



WELLNESS • RECOVERY • RESILIENCE



Commission Packet

Commission Meeting
August 24, 2017

MHSOAC
Darrell Steinberg Conference Room
1325 J Street, Suite 1700
Sacramento, CA 95814

Call-in Number: 1-866-817-6550
Participant Passcode: 3190377

Tina Wooton
Chair
John Boyd, Psy.D.
Vice Chair

1325 J Street, Suite 1700
Sacramento, California 95814

Commission Meeting Agenda

August 24, 2017
9:00 A.M. – 4:00 P.M.
MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Call-in Number: 866-817-6550; Code: 3190377

Public Notice

The public is requested to fill out a “Public Comment Card” to address the Commission on any agenda item before the Commission takes an action on an item. Comments from the public will be heard during discussion of specific agenda items and during the General Public Comment periods. Generally an individual speaker will be allowed three minutes, unless the Chair of the Commission decides a different time allotment is needed. Only public comments made in person at the meeting will be reflected in the meeting minutes; however, the MHSOAC will also accept public comments via email, and US Mail. The agenda is posted for public review on the MHSOAC website <http://www.mhsoac.ca.gov> 10 days prior to the meeting. Materials related to an agenda item will be available for review at <http://www.mhsoac.ca.gov>.

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order to accommodate speakers and to maintain a quorum.

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Tina Wooton
Chair

AGENDA
August 24, 2017

John Boyd, Psy.D.
Vice Chair

Approximate Times

9:00 AM Convene

Chair Tina Wooton will convene the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Meeting. Roll call will be taken.

9:05 AM Welcome

9:10 AM Announcements

9:20 AM Action

1: Approve July 27, 2017 MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the July 27, 2017 MHSOAC meeting.

- Public Comment
- Vote

9:30 AM Action

2: SB 82 Request for Applications (RFA) Outline

Presenters: Tom Orrock, Manager; Kristal Antonicelli, Project Lead

The Commission will consider approval of an outline and release of the SB 82 Investment in Mental Health Wellness Act RFA.

- Public Comment
- Vote

10:30 AM Action

3: Transition Age Youth (TAY) Request for Proposal (RFP) Outline

Presenters: Norma Pate, Deputy Director; Tom Orrock, Manager

The Commission will consider approval of an outline for the RFP, which will seek proposals to provide opportunities for advocacy, outreach, and education and training for TAY.

- Public Comment
- Vote

11:00 AM Information

4: Innovation (INN) Update

Presenters: Sharmil Shah, Psy.D., Chief of Program Operations; Shannon Tarter and Grace Reedy, INN Team members

The Commission will receive an update from the Innovation Team.

- Public Comment

11:10 AM Action

5: Napa County Innovation Plans

Presenters: Bill Carter, LCSW, Napa County Mental Health Director; Felix Bedolla, Project Manager with the Mental Health Division of Napa County Health and Human Services Agency; Rocío Canchola, MPA, Staff Services Analyst II

The Commission will consider approval of four Innovation Project plans for Napa County.

- Public Comment
- Vote

12:30 PM General Public Comment

Members of the public may briefly address the Commission on matters not on the agenda.

12:45 PM Lunch Break

2:00 PM Action

6: Contra Costa County Innovation Plans

Presenters: Warren Hayes, LMFT, MHSA Program Manager for Contra Costa County; Windy Taylor, MBA, MHSA Project Manager for Innovation for Contra Costa County; Steve Blum, LMFT, Supportive Housing Manager for Contra Costa Health, Housing and Homeless Division; Nancy O'Brien, LMFT, Mental Health and Substance Use Disorder therapist for Contra Costa Behavioral Health Services.

The Commission will consider approval of two Innovation Project plans for Contra Costa County.

- Public comment
- Vote

2:40 PM Information

7: Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology Approaches

Presenters: Jon Sherin, M.D., Ph.D., Director LACDMH and Debbie Innes-Gomberg, Ph.D., Deputy Director, Adult System of Care and MHSA, LACDMH

Los Angeles County Department of Mental Health will share its concept to use virtual services and technology to increase access to mental health care and support, promote early detection of mental health symptoms, and predict the onset of mental illness

- Public comment

3:15 PM Information

8: Executive Director Report Out

Presenter: Toby Ewing, Ph.D., Executive Director

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

Informational Documents Enclosed:

Enclosed are: (1) The Motions Summary from the May 25, 2017 Commission Meeting; (2) Evaluation Dashboard; (3) Calendar of Commission activities; and (4) Innovation Review Outline.

3:45 PM General Public Comment

Members of the public may briefly address the Commission on matters not on the agenda.

4:00 PM Adjourn

AGENDA ITEM 1

Action

August 24, 2017 Commission Meeting

Approve July 27, 2017 MHSOAC Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will review the minutes from the July 27, 2017 meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the MHSOAC Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None.

Enclosures: July 27, 2017 Commission Meeting Minutes.

Handouts: None.

Recommended Action: Approve July 27, 2017 Meeting Minutes.

Proposed Motion: The Commission approves the July 27, 2017 Meeting Minutes.



State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
July 27, 2017

MHSOAC
Darrell Steinberg Conference Room
1325 J Street, Suite 1700
Sacramento, CA 95814

866-817-6550; Code 3190377

Members Participating:

Tina Wooton, Chair
John Boyd, PsyD, Vice Chair
Reneeta Anthony
Khatera Aslami-Tamplen
Sheriff Bill Brown

David Gordon
Kathleen Lynch
Gladys Mitchell
Larry Poaster, PhD
Richard Van Horn

Members Absent:

Lynne Ayers Ashbeck
Senator Jim Beall
Itai Danovitch, MD
Assemblymember Tony Thurmond

Staff Present:

Toby Ewing, PhD, Executive Director
Filomena Yeroshek, JD, Chief Counsel
Norma Pate, Deputy Director, Program,
Legislation, and Technology
Brian Sala, PhD, Deputy Director,
Evaluation and Program Operations
Kristal Antonicelli, AGPA

Tom Orrock, LMFT, Health Program
Manager
Urmi Patel, PsyD, Consulting Psychologist
Sharmil Shah, PsyD, Chief of Program
Operations

CONVENE

Chair Tina Wooton called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:07 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

Announcements

Chair Wooton reviewed the meeting protocols. She stated the next Community Forum is scheduled for October 28th at Los Angeles City College. The next MHSOAC meeting is scheduled for August 24th.

Sharmil Shah, PsyD, MHSOAC staff, introduced two new staff members on the Innovation team.

Brian Sala, PhD, Deputy Director, announced that Urmi Patel, PsyD, the Consulting Psychologist, will soon be leaving the MHSOAC for her new position at Sutter Health.

ACTION

1: Approve May 25, 2017, MHSOAC Meeting Minutes

Action: Commissioner Van Horn made a motion, seconded by Commissioner Gordon, that:

The Commission approves the May 25, 2017, Meeting Minutes.

Motion carried 7 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Wooton, Vice Chair Boyd, and Commissioners Aslami-Tamplen, Brown, Mitchell, Poaster, and Van Horn.

The following Commissioners abstained: Commissioners Anthony, Gordon, and Lynch.

ACTION

2: Proposed Amendments to the Prevention and Early Intervention (PEI) and Innovation Regulations

Presenter: Filomena Yeroshek, Chief Counsel

Commissioner Poaster discussed the implementation process, the creation of a subcommittee, and areas that require further work. He stated the Commission will be presented with proposed changes in regulatory language based on the findings of the report put together by the subcommittee.

Ms. Yeroshek provided an overview, accompanied by a slide presentation, of the regulatory process and the proposed amendments to the PEI and Innovation Regulations.

Commissioner Poaster stated the proposed amendments currently apply to small counties with a population of 50,000 or less, but the subcommittee questioned if they should apply to counties with a population of 100,000 or less.

After in-depth discussion, the Commission determined to change the proposed amendments to apply to small counties with a population of 100,000 or less.

Public Comment

Poshi Walker, LGBTQ Program Director, NorCal MHA, spoke in support of the rationale for an age-twelve benchmark for privacy purposes. She asked the Commission to make a recommendation to counties that, while they are not required to collect sexual orientation or gender identity data from children under twelve, they may do so if collecting this data would be affirming to the child and/or to the parent. She stated the hope that data will be analyzed and reported in a way that allows cross-tabulation and makes the two-part gender identity questions useful.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke against the amendment disallowing counties to collect demographic information from children younger than twelve. She stated the importance of collecting data on race and ethnicity to determine if disparities are being reduced and if communities are being served appropriately.

Elizabeth Oseguera, Senior Policy Analyst, California Primary Care Association, suggested keeping the proposed exception to counties with populations under 50,000 and possibly extending the exception to larger counties in the future. She asked the Commission to ensure that counties include CBOs and clinics in the stakeholder discussions in their required consolidated reports on how they are conducting meaningful stakeholder involvement in PEI.

Jan McGourty, Chair of the Mental Health Advisory Board, Mendocino County, spoke in support of increasing the exception to the additional six counties with populations under 100,000.

Commissioner Questions and Discussion

Commissioners asked clarifying questions about Access and Linkage to Treatment stand-alone programs and where small county is defined in statute.

Action: Commissioner Van Horn made a motion, seconded by Commissioner Mitchell, that:

- 1. The Commission approves the Draft Proposed Amendments to the Prevention and Early Intervention Regulations with the exception of changing the proposed exception to apply to counties with populations under 100,000.*
- 2. The Commission approves the Draft Proposed Amendments to the Innovative Project Regulations.*
- 3. The Executive Director is authorized to approve any necessary non-substantive editorial changes to the proposed amendments to both the Innovative Project and Prevention and Early Intervention regulations and to submit the approved proposed amendments with the supporting documentation required by law to the Office of Administrative Law and proceed as required by the Administrative Procedures Act.*

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

The following Commissioners voted “Yes”: Chair Wooton, Vice Chair Boyd, and Commissioners Anthony, Aslami-Tamplen, Brown, Gordon, Lynch, Mitchell, Poaster, and Van Horn.

ACTION

3: 2017-18 MHSOAC Budget Approval

Presenter: Norma Pate, Deputy Director

Norma Pate, Deputy Director, provided an overview, accompanied by a slide presentation, of the 2017-18 Budget.

In response to Commissioner Lynch’s question regarding what the Commission was being asked to approve, Executive Director Ewing stated that the Commission has a single line item in the Governor’s budget and he wanted to show the Commissioners the big picture and give them the opportunity to ask questions.

Commissioner Van Horn stated that the Commission was not approving the budget but had the opportunity to endorse it.

Commissioner Mitchell opined that it was a good idea to bring the budget before the Commission for the sake of accountability and should be standard practice.

Action: Commissioner Poaster made a motion, seconded by Commissioner Van Horn, that:

The MHSOAC endorses the Commission’s 2017-18 Budget and adopts the standard practice of reviewing the Operating Budget annually.

Motion carried 8 yes, 1 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Chair Wooton and Commissioners Anthony, Aslami-Tamplen, Brown, Gordon, Mitchell, Poaster, and Van Horn.

The following Commissioners voted “No”: Commissioner Lynch.

INFORMATION

4: 2017-18 MHSOAC Legislative Report

Presenter: Norma Pate, Deputy Director

Deputy Director Pate updated the Commission on the legislation that staff is tracking.

INFORMATION

5: 7 Cups of Tea

Presenter: Glen Moriarty, PsyD, Founder and CEO, 7cups.com

Glen Moriarty, PsyD, Founder and CEO, 7cups.com, gave a 7 Cups of Tea product demonstration on the 7cups.com website. He provided an overview, accompanied by a

slide presentation, of the support and current and future innovation of the 7 Cups of Tea application and using technology to solve problems.

Commissioner Questions

Commissioner Anthony stated the 7 Cups model is a good option for isolated individuals. She asked how disruptive behaviors are dealt with. Dr. Moriarty stated the culture of 7 Cups is one of recovery and support and has a high tolerance for individuals who are sometimes disruptive. Individuals who are deliberately harmful and disruptive are removed from the site as quickly as possible.

Commissioner Aslami-Tamplen asked if there is an area with advanced directives and patient rights so, when they seek services, their wishes will be honored. Dr. Moriarty stated the platform is flexible and customizable and whatever is important and necessary can be built in.

Commissioner Brown asked if anyone can sign up and how to avoid listener shopping that could enable a person who is looking for validation of something that may be harmful to someone else. Dr. Moriarty stated anyone can sign up for the one-hour course to be a Listener. 7 Cups has continuing education courses and automated quality assurance for Listeners. The Listeners engage in active listening – paraphrasing, summarizing, and reflecting emotion. They do not do anything diagnostic-based so 7 Cups does not monitor or block individuals from connecting or trying to find the right fit. Dr. Moriarty stated individuals who are abusing the system are caught in ways other than through the Listeners.

Commissioner Brown asked about liability issues. Dr. Moriarty stated he consulted with three attorneys specializing in mental health and technology four years ago before he implemented the 7 Cups model; they put many safeguards in place to manage risk, such as creating Listener training scripts, moderating, identifying groups worked with, and carrying professional liability insurance.

Commissioner Brown asked who pays for this service. Dr. Moriarty stated 99.8 percent of the service is free. 7 Cups is designed to be a free worldwide behavioral health system. Only volunteer Listeners can refer to the 150 licensed therapists on the platform, which is the primary revenue stream. Other sources of revenue have been working with universities and beginning to work with health systems, regions, and counties to solve problems and drive outcomes. 7 Cups initially was not conceptualized as a population health intervention – it has grown into that.

Commissioner Gordon asked about strengths and weaknesses of working with universities. Dr. Moriarty stated university regulations require one therapist per 1,500 students. The mental health system has done an excellent job of reducing stigma and encouraging individuals to seek help more readily. One thing it has not done well is onboarding clinicians to meet the increasing demand. 7 Cups increases the supply of clinicians at no cost. He stated 7 Cups is community-driven and unique; the challenge is how to grow that and tie it in to the broader system. He stated a solution is to connect individuals to 7 Cups, build communities, and then scale those communities up over time.

Commissioner Mitchell stated 7 Cups is beyond amazing. It has the potential to reach a younger generation as well as aging populations. She stated the need to simplify the web design, especially for individuals with mental health issues. It currently is difficult to determine the target audience. Dr. Moriarty stated he would love to hear ways to make 7 Cups even better.

Commissioner Mitchell stated her concern about who the Listeners are and their level of training. She stated a user could potentially mistake a Listener for a therapist. Dr. Moriarty stated all therapists are tagged as therapists in the platform and 7 Cups has a badging system for identification.

Commissioner Van Horn suggested that Dr. Moriarty contact Mental Health America about their screening program and potential ways to integrate 7 Cups.

Public Comment

Nancy Pena, California Institute for Behavioral Health Solutions (CIBHS), past Director, Santa Clara Mental Health, spoke in support of 7 Cups, especially with the Commission's goals with prevention and early intervention and anti-stigma. She stated she would love to see 7 Cups offered to all communities in the state of California and was especially excited about the potential of counties and regions partnering with 7 Cups to develop specific population-focused strategies and growth paths based on the needs of those communities.

Mandy Taylor, Health Access, California LGBT Health and Human Services Network, spoke in support of 7 Cups for preventative care, individuals who are high-functioning, and individuals who have access to educational resources, social capital, and economic resources, but stated the need to address classism issues to include individuals experiencing homelessness, poverty, and low levels of functioning.

Ms. Walker spoke in support of the peer support and recovery model of 7 Cups. She stated the need to ensure that being a part of 7 Cups does not keep individuals from seeking further services. She encouraged the option to choose by gender, culture, and ethnicity. She cautioned that there are physical health causes that mimic mental health needs.

Joan Beesley, MHSA Program Manager, Yolo County Health and Human Services Agency, stated her concern about the accessibility of the application, the low end of the age groups that may avoid using face-to-face services, and the protection of private information.

Andrea Crook, Director of Advocacy, NorCal MHA, spoke in support of 7 Cups, especially the autonomy and education of individuals about the resources in their communities. She stated her concern that the majority of the 7 Cups revenue comes through the licensed professionals and suggested that peers endorse them.

ACTION

6: Senate Bill (SB) 82 Investment in Mental Health Wellness Act Request for Applications (RFA) Principles

Presenters: Toby Ewing, Executive Director, Norma Pate, Deputy Director, Tom Orrock, Triage Manager, Kristal Antonicelli, Project Lead

Tom Orrock, Triage Manager, stated three principles to improve the SB 82 triage grants have emerged as a result of the feedback from the first round of triage grants and subsequent information-gathering sessions in preparation for the second round of triage grants – evaluation, services for children and youth, and apportionment, which were based on stakeholder input.

Kristal Antonicelli, Project Lead, provided an overview, accompanied by a slide presentation, of the objectives of the Investment in Mental Health Wellness Act of 2013, the SB 82 informational meetings, lessons learned, and the proposed principles to be applied to the second round of triage grants.

Commissioner Questions and Discussion

Commissioner Anthony asked about program-to-program evaluation and whether additional points could be included for county collaboration. Mr. Orrock stated program comparisons are to help determine what is working best and producing better outcomes.

Public Comment

Ms. Hiramoto thanked the Commission for presenting this project to the Cultural and Linguistic Competence Committee. She encouraged the Commission to involve the Committee at the front end of these projects. She stated her concern that the proposed principles do not address serving underserved communities or the ability to measure racial and ethnic communities to reduce disparities.

Robb Layne, Director of Communications and External Affairs, County Behavioral Health Directors Association of California (CBHDA), spoke in support of the motion as presented.

Ms. Oseguera spoke in support of using clinics in crisis situations to reduce hospitalization and emergency room visits and decrease the overemphasis in unnecessary expenses for law enforcement officials. She encouraged counties to work with clinics to maximize services and create a continuum of care that addresses the needs of underserved and/or multicultural individuals. She encouraged the inclusion of language in the RFA to highlight the availability and need to partner with community partners such as clinics.

Action: Commissioner Anthony made a motion, seconded by Commissioner Van Horn, that:

The Commission adopts the principles to address the following:

- *Evaluation Strategy*
- *Set Aside for Children's Triage Funding*
- *Population Based Apportionment*

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

The following Commissioners voted "Yes": Chair Wooton and Commissioners Anthony, Aslami-Tamplen, Brown, Gordon, Lynch, Mitchell, Poaster, and Van Horn.

GENERAL PUBLIC COMMENT

Ms. McGourty stated Mendocino County has been working with staff for four years on an Innovation project. She stated the challenge that every time the Commission staff changed, Innovation plan requirements changed. A letter was sent to staff in February when the Innovation plan was completed. Staff responded with additional questions. The county answered those questions and received notification that they were approved to present it to the Commission. The county called staff to ask when it would be brought before the Commission but were told they would receive limited advance notice because the location of the August meeting was yet to be determined. Ms. McGourty informed the Commission that county staff require 30 days' notice for any out-of-county travel. In July, the county was told that another 30-day public comment period was required, which will require additional staff time and travel. She stated asking staff to travel for another day to repeat things is a hardship.

Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), asked how mental health boards and commissions can be made more accessible and transparent so stakeholders can be involved in their processes.

Commissioner Aslami-Tamplen invited Ms. Zinman to present her information to the Client and Family Leadership Committee.

INFORMATION

7: Farewell to Commissioner John Buck

Chair Wooton announced that Commissioner Buck will retire from the Commission today. Isabella, from Commissioner Thurmond's office, presented Commissioner Buck with a resolution in appreciation for his years of service with the Commission.

ACTION

8: Yolo County Innovation Plans

Presenters: Karen Larsen, Director, Yolo County Health and Human Services Agency (HHSA); Roberta Chambers, PsyD, Resource Development Associates; Sandra Sigrist, LCSW, Branch Director, Yolo County Adult and Aging Programs; Joan Beesley, MA, MHSOAC Program Manager

Roberta Chambers, PsyD, Resource Development Associates, provided an overview, accompanied by a slide presentation, of the plan development, purpose, learning goals, and evaluation of the Yolo County Innovation plans.

