



WELLNESS • RECOVERY • RESILIENCE

March 23, 2017
PowerPoint Presentations and Handouts

- Tab 2:** • Handout Supporting Document Links

- Tab 3:** • PowerPoint: San Diego County Behavioral Health Services MHA Innovation Change Requests

- Tab 4:** • PowerPoint: Orange County Innovation Plan

- Tab 5:** • PowerPoint Ventura County Innovations: Mixteco Project

- Tab 6:** • PowerPoint Award of Stakeholder Contracts

Supporting document links:

Written presentation: Stephen Amos, Chief of Jail Administration, National Institute of Corrections (NIC)

- *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*
<http://mhsoac.ca.gov/document/2017-03/report-treatment-persons-mental-illness-prisons-and-jails-additional-material>
- *Evidence-Based Decision Making in State and Local Jurisdictions* Power Point Presentation
- <http://mhsoac.ca.gov/document/2017-03/powerpoint-evidence-based-decision-making-state-and-local-jurisdictions-additional>
- Accomplishments Shared by the EBDM Sites
- <http://mhsoac.ca.gov/document/2017-03/evidence-based-decision-making-accomplishments-additional-material>

Written presentation: Jennie Simpson, Ph.D., Substance Abuse and Mental Health Services Administration (SAMHSA)

- *Community-based alternatives for justice-involved individuals with severe mental illness: Diversion, problem-solving courts, and reentry*
- <http://mhsoac.ca.gov/document/2017-03/article-community-based-alternatives-justice-involved-individuals-serious-mental>
- *Sequential Intercepts for Developing CJ–BH Partnerships*
- <http://mhsoac.ca.gov/document/2017-03/brochure-sequential-intercepts-developing-cj-bh-partnerships-additional-material>
- *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*
<http://mhsoac.ca.gov/document/2017-03/samhsa-report-crisis-services-effectiveness-cost-effectiveness-and-funding>



SAN DIEGO COUNTY BEHAVIORAL HEALTH SERVICES

MHSA Innovation Change Requests





Presentation Outline

1. *Live Well San Diego*
2. San Diego Demographics & Population Characteristics
3. San Diego Community Planning Process
4. Cycle 3 Requests
 - a) Caregiver Connection
 - b) Family Therapy Participation
 - c) Peer Assisted Transitions
 - d) Urban Beats
 - e) Crest Mobile Hoarding

