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Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Meeting
September 28, 2017

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

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

Mental Health Services
Oversight & Accountability Commission

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

1325 J Street, Suite 1700
Sacramento, California 95814

Commission Meeting Agenda

September 28, 2017
9:00 A.M. – 4:40 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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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 and Announcements**

9:10 AM **Action**
1: Approve August 24, 2017, MHSOAC Meeting Minutes
The Commission will consider approval of the minutes from the August 24, 2017, MHSOAC meeting.

- Public Comment
- Vote

9:15 AM **Information**
2: Proposed Amendments to Prevention and Early Intervention (PEI) and Innovation (INN) Regulations
Facilitator: Filomena Yeroshek, Chief Counsel

This is the official public hearing on the MHSOAC's proposed amendments to the PEI and INN regulations at which time any person may present statements or arguments orally or in writing relevant to the proposed amendments. This is a time for the Commission to listen. This is not an action item and the Commission will not be responding to the public comments, statements or arguments at this meeting. The Commission plans on providing written responses to the statements, comments, and arguments at its October or November 2017 meeting.

- Public Comment

10:15 AM **Action**

3: No Place Like Home Service Contract

Presenters: Filomena Yeroshek, MHSOAC Chief Counsel; Ronald Washington, Acting Executive Director, California Health Facilities Financing Authority (CHFFA); Zachary Olmstead, Deputy Director of Housing Policy Development, Department of Housing & Community Development (HCD); Angela Kim, Attorney, (HCD); Monique Pierre, Section Chief, Division of Financial Assistance, Program Design and Development Branch (HCD); Matthew Wise, Deputy Attorney General, Attorney General's Office; Jenna Magan, Bond Counsel, Orrick

Pursuant to Welfare and Institutions Code Section 5849.35 the Commission will review a service contract between the California Health Facilities Financing Authority (CHFFA) and the California Department of Housing and Community Development (HCD) for the No Place Like Home program.

- Public Comment
- Vote

11:45 AM **Action**

4: Elect Chair and Vice-Chair for 2018

Facilitator: Filomena Yeroshek, Chief Counsel

Nominations for Chair and Vice-Chair for 2018 will be entertained and the Commission will vote on the nominations and elect the Chair and Vice-Chair.

- Public Comment
- Vote

12:05 AM **General Public Comment**

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

12:20 AM **Lunch Break**

1:35 PM **Action**

5: Mono County Innovation Plan

Presenters: Robin K. Roberts, MA, MFT, Mono County Behavioral Health Director; Amanda Fenn Greenberg, MPH, MHSA Coordinator; Salvador Montanez Mono County Behavioral Health Services Coordinator

The Commission will consider approval of one Innovation Project plan for Mono County.

- Public Comment
- Vote

1:55 PM **Action**

6: Nevada County Innovation Plan

Presenters: Rebecca Slade, LMFT, Nevada County Behavioral Health Director; Theresa Hodges, A.A., CADC, Program Director, Turning Point Community Programs/Insight Respite Center

The Commission will consider approval of one Innovation Project plan for Nevada County.

- Public Comment
- Vote

2:15 PM **Action**

7: Napa County Innovation Plans

Presenters: Bill Carter, LCSW, Napa County Mental Health Director; Felix Bedolla, Project Manager, Napa County Mental Health Division, 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

3:35 PM **Action**

8: Contract Authorization for Strategic Statewide Suicide Prevention Plan

Presenter: Brian Sala, Ph.D., Deputy Director

The Commission will consider authorizing the Executive Director to enter into a contract to develop a strategic statewide suicide prevention plan per Assembly Bill 114 of 2017.

- Public comment
- Vote

3:55 PM **Information**

9: 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 August 24, 2017 Commission Meeting; (2) Evaluation Dashboard; (3) Calendar of Commission activities; and (4) Innovation Review Outline.

4:25 PM **General Public Comment**
Members of the public may briefly address the Commission on matters not on the agenda.