Commissioner Questions and Discussion

Chair Wooton asked about developing an alternative drop-off location in the First Responder Initiative. Dr. Chambers stated the mental health urgent care location has yet to be sited. Karen Larsen, Director, Yolo County HHSA, stated the drop-off location will not be at the mental health department to help reduce stigma.

Commissioner Brown asked if the mental health urgent care will be similar to a crisis stabilization unit (CSU). Ms. Larsen stated the mental health urgent care is similar in that it will assess and provide services, but will be differentiated from CSUs in that CSUs are usually 23 hours and housed in emergency departments or close by. The mental health urgent care location is offsite and is a step below the CSUs.

Commissioner Anthony asked if the Board and Care Study Project will address the state roadblocks for the board and care homes as well as looking at nonmonetary incentives and if this innovative project can be replicated in other counties. Dr. Chambers stated the focus of this project is to look at the consolidation of factors within Yolo County, some of which are related to Community Care Licensing, economics, and social issues. The project is a local effort to address a specific issue that may be useful for other counties. Yolo County plans to share information learned at the local level with the California Mental Health Planning Council (CMHPC) and the CMHPC will make information they learn at the state policy level available to the county.

Public Comment

Ms. Walker commended the county for the stakeholder process for the Innovation plans and stated she looked forward to continuing to provide the county with cultural competence input.

Ms. Crook encouraged the county to include peer providers on the multidisciplinary team.

Dorinda Wiseman, CMHPC, stated the CMHPC plans to collaborate with Yolo County on their Innovation plans. She spoke in support of the motion as presented.

Steve Leoni, consumer and advocate, stated he has reservations about the Innovation plans. He has had a long-term association with programs that are run by agencies connected with the California Association of Social Rehabilitation Agencies (CASRA). If an individual has an inability to cook their own meals, one type of support would be to cook for them. The CASRA style of support is to teach the individual how to cook. Unless opportunities are provided to individuals to learn how to complete everyday tasks, individuals may never get out of that level of care. One way to reduce the shortage of crisis beds is to reduce the demand. One way to accomplish this is to ensure there is programming that helps individuals learn how to do these things so they no longer need that level of clinical support.

Action: Commissioner Brown made a motion, seconded by Chair Wooton, that:

The MHSOAC approves Yolo County's INN Project as follows:

- *Name: First Responders Initiative*
- *Amount: \$1,725,139*
- *Project Length: Three Years.*

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

The following Commissioners voted "Yes": Chair Wooton, Vice Chair Boyd, and Commissioners Anthony, Aslami-Tamplen, Brown, Lynch, Mitchell, and Van Horn.

Action: Commissioner Anthony made a motion, seconded by Commissioner Mitchell, that:

The MHSOAC approves Yolo County's INN Project as follows:

- *Name: Board and Care Study Project*
- *Amount: \$89,125*
- *Project Length: One Year*

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

The following Commissioners voted "Yes": Chair Wooton, Vice Chair Boyd, and Commissioners Anthony, Aslami-Tamplen, Brown, Lynch, Mitchell, and Van Horn.

INFORMATION

9: Innovation Subcommittee Report-Out

Presenters: John Boyd, Psy.D., Commissioner; Itai Danovitch, M.D., Commissioner; Toby Ewing, Ph.D., Executive Director; Urmi Patel, Psy.D., Consulting Psychologist

Vice-Chair Boyd thanked Innovation Subcommittee Members and staff for their work to engage multiple stakeholders statewide on the process and challenges of creating innovation and bringing innovation projects forward. He stated the common perception was that the Commission takes the fun out of innovation. The subcommittee workgroup looked at current processes and created templates or guidelines to get through the intermediary period or the "period of grace" – the time between raising the standard on what is expected around Innovation and the time it will take for stakeholders to hone the additional skills required to bring forward true innovation to the state of California.

Urmi Patel, PsyD, Consulting Psychologist, stated the subcommittee asked staff to engage in a small workgroup involving county partners and stakeholders to create a toolkit on designing an Innovation project, looking at staff summaries and other examples statewide and developing an analytical approach to the staff summaries for Commissioners to make more informed decisions, and working with counties to create a presentation template.

Dr. Patel stated the subcommittee tried to come up with a singular definition of innovation but innovation does not thrive in a singular role – it thrives when there are

many levels to it. She stated Commissioner Van Horn drew a diagram for the subcommittee that set the stage for the conversation on how to establish a hierarchy of innovation. The areas included ideas that were, at the fundamental level, operational versus those that were incremental, versus those that were inventive and those that were truly disruptive.

Dr. Patel stated the subcommittee asked that staff work with the workgroup to create a better process.

Vice-Chair Boyd stated the Commission contracted with IDEO, a human design firm, to look at established systems and processes to ensure that they reflect human-centric design. He stated the Innovation Summit will be in October. The Commission asked the subcommittee to work on a broader visionary approach to what innovation could look like. California is in a unique position to establish a Center of Innovation where there could be centralized expertise to meet local needs, which brings the public and private sectors together to look at international best practices and create innovation not only statewide but nationally.

Public Comment

Mr. Layne stated the CBHDA enjoyed collaborating on this issue and finding solutions to problems. He stated he looks forward to continuing to work with staff on template and presentation issues.

Mr. Leoni stated the Village and 7 Cups of Tea engage in ongoing innovation. He stated three-year county plans may not have everything wished for out of innovation and may encourage mildness. He suggested that the top of Commissioner Van Horn's pyramid – the "wild and crazy" idea – may happen midway through the process. The current process does not encompass that kind of messiness or human process and difference that go on through an innovation process.

Ms. Walker stated it is frustrating giving public comment about an Innovation project as it is being presented to the Commission for approval; this is too late to make changes. She suggested that the subcommittee consider ways for subject matter experts to review these plans prior to Commission approval.

Ms. McGourty stated her county is overworked and understaffed. She suggested finding a way for all counties to be involved, such as surveys, so no county feels excluded. She agreed with Ms. Walker and stated most of the participants in stakeholder meetings in her county are agencies that get money for services. Clients and family members rarely attend; the agencies dictate the need.

Commissioner Questions and Discussion

Commissioner Van Horn stated the CIBHS was founded to help counties do a better job. He stated the need to connect with the new CIBHS Director to ensure their vision and goals are consistent with the Commission's. Executive Director Ewing stated he met with the acting leadership of the CIBHS to talk about the work being done and opportunities to partner.

INFORMATION

10: Executive Director Report-Out

Presenter: Toby Ewing, Ph.D., Executive Director

Executive Director Ewing presented his report as follows:

Personnel

The new budget includes new staff positions, including positions dedicated to work on PEI.

Assembly Bill 114

The governor signed Assembly Bill (AB) 114, which provided additional funding to the Commission for a suicide prevention project and implemented most of what the Commission recommended under the fiscal reversion project. The bill directs the Department of Health Care Services (DHCS) to revise the rules in collaboration with the Commission.

Committees

Innovation Subcommittee

Areas of focus:

- Strategic opportunities among the components of the mental health system
- More robust technical assistance
- Research and evaluation
- Dissemination

Staff will work with Vice-Chair Boyd, the Chair of the Innovation Subcommittee, to bring back the Fiscal Oversight Committee to help with launching the Fiscal Transparency Tool.

Client and Family Leadership and Cultural and Linguistic Competence Committees

The Committees met this month and are planning the Community Forum in Los Angeles on October 28th. The next meeting is on September 13th to focus on robust local mental health boards.

Community Forums

The next community forum is scheduled for October 28th at Los Angeles Community College.

Legislation

As part of the legislation on reversion, the Joint Legislative Audit Committee met at the request of Senator Beall and his colleagues to ask for an audit of oversight of MHSA financial distributions and how the funding is being used. The auditor has laid out a series of questions. The large fundamental question is to look at the adequacy of oversight by the Commission, the DHCS, and the Controller. The bulk of the questions

that the audit is asking for is to look at the activities of the DHCS with regard to financial reporting and reversion. Staff will soon meet with the audit team. The audit request was broad so the Commission may be audited as part of it.

Project Updates

Criminal Justice and Mental Health

A draft report will be presented to the Commission at the September meeting.

Children's Crisis Services

Work continues on the draft report.

Fiscal Reporting Tool

The fiscal reporting tool has not yet been put online due to the confusion over how much funding was subject to reversion. AB 114 has settled that issue. Staff is updating the tool to reflect the change in the law before putting it online.

Issue Resolution

A draft report will be presented to the Commission at the September meeting.

New Topics

Next projects for policy research are being developed.

The governor and the Legislature have asked the Commission to prioritize the development of a suicide prevention plan for the state of California. The staff proposal will be presented to the Commission at the August or September meeting.

PEI and INN Regulations

The Innovation subcommittee recognized that there is a mismatch between the general rules and the realities that the small counties face. The subcommittee is working with the smallest eight or nine counties on ways to streamline rules to better help them respond to the needs in their communities in a cost-effective way that focuses on recovery and wellness. The subcommittee will bring their findings before the Commission.

The Commission continues to work on a way for counties to transmit disaggregated data to the Commission.

Schools and Mental Health

A meeting was held in Riverside to discuss the work the Commission is doing and to gather information about challenges and opportunities. Over 100 individuals were in attendance.

Commissioner Gordon has asked staff to put together strategies to better understand how to support a more robust implementation of evidence-based practices; the strategies will be presented to the Commission at the August meeting.

Stakeholder Contracts

Staff has sent responses to all letters of concern received about the process and outcomes of the contracts awarded. The process has been improved, although not everyone is happy with the results. Ms. Walker had stated the need for a more robust stakeholder engagement earlier in today's meeting. These funds will support advocates being engaged at the county level around some of the challenges raised today.

Staff is still working through the contracts, but progress is being made.

There is \$510,000 left to allocate. It is the difference between the amount of funding made available for an RFP and the amount of funding the Legislature subsequently gave the Commission. The funds will be allocated to transition-age youth (TAY) advocacy activities at \$170,000 per year for three years. Staff has been engaging focus groups with TAY to discuss the best use of those funds. A meeting is scheduled on August 9th with organizations currently doing this work.

Strategic Planning

Staff continues to work to identify a consultant to update the strategic plan.

Triage Grants

The RFA will be presented to the Commission for approval at the August meeting.

Triage site visits are scheduled in Santa Barbara in August and in Placer County and Ventura in September. A meeting with existing county triage coordinators is scheduled in October.

Other Work

Staff is creating a map to show where the Commission has visited and has yet to visit.

Commission Meeting Calendar

The August meeting will focus on Innovation plans.

The September meeting will include the election of officers who will take office the following January.

Commissioner Questions and Discussion

Commissioner Mitchell asked if staff visits county Innovation sites for quality control on approved Innovation plans. Executive Director Ewing stated Past Chair Carrion questioned the fact that counties are not required to provide midterm reports on the successes, challenges, and lessons learned from their innovative projects to the Commission so Commissioners and other counties can learn about past innovations to improve future ones.

Executive Director Ewing stated, although two or three midterm reports per innovative project would prove helpful and enlightening, the challenge is that Commission agendas are already full. He stated the Innovation Subcommittee has been asked to document the mechanisms used on the front end for review and approval and for monitoring. He stated there have been suggestions that the Commission should consider creating

incentives for counties to collaborate on several innovations rather than three to four separate Innovation projects per county. It is difficult for staff to monitor the 350 innovations currently underway, but if counties are collectively focused on several shared challenges, even if counties are addressing it in unique ways, it will be easier to provide technical assistance and create a more robust research evaluation strategy.

GENERAL PUBLIC COMMENT

Ms. Walker stated the \$170,000 contract for TAY should have been allocated to the awardee in the first round. They, in essence, are being penalized for being the only agency to write a good proposal the first time. The point of each stakeholder being awarded \$670,000 from the Legislature was to give a level playing field to everyone. Currently, six out of the seven contractors were awarded \$670,000. She stated it is unfair to the TAY contract awardee. She stated they should be awarded the same amount as the other contractors.

Ms. Crook spoke about the power and importance of peer support. She stated all MHSA programs should employ full-time peer providers.

ADJOURN

There being no further business, the meeting was adjourned at 4:05 p.m.

AGENDA ITEM 2

Action

August 24, 2017 Commission Meeting

SB 82 Request for Applications (RFA) Outline

Summary: The Investment in Mental Health Wellness Act, also known as Senate Bill (SB) 82, was enacted in 2013. It was the result of a call for state action made by then Senate pro Tempore Darrell Steinberg. The Act is intended to strengthen and expand the county mental health services system by augmenting existing county crisis services and creating linkages to new services through additional funding for triage personnel. The personnel funded through this act will increase California's capacity for client assistance and provide intensive case management, training, and crisis intervention for consumers, including unserved and underserved populations.

In February of 2014, the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) administered contracts for triage grants in 24 counties. The grants will conclude on June 30, 2018.

The first round of grants resulted in more than 70,000 instances of individuals utilizing the services provided through the triage grants. Outcomes associated with these grants include an increase in access and linkages to services and resources and in the utilization of peers in crisis intervention, a reduction in psychiatric hospitalizations and in stigma associated with mental illness, and improved consumer well-being and coordination of services.

Over the last 18 months, Commission staff have been preparing the next SB 82 Triage Grant Request for Applications (RFA) for release. Several meetings were held to solicit feedback and guidance from counties and stakeholders on what was working and not working with regard to the first round of grants. These meetings included quarterly meetings with county Triage Grant Coordinators, on-site visits to active triage grant programs, an informational meeting with law enforcement, a forum on Triage, an informational meeting in Berkeley, and meetings with the MHSOAC Client and Family Leadership Committee and the Cultural and Linguistic Competence Committee. Most recently, at the July 27, 2017 Commission meeting, the Commission approved three principles related to the next round of Triage Grants. These principles included an Evaluation Strategy, a Set Aside for Children's Triage Funding, and Population Based Apportionment.

Based on the feedback received at these meetings, Commission staff has prepared the enclosed SB 82 Selection Criteria Outline.

Presenters: Tom Orrock, Manager; Kristal Antonicelli, Project Lead

Enclosures: (1) Outline of Senate Bill 82 Investment in Mental Health Wellness Act Request for Applications

Handouts: A PowerPoint will be provided at the meeting

Proposed Motions:

(1) The Commission approves the proposed outline to be used for the SB 82 Investment in Mental Health Wellness Act Triage Grant Request for Applications.

(2) The Commission authorizes the Executive Director to initiate a competitive application process.



Outline of Senate Bill 82 Investment in Mental Health Wellness Act Request for Applications

Background

Senate Bill (SB) 82 enacted the Investment in Mental Health Wellness Act in 2013 (Act). Through a competitive grant process, the Act afforded California the opportunity to use MHSA dollars to expand crisis intervention services for individuals across the lifespan.

Under the terms of the Act, two competitive grant opportunities were available. One grant process was administered by the California Health Facilities Financing Authority (CHFFA) to fund mobile crisis support teams, crisis intervention, and crisis residential programs. The final funding round for this grant process concluded in March of 2016.

The other grant process was administered by the Mental Health Services Oversight and Accountability Commission (Commission) and provided funding for counties, counties acting jointly across the state, and city mental health departments to hire crisis intervention triage personnel statewide. These triage personnel provide intensive case management and services for individuals experiencing a mental health crisis.

In February 2014, the Commission funded and administered contracts to implement Triage Grant services for 24 counties. These counties received a total of \$32 million per year over the course of the grants. The funding cycle was scheduled to end on June 30, 2017, but was extended to June 30, 2018, in order to provide counties adequate time to spend unspent dollars from their grant. The unspent funds were the result of delayed implementation and personnel hiring and/or retention.

The first round of triage grants resulted in several positive outcomes throughout the mental health community in California. These positive outcomes include an increase in access and linkages to services and resources and in the utilization of peers in crisis intervention, a reduction in psychiatric hospitalizations and in stigma associated with mental illness, and improved consumer well-being and coordination of services.

At the July 27, 2017 Commission meeting, the Commission approved three principles related to the next round of Triage Grants. These principles included an Evaluation Strategy, which will fortify the evaluation of Triage investment through a centralized evaluation of the triage grants; a Set Aside for Children's Triage Funding, which addressed the underrepresentation of services for children and youth in the first round of the Triage Grants; and a Population Based Apportionment, which aims at making the competition for Triage Grant funding more fair in the upcoming grant cycle.

Purpose and Goals

Applicant are limited to:

- Counties;
- City mental health/behavioral health departments;
- Counties and/or City mental health/behavioral health departments acting jointly across the state.

The grant funding supports hiring mental health triage personnel to provide a range of triage services to individuals with mental illness or emotional disorders requiring crisis intervention. As indicated in the Act, triage personnel may provide targeted case management services face to face, by telephone, or by tele-health.

Through the Act, it is the intent of the Legislature to strengthen and expand the county mental health services system by augmenting existing county crisis services and creating linkages to new services through additional funding for triage personnel. The personnel funded through this Act will increase California's capacity for client assistance and provide intensive case management, training, and crisis intervention for consumers, including unserved and underserved populations.

The Commission will fund crisis intervention programs that provide services for who are in need of a mental health crisis intervention. Of the total funds available, the Commission intends to use no less than 30% of those funds for services specific to children and youth.

These partners should assist with developing and delivering the proposed triage crisis intervention services.

Funding

A total of no more than \$32 million will be distributed annually. Installments will be funded quarterly to fund the mental health triage personnel grants statewide. It is anticipated that the overall funding for triage personnel will include counties seeking appropriate federal Medi-Cal and/or local reimbursement for services when applicable. The Commission intends to use no less than 30% of the funds available for services specific to children and youth.

Grant Cycle

Grants will be approved for a three-year grant cycle, with funds allocated annually, in quarterly installments contingent on fulfilling reporting requirements.

Grant Apportionment

The Commission will apportion the funds based on population. Funding caps for each designation will be clearly stated in the Request for Applications (RFA).

County and City Behavioral Health Department population designations will be defined as follows:

- Small ($\leq 200,000$)
- Medium ($> 200,000 - 750,000$)
- Large ($> 750,000 - \geq 4,000,000$)

Collaborative applications between two or more counties and/or City Behavioral Health Departments will be apportioned based on their combined populations.

Allowable Costs

Grant funds must be used as proposed in the grant Application approved by the Commission as follows:

1. Allowable costs include triage personnel and administration.
 - a. The amount budgeted for administration shall not exceed 15% of the total budget. This includes any administrative costs associated with contracted personnel.
2. Grant funds may be used to supplement existing programs but may not be used to supplant existing funds for mental health triage personnel available for crisis services;
3. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

Program Narrative

The **Program Narrative** must demonstrate the Applicant's ability to meet all specified qualifications, requirements, and standards set forth in the RFA. The Program Narrative will include, among other things, a description of the current crisis response system; a needs assessment; and the proposed triage grant program.

Program Implementation Plan

During the course of the first round of triage grants, several counties experienced delays in implementing their approved programs. In order to mitigate similar delays in this grant cycle, the Commission will require the Applicant to submit a **Program Implementation Plan** as a part of the Application.

The purpose of the Program Implementation Plan is to illustrate the critical steps in starting the proposed programs and to identify any challenges associated with implementation. It is hoped that by requiring the Program Implementation Plan to be completed prior to submission, counties will be better equipped to begin serving clients within 90 days of approval.

Collaboration

Collaboration is an integral and necessary component to a successful triage grant program. A successful collaborative partnership mitigates implementation delays and addresses services gaps. Many counties experienced significant delays in operationalizing their triage programs due to a lack of working relationships between agencies and organizations that interact with individuals in mental health crisis.

If the proposed program is dependent upon a collaborative agreement between the Applicant county and a community entity, such as a law enforcement department, hospital, school, etc., a **Letter of Intent to Collaborate** must be included for each proposed collaboration.

Collaborative partners may include but are not limited to:

- Local and/or regional partner counties;
- Law enforcement;
- Hospital Emergency Departments;
- Community partners such as non-profit health clinics and Federally Qualified Health Clinics (FQHC);
- First responders such as fire fighters and paramedics;
- Mental health and substance use non-profits;
- Foundations;
- Shelters;
- Nursing homes;
- Providers of services to racial, ethnic, and cultural groups;
- Local social networks.

Plan for Sustainability

The purpose of requiring applicants to write a **Plan for Sustainability** is to ensure that a program is sustainable after the grant cycle ends. Applicants will be required to include information on the steps they will take to help build the sustainability capacity for the proposed triage program.

Program Communications Plan

It is the intent of the Act to increase access to crisis intervention services for all Californians. An important aspect of increasing access to crisis intervention services is to increase the public's awareness of those services. If a county is awarded a grant, the Commission will require that the county provide triage information on their county website.

Budget Requirements

Applicants must provide budget information, as indicated, on the Budget Worksheet, which will be provided with the RFA. Budget detail is required for personnel costs and administration.

Statewide Evaluation

The first round of Triage Grants resulted in more than 70,000 instances of Californians utilizing crisis intervention and/or crisis stabilization services provided through the Act. The highest priority in the initial round of Triage Grant awards was to implement services as quickly as possible. One consequence of this prioritization was that the RFA left to the applicants to specify how their projects would be evaluated rather than specifying that the State would develop a unified evaluation approach. The evaluations received from the counties represented diverse approaches. The measures, data collection methods, and frequency of outcomes, etc., proved too diverse for the Commission to aggregate and translate into a statewide story of transformational change as it relates to mental health crisis response.

In an effort to mitigate the resultant evaluation challenges from the first round of grants, Grantees will be required to participate in a statewide evaluation of the triage grants.

Grantees shall employ staff through the grant for triage data gathering to submit to the Statewide Evaluation Contractor. Participation in the statewide evaluation is mandatory. Submission of an application indicates acceptance and compliance with this requirement.

Specific data to be captured and reported (e.g., Indicators, desired outcomes, etc.) will be communicated to Grantees after the Statewide Evaluation contract is executed.

AGENDA ITEM 3

Action

August 24, 2017 Commission Meeting
Transition Age Youth (TAY) Request for Proposal (RFP) Outline

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of an outline for the RFP for TAY mental health advocacy.

In August of 2016 the Commission authorized the Executive Director to issue a RFP for Transition Aged Youth advocacy using the additional 2016 budget dollars that were not included in the initial RFP and award.

MHSOAC staff will be presenting an outline for TAY advocacy efforts.

Enclosures: None

Handout: Power Point presentation and materials will be made available at the Commission meeting.

Presenters: Norma Pate, Deputy Director, Tom Orrock, MHSOAC Manager

Recommended Action: The Commission approves the outline for the TAY stakeholder advocacy RFP.

AGENDA ITEM 4

Information

August 24, 2017 Commission Meeting

Innovation (INN) Update

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will receive an update from the Innovation Team which will include the activities of the Subcommittee on Innovation and the Innovation Summit.

Presenters: Sharmil Shah, Psy.D. Chief of Program Operations; Shannon Tarter and Grace Reedy, Innovation Team Members

Enclosures: None

Handout: None

Recommended Action: Information Item Only

AGENDA ITEM 05

Action

August 24, 2017 Commission Meeting

Napa County Innovation Plans

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Napa County's request to fund the following four (4) new Innovative projects for a total amount of \$1,688,653 (see below for project breakdown). The duration of each of these projects is 18 months.

(A) **Napa Adverse Childhood Experiences (ACEs) - \$438,869**

(B) **Native American Historical Trauma and Traditional Healing
Innovation Project - \$479,518**

(C) **Understanding the Mental Health Needs of the
American Canyon Filipino Community - \$461,016**

(D) **Working for Wellness - \$309,250**

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

- Napa County is proposing to develop a training program for paraprofessionals, who work in and around mental health programs, to help them identify their own adverse childhood experiences and to help them use this knowledge in their practices and in their interactions with their respective consumers.
- Napa County is also proposing to develop a program to increase cultural competency by establishing a training program to educate mental health practitioners about historical trauma and Native American healing traditions.

- Napa County is proposing to develop a program to increase empathy and understanding of the needs of Filipino students and parents, increase their willingness to utilize mental health supports and make changes to the screening processes currently being used identify students and their families and to increase access for them to access supports available to them.
- Finally, Napa County is proposing to develop a training program for paraprofessional who work in and around mental health programs to help them identify their own adverse childhood experiences and to help them use this knowledge in their practices and in their interactions with their respective consumers.

Presenter(s):

- Bill Carter, LCSW, Mental Health Director, Napa County Health and Human Services Agency;
- Felix Bedolla, Project Manager, Mental Health Division, Napa County Health and Human Services Agency;
- Rocio Canchola, MPA, Staff Services Analyst II, Mental Health Division's MHSA Programs, Napa County Health and Human Services Agency.

Enclosures (9): (1) Biographies for Napa County Innovation Presenters (2) Napa County Proposed Innovation Project (3) Staff Summary, Napa Adverse Childhood Experiences (ACEs); (4) Staff Summary, Native American Historical Trauma and Traditional Healing Innovation Project; (5) Staff Summary, Understanding the Mental Health Needs of the American Canyon Filipino Community; (6) Staff Summary, Work for Wellness.

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

Additional Materials (1): Link to the County's complete Innovation Plans are available on the MHSOAC website at the following URL:

<http://mhsoac.ca.gov/document/2017-08/napa-county-inn-plan-description-adverse-childhood-experiences-aces>

<http://mhsoac.ca.gov/document/2017-08/napa-county-inn-plan-description-native-american-historical-trauma-and-traditional>

<http://mhsoac.ca.gov/document/2017-08/napa-county-inn-plan-description-understanding-mental-health-needs-american-canyon>

<http://mhsoac.ca.gov/document/2017-08/napa-county-inn-plan-description-work-wellness>

Proposed Motion: The MHSOAC approves Napa County's Innovation Projects, as follows:

Name: Napa Adverse Childhood Experiences (ACEs)

Amount: \$438,869

Project Length: 18 Months

Name: Native American Historical Trauma and Traditional Healing Innovation Project

Amount: \$479,518

Project Length: 18 Months

Name: Understanding the Mental Health Needs of the American Canyon Filipino Community

Amount: \$461,016

Project Length: 18 Months

Name: Work for Wellness

Amount: \$309,250

Project Length: 18 Months

Biographies for Napa County Presenters

Bill Carter, LCSW

Bill Carter LCSW has over 32 years of experience as a direct service provider and administrator in public and private mental health, social services and health programs. From 1998 to 2010, Mr. Carter was an administrator at the California Institute for Mental Health (CIMH, now CIBHS) where, among other things, he led the Institute's efforts to disseminate evidence-based practices. In 2010, Mr. Carter joined the Napa County Health and Human Services agency, becoming its Mental Health Director in 2014.

Felix Bedolla

Felix Bedolla is a Project Manager with the Mental Health Division of Napa County Health and Human Services Agency with primary responsibilities managing the Division's Mental Health Service Act (MHSA) programs and other projects as assigned. He has over 26 years of experience working in county and non-profit management/program development, fundraising, grant writing and program coordination positions with the Mental Health Division, Nuestra Esperanza/Aldea, a Latino Multi-Service Center, Napa County Arts Council, and Napa Valley Adult School.

Rocío Canchola, MPA

Rocío Canchola is a Staff Services Analyst II for the Mental Health Division's MHSA programs focusing on various aspects of MHSA programs including evaluation, contract monitoring, project management, as well as special projects focused on inclusion and equity. For more than 16 years, Rocío has worked in the social services and health education fields working in a variety of positions ranging from direct services, outreach and engagement to grant management. Her passion for community health and wellbeing are demonstrated by her efforts in ensuring that stakeholder needs are heard and by advocating for the reduction of systematic barriers to high quality services.

Napa County MHSa Proposed Innovation Project

Adverse Childhood Experiences (ACEs) Project Executive Summary

Total Project Budget (includes evaluation costs): \$438,869

Duration of the Project: 18 months

Review History

County Submitted Innovation Projects to MHSOAC: May 19, 2017

Approved by the Napa County Board of Supervisors: July 11, 2017

MHSOAC Consideration of INN Project: August 24, 2017

The Need

The childhood trauma caused by Adverse Childhood Experiences (ACEs) is complex and ACEs can include everything from domestic violence to living in extreme poverty. ACEs can have negative impacts at the individual and community level. ACEs are difficult to treat and require a multi-system approach to prevention, intervention and treatment.

It is also important to educate paraprofessionals (who often serve individuals with ACEs) about their own ACEs, the effects of toxic stress and recognize the mental health and emotional impacts these individuals may experience from being re-traumatized and not having support to process their own experiences in healing environment that promotes self-care and resilience building for themselves.

Why ACEs Matter: ACEs are potentially traumatic experiences that occur in childhood, such as abuse, neglect, substance abuse or mental abuse in the household, domestic violence, or having absent parent. In the absence of a nurturing caregiver or other protective factors, these early adverse experiences can negatively impact growing brains and bodies and chronic impacts on long-term health outcomes.

The more types of trauma people experience, the more severe the consequences. Compared to someone who did not experience any childhood adversity, for example, a person who has experienced four ACEs is 12 times more likely to attempt suicide, seven times more likely to become an alcoholic and twice as likely to have a heart disease or cancer. People with high ACE scores are more likely to struggle with depression and autoimmune diseases. ACEs can also affect a child's health and wellbeing during their childhood. More broadly, ACEs have a negative impact on our schools, criminal justice system, economic vitality and public health.

64.5% of Napa County residents has at least one ACE (compared to 67% nationwide)

One in five (20%) Napa County residents has four or more ACEs, (compared to 12.5% nationwide).

Program Overview

Paraprofessionals, who are often best positioned to intervene in the prevention and treatment of ACEs, have the least professional support to address ACEs in their own lives. Licensed professionals receive

Napa County MHSA Proposed Innovation Project

training and often ongoing supervision to address their own trauma history and how it manifests in their work. This support is generally not available for the paraprofessionals.

The ACES Planning Workgroup reviewed literature relating to the barriers and found that no research exists on the prevalence and impact of ACEs and Resiliency on paraprofessional staff in social services and family service organizations. There are many evidenced-based practices to address secondary trauma for licensed professionals as well as other promising practices designed to help health care providers and caregivers avoid compassion fatigue and take better care of themselves.

Learning Goals/Questions

Since paraprofessionals are often the first contact that individuals have with an organization, the group developed the following learning goals for the ACES Innovations Project:

- How does a paraprofessional’s personal history with ACEs and Resiliency impact how they address ACEs with individuals?
- How does a paraprofessional’s personal history with ACEs and Resiliency impact their workplace stress?
- Which supports do paraprofessionals find the most effective in changing how they address ACEs with individuals and/or how they manage workplace stress?

“Adverse Childhood Experiences are the single greatest unaddressed public health threat facing our nation today.” Dr. Robert Block, former President of the American Academy of Pediatrics

Community and Project Planning Process

Napa County began meeting with local stakeholders to share the Innovations Criteria in September of 2016 and released a request for Innovation Concepts in November 2016. Once proposals were in, staff recruited a Scoring Committee with a diverse number of individuals with different backgrounds, including, but not limited to, consumers, family members, State Innovations experts, advocates, local non-profit staff, etc. to complete the scoring of these projects. The Scoring Committee reviewed and approved Innovations ideas based on the ones that met the criteria outlined in the MHSOAC project template.

A group of Napa County providers came together in March 2016 to form the Napa County ACEs Connection with the goal of educating the Napa community about ACEs as well as integrating trauma informed care and resilience building practices into their work, family, community and individual lives. The group is working “to establish a framework in which to work collaboratively to transform Napa County to a place of hope, compassion, healing and resilience for all across the lifespan.”¹ The group noted that though the prevalence of ACEs is known and the evidence on the impacts of childhood trauma are known, there were still barriers to the wide-scale prevention and treatment of ACEs. The Napa ACEs Innovation Project was developed by this group to examine what wasn’t working in the current mental health system in regard to ACEs prevention and treatment.

¹ <http://www.acesconnection.com/g/napa-county-ca-aces-connection>

Napa County MHSA Proposed Innovation Project

Budget

The total project budget will be \$438,869 which includes evaluation and county administration costs. Approximately 48% of the funds will go to pay personnel. Cohort participants will also receive stipends for participating in the project. Operations costs (21%) will include facility rental fees for cohort meetings, fees for specialized trainings on ACEs, etc. Consultants (8%) will be hired to offer reflective facilitation to support participants in their work with individuals and their ACEs in the community. Evaluation costs will be approximately 8% and county administration costs will be 15%.

Evaluation

An external evaluator will work with County staff and contracted staff to ensure the evaluation of the project is streamlined and meets high quality standards. The evaluation plan will be focused on the learning goals/questions mentioned above.

Regulatory Requirements

The Napa ACEs Project meets the requirements as stated in MHSA Innovation regulations.

Napa County MHSa Proposed Innovation Project

Historical Trauma and Traditional Healing: A Training for Mental Health Providers Executive Summary

Total Project Budget (includes evaluation costs): \$479,518

Duration of the Project: 18 months

Review History

County Submitted Innovation Projects to MHSOAC: May 19, 2017

Approved by the Napa County Board of Supervisors: July 11, 2017

MHSOAC Consideration of INN Project: August 24, 2017

The Need

Napa County is an urban/rural area with an officially listed terminated tribe, but with a diverse Native community of over 1,848 Native Americans (2016 Census) and 300+ students in the Napa Valley Unified School District Indian Education Program. There are few culturally-competent resources available to the population of Native Americans in Napa County. Those that exist are not focused on increasing the cultural competency of the mental health system though the estimated incidence of Serious Mental Illness (SMI) is higher for Native Americans than in other populations and they continue to be underserved by the mental health system.

The most recent local data shows that despite the increased prevalence of serious mental illness, very few Native American individuals seek conventional treatment services in Napa County. There are few culturally-competent wellness and recovery resources available to the population of Native Americans in Napa County where:

- The estimated prevalence of Serious Mental Illness (SMI) for Native Americans is 8.7%, twice the rate for the general population (4.1%).
- In 2014, 51 individuals who identified as Native American were eligible for public mental health services. Eight received services. In 2015, 42 individuals qualified and 4 were served.

Program Overview

A review of the literature found that the link between historical trauma and mental health in the Native American community had been studied and examined by several authors. There was also evidence about the importance of traditional healing ceremonies and providers' cultural identity.

Staff did not find any literature pertaining to educating mental health providers about historical trauma and healing traditions and how it impacts their compassion and advocacy for the Native American communities and/or how it changes their treatment plans or self-care.

Though efforts that were similar to pieces of this work plan were found, there were several limitations:

Napa County MHSA Proposed Innovation Project

- We did not find an evidence-base for these types of programs
- We did not find a program focused on training mental health professionals through a combination of education and experiential learning
- We did not find evaluated interventions

By combining information about Native American culture, experiences and historical trauma with the experience of a healing tradition, Suscol Council hopes to change providers' understanding of and compassion for the Native American experience and encourage each participant to use and share the traditions in their personal and professional lives.

This Innovation Project is focused on combining education about varied Native American cultures, histories and historical trauma with training on traditional wellness and healing practices. The project is a series of workshops that take providers through the use and benefits of smudging, writing/art, drum circles, clapper sticks, drum making and drum blessings. The workshops will include the production of videos that will be used to share the learning and available for training purposes after the project concludes.

Learning Goals/Questions

- Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?
- Do providers integrate the learning into their own self-care? Why or why not?
- Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

Community Planning Process

Napa County began meeting with local stakeholders to share the Innovations Criteria in September of 2016 and released a request for Innovation Concepts in November 2016. Once proposals were in, staff recruited a Scoring Committee with a diverse number of individuals with different backgrounds, including, but not limited to, consumers, family members, State Innovations experts, advocates, local non-profit staff, etc. to complete the scoring of these projects. The Scoring Committee reviewed and approved Innovations ideas based on the ones that met the criteria outlined in the MHSOAC project template.

Suscol Intertribal Council has been educating individuals in Napa County about historical trauma and its impact on the Native community since 1992. They have noted that often the information about historical trauma is difficult for individuals to hear the first time. One of the ways to help people receive the information is to also share ways to heal the trauma as they learn about it. The need to add the education about historical trauma arose from the Innovations Scoring Committee review of the originally submitted proposal from the Suscol Intertribal Council. Many of the reviewers were not familiar with historical trauma. Suscol Intertribal Council considered how to combine the community's curiosity about wellness and healing with knowledge of culture, experiences and historical trauma and proposed this project.

Napa County MHSA Proposed Innovation Project

Budget

The total budget is \$479,518. Approximately 35% will go toward personnel expenditures, 30% to the cultural and mental health consultants who will support staff in overseeing the program, reviewing curriculum and working on how this model may live beyond this pilot phase. About 9% of the budget is dedicated to evaluation that will be completed by a third party. Operations will be 8% of the budget and non-recurring costs will make up 3% of expenditures. County administration costs are 15% of the budget.

Evaluation

An external evaluator will work with County staff and contracted staff to ensure the evaluation of the project is streamlined and meets high quality standards. The evaluation plan will be focused on the learning goals/questions mentioned above.

Regulatory Requirements

The Historical Trauma and Traditional Healing: A Training for Mental Health Providers Project meets the requirements as stated in MHSA Innovation regulations.

Napa County MHSa Proposed Innovation Project

Addressing the Mental Health Needs of the American Canyon Filipino Community Project Executive Summary

Total Project Budget (includes evaluation costs): \$461,016

Duration of the Project: 18 months

Review History

County Submitted Innovation Projects to MHSOAC: May 19, 2017

Approved by the Napa County Board of Supervisors: July 11, 2017

MHSOAC Consideration of INN Project: August 24, 2017

The Need

This project was prompted after Napa Valley Unified School District (NVUSD) staff noted a disparity in mental health risks reported in the California Health Kids Survey data for Filipino students in American Canyon schools. After review of NVUSD and Napa County Health and Human Services Mental Health Division service usage data, NVUSD staff realized that Filipino youth are not using the existing mental health services and supports at the same rate as other populations. District staff held focus groups and distributed surveys to the Filipino community in American Canyon to get a better perspective about what might help.

In the focus group and planning process, school staff discovered that there were intergenerational barriers to accessing services for Filipino students and their families. A literature review and further phone interviews with bay area service providers focused on serving Filipino individuals revealed that there was no information or evaluation of mental health programs that addressed intergenerational barriers in the community. This project was created to determine if an intergenerational approach might be a more effective strategy to improve access to services for Filipino students in American Canyon schools.

Filipino students in American Canyon are less likely to use school counseling services at the middle school and at the high school. This is statistically significant in both settings.

Program Overview

Through an intergenerational approach (both in school and outside of school) this project is designed to learn about how to:

- Increase empathy and understanding about the wellness needs of Filipino students and parents
- Increase the willingness of Filipino students and parents to use mental health supports
- Make changes to the screening process to identify mental health needs and increase access to the supports available to Filipino youth and their families in Napa County

Napa County MHSA Proposed Innovation Project

Some of the areas that Filipino youth and adults identified as topics that will be addressed during this project include: generational barriers, stigma, pressure, isolation and need for a different solution (current systems are not working or not effective in getting people the help they need, both youth and adults).

Learning Goals/Questions

Does an intergenerational approach to mental health support change

- Intergenerational empathy and understanding about wellness needs of parents and students?
- Willingness of Filipino youth and families to use supports to promote and maintain wellness?

Do the ideas generated by the intergenerational approach change how the district and mental health providers support changes to:

- Screening process to identify mental health risks of all students, not just those with external behaviors?
- Supports available to promote and maintain wellness for all students?

Community Planning Process

Napa County began meeting with local stakeholders to share the Innovations Criteria in September of 2016 and released a request for Innovation Concepts in November 2016. Once proposals were in, staff recruited a Scoring Committee with a diverse number of individuals with different backgrounds, including, but not limited to, consumers, family members, State Innovations experts, advocates, local non-profit staff, etc. to complete the scoring of these projects. The Scoring Committee reviewed and approved Innovations ideas based on the ones that met the criteria outlined in the MHSOAC project template.

In November 2016, the American Canyon High School and American Canyon Middle School administrative teams asked to meet with members of the Filipino community in an effort to better understand the results and to develop ideas to address the disparities.

- The first focus group was held at American Canyon Middle School with 12 Filipino parents, four high school students, and one community member in attendance.
- The second focus group was held at American Canyon High School with five Filipino high school students.
- After the second focus group, students offered to distribute a survey to other Filipino students for further input with 20 surveys completed by high school students.
- In March 2017, NVUSD staff convened another focus group with 23 Filipino and Asian American students to get more information about how to address mental health concerns.

In each focus group and survey, the participants were asked to identify the needs associated with the mental health data and asked to generate potential ways to address the needs.

The groups identified the following gaps and barriers that will be addressed through this project:

Napa County MHSA Proposed Innovation Project

- Generational Barriers
- Stigma
- Pressure
- Isolation
- Need for different solutions to improve access to services

Budget

The total project budget is \$461,016. About 56% of the budget will be assigned to personnel costs with 9% for operations, 6% for consultant fees, 3% for one-time costs, 11% for evaluation and 15% for County Administration costs.

Evaluation

An external evaluator will work with County staff and contracted staff to ensure the evaluation of the project is streamlined and meets high quality standards. The evaluation plan will be focused on the learning goals/questions mentioned above.

Regulatory Requirements

The Addressing the Mental Health Needs of the American Canyon Filipino Community Project meets the requirements as stated in MHSA Innovation regulations.

Napa County MHSA Proposed Innovation Project

Work for Wellness Project Executive Summary

Total Project Budget (includes evaluation costs): \$309,250

Duration of the Project: 18 months

Review History

County Submitted Innovation Projects to MHSOAC: May 19, 2017

Approved by the Napa County Board of Supervisors: July 11, 2017

MHSOAC Consideration of INN Project: August 24, 2017

The Need

Nationwide, a study published in 2014 examined 2009-2010 employment rates for adults with mental illness age 18-64. The authors found that the employment rate declined as the mental illness severity increased. At the time of their study, 45.5% of the individuals with serious mental illness were unemployed or out of the workforce compared to 24.1% of individuals with no mental illness. Other sources show:

- Half of competitive jobs acquired by people with SMI will end unsatisfactorily as a result of problems that occur once the job is in progress, largely the result of interpersonal difficulties.
- Over time, people with SMI may come to view themselves as unemployable and stop seeking work altogether.

In 2015 **in California**, 8.3% of individuals with serious mental illness were employed (compared to 21.7% nationwide) and 0.1% receive supported employment services compared to 2% of individuals with SMI nationwide. Data from the National Alliance on Mental Illness (NAMI) confirms the high rate of unemployment nationwide (80%), and indicates that California has the 5th highest rate of unemployment (90%) for individuals with SMI.

In Napa County, supported employment participation is not tracked consistently for all individuals receiving mental health care for SMI in Napa County. To better understand how supported employment works for individuals in Napa County, interviews were conducted with representatives from the Department of Rehabilitation.

- Those interviewed indicated that individuals with Serious Mental Illness are underserved by the existing supported employment services. The available services are time-limited and individuals with SMI often need more time and more support to adjust to the workplace.
- The interviewees also noted that while employer incentives exist to promote the hiring of individuals with serious mental illness, few employers demonstrate a willingness to work with employment programs.

Napa County MHSa Proposed Innovation Project

Program Overview

The Work for Wellness project is designed to learn what works to address the interpersonal, employer and system barriers in the current supported employment system and to learn how to create sustained, meaningful employment for Individuals with Serious Mental Illness (SMI) based on shared measures of success. The project will use a community building and leadership development model (On The Verge) to bring together individuals with SMI, employers, and program administrators.

Individuals with SMI: To be sure a wide variety of experiences are incorporated, recruitment will be done with the following populations: Individuals in the Napa County Jail with SMI, Individuals with co-occurring substance use and SMI, Veterans with SMI, and Individuals with SMI who are using self-sufficiency benefits.

Employers will be recruited to represent non-profits, public sector, large and small businesses. There is an intention to include a mix of employers who have previously employed Individuals with SMI and employers who are new to supported employment.

Program Administrators will be recruited from the agencies that provide supported employment services in Napa County including the Workforce Investment Board, CalWorks, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation.

Please Note: This project will not provide supported employment services.

The Work for Wellness project will test the hypotheses that the key to creating sustained and meaningful employment opportunities is to build meaningful relationships between workers with mental illness, employers, and supported employment providers. If these participants have the opportunity to build trust and truly know each other, they will be more open to meeting each other's needs, sharing responsibility for success and building a more welcoming work environment across Napa County for people with Serious Mental Illness.

Learning Goals/Questions

The learning goals/questions for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system.

- How to create shared measures of success among all participants in the system?
- How to increase commitment of all system participants to each other?
- How to implement common measures of success in the supported employment system?

Community Planning Process

Napa County began meeting with local stakeholders to share the Innovations Criteria in September of 2016 and released a request for Innovation Concepts in November 2016. Once proposals were in, staff

Napa County MHSA Proposed Innovation Project

recruited a Scoring Committee with a diverse number of individuals with different backgrounds, including, but not limited to, consumers, family members, State Innovations experts, advocates, local non-profit staff, etc. to complete the scoring of these projects. The Scoring Committee reviewed and approved Innovations ideas based on the ones that met the criteria outlined in the MHSOAC project template.

The Work for Wellness project was conceived after noting that individuals, employers and the supported employment providers are all encountering barriers to creating sustained meaningful employment for individuals with SMI. This project is designed to bring the system participants together to (1) create shared measures of success, (2) change how employers, program administrators and individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success. This will be done by bringing together a cohort of individuals from the supported employment sector, social services as well as consumers to discuss and develop ways to remove barriers. The cohort will meet over the course of a year and will receive support from local and State policy makers to ensure that the learning is sustained and shared with other communities.

Budget

The total project budget is \$309,250. The project budget is split between personnel (39%), Operations (23%) and consulting fees (9%). A third party evaluator will be contracted to develop and conduct the project evaluation (14% of budget) and the remaining 15% shall go to County administration fees.

Evaluation

An external evaluator will work with County staff and contracted staff to ensure the evaluation of the project is streamlined and meets high quality standards. The evaluation plan will be focused on the learning goals/questions mentioned above.

Regulatory Requirements

The Work for Wellness Project meets the requirements as stated in MHSA Innovation regulations.



STAFF INNOVATION SUMMARY—NAPA COUNTY

Name of Innovative (INN) Project: Napa Adverse Childhood Experiences (ACEs)

Total INN Funding Requested for Project: \$438,869

Duration of Innovative Project: 18 Months

Review History

Approved by the County Board of Supervisors: July 11, 2017

County Submitted Innovation (INN) Project: May 19, 2017

MHSOAC Consideration of INN Project: August 24, 2017

Project Introduction:

The County proposes to develop a training for para-professionals who work in and around the mental health system highlighting the link between Adverse Childhood Experiences and current adult health and well-being. The County anticipates that this training will identify and provide insights for para-professionals about their own adverse childhood experiences and how they can use this knowledge in their practice and during their interactions with their respective consumers. The project proposes to recruit 45 para-professionals who will all view a movie “Resiliency.” Fifteen of the 45 will be selected based on their representative constituency, (peers, family members, racial and ethnic groups, geography, language, LBGQT and veteran status) and will continue through the training. The group will assess their own ACE(s) and receive further education to consider how these have impacted their personal and professional lives. This group will also participate in “reflective facilitation groups” to understand better, how their experience can be managed in the workplace and in their jobs. The ACEs project proposes to hire a 1.0 FTE Project manager and utilize two existing staff; an Executive Director and an Operations Director, who will work at .20 FTE and .05 FTE, respectively, which will not be funded by these innovation funds.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the County is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the County to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed project

must align with the core MHSA principles, promote learning, fund exploration of a new and/or locally adapted mental health approach/practice, and target one of the four allowable primary purposes.

The Need

Napa County cites the American Journal of Preventive Medicine and the US Justice Department's link to the social workers network indicating that children are most at risk of long term health impacts from adverse experiences and that 46 million children (over 60% of all the children in the US) are likely to experience violence, abuse, crime or psychological trauma. In Napa County, 64.5% of the residents have experienced at least one ACE and 20% of Napa residents have experienced four or more ACEs. Given the prevalence of ACEs, social service agencies in Napa looked at the screening/assessment practices of agencies and identified that none of the agencies formally screened for ACEs, although they did incorporate some ACE questions in parts of their assessments. IN addition, these agencies are staffed with paraprofessionals, who unlike their professional counterparts, do not have a process to support the acknowledgement of their own traumas or address the impact their ACEs may have on their personal and professional lives.

The Center for Disease Control working in partnership with Kaiser Permanente originally looked at the prevalence of ACEs (their study was published in 1998) and supports the theory that ACEs affect a person's work as well as their health, chronicity of diseases and predisposition to other maladaptive behaviors. Recent studies are beginning to look into more specialized areas of the impact of ACEs; (i.e. social work graduate students, criminal justice involved persons) and at least one paper indicates the impact across the continuum of service delivery systems. "Additionally, professionals need training to support their recognition of the ways in which psychosocial and medical problems are connected across the lifespan." AQAL, Journal of Integral Theory and Practice, Fall 2007, Page 9.

The Response

Napa ACEs Connection believes that paraprofessionals are often best positioned to intervene in the treatment and prevention of ACEs when working with individuals in need of services. Paraprofessionals in Napa County and elsewhere, do not have access to the same support and training as their licensed counterparts. Despite the lack of training and support, paraprofessionals are often delegated tasks traditionally completed by licensed professionals and are often the first point of contact with individuals in need of services.

Napa County proposes to address this disparity by providing paraprofessionals with self-care options and reflective facilitation to change how they address ACEs with the individuals in need, as well as, manage workplace stress. The self-care and reflective facilitation components are traditionally provided to individuals who receive services and to professionals providing the services. The County presents an adaptation to this existing practice by adapting these assessments, training and supports for paraprofessionals. .

Staff INN Summary, Napa Adverse Childhood Experiences (ACEs) – Napa County
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Napa County identified that there are more individuals having four or more ACEs living in their county (20%) than the nationwide average (12.5%). Previously identified research shows that ACEs affect a person's work and health. Addressing the needs of paraprofessionals and promoting the practice of screening for ACEs fits in with the county's overall goal of improving outcomes.

There is a growing body of research showing that preventing ACEs and addressing existing ACEs can improve health outcomes, improve individual functioning and promote increased contributions to society through overall improved quality of life. Despite the research showing the importance of addressing ACEs, there appears to be a lack of assessments and training for unlicensed professionals to address their own ACE experiences and to better understand the effects of ACEs on individuals as well as their treatment of those individuals. The purpose of this project is to understand and address ACEs and Resiliency to aid in wellness and recovery for both the paraprofessionals participating in the study and the individuals they work with.

The Community Planning Process

The MHSA regulations indicate the stakeholder participation should be present at every step of the way for INN projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP.

Napa conducted two information gathering and sharing processes. The first of these processes was through the preliminary work of the County's providers in 2016. This group (Napa ACE Connection, (NAC)) initially had the goal of providing a training on ACEs based upon what was not working in the County. What NAC discovered was that paraprofessionals, who were often the first responders intervening with persons in the mental health delivery systems, had the least support to address any personal ACE issues they may have had. NAC then made presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committee. Over 350 community members who had previously participated in the CPP were outreached to and additional presentations were made to the Innovation Community Center, the Napa County Coalition of Non Profit Agencies and the Coalitions Behavioral Health subcommittee.

The ACEs innovation project was one of 12 that were identified and ultimately presented in November, 2016. After that, the Mental Health Division staff reviewed the twelve (12) ideas and made sure they adhered to MHSA guidelines. Nine (9) ideas were forwarded to the Innovations Scoring Committee. . The scoring committee is comprised of eleven (11) members with experience in MHSA programming, cultural competence, lived experience, as well as state mental health and local representatives with no association to the agencies proposing the project. The scoring committee completed its work in January 2017 and the Mental Health Division selected four ideas for their Innovation Projects.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how the County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

Napa County seeks to answer the following three questions: 1. How does a paraprofessional's personal history with ACEs and Resiliency impact how they address ACEs with individuals they work with? 2. How does a paraprofessional's personal history with ACEs and Resiliency impact their workplace stress? 3. Which supports do paraprofessionals find the most effective in changing how they address ACEs with individuals and/or how they manage workplace stress?

This project involves a group of 45 paraprofessionals from organizations in the community that work with underserved populations and/or employ peer staff and family members as paraprofessionals. All 45 paraprofessionals will participate in the education component of the project and will watch the movie, Resilience. Fifteen (15) participants will be selected to continue to the assessment portion of the project based on their interest and, if more than 15 volunteer, will be further selected to include a diverse representation of underserved groups. The remaining thirty (30) paraprofessionals will make up a comparison group.

The fifteen participants will assess their own ACEs and Resiliency and receive further education regarding how these factors may influence their personal and professional lives. Participants will also complete a Reflective Facilitation each month in order to better understand barriers and how to address ACEs and Resiliency with individuals they work with. Reflective Facilitation will be used to facilitate a group environment where the paraprofessionals can address how their own experiences impact their work and how the work affects them.

Napa County currently uses Reflective Facilitation and acknowledges that the technique is used in a variety of settings but that there is no data indicating that the method has been used to address ACEs specifically.

Napa County Mental Health will be contracting out the Innovations project evaluation. The County proposes to have monthly meetings with the project staff and the evaluator to document the project's progress and assess any changes in learning. The County intends to conduct three phases of evaluation utilizing participant surveys developed with the evaluation consultant, project staff and NAC members. The first survey will be administered to all 45 paraprofessionals before and after the movie is viewed. The results of the first participant surveys will be shared with project staff, participants and with the Napa ACEs Connection group.

In addition, surveys will also be administered to the Napa ACEs Connection group and

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the stakeholders to assess their baseline understanding of the need and demand for support for paraprofessionals.

County may want to discuss how sharing the results of the pre/post survey with participants will impact the project. County may also want to emphasize how the survey questions will be developed with input from participants to maximize learning and how that process will ensure that relevant data is collected to thoroughly assess the identified learning goals.

The second phase of evaluation will include a second participant survey for all participants. This survey will measure changes in knowledge, attitudes and behavior between the comparison group and the participant group who receive further education and supports. This round will also include a focus group with the 15 participants. The results of the midpoint evaluation will be the focus of a staff and participant retreat and will be shared with NAC members as indicated to share learning and make any adjustments.

The final evaluation phase will include surveys with all paraprofessionals (participant and comparison), a focus group with 15 participants only, and a final survey with the NAC members and stakeholders. The results from the final evaluation will be shared with the participants and with the NAC members and stakeholders.

Reporting will occur at the end of each round of evaluations and a report to the State will be prepared at the end of Phase Three.

Lessons learned from this project will add to the learning collaborative and will be shared with multiple local mental health providers including: Triple P; Kaiser Permanente, Community Benefits; Queen of the Valley Hospital and St. Helena's Hospital's Community Benefits Divisions; ACEs Connection and The Child Trauma Academy annual conference.

At the end of the project period, a wide group of stakeholders and community members will meet to decide if the information learned during this project justifies continuing to offer this type of support for paraprofessionals. There is no identified funding source to continue the project after June 2019 and the County acknowledges how important the involvement of stakeholders, funders and community members is for continuing successful components post completion. The County may wish to discuss the sustainability plan should the training be successful.

The Budget

This section addresses the County's case for the scope of their project, the length, and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations?

The total budget for Napa County's Innovative Project is \$438,869 over 18 months. The

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budget includes: \$218,790 for personnel, \$93,710 for operating costs, \$57,244 for administration, \$36,500 for consultant contracts and \$32,625 for evaluation.

The Innovative MHSA expenditures for program and administration consists of salary, indirect costs and benefits for Cope Family Center (Cope) staff to implement the plan and provide oversight for the duration of the project. The Cope team will include: 1.0 FTE project manager, .20 FTE executive director, .05 FTE operation director; only the project manager is funded by Innovation funds. The project manager will implement the project work plan in coordination with Napa ACEs Connection Steering Committee and the evaluator. Together, they will oversee the recruitment and support of the cohort participants, assist in planning and outreach for community events, share the results of the program on ACEs Connection website and work with the evaluation consultant to develop tools, collect and analyze data.

Additional Regulatory Requirements

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

1. Determination based on MHSOAC Checklist of Minimum requirements.

References

<https://www.socialworkers.org/assets/secured/documents/practice/children/cestudy.pdf>

http://www.integralsocialwork.com/wp-content/uploads/larkin_aces_final.pdf



STAFF INNOVATION SUMMARY—NAPA COUNTY

Name of Innovative (INN) Project: Native American Historical Trauma and Traditional Healing Innovation Project: A New Model for Collaboration with Mental Health Providers

Total INN Funding Requested for Project: \$479,518

Duration of Innovative Project: 18 Months

Review History

Approved by the County Board of Supervisors: July 11, 2017

County Submitted Innovation (INN) Project: May 19, 2017

MHSOAC Consideration of INN Project: August 24, 2017

Project Introduction:

Napa County proposes to develop a program to increase its Native American cultural competency by establishing a training program to educate mental health providers about historical trauma and Native American healing traditions. Native American Cultural Advisors will lead an advisory group that will ultimately develop a culturally relevant curriculum to change the mental health system (p. 53). It is also anticipated that this project will facilitate healing between the Native American community in Napa County and the mental health system, since Napa County reports a large number of Native Americans that are eligible but not receiving traditional services. This Innovation project will also train traditional (western) practitioners as to the efficacy of Native American healing practices. The project anticipates hiring 10 advisors (cultural and mental health), paying 60 program participants and utilizing the services of a video consultant who will be filming and finalizing workshop videos for sharing in public venues.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the County is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the County to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed project must align with the core MHSOAC principles, promote learning, fund exploration of a new

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and/or locally adapted mental health approach/practice, and target one of the four allowable primary purposes.

The Need

Napa County indicates that the prevalence of serious mental illness among Native Americans is twice that of the general population. They reported in 2014, 51 individuals, self-reporting as Native American, were eligible for mental health services, but only 8 received services. The numbers of persons eligible and served in 2015 were 42 and 4, respectively. The United States Census Bureau reports in 2016 that the total population for Napa County was 142,166 with the Native Indian and Alaska Native population representing about 1.3% of the County's population. This data only includes individuals who only reported one race. The need for this innovative proposal comes from the County's commitment to be culturally available to all of its populations.

While there have been numerous trainings and studies as to the effects of historical trauma, as well as trainings and studies on the healing practices of indigenous/native peoples, none have addressed the "immersion" factor represented by this project. It is anticipated that through this project, non-native healing practitioners will be able to understand and experience traditional healing methods and incorporate them into their practices, and ultimately being able to serve more Native Americans.

The Response

Napa County identifies that very few Native Americans seek mental health services despite research indicating that Native Americans are 1.5 times more likely to experience psychological distress than the general population. Napa County states that they offer few culturally-competent resources for Native Americans within the mental health system. They hope to bridge this gap by combining education about Native American culture, history and historical trauma with training on traditional healing practices for mental health providers.

The County identifies and provides links to multiple studies describing the impact of historical trauma and Native American populations and the interventions used to heal trauma in traditional ceremonies and in western treatment. Other studies are cited that describe the importance of traditional healing for Native American individuals and include ideas for how healthcare providers can integrate traditional healing practices.

Despite the existing research, Napa County was unable to identify any studies showing how educating mental health providers in the way proposed in this project will impact the compassion, advocacy, self-care and treatment plans of the providers. Currently, historical trauma is taught to mental health providers in an academic setting without the experience of traditional healing methods. This project is testing the hypothesis that combining education and healing approaches will result in providers adopting the practices for personal and professional use. The County indicates that there is a lack of evidence based practices for evaluating these types of programs and that their unique

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combination of education and experiential learning makes a change to an existing mental health practice that has not been demonstrated to be effective. Napa County hopes to demonstrate that this project can effectively change existing practices to better serve Native American individuals and adhere to the County goal of being culturally available to all of its populations.

The Community Planning Process

The MHSAs regulations indicate the stakeholder participation should be present at every step of the way for INN projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP.

The Suscol Intertribal Council has been educating individuals in the County about historical trauma since 1992 (p. 63). With the passage of the MHSAs, the Suscol Intertribal Council has been working with Napa County in its Prevention and Early Intervention Programs. Interest in native traditions as well as the concept of historical trauma and its effect on mental health, led to the Suscol Intertribal Council to propose this combined program to Napa. This information was shared with the community with over 350 community providers and individuals who had previously participated in MHSAs planning. Presentations were made to the Mental Health Board and the Mental Health Services Act Advisory Committee.

The next step was to take this information/idea and submit all twelve (12) innovation ideas to the Mental Health Division staff who reviewed these ideas for adherence to MHSAs guidelines. Nine (9) ideas were forwarded to the Innovations Scoring Committee. The scoring committee is comprised of eleven (11) members with experience in MHSAs programming, cultural competence, and lived experience. The state mental health system and local representatives had no association to the agencies proposing the project. The scoring committee completed its work in January 2017 and the Mental Health Division selected four (4) ideas to bring forward utilizing Innovation funding.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how the County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

Napa County identifies three learning goals: (1) Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma? (2) Do providers integrate the learning into their own self-care? Why or why not? (3) Do providers use their knowledge

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of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

Napa County will send an online survey to mental health providers as part of the recruitment and evaluation process to assess familiarity with Native American culture, experiences and healing traditions.

Project staff will recruit 60 cohort participants in March and August 2018. Pre and post-test surveys will be administered to participants at the start of the workshop series, at the end of the series and after the drum ceremony. Focus groups will also be utilized at the end of the workshop series and after the drum ceremony. Journal prompts will be used throughout the project to aid in participant reflection but journals will not be reviewed or collected. Qualitative data will be collected through focus groups to understand shifts in attitude and behaviors that occur throughout the project. All data will be collected and entered into the statistical software (Statistical Package for the Social Sciences) for analysis. Napa County will contract out the evaluation portion of this Innovation project with the goal to evaluate the project continuously throughout the 18 months.

The county anticipates utilizing the developed training videos to disseminate what was learned during this project after it ends. To distribute the learning, Native American advisors will be asked to assist staff in presenting the findings to: Suscol Intertribal Council's Cultural Committee (individuals on this committee represent several nearby counties); the Indian Health Services Annual Conference and to the Regional Native American community and/or service providers such as; Lake County Tribal Health, Feather River, Santa Ynez, Shingle Springs, and other regional providers.

In addition to the Native American Groups, Napa County plans to disseminate their findings to these additional groups: Napa County Stakeholder Advisory Committee, Native American Historical Trauma and Traditional Healing Innovation Project, Napa County Mental Health Board, Napa County Health and Human Services, Mental Health Division staff, Napa Valley Coalition of Non Profits Behavioral Health Committee and the Innovation Community Center (the local Adult Resource Center). County may wish to explore opportunities for collaboration with other counties who also identify a need to increase cultural competency within the mental health system.

The Budget

This section addresses the County's case for the scope of their project, the length, and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations?

The total budget for Napa County's Innovative project is \$479,518 over eighteen (18) months. The budget includes: \$167,404 for personnel, \$50,543 for operating costs, \$62,546 for administration, \$145,400 for consultant contracts and \$53,625 for evaluation. This project is funded solely with Innovative MHSAs and it should be

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noted that County staff will not be separately compensated for their involvement in this project.

The Innovative MHSA expenditures include the costs of hiring the following personnel: an Executive Director for 10 hours per week to maintain oversight of project; a Project Coordinator for 20 hours per week to handle office work and work closely under the Suscol Intertribal Council's Executive Director; and a Workshop Facilitator for 20 hours per week to handle community recruitment and retention. The Workshop Facilitator will be of Native American decent and familiar with cultural norms and practices.

In addition, the project will recruit and hire five (5) Cultural Advisors for 10 hours per month who are identified elders proficient in Native American traditional skills. Five (5) Mental Health Advisors will also be hired to give feedback on the information being gathered and disseminated as to how relevant it is to Mental Health cultural competency and self-care. Sixty (60) Mental Health Participants will also be compensated for 2.5 hours per month for 12 months.

Consultant Costs include the hiring of a Video Consultant for 10 hours per week for the duration of the project. The Consultant will assist in the production of working copies of workshop videos for use of sharing in public venues as well as in the production of 6 video documentaries for use in conveying messages of embedded trauma in Native American DNA.

There is no identified funding source to continue this project after June 2019. The County anticipates that the successful elements of the project will be integrated into the practices of participants and their agencies. In addition, the workshops include the production of videos that the County anticipates using for learning and training purposes after the project ends.

Additional Regulatory Requirements

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

References

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2913884/>

<http://cahealthequity.org/california-reducing-disparities-project-crdp-population-reports/>

<https://www.census.gov/quickfacts/TABLE/PST045214/06055>



STAFF INNOVATION SUMMARY—NAPA COUNTY

Name of Innovative (INN) Project: Understanding the Mental Health Needs of the American Canyon Filipino Community

Total INN Funding Requested for Project: \$461,016

Duration of Innovative Project: 18 Months

Review History

Approved by the County Board of Supervisors: July 11, 2017

County Submitted Innovation (INN) Project: May 19, 2017

MHSOAC Consideration of INN Project: August 24, 2017

Project Introduction:

Based on the 2015 finding of the Napa Valley Unified School District, Filipino students “report more mental health risks, but are not well identified with existing screening and use less mental health supports,” (p. 85). In order to understand this phenomenon better, Napa County proposes to pilot an intergenerational, community-building model to help approach Filipino students and their families to learn more about and engage in mental health supports. Schools and students responding to surveys report that there is a generational stigma about mental illness, which creates barriers to seeking supportive services. This pilot is intended to explore these intergenerational expectations, as well as look at generational meanings for success, provide information to help with recognizing when someone is struggling with success, and provide training on how to support a person who is struggling with wellness.

The Need

Napa County indicates that there is a problem between the percentage of Filipino students who indicate they experience symptoms of depression and the number of Filipino students who actually seek mental health services and support. Despite the fact that the prevalence rate of mental illness being the same between Filipino and non-Filipino students, the rate of using mental health services is 40 times lower for Filipino students. To find the cause of this gap, the American Canyon High School and Middle School conducted focus groups and later, members of those focus groups distributed surveys to obtain more information. Results of the survey indicated that education about mental health, its seriousness and mental health services was needed for many of the

Staff INN Summary, Understanding the Mental Health Needs of the American Canyon
Filipino Community – Napa County August 24, 2017

students' parents. It was also noted that many students did not talk to their parents about mental health needs because they did not want to burden them, or felt that their problems were much lesser than those their parents had experienced. The students also felt that there was a generational stigma about seeking help and so therefore did not want their parents to know they needed/wanted help. Students also reported that they experienced pressure due to a cultural expectation of academic achievement.

Of particular importance, these groups were asked if they thought they would use services more frequently if there were a counselor with bi-cultural expertise. Students were still reluctant to utilize the services regardless of this expertise. It seemed then that the resolution for this problem rested in the development of a program that bridged the gap between generational expectations and understanding of their mental health needs.

The Response

The need for better understanding of the particular barriers to the American Canyon Filipino community seeking mental health services was clearly documented. The 40% difference between Filipino and non-Filipino students needing and seeking services was clearly identifying an unmet need. Therefore, the County looked at the results of the two focus groups and identified five areas of particular concern that appear to be unaddressed: generational barriers, stigma, pressure, isolation and need for a different solution.

A Google search, review of the Substance Abuse and Mental Health Services Administration (SAMSHA) data base for evidence based interventions and contacts with other community programs provided some insights to the County. For example, the County learned that the Filipino community did not appear to respond well to parenting classes or traditional counseling. Further, the SAMSHA documents only showed data for elementary school students but did indicate that there was a desire for intergenerational consideration. For purposes of this discussion, intergenerational means multiple generations of persons who are intermingled or who come together for a purpose (living, eating, and caregiving). Of primary importance in all of the responses and investigation was the concept of establishing meaningful extra-familial relationships first. Data gathering also found that in the Filipino community some mental health problems were dealt with through prayer and that those participants who were in the process of acculturation was critical to their willingness to participate in programs or even with their intergenerational connections.

To address these various needs and cultural considerations, the County has established a three phased approach. Phase 1 will utilize representatives from the Filipino community to engage students and families around the topics of success and wellness. Phase Two will follow up on the responses from Phase 1 and three intergenerational activities will be designed to build trust and common language skills between students and their families. This group will discuss and provide: definitions about success and wellness, present ideas about how to recognize someone who is struggling with success and wellness, provide ideas about how to support someone who is struggling with the above and facilitate a discussion about how to share ideas. Finally, Phase 3 will be to share the

learning and recommendations and make changes to the screening tools used by schools to identify those students who may need mental health services.

The Community Planning Process

The MHSA regulations indicate the stakeholder participation should be present at every step of the way for INN projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP.

In September 2016 the Napa mental health community made a number of presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committees. Community outreach was conducted a month later with over 350 previous contacted participants. Presentations were made to this group as well as to consumers and family members at local wellbeing centers and, the Napa County Coalition of Non Profit Agencies and the Coalition's Behavioral Health Sub Committee.

In November 2016, twelve (12) possible innovative ideas were generated. Mental Health staff ensured that the ideas complied with the Innovative regulations. Nine (9) ideas from the original twelve (12) were forwarded to the Innovations Scoring Committee.

The scoring committee is comprised of eleven (11) members with experience in MHSA programming, cultural competence, and lived experience. The Mental Health Division selected four (4) ideas for their Innovation proposals.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how the County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

The County's learning goals are:

Does an intergenerational approach to mental health support change: intergenerational empathy and understanding about wellness needs of parents and students? Is there a willingness of Filipino youth and families to use supports to promote and maintain wellness?

Do the ideas generated by the intergenerational approach change how the district and mental health providers support changes to screenings processes to identify mental health risks of all students, not just those with external behaviors? Are there supports available to promote and maintain wellness for all students? (Pages 100-101)

In order to facilitate learning, the County intends to conduct surveys throughout all three

Staff INN Summary, Understanding the Mental Health Needs of the American Canyon
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phases of this project. Those surveys include community and participant surveys in Phase 1, interviews and written surveys with participants in Phase 2, and Interviews and written surveys with projects participants, school district staff and mental health providers in Phase 3. Success will be measured, in part, through types of definitions developed, recommendations about how to recognize emotional struggles, attendance at events, increased generational empathy for emotional struggles, and how the recommendations are received and implemented by the school districts. The project evaluation will be contracted out. The Advisory Board at the County will be participating in developing the outcome measures. Additionally, County staff will participate in evaluation development and conduct site visits during the project to assist with the development and gathering of data.

The Budget

This section addresses the County's case for the scope of their project, the length, and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations?

The total budget for Napa County's Innovative Project is \$461,016 over 18 months. The project is funded solely through Innovative MHSA funds. The budget includes: \$264,337 for Personnel, \$48,372 for Operating and Non-Recurring Costs, \$60,132 for County Administration, \$28,300 for Consultant Costs/Contracts and \$59,875 for Evaluation.

The Innovative MHSA expenditures for program and administration consist of costs to hire the following personnel: a Project Director (0.1 FTE) to provide district level grant oversight; a Project Coordinator (0.6 FTE) to provide project and therapeutic oversight at the school site; Community Outreach Liaison for 20 hours a week to recruit, coordinate and facilitate the Innovations work groups and will be a member of the Filipino community; and Clerical Administrative Support at 20 hours per week.

There is no identified funding source to continue this project after June 2019. At the end of phase three, students and interested family members will share the learning in the community and with the school district. Continued outreach and support for the Filipino community will depend on available funding and recommendations from the community.

Innovation Program History Additional Regulatory Requirements

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

References

[http://www.labormarketinfo.edd.ca.gov/file/lfmonth/napa\\$pds.pdf](http://www.labormarketinfo.edd.ca.gov/file/lfmonth/napa$pds.pdf)



STAFF INNOVATION SUMMARY—NAPA COUNTY

Name of Innovative (INN) Project: Work for Wellness

Total INN Funding Requested for Project: \$309,250

Duration of Innovative Project: 18 Months

Review History

Approved by the County Board of Supervisors: July 11, 2017

County Submitted Innovation (INN) Project: May 19, 2017

MHSOAC Consideration of INN Project: August 24, 2017

Project Introduction:

Traditionally, individuals with serious mental illness (SMI) have difficulties obtaining and maintaining employment. Whether these individuals utilize services such as a job coach, participate in training, follow up with time limited supported employment, or use traditional employment agencies/services, (i.e. the Department of Rehabilitation or community based organizations (CBOs), this population has experienced a low success rate in the labor market. Napa County proposes to develop a platform where employers, supported by employment providers and individuals with SMI can 1) create shared measures of success, 2) change how employers, program administrators and individuals with SMI relate to each other and 3) develop and test ideas to implement the shared measures of success. This project is taking lessons learned from the first round of Napa Innovation Projects and applying that knowledge, making adjustments and developing a new practice to better understand/define employment success. Although Napa County staff will conduct planned site visits, a contractor will complete the project. Of particular note is that, participants (employees and employers) will be paid a stipend for their time. These costs are factored into the plan budget.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the County is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the County to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed project must align with the core MHSA principles, promote learning, fund exploration of a new and/or locally adapted mental health approach/practice, and target one of the four

allowable primary purposes.

The Need

Napa County indicates that in a national study published in 2014 and which looked at employment statistics for 2009-2010, approximately 46% of persons aged 18-64 with mental illness were unemployed. The national number of unemployed persons without mental illness was 24%. In California, in 2015, 8.3% of persons with mental illness were employed. Napa County has an unemployment rate (not adjusted for seasonal work) of 3.6% but because Napa County reports it did not have any related records for its unemployment rate for persons with mental illness, they interviewed the Department of Rehabilitation representatives and constituents of various employment CBO's and found:

- Persons with serious mental illness are underserved by the existing supported employment services, and
- Few employers demonstrated a willingness to hire persons with serious mental illness, despite incentives to do so (p. 133), and
- Due to funding and regulations, success is defined differently within different parts of the supported employment system (p. 134)

The County may wish to gather data related to the number of persons with SMI who are not employed or who have had failed employment, to strengthen the case that there are different definitions for success. This additional data would give a better estimate of the number of persons that could potentially benefit from this project.

The Response

Napa County demonstrates that individuals living with serious mental illness are often unemployed despite the availability of Individual Placement and Support (IPS) Supported Employment services. Feedback from Individuals with serious mental illness, family members and providers indicated that employment is an area that could improve the wellness of individuals with serious mental illness by addressing their identified need for connection and self-sufficiency. Barriers preventing meaningful employment include: small number of employers participating in IPS programs, individuals with SMI are underserved and the definition for employment success is inconsistent.

Napa County acknowledges that many resources exist describing supported employment and the current evidence based practice in use. Napa identifies several programs successfully providing supportive employment services with individuals with developmental disabilities but none are solely focused on those experiencing SMI. In addition, there are resources available identifying and discussing barriers to support employment.

However, no literature was found that specifically brings the system participants together in order to: (1) create shared measures of success, (2) change how employers, program administrators and Individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success (p.136).

The County will partner with On the Move (OTM), a local social services agency, to develop a project that makes an adaptation to the existing supported employment model by using a community building and leadership program to address the access to sustained, meaningful employment for individuals with serious mental illness.

OTM will utilize the “On the Verge” model to facilitate relationships, shared understanding and shared responsibility of system participants. This model was proven successful when implemented with the first round of Innovation funds in Napa County. Adaptations include involving employers in the planning and discussion about supported employment and bringing all stakeholders together to create shared measures of success (p.140-141).

Participants will not be receiving supported employment or mental health services as part of this project. Instead, they will be adding to the learning collaborative on how to overcome barriers that prevent sustained meaningful employment for individuals with serious mental illness. Their feedback will be incorporated into the supported employment system.

County may wish to explore opportunities for collaboration with other counties who also identify a need to change how employers, program administrators and individuals with SMI relate to each other within the mental health system.

The Community Planning Process

The MHSA regulations indicate the stakeholder participation should be present at every step of the way for INN projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP.

Napa conducted two information gathering and sharing processes. The first of these processes was with 20 individuals with mental illness and who participated in a focus group facilitated by On the Move. Their insights were shared with the Department of Rehabilitation in Napa County. Discussions with supported employment providers indicated that there was a lack of funding, understanding and focus on relationships between employers and potential employees.

Information from this first gathering of constituents was shared with the community with over 350 community providers and individuals who had previously participated in MHSA planning. Presentations were made to the Mental Health Board and the Mental Health Services Act Advisory Committee.

The next step was to take this information/idea and submit all twelve (12) innovation ideas to the Mental Health Division staff who reviewed these ideas for adherence to MHSA guidelines. Nine (9) ideas were forwarded to the Innovations Scoring Committee. The scoring committee is comprised of eleven (11) members with experience in MHSA programming, cultural competence, and lived experience. The state mental health system and local representatives that participated had no association to the agencies proposing

the project. The scoring committee completed its work in January 2017 and the Mental Health Division selected four (4) ideas for their Innovation proposals.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how the County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

The learning goals for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system: (1) How to create shared measures of success among all participants in the system? (2) How to increase commitment of all system participants to each other? (3) How to implement common measures of success in the supported employment system?

The project will bring together 20 participants made up of Individuals with SMI, employers (from non-profits, public sector, large and small businesses), co-workers and supported employment providers. These groups will work together and develop ideas about how to sustain employment for individuals with SMI, create measures of success that are representative of individual, employer and system perspectives and develop ideas for sustained meaningful employment that incorporate the measure of success. The developed common measures of success will be tested within the supported employment system to promote these measures and achieve sustained meaningful employment.

Two advisory committees will be formed with members recruited from systems that serve individuals living with SMI. Monthly meetings with project staff will be used to document changes in the program as it is implemented and to adjust the evaluation as needed. Data will be collected from surveys from both participants and advisors and focus groups to be used for process and outcome evaluation.

OTM will hire a documentary filmmaker to facilitate and produce a Story Corps-like film that will illustrate both the process and outcome and will result in a recorded video that can be utilized in the evaluation process. The film will focus on changes in employer motivation to hire workers with SMI, the cohort process and lessons learned/recommendations moving forward. Five (5) project participants including two (2) individuals with SMI, an employer, a decision maker from one of the systems that supports individuals with SMI and a representative from the current supported employment system will be followed. Their experiences will be recorded in a documentary style film that will be shared with employers, individuals with mental illness and their family members (p.157).

All data will be collected and entered into the statistical software (Statistical Package for the Social Sciences) for analysis. Napa County will contract out the evaluation portion

of this Innovation project with the goal to evaluate the project continuously throughout the 18 months.

The learning from this project will be disseminated locally and with other interested counties. Locally, Napa County will disseminate the learning to the Supported Employment Committee, the Advisory Committee and also post on the Napa County HHSA, Mental Health Division website at the midpoint of the project implementation and after the project is completed.

The Budget

This section addresses the County's case for the scope of their project, the length, and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations?

The total budget for Napa County's Innovative Project is \$309,250 over 18 months. The budget includes: \$121,596 for personnel, \$71,192 for cohort expenses, \$25,146 for administration, \$26,500 for consultant contracts and \$49,625 for project evaluation. The Innovative MHSA expenditures for program and administration consists of; personnel: a Project Coordinator (.30 FTE) at 12 hours per week to support the cohort process, assist in planning, outreach, logistics and to coach all participants; a Senior Project Coach at 8 hours per week to coach and assist the Coordinator and work alongside the cohort to implement the Story Corps-like filmmaking project; three (3) Assistant Consumer Coaches (.15 FTE) at 6 hours each per week. In addition, in order to incentivize consumer and employer participation, 10 consumers and 10 employers will each receive \$20 per hour for 8 hours per month for 16 months.

There is no identified funding source to continue this project after June 2019. The County anticipates that the successful elements of the project will be incorporated into the services provided at the Innovation Community Center operated by OTM.

Additional Regulatory Requirements

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

References

[http://www.labormarketinfo.edd.ca.gov/file/lfmonth/napa\\$pds.pdf](http://www.labormarketinfo.edd.ca.gov/file/lfmonth/napa$pds.pdf)

AGENDA ITEM 06

Action

August 24, 2017 Commission Meeting

Contra Costa County Innovation Plans

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Contra Costa County's request to fund the following new Innovative projects for a total amount of \$3,749,222 (see below for project breakdown). The total duration of the Center for Recovery and Empowerment (CORE) Project is five (5) years. The Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board & Cares Project is also for five (5) years.

(A) **CORE - \$2,502,022**

(B) **CBSST - \$1,247,200**

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

- Contra Costa County proposes using Innovation funds to develop a coordinated system of care to provide treatment services to youth with addictions and co-occurring emotional disturbances. The CORE Project is designed as an intensive outpatient treatment program with three levels of care for youth dually diagnosed with substance use and mental health disorders.
- For the second Innovation Project, Contra Costa County proposes using Innovation funds to use the Cognitive Behavioral Social Skills Training practice with individuals living in augmented board and care facilities. Adults with SMI will learn skills to enable them to achieve recovery based skills.

Presenter(s):

- Warren Hayes, LMFT, MHSA Program Manager for Contra Costa County;
- Windy Taylor, MBA, MHSA Project Manager for Innovation for Contra Costa County;
- Steve Blum, LMFT, Supportive Housing Manager for Contra Costa Health, Housing and Homeless Division;
- Nancy O'Brien, LMFT, Mental health and Substance Use Disorder Therapist for Contra Costa Behavioral Health Services.

Enclosures (5): (1) Biographies for Contra Costa County Innovation Presenters (2) Staff Summary, Center for Recovery and Empowerment, (3) County Project Brief, CORE; (4) Staff Summary, Cognitive Behavioral Social Skills Training, (5) County Project Brief, CBSST.

Handout (1): PowerPoint Presentation

Additional Materials (1): Links to the County's complete Innovation Plans are available on the MHSOAC website at the following URL:

<http://mhsoac.ca.gov/document/2017-08/contracosta-cbsst-augmented-board-cares-mhsa-final-innovation-work-plan>

<http://mhsoac.ca.gov/document/2017-08/contracosta-mhsa-final-innovation-work-plan>

Proposed Motion: The MHSOAC approves Contra Costa County's Innovation Projects, as follows:

Name: Center for Recovery and Empowerment

Amount: \$2,502,022

Project Length: Five (5) Years

Name: Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board and Cares

Amount: \$1,247,200

Project Length: Five (5) Years



Biographies for Contra Costa County Innovation Presenters

Warren Hayes, LMFT, has been the MHSA Program Manager for Contra Costa Behavioral Health Services for the last four years. Prior to this assignment Warren worked at the State level for both the Department of Rehabilitation and the Department of Mental Health. While at the Department of Mental Health Warren was the MHSA Chief of Workforce Education and Training (WET), which involved writing the Five Year Plan, promulgating the regulations and policies governing this MHSA component, and approving County WET Plans. Warren's most recent assignment with the Department of Rehabilitation was acting as the Director of the Orientation Center for the Blind in the Bay Area. Previous State assignments include creating and managing the statewide Mental Health and State Hospital Cooperative Programs, and providing vocational rehabilitation services to persons with significant physical and psychiatric disabilities in West Contra Costa County. Warren is a licensed Marriage and Family Therapist, and a Certified Rehabilitation Counselor.

Windy Taylor, MBA, has worked for Contra Costa Behavioral Health Services (CCBHS) for many years, and currently serves as the MHSA Project Manager for the Innovation Component of MHSA. She is also responsible for data management for all MHSA funded programs. Prior to this assignment Windy has worked for CCBHS as a Senior Administrative Analyst for the Provider Services Unit. During this assignment Windy completed State Site Certifications Protocols for the County and contract programs, as well as fulfilling all requirements for State and internal audits. Windy's first assignment with CCBHS was working as the Lead Specialist for both the Adult and Children's Mental Health Clinics. This position involved hiring and supervising support staff, implementing policies and procedures, and providing ongoing specialized training.

Steve Blum, LMFT, is presently the Supportive Housing Manager for the Contra Costa Health, Housing & Homeless Division. In this position, Steve oversees MHSA Housing, as well as Housing and Urban Development (HUD) funded housing programs. Prior to this assignment Steve was the Mental Health Housing Coordinator, during which time he developed and maintained contractual relationships with all of the augmented board and care facilities where Contra Costa Behavioral Health Services places consumers. Additionally, he served as the county liaison with the crisis residential facilities within Contra Costa County. Prior to taking on supervisory responsibilities, Steve was a case manager, and while in this position authored the MHSA funded Libby Madelyn Collins Trauma Recovery Project, for which he was also the lead clinician. This project led to reductions in 5150s, as well as shorter durations of in-patient psychiatric hospitalizations. Steve is a licensed Marriage and Family Therapist, and has been an Adjunct Faculty member in the Graduate Counseling Program at Saint Mary's College, where he also supervises MFT practicum students.

Nancy O'Brien, LMFT, is a bilingual mental health and substance use disorder therapist and team lead for Contra Costa Behavioral Health Services for the last eight years, and provides treatment for children, adolescents and their families at Juvenile Hall and the West County Child and Adolescent Services Clinic. In addition to providing individual and family therapy, Nancy supervises licensed substance abuse counselors who are working toward their mental health licensure in order to promote integrated care to adolescents with co-occurring disorders. Prior to working for CCBHS, Nancy worked in various mental health capacities for twenty two years in schools, nonprofit agencies and in private practice. She continues to provide outreach, linkage, therapy, treatment planning and support for families in the recovery community.



STAFF INNOVATION ANALYSIS— Contra Costa County

Name of Innovative (INN) Project: Center for Recovery & Empowerment (CORE)

Total MHSOAC INN Funding Requested for Project: \$2,502,022

Duration of Innovative Project: Five (5) Years

Review History

County Submitted Innovation (INN) Project: April 13, 2017

Approved by County Board of Supervisors: June 13, 2017

MHSOAC Consideration of INN Project: August 24, 2017

Project Introduction:

The County proposes to provide an intensive outpatient treatment program utilizing the American Society of Addiction Medicine (ASAM) criteria for adolescents (14-19 years of age) with substance related and co-occurring mental health conditions. The program will offer three levels of care (intensive, transitional, continuing) and be provided by a multi-disciplinary team that includes therapists, counselors, peers, and clinicians with linkage to community services. In addition, this new approach will incorporate an on-site academic component to facilitate adolescents continuing with their educational needs.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed project must align with the core MHSOAC principles, promote learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

The Need

Contra Costa Behavioral Health System (CCBHS), through extensive research, has determined adolescents with substance abuse and co-occurring emotional disturbances are treatment deficient. The adolescents are either underserved or unserved. CCBHS states they have no coordinated system of care for addicted youth. CCBHS does not have either outpatient substance abuse counseling nor intensive outpatient treatment programs. Contra Costa County (CCC) states 41% of their eleventh-grade students reported drinking alcohol in the past thirty days. This is higher than the State of California's rate of 37% of alcohol use. CCC cannot meet the unique treatment needs for their adolescents. West Contra Costa Unified School District surveyed students in grades 10 and 12 and found about 1200 students self-identified as heavy alcohol users in 2014/2015. This accounts only for those students still active in the school arena who have not dropped or transitioned out due to those alcohol or drug-related problems. The actual numbers that include drop-out students are actually thought to be much higher.

According to the 2015 report from the Health and Human Services (HHS) United States Adolescent Substance Abuse Facts (see References section), the percent of high school students who report they had at least one drink of alcohol on at least one day (during the 30 days before the survey) was 33%. Substance abuse among adolescents is dramatically high in the United States and CCC. These behaviors affect not only the students themselves but have devastating effects on family and friends when a young person develops a substance abuse problem.

A National Institute of Health 2014 report (see References section) confirms "Substance use disorder treatment should be tailored to the unique needs of the adolescent." CCC is incorporating a 2.1, 2.5 ASAM treatment modality along with education, peer support, and comprehensive care management. Neither current outpatient nor inpatient programs in CCC have the capacity to treat the adolescent community's needs. The current programs in CCC are not adequate for treating juveniles because they are designed for treating adults. CCC must have treatment models and the capacity available to treat the unique needs of young persons along with supporting and contributing to their essential educational requirements.

The Response

Contra Costa County (CCC), has a high rate of substance abuse/dependence among adolescents which adversely affects aspects of their life and may negatively impact their life moving forward. As a result of the need in their county, CCC is proposing The Center for Recovery and Empowerment (CORE) which is an intensive outpatient treatment programs that offers three levels of care: intensive, transitional, and continuing care. The intensive care consists of a 12-week program where teens will attend the program four (4) days per week and family members will attend twice weekly. Adolescents are held to a treatment plan and attendance contract while adhering to the 12-step principles of recovery. Adolescents will be connected with sober peer groups thru the CORE program to establish a positive environment and support base for ongoing recovery.

Staff Innovation Analysis— Contra Costa County - August 24, 2017

During the transitional phase, also 12 weeks in length, adolescents will attend the program twice weekly and progress is closely monitored and will be increased if needed. Families will attend a weekly parent support group and adolescents will continue to meet individually with a therapist and attend weekly group sessions. Random drug tests will be performed at staff discretion.

In the continuing care phase, adolescents are encouraged to participate for a minimum of one (1) year and will attend weekly peer support groups along with access to CORE staff for support and guidance. Parents are also encouraged to remain involved in a weekly parent support group.

Once admitted, each adolescent client will be assigned a multidisciplinary recovery team which consists of an individual therapist, a family therapist, a recovery coach. Other team members may be assigned, as needed. Referrals will be received from probation, school district, mental health clinics, community based organizations and the local school attendance review board. As part of the program, adolescents will participate in individual, group, and family therapy and a 12-step program run by peers including meetings and sober events. Onsite academics are also a part of the program as well as independent living skills for those over 16 years of age.

CCC will operate this program within the county itself, ensuring that treatment is provided by experienced, licensed providers and will enable coordination with relevant resources such as substance use disorder programs, housing and homeless services, probation, child and adolescent mental health clinics, public health, local school counselors, young people support services (YPSS) and sober living environment programs.

In terms of innovation, this proposal is a change to the existing practice. Current practice only provides medical treatment for clients with higher levels of substance-related issues and offers very little outpatient substance abuse counseling, or provides mental health services with the hope that the co-occurring substance related disorder will resolve. Additionally, by incorporating Young People in Alcoholics Anonymous (YPAA), the hope is to promote and encourage an environment for adolescents to affiliate and identify with a sober peer group as well as participate in social activities and work with sponsors and recovery coaches.

This innovative program combines the Matrix Model™, with developmental and cultural-specific strategies to create a distinctive approach in which the individual needs of every client and family are addressed, allowing for the best opportunity for success. This Matrix Model includes a multi-element package of therapeutic strategies that complement each other and produce an integrated outpatient treatment experience. Many of the treatment strategies within the Model are derived from clinical research literature, including cognitive behavioral therapy, research on relapse prevention, motivation interviewing strategies, psycho-educational information and 12-Step program involvement.

This project will also include an academic component ensuring the adolescent will continue to receive assistance with their education. Studies have found that adolescents with mental health problems perform less well in school and attain lower levels of

education than other youth. To help address these challenges, the project will include a teacher assigned specifically to tailor academic assignments to ensure continuation of studies. This will accompany their treatment within the program while working simultaneously to meet their academic goals. Education is a valuable life skill that leads to employment and is vital to the overall recovery process in a young person's life.

Despite the high rate of substance use and dependency among adolescents, CCC does not currently have a coordinated system of care to provide treatment services to youth with addictions and co-occurring emotional disturbances. The probation department has contracts with private inpatient programs if an adolescent is sentenced to placement, or other contracted private programs with a small number of beds for consumers. The need to make this proposal a priority is based on the following statistics: In Contra Costa County, 41% of 11th grade students reported drinking alcohol in the past 30 days. This is twice the reported use for marijuana (18%) or any other drug, and higher than the state rate of alcohol use at (37%)¹.

The Community Planning Process

The MHSAs indicate the stakeholder participation should be present at every step of the way for Innovation Projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP. This subsection should clarify what evidence the County presents for meeting this requirement.

Contra Costa County's (CCC) Community Planning Process (CPP) is extensive and includes ongoing community planning, contributions, and stakeholder engagement. By interacting with a multitude of focus groups, workgroups, subcommittees, programs, and meetings, CCC unites all members of the CPP stakeholders including families, children, TAY, underserved, unserved, veterans, adults, seniors, and individuals with SMI, social services agencies, law enforcement, health care organizations, and client families. CCC also sought out participation with the County's MHSAs Stakeholder Advisory Group, Consolidated Planning and Advisory Group, Innovation Subcommittee, and Adult-Children-TAY Subcommittees. Finally, to ensure inclusion from all groups, the Membership Subcommittee is specifically targeted to recruit for under-represented or non-represented persons and groups.

CCC's ethnic makeup is comprised of a 25% Hispanic community. The County provided materials, meeting outreach, and interpreters in Spanish. Due to the extensive outreach efforts, the number of focus groups, and persons participating in the planning process, it appears the County minimized potential barriers to participation, used effective techniques and engagement methods, and accessed viable venues and events to ensure reaching their constituents. The County explains, in much more detail, their community

¹ Binge drinking rates from California Healthy Kids Survey (2007)

planning process in the FY 2017-2020 Three-Year Program and Expenditure Plan which was submitted to the MHSOAC on 30 June 2017. In this document, the County expands on the CPP process which includes forum specifics including demographics, small group discussion highlights, and cultural and diversity considerations. In addition, CCC incorporated prior planning process reviews to investigate and implement quality improvement initiatives.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how the County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

There are several factors that Contra Costa County (CCC) will be observing to determine if this innovation project has the desired outcomes of reducing the population of adolescents with substance abuse and co-occurring mental health disorders. CCC believes that the CORE treatment program will reduce symptoms of mental illness depending on key elements such as the hours per week the client will engage in therapy, the length of participation in the program, psychoeducation on substance abuse and mental health, and receiving treatment that is developmentally and culturally appropriate. The access to sober peer groups and the ability to move between the three (3) different levels in the CORE program allows individuals to adapt more easily. The goal is abstinence or reduced use of substances.

With respect to evaluation and learning goals, assessment tools will be used to measure progress and drug testing and participant self-report will also be used to determine progress toward sobriety. For adolescents who are involved with probation, contact and ongoing assessment with the county juvenile probation office will be maintained and client's families will be required to provide ongoing feedback about their relationship with the client.

In order to evaluate, the assessment tool "Adolescent Outcomes Profile for Substance Abuse Treatment Programs" will be utilized. Additionally, the following performance indicators will be recorded: results from drug tests, academic progress, clinical notes on client's social/emotional progress, data on number/length of contacts, modalities implemented toward goals, setbacks, and recommendations for each client.

The Budget

This section addresses the County's case for the scope of their project, the length and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations? The proposed budget county budget and duration of INN project

The total Innovation MHSAs funds being requested are \$2,502,022 over the five (5) year duration of this project. Personnel costs (\$3,170,624) account for approximately 86% of the budget, administrative costs (\$106,646) account for almost 3% of the budget; and operating costs (\$489,430) account for approximately 13% of the budget along with a non-recurring costs of \$40,000 to allow the purchase of a county vehicle which will be used to pick up consumers from their residence and transported to various meetings.

Additionally, other funding sources include Federal Financial Participation as well as 1991 Realignment funds which will be incorporated into this project for a Total Proposed Expenditure amount of \$3,700,054.

Contra Costa County claims that the CORE project will be sustainable after the funding ends by implementing the Drug Medi-Cal Organized Delivery System Waiver (DMC-ODS) into the project's design. This waiver provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services. Services that are provided to Medi-Cal eligible consumers and meet criteria as defined by the Centers for Medicare and Medicaid Services will receive reimbursement. Because this County has elected to participate in the DMC-ODS, the project will be sustained through this funding stream. Based on the criteria for the waiver, providers will be able to bill for substance use disorder treatment services.

Additional Regulatory Requirements

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

1. Determination based on MHSOAC Checklist of Minimum requirements.

References

1. California Healthy Kids Survey (2007).
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Contra Costa Behavioral Health Services Innovation Project Brief

Name of INN Project: Center for Recovery and Empowerment (CORE)

Total MHSA INN Funding Requested for Project: \$2,502,022

Duration of Project: Five Years (through fiscal year 2021-22)

Introduction

Contra Costa Behavioral Health Services (CCBHS) recognizes substance abuse/dependence in adolescence (adolescents 14-19 years of age) as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youths with addictions and co-occurring emotional disturbances. The CORE Project will be an intensive outpatient treatment program offering three levels of care; intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. Services will be provided by a multi-disciplinary team, and will include individual, group and family therapy, and linkage to community services.

The Need

Contra Costa Behavioral Health Services (CCBHS) recognizes substance abuse/dependence in adolescence as it negatively affects physical, social/emotional and cognitive development. This includes adolescents in underserved populations who are diverse in cultural and ethnic communities, as well as sexual orientations and gender identities. Addiction is a significant illness in pediatric care. It is a disease that most often begins in middle to late childhood and, left untreated, can progress to the point of incarceration, institutionalization, or death. Most adolescents do not receive treatment until adulthood because adolescent treatment for all but the wealthy is not available. By the time a person enters treatment, most are severely socially and emotionally delayed. This is because, in fact, their development stopped when their addiction began.

For teenagers, the brain is at a particularly vulnerable stage, given that the frontal lobe (responsible for executive function/decision-making) and neural pathways are still developing. At this stage, the neurological/physical damage caused by addiction



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compounded by the attendant mental health issues of depression, anxiety, mood disorders, memory impairment, impulse control disorder, and relationship dysfunction make it difficult to meet developmental goals in the areas of physical, educational, social, emotional and spiritual.

The California Healthy Kids Survey results for school districts in Contra Costa County reveal that youthful binge drinking has climbed. 673 adolescents in grades 9,11, and continuation school self-identified as heavy drug or heavy alcohol users in the 2014/2015 survey for the West Contra Costa Unified School District. Projecting these numbers to include grades 10 and 12 would bring the number to at least 1200, and is a conservative estimate, given that a considerable number of youngsters with substance related disorders have left school and are not included in the survey.

Contra Costa County does not have a coordinated system of care to provide treatment services to youths with addictions. Treatment centers for CCBHS that have outpatient substance abuse counseling or an intensive outpatient program (IOP) for adolescents are non-existent. The only treatment that is available consists of the probation department that has contracts with private inpatient programs if a minor is sentenced to placement, or other contracted private programs with a small numbers of beds for consumers. Thus CCBHS does not have an intensive outpatient level of care to treat the corresponding medical necessity for adolescents.

The Response

The Center for Recovery and Empowerment (CORE) program is an intensive outpatient treatment program that contains three levels of care; intensive, transitional, and continuing care. Because recovery is not linear, teens will be able to move between these levels of care depending on their need. These three levels of care involve the following criteria:

- **Intensive Care (12 weeks)**: During the intensive care phase of treatment, teens attend the program four days a week and family members attend twice weekly. An individual treatment plan and attendance contract with the teen is developed. Teens are drug tested weekly to encourage honesty and accountability, and through involvement in the 12-step principles of recovery and educational presentations, teens are introduced to the recovery process. Teens also attend weekly individual and group sessions facilitated by therapists and counselors. Teens are linked with Young People's 12-step in the community to begin building



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connections with a sober peer group that will continue to be a support for ongoing recovery. Phone contact is maintained between CORE staff and client on offsite days.

- Transitional Care (12 weeks): In the Transitional Care phase of outpatient treatment, teens attend program twice weekly. Their progress is monitored closely and, if more intensive intervention is required, involvement in the program is increased. Families also remain involved by attending a weekly Parent Support Group. Teens meet individually with a therapist, attend weekly group therapy and random drug testing may be performed per staff discretion. The focus of Transitional Care is relapse prevention, development of a sober and healthy peer support network and integrating recovery tools learned in the Intensive Care Phase into daily life.
- Continuing Care (teens are encouraged to remain in this phase for a minimum of one year): During this phase, teens attend a weekly peer facilitated support group, have access to CORE staff for support and guidance, help plan/attend "alumni" activities, and are encouraged to continue involvement in Young People's 12-step program in the community. Parents remain involved in a weekly Parent Support Group. As adolescence can be an especially difficult time for teens due to peer pressure to use drugs/alcohol, clients are encouraged to build and use their sober peer network for support, and to remain connected with the staff and program as much as possible.

Upon admission each client will be assigned to a multi-disciplinary recovery team consisting of an individual therapist, family therapist, and a recovery coach. Other team members would be assigned in an individualized manner. Referrals would come from probation, school district, mental health clinics, health clinics, community based organizations, and the School Attendance Review Board (SARB). All teens would participate in individual therapy, group therapy, family therapy, Young People community twelve-step meetings and sober events, academics (on-site), eco-therapy, and, if appropriate, eco therapy and independent living skills for those over 16 years old who are in the transitional or continuing care phase.



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This county operated program will ensure that treatment is provided by the highest level of experienced, licensed providers, and will enable maximum coordination with other relevant resources, such as substance use disorder programs, housing and homeless services, probation, child and adolescent mental health clinics, public health, local school counselors, Young People Support Services (YPSS), and sober living environment programs. The project lead therapist would supervise the coordination with the resources and ensure systems for integration are in place. The project will utilize a home setting to enable sober peer social activities and Independent Living Skills Program (ILSP) training.

Key features to this project entail a comprehensive assessment by a qualified addiction/mental health specialist, family involvement in every step of the treatment process, and a comprehensive treatment plan that best addresses the adolescent's needs.

Community Planning Process

The Community Program Planning Process for Contra Costa County's approved Mental Health Services Act Three Year Program and Expenditure Plan was developed with local stakeholders, including adults and seniors with serious mental illness, families of children, transition age youth serious emotional disorders or serious mental illness, providers of services, law enforcement agencies, education, social service agencies, representatives from veterans organizations, providers of alcohol and drug services, primary care providers and health care organizations, and other important interests.

The County's ongoing MHSA stakeholder advisory group, the Consolidated Planning and Advisory Workgroup (CPAW), planned and sponsored the CPPP. These individuals are appointed by the CCBHS Director to specifically represent these diverse stakeholder groups, and include individuals who represent transition age youth. CPAW also has an ongoing Membership sub-committee who analyzes the need for full stakeholder representation on CPAW and its sub-committees. The Membership sub-committee recruits for characteristics and affiliations that are under-represented or missing from CPAW. Focus groups conducted as part of the CPPP were specifically designed to include representation from unserved and underserved populations, reflect the diversity of the demographics of the County, and outreach to clients with serious mental illness and/or serious emotional disturbance and their family members.



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Additionally, CPAW has an Innovation sub-committee charged with assisting in the development of new Innovation projects, as well as reviewing existing projects and project outcomes. The Innovation sub-committee meets on a monthly basis, and provides recommendations to the CPAW and ultimately the Behavioral Health Services Director. The CORE project addresses priority needs identified during the current and past CPPPs, and is included in the approved Three Year Plan's chapter on Innovation. The Children and Young Adult sub-committee of CPAW also provided stakeholder input on the design of the proposal to ensure that the perspectives of adolescent consumers, family members and service providers were addressed within the proposal. The Innovation sub-committee reviewed the concept as it was being developed into a project proposal, and assisted in the development of the Project Plan Description Template and Final Innovation Work Plan.

Learning Objectives and Evaluation

The intent is to improve the mental health/substance use disorder care provided to teens in a community based intensive outpatient treatment program. It is projected that a multi-disciplinary team providing CORE services will serve approximately 80 individuals each year. The project will address and evaluate the following four learning objectives:

1. Will CORE result in reduced substance abuse?
Evaluation. The Adolescent Outcomes Profile for Substance Abuse Treatment Programs assessment tool will be used, along with drug testing results and consumer and family member self-reports.
2. Will this treatment result in reduced symptoms of mental illness?
Evaluation. The Child Adolescent Level of Care Utilization System (CALOCUS) mental health functional assessment will be completed on a monthly basis, along with consumer and family member self-reports.
3. Will there be reduced need for future mental health/substance dependence intervention?
Evaluation. The number of psychiatric emergency and in-patient psychiatric admissions will be tracked pre- and post-intervention, along with incidence of juvenile probation interventions.
4. Will this treatment increase academic success?
Evaluation. School progress, attendance, grades and teacher reports will be used.



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Staff will use survey/data measures to establish baseline, changes during implementation, and impact after project period.

Timeline and Budget

This project proposes to utilize \$2,502,022 in MHSa INN funds for five years. This funding will pay for a multi-disciplinary treatment team consisting of 1) a mental health program supervisor, 2) three clinical specialists licensed and certified to provide case management, psychotherapy, substance use disorder treatment and career and life coaching, 3) a transition age recovery coach with lived experience, 4) a half-time general education teacher, 5) psychiatry and nursing time, and 6) administration and evaluation staff support. MHSa INN funds will pay for start-up costs and the first year of operations, with a blend of MHSa, realignment and federal financial participation funding program costs in years two through five.

Should the project prove successful, the intent is to phase out Innovation funds and phase in Drug Medi-Cal Organized Delivery System funding to expand and permanently establish three teams serving the West, Central and Eastern regions of the county.

The **timeline** for implementation of this project is in four overlapping phases:

1. **Start-up Phase - JAN through MAR 2018**. Determine location, certify site for Medi-Cal billing, hire and train staff, establish working agreements with agencies participating in the project, purchase equipment and supplies, determine baseline indicators, involve stakeholders.
2. **Learning and Developing Phase – MAR through AUG 2018**. Confirm intake and referral plan, deliver intensive outreach to target population, finalize treatment protocols and procedures, involve stakeholders.
3. **Testing and Implementing Phase – MAY 2018 through JAN 2019**. Serve initial cohort, compile, analyze outcome data and results, involve stakeholders
4. **Looking Forward and Sustaining Phase – JAN 2019 through MAR 2019**. Complete 1st evaluation report, assess and adjust programming and performance indicators, share lessons learned with stakeholders.

The **budget** for the five fiscal years is as follows:

FY 2017-18 (one-half year). \$420,533 MHSa Innovation funds for county personnel, operating, indirect and start-up costs.



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FY 2018-19. \$497,535 MSHA funds for county personnel, operating and indirect costs; \$286,362 in realignment/federal financial participation funds.

FY 2019-20 through FY 2021-22. Same as FY 2018-19 with a 3% increase in the cost of doing business each year.

Summary

Contra Costa Behavioral Health Services seeks Mental Health Services Oversight and Accountability Commission approval to implement the aforementioned new Innovative Project, *Center for Recovery and Empowerment (CORE)*, for a five year period, and is seeking authorization to spend \$2,502,022 in Mental Health Services Act funds for this purpose. This project makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.



STAFF INNOVATION ANALYSIS — CONTRA COSTA COUNTY

Name of Innovative (INN) Project: Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board and Cares

Total INN Funding Requested for Project: \$1,247,200

Duration of Innovative Project: Five (5) Years

Review History

County Submitted Innovation (INN) Project: April 13, 2017

Approved by County Board of Supervisors: June 13, 2017

MHSOAC Consideration of INN Project: August 24, 2017

Project Introduction:

The County proposes to use the therapeutic Cognitive Behavioral Social Skills Training (CBSST) practice with severely mentally ill (SMI) adults in augmented county board and care (B&C) facilities. An augmented county board and care is for persons with serious mental illness who need additional services in order to achieve a higher level of daily functioning to remain in the community and outside of institutions. The emphasis of augmented services is to help clients develop strengths, symptom management and self-sufficiency. A clinical team, including a licensed clinician and a peer support worker will lead social skills training groups designed to teach B&C residents how to practice, use, and maintain these learned skills for achieving and sustaining recovery.

In the balance of this brief we address specific criteria that the OAC looks for when evaluating Innovation Plans, including: What is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the OAC checks to see that the Innovation meets regulatory requirements that the proposed project must align with the core MHSA principles, promote learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

The Need

California Mental Health Planning Council's April 2003 report on *Housing for California's Mental Health Clients: Bridging the Gap* report (see Reference Section), details the need for on-site treatment for consumers in augmented B&C facilities.

According to the California Mental Health Planning Council's January 21, 2016, report (see References section) "California has the highest population of homeless at 114,000. This number represents 20% of the nation's homeless. Statistics gathered by the Substance Abuse and Mental Health Services Administration (SAMHSA) from January 2010 found that 26.1% of those being sheltered had a severe mental illness compared to 4-6% in the general population. Those with chronic substance use issues represent 34.7% of the homeless population. It is widely reported that up to 40 percent of homeless youth identify as LGBTQ. Youth typically move to the streets due to conflict with their families, disagreements with foster families, or because they have aged out of the foster care system. The National Alliance to End Homelessness estimates that each year 550,000 single youth and transition aged youth have experienced a homeless episode of up to one week. California has the largest number of veterans experiencing homelessness at 12,096. This number makes up 24% of the nation's total number of homeless veterans."

The County has reviewed a considerable amount of documents representing research and evidence from emergency services at Contra Costa Regional Medical Center and has determined "Most consumers placed in B&Cs rarely receive the level of treatment needed once they are placed." The County cites case management services for the consumer in a B&C only occurs every two weeks and clinical psychiatric visits approximately every 60 days. CCC states this is insufficient and inadequate to provide stability for counseling services, medication managements, and puts the consumer at risk for decompensation and possible harm. CCC's project seeks to provide consumers better services, improve case management, lower hospital admission and inpatient costs, and provide resilience and wellness-centered recovery for severely mentally ill patients.

The Response

Contra Costa County (CCC) has indicated that most augmented B&C facilities do not provide thorough mental health treatment and insufficient social skills training for persons residing in B&Cs to achieve and sustain recovery and essential functionality for daily living. The County claims that B&C homes have been ineffective at advancing recovery, and that very little has been done innovatively to create systemic change, or even incrementally.

Consumers have voiced their frustration over the ineffectiveness of B&Cs in CCC during Mental Health Commission meetings and additionally, stakeholders have voiced concerns about the lack of care and therapeutic engagements at B&Cs.

The innovative aspect of this project is that the County is proposing to integrate three evidence-based practices for serious mentally ill clients exclusively within augmented

B&C Homes: Cognitive Behavioral Therapy (CBT), Social Skills Training (SST), and Problem Solving Training (PST). The CBT modality will assist clients by challenging them to acknowledge how their own thoughts may be limiting or halt their progress; SST will assist clients in communicating in a way that is effective and not disruptive towards accomplishing their goals, and lastly; PST will teach clients how to resolve conflicts that occur in everyday life. Together, Cognitive Behavioral Social Skills Training (CBSST) will assist clients by avoiding interruptions toward their recovery and independence.

The County, as part of this proposed project, will have a team consisting of one Mental Health Clinical Specialist and one Community Support Worker whose responsibility will be to lead the CBSST groups at the B&Cs. The clinical team will meet regularly with the residents to ensure progress and that support is being provided toward their therapeutic goals. CCC is utilizing three separate evidenced based approaches and applying it in a new setting, thereby making a change to an existing practice. By employing CBSST in a consumer's place of residence within the B&C, the County believes skills will be learned which will ultimately help consumers to live productive lives after leaving their B&C home.

CCC researched existing models, literature reviews, private treatment programs as well as made inquiries to other counties, and it was determined that this particular approach has not been applied in augmented B&C's. Although CBT has proven itself to be effective, incorporating SST and PST for consumers residing in B&C's, will likely lead to a better chance of overall improvement.

Overall, it is the objective of CCC to address the current state of augmented B&C's for mentally ill consumers by assessing if embedding evidence-based psychosocial interventions in B&C's will be beneficial for residents.

The Community Planning Process

The MHSAs regulations indicate the stakeholder participation should be present at every step of the way for Innovation Projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP. This subsection should clarify what evidence the County presents for meeting this requirement.

Contra Costa County illustrates the Community Planning Process (CPP) with extensive and ongoing community planning and engagement. Through interactions with a multitude of focus groups, workgroups, subcommittees, programs, and meetings, CCC unites all members of its community stakeholders, persons with lived experience, families, children, TAY, underserved, unserved, veterans, adults, seniors, persons with SMI, social services agencies, law enforcement, health care organizations, and client families. CCC also sought out participation with the County's MHSAs Stakeholder Advisory Group, Consolidated Planning and Advisory Group, Innovation Subcommittee, and Adult-Children-TAY Subcommittees. To ensure inclusion from all groups, the Membership Subcommittee is specifically recruiting under-represented or non-represented persons and groups for inclusion in the CPP.

Twenty-five percent (25%) of the County's ethnic makeup is Hispanic. The County provided materials, meeting outreach, and interpreters in Spanish. Due to the extensive outreach efforts, the number of focal groups, and persons participating in the planning process, it appears the County minimized potential barriers to participation, used effective techniques and engagement methods, and accessed viable venues and events to ensure reaching their constituents. The County explains their community planning process in their FY 2017-2020 Three-Year Program and Expenditure Plan which was submitted to the MHSOAC on June 30, 2017. In this document, the County expands on the CPP process and documentation which includes forum specifics including demographics, small group discussion highlights, and cultural and diversity considerations. In addition, CCC incorporated prior planning process reviews to investigate and implement quality improvement initiatives.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how the County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

Part of Contra Costa County's (CCC) learning objective is to assist residents who live in augmented B&C's by teaching them skills with the hopes that those skills will allow them to live full and productive lives once they leave their B&C homes. CCC affirms that the combination of cognitive behavioral therapy along with social skills training will help consumers achieve living, learning, socializing, and working goals. To ensure success, checking in with residents of B&C's will be completed to ensure skills are continuing to be learned and early detection of obstacles can be addressed in order to avoid disruption of resident's lives. In addition, client's families will provide feedback about their relationships with the client and that will assist in determining whether this innovative project is proving to be successful in helping clients towards self-sufficiency.

As part of the evaluation process, Contra Costa County (CCC) plans to administer data questionnaires for consumers and clinic/case managers for completion to assess outcomes. Data sources will be mental health consumers, their families, B&C staff, mental health clinical specialists, as well as peer providers. Data will be collected from sources including self-reporting which includes questions regarding personal growth, functional ability, participation in social / constructive activities and employment. Measures to assess depression and suicide risk will also be gathered. Clinic and case managers will gather data regarding consumer's risk of harm, functioning, recovery environment and support.

During the development of this project, a database within Access will be created, captured, and maintained. Once the information has been beta tested it will be incorporated into the County's electronic health record system, utilizing ongoing and ad hoc scripts for data management. This project is critical for mental health consumers

residing in B&C's and if successful, will be continued after innovation funding has ended by providing funding thru a combination of realignment and Federal Financial Participation dollars.

The Budget

This section addresses the County's case for the scope of their project, the length and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations? The proposed budget county budget and duration of INN project

The total Innovation funds budgeted for this project is \$1,247,200 over a five (5) year period of which includes personnel costs (\$1,184,202), direct costs (\$694,523), indirect costs (\$118,428) and a non-recurring cost (\$84,000) which occurs at the beginning of the innovation project to cover expenses such as equipment and technology.

Although the total MHSA Innovation funds being requested for this project are \$1,247,200, additional funds are being utilized from other funding sources which will apply towards the total proposed expenditures for a grand total of \$2,080,733.

Additional Regulatory Requirements

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

1. Determination based on MHSOAC Checklist of Minimum requirements.

References

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http://www.dhcs.ca.gov/services/MH/Documents/2015_HopeForTheHomeless.pdf



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Contra Costa Behavioral Health Services Innovation Project Brief

Name of INN Project: Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board and Care Facilities

Total MHSA INN Funding Requested for Project: \$1,247,200

Duration of Project: Five Years (through fiscal year 2021-22)

Introduction

Many consumers spend years residing at County augmented board and care facilities with little or no mental health treatment provided, and little or no functional improvement taking place. Often this lack of progress results in multiple admissions to the County's Psychiatric Emergency Services and other, more costly, interventions. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project proposes to apply this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project will create a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at augmented board and care facilities. Adults with serious mental illness will learn and practice skills that will enable them to achieve and consolidate recovery based skills.

The Need

The state of augmented board and care housing for consumers in Contra Costa County who have been diagnosed with a severe and persistent mental illness has been a near constant agenda item at Contra Costa County Mental Health Commission meetings. Consumers, their families, and clinicians have voiced serious concerns about the lack of care and therapeutic engagement at board and cares, in which the county spends significant money with no documented indication of positive outcomes.

The challenges of board and care residents include remoteness of the housing to mental health treatment facilities, separation of residents from their families and other potential sources of support, and the lack of mental health training among board and care staff. This has led to placing consumers with multiple mental health diagnoses under the same roof with a staff (frequently the staff is made up of one person) with virtually no mental health training, and only limited and occasional support from trained clinicians. Yet, despite the lack of evidence



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that this non-clinical housing model advances recovery, the county has continued to employ it without change or innovation. Virtually nothing has been done to address the treatment void that currently exists at the board and care facilities in which consumers are placed.

Moreover, there is significant anecdotal evidence from Psychiatric Emergency Services (PES) at Contra Costa Regional Medical Center, as well as from case managers and clinical program managers that board and care residents provide a large share of individuals placed in Section 5150 involuntary holds. This evidence provides further insight into the lack of services around case management and the ability to provide adequate services to the consumers. Case management caseloads can only handle a limited number of consumers, and can't provide the constant one on one treatment commonly needed for this population. Finally, this results in higher costs due to more admissions in PES and inpatient services.

The Response

The proposed project will involve having a team designed of one Mental Health Clinical Specialist and one Community Support Worker with lived experience whose primary responsibility will be to lead CBSST groups at augmented board and care facilities that house consumers. CBSST is a combination of cognitive behavioral therapy (CBT), social skills training (SST) and problem solving therapy (PST). This differs from traditional CBT because it not only includes the general concepts of CBT, which focus on the relationships between thoughts, but works with improving communication skills through SST and basic problem-solving skills through (PST). This intervention will be new to this public mental health system, and currently has only been implemented with other populations in private hospitals or universities.

The groups that will be implemented are designed to assist consumers in improving their ability to recognize and change inaccurate beliefs, as well as improve communication and problem solving skills. The clinical team will be a new provided element to the project and framework of the group environment. The goal will be to build a clinical infrastructure to support the skills consumers learn through the CBSST work.

The clinical team will check in with consumer/residents between group meetings to consolidate skills acquisition and address obstacles that may emerge. They will also collaborate with clinic/agency case managers to ensure that consumer/residents are supported in sustaining the



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skills they develop in the CBSST program. The clinical team will also work with facility staff to, 1) resolve conflicts they may have with consumer/residents before those conflicts become a crisis, 2) improve facility staff understanding of mental health issues, and 3) develop long-term problem resolving plans at each augmented board and care facility. Additionally, the CBSST team will train county clinicians and peer providers in this model.

This approach is identified as making a change to an existing practice (CBSST) by placing an effective approach to a new setting. Augmented board and care facilities in Contra Costa County lack a comprehensive support system, to include therapeutic engagement and care. They don't provide the tools in which a consumer will ultimately need in order to progress toward self-sufficiency in their community. With this innovative approach consumers will learn to identify inaccurate beliefs, communication deficits, and address potential sources of conflict that interfere with recovery.

Community Planning Process

The Community Program Planning Process (CPPP) for Contra Costa County's approved Mental Health Services Act Three Year Program and Expenditure Plan was developed with local stakeholders, including adults and seniors with serious mental illness, families of children, adults and seniors with serious mental illness, providers of services, law enforcement agencies, education, social service agencies, representatives from veterans organizations, providers of alcohol and drug services, primary care providers and health care organizations, and other important interests.

The County's ongoing MHSA stakeholder advisory group, the Consolidated Planning and Advisory Workgroup (CPAW), planned and sponsored the CPPP. These individuals are appointed by the CCBHS Director to specifically represent these diverse stakeholder groups. CPAW also has an ongoing Membership sub-committee who analyzes the need for full stakeholder representation on CPAW and its sub-committees. The Membership sub-committee recruits for characteristics and affiliations that are under-represented or missing from CPAW. Focus groups conducted as part of the CPPP were specifically designed to include representation from unserved and underserved populations, reflect the diversity of the demographics of the County, and outreach to clients with serious mental illness and/or serious emotional disturbance and their family members.



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Additionally, CPAW has an Innovation sub-committee charged with assisting in the development of new Innovation projects, as well as reviewing existing projects and project

outcomes. The Innovation sub-committee meets on a monthly basis, and provides recommendations to the CPAW and ultimately the Behavioral Health Services Director. CBSST in Augmented Board and Care Facilities addresses priority needs identified during the current and past CPPPs, and is included in the approved Three Year Plan's chapter on Innovation. The Adult sub-committee of CPAW also provided stakeholder input on the design of the proposal to ensure that the perspectives of consumers, family members and service providers were addressed within the proposal. The Innovation sub-committee reviewed the concept as it was being developed into a project proposal, and assisted in the development of the Project Plan Description Template and Final Innovation Work Plan.

Learning Objectives and Evaluation

The intent is to improve the mental health care provided in augmented board and care facilities for persons experiencing serious mental illness. It is projected that each team providing CBSST will serve approximately 80 individuals each year. The project will address and evaluate the following four learning objectives:

1. Will CBSST have an effect on the consumer's mental health?
Evaluation. The Recovery Markers Questionnaire (RMQ) and Public Health Questionnaire (PHQ-9) will be given to all participants pre- and post-intervention. Case managers will complete on a monthly basis the Level of Care Utilization System (LOCUS).
2. Will the intervention lead to higher overall functionality and quality of life?
Evaluation. Participants and their families will complete surveys to address qualitative changes in functionality and quality of life.
3. Will the intervention reduce involuntary holds within psychiatric emergency services and inpatient hospitals?
Evaluation. The number of psychiatric emergency and in-patient psychiatric admissions will be tracked pre- and post-intervention.
4. Will a consumer have fewer or no evictions?
Evaluation. The number of participants transferring to higher acuity facilities or number who becomes homeless will be tracked pre- and post-intervention.



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Timeline and Budget

This project proposes to utilize \$1,247,200 in MHSa INN funds for five years. This funding will pay for a one two person team (mental health clinical specialist and community support worker

with lived experience), plus administrative and evaluation time for the five years. Realignment and federal Medi-Cal reimbursement will fund a second team in year three, and a third team in year five.

Should the project prove successful, this phasing in of non-MHSa permanent funding will enable sustainment of this service delivery after completion of the five year project period.

The **timeline** for implementation of this project is in four overlapping phases:

1. **Start-up Phase - JAN through MAR 2018.** Determine locations for groups, hire and train staff, purchase equipment and supplies, determine baseline indicators, involve stakeholders.
2. **Learning and Developing Phase – MAR through AUG 2018.** Finalize eligibility criteria, engage population to be served, finalize curriculum, establish policies and procedures, involve stakeholders.
3. **Testing and Implementing Phase – APRIL 2018 through JAN 2019.** Serve initial cohort, compile, analyze data and results, involve stakeholders
4. **Looking Forward and Sustaining Phase – JAN 2019 through MAR 2019.** Complete 1st evaluation report, assess and adjust programming and performance indicators, share lessons learned with stakeholders.

The **budget** for the five fiscal years is as follows:

FY 2017-18 (one-half year). \$202,885 MHSa funds for county personnel, operating, indirect and start-up costs.

FY 2018-19. \$246,026 MHSa funds for county personnel, operating and indirect costs.

FY 2019-20. \$253,418 MHSa funds for county personnel, operating and indirect costs; \$200,764 in realignment/federal financial participation funds to add 2d CBSST team.

FY 2020-21. \$261,018 MHSa funds for county personnel, operating and indirect costs; \$206,788 in realignment/federal financial participation funds for 2d CBSST team.



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FY 2021-22. \$283,853 MHSAs funds for county personnel, operating and indirect costs;
\$425,982 in realignment/federal financial participation funds for 2d and 3rd CBSST team.

Summary

Contra Costa Behavioral Health Services seeks Mental Health Services Oversight and Accountability Commission approval to implement the aforementioned new Innovative Project, *Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board and Care Facilities*, for a five year period, and is seeking authorization to spend \$1,247,200 in Mental Health Services Act funds for this purpose. This project makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

AGENDA ITEM 7

Information

August 25, 2017 Commission Meeting

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology Approaches

Summary: Los Angeles County Department of Mental Health will share its concept to use virtual services and technology to increase access to mental health care and support, promote early detection of mental health symptoms, and predict the onset of mental illness.

Presenters: Jon Sherin, MD, PH.D, Mental Health Director; Debbie Innes-Gomberg, MHSA Coordinator

Enclosures: (1) MHSA Innovation Concept Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Handout: None



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MHSA IMPLEMENTATION AND OUTCOMES DIVISION**



**MHSA Innovation Concept
Increasing Access to Mental Health Services and Supports Utilizing a
Suite of Technology-Based Mental Health Solutions**

The innovation proposed here is to test out and implement a group of technology-based mental health solutions that utilize passive data collection as a method to identify the early signal biomarkers for mental health symptoms and offer prompt, timely intervention.

The goals of this project include:

- Increase access to care needed and desired
- Reduce stigma associated with “mental illness” by promoting mental optimization
- Reduce time to recognition and acknowledgement that a symptom needs to be addressed and reduce time to receiving appropriate level of care.
- Increase ability to analyze and collect data from a variety of sources to improve mental health needs assessment and delivery of services.
- Advance outcome measurement through passive data analysis and comparison of passive and active data sets.

This would be considered a 3 year demonstration project.

Innovation Primary Purpose

Overall, the primary purpose of this Innovation project is to increase access to mental health care and support and to promote early detection of mental health symptoms, or even predict the onset of mental illness.

This project will dismantle barriers to receiving mental health services by utilizing multiform-factor devices as a mode of connection and treatment to reach people who are likely to go either unserved or underserved by traditional mental health care. It will also serve to reduce the stigma associated with mental health treatment through the use of virtual innovative engagement strategies, care pathways and bidirectional feedback.

Target Population

The target population or intended beneficiaries or users of technology-based mental health solutions:

- Individuals with sub-clinical mental health symptom presentation, including those early in the course of a mental health condition who may not recognize that they are experiencing symptoms
- Individuals identified as at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness, including those at risk for suicide
- Socially isolated older adults at risk of depression

- High utilizers of inpatient psychiatric facilities
- Socially isolated older adults at risk of depression
- High utilizers of inpatient psychiatric facilities

Technology-Based Mental Health Solutions

The components of this Innovation project are as follows:

- 1. Utilize technology-based mental health solutions designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness, including:**
 - 1.1. Virtual Peer chatting through trained and certified peers with lived experience.
 - 1.2. Virtual communities of support for specific populations, such as family members of children or adults with mental illness, those experiencing depression, trauma and other populations.
 - 1.3. Virtual chat options for parents with children engaged in the mental health system.
 - 1.4. Virtual chat options for parents of adults with mental illness
 - 1.5. Virtual manualized interventions, such as mindfulness exercises, cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion.
 - 1.6. Referral process for customers requiring face-to-face mental health services by LAC DMH.

- 2. Utilize passive sensory data to engage, educate and suggest behavioral activation strategies to users, including:**
 - 2.1. Incorporate passive data from mobile devices into an interactive approach to digital phenotyping where the technology analyzes factors associated with cell phone usage (passive data) and interacts with the user via pop-up or chat functionality that allows for the increased user understanding of thought and feeling states. Web-based analytics would inform targeted communications and recommended interventions.
 - 2.2. Incorporate emerging research in the field of mental health early detection to target individuals at risk of or experiencing early symptoms of mental illness and use passive data collection to identify risk/symptoms or potential for relapse.

- 3. Create a strategic approach to access points that will expose individuals to the technology-based mental health solutions described above, including:**
 - 3.1. Engaging school systems, including higher education, to promote use

- 3.2. Engaging users through social media, the DMH website and other digital platforms and approaches.
- 3.3. Engaging mental health organizations such as the National Alliance for Mental Illness (NAMI) groups to promote use.
- 3.4. Engaging senior centers and other key locations where senior adults are likely to congregate to promote use.

4. Develop method and conduct outcome evaluation of all elements of the project, including measuring reach and clinical outcomes.

- 4.1. Increased well-being of users.
- 4.2. Reduced duration of untreated or under-treated mental illness.
- 4.3. Increased ability for users to identify cognitive, emotional and behavioral changes and act to address them.
- 4.4. Increases in quality of life, as measured objectively and subjectively (by user and by indicators such as activity level, employment, school involvement, etc.).

Qualifications for Innovation Concept

<p>“Innovative Project”: This is a project that the county designs and implements for a defined time period, and evaluates to develop new best practices in mental health. An Innovative Project meets one of the following criteria:</p>	<p>Select One</p>
1. Introduces a new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.	X
2. Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population	
3. Introduces a new application to the mental health system of a promising practice or approach that has been successful in a non-mental health context	

The challenge to be addressed by this Innovation Concept:

This project seeks to test out novel approaches to outreach and engagement as well as the delivery of manualized therapeutic interventions and supportive services through technology-based mental health solutions, delivered by trained peers.

One of the primary objectives of the Mental Health Services Act is to identify and engage individuals with mental illness who are either un-served or under-served by the mental health system. In order to make a greater impact in reducing the duration of untreated mental illness and disparities in mental health treatment, outreach and engagement strategies must evolve. This project seeks to utilize technology as an outreach, and real-time engagement strategy to reach individuals for whom we have not been successful in identifying or engaging through methods that have become increasingly relevant to specific populations.

This project also will also expand the Department’s use of peer support, through a virtual platform that has never been utilized by the Department before.

Overarching Learning Questions

1. Will individuals either at risk of or who are experiencing symptoms of mental illness use virtual peer chatting accessed through a website or through a phone application?
2. Will individuals who have accessed virtual peer chatting services be compelled to engage in manualized virtual therapeutic interventions?
3. Will the use of virtual peer chatting and peer-based interventions result in users reporting greater social connectedness, reduced symptoms and increases in well-being?
4. What virtual strategies contribute most significantly to increasing an individual's capability and willingness to seek support?
5. Can passive data from mobile devices accurately detect changes in mental status and effectively prompt behavioral change in users?
6. How can digital data inform need for mental health intervention and coordination of care?
7. What are effective strategies to reduce time from detection of a mental health problem to linkage to treatment?
8. Can online social engagement effectively mitigate the severity of mental health symptoms?
9. What are the most effective strategies or approaches in promoting the use of virtual care and support applications and for which populations?

Overall Approach to Evaluation

This project will be evaluated by tracking and analyzing passive data, reach of users, level of user engagement, changes in access to care and clinical outcomes. Furthermore, data from mobile devices would be analyzed to detect changes in mental status and responses to online peer support, digital therapeutics and virtual care. Continuous assessment and feedback would drive the interventions. Specific outcomes include:

1. Increased purpose, belonging and social connectedness for users.
2. Reduced duration of untreated or under-treated mental illness
3. Increased ability for users to identify cognitive, emotional and behavioral changes and act to address them.
4. Increases in quality of life, as measured objectively and subjectively (by user and by indicators such as activity level, employment, school involvement, etc.).
5. For high utilizers of inpatient or emergency services, decreases in utilization for those services.
6. Reduced stigma of mental illness as reported by user.
7. Comparative analyses of population level utilization data in Los Angeles County over the life of the project to determine impact on various types of service utilization.

Budget

Estimated expenditures for 3 Fiscal Years not to exceed \$30,000,000 with final budget determined prior to solicitation.

AGENDA ITEM 8

Information

August 24, 2017 Commission Meeting

Executive Director Report

Summary: Executive Director Toby Ewing will report on projects underway, the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) calendar, and other matters relating to the ongoing work of the Commission.

Presenter: Toby Ewing, Executive Director

Enclosures: (1) Motions summary from the May 25, 2017 Commission Meeting; (2) Evaluation Dashboard Summary; (3) Evaluation Dashboard; (4) Evaluation Snapshot of Contract Deliverables; (5) Calendar of Commission activities; and (6) Innovation Review Outline.

Handout: None

Recommended Action: Information item only



Motions Summary

**Commission Meeting
July 27, 2017**

Motion #: 1

Date: July 27, 2017

Time: 9:25 AM

Text of Motion:

The Commission approves the May 25, 2017 Meeting Minutes.

Commissioner making motion: Van Horn

Commissioner seconding motion: Brown

Motion carried 7 yes, 0 no, and 3 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Commissioner Lynch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 2

Date: July 27, 2017

Time: 10:13 AM

Text of Motion:

- 1.) The Commission approves the Draft Proposed Amendments to the Prevention and Early Intervention Regulations as presented with the following change:
 - a. Replace “50,000” with “100,000” in subsection (c) of section 3705, subsection (k) of section 3750 and subsection (o) of section 3755.
- 2.) The Commission approves the Draft Proposed Amendments to the Innovative Project Regulations as presented.
- 3.) The Commission authorizes the Executive Director to approve any necessary non-substantive editorial changes to the proposed amendments to both the Innovative Project and Prevention and Early Intervention regulations and to submit the approved proposed amendments with the supporting documentation required by law to the Office of Administrative Law and proceed as required by the Administrative Procedures Act.

Commissioner making motion: Van Horn

Commissioner seconding motion: Mitchell

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

Name	Yes	No	Abstain
1. Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Lynch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 3

Date: July 27, 2017

Time: 10:32 AM

Text of Motion:

The Commission endorses the fiscal year 2017-18 Budget and adopts the standard practice of reviewing the Commission’s Operating Budget annually.

Commissioner making motion: Poaster

Commissioner seconding motion: Van Horn

Motion carried 8 yes, 1 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Lynch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 4

Date: July 27, 2017

Time: 11:56 AM

Text of Motion:

To guide the drafting of the next round of Senate Bill 82 Triage Grant Request for Applications, the Commission adopts staff’s recommendations to address the following principles:

- 1.) Statewide Evaluation Strategy
- 2.) Children’s Triage Funding
- 3.) Population Based Apportionment

Commissioner making motion: Anthony
Commissioner seconding motion: Van Horn

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

Name	Yes	No	Abstain
1. Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Lynch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 5

Date: July 27, 2017

Time: 2:36 PM

Text of Motion:

The MHSOAC approves Yolo County’s Innovation Project as follow:

Name: First Responders Initiative
Amount: \$1,725,139
Project Length: Three (3) Years

Commissioner making motion: Brown
Commissioner seconding motion: Wooton

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

Name	Yes	No	Abstain
1. Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Lynch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 6

Date: July 27, 2017

Time: 2:37 PM

Text of Motion:

The MHSOAC approves Yolo County’s Innovation Project as follow:

Name: Board and Care Study Project
Amount: \$89,125
Project Length: One (1) Year

Commissioner making motion: Anthony

Commissioner seconding motion: Mitchell

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

Name	Yes	No	Abstain
1. Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Lynch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGENDA ITEM

Information

August 24, 2017 Commission Meeting

MHSOAC Evaluation Dashboard

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Evaluation Dashboard assists in monitoring the major evaluation efforts currently underway. The Evaluation Dashboard provides information, objectives, and the status of all current deliverables for internal and external evaluation contracts and projects. Below is a list of all changes/updates to all evaluation projects, which are highlighted in red within the Dashboard.

Changes/Updates:

External Evaluation Contracts

- **Assessment of System of Care for Older Adults** *The Regents of the Univ. of California, University of California, Los Angeles*
Update: Brian Sala now oversees contract.
- **Community Services and Supports (CSS) Tracking, Monitoring, and Evaluation System Toolkit** *The Regents of the Univ. of California, University of California, San Diego*
Update: Brian Sala now oversees contract.

Enclosures: MHSOAC Evaluation Dashboard

Recommended Action: None

Presenter: None

Motion: None

Commission Meeting Schedule 2017

Meeting Date and Location	Group / Topic
Thursday, September 28, 2017 Sacramento	Commission Meeting TBD
Thursday, October 26, 2017 Sacramento	Commission Meeting TBD
Thursday, November 16, 2017 Sacramento	Commission Meeting TBD
Thursday, December 28, 2017 No Meeting	Commission Meeting TBD
rev 08/17/2017	



Innovation Review Outline

Regulatory Criteria

- **Funds exploration of new and/or locally adapted mental health approach/practices**
 - Adaptation of an existing mental health program
 - Promising approach from another system adapted to mental health
- **One of four allowable primary purposes:**
 - Increase access to services to underserved groups
 - Increase the quality of services, including measurable outcomes
 - Promote interagency and community collaboration
 - Increase access to services, including permanent supportive housing.
- **Addresses a barrier other than not enough money**
- **Cannot merely replicate programs in other similar jurisdictions**
- **Must align with core MHSA principles (e.g. client-driven, culturally competent, recovery-oriented)**
- **Promotes *learning***
 - Learning ≠ program success
 - Emphasis on extracting information that can contribute to systems change

Staff Summary Analysis Includes:

- **Specific requirements regarding:**
 - Community planning process
 - Stakeholder involvement
 - Clear connection to mental health system or mental illness
 - Learning goals and evaluation plan
- **What is the unmet need the county is trying to address?**
 - Cannot be purely lack of funding!
- **Does the proposed project address the need(s)?**
- **Clear learning objectives that link to the need(s)?**
- **Evaluation plan that allows the county to meet its learning objective(s)?**
 - May include process as well as outcomes components