COUNTY OF SAN DIEGO VISION



LIVE WELL
SAN DIEGO



LIVE WELL
SAN DIEGO

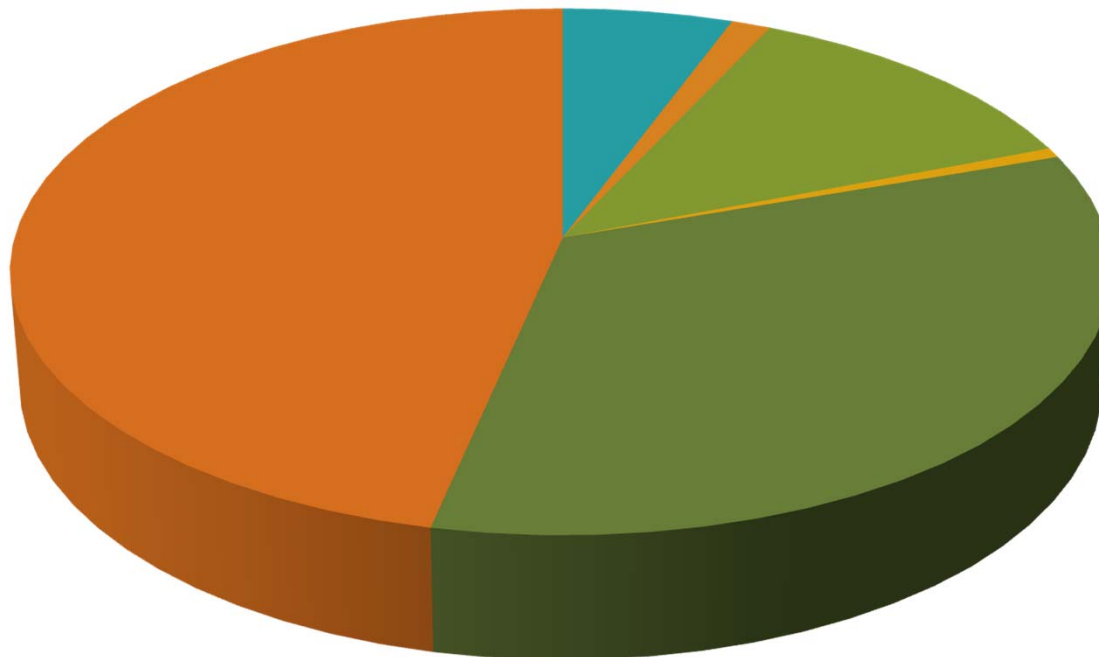
Building
Better
Health

Living
Safely

Thriving

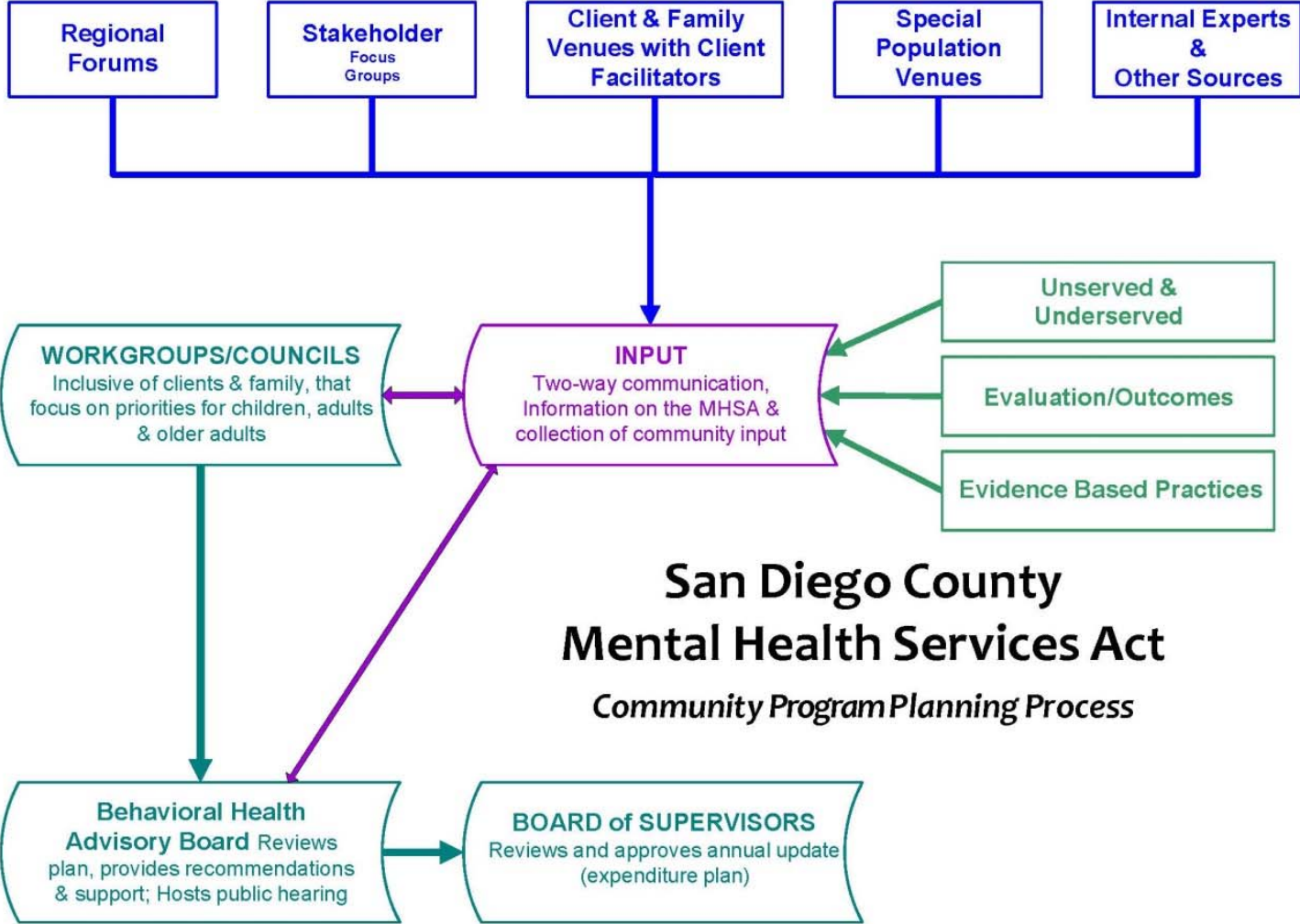


Population Characteristics



- Black or African American 5.6%
- American Indian and Alaskan Native 1.3%
- Asian 12.1%
- Native Hawaiian and Other Pacific Islander .6%
- Hispanic or Latino 33.4%
- White, Not Hispanic or Latino 46.3%