4:40 PM **Adjourn**

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
August 24, 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
Lynne Ayers Ashbeck
Khatera Aslami-Tamplen
Kathleen Lynch
Gladys Mitchell
Larry Poaster, PhD
Assembly Member Sebastian Ridley-Thomas
Deanna Strachan-Wilson
Richard Van Horn

Members Absent:

Reneeta Anthony
Senator Jim Beall
Sheriff Bill Brown
Itai Danovitch, MD
David Gordon

Staff Present:

Toby Ewing, Ph.D., Executive Director
Filomena Yeroshek, J.D., Chief Counsel
Norma Pate, Deputy Director, Program, Legislation, and Technology
Brian Sala, Ph.D., Deputy Director, Evaluation and Program Operations
Kristal Antonicelli, Health Program Specialist
Tom Orrock, LMFT, Health Program Manager
Sharmil Shah, Psy.D., 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 9:06 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

Announcements

Chair Wooton welcomed Assembly Member Sebastian Ridley-Thomas and Deanna Strachan-Wilson to the Commission. Commissioner Ridley-Thomas fills the seat of a member of the Assembly selected by the Speaker of the Assembly. Commissioner Strachan-Wilson fills the seat of an employer with fewer than 500 employees.

Chair Wooton stated that agenda item 5 has been pulled from the agenda at Napa County's request. Until Napa County receives clarification from the Department of Health Care Services (DHCS) regarding the availability of their Innovation funds, they have requested to be removed from the agenda. Napa County is tentatively scheduled to present their Innovation plans at the September meeting.

Brian Sala, Ph.D., Deputy Director, introduced new staff member Brandon McMillan.

Chair Wooton stated she and Commissioner Aslami-Tamplen attended the Alternatives Conference in Boston, Massachusetts, the largest consumer conference in the nation.

ACTION

1: Approve July 27, 2017, MHSOAC Meeting Minutes

Action: Commissioner Ridley-Thomas made a motion, seconded by Commissioner Aslami-Tamplen, that:

The Commission approves the July 27, 2017, Meeting Minutes.

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

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

The following Commissioners abstained: Commissioners Ashbeck and Strachan-Wilson.

ACTION

2: SB 82 Request for Applications (RFA) Outline

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

Tom Orrock, Manager, stated that staff is in the process of writing Round 2 of the Investment in Mental Health Wellness Act of 2013, known as Senate Bill (SB) 82, crisis triage grants. He provided an overview, accompanied by a slide presentation, of the background and objectives of SB 82, the role of triage personnel. He also detailed the information-gathering meetings held by staff used to inform the writing of Round 2 RFA.

Kristal Antonicelli, Project Lead, provided an overview, accompanied by a slide presentation, of the RFA outline, including eligibility criteria, funding and apportionment, and set aside for statewide evaluation.

Norma Pate, Deputy Director, stated in addition to the $32 million that will be awarded per year for three years, there are encumbered and unspent funds from prior years that will also be included in this grant cycle. The exact amount will be learned at the end of the Fiscal Year (FY).

Commissioner Questions

Vice Chair Boyd asked if counties have sound data to back up the objectives of the Mental Health Wellness Act. Ms. Antonicelli stated county data supports the objectives at the local level but not statewide. This is one of the reasons a centralized evaluation was recommended for this next round of triage grants.

Commissioner Poaster stated one of the inexplicable decisions made by the Legislature was a bifurcated process between the funds from the California Health Facilities Financing Authority (CHFFA) and the MHSOAC. He asked about the impact and coordination of the MHSOAC and CHFFA and if outcome results are similar. Mr. Orrock stated the hope for better coordination in this next round.

Commissioner Poaster asked if CHFFA has shared their outcome data with staff. Mr. Orrock stated he has not seen any CHFFA data.

Vice Chair Boyd suggested inviting CHFFA to present an update at a future Commission meeting before moving into the formal approval process.

Executive Director Ewing stated staff has been meeting with CHFFA over the last year about opportunities to coordinate, but being different entities with different calendars and areas of focus makes it difficult. The challenges are that CHFFA is in a leadership transition period and counties do not know if they will be awarded funds from both agencies. The intent is there to create an opportunity to blend the funding to give counties the greatest level of flexibility. There is also an opportunity in the proposed statewide evaluation work to look at the broader opportunity for integration. The other issue is how the Commission might look at the overall impact of the SB 82 work.

Commissioner Poaster spoke in support of counties integrating but stated the need for it to be mitigated at the state level to truly understand the SB 82 work.

Commissioner Van Horn asked about the amount of CHFFA funding that will be available each year. Mr. Orrock stated he did not know.

Commissioner Aslami-Tamplen asked about the 90-day limit to begin providing services. Ms. Antonicelli stated the limit is flexible. The intent is for counties to begin implementing their plans as soon as possible.

Commissioner Ashbeck asked how counties feel about meeting the criteria to spend not less than 30 percent of the funding on children and youth. Vice Chair Boyd stated 30 percent is not a ceiling. He stated he hoped to learn during public comment if that percentage is enough.

Commissioner Van Horn stated delays are unavoidable when counties contract out with community providers to do these programs. He suggested changing the 90-day limit to begin providing services to a 90-day limit to create an implementation plan. Ms. Antonicelli stated the 90-day limit is a goal for counties to collaborate but it is flexible.

Chair Wooton stated the importance of including paid positions for persons with lived experience in county programs.

Vice Chair Boyd agreed and suggested that the statewide assessment include a breakdown of the number of peers and the effectiveness of the models.

Commissioner Lynch asked that staff include pieces of legislation in the meeting packet that are alluded to, such as SB 82, to better inform Commissioners in the decision-making process.

Commissioner Poaster asked how many counties were funded in the first round. Ms. Antonicelli stated 24 counties were funded in the first round.

Commissioner Poaster asked if the RFA takes into account the fact that the majority of counties were not funded. He stated it is not a statewide program if all counties are not funded. It is important to get more counties involved. Executive Director Ewing stated 50 out of 59 counties applied and approximately half were funded. Nearly all the counties showed interest in the grant during the first round. He stated a recognition could be added to the RFA as a seed fund for counties that did not receive funding during the first round.

Commissioner Ashbeck stated all programs need to be judged against the same standard. She questioned if requiring counties to have an implementation plan in place is the solution to the delay problem. Ms. Antonicelli stated there is no way to know that for certain, but this approach is very different from the approach taken during the first round of grants. Whether the approach was successful will be determined during the second round so it can be changed or duplicated during the third round. Staff is working on a template to judge all programs by the same standard.

Commissioner Mitchell asked about the funding granted to each county, accountability, and the success of the 24 county programs from the first round of grants. Ms. Antonicelli stated there have been over 70,000 instances of individuals utilizing crisis intervention services statewide. The centralized evaluation strategy is recommended to help tell the story with program-to-program comparisons and to help determine the best practices.

Mr. Orrock stated the best use of the funds and what was learned most from the first round of triage grants was collaboration with behavioral health departments, law enforcement, and emergency department staff and better linkage to services.

Commissioner Aslami-Tamplen suggested giving counties a more realistic timeframe to make hiring a more thoughtful process so counties do not fill peer and other positions with individuals who are not ready due to the 90-day time limit. Ms. Antonicelli asked to discuss a more realistic expectation for the RFA with Commissioner Aslami-Tamplen offline.

Vice Chair Boyd asked staff to build Commissioner concerns into the application criteria. He also suggested it would be helpful to understand which counties would be affected by the Commission's decision-making on their current triage programs.

Public Comment

Lynn Thull, Ph.D., advocate for children and youth, stated she is pleased that the next round will designate a certain percentage of funding to children and families. She encouraged the Commission to collaborate with schools, juvenile halls, and community-based organizations, along with the emergency departments. She suggested increasing the percentage to a minimum of 50 percent of the $32 million plus the unspent funds; adding recommendations focusing on the unique needs and services for children, youth, and families; including language to limit the age of children to 21 and under to ensure the programs meet the needs of younger children; and adding requirements that there is authentic collaboration evidenced in proposals for working with community-based organizations.

Michael Helmick, Senior Policy Analyst, California Health+ Advocates, stated California Health+ Advocates sent a letter to the Commission recommending the inclusion of additional points in the RFA for partnering with community clinics and health centers to help ensure the goals of the triage grants are reached in a cost-effective and client-centered way.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), suggested a requirement that individuals served report their racial/ethnic and LGBTQ data and that applicants should indicate how they are going to serve underserved communities.

Heidi Strunk, California Association of Social Rehabilitation Agencies (CASRA), echoed the previous speakers and asked that the next round of applicants be awarded extra points to further encourage them to collaborate with community-based organizations and clinics that have the experience and expertise in these areas of serving persons in the community.

Commissioner Discussion

Vice Chair Boyd stated the Crisis Services Report is near completion. He provided an overview of the background, study process, key concerns, and findings of children and adolescent crisis services in California. Directing the funding in this grant round toward children and adolescents is the responsible thing to do. He suggested that the funding to support children and adolescent crisis services be increased to 50 percent.

Vice Chair Boyd made the motion as proposed on the PowerPoint slide to approve the outline to be used for the SB 82 triage grant RFA with the change to the outline that increases the funding dedicated to children and youth to no less than fifty percent. The motion was seconded by Commissioner Ashbeck.

Commissioner Mitchell suggested raising the importance of rural communities in the children and adolescent criteria.

Commissioner Poaster stated mobile crisis units should be funded under CHFFA. He asked if they have done that and how much funding goes to children and adolescents.

Vice Chair Boyd asked Executive Director Ewing to contact CHFFA about these issues.

Commissioner Ashbeck suggested adding a definition of child and youth and giving extra credit when there is an alignment with children and adults.

Ms. Yeroshek stated the regulations define children as 18 years and under and transition age youth (TAY) as age 25 and under. She suggested using an age range rather than a term.

Vice Chair Boyd stated the need to address the needs of children and adolescents 18 years and under.

Commissioner Aslami-Tamplen suggested a friendly amendment of including TAY with special emphasis on children and adolescents.

Commissioner Poaster asked if counties that were awarded funding during the first round can reapply to extend successful programs.

Commissioner Mitchell suggested prioritizing the 24 counties that were awarded during the first round.

Commissioner Poaster stated that cannot be accomplished if the motion is amended to increase child and adolescent funding to 50 percent. He stated just because a county was not awarded funding does not mean that the citizens in that county do not deserve services. He suggested providing technical assistance to help them.

Commissioner Van Horn stated there is a bias toward populated centers. He agreed with the earlier suggestion for bonus points for exhibiting a true rural collaboration. He suggested tabling this item for a month so CHFFA can clarify what happened with their funding, how much they distributed, and if the projects were completed.

Executive Director Ewing cautioned that that context is broader than just CHFFA funding. Deputy Director Pate stated staff met with CHFFA this week. CHFFA shared that they had rolled out all of their funds to the counties. There are some implementation issues in some counties that are beyond CHFFA's control, so CHFFA extended some of the grants to 2021. They are working to resolve the implementation delay issues.

Commissioner Van Horn asked about the amount of funding that is out from CHFFA. Ms. Pate stated she will have it for the next meeting.

Vice Chair Boyd suggested using under 21 years of age as a definition of children and youth to be consistent with the federal Medicaid and CHFFA definitions. In so doing so the RFA can make it clear that the balance of the funds that are available for adults can include programs targeted specific to TAY.

Commissioner Ashbeck suggested building a question into the application asking counties what was learned from the first round of funding that can be applied to children and youth.

Chair Wooton asked staff to incorporate Commissioner comments and concerns into the RFA.

Executive Director recapped the concerns voiced by the Commission to be taken into consideration as staff writes the RFA: (1) no less than 50 percent of the funds to be

allocated for programs to serve children and youth; (2) prioritize rural communities, and counties that did not receive grants in the first round; (3) prioritize applications proposals that leverage other funds; (4) importance of applications including a sustainability strategy and an analysis of continuum of care with identification of gaps in that continuum; (5) emphasis on consumer and family member peers; and (6) set-aside for research and evaluation with an independent contractor.

Action: Vice Chair Boyd made a motion, seconded by Commissioner Ashbeck, that:

(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 with the following changes: (a) clarify that the triage funds include unencumbered and unspent funds; and (b) no less than 50 percent of these funds shall be made available for programs targeting children and youth 21 years and under.

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

Motion carried 5 yes, 3 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Wooton, Vice Chair Boyd, and Commissioners Ashbeck, Aslami-Tamplen, and Mitchell.

The following Commissioners voted "No": Commissioners Lynch, Poaster, and Van Horn.

ACTION

3: <u>Transition Age Youth (TAY) Request for Proposal (RFP) Outline</u>

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

Ms. Pate provided an overview, accompanied by a slide presentation, of the background, additional TAY funding, and RFP planning process for the recommended proposed outline of the RFP for a TAY stakeholder contract.

Mr. Orrock provided an overview, accompanied by a slide presentation, of the feedback received in the stakeholder focus groups, overall principles and scope of work, and minimum qualifications for all bidders. He stated the feedback received from TAY representatives showed there was not an interest in hosting a statewide conference as was intended prior to the stakeholder focus groups. Instead, TAY shared that they were interested in local outreach and programs that help TAY locate services. He stated the feedback received was complementary to the existing California Youth Connection (CYC) stakeholder contract.

Commissioner Questions

Commissioner Van Horn asked if the CYC will apply for this as an expansion of their current contract or if it is anticipated that there will be two TAY contracts. Mr. Orrock stated the contract is open to all bidders with no bias toward the CYC.

Commissioner Lynch asked if the Budget Act included trailer bill language or only increased the funding. Ms. Pate stated the funding was increased.

Commissioner Lynch asked if there are provisions to augment the current CYC contract. Executive Director Ewing stated the direction from the Legislature requires a separate competitive process because the CYC competed for $1.5 million, not $2 million.

Public Comment

Dr. Thull spoke against the staff recommendations to develop an RFP process. She encouraged amending the CYC contract to include the additional funding.

Ms. Hiramoto echoed Dr. Thull's comments and spoke against the staff motion and in support of augmenting the CYC contract. She stated she emailed a letter to staff from REMHDCO. She stated the Legislature did not specify that this was to be a separate RFP process. This additional funding was meant to bring all stakeholder contracts to the same level.

Ms. Hiramoto highlighted comments made by Poshi Walker in the last meeting that 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. It is unfair to the TAY contract awardee, which should be awarded the same amount at the other contractors.

Dawniell Zavala, Associate Director and General Counsel, Mental Health America of Northern California (NorCal MHA), stated NorCal MHA sent the Commission a letter on August 11th expressing disagreement with placing the additional augmentation funding out to bid. She noted that the CYC contract was not executed until after the contract augmentation was approved and that the deliverables for the original contract and the augmentation are almost identical. She suggested that the Commission work with the CYC to increase its scope of deliverables in exchange for the additional $170,000 per year. She suggested that the CYC submit a letter of intent to the Commission within 30 to 45 days outlining how they will augment their current services for the additional funding. She stated the CYC has the same deliverables as the other contract holders yet are receiving 25 percent less over the life of their contract to perform the same activities.

Ms. Zavala suggested that there be explicit requirements regarding collaboration and coordination between the awardee and the CYC, if the Commission determines that the contract needs to go out to bid, although this creates additional burdens on the CYC that they will not be compensated for. She urged the Commission to reject the motion as written and provide the CYC the opportunity to receive the additional funding.

Kathleen Casela, Program Director, California Youth Empowerment Network (CAYEN) and NorCal MHA, echoed the comments of the previous speakers. She stated the concern about having two separate contracts that did not include meaningful stakeholder input. She asked that at least one young person be a member of the TAY review panel, and also someone who is well-versed in youth development and what it takes to work with young people. She suggested adding something written that requires the TAY awardees to work together if there are two TAY awardees.

Commissioner Discussion

Commissioner Ashbeck asked if the language had been verified. She stated the augmented funds are not enough to warrant going through another grant writing process. She spoke in support of adding the augmented funds to the current CYC contract. Executive Director Ewing stated the language requires the Commission to use a competitive bid process to award these funds.

Commissioner Ashbeck stated the CYC did earn the original award through a competitive bid process. Executive Director Ewing stated the Legislature informed staff of their expectation that the augmented funds should be released through a competitive bid process. He stated the Legislature was not necessarily seeking fairness among the vendors but was creating a level playing field among the different demographic groups. He agreed with Commissioner Lynch that it is not ideal to have multiple contracts toward a common focus.

Executive Director Ewing stated the length of time it has taken the Commission to award the contracts under the earlier RFP is because six contracts were awarded at once. That will not be the case here.

Commissioner Ashbeck asked if the CYC wants to augment their contract. Mr. Orrock stated the CYC had initial concerns about it but, although they were present in the larger focus group, they did not comment.

Commissioner Van Horn stated CAYEN was the previous contract holder. He asked if CAYEN was in agreement with the other speakers. Ms. Casela stated the concerns were having two separate stakeholder contracts and going out for bid one more time, and about duplication since the CYC is already doing the advocacy efforts, outreach, and training.

Commissioner Van Horn stated the need for better clarification from the Legislature. There is no trailer bill language, the funding is increased, and the requirements are the same. The only reason that the CYC is being penalized at this point is that they submitted the best bid. Executive Director Ewing stated these are separate contracting processes. If they are treated as separate processes, the CYC is not being penalized. The Commission put $1.5 million for a contract on the table and the CYC won. There is now an additional $500,000 that has been made available for a contract.

Commissioner Van Horn stated the only reason the $500,000 is being made available is that the Legislature decided to equalize the amounts. Executive Director Ewing stated at that time there was a discussion and letters were written that the Commission should cancel the RFP and require the CYC to compete again. The Commission felt that would penalize the CYC and opted against doing that. Now there is a second contract.

Action: Commissioner Poaster made a motion, seconded by Commissioner Aslami-Tamplen, that:

- *The Commission approves the proposed outline of the TAY RFP scope of work and minimum qualifications.*

- *The Commission authorizes the Executive Director to initiate a competitive bid process.*

Motion carried 4 yes, 3 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Vice Chair Boyd and Commissioners Aslami-Tamplen, Mitchell, and Poaster.

The following Commissioners voted “No”: Commissioners Ashbeck, Lynch, and Van Horn.

The following Commissioner abstained: Chair Wooton.

INFORMATION

4: <u>Innovation (INN) Update</u>

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

Sharmil Shah, Psy.D., Chief of Program Operations, updated the Commission on the activities of the Subcommittee on Innovation and the Innovation Summit. She stated the Program Operations Unit is undergoing staff changes and hopes to complete the team within the coming weeks.

Grace Reedy, INN Team member, updated the Commission on the INN work group. She stated representatives from several counties have volunteered to participate in a work group with staff to review and propose changes to documents related to INN plans. She stated the work group will submit its proposed changes to the Subcommittee on Innovation when the documents are finalized.

Ms. Reedy recognized counties for their assistance, collaboration, and participation in partnering with the Commission staff and CASRA for their participation in the work group.

Shannon Tarter, INN Team member, thanked counties, the California Behavioral Health Directors Association (CBHDA), and participating organizations for their support as the Commission continues to improve the INN program.

Public Comment

Steve Leoni, consumer and advocate, stated the hope that the work group will go broader than it is currently, such as researching what makes INN work anywhere and looking at counties where INN works to learn the conditions and circumstances under which INN flourishes.

Ms. Hiramoto encouraged the work group to recruit a member who represents underserved communities. She stated the need for the new stakeholder advocacy contractors to attend these meetings.

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

This agenda item was tentatively tabled to the September meeting.

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

INN Project #1

Warren Hayes, LMFT, MHSA Program Manager for Contra Costa County, provided an overview, accompanied by a slide presentation, of the county profile, funds requested, and stakeholder engagement for the Cognitive Behavioral Social Skills Training in Board and Care Facilities (CBSST) project.

Steve Blum, LMFT, Supportive Housing Manager for Contra Costa Behavioral Health, provided an overview, accompanied by a slide presentation, of the problems to address, the proposed project, and what is innovative about the CBSST project.

Windy Taylor, MBA, MHSA Project Manager for Innovation for Contra Costa County, provided an overview, accompanied by a slide presentation, of the learning objectives and evaluation plan of the CBSST project.

Commissioner Questions

Commissioner Ashbeck asked if there is a correlation between board and care residents and frequent visits to hospital emergency rooms (ERs) and/or interaction with law enforcement, and if another measure of effectiveness would be a reduction in 5150s and trips to the ER. Mr. Hayes stated there is a correlation; the county will provide a quantitative differential at the end of the project.

Commissioner Aslami-Tamplen asked about the number of board and care facilities in Contra Costa County. Mr. Hayes stated there are 23 augmented licensed board and care facilities in Contra Costa County.

Commissioner Aslami-Tamplen referred to Learning Object 2 on Slide 6 and asked if the county will explore the decrease in the involuntary outpatient commitments. Mr. Hayes stated the county has an assisted outpatient treatment (AOT) program and closely monitors all individuals who participate in the AOT program. He stated it is easy to spotlight any crossover from an augmented board and care and the AOT program.

INN Project #2

Nancy O'Brien, LMFT, Mental Health and Substance Use Disorder Therapist for Contra Costa Behavioral Health Services, provided an overview, accompanied by a slide presentation, of the problem to address, the proposed project, and what is innovative about the Center for Recovery and Empowerment (CORE) project.

Ms. Taylor provided an overview, accompanied by a slide presentation, of the learning objectives and evaluation plan of the CORE project.

Mr. Hayes provided an overview, accompanied by a slide presentation, of the funds requested and stakeholder engagement for the CORE project.

Commissioner Questions

Chair Wooton asked if the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver will be part of the program coming to Contra Costa County. Mr. Hayes stated the county just signed the contract for the mental health plan for the DMC-ODS. The plan is for the INN project to be consistent with the DMC-ODS for billing and utilization.

Chair Wooton asked if the teachers supporting the individuals in the project will be funded through this funding stream. Mr. Hayes stated they will be funded at the beginning. The exit strategy financially is to get the education system to buy in and contribute teacher time.

Public Comment

Mr. Leoni spoke in support of the Contra Costa INN projects. He stated many consumers do not like board and care facilities and do not regard them as housing. He stated CASRA has a recovery and rehabilitation orientation towards individuals in board and care facilities. He stated this is a wonderful project to get individuals to the board and care facilities and give them the opportunity for recovery and rehabilitation that has not been part of board and care facilities of the past.

Sandra Marley, private advocate, asked how accountability will be used to monitor whether individuals are attending meetings. Ms. O'Brien stated they have local chapters already in place to monitor that issue.

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

The MHSOAC approves Contra Costa County's INN Projects as follows:

> *Cognitive Behavioral Social Skills Training in Board and Care Facilities (CBSST)*
> *Amount: $1,247,200*
> *Project Length: Five Years*
>
> *Center for Recovery and Empowerment (CORE)*
> *Amount: $2,502,022*
> *Project Length: Five Years*

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

The following Commissioners voted "Yes": Chair Wooton, Vice Chair Boyd, and Commissioners Ashbeck, Lynch, Mitchell, Poaster, and Van Horn.

GENERAL PUBLIC COMMENT

Ms. Marley stated the time of notice was brought up at the last meeting and that some counties require a 30-day notice for out- of-county travel. She questioned the amount of time given this month for the announcement of this meeting and agenda items. She asked that announcements and agendas be posted to the website in time for stakeholders to plan.

INFORMATION

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

Presenters: Jon Sherin, M.D., Ph.D., Director, Los Angeles County Department of Mental Health (LACDMH); Debbie Innes-Gomberg, Ph.D., Deputy Director, Adult System of Care and MHSA, LACDMH

Jon Sherin, M.D., Ph.D., Director, LACDMH, stated the need to prevent the progression of mental illness in California. Proposition 63 and the work of this Commission are impressive but there is a long way to go. The key is the issue of access. If access to care is denied, illness will progress no matter what issue is being faced. Leveraging technology can help remove access barriers. He stated the need to change the culture from treating mental illness to optimizing mental health.

Dr. Sherin summarized current technological opportunities to improve access:

- Passive data collection, which can be informative about an individual's state of wellbeing and mental health, can be leveraged in an access toolkit. Individuals with shared experience can bring added value that no clinician can, no matter how much training they have.
- The role of peers is important face-to-face, but there is now the opportunity through networks and the Internet to connect individuals who have a need to speak to someone who cares and can help navigate available resources, expedite access to care, and connect online with other web-based treatment.
- Online virtual treatment - cognitive behavioral treatment in particular - using avatars or other models with personalized engagement, with protocols that are proven.

Dr. Sherin stated the need to take these technological opportunities statewide by engaging counties to do the work in a way that is synchronized and coordinated, where information can be collected and analyzed in a consistent manner to improve innovation. He suggested that a number of counties agree upon a basic suite of services, get contracts, and have that information collected and analyzed through the University of California Centers of Excellence to do this work.

Commissioner Questions

Commissioner Van Horn asked for additional details on the suite of services that will be put together.

Debbie Innes-Gomberg, Ph.D., Deputy Director, Adult System of Care and MHSA, LACDMH, stated there will be a link on the county website that will lead to one or more of the applications described by Dr. Sherin. The applications target different individuals in multiple platforms. The potential is tremendous.

Chair Wooton asked how the data will be collected. Dr. Sherin stated companies have sophisticated data collection techniques and the ability to analyze that data. It is important to warehouse the data and have an objective entity, such as the University of California, analyze it.

Chair Wooton asked how individuals who do not have an iPhone or a computer will access services digitally. Dr. Sherin stated there are efforts to distribute smartphones and there is an opportunity for less sophisticated data collection. One pilot would be a partnership between individuals who are in Stage 4 of illness and clinicians who would help to monitor and intervene in more of a partnership and classic clinical model.

Dr. Innes-Gomberg stated libraries are one option. This is another way to operationalize and an opportunity to reach individuals through the things that are natural to them or that people gravitate to, which is another way to think of cultural relevance.

Vice Chair Boyd stated the presenters talked about many things the Subcommittee on Innovation has discussed, such as increased scoping for technical assistance, nontraditional partners to support that, multi-county collaboration, and new approaches to using technology and informatics all tied into the core issue of access. He asked what process improvements are needed to begin using technological approaches.

Dr. Innes-Gomberg stated the Commission could help bring technological approaches statewide by bringing counties together to think about who the vendors are that can help the most so counties move forward in a consistent way. Dr. Sherin stated the Innovation Summit can be a platform for this type of movement. He suggested determining an ideal suite of services that could be piloted and then implemented statewide.

Robin Roberts, Director, Mono County Behavioral Health, spoke in support of this project. She stated Mono County is preparing to submit their INN plan. The county has received help from the Commission as one of the smallest counties. The smallest counties need leadership like Dr. Sherin and LACDMH because they need the big players with the most funding and political clout to be at the forefront creating change and moving back to being client-centered. A client-centered motivation is necessary for transformational change. She stated the need to find out who those clients are. Mono County is extremely isolated and is unable to leverage a project like this but can participate and offer to be a pilot area due to its isolation. This type of technology can help counties figure out what kind of help can be provided.

Commissioner Van Horn stated multi-county participation, CalMHSA, and JPAs can be used to pool county funding to create INN proposals. The sense was that Proposition 63 would encourage statewideness, but it has not done this because of the way it has been interpreted in regulations. The funding goes to counties and each county acts separately.

Commissioner Van Horn stated Mental Health America has been doing a massive data collection project for the last three years, putting screens on the Internet where approximately 3 million individuals have identified their own issues. Most of the individuals who screen are part of the digital generation.

Vice Chair Boyd stated the Subcommittee on Innovation has been looking at process improvements that can make it easier for counties to get approvals, to access technical assistance and other funding, and to move forward with approval earlier on. He directed staff to look into working with LACDMH and proactively addressing barriers for approval or funding in order to maintain momentum.

Chair Wooton stated the family member and consumer representative Commissioners were not present today and should have an opportunity to chime in. She spoke in favor of discussing this issue and bringing this forward and piloting with LACDMH.

Commissioner Poaