUSD/ACOE increase their referrals to the expanded program?
- Will supporting ACUSD/ACOE staff increase knowledge of available mental health and wellness services and supports available to students and their families?

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

The learning goals relate to the key elements/approaches that are new and adapted because it is a community-school based relationship as opposed to a county-school based partnership. Using the community, building on existing resources and developing strategies that address the mental health and wellness needs of *all* who may be supporting the student is the new approach and is changed from other models since it is focused on the student's wellness, as a whole, wherever the student may be.

EVALUATION OR LEARNING PLAN

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

Data infrastructure will be the first key activity and deliverable as a result of the proposed project. Data collected as result of this multi-faceted project will be qualitative and quantitative. Although service providers and funded partners will be responsible for data collection and submission, ACBHS will be overseeing the data and evaluation framework and ensuring that all evaluation metrics are collected on a monthly, quarterly, bi-annual or annual schedule.

Please see the attached Evaluation Plan which provides a preliminary proposal for qualitative and quantitative data before and during the project implementation. This is subject to change. The School Based Mental Health Early Intervention Strategies workgroup (workgroup) will be meeting monthly to discuss program implementation and will be reviewing data analysis quarterly. During the workgroup meetings and in reviewing data and processing evaluation, the workgroup will be looking at doing a full 'system check' where gaps in services are identified, capacity challenges are discussed and learning goals are updated, adjusted or noted as completed. Adjustments will be made to the project as trends are identified. For example, the workgroup is noticing that the 'system' is lacking qualified mental health professionals to provide services to

young children. The workgroup would work to allocate resources to recruit a provider to meet this need. Ongoing adjustments would be required in order to create a comprehensive system of care as well as intentionally building capacity in sustainable ways.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

The proposed project and components of the project evaluation will be contracted out in order to ensure a community structured model is developed. Contract partners will be identified as the workgroup more clearly defines where areas of need are and where funding would best be leveraged in a sustainable way. For example, childcare providers are connected through the childcare provider referral agency, but are also connected to other community-based organizations based on the population they are serving. Some community-based organizations that support children in childcare settings have also pursued efforts to address students who are now in their care due to the pandemic. In order to best meet their needs, a deeper dive into who would best be able to leverage their current relationships with providers to address not only their own wellness, but their student's needs, would need to occur prior to determining where resources should be allocated.

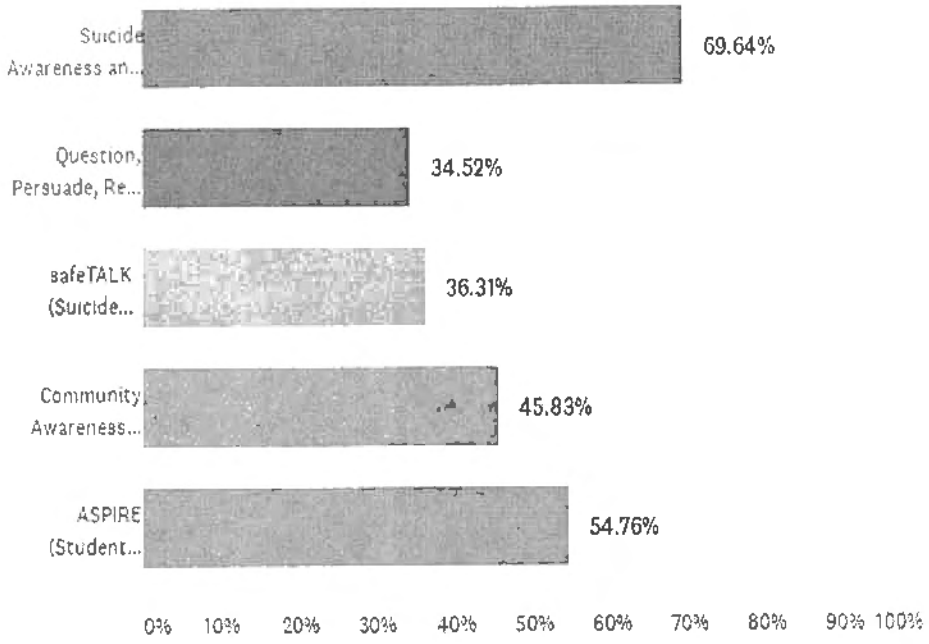
ACBHS manages many contracts, specifically for MHSA-related services and supports and will use the same approach to manage the contractual relationship for this proposed project. ACBHS will ensure quality as well as regulatory compliance through quarterly reports and participating in all aspects of the development process and implementation of the proposed project.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The Community Program Planning Process started in the planning for the MHSA FY 20-23 Three Year Plan in Spring 2020. Due to the fact that the Student Assistance Program was funded, utilizing time-limited reverted MHSA PEI funds, ACBHS needed stakeholder input to determine how to allocate resources and what to prioritize for funding. A community survey was distributed and 168 respondents answered the question:

PROGRAMS THAT HAVE BEEN FUNDED USING TIME-LIMITED REVERSION FUNDS WILL NO LONGER BE FUNDED EFFECTIVE JULY 1, 2020. IN ORDER FOR AMADRO COUNTY BEHAVIORAL HEALTH TO DETERMINE FUNDING PRIORITIES, PLEASE SELECT WHICH REVERSION-FUNDED PROGRAMS ARE MOST BENEFICIAL TO AMADOR COUNTY:



168 respondents answered this question. The top three reversion programs that are most beneficial to Amador County are:
1. Suicide Awareness and Prevention Efforts;
2. ASPIRE (Student Assistance Program)
3. Community Awareness Campaign

This revealed that student mental health is a priority for stakeholders. Although, the PEI budget would not allow for the continuation of the Student Assistance Program at its original level, ACBHS and the stakeholders continued to stay engaged in order to address student mental health, especially during the COVID-19 pandemic.

The results of the Community Program Planning Process as well as student mental health is discussed bi-monthly at the MHSA/Cultural Competency Steering Committee meeting which is a diverse group of stakeholders and community members across the lifespan and representative of the county demographics and service needs. The MHSA/Cultural Competency Steering Committee is very active in prioritizing and implementing unmet needs identified in the Community Program Planning Process and have been actively involved in the development of this project through meeting attendance, working in the School Based Mental Health Early Intervention Strategies Workgroup and through providing feedback on an ongoing basis via surveys.

The Amador County Behavioral Health Advisory Board (ACBHAB) has been actively involved in advocating and assuring that enhanced school based mental health services and supports are implemented within the Amador County Unified School District. It is a standing agenda item and updates are provided at the bi-monthly meetings regarding funding, service needs and solution-focused strategies. The ACBHAB provides annual updates to the Amador County Board of Supervisors and regular updates on student mental health are delivered by the Assistant Superintendent to the Amador County Unified School District School Board. In early 2020, the ACBHAB supported and assisted ACBHS and ACUSD/ACOE in applying for the Mental Health Student Services Act (MHSSA) RFA through the MHSOAC. Although the grant was not awarded, student mental health remained a priority for stakeholders and a continued working goal for the ACBHAB. In order to elevate efforts to address student mental health and the increasing mental health needs of childcare providers and families, the ACBHAB has directed ACBHS to continue to advocate and identify solutions to continue to support Amador County youth and their families.

In the Fall of 2020, it was determined that further stakeholder input was needed to determine a direction for a new Innovations project. First, a survey went out to students to ask how they were feeling and if there were programs for them to address those feelings, would they participate? 174 students responded to the survey which revealed that 69% of students feel overwhelmed by their social situation, school or home. Nearly half also reported feeling hopeless. 50% reported they would access a program to help them with those feelings of overwhelm and hopelessness. Throughout the planning process for this Innovations project, students have been engaged and when asked what would most benefit them and what the proposed project would mean to them – here is what they said:

"More support, both academically and emotionally."
"I am ready to go to therapy now."
"I feel heard."
"I feel hopeful."
"I feel relieved."
"I feel like you may be able to help our family."
"You made us feel very comfortable and relaxed."
"We are looking forward to more meetings and help."

Additionally, students will continue to be engaged throughout this process by using surveys, one-on-one feedback and more.

Another survey, issued to community stakeholders, asked if a project focusing on developing a comprehensive community-school based support model to address student mental health would be supported by stakeholders and align with Amador's unmet needs. 77 responses were received and over 96% responded yes. Thereafter, the School Based Mental Health Early Intervention Strategies Workgroup met to discuss a model to propose to the MHSOAC in more detail.

Continual updates are provided at the ACBHAB, the MHSA/Cultural Competency Steering Committee meeting, student groups – including Friday Night Live, and in other workgroups and commissions, as appropriate in order to make sure that the project is going to address the needs of the community and solicit feedback which will assist in making the project successful.

MHSA GENERAL STANDARDS

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

A) Community Collaboration: The School Based Mental Health Early Intervention Strategies Workgroup was developed as a result of community collaboration. The workgroup, developed in early 2018, is comprised of community based organizations, the public behavioral health system and the Amador County Unified School District. Input from county and community based partners drives the activities of the workgroup, which are

supported by key stakeholder groups and county leadership. Due to the small and rural nature of Amador County, community collaboration is critical to supporting students using sustainable community-based services and supports.

B) Cultural Competency: The MHSA/Cultural Competency Committee is held bi-monthly and Innovations is a standing agenda item where the diverse group of stakeholders are presented with information and provided an opportunity to engage in discussions around implementation and project focus. Cultural Competency is prioritized and embedded into all Amador County MHSA programs. It is a requirement of all ACBHS contract providers who receive MHSA funds to complete Cultural Competence training annually and to attend the MHSA/Cultural Competency Steering Committee in order to insure that the programs are incorporating culturally and linguistically appropriate practices. Many MHSA-funded partners also attend other culturally-focused committee meetings including the Latino Engagement Committee and the Native American Round Table meeting.

ACBHS issues an annual Cultural Competency Plan, which is posted each December. The Cultural Competency Plan provides data and discussion on what local needs and efforts are and provides strategies to implement cultural humility, equity and understanding in all behavioral health services offered in Amador County.

In addition to the above, Amador County Public Schools and ACBHS have prioritized equity and cultural competence work.

Amador County Public Schools believes that Equity requires us to listen to and understand the unique needs of each student, so we can provide the safe environment, individualized supports, and appropriate tools required to ensure opportunities for success socially, emotionally, and academically to truly give each student a seat and a voice at the table. In order to build capacity for this work, the leadership team has engaged in a year long process of examining difficult topics such as implicit bias, color-blindness, white privilege, and institutional and structural racism to ensure each of us continues to be focused on treating the collective of diverse people around us with the same degree of hope, aspiration, and positive expectation that we afford ourselves.

In order to effectively provide services to students, families and childcare providers, culturally appropriate service delivery methods must be adopted in order to engage the target population. Flexibility in approaches for engaging youth, families and providers will vary depending on where the referral came from and to whom it was made for. Training to all provider staff will be offered annually to ensure that the system is cultural competent. Additionally, cultural competency training will be incorporated into the educational workshops and opportunities provided to ACUSD/ACOE staff, childcare provider staff and parents to assist in building a more culturally competent system of care.

C) Client-Driven: The community-school comprehensive support model is individualized based off of the needs of each family, provider and student. Each individual who is served will be 'driving their ship' when it comes to service provision and determining what is most appropriate to assist them in their wellness and recovery journey. By expanding the referral pathways and increasing access to community supports and services, more options are available to meet the unique needs of students, families and care providers, which will provide more opportunity for engagement in services that are meaningful to the client, thus promoting successful client outcomes.

D) Family-Driven: The proposed project focuses on not only the student, but the student's family as well. Meaningful participation and decision making authority from the family will determine the level of the success of the student. It will also help identify unmet needs the family may be experiencing in supporting the student and the family structure itself. Engaging families and care providers, to support the student, was a key finding in the early stages of the School Based Mental Health Early Intervention Strategies Workgroup and without family support, efforts to support the student will not be effective.

E) Wellness, Recovery, and Resilience-Focused: All aspects of the proposed project focuses on wellness, recovery and resiliency. Not only for the student, but their families and care providers. Additionally, when planning for services for the students, families, childcare providers or supporting ACUSD/ACOE staff, the recovery-oriented model and wellness focus will be applied. The goal of the entire project is to focus on strengths and resiliency in order to create a sustainable support model that addresses the wellness of Amador County's youth and those who support them.

F) Integrated Service Experience for Clients and Families: By focusing on the entire student – using a holistic approach – the student, the family, the entities/individuals supporting the student are all receiving support in various ways. This provides for an integrated service experience that has never been implemented before in Amador County and truly develops a 'system of care' that focuses on the wellness, education and access to care for the student's entire support system.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

Innovations and discussions around current Innovations projects are a standing agenda item at the MHSA/Cultural Competency Steering Committee held bi-monthly. Key stakeholders who are representative of the community attend regularly and actively participate in the Innovations discussions. As stated above, all contract providers implementing services for the proposed project will be required to attend Cultural

Competency training annually and incorporate cultural humility and linguistically and culturally appropriate service provision.

Additionally, the Amador County Behavioral Health Advisory Board is actively involved in the School Based Mental Health Early Intervention Strategies Workgroup meeting and updates at their bi-monthly meeting will be provided and input on project development, implementation and evaluation will be solicited.

Finally, the MHSA Community Program Planning Process and public comment and public hearing process for the MHSA Annual Updates and Three Year Plans also provide ample opportunity for stakeholder's involvement in evaluation and review of the proposed project.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

The project goal is to create a community-school comprehensive support model that will eventually become a 'system of care'. Although Innovations funds will be used to support the development and framework of the model, the key is utilizing community based services and supports that are already in existence to support sustainability.

Currently, it is believed that Amador County has 'untapped resources' that are not being utilized to their full potential. Billable revenue could be increased and will also be analyzed over the course of the project to develop sustainability after the proposed project is completed.

Another component of sustainability is the need to be intentional when reviewing referrals and available services. Amador is a small, rural county with limited resources and a severe lack of mental health providers, as well as other workforce to support the mental health continuum. Capacity building will need to occur as we expand programs but in an intentional way so that the community-school system is viable even after th Innovations funds expire.

In the event successful components of the proposed project are not in a position to be funded through existing community based resources/partnerships and other identified billable services, MHSA Prevention and Early Intervention funds, will be used to support the unfunded successes of this project.

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

It is assumed that individuals with serious mental illness will receive services from the proposed project. The plan to protect and provide continuity of care for these individuals would be to provide them access to social security/disability benefits and Medi-cal coverage so that they are able to become clients at ACBHS upon project completion.

COMMUNICATION AND DISSEMINATION PLAN

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

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

ACBHS: Information will be disseminated to stakeholders utilizing the MHSA/Cultural Competency Steering Committee, the Amador County Behavioral Health Advisory Board and the Amador County Behavioral Health Outreach and Engagement Community Email List which currently access 492 individuals and organizations. ACBHS will also include information when providing community presentations.

Contracted Partners: Many community-based organizations within Amador County have access to social media platforms, respective websites and other media outlets in order to provide information and updates regarding the proposed project. This allows participants and other stakeholders who are interested in the proposed project the opportunity to share and access information using various platforms that create more access to information and easier information sharing. Community presentations will also be provided.

ACUSD/ACOE: ACUSD/ACOE engages in regular meetings with administration, school counselors and other staff. ACUSD/ACOE plans to disseminate information regarding the program at their various meetings and on their social media and other online platforms.

Youth: Youth will be engaged using a variety of methods, including but not limited to, ACUSD/ACOE and community-based partner contracted services. This includes utilizing Friday Night Live students, ACUSD/ACOE's listserv to access middle and high school aged students as well as one-on-one discussions held with students. The goal is to have the student voice drive the development of the project as well as provide feedback and progress on implementation.

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

Amador Student, Amador MHSA Innovations, Amador Community Support, Amador School Mental Health, Amador Student Mental Health Resources

TIMELINE

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

July 1, 2021 through June 30, 2026.

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

5 Years

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

Year	Key Activities	Deliverables
FY 2021-22	Seek stakeholder input to identify a project name. Project design, data collection infrastructure (e.g. development of data collection instruments and administration schedule, data deposits/data collection processes/procedures), RFP/Procurement Process to obtain funded partners for service provision, identifying responsibilities among funded partners, outreach and communication plan re: program, development of outreach materials. Development of educational/workshop series for childcare providers and ACUSD/ACOE staff to promote professional development activities.	Data collection instruments, administration schedule & infrastructure Collect baseline data Contracts and MOU's with community based organizations to implement proposed project Project implementation Outreach and communication Plan for proposed project Workshop/education series for childcare providers (quarterly)/Professional Development opportunities Workshop/education series for ACUSD/ACOE staff (quarterly)/ Professional Development opportunities Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire MHSA Annual Update Evaluation Report
FY 2022-23	Project implementation, monthly workgroup review of project implementation which includes data review, lessons learned and adjustments needed to project	Data collection and quarterly reports for review at stakeholder meetings and within the workgroup Continued outreach and communication Workshop/education series for childcare providers

		(quarterly)/Professional Development opportunities Workshop/education series for ACUSD/ACOE staff (quarterly)/Professional Development opportunities Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning
FY 2023-24	Continued project implementation	Data collection and quarterly reports for review at stakeholder meetings and within the workgroup Continued outreach and communication Workshop/education series for childcare providers (quarterly)/ Professional Development opportunities Workshop/education series for ACUSD/ACOE staff (quarterly)/ Professional Development opportunities Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire MHSA Three Year Plan Evaluation Report – which includes lessons learned and changes made as a result of the learning
FY 2024-25	Continued project implementation	Data collection and quarterly reports for review at stakeholder meetings and within the workgroup

		Continued outreach and communication Workshop/education series for childcare providers (quarterly)/ Professional Development opportunities Workshop/education series for ACUSD/ACOE staff (quarterly)/ Professional Development opportunities Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning
FY 2025-26	Continued project implementation and sustainability transition	Data collection and quarterly reports for review at stakeholder meetings and within the workgroup Sustainability plan development to continue the services developed by the 'system' of care using pre-existing community funds and resources. Continued outreach and communication Workshop/education series for childcare providers (quarterly)/ Professional Development opportunities Workshop/education series for ACUSD/ACOE staff (quarterly)/ Professional Development opportunities

		Development of Sustainability Transition Plan MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

EXPENDITURES

Personnel Costs (salaries, wages, benefits): The only personnel costs allocated to this project are indirect costs for program administration. This amount was derived by taking 5% of both the MHSA Programs Coordinator and ACBHS Director's loaded wage for FY20/21 and increasing that by 5% annually over the course of five years.

OPERATING COSTS

Indirect Costs: These were included to account for any operational costs the program may incur throughout the course of the project. The operational costs could include data infrastructure and development, marketing and outreach costs and other expenses deemed appropriate for the proposed project. The FY21/22 costs are higher due to the work that will be required to create data infrastructure and outreach materials/costs. It is anticipated that after the first fiscal year of project implementation, the operating costs will stabilize.

NON-RECURRING COSTS

A one-time allocation for the first fiscal year of the project was provided for non-recurring costs in the amount of $1,378.

CONSULTANT COSTS / CONTRACTS

Direct Costs: $75,000 per year is allocated to contract providers who will be able to implement the proposed project which will include case management on the expanded program for the SAP, direct mental health services (therapeutic) interventions and other direct services and supports as appropriate for students, families and providers.

Direct costs also include the educational training and support for childcare providers and ACUSD/ACOE staff to be provided quarterly.

Indirect Costs: $25,000 per year is allocated to contract providers who will be able to implement the proposed project activities such as manage referrals, data systems in connection to direct service provision as well as program and service coordination.

Note: Direct and indirect costs could be blended into one contract and multiple contracts may be provided as a result of this proposed project.

OTHER EXPENDITURES

A rate of $6,000 per fiscal year was allocated for evaluation purposes, for a total of $30,000 for the duration of the project.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	**16,221**	**16,971**	**17,759**	**18,406**	**19,265**	
4.	**Total Personnel Costs**	**16,221**	**16,971**	**17,759**	**18,406**	**19,265**	**$ 88,622**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs	**15,000**	**7,500**	**7,500**	**7,500**	**7,500**	
7.	**Total Operating Costs**	**15,000**	**7,500**	**7,500**	**7,500**	**7,500**	**$ 45,000**
	NON-RECURRING COSTS (equipment, technology)						

8.	Anticipated one-time non-recurring costs for technological or equipment needs	**1,378**					
9.							
10.	**Total non-recurring costs**	**1,378**					**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	**75,000**	**75,000**	**75,000**	**75,000**	**75,000**	
12.	Indirect Costs	**25,000**	**25,000**	**25,000**	**25,000**	**25,000**	
13.	**Total Consultant Costs**	**100,000**	**100,000**	**100,000**	**100,000**	**100,000**	**$ 500,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.	Evaluation Costs	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**	**$ 30,000**
15.							
16.	**Total Other Expenditures**	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**	**$ 30,000**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$**
	Direct Costs (add lines 2, 5, and 11 from above)	**75,000**	**75,000**	**75,000**	**75,000**	**75,000**	**$ 375,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	**56,221**	**49,471**	**50,259**	**50,906**	**51,765**	**$ 258,622**
	Non-recurring costs (total of line 10)	**1,378**					**$ 1,378**
	Other Expenditures (total of line 16)						**$ 30,000**
	TOTAL INNOVATION BUDGET						**$ 665,000**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

Administration:

Administration will be fully funded by Innovative MHSA Funds. The administration expenses include all expenses listed in the table above, with the exception of Other Expenditures, and fully incorporate the Personnel Costs, Operating Costs, Non-recurring and Consultant / Contracts Costs anticipated to be required in order to implement the proposed project.

Evaluation:

Evaluation is listed in the table above as Other Expenditures and is listed separately in the table below. All evaluation will be funded using Innovation funds and overseen by ACBHS to insure quality and regulatory compliance.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds	132,599	124,471	125,259	125,906	126,765	635,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**	**132,599**	**124,471**	**125,259**	**125,906**	**126,765**	**$ 635,000**
EVALUATION:							
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**	**30,000**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**	**$ 30,000**
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**TOTAL**
1.	Innovative MHSA Funds*	**138,599**	**130,471**	**131,259**	**131,906**	**132,765**	**$ 665,000**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**	**138,599**	**130,471**	**131,259**	**131,906**	**132,765**	**$ 665,000**

*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting**
**** If "other funding" is included, please explain within budget narrative.**

Comprehensive Community Support Model to Address Student Mental Health – Evaluation Plan

Learning Goal	Data Collection Instruments	Data Collection Methods
Will Supporting Students Individually Increase Access to MH Wellness Services & Supports?	Prior to implementation, determine in workgroup what exactly mental health wellness services and supports are defined as for purposes of the proposed project. (e.g. school counseling, therapy services, ACBHS clients, other wellness/supportive services) Record # of school-aged students engaged in mental health wellness services and supports Data would come from the following systems: • ACUSD • CBO's supporting school-aged youth • ACBHS	1. Prior to or at project implementation, collect baseline data for school-aged students engaged/receiving mental health wellness services & supports from school district; CBO's supporting youth and ACBHS 2. Continue to collect the data of school-aged students receiving mental health wellness services & supports quarterly to determine if access to mental health wellness services and supports has increased among the student population
Will supporting student families increase access to community resources, including mental health and wellness services and supports for the entire family (siblings, parents, etc.)?	Using the Student Assistance Program (SAP) data metrics, the workgroup will work to accommodate system adjustments to record data for the expanded program. The data includes: • # referrals to program itself & referring party • # of family meetings/conferences completed • # of referrals to community resources and services and to whom the referral was made. Also, to whom the referral was for—e.g. referral made to parenting class to address parents needs or referral made to a behavioral consultant for a young child in the home, etc.	1. Prior to or at project implementation, the partners who will be accepting referrals to the expanded SAP program will need to be determined. Those partner agencies will be the ones to track the data for this learning goal. 2. Adapt the current metric system to accommodate increased partner access and expanded metrics, if necessary. 3. Collect data for each referral with the specified metrics quarterly to determine if there is an increase in access to community resources and services for students and family members.

Comprehensive Community Support Model to Address Student Mental Health – Evaluation Plan

	• Success rate on referrals to community resources and services • # of youth/students who participated in services • # of children/youth (not students) who participated in services • # of adults who participated in services	
Will supporting childcare providers who are serving school-aged children provide a decrease in their stress and increase knowledge of available mental health and wellness services and supports available to students, their families and for themselves?	Surveys created by workgroup to administer to childcare providers to include pre and post attitude/behavior changes as well as knowledge increase over time. Surveys created by workgroup to administer to childcare providers that will measure knowledge increase and/or attitude changes after attending a workshop or educational event.	1. Prior to or at program implementation, issue a pre-program survey to determine baseline knowledge 2. Issue same survey to childcare providers quarterly to determine attitude/behavior changes as well as knowledge increase over time. 3. After workshop/educational event is held, administer a survey to participants in order to measure knowledge increase and/or attitude changes
Will ACUSD increase referrals to the expanded program?	Will utilize data from previous SAP program as baseline. Referral tracking by all referral clearinghouses will submit quarterly reports on referral sources.	1. Referral tracking will be submitted quarterly and referral sources will be tracked to determine if ACUSD has expanded referrals compared to the previous SAP program. 2. Continued referral tracking over time will determine if referrals increase, decrease or stay steady over time
Will supporting ACUSD staff increase knowledge of available mental health and wellness services and supports available to students and their families?	The workgroup, in very close collaboration with ACUSD administration, will develop a pre-survey to ACUSD staff to determine baseline knowledge. A survey will then be	1. Prior to or at program implementation, issue a pre-program survey to ACUSD staff to determine baseline knowledge

	created to administer every 3 to 6 months thereafter. After workshop/educational event is held, administer a survey to ACUSD staff in order to measure knowledge increase and/or attitude changes. All surveys will be developed within the workgroup, working very closely with ACUSD administration in order to develop questions that will determine if knowledge of available services and supports have increased over time.	2. Issue same survey to ACUSD staff quarterly to determine knowledge increase over time. 3. All outreach to ACUSD staff (school counselor meetings, Principal meetings, wellness meetings, email blasts, etc.) will be tracked to demonstrate meaningful engagement with ACUSD staff 4. Any training/education/workshop event that the project sponsors will include a participant survey to determine knowledge increase regarding mental health services and supports for students and families.

If approved, one of the first key activities is to develop a comprehensive data collection plan to support project evaluation over five years.

Learning Goals/Objectives:

- *Will supporting students individually increase access to mental health and wellness services and supports?*
- *Will supporting student families increase access to community resources, including mental health and wellness services and supports for the entire family (siblings, parents, etc.)?*
- *Will supporting childcare providers who are serving school-aged children provide a decrease in their stress and increase knowledge of available mental health and wellness services and supports available to students, their families and for themselves?*
- *Through the community-school based support model will ACUSD increase their referrals to the expanded program?*
- *Will supporting ACUSD staff increase knowledge of available mental health and wellness services and supports available to students and their families?*

STAFF ANALYSIS—Amador County

Innovation (INN) Project Name:	**Comprehensive Community Support Model to Address Student Mental Health**
Total INN Funding Requested:	**$665,000**
Duration of INN Project:	**Five (5) Years**
MHSOAC consideration of INN Project:	**June 2021**

Review History:

Approved by the County Board of Supervisors:	June 8, 2021
Mental Health Board Hearing:	May 19, 2021
Public Comment Period:	April 19, 2021 through May 19, 2021
County submitted INN Project:	May 19, 2021
Date Project Shared with Stakeholders:	April 22, 2021 and May 21, 2021

Project Introduction:

Amador County is requesting up to $665,000 of Innovation spending authority to create a community-school comprehensive support model to incorporate into their system of care. The model will build upon an existing Student Assistance Program and leverage interagency and community collaboration. The County will convene the existing 'School Based Mental Health Early Intervention Strategies' workgroup with the purpose of developing the model and implementation plan to address the mental health needs of students, parents and childcare providers. The model will address mental health needs resulting from the COVID-19 pandemic and beyond.

What is the Problem?

Amador County states that they are lacking a community response to students, parents and childcare providers that would address mental health because of the COVID-19 pandemic and beyond.

In November 2020, the county surveyed 174 students and learned that 69% feel overwhelmed by their social situation, school, or home with almost half reported that they feel hopeless.

Childcare providers are also reporting increasing struggles and a need for support for themselves and the families they serve. The County conducted a study of childcare sites in August 2020 and learned that 88% of the surveyed sites were providing support to

children in distance learning and that providers were struggling to juggle all the various demands of providing childcare during the COVID-19 pandemic and that younger children were having more behavioral challenges due to the lack of attention and focus from providers pulled in many directions.

The County further states that COVID-19 revealed that cohesive systems are not in place to serve and support the mental health needs identified by the community. There are not adequate supports in place to promote access to services for students and their families outside of referral pathways initiated on school sites. Due to limited contact with students, referrals have also been limited. **The pandemic highlighted that school-based supports are unavailable when school is not in person.**

It is important to note that Amador County has been actively working to address student wellness through both collaboration and allocation of funds. In 2018, as a result of stakeholder and Behavioral Health Advisory Board directives, the County established the School Based Mental Health Early Intervention Strategies workgroup (workgroup) with the Amador County office of Education, the Amador County Unified School District and community-based organizations to determine where the areas of opportunity exist to support student mental health treatment and what processes and systems need to be in place to treat mental health needs within school settings. **The County also applied for a Mental Health Student Services Grant to further fund their efforts but were not selected.**

Prior to COVID-19, the workgroup developed and made progress on long and short-term goals to address student mental health and increase services and supports for students and their families. The County found success in piloting a Student Assistance Program (SAP) at local schools in fiscal year 19/20. The pilot utilized a neutral community-based organization to offer a prevention-focused approach and created a safety-net for students and families. 94 referrals were made within 8 months and 124 youth, and 115 adults participated in SAP services. SAP had a 73% success rate in connecting folks to community resources and services with 100% of SAP participants stating that they now know where to go for help.

Although successful prior to COVID-19, SAP referrals decreased once students were not in class. Survey results from students and childcare providers indicated that the actual need for services was increasing while referrals to services were decreasing. Based on this information, the County is hypothesizing that adapting the SAP to a community-school based comprehensive model will create broader access points for those in need instead of solely relying on students being in person on school sites. Not only can this support students during virtual learning, but also during traditional school breaks.

How this Innovation project addresses this problem:

Amador County intends to build upon the foundation created by the workgroup and the SAP pilot to engage community partners in the development of a community-school comprehensive support model.

The County decided to develop their own model following research of existing models and MHSA related projects and determined that there is not a model that adequately addresses the unforeseen barriers resulting from the COVID-19 pandemic.

The County reviewed related MHSA projects including, Imperial County's First Steps of Success and Plumas County's Plumas Unified School District School-Based Response Team. Where Imperial chose to develop, establish, and maintain an effective interagency collaboration between behavioral health and the education system by addressing the mental health needs of the pre- kindergarten and kindergarten aged students, Amador is focusing on pre-kindergarten through 12th grade.

Plumas County created the School-Based Response Team to respond to school community crisis situations; conduct school threat assessments; identify situations of bullying; and provide follow-up treatment, brief therapy, and case management services as needed. If an individual and/or family needs ongoing treatment, they are linked to relevant services and/or mental health and/or co-occurring services through a warm handoff. The Amador project is like the Plumas project but goes beyond the student and family to include childcare providers and access points in the community instead of solely stemming from school sites.

The County will utilize what they learned from existing models including the Whole School, Whole Community, Whole Child framework and work published by the California School-Based Health Alliance in the development of a community support model locally.

To develop the model, the County will leverage workgroup resources such as First 5 Amador for training for childcare providers and to build out the comprehensive community support component of the model. The County will also leverage workgroup member, Nexus Youth and Family Services, which hosts a youth Peer Advisory Council, to provide training and counseling. Peer services are also a component of the project with the County leveraging the peer-ran wellness center program for middle aged and high school students. In addition, the County is currently evaluating their previous Innovation project, TxCHAT (Co-Occurring Group for Teens), which was approved in May 2017, and will incorporate lessons learned into the community support model.

Simultaneously, the County will establish a referral clearing house with two to three contractors. Services, including direct therapeutic intervention, will be provided by the Student Assistance Program along with another contracted community organization receiving referrals and providing services for childcare providers, students, and siblings of students.

Day to day operations of the project is envisioned to begin with referrals from the referral clearing house partners who would contact the student and family to then determine together what the best course of action is. The County will coordinate efforts and ensure all HIPAA guidelines were followed to discuss referrals and most appropriate treatment options or community-based service options. Navigation will be provided to assist in accessing services and therapeutic intervention would be provided in the interim if necessary and appropriate. Those with private insurance will be connected to services covered by their insurance while those without insurance will be served through the

County behavioral health system. There is no wrong door to this project, everyone will be provided the support, regardless of insurance. Direct services will be offered virtually and in-person.

Community Planning Process (see pages 13-15 in full plan)

Local Level

Amador County started a community planning process to develop the MHSA FY 2020-2023 three-year plan in Spring 2020. The County issued a survey specifically asking for community input on time-limited reversion funded programs that ended July 2020. Survey respondents highlighted suicide awareness and prevention efforts, the Student Assistance Program, and a community awareness campaign as most beneficial to Amador County.

In Fall 2020, the County sought additional stakeholder input on the development of an innovation project. **The County surveyed 174 students asking about current wellness and if there was a program to offer support, would they use it. The County learned that 69% of students surveyed feel overwhelmed by their social situation, school, or home.** Nearly half reported feeling hopeless and 50% of respondents reported that they would utilize a program designed to support them with feeling overwhelmed and hopeless.

Comments from students in response to the survey and project proposal included:
"more support, both academically and emotionally"
"I am ready to go to therapy now"
"I feel hopeful"
"I feel like you may be able to help our family"

The County also issued an additional survey to community stakeholders asking for feedback on whether a project focused on comprehensive community-school based support model is in line with community unmet needs; 96% of respondents said yes.

The County pledges to continue to work with students to develop and implement the project and commits to providing project updates to various groups within Amador County including, Friday Night Live and the MHSA Cultural Competency Steering Committee.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on April 22, 2021, 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 May 21,2021. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

As of the date of this writing, no comments were received in response to Commission sharing plan with stakeholder contractors and the listserv.

Learning Objectives and Evaluation:

Amador County anticipates that 350 individuals will be served over the course of the five-year project including the target populations of students who are in preschool through 12th grade, parent and caregivers, childcare providers, school district and county office of education staff and any student or other person in a support role that benefits the child in any capacity.

Amador County identifies five learning questions:

- Will supporting students individually increase access to mental health and wellness services and supports?
- Will supporting student families increase access to community resources, including menial health and wellness services and supports for the entire family?
- Will supporting childcare providers who are serving school-age children provide a decrease in their stress and increase knowledge of available mental health and wellness services and supports available to students, families and for themselves?
- Through the community-school based support model will Amador County Unified School District increase their referrals to the expanded program?
- Will supporting Amador County Unified School District staff increase knowledge of available mental health and wellness services and supports available to students and their families?

Amador county will:

- Establish baseline data utilizing the SAP data metrics, data from ASUSD, community-based organizations and County behavioral health to identify the number of school age students engaged in services and pre-surveys.
- Measure progress towards goals utilizing follow-up surveys, referral tracking, and through the adaptation of the current metric system to accommodate partner access and expanded metrics.
- Oversee the evaluation and work with contracted partners, along with the workgroup to develop instruments to collect data and then evaluate it.

The Budget

Funding Source	Year-1	Year-2	Year-3	Year-4	Year-5	**TOTAL**
Innovation Funds	$ 138,599	$ 130,471	$ 131,259	$ 131,906	$ 132,765	$ 665,000
5 Year Budget	Year-1	Year-2	Year-3	Year-4	Year-5	**TOTAL**
Personnel	$ 16,221	$ 16,971	$ 17,759	$ 18,406	$ 19,265	$ 88,622
Operating	$ 15,000	$ 7,500	$ 7,500	$ 7,500	$ 7,500	$ 45,000
Contractors	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 500,000
Evaluation	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 30,000
Non-Recurring	$ 1,378	$ -	$ -	$ -	$ -	$ 1,378
	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL:	$ 138,599	$ 130,471	$ 131,259	$ 131,906	$ 132,765	**$ 665,000**

The County is requesting authorization to spend up to $665,000 in MHSA Innovation funding for this project over a period of five (5) years, and include the following costs:

- Contract provider costs total $500,000 including direct and indirect costs for providers to implement the project, including, case management on the expanded programming for the Student Assistance Program, direct therapeutic mental health service interventions, other services and supports for students and families, referral and data management, and service coordination.
- Personnel costs total $88,622 and include costs associated with program administration to cover 5% of both the MHSA program coordinator salary and Amador County Behavioral Health Services Director salary for the project duration.
- Operating Costs total $45,000 and include costs associated with data infrastructure and development, marketing and outreach, and other expenses as needed.
- Evaluation costs total $30,000 (4.5% of total budget) and will be overseen by Amador County.

Sustainability Plan
Amador County is utilizing Innovation funds to create a community-school comprehensive support model with the hope that existing community services and supports will sustain the model. The County will utilize PEI funding to sustain any unfunded, successful components of the project.

The funds of this project are subject to reversion on June 30, 2021.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date: June 8th, 2021
☐ Completed 30 day public comment period Comment Period: May 5th – June 4th, 2021
☐ BOS approval date Approval Date: June 22nd, 2021 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: June 22nd, 2021 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____N/A_____ ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name: Colusa

Date submitted: 4/30/2021

Project Title: Social Determinants of Rural Mental Health

Total amount requested: $498,812

Duration of project: Three years

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

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

Social determinants such as unemployment, poverty, lack of formal education, adverse early life experiences, poor access to healthy foods, housing instability, lack of transportation, poor access to healthcare and stigma associated with mental illness influence the onset and course of mental illness especially for those individuals in rural communities. Colusa County is a rural county with a population of about 21,547 residents. More than half of the residents (60.4%) identify as Latino with Spanish being a threshold language. These social determinants impact the population of Colusa County regularly. Currently, the county is struggling with the highest annual unemployment rate in California at 15.9% compared to the state's average of 8.4% (Employment Development Department, February 2021). Additionally, according to the U.S. Census Bureau (2019), approximately 15% of Colusa residents aged 25 or older have a bachelor's degree or higher. This results in a labor force that is not diverse or able to create opportunities for advancement. It also increases the likelihood that residents are suffering from poverty. The National Rural Health Resource Center (2021) reported that 15% of children live in poverty. We often see that employment opportunities in the county are seasonal, labor intensive, and do not require a higher education level. These labor-intensive jobs also increase the chances that residents are more prone to experience medical issues. Over 24% of residents reported that they are in poor or fair overall health (National Rural Health Resource Center, 2021). Healthy food options are also a barrier in this rural community. According to the 2015 Nutrition and Food Insecurity Profiles for Colusa County, 58% of low-income households were

identified as food insecure. These are problems that need to be addressed in this community because social determinants impact outcomes for individuals with a mental illness and their families. By addressing social determinants, we can support mental health and wellness in the community.

The development for this project idea came from informal conversations with consumers and with individuals who are justice involved. In those conversations, community members highlighted the need for recovery-based interventions and rehabilitative services that attend to the basic human needs of consumers and address the impact of social determinants of mental health. They suggested that a study of social determinants in a rural community would contribute to learning and improved treatment outcomes in Colusa County. This project aims to target populations who have limited resources that contribute to social determinants of health and assist them in improving overall health and wellbeing.

While Staff at Colusa County Behavioral Health know full well that there are social determinants that contribute to symptoms of mental illness or addiction for many members of our community, we are also very clear that in this small targeted project, we are not going to be able to alter the social patterns that have existed for generations. Our hope is to study the nature of these social determinants and begin to get a better sense of how and when they affect our community. Though we will not have the time or resources in this three-year project to change the current circumstances that exist, we can begin to articulate their presence and communicate the negative power of these social determinants to those persons in the community who hold the power to create actual change. In the meantime, we cannot globally change structures and the environment that exist within our community, but we can at least begin the slow process of intervening one person at a time.

PROPOSED PROJECT

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

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

The Social Determinants of Rural Mental Health Project (SDRMHP) is a project designed to examine and address some basic life factors that impact mental health for people in rural communities. Social determinants of mental health are currently being studied by the World Health Organization (WHO) and are part of the U.S. Department of Human Services Healthy People 2020 initiative. Attention is being paid to the social determinants of mental health in a public health approach to improve the lives of persons with mental illnesses. Understanding these basic determinants has the potential to improve mental health outcomes when applied

appropriately as part of mental health interventions. The intent is to identify, support and stabilize life domains to improve the quality of life for persons who are experiencing or may be experiencing mental health issues. The basic social determinants to be studied will be:

1. Safe and secure housing
2. Access to healthy, nutritious food choices
3. Transportation access
4. Unemployment/income and social status/educational opportunities
5. Access to healthcare services/medical treatment
6. Social environment and natural supports
7. Geographical location and physical environment

Colusa County has decided to focus on the population of justice involved persons for this project. There are roughly 200 persons involved in the justice system in Colusa County. This includes people who fall under Assembly Bill (AB) 109, known as Realignment, which are offenders who are released from State Prison and are on Post Release Community Supervision (PRCS) and offenders released from County Prison who are on Mandatory Supervision (MS). In addition, this target population includes 21 parolees currently on State Parole and those individuals participating in the Day Reporting Center (DRC) in the County. This last group of individuals are persons who typically are residents of the county who have committed a crime within the county and have been adjudicated by a judge and have been sentenced to formal probation for a period of time. Often in the terms of probation issued by the court, there is a requirement that they report to the Day Reporting Center for interface with their probation officer or to participate in various scheduled activities like education coursework from the Office of Education or support groups offered by counselors, or life skills groups offered by probation officers. There are more than 150 persons that fall into this category. This project would outreach and serve these individuals from these programs. Colusa County's DRC, operated by Adult Probation staff, and Behavioral Health would like to support this population involved in the justice system through this Innovation project. The intention of the Innovation project is to outreach and engage all adults served by the Adult Probation Department in a manner that is not overseen by courts. This will be a voluntary program where the only criteria for entry will be a referral from the Adult Probation Department, or Parole Department with the agreement by participants to sign a Release of Information (ROI), allowing Innovation staff to collaborate with the referring agency. In addition to persons involved in the justice system, since the Day Reporting Center (DRC) is open as a drop in center for any adult in the county, there will be friends, relatives or other folks connected to the justice system who happen to have needs and an interest in interfacing with the Innovation Team. Likely these peers to the justice demographic will want to see what kinds of offerings the Team may have to give.

Social determinants impact a person's mental health which decreases the individual's ability to reach their goals to improve their overall health and wellbeing. As the Innovation Team meets members of the community who are coming through the DRC, and the Innovation Team gets to know the membership, even if only in a social context, the members participating in the DRC

will know that the Innovation Team can provide linkages to community resources. For those interested in pursuing a goal, like a job, a housing arrangement, a medical or dental appointment, or any other issue that is vitally present in their life, the Innovation Team can offer to meet more formally to assess their needs. A Strengths Assessment (See Attachment A) will be used to identify barriers and challenges that prevent a person from reaching their goals. From the list of seven social determinants noted on the top of page 5, the Innovation Team can begin to collect the general areas that present barriers to the necessities of life that may be interfering now for this individual. Although the Innovation Team can only collect and categorize these social determinants for now, they can also produce resources that may mitigate the immediate problems at hand for this individual. Information obtained from outreach and engagement efforts, and the Strengths Assessment Tool, will be utilized to target highly individualized interventions to mitigate the challenges people experience. Engaging persons identified as having negative social determinants which impacts their mental health will allow for pragmatic solutions and specific interventions that are likely to improve treatment outcomes. The barriers experienced, treatment interventions, services provided, and outcomes achieved will be tracked and analyzed through our evaluation process. So, though the personal case management activities by the Innovation Team will not in fact affect the larger social determinants present in the community that are manifesting in this individual's life now, still, the project can track the social determinants that are in evidence for our study. We will voice these concerns to community stakeholders at a future time. Since the Innovation Team will not be able to address the global social determinants that are present, the project still wants be able to address the immediate needs of project participants that are affecting their ability to integrate successfully back into the community. We will describe those interventions in the following sections of our plan.

The project plan calls for $189,400 in "Flex" funds to assist the Innovation Team in addressing the social determinants that are encountered by the participant. We have allocated $125,400 in Housing Grant money for this project; $47,500 in flex funding for clothing, educational costs and other incidentals that may pave the way to success; $14,400 in food and $2,100 in transportation costs. The sources are blended funding including Realignment and CSS Funding.

This project will include two Mental Health Specialists and one Case Manager. The three positions will be under the direction of a licensed Therapist who interfaces with the DRC participants and Adult Probation. The licensed Therapist will be providing the Mental Health Specialists and Case Manager guidance and will complete an intake assessment if the project participants choose to make a formal request for mental health and/or substance use treatment. There is no requirement for participants to seek Specialty Mental Health Services (SMHS) or Alcohol or Other Drug (AOD) services. To further describe the project team, and the funding sources, additional information is provided here. The case manager is exclusively underwritten by the Innovation Project Funds. The Mental Health Specialists are half funded by Innovation funds, and the other portion by SAMHSA Block Grant Funds and Medicaid Dollars. The Licensed Therapist is funded exclusively by Medicaid, Realignment and SAMHSA Block Grant revenue. The Mental Health Specialists will be outreaching to individuals which will consist of offering a Strengths Assessment to identify areas that might be barriers to a

successful integration back into the community. After the Strengths Assessment is completed, the Mental Health Specialist and Case Manager, at the direction of the Licensed Therapist, will discuss the Strengths Assessment domains that the project participant has identified as needing some support. The first step will always be to categorize the social determinants present so that our study is accumulating all the barriers to a healthy integration back into our community that participants are experiencing. Once this study goal is achieved, the participant will be asked to prioritize the Social Determinants that they feel would be most important to address for their overall health and wellbeing. The Case Manager will then focus on making appropriate community referrals to link the individual to identified agencies and resources needed to remove social determinant barriers. For example, if a client recognizes that they are experiencing barriers to the social determinant of employment, then the Case Manager would contact the local One Stop to link the client to local job opportunities that will address that social determinant. If grooming is an issue, flex funds can be used to acquire a haircut or clothing such as shirt, pants or shoes. Attention will be given to creating a resume and practice sessions doing interviewing. If housing is an issue, then the Case Manager can explore housing and assist the participant in completing housing applications. When security deposits, first or last month rent is needed, then the Housing Grants will provide the support that the participant may need. If the participant is food insecure, then the Case Manager can link them to local food pantries and, if the participant qualifies, CalFresh benefits. Although these community resources may be useful in the long run, it may be that the participant is without food in the moment. The case manager will have a Cal Card and can take the participant food shopping to get items that are necessary today. While the Case Manager is linking the project participant to community resources to meet their needs, the Mental Health Specialist will reassess with the participant's next steps and future needs. For example, if employment is identified as being in need, then the Mental Health Specialist can assist the participant with learning communication, social, and problem solving skills that are valued amongst employers. The Mental Health Specialist can assure that transportation to the job interview is arranged. As part of the preparation for the job interview, if the participant needs to shower and clean up, and have a place to try on new clothes, a motel voucher can be offered where the necessary amenities will be available. If housing is an issue, then the Mental Health Specialist can assist the participant in learning monthly budgeting skills and help secure the short term housing supports that will allow the participant to move into transitional or permanent housing. If the participant is food insecure, then the Mental Health Specialist can help improve their organizational skills for obtaining healthy food and meal planning if appropriate. It may be that there are entitlements in the form of Food Stamps that can come into play given the correct advocacy by the Innovation Team. The Mental Health Specialists and Case Manager's intent is to help address the participants' social determinants in need so that an adjustment to community life can be more successful.

Colusa County Innovation Project Outreach and Engagement to Adults Involved with the Justice System

- Inmates incarcerated who either voluntarily request or are referred by jail staff to Innovation Staff.
- Persons referred by Probation Officers with a signed released allowing Innovation and Probation Staff the ability for ongoing communication. These may be persons on formal, or informal Probation; AB 109 persons released from State Prison back to the community; Persons who have served their time in prison and are now released on State Parole.
- Persons who have no legal status with the courts but who frequent the Day Reporting Center and who come into contact with Innovation Staff and who ask for contact.

Source of Contacts

Outreach & Engagement

- Innovation Staff get to know new persons received into the program.
- Innovation Staff offer Strengths Assessments Protocol.
- Innovation Staff identify what social determinants exist in participant's life that may be barriers to good health and wellbeing.
- Innovation Staff and participant together, address one barrier at a time.

- Innovation Staff have no contact with judges or courts, though there is a regular collaboration with Probation Staff.
- Program participant makes positive adjustment to community life and has no further need for Outreach and Engagement activities.
- Program participant recognizes that symptoms of mental illness or addiction exist and seeks referral for free medical necessity assessment to determine if behavioral health services are warranted.

Outcomes

- CIBHS collects data and evaluates to determine effectiveness of this approach and generates report.
- Colusa County BH and Probation uses data to make informed program decisions.

Evaluation

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

Of the four general requirements, this project will focus on making a change to an existing practice in the field of mental health, including but not limited to, application to a different population. Currently, Colusa County Jail inmates are provided treatment while incarcerated. However, upon their release interventions and treatment often prove to be unavailable. The change this Innovation project focuses on is after release. After release, the former inmate can request help in any area of social determinants, and receive assistance to address those barriers identified by the Strengths Assessment Tool. There will not be a specific focus on mental health or addiction treatment unless the participant initiates that area themselves. This change in focus can potentially reduce stigma around seeking and receiving professional help by encouraging participants to engage in activities generated to reduce the social determinants present that can be barriers to good health. As has been mentioned, rather than presenting Behavioral Health Treatment interventions as the primary offering to participants, this project will seek to identify and categorize the social determinants that exist in the lives of this demographic of the justice involved person. We will analyze the social determinants they encounter, and prepare ourselves as the project team voice to narrate our discovery to persons in the community such as elected officials, agency heads, business owners, and community groups that may have the leverage to reduce the barriers that we have recorded. The process of extinguishing social determinants is a lengthy process involving many years, so no overnight outcomes are expected from this project. However, in the process of collecting this data, this project will directly address the immediate needs that participants in the program are experiencing. This project can then turn around some lives in a manner not seen before in our community

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

The goal of the project is to notice, record, categorize, and ultimately analyze the social determinants that may impact a person to become involved in the justice system. Once we have the data, our goal is to advocate in the larger community to help shape and ultimately change the social determinants in such a manner that there is a reduction in the number of incarcerated persons in our community. We will not do this in a three-year period, but we can at least gather the data and begin this long process. Since we now know from information gathered by the Stepping Up Programs across the county that about 2 million persons with mental illness are booked into jails each year, the goal of this project is to attempt a new strategy in approaching this demographic. Additionally, of the 2 million persons booked into jails, about three quarters of these persons are said to have significant substance abuse issues. Because of the stigma surrounding behavioral health intervention, and even more importantly, the natural defense mechanism at work within the psyche, known as “Denial” that causes

humans to deny they have a problem, most of these persons in this demographic will not willingly seek treatment upon release from jail. Instead of directly offering behavioral health treatment, we believe that by addressing the social determinants present that are negatively affecting the lives of these people, it is far more likely we will be successful in an engagement process that addresses the overt challenges these folks are agreeable with and understand. Presently we do not know if this approach will be any more successful than the traditional methodology of Behavioral Health direct outreach, but, that is exactly why we are studying this new approach. The identified approach was selected because it will increase outreach and engagement to unserved and underserved populations in the county. The project will address areas of social determinants that impact their health. The Strengths Assessment to be utilized is an appropriate intervention because it will allow the participants to identify the barriers in their current life circumstances. By using the Strengths Assessment tool that focuses on positive aspects of one's life, it helps to balance negative cognitions or emotions that may arise when insufficient social determinants to good health are also identified. Linking project participants to community resources to assist in improving those areas of social determinants will lead to an outcome of improved wellbeing. While participants are making this positive adjustment in the community, if they identify Specialty Mental Health Services (SMHS) and Alcohol or Other Drugs (AOD) services may be needed, then the services will be available at no charge to the participant.

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

This program is expected to serve about 150 individuals annually. This was determined by the average number of clients seen by our Mental Health Specialists (MHS) annually. Our MHS serve an average of 50 clients with longer treatment episodes. Therefore, a case load of 150 was identified for the Innovation project because these individuals will have shorter engagement episodes. The Innovation staff will be outreaching to about 50 new persons through the course of each year, or about four new persons each month, while continuing to serve the participants from previous months. This will total about 150 persons involved in outreach and engagement.

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

The target population to be served will consist of those who are unserved and underserved. The primary population will be adults 18 years and older who are identified as being recently involved in the justice system or other community members who struggle with social determinants of health. Both genders, female and male, will be served. We will also pay particular attention to the Latinx, Spanish-speaking population to be served in this program. This is due to the fact that this population makes-up the majority of the county's population. There are also approximately 59% of individuals who identify as Latinx involved in Colusa County Probation and parole. The program will have intensive collaboration with the Probation

staff, although there will be no interface with judges or the court system. Participants will be referred by Probation or parole, but many may be encountered at the Day Reporting Center (DRC) where the Innovation staff will have offices. Additionally, Innovation staff will be outreaching to AB 109 persons recently released from State Prison, or persons who have gained parole status, and are attempting to establish themselves in the community again.

RESEARCH ON INN COMPONENT

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

To our knowledge, no other counties are conducting a similar project to the one we are proposing. Social determinants research is being studied in urban communities and third world countries with limited healthcare infrastructure and resources. Rural communities in California also have limited resources and infrastructure and could benefit from a project that specifically addressed social determinants approach to the allocation of resource. By applying social determinants research to the challenges of rural behavioral healthcare it is hoped that data will be generated that will support the social determinant focus on the allocation of limited resources. It is our hope that the report generated at the end of the project, completed by our evaluation contractor, will support our project decisions regarding this demographic. Colusa County is aware of the Stepping Up Program which is a national initiative. Recognizing the critical role local and state officials play in supporting systems change, the National Association of Counties (NACo), the American Psychiatric Association Foundation and The Council of State Governments Justice Center launched the Stepping Up initiative in May 2015. Stepping Up is a national movement to provide counties with the tools they need to develop cross-systems, data-driven strategies that can lead to measurable reductions in the number of people with mental illnesses and co-occurring disorders in jails. Although Colusa County has not submitted a resolution for Stepping Up, this project does inspire Behavioral Health to begin that process of embracing this national effort. In fact, this Innovation project would clearly fit into the overall effort to reduce the numbers of mentally ill people incarcerated in America.

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

The closest comparable service that other counties and/or providers have to this project is Mental Health Court. Mental Health Court is a collaborative alternative to the traditional court system for those experiencing mental illness (Judicial Council of California, 2021). This program differs from Mental Health Court in that it does not have any involvement in the court process or communication with judicial staff. Social Determinants of Rural Mental Health will be outreaching to program participants after their court process in an effort to engage and provide services that often prove to be more limited as the individual may not have insurance, not have knowledge of services, or may have experienced personal stigma which prevents the person

from seeking help. Mental Health Specialists and the Case Manager will help project participants reintegrate into our community by identifying and addressing social determinants needs. These efforts are innovative in that when Colusa County Jail inmates are released, they can receive help in an informal way to support social determinants of good health and their re-entry into the local community. As has been stated in various ways already in this plan, although the project will be assisting persons with the challenges they face to integrate into community life after incarceration, the real goal of the project will be to identify both positive and negative social determinants and catalog these factors in order to become clearer as a whole neighborhood about what larger social changes need to occur in order to promote a healthier and vibrant community.

LEARNING GOALS/PROJECT AIMS

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

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

The learning from this Innovative project for California could be substantial, especially for rural and frontier counties who experience unique social determinants of health, particularly in the demographic of persons associated with the justice system. Colusa County would like to learn how social determinants impact those adults who are in the justice system who may be experiencing mental illness. Although our project will be mindful of the global social determinants that are dynamically present, we know this knowledge alone will not change the lives of the people who may be participating in this project. But, if by addressing social determinants that are identified through the Strengths Assessment and utilizing the resources that are provided by the Innovation staff, we will ask the question: “Does an individual experience an increased desire to focus on mental health outcomes that may be present by making a formal request for treatment?”

Colusa County is prioritizing these goals to better understand the specific barriers to identifying symptoms of mental illness or addiction that impact the population we serve, as well as to help the Behavioral Health Department improve our ability to collect and use data to evaluate our services, and especially to advocate within the power structures of the community to address the negative social determinants in order to reduce the local incarcerated population. Additionally, targeting social determinants of health is particularly relevant to our population because by addressing specific needs like unemployment, housing and physical health concerns, this may open the door to also look at behavioral health symptoms that are co-occurring.

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

Our learning goals relate to the following key innovative elements in this project:

- To improve outreach and engagement to those involved in the justice system and increase service delivery to unserved and underserved populations in the county.
- Identifying social determinants that may be blocking the recognition that behavioral health symptoms may be present after administering the Strength Assessment and understanding the effects of those social determinants on seeking behavioral health services by the population involved in the justice system.
- By doing outreach and engagement with justice system persons, and addressing the social determinants of good health, will this in fact increase the number of persons from this specific population who seek behavioral health care? Will formal requests for treatment increase?
- Emphasizing data-driven decision making and empowering agency staff to collect and use data effectively.

EVALUATION OR LEARNING PLAN

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

Goal 1: To improve outreach and engagement to those involved in the justice system and increase service delivery to unserved and underserved populations in the county.

- **Approach:** We will establish a baseline of individuals currently served, both formally and informally, in Colusa County, broken down by demographics and justice system involvement. We will track individuals served throughout the project and evaluate changes in people served, the proportion of people served who have been recently involved in the justice system, and the representation of un- or underserved populations in the county.
- **Measures:**
    - Number and Percent of individuals served, broken down by:
        - Whether they're being served formally (i.e., enrolled in behavioral health services) or informally (i.e., being served through this program or otherwise by Colusa County BH staff, but not enrolled in behavioral health services)
        - Involvement in the justice system
        - Demographics in compliance with Innovation regulations (age, race, ethnicity, language, sexual orientation and gender identity, disability, veteran status, other populations identified by Colusa County)

        - Note to Colusa: CIBHS has regulation compliant demographic surveys in both English and Spanish that can be used to capture this information if it's not already being captured – we can add an item related to justice involvement
    - For individuals enrolled in behavioral health services, length of time in services and rate of drop-out from services, broken down by
        - Involvement in the justice system
        - Demographics in compliance with Innovation regulations (age, race, ethnicity, language, sexual orientation and gender identity, disability, veteran status, other populations identified by Colusa County)
- **Proposed Data to Be Used:**
    - Tracking spreadsheet for individuals served informally
    - EHR enrollment data for individuals served formally
    - Demographic data, including information on justice involvement

Goal 2: Identifying social determinants that may be blocking the recognition that behavioral health symptoms may be present after administering the Strengths Assessment Tool and understanding the effects of those social determinants on seeking behavioral health services by the population involved in the justice system.

- **Approach:** We will use the Strengths Assessment form to capture individuals' goals and needs related to social determinants of health, as well as behavioral health challenges they may be experiencing. We will track changes in these items over time based on updated Strengths Assessments.
- **Measures:**
    - Number and percent of individuals served with goals and needs related to social determinants of health (for example: housing, transportation, food insecurity, employment, education)
    - Number and percent of individuals served with self-identified behavioral health challenges (for example: depression, anxiety)
    - All measures will be analyzed based on:
        - Whether individuals are or are not enrolled in behavioral health services
        - Involvement in the justice system
        - Demographics in compliance with Innovation regulations (age, race, ethnicity, language, sexual orientation and gender identity, disability, veteran status, other populations identified by Colusa County)
- **Proposed data to be used:**
    - Strengths Assessment Form Data
    - Tracking spreadsheet/EHR data to identify whether individuals are receiving behavioral health services
    - Demographic data, including information on justice involvement

Goal 3: By doing outreach and engagement with justice system persons, and addressing the social determinants of good health, will this in fact increase the number of persons from this

specific population who seek behavioral health care? Will formal requests for treatment increase?

- **Approach:** We will track the relationship between addressing social determinants of good health and enrollment in behavioral health services or requests for treatment.
- **Measures:**
    - Number of individuals requesting behavioral health treatment (total county measure)
    - Number and percent of individuals served by this program requesting behavioral health treatment
    - Number and percent of individuals served by this program enrolling in behavioral health services
    - All measures will be analyzed based on:
        - Whether Colusa County provided services to the individual to address social determinants of health prior to or during enrollment in behavioral health services
        - Involvement in the justice system
        - Demographics in compliance with Innovation regulations (age, race, ethnicity, language, sexual orientation and gender identity, disability, veteran status)
- **Proposed data to be used:**
    - CSI Assessment Record data on treatment requests
    - Tracking spreadsheet on individuals served and social determinants of health services provided by this program
    - EHR enrollment data
    - Demographic data, including information on justice involvement

Goal 4: Emphasizing data-driven decision making and empowering agency staff to collect and use data effectively.

- **Approach:** We will track the ways Colusa County incorporates data into their decision making process and how agency staff collect and use data.
- **Measures:**
    - Quality of Strengths Assessment Form and Tracking Spreadsheet data
    - Extent of data use at clinician, administrative, and leadership level in Colusa County Behavioral Health
    - Extent of data use to communicate to external Colusa County Behavioral Health stakeholders
    - Actions taken based on use of data
- **Proposed data to be used:**
    - Documentation of the ways Colusa County uses data
    - Annual interviews with key staff and observation of use of data in Colusa County

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

Colusa County does not expect to contract out this Innovation project, except for the evaluation process. California Institute for Behavioral Health Solutions (CIBHS) will be contracted to complete the data collection and evaluation process for Colusa County Department of Behavioral Health's proposed Innovation project. The project resources that will be applied to managing the County's relationship to the contract will be our Fiscal Administrative Officer, who will be overseeing the relationship between CIBHS and the County. This will include monitoring contract compliance and reviewing invoices for appropriate expenditures. The County will ensure quality as well as regulatory compliance in these contracted relationships by creating a contract that describes and states the MHSA Innovation standards and expectations.

The Leadership Team and the Quality Assurance Team of Behavioral Health will work with CIBHS to determine exactly what data we hope to collect from the project, and we will seek a process in the pre-implementation phase of the project to determine how to best analyze this data and make program decisions based on our findings. When the three-year project has concluded, Colusa County will generate a report that will be available to the OAC and any other entity that might find this information useful.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Colusa County conducted their first introduction to the Social Determinants of Rural Mental Health Innovation project to Colusa County stakeholders during the Community Planning Process of the 2017 to 2020 fiscal year Three Year Mental Health Services Act (MHSA) plan. It was also presented in 2019/2020 MHSA Annual Update, 2020/2023 Three Year MHSA plan, and is currently on the 2021/2022 Annual Update for the 30-day review which ends on May 8th, 2021. There was no formal feedback noted for this specific project from the stakeholder meetings or 30-day review periods previously held.

On April 19, 2021, Colusa County received feedback from MHSOAC Staff which led to an updated version of the project. Due to the changes made, the County must inform Colusa County stakeholders about the changes and allow for them to provide feedback. A 30-day

review period will be established on April 30th, 2021 to May 30th, 2021. Colusa County will seek Board of Supervisor approval on June 22nd, 2021.

On April 29th, 2021 there was a planning meeting between Behavioral Health staff (Director, Deputy Director, MHSA Coordinator, Fiscal Administrative Officer, Adult Clinical Program Manager, and Therapist) and Probation staff (Chief Probation Officer, Chief Deputy Probation Officer, and a DRC staff). Staff reviewed the intent of the project and addressed barriers and challenges of the project. We discussed positive outcomes of the project. At this meeting the Chief Probation Officer, who is the chair of the Community Correction Partnership (CCP), offered that the CCP could address this project at their quarterly meeting to chart progress.

MHSA GENERAL STANDARDS

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

A) **Community Collaboration:** Community collaboration will be a big part of this project as it will create ways for Colusa County Department of Behavioral Health (CCDBH) to work with other agencies, especially the Probation Department, and other local resources. Adult Probation is an agency that CCDBH will collaborate with as those they serve have been identified as the target population. The Case Manager that will be working under this project will work closely with many agencies in the county to link project participants to needed resources. Agencies that the Case Manager will reach out to are anticipated to be One Stop for job opportunities, Child Protective Services for child care resources, ministerial groups for social and clothing resources, local Food Pantry for food, and local health care providers for medical services.

B) **Cultural Competency:** One of the outcomes of this program is to understand the barriers to treatment that disproportionately impact those involved in the justice system and the Hispanic/Latino community in Colusa County. Use of the Strengths Assessment will assist Innovation staff to understand each person from a whole person care perspective. The Strengths Assessment is uniquely designed to elicit specific personal, social, economic, cultural, and spiritual strengths and resources that the person currently uses or has previously used to achieve health and wellness.

C) **Client-Driven:** This project will be client-driven in that clients will be informing the project staff of the social determinants of health that are impacting them. The project will also have the client provide direction on

resources that they may feel would be beneficial or helpful to them to improve their overall wellbeing and mental health.

D) **Family-Driven:** While the program is specifically designed to focus on individuals, all efforts will be made to include the project participant's natural supports in the treatment process as much as possible. This includes family members, significant others, and key supportive relationships who may be identified as resources.

E) **Wellness, Recovery, and Resilience-Focused:** NA

F) **Integrated Service Experience for Clients and Families:** NA

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

This project will ensure cultural competence through the following strategies:

- Engaging representatives of the unserved and underserved populations such as the Hispanic/Latino community and those who have been or are involved in the justice system in Colusa County around outreach efforts, implementation strategy, and program outcomes.
- Providing linguistically appropriate services and program materials in threshold languages.
- Conducting detailed evaluation of whether the program is effective for unserved and underserved populations.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

The county will decide whether it will continue with the Innovation project in its entirety or keep certain parts of the project by taking a look at the evaluations and considering stakeholder feedback during the Community Planning Process. Colusa County will also monitor the necessary staff time to implement and sustain the program in light of the social determinant and mental health outcomes it generates to determine whether to continue to invest time in the practices. If it is decided to continue this program outside of the allotted three years, the program will continue to utilize the SAMSHA grant that will be dedicated to fund a portion of the Mental Health Specialist and Case Manager positions. The program would additionally be funded through realignment dollars, Community Services and Supports (CSS) funds, and other grant opportunities. The Colusa County Jail and Adult Probation collaborators, especially the Community Corrections Partnership, may also have funding that they can contribute to the program.

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

It is likely that the individuals who struggle in accomplishing basic life skills probably will also demonstrate areas of social determinants. They may also have underlying symptoms of mental illness or addiction that can be revealed through outreach and engagement. By addressing their social determinants and building rapport, it is Behavioral Health's hope that the project participants will enter into Specialty Mental Health Services. At that point when a formal request for services is made, an intake assessment would be provided to establish medical necessity. If medical necessity is not met, these participants will be encouraged to be served through peer services and community supports at our adult wellness and recovery center, Safe Haven.

COMMUNICATION AND DISSEMINATION PLAN

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

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

The primary way we will disseminate information about the program will be through our regular meetings with our partners from the Probation Department. Additionally, during the quarterly meeting of the Community Corrections Partnership meetings, we will provide updates about the program and share initial evaluation data. We would also like to disseminate information to stakeholders within our county by sharing information at monthly Behavioral Health Board meetings and quarterly Quality Improvement Committee meetings which are open forums for public participation. Participants involved in the project would be able to provide their own testimony in regard to their experience while in the program. Evaluation reports that document learning and outcomes will be prepared and shared twice a year. This information will be shared via our county website and Facebook page.

Critical to the overall project will be the fact that as we complete the Strengths Assessment, we will document the particular negative social determinants that become known to us. We will categorize these social determinants and seek themes that have emerged. Included in our report will be those aspects of our local society that apparently are obstacles for our citizens to integrate into the normal flow of community living, and we will high light these not only in our report, but in our advocacy. One definite vehicle that will assist in getting this crucial information out to the community will be to present the report with our findings to our local

governing board. We will propose recommendations and seek direction from them about steps we might take to address the issues.

Additionally, following the commencement of this project, the Behavioral Health Department will begin the collaborative project of introducing the Stepping Up Initiative to the Justice Community and the County Administration. It is likely that Behavioral Health can sponsor the Stepping Up Resolution to the Governing Board along with our partners at Probation, Health and Human Services, and the Sheriff of the County who oversees the County Jail System.

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

Social determinants, Rural outreach and engagement, Improving life functioning after justice system involvement, Strengths Assessment

TIMELINE

A) *Specify the expected start date and end date of your INN Project*
B) *Specify the total timeframe (duration) of the INN Project*
C) *Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.*

This will be a three-year Innovation project, with a proposed start date of July 2021 and end date of June 2024.

- ***Timeline of key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for evaluation, stakeholder involvement, and lessons learned.***
    - Month 0 – Pre-Implementation: In person brainstorming in Colusa County. Engagement with key stakeholders and finalization of implementation and evaluation strategy. Training on Strengths Assessment protocol and on consistent data entry.
    - Months 1-6 – Implementation: Hiring of new staff and forming collaborative relationships with Adult Probation. Establishing the Strengths Assessment and identifying community resources to address social determinants.
    - Months 7-12 – Implementation: Initiating formal and informal outreach efforts to involve project participants and offer support to help improve overall life functioning. This period culminates with a one-year fidelity review and report, one-year evaluation report, and a leadership team meeting. Evaluation results will be shared with stakeholders.

- Months 13-18 – Implementation: Continue with outreach, engagement, and involve more participants. This period culminates with an eighteen-month fidelity review and report, along with a leadership team meeting.
- Months 19-24 – Implementation: Continue with outreach, engagement, and involve more participants. This period culminates with a two-year fidelity review and report, two-year evaluation report, and a leadership team meeting. Evaluation results will be shared with stakeholders.
- Months 25-36 – Sustainability: This period culminates with a three-year fidelity review and report, three-year evaluation report, and a leadership team meeting. Evaluation results will be shared with stakeholders.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; two Research assistants, part-time…"). Please include a discussion of administrative expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

We anticipate that the implementation of the project will begin in the first quarter of fiscal year 2021-2022. The expenditures for this project slowly increase over the three-year period as staff begin to build the project and relationships within the community. The project will consist of 50% of two Mental Health Specialists and 100% of a Case Manager for a total expected

personnel costs of $527,160. The direct costs of operating the project include housing services, transportation services, healthy food for participants, job readiness skills and education fees for a total expected direct costs of $189,400. The indirect costs for operating the project include office space, utilities, insurance, supplies, vehicle lease, fuel and administrative overhead for total expected indirect costs of $128,315. Non-recurring costs include office furniture, technology equipment for both office and field use for a total expected cost of $7,652. The evaluation costs of the project are expected to be $70,000 over the 3-year period. We are anticipating using $498,812 of MHSA-Innovation funds for this project. We will utilize our MHSA-Capital Facilities and Technology fund, 1991 Realignment, various housing grants and our Behavioral Health Subaccount funding to completely fund this project.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1	Salaries	$ 91,392	$ 95,962	$ 100,760	$ 288,113
2	Direct Costs	72,019	75,620	79,401	227,040
3	Indirect Costs	3,906	4,000	4,100	12,006
4	Total Personnel Costs	**$ 167,317**	**$ 175,582**	**$ 184,261**	**$ 527,160**
OPERATING COSTS		**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
5	Direct Costs	$ 41,320	$ 61,740	$ 86,340	$ 189,400
6	Indirect Costs	41,941	42,758	43,616	128,315
7	Total Operating Costs	**$ 83,261**	**$ 104,498**	**$ 129,956**	**$ 317,715**
NON RECURRING COSTS (equipment, technology)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
8	**Furniture**	$ 3,237	$ -	$ -	$ 3,237
9	**Technology**	4,415	-	-	4,415
10	Total Non-recurring costs	**$ 7,652**	**$ -**	**$ -**	**$ 7,652**
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
11	Direct Costs	$ 30,000	$ 20,000	$ 20,000	$ 70,000
12	Indirect Costs	-	-	-	-
13	Total Consultant Costs	**$ 30,000**	**$ 20,000**	**$ 20,000**	**$ 70,000**
OTHER EXPENDITURES (please explain in budget narrative)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
14					
15					
16	Total Other Expenditures				
BUDGET TOTALS					
Personnel (line 1)		$ 91,392	$ 95,962	$ 100,760	$ 288,113
Direct Costs (add lines 2, 5 and 11 from above)		143,339	157,360	185,741	486,440
Indirect Costs (add lines 3, 6 and 12 from above)		45,847	46,758	47,716	140,321
Non-recurring costs (line 10)		7,652	-	-	7,652
Other Expenditures (line 16)		-	-	-	-
TOTAL INNOVATION BUDGET		**$ 288,230**	**$ 300,080**	**$ 334,217**	**$ 922,527**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	TOTAL
1	Innovative MHSA Funds	$ 131,222	$ 142,007	$ 155,583	$ 428,812
2	Federal Financial Participation	-	-	-	-
3	1991 Realignment	21,500	21,500	21,500	64,500
4	Behavioral Health Subaccount	16,341	17,158	18,016	51,515
5	Other funding*-MHBG, MHSA Housing & MHS Cap Imprvtmnt & Tech	89,167	99,415	119,118	307,699
6	**Total Proposed Administration**	**$ 258,230**	**$ 280,080**	**$ 314,217**	**$ 852,527**

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	TOTAL
1	Innovative MHSA Funds	$ 30,000	$ 20,000	$ 20,000	$ 70,000
2	Federal Financial Participation	-	-	-	-
3	1991 Realignment	-	-	-	-
4	Behavioral Health Subaccount				-
5	Other funding*-MHBG, MHSA Housing & MHS Cap Imprvtmnt & Tech	-	-	-	-
6	**Total Proposed Evaluation**	**$ 30,000**	**$ 20,000**	**$ 20,000**	**$ 70,000**

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	TOTAL
1	Innovative MHSA Funds	$ 161,222	$ 162,007	$ 175,583	$ 498,812
2	Federal Financial Participation	-	-	-	-
3	1991 Realignment	21,500	21,500	21,500	64,500
4	Behavioral Health Subaccount	16,341	17,158	18,016	51,515
5	Other funding*-MHBG, MHSA Housing & MHS Cap Imprvtmnt & Tech	89,167	99,415	119,118	307,699
6	**Total Proposed Expenditures**	**$ 288,230**	**$ 300,080**	**$ 334,217**	**$ 922,527**

*If "Other funding" is included, please explain.

Mental Health Services
Oversight & Accountability Commission

Attachment A

Current Strengths: What are my current strengths? (i.e. talents, skills, personal and environmental strengths)	**Individual's Desires, Aspirations:** What do I want?	**Past Resources – Personal, Social, & Environmental:** What strengths have I used in the past?
Home/Daily Living		
Assets - Financial/Insurance		
Employment/Education/Specialized Knowledge		
Supportive Relationships		

Wellness/Health		
Leisure / Recreational		
Spirituality/Culture		

What are my priorities?

1. 3.

2. 4.

Additional comments or important things to know about me:	
This is an accurate portrait of the strengths we have identified so far in my life. We will continue to add to these over time in order to help me achieve the goals that are most important to me in my recovery journey. _____ My Signature Date	*I agree to help this person use the strengths identified to achieve goals that important and meaningful in their life. I will continue to help this person identify additional strengths as I learn more about what is important to their recovery.* _____ Service Provider's Signature Date

Stakeholder Feedback Summary

The stakeholder feedback that was provided to this Innovation project suggested that there should be one clear focus instead of having both a focus on treatment and outreach and engagement. The project was then changed to focus on outreach only. Stakeholders also expressed the need for services for those who are justice involved in the county. So the target population was changed to justice involved individuals. Some stakeholders also voiced that they would like to have more individuals served in the community not just those who are justice involved. The Innovation project will be serving other community members who may hear by word of mouth from individuals who are justice involved and/or those who are not justice involved but obtain services from the Day Reporting Center. Another stakeholder expressed concern regarding Adult Probation not being able to communicate and gather information from Innovation staff regarding the individuals they serve. This created the change to having a referral from the Adult Probation Department or Parole Department always accompanied with an agreement from participants of signing a Release of Information (ROI) allowing Innovation staff to collaborate with the referring agency. Lastly, feedback was provided around the fact that this project will not be able to alter social patterns and systems that have existed and impacted individuals for generations. The real intent of this program then is to study the nature of social determinants that affect individuals in our community in both positive and negative ways, collecting that data, and determining the common theme(s) from that data to determine what social determinants are impacting the community the most. Then we would take that data and inform local community leaders, who can create change, based on data driven decision making. However, since changing social determinants within the fabric of a community is a lengthy process, this project will still assist individual participants who have voluntarily agreed to enter the project with the barriers that make reentry into society more difficult. We intend to address their individual needs as identified through the Strengths Assessment process. Through our flex fund program, we will be able to mitigate some of the most pressing challenges that participants experience.

STAFF ANALYSIS - Colusa County

Innovation (INN) Project Name:	**Social Determinants of Rural Mental Health**
Total INN Funding Requested:	**$498,812**
Duration of INN Project:	**Three Years**
MHSOAC consideration of INN Project:	**Delegated Authority**

Review History:

Approved by County Board of Supervisors	Pending, June 22, 2021 June 25, 2019
Mental Health Board Hearing	June 8, 2021 June 18, 2019
Public Comment Period	May 5, 2021 - June 4, 2021 April 29, 2019 - May 29, 2019
County Submitted INN Project	June 7, 2021
Date Project Shared with Stakeholders	June 8, 2021 May 7, 2021 February 10, 2021 September 14, 2018

Project Introduction:

Colusa County is requesting up to $498,812 in Innovation spending authority to improve outreach to unserved community members with mental health needs and to better understand whether and how a social determinants of health framework can improve county approaches to prevention, early intervention, and access.

The proposed innovation brings together a social determinants of health framework, Strengths Assessments, access to flexible funding to support consumers, and targeted outreach to justice involved individuals. The project is intended to:

- improve access to care,
- expand the number of mental health consumers served,
- enhance the ability of county staff to tailor services to needs, and
- improve community understanding of how social determinants of health in the county contribute to mental health needs.

What is the Problem?

Colusa County residents face high rates of unemployment, low levels of educational attainment and many residents struggle to access consistent sources of healthy food. Additionally, nearly one in four Colusa County residents report they face health and mental health care challenges. County Behavioral Health leaders also recognize that many county residents with mental health needs are not accessing available public mental health services because of stigma, lack of awareness or reluctance to enroll in county-offered programs. The result is low rates of service access, particularly for residents who could benefit from prevention and early intervention opportunities. The County reports that justice involved individuals are at high risk for mental health needs yet have low rates of engagement with mental health staff and programs.

In response, the County is proposing to use the lens of social determinants of health to improve understanding of unmet mental health needs, enhance outreach strategies using a social determinants framework, and improve access to care through targeted engagement and improved opportunities to tailor services to needs.

The County is proposing to focus on adults who are justice involved by working in partnership with the Adult Probation Department and the Parole Department to identify prevention and early intervention opportunities and engage potential new clients through targeted screening and assessment strategies. Recognizing that high percentages of county residents who are justice involved are Latinx, the county intends this project to improve outreach to the Latinx population in Colusa County while also reducing repeat justice involvement.

How this Innovation project addresses this problem:

Colusa County is proposing to support an estimated 150 newly identified clients through a partnership with Adult Probation, Parole, and the County Day Reporting Center. The Innovation would support voluntary referrals from probation and parole staff, as well as drop-in access for all community members through the Day Reporting Center. Newly identified clients would be assessed using a Strengths Assessment approach, which allows county behavioral health staff to explore the barriers clients face to meeting individual and family goals.

Using the social determinants of health framework, the assessment will focus on needs related to:

- housing,
- access to healthy food,

- transportation,
- income and employment support,
- access to health care,
- social and environmental needs,
- and the adequacy and nature of the individual's physical environment.

The innovation project will place three staff – one full-time Case Manager and two half-time Mental Health Specialists – on site at the Day Reporting Center and related sites to engage with persons leaving jail or engaged with parole or probation services. The County reports low rates of mental health engagement for persons who are justice involved, often related to stigma and discomfort discussing mental health issues, despite anticipated high rates of mental health needs.

The project proposes to authorize and equip county behavioral health staff to offer "flex funds" to support the immediate needs of newly identified clients, including assistance with food or clothing purchases, rental assistance, transportation assistance, the development of problem-solving skills and/or support accessing health care and employment services. County staff will also offer referral and linkage support for other county behavioral health programs.

The goal of this approach is to use the social determinant framework to promote a stigma-free or stigma-reduced approach to behavioral health and wellbeing engagement, support the ability of individual clients to address their immediate needs, reduce the impact of negative social determinants of health and improve awareness of county behavioral health resources.

The project proposes to increase engagement in behavioral health support by empowering county staff to tailor services to individual needs, which can serve as an outreach and engagement strategy to build trust and awareness of related services and programs. ***The County anticipates and will test the idea that improved outreach to justice involved individuals, with a strength-based assessment and access to flexible financial support, will increase the number of county residents who seek out and access mental health services through existing county programs.***

The Colusa County Innovation has an added goal of using the information gathered from the assessments to improve county understanding and awareness of the social determinants of health in the county that contribute to mental health needs.

Given the limited scale of the project, the County does not envision addressing the negative social determinants of health at the population level. Rather, this project is designed to explore how the social determinants of health framework can fortify the ability of county behavioral health staff to engage county residents through a prevention and early intervention lens and improve their ability to rapidly tailor responses and link newly identified clients to relevant services and supports. A review of the collective information gathered from the assessments will allow behavioral health staff to identify community-level challenges from a social determinants of health framework and proposed potential new county investments in future years.

The County notes that it anticipates a large percentage of the clients served through this innovation will be Latinx. Approximately 59 percent of justice involved individuals in Colusa County identify as Latinx.

This innovation project has the potential to improve the rate of county engagement with Latinx residents and reduce the number of mental health clients who are justice involved by reducing recidivism.

Community Planning Process (Pages 16-17)

Local Level

Colusa County engaged community members in the planning process for this project through their 2017-20 Three Year MHSA Plan engagement and plan development. The proposal also was presented to stakeholders during the county's 2019-20 Annual Update discussion, the 2020-23 Three Year Planning process and the 2021-22 Annual Update. The county shared the proposal with the local Behavioral Health Board in May of this year.

Commission Level

Colusa County staff initially shared a version of this proposal with Commission staff in 2019. Commission staff raised concerns that the initial proposal, which proposed linking this work to county Full Service Partnership programs, would undermine outreach and engagement opportunities for previously unserved populations given the nature of Full Service Partnership services and programs. The county provided a revised proposal in April 2021 and resubmitted the proposal to the local board for board, stakeholder, and public comment.

The Commission shared this project on four separate dates with MHSOAC stakeholders and the listserv : June 8, 2021, May 7, 2021, February 10, 2021, and September 14, 2018. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committee.

One comment was received from a Committee member while sharing this plan:

> *The Innovation Project for Colusa County would be beneficial to its population. It will serve approximately 150 persons over a three-year period who have been involved in the criminal justice system with the hope of improving their lives. I concur with the Plans as stated in the Proposal, and I look forward to reading the Project Updates. – CFLC Committee Member*

Learning Objectives and Evaluation: (Pages 12-15)

Colusa county plans to serve approximately 150 residents over the course of this three-year innovation project.

The county is proposing to work with the California Institute for Behavioral Health Solutions to support its evaluation and learning objectives. Among its goals, the county intends to improve its understanding of the following:

- How do social determinants impact justice involvement and mental health needs for Colusa County residents?

  County behavioral health staff intend to use data from client assessments and engagement opportunities to better understand the factors that can increase risk for justice involvement and mental health needs. County staff intend to use that information to inform future discussions with county elected officials and others on improved opportunities for prevention and early intervention, including strategies associated with housing, employment and educational opportunities, improved food security.

- Does engagement with justice involved individuals, that focuses on general needs, increase the likelihood that those individuals will seek mental health services?

  The county will explore whether and how a general outreach strategy, that does not necessarily start with asking if residents needs mental health services, but instead focuses on what the individual identifies as their needs, can help identify people who would benefit from mental health services and increase participation in those services.

To address these learning objectives, the county will establish a baseline of persons served and compare information on persons served during the course of the project against baseline data, with an emphasis on justice involvement and demographics, including age, race, ethnicity, language spoken, sexual orientation and gender identity, disability, veteran's status, and potentially identifies others as determined by the county.

The county also will explore variation in the number of consumers who receive formal mental health services, versus informal support through mental health programs, and the length of time individuals are enrolled in services and drop-out rates.

The County also will analyze information gathered through assessments of those involved in the project, to better understand social determinants of health and how they relate to perceived and actual need for mental health services – where possible – enrollment in related programs and program participation over time.

Finally, the County will explore the extent that the data identified and gathered through this project is useful to support programmatic and policy-level decision-making. Using interviews and related strategies, the county will assess the extent that project data are useful and used by clinicians, administrative staff, and policymakers over the course of the project.

Comments:

It is unclear if the county's evaluation plan is realistic given the limited number of individuals forecasted to participate in the project.

The Commission may wish to consider suggesting the County remain flexible in how it evaluates this project in recognition of the low numbers of individuals served, anticipated at 150, the limited data that may be available and its utility for quantitative analysis. The Commission may wish to encourage the county to explore, in consultation with its contracted evaluation partner, qualitative or other approaches to evaluate this project.

The county is encouraged to seek technical assistance from the Commission's research and evaluation unit if warranted.

The Budget

Funding Source	FY 21/22	FY 22/23	FY 23/24			TOTAL
Innovation Funds	$ 161,222.00	$ 162,007.00	$ 175,583.00			$ 498,812.00
Medi-Cal FFP						$ -
1991 Realignment	$ 21,500.00	$ 21,500.00	$ 21,500.00			$ 64,500.00
Behavioral Health Subaccount	$ 16,341.00	$ 17,158.00	$ 18,016.00			$ 51,515.00
Any other funding (MHMG, MHSA Housing & MHSA CFTN Funding)	$ 89,167.00	$ 99,415.00	$ 119,118.00			$ 307,700.00
Total	**$ 288,230.00**	**$ 300,080.00**	**$ 334,217.00**			**$ 922,527.00**

3 Year Budget	FY 21/22	FY 22/23	FY 23/24			Total
Personnel	$ 91,392.00	$ 95,962.00	$ 100,760.00			$ 288,114.00
Direct Costs	$ 143,339.00	$ 157,360.00	$ 185,741.00			$ 486,440.00
Indirect Costs	$ 45,847.00	$ 46,758.00	$ 47,716.00			$ 140,321.00
Non-recurring costs	$ 7,652.00					$ 7,652.00
Other Expenditures	$ -	$ -	$ -			$ -
						$ -
						$ -
Total	**$ 288,230.00**	**$ 300,080.00**	**$ 334,217.00**			**$ 922,527.00**

The County is requesting authorization to spend up to $498,812 in MHSA Innovation funding for this project over a period of three years. The County will be utilizing MHSA Capital Facilities and Technology Funds, 1991 Realignment, housing grants and the Behavioral Health Subaccount to fund the entire project in the amount of $922,527.

- Personnel costs are $288,114 and represent approximately 31% of the total project amount and will provide salary for 2 0.50 FTE Mental Health Specialists and 1 FTE Case Manager.
- Operating costs are $626,761 and represent approximately 68% of the total project amount and will cover items to include office space, vehicle lease, administrative overhead, job readiness skill and education fees, housing and transportation services
    - The evaluation of this project is $70,000 or approximately 8% of total project amount and has been included as part of the total Operating Costs amount
- Non-recurring costs are $7,652 and represent approximately 0.9% of the total project amount to cover office furniture and technology equipment

Sustainability of this project will depend upon the evaluation of this project and whether components or the entirety of this project will be continued in the County, likely by means of grant funding, realignment funding, and CSS funding.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

County of San Luis Obispo Mental Health Services Act

DRAFT PROPOSAL FOR THE INNOVATION COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

COUNTY OF SAN LUIS OBISPO

INNOVATION PLAN FY 2021-2025
County of San Luis Obispo
Behavioral Health Department

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
2180 Johnson Ave., San Luis Obispo, CA 93401
Anne Robin, LMFT, Behavioral Health Director
Frank Warren, Mental Health Services Act Coordinator

County of San Luis Obispo Innovation Plan

Executive Summary

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. The goal of the proposed Innovation projects is to build capacity within the community by learning new and adapted models for promoting positive mental health and reducing the negative impact of mental illness and stigma.

Over a sixteen-month period, the SLOBHD worked collaboratively with local stakeholders, including consumers and family members, to develop the County's INN Plan containing two INN projects. The plan consists of new and novel mental health practices or approaches that will contribute to informing the County and its stakeholders as to improved methods for addressing mental health disparities.

The County of San Luis Obispo's INN Plan consists of two distinct projects which will be conducted over four years. In this document, the Behavioral Health Education and Engagement Team (BHEET) project will be presented. The projects will be funded with the County's INN funds. However, every effort will be made to access revenue through Federal Financial Participation for appropriate projects. The table below depicts the projected expenditures for each project and its administration from FY 20-21 through FY 23-24.

INN Project Budgets	**FY 21-22**	**FY 22-23**	**FY 23-24**	**FY 24-25**	**Total**
Behavioral Health Education and Engagement Team (BHEET)	$150,322	$149,730	$153,275	$156,926	$610,253
TOTAL INN Budget	$150,322	$149,730	$153,275	$156,926	**$610,253**

MHSA funds will be used to implement the following two new projects, with planning and services expected to begin July 01, 2021 after any necessary procurement processes have been completed. The projects were selected based on MHSA's required outcomes, general standards, the community's input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The project listed herein is:

Behavioral Health Education and Engagement Team (BHEET):

The Behavioral Health Education and Engagement Team (BHEET) Innovation Project is designed to test the efficacy of adopting a peer-based outreach and engagement model within the community mental health system. BHEET will embed peer system navigators within the county's local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities for individuals who are outside the service range of SLOBHD services.

The County has found success engaging new clients by utilizing peer system navigators to both help individuals stepping down from inpatient psychiatric care to outpatient services and to provide support and resources for new outpatient clients and their families. However, this model does not exist within the community-based network of providers and clients are often left to navigate the mental health system on their own – which can lead to a lack of engagement, failures to follow through with referrals and appointments, and the risk of increased symptomology.

The learning goal of this project is to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes.

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Community Program Planning and Local Review Process

County Name: San Luis Obispo

Work Plan Name: County of San Luis Obispo Innovation Plan

Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. Please include the methods for obtaining stakeholder input.

A new planning round of innovation was officially launched in June 2019. The first Innovation Stakeholder meeting for the new round took place on June 11, 2019. The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, INN Coordinator. Returning and new Stakeholders assembled to review the Innovation Regulations, begin a larger conversation about the needs and learning interests of the community, and begin collaborating on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current Innovation round, including the successes and challenges of implementing the current active projects.

As of this INN plan's posting, the County has four projects in operation:

1. **SLO Acceptance:** Testing LGBTQ+ affirming training curriculum for community mental health system clinicians; 2018-2022.
2. **3x3:** Testing early childhood behavioral health screening protocols for community pediatric providers; 2018-2022.
3. **Behavioral Health Assessment & Response Project (BHARP):** Tests a community-based and academically informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent; 2019-2023.
4. **Holistic Adolescent Health:** Testing a new mental, physical, and social health curriculum and delivery model for youth 13-18 years of age; 2019-2023.

As with previous Innovation planning rounds, the community was invited to participate in planning sessions through MHSA stakeholder meetings and town halls, Behavioral Health Board outreach, Wellness Centers and other consumer outreach by the Peer Advocacy and Advisory Team, and public communication (e.g., social media). All community members were invited to take the opportunity to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, and a variety of subject-oriented leaders from education,

law enforcement, veterans, and other health and social services. New participants were invited from local non-profit organizations supporting underserved populations (such as the Gay and Lesbian Alliance, GALA) and students from the local California Polytechnic State University (Cal Poly). The stakeholder group and meetings were designed with the purpose of encouraging the development of learning projects and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

Following the initial "kick-off" for this Innovation planning round on June 11, 2019, stakeholders were invited to contact MHSA staff with questions, ideas, and development proposals. These informal sessions were held over the phone and email, as well as in other meetings such as the Behavioral Health Board meeting, and provider contract meetings with the County. Subsequent formal planning meetings were held with stakeholders throughout 2019 and 2020. Innovation stakeholders and members of the general public were invited to join the MHSA Advisory Committee (MAC) meeting on August 28, 2019, held as a "Town Hall" in the coastal region of Los Osos, CA, to learn about MHSA and take part in a planning collaboration. At that event, the County presented Innovation and discussed some of the themes which had emerged since June. In addition, at that Town Hall, staff sought community input on needs, interests in learning, and innovative ideas.

In the spirit of Innovation, the County stakeholder process ensured the maximization of time and knowledge of the community members who had come to the Innovation Planning Team, as well as the optimization of project development by using a user-friendly online tool. For this round of innovation, as the County had done successfully with past rounds of planning, the Innovation Stakeholder group (named the "Innovation Planning Team") were provided with an online project development tool. The County continued the use of the "Innovation Creation Station," an online activity to assist innovators in developing their ideas and answering key questions necessary to meet the Innovation component guidelines.

This web-based toolkit consisted of Innovation definitions, guidelines, and a worksheet to walk "developers" through the creation and justification of an Innovation project. The objective for the Innovation Planning Team was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval.

During stakeholder planning meetings, County staff (and former project developers) shared guidance, advice, and tools to assist new proposers in providing concise narratives and complete thoughtful proposals. Technical assistance was provided to Innovators and stakeholders throughout the development phase of the proposals. This assistance included County staff answering questions regarding the online survey tool, sharing examples of local and other counties' proposals, and hosting brainstorming sessions with other key stakeholders.

Innovation stakeholders met again on October 30, along with the MAC, to discuss the themes which had begun to emerge through the formal and informal meetings. At that meeting, County staff provided an update on four proposals in development: (1) a project to introduce sound meditation with behavioral health treatment court participants, (2) an update of a past-proposed project to address engaging reluctant community members reaching out for mental health care, (3) the need for addressing gaps in older adult mental health in nursing facilities, and (4) an

interest in re-booting the County's trauma-informed care training Innovation for new populations.

The Innovation stakeholder group reconvened on January 29, 2020 to hear presentations for the four proposals that had emerged over the six months of planning. Innovation developers presented their project ideas and took questions from the stakeholder meeting participants. However, that meeting was not as well-attended as past meetings. Following the meeting, the County MHSA staff agreed there needed to be more discussion and dialogue with the community about the projects, and another meeting was scheduled for February 27, 2020. The four proposals were presented again, but to a more robust audience of stakeholders representing communities potentially impacted by each Innovation (e.g., County Jail Medical staff, older adult healthcare providers, CenCal managed care plan staff, etc.).

Since its first plan in 2010, the County has used a decision-making strategy for Innovation that is unlike most other planning protocols. Once the proposals were reviewed to ensure adherence to the Innovation Regulations, the County provided stakeholders with an online tool to rank the proposals – without concern for cost. This allows stakeholders to make recommendations based on the merits of the learning rather than on the costs associated with the project. The question put to stakeholders is "What do we want to learn most?" rather than "What service can we afford?". Once that ranking is complete, the County then assesses the potential costs for each project and determines how many projects may move forward.

The first complete draft of proposals became available following the February 2020 meeting, and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to "score" each proposal anonymously based on the project's merits, need/problem definition, learning goal, implementation, operation, and sustainability. Results of the ranking were disseminated to the Innovation Stakeholder group and to the innovators. The ranking results were:

1. Behavioral Health Education & Engagement Team (BHEET)
2. SoulWomb
3. Mental Health Integration for OA in Residential Facilities
4. C-Cares (County's trauma-informed training)

During the early part of 2020, the INN Coordinator began communication with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to receive feedback on the proposed projects and provide additional assistance to the Innovators. The County subsequently withdrew its "C-Cares" proposal and the remaining three projects continued to be refined. In March 2020, the COVID-19 emergency created a significant setback in the County's planning and timeline. In response to the shelter-in-place order and the closing of some clinic operations and offices, most all MHSA program planning was suspended while the County and its program providers turned their focus to establishing telehealth and other safety practices. A previously scheduled MHSA Advisory Committee stakeholder meeting was held by conference call on March 25, 2020. At that meeting the MHSA Coordinator informed stakeholders that Innovation planning would be placed on hold while the County and its statewide counterparts examined any immediate fiscal impacts on component revenues.

Stakeholders reconvened (via Zoom) on May 27, 2020, and County staff broadcast the meeting in a Town Hall style on Facebook live. At this meeting, stakeholders and the public were provided an update on the three projects planned to move forward, while also hearing updates on COVID-19 impacts on MHSA. The County and many of its MHSA colleagues across the state were waiting on information which may have impacted whether the County would be given flexibility on the use of Innovation funds. The California Behavioral Health Directors Association (CBHDA) reported in July 2020 that no changes in flexibility were expected in the current fiscal year. The County informed stakeholders on July 29, 2020 that the Innovation plan would move forward. A draft was then sent to the MHSOAC for review.

The now-former Innovation Coordinator (Nestor Veloz-Passalacqua) met with the MHSOAC who provided additional feedback and guidance to refine the proposals. However, soon thereafter Nestor was promoted to a position in another part of the agency. A recruitment was launched in October 2020, with the position unable to be filled until January 2021. The MHSA Coordinator reviewed the MHSOAC notes, and the budgets submitted by the proposers. The County elected to reduce the number of proposed projects from three (3) to two (2). Since November, the County has worked with the proposers and key stakeholders for each project to revise and refine the proposals herein.

Identify the stakeholder entities involved in the Community Program Planning Process

The County's Innovation Planning Team is a stakeholder group consisting of up to 20 representatives of the broad community, including consumers, family members, system providers, subject experts, and underserved cultural communities. The Innovation Planning Team met several times between June 2019 and February 2021 and will reconvene to oversee the launch of Innovation programs and participate in reviews thereafter.

Below is a list of stakeholders that participated in San Luis Obispo County's Innovation Planning Process:

- Behavioral Health Board (BHB) members (including family members and consumers).

- Members of underserved communities, including Promotores Collaborative (representing the Center for Family Strengthening), participants of the County's Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups, and the Gay and Lesbian Alliance (GALA).

- Consumers and family members (youth and adult) as well as organizations that represent them such as the Peer Advisory and Advocacy Committee and the National Association of Mental Illness.

- Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services (WCS), California Polytechnic State University, Community Action Partnership of San Luis Obispo (CAPSLO), and Family Care Network.

- Other County agencies, including Sherriff's Department and Jail Medical Services, Probation, Office of Education and local school districts (administrators, teachers, counselors), and the Veterans Services Office.

- Staff and managers, including the Behavioral Health Director, clinicians, case managers, and medical professionals of the SLOBHD representing various divisions, including Drug and Alcohol Services, Justice Services, Patients' Rights, and Prevention & Outreach.

Ethnic representation in the Planning sessions included members of the Latino, Asian, African American, and Native American communities. Providers specializing in cultural-based services were integral in developing Innovation needs and proposals. Cultural groups represented throughout the Planning sessions included LGBTQ, veterans, youth, older adults, spiritual, and individuals experiencing homelessness.

List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The Innovation proposals were finalized on March 1, 2021, and a draft was made public for a 30-day review on March 23, 2021. At the conclusion of the 30-day review period, two total comments were received using the feedback survey made available electronically and in hard-copy. The comments, as originally written and posted, are listed below for the project:

BHEET

1. I would like simply to suggest that when moving forward with BHEET (or any other mental health program within the civic setting) it always be kept in mind that our legal systems and mental health have yet to hold hands in a helpful way. In other words, I would like there to be within mental health systems LEGAL COUNSELORS capable of providing information AND advocacy for those of us who need it. Mental health is more than what's going on in the minds of consumers. It is a by-product of society.

2. I support this project and think it offers great hope for alleviating the barriers that keep people from fully benefiting from existing programs.

A public hearing was held as part of the Behavioral Health Board's (BHB) regular, April 21, 2021 meeting and received approval. One letter of support was received for both projects from San Luis Obispo County District 3 Supervisor Dawn Ortiz-Legg, presented by the Supervisor's Legislative Assistant:

1. Fully support the efforts to creatively approach the mental health challenges facing so many citizens;

2. Impressed with the two programs: Peer support makes a lot of sense and what a great way for a 2 way reciprocal program to support individuals who truly understand life navigation; as a long time yogini, I am very excited about the Soul Womb project / concept, and think we should really gather the data and possibly put these in many

county buildings and school settings! There is nothing more soothing than a sound bath as well as mindful movement

3. What if any support can I provide the teams? Please advise as I am very excited to help in any way possible.

The Plan was approved by the County's Board of Supervisors on May 4, 2021. The Innovation Work Plan will be submitted for approval by the Mental Health Services Oversight and Accountability Commission in June 2021.

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date: 03/23/2021
☐ Completed 30-day public comment period Comment Period: 04/21/2021
☐ BOS approval date Approval Date: 05/04/2021 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____

County Name: San Luis Obispo County

Date submitted: 05/04/2021

Project Title: Behavioral Health Education and Engagement Team (BHEET)

Total amount requested: $610,253

Duration of project: Four Years

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

Outreach and Engagement for Community Members Outside Higher Levels of Care

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) and its Innovation stakeholder partners are seeking to address the problem of engaging community members needing mental health services who fall out of the scope of existing outpatient services. San Luis Obispo County lacks an outreach and engagement model for community members that fall outside of the system for higher levels of care. The County and its stakeholders have identified a significant gap in success for those individuals seeking "mild to moderate" outpatient services. These community members still need case management and support for accessing, navigating, and receiving managed care-referred, community-based services. These individuals would include:

- People who do not meet severity criteria for SLOBHD outpatient services (and/or Full Service Partnership [FSP] services) and are at risk of dropping out or not engaging in services without assistance in making and keeping the connection to the local managed care plan.

- People who have recently closed their cases at SLOBHD after experiencing success in their treatment and may have stepped down to a lower level of care, or who are in the process of terminating services with SLOBHD due to a reduction in symptoms and impairments but could benefit from follow-up support and assistance for a successful transition into community-based services.

Some individuals in these scenarios experience a pattern of increased decompensation. These individuals are known to make regular calls to the local crisis hotline and have contact with the Mental Health Evaluation Team (MHET), Crisis Stabilization Unit (CSU), emergency departments, and police wellness checks. In various cases, these individuals need to reach a higher level of medical necessity to get into (or back into) SLOBHD services. Other areas of impact include:

- Reduced mobility, functionality, and/or transportation issues that make getting to scheduled appointments difficult if not impossible.

- Lack of support available to individuals in the interim period before the assessment to help ensure the person does not go into crisis.

- Minimal follow-up support and assistance provided to individuals who do receive crisis intervention services.

- Misunderstanding or not knowing how to navigate the services that they have been referred to and/or are eligible for.

The local, confidential mental health support, crisis, and suicide prevention telephone line, known as Central Coast Hotline, received a total of 5,834 San Luis Obispo County phone calls in the fiscal year 2018-2019. Thirty-one percent (31%), 1,808, of those calls received referrals for services outside of SLOBHD services. Current, local behavioral health data (Nov. 2018-Dec. 2019) indicates a total of 322 individuals chose and were transferred to a non-specialty mental health service; a total of 69 were referred to non-specialty mental health services from assessment; and a total of 42 were referred as a step-down after meeting all or some of their treatment goals.

Providers, consumers, and stakeholders report that once a community-based referral is given, there is a lack of follow-through (on both the referring body and the consumer) that often leads to a drop-off, as the participant never connects with the respective services or attends a few sessions and then quits. In 2019, a total of 359 referrals were made to the local Medi-Cal managed care plan, CenCal—and their provider network, the Holman Group:

- SLOBHD's Central Access team reports that 208 adults in 2019 chose to access non-specialty mental health services and were referred outside of SLOBHD.

- 121 clients were referred to the Holman Group either after a mental health assessment or by SLOBHD clinic providers to a lower level of care.

- 30 clients were referred to the Holman Group by staff from SLOBHD's Drug and Alcohol Services clinics.

In order to evaluate the increased quality of BHEET, one of the measurable outcomes will be an increased engagement rate. Of the initial 359 referrals to the Holman Group in 2019, thirty-six percent (36%), 129, did not follow through with the referral to receive mental health services. And of the sixty-four percent (64%), 230 referrals, that did follow through with the Holman Group, twenty percent (20%), 46 individuals, did not continue to engage after the initial service.

The original concept for this BHEET Innovation project was first brought forth by a group of peer and consumer advocates. The project identified the need for targeted outreach and engagement to those reaching out for help to Central Coast Hotline. Many individuals, as described by consumers with lived experience, make their first attempt at getting help through safe, anonymous channels – like Hotline – but without a human connection, often fail to follow through with making appointments and attending services.

The County's contracted system navigator (and Hotline provider) partner, Transitions-Mental Health Association (TMHA), and its Peer Advocacy and Advisory Team (PAAT) members participated in Innovation stakeholder planning sessions and shared anecdotal evidence of a growing disparity between clients entering the County system and those being referred to community providers. That disparity, according to the collective of stakeholders, was synthesized

to describe that for individuals suffering a mental health issue, who also have fear, stigma, or a lack of supports, being referred into a somewhat incohesive network of mental health providers caused confusion and a lack of engagement.

County staff held informal meetings and conversations with PAAT members and TMHA staff, as well as gathered perspective from other providers and the Behavioral Health Board, to determine a pathway to mitigating this concern. A more defined gap emerged as community stakeholders identified the growth of Medi-Cal beneficiaries needing mental health services yet not meeting the County's medical necessity.

In developing this proposal, multiple, informal stakeholder listening sessions occurred in which both mental health consumers and family members provided feedback regarding the lack of follow-through with the above referrals, relaying their own experiences or the experiences of loved ones. Consumers were often in crisis or on the verge of crisis, isolated, confused about the process, and/or anxious to meet with a new provider. Similar feedback was received during the External Quality Review Organization (EQRO) process in 2019.

The County and its Innovation stakeholder planning members looked at various outreach and navigation models, including those offered within the local Prevention and Early Intervention (PEI) plan. In that plan's Early Intervention module, system navigators (provided by TMHA among other community-based organizations) are peers with lived experience assigned to provide outreach and education and support "Access and Linkage to Treatment" throughout the community. These individuals are often engaged in helping family members and loved ones connect to supportive services, provide outreach and linkage for the homeless community, and support Transitional Aged Youth (many college and college-aged students) in accessing resources.

In the County's Community Services and Supports (CSS), peer system navigators are embedded in the outpatient clinics to assist new clients and their family members. This model was developed in the County's original Innovation plan (2012) as an adaptation of the Stanford Cancer Concierge model. Another past Innovation project, Transition Assistance and Relapse Prevention (TARP), continues to be funded in CSS. TARP provides to assist FSP clients in access and linkage to supports while stepping down from intense treatment to ongoing outpatient services within SLOBHD.

Because Peer System Navigators in PEI and CSS are providing services for individuals eligible for the SLOBHD Medi-Cal services, stakeholders recommended that the County test the efficacy of adopting a similar peer-based outreach and engagement model within the community mental health managed care system for individuals outside of eligibility for SLOBHD Medi-Cal services BHEET will embed peer system navigators within the county's local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities for individuals who are outside the service range of SLOBHD services.

PROPOSED PROJECT

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

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

The Behavioral Health Education and Engagement Team (BHEET) Innovation Project is designed to test the efficacy of adopting a peer-based outreach and engagement model within the community mental health system. BHEET will be implemented by a contracted provider to embed two (2) new peer system navigators within the local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities for individuals who are outside the service range of SLOBHD services, including:

- People who do not meet severity criteria for SLOBHD outpatient services (and/or Full Service Partnership [FSP] services) and are at risk of dropping out or not engaging in services without assistance in making and keeping the connection to the local managed care plan.

- People who have recently closed their cases at SLOBHD after experiencing success in their treatment and may have stepped down to a lower level of care, or who are in the process of terminating services with SLOBHD due to a reduction in symptoms and impairments but could benefit from follow-up support and assistance for a successful transition into community-based services.

The project is designed to connect, continue support, and increase access to managed behavioral healthcare services, providing an extended window of assistance to help individuals further reduce their need for crisis intervention or FSP mental health services. The County has found success engaging new clients by utilizing peer system navigators to both help individuals stepping down from inpatient psychiatric care to outpatient services and to provide support and resources for new outpatient clients and their families. However, this model does not exist within the community-based network of providers, and clients are often left to navigate the mental health system on their own – which can lead to a lack of engagement, failures to follow through with referrals and appointments, and the risk of increased symptomology.

Specifically, this proposal pairs an individual seeking managed behavioral healthcare services with a peer system navigator. The “Behavioral Health Navigators” (BHN) would be culturally and linguistically competent and have personal experience receiving behavioral health services. BHN would be skilled at engaging participants in trauma-informed approaches and helping the individual connect to and follow through with referred

services, avoiding further crisis escalation and promoting on-going recovery. Potential outcomes may include:

- Increased linkage to initial managed care referrals
- Reduced no-shows of scheduled appointments
- Reduced impact on psychiatric crisis services
- Reduction in Emergency Room hospital visits
- Overall increase in participant life satisfaction and goal achievement

The learning goal of this project is to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes.

Components:

The project model includes a team comprised of two (2) Behavioral Health Navigators working collaboratively with managed care referral points, case management, and therapeutic services. The intervention piece of the model includes the following:

1. Program outreach and presentations to service providers, businesses, and community groups.
2. Collaboration with SLOBHD managed care personnel in order to facilitate referral, engagement, and a warm handoff with individuals who have recently closed their County case, are in the process of closing services, or who do not meet the criteria to open County services and have been referred to the Holman Group, the local managed behavioral healthcare service.
3. Linkage and collaboration with SLOBHD managed care, CenCal, Holman Group, and therapists, with the provision of system navigation, focused on self-care, rehabilitation, coping mechanisms, and other healing-activities.
4. Linkage and collaboration with wellness, center-based activities focused on self-care, navigation, rehabilitation, coping mechanisms, and other healing-activities.
5. Individual system navigation and referral provided for up to 100 people annually, with a duplicated contact target of 300 annually.

The BHN will provide supportive listening, understanding, and informative feedback based on the client's stated, self-determined goals and needs, as well as education and guidance

on system navigation and direct referral to area providers. The BHN will also offer support throughout the process of linkage to any services determined of interest by the participant. Services would include being with individuals while calls for any appointments for referred services are made, supporting participants in the completion of required documents for initial and follow-up appointments, and helping secure transportation needs when applicable. The individual would gain the support to be engaged in services through navigation and connection offered by the peer.

Staff would be tasked with documenting data that would be gathered throughout the testing phase to measure the efficacy of providing stable mental health to individuals at the outset, when failing to meet the criteria for SLOBHD Services. Other critical data collected would be recording any recidivism and emergency services used by the participants. The staff will also capture data on the level of follow-through, appointment attendance, sustained usage after service linkage by the program clients, therapy attendance, and the success of client-identified goals.

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

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

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

The approach of the project was determined appropriate based on the local data and the perceived problem presented in the community. It was identified that many potential individuals seeking mental health services who do not meet the criteria for higher levels of care are either not connected to services or escalate to a crisis in order to access services. The inclusion of mental health educational opportunities, outreach, and one-on-one engagement with individuals experiencing this situation are crucial to help participants navigate and maintain some level of connection to establish a successful path for engagement and recovery. By using a model that offers support at this specific level of mental health need, further escalation of symptoms will be prevented, thus decreasing crises and the utilization of costly and impacted behavioral health services.

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

The project anticipates testing the model with 100 participants annually based on the number of Behavioral Health Navigators (2) and reports showing the available participant population receiving referrals to managed care.

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

The project will be available to all adults (18 and older) independent of age, gender identity, race, origin, or language. Efforts will be made to provide culturally competent services to all individuals. Participants will be referred to programs from the SLOBHD, Holman Group, Hotline, Hospitals, and the County Jail.

RESEARCH ON INN COMPONENT

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

The efficacy of Peer Support Specialists, including peers working side-by-side with clinical teams and FSPs, has been tested and well documented. What distinguishes this project is the use of a peer team as outreach, engagement, and case management for the "invisible" population that either struggles with behavioral health issues but do not seek or follow through with referrals or services or fall outside of the higher levels of care within the mental health system but still need case management and support for accessing, navigating, and receiving services. In other words, the people who fall through the cracks in the system until their symptoms and life challenges deteriorate to the point of system eligibility.

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

Project investigation of post intervention and case management of crisis calls confirmed the need for wrap-around services and follow-up care to encourage recovery and well-being. In order to best assist clients calling Hotline in need of services, best models of crisis lines should focus on providing support for callers after their initial contact with a crisis line and follow-up for referrals and evaluating clients as they continue along with supportive services.[1] It is important to connect crisis callers to resources soon after the initial contact. Crisis callers are calling because of being in a specific, particular time of need; while crisis hotlines serve a great purpose in having a positive effect with offering support for callers, a deeper connectedness to help reduce impulses to self-harm is obtained by going beyond short-term contact and through structured and enduring support.[2] BHEET follows the widely accepted best practice in helping for individuals who are outside the service range of SLOBHD services. This practice shows positive outcomes when introduced in crisis intervention.

[1]Hoffberg A. S., Stearns-Yoder K., and Brenner L. (2020). The Effectiveness of Crisis Line Services: A Systematic Review. *Front. Public Health* 7:399. https://www.frontiersin.org/articles/10.3389/fpubh.2019.00399/full

[2] Coveney, C. M., Pollock, K., Armstrong, S., & Moore, J. (2012). Callers' Experiences of Contacting a National Suicide Prevention Helpline. *Crisis, Journal of Crisis Intervention and Suicide Prevention*. 33:6. https://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a000151

A study looking at post crisis call intervention through telephone follow up found that suicidal participants significantly increased helpful activities like following up with resources ($p<.01$) and spending less time alone ($p<.05$) after the post crisis call intervention; the same study also found that family and friends who called the crisis line for others used significantly more coping mechanisms for stress ($p<.01$) and experienced less psychological stress ($p<.001$) after the post crisis call intervention.[3] It is the County's belief that BHEET will use evidence-based practices to engage and reach clients to help an identified population.

SLOBHD believes that BHEET will produce learning for San Luis Obispo County in how to best serve a population that historically has not been served by County programs using a tested approach.

LEARNING GOALS/PROJECT AIMS

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

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

The project's goals are as follows:

- When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer term services?

- When provided peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?

- When provided peer engagement and short-term case management and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?

- When provided peer engagement and short-term case management and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?

- When provided peer engagement and short-term case management and/or therapy, does self-empowerment and advocacy increase for participating individuals?

[3] Mishara, B. L., Houle, J., & Lavoie, B. (2005). Comparison of the Effects of Four Suicide Prevention Programs for Family and Friends of High Risk Suicidal Men Who Do Not Seek Help Themselves. *Suicide and Life-Threatening Behavior.* 35:3. https://guilfordjournals.com/action/showCitFormats?doi=10.1521%2Fsuli.2005.35.3.329

- When provided peer engagement and short-term case management, is there a significant improvement in depression, anxiety, and other behavioral health screening scores within a short period of time (3 months)?

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

The key learning goal of this project is to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes. The County is adapting a tested approach, the use of peer Behavioral Health Navigators (BHN) providing in-person engagement and services, to a population that traditionally only receives referral and limited case management over the phone. Though current BHN services are available in the community, this approach tests a change in the referral system and a formal addition of peer assisting in a currently non-existent "warm hand-off." By embedding BHN services in this process, the County will be testing to determine if this system's efficacy in the learning areas listed above. We want to learn the following: will the combined efforts of outreach, screening and education, peer engagement, and behavioral health navigation, increase engagement, participation, self-advocacy, and overall mental wellbeing for those who would otherwise not engage in services referred through managed care.

EVALUATION OR LEARNING PLAN

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

The BHEET Innovation project aligns with the goals and measurable objectives. To gather the most effective and reliable information regarding the goals, the project will engage in the following evaluation process:

- Pre-program surveys will be provided to all BHEET participants within the first two weeks of project participation to establish a baseline on areas listed above (referral follow through, level of isolation, symptom management, utilization of crisis services, self-empowerment). Post-program surveys will be administered at the 3-month mark of participation to gauge growth/change in areas listed. Post-program surveys will also include open-ended questions to assess the participants' experience in the project, assess common themes at the level of project effectiveness.

- Participants who have engaged with the program and completed anxiety and/or depression screening will demonstrate a decrease in symptom scores and/or increase in self-coping scores, depending on the tool utilized. For example, if the HANDS (Harvard Department of Psychiatry Depression Screening Scale) is utilized and likely depressive symptoms are reported, SLOBHD would expect to see a drop of at least one rating category

(shifting from a score of 17-30 to a score of 9-16 or shifting from 9-16 to 0-8) within a 3-month period.

Learning Goal #1: When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer term services?

Measures and Data Collection Strategy:

- Review existing claims records for receiving mental health services at Holman Group after Hotline referral. Staff will measure appropriate follow through by metrics to be determined during the planning period. Indicators of follow through to services include increased visits to mental health services, increased second appointment attendance, and increased participation in longer term services.

Learning Goal #2: When provided peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate metrics to be determined during the planning period. Indicators of isolation and/or denial of services include contact with friends, family, or other support networks and increased visits to mental health services or preventative primary care visits.

Learning Goal #3: When provided peer engagement and short-term case management and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Post-scores will be compared to pre-scores. Staff will measure appropriate utilization metrics to be determined during the planning period. The selected measures will be based on data to be collected to analyze changes in mental health outcomes.

Learning Goal #4: When provided peer engagement and short-term case management and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate health care utilization include: fewer urgent medical visits, decreased emergency department visits, crisis services used, and/or law enforcement involvement.

Learning Goal #5: When provided peer engagement and short-term case management and/or therapy, does self-empowerment and advocacy increase for participating individuals?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate utilization metrics include: knowledge and attitudes of mental health care, mental health self-efficacy, and behavioral intentions.

Learning Goal #6: When provided peer engagement and short-term case management, is there a significant improvement in depression, anxiety, and other behavioral health screening scores within a short period of time (3 months)?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate utilization metrics include: self-reported of feelings of depression, anxiety, and other mental health outcomes.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

The County plans to select a contract provider who will best execute the project. The County has outstanding contractual partnerships across the community mental health system, as well as strong relational partnerships with many community schools, colleges, health providers, and law enforcement agencies. The County of San Luis Obispo Behavioral Health Department (SLOBHD), including the MHSA Administrative Team, is well-equipped to conduct a fair and successful procurement process (in partnership with County Purchasing) and expedite a contract to be sure Innovation Project timelines presented herein are met.

The County Innovation Component Coordinator, Timothy Siler (Administrative Services Officer II), is the community liaison for all Innovation (and Prevention & Early Intervention) projects and evaluation. Timothy coordinates the stakeholder planning process and will be the one to develop any Requests for Proposal (RFP) to select providers. The MHSA Administrative Team also includes Frank Warren (Division Manager), the County MHSA Coordinator, who manages all aspects of MHSA, including contracts and plan monitoring. Jalpa Shinglot (Accountant III), is the fiscal lead and works with each provider to develop accurate budgeting and spending plans. Kristin Ventresca, the CSS Coordinator (Program Manager II), also provides contract management and oversight. Timothy utilizes California Polytechnic State University statistics and public policy

students who assist in data collection, technical assistance for providers, and reporting, as part of paid internship positions.

All Innovation Project providers will meet regularly with Timothy and the team before and during the start-up phase to finalize plans, conduct data collection tests, and develop tools. Some plans may need to be adjusted (based on hiring, procurement of materials, etc.), and Timothy will work with each contractor to provide support and guidance to keep the projects on time. After the launch of each project, Timothy will work with the contractors to provide quarterly reports and data collection. The MHSA Administrative Team will conduct spot checks, review project materials, and review quarterly reports to ensure quality and regulatory compliance.

Additionally, the County will establish a contract with an Evaluator to manage the analysis of data, as well as provide technical assistance to the projects to be sure tools are developed which accurately measure the results of each objective. This Evaluator will provide regular reports to the MHSA Administrative Team and MHSA Advisory Committee (stakeholder group), as well as the final report which will be provided to the MHSOAC.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The first Innovation stakeholder meeting for the new round took place on June 11, 2019. The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, INN Coordinator. Returning and new Stakeholders assembled to review the Innovation Regulations, begin a larger conversation about the needs and learning interests of the community, and begin collaborating on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current Innovation round, including the successes and challenges of implementing the current active projects.

As with previous Innovation planning rounds, the community was invited to participate in planning sessions through MHSA stakeholder meetings and town halls, Behavioral Health Board outreach, Wellness Centers and other consumer outreach by the Peer Advocacy and Advisory Team, and public communication (e.g., social media). All community members were invited to take the opportunity to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, and a variety of subject-oriented leaders from education, law enforcement, veterans, and other health and social services. New participants were invited from local non-profit organizations supporting underserved populations (such as the Gay and Lesbian Alliance, GALA) and students from the local California Polytechnic State University (Cal Poly). The stakeholder group and meetings were designed with the purpose of encouraging the development of learning projects and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

A mainstay of Innovation stakeholder planning participants has been the Peer Advocacy and Advisory Team (PAAT). This group of consumers, organized by Transitions-Mental Health Association (TMHA) and supported with MHSA Workforce, Education and Training (WET) funds, train weekly in active advocacy within the community mental health system. PAAT members sit on the Behavioral Health Board, participate in community governance, and are participants in all MHSA planning. The County's first round of eight (8) Innovation projects (2010) and the eight (8) projects implemented since were all planned with consumers and family members, and several were brought forth and developed by local peers.

The original concept for the BHEET Innovation project was first brought forth by a group of PAAT members in the County's last planning round, beginning in 2018. The project (Mobile Peer Partner Innovation) identified the need for targeted outreach and engagement to those reaching out for help to the local mental health hotline ("Central Coast Hotline"). The need was identified as the gap in engagement for those either not in crisis or ineligible for County services. Many individuals, it was surmised by stakeholders, make their first attempt at getting help through safe, anonymous channels—like Hotline—but without a human connection, often fail to follow through with making appointments and attending services.

While the concept was popular with stakeholders, the logistics of the original plan proved challenging at the time, and other viable projects emerged in the stakeholders' ranking system. As the County entered the new round of planning, stakeholders in the June 11th meeting brought up the need for engagement of new community mental health clients. The County's contracted partner, TMHA, and its PAAT members in attendance shared anecdotal evidence of a growing disparity between clients entering the County system and those being referred to community providers. That disparity, according to the collective of stakeholders in the meeting, was similar to how it was described by consumers the year previous – for individuals suffering a mental health issue, who also have fear, stigma, or a lack of supports, being referred into a somewhat incohesive network of mental health providers caused confusion and a lack of engagement.

Stakeholders in the planning session discussed (among other ideas) the interest in bringing back the concept of reaching out to those who make their initial call to Hotline. After the meeting, County staff held informal meetings and conversations with PAAT members and TMHA staff, as well as gathered perspective from other providers and the Behavioral Health Board, to determine a pathway to mitigating this concern. A more defined gap emerged as community stakeholders identified the growth of Medi-Cal beneficiaries needing mental health services, yet not meeting the County's medical necessity. These individuals are referred by the County to the local managed care provider, CenCal, who subcontracts a group of providers under the banner, The Holman Group.

At the MHSA Advisory Committee Town Hall in August 2019, community members (including consumers and family members with lived experience within the community managed care plan) agreed that this gap was potentially detrimental to engaging new patients, and potentially preventing more severe mental health issues. In September 2019, TMHA and PAAT began developing an Innovation proposal to bring to the stakeholder planning team.

Innovation stakeholders and the MAC met again on October 30, to discuss the themes which had begun to emerge through the formal and informal meetings. At that meeting, the County's liaison

from CenCal (also a member of the Behavioral Health Board) reviewed the concept presented by TMHA and indicated approval. Consumers and family members in attendance also spoke up with support and gave testimonials of their own challenges when entering the community system. The themes were common: (1) a feeling of being bounced around from Hotline to the county, to Holman, to a therapist's office, to making appointments, etc. with little communication between steps, (2) the lack of support for the questions emerging with clients and their family members (e.g., severity, how to complete paperwork, whether medication is necessary, etc.), and (3) the feeling of being alone (i.e. stigma).

The first complete draft of proposals became available following the February 2020 meeting, and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to "score" each proposal anonymously based on the project's merits, need/problem definition, learning goal, implementation, operation, and sustainability. Results of the ranking concluded BHEET ranked first among the four original projects.

In March 2020, the COVID-19 emergency created a significant setback in the County's planning and timeline. In response to the shelter-in-place order and the closing of some clinic operations and offices, most MHSA program planning was suspended while the County and its program providers turned their focus to establishing telehealth and other safety practices. A previously scheduled MHSA Advisory Committee stakeholder meeting was held by conference call on March 25, 2020. At that meeting, the MHSA Coordinator informed stakeholders that Innovation planning would be placed on hold while the County and its statewide counterparts examined any immediate fiscal impacts on component revenues.

Once the County had indication from the State that the Innovation revenues would not be impacted for this round, planning resumed, and a draft was sent to the MHSOAC for review. The now-former Innovation Coordinator (Nestor Veloz-Passalacqua) met with the MHSOAC who provided additional feedback and guidance to refine the proposals. However, soon thereafter Nestor was promoted to a position in another part of the agency. A recruitment was launched in October 2020, with the position unable to be filled until January 2021. Frank Warren, the MHSA Coordinator reviewed the MHSOAC notes, and the budgets submitted by the proposers. The County's MHSA Leadership team reviewed the plans and suggested some reductions in scope and some revisions for each remaining project. The County asked the proposers of BHEET to revise its plan to focus on the navigation and peer support services (eliminating the in-house clinician) and include CenCal in its planning. Meetings were held in November and December 2020, which included the County, including Amanda Getten, LMFT (Division Manager, Managed Care and Quality Support), Anne Robin, LMFT (Behavioral Health Director), representatives from CenCal, TMHA, PAAT, and the MHSA Leadership team. This revised plan represents that planning.

The revised scope and project were presented to the MHSA Advisory Committee on January 27, 2021. Stakeholders were informed of the Innovation process and timeline, having been adjusted due to COVID-19 issues and staffing vacancies. Going forward, the County is confident in its community planning support. The staff, stakeholders, and additional appropriate partners will continue to meet regularly during the project development, implementation, and evaluation to

identify and address challenges and to coordinate proper engagement for the intervention being tested.

MHSA GENERAL STANDARDS

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

A) Community Collaboration

The Project is a great example of community collaboration as it has been client-driven, partner-engaged, and stakeholder-prioritized since its inception three years ago. BHEET is designed to facilitate a strong collaboration that includes community participation and feedback, SLOBHD, and experts. Peers are, as defined by the International Association of Peer Supporters (INAPS), community members with personal experience in a certain field (i.e.: mental health) who collaborate with clients and share their personal experiences as a way to bring equality between client and provider. This project seeks to engage individuals in the mental health system by following a path of continued engagement, navigation, and support.

B) Cultural Competency

The Project is designed to impact diverse participants from across the County. At the root of BHEET is understanding and embracing the unique perspective and challenges of each client/consumer. BHEET clients will receive the personalize assistance tailored to their needs and preferences, while incorporating key factors that speak and represent the clients' cultures, background, religious affiliation, family and social life, and other factors, with the goal to support the navigation and connection to services. The project staff will provide support and service to anyone, regardless of race, gender identity, sexual orientation, and/or belief.

C) Client-Driven

BHEET was originally conceived and proposed by peers who were (or had been) consumers of the community mental health system. In partnership with local providers, these clients were able to provide the Innovation planning team with real-life examples and experiences that made stakeholders aware of the need. BHEET engages clients in the development of continued support system and navigation for a successful recovery path and strategy. The BHEET Innovation project allows clients to actively participate in the process of recovery, navigation, and connectedness of the mental health system, as designed and directed by the client. The core belief of the project lies in the power of choice for mental health consumers and the philosophy that clients are the only experts on themselves.

D) Family-Driven

The Project is designed to engage participants and their direct family support network as the primary agents of information. Since this project will work with adults, families will only be involved in the process as is appropriate and approved by the client. BHEET Peer Partners will

identify clients' loved ones who are part of the support network and can be supportive of clients' engagement, navigation, and connection to mental health services.

E) Wellness, Recovery, and Resilience-Focused

The Project services maintain the philosophy, principles, and practices of the Recovery Vision. The BHEET innovation project seeks to provide clients with tools necessary for them to continue a path of recovery or to feel confident while seeking, navigating, connecting, and engaging mental health services. The objective of the project is to provide clients the assurance and continued support needed as participants continue to receive services. BHEET's focus lies in their personal experience and achievement while recovering themselves from mental illness, the project employs recovery and wellness models tailored to the clients' needs.

F) Integrated Service Experience for Clients and Families

The Project involves an integrated community approach and resource knowledge experience among stakeholders involved. The BHEET innovation project engages clients across a wide spectrum of needs and services, treatment options, and service providers. The Behavioral Health Navigators will play a role in introducing and helping clients navigate and connect to services, as well as providing the necessary support to engage in services. Success and lessons learned will be shared and considered when assisting ensuring optimal engagement and navigation of the system.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

The Behavioral Health Department will select an evaluator who meets the Department's standards for cultural competence—including the ability to provide services (e.g., surveys, focus groups, etc.) in the county's threshold language of Spanish. All SLOBHD contractors, including service providers and evaluators must complete required cultural competence training provided by the County. In addition, providers and evaluators are provided program specific training in any issues of culture which may impact the program being conducted. For instance, BHEET staff and evaluators will be provided with training support for a deeper understanding of services within the community's underserved populations. For example, training and understanding of the issues related to trauma, the LGBTQ+ population, race, and ethnicity will improve the Project's ability to engage the target population and achieve desired learning outcomes.

For the evaluation activities themselves, the selected evaluator will ensure each action, method, tool, and document reflect the standards outlined above. Each participant will be given time to complete pre- and post-assessments to determine the level and composition of intervention best suited to their experience and needs as it relates to their mental health and wellbeing.

A formal group of meetings will take place during the first six months of project development with a group of stakeholders who will assist in developing the program by providing suggestions that include the following areas: (1) developing the hiring requirements for new peer partners,

(2) developing a template outlining the connection and navigation of mental health services for the client, and (3) developing evaluation tools.

Participants will be asked to complete surveys, designed to gather feedback regarding their perceptions of the quality and intervention of BHEET engagement, their reflections on effectiveness, preparedness, and sensitivity to the participants' needs, their recommendations for changes or improvements, and their overall satisfaction with the project intervention.

During implementation, the project will produce quarterly reports that will be disseminated to the County. After the testing period ends, stakeholders will then be presented with the outcome of the test and will be consulted on the evaluation of the data collected.

All Innovation programs and evaluation are reviewed by the Innovation stakeholder group as discussed in the Community Planning section. Stakeholders participate in procurement processes, as well as contract monitoring, and review of evaluation practices throughout the course of the project.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The Innovation project will incur costs associated with the development, coordination, hiring of staff, and implementation of the BHEET project. If the evaluation indicates the intervention or part of its components are effective, the SLOBHD will work to identify strategies to update practices or internal guidelines that would allow participants and staff to continue accessing the intervention or a model of the intervention. Additionally, SLOBHD, in collaboration with community partners, would potentially identify and determine other funding sources to continue the intervention or some of the components.

The BHEET project will provide services to individuals seeking mental health treatment services. The project design will allow for voluntary participation and is scheduled to only accommodate clients within the testing phase. Clients will be able to complete any session cycles they may begin, even after the testing phase. No clients will have BHEET services terminate prior to scheduled completion.

COMMUNICATION AND DISSEMINATION PLAN

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

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

The Innovation project provider will produce quarterly reports with detailed information on the project's accomplishments and challenges. Content will be developed in concert with participants and County staff to communicate how the project is evolving and what is being learned. The MHSA Leadership Team will provide updates to stakeholders at the bi-monthly MHSA Advisory Committee meeting, and the Behavioral Health Board when possible. SLOBHD plans to include testimonials from participants, loved ones, and other appropriate staff. At the end of the four-year project, there will be a comprehensive and detailed report available to the County and the stakeholders. Information on the results of the Innovation Project evaluation will be posted online at https://www.slocounty.ca.gov/MHSA.aspx, distributed via email, and reviewed at community meetings open to the public.

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

1. Community wellness navigator
2. Mental health case management
3. How to reach people in need of mental health help
4. How to get mental health help
5. What mental health help is in my community?

TIMELINE

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

Start: July 1, 2021 – End: June 30, 2025

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

Four years

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

Quarter	Activity/Milestone	Deliverable
Q1 Jul-Sep 2021	-Hire BHEET Behavioral Health Navigators (BHN) -Convene planning and implementation meetings with key partners (TMHA, SLO Behavioral Health, Cencal, CHC) -Develop evaluation plan with specific metrics	-Staff hired - Team charter that defines roles, responsibilities, and work plan -Evaluation tools and implementation timeline in place
Q2 Oct-Dec 2021	-Onboard and train BHN, including shadowing of staff from partner programs -Continue planning and implementation meetings with partners, to include introduction of BHN staff, finalization of referral process, confidentiality -Determine schedule of team meetings to include all key partners -Evaluation plan finalized, survey tools and reports developed, and staff trained in data collection -Develop marketing materials for project outreach, education and engagement, including Spanish language materials -Identify clients in target population at team meetings and begin referral process and provision of BHN services	-Staff trained -Team meetings scheduled -Final evaluation plan in place and in play -Program marketing materials created including bilingual materials -Clients begin to receive BHN service
Q3 Jan-Mar 2022	-Continue refining referral process, program marketing, and service provision based on input from clients, BHN, and partner agencies -Work with local Wellness Center staff and other community services to create specific groups, classes and activities tailored to the target population -Program management and BHN team members provide presentations regularly at system coordination meetings, partner agency and referral source team meetings, and at health centers -Run initial reports	-Clients receive BHN services including outreach, engagement, linkage to providers, connection with Wellness Centers and follow-up -Program presentations to market program occur weekly -Output data is queried, and first report is created

Q4 Apr-Jun 2022	-BHN activities continue (on-going) -Outreach to potential participants, community agencies, and program partners continues (on-going) -Team meetings with key partners continue (on-going) -Pre/post retrospective client surveys administered (every six months)	-50 individuals received BHN services in first year of project -At least 50% of clients served participate in survey -Survey results received and evaluated
Q5 Jul-Sep 2022	-Create fiscal year-end report to include unique numbers served, duplicated contacts, survey data, and other evaluation components -Report first year results to project partners and stakeholders -Analyze first year results and modify program, accordingly, including review of training for BHN	-Project reviewed and refined based on data and client and team feedback -Disseminate Year 1 report to relevant groups and stakeholders
Q6 Oct-Dec 2022	-Pre/post retrospective client surveys administered (every six months)	-Survey results received and evaluated
Q7 Jan-Mar 2023	-BHN activities continue (on-going) -Outreach to potential participants, community agencies, and program partners continues (on-going) -Team meetings with key partners continue (on-going)	-Clients receive BHN services including outreach, engagement, linkage to providers, connection with Wellness Centers and follow-up -Program presentations to market program occur weekly
Q8 Apr-Jun 2023	-Pre/post retrospective client surveys administered (every six months)	-Survey results received and evaluated -100 clients participated in program in the past four quarters -At least 50% of clients served participated in survey
Q9 Jul-Sep 2023	-Program sustainability reviewed by planning team; recommendations provided to SLO Mental Health Services Act Advisory Committee	-Project partners provide activity and sustainability presentation and report to MHSA stakeholders

Q10 Oct-Dec 2023	-Final pre/post retrospective client surveys administered (every six months)	-Survey results received and evaluated
Q11 Jan-Mar 2024	-Ramp down of Innovation project begins	-Finalization of project data collection -Project partner team meeting to review data, lessons learned, and recommendations for the future -Sustainability plan
Q12 Apr-Jun 2024	-Full project report, including project evaluation finalized and disseminated to stakeholders -BHEET prepares for transfer to post-Innovation funding and format	-Final project report -Transition to sustainable funding

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement and identify the key personnel and contracted roles and responsibilities that will be involved in the project. Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Personnel Costs (4-Year Total $487,454) –

- **Salaries (4-Year Total $428,498):** This includes the cost for a 1.70 FTE Case Manager (BHN), a .22 FTE Program Manager, and a .04 FTE Director. A 3% cost of living increase is built into years 2-4 of the project.
- **Indirect Costs (4-Year Total $58,955):** Indirect costs are based on 12% of salaries and operating expenses and includes costs that are allocated to all programs such as accounting, human resources, administration, and other costs that are not considered direct.

Operating Costs – Direct Costs (4-Year Total $59,200): This includes costs associated with the on-going operation of the project. Operating expenses may include, but are not limited to the following:

- Office rent
- Client expenses such as bus passes, incentives, etc.
- Program supplies/materials for the classes/presentations
- General office supplies
- Food and snacks for the classes/presentations
- Staff development and training
- Cell phone and telephone for staff
- Insurance expense
- Transportation costs for staff to travel for outreach, meetings, trainings, etc.
- Advertising for the project

Non-Recurring Costs – Computer (4-Year Total $3,600): This includes two new computers for the Case Manager positions.

Other Expenditures (4-Year Total $60,000): This includes costs for project County Innovation Evaluator of $15,000 per year. The County Innovation is responsible for the overall coordination, evaluation, and auditing process of all Innovation Projects' data collection, analysis, and state reporting including measure program outcomes to determine the extent to which they are the result of the program and prepare a final outcome evaluation report that summarizes results of the study.

PERSONNEL COSTS (salaries, wages, benefits)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Salaries (salaries & benefits)	**$102,423**	**$105,495**	**$108,660**	**$111,920**	**$428,498**
2.	Direct Costs	-	-	-	-	-
3.	Indirect Costs	**$14,499**	**$14,435**	**$14,815**	**$15,206**	**$58,955**
4.	Total Personnel Costs	**$116,922**	**$119,930**	**$123,475**	**$127,126**	**$487,453**
OPERATING COSTS		**FY 21/212**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
5.	Direct Costs	**$14,800**	**$14,800**	**$14,800**	**$14,800**	**$59,200**
6.	Indirect Costs	-	-	-	-	-
7.	Total Operating Costs	**$14,800**	**$14,800**	**$14,800**	**$14,800**	**$59,200**
NON-RECURRING COSTS (equipment, technology)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
8.	Computers	**$3,600**	-	-	-	**$3,600**
9.		-	-	-	-	-
10.	Total Non-recurring costs	**$3,600**	-	-	-	**$3,600**
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
11.	Direct Costs	-	-	-	-	-
12.	Indirect Costs	-	-	-	-	-
13.	Total Consultant Costs	-	-	-	-	-
OTHER EXPENDITURES (please explain in budget narrative)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
14.		-	-	-	-	-
15.		-	-	-	-	-
16.	Total Other Expenditures	**$15,000**	**$15,000**	**$15,000**	**$15,000**	**$60,000**
BUDGET TOTALS						
Personnel (line 1)		**$102,423**	**$105,495**	**$108,660**	**$111,920**	**$428,498**
Direct Costs (add lines 2, 5 and 11 from above)		**$14,800**	**$14,800**	**$14,800**	**$14,800**	**$59,200**
Indirect Costs (add lines 3, 6 and 12 from above)		**$14,499**	**$14,435**	**$14,815**	**$15,206**	**$58,955**
Non-recurring costs (line 10)		**$3,600**	-	-	-	**$3,600**
Other Expenditures (line 16)		**$15,000**	**$15,000**	**$15,000**	**$15,000**	**$60,000**
TOTAL INNOVATION BUDGET		**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)						
ADMINISTRATION:						
A.	**Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Administration**	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
EVALUATION:						
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds					
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Evaluation**					
TOTAL:						
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Expenditures**	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
*If "Other funding" is included, please explain.						

Attachment A: 30 Day Review Notice

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
and
NOTICE OF PUBLIC HEARING

County of San Luis Obispo
Behavioral Health Department
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: County of San Luis Obispo Behavioral Health Department
WHAT: The MHSA Innovation Plan for Fiscal Years 2021-25 is available for a 30-day public review and comment from March 23, 2021 through April 21,2021.
HOW: To review the proposed plan, visit:
https://www.slocounty.ca.gov/MHSA.aspx

To submit comments or questions:
https://www.surveymonkey.com/r/2024MHSAInnovationPlan

Comments must be received no later than April 21, 2021.

NOTICE OF PUBLIC HEARING

WHO: County of San Luis Obispo Behavioral Health Advisory Board
WHAT: A public hearing to receivecomments regarding the Mental Health Services Act Innovatio Plan for FY 2021-2025.
WHEN: Wednesday, April 21, 2021at 3:00 p.m.
WHERE: Zoom Webinar/Teleconference

https://slohealth.zoom.us/j/99833767421?pwd=RXM4M3dDb1NaNlBEUVRLREpmVlMrQT09

Meeting ID: 998 3376 7421 Passcode: 908455

Dial by your location

+1 669 900 6833 US (San Jose)
+1 346 248 7799 US (Houston)
+1 253 215 8782 US (Tacoma)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
888 475 4499 US Toll-free
877 853 5257 US Toll-free

FOR FURTHER INFORMATION:
Please contact Timothy Siler, (805) 781-4064
tsiler@co.slo.ca.us

STAFF ANALYSIS—San Luis Obispo County

Innovation (INN) Project Name:	**Behavioral Health Education and Engagement Team (BHEET)**
Total INN Funding Requested:	**$610,253**
Duration of INN Project:	**Four (4) Years**
MHSOAC consideration of INN Project:	**June 2021**

Review History:

Approved by the County Board of Supervisors:	May 4, 2021
Mental Health Board Hearing:	April 21, 2021
Public Comment Period:	March 23, 2021 to April 21, 2021
County submitted INN Project:	May 4, 2021
Date Project Shared with Stakeholders:	March 24, 2021 and May 5, 2021

Project Introduction:

San Luis Obispo County is requesting up to $610,253 of Innovation spending authority to to test the efficacy of adopting a peer-based outreach and engagement model within the community mental health system to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes.

The Behavioral Health Education and Engagement Team (BHEET) will embed peer system navigators within the county's local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities for individuals who are outside the service range of County behavioral health services.

What is the Problem?

San Luis Obispo County lacks an outreach and engagement model for community members who fall outside the system for higher levels of care. The County states that many potential individuals seeking mental health services, who do not meet the severity criteria for higher levels of care (outpatient or full-service partnership), are often not connected to services or access services during a crisis and lack subsequent engagement.

The County highlights data from fiscal year 2018-2019 showing that 5,834 calls were made to the local, confidential support, crisis, and suicide prevention hotline, with 31% of the callers referred to services outside of the County Behavioral Health system and 359 were referred to the local Medi-Cal managed care plan, which provides services for those in need of lower levels of care. Of the 359 referred, 36% did not follow through on the referral and 20% did not engage in care after the initial service, suggesting that more than half of the individuals referred for mental health services were unable to meaningfully engage in care.

The County and its stakeholders surmise that a lack of connection and support prevent individuals in need of lower levels of outpatient services from successfully accessing the services available through local managed care plans.

The County further states that post intervention and case management of crisis calls confirmed the need for wrap-around services and follow-up care to encourage recovery and well-being. Crisis callers receive immediate support but do not receive ongoing, structured support. A study looking at post crisis call intervention through telephone follow-up found that participants experiencing suicidal ideations significantly increased helpful activities like following up with resources when a follow-up call is made.

How this Innovation project addresses this problem:

The County seeks to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes.

The County is adapting a tested approach, the use of peer Behavioral Health Navigators (BHN) providing in-person engagement and services, to a population that traditionally only receives referral and limited case management over the phone. BHN services are currently available in the community, however, this approach tests a change in the referral system and a formal addition of peers assisting in the "warm hand-off."

The County concedes that the efficacy of Peer Support Specialists, including peers working side-by-side with clinical teams, has been tested and is well documented but suggests that the use of a peer team as outreach, engagement, and case management for the "invisible" population that either struggles with behavioral health issues but do not seek services or struggles to follow through with referrals, is a worth-while intervention to test and evaluate for possible inclusion in all levels of mental health services regardless of payment source.

A review of MHSA funded programs supports the County's assertion that the use of peer support and navigators is well documented within Community Services and Supports (CSS) programs and, to a lesser extent, within Prevention and Early Intervention (PEI) programs. Programs such as those in Tri-City and Sacramento focus on individuals who are at risk for repeated use of crisis services and work to connect individuals to FSP's and other higher levels of care. These programs do offer follow-up, but it is unclear how

they provide support for individuals who will not qualify for FSP type services but still are at risk and need support to engage in lower levels of services.

BHEETS is intended to work with these individuals, who need support but traditionally are not provided extensive support until they decompensate and qualify for FSP services. The peer navigators will work collaboratively with managed care referral points, case management and therapeutic services. The peer navigators will provide presentations, active collaboration, and extensive system navigation to ensure engagement and subsequent "warm hand-off" of individuals in need of services with appropriate providers.

Community Planning Process (see pages 27-29 in County plan)

Local Level

The County utilizes an Innovation Planning Team which is a stakeholder group consisting of up to 20 representatives of the broad community, including consumers, family members, system providers, subject experts, and underserved cultural communities.
The Innovation Planning Team met several times during the planning and development period of June 2019 through February 2021 and will reconvene to oversee the launch of approved Innovation programs.

Peers from the Peer Advocacy and Advisory Team (PAAT) also participated in the planning period. This group of consumers, organized by Transitions-Mental Health Association (TMHA) and supported with MHSA Workforce, Education and Training (WET) funds, train weekly in active advocacy within the community mental health system.

During the planning period, all community members were invited to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, leaders from education, law enforcement, veterans, and other health and social services.

As part of the stakeholder process, the County continued the use of the "Innovation Creation Station," an online activity to assist innovators in developing their ideas and answering key questions necessary to meet the Innovation component guidelines. This web-based toolkit consisted of Innovation definitions, guidelines, and a worksheet to walk "developers" through the creation and justification of an Innovation project. Technical assistance was provided to Innovators and stakeholders throughout the development phase of the proposals. Once the proposals were reviewed to ensure adherence to the Innovation Regulations, the County provided stakeholders with an online tool to rank the proposals based on merit, not cost.

PAAT members identified the need for targeted outreach and engagement to those reaching out for help to the local mental health hotline ("Central Coast Hotline"). The need was identified in the engagement stage for those either not in crisis or ineligible for County services as many individuals make their first attempt at getting help through safe, anonymous channels—like Hotline—but without a human connection, often fail to follow through with making appointments and attending services. This insight from PAAT

members resulted in the creation of the BHEET innovation proposal which was the voted as one of two Innovation projects to be presented to the Commission.

The County received two public comments during 30-day public comment period, one was supportive and the other identified the need for legal navigators. The County incorporated the comments into the proposal. The County also received a letter of support from San Luis Obispo County District 3 Supervisor Dawn Ortiz-Legg, indicating full support of peer-based services. Please see page 9 of the plan for details of the letter.

Following approval by the Commission, the County will engage a group of stakeholders, who will assist in developing the program by providing suggestions on: (1) developing the hiring requirements for new peer partners, (2) developing a template outlining the connection and navigation of mental health services for the client, and (3) developing evaluation tools.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors, the Client and Family Leadership Committee, the Cultural and Linguistic Competency Committee, and the listserv on March 24, 2021 while the County was in their 30-day public comment period and comments were to be directed to the County. As discussed above, the County received two public comments and acknowledged all feedback received during the public comment period in the proposal. The final version of this project was again shared with stakeholders on May 5, 2021.

At the date of this writing, no comments were received in response to Commission sharing plan with stakeholder contractors and the listserv.

Learning Objectives and Evaluation (see pages 20-23 of County plan)

The County plans to serve 100 participants annually, totaling 400 individuals over the course of this project.

The County identified six learning goals that will be evaluated using baseline data from pre-program surveys and a post-program survey after 3-months of participation to compare changes in: referral follow through, level of isolation, symptom management, utilization of crisis services and self-empowerment.

The six goals are:

1. When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer term services?
2. When provided peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?
3. When provided peer engagement and short-term case management and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?

4. When provided peer engagement and short-term case management and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?
5. When provided peer engagement and short-term case management and/or therapy, does self-empowerment and advocacy increase for participating individuals?
6. When provided peer engagement and short-term case management, is there a significant improvement in depression, anxiety, and other behavioral health screening scores within a short period of time (3 months)?

The County provides an example of the HANDS (Harvard Department of Psychiatry Depression Screening Scale) depression and anxiety screening tool but does not indicate what tool will be utilized for this project. **The County may wish to identify which tool will be used and who will choose the tool. The County may wish to utilize more than pre/post surveys for learning goal six and include quantitative analysis.**

The Budget

Funding Source	Year-1	Year-2	Year-3	Year-4	**TOTAL**
Innovation Funds	$150,322	$149,730	$153,275	$156,926	$ 610,253
4 Year Budget	Year-1	Year-2	Year-3	Year-4	**TOTAL**
Personnel	$ 102,423	$ 105,495	$ 108,660	$ 111,920	$ 428,498
Indirect Costs	$ 14,499	$ 14,435	$ 14,815	$ 15,206	$ 58,955
Operating Costs	$ 14,800	$ 14,800	$ 14,800	$ 14,800	$ 59,200
Non-recurring Costs (Computers)	$ 3,600		$ -	$ -	$ 3,600
Evaluation	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 60,000
TOTAL:	$ 150,322	$ 149,730	$ 153,275	$ 156,926	**$ 610,253**

The County is requesting authorization to spend up to $610,253 in MHSA Innovation funding for this project over a period of four years. The County will utilize a request for proposal process to identify a contractor to execute the project and a separate contractor to evaluate the project. Contracted positions will include:

- Personnel costs total $487,454 including indirect costs, for a 1.70 FTE Behavioral Health Navigators, 0.22 FTE Program Manager and a 0.04 FTE Director.
- Operating Costs total $59,200 and include general expenses such as rent, insurance, transportation, staff development and program supplies.
- Evaluation costs total $60,000 (10% of total budget) and will be conducted by County Innovation Evaluator.

The funds of this project are subject to reversion on June 30, 2021. San Luis Obispo County is submitting two Innovation proposals simultaneously, including this proposal and a second proposal, SoulWomb, to the MHSOAC. Both fall under the Chair's delegated authority.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

County of San Luis Obispo Mental Health Services Act

DRAFT PROPOSAL FOR THE INNOVATION COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

COUNTY OF SAN LUIS OBISPO

INNOVATION PLAN FY 2021-2025
County of San Luis Obispo
Behavioral Health Department

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
2180 Johnson Ave., San Luis Obispo, CA 93401
Anne Robin, LMFT, Behavioral Health Director
Frank Warren, Mental Health Services Act Coordinator

County of San Luis Obispo Innovation Plan

Executive Summary

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. The goal of the proposed Innovation projects is to build capacity within the community by learning new and adapted models for promoting positive mental health and reducing the negative impact of mental illness and stigma.

Over a sixteen-month period, the SLOBHD worked collaboratively with local stakeholders, including consumers and family members, to develop the County's INN Plan containing two INN projects. The plan consists of new and novel mental health practices or approaches that will contribute to informing the County and its stakeholders as to improved methods for addressing mental health disparities.

The County of San Luis Obispo's INN Plan consists of two distinct projects which will be conducted over four years. In this document, the SoulWomb project will be presented. The projects will be funded with the County's INN funds. However, every effort will be made to access revenue through Federal Financial Participation for appropriate projects. The table below depicts the projected expenditures for each project and its administration from FY 20-21 through FY 23-24.

INN Project Budgets	**FY 21-22**	**FY 22-23**	**FY 23-24**	**FY 24-25**	**Total**
SoulWomb	$175,320	$148,680	$140,240	$111,940	$576,180
TOTAL INN Budget	$175,320	$148,680	$140,240	$111,940	**$576,180**

MHSA funds will be used to implement the following two new projects, with planning and services expected to begin July 01, 2021 after any necessary procurement processes have been completed. The projects were selected based on MHSA's required outcomes, general standards, the community's input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The project listed herein is:

SoulWomb:

The SoulWomb Innovation Project is designed to test the effectiveness of a holistic, mindfulness-based sound meditation therapeutic practice for individuals in outpatient behavioral health services. The SoulWomb project is centered on the introduction of an innovative twist on Eastern wellness practice within the context of Western co-occurring disorder treatment. Participants enter the SoulWomb "pod" and are immersed in surrounding meditative sounds, meant to calm, center, and open their chakras.

The County has a growing population of forensic mental health court and diversion clients. These clients are often managing multiple issues: incarceration and release, probation, court mandates, homelessness, family pressures, unemployment, and typically have co-occurring substance use and mental health disorders. Ancillary services in substance use disorder treatment are traditionally based in a 12-step approach, while mental health treatment has embraced a wide range of wellness supports, socialization, and rehabilitation activities. Eastern approaches such as yoga and meditation are often recommended but are not embraced by court and diversion program participants. The SoulWomb project introduces an accessible, safe, and supportive means to engage reluctant clients in developing a wellness practice.

The key learning goal of this project is to learn whether this sound meditation technique will be effective for increasing court/diversion clients' wellness participation and ultimately, improving their mental health outcomes.

The Innovation proposals were finalized on March 1, 2021, and a draft was made public for a 30-day review on March 23, 2021. A public hearing was held as part of the Behavioral Health Board's (BHB) regular, April 21, 2021 meeting and received approval. The Plan was approved by the County's Board of Supervisors on May 4, 2021. The Innovation Work Plan will be submitted for approval by the Mental Health Services Oversight and Accountability Commission in May 2021.

Table of Contents

Community Program Planning and Local Review Process

County Name: San Luis Obispo

Work Plan Name: County of San Luis Obispo Innovation Plan

Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. Please include the methods for obtaining stakeholder input.

A new planning round of innovation was officially launched in June 2019. The first Innovation Stakeholder meeting for the new round took place on June 11, 2019. The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, INN Coordinator. Returning and new Stakeholders assembled to review the Innovation Regulations, begin a larger conversation about the needs and learning interests of the community, and begin collaborating on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current Innovation round, including the successes and challenges of implementing the current active projects.

As of this INN plan's posting, the County has four projects in operation:

1. **SLO Acceptance:** Testing LGBTQ+ affirming training curriculum for community mental health system clinicians; 2018-2022.
2. **3x3:** Testing early childhood behavioral health screening protocols for community pediatric providers; 2018-2022.
3. **Behavioral Health Assessment & Response Project (BHARP):** Tests a community-based and academically informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent; 2019-2023.
4. **Holistic Adolescent Health:** Testing a new mental, physical, and social health curriculum and delivery model for youth 13-18 years of age; 2019-2023.

As with previous Innovation planning rounds, the community was invited to participate in planning sessions through MHSA stakeholder meetings and town halls, Behavioral Health Board outreach, Wellness Centers and other consumer outreach by the Peer Advocacy and Advisory Team, and public communication (e.g., social media). All community members were invited to take the opportunity to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, and a variety of subject-oriented leaders from education,

law enforcement, veterans, and other health and social services. New participants were invited from local non-profit organizations supporting underserved populations (such as the Gay and Lesbian Alliance, GALA) and students from the local California Polytechnic State University (Cal Poly). The stakeholder group and meetings were designed with the purpose of encouraging the development of learning projects and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

Following the initial "kick-off" for this Innovation planning round on June 11, 2019, stakeholders were invited to contact MHSA staff with questions, ideas, and development proposals. These informal sessions were held over the phone and email, as well as in other meetings such as the Behavioral Health Board meeting, and provider contract meetings with the County. Subsequent formal planning meetings were held with stakeholders throughout 2019 and 2020. Innovation stakeholders and members of the general public were invited to join the MHSA Advisory Committee (MAC) meeting on August 28, 2019, held as a "Town Hall" in the coastal region of Los Osos, CA, to learn about MHSA and take part in a planning collaboration. At that event, the County presented Innovation and discussed some of the themes which had emerged since June. In addition, at that Town Hall, staff sought community input on needs, interests in learning, and innovative ideas.

In the spirit of Innovation, the County stakeholder process ensured the maximization of time and knowledge of the community members who had come to the Innovation Planning Team, as well as the optimization of project development by using a user-friendly online tool. For this round of innovation, as the County had done successfully with past rounds of planning, the Innovation Stakeholder group (named the "Innovation Planning Team") were provided with an online project development tool. The County continued the use of the "Innovation Creation Station," an online activity to assist innovators in developing their ideas and answering key questions necessary to meet the Innovation component guidelines.

This web-based toolkit consisted of Innovation definitions, guidelines, and a worksheet to walk "developers" through the creation and justification of an Innovation project. The objective for the Innovation Planning Team was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval.

During stakeholder planning meetings, County staff (and former project developers) shared guidance, advice, and tools to assist new proposers in providing concise narratives and complete thoughtful proposals. Technical assistance was provided to Innovators and stakeholders throughout the development phase of the proposals. This assistance included County staff answering questions regarding the online survey tool, sharing examples of local and other counties' proposals, and hosting brainstorming sessions with other key stakeholders.

Innovation stakeholders met again on October 30, along with the MAC, to discuss the themes which had begun to emerge through the formal and informal meetings. At that meeting, County staff provided an update on four proposals in development: (1) a project to introduce sound meditation with behavioral health treatment court participants, (2) an update of a past-proposed project to address engaging reluctant community members reaching out for mental health care, (3) the need for addressing gaps in older adult mental health in nursing facilities, and (4) an

interest in re-booting the County's trauma-informed care training Innovation for new populations.

The Innovation stakeholder group reconvened on January 29, 2020 to hear presentations for the four proposals that had emerged over the six months of planning. Innovation developers presented their project ideas and took questions from the stakeholder meeting participants. However, that meeting was not as well-attended as past meetings. Following the meeting, the County MHSA staff agreed there needed to be more discussion and dialogue with the community about the projects, and another meeting was scheduled for February 27, 2020. The four proposals were presented again, but to a more robust audience of stakeholders representing communities potentially impacted by each Innovation (e.g., County Jail Medical staff, older adult healthcare providers, CenCal managed care plan staff, etc.).

Since its first plan in 2010, the County has used a decision-making strategy for Innovation that is unlike most other planning protocols. Once the proposals were reviewed to ensure adherence to the Innovation Regulations, the County provided stakeholders with an online tool to rank the proposals – without concern for cost. This allows stakeholders to make recommendations based on the merits of the learning rather than on the costs associated with the project. The question put to stakeholders is "What do we want to learn most?" rather than "What service can we afford?". Once that ranking is complete, the County then assesses the potential costs for each project and determines how many projects may move forward.

The first complete draft of proposals became available following the February 2020 meeting, and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to "score" each proposal anonymously based on the project's merits, need/problem definition, learning goal, implementation, operation, and sustainability. Results of the ranking were disseminated to the Innovation Stakeholder group and to the innovators. The ranking results were:

1. Behavioral Health Education & Engagement Team (BHEET)
2. SoulWomb
3. Mental Health Integration for OA in Residential Facilities
4. C-Cares (County's trauma-informed training)

During the early part of 2020, the INN Coordinator began communication with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to receive feedback on the proposed projects and provide additional assistance to the Innovators. The County subsequently withdrew its "C-Cares" proposal and the remaining three projects continued to be refined. In March 2020, the COVID-19 emergency created a significant setback in the County's planning and timeline. In response to the shelter-in-place order and the closing of some clinic operations and offices, most all MHSA program planning was suspended while the County and its program providers turned their focus to establishing telehealth and other safety practices. A previously scheduled MHSA Advisory Committee stakeholder meeting was held by conference call on March 25, 2020. At that meeting the MHSA Coordinator informed stakeholders that Innovation planning would be placed on hold while the County and its statewide counterparts examined any immediate fiscal impacts on component revenues.

Stakeholders reconvened (via Zoom) on May 27, 2020, and County staff broadcast the meeting in a Town Hall style on Facebook live. At this meeting, stakeholders and the public were provided an update on the three projects planned to move forward, while also hearing updates on COVID-19 impacts on MHSA. The County and many of its MHSA colleagues across the state were waiting on information which may have impacted whether the County would be given flexibility on the use of Innovation funds. The California Behavioral Health Directors Association (CBHDA) reported in July 2020 that no changes in flexibility were expected in the current fiscal year. The County informed stakeholders on July 29, 2020 that the Innovation plan would move forward. A draft was then sent to the MHSOAC for review.

The now-former Innovation Coordinator (Nestor Veloz-Passalacqua) met with the MHSOAC who provided additional feedback and guidance to refine the proposals. However, soon thereafter Nestor was promoted to a position in another part of the agency. A recruitment was launched in October 2020, with the position unable to be filled until January 2021. The MHSA Coordinator reviewed the MHSOAC notes, and the budgets submitted by the proposers. The County elected to reduce the number of proposed projects from three (3) to two (2). Since November, the County has worked with the proposers and key stakeholders for each project to revise and refine the proposals herein.

Identify the stakeholder entities involved in the Community Program Planning Process

The County's Innovation Planning Team is a stakeholder group consisting of up to 20 representatives of the broad community, including consumers, family members, system providers, subject experts, and underserved cultural communities. The Innovation Planning Team met several times between June 2019 and February 2021 and will reconvene to oversee the launch of Innovation programs and participate in reviews thereafter.

Below is a list of stakeholders that participated in San Luis Obispo County's Innovation Planning Process:

- Behavioral Health Board (BHB) members (including family members and consumers).

- Members of underserved communities, including Promotores Collaborative (representing the Center for Family Strengthening), participants of the County's Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups, and the Gay and Lesbian Alliance (GALA).

- Consumers and family members (youth and adult) as well as organizations that represent them such as the Peer Advisory and Advocacy Committee and the National Association of Mental Illness.

- Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services (WCS), California Polytechnic State University, Community Action Partnership of San Luis Obispo (CAPSLO), and Family Care Network.

- Other County agencies, including Sherriff's Department and Jail Medical Services, Probation, Office of Education and local school districts (administrators, teachers, counselors), and the Veterans Services Office.

- Staff and managers, including the Behavioral Health Director, clinicians, case managers, and medical professionals of the SLOBHD representing various divisions, including Drug and Alcohol Services, Justice Services, Patients' Rights, and Prevention & Outreach.

Ethnic representation in the Planning sessions included members of the Latino, Asian, African American, and Native American communities. Providers specializing in cultural-based services were integral in developing Innovation needs and proposals. Cultural groups represented throughout the Planning sessions included LGBTQ, veterans, youth, older adults, spiritual, and individuals experiencing homelessness.

List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The Innovation proposals were finalized on March 1, 2021, and a draft was made public for a 30-day review on March 23, 2021. At the conclusion of the 30-day review period, two total comments were received using the feedback survey made available electronically and in hard-copy. The comments, as originally written and posted, are listed below for the project:

SoulWomb

1. I hope this proves to be both effective and beneficial to those in need.

2. This project has cutting edge potential for reducing the symptoms of, and increasing the life skills of, participants. It might open many paths to personal, and thereby community, growth.

A public hearing was held as part of the Behavioral Health Board's (BHB) regular, April 21, 2021 meeting and received approval. One letter of support was received for both projects from San Luis Obispo County District 3 Supervisor Dawn Ortiz-Legg, presented by the Supervisor's Legislative Assistant:

1. Fully support the efforts to creatively approach the mental health challenges facing so many citizens;

2. Impressed with the two programs: Peer support makes a lot of sense and what a great way for a 2 way reciprocal program to support individuals who truly understand life navigation; as a long time yogini, I am very excited about the Soul Womb project / concept, and think we should really gather the data and possibly put these in many county buildings and school settings! There is nothing more soothing than a sound bath as well as mindful movement

3. What if any support can I provide the teams? Please advise as I am very excited to help in any way possible.

The Plan was approved by the County's Board of Supervisors on May 4, 2021. The Innovation Work Plan will be submitted for approval by the Mental Health Services Oversight and Accountability Commission in June 2021.

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date: 03/23/2021
☐ Completed 30-day public comment period Comment Period: 04/21/2021
☐ BOS approval date Approval Date: 05/04/2021 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____

County Name: San Luis Obispo County

Date submitted: 05/04/2021

Project Title: SoulWomb

Total amount requested: $576,180

Duration of project: Four Years

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

Lack of Diversity in Therapeutic Approaches to Co-Occurring Forensic Mental Health

San Luis Obispo County has an increasing forensic mental health (court and diversion) population accessing services and programs including extended therapy, co-occurring disorder (COD) treatment, and psychotropic medications. Treatment of CODs, which includes a variety of cognitive behavioral methods, benefits from wellness and recovery supports for clients. Traditional mental health treatment makes use of rehabilitation and socialization supports and self-care, while traditional substance use treatment centers its ancillary services in 12-step models. As COD treatment becomes more commonplace and treating multiple diagnoses simultaneously is considered best practice, the County is recognizing the need for treatment supports which benefit both mental health and substance use treatment.

The County has identified this issue as a major problem as the Behavioral Health Department (SLOBHD) seeks meaningful ways to develop therapeutic practices within its growing forensic population, which includes individuals pre-and-post adjudication, formerly incarcerated, and those on probation. These programs include the Behavioral Health Treatment Court (post-adjudication) and Mental Health Diversion Court (pre-adjudication), as well as the Veterans Treatment Court (which has both levels). These clients are often managing multiple issues: incarceration and release, probation, court mandates, homelessness, family pressures, unemployment, and typically have co-occurring substance use and mental health disorders.

Building solid Wellness Recovery Action Plans (WRAP) as self-designed prevention and wellness courses for clients with co-occurring disorders is an objective for establishing a consistent and successful therapeutic practice in these programs. Mindfulness and meditation are considered healthy tools within a "Wellness Toolbox." For clients with both an addiction diagnoses as well as a severe mental illness, the 12-step approach has limits: (1) a social expectation which some mental health clients may find difficult to manage and (2) a formulaic notion of recovery which may be defeating. Those with primary addiction issues may benefit from the 12-step approach but demonstrate little interest in self-care or traditional mental health socialization models. Eastern approaches such as yoga and meditation are often recommended but are not embraced by court and diversion program participants. Clients report feeling uncomfortable in group exercise (yoga) settings and that silence and self-reliance of meditation is too awkward and unappealing.

So how does the County build self-care and recovery support that engage clients in trusted techniques while acknowledging the challenges of forensic, COD clients? This project proposes a

holistic approach that is rooted in non-western interventions in the hopes to retain and develop a path of recovery for this growing population.

The prevalence and severity of mental illness, addiction, trauma, depression, and other difficult conditions among the forensic mental health population, including veterans, is a critical issue in San Luis Obispo County, as it is throughout California. Since 2017, the community has been reacting to the controversial death of an inmate at the County's jail. The inmate, who suffered from co-occurring disorders, died while in custody.[1] The story resonated throughout local government, law enforcement, community stakeholders and advocates, and providers and consumers within public mental health services. Answers and changes were demanded of the mental health system, including jail-related services, from local leaders as well as local families.

Additionally, the impact of 2016's Proposition 57 passing resulted in a need for rehabilitative co-occurring treatment for non-violent offenders released from prison into the community. A "Stepping Up" collaborative was established among local government agencies as part of the national effort to reduce the number of people with mental illnesses in jails. As part of the Stepping Up response, a community Sequential Intercept Model (SIM) mapping exercise was held in 2018 to determine the gaps and needs throughout the criminal justice (and its public support) system. A SIM is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. A stakeholder group from across the continuum gathered to identify gaps and strengths, including the need for expanded outpatient COD treatment for system clients.

The county's daily forensic mental health population averages approximately 600 individuals within the jail, post-incarceration, probation, or pre-adjudication. Forty percent (40%) take psychotropic medication for a mental disorder. This, compared to an average of 20 percent (20%) of inmates on psychotropic medication among 45 other county jails in the state, indicates a growing concern.[2] Recidivism rates in San Luis Obispo County are also high, at 44.1% of adults on probation reoffending in the fiscal year 2017-18.[3]

The County has an estimated population of 18,000 veterans that continues to grow, representing about eight percent (8%) of the entire county population—about 1.5 times the rate in California, five percent (5%), and slightly higher than the US rate, seven percent.[4] According to the veteran Affairs (VA) office, "nationally about 1.7 million veterans received treatment in a VA mental health specialty…focusing on mood disorders, such as depression and bipolar disorder, psychotic disorders, such as schizophrenia, PTSD and other anxiety disorders."[5] Posttraumatic stress

[1] Fountain, M. (2019. January 17). Inmate Died in SLO County Jail After 46 Hours in Restraint Chair, Coroner Says. *The Tribune.* https://www.sanluisobispo.com/news/local/article144057364.html

[2] Social and Emotional Wellness. (2018, July). San Luis Obispo County Public Health Department. http://www.slohealthcounts.org/content/sites/slodph/Social-Emotional-Wellness_Community_Health_Assessment_San_Luis_Obispo_County_July2018.pdf

[3] Annual Statistical Report Fiscal Year 2017-18. (2018, June). San Luis Obispo County Probation Department. https://www.slocounty.ca.gov/Departments/Probation/Forms-Documents/Annual-Statistical-Fiscal-Year-Reports/Probation-Annual-Statistical-Report-FY2017-18.pdf

[4] San Luis Obispo County CA. (2021). Census Reporter. https://censusreporter.org/profiles/05000US06079-san-luis-obispo-county-ca/).

[5] VA Research on Mental Health. (2021). US Department of Veterans Affairs. https://www.research.va.gov/topics/mental_health.cfm

disorder (PTSD) and substance use disorder (SUD) often co-occur among veterans seeking Veterans Affairs (VA) care. According to one national epidemiologic study, 46.4% of individuals with lifetime PTSD also met criteria for SUD.[6] Currently, the County offers services to 28 veterans annually in its Veterans Treatment Court program and 91 in the Veterans Outreach Program, which includes community rehabilitative activities and engagement with a Behavioral Health Clinician.

Discussions with providers, jail medical staff, consumers, and other stakeholders led to the development of the SoulWomb project. The reason it has been prioritized for a project over alternative challenges identified in the county includes both its community salience and its promise—evident in its ranking by key stakeholders amongst other proposals. After having it brought to the County's attention by a local stakeholder who had witnessed it in another county, meeting with the developer and forensic program leaders, and testing the concept with consumers, SoulWomb appeared to offer a learning opportunity as well as a truly innovative approach to an intractable population. Providing self-care tools, emotional regulation, stress reduction, and positive treatment experiences for the forensic mental health population will significantly improve the outcomes associated with the programs in which they are employed. For a population experiencing both mental health issues and addiction (or other diagnoses and challenges), this project is a priority because it addresses a gap within the crucial therapeutic process for wellness and recovery.

PROPOSED PROJECT

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

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

The County has a growing population of forensic mental health (court and diversion) clients. These clients are often managing multiple issues: incarceration and release, probation, court mandates, homelessness, family pressures, unemployment, and typically have co-occurring substance use and mental health disorders. Ancillary services in substance use disorder treatment are traditionally based in a 12-step approach, while mental health treatment has embraced a wide range of wellness supports, socialization, and rehabilitation activities.

Techniques such as acupuncture, acupressure, meditation, and yoga are increasingly used by counselors and therapists to reduce anxiety, specific phobias, and substance abuse to

[6] Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Prevalence and Axis I comorbidity of full and partial posttraumatic stress disorder in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Condition. *Journal of Anxiety Disorders, 25*, 456-465. https://www.sciencedirect.com/science/article/pii/S0887618510002288?casa_token=1AyeXY330E0AAAAA:aaiuomWlBRTDalE6OhYpbXV_sugKeAp2hc4MASjTmmEfXshA1U69H3XNFdkX7YlZUAa1k-YAcDo

enhance self-confidence, personal control, and marital satisfaction.[7] Meditation, rooted in Eastern philosophical cultures, allows an individual to follow one's own breath to find an inner state of harmony and to develop awareness. Eastern approaches such as yoga and meditation are often recommended but are not embraced by court and diversion program participants. The SoulWomb project introduces an accessible, safe, and supportive means to engage reluctant clients in developing a wellness practice.

The SoulWomb project introduces a holistic, mindfulness-based, sound meditation treatment support practice in SLOBHD's "Justice Services" clinic. The use of sounds to aid in meditation and relaxation is aimed at relieving symptoms of mental health issues and building self-care skills. The SoulWomb uses sound therapy as the "training wheels" of a foundation for a strong, long-term meditation practice enabling participants to be mindfully engaged. The intervention is aimed at relieving stress, depression, feelings of detachment, coping skills, irritability, anxiety, and physical pain. The project will be integrated into forensic mental health programs and can be used to address and/or supplement treatments for a range of co-occurring disorder symptoms and concerns. The SoulWomb can also aid in relapse prevention, recidivism prevention, and help with reentry.

The SoulWomb is an enclosed (curtained) meditation space with a footprint of roughly 5 feet by 5 feet. The participant sits on a cushioned bench inside the SoulWomb which features surrounding speakers for a 12 to 20-minute audio program. The pre-recorded, orchestrated sequence of therapeutic sounds are programmed based on the client's selections, which may be assisted by a Program Coordinator. The Program Coordinator will work with clients and treatment staff to help select sound programs from the SoulWomb curriculum which address targeted outcomes such as reduced stress, anxiety, irritability, pain, and improved self-worth, esteem, and confidence.

Participants have the option to use heart rate variability technology that records heart rhythm patterns captured on clients' own smartphone, smartwatch, or laptop used to check coherence and heart rate variability over time. All data will be saved on participants own secure devices. These sound meditation sessions are designed to boost immune levels and functions, help in coping with stress, depression, feelings of detachment, irritability, anxiety, and physical pain.[8] It is highly recommended that participants are consistent with the use the SoulWomb for a period of at least six (6) weeks, two (2) to three (3) times a week, with each session lasting 12 to 20 minutes and leaving 10 to 15 minutes post-meditation to document and journal their thoughts and feelings in a questionnaire form to be provided. The weekly frequency and duration of sessions can be increased and specific meditation tracks recommended over time in consultation with

[7] Alexander, C. N., Rainforth, M. V., & Gelderloos, P. (1991). Transcendental Meditation, Self-actualization, and Psychological Health: A conceptual overview and statistical meta-analysis. *Journal of Social Behavior & Personality*, 6(5), 189-248. https://www.tm.org/popups-responsive/research-self-actualization.html; Walsh, R. (1995). Initial Meditative Experiences: Part I. *Journal of Transpersonal Psychology*. *9*, 151-192. http://www.atpweb.org/jtparchive/trps-09-77-02-151.pdf

[8] Chanda ML, Levitin DJ. (2013, April 17). The neurochemistry of music. *Trends Cogn Sci* (4):179-93. doi: 10.1016/j.tics.2013.02.007. PMID: 23541122.

participants' therapist. As the participants become more invested in their practice, the duration of each session can be increased from 12 to 20 minutes up to one-hour.

The SoulWomb has a curated a set of sound meditation tracks that are intent based and provide very specific benefits listening to them over time:

- Guided sound meditation: participants meditate to voiced guidance on how to make the best of their time inside the SoulWomb. Ideal in guiding beginners, those unfamiliar, and sometimes even skeptical of the practice of sound meditation.

- Ancient Tibetan bowl and gong: sound based mindful sound meditation has shown to induce the relaxation response, reduce stress, and potentially stress-related disease in the body.[9]

- Shamanic drumming: shamanic drumming induced a complex composite intervention with the potential to modulate specific neuroendocrine and neuroimmune parameters in a direction opposite to that expected with the classic stress response.[10]

- Transcendental Meditation: "transcendental meditation helped to achieve a state of 'restful alertness,' a deep physiological rest which was associated with periods of respiratory suspension without compensatory hyperventilation, decreased heart rate, heightened galvanic skin response along with enhanced wakefulness."[11]

- Vibra-acoustic/tactile based sound meditation: music combined with vibrations has a relaxing effect that relieves anxiety, discomfort, mood, tension, and overall well-being.[12]

- Binaural beats: In a study examining the effects of binaural beat audio and pre-operative anxiety, listening to binaural beats had the potential to decrease acute pre-operative anxiety significantly.[13]

SoulWomb will effectively engage participants in mindful meditation than expecting clients to develop a mediation practice on their own. According to Mahesh Natrajan, the creator of SoulWomb, participants who meditate inside the SoulWomb are up to 82% more likely to be engaged in longer meditation, reach a meditative state up to 58% faster,

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[9] Shrestha, S. (2009). *How to Heal with Singing Bowls: Traditional Tibetan Healing Methods*. Sentient Publications. https://1stdirectory.co.uk/_assets/files_comp/3d5383b0-99f1-4a1a-a595-ddd00a9ade0a.pdf

[10] Gingras, B., Pohler, G., & Fitch, W. T. (2014). Exploring shamanic journeying: repetitive drumming with shamanic instructions induces specific subjective experiences but no larger cortisol decrease than instrumental meditation music. *PloS one*, *9*(7), e102103. https://doi.org/10.1371/journal.pone.0102103

[11] Nagendra RP, Maruthai N and Kutty BM (2012) Meditation and its regulatory role on sleep. *Front. Neur.* **3**:54. doi: 10.3389/fneur.2012.00054

[12] Naghdi, L., Ahonen, H., Macario, P., & Bartel, L. (2015). The effect of low-frequency sound stimulation on patients with fibromyalgia: a clinical study. *Pain research & management*, *20*(1), e21–e27. https://doi.org/10.1155/2015/375174

[13] Wiwatwongwana, D., Vichitvejpaisal, P., Thaikruea, L., Klaphjone, J., Tantong, A., & Wiwatwongwana, A. (2016, Oct 14). The effect of music with and without binaural beat audio on operative anxiety in patients undergoing cataract surgery: a randomized controlled trial. *Eye*. 30, 1407-1414. https://doi.org/10.1038/eye.2016.160

and up to 54% more likely to meditate with ease.[14] There is a passive approach to SoulWomb that reduces barriers to first-time and skeptical participants. These sounds envelope the participant in 360 degrees of soothing, surrounding healing music, getting them to a stress free, happy, and comfortable state of mind almost immediately—much like the vibrational happiness infants experience inside the womb of their mother or while listening to classical music.

The SoulWomb experience is designed to be used with a curriculum created and curated after SoulWomb creator team interviews of several clinical psychologists and therapists in the medical field and recovery centers. SoulWomb therapists will work with participants and use journals, questionnaires, and group discussion to assess the participants engagement and results from the SoulWomb session.

The curriculum, much like a classroom curriculum with measured outcomes, for the SoulWomb includes:

- Verbal intake & introduction to the concepts of the SoulWomb and sound meditation. (There is an introductory, fifteen-minute meditation track that walks the participant through what to expect, do's and don'ts, and how to get the most out of each session)

- One-time scheduling of three (3) sessions a week for 12 – 20 minutes each.

- Short five (5) to (7) minute self-evaluation after each session.

- Weekly/monthly review of the wellness forms to track progress on how this has affected their life's daily outcome with a counselor.

- "End of program" evaluation with counselor (exit interview).

The purpose of the curriculum is to enable both the participants and SLOBHD to track and assess the participants' responses to treatment made week over week. This way, any project outcomes established at the beginning can be evaluated at exit from the justice system. This curriculum is template driven and can be easily customized to a participant given their needs for the treatment plan and specific disorder being treated. This curriculum is currently deployed in three (3) businesses that host the SoulWomb pod in Santa Clara and San Diego Counties: at Father Joe's Village, a non-profit, homeless services provider, at Samadhi Yoga Gruha and Wellness Center, a private wellness studio, and at a private, inpatient drug and alcohol recovery center. SLOBHD's strategy will be to customize and adapt this curriculum to fit the specific participant group profile.

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

Makes a change to an existing practice in the field of mental health, including but not limited to, application to various populations.

[14] Natrajan, M., personal communication, 2020.

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

The SoulWomb is an adaptable and sustainable self-care intervention designed to help individuals manage their thoughts, feelings, and emotional health. The County has determined this approach to be appropriate for clients in forensic mental health populations because it is individualized, non-invasive, and easily replicated for self-care. County forensic mental health treatment programs have begun the use of Wellness Recovery Action Plans (WRAP), as self-designed prevention and wellness courses for clients with co-occurring disorders. Mindfulness and meditation are considered healthy tools within a "Wellness Toolbox."[15]

Various criminal justice reforms have increased the demand on the County's mental health services by increasing the responsibility of managing forensic mental health populations to the state's counties. In 2014, voters passed Proposition 47, which reclassified several drug and property crimes as misdemeanors; in 2011, the passage of AB109 "realigned" supervision and responsibility of nonserious, nonviolent, and nonsexual felonies to counties.[16] The passing of Proposition 57 in 2016 significantly reduced the number of prison inmates, with an estimated 11,500 non-violent offenders released in 2020-2021.[17] In 2017, the County committed to a three-year "Stepping Up" plan aimed at reducing the prevalence of mental illness in the County jail with the goals of (1) reducing the number of people with mental illness booked in jail, (2) reducing the length of stay in jail for people with mental illness, (3) increasing the percentage of people connected to treatment upon release, and (4) reducing the rate of recidivism for people with mental illness.[18]

The SoulWomb's innovative strategies address many of the mental health challenges facing veterans and other county residents in the forensic mental health population. The benefits of a SoulWomb sound meditation session extend beyond the time spent inside the SoulWomb by helping participants continue with their day being calmer, more collected, and better prepared to cope with stressful situations. Although this incubator project intends to gather additional data, SLOBHD expects that participants, through the experience of the SoulWomb, will gain sustainable insight about how to self-regulate stressors that can help alleviate mental health issues. SLOBHD seeks to utilize SoulWomb's innovative activity to engage and improve these populations' wellness:

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[15] Cook, J. A., Copeland, M. E., Corey, L., Buffington, E., Jonikas, J. A., Curtis, L. C., . . . Nichols, W. H. (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. Psychiatric Rehabilitation Journal, 34, 113–120. doi:10.2975/34.2.2010.113.120

[16] Teji, S. (2015, Dec). *Sentencing in California: Moving Toward a Smarter, More Cost-Effective Approach*. California Budget & Policy Center. https://calbudgetcenter.org/resources/sentencing-in-california-moving-toward-a-smarter-more-cost-effective-approach/

[17] Martin, B., & Lofstrom, M. (2017, July 24). *Proposition 57's Impact on Prisons*. Public Policy Institute of California. https://www.ppic.org/blog/proposition-57s-impact-prisons/

[18] Stepping Up to Reduce Mental Illness at County Jail (2017). County of San Luis Obispo. http://2017.slocountyannualreport.com/stepping-up-to-reduce-mental-illness-at-county-jail.html

- The National Institute of Health finds sound meditation, using a myriad of instruments such as gongs, crystal bowls, tingsha, drums, didgeridoos, chanting, etc., has been historically and successfully used to reduce stress, anger, confusion, fatigue, anxiety, depression, etc.[19]

- A study from the National Library of Medicine shows there is a precise science of how sound frequencies from these instruments work on the body and overall well-being.[20]

- The sound sessions included are meant to calm, invoke joy, keep focused, be rejuvenated, increase energy, etc.[21]

- A study reviewing 400 published scientific articles on music as medicine, found strong evidence that music has mental and physical health benefits in improving mood, reducing stress, and provide physical pain relief.[22]

- One study in the Journal of Evidence-Based Integrative Medicine found that an hour-long sound meditation helped people reduce tension, anger, fatigue, anxiety, and depression while increasing a sense of spiritual well-being.[23]

Mindfulness and Meditation strategies are currently being used to serve in various populations the country:

- Meditation is one of the complementary and integrative health (CIH) approaches within the VHA Whole Health System of care. One such research paper published by VA that led to the popularity of mindfulness in the VA across the country.[24]

- San Mateo County has a program for Meditation & Mindfulness-Based Substance Abuse Treatment for Incarcerated Youth. The results showed a decrease in impulsiveness and an increase in perceived risk of drug use after

[19] Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2017). Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study. *Journal of evidence-based complementary & alternative medicine*, *22*(3), 401–406. https://doi.org/10.1177/2156587216668109

[20] Chanda ML, Levitin DJ. (2013, April 17). The neurochemistry of music. *Trends Cogn Sci* (4):179-93. doi: 10.1016/j.tics.2013.02.007. PMID: 23541122.

[21] Edenfield, T. M., & Saeed, S. A. (2012). An update on mindfulness meditation as a self-help treatment for anxiety and depression. *Psychology research and behavior management*, *5*, 131–141. https://doi.org/10.2147/PRBM.S34937

[22] Levitin, D., & Chanda, M. L. (2013, Mar 27). The Neurochemistry of Music. *Trends in Cognitive Sciences*. 17(4) 179-193 https://doi.org/10.1016/j.tics.2013.02.007.

[23] Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2017). Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study. *Journal of evidence-based complementary & alternative medicine*, *22*(3), 401–406. https://doi.org/10.1177/2156587216668109

[24] Hempel, S, Taylor, SL, Marshall, NJ, Miake-Lye, IM, Beroes, J M, Shanman, R, et al. (2014). *Evidence Map of Mindfullness.* Department of Veterans Affairs. https://www.hsrd.research.va.gov/publications/esp/cam_mindfulness.cfm

the intervention, indicating that this is a promising intervention for high-risk or incarcerated youth.[25]

- One study of mindfulness and meditation in young, incarcerated individuals show that three (3) out of four (4) groups reporting mental wellbeing saw a significant reduction in levels of perceived stress.[26]

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

The County anticipates serving 13 – 20 participants each month, which equals 160 – 240 participants per year as determined by current Hotline caller data.

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

Participants from the county forensic and veteran population, regardless of age, gender identity, sex, ethnic background, race, and other signifiers, will be able to participate. Careful attention is paid to other languages, since 20% of the sound meditation sessions are recorded in English. These sessions would only benefit those that understand spoken English. The other 80% of the sound meditation sessions do not have these limitations and can be used by everyone. The project is also designed to address language translation if needed.

RESEARCH ON INN COMPONENT

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

Mindfulness meditation is currently used in other counties in individual or group settings but is typically not integrated into the patient treatment plans or in the way that SLOBHD intends to use/track/measure with SoulWomb. The marriage of audio technology and sound meditation in this manner has not been implemented or used by any other counties. Meditation is completed inside of a sound dampened "pod" with audio speakers and a touch panel display for an immersive experience. Participants also have the option to use heart rate variability technology that monitors, and records heart rhythm patterns used to check coherence and the heart rate variability over time, showing tangible effects of the meditation session on a client.

[25] Carpenter, K., Jyotishi, M., & Chu, C. (2020). *Supporting At-Risk Youth: Local Action Plan 2020-2025*. San Mateo County Probation Department. https://probation.smcgov.org/sites/probation.smcgov.org/files/SAN%20MATEO%20LAP%202020-2025%20FINAL%20REPORT_v2_0.pdf

[26] Simpson, S., Mercer, S., Simpson, R. *et al.* Mindfulness-Based Interventions for Young Offenders: a Scoping Review. *Mindfulness* **9,** 1330–1343 (2018). https://doi.org/10.1007/s12671-018-0892-5

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

County staff research has concluded there are existing meditation and mindfulness models/approaches to mental health that are currently being used. However, the intersection of audio technology and sound mediation in the approach that SoulWomb employs, has not been tested, implemented, or used so far for forensic court and diversion populations.

There have been several qualitative, detailed investigations of the experience of a mindfulness-based intervention with incarcerated adolescents. The conclusion of which suggests that adapted mindfulness-based interventions are feasible as treatments for incarcerated youth and have promising potential.[27] This is the same principal foundation of meditation on which SoulWomb is based, with the added element of selective, intentional sound. The addition of sound is what makes this meditation experience more adaptable and easier to benefit from without the need to learn anything apart from being available and present.

Another interesting study looked at methods for reducing trauma symptoms and perceived stress in male prison inmates. This study reviewed the Transcendental Meditation Program and was conducted with 181 Oregon state correctional system inmates with a moderate to high-risk criminal profile in a four-month post-test. The results showed significant reductions in total trauma symptoms, anxiety, depression, dissociation, sleep disturbance subscales, and perceived stress.[28] Some of the SoulWomb meditation sessions use the same Transcendental Meditation practices to produce a profound state of "restful alertness."

There are non-profit organizations, such as the Prison Mindfulness Institute based out of Chicago, running programs across the country to assess the impact of the *Path of Freedom* curriculum that ran for five years in Golden, Colorado with great success. The program leverages and integrates a mindfulness practice with cognitive-behavioral training and social emotional learning into prison systems.[29] The Corrective Services of New South Wales, Australia is running similar programs using mindfulness and meditation to cut crime and reduce gate fever among female inmates; the success of such programs has led to continuing government sponsorship of programs like this one for inmates to address some of the issues that can lead to their offending behavior.[30]

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[27] Murray, R., Amann, R., & Thom, K. (2018). Mindfulness-based interventions for youth in the criminal justice system: a review of the research-based literature. *Psychiatry, psychology, and law*. 25(6) 829-838 https://doi.org/10.1080/13218719.2018.1478338

[28] Nidich S, O'Connor T, Rutledge T, et al. Reduced trauma symptoms and perceived stress in male prison inmates through the Transcendental Meditation program: A randomized controlled trial. Perm J 2016 Fall;20(4):16-007. DOI: https://doi.org/10.7812/TPP/16-007.

[29] Research. (2021). Prison Mindfulness Institute. https://www.prisonmindfulness.org/projects/research/

[30] Pitt, H. (2019, July 15). *Mindfulness and meditation used to cut crime and reduce 'gate fever'.* The Sydney Morning Herald. https://www.smh.com.au/national/nsw/mindfulness-and-meditation-used-to-cut-crime-and-reduce-gate-fever-20190709-p525mb.html

While the programs listed above were somewhat effective, each program had its own set of challenges. The table below identifies a few of the challenges such programs face when compared to the SoulWomb.

#	Challenges with current programs being used[31]	How the SoulWomb overcomes these challenges
1	The program requires 500 hours of mandatory mindfulness-based training to County jail. This is a heavy, recurring time & cost investment to the County.	No training required. The meditation audio track catalog will each individually "train" the participants on how to meditate and benefit most from each session. This is major time and cost savings to the County
2	Single vipassana style meditation focus for mostly relaxation and minimal use of sound.	Multitude of "intent based" guided sound meditation practices like mindfulness meditation, vibro-acoustic meditation, singing bowl therapy, body scan relaxation, transcendental meditation and much more to choose and prescribe from.
3	Sessions are at least 1 hour long, which in most cases is too long for participants to sit through and benefit from.	Sessions are short 12-20 mins long and mindfully engaging for optimal participant mental and physical health benefit.
4	There are no reports or metrics detailing how many directly benefited from each session.	Tracking progress from each session is a key metric to measure participant health improvement directly from SoulWomb sessions and how that helps over time.

[31] 2017 Service, Training, Community, Research (2017). Prison Mindfulness Institute. https://www.prisonmindfulness.org/wp-content/uploads/2018/08/2017-PDN-Annual-Report-Reduced.pdf

LEARNING GOALS/PROJECT AIMS

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

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

The Innovation Project's goals are as follows:

- Does the use of sound meditation intervention increase the wellbeing and overall outlook of life of participants?
- Which specific sound meditations have the greatest impact for participants with dual diagnosis?
- What is the appropriate number of times the intervention is most positively effective in the participants' behavior?
- What is the optimal duration of an individual session to most positively be effective in the participants' behavior?
- Does the intervention positively impact the medication intake of participants?

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

The key learning goal of this project is to learn whether this sound meditation technique will be effective for increasing forensic mental health court and diversion clients' wellness participation and, ultimately, improving their mental health outcomes. The learning goals align with the direct intervention and assess the impact in various factors associated with coping, decreasing depression and anxiety symptoms, better medication management, and overall health and mental improvement. The intervention process assessment and results are based on non-invasive biofeedback devices to measure improvement related to mental health experiences over time, as well as the completion of short assessments on a weekly basis, which will allow the fine tuning of the frequency use of the intervention and the time spent for the meditation sessions.

EVALUATION OR LEARNING PLAN

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

Learning Goal #1: Does the use of sound meditation intervention increase the wellbeing and overall outlook of life of participants?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate metrics include: self-reported attitudes towards goals, satisfaction, and feelings of participants.

Learning Goal #2: Which specific sound meditations have the greatest impact for participants with dual diagnosis?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to review participant feedback and review of heart rate variability readings. Staff will measure appropriate metrics to be determined during the planning period. Indicators of appropriate metrics include: time a participant's heart rate settles in SoulWomb and individual reporting from surveys.

Learning Goal #3: What is the appropriate number of times the intervention is most positively effective in the participants' behavior?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Post-scores will be compared to pre-scores. Staff will measure appropriate utilization metrics to be determined during the planning period. The selected measures will be based on data to be collected to analyze changes in mental health outcomes.

Learning Goal #4: What is the optimal duration of an individual session to most positively affect the participant's behavior?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to review participant feedback and review of heart rate variability readings. Staff will measure appropriate metrics to be determined during the planning period. Indicators of appropriate metrics include time a participant's heart rate settles in SoulWomb and individual reporting on when participants felt relaxed, calm, or peaceful.

Learning Goal #5: Does the intervention positively impact the medication intake of participants?

Measures and Data Collection Strategy:

- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate utilization metrics include medication compliance as per the participant's electronic health record.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

The County plans to select a contract provider who will best execute the project. The County has outstanding contractual partnerships across the community mental health system, as well as strong relational partnerships with local community schools, colleges, health providers, and law enforcement agencies. The SLOBHD, including the MHSA Administrative Team, is well-equipped to conduct a fair and successful procurement process (in partnership with County Purchasing) and expedite a contract to be sure Innovation Project timelines presented herein are met.

The County Innovation Component Coordinator, Timothy Siler (Administrative Services Officer II), is the community liaison for all Innovation (and Prevention & Early Intervention) projects and evaluation. Timothy coordinates the stakeholder planning process and will be the one to develop any Requests for Proposal (RFP) to select providers. The MHSA Administrative Team also includes Frank Warren (Division Manager), the County MHSA Coordinator, who manages all aspects of MHSA, including contracts and plan monitoring. Jalpa Shinglot, Accountant III, is the fiscal lead and works with each provider to develop accurate budgeting and spending plans. Kristin Ventresca, the CSS Coordinator (Program Manager II), also provides contract management and oversight. Timothy utilizes California Polytechnic State University statistics and public policy students who assist in data collection, technical assistance for providers, and reporting, as part of paid internship positions.

All Innovation Project providers will meet regularly with Timothy and the team before and during the start-up phase to finalize plans, conduct data collection tests, and develop tools. Some plans may need to be adjusted (based on hiring, procurement of materials, etc.), and Timothy will work with each contractor to provide support and guidance to keep the projects on time. After the launch of each project, Timothy will work with the contractors to provide quarterly reports and data collection. The MHSA Administrative Team will conduct spot checks, review project materials, and review quarterly reports to ensure quality and regulatory compliance.

Additionally, the County will establish a contract with an Evaluator to manage the analysis of data, as well as provide technical assistance to the projects to be sure tools are developed which accurately measure the results of each objective. This Evaluator will provide regular reports to the MHSA Administrative Team and MHSA Advisory Committee (stakeholder group), as well as the final report which will be provided to the MHSOAC.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The first Innovation Stakeholder meeting for the new round took place on June 11, 2019. The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, INN Coordinator. Returning and new Stakeholders assembled to review the Innovation Regulations, begin a larger conversation about the needs and learning interests of the community, and begin collaborating on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current Innovation round, including the successes and challenges of implementing the current active projects.

As with previous Innovation planning rounds, the community was invited to participate in planning sessions through MHSA stakeholder meetings and town halls, Behavioral Health Board outreach, Wellness Centers, and other consumer outreach by the Peer Advocacy and Advisory Team and public communication (e.g., social media). All community members were invited to take the opportunity to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, and a variety of subject-oriented leaders from education, law enforcement, veterans, and other health and social services. New participants were invited from local non-profit organizations supporting underserved populations (such as the Gay and Lesbian Alliance, GALA) and students from the local California Polytechnic State University (Cal Poly). The stakeholder group and meetings were designed with the purpose of encouraging the development of learning projects and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

Participants in the first meeting included Mahesh Natrajan, the original developer and designer of SoulWomb, a sound meditation program. A few months earlier, Mr. Natrajan had been introduced to County staff by a MHSA stakeholder who had seen the SoulWomb installation in a northern California community center. That stakeholder, a former County employee with knowledge of MHSA principles, felt the program aligned well with wellness and recovery practices and could be effective in a public mental health setting. County staff invited the stakeholder and Mr. Natrajan to attend Innovation planning sessions.

Stakeholders in the planning session discussed (among other ideas) the interest in improving outcomes for the county's growing court and diversion mental health programs. Since 2017 the community has been reacting to the controversial death of an inmate at the County's jail. The inmate, who suffered from co-occurring disorders, died while in custody.[32] The impact of 2016's Proposition 57 passing resulted in a need for rehabilitative co-occurring treatment for non-violent offenders released from prison into the community. A "Stepping Up" collaborative was

[32] Fountain, M. (2019. January 17). Inmate Died in SLO County Jail After 46 Hours in Restraint Chair, Coroner Says. *The Tribune.* https://www.sanluisobispo.com/news/local/article144057364.html

established as part of the national effort to reduce the number of people with mental illnesses in jails.

Participants in that initial meeting suggested the County examine the impact a "non-traditional" intervention may have within the treatment of County Behavioral Health clients, including its growing court and diversion mental health programs. A meeting was convened August 8, 2019 with MHSA leadership staff and Division Managers from the Behavioral Health Department, including Dr. Star Graber, Drug & Alcohol Services, and Teresa Pemberton, LMFT, the manager of the new Justice Services Division. The meeting was held at the Prevention and Outreach Division, which also serves as the clinic for veterans Treatment Court and other Veterans programs, and adolescents and young adults receiving co-occurring treatment. At that initial meeting, Mr. Natrajan presented an iteration of the idea and the model to integrate and develop a new, holistic approach using sound meditation as part of an additional treatment for participants involved in the justice system and diagnosed with co-occurring disorders.

The project's design and delivery method would allow participants to experience a comprehensive and holistic intervention using sound meditation as part of their recovery process. Ms. Pemberton felt the application of a self-care practice within treatment planning would be successful for forensic program clients. Dr. Graber also suggested the use of a positive experience within a small space (the SoulWomb booth) while part of community treatment would help former inmates (or those pre-sentencing) to regulate and build coping skills for the experience of being in a confined, small space.

During the planning period, stakeholders were invited to work with MHSA staff to develop proposals. Informal sessions were held over the phone and email with community partners (e.g., Stepping Up coordinator, Jail Medical staff), as well as in other meetings such as the Behavioral Health Board meeting, and provider contract meetings with the County. Innovation stakeholders were invited to join the MHSA Advisory Committee (MAC) meeting on August 28, 2019 which was held as a "Town Hall" in the coastal region of Los Osos, CA. At that event, which invited members of the general public to learn about MHSA and take part in a planning meeting, the County presented Innovation and discussed some of the themes which had emerged since June, including the effort to improve outcomes within forensic programs. Community members attending that meeting, including those with lived experience in court-ordered mental health programs, were genuinely enthusiastic about the use of self-care, meditation, and innovative approaches to the target population.

Innovation stakeholders met again on October 30, along with the MAC, to discuss the themes which had begun to emerge through the formal and informal meetings. At that meeting, staff from the Sherriff's Department, including the Stepping Up Coordinator, provided feedback and support for the strategy to address and improve outcomes within forensic mental health programs. Dr. Christy Mulkerin, Jail Medical Director, provided staff with thoughtful design recommendations, including the assurances that participation in ancillary treatment programs be voluntary, and not tied to court orders.

The first complete draft of proposals became available following the February 2020 meeting and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking

on paper were provided printed surveys) to "score" each proposal anonymously based on the project's merits, need/problem definition, learning goal, implementation, operation, and sustainability. Results of the ranking concluded SoulWomb ranked second among the four original projects.

The SoulWomb project design is the result of continuous, community engagement, refinement, and expert collaboration between Mr. Natrajan, local community members, and experts in the field of the justice and mental health system. As key stakeholders continue to provide feedback to the design, development, and future implementation of the project, SLOBHD is committed to ensure adaptability and engagement process throughout the four-years of innovation testing.

The Innovation Project team has solidified their efforts with Mr. Natrajan, individuals with lived experience, community members, experts in the justice field, and co-occurring disorders to emphasize and facilitate proper coordination and implementation of the proposal. The staff and appropriate partners and stakeholders will meet regularly during the project development, implementation, and evaluation to identify and address challenges, and to coordinate proper engagement for the intervention being tested.

MHSA GENERAL STANDARDS

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

A) Community Collaboration

The Project is designed to facilitate a strong collaboration that includes community participation and feedback, SLOBHD, and experts in the forensic mental health system and veteran communities. The Project fosters and maintains community collaboration through a process of consistent stakeholder advisory group interaction and by representing diverse racial/ethnic, cultural, and linguistic communities. The Project works with individuals with lived experience, mental health providers, families, parents/primary caregivers, and other professionals to enhance and develop a cohesive and comprehensive project.

B) Cultural Competency

At its core, this project is steeped in a cultural awareness. The approach itself is based in Eastern healing culture, and the test is based on applying that indigenous, culturally identified practice within the scope of a Western treatment protocol. In addition, the population targeted, forensic mental health clients, bring elements of their individual race, communities and cultures, and therapeutic providers are encouraged to develop competence across traditional psychological perspectives. As Robert Carter (et. al.) outline in the Handbook pf Racial-Cultural Psychology and Counseling, "The ability to engage in indigenous healing

practices or to utilize indigenous healing systems is another racial-cultural skill that would increase the effectiveness of counselors."[33]

The Project will impact diverse participants from across the County. The Project employs culturally and linguistically appropriate staff who will engage participants through service delivery that fosters equal access to services without disparities. Additionally, through the project design, the stakeholder advisory group incorporates culturally and linguistically appropriate guidance in the administration, implementation, delivery, and evaluation processes. Cultural competency will be achieved by providing participants with the opportunity to participate in the project in which all services will be delivered in the participant's primary language. Services will engage and retain diverse individuals through recruitment by a trusted source. The stakeholder advisory group will monitor the project for disparities in services using process data and community data provided by the project data analyst.

C) Client-Driven

The Project is designed to engage staff and participants who work primarily with individuals with co-occurring disorders, which is ultimately the population that will be impacted by the Innovation Project. Individual experiences and individualized information will provide guidance and lead to a better participant understanding of the SoulWomb intervention, the impact, and continued fine-tuning of the approach necessary to identify and engage with those participants who may benefit from an additional holistic approach to recovery.

D) Family-Driven

SoulWomb will be implemented amongst MHSA programs which have consumer and family-driven principles embedded in their design. For instance, the Behavioral Health Treatment Court and Mental Health Diversion Court programs had consumers and family members involved in their design and are part of the stakeholder groups reviewing program outcomes. Forensic mental health programs at SLOBHD design individual treatment plans which may include family involvement, yet often are working toward family reunification. As the Innovation project progresses, key stakeholders, including the Andrew Holland Foundation (representing the family of the deceased inmate described in the Community Planning section), will shape program decision-making and determine which elements of the SoulWomb and approach are essential to assist participants in developing a mindful, healthy, and recovery driven approach impacting their livelihood.

E) Wellness, Recovery, and Resilience-Focused

The SoulWomb project embraces and facilitates Wellness, Recovery, and Resilience philosophy, principles, and practices. SoulWomb empowers clients to set and achieve individual goals of self-care while addressing trauma and other root causes and mental health determinants. The interdependent model allows the client to self-direct their growth in meditation, while being supported in each progressive step. The SoulWomb curriculum helps clients to build capacity towards independent self-care practices which will be a bedrock of their resilience after treatment.

[33] Carter, R. et al (2004, Nov). *Handbook of Racial-Cultural Psychology and Counseling, Volume 1: Theory and Research*. John Wiley & Sons.

F) Integrated Service Experience for Clients and Families

The SoulWomb project will be embedded in programs which rely on the support of integrated therapeutic and justice services teams, including therapists, probation, family members, stakeholders, case management, peers, courts, and psychiatry/medication management when necessary.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

The Behavioral Health Department will select an evaluator who meets the Department's standards for cultural competence – including the ability to provide services (e.g., surveys, focus groups, etc.) in the county's threshold language of Spanish. All SLOBHD contractors, including service providers and evaluators, must complete required cultural competence training provided by the County. In addition, providers and evaluators are provided program specific training in any issues of culture which may impact the program being conducted. For instance, SoulWomb staff and evaluators will be provided with training support for a deeper understanding of services within the veteran and other forensic mental health population.

For the evaluation activities themselves, the selected evaluator will ensure each action, method, tool, and document reflect the standards outlined above. Each participant will be given time to complete pre- and post-assessments to determine the level and composition of intervention best suited to their experience and needs as it relates to their mental health and wellbeing. In addition, participants will be asked to complete surveys designed to gather feedback regarding their perceptions of the quality and intervention of the sound meditation engagement, their reflections on effectiveness, preparedness, and sensitivity to the participants' needs, their recommendations for changes or improvements, and their overall satisfaction with the project intervention.

All Innovation programs and evaluation are reviewed by the Innovation stakeholder group as discussed in the Community Planning section. Stakeholders participate in procurement processes, as well as contract monitoring, and review of evaluation practices throughout the course of the project.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The MHSA Coordinator, with the assistance of the MHSA Innovation Stakeholder Group, will host regular meetings to review progress of the active Innovation Projects. Each Innovation Project will be required to submit quarterly and annual reports on findings to date. These reports will be

reviewed and discussed among the Innovation Stakeholder Group who will focus on successful outcomes and challenges that may prompt the need for technical assistance and additional resources.

SLOBHD will look holistically at the success of the project. Data driven decision-making will determine if the project is promising and additional time is indicated to further develop definitive results for the project. If necessary, a criterium will be developed to determine if an Innovation project should be extended or supported with alternative funding. Projects can be supported in whole or focused on specific components that are particularly successful in addressing the mental health challenge for the community.

The Innovation project will incur costs associated with the development, coordination, hiring of staff, and implementation of the SoulWomb model. Based on the results of the independent evaluation of the Innovation project, and the availability of other identified funding sources, the County will determine whether to continue the project as is or to keep particularly successful elements by integrating them into existing programs. If the evaluation indicates the intervention or part of its components are effective, the SLOBHD will work to identify strategies to update practices or internal guidelines that would allow participants and staff to continue accessing the intervention or a model of the project. Additionally, SLOBHD would potentially identify and determine other funding sources to continue the intervention or some of the components.

The SoulWomb project will provide services to individuals with serious mental illness and co-occurring disorders. The project design will allow for voluntary participation and is scheduled to only accommodate clients within the testing phase. Clients will be able to complete and session cycles they may begin, even after the testing phase. No clients will have SoulWomb services terminate prior to scheduled completion. The curriculum builds capacity for self-driven mediation and self-care, thereby not requiring ongoing SoulWomb sessions by offering tools and resources clients can use outside of SoulWomb including but not restricted to smartphone applications, books, and YouTube videos that can tell them more about mindfulness and meditation.

COMMUNICATION AND DISSEMINATION PLAN

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

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

The Innovation Project provider will produce quarterly reports with detailed information on the project's accomplishments and challenges. Content will be developed in concert with participants and County staff to communicate how the project is evolving and what is being learned. The MHSA Leadership Team will provide updates to stakeholders at the bi-monthly MHSA Advisory Committee meeting, the Andrew Holland Foundation board meetings, Stepping Up Initiative meetings, and the Behavioral Health Board when possible. SLOBHD plans to include testimonials from participants, loved ones, and other appropriate staff. At the end of the four-year grant, there will be a comprehensive and

detailed report available to the County and the stakeholders. Information on the results of the Innovation Project evaluation will be posted online at https://www.slocounty.ca.gov/MHSA.aspx, distributed via email, and reviewed at community meetings open to the public.

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

1. Sound meditation
2. Self-guided meditation
3. Meditation box
4. Alternative medicine or integrative medicine modalities
5. Sound and vibration help in coping with anxiety, depression, addiction, and stress

TIMELINE

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

Start: July 1, 2021 – End: June 30, 2025

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

Four years

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

Quarter	Activity/Milestone	Deliverable
Q1 Jul-Sep 2021	-Hire Project Director -Convene planning and implementation meetings with key partners and form steering committee -Develop evaluation plan with specific metrics -Gather custom requirements for SoulWomb structure	-Staff hired - Team charter that defines roles, responsibilities, and work plan -Evaluation tools and implementation timeline in place -Installation and setup of SoulWomb pod
Q2 Oct-Dec 2021	-Onboard and train staff -Continue planning and implementation meetings with partners, to include introduction of project director, finalization of referral process, confidentiality -Determine schedule of team meetings to include all key partners as listed above -Evaluation plan finalized, survey tools and reports developed, and staff trained in data collection -Develop marketing materials for project outreach, education and engagement, including Spanish language materials	-Staff trained -Setup online scheduling, ushering participants, online tools, post-meditation journaling -Final evaluation plan in place and in play -Clients begin to receive SoulWomb service in phase one pilot launch
Q3 Jan-Mar 2022	-Continue refining referral process, program marketing, and service provision based on input from clients, project director, and partner agencies -Project reviewed and refined based on feedback -Six-month evaluation	-Increased number of participants for phase two pilot launch -Online support for scheduling and tracking finalized -Output data is queried, and first report is created
Q4 Apr-Jun 2022	-Project director activities continue (on-going) -Outreach to target population	-Finalize meditation integrated curriculum for go-live with stakeholders
Q5 Jul-Sep 2022	-Create fiscal year-end report to include performance measures, progress, and value -Analyze first year results and modify program, accordingly, including review of training for BHN	-Project reviewed and refined based on data and client and team feedback -Disseminate year one report to relevant groups and stakeholders

	-Steering committee team meeting	
Q6 Oct-Dec 2022	-Continue serving target population	-County refresher training
Q7 Jan-Mar 2023	-Continue serving target population -Expand availability of SoulWomb -Team meetings with key partners continue (on-going)	-18- month review and evaluation report -Adding of walk-ins and on-demand scheduling
Q8 Apr-Jun 2023	-Measure participation and value for participants by survey	-Survey results received and evaluated
Q9 Jul-Sep 2023	-Program sustainability reviewed by planning team; recommendations provided to SLO Mental Health Services Act Advisory Committee	-Two-year evaluation report
Q10 Oct-Dec 2023	-Continued refinement based on findings from years one and two	-Ongoing client services -Sustainability planning
Q11 Jan-Mar 2024	Ramp down of Innovation project begins	-Finalization of project data collection -Project partner team meeting to review data, lessons learned, and recommendations for the future -Sustainability plan engaged
Q12 Apr-Jun 2024	-Full project report, including project evaluation finalized and disseminated to stakeholders -SoulWomb prepares for transfer to post-Innovation funding and format	-Final project report -Transition to sustainable funding -Explore program availability to other communities and high-risk populations

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES
The next three sections identify how the MHSA funds are being utilized:

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

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Personnel Costs – Salaries (4-Year Total $104,000): This includes the cost for a Project Director. In years one and two, the Project Director time is estimated to be a .30 full-time equivalent (FTE). In years three and four, it will decrease to .20 FTE. Strategic planning and execution, aligning and working with official county stakeholders, clinicians and therapists to build out the curriculum, secure contracts with consultants, expand on existing use cases, debrief with County and be the key point of contact for the overall project goals and outcomes.

Operating Costs – Direct Costs (4-Year Total $70,600): This includes costs associated with the on-going operation of the project, as well as expenses to support the SoulWomb. Operating expenses may include, but are not limited to, office supplies, curriculum supplies, cell phone expense, insurance expense, and travel expenses. Support items may include, but are not limited to, leasing equipment, replacement or upgrades to the touch screen, speakers, controls, upgrading the physical space, upgrading/updating/adding meditation tracks, leasing/upgrading biofeedback equipment, and additional software.

Non-Recurring Costs – Setup & Installation/Testing Equipment (4-Year Total $7,000): This includes the initial setup and installation of the SoulWomb. - Materials include the physical space, electronics, touch screen, on board computer, audio-video equipment, installation cost (transportation, setup/install, test and optimize for the space requirement), and bio-feedback equipment.

Consultant Costs/Contracts – Direct Costs (4-Year Total $334,580):

- **Project Manager (PM) $256,800 (full-time) –** The PM will manage end client needs, assist with scheduling, incident tracking, incident prioritization, enable communication with stakeholders, provide regular scheduled project status readouts to update team and stakeholders. Work with the project director and help schedule meetings with clinicians to assist in documenting and building out curriculum, planning scheduled updates/upgrades and overall asset and resource management.
- **Project Data Analyst $218,400 (full-time) –** The Project Data Analyst will assess, manage, and evaluate usage and generate project status reports to the PM and the Project Director. This person will analyze usage trends for forecasting and provide reports to the PM, report on curriculum efficacy, report on adherence to curriculum, and help the project manager optimize operations and scheduling based on historical usage data and trends.
- **Accounting $29,120 (part-time) –** Accounting contractor to manage financial record keeping of the project.
- **Technical support $24,960 (part-time/as needed)** – Tech Support to help with physical space upkeep, upgrade of physical space, parts upgrade, electronics upgrade, and overall maintenance.
- **Sound Meditation Consultant $5,760** – This person will help with providing voice overs and sound meditation instruments for recording sounds.

Other Expenditures (4-Year Total $60,000): This includes costs for project County Innovation Evaluator of $15,000 per year. The County Innovation is responsible for the overall coordination, evaluation, and auditing process of all Innovation Projects' data collection, analysis, and state reporting including measure program outcomes to determine the extent to which they are the result of the program and prepare a final outcome evaluation report that summarizes results of the study.

PERSONNEL COSTS (salaries, wages, benefits)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1	Salaries	$31,200	$31,200	$20,800	$20,800	$104,000
2	Direct Costs	-	-	-	-	-
3	Indirect Costs	-	-	-	-	-
4	Total Personnel Costs	$31,200	$31,200	$20,800	$20,800	$104,000
OPERATING COSTS		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
5	Direct Costs	$19,800	$17,400	$17,200	$16,200	$70,600
6	Indirect Costs	-	-	-	-	-
7	Total Operating Costs	$19,800	$17,400	$17,200	$16,200	$70,600
NON-RECURRING COSTS (equipment, technology)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
8	Setup & Installation	$5,000	-	-	-	$5,000
9	Testing Equipment	-	$2,000	-	-	$2,000
10	Total Non-recurring costs	$5,000	$2,000	-	-	$7,000
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 21/2022**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
11	Direct Costs	$104,320	$83,080	$87,240	$59,940	$334,580
12	Indirect Costs	-	-	-	-	-
13	Total Consultant Costs	$104,320	$83,080	$87,240	$59,940	$334,580
OTHER EXPENDITURES (please explain in budget narrative)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
14		-	-	-	-	-
15		-	-	-	-	-
16	Total Other Expenditures	$15,000	$15,000	$15,000	$15,000	$60,000
BUDGET TOTALS		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
Personnel (line 1)		$31,200	$31,200	$20,800	$20,800	$104,000
Direct Costs (add lines 2, 5 and 11 from above)		$124,120	$100,480	$104,440	$76,140	$405,180
Indirect Costs (add lines 3, 6 and 12 from above)		-	-	-	-	-
Non-recurring costs (line 10)		$5,000	$2,000	-	-	$7,000
Other Expenditures (line 16)		$15,000	$15,000	$15,000	$15,000	$60,000
TOTAL INNOVATION BUDGET		**$175,320**	**$148,680**	**$140,240**	**$111,940**	**$576,180**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)						
ADMINISTRATION:						
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$175,320**	**$148,680**	**$140,240**	**$111,940**	**$576,180**
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Administration**	**$175,320**	**$148,680**	**$140,240**	**$111,910**	**$576,180**
EVALUATION:						
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds					
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Evaluation**					
TOTAL:						
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$175,320**	**$148,680**	**$140,240**	**$111,940**	**$576,180**
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Expenditures**	**$175,320**	**$148,680**	**$140,240**	**$111,940**	**$576,180**
*If “Other funding” is included, please explain.						

Attachment A: 30 Day Review Notice

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
and
NOTICE OF PUBLIC HEARING

County of San Luis Obispo
Behavioral Health Department
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: County of San Luis Obispo Behavioral Health Department
WHAT: The MHSA Innovation Plan for Fiscal Years 2021-25 is available for a 30-day public review and comment from March 23, 2021 through April 21,2021.
HOW: To review the proposed plan, visit:
https://www.slocounty.ca.gov/MHSA.aspx

To submit comments or questions:
https://www.surveymonkey.com/r/20-24MHSAInnovationPlan

Comments must be received no later than April 21, 2021.

NOTICE OF PUBLIC HEARING

WHO: County of San Luis Obispo Behavioral Health Advisory Board
WHAT: A public hearing to receive comments regarding the Mental Health Services Act Innovation Plan for FY 2021-2025.
WHEN: Wednesday, April 21, 2021 at 3:00 p.m.
WHERE: Zoom Webinar/Teleconference

https://slohealth.zoom.us/j/99833767421?pwd=RXM4M3dDb1NaNlBEUVRLREpmVlMrQT09

Meeting ID: 998 3376 7421 Passcode: 908455

Dial by your location

+1 669 900 6833 US (San Jose)
+1 346 248 7799 US (Houston)
+1 253 215 8782 US (Tacoma)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
888 475 4499 US Toll-free
877 853 5257 US Toll-free

FOR FURTHER INFORMATION:
Please contact Timothy Siler, (805) 781-4064
tsiler@co.slo.ca.us

Mental Health Services
Oversight & Accountability Commission

STAFF ANALYSIS—San Luis Obispo County

Innovation (INN) Project Name:	**SoulWomb**
Total INN Funding Requested:	**$576,180**
Duration of INN Project:	**Four (4) Years**
MHSOAC consideration of INN Project:	**June 2021**

Review History:

Approved by the County Board of Supervisors:	May 4, 2021
Mental Health Board Hearing:	April 21, 2021
Public Comment Period:	March 23, 2021 to April 21, 2021
County submitted INN Project:	May 4, 2021
Date Project Shared with Stakeholders:	March 24, 2021 and May 5, 2021

Project Introduction:

San Luis Obispo County is requesting up to $576,180 of Innovation spending authority to increase the quality of mental health services available to individuals receiving services as part of the forensic mental health (court and diversion) population by introducing a holistic, mindfulness-based, sound meditation treatment support practice that clients can incorporate into to their Wellness and Recovery Action Plans and access within the existing Justice Services clinic.

What is the Problem?

San Luis Obispo County identifies two primary issues: (1) an increasing forensic mental health population accessing county services, many who are living with co-occurring disorders and, (2) a lack of diversity in therapeutic approaches to treating co-occurring disorders available within existing programs and services.

The forensic mental health population in San Luis Obispo County averages 600 individuals daily and includes individuals who are pre- and post- adjudication, incarcerated, formerly incarcerated and those on probation. The County has three court programs serving this population, including a Veteran's Treatment Court that provides both pre- and post- adjudication services. Forty percent (40%) of the forensic mental health population in the county take psychotropic medication as compared to twenty percent (20%) of individuals across 45 other jail systems in CA. The County also cites a 44% recidivism rate from adults on probation in fiscal year 2017-18.

The County expresses concern with these numbers, acknowledging that these individuals are often managing multiple issues including incarceration and release, court mandates, homelessness, unemployment and co-occurring substance use and mental health disorders and suggests that the current selection of services are not sufficient.

The County highlights that existing services and programs include extended therapy, co-occurring disorder treatment and medication but acknowledges that silos still exist where individuals receiving traditional substance use treatment may be receiving ancillary services through 12-step models without a focus on mental health treatment and support through rehabilitation, social support, and self-care. The County recognizes the need to treat multiple diagnoses simultaneously and seeks to develop and promote additional services and supports to benefit both mental health and substance use treatment.

To test one potential solution to the lack of diversity of therapeutic approaches for the forensic population with co-occurring disorders, the County proposes to offer an additional self-care tool that clients can add to their wellness toolbox: SoulWomb sound meditation.

How this Innovation project addresses this problem:

The County presents evidence that mindfulness and mediation are healthy tools in a wellness toolbox and can be incorporated as part of a client's Wellness and Recovery Action Plan (WRAP). WRAP plans are self-designed wellness and prevention guides that clients utilize with their treatment providers and other supportive people in their lives.

The County presents research from several studies indicating that mindfulness-based interventions, including meditation, are promising treatments for those who are incarcerated (see pages 20-23 in plan for details). One study reviewed the Transcendental Meditation Program, conducted with 181 Oregon state inmates, and showed reductions in total trauma symptoms including anxiety, depression, dissociation, sleep issues and perceived stress in a four-month post-test. The Prison Mindfulness Institute based in Chicago has also run successful programs across the country and Australia has similar, government funded programs using mindfulness and mediation to support inmates. The County also highlights San Mateo County's success using mindfulness-based interventions with incarcerated youth and points to studies supporting the approach.

While there are studies supporting the use of meditation (including sound meditation) and mindfulness-based interventions, offering these interventions within a clinic setting where individuals are already connected, provides an easy access point and a tool that is not available within the county behavioral health system. SoulWomb introduces mindfulness-based, sound meditation as a treatment support that clients can access directly in the Justice Services Clinic they are currently connected to.

Clients will work with the program coordinator and treatment staff to select sound programs from the available curriculum that align with their personal treatment goals. There are options that target outcomes such as reduced stress, anxiety, irritability, pain and improved self-worth, self-esteem, and confidence.

Clients will use the SoulWomb sound program for 12-to-20-minute sessions, two (2) to three (3) times per week for at least six (6) weeks. Clients will experience the sound programs within the SoulWomb space which utilizes a 5-foot x 5-foot, curtained mediation space containing a cushioned bench and surrounding speakers. This program requires no previous experience or training, and clients begin with an introductory sound session that walks them through the process.

In addition, clients have the option to utilize heart rate variability technology that records heart rhythm patterns over time and are captured on client's own smartphone, watch or laptop. While the SoulWomb programming will be accessed within the clinic setting, the County hopes that it serves as a foundation for clients to build upon and continue outside of the clinic.

The County seeks to test this sound meditation as an addition to the forensic mental health program to see if it can be used to address or supplement treatments for co-occurring disorders and aid in relapse prevention, recidivism prevention, and support reentry. If successful, SoulWomb will become an integrated part of the forensic mental health program.

Community Planning Process (see pages 27-29 in County plan)

Local Level

The County utilizes an Innovation Planning Team which is a stakeholder group consisting of up to 20 representatives of the broad community, including consumers, family members, system providers, subject experts, and underserved cultural communities. The Innovation Planning Team met several times during the planning and development period of June 2019 through February 2021 and will reconvene to oversee the launch of approved Innovation programs.

During the planning period, all community members were invited to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, leaders from education, law enforcement, veterans, and other health and social services.

As part of the stakeholder process, the County continued the use of the "Innovation Creation Station," an online activity to assist innovators in developing their ideas and answering key questions necessary to meet the Innovation component guidelines. This web-based toolkit consisted of Innovation definitions, guidelines, and a worksheet to walk "developers" through the creation and justification of an Innovation project. Technical assistance was provided to Innovators and stakeholders throughout the development phase of the proposals. Once the proposals were reviewed to ensure adherence to the Innovation Regulations, the County provided stakeholders with an online tool to rank the proposals based on merit, not cost.

This process resulted in two innovation proposals being submitted to the community for feedback during the 30-day public comment period.

The County received two public comments during 30-day public comment period: “I hope this proves to be both effective and beneficial to those in need” and “This project has cutting edge potential for reducing the symptoms of, and increasing the life skills of, participants. It might open many paths to personal, and thereby community, growth.”

The County also received a letter of support from San Luis Obispo County District 3 Supervisor Dawn Ortiz-Legg, indicating full support of the efforts to creatively approach the mental health challenges facing so many citizens; and stating, “as a long-time yogini, I am very excited about the Soul Womb project / concept, and think we should really gather the data and possibly put these in many county buildings and school settings! There is nothing more soothing than a sound bath as well as mindful movement. Please see page 9 of the plan for details of the letter.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors, the Client and Family Leadership Committee, the Cultural and Linguistic Competency Committee and the Commission’s listserv on March 24, 2021, while the County was in their 30-day public comment period and comments were to be directed to the County. As discussed above, the County received two public comments and acknowledged all feedback received during the public comment period in the proposal. The final version of this project was again shared with stakeholders on May 5, 2021.

At the date of this writing, no comments were received in response to Commission sharing plan with stakeholder contractors and the listserv.

Learning Objectives and Evaluation (see pages 24-26 of County plan)

The County plans to serve 13-20 participants each month, totaling 640-960 individuals over the course of this project.

The County identified the key learning goal of the project is to learn whether this sound meditation technique will be effective for increasing forensic mental health court and diversion clients’ wellness participation and their mental health outcomes.

To assess progress towards meeting that goal, the County identified five learning goals that will be evaluated using pre- and post-assessment surveys, heart rate variability, and appropriate metrics to be determined during planning phase. The five goals are:

1. Does the use of sound meditation intervention increase the wellbeing and overall outlook of life of participants?
2. Which specific sound meditations have the greatest impact for participants with dual diagnosis?
3. What is the appropriate number of times the intervention is most positively effective in the participant’s behavior?

4. What is the optimal duration of an individual session to affect the participant's behavior most positively?
5. Does the intervention positively impact the medication intake of participants?

The Budget

Funding Source	Year-1	Year-2	Year-3	Year-4	**TOTAL**
Innovation Funds	$175,320	$148,680	$140,240	$111,940	$ 576,180
4 Year Budget	Year-1	Year-2	Year-3	Year-4	**TOTAL**
Personnel	$ 31,200	$ 31,200	$ 20,800	$ 20,800	$ 104,000
Operating Costs	$ 19,800	$ 17,400	$ 17,200	$ 16,200	$ 70,600
Non-recurring Costs	$ 5,000	$ 2,000	$ -	$ -	$ 7,000
Vendor Costs	$ 104,320	$ 83,080	$ 87,240	$ 59,940	$ 334,580
Evaluation	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 60,000
TOTAL:	$ 175,320	$ 148,680	$ 140,240	$ 111,940	**$ 576,180**

The County is requesting authorization to spend up to $576,180 in MHSA Innovation funding for this project over a period of four years.

- County Personnel costs total $104,000 and include the costs for a .30 FTE project director for years one and two and a .20 FTE project director for years three and four. The project director will be responsible for strategic planning, working with stakeholders, clinicians, and therapists to build the curriculum and managing consultant contracts.
- Vendor costs total $334,580 and include a 1 FTE project manager who will manage client needs and work with project director. Vendor costs also include a 1 FTE data analyst responsible for managing and evaluating usage, generating reports and support project manager to optimize operations. Also included are part-time positions for accounting and technical support.
- Evaluation costs total $60,000 (10% of total budget) and will be conducted by County Innovation Evaluator.

The funds of this project are subject to reversion on June 30, 2021. San Luis Obispo County is submitting two Innovation proposals simultaneously, including this proposal and a second proposal, BHEETS, to the MHSOAC. Both fall under the Chair's delegated authority.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☒ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.
☒ Local Mental Health Board approval Approval Date: May 11, 2020
☒ Completed 30 day public comment period Comment Period: April 11 – May 2020
☒ BOS approval date Approval Date: June 2, 2020 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: Review by Delegation of Authority ***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.***

County Name: Santa Clara

Date submitted: First Submission on June 15, 2020, Echo Back Submission: January 15, 2020, Revised Plan Template: February 4, 202; additional revisions March-April 2021.

Project Title: Independent Living Empowerment Project (previously titled Independent Living Facilities Project)

Total amount requested: $990,000

Duration of project: 24 months (2 Years)

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

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

Independent living facilities, also referred to as "room and boards," provide critically needed housing and services for many clients/consumers of the public behavioral health system. Clients/consumers with a severe mental illness (SMI) and can live independently without a need for oversight or medication administration are often residents of these housing rentals. Independent living facilities are privately-owned homes or complexes that provide housing for adults with mental illness and other disabling health conditions. As clients/consumers in the public behavioral health system step down from higher levels of care and into outpatient services, many clients choose to live independently. This independence helps boost recovery and wellness and independent living, just like employment, offer a sense of belonging and value. However, owners and renters of these independent livings often do not understand existing laws and regulations related to the operation of this type of housing, mainly Landlord and Tenant Laws. Without adequate peer supports, independent livings may not be able to address the needs of residents in recovery with a severe mental illness and frequently results in evictions, hospitalizations, or incarceration. This project seeks to connect independent living residents and owners to a voluntary supportive network that would provide education, training and peer supports to help attain and keep independent livings a viable choice as clients/consumers step-down from higher levels of service and into the community.

Independent livings provide room and board only, there is no additional service or care to residents/tenants living in these settings. This approach is fundamentally different from the licensed board and care facilities which provide care and supervision for persons with a severe mental illness,

disability, require supervised medical care and cannot live independently. Board and Care facilities that care for clients/consumers fall under the legal and regulatory oversight of the Department of Social Services/Community Care Licensing as described in Title 22. Room and Board *only* facilities that house clients/consumers that can and choose to live in independent livings, do not fall into the requirements under Title 22.

Pursuant to Title 22, Section 80000, et seq, all facilities that provide more than room and board, that are 4 or more beds, must be licensed by CDSS, CCL: "no adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity shall operate, establish, manage, conduct or maintain a community care facility, or hold out, advertise or represent by any means to do so, without first obtaining a current valid license from the licensing agency (CCR, Title 22, § 80005)." **Unless they are exempt from licensure under CCR, Title 22, § 80007:** (7) Any house, institution, hotel, homeless shelter, or other similar place that supplies board and room only, or room only, or board only, **which provides no element of care and supervision**, as defined in section 80001(c)(2).

The Independent Living Empowerment Project would operate under the exemption provided in CCR, Title 22, § 80007 as highlighted above.[1]

This project is fully supported by client/consumers and family members of consumers in the County of Santa Clara. It was first introduced by the Community Living Coalition, a stakeholder group in County of Santa Clara. Their initial idea presentation was given at the Behavioral Health Board in 2018. At that time, the intent was to source the program development the first year at the time when the BHSD expected an increase in Prevention and Early Intervention allocation with the idea to continue to fund project activities in the following years after the establishment of a local peer stakeholder group. However, as the MHSA revenue projections in early spring 2020 seemed catastrophic due to the sheltering in place order caused by the COVID-19 pandemic, using budgetary prudence, all planned projects that had not launched or initiated were removed as a precaution in order to sustain and maintain existing ongoing programming.[2]

The project was revamped and stakeholders provided additional support and revisions placing it back on the public review for the FY21-23 MHSA Three Year planning process. During that process, community stakeholders validated and approved the development of the Independent Living Empowerment Project as in innovation project that would enhance the peer support experience and create opportunities for leadership within the project's implementation process. As a result of this community support to include the project in the FY21-23 MHSA Programs and Expenditure Plan, the

[1] California Code of Regulations, Title 22 § 80007

[2] County of Santa Clara conducted a combined community program planning process that bundled both the FY2020 MHSA Plan update as well as the FY21-23 MHSA Program and Expenditure Plan under one community program planning process as approved by the MHSAOC in October 2019.

idea of the project as an innovation plan was expanded and applied to the existing county priority within *homelessness prevention* and was supported by the community[3].

The County of Santa Clara project would explore the impact of peers/peer supports in independent living environments. This modification would further explore and validate initial findings from the previously INN-funded Independent Living Facilities Project from San Diego County, as reported on the county's FY15 plan update.[4] The San Diego County project served as a platform that helped inform the current plan proposed here with significant learner objective differences. This project would also incorporate the lessons learned from Orange County regarding its INN 02-006 Developing Skill Sets for Independent Living. One of importance was a requirement for a client to be referred by their clinician to the skills sets active learning sessions. This created barriers to participation and participants may have interpreted participation in the project as "additional work." In many ways, the County of Santa Clara is a combination of both the learning aspect of living independently as well as have access to healthy living environments. The Independent Living Empowerment Project would let the client/consumer lead this process with the priority to create safe living environments. The peer education element would enhance and be offered as an option to all living independently and a referral is not necessary.

The County of Santa Clara's Independent Living Empowerment Project idea (or INN #14) was posted for its 30-day public comment period from April 11. 2020 – May 10, 2020. It was approved by the Behavioral Health Board on May 11, 2020, and adopted by the County of Santa Clara Board of Supervisors in June 2, 2020.

Additional stakeholder meetings were held after project approval at the local level. During the review process of the current project, BHSD consulted with state and local stakeholders in order to develop the project further, create evaluation revisions and enhance the peer-supports efforts. Project staff also consulted with counties conducting similar efforts in order to gain an understanding of their lessons learned and evaluation tools. These additional discussion, consultations, and guidance have crafted and further refined the approaches taking place in this project submission.

PROPOSED PROJECT

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

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

[3] Other INN project idea priorities during the FY21-FY23 INN Idea solicitation period included: prevention programs for children and youth and workforce education and training.

[4] San Diego County's FY2015 MHSA Innovation Annual Report

The Independent Living Empowerment Project (as recently renamed by the community, formerly titled Independent Living Facilities Project) would create supports for independent living facility owners through a voluntary membership. The aim is to promote the highest quality home environment for low-income adults with mental illness in County of Santa Clara. Participant owners will commit to have their homes meet a set of eight (8) quality living standards, as these quality standards were identified as an important component in the San Diego County project. In exchange, the project will connect owners to a variety of supportive resources. The objectives of this project are to 1) expand the number of independent living facilities; 2) decrease the use of emergency services; 2) decrease incarceration; and 3) prevent homelessness for persons in County of Santa Clara.

This project aims to expand the number of high-quality independent living facilities in the County of Santa Clara and develop core quality living facility improvements for low-income, seriously mentally ill (SMI) adult and older-adult residents. This effort will focus on improving health outcomes for residents of independent living facilities through prevention of mental health decline and homelessness due to unstable housing and will also reduce stigma through community education, collaboration, and peer participation. As an Innovation Project, the Independent Living Empowerment Project intends to test out new approaches to improve and increase access to mental health service delivery.

The initial innovation period of the Independent Living Empowerment Project will be 2 years to test out an enhanced peer support model where peers function at all levels of the project, from delivery to implementation and evaluation. Key components of the plan to improve the quality of independent living facilities in County of Santa Clara include:

a. Creation of a system of supports though annual visits, peer support, multi facility coordination, and ongoing quality improvement for independent living facilities;
b. Assessment of independent living facilities and offers of owner's assistance to improve the quality of the facility to meet a comprehensive set of best practices recommended for independent livings;
c. Enrollment of Independent Living Facilities as quality living standards member homes; and
d. Inclusion of key opinion leaders such as the members of the Community Living Coalition, a volunteer, peer-run advocacy and engagement group focused on improving the living conditions of clients and consumers living in independent living homes in County of Santa Clara.

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

The proposed project 1) seeks *to make a change to an existing practice in the field of mental health, including but not limited to, application to a different population* which would include a comprehensive peer support network (as managers, educators, and evaluators); 2*) apply a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system* and building on the one-tested example from San Diego County

to expand and include a broader peer support base; and to a certain degree, 3) *support participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite* by connecting clients/consumers in a strong peer-support network to all independent living member homes.

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

Currently, County of Santa Clara does not have a comprehensive effort to create and sustain standards or supports for independent living homes. The independent living spaces that do exist function outside of any type of network of support and review. Owners and tenants alike are not connected to supports that can strengthen the owner-tenant relationship in a supportive environment. Furthermore, tenants (clients/consumers) are not systematically connected to peer supports and many exist in these independent living facilities in isolation and disconnected from other peers outside the independent living environment. BHSD seeks to bridge this gap for independent living tenants (clients/consumers) by creating supportive peer connections to help them thrive, problem solve and maintain their independent living goals.

The literature clearly shows that most individuals coming out of intensive mental health services and other debilitating conditions and circumstances, do prefer to live independently while maintaining a shared home environment. Many choose to live independently, but not isolated. This project aims at developing a network of support, connectedness and shared values that define independent living for persons with mental health diagnoses that can live independently. It would also aim at restructuring the functions of the *peer* in what is referred to as the Peer Review and Accountability Team (PRAT) to create connectedness and problem-solving support to clients/consumers new to independent livings. The County's INN Plan would also look at designing an evidence-based training framework for peer-to-peer support for Independent Livings. Founded on the Wellness and Recovery Action Plan, peers and clients/consumers would develop independent living-informed strategies that are specific to this living environment and the challenges associated with living independently. Centered in this model, gains and milestones would be celebrated and encouraged. Being connected to a network of support is therapeutic and essential for clients/consumers maintain their wellness and independence.

The project will focus on the disabling barriers and challenges present and emerging within independent living homes in order to develop evidence-based processes for supporting and protecting independent living for clients/consumers. A core principle of the project is not only to evidence the experiences of peers as being able to live independently, but to use that evidence to take action to facilitate true independence, self-determination, and consequently change the socio-ecological perceptions and policies that create obstacles or limit the availability of independent livings for clients/consumers across cities in County of Santa Clara.

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

In County of Santa Clara, there are at least 60 independent living facilities that account for at least 200 clients/consumers of the public behavioral health system, according to data received from the Behavioral Health Services Department Adult/Older Adult System of Care, 24-hour Care Program. Therefore, at least 200 individuals would be reached potentially with independent living peer supports and over 60 independent living homeowners would benefit from training, education and other supports that improve tenant behavior and harmony in shared environments where adults live. For the two-year project, the aim is to create a 30-member voluntary list at a minimum (50% of existing independent livings). Based on lessons learned from San Diego as well as Fresno, it would be critical to engage room and board owners early in the process and for members of this group to be part of the voluntary steering committee providing stakeholder guidance to the project leads.

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

The Independent Living Empowerment Project would serve owners of independent living homes and low-income adults and older adults in the public behavioral health system. The clients/consumers would be individuals who are seeking quality independent living to support their wellness. The tenants/residents of these independent living facilities do not need medication oversight, are able to function without supervision, and live independently, but many times in isolation. In accordance with race and social equity goals, project efforts would include peers supports that are representative of the diverse County of Santa Clara communities and inclusive of language, adult/older adult focused, gender identity, ethnicity, immigrant communities, sexual orientation and gender identity.

RESEARCH ON INN COMPONENT

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

The County of Santa Clara has reached out to the counties mentioned in the plan to better understand the lessons learned as well as the challenges. Most of the robust information and lessons learned have come from San Diego County's experience, which has been the most extensive of all three. The San Diego County Independent Living Facilities Project is the most advanced and established of the three described above. Some of the lessons learned from the INN Report during the duration of the project include:

- Completion and utilization of the online directory according to its design. Website traffic continuing over time with a 48 percent increase in website traffic by the end of the Innovation Project completion of June 30, 2015.
- Independent Living owners worked to successfully collaborate with other community organizations, law enforcement partners, hospitals, and behavioral health partners.

- Owners universally commented on the increased number of referrals as a result of joining the Independent Living Association (ILA), which they attributed to being a member.
- The ILA quality standards (developed by the ILA work team) developed a foundation for ensuring transparency and consistency in the process of determining which Independent Living homes qualify to be ILA members.
- The Peer Review and Accountability Team (PRAT) was made up of owners and residents, and served to ensure that all ILA members adhered to the quality standards and provided ongoing feedback. In Fiscal Year 2014-2015, there were 54 PRAT home visits (including follow-up visits). Of these 54 home visits, 22 homes met the quality standards on the first home visit and 24 homes were advised and coached on changes needed to be made to meet ILA Quality Standards. PRAT was able to provide support to the homes that did not meet the standards. Constant review and comparison of home visits helped PRAT standardize home visits and make improvements on the current home visit process.
- The training programs were designed to increase knowledge about IL homes, ILA Quality Standards, and other topics that contributed to increasing the quality of IL operations for owners and residents.
- In Fiscal Year 2014-2015, the ILA conducted 17 formal training courses for participants, which included 321 owners, 122 residents, and 319 community members. Results from the pre- and post-tests indicated positive results and exceeded the contract's outcome objectives. Based on evaluations, training participants indicated that they were very satisfied with the course content and trainers.

The County of Santa Clara model, in addition to working with owners of independent living facilities, would focus primarily is the supports and networks for clients/consumers as a form to create connectivity, serve as role models and develop a set of tools specifically designed to address the needs of clients/consumers living independently. Both the Alameda and Fresno projects are replicas of the San Diego model which focuses primarily in the independent living facility owner supports.

Alameda's project[5] has been in operation since 2017 as part of their Whole Person Care initiative (AC Care Connect). In collaboration with Community Health Improvement Partners (CHIP), Alameda County has been able to establish independent living facilities with the support of CHIP staff. Since Alameda County did not have a local community advocacy group at the beginning of the launch, County of Santa Clara's Community Living Coalition volunteer members have been time-generous in providing needed support with peer development as well as educational materials to their peers in Alameda. Since the program's inception, 21 independent living facilities, categorized as private housing market, providing more than 30 rooms for independent livings, have voluntarily signed up to make independent living a healthy and safe choice for clients and consumers ready and prepared to live unassisted and independently. This means at least 30 living spaces where clients/consumers live in Alameda County follow the 8 attributes of quality independent living:

- Clean, safe and well-maintained housing
- A clear statement of policies is explained and made available to tenants prior to lease signing

[5] https://ilacalifornia.org/alameda-county/membership/ila-quality-standards/
https://ilacalifornia.org/alameda-county/

- Clear grievance procedures and opportunities for tenants to positively influence their environment and remove unhealthy influences
- An environment that respects the privacy of the tenants
- An environment free of any type of abuse or discrimination that requires all tenants to be treated with dignity, consideration and respect at all times
- Concerned and competent Operators and Tenant Liaisons
- Clearly outlined amenities that are consistently and fairly made available to all tenants
- A tenant focused living environment

Fresno County's Project[6] formalized its efforts in late 2019, recruiting and forming the Peer Review and Accountability Team (PRAT) occurred before the COVID-19 pandemic. Training efforts and coordination of the project continue virtually. Despite the pandemic, the County's efforts have resulted in:

- Completion and utilization of the online directory listing. There are currently 7-member independent livings in the directory.
- Ongoing development of the Peer Review and Accountability Team (PRAT).
- Moving all education and training efforts for both IL owners and residents to a virtual platform.

Orange County's INN 02-006 Developing Skill Sets for Independent Living did not focus on the actual living environment, but it did address the needs of clients/consumers living independently. The challenges shared (final report in development) included low participation and it involved participants still living in Board and Care settings, homeless, and severe and persistent mental illness, homeless or are at risk of homelessness to provide them with an opportunity to learn independent living skills *prior* to being placed in independent living environments. It was an important implementation lesson to learn that as clients/consumers juggle mastering the management of their mental health illness as well as managing independent living, the combination puts the client/consumer in a complex and many times, difficult setting to navigate on their own with light supports (increased intensity of supports was needed). The project focused on teaching independent living skills with a focus on improving participant's ability to manage their mental health while mastering daily living skills. The aim was to ultimately increase their ability to successfully retain stable housing for longer periods of time. The project ended and the County decided not to pursue its placement into their System of Care. However, the mutual conversation sparked interest in exploring the new approach presented in this project and a potential collaboration.

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

[6] ILA Fresno County Promotional Video
PRAT Recruitment Flyer
Fresno County FY2017-2018 MHSA Annual Plan Update

Peer support is far-reaching, extensive, therapeutic, recovery-focused, yet not enough has been researched about its effectiveness in supporting the maintenance of independent living for individuals with behavioral health conditions. Peer support is defined as a helping relationship between an individual who has experience living under certain conditions assisting another person to cope with and adapt to similar circumstances. Since its early adoption in Alcoholics Anonymous (AA), peer supports have been used widely, and with good effect, with people experiencing a variety of both physical and mental health conditions (Ravesloot & Liston, 2011)[7].

But there is much more to learn about the elements and components that can support the maintenance of independent livings:

1) What training is necessary for an independent living peer support?
2) What elements of the therapeutic alliance between peer helper and peer in need can help establish independent living in the long-term?
3) While all of the independent living projects reviewed and in implementation to date do include elements of peer support to help create safe and healthy living environments, none of these projects address the effectiveness of the peer-to-peer alliance that helps maintain or support independent living for the long-term.[8]

Now with Covid-19, as a new feature of the peer experience, it has greatly emphasized the need to address social isolation digitally. Like so many others, when the pandemic struck, service providers and peer advocates became very aware that many clients and consumers felt their voices were being lost in the noise or worse simply ignored in the confusion and panic that was unfolding.

Most of the independent livings' literature focuses on senior independent living or clients coming out of hospital rehabilitation units following disabling injuries. Perhaps due to stigma and social isolation, the literature is void of evidence-based tools to sustain independent livings for behavioral health clients and consumers coming out of homelessness or stepping down into lower levels of care and can live independently.[9]

LEARNING GOALS/PROJECT AIMS

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

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

[7] https://scholarworks.umt.edu/cgi/viewcontent.cgi?article=1005&context=ruralinst_health_wellness
[8] https://www.disabilityaction.org/news/independent-living-research-network-emma-oneill
[9] https://www.ilru.org/sites/default/files/training/webcasts/handouts/2019/08132019_CIL_NET/08132019_presentation.pdf

The following represent the goals for this project along with proposed activities/deliverables to assess project progress and impact:

1. Establish a Community Living Coalition Steering Committee (formed by local, peer supports with lived-experience in independent livings).
2. Create residential facility supports for owners and residents with comprehensive information, training and resources about independent livings.
3. Develop a directory and website with high-quality information independent living options for consumers, family members, and community members.
4. Design and implement education and training plans for owners, residents, and community members.
5. Build a Peer Review and Accountability Team (PRAT) to conduct initial and ongoing annual visits and to assess quality standards.
6. Engage peer providers, consumers and ensure their participation at all levels of the Independent Living Empowerment Project, including management, steering committee leadership, training, site reviews, ethnic community outreach and support, data analysis/program evaluation, and peer-to-peer supports.
7. Develop a policy and education agenda to bring awareness to issues with independent living facilities and the unique issues of residents and how to support them.
8. Conduct a comprehensive data and evaluation/return on investment analysis to assess program goals and impact.

By the end of the two-year project, we hope to answer the following questions to help expand and contribute to statewide learning:

1. How can local efforts engage peer providers and consumers to ensure their participation at all levels of the Independent Living environment in order to maintain and sustain the recovery?
    - This includes management, steering committee leadership, training, site reviews, ethnic community outreach and support, data analysis/program evaluation, and peer-to-peer supports
2. What types of peer development or training is needed in order to develop a policy and education agenda to bring awareness to issues with independent living facilities while addressing the unique issues of residents and supporting long-term independent living goals?
3. What would a return-on-investment analysis reveal as a result of a comprehensive evaluation plan and what would be the overall impact in the independent livings community at the end of the project cycle?

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

In summary, the Independent Living Empowerment Project in County of Santa Clara would provide a venue for clients and consumers to access supportive services to help them thrive in independent living homes. This project will also aim to capture participants' experiences within key categories, as

it is possible many clients and consumers in independent livings may experience multiple challenges at the same time.[10] These challenges and the current circumstances highlight the sudden and substantial impact COVID-19 has had on clients'/consumers' independent lives. In collaboration with our community partners, the Community Living Coalition, County of Santa Clara would aim to create the same supportive environments proven to show success and explore the elements that sustain independent livings in the long term. As part of the County's focus on prevention of homelessness, the ILEP is an integral component in this effort.

EVALUATION OR LEARNING PLAN

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

BHSD believes in the strength of this project and the promise it carries: to provide a safe and healthy place for recovery and wellness where clients and consumers thrive, are respected and their dignity is preserved.

The following aims would drive and provide clear benchmarks for success for this project:

- Reduced hospitalizations of residents, complaints, justice involvement provided compared to those not provided education and support. (A similar project in Alameda County reduced re-hospitalizations by 73%.) [7]
    - *Track hospitalizations (within a specified time frame) of two groups of similar residents – one having received peer support and education and the other group who have not received these services. (We anticipate being able the first year to provide services to residents of only a few independent living homes, so we expect to have a control group.)*
    - *These metrics would help demonstrate a positive return on investment analysis to justify continuation of project services and activities with a focus on sustainability.*
- Increased satisfaction in living environment of residents provided peer support and education.
    - *Face to face interviews or surveys (within a specified time frame) with residents who have received self-advocacy and residents' rights training, and/or participated in independent resident groups.*
- Increased resident engagement in activities both in and outside the home.
    - *As indicated by self-reports.*
    - *Clients/consumers living in independent living facilities will demonstrate improvement in their wellness and recovery*
- Reported improvements in staff/resident relations.

[10] https://scholarworks.umt.edu/ruralinst_health_wellness/6/

- *Survey residents and staff (within a specified time frame) after residents have received self-advocacy training and residents' rights education, and/or participated in independent resident councils.*

- Increased knowledge and understanding of staff and owners of independent living facilities of client culture and how to support residents with mental illness.
  - *Survey after completing Client Culture and/or Mental Health First Aid. A second survey after six months.*
- Increase the number and percentage of quality independent living members.
  - *A roster of independent living homes would be created and posted as part of the project deliverable. Clinicians and other independently living supports would share these opportunities with clients/consumers seeking these living opportunities.*
  - *Demonstrate a percentage increase in membership each quarter.*
- Create a policy advocacy/education agenda to raise awareness about independent living facilities
  - *Peer-driven policy advocacy/education efforts would engage the steering committee, consumers, and supportive community members. Clients/consumers would present at their local City Hall or Town Hall meetings.*

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

The Behavioral Health Services Department (BHSD) will contract with a county contracted provider with knowledge and experience in independent living facilities standards and supports as well as an independent evaluator (consultant). The project will be housed in the Office of Consumer and Family Affairs that is managed by a trained licensed clinical social worker with a team of over 10+ peer support workers. In addition, the Innovation Manager from BHSD will be assigned to the project to oversee the contract development and ensure that deliverables are being met on a quarterly basis.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

During the FY21-23 MHSA Three Year Plan Community Program Planning process, which began in September 2019, stakeholders expressed a need for improved housing conditions for clients/consumers with a severe mental illness. The Community Program Planning process included listening sessions, clients/consumers and family members of consumers surveys, an all-day MHSA

Planning Forum, as well as Stakeholder Leadership Committee (SLC) meetings. The BHSD contracted with Palo Alto University to conduct an intensive analysis and report of the qualitative and quantitative elements of the community input process across various communities. During the 30-day public comment period which opened on April 11, 2020 and closed on May 10, 2020, several stakeholders commented on the need for the ILFP project.[11]

This is a short collection of these comments:

"… With COVID-19 shelter-in-place, the people living with mental illness and residing in unlicensed Board and Care[12] homes are particularly vulnerable due to isolation." *Uday Kapoor, NAMI Santa Clara County*

"Anecdotally, as someone who has lived experience and who has worked at the Zephyr Self Help Center for almost eleven years, I have a good understanding of how things really are for people living this way. Very often, those living in Independent Living homes pay their entire disability check for the month in order to depend on their home for shelter and food. The power differential is enormous. The food they are dependent on is up to the landlord to determine what is provided. To save money, the meals there are often reduced to substandard quantity and quality. There is a strong incentive for those who live this way to not complain, although some opt to vote with their feet and choose the tragic option of living on the streets." *BHSD Employee and mental health consumer.*

"If we want to help solve the homeless situation in our county, the abysmal living conditions in these (room and) boarding homes need to be addressed." *Jenifer Jones, Office of Consumer Affairs Manager.*

"Particularly with COVID-19 sheltering in place, the people living with mental illness and residing in (*room and board)* homes are particularly vulnerable due to isolation. At the same time, the pandemic makes the jobs of those working in the *(room and board)* homes even more challenging. Under these circumstances, it is particularly important to *add* this project which has been successful in other jurisdictions." *Elisa Koff-Ginsborg, Behavioral Health Contractors' Association.*

MHSA GENERAL STANDARDS

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

[11] Comments can be retrieved here: https://www.sccgov.org/sites/bhd/AboutUs/MHSA/Documents/2020/30-Day-PublicComments-and-BHSD-Response.pdf

[12] *Unlicensed board and care homes* is another term the community uses to describe Independent Living Facilities (however, these facilities do not offer *care* in the medical term as defined by the Community Care Licensing laws).

A) Community Collaboration

ILEP will focus on improving health outcomes for residents of independent living facilities through prevention of mental health decline and homelessness due to unstable housing and will also reduce stigma through community education, collaboration, and peer participation. The steering committee for this project will be a collaboration with community organizations, including BHSD (24-Hour Care, Permanent Supportive Housing Services Division, and Adult/Older Adult Division), the Independent Living Coalition, client/consumer law advocacy groups and other client/consumer supportive agencies. It will involve peers at all levels of the project.

B) Cultural Competency

Staff will be required to be culturally competent/bilingual and educational resources will be developed in the County's threshold languages. Information provided on the website will be designed in a format that is accessible and understandable to the public, will reflect the cultural and language needs of the community, and will link information from existing databases and using current web-based portals.

C) Client-Driven

Peer providers and consumers will participate at all levels of the ILEP, including management, steering committee leadership, training, site reviews, ethnic/cultural community outreach and support, data analysis/project evaluation, direct peer support, system navigation, advocacy and residents' rights training, collaboration with executive management, operators, agencies, and family members.

D) Family-Driven

Family members will be involved in the development of the directory and website and site visits/PRAT activities. In addition, due to the existing connections with the local National Alliance on Mental Illness (NAMI) chapter, families and care givers from this network will be integrated and, when appropriate, advise program planning and implementation.

E) Wellness, Recovery, and Resilience-Focused

Inherently, this project would function within a secondary prevention model that would bolster protective factors for peers stepping down from higher levels or care and into independent living environments. With the strong peer support systems in place, the project is designed to ensure there are support systems to help clients / consumers transition into independent living and remain there. Additionally, the project objectives are aimed at peers assisting other peers in independent livings by designing wellness and recovery plans that emphasize personal needs and preferences.

F) Integrated Service Experience for Clients and Families

Training and technical assistance provided to operators will aim to increase knowledge of resources and services in the community for clients and family members and how to access these resources in the necessary client languages, so that they can assist clients in maintaining their wellness goals. The

project will seek to partner with the existing county programs and community partners such as NAMI Santa Clara, 24-Hour Care, Supportive Housing Services Division, Adult/Older Adult Division, Independent Living Coalition and the MHSA Stakeholder Leadership Committee (SLC).

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

The BHSD is committed to incorporating best practices in all planning and evaluation processes that allow consumer and stakeholder partners to participate in meaningful discussion around critical behavioral health issues that impact diverse communities across the lifespan. An essential part of all community planning and evaluation for MHSA programs and services involves working with the MHSA Stakeholder Leadership Committee. In County of Santa Clara, the BHSD works in collaboration with the Stakeholder Leadership Committee (SLC), a 30-member local representative community stakeholder group that provides input and review for all MHSA program recommendations and innovative program ideas. This process ensures that stakeholders reflect the diversity of the County, including but not limited to, geographic location, age, gender, and race/ethnicity. All MHSA SLC members are required to attend an initial orientation regardless of previous experience with organizations, committees, workgroups, service providers, etc. (California Code of Regulations § 3300(b)). Additionally, they are actively engaged in the implementation discussions and role outs of new projects, including Innovation Projects. This would not be an exception.

Furthermore, BHSD has a commitment to cultural competency and racial equity, ensuring that these MHSA core principles are incorporated into all aspects of BHSD policy, programming and services, including planning, implementing, and evaluating programs (CCR § 3200.100). To ensure cultural competency in each of these areas, BHSD has established the Cultural Communities Wellness Program (CCWP) which reports to the new Division Director of Consumer, Family Affairs and Cultural Wellness. This new Division also oversees the Offices of Consumer and Family Affairs. These consumer-drive, peer-run services are an essential part of the stakeholder process including the use of the community connections and stakeholder linkages that allow the Department to obtain feedback and input on services and programs funded by the MHSA. Additionally, the new Program Manager in Cultural Competency, funded by the MHSA, takes the efforts a step further in ensuring cultural competency at all system levels within the public mental health system and within community partners. BHSD is highly committed to including consumers, family members, and other stakeholders within all levels of our organizational structure. It has been and continues to be the Department's mission to include consumers and family members into an active system of stakeholders. The Division Director of Consumer and Family Affairs oversees the Department's Cultural Communities Wellness Program (CCWP). The CCWP provides linguistic and cultural competent outreach and education, advocacy and peer support to ethnic communities. The program's goals are to reduce the stigma associated with behavioral health conditions, increase understanding of behavioral health issues, increase willingness to seek help, and increase access to behavioral health services. CCWP staff is multicultural and multilingual, representing at least 10

cultural communities, and speaking at least 12 languages. There are seven CCWP teams: African Heritage, African Immigrant (Eritrean, Ethiopian, and Somali), Chinese, Filipino, Latino, Native American and Vietnamese. CCWP services include outreach and education, consumer and family support and education, individual support, and advocacy. With the CCWP's support in evaluation (from language needs to reaching out to clients/consumers), this will be at the center of the evaluation activities. This team's involvement ensures that consumer voice and representation is present throughout the review, evaluation, and quality improvement efforts for MHSA funded services.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

Working closely with evaluation experts as well as lead project staff, close attention will be placed in process evaluation. Utilizing the indicators of success described earlier, program leads will assess completion of project benchmarks quarterly and annually in order to gauge the project benefits in the target populations as well as the lessons learned (including barriers to success). During the start of the second year, a thorough review of Year 1 objective completions will be applied to guide Year 2's remaining goals and objectives. If the project is successful in reaching positive outcomes for clients/consumers, it would be recommended for sustainability funding into one of the MHSA components after a thorough and well-vetted community program planning process with direct oversight by the MHSA Stakeholder Leadership Committee and BHSD leadership staff. Integration into the BHSD Adult System of Care will be assessed based on available MHSA component funding and approvals as defined by the community program planning process.

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

In collaboration with BHSD's Cultural Communities Wellness Program (CCWP) along with the Independent Living Coalition, individuals with serious mental illness will receive services from the proposed project. In order to ensure continuity of care for these individuals upon project completion, and if proven effective, the Department would recommend the project to continue with available funds. In addition, this project would benefit from exploring the newly approved Senate Bill (SB) 803 which supports statewide standards for behavioral health Peer Support Specialists and adds these services as an option in Medi-Cal. Peer Support Specialists are people with lived experience with mental health and/or substance use disorders and are in a unique position to earn trust and build bridges for people on the path to recovery. Statewide standards will ensure consistency and quality of service while offering a level of validity and respect to the position, while satisfying a federal requirement to allow Medi-Cal billing.

COMMUNICATION AND DISSEMINATION PLAN

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

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

BHSD values and encourages community involvement in outreach, engagement, and education activities as a way to disseminate MHSA programs and services. In an effort to limit hardships and barriers caused by travel, in the past, free transportation services to the client/consumer have been provided as well as translation services to anyone requesting this support in order to attend meetings or participate at conferences. During the current COVID-19 pandemic, the Department started using technology to remotely interact with our stakeholder communities in the dissemination of program announcements and as part of the community program planning process. BHSD uses Zoom software in order to have webinar style meetings with the public. This type of technology has the benefit of face-to-face interaction and presentation of materials, as well as having the ability to collect feedback from the participants in real time and through recording capabilities. During the most current stakeholder activities Town Halls meetings and other listening sessions were offered via Zoom. The Zoom platform also offers call-in options for individuals that do not have access to a computer or a tablet. Dissemination of information to clients/consumers will continue to be announced via email to list-serves and participants from previous meetings, as well as current and former SLC members and in collaboration with the Behavioral Health Board. Meeting announcements will be senton to all BHSD staff and Department Managers to share broadly with community service providers and the public. All community activities will be included in organized timelines and shared calendars to be distributed at meetings, via email and posted on the MHSA website (www.sccbhsd.org/mhsa). Furthermore, the Department will continue to use virtual technology solutions for all upcoming MHSA SLC programs and services announcements. In additional Facebook Live and YouTube technologies continue to be an integral part of dissemination of services and project success locally and beyond.

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

Independent Living Facilities, Adults with Severe Mental Illness Living Independently, Peer Supports for Independent Living Homes.

TIMELINE

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

Start Date: July 1, 2021

End Date: June 30, 2023

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

The project is planned for a 24-month duration (2 years).

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

	Year One (July 1, 2021 – June 30, 2022)	**Year Two (July 1, 2022 – June 30, 2023)**
Q1	• Establish a Community Living Coalition Steering Committee (formed by local, peer supports with lived experience in independent livings). • Build a Peer Review and Accountability Team (PRAT) to conduct initial and ongoing annual visits and to assess quality standards.	• Begin development of the project's sustainability plan • Engage the MHSA Stakeholder Leadership Committee in the continuing conversation to explore options • Ongoing identification and training of peer support leaders and providers dedicated to this project. • Assess project impact during the first year • Disseminate findings • Continue outreach, workshops/activities and engaging more independent living homes • Continue evaluation activities and quarterly reports
Q2	• Engage peer providers, consumers and ensure their participation at all levels of the Independent Living Empowerment Project, including management, steering committee leadership, training, site reviews, ethnic community outreach and support, data analysis/program evaluation, and peer-to-peer supports. • Design and implement education and training plans for owners, residents, and community members.	• Continue outreach, workshops/trainings and peer supportive tools development • Continue evaluation activities and quarterly reports

Q3	• Create residential facility supports for owners and residents with comprehensive information, training and resources about independent livings. • Develop a directory and website with high-quality information independent living options for consumers, family members, and community members.	• Finalize sustainability plan • Develop recommendations for MHSA component placement • Finalize residential facility supports for owners and residents with comprehensive information, training and resources about independent livings.
Q4	• Develop a policy and education agenda to bring awareness to issues with independent living facilities and the unique issues of residents and how to support them • Conduct a comprehensive data and evaluation/return on investment analysis to assess program goals and impact.	• Complete evaluation analysis and report • Disseminate final findings and evaluation report that includes a tools guide for supporting clients/consumers in their independent living settings

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts

associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

As of March 2021, County of Santa Clara has funds subject to reversion in the following years for the following amounts:

Date of Reversion 6/30/2021: $ 254,719
Date of Reversion 6/30/2022: $4,929,150
Date of Reversion 6/30/2023: $5,568,909

The County plans to procure and release a request for proposal (RFP) for services related to the Independent Living Empowerment Project, a two-year term project. Expense items 11,12 & 14 noted in section Consultant Costs/Contracts section of this exhibit reflects the service contract operated program related expenses while item 13 reflects the expense related to the evaluation of the INN project that will also be contracted out. Regarding expense items 11-14. The project's service contract operated program expense reflects specific staffing requirements. The project includes one full-time project coordinator, three-five full-time/part-time peer support workers. These salaries will be commensurate with experience and training. In addition, the requested funding covers evaluation related expenses at $22,000 annually for two years and other indirect ongoing expenses needed for the implementation of the project. There is no anticipated Federal Financial Participation (FFP).

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*				
EXPENDITURES				
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 2022 (7/1/2021-6/30/22)**	**FY2023 (7/1/22-6/30/23)**	**TOTAL**
1.	Salaries			-
2.	Direct Costs			-
3.	Indirect Costs			-
4.	**Total Personnel Costs**			**$ 0**
	OPERATING COSTS*			
5.	Direct Costs			-
6.	Indirect Costs			-
7.	**Total Operating Costs**			**$ 0**
	NON-RECURRING COSTS (equipment, technology)			
8.				
9.				-
10.	**Total non-recurring costs**			**$ 0**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)			
11.	Direct Costs – County Contracted Provider (1 FTE Project Coordinator, 3-5 FTE Peer Support Workers)	**$345,000**	**$345,000**	**$690,000**

12.	Indirect Costs – CCP operating expenses (website development, communication, etc)	**$87,000**	**$87,000**	**$174,000**
13.	Direct Costs – Project Evaluation	**$22,500**	**$22,500**	**$45,000**
14.	Indirect Costs	**$40,500**	**$40,500**	**$81,000**
15.	**Total Consultant Costs**	**$495,000**	**$495,000**	**$990,000**
	OTHER EXPENDITURES (please explain in budget narrative)			
16.				-
17.				-
18.	**Total Other Expenditures**			**$ 0**
	BUDGET TOTALS			
	Personnel (total of line 11)			-
	Direct Costs (add lines 2, 5, and 11 from above)			**$909,000**
	Indirect Costs (add lines 3, 6, and 12 from above)			**$81,000**
	Non-recurring costs (total of line 10)			**$ 0**
	Other Expenditures (total of line 16)			**$ 0**
	TOTAL INNOVATION BUDGET			**$990,000**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

STAFF ANALYSIS – Santa Clara County

Innovation (INN) Project Name:	**Independent Living Empowerment Project**
Total INN Funding Requested:	**$990,000**
Duration of INN Project:	**2 years**
MHSOAC consideration of INN Project:	**May 2021**

Review History:

Approved by the County Board of Supervisors:	June 2, 2020
Mental Health Board Hearing:	May 11, 2020
Public Comment Period:	April 11, 2020 – May 10, 2020
County submitted INN Project:	April 19, 2021
Date Project Shared with Stakeholders:	October 16, 2020 and April 22, 2021

Project Introduction:

Santa Clara County is requesting authorization to spend up to $990,000 in MHSA Innovation funding over a period of two years to create a voluntary supportive network for independent living facilities (ILF), also known as room and boards, that includes:

- Resources for homeowners (training and education)
- Support for client/tenants through Peers with lived experience

Independent living facilities are privately owned homes that provide housing for adults living with mental illness that do not require oversight or medication administration. The County hopes peer supports will strengthen awareness and role model problem-solving skills for residents to avoid possible evictions, hospitalizations, or involvement in the criminal justice system.

This project proposes to improve outcomes by providing education, training, and peer support to maintain independent livings as a viable choice as clients and consumers continue their wellness journey while stepping down from higher levels of service to gradual independence into the community.

What is the Problem?

Independent living facilities provide room and board only – no other service, care, or medication assistance are permitted. Pursuant to Title 22, Section 80000: all facilities that provide more than room and board, that are 4 or more beds, must be licensed by California Department of Social Services/Community Care Licensing *unless they are exempt from licensure under CCR, Title 22, § 80007*: (7) Any house, institution, hotel, homeless shelter, or other similar place that supplies board and room only, or room only, or board only, which provides no element of care and supervision, are exempt from licensure as defined in section 80001(c)(2). The Independent Living Empowerment Project operates under this exemption.

In contrast, individuals living in a licensed board and care facilities may need varying levels of supervision along with supervised medical care and are not able to live independently. These facilities fall under the oversight of the Department of Social Services/Community Care Licensing.

The County states that being unable to provide these additional services hinders their ability to meet the needs of the clients/tenants of these ILFs. These homes operate independently and homeowners as well as clients/tenants are not always aware of the rules and laws related to managing this type of housing.

Individuals in the public behavioral health system ultimately strive for wellness and independence and these homes are practical options, however, stakeholders in the community expressed a need to improve the housing conditions in these homes for those clients living with mental illness.

The County has identified the following challenges that both clients and homeowners of these independent living facilities may experience:

- Lack of peer supports for those living in room and boards that may result in evictions, hospitalizations, or incarcerations
- Non-existent quality standards for room and boards
- Tenants in these homes may feel isolated as they lack connection to supports and services, which may lead to mental health decline, risking possibility of homeless and/or incarceration – COVID-19 has also exacerbated this feeling of isolation

This project aims to address these challenges by creating a supportive network of peers to support those living in independent living facilities through problem-solving, resources and supports, thereby eliminating the feeling of isolation as clients continue their path towards wellness and recovery.

How this Innovation project addresses this problem:

Through voluntary membership, the County hopes to create a supportive network for both clients/tenants living in independent living facilities as well as for the homeowners who provide room and board for these individuals to promote high quality living conditions for low-income adults in the behavioral health system.

The four objectives identified for this project are as follows:

1. Expand the number of independent living facilities
2. Decrease the use of emergency services
3. Decrease incarceration
4. Prevent homelessness for persons in the County

In gathering research for this project, the County reached out to several other Counties (San Diego, Fresno, Alameda, Orange) who had implemented projects like this to discuss any successes and challenges learned from each County's perspective. San Diego and Fresno learned that it was important to engage owners of ILFs earlier in the process and therefore Santa Clara plans to implement this learning by including owners in a voluntary steering committee that will provide guidance to peer project leads. *Note: for complete list of lessons learned from the contacted Counties, see page 8-9 of project plan.*

Similar to San Diego's model, Santa Clara will create a set of eight quality living standards and in exchange for meeting these standards, homeowners will then be connected with supportive resources. Over the two-year project duration, the County hopes to create a voluntary list with at least 30 homeowner members – homeowner participation in this project is completely voluntary.

This project will test the efficacy of an enhanced peer support model where peers will be employed and working at all levels of this project to provide supports for clients/tenants and respective homeowners. The key components of this project include the following:

1. Create a supportive system by implementing the following:
    a. Annual visits
    b. Provision of peer support and collaborative coordination to ensure proper living conditions are maintained
2. Assessment of living conditions and assistance for owners who may need/desire improvements to achieve established best practices
3. Voluntary enrollment of homeowners to ensure their homes meet specific quality living standards
4. Inclusion of a key peer-run advocacy group, the Community Living Coalition, to support this project with the overarching goal of improving the living conditions of clients and consumers living in these independent facilities

The following components have been identified and will be developed and implemented during this project:

1. Establishment of a Community Living Coalition Steering Committee formed by local peer supports with lived-experienced in independent living facilities
2. Create residential facility supports for owners and residents that contain training and resources for independent living facilities
3. Develop a directory and website with information regarding independent living options for consumers, family members, and the community
4. Design and implement education and training plans for owners, residents and the community

5. Create a Peer Review and Accountability Team (PRAT) who will be responsible for ongoing annual visits and ensuring established quality standards are met
6. Engage peer providers and consumers to ensure they are participating at all levels of this project including but not limited to management, steering committee leadership, and site reviews
7. Develop a policy and education agenda to bring awareness that may arise while living in independent living facilities and how to provide support to clients/residents in problem solving issues.
8. Collect data and evaluate the program goals to assess overall program success

The primary focus of this project is for peers to serve as role models, by creating a set of tools designed to assist clients/tenants to maintain their independence, while taking the lead to provide clients/tenants a feeling of connectivity.

Community Planning Process (see pages 14-18 in County plan)

Local Level

Santa Clara County receives guidance from a MHSA Stakeholder Leadership Committee (SLC) consisting of representatives of various stakeholder groups, including consumers, family members and underserved cultural communities. The SLC provides input and advises the County in its MHSA planning and implementation activities, ensuring Mental Health Services Act (MHSA) General Standards have been met.

The County held their 30-day public comment period from April 11, 2020 through May 10, 2020 followed by their Mental Health Board Hearing on May 11, 2020. The Board of Supervisors approved this plan as part of the County's Annual Plan on June 2, 2020.

The idea for this project began in September 2019 after stakeholders expressed a need for improved housing conditions for clients living with mental illness. The County began to hold listening sessions, surveys completed by clients/consumers/family, as well as an MHSA forum, in addition to the MHSA Leadership Committee. The County, in consultation with Palo Alto University, conducted an analysis of the community planning process among the various communities providing feedback. During public comment, stakeholders commented on the need for this project to improve housing conditions for those in the behavioral health system (see some of the comments provided by stakeholders on page 15 of project).

To ensure diversity and cultural competence in development, implementation, and evaluation of innovation projects, Santa Clara Behavioral Health Services Department (BHSD) has created the Cultural Communities Wellness Program (CCWP), a consumer-driven, peer-run program that allows the BHSD to solicit and obtain feedback on services and programs funded by the MHSA. The contribution of the CCWP team ensures that the consumer voice is at the forefront of all MHSA funded programs.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the Commission's listserv on October 16, 2020. The final version of this project was again shared with stakeholders on April 22, 2021. Additionally, this project was shared with

both the Client and Family Leadership and Cultural and Linguistic Competence Committees.

Two comments were received from stakeholders during the initial sharing of this project on October 16, 2020 and one comment was received during the final sharing of this project on April 22, 2021. All comments will be provided for review.

The Commission has also received letters of support from the following stakeholder organizations and will be provided for review:

- Community Living Coalition, letter dated March 4, 2021
- NAMI, Santa Clara County, letter dated March 5, 2021
- Law Foundation of Silicon Valley, letter dated March 8, 2021
- SCBH Contractor's Association, letter dated March 7, 2021
- Silicon Valley Council of Nonprofits, letter dated March 8, 2021
- Santa Clara Behavioral Health Board, letter dated March 24, 2021

Learning Objectives and Evaluation: (*see pages 11-14 of the project*)

The County hopes to create a voluntary supportive network for independent living facilities by providing education, training, and peer supports to maintain independent livings as a viable choice as clients and consumers progress from higher levels of service to independence into the community. Currently, the County has 60 independent living facilities providing room and board for approximately 200 clients/consumers in the County's Behavioral Health System. The County anticipates providing peer supports to all of the clients/consumers along with education and training. Additionally, resources will be provided for all of the independent living homeowners.

The County has identified the following learning questions:

1. How can local efforts engage peer providers and consumers to ensure their participation at all levels of the Independent Living environment in order to maintain and sustain the recovery?
    - This includes management, steering committee leadership, training, site reviews, ethnic community outreach and support, data analysis/program evaluation, and peer-to-peer supports
2. What types of peer development or training is needed in order to develop a policy and education agenda to bring awareness to issues with independent living facilities while addressing the unique issues of residents and supporting long-term independent living goals?
3. What would a return-on-investment analysis reveal as a result of a comprehensive evaluation plan and what would be the overall impact in the independent livings community at the end of the project cycle?

The following are a few of the outcomes identified as benchmarks relative to the success of this project (see pages 13-14 of project plan for complete list and details of each benchmark):

- Reduced hospitalizations of residents, complaints, justice involvement provided compared to those not provided education and support.
- Increased satisfaction in living environment of residents provided peer support and education.
- Increased resident engagement in activities both in and outside the home.
- Reported improvements in staff/resident relations.

An independent evaluator will be contracted with to conduct a complete process and outcome evaluation of the project with an emphasis on outcomes and overall success of the project. The County will seek input from the MHSA Stakeholder Leadership Committee to determine if this project will be sustained and what MHSA funding streams may be considered.

The Budget

Funding Source	Year-1	Year-2		TOTAL
Innovation Funds	$ 495,000.00	$ 495,000.00	$ -	$ 990,000.00
				$ -
Total	**$ 495,000.00**	**$ 495,000.00**	**$ -**	**$ 990,000.00**

2 Year Budget	Year-1	Year-2		Total
Direct Costs	$ 345,000.00	$ 345,000.00		$ 690,000.00
Indirect Costs	$ 87,000.00	$ 87,000.00		$ 174,000.00
Project Evaluation	$ 22,500.00	$ 22,500.00		$ 45,000.00
Indirect Costs	$ 40,500.00	$ 40,500.00		$ 81,000.00
				$ -
Total	**$ 495,000.00**	**$ 495,000.00**	**$ -**	**$ 990,000.00**

The County is requesting authorization to spend up to $990,000 in MHSA Innovation funding over two (2) years.

All Innovation funds will be dispersed through a procurement for a County Contracted Provider for consultant services as well as a consultant to perform the evaluation.

- Direct costs total $690,000 (69.7% of total budget) through a County Contracted Provider to hire the following staff:
    - 1.0 FTE Project Coordinator
    - 3-5 FTE Peer Support Workers

- Indirect costs total $255,000 (25.8% of total budget) and will cover County Contracted Provider expenses to include website development, program operating expenses, and contract cost
- Evaluation costs total $45,000 (4.6% of total budget) and will be contracted out.

The County will be using funds subject to reversion as of June 30, 2021 and have submitted three (including this one) innovation projects for approval that total $10,752,778. Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities was approved on February 25, 2021 in the amount of $1,753,140 and their third project, Community Mobile Response is scheduled to appear before the Commission on May 27, 2021.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

sonoma county
DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

WELLNESS • RECOVERY • RESILIENCE

NEW PARENT TLC

Sonoma County Innovation
2021-2024 Plan Proposal

New Parent TLC

The proposed Sonoma County-wide MHSA Innovation project, **New Parent TLC** (*Talk, Link, Confirm*) will ingeniously employ a gatekeeper training model similar to **QPR** ***(****Question, Persuade, Refer*) to intervene early with new parent mental health issues, the unaddressed progression of more serious depression and/or suicide, the exposure of infant Adverse Childhood Experiences (ACEs) resulting from parental depression and the associated disruption of optimal infant/toddler brain development. The model increases access to mental health services to underserved groups including new parents of all types: biological, non-biological, adoptive, gay, or straight (Beck, 2014). As described below, most parents are not connected with a health care or mental health care provider during the most crucial times after having a baby, leaving them underserved for the period at which new parent depressive symptoms peak. **New Parent TLC** promotes interagency and community collaboration related to mental health services with the innovative model that engages child care providers, cosmetology service providers, and employees of medium to large employers as peers as "gatekeepers," with a robust outreach method to raise awareness of new parent depressive symptoms, and help get parents linked to mental health services.

Primary Problem

The primary problem that this project intends to address is 3-fold:

1. The high prevalence of postnatal mental health issues for new mothers and fathers;
2. The lack of awareness surrounding Postnatal mental Health issues including Post-Partum Depression (PPD), and Postnatal mental health issues very often go unidentified, untreated and unmitigated;
3. Untreated parental mental health issues pose a significant risk of exposure to ACEs to thousands of Sonoma County children in the first year of life when the brain is most vulnerable to such exposure.

Innovative Model New Parent TLC (Talk, Link, Confirm)

The model will train those who have the highest contact with new parents during the peak time of new parent depression, child care providers, cosmetology service providers, and employees of medium to large employers as gatekeepers to utilize a three-part method:

1. ***Talk*** - casual conversation between a trusted gatekeeper and new parent in natural, every-day contexts

2. ***Link*** - updated referrals for parents, linking parents to community-based supports

3. ***Confirm*** - an informal method of checking back in with the parent to confirm their follow-through to access support

SECTION 1: Innovations Regulations Requirement Categories

General Requirement

	Introduces a new practice or approach to the overall mental health system, including prevention and early intervention
X	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
	Applies a promising community driven practice or approach that has been successful in non-=mental health context or setting to the mental health system

Primary Purpose

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

SECTION 2: Project Overview

Primary Problem

The primary problem that this project intends to address is 3-fold:

1. The high prevalence of postnatal mental health issues for new mothers and fathers;
2. Postnatal mental health issues very often go unidentified, untreated and unmitigated;
3. Untreated parental mental health issues pose a significant risk of exposure to ACEs to thousands of Sonoma County children in the first year of life when the brain is most vulnerable to such exposure.

Although there is a recent push for more consistent screening of parental depression during prenatal and postpartum visits, there is still room to improve in the identification and referrals for parents with depressive symptoms, leaving many new parents with depressive symptoms untreated, and ultimately leaving their infant at risk of exposure to ACEs and the associate disruption of optimal infant/toddler brain development.

Maternal and paternal depression and anxiety, including Perinatal Mood & Anxiety Disorders (PMADs), Postpartum Depression (PPD), and Paternal Postnatal Depression (PPND) impact new parents at alarmingly high rates. In Sonoma County, one in five women suffer from a maternal mental health disorder (California Health Interview Survey, 2017; Sonoma County Maternal & Infant Health Assessment Data Snapshot, CDPH, 2013-2015), a rate that is consistent at the state and national level as well (American Psychological Association, 2006).

According to Winsner, Sit, McShea, et al. (2013), approximately one in seven women experience depression in the first 12 months after childbirth, with one in five of those with depression also experiencing suicidal ideation. In the postpartum period, suicide is the second leading cause of death, resulting in one out of five postpartum period deaths due to suicide (Winsner, Sit, McShae, et al., 2013). Studies also showed that low-income women without a college education are at an 11 times higher risk to experience PPD (Postpartum Depression, 2019).

Approximately 70% to 80% of women will experience sub-clinical “baby blues”. While not necessarily harmful to the mother in the long-term if symptoms resolve, this “mild” condition has been proven to be damaging to the infant’s development and leaves the infant at risk of exposure to Adverse Childhood Experiences (ACEs) (Postpartum Depression, 2019). With a birth rate in Sonoma County of approximately 5,000 births per year, this could mean up to 4,000 babies annually are exposed to at least one significant Adverse Childhood Experience (ACEs) in the very first year of life as a result of unidentified, untreated symptoms of maternal depression.

In addition to women experiencing symptoms of perinatal depression, between 10% and 25% of fathers experience Paternal Postnatal Depression (PPND) after the birth of a child (Barnett and Ungerger, 2000; Goodman, 2004). The Journal of the American Medical Association found approximately 10% of new fathers experience post-birth blues related to hormone changes and sleep deprivation at about three to six months after their baby is born (Courtenay, 2010), and approximately half of men who have a partner with postpartum depression will go on to develop depression themselves (Postpartum Depression, 2019).

Research shows that symptoms traditionally known as “postpartum” depression can also be known as early parenthood depression, as these symptoms are found in all types of parents, which include biological, non-biological, adoptive, gay, or straight (Beck, 2014). Non-birth parents reporting symptoms of depression may include fathers, same-sex co-parents, and adoptive parents. Payne, Fields, Meuchel, Jaffe, and Jha (2010) calculated rates of significant depressive symptoms in adoptive parents of infants under 12 months of age with a modified version of the Edinburgh Postnatal Depression Scale and found depressive symptoms in 27.9% of subjects at 0-4 weeks, 25.6% at 5-12 weeks, and 12.8% at 13-52 weeks post adoptions. The findings further described the depressive symptoms related to environmental stress, and not associated with family or personal psychiatric history (Payne et al., 2010).

Postpartum mood disorders not only put the parent at risk, but also have a negative impact on the behavioral, cognitive, physical, and emotional development of the infant (Courtenay, 2010). Parental depression has been associated with delays in the child’s development in areas of communication, gross motor and personal-social domains as measured by the Ages and Stages Questionnaire (ASQ) as well as health problems, an increase in a child’s overall difficulties and disruption in the development of healthy attachment (Abdollahi, Abhar, Zargami, 2017; Ikeda, Hayashi, Kamibeppu, 2014).

Perhaps most concerning and a core problem that this project intends to address is the finding that 50% of postpartum depressed mothers do not seek treatment, leaving their

infants at risk of adverse outcomes (American Psychological Association, 2006). Black and Latina women are even less likely to seek treatment (Kozhimannil, Trinacty, Busch, Huskamp, and Adams, 2011). Maternal depression is also found to increase the frequency of spanking (Coyl, Roggman, Newland, 2002). Parental depression in both men and women adversely impacts child development and increases the rates of poor cognitive performance and insecure attachment (Winsner, Sit, McShae, et al., 2013), as stated above, and those negative outcomes result in ACEs for the infant and other children of the depressive parent.

With the findings of depressive symptoms and mood disorders so significant in every type of new parent, regardless of gender, identity, birth or non-birth parent, for the purpose of this project all new parents will be identified as “new parent(s)” or “parent(s)”.

The structure of the health care system plays a significant role in the lack of identification and referrals for parents for treatment of parental depression. Traditionally, a depression screening is only administered in a healthcare setting, or with behavioral health professionals. Mothers visit their medical provider between four and eight weeks after birth for a postpartum visit, but after this initial period the health care focus shifts to the infant, and the mother is no longer seen by a maternal health care professional unless she initiates service, or is already showing signs of PPD identified by the medical provider. Co-parents, regardless of sex or identity, and adoptive parents are not traditionally seen at all by a health care professional throughout the prenatal and postpartum periods, unless they personally initiate services based on a self-identified or pre-diagnosed condition.

A recent study with Sonoma County parents shows more than half of the Latinx parent responses indicate information about child vaccinations and well-child checks would be very helpful. Local health care providers are very concerned with the high rate of infants who are not being seen for vaccinations and well-child checks since the pandemic hit the community. Many parents are unaware providers are seeing patients for non-emergency services, or preventative care, which results in more parents going longer periods of time without interactions with a medical professional. In the same study, approximately 25% of parent respondents stated mental health support would be very helpful. Now more than ever, new parents are isolated and unaware of where or how to seek help through for mental health through the pandemic.

The initial thought to address the lack of parental depressive screenings was to raise awareness of the importance of screening, and to improve the consistency of screening by medical professionals. However, there are still parents who are missed during their most vulnerable time, even if every mother is screened at her postpartum appointment. As the system currently exists, after the initial postpartum visit the mother is no longer seen as a postpartum patient, and there is no further opportunity for screenings by a medical professional, missing the highest risk period. The infant continues as the patient for well-child checks, but even if the pediatrician is informally checking-in with the parents about depressive symptoms, there are significant limitations for any services beyond that simple conversation, and no opportunity for a formal screening. In the pediatric appointment the infant is the patient, therefore screening the parent is not

reimbursable, and there is no access to record the information or potential need for a referral in the parent's medical record. With medical record legalities, and billing restrictions there is not currently an accessible fix to these barriers. The pandemic has impacted well-child checks significantly as well. With local health care providers prioritizing immediate need patients first, leaving minimal times to schedule preventative appointments such as well-child checks. There is also a lack of communication disseminated in certain communities about availability of well-child checks, such as the Latinx community, as indicated in the parent survey administered by First 5 Sonoma County during the pandemic to better understanding parenting during COVID-19 that showed 36% of Latinx parents say information on child vaccinations and/or well-child checks would be very helpful, compared to only 6% of White parents.

Considering the most common time period for women with PPD is between three and twelve months after birth, between three and six months after birth for fathers and co-parents, and 0-4 weeks after adoption of an infant, the traditional screening process completely misses the highest risk time periods, and allows for the majority of parental depressive cases to be unidentified and untreated in all types of new parents (Robertson, Celasun, and Stewart, 2003; Courtenay, 2010).

The proposed county-wide project, **New Parent TLC** (*Talk, Link, Confirm*), will significantly increase the identification and referrals for parents with parental depressive symptoms. By focusing on the opportunity in identification, referral and mitigation of symptoms through an innovative approach utilizing trusted gatekeepers, **New Parent TLC** aspires to ensure wellness, recovery and resiliency for new parents and the best start possible for Sonoma County's 5,000 babies born annually. Preventing infant exposure to ACEs caused by parental depression, will promote healthy attachment and optimal brain development and will ultimately set the youngest residents of Sonoma County on a trajectory for long-term health and mental health outcomes.

Sonoma County has prioritized this mental health challenge and proposed solution as it begins to address multiple underserved and unserved populations with the promise of having a far-reaching impact on the overall wellness for families in the long term. This application addresses the following unserved and underserved populations: New parents and adoptive parents belonging to all demographics in Sonoma County, with specialized services that are culturally responsive for Latinx and LGBTQ+ parents. Sonoma County has community-wide support for "upstream" programs that make an investment in the wellbeing of community members so that psycho-social/socio-economic factors do not become disabling.

Proposed Project

A) Brief narrative overview description of the proposed project

The proposed Sonoma County-wide MHSA Innovation project, **New Parent TLC** (*Talk, Link, Confirm*) will ingeniously employ a gatekeeper training model similar to **QPR** ***(****Question, Persuade, Refer*) to intervene early with new parent mental health issues,

the unaddressed progression of more serious depression and/or suicide, the exposure of infant Adverse Childhood Experiences (ACEs) resulting from parental depression and the associated disruption of optimal infant/toddler brain development.

The model will train gatekeepers to utilize a three-part method:

1) *Talk* - casual conversation between a trusted gatekeeper and new parent in natural, every-day contexts

2) *Link* - updated referrals for parents, linking parents to community-based supports

3) *Confirm* - an informal method of checking back in with the parent to confirm their follow-through to access support

Medical providers are currently the main source of screening and identification for postpartum depression. However, there are still new parents with depressive symptoms who are not being identified, as postpartum medical appointments discontinue after the primary appointment that normally occurs between six and eight weeks after birth for a birth mothers, and a postpartum visit for any co-parent or non-birth parent does not exist.

After the birth of a new baby, parents may typically have regular and frequent points of contact with childcare/preschool providers, coworkers and cosmetology service providers. Anecdotal and conventional wisdom points to these individuals as "trusted gatekeepers": individuals who are uniquely positioned to observe parents under duress, engage that parent in an informal and respectful private conversation and to offer help that may alleviate that stress.

The implementation of the proposed project has the opportunity to increase identification of any form of new parent depressive symptoms or mood disorders and is partnered with referrals to supports and services. This community-based early intervention innovation can prevent suicide, infant exposure to ACEs resulting from parental depression, and even lay the groundwork for cost-effective and high-impact policy change, such as universal participation by licensed childcare providers to recognize parental depression symptoms.

B) Implementation of general project requirement

The proposed project makes a change to <u>two existing successful practices</u> in the field of mental health and utilizes a community-based approach to address parental mental health concerns. The two existing practices include the evidence-informed **QPR** (*Question Persuade Refer)* model and **HaiR-3R's** *(Recognize, Respond, and Refer).* The QPR model was initially developed as suicide prevention in the military. HaiR-3R's is a model for hairdressers to identify and refer domestic violence victims. Both models employ a gatekeeper theory for identifying and addressing concerns. The **New Parent TLC** model will combine and adapt the relevant components of these two models and develop a unique curriculum targeting the specific gatekeeper populations of childcare providers and cosmetology service providers as trainees to recognize maternal and paternal mental health symptoms.

Elements of the existing evidence-informed QPR gatekeeper training model will be adapted for specific relevance to parental depression including Perinatal Mood Disorder (PMD), Postpartum Depression (PPD), Paternal Postnatal Depression (PPND), and post adoption depression. QPR is an evidence-informed suicide prevention model that is widely used across cultures in the United States, and in both English and Spanish languages (Quinnett, 2012). The QPR model employs training for "gatekeepers" to recognize warning signs and implement three-steps, similar to the life-saving CPR intervention, to identify new and untreated cases of those at-risk of suicidal thoughts and behaviors in communities. The term *gatekeeper,* as used in the field of suicide prevention, is defined as, "individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine," (Burnetter, Ramchand, and Ayer, 2015, p. 2).

After seeing increases in suicide rates in the military, policies and programs were set in place to focus on prevention with the utilization of service members, typically noncommissioned officers (NCOs) as *gatekeepers* to identify and refer at-risk individuals (Burnetter, Ramchand, and Ayer, 2015). Quinnett (2012) stated, when QPR is implemented as a population-based approach, fewer suicides occur when greater percentages of any specific community are successfully trained in the approach to recognize and refer those at-risk.

A similar model, HaiR-3R's, (*Recognize, Respond, and Refer*) was implemented as an innovative approach to utilize hairdressers to identify domestic violence (Jackson, 2018). The approach, successful with hairdressers, uses community education and training, and is a sustainable way to promote community safety and focus on long-term behavior change (Jackson, 2018).

Although QPR has previously been used as a mental health intervention specifically for suicide prevention, there is recent movement that supports this model as an early recognition and referral public health intervention for those persons sending non-suicidal detectable distress signals as well (Quinnette, 2012). By combining and adapting these two successful models, QPR and HaiR-3R's, and developing curriculum specifically targeting those who have the most contact with new parents, and are in positions of trust, more parents with depressive symptoms can be identified and linked to services, ultimately resulting in better developmental outcomes for infants. The combination and adaptation of these two models support a population-based approach that is a sustainable way to address a significant mental health issue.

Gatekeepers to be trained in **New Parent TLC** will be lay individuals who have regular, day-to-day contact with new parents and who are in positions of trust, such as childcare providers (including family day care home providers, playgroup leaders and preschool teachers), co-workers and cosmetology service providers. The adaptation utilizes the relationship of trust to open the discussion of parental depressive symptoms and assist those parents with linkages to services. The proposed widespread public health education and training for child care providers, cosmetology service providers, employees of medium to large employers and other individual community members will also increase general community awareness of the prevalence of perinatal mental

health issues and normalize the conversation between trusted peers and any parent who has had a baby within the last 12 months, reducing parental depression stigma, and increasing identification, referral to resources, and treatment.

The proposed project, **New Parent TLC**, will develop gatekeeper training curriculum and deliver training specifically focused on early identification of parental depressive symptoms in new parents, better prepare these gatekeepers to have meaningful discussions with new parents, make referrals and follow up to facilitate linkage. Key components will include: the identification of parental depressive symptoms; how to talk and comfortably discuss potential symptoms; how to refer to appropriate supports and services specific to that individual's needs; and, how to follow-up with any parent who has demonstrated symptoms of parental depression to confirm that parent is actively seeking or participating in services after a referral has been made. Although the gatekeeper will be trained to follow-up to confirm each parent has completed a linkage to services, this confirmation is based on the self-reported information from the parent. Gatekeepers will be trained in confidentiality and HIPAA requirements, as well as how to inform and assure the new parent of that confidentiality.

Trained gatekeepers will be encouraged to identify themselves as a trained gatekeeper for transparency. In cases where parents may refuse services the gatekeeper can participate in an individual consultation with the training consultant to determine next steps. Gatekeepers will be encouraged to maintain a philosophy of open communication and encouragement even if a parent does not follow-through with a referral.

Licensed child care providers are already mandated reporters, and even though the co-workers of many medium to large organizations, and cosmetology service providers are not normally mandated reporters they will be trained on mandated reporting as part of the gatekeeper training to ensure they are aware of when to seek professional help in the case of a child potentially being in danger or if they believed a parent was going to harm themselves or someone else.

Gatekeeper training curriculum will be developed utilizing consultants who are clinical subject matter expert(s) in perinatal mental health issues, and culturally competent in mental health for the specific population. The curriculum will adapt elements of QPR and HaiR-3R's with a gatekeeper model to identify symptoms and refer to services. In addition, the **New Parent TLC** model will infuse the Five Protective Factors to support building resilience and strengthen families. The five protective factors include parent resilience, knowledge of parenting and child development, social and emotional competence of children, social connections, and concrete support in times of need (www.strengtheningfamilies.net, 2019). The strengthening families protective factors model is used in early home visiting programs, Family Resource Centers, and other family centered, strength based services.

New Parent TLC aims to train childcare providers, cosmetology service providers, and employees of medium to large organizations in an effort to reach as many new parents as possible to identify parental depressive symptoms across all demographics. However, understanding the complexities of the population of new parents in Sonoma County is fundamental to creating culturally responsive curriculum for participants. More

than one in four residents in Sonoma County are Latinx (U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates, 2019), and Sonoma County is ranked number 2 in the nation for same-sex couples (Sonoma County Pride, 2018). To ensure that the training curriculum and approach is culturally responsive particularly for the Latinx community and LGBTQ+ families, a cultural community advisory group will be convened. The cultural community advisory group will be composed of Latinx individuals and LGBTQ+ individuals with lived experience, and local experts in culturally responsive mental health approaches, including Humanidad, Raizes Collective, Positive Images and Life Works.

The county-wide model will include convenient times, locations and virtual options for gatekeeper trainings to accommodate each group and encourage participation. Trainings can be held on-site for the participating organizations with no cost for the space. Food will be provided for trainings that are held at the location of the employers, with the understanding that line-staff members of medium to large employers often cannot take time off for non-mandatory training. In addition, evening trainings can be provided for childcare providers to accommodate schedules and encourage participation with the least amount of disruption to participants' working environment. The location of these trainings can be both in the First 5 large training rooms, and at the local Child Care Resource and Referral agency at no cost for either training space. Food and childcare will be provided as an incentive to participate, and to reduce any barriers. Cosmetology Service Providers may also come to training locations at First 5 with food and childcare provided.

Trainings in at least the first year of the project will be offered virtually to ensure public health safety with social distancing requirements. Larger groups can be facilitated through Zoom with interactive training, breakout groups for a smaller group environment, and learning teams.

As an extra incentive to participate in the gatekeeper training, First 5 Sonoma County will utilize the agency's strong social media presence to promote the small businesses and medium to large employers who participate in the gatekeeper training. Small family childcare businesses, cosmetology service providers, and medium to large employers could all greatly benefit from the recognition and acknowledgement of their participation in the training.

C) Appropriateness of selected approach

The selected approach for addressing under-identified parental depression was discovered through a process that included multiple efforts to gather and analyze data within the local community, both with community members and professionals in the field. Community research efforts included focus groups, interviews, and surveys.

In the development of this project, First 5 Sonoma County convened a focus group of key stakeholders to explore the systems that address early relational mental health issues. Among those participants were several individuals who have experienced postpartum depression, and individuals who have personally been significantly impacted

by postpartum depression, leaders from County of Sonoma maternal home visiting programs (Nurse Family Partnership, Field Nursing, Teen Parent Connections), private maternal mental health and dyadic therapy clinicians (Alison Murphy, MFT of Mother's Care and Jenni Silverstein, LCSW), local community-based leaders in the fields of maternal mental health, and developmental screening and early intervention for infants, (Child Parent Institute & Early Learning Institute).

One community member, Greg Ludlams, shared openly about losing his wife to suicide after months of unrecognized, untreated symptoms of postpartum depression following the birth of their second child. He described how his wife's symptoms went completely undetected in spite of regular scheduled medical appointments, that she made great efforts to appear "put together" and to mask her symptoms. Greg noticed changes in his wife's mood, but had no idea what the cause was, how severe the symptoms could be and did not recognize any signs of suicidality. After her death, Greg learned from their infant son's childcare provider that his wife had shared with her a small hint of her struggle with depression. One day when she dropped off their son at the provider's home on her way to work, she mentioned to the childcare provider that she was feeling "overwhelmed." A short time after that disclosure, Greg's wife took her own life.

Greg strongly encouraged First 5 Sonoma County to consider these daily, frequent, non-clinical contacts as opportunities to connect struggling parents with supports that could ease the weight of maternal and paternal depression and anxiety that is far too common and too often unrecognized and untreated. His story greatly inspired this innovation project.

Through the proposed training, First 5 Sonoma County aims to normalize the conversation, educate parent peers who are the most likely to have contact during pregnancy and through the first 12 months after birth, to share the potential severity of postpartum depression so that no other child loses a parent to postpartum depression. In Greg's case, the childcare provider was the only person his wife shared her feelings of overwhelm with. This identifies a major opportunity to reach other parents at risk.

In addition, the focus group generated vital information about current practices and processes in the area of screening, identification, referral to treatment, and available services. Through this process a major opportunity within the system was identified, and a method to reach these un-served parents through the most common touchpoints was developed. The ultimate goal is to reach those parents at the highest risk time, when they are not receiving any other mental health services in an effort to prevent suicide and infant exposure to ACEs as a result of parental depression.

First 5 conducted informal research in the community to test the potential feasibility and effectiveness of leveraging gatekeeper interactions as a method to reach new parents with depressive symptoms who are not already seeking services. Informal interviews of cosmetology service providers were conducted (four hairdressers, a nail technician and two lash extension providers). Providers were asked whether a client as a new parent had ever disclosed concerns about depression and/or anxiety to them during the course of receiving a service. All six responded affirmatively that such disclosures are a common, frequent occurrence in their daily interaction with clients and provided multiple

examples of clients sharing personal disclosures related to relationship troubles, challenges with child rearing and other personal experiences. When asked if they would be interested in learning about how they might help new mothers connect to supports, all six were enthusiastically interested.

First 5 Sonoma County also conducted a confidential, written survey of parents who participate in Spanish-speaking parent education program and parent-child playgroups. The survey results supported the inclusion of training for co-workers, as there are often close relationships developed in the long hours spent at work. Both the survey and Greg Ludlams' story suggest the significance of a childcare provider's contact with both parents, implication for training these gatekeepers to talk about potential parental depressive symptoms and the identification of those symptoms in a spouse.

Additional informational interviews with parents also supported the idea that the childcare provider as a main support for resources and cosmetology service providers as individuals who young parents are most likely to share recent personal experiences with. After being trained in the **New Parent TLC** model, childcare providers, coworkers, and cosmetology service providers will know how to look for symptoms, be comfortable talking about these symptoms, and know how to make referrals for parents.

Included in the focus group was a discussion of available services in the community for parental depression. The service providers and community members identified a general lack of bi-lingual, culturally appropriate mental health services for the Spanish-speaking population in Sonoma County. The 2017 U.S. Census estimates show over 26% of Sonoma County's population is Latinx. However, there are far less than 26% of the mental health services in Sonoma County that are culturally responsive, leaving the Latinx population underserved.

At each of the federally qualified health clinics in Sonoma County that accept Medi-Cal and see prenatal and postpartum patients there are an average of about two mental health providers who speak Spanish. There is one bilingual service provider through Child Parent Institute, and one bilingual service provider through Petaluma People Services Center who are qualified to serve the perinatal/postpartum mental health population. Child Parent Institute and Petaluma People Service Center are local non-profit service providers in the field. If a parent is not currently under the care of a medical or mental health professional, then postpartum depression often goes undetected. Through the proposed project, **New Parent TLC**, peers within a person's own community can help identify and refer when needed, preventing suicide, and ACEs as a result of a parent's postpartum depression can be prevented as well.

Lare-Cinisomo, Wisner, Burns, and Chaves-Gnecco, (2014) found the preferred coping for postpartum depression in Latinas is a woman's own cognitive coping strategies, not seeking professional intervention. However, the second-level preferred approach included formal support from home visitors or lay community health workers, preferably introduced by a trusted friend, which significantly supports the proposed **New Parent TLC** gatekeeper model (Lare-Cinisomo, et.al., 2014).

Additional formal research was conducted through a literature review on parental depressive rates, diagnosed and undiagnosed disorders, treated and untreated depressive symptoms, help seeking methods, and family structure and dynamics to support this proposal.

First 5 Sonoma County currently holds an MHSA Prevention and Early Intervention (PEI) services contract for prevention and early intervention services for children prenatal to age five and their families with the County of Sonoma Department of Health Service's Behavioral Health Division, which is profoundly different than the proposed innovative **New Parent TLC** gatekeeper model. Under MHSA PEI 0-5, First 5 is the lead agency, and holds subcontracts with community partners for the service delivery. First 5 not only holds administrative responsibilities in administering these subcontracts, but also supplements the funding for the services, coordinates Positive Parenting Program (Triple P) training for mental health professionals for the MHSA-PEI 0-5 grantees. The services provided under the MHSA PEI 0-5 funding also include developmental and social-emotional screenings of at-risk children, case management and referrals for children for whom a screening identifies potential delays, Triple P services to strengthen parent-child relationships and build parents' knowledge and skills, one call navigation that connects families to services in the community, and makes referrals to mental health and developmental services as needed for children**. MHSA PEI 0-5 is specifically an intervention service delivery model, while the innovation project, New Parent TLC gatekeeper model is about outreach, raising awareness for parental depression, increases access to underserved groups, and promotes interagency and community collaboration related to mental health services or supports.**

The innovation project fits within the First 5 agency, with strong committed partnerships already in active with service providers in the domain of parental depression. First 5 can expand on the partnerships of service providers to create the safety-net of providers that the local childcare providers, cosmetology service providers, and peers can refer parents experiencing depressive symptoms to.

D) Number of individuals expected to be served annually

All new Sonoma County parents from the prenatal stage through the first 12 months of their child's life are the targeted population to be reached through the trained gatekeepers. Low-income parents are at higher risk, but other than being aware of and acknowledging the increased risk, this is not an element considered by gatekeepers before deciding to complete the **New Parent TLC** model.

With approximately 5,000 new babies born per year in Sonoma County, we can expect 20% (1,000) mothers, and 10% (500) fathers or co-parents within the first 12 months of their infant's life to experience clinically defined parental depression, of which half (750) will likely not seek treatment (Winsner, Sit, McShea, et al., 2013; Barnett and Ungerger, 2000; Goodman, 2004; American Psychological Association, 2006). Including the 70% to 80% of mothers with non-clinical depression in the postpartum period (Postpartum

Depression, 2019), which can be just as damaging to the infant, the number of parents at-risk is approximately 4,500 per year.

Although the target population in this project includes the 4,500 new parents who may experience parental depression, the individuals expected to be ***served*** in this project include the "gatekeepers" who will participate in the training for the **New Parent TLC** model. The three-year dissemination plan for **New Parent TLC** will include a total of 40 trainings with approximately 30 attendees per training, totaling 1,200 trained gatekeepers after the three-year project. The first year will include approximately 8 trainings, with 240 trained gatekeepers. Second and third year will include approximately 16 trainings with 480 gatekeepers trained each year.

Recruitment for gatekeeper training participation will include referrals to the training from the local resource and referral service in Sonoma County for childcare providers. Co-worker recruitment will start with the organizations that are currently participating in an initiative that supports family friendly workplaces and policies, and cosmetology service providers will be recruited by the First 5 Program Coordinator who will also support training implementation.

The targeted individuals to be served are the gatekeepers who complete the training and who will then employ the **New Parent TLC model**. This includes:

- **600 Total Child Care providers (including family day care home providers, preschool teachers, playgroup leaders, kinder-gym, children's museum, etc)**
    - 120 childcare providers trained in Year One
    - 240 childcare providers trained in Year Two
    - 240 childcare providers trained in Year Three

- **500 Total co-worker/employees**
    - 100 co-worker/employees trained in Year One
    - 200 co-worker/employees trained in Year Two
    - 200 co-worker/employees trained in Year Three

- **100 Cosmetology Service Providers trained**
    - 20 Cosmetology Service Providers trained in Year One
    - 40 Cosmetology Service Providers trained in Year Two
    - 40 Cosmetology Service Providers trained in Year Three

E) Methodology for number of service providers

For the purpose of this project, childcare providers include licensed and unlicensed childcare providers, playgroup leaders, kinder-gym staff, children's museum staff, preschool teachers and staff, and religious organization childcare providers. Approximately half (480) of the training slots for this county-wide project will focus on childcare providers, as this population has the highest rate of interactions with new parents. There are currently 328 licensed family childcare providers, 165 licensed

childcare centers with multiple staff members, and 113 exempt childcare providers in Sonoma County. In addition, there are many playgroups throughout the county, as well as family and friend childcare providers.

Coworkers/employees for the purpose of this project will come from major employers who are already engaged in the implementation of family-friendly policies and/or employer-supported childcare initiatives through First 5's longtime partnership with the Santa Rosa Metro Chamber of Commerce. Participating employers include Amy's Kitchen (988 FTE), The City of Santa Rosa (over 1,000 FTE), MedTronic (1,000 FTE), and La Tortilla Factory (250 FTE), totaling 3,238 full-time employees. Approximately 400 training slots will focus on coworkers/employees.

Cosmetology service providers will include hairstylists, nail technicians, estheticians and others in the beauty industry that provide individual services to clients locally throughout the Sonoma County area. With the consideration that outreaching and convening this group will require a different approach, approximately 80 trainings slots will focus on cosmetology service providers.

By targeting these trusted peers with high rates of parental contact it is possible to reach those parents who experience symptoms, but are not currently receiving services, and prevent suicide and infant exposure to ACEs as a result of parental depression. The expected reach of these trusted peers as gatekeepers includes referrals for birth mothers, co-parents, parents in the Latinx community, and LGTBQ+ parents. First 5 anticipates an approximate ratio of three birth parents to each co-parent for expected engagement and referral through the **New Parent TLC** gatekeeper training model.

F) Population Description

Sonoma County is home to approximately 500,943 residents according to the 2017 U.S Census estimates, with approximately 32 percent of the population between the ages of 20 and 44. The average annual income for a family is $113,052, however approximately 26 percent of the residents are living at or below 200 percent of the federal poverty level. The 2017 U.S. Census estimates show over 26 percent of Sonoma County's population is Latinx. In addition, Sonoma County is ranked number 2 in the nation for same-sex couples (Sonoma County Pride, 2018). To meet the needs of the general population, and the specific needs in Sonoma County, additional culturally appropriate curriculum will be developed that focuses on sub-groups including the Latinx population and the LGBTQ+ populations to ensure equity for all families in the community. Approximately 30% of the trainings will be held in Spanish. Trained gatekeepers will all be over the age of 18 and be a member of one of the identified groups (childcare provider, coworker/employee, cosmetology service provider) targeting those gatekeepers who are currently trusted partners in the underserved populations.

Research on Innovation Component

A) Distinguishing aspects of project

Similar projects include the QPR model and the HaiR-3R's model. QPR was primarily developed as suicide prevention in the military population and has been used in many

other populations including Police, and Spanish speaking populations. The adaptation from QPR will include utilizing the population-based approach and identification and referral processes, but changing the training to include identification of less drastic symptoms, expanding to include depressive symptoms instead of the primary suicidal signs, and focusing on parents within the first 12 months after the birth/adoption of a baby.

HaiR-3R's model is inclusive of hairdressers and focuses on identification of signs of domestic abuse and referrals. The **New Parent TLC** model expands the population of hairdressers to include childcare providers, preschool teachers, coworkers, and a wide range of cosmetology service providers to identify parental depressive symptoms, become comfortable talking about these symptoms, and referring to appropriate services.

All models use a gatekeeper as a peer support for identification and referral, engage a population-based approach. By employing a train-the-trainer model the **New Parent TLC** model works toward a sustainable approach as well. After the initial curriculum is developed, and the first three years of training are implemented, the impact can expand and continue with champions in the community continuing to spread the scope of training.

B) Investigation of existing approaches

Research has been completed on multiple scholarly sites to identify the scope of use and populations for both models. No research was found that shows either model used with parental depression. Additional opportunities were identified in the mental health system of care through focus groups with professionals in the field and community members. A significant issue identified is the occurrence of symptoms after the time period in which a new parent interacts with their health care provider.

As stated above, it was found that mothers visit their medical provider between four and eight weeks after birth for a postpartum visit, but after this initial period the focus shifts to the infant, and the mother is no longer seen by a health care professional unless she initiates service, or is already showing signs of PPD identified by the medical provider. Co-parents and adoptive parents are not seen at all by a health care professional throughout the prenatal and postpartum periods, unless they personally initiate services based on a self-identified or pre-diagnosed condition. Considering the most common time period for women with PPD is between three and 12 months after birth, and between three and six months after birth for co-parents, the traditional screening process completely misses the highest risk time periods, and allows for the majority of postpartum depressive cases to be unidentified and untreated in both all new parents (Robertson, Celasun, and Stewart, 2003; Courtenay, 2010).

Ventura County has implemented an innovation project "Bartenders as Gatekeepers," which provides gatekeeper training for bartenders to target middle-age men and prevent suicide. Ventura County acknowledged challenges in engaging bartenders for the gatekeeper training, even with incentives. Lessons learned from the Ventura County

project will be considered while developing the outreach and recruitment plan for the **New Parent TLC** gatekeeper trainings.

Some of the differences between the programs includes the target population for the gatekeeper training, the setting in which the gatekeepers will interact with those potentially experiencing depressive symptoms, and the organization that is responsible for outreach and recruitment. These three differences help address the challenges experienced by Ventura County. As one of the lessons learned, Ventura County stated their county agency did not have the capacity to conduct outreach at the level needed for full participation, and that they would recommend contracting out to a nonprofit. **New Parent TLC** will be implemented by First 5 Sonoma County. First 5 Sonoma County operates similar to a nonprofit agency. As a small public agency First 5 Sonoma County has the staffing capacity to conduct outreach and recruitment efforts, host training, and manage the coordination and facilitation responsibilities that are required to adequately promote the program and gain participation. First 5 is hiring an additional staff member to ensure adequate support and resources are provided for these efforts. First 5 Sonoma County also has strong relationships with the local childcare resource and referral agencies and with medium to large agencies that are currently working toward stronger family friendly policies. These strong relationships will help in the outreach and recruitment process.

Targeted gatekeepers for **New Parent TLC** include childcare providers who are already trained as mandated reporters for child abuse. The gatekeeper training allows them to have another tool in their tool belt to adequately support the children in their care. The setting of the interactions between the new parents and the trained gatekeepers is also very different from the bartender setting. Childcare providers are often looked to for parenting advise and other matters of new parents. Cosmetology service providers have a one-on-one captured audience with the time they spend with their client while providing the service. Peer-to-peer relationships in the workplace can also be one of the only contacts a new parent has while training to balance working and a new baby. Each of these three settings are crucial in the effort to identify and refer new parents with depressive symptoms. Collaborations with the local Economic Development Board and the Santa Rosa Chamber of Commerce will be proposed to identify and reach employers and cosmetology service providers.

Learning Goals/Project Aims

A) Learning goal and priority over the course of the project.

The learning goals for **New Parent TLC** are directly aligned with the two primary purposes of the project: 1) increase access to mental health services to underserved groups; and 2) promote interagency and community collaboration related to Mental Health Services or supports or outcomes.

Learning Goal 1:
What is the difference, if any, of the number of referrals for parents for services for parental depressive symptoms by trained gatekeepers?

Sub-goal 1a: Is there a statistically significant difference in the rate of referrals between the three groups of childcare providers, coworkers/employees, and cosmetology service providers?

Data for learning goal one will be collected quarterly.

The number of completed referrals will also be tracked. However, this data point is more difficult to track, and will not be tested for a statistically significant difference between groups at this time. The completion of referrals is self-reported by the new parent to the trained gatekeeper. The gatekeeper will be trained and is responsible for creating a feedback loop to *confirm* the new parent has engaged in seeking support through the gatekeeper's referral. At this time the data point will not formally be part of the measurement of "success" for the project, but the collected information will help determine areas that may need improvement or adjusting.

Learning Goal 2:
What is the experience of parents experiencing depressive symptoms, trained gatekeepers, and postpartum service providers who have participated in the New Parent TLC pilot project?

Sub-goal 2a: What factors contribute to completed linkages to services and a positive experience for parents, and trained gatekeepers?

Sub-group 2b: What factors were identified as barriers for referrals made that were not successfully completed?

Data for learning goal two will be collected quarterly.

The initial priority is to measure the increase, if any, in referrals to services for parental depressive symptoms by trained gatekeepers. Below, in the evaluation section, a method is provided to measure this expected increase, if any. Referrals and self-reported completed referrals will be documented by a sample of the participants and provided to the evaluator quarterly throughout the span of the project in the form of a survey. An increase in referrals initiated by trained gatekeepers to appropriate services for those parents who are not currently receiving services will show progress in the purpose area one (increase access to mental health services to underserved groups). Completion of referrals will also be used to measure progress, in addition to lessons learned and quality improvement going forward.

The second learning goal will contribute to lessons learned, and quality improvement through the span of the project, and thereafter should the project continue. Gatekeepers, postpartum service providers, and parents can reflect on his or her collaborative experience with **New Parent TLC**, what worked and what did not, what should be added or removed from the training, identify barriers, and approaches to address those barriers. The first year of the project will be used as the main pilot, with more intense data collection and a quality improvement plan for the following two years.

Monthly emails will be sent to trained participants for them to have the opportunity to share their experience with any **New Parent TLC** interaction with a parent. A coaching session can be provided for those willing for constant quality improvement through the process. Formal interviews will be scheduled quarterly for the qualitative data collection, and an annual report will be completed each year. For privacy reasons the identity and all personal identifying details will not be included in the monthly email, unless the gatekeeper has prior permission from the new parent.

B) Relation of learning goals to key elements/approaches that are new, changed or adapted in the project.

Key elements that are new, changed, or adapted in this project include: a shift from identification of signs of suicidal ideology or domestic violence, and concentrate on identifying parental depressive and anxiety symptoms, along with the linkage to appropriate services; create curriculum that is grounded in cultural responsiveness and equity; and promote a community collaboration to improve the identification of parental depressive systems, and link those parents to services.

Learning Goal 1 will show the effectiveness of the adaptations by determining if there was an increase in referrals for parents with depressive symptoms.

Learning Goal 2 will show the effectiveness of the community collaboration, share what is working, what is not, recommendations for quality improvement changes, and identify where barriers need to be addressed.

EVALUATION PLAN

Learning Goal 1 Evaluation Plan

<u>Research Question 1:</u> What is the difference, if any, in the number of referrals to services for parental depressive symptoms by the entire group of trained gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by entire group of trained gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by entire group of trained gatekeepers.

<u>Research question 2:</u> What is the difference, if any, in the number of referrals to services for parental depressive symptoms by the group of trained childcare provider gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by the group of trained childcare provider gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by the group of trained childcare provider gatekeepers.

<u>Research question 3:</u> What are the differences, if any, in the number of referrals to services for parental depressive symptoms by the group of trained coworker/employee gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by the group of trained coworker/employee gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by the group of trained coworker/employee gatekeepers.

<u>Research question 4:</u> What are the differences, if any, in the number of referrals to services for parental depressive symptoms by the group of trained cosmetology service provider gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by the group of trained cosmetology service provider gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by the group of trained cosmetology service provider gatekeepers.

Learning Goal 1 population and sample size

The population for learning goal one evaluation includes the gatekeeper groups of 600 trained childcare providers, 500 trained coworker/employees, and 100 cosmetology service providers over the course of three years. With a confidence level of 95%, margin of error of 5% and population proportion of 50% the appropriate sample size is 235 childcare providers, 218 coworker/employees, and 80 cosmetology service providers over the course of the three-year project. Sample sizes will also be evaluated quarterly based on the number of training participants in each group to ensure a sufficient sample size.

Data collection method

Data for Learning Goal 1 will be collected by means of self-administered questionnaire that will be developed by the evaluator with First 5 Sonoma County, and tested by the evaluator with First 5 Sonoma County, the cultural community advisory group, and community members. The questionnaire will be administered either by electronic form through Survey Monkey, or in paper form for those who prefer the use of paper. The questionnaire will be available in both English and Spanish. Survey responses will be collected quarterly from each of the participants from the gatekeeper training.

At the time of registration (approximately 30 days before each scheduled training) the prospective gatekeeper will be given an initial survey to determine a baseline. The survey will measure if the prospective gatekeeper has identified any signs of parental depressive symptoms in the month before the training, if the prospective gatekeeper engaged in a conversation about any identified symptoms, and if the prospective

gatekeeper made a referral for services. The survey will also include questions on a Likert scale to measure prospective gatekeepers' level of comfortableness in participating in the discussion about parental depressive symptoms, and their confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms.

The follow-up survey will include questions about how often the gatekeeper used each of the three aspects of **New Parent TLC** (*Talk, Link, Confirm*). The survey will ultimately measure if a referral was made after a gatekeeper identified parental depressive symptoms in an effort to identify the extent of an increase as a result of the **New Parent TLC** gatekeeper training. Each follow-up survey will also measure prospective gatekeepers' level of comfortableness in participating in the discussion about parental depressive symptoms, and their confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms.

A comparison of results from the baseline, against the follow-up survey are expected to show an increase in referrals, level of comfortableness in the discussion about parental depressive symptoms, and confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms.

The baseline data collection, and the follow-up date collection will control for interactions with new parents, in questions such as, "Have you had any interactions with a parent who has an infant under 12 months of age in the last…" In the baseline survey prospective gatekeepers will answer for the last month. In the quarterly follow-up survey trained gatekeepers will answer for the last three months.

Quantitative Data analysis

Data will be analyzed quarterly, semi-annually, and annually over the three-year project term. First each group will be evaluated against the baseline data to identify and measure an increase in referrals, level of comfortableness in the discussion about parental depressive symptoms, and confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms. With sufficient sample data collected an analysis of variance (ANOVA) test will be used to compare the number of referrals made in each group of childcare providers, coworkers/employers, and cosmetology service providers. The ANOVA is appropriate for identifying differences between categorical groups, and if a significant difference is identified, then a post-hoc test will be completed to identify where the differences exist.

The proposed analysis will conclude if there were increases in referrals for those participating gatekeepers, and it will show if one group is more effective than another in making referrals for services. The analysis will also show self-reported completed referrals. The expectation is that as a result of the gatekeeper training, referrals will increase.

Learning Goal 2 evaluation plan

<u>Learning Goal 2:</u> What is the experience of trained gatekeepers, postpartum service providers, and parents experiencing depressive symptoms who have participated in the New Parent TLC pilot project?

The evaluation plan for learning goal two includes qualitative data in the form of interviews. At least two trained gatekeepers in each group, childcare providers, coworker/employees, and cosmetology service providers will be interviewed quarterly. In addition, postpartum service providers, and parents who have reported parental depressive symptoms will be interviewed each year as well.

The interviews will explore the experience as either a trained gatekeeper, service provider, or parent who has been part of the training, provided services, or received a referral based on reported symptoms. Exploration will include factors of completed referrals, and barriers when referrals were not completed.

Qualitative Data Analysis

The qualitative data gathered in this process will contribute to lessons learned, and quality improvement through the span of the project, and thereafter should the project continue. Trends will be identified and explored. Gatekeepers, postpartum service providers, and parents can reflect on his or her collaborative experience with New Parent TLC, what worked and what did not, what should be added or removed from the training, identify barriers, and approaches to address those barriers. Interviews with participants will be recorded and transcribed. A qualitative data analysis software, NVivo, will be used to analyze the qualitative data. The software allows qualitative data to be organized in ways that allow for trends to be easily identified and explored. Within each group of participants trends will be identified, and then the data from each group can be synthesized for the final report.

Annual report

An annual report will be developed and disseminated through multiple channels including an email to all trained gatekeepers, to the cultural community advisory group members, posted on the First 5 Sonoma County website, distributed to relevant County Health Department personnel, including Behavioral Health Division, shared with other First 5 Commissions, and a link to the report will be included in the newsletter when complete at the end of each year. The report will not include any personal information with unique identifiers or individually identifiable health information, to ensure the privacy of new parents who may have been identified with depressive symptoms and referred to services, and to ensure all HIPAA provisions are met.

SECTION 3: Additional Information for Regulatory Requirements

Contracting

Sonoma County Department of Health Services (DHS) will contract with First 5 Sonoma County for the proposed three-years of Innovation funding award. First 5 has an internal staff evaluator to lead and conduct the evaluation.

The MHSA Coordinator of the Sonoma County DHS Behavioral Health Division will be the main point of contact to monitor progress of **New Parent TLC** and assure contract compliance per County and State regulations. The County may provide technical support in program delivery and evaluation, fiscal reporting and program reporting to the County. Project coordination meetings will be held quarterly to establish expectations in reporting and to assure compliance with MHSA and Innovation regulations. In addition, First 5 will be expected to submit quarterly reports that include quantitative (number of clients served, demographics) and qualitative data (narrative reporting that includes findings, challenges, and solutions).
As the administrator for the **New Parent TLC** project, First 5 will contract with an educational consultant for the curriculum development, training and co-facilitation for the gatekeeper training sessions. Mental health professionals, such as a Marriage and Family Therapists and/or Licensed Clinical Social Workers with clinical expertise in perinatal/postnatal mood disorders, anxiety and depression will be used as subject expert in the development of the curriculum. Other than the curriculum development and co-facilitation for gatekeeper training there will be no other outside contracting.

Community Program Planning

The County has robust stakeholder engagement in the MHSA Community Program Planning process. This includes the MHSA Steering Committee, Stakeholder Committee, county staff and contractors and any other interested parties. The County's MHSA Steering Committee is a key stakeholder and the committee is comprised of 27 diverse community members, including consumers, family members, TAY, ethnic and LGBTQ+ representation, various public sector personnel and advocates (see Appendix A for membership representation).

Since January of 2019, The MHSA Steering Committee has met at least quarterly to participate in shaping the mental health system of care funded by MHSA. In the summer of 2019, the MHSA Steering Committee established an Innovation Subcommittee to develop an inclusive community process that would solicit innovative project proposals, develop and apply a selection criterion for the incoming proposals and make a recommendation to award Innovation funds to selected projects. The Community Program Planning process is outlined below:

2019	Task
May-June	Understand Innovation regulations and requirements, discuss and define community planning process.
July	Develop and adopt community application, scoring criteria and FAQs to solicit Innovation Project Ideas.
Aug	Establish a calendar of community meetings for outreach and to inform the community about the Innovation opportunity; develop community presentation; conduct outreach for community meetings.
Sept	Conduct five community meetings in strategic geographic locations throughout the county to inform interested parties about MHSA and Innovation opportunity, including requirements, application form and selection criteria.
Oct	Received sixteen Innovation applications from the community; Innovation Subcommittee members reviewed and scored all applications based upon previously agreed upon selection criteria; Innovation Subcommittee held 2 full day meetings to discuss applications and arrive at consensus on prioritized projects and developed recommendation for funding.
Dec	Presented recommendation to MHSA Steering Committee and Mental Health Board (public meeting). Recommendation forwarded to the Behavioral Health Director and the Department of Health Services administration. Innovation applicants notified of status; meetings convened with approved projects to further develop their proposals.

The table below provides the dates and locations of the community meetings:

Date	Time	Location
September 4, 2019	**10:30am – 12:30pm**	**Guerneville Regional Library** **14107 Armstrong Woods Rd., Guerneville** **(West County)**
September 4, 2019	**3:00pm – 5:00pm**	**Sonoma Valley Regional Library** **755 West Napa Street, Sonoma** **(East County)**
September 11, 2019	**9:00am – 11:00am**	**DHS Administration** **Santa Rosa Conference Room, 1450 Neotomas Ave., Santa Rosa** **(Central County)**
September 11, 2019	**1:00pm – 3:00pm**	**Petaluma Health District, 1425 N. McDowell Blvd., Rm 100, Petaluma** **(South County)**
September 13, 2019	**1:00pm – 3:00pm**	**Healdsburg Library** **139 Piper St., Healdsburg** **(North County)**

The table below provides the 16 applicant names and project titles.

Applicant	Project Title
Action Network (Sonoma County Indian Health Project, Redwood Coast Medical Services, Community Wellness Coalition)	**Implement Community Resilience Leadership Model on the Rural Redwood Coast**
Brief and Strategic Integrated Counseling Services (BASICS) [First Responder Support Network (FRSN)]	**Approach to address workplace trauma among Sonoma County's first responders**
Buckelew Programs (Aldea Children and Family Services, On the Move/VOICES)	**Early Psychosis Intervention Care EPIC Program (EP LHCN)***

Center for Innovation and Resources	**Effective, Equitable, Expanded (3E) Mental Health in Sonoma County Project**
Early Learning Institute	**Instructions Not Included (INI) with Dads Matter***
First 5 Sonoma County	**Promoting Early Relational Mental Health: New Parent TLC***
Hanna Institute [Center for Well Being (CWB), International Trauma Center (ITC)]	**"Bridging Gaps in Mental Health Care in Vulnerable Communities"**
On the Move/VOICES (La Plaza, Humanidad, Latino Service Providers, Raizes Collective and North Bay Organizing Project)	**Nuestra Cultura Cura Social Innovations Lab***
Petaluma Health Center	**Psychiatric Nurse Practitioner Residency**
Petaluma People Services Center	**Manhood 2.0**
Side by Side	**New Residents Resource Collaborative**
Social Advocates for Youth	**Innovative Grief Services**
Social Advocates for Youth	**Street-Based Mental Health Outreach**
Sonoma County Human Services Department Adult & Aging (and Santa Rosa Community Health)	**Collaborative Care Enhanced Recovery Project: Advancing Older Adult Depression Care through Extended Supportive Services (CCERP)**
Sonoma County Indian Health Project	**Primary and Behavioral Health Care Integration Program with Traditional Native Healing Practices**
Sonoma County Public Health Maternal Child and Adolescent Health	**Trauma-Informed Approach in Public Health Nursing**

The table below details the timeline of events in 2020 and 2021 regarding preparing the Innovation projects proposals for public review and appropriate approvals from local and state authorities.

2020	Task
Feb-Mar	Prepared draft proposals for submission to Mental Health Services Oversight and Accountability Commission (MHSOAC) for technical assistance.
Mar	Submitted draft proposals to MHSAOC for review and technical assistance
Apr	Posted MHSA 2020-2023 Three-Year Plan with the five prioritized Innovation proposals for 30 days
May	Held public hearing at the Sonoma County Mental Health Board meeting. No substantive comments were received about the Innovation proposals.
June	Sonoma County Board of Supervisors approved the MHSA 2020-2023 Three-Year Plan that included the five prioritized Innovation proposals.
Sept/Oct	Received feedback and technical assistance from MHSOAC and incorporated feedback into proposals.
Nov	Posted Innovation proposals for 30-day public review period. On November 13, 2021.
Dec	Held public hearing at the Sonoma County Mental Health Board meeting on December 15, 2020. No substantive comments were received about the Innovation proposals.
2021	**Task**
Feb	February 23, 2021 submit board item for Board of Supervisors review and approval. Resubmit projects to MHSOAC for approval.

On November 13, 2020, the County posted 4 proposed Innovation Projects, Instructions Not Included, CCERP, New Parent TLC and Nuestra Cultura Cura for the 30-day public review period. Followed by a public hearing hosted by Sonoma's Mental Health Board on December 15, 2020. No substantive comments were received on any of the projects during the 30-day review period or at the public hearing.

For the review period, the County's process is to post the project proposal on the Department's website/Behavioral Health Division webpage and send notification out to MHSA Steering Committee members, MHSA Stakeholder Committee, contacts on the MHSA Newsletter list with over 2000 contacts, County staff and contractors and any other interested parties.

NOTE: The County is proposing two projects that support new parents: New Parent TLC and Instructions Not Included. While both of these programs aim to support new parents

and identify parents with symptoms of depression, they are completely different and require different types of service providers and skill sets.

New Parent TLC is training gatekeepers from the community members that regularly come into contact with new parents, and does not work directly with parents. It is based on a community suicide prevention training model, QPR. Gatekeepers are trained about the signs and symptoms of postpartum depression and how to talk to a new parent about what they are noticing and provide them with referrals. Gatekeepers to be trained in New Parent TLC will be lay individuals who have regular, day-to-day contact with new parents and who are in positions of trust, such as childcare providers (including family day care home providers, playgroup leaders and preschool teachers), co-workers and cosmetology service providers.

Instructions Not Included works directly with new fathers, and trained professionals are screening for depression and ACEs.

	New Parent TLC	Instructions Not Included
Description	**Providing gatekeeper training for lay community members that regularly come into contact with new parents: TLC (which is like QPR) for the community that interacts with new parents.**	**Providing in home or virtual visits by trained professionals to new fathers and screening for post-partum depression and ACEs.**
Target Population	**Childcare providers, cosmetologists and peer to peer workers**	**New fathers**
Direct service provider contact with parent	**No**	**Yes**
Providing referrals for new parents	**Yes**	**Yes**

In addition to the County's community program planning process, each of the applicants were required to develop their proposed projects with consumer and community input to validate the need among the population and that the innovation proposed was a feasible and strategic approach to the defined community/mental health challenge.

The community, specifically those impacted by PPD and/or PPND were the major driving force and inspiration for the program planning of New Parent TLC. The community was engaged in multiple ways throughout the program planning and development process including focus groups, interviews, and survey responses. First 5 Sonoma County convened a focus group of key stakeholders to explore the perceived challenges and needs in the area of early relational mental health issues. Among those participants were several individuals who have personally

been significantly impacted by postpartum depression, leaders from County of Sonoma maternal home visiting programs (Nurse Family Partnership, Field Nursing, Teen Parent Connections), private maternal mental health and dyadic therapy clinicians (Alison Murphy, MFT of Mother's Care and Jenni Silverstein, LCSW), local community-based leaders in the fields of maternal mental health, and developmental screening and early intervention for infants, (Child Parent Institute & Early Learning Institute). Once the initial idea was developed based on the experiences and needs of the community members impacted by PPD, PPND and/or other forms of parental depression, continuous community input was gathered through the program planning development process in the form of surveys, interviews with those in the potential gatekeeper positions such as cosmetology services providers, and interviews with parents. The data collected from community members throughout the program planning process were consistently used in the development of the larger structure and within the details of how to best serve and reach underserved communities.

In addition to the program planning that has already been completed, there will continue to be multiple steps that include the cultural community advisory group to ensure the services and evaluation of those services are culturally appropriate. The cultural community advisory group will ensure culturally competent curriculum with a curriculum review process that will also include culturally appropriate referrals and resources for specific communities. The cultural community advisory group will also support the development and review of evaluation, and any lessons learned or quality improvement after the first pilot year is complete and evaluated. The continued participation of the cultural community advisory group will ensure cultural competency throughout the development, implementation, evaluation, and program improvement process of the project.

MHSA General Standards

A) Community Collaboration

New Parent TLC is adapted from two successful community collaboration models. The community collaboration includes parental peers (gatekeepers), who already have trusted relationships with new parents, and high rates of contact with new parents. These gatekeepers identify parental depressive symptoms, participate in open-comfortable conversations with the parents, and make referrals as needed. Referrals are made to a variety of culturally appropriate services, which may include peer support groups, clinical services, or home visitors (just to name a few). The **New Parent TLC** model empowers community members to identify symptoms, make referrals, and check back in with the parent to confirm a linkage to service. The model includes non-traditional supports to a community mental health issue.

B) Cultural Competency

New Parent TLC supports cultural competency in many ways. In Sonoma County, over 26% of the population is Latinx, and Sonoma County is ranked number 2 in the nation for same-sex couples (Sonoma County Pride, 2018). Lare-Cinisomo, Wisner, Burns, and Chaves-Gnecco, (2014) found the preferred coping for postpartum depression in Latinas is a woman's own cognitive coping strategies, not seeking professional intervention. However, the second-level preferred approach included formal support from home visitors or lay community health workers, preferably introduced by a trusted friend, which significantly supports the proposed New Parent TLC gatekeeper model (Lare-Cinisomo, et.al., 2014).

To meet the specific needs of the populations in Sonoma County, culturally appropriate curriculum will be developed that focuses on the Latinx population and the LGBTQ+ population to ensure equity for all families in the community. In addition, through the curriculum development process a robust team of consultants will be used to ensure all components of the curriculum are infused in cultural responsiveness and equity. The team of cultural consultants will form the cultural community advisory group, and include leaders from Humanidad, Raizes Collective, Positive Images, and Life Works. At least 30% of the gatekeeper trainings will focus on members of Latinx population and be available in Spanish. Curriculum infused with culturally responsive communication strategies, culturally appropriate community resources and referrals for services will be fundamental in supporting these underserved populations in seeking and receiving the support they need to address depressive symptoms. Because traditional counseling or therapy is not the top preferred service for the Latinx community, the cultural community advisory group will be vital in identifying and defining appropriate services that are effective in reducing depressive symptoms, and that the population is more likely to participate in.

C) Client-Driven

The entire development of the New Parent TLC project was client-driven. The project originated from a combination of date gathered from interviews, survey, and a focus group where a father shared his story. Greg Ludlams, shared openly about losing his wife to suicide after months of unrecognized, untreated symptoms of postpartum depression following the birth of their second child. He described how his wife's symptoms went completely undetected in spite of regular scheduled medical appointments, that she made great efforts to appear "put together" and to mask her symptoms. Greg noticed changes in his wife's mood, but had no idea what the cause was, how severe the symptoms could be and did not recognize any signs of suicidality. After her death, Greg learned from their infant son's child care provider that his wife had shared with her a small hint of her struggle with depression. One day when she dropped off their son at the provider's home on her way to work, she mentioned to the child care provider that she was feeling "overwhelmed." A short time after that, Greg's wife took her own life.

Greg strongly encouraged First 5 Sonoma County to consider these daily, frequent, non-clinical contacts as opportunities to connect struggling parents with supports that

could ease the weight of maternal and paternal depression and anxiety that is far too common and too often unrecognized and untreated. His story greatly inspired this innovation project.

In addition, interviews were conducted with parents who expressed the need for the **New Parent TLC** project, as most parents interviewed did not discuss their depressive symptoms with a medical professional, and did not seek help on their own.

A survey was also conducted with parent participants at a Spanish speaking child education group. The survey data supported the inclusion of co-workers as a main support or person to confide in about parental depressive symptoms.

D) Family-Driven

Approximately 70% to 80% of women will experience sub-clinical “baby blues”. While not necessarily harmful to the mother in the long-term if symptoms resolve, this “mild” condition has been proven to be damaging to the infant’s development and leaves the infant at risk of exposure to Adverse Childhood Experiences (ACEs) (Postpartum Depression, 2019). With a birth rate in Sonoma County of approximately 5,000 births per year, this could mean up to 4,000 babies annually are exposed to at least one significant Adverse Childhood Experience (ACEs) in the very first year of life as a result of unidentified, untreated symptoms of maternal depression.

In addition, 50% of postpartum depressed mothers do not seek treatment leaving their infants at risk of adverse outcomes (American Psychological Association, 2006). Employing the community-based gatekeeper approach aims to identify parental depressive symptoms that would otherwise go untreated, ultimately improving the potential for healthy development and attachment for those infants and improving outcomes for the entire family.

E) Wellness, Recovery, and Resilience-Focused

Early intervention, self-care, and linkages to culturally appropriate services support resilience. Through the curriculum development, aspects of five protective factors: parent resilience, knowledge of parenting and child development, social and emotional competence of children, social connections, and concrete support in times of need will be included. This framework promotes wellness and recovery and is used in early home visiting programs, Family Resource Centers, and other family centered, strength-based services.

F) Integrated Service Experience for Clients and Families

The integrated services in the **New Parent TLC** model include the linkage between gatekeepers, parents, and services in the community, and is inclusive of all types of new parents. Traditional mental health services do not include parental peers, such as childcare providers, coworkers, or cosmetology service providers. **New Parent TLC** educates the community, normalizes the conversation about parental depressive symptoms, and raises awareness as well.

Cultural Competence and Stakeholder Involvement in Evaluation

The evaluation includes a quantitative portion and a qualitative portion. In the quantitative portion of the evaluation a survey will be used to collect data. The survey will be tested for validity and reliability in both English and Spanish. The survey will be prepared at an eighth- grade reading level and tested with multiple community members from varying cultural groups. Parents from two-parent households, single parent households, custodial and non-custodial, LGBTQ+, geographical ranges, and a wide range of age differences will all participate in survey testing. Spanish community members will participate in the testing process for the Spanish version of the survey to ensure cultural competence, and that the Spanish version is accurately measuring the same outcomes as the English version.

In the qualitative portion of the evaluation, any Spanish-speaking participants will be interviewed in Spanish. The cultural community advisory group will also be used as experts to consult through the evaluation process. They will participate in testing the measurement instrument (survey), reviewing recordings of interviews, and ensuring translation is culturally accurate to the statements made and trends identified.

Innovation Project Sustainability and Continuity of Care

The MHSA Coordinator, with the assistance of the MHSA Innovation Subcommittee, will host an annual meeting to review progress of the active Innovation Projects. Each Innovation Project will be required to submit an annual evaluation report on findings to date. These annual reports will be reviewed and discussed among the Innovation Subcommittee members who will focus on successful outcomes and challenges that may prompt the need for technical assistance and additional resources.

Specific to this proposed project, the Sonoma County Behavioral Health Division will work in collaboration with the First 5 leadership and look holistically at the success of the project. Key indicators include the ability to engage and train gatekeepers; successful referrals and positive experiences of all community members engaged.

Data driven decision-making will determine if the project is promising and additional time is indicated to further develop definitive results for the project. If necessary, criteria will be developed to determine if an Innovation project should be extended for up to two years with continued Innovation funding (up to five years total) or supported with alternative funding. Once Innovation funding has ended, the project may be considered for MHSA Prevention and Early Intervention funding and/or pursue funds from other Community Based Organizations and/or public grants. The three local hospital systems: Kaiser Permanente Community Benefits, Sutter Health and St. Joseph's Health System often pool funding to support local projects that are within their respective mission statements. Projects can be supported in whole or focused on specific gatekeepers that are particularly successful in addressing the mental health challenge for the community of new parents. It will be necessary to consult with the full MHSA Steering Committee, Behavioral Health Division administration, and/or other community resources such as local foundations, and the Board of Supervisors.

It is not anticipated that individuals with a serious mental illness will receive services from **New Parent TLC** as we are not targeting this population. However, there is definitely a potential overlap as the entrance criteria is being a new parent in Sonoma County. All participants will receive supportive navigation to other services as needed. Gatekeepers will be trained and keep up to date resource and referrals cards that will include a list of local parental depression services and groups. The contractor will develop the resource and referral cards as part of the gatekeeper training curriculum materials. If a gatekeeper identifies a parent with serious mental illness at the end of the project's final year, First 5 will work closely with the County Behavioral Health Division and community mental health services to assure an appropriate and smooth transition.

With a local First 5 in all 58 counties in California, the lead agency on this project, First 5 Sonoma County is in a prime position to share this project with all 58 other county level First 5s once the project is established as a best or promising practice. The First 5 Network already has strong partnerships with the First 5 Association, First 5 California, and local level First 5s across the state. It is common practice for First 5s to share service models for dissemination after a pilot period, complete with implementation, evaluation, and improvement plans for partnering First 5s to duplicate the model, opening an opportunity for statewide expansion of the program.

Efforts to promote change and sustainability will focus on policy development at the local and state levels. Program evaluation for **New Parent TLC** will be used as support for policy change, such as universal participation by licensed childcare providers to recognize parental depression symptoms. With policy support, gatekeeper training could be a requirement for childcare licensing, such as CPR training is currently. With sufficient participation, this program can be easily transitioned into a "train the trainer" model, with champions in the community that will support sustainability for the program to continue and expand.

Communication and Dissemination Plan

A) Dissemination of information to stakeholders

An annual report will be created to share the annual data analysis, lessons learned, and any plan for quality improvement through the duration of the project. The annual report will be sent to all trained gatekeepers through electronic mail, to members of the cultural community advisory group, posted on the First 5 Sonoma County website and in the monthly newsletter, shared with other First 5 Commissions with a presentation to the California First 5 Commission, and shared with the California Department of Social Services, Childcare Licensing Office. In addition, the Health Department, Behavioral Health Division, MHSA Steering Committee and Mental Health Board will receive copies of all evaluation reports and program updates that are available to the public.

As stated above, the strong partnerships within the First 5 Network position the lead agency, First 5 Sonoma County, for statewide dissemination of not only the annual reporting, but the service model as well. First 5s actively share models, and the **New Parent TLC** model focuses specifically on the target population of First 5: new parents, children under three years, and child care providers. The model perfectly fits within the

First 5 statewide goals of improved family functioning, improved child development, improved child health, and improved systems of care. The **New Parent TLC** sustainable model can be easily scaled to fit the population size needs of each local First 5 Commission, making this model prime for implementation in all 58 California counties.

B) KEYWORDS for search:

- Gatekeeper training,
- Perinatal mood disorder (PMD),
- Postpartum depression (PPD),
- Paternal Postnatal Depression (PPND),
- Post Adoptive Depression, and
- Adverse Childhood Experiences (ACEs)

Timeline

A) The expected start date for **New Parent TLC** is July 1, 2021. The expected end date for **New Parent TLC** is June 30, 2024.
B) The total timeframe of the Innovation project is three years.
C) Key activities, milestones, and deliverables by quarter are listed below.

0-3months

- Establish contract with Department of Health Services, administrative meetings to clarify reporting requirements
- Establish subcontract(s) with 1-2 clinical subject matter experts specializing in parental depressive disorders
- Form a cultural community advisory group to review curriculum for cultural responsiveness
- Hire clinical expert Consultant/Facilitator, and First 5 Program Coordinator staff (3-year project specific limited time employment)
- Refine plan for roll-out of training
- Develop referral resources and curriculum
- Develop outreach and engagement plan to recruit training participants
- Develop marketing and outreach materials for trainings

3-6 months

- Engage participating employers leveraging preexisting relationships established through Santa Rosa Metro Chamber of Commerce, and targeting the top employers in Sonoma County
- Launch outreach to childcare providers, cosmetology service providers, and employers to engage in gatekeeper training
- Develop training schedule & identify sites
- Develop pre-post survey for gatekeeper training participants

6-9 months

- Launch pilot trainings – 1 training for each gatekeeper group (January – March 2022)
- Collect baseline survey results & adjust training curriculum and approach if needed

9-12 months

- Continue engaging and training new childcare providers, cosmetology services providers, and groups of coworkers/employees to continue participation in trainings
- Collect second quarter survey responses
- Analyze second quarter data
- Complete interviews for qualitative evaluation
- Analyze annual qualitative data
- Evaluate first year process and create next steps
- Complete and disseminate the first annual report

12-24 months

- Continue engaging and training new childcare providers, cosmetology services providers, and groups of coworkers/employees to continue participation in trainings
- Continue collecting and analyzing quarterly data
- Complete year two qualitative data collection and analysis
- Complete year two annual report and disseminate as planned
- Begin compiling data from evaluations for policy change support

24-36 Months

- Continue engaging and training new childcare providers, cosmetology services providers, and groups of coworkers/employees to continue participation in trainings
- Continue collecting and analyzing quarterly data
- Complete year three qualitative data collection and analysis
- Complete year three annual report and disseminate as planned
- Work with Community Child Care Council and Child Care Planning Council to integrate **New Parent TLC** training into onboarding for new childcare providers
- At least three employers agree to continue **New Parent TLC** training for employees

SECTION 4: INN Project Budget and Source of Expenditures

INN Project Budget and Source of Expenditures

A) Budget Narrative

MHSA Innovation funding will cover the primary functions of the project over the three-year period. The project, **New Parent TLC**, will include the development of gatekeeper training curriculum and training facilitation by clinical expert consultants, evaluation and coordination by First 5 Sonoma County evaluator, and outreach and training dissemination by First 5 Sonoma County Program Manager. First 5 Sonoma County will also leverage funding to cover indirect administrative costs for the program.

First 5 Sonoma County receives funding allocated from First 5 California through the California Children and Families Act (Proposition 10). The proposition was established through a voter approved initiative in 1998 to oversee the expenditures of tobacco tax revenues to support, promote, and optimize early childhood development through coordinated programs that emphasize child health, parent education, childcare, and other services and programs for children prenatal through age five. The goals of **New Parent TLC** are aligned with the goals of Proposition 10, and the funding can be leveraged to help support the program. Indirect administrative costs including .05 FTE Executive Director oversight, large training facility located in the First 5 Sonoma County leased office space, food and childcare provided for training participants as incentives for participation; ***an in-kind contribution of approximately $83,000 over three years.***

The total three-year cost to Sonoma County Department of Health Services not including the in-kind contribution from First 5 Sonoma County is $394,586.

- Personnel costs include salaries and benefits: $256,587
    - Program Director (supervision of coordinator, coordination of project, evaluation) .20 FTE first 6 months, .10 FTE 30 months
    - Program Manager/Coordinator (bilingual, gatekeeper trainer/facilitator) 1 FTE
- Operating costs include materials: $20,000
    - Printed training materials to distribute to each trainee.
- Consultant costs for clinical expert curriculum development & trainer(s): $116,400
- Qualitative data analysis software, NVivo ($1,599)

B) Budget Fiscal Year and Specific Budget Category

FY 2021-2022 (FY total $166,372)

Salaries and benefits: $95,973

- Program Director (first 6 months .20 FTE for development of evaluation and coordination of curriculum development and training plan) (second 6 months .10 FTE)
- Program Manager/Coordinator (bilingual) 1.0 FTE

- Operating cost: $11,599
    - Initial cost of materials higher in first year for printing all curriculum and training materials
    - Qualitative data analysis software, NVivo: $1,599

Consultant/facilitator cost: $58,800

- Approximately $30,000 for the development of curriculum and $28,800 for facilitation

FY 2022-2023 (FY total $114,107)

Salaries and benefits: $80,307

- Program Director .10 FTE
- Program Manager/Coordinator (bilingual) 1.0 FTE

Operating cost: $5,000

Consultant/facilitator cost: $28,800

FY 2023-2024 (FY total $114,107)

Salaries and benefits: $80,307

- Program Director .10 FTE
- Program Manager/Coordinator (bilingual) 1.0 FTE

Operating cost: $5,000

Consultant/facilitator cost: $28,800

Indirect Costs: $0 (In-kind)

NOTE: Sonoma County has $822,000 in MHSA Innovation dollars that are subject to reversion on June 30, 2021. Sonoma County is submitting four Innovation proposals simultaneously, including this proposal for **New Parent TLC**, to the MHSOAC in February 2021 following the public hearing on December 15th at the Sonoma County Mental Health Board meeting. The combined total of the four Innovation proposals that are being submitted to the MHSOAC in February 2021 is $2,783,034.

Expenditures				
Personnel Costs (Salaries, wages, benefits)	**FY21/22**	**FY22/23**	**FY23/24**	**TOTAL**
1. Salaries	$86,684	$72,434	$72,434	$231,552
2. Direct Costs, benefits	$9,289	$7,873	$7,873	$25,035
3. Indirect Costs - IN KIND	0	0	0	0
4. Total Personnel Costs	$95,973	$80,307	$80,307	$256,587
Operating Costs	**FY21/22**	**FY22/23**	**FY23/24**	**TOTAL**
5. Direct Costs (materials)	$10,000	$5,000	$5,000	$20,000
6. Indirect Costs - IN KIND	0	0	0	0
7. NVivo Software	$1,599	0	0	$1,599
8. Total Operating Costs	$11,599	$5,000	$5,000	$21,599
Consultant Costs/Contracts (clinical, training, facilitator, evaluator)	**FY21/22**	**FY22/23**	**FY23/24**	**TOTAL**
9. Direct Costs	$58,800	$28,800	$28,800	$116,400
10. Indirect Costs – IN KIND	0	0	0	0
11. Total Consultant Costs	$58,800	$28,800	$28,800	$116,400
Budget Totals				
Personnel (line 1)	**$86,684**	**$72,434**	**$72,434**	**$231,552**
Direct Costs (lines 2+5+7+11)	**$79,688**	**$41,673**	**$41,673**	**$163,034**
Indirect Costs (lines 3+6+9)	**0**	**0**	**0**	**0**
Total Innovation Budget	**$166,372**	**$114,107**	**$114,107**	**$394,586**

C) Budget Context

Innovation funds will cover the primary functions of the project. First 5 Sonoma County will leverage Proposition 10 funding for the .05 FTE Executive Director for supervision time on the project, all administrative and indirect overhead costs, along with food and childcare expenses as incentive for child care providers, cosmetology service providers, and employees of medium to large organizations to participate in the trainings.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**N/A**	**N/A**	**TOTAL**
1.	Innovative MHSA Funds	$150,706	$103,663	$103,663			$358,032
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$27,667	$27,667	$27,666			$83,000
6.	**Total Proposed Administration**						
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**N/A**	**N/A**	**TOTAL**
1.	Innovative MHSA Funds	$15,666	$10,444	$10,444			$36,554
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**						
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**N/A**	**N/A**	**TOTAL**
1.	Innovative MHSA Funds	$166,372	$114,107	$114,107			$394,586
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$27,667	$27,667	$27,666			$83,000
6.	**Total Proposed Expenditures**	$194,039	$141,774	$141,773			$477,586
*If “Other funding” is included, please explain. First 5 in-kind contribution from Prop 10 funding							

APPENDIX A – SONOMA COUNTY MHSA STEERING COMMITTEE REPRESENTATION

First Name	Last Name	Industry	Representing
Claudia	Abend	Community at-large	Consumer, Family member
Mechelle	Buchignani	Law Enforcement	
Jessica	Carroll	MH, Social Services	Consumer, LGBTQ+
Sophie Marie	Clifford	Substance Abuse	Consumer, Latina, LGBTQ+
Mandy	Corbin	Education	Family Member
Christy	Davila	Social Services	
Angie	Dillon-Shore	0-5	LGBTQ
Jeane	Erlenborn	Education	
Cynthia	Kane Hyman	Education	
Ozzy	Jimenez	Businessman	LGBTQ, Latino
Erika	Klohe	MH, Community Benefits,	Family Member
Claire	McDonell	Education	Family Member, TAY
John	Mackey	Healthcare	Veteran
Shannon	McEntee		Consumer, TAY
Mike	Merchen	Law Enforcement	Family Member
Allison	Murphy	0-5	Family Member
Ernesto	Olivares	Social Services	Latino
Matt	Perry	Probation	
Ellisa	Reiff	Disabilities	
Kate	Roberge	MH, Disabilities, Workforce	Consumer, Peer
Kurt	Schweigman	Healthcare, MH	Native American
Kathy	Smith	Mental Health Board	Family member
Susan	Standen	Self-employed, MH peers	Consumer
Angela	Struckmann	Social Services	Family Member
Katie	Swan	Mental Health	Family Member, LGBTQ+, TAY
Sam	Tuttelman	Community at-large	Family member
Carol Faye	West	Peer	Consumer, Family member

26% Consumers, 41% Family members, 19% LGBTQ+, 11% Latinx, 4% Native American, 11% TAY

STAFF ANALYSIS – Sonoma County

Innovation (INN) Project Name:	**New Parent TLC (Talk, Link, Confirm)**
Total INN Funding Requested:	**$394,586**
Duration of INN Project:	**Three (3) Years**
MHSOAC consideration of INN Project:	**April 2021**

Review History:

Approved by the County Board of Supervisors:	February 23, 2021
Mental Health Board Hearing:	December 15, 2020
Public Comment Period:	November 13, 2020 – December 14, 2020
County submitted INN Project:	February 3, 2021
Date Project Shared with Stakeholders:	4/14/2020; 11/18/2020; 2/10/2021

Project Introduction:

Sonoma County is requesting up to $394,586 of Innovation spending authority to create a program to identify, refer, and treat parents who are experiencing parental depressive symptoms.

New Parent TLC (Talk, Link, Confirm) will utilize a gatekeeper model to help identify and intervene with new parents early on to avoid the increasing severity of parental depression. Gatekeepers for this project will include childcare providers, cosmetology service providers, as well as employees working for medium to large organizations. By definition, gatekeepers are people within the community who may come into contact with others who may be experiencing suicidal thinking or behavior and may play a pivotal role in identifying someone who may be struggling with mental health challenges.

These three groups of gatekeepers will receive training to identify parental depressive symptoms, regardless of demographic and cultural identity. The goal for this project is to provide support and referrals for new parents during a time when parents experiencing depression may fall off the radar as new parents become a secondary focus once the infant is born. The County asserts there are missed opportunities in the healthcare system that need to be addressed and resolved; specifically, mothers do not continue postpartum visits after the infant reaches eight weeks of age and father/co-parents and adoptive parents traditionally are not seen at all during pregnancy and post-pregnancy.

The County hopes this project, with the training of lay individuals within the community, will increase awareness and promote discussion surrounding parental depression, as well as the importance of mental health thereby reducing stigma.

What is the Problem?

Specific to Sonoma County, one in five women suffer from a maternal health disorder, consistent with state according to the American Psychological Association (2006).

The County indicates there is a general lack of awareness surrounding depression for new parents and just as important, untreated parental depression can lead to the risk of the new child being exposed to Adverse Childhood Experiences (ACEs), potentially disrupting brain development.

Statistics show approximately 70-80% of women will experience "baby blues" at a minimum, although many of these women may experience more severe conditions related to postpartum depression (PostPartumDepression.org). Given this statistic and that approximately ***5,000 births per year occur in the County, there are potentially 4,000 of those that can be exposed to ACEs in their first year of life if depressive symptoms are not identified and treated.***

Adding to this problem is that the health care system appears to miss this population of new parents as the new child becomes the focus of care.

- One significant national statistic that is relevant to this project is: The most common time for Parental Postnatal Depression symptoms to appear generally falls within the timeline below:
    - For Women: between 3-12 months after birth
    - For Fathers and co-parents: between 3-6 months after birth
    - For Adoptive parents: between 0-4 months following adoption of infant
        - The County maintains the screening process misses these-high risk time periods and individuals go undiagnosed and untreated

How this Innovation project addresses this problem:

The County hopes to utilize gatekeepers who have consistent contact with new parents to help with the identification and referral of parents who may be experiencing depressive symptoms by using the TLC strategy:

1. Talk – involves casual everyday conversation that occurs between gatekeepers and new parents
2. Link – this step involves providing referrals for parents with linkages to community-based supports
3. Confirm – this is an informal way for the gatekeeper to follow up with the parents to see if they have followed through with their referrals and/or linkages

The County states that the healthcare system does not actively identify or make referrals for new parents once the child is born, and then treatment shifts to focus on the newborn. Additionally, current system does not include any additional assessments for fathers and co-parents.

Although depression screenings are administered by behavioral health professionals, pregnant mothers are usually in constant contact with their medical providers to monitor their health and that of their unborn child. After the birth of the child, the mother will visit their medical provider between four and eight weeks **but then after that visit, focus shifts to the health of the infant, missing the critical time period where depression can begin to show in new mothers (between 3-12 months after birth)**. Therefore, while mothers are the focus of care, fathers, co-parents and adoptive parents, inclusive of LGBTQ parents, are not often seen unless they seek treatment themselves. There are opportunities to screen all new parents for depressive symptoms that are being missed with the implementation of this project.

The use of the TLC strategy for this project will combine specific components and make adaptations to two gatekeeper practices utilized in the mental health field:

1. QPR (Question, Persuade, Refer) – this model was developed as a suicide prevention strategy for military personnel and will assist gatekeepers in this project to identify warning signs and those at risk of suicide. ***This model will be adapted to help gatekeepers identify parental depression early on to prevent the severity of symptoms***
2. HaiR – 3R's (Recognize, Respond, Refer) – this model is used by hairdressers to identify and refer victims of domestic violence and will assist gatekeepers in this project by recognizing maternal and paternal mental health symptoms. ***This model will expand the use beyond victims of domestic violence to assist in the identification and referral of new parents experiencing symptoms of depression.***

In the County's research in developing this project, both models above have never been used to identify parental depression, although the rate of parental depression is significant. The County also reached out to Ventura County, whose innovation project "Bartenders as Gatekeepers", approved by the Commission in July 2018, provided gatekeeper trainings for bartenders to recognize risks of suicide. Sonoma County learned that Ventura County's challenges in engaging and encouraging bartenders to participate hindered their ability to provide the gatekeeper training and prompted Sonoma County to strengthen their recruitment strategy by partnering with First 5 Sonoma who has already developed many collaborative partnerships within the community.

Gatekeepers wishing to receive training in New Parent TLC are non-clinical, lay individuals who are in daily communications with new parents who have already established trust and open dialogue with them. Those who participated in focus groups for the development of this project indicated they felt comfortable to have these delicate discussions with new parents and refer parents that are having symptoms of depressions as needed. As part of the community planning (discussed later in more detail), these specific gatekeepers (***cosmetology providers, childcare providers, and co-***

workers/employees within medium and large organizations) were selected based on their casual, open everyday relationships that have been established over time with prospective new parents.

The County estimates a total of **1,200 individuals** will receive gatekeeper trainings within the first three years of the project:

- Year 1: 120 childcare providers, 100 co-workers/employees, 20 cosmetologists
- Year 2: 240 childcare providers, 200 co-workers/employees, 40 cosmetologists
- Year 3: 240 childcare providers, 200 co-workers/employees, 40 cosmetologists

Clinical subject matter experts, will be responsible for the development of the training curriculum, taking components from both the QPR and HaiR- 3R's models and adapting them for the New Parent TLC project. Clinical experts will incorporate the *Five Protective Factors*, a model typically utilized in Family Resource Centers and other strength-based services provided for families into this project:

1. Parent resilience
2. Knowledge of parenting and child development
3. Social and emotional competence of children
4. Social connections
5. Concrete support in times of need

Trainings will be culturally responsive, particularly for the Latinx and LGBTQ+ communities, as a large portion of residents in the County are Latinx and Sonoma ranks second in the nation for same-sex couples. To ensure cultural competence, the County will convene a community advisory group composed of Latinx and LGTBQ+ individuals with lived experience as well as experts familiar with culturally responsive mental health approaches.

Once gatekeepers have been trained, they will be encouraged to continue open dialogue and to maintain transparency and will identify themselves as someone who has received training related to recognizing new parental depression. If a gatekeeper refers the new parent to receive services and the parent does not wish to follow up on the referral, all gatekeepers will still be encouraged and trained to continue with open communication and encouragement. Although childcare providers are mandated reporters, cosmetologists and employees within business organizations are not. For this project, all gatekeepers will be educated on mandated reporting laws to support awareness and understanding to those they come in contact with.

Note: Sonoma County is currently seeking approval on another innovation project, Instructions Not Included, which also focuses on parental depression, and will target the needs of new fathers and engage them in the care of their child and partner from the very beginning by screening new fathers, identifying as male, for Male Postpartum Depression (PPD).

New Parent TLC project differs from the County's other innovation project, Instructions Not Included, in the following ways:

- *This project will train gatekeepers help identify and refer parents of newborns during a period where mothers of newborns no longer receive healthcare visits following the birth of the newborn*
    - *Instructions Not Included does not offer a gatekeeper model. Instead, it is a home/virtual visiting program that works directly with parents*
- *The gatekeepers are not parenting or mental health professions; recruited gatekeepers would be childcare providers, co-workers, and cosmetologists.*
    - *For Instructions Not Included, that program utilizes professional trained and experienced individuals with expertise working with new parents.*
- *This project will utilize gatekeepers that are in contact with new parents that may be at risk for depression and suicidal ideation, and curriculum will teach gatekeepers what to look for relative to depression/suicidality in new parents, as well as how to initiate conversation and follow up with parents who receive a referral.*
    - *Instructions Not Included is adding a new component to an existing home visiting program for new moms that focuses on **dads.***

Community Planning Process: (see pages 23-34 of County project plan)

Local Level

Ideas for this innovation project began in January 2019 with the MHSA Steering Committee meeting at least quarterly, ultimately establishing an Innovation Subcommittee to solicit innovation ideas from the community. *Note: dates, times, and locations of community meetings have been provided – see page 25 of the project plan.*

Guided by the County's MHSA Steering and Stakeholder Committee, county staff and contractors, Sonoma County completed a thorough stakeholder engagement process, resulting in the development of this project. The MHSA Stakeholder Committee is comprised of 27 diverse community members, inclusive of consumers and family members, TAY, ethnic and LGBTQ communities, and advocates. Given that parents and the targeted gatekeepers are inclusive within this diverse population, the intended population for this project was consulted in the planning of this project.

One member from the community shared his personal experience of losing his wife to suicide after the birth of their second child. After the suicide of his wife, he learned that their infant's childcare provider had shared conversations with his wife and had shared that she was feeling overwhelmed. She took her own life shortly after that disclosure. He urged the County and local community leaders, and First 5 Sonoma County, to look more intensely at parental depression and to consider those who come in everyday contact with new parents to become aware of signs and risks. This husband had noticed small changes in his wife's mood but did not know the severity of it. That experience shared by that community member planted the seed for this project.

First 5 Sonoma County began informal research among the community to determine the effectiveness and types of gatekeepers that would be best utilized in this project. As a result of the research conducted co-workers, childcare providers, and cosmetology

providers revealed that individuals (such as clients and co-workers) shared and openly discussed personal experiences with new parents quite regularly and when asked, this sample of community of gatekeepers showed enthusiasm to learn about identifying and referring new parents that were battling depression.

The County's 30-day public comment period was held between November 13, 2020 through December 14, 2020, followed by a public Mental Health Board Hearing on December 15, 2020. Sonoma received approval from their County Board of Supervisors on February 23, 2021.

The County indicates there were no substantive comments received regarding this innovation project, but also states that the community specifically effected by Post-Partum Depression were the motivation for this project and played a key role in the development and will continue to guide the implementation during the project.

Commission Level

Commission staff originally shared this project with its stakeholder contractors and the listserv on April 14, 2020, and then again on November 18, 2020 while the County was in their 30-day public comment period with all comments being directed to the County. The final version of this project was again shared with stakeholders on February 10, 2021.

No Comments were received in response to Commission sharing of the plan with stakeholder contractors and the Commission's listserv.

Learning Objectives and Evaluation: (see pages 13-22 of County project plan)

Sonoma County's target population for this project is two-fold:

1. The County estimates that 4,500 new parents in Sonoma County with newborns and infants from the prenatal stage through the first year of a child's life will be reached through this project
2. The County intends to train 1,200 gatekeepers during the three-year duration of the project, including:

    a. 600 Child Care Providers
    b. 500 Co-worker/Employees
    c. 100 Cosmetologists

The County has identified *two learning goals relative to the evaluation* of this project:

1. What is the difference, if any, of the number of referrals for parents for services for parental depressive symptoms by trained gatekeepers?
2. What is the experience of parents experiencing depressive symptoms, trained gatekeepers, and postpartum service providers who have participated in the New Parent TLC pilot project?

Additionally, the County has also identified four research questions to support the evaluation of this project (*see pgs 19-20 of project plan*):

The learning goals are both quantitative and qualitative in nature. Data for both learning goals will be collected on a quarterly basis and will be collected by referrals and self-reporting by a sample of the participants as well as monthly emails sent to gatekeepers asking them to share their experiences on any interactions with a parent. Additionally, formal interviews will be scheduled quarterly and will also be included in the annual report. Gatekeepers will also receive training in confidentiality and HIPAA requirements and will be able to assure new parents of confidentiality as well.

All prospective gatekeepers that enroll in training will fill out an initial survey that will assist in establishing baseline values that will be utilized to measure outcomes and learning objectives.

The Budget: (see pages 36-40 of County project plan)

Funding Source	Year-1	Year-2	Year-3	TOTAL
Innovation Funds	$ 166,372.00	$ 114,107.00	$ 114,107.00	$ 394,586.00
Medi-Cal FFP				$ -
1991 Realignment				$ -
Behavioral Health Subaccount				$ -
Other funding (IN-KIND CONTRIBUTION)	$ 27,667.00	$ 27,667.00	$ 27,666.00	$ 83,000.00
Total Expenditures	$ 194,039.00	$ 141,774.00	$ 114,773.00	$ 477,586.00

3 Year Budget	Year-1	Year-2	Year-3	Total
Personnel	$ 86,684.00	$ 72,434.00	$ 72,434.00	$ 231,552.00
Direct Costs	$ 79,688.00	$ 41,673.00	$ 41,673.00	$ 163,034.00
Indirect Costs	$ -	$ -	$ -	$ -
Non-recurring costs				$ -
Other Expenditures				$ -
Total	$ 166,372.00	$ 114,107.00	$ 114,107.00	$ 394,586.00

The County is requesting authorization to spend up to $394,586 in MHSA Innovation funding for this project over a period of three years, although total project cost will be $477,586.00, which includes $83,000 of in-kind contributions. In-kind contributions will help cover indirect overhead costs, and food and childcare expenses as incentives for individuals who will be participating in the training.

- Personnel costs total $231,552 (48.5% of total project cost)
  - This amount only reflects salaries; benefits are included as direct costs

        - Costs cover salary for part-time Program Director and full-time bilingual Program Manager/Coordinator
    - Direct costs total $163,034 (34.1% of total project cost)
        - Covers benefits for the Program Director and Program Manager/Coordinator
        - Covers cost of printed training materials for entire curriculum
        - Covers one-time purchase of NVivo Software
        - Covers Consultant Costs
    - Administrative costs will be leveraged by First 5 Sonoma County

The County has a total of $822,000 of Innovation reversion funds that will revert as of June 30, 2021. To ensure that reversion funds are not lost, the County submitted a total of four innovation projects for approval consideration from the Commission – all four projects were finalized and submitted in February 2021 for a total of $2,819,589 among all four projects.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

References:

https://www.postpartumdepression.org/resources/statistics/

COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

MAILING ADDRESS
137 N. Cottonwood Street • Woodland, CA 95695
(530) 406-4472 • www.yolocounty.org

May 4, 2021

Toby Ewing, PhD
Executive Director
Mental Health Services Oversight and Accountability Commission (MHSOAC)
1300 17th Street
Sacramento Ca, 95811

Dear Dr. Ewing,

This letter is regarding the Community Planning Process (CPP) conducted by the Yolo County Health and Human Services Agency (HHSA). We are requesting the Commissions' approval and authorization to use $114,000 from the Fiscal Year 2019/20 INN allocation to supplement the planning costs of the Crisis Now pilot program.

Attached you will find the Yolo County Funding Proposal for Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation. Our proposal was informed by multiple stakeholder input processes and our desire to tailor our crisis response to better meet the needs of our community.

This allocation will specifically support development and implementation of a revised approach to crisis response throughout the County for all residents, including Medi-Cal beneficiaries and those without insurance, using Crisis NOW tenets. We respectfully ask for Commissions' approval and authorization.

In Health,

Karen Larsen LMFT

Director, Yolo County Health and Human Services Agency

Yolo County Health and Human Services Funding Proposal for

Planning and Stakeholder Input Process for Crisis System Re-Design and Implementation

Community and Stakeholder Engagement

The Yolo County Health and Human Services Agency (HHSA), continues to be fully invested in having a dynamic and robust Community Planning Process (CPP) for all MHSA-funded projects, programs and innovations. Input from the residents and community of Yolo County is vital to effective planning and program development. In addition to the traditional community and stakeholder engagement efforts, HHSA incorporated feedback from the Community Health Needs Assessment, Community Corrections Partnership Strategic Planning sessions, the Maternal, Child and Adolescent Health planning process, the County Self-Assessment of Child Welfare and Probation, and Community listening sessions and surveys for County-wide strategic plan. These inputs and processes, as well as data, informed the new 3-year plan.

As of 2019, HHSA expanded the community engagement planning process in development of the three-year MHSA plan (2020-2023). This investment was informed by a 6-month process from August 2019 to January 2020 which included three large MHSA educational sessions and 31 focus groups with over 500 participants from diverse communities and varying roles. To build on momentum generated by the community outreach and education process, the county decided to engage the participants and invite them to be part of an ongoing Community Engagement Workgroup (CEWG). This group has been asked to provide input ongoing and will remain an engaged partner as the county moves forward with implementation, review reporting, etc. The CEWG acts as a partner to HHSA and helps to disseminate information to the community while providing an ongoing opportunity for community engagement around mental health services.

A Need for Change in Crisis Services

The community planning process in 2019 demonstrated the need for a change in the way Yolo County and HHSA provides crisis response. With issues arising in community based settings, with first responders, in hospitals, clinics, and schools, key informant interviews from 2019 emphasized the need for crisis response services based in the community. This need was further described as a need for better joint response between HHSA, local hospital systems and law enforcement, and a demand for increased options for residents to seek crisis services within existing County clinics. Crisis responses remains a top priority for HHSA and improvement efforts have been ongoing.

"This need was further described as a need for better joint response between HHSA, local hospital systems and law enforcement..."

Crisis Service History in Yolo County

Over the last several years, Yolo County HHSA has sought to tailor its crisis response services to better meet the expressed needs of community residents. In 2014, Yolo County secured SB82 funding and contracted with a local provider to offer the Community Intervention Program (CIP) which ran from November 2015 through March 2017. CIP was a collaboration between County law enforcement agencies, HHSA, and community-based behavioral health service providers designed to have trained clinical staff available when law enforcement responds to a mental health crisis. The overarching goals were to:

- Reduce unnecessary emergency department (ED), hospital, and jail service utilization;
- Increase participation in mental health or other necessary services post-crisis; and
- Reduce the overall system and per person costs associated with behavioral healthcare.

Program evaluation revealed some successes, especially for specific in-need community members, however the investment did not result in a return that was sustainable nor did the collaboration effectively assist consumers with remaining in the community and avoiding an ED visit or jail. Further, at some junctures, CIP HHSA staff were not called upon as often as they could be and only 1 to 2 calls per day on average was seen across multiple city CIP teams.

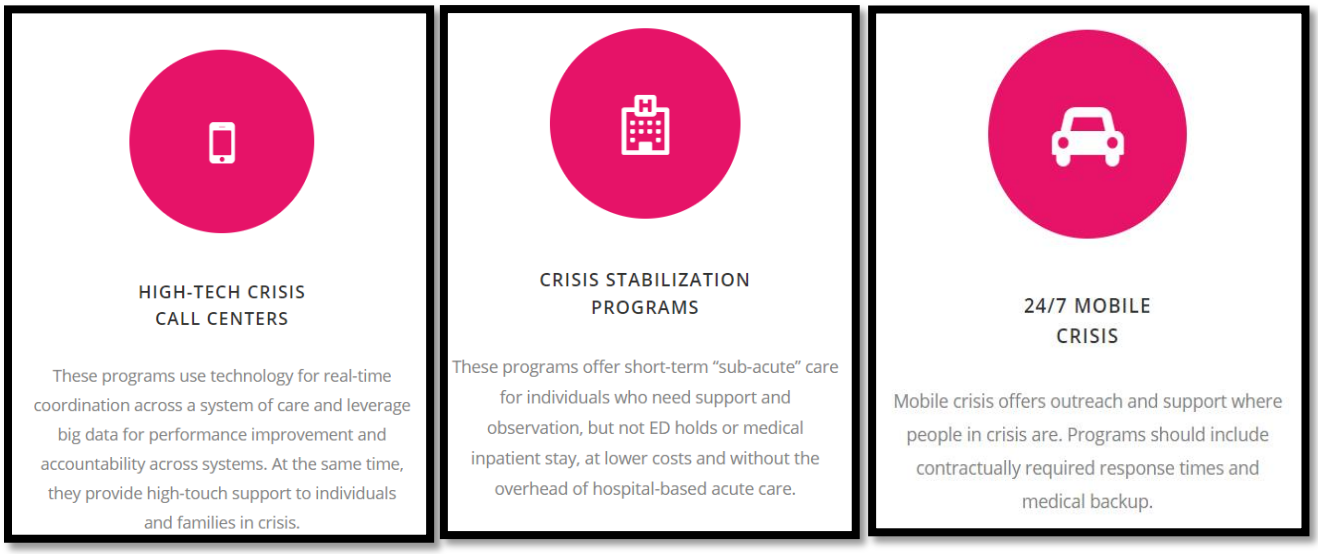
As of 2018, Yolo County HHSA began working closely with its two local EDs to have dedicated, 24-hour HHSA clinicians available to respond to handle crisis evaluations in the EDs for any County beneficiary. These clinicians also coordinated subsequent acute inpatient bed placement for any County beneficiary placed on an involuntary hold. At the same time, HHSA's First Responders Initiative (an MHSA approved Innovations project), involving a community based Mental Health Urgent Care (MHUC) clinic was begun. It was designed to integrate non-law enforcement personnel into first response by providing a drop-in access and crisis clinic for anyone in need. In February 2018, HHSA opened this clinic in West Sacramento after much stakeholder engagement in planning and development. The MHUC was initially open 7-days a week for 9 hours a day (from 12 pm to 9 pm) based on community input of crisis service needs. Contracting difficulties result in a notable delay on the incorporation of contracted psychiatric Nurse Practitioners into the MHUC staff. Further, peer staff were never added to the team as intended. Close tracking of resident usage and law enforcement drop offs revealed notable underutilization. As a result, the MHUC operating hours were reduced to 6 days a week (Monday through Saturday) in January 2020. Ultimately in April 2020, due to lack of fiscal sustainability of the clinic and overall lower than anticipated law enforcement utilization (and a legal barrier preventing County EMS from bring persons in behavioral distress to the MHUC), HHSA management elected to close the clinic. In its place, the County began to offer walk in crisis and access services to the community (restricted to crisis services only during COVID), during business hours at three of its clinics (West Sacramento, Woodland and Davis).

By 2020, it became clear that having a bifurcated crisis assessment system in the ED (i.e. County staff for County beneficiaries and ED staff for all other payor source clients) had become a hinderance to expedient assessment and quality community resident services. Hospital partners urged HHSA to either provide Crisis assessment services in the EDs to all county residents or conversely allow ED staff to handle all crisis assessments that present in the ED, regardless of payor source. HHSA convened the Crisis ReDesign Task Force, comprised of hospital and law enforcement representatives, as well as HHSA crisis staff and managers. Due to COVID-19, the Task Force was suspended, but HHSA elected to give both local EDs approval to have ED staff handle all crisis assessments and resulting involuntary holds. HHSA retained the acute inpatient bed placement duties for County beneficiaries. This duty is currently handled by internal HHSA Crisis staff or an after-hours contractor.

Incorporating the learning from the former CIP project, HHSA developed and implemented the Co-Responder project in 2020, using MHSA CSS funds in combination with city or other funding contributions. Each of Woodland, West Sacramento, and Davis, contributes city funds towards the cost of at least one embedded HHSA Clinician to co-respond with law enforcement in the field for behavioral health emergencies. The County Sheriff and the Probation Department also contribute CCP funds towards the cost of a shared embedded HHSA clinician. In July 2020, HHSA embedded its first clinician Woodland Police Department. By November 2020, a clinician was embedded with West Sacramento Police Department, while a second clinician was added in March 2021, so the city has 7 day a week response. In April 2021, a clinician was added for Davis Police Department. The search for a final clinician for the joint County Sheriff/Probation position is ongoing.

Crisis NOW

Late in 2019, HHSA Director Karen Larsen became aware of Crisis NOW, an initiative led by the National Association of State Mental Health Program Directors (NASMHPD) and developed with the National Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, the National Council for Behavioral Health, and RI International. Further, when it became clear that the Mental Health Services Oversight and Accountability Commission (MHSOAC) planned to initiate a learning collaborative with RI International for interested counties, Yolo County expressed the desire to participate by allocating $145,000 in FY 20-21 in the current MHSA plan 2020-2023. Crisis Now's three core components; Call Centers, Crisis Stabilization Programs and 24/7 mobile crisis response align closely with needs identified via the community process.



The Plan

Yolo County HHSA is requesting MHSOAC approval for the one-time use of $114,000 in MHSA funding from the FY19/20 INN allocation attributed to Crisis NOW for Inn-related Community Planning for Crisis System Re-Design and Implementation. This allocation will specifically support development and implementation of a revised approach to crisis response throughout the County for all residents, including Medi-Cal beneficiaries and those without insurance, using Crisis NOW tenets. Discussions will also occur with local health system providers as well as community service providers. These activities will be in alignment with the County's stakeholder engagement process, including the MHSA CEWG, the Local Mental Health Board (LMHB), local law enforcement agencies, consumers and family members and other relevant County agencies.

Budget

Yolo County HHSA is requesting Commission approval and authorization to use $114,000 from the FY 19/20 Inn allocation to conduct Inn-related community planning as described above.

Outcomes

HHSA is committed to its stakeholders. Further, it is also committed to observing all regulations, with transparency and transformation. The County plans to track specific engagement efforts. The efforts to be tracked will include, but not limited to:

- What efforts were utilized to engage stakeholders in community planning;
- How many community members and other stakeholders participated;
- How many community planning events were held and when;
- What were the events target populations;
- How did the County's efforts produce a Crisis Re-Design plan.

Conclusion

Yolo County has included this request within the County's MHSA Annual Update Fiscal Year 21/22 which will begin the local stakeholder review process in May 2021. All public comments shall be included and addressed within the process per regulation. A review and approval by the full Yolo County Board of Supervisors is expected in June 2021.

STAFF ANALYSIS - Yolo COUNTY

Innovation (INN) Project Name:	**Planning and Stakeholder Input Process for Crisis System Re-Design and implementation**
Total INN Funding Requested:	**$114,000**

Review History:

County submitted INN Project:	5/4/2021
Scheduled County Board of Supervisors:	June 2021
MHSOAC consideration of INN Project:	Delegated Authority

Project Introduction:

Yolo County requests authorization for the one-time use of up to $114,000 of Innovation funding from the Fiscal Year 2019-2020 INN allocation attributed to Crisis NOW for INN-related Community Planning for Crisis System Re-Design and Implementation.

In 2019, Yolo County Health and Human Services Agency (HHSA) expanded their community engagement planning process, and it revealed the need for a more coordinated crisis response system between their community-based organizations, first responders, clinics, and schools. This called for a shift in Yolo County and how their HHSA responds to crises, which has been their top priority and efforts to improve have been continuing.

Yolo County stated in their proposal that this funding will go toward the development and implementation of a new approach to crisis response for all citizens in the county, including Medi-Cal recipients and those without insurance, based on the Crisis NOW principles.

Summary

The Mental Health Services Act specifies that each county may spend up to 5 percent of their respective, total MHSA allocations on the CPP process. The Act and regulations further *require* every County to ensure that the CPP process is adequately staffed, that a diverse set of stakeholders participate in the process - including persons with lived experience, and that appropriate training is provided to participants to enable more

meaningful participation. Additionally, authority to spend INN funds on INN-related CPPP has precedence. The California Department of Mental Health's Information Notice 08-36 previously advised counties as to the maximum amount (25%) of INN funds they could ask for and apply to INN-related CPPP during the initial (2008-09 and 2009-10) roll-out of the Innovation Component. The Department of Health Care Services is not opposed to counties using INN funds for the CPPP if the Commission approves budget authority for that purpose.

When the commission planned to initiate learning collaboration with RI International for interested counties, Yolo County expressed the desire to participate in the Crisis Now by allocating $114,000 in FY 20-21 in their 3-year program and expenditure plan, and it was shared during their 30-day public comment period June 19, 2020 through July 20, 2020.

Yolo County proposed this project plan in their 2021-2022 Annual Update, and it will start the local stakeholder review process in May 2021. Full approval by the Yolo County Board of Supervisors is expected in June 2021.

This proposal was shared with the Commission's list serve and stakeholder contractors on May 5, 2021. There were no comments received as a result of sharing this plan.

As part of their ongoing learning and commitment to transparency and transformation from this new, and rejuvenated Community Program Planning Process, Yolo County will be tracking the following outcomes with input from their local communities:

- What efforts were utilized to engage stakeholders in community planning?
- How many community members and other stakeholders participated?
- How many community planning events were held and when?
- What were the events target populations?
- How did the County's efforts produce a Crisis Re-Design plan?

Additional Regulatory Requirements

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; however, once the Innovation Project is approved by the Commission, the County must inform Commission Staff in writing of approval from the Yolo County Board of Supervisors before any Innovation Funds can be spent.

August 11, 2021

Mayra Alvarez
Mara Madrigal-Weiss
Co-chairs, MHSOAC Prevention and Early Intervention Subcommittee
Mental Health Services Oversight and Accountability Commission
1325 J Street, 17th Floor
Sacramento, CA 95814

Dear Commissioners Alvarez and Madrigal-Weiss,

We would like to thank you for helping to lead the Mental Health Services Oversight and Accountability Commission (MHSOAC) Prevention and Early Intervention (PEI) Subcommittee

and hosting various events throughout the state recently. It is our understanding that SB 1004, Chapter 843 of 2018 requires the MHSOAC to establish statewide priorities for how PEI funds are spent at the local level while also gathering stakeholder input to accomplish this goal. Although we are again grateful for the PEI Subcommittees attempt to gather stakeholder input during these meetings, we do not believe that the proper information and questions were posed to stakeholders, therefore impacting the relevance of feedback provided.

As you know, PEI services help prevent mental illness and emotional disturbance from becoming severe, disabling, and costly to individuals, families, communities and the State. PEI funds are also used widely to reach underserved populations through education and outreach efforts in the hopes of addressing stigma and bringing diverse communities into the behavioral health continuum.

For these reasons, members of the MHSA Partners Forum and the California Reducing Disparities Project are concerned that the PEI fund priorities may not center its work around ensuring behavioral health services are accessible to culturally and linguistically diverse communities, members of LGBTQ+ communities and people with disabilities.

To help address these concerns we have two requests:

1. The MHSOAC PEI Subcommittee should conduct a public meeting that allows for open and robust discussion of the draft PEI Report that is tentatively scheduled to be presented to the Commission at its October 28, 2021 meeting. More specifically, we would like the opportunity to provide input to the PEI Report and have that input incorporated as appropriate at least 30 days prior to presenting the report during a Commission meeting where it would be considered for approval. The co-signers of this letter share concern that the purpose and intent of the PEI Report has not been reviewed or discussed at any of the PEI Subcommittee meetings and have concerns that the report will lack the stakeholder voice.

2. The MHSOAC PEI Subcommittee should conduct a public meeting separate from the one that reviews the PEI Report that allows for open and robust discussion of the possible PEI priorities for funding at the local level referred to in SB 1004 under Section 5840.7. (a) of SEC. 3. Chapter 2 under Part 3.6 of Division 5 of the Welfare and Institutions Code. Under this section, the MHSOAC has the responsibility for establishing certain new PEI priorities, which must be done in partnership with stakeholders by incorporating stakeholder input to form these priorities.

We certainly hope that each meeting will be at least three hours in length with at least an hour and a half for public comment and discussion. We also request neither meeting is held at 8:00 a.m., immediately preceding a regular MHSOAC meeting at which a vote would be taken on the same subject. We of course, expect that the public comments and discussion will be recorded in writing, and considered by the Commission in both the final version of the PEI report as well as the final list of new PEI priorities.

Furthermore, although there were a series of PEI Subcommittee listening sessions, forums, and public hearings, most taking place in the beginning months of 2021, the provisions and requirements under SB 1004 were never presented, reviewed, or explained at any of these events. We are concerned that the lack of this information may have led stakeholders to not understand the purpose of these discussions and hinder their ability to provide clear direction to the MHSOAC on priorities they would like considered for PEI. To resolve this issue, we encourage the MHSOAC to begin recording minutes of the meeting and comments made to ensure all input is properly captured and recorded.

As it relates to implementing SB 1004 specifically, the undersigned share the following concerns:

1. ***PEI priorities do not provide sufficient support to youth who do NOT attend college. A high number of youth who do NOT attend college identify as people of color or belonging to members of the LGBTQ+ communities.*** The priority on partnership with college mental health programs is discriminatory towards reaching youth from communities of color, as well as many youth with serious mental health disabilities. This could be remedied by adding a priority for transition age youth who are not in college.

   Similarly, PEI Priorities are intended to address the needs of any individual across the lifespan. Section 5840.7 of SB 1004 states, "[The] Commission shall establish priorities for the use of prevention and early intervention funds. These priorities shall include, but are not limited to…early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs ***across the lifespan***." Choosing to prioritize college-attending youth versus all populations across the lifespan does a significant disservice to people of all ages undergoing hardships, especially adults. The priorities should always incorporate populations outside of children and young adults.

2. ***At future PEI Subcommittee meetings provide the definition of culturally competent and linguistically appropriate prevention and intervention services as defined under SB 1004*** so that there can be a conversation around adding to PEI priorities the ability to provide community defined evidence practices or CDEP, which we believe is a crucial component to reducing disparities.

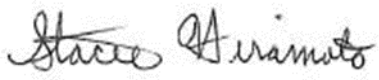
3. ***SB 1004 clearly states priorities are authorized by the county but "determined through the stakeholder process."*** So far, this process of choosing priority populations has left out committed community stakeholders. Evident through this letter, community stakeholders are committed to being a part of PEI prioritization and, therefore, should be included in the process.

These are only a few specific concerns of community stakeholders. There may be others and there should be ample opportunity for public comment on these issues at a separate public forum as noted previously.

The undersigned organizations thank you for the opportunity to share our concerns, and are more than willing to meet with the MHSOAC commissioners and/or staff to help answer any questions or to continue the conversation. **Thus, please let us know if you would be willing to meet with the undersigned to explain our concerns prior to the release of the PEI final draft report.** Additionally, we invite the MHSOAC to join our monthly MHSA Partners Forum meetings to discuss these issues, and other general updates impacting MHSA.

Thank you again for taking our concerns into consideration and we look forward to hearing from you soon.

Sincerely,



Stacie Hiramoto, MSW
Director
Racial & Ethnic Mental Health
Disparities Coalition (REMHDCO)

Josefina Alvarado Mena
Chief Executive Officer
Safe Passages

David Kakishiba

David Kakishiba
Executive Director
East Bay Asian Youth Center (EBAYC)

Cymone A. Reyes

Cymone A. Reyes
Executive Director
San Joaquin Pride Center

Anne Natasha-Pinckney

Anne Natasha-Pinckney
Executive Director
The Center for Sexuality & Gender Diversity

Elizabeth Oseguera

Elizabeth Oseguera
Associate Director of Policy
California Health Plus Advocates

Nelson Jim

Nelson Jim, LMFT
Acting Chief Executive Officer
The Friendship House Association of
American Indians

Sarah Marxer
Evaluation and Policy Specialist II
Peers Envisioning & Engaging in Recovery
Services (PEERS)

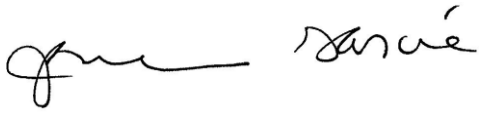
Susan Gallagher
Executive Director
CalVoices

Mel Mason

Mel Mason
Executive Director
The Village Project, Inc.

Heidi Strunk
President and CEO
Mental Health America of California

Ellen Schmeding,
Chair
California Commission on Aging



Jane Garcia
Chief Executive Officer
La Clinica de La Raza

Nubia Padilla
Nubia Padilla
Executive Director
Humanidad Therapy and Education Services

Carolina Valle
Carolina Valle
Policy Director
California Pan-Ethnic Health Network
(CPEHN)

Lisa Pion-Berlin
Dr. Lisa Pion-Berlin
President & CEO
Parents Anonymous Inc.

Fausto G Novelo
Fausto G. Novelo
Operations Manager
Integral Community Solutions Institute

Liam Day
Liam Day
Interim Executive Director
Gender Spectrum

Eba Laye
Eba Laye
President
Whole Systems Learning

Mandy Diec
Director of California
Southeast Asia Resource Action Center
(SEARAC)

Guadalupe Navarro
Guadalupe Navarro, MA.ED.
Executive Director
Latino Service Providers

Ramona Valadez
Ramona Valadez
Executive Director
Native Directions, Inc.

Seng S. Yang
Seng S. Yang
Executive Director
Hmong Cultural Center of Butte County

Gulshan Yusufzai
Gulshan Yusufzai
Executive Director
Muslim American Social Services
Foundation

Sonya Young Aadam
Sonya Young Aadam
Chief Executive Officer
California Black Women's Health Network

Individual Supporters

Daniel Toleran
Advocate for the Asian/PI and
LGBTQ Communities

Nicelma King, Ph.D.
Head of the Former African American
Special Population Group (CRDP Phase 1)

Mary Ann Bernard
Family Member and Advocate,
Again reminding MHSOAC that PEI " *shall also include" relapse prevention for existing severe mental illnesses.*
WIC Sec.5840(c), last clause.

Wesley Mukoyama, LCSW
Former Behavioral Health Board Member
Santa Clara County

Russell Bong Vergara
Co-Chair of the Former California MHSA
Multicultural Coalition (CRDP Phase 1)

Lorraine Zeller
Peer Advocate
Santa Clara County

cc: All Members of the MHSOAC
Toby Ewing, Executive Director, MHSOAC
Ashley Mills, Project Director, MHSOAC

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 1

Date: June 24, 2021

Time: 9:38 AM

Motion:

The Commission approves the May 27, 2021 meeting minutes.

Commissioner making motion: Commissioner Tamplen

Commissioner seconding motion: Commissioner Alvarez

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☒	☐	☐
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☒	☐	☐
15. Chair Ashbeck	☒	☐	☐

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 2

Date: June 24, 2021

Time: 9:43 AM

Motion:

The Commission approves all items on the Consent Calendar as presented.

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Bunch

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☒	☐	☐
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☒	☐	☐
15. Chair Ashbeck	☒	☐	☐

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 3

Date: June 24, 2021

Time: 10:41 AM

Motion:

The Commission approves each of the PADS Multi- County Collaborative Innovation plans, as follows:

COUNTY	TOTAL INN FUNDING REQUESTED	DURATION OF INN PROJECT
Mariposa	Up to $517,231 in MHSA INN funding	4 Years
Orange	Up to $12,888,948 in MHSA INN funding	4 Years
Shasta	Up to $630,731 in MHSA INN funding	4 Years
Monterey	Up to $1,978,237 in MHSA INN funding	4 Years
Fresno	Additional funding up to $500,000 in MHSA INN funding	5 Years
TOTAL: $16,515,147.00		

Commissioner making motion: Commissioner Tamplen

Commissioner seconding motion: Vice Chair Madrigal-Weiss

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☒	☐	☐
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☒	☐	☐
15. Chair Ashbeck	☒	☐	☐

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 4

Date: June 24, 2021

Time: 11:22 AM

Motion:

The Commission approves Butte County's Innovation plan, as follows:

Name: Physician Committed

Amount: Up to $1,252,631 in additional MHSA Innovation funds, to a total authority of $2,484,955

Project Length: Five (5) years with this Extension

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Tamplen

Motion carried 9 yes, 1 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☐	☒	☐
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☒	☐	☐
15. Chair Ashbeck	☒	☐	☐

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 5

Date: June 24, 2021

Time: 12:04 PM

Proposed Motion:

The Commission approves Merced County's Innovation plan, as follows:

Name: Transformational Equity Restart Program

Amount: Up to $3,624,323.39 in MHSA Innovation funds

Project Length: Five (5) years

Commissioner making motion: Commissioner Bunch

Commissioner seconding motion: Commissioner Carnavale

Motion carried 9 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☐	☐	☒
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☒	☐	☐
15. Chair Ashbeck	☒	☐	☐

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 6

Date: June 24, 2021

Time: 12:26 PM

Proposed Motion:

The Commission approves Humboldt County's Innovation Project, as follows:

Name: Resident Engagement and Support Team (REST)

Amount: Up to $1,617,598 in MHSA Innovation funds

Project Length: Five (5) Years

Commissioner making motion: Commissioner Alvarez

Commissioner seconding motion: Commissioner Boyd

Motion carried 8 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☐	☐	☒
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☐	☐	☒
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☒	☐	☐
15. Chair Ashbeck	☒	☐	☐

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 7

Date: June 24, 2021

Time: 12:55 PM

Proposed Motion:

The Commission approves Imperial County's Innovation plan, as follows:

Name: Holistic Outreach Prevention and Engagement

Amount: Up to $3,455,605 in MHSA Innovation funds

Project Length: Three (3) years

Commissioner making motion: Commissioner Alvarez

Commissioner seconding motion: Commissioner Boyd

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☒	☐	☐
10. Commissioner Gordon	☒	☐	☐
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☒	☐	☐
15. Chair Ashbeck	☒	☐	☐

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
June 24, 2021

Motion #: 8

Date: June 24, 2021

Time: 1:15 PM

Proposed Motion:

1. The Commission authorizes the Executive Director to allocate funding up to $5 million to support the MHSSA including executing contracts as needed to conduct a statewide program evaluation.

2. The Commission authorizes the Executive Director to allocate funds as appropriate, and to execute MHSSA grant agreements with all applicants under the 2019 Request for Applications.

Commissioner making motion: Commissioner Boyd

Commissioner seconding motion: Commissioner Tamplen

Motion carried 8 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	☒	☐	☐
2. Commissioner Berrick	☐	☐	☐
3. Commissioner Boyd	☒	☐	☐
4. Commissioner Brown	☐	☐	☐
5. Commissioner Bunch	☒	☐	☐
6. Commissioner Carnevale	☒	☐	☐
7. Commissioner Carrillo	☐	☐	☐
8. Commissioner Chen	☒	☐	☐
9. Commissioner Danovitch	☒	☐	☐
10. Commissioner Gordon	☐	☐	☒
11. Commissioner Mitchell	☐	☐	☐
12. Commissioner Tamplen	☒	☐	☐
13. Commissioner Wooton	☐	☐	☐
14. Vice Chair Madrigal Weiss	☐	☐	☒
15. Chair Ashbeck	☒	☐	☐

Mental Health Services
Oversight & Accountability Commission

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the June Commission Meeting

Contract Number	Amount
17MHSOAC073	$ 23,804.54
17MHSOAC074	$ 23,804.54
18MHSOAC040	$ 188,126.00
Total	**$ 235,735.08**

Contracts with Deliverable Changes

17MHSOAC073
17MHSOAC074
18MHSOAC040

Mental Health Services
Oversight & Accountability Commission

Regents of the University of California, Davis: Triage Evaluation (17MHSOAC073)

MHSOAC Staff: Kai LeMasson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: $2,453,736.50

Total Spent: $**1,582,409.08**

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No **No**
Data Collection and Management Report	Complete	6/15/20	No

Deliverable	Status	Due Date	Change
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21-3/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21-6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	Not Started	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Not Started	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	No

Mental Health Services
Oversight & Accountability Commission

The Regents of the University of California, Los Angeles: Triage Evaluation (17MHSOAC074)

MHSOAC Staff: Kai LeMasson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: $2,453,736.50

Total Spent: **$1,582,409.08**

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan Updated Formative/Process Evaluation Plan	Complete Complete	1/24/20 1/15/21	No **No**
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 3/15/23	No

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21-6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	Not Started	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Not Started	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	No

Mental Health Services
Oversight & Accountability Commission

The Regents of the University of California, San Francisco: Partnering to Build Success in Mental Health Research and Policy (18MHSOAC040)

MHSOAC Staff: Dawnte Early

Active Dates: 07/01/19 - 06/30/21

Total Contract Amount: $1,257,008

Total Spent: **$1,257,008**

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities.

Deliverable	Status	Due Date	Change
Quarterly Progress Report	Complete	09/30/19	No
Quarterly Progress Report	Complete	12/31/19	No
Quarterly Progress Report	Complete	03/31/2020	No
Quarterly Progress Report	Complete	06/30/2020	No
Quarterly Progress Report	Complete	09/30/2020	No
Quarterly Progress Report	Complete	12/31/2020	No
Quarterly Progress Report	Complete	03/31/2021	No
Quarterly Progress Report	Complete	06/30/2021	No

Mental Health Services
Oversight & Accountability Commission

INNOVATION DASHBOARD
AUGUST 2021

UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	1	6	**7**
Participating Counties (unduplicated)	1	6	**7**
Dollars Requested	$2,750,000	$12,204,712	**$14,954,712**

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2016-2017	33	30	$68,634,435	18 (31%)
FY 2017-2018	34	33	$149,548,570	19 (32%)
FY 2018-2019	53	53	$304,098,391	32 (54%)
FY 2019-2020	28	28	$62,258,683	19 (32%)
FY 2020-2021	35	33	$84,935,894	22 (37%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2021-2022				

INNOVATION PROJECT DETAILS

DRAFT PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Shasta	Hope Park	$1,750,000	5 Years	2/17/2021	Pending
Under Review	Modoc	Integrated Health Care for Individuals with SMI	$480,000	5 Years	3/2/2021	Pending
Under Review	Alameda	Community Assessment Transportation Team (CATT) Extension	$4,759,312	5 Years	3/25/2021	Pending
Under Review	Marin	Student Wellness Ambassador Program	$1,648,000	3.5 Years	6/23/2021	Pending
Under Review	Berkeley	Encampment Based Mobile Wellness Center	$2,802,400	5 Years	6/29/2021	Pending
Under Review	Lake	Multi-County FSP Program	$765,000	4.5 Years	6/29/2021	Pending

FINAL PROPOSALS						
Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Final Review	Placer	24/7 Adult Crisis Respite Center	$2,750,000	5 Years	3/25/2021	7/27/2021

APPROVED PROJECTS (FY 20-21)			
County	Project Name	Funding Amount	Approval Date
San Mateo	Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth	$2,625,000	8/27/2020
Modoc	INN and Improvement through Data (IITD)-Extension	$91,224	10/12/2020
San Mateo	Co-location of Prevention Early Intervention Services in Low Income Housing	$925,000	11/16/2020
San Mateo	PIONEERS (Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve)	$925,000	12/9/2020

APPROVED PROJECTS (FY 20-21)			
County	Project Name	Funding Amount	Approval Date
Santa Clara	Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities	$1,753,140	2/25/2021
San Francisco	Culturally Congruent and Innovative Practices for Black/African American Communities	$5,400,000	3/25/2021
Sonoma	Nuestra Cultura Cura Social INN Lab	$736,584	4/20/2021
Fresno	Suicide Prevention Follow Up Call Program	$1,000,000	4/22/2021
Fresno	California Reducing Disparities Project Evolutions	$2,400,000	4/22/2021
Santa Clara	Community Mobile Response Program (CMR)	$27,949,227	5/27/2021
Marin	From Housing to Healing, Re-Entry Community for Women	$1,795,000	5/27/2021
Ventura	Mobile Mental Health	$3,080,986	5/27/2021
Sonoma	Instructions Not Needed	$689,860	6/1/2021
Sonoma	Collaborative Care Enhanced Recovery Project (CCERP)	$998,558	6/1/2021
Sonoma	New Parent TLC	$394,586	6/22/2021
San Luis Obispo	BH Education & Engagement Team (BHEET)	$610,253	6/22/2021
Santa Clara	Independent Living Empowerment Project	$990,000	6/22/2021
Yolo	Crisis Now Planning Request	$114,000	6/22/2021
Colusa	Social Determinants of Rural Mental Health	$498,812	6/22/2021
Humboldt	Resident Engagement & Support Team (REST)	$1,612,342	6/24/2021
Orange	Multi-County Psychiatric Advance Directive Project	$12,888,948	6/24/2021

APPROVED PROJECTS (FY 20-21)			
County	Project Name	Funding Amount	Approval Date
Shasta	Multi-County Psychiatric Advance Directive Project	$630,731	6/24/2021
Fresno	Multi-County Psychiatric Advance Directive Project	$500,000	6/24/2021
Mariposa	Multi-County Psychiatric Advance Directive Project	$517,231	6/24/2021
Monterey	Multi-County Psychiatric Advance Directive Project	$1,978,237	6/24/2021
Stanislaus	Early Psychosis Learning Health Care Network	$1,564,633	6/24/2021
Stanislaus	FSP Multi-County Collaborative	$1,757,146	6/24/2021
Merced	Transformational Equity Restart Program	$3,624,323.39	6/24/2021
Imperial	Holistic Outreach Prevention and Engagement (HOPE)	$3,455,605	6/24/2021
Butte	Physician Committed-Extension	$1,252,631	6/24/2021
San Luis Obispo	SoulWomb	$576,180	6/25/2021
Amador	Student Mental Health Support	$665,000	6/29/2021
Madera	Project DAD (Dads, Anxiety & Depression)	$930,401.56	6/29/2021

DHCS Status Chart of County RERs Received
August 26, 2021 Commission Meeting

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated July 26, 2021. This Status Report covers the FY 2016-17 through FY 2019-20 County RERs.

For each reporting period, the Status Report provides a date received by the Department of the County's RER and a date on which Department staff completed their "Final Review."

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. MHSOAC staff process data from County RERs for inclusion in the Fiscal Reporting Tool only after the Department determines that it has completed its Final Review. FY 2017-18 RER data has not yet been incorporated into the Fiscal Reporting Tool due to format changes.

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page can be accessed at: http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx. Additionally, County RERs for reporting years FY 2016-17 through FY 2017-18 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these reports through its Fiscal Reporting Tool at http://mhsoac.ca.gov/fiscal-reporting for Reporting Years FY 2012-13 through FY 2016-17 and a data reporting page at https://mhsoac.ca.gov/resources/documents-and-reports/documents?field_county_value=All&field_component_target_id=46&year=all

On October 1, 2019, DHCS published a report detailing MHSA funds subject to reversion as of July 1, 2018, covering allocation year FY 2015-16 for large counties and 2008-09 for WET and CFTN funds, updating a July 1, 2018 report detailing funds subject to reversion for allocation years FY 2005-06 through FY 2014-15 to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). Both reports can be accessed at the following webpage: https://www.dhcs.ca.gov/services/MH/Pages/MHSAFiscalRef.aspx

DCHS MHSA Annual Revenue and Expenditure Report Status Update

FY 2005-06 through FY 2018-19, all Counties are current

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Alameda	1/29/2021	2/1/2021	2/8/2021
Alpine	7/1/2021		
Amador	1/15/2021	1/15/2021	2/2/2021
Berkeley City	1/13/2021	1/13/2021	1/13/2021
Butte			
Calaveras	1/31/2021	2/1/2021	2/9/2021
Colusa	4/15/2021	4/19/2021	5/27/2021
Contra Costa	1/30/2021	2/1/2021	2/22/2021
Del Norte	2/1/2021	2/2/2021	2/17/2021
El Dorado	1/29/2021	1/29/2021	2/4/2021
Fresno	12/29/2020	12/29/2021	1/26/2021
Glenn	2/19/2021	2/24/2021	3/11/2021
Humboldt	4/9/2021	4/13/2021	4/15/2021
Imperial	2/1/2021	2/1/2021	2/12/2021
Inyo	4/1/2021	4/2/2021	
Kern	2/2/2021	2/2/2021	2/8/2021
Kings	1/4/2021	1/4/2021	3/11/2021
Lake	2/9/2021	2/9/2021	2/17/2021
Lassen	1/25/2021	1/25/2021	1/28/2021
Los Angeles	3/11/2021	3/16/2021	3/30/2021
Madera	3/29/2021	3/30/2021	4/15/2021
Marin	2/2/2021	2/2/2021	2/17/2021

DHCS Status Chart of County RERs Received
August 26, 2021 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Mariposa	1/29/2021	1/29/2021	3/11/2021
Mendocino	12/30/2020	1/4/2021	1/20/2021
Merced	1/11/2021	1/12/2021	1/15/2021
Modoc	4/29/2021	5/4/2021	5/13/2021
Mono	1/29/2021	1/29/2021	2/16/2021
Monterey	2/24/2021	3/1/2021	3/11/2021
Napa	12/23/2020	12/24/2020	12/28/2020
Nevada	1/29/2021	2/16/2021	2/18/2021
Orange	12/31/2020	1/20/2021	2/9/2021
Placer	2/3/2021	2/22/2021	2/23/2021
Plumas	2/25/2021	3/19/2021	3/25/2021
Riverside	2/1/2021	3/31/2021	4/8/2021
Sacramento	1/29/2021	2/1/2021	5/6/2021
San Benito			
San Bernardino	3/3/2021	3/4/2021	3/17/2021
San Diego	1/30/2021	2/1/2021	2/4/2021
San Francisco	1/29/2021	3/19/2021	3/22/2021
San Joaquin	2/1/2021	2/2/2021	2/11/2021
San Luis Obispo	12/31/2020	1/20/2021	1/20/2021
San Mateo	1/29/2021	2/1/2021	2/16/2021
Santa Barbara	12/29/2020	12/30/2020	1/5/2021
Santa Clara	1/28/2021	2/11/2021	3/3/2021
Santa Cruz	3/29/2021	4/5/2021	4/15/2021
Shasta	1/14/2021	1/15/2021	1/19/2021
Sierra	12/31/2020	3/10/2021	4/12/2021
Siskiyou	2/16/2021	6/11/2021	6/15/2021

DHCS Status Chart of County RERs Received
August 26, 2021 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Solano	2/1/2021	2/1/2021	2/25/2021
Sonoma	1/29/2021	3/5/2021	4/12/2021
Stanislaus	12/31/2020	1/5/2021	1/5/2021
Sutter-Yuba	1/30/2021	2/1/2021	3/9/2021
Tehama	4/27/2021	n/a	5/21/2021
Tri-City	1/27/2021	3/4/2021	3/30/2021
Trinity	2/1/2021	2/2/2021	2/17/2021
Tulare	1/26/2021	1/27/2021	2/10/2021
Tuolumne	6/2/2021	6/3/2021	
Ventura	1/29/2021	2/2/2021	2/16/2021
Yolo	1/28/2021	2/2/2021	2/2/2021
Total	**57**	**55**	**54**

Mental Health Services
Oversight & Accountability Commission

Revised August 17, 2021

I. Commission Positions on 2021 Legislation

Commission Sponsored Legislation

➢ Assembly Bill 573, Assemblywoman Carrillo: Youth Mental Health Boards (Amended March 18, 2021)

Summary: AB 573 establishes the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health needs and determine opportunities for improvement. The state board would be comprised of 15 members who are between 15 and 23 years of age, and at least half of whom are youth mental health consumers who are receiving, or have received, mental health services, or siblings or immediate family members of mental health consumers. The bill would specify the powers and duties of the state board, including reviewing program performance in the delivery of mental health and substance use disorder services for youth.

This bill will also require each community mental health service to establish a local youth mental health board (board) consisting of eight or more members, as determined by the governing body, and appointed by the governing body.

- **Position:** The Commission voted to sponsor this bill at its February 17, 2021, meeting.
- **Location:** Held in Assembly Appropriations Committee - 2 Year Bill

Mental Health Services
Oversight & Accountability Commission

Revised August 17, 2021

Commission Co-Sponsored Legislation

- **Senate Bill 224, Senator Portantino: Pupil Instruction – Mental Health Education (Amended July 13, 2021)**

  Summary: SB 224 requires each school district, county office of education, state special school, and charter school that offers one or more courses in health education to pupils in middle school or high school to include in those courses instruction in mental health. This bill requires that instruction to include, among other things, reasonably designed instruction on the overarching themes and core principles of mental health. SB 224 requires that instruction and related materials to, among other things, be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

  - **Position:** The Commission voted to co-sponsor this bill at its February 17, 2021, meeting.
  - **Location:** Assembly Appropriations Committee. Hearing on August 19, 2021, upon adjournment of Session - State Capitol, Room 4202.

Mental Health Services
Oversight & Accountability Commission

Revised August 17, 2021

Commission Supported Legislation

➢ Senate Bill 465, Senator Eggman: Mental Health (Amended May 20, 2021)

Summary: SB 465 requires the Commission to report to specified legislative committees the outcomes for people receiving community mental health services under a full service partnership model, as specified, including any barriers to receiving the data and recommendations to strengthen California's use of full service partnerships to reduce incarceration, hospitalization, and homelessness.

- ❖ **Position:** The Commission voted to support this bill at its May 27, 2021, meeting.
- ❖ **Location:** Assembly Appropriations Committee. Placed on suspense file on June 30, 2021.

➢ Assembly Bill 638, Assemblymember Quirk-Silva: Mental Health and Substance Use Disorders (Amended July 6, 2021)

Summary: AB 638 authorizes prevention and early intervention strategies that address mental health needs, substance use or misuse needs, or needs relating to co-occurring mental health and substance use services under the Mental Health Services Act.

Last year, the Commission supported Assembly Bill 2265, authored by Assemblymember Quirk-Silva, that clarified the Mental Health Services Act funds can include substance use disorder treatment for co-occurring mental health and substance use disorders, for individuals who are eligible to receive mental health services. The Governor signed into law AB 2265, Ch. 144, Statutes of 2020.

AB 638 amends the MHSA by including a provision to authorize prevention and early intervention services for prevention and early intervention strategies that address mental health needs, substance use or abuse needs, or needs relating to cooccurring mental health and substance use services.

- ❖ **Position:** The Commission voted to support this bill at its March 25, 2021, meeting.
- ❖ **Location:** In Assembly. Concurrence in Senate amendments pending. May be considered on or after July 14 pursuant to Assembly Rule 77.

Revised August 17, 2021

- **Senate Bill 14, Senator Portantino: Pupil Health – School Employee and Pupil Training – Excused Absences – Youth (Amended July 14, 2021)**

  Summary: Current law, notwithstanding the requirement that each person between 6 and 18 years of age who is not otherwise exempted is subject to compulsory full-time education, requires a pupil to be excused from school for specified types of absences, including, among others, if the absence was due to the pupil's illness. SB 14 will include, within the meaning of an absence due to a pupil's illness, an absence for the benefit of the pupil's mental or behavioral health.

  - **Position:** The Commission voted to sponsor this bill at its February 17, 2021, meeting.
  - **Location:** Assembly Appropriations Committee. Hearing on August 19, 2021, upon adjournment of Session - State Capitol, Room 4202.

- **Senate Bill 749, Senator Glazer: Mental Health Program Oversight and County Reporting (Amended July 8, 2021)**

  Summary: Current law provides for various mental and behavioral health programs that are administered by the counties. The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee the provisions of the MHSA and review the county plans for MHSA spending. Current law requires the State Department of Health Care Services, in consultation with the commission and other entities, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which identifies and evaluates county mental health programs funded by the MHSA. SB 749 requires, to the extent the Legislature makes an appropriation for these provisions, the commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels.

  - **Position:** The Commission voted to support this bill at its March 25, 2021 meeting.
  - **Location:** Assembly Appropriations Committee. Hearing on August 19, 2021, upon adjournment of Session - State Capitol, Room 4202.

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Revised August 17, 2021

II. MHSOAC 2021 Legislative Tracking

Budget Bills

➢ Senate Bill 129, Budget Act of 2021 (Chapter 69, Statutes of 2021)

Summary: On July 12, 2021, Governor Gavin Newsom signed SB 129 (Budget Act of 2021) which made appropriations for the support of state government for the 2021–22 fiscal year.

The biggest change to the Commission budget is an increased one-time allocation for the Mental Health Student Services Act (MHSSA) to fund grants to school and county mental health partnerships that support the mental health and emotional needs of children and youth as they return to schools and everyday life. $205 million in additional funds ($100 million Coronavirus Fiscal Recovery Fund and $105 million Mental Health Services Fund) was approved for the Commission FY 2021/22 budget on top of the annual $8,830,000 MHSSA allocation.

The second notable change to the Commission budget is a new one-time allocation of $5,000,000 in Fiscal Year 2021/22 to support an anti-bullying project for children and youth.

Here is a summary of the 2021/22 Budget for the MHSOAC as approved in SB 129, which totals $254,858,000:

$31,028,000 for Commission Operations and Payroll from the Mental Health Services Fund

- Provisions
    - MHSSA - $10,000,000 shall be available for encumbrance or expenditure until June 30, 2026, to support administration and evaluation of the Mental Health Student Services Act
    - Anti-bullying - $5,000,000 shall be available for encumbrance or expenditure until June 30, 2023, to support a peer social media network project for children and youth, with an emphasis on students in kindergarten and grades 1 to 12, inclusive, who have experienced bullying, or who are at risk of bullying, based on race, ethnicity, language, or country of origin, or perceived race, ethnicity, or county of origin.
        - No later than August 31, 2021, the Mental Health Services Oversight and Accountability Commission shall convene an advisory group that includes youth, including transition age youth, mental health providers, representatives of community- based organizations that work on issues

associated with racial justice and understanding, legislative staff, the State Department of Public Health, and others. The commission shall strive to ensure membership is reflective of California's diverse population and includes members with expertise and lived experience related to bullying.

- The advisory group shall develop a social media program to support children and youth who have faced bullying, or who are at risk of bullying, based on race, ethnicity, language, or country of origin, or perceived race, ethnicity, or county of origin, through the delivery of trusted content from licensed therapists, counselors, or others to support healthy discussion of difficult topics that young people may not feel comfortable discussing with teachers or parents, and ways to support youth to connect with mental health staff, peer providers, or others to reduce risks associated with bullying and improve youth resiliency when experiencing bullying.
- No later than October 31, 2021, the Mental Health Services Oversight and Accountability Commission shall contract with one or more entities to provide the services and supports as outlined in the social media program developed through the commission's advisory group.

$123,830,000 for Local Assistance from the Mental Health Services Fund

- Provisions
  - Triage - $20,000,000 is available for encumbrance or expenditure until June 30, 2023.
  - MHSSA - $95,000,000 shall be available for encumbrance or expenditure until June 30, 2026, to support the Mental Health Student Services Act.
  - MHSSA - $8,830,000 shall be available for encumbrance or expenditure until June 30, 2022 to support the Mental Health Student Services Act.

$100,000,000 for Local Assistance from the Coronavirus Fiscal Recovery Fund of 2021

- Provisions
  - The funds appropriated in this item are available to support grants for partnerships between counties and schools pursuant to the Mental Health Student Services Act. These grants shall be for economically disadvantaged communities, as determined in consultation with the Department of Finance,

consistent with the requirements developed by the United States Treasury pursuant to the American Rescue Plan Act of 2021

- **Assembly Bill 133, Health (Chapter 143, Statutes of 2021)**

Summary: AB 133 is an omnibus health trailer bill and contains changes to implement the 2021-22 budget.

This bill makes technical and clarifying statutory revisions affecting health programs necessary to implement the Budget Act of 2021. Specifically, this bill:

Various Health and Human Services Departments and Agencies

1) Establishes the Children and Youth Behavioral Health Initiative, which will ensure an innovative and prevention-focused behavioral health system where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs. The Initiative includes the following components:

   a) Behavioral Health Virtual Platform. Requires the Department of Health Care Services (DHCS) to procure and oversee a vendor to establish a behavioral health services and supports virtual platform that integrates behavioral health screenings, application-based supports, and direct behavioral health services to children and youth 25 years of age and younger, regardless of payer.

   b) School-Linked Partnership, Capacity, and Infrastructure Grants. Authorizes DHCS to award competitive grants to qualified entities to build behavioral health services partnerships, capacity, and infrastructure; expand access to licensed behavioral health professionals and other providers; build a community-based organization provider network for prevention and treatment services for children and youth; and enhance coordination and partnerships for behavioral health prevention and treatment through appropriate data sharing systems. Eligible entities include counties, city mental health authorities, tribal entities, local educational agencies, institutions of higher education, publicly funded childcare and preschools, health care service plans, community-based organizations, and behavioral health providers.

   c) Medi-Cal Managed Care Plan Incentive Payments. Requires DHCS to make incentive payments to qualified Medi-Cal managed care plans that meet predefined goals and

metrics associated with increasing access to preventive, early intervention, and behavioral health services by school-affiliated providers in K-12 schools.

d) Statewide School-Linked Behavioral Health Fee Schedule. Requires DHCS to develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger at a school site. A health care service plan, including a Medi-Cal managed care plan, or an insurer will, commencing January 1, 2024, be required to reimburse school-based services provided to one of its members according to the fee schedule, regardless of whether the provider is within the plan's or insurer's contracted provider network.

e) Evidence-Based Behavioral Health Programs. Requires DHCS to provide competitive grants to qualified entities to support implementation of evidence-based interventions and community-defined promising practices. These interventions and practices will be developed by a workgroup composed of subject matter experts convened by DHCS. Qualified entities include Medi-Cal behavioral health delivery systems, city mental health authorities, tribal entities, health care service plans, Medi-Cal managed care plans, community-based organizations, and behavioral health providers.

f) Behavioral Health Workforce Development. Authorizes the Office of Statewide Health Planning and Development to award competitive grants to entities and individuals it deems qualified to expand the workforce of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth.

g) Dyadic Services Benefit in Medi-Cal. Requires DHCS to provide dyadic services as a covered benefit in Medi-Cal. Dyadic services are a family- and caregiver-focused model of care that provides integrated physical and behavioral health screening and services to the whole family.

Department of Health Care Services (DHCS)

- Establishes the Behavioral Health Continuum Infrastructure Program, which authorizes DHCS to award competitive grants to qualified entities to construct, acquire, and rehabilitate assets, or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. Grants would

expand capacity for short-term crisis stabilization, acute and subacute care, crisis residential, community-based mental health residential, substance use disorder residential, peer respite, mobile crisis, community and outpatient behavioral health services, and other treatment and rehabilitation options for behavioral health disorders.

Department of Public Health (DPH)

- Authorizes DPH to establish the Office of Suicide Prevention, pursuant to the provisions of AB 2112 (Ramos, Chapter 142, Statutes of 2020), without requiring utilization of existing staff and resources.

Department of State Hospitals (DSH)

- Requires DSH to convene an Incompetent to Stand Trial Solutions Workgroup to identify short-term, medium-term, and long-term solutions for alternatives to placement of defendants determined to be incompetent to stand trial (IST) in a State Hospital. The workgroup will submit a report to CHHSA and the Department of Finance on short-term solutions by November 30, 2021, and medium- and long-term solutions by April 1, 2022.

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- Amends and updates the Mental Health Student Services Act, consistent with the expansion of grants for partnerships between educational and county mental health entities included in the 2021 Budget Act.

➢ Assembly Bill 134, Committee on Budget: Mental Health Services Act: County Program and Expenditure Plans (Chapter 75, Statutes of 2021)

Summary: AB 134 is an omnibus health trailer bill and contains changes to implement the 2021-22 budget.

This bill makes technical and clarifying statutory revisions affecting mental health programs necessary to implement the Budget Act of 2021. Specifically, AB 134:

- Authorizes a county to extend the effective timeframe of a three-year program and expenditure plan for Mental Health Services Act expenditures or an annual update to include the 2020-21 and 2021-22 fiscal years if the county was unable to complete and submit the plan or update due to the COVID-19 Public Health Emergency.

- Requires counties to submit a three-year program and expenditure plan or annual update to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services by July 1, 2022.

- Authorizes counties to, during the 2020-21 and 2021-22 fiscal years, use funds from Mental Health Services Act prudent reserves for mental health expenditures to children and adults, including housing assistance.

- Authorizes counties to determine allocations of Mental Health Services Act funds within community services and supports, and prevention and early intervention categories for the 2020-21 and 2021-2022 fiscal years.

- Suspends reversion of unspent Mental Health Services Act funds required to be reverted as of July 1, 2019, or July 1, 2020, until July 1, 2021.

- Appropriates $187 million from the Federal Trust Fund to the Department of Health Care Services to support community mental health services, pursuant to funding awarded through the American Rescue Plan Act of 2021 for the Community Mental Health Services Block Grant Program.

Research and Evaluation

➢ Assembly Bill 686, Arambula: California Community-Based Behavioral Health Outcomes and Accountability Review (Introduced February 16, 2021)

Summary: AB 686 requires the California Health and Human Services Agency to establish, by July 1, 2022, the California Community-Based Behavioral Health Outcomes and Accountability Review to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs and in the collection and dissemination by the agency of best practices in service delivery. The bill would require the

agency to convene a workgroup, by October 1, 2022, composed of representatives, as follows:

- County behavioral health agencies
- Legislative staff
- Behavioral health provider organizations
- Interested behavioral health advocacy and academic research organizations
- Current and former county behavioral health services recipients and their family members
- Organizations that represent county behavioral health agencies and county boards of supervisors
- California External Quality Review Organizations
- State Department of Health Care Services
- State Department of Social Services
- State Department of Public Health
- California Behavioral Health Planning Council
- Mental Health Services Oversight and Accountability Commission

The purpose of the workgroup is to develop an updated methodology, that can measure and evaluate behavioral health services.

❖ **Location:** Assembly Health Committee – 2 Year Bill.

Schools and Mental Health

➢ **Assembly Bill 586, Assemblymember O'Donnell: School Health Demonstration Projects: Building and Sustaining K-12 School-Based Services (Amended June 23, 2021)**

Summary: AB 586 establishes, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

❖ **Location:** Senate Education Committee. 2 Year Bill

- **Senate Bill 508, Senator Stern: Student Mental Health Services (Amended April 14, 2021)**

  Summary: SB 508 will require health plans to provide mental health services to students. It would also make children's mental health services more accessible by expanding the network of school-based mental health practitioners and use of telehealth. This bill:

  - Ensures health plans are meeting the requirement to provide mental health services to students who are referred by the school.
  - Makes it easier to access children's mental health experts by permanently adopting telehealth options established during the pandemic.
  - Ensures that commercial health plans are meeting mental health parity standards by requiring them to collaborate with local education agencies.

  - **Location:** Senate Health Committee – 2 Year Bill

- **Senate Bill 525, Senator Grove: Mental Health Effects of School Closures (Amended March 22, 2021)**

  Summary: SB 525 requires the State Department of Public Health, in consultation with the State Department of Education, to establish a policy no later than 6 months after the effective date of the bill, to address the mental health effects of school closures on pupils in years when a state or local emergency declaration results in school closures. The bill would require local educational agencies to adopt the policy subject to an appropriation in the annual Budget Act for that purpose.

  - **Location:** Senate Appropriations Committee – Held in Committee

Suicide Prevention

- **Assembly Bill 234, Assemblymember Ramos: Office of Suicide Prevention Clean-Up (Introduced January 12, 2021)**

  Summary: AB 234 is a clean-up bill for 2020's AB 2112 (Ramos), which created the framework for a statewide Office of Suicide Prevention. The Commission sponsored AB 2112 last year and the recommendations in the bill are consistent with our *Stiving for Zero*, report. This bill removes the requirement that the Department of Public Health fund the

Office of Suicide Prevention using existing resources, opening the door for the development of a statewide suicide prevention strategy.

- **Location:** Held in Assembly Appropriations Committee - 2 Year Bill

Hearings

- **Senate Special Committee on Pandemic Emergency Response and Senate Education Committee**

  Summary: On August 18, 2021 at 9:30 a.m., Commissioner Gordon will present at the Senate Special Committee on Pandemic Emergency Response and Senate Education Committee will hold an informational Hearing: *Back in School: Addressing Student Well-Being in the Wake of COVID-19.*

Legislative Calendar

- Legislature reconvenes on August 16, 2021.
- Last day for fiscal committees to meet and report bill is August 27, 2021
- Last day to amend bills on the floor is September 3, 2021
- Last day for any bill to pass is September 10, 2021
- Last day for Governor to sign or veto bills passed by the Legislature before September 10, 2021 is October 10, 2021.

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Tentative Upcoming MHSOAC Meetings and Events

Updated 8/13/2021

SEPTEMBER 2021

- **9/1: Research and Evaluation Committee Meeting, 3rd Quarter**
  - Public Meeting
  - 9:00AM-12:00PM

- **9/1: MHSSA Collaboration Meeting**
  - Public Meeting
  - 1:00-3:00PM

- **9/1: Kids & Community Virtual Panel Discussion**
  - Public Panel Discussion
  - 4:30-6:00PM
  - A virtual panel of community providers who serve California's children and youth using Mental Health Services Act Prevention and Early Intervention funds have been invited to highlight opportunities to promote mental health and well-being among youth.

- **9/9: Cultural and Linguistic Competency Committee Meeting**
  - Public Meeting
  - 2:00-4:30PM

- **9/23: Commission Meeting**
  - Public Meeting
  - 9:00AM-TBD

OCTOBER 2021

- **10/14: Cultural and Linguistic Competency Committee Meeting**
  - Public Meeting
  - 2:00-4:30PM

- **10/21: Client and Family Leadership Committee Meeting**
  - Public Meeting
  - 1:00-3:00PM

- **10/22: COVID-19 Student Mental Health Collaboration Meeting**
  - Public Meeting
  - 2:00-3:30PM

- **10/28: Commission Meeting**
  - Public Meeting
  - 9:00AM-TBD

NOVEMBER 2021

- **11/4: Triage Collaboration Meeting**
  - Public Meeting
  - 10:00AM-12:00PM

- **11/10: Cultural and Linguistic Competency Committee Meeting**
  - Public Meeting
  - 3:00-5:30PM

- **11/18: Commission Meeting**
  - Public Meeting
  - 9:00AM-TBD

DECEMBER 2021

- **12/1: MHSSA Collaboration Meeting**
  - Public Meeting
  - 1:00-3:00PM

- **12/9: Client and Family Leadership Committee Meeting**
  - Public Meeting
  - 1:00-3:00PM