COMMUNITY PROGRAM PLANNING PROCESS



COMMUNITY PROGRAM PLANNING PROCESS





Cycle 3 Change Requests

- Today's presentation covers our Cycle 3 projects which were approved by the MHSOAC in February, 2015
- BHS is requesting expansions and/or extensions of these projects
- The proposed changes would expend more funds than originally approved. Proposals do not change the purpose of any of the projects.
- Why expand and extend?
 - Strategically selected only projects presenting enhanced learning opportunity
 - Sample Size expansion presents a learning opportunity
 - Population Demographics expansion adds underserved populations
- At a future MHSOAC meeting, BHS will present five new proposals that will be our Cycle 4



Caregiver Connection

Purpose: To support caregivers of children with serious emotional disturbance receiving outpatient clinical services by screening them for mental health needs, providing group support and treatment services and connecting them to their own individual treatment. By identifying, acknowledging and addressing caregiver mental health needs, caregivers will be empowered to more effectively address needs of their children and thrive.

Proposed Change: extends the existing child (0-5 years old) program by 1 ½ years and explores the impact of expanding support to caregivers of both latency age youth (6-12 years old) and adolescent youth (13-17 years old). These changes will allow for a greater number of caregivers to be served, allowing a more comprehensive ability to understand how to best support caregivers of various racial, ethnic, cultural and linguistic backgrounds. By expanding to support caregivers of older children, there will be an opportunity to examine how support of the caregiver impacts the outcomes of treatment for youth of varying ages.



Caregiver Connection cont.

Research Questions:

- Will these new approaches lead to improved access to mental health services for unserved and underserved caregivers?
- Will caregiver connection to education, resources and treatment lead to improved outcomes for the children who depend on them?
- Identification of best practices for supporting caregivers of varying cultural, racial, ethnic and linguistic backgrounds.
- **Is there a correlation between the age of the child receiving services and the ability to support and connect caregivers to services?**
- **Does providing support to caregivers of a specific age group lead to different treatment outcomes?**

CYCLE 3 PROJECTS



Caregiver Connection cont.

Original Duration	July 1, 2015 through June 30, 2018
Original Total	\$685,500
Original Target to be Served	100
Requested Extension and Expansion	July 1, 2017 through December 31, 2019
Requested Addition	\$1,485,250
Requested Additional Target to be Served	200
New Total	\$2,170,750
New Total to be Served	300



Family Therapy Participation

Purpose: To provide education to caregivers regarding the importance of family involvement in treatment and motivate caregivers to participate regularly. Trained Parent Partners provide short-term support through interventions, including Motivational Interviewing, to increase engagement of parents/caregivers in their children's therapy.

Proposed Change: The initial approved plan was limited to just one program in each of San Diego County's six regions. While preliminary results have demonstrated increased engagement in family therapy services, expansion of services will allow for more meaningful outcomes for the learning objectives stated. Greater numbers will be particularly important to understand the racial/ethnic, cultural and linguistic variables to family participation. The proposed change expands to an additional six locations, one in each region, and extends the existing program for 1 ½ years.



Family Therapy Participation cont.

Research Questions:

- Will Parent Partner support increase engagement of parents/caregivers in their children's therapy (as compared to the traditional model of clinician outreach to families)?
- What specific strategies and best practices can Parent Partners utilize to successfully assist the caregiver in seeing the value of consistently participating in family therapy?
- What are the barriers to family participation in treatment?
- Which intervention strategies successfully increased engagement in treatment?
- **What are best practices for engaging families of varying racial/ethnic, cultural and linguistic backgrounds?**

CYCLE 3 PROJECTS



Family Therapy Participation cont.

Original Duration	July 1, 2015 through June 30, 2018
Original Total	\$3,381,000
Original Target to be Served	480
Requested Extension and Expansion	July 1, 2017 through December 31, 2019
Requested Addition	\$4,508,000
Requested Additional Target to be Served	480
New Total	\$7,889,000
New Total to be Served	960

CYCLE 3 PROJECTS



LIVE WELL
SAN DIEGO

Peer Assisted Transitions

Purpose: To increase the depth and breadth of services to persons diagnosed with serious mental illness who use acute, crisis-oriented mental health services but are not effectively connected with community resources through the provision of peer specialist coaching incorporating shared decision-making and active social supports. Peer coaching incorporates shared decision-making and social supports.

Proposed Change: Services are currently provided at 2 crisis houses and 2 hospitals in the County. This proposed change would expand the existing services to a 3rd crisis house where services will be provided by individuals who do not have lived experience to test the effectiveness of Peer Specialist Coaches.

CYCLE 3 PROJECTS



Peer Assisted Transitions cont.

Original Duration	July 1, 2015 through June 30, 2018
Original Total	\$3,334,347
Original Target to be Served	240
Requested Extension and Expansion	July 1, 2017 through December 31, 2019
Requested Addition	\$3,152,592
Requested Additional Target to be Served	60
New Total	\$6,486,939
New Total to be Served	300

CYCLE 3 PROJECTS



Urban Beats

Purpose: To assist transition-age youth (TAY) in engaging or investing in behavioral health services and/or identifying mental health symptoms and reducing stigma by connecting with TAY through artistic expression.

Proposed Change: To increase staffing by 3 FTE to expand and extend services to additional clients in the North Central region, provide a therapist on staff to provide assessment, linkage and short term treatment and funding to provide transportation to enhance outreach and performance venues for clients. Additionally, add a third academy track through a subcontract for the East African TAY Community.



Urban Beats cont.

Research Questions:

- To learn whether engaging TAY in a youth friendly and artistic manner improves outcomes by enhancing wellness, coping strategies, access to care, ILS, and ability to socialize in a positive healthy manner, while imparting a message of wellness to other TAY.
- To learn if the purposeful integration of elements of artistic expressions and culture facilitated in a therapeutic setting increases access or acceptance of services and increases the level of functioning by participating in meaningful activities.
- To evaluate alternative strategies that can be integrated into our traditional TAY service array and used to engage SMI and at-risk TAY in mental health services more consistently and effectively.
- To evaluate whether the inclusion of a therapist on staff increases connection to services.
- **To evaluate if this innovative model will work with specific populations (East African TAY)**

CYCLE 3 PROJECTS



Urban Beats cont.

Original Duration	July 1, 2015 through June 30, 2018
Original Total	\$1,211,613
Original Target to be Served	600
Requested Extension and Expansion	July 1, 2018 through June 30, 2019
Requested Addition	\$972,059
Requested Additional Target to be Served	200
New Total	\$2,183,672
New Total to be Served	800



Cognitive Rehabilitation and Exposure Sorting Therapy (CREST) Mobile Hoarding

Purpose: Improve health, safety and quality of life, decrease hoarding behaviors, and decrease housing instability in older adults. Hoarding program employs mobile clinicians to test in-home interventions with older clients.

Proposed Change: Change adds staffing to expand to the South region to serve an additional 20 clients that will better meet the cultural needs of the San Diego population and will provide Spanish/English bilingual services and to extend the current program by one and one-half years.



CREST Mobile Hoarding cont.

Research Questions:

- What is an effective model to treat hoarding behaviors in Older Adults with serious mental illness?
- What are the most effective ways to engage an Older Adult to participate in interventions geared for hoarding behaviors?
- Are peer supports and family services effective with Older Adults who have hoarding behaviors either individually and/or as part of an aftercare support group?

CYCLE 3 PROJECTS



CREST Mobile Hoarding cont.

Original Duration	July 1, 2015 through Dec 31, 2018 (Start delayed until February 1, 2016)
Original Total	\$1,331,919
Original Target to be Served	30
Requested Extension and Expansion	July 1, 2017 through June 30, 2020
Requested Addition	\$1,372,162
Requested Additional Target to be Served	20
New Total	\$2,704,081
New Total to be Served	50



LIVE WELL
SAN DIEGO

Questions?

Proposed Motion

- **Proposed Motion:** Pending San Diego County's Board of Supervisors approval, the MHSOAC approves San Diego's Innovation Project Extensions, as follows:
- **Name:** Innovation 11 Caregiver Connection
- **Additional Amount:** \$1,485,250 (new project total \$2,170,750)
- **Additional Project Length:** 18 Months (new project length 4.5 years)
- **Name:** Innovation 12 Family Therapy Participation
- **Additional Amount:** \$4,309,646 (new project total \$7,889,000)
- **Additional Project Length:** 18 Months (new project length 4.5 years)



Proposed Motion

- **Name:** Innovation 15 Peer Assisted Transitions
- **Additional Amount:** \$3,152,591 (new project total \$6,486,939)
- **Additional Project Length:** 18 Months (new project length 4.5 years)

- **Name:** Innovation 16 Urban Beats
- **Additional Amount:** \$973,059 (new project total \$2,183,672)
- **Additional Project Length:** 18 Months (new project length 4.5 years)



Proposed Motion

- **Name:** Innovation 17 CREST Mobile Hoarding Units
- **Additional Amount:** \$1,372,162 (new project total \$2,704,081)
- **Additional Project Length:** 18 Months (new project length 4.5 years)
- **Amount:** \$3,900,000



ORANGE COUNTY INNOVATION PLAN

March 23, 2017



Orange County Military-Connected Families

Community-level Challenges:

- Military-connected families are often hidden and isolated within their communities
- Nonveteran organizations have limited knowledge and training in military culture

Individual-level Barriers:

- Stigma associated with mental illness
- Difficulty navigating the system
- Distrust of the VA
- VA services rarely serve military families
- VA services are typically not available to veterans with an other than honorable discharge



Continuum of Care for Veterans and Military Families Project

Project Description

- Provide veteran-specific services within Orange County Family Resource Centers (FRCs)
- Train nonveteran organizations on how to identify, engage, and serve military-connected families

Innovative Component:

- Integration of veteran-specific training and services into FRCs that are traditionally not focused on serving military families

Primary Purpose:

- Increase access to mental health services

Total Requested Budget:

- \$3,083,777



Learning Goals

- Overall Mental Health System of Care: How does engagement and retention of military-connected families improve as a result of military peer navigators training FRC staff compare to the best practice of integrating peers at the FRC?
- Orange County System of Care: Do military-connected families seeking services within FRCs have different needs across the varying regions?
 - How can behavioral health services and community support organizations utilize this information to better serve military-connected families?



Proposed Motion

- **Proposed Motion:** The MHISOAC approves Orange County's Innovation Project, as follows:
- **Name:** Continuum of Care for Veterans and Military Families
- **Amount:** \$3,083,777
- **Project Length:** Five (5) Years





VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

March 23, 2017

VENTURA COUNTY INNOVATIONS: MIXTECO PROJECT

Healing the Soul

**Kiran Sahota MHA Manager, Hilary Carson MHA INN
Administrator, Arcenio Lopez MICOP Director**

Presentation Overview: Healing the Soul

✧ Introductions

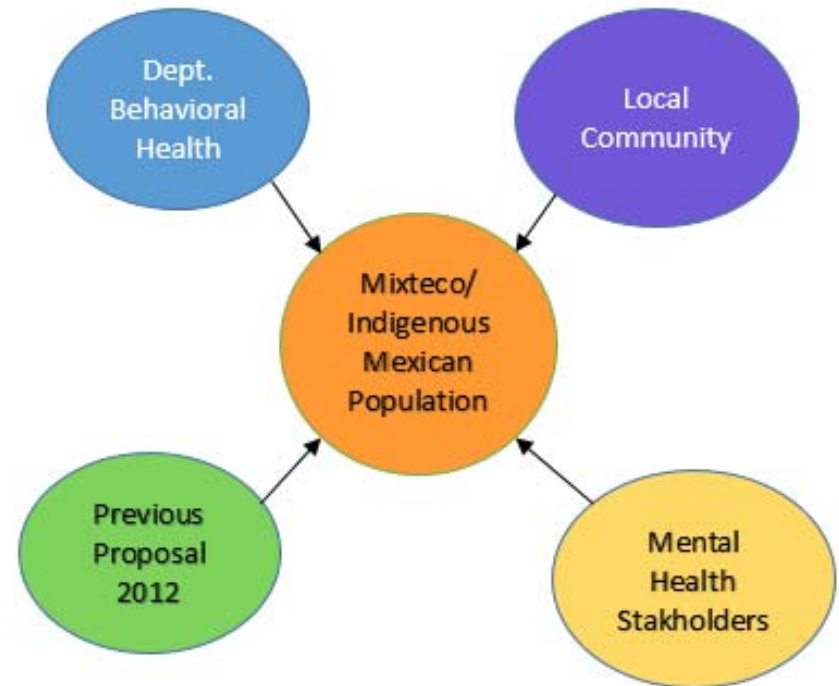
✧ Overview

- ❖ Background
- ❖ Need
- ❖ Description
- ❖ Evaluation
- ❖ Budget



Background: Community Planning

- ✧ Introduced in 2011/21 as an outreach project.
- ✧ Remains an underserved population in the county.
- ✧ Planning sessions take place for a new Innovations Project



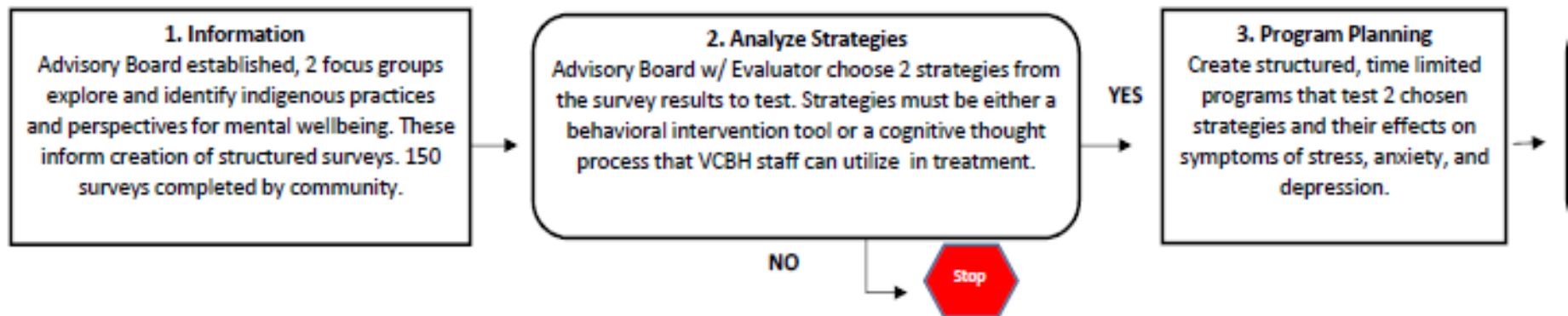
Community Need

- ❖ Over 20,000 living in Ventura County. VCBH received A single bill for treatment translation services in the past three months
- ❖ Indigenous Mexicans have different languages, traditions, rituals, and perspectives than the local Mexican community.
- ❖ MICOP communicated the incompatibility of western therapy within the community.
- ❖ BH Director posed the question: What would you change about how therapeutic services are provided?



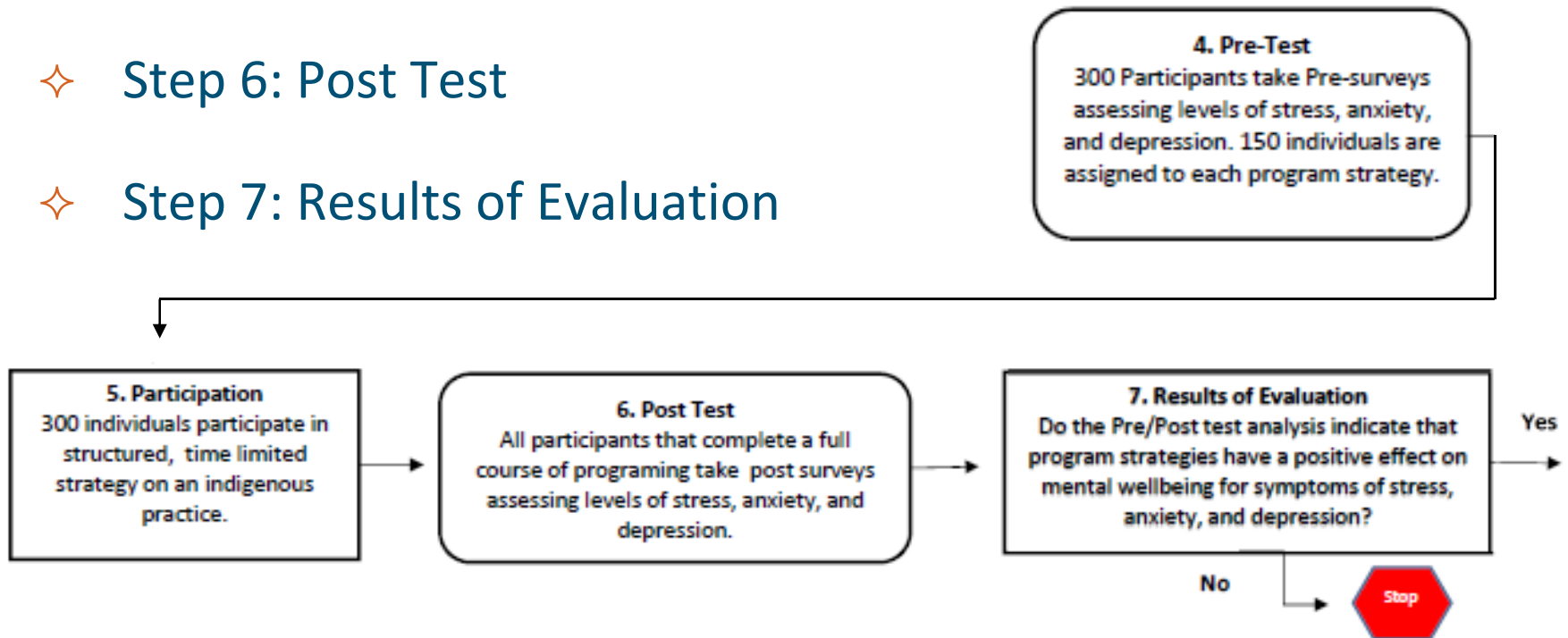
Program Description

- ✧ Program Goal: To improve the quality of mental health services provided to the indigenous Mexican population of Ventura County by introducing changes to existing treatment services.
- ✧ Step 1: Information Gathering
- ✧ Step 2: Analyze Strategy(ies) or stop
- ✧ Step 3: Program Planning



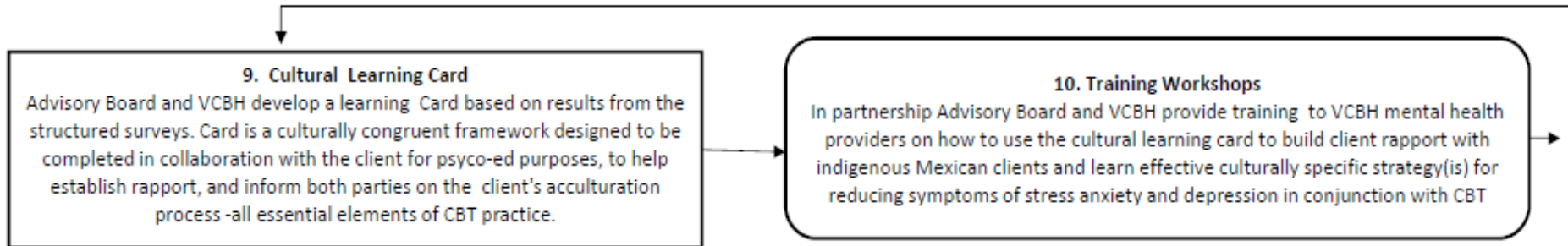
Program Description

- ✧ Step 4: Pre Test
- ✧ Step 5: Participation
- ✧ Step 6: Post Test
- ✧ Step 7: Results of Evaluation



Program Description

- ✧ Step 8: Feasibility of CBT Integration
- ✧ Step 9: Cultural Learning Card
- ✧ Step 10: Training Workshops
- ✧ Step 11: Publication



Evaluation

Learning Goals

1. What is the mental health status of indigenous Mexicans?
2. What are the traditional healing beliefs and strategies of indigenous Mexicans?
3. Does the chosen intervention strategies based on the traditional healing practices have an effect on symptoms of stress, anxiety, and depression?
4. Does providing educational training to VCBH mental health providers improve knowledge and acceptability regarding the integration indigenous healing into the mental health service delivery for indigenous Mexicans?



Outcomes: Perceived Positive Outcomes

Individual Outcome Objectives

- Increased leadership capacity among members of the community advisory board
- Improved mental health outcomes for participants
- Increase in resilience through the improvement of cultural connection
- Increase in social supports
- Improved self-efficacy for mental health providers in the effective treatment of indigenous Mexican

Program Outcome Objectives

- Prevalence indicators of rates of mental illness within the indigenous Mexican Community
- Improved quality of services for indigenous Mexican clients
- Increased capacity and cultural awareness among VCBH mental health service providers
- Improved relationship and knowledge about the indigenous Mexican community and VCBH

Budget

Contract- The project will be contracted with MICOP, a current contractor with a proven record of success in outreach to the indigenous Mexican population and program implementation.

BUDGET TOTALS	FY 2017	FY 2018	FY 2019	FY 2020	Total
Personnel	\$122,306	\$159,068	\$163,590	\$133,064	\$578,028
Direct Costs	\$28,004	\$49,092	\$48,348	\$34,021	\$159,465
Indirect Costs	\$18,202	\$27,363	\$28,964	\$24,462	\$98,992
Non-recurring costs	\$2,500				\$2,500
TOTAL INNOVATION BUDGET	\$171,012	\$235,523	\$240,902	\$191,547	838,985
Additional MHSA Expenditures	\$26,278	\$41,919	\$44,015	\$46,215	\$158,427

Questions?

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Proposed Motion

- **Proposed Motion:** The MHISOAC approves Ventura County's Innovation Project, as follows:
- **Name:** The Mixteco Project: Healing the Soul
- **Amount:** \$838,985
- **Project Length:** Four (4) Years





Award of Stakeholder Contracts

Angela Brand, Project Lead
March 23, 2017
Agenda Item 6



WELLNESS • RECOVERY • RESILIENCE

Background

- The Mental Health Services Act (MHSA) provides funds for consumer and family advocacy.
- As directed by the Legislature, the MHSAOAC administers advocacy contracts through a competitive bid process for the following seven (7) populations:
 - Clients/Consumers
 - Diverse Racial and Ethnic Communities
 - Families of Clients/Consumers
 - LGBTQ
 - Parents/Caregivers of Children and Youth
 - Transition Age Youth (TAY) – *awarded July 2016*
 - Veterans



RFP Overview

- Minimum and Desired Qualifications
- Statement of Need
- Scope of Work (Contractor Responsibilities and Proposer-Defined Deliverables)
 - Annual State of the Community Report
 - Training and Education
 - Outreach, Engagement, and Communication
 - Advocacy
- Work Plan and Cost Proposal
- Letters of Support
- References



Timeline

- RFP Release: December 12, 2016
- Bidders Conference: December 19, 2016
 - *Bidders Conference offered an opportunity for proposers to get clarification on the RFP*
- Deadline to Submit Proposals: February 10, 2017
- Notice of Intent to Award: March 23, 2017
- Intent to Protest Letter: March 30, 2017
- Anticipated Contract Start Date: May 2017



RFP Evaluation Process

Each RFP contained copy of scoring tool and rubric for scoring.

Stage 1: Administrative Submission Review

Stage 2: Technical Review of Proposer's Qualifications and Project Narrative/Work Plan

A minimum of 220 points must be achieved to move to Stage 3.

Stage 3: Reference Checks

Stage 4: Evaluation of Cost Proposal

Stage 5: Combining Proposer's Scores

Stage 6: Adjustments to Score for Bidding Preferences

Up to 5% for bidding preference is for proposers utilizing Disabled Veterans and Small Business.

As outlined in the RFP, the proposal with the highest overall score is recommended for an award.



RFP Results

- Clients/Consumers
- Diverse Racial and Ethnic Communities
- Families of Clients/Consumers
- LGBTQ
- Parent/Caregivers of Children and Youth
- Veterans



Proposed Motion

For each of the 6 RFPs, staff recommends the Commission:

- Authorize the Executive Director to issue a “Notice of Intent to Award Contract” to the proposer receiving the highest overall score.
- Establish March 30, 2017 as the deadline for unsuccessful bidders to file an “Intent to Protest” consistent with the five working day standard set forth in the Request for Proposals.
- Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Proposals.
- Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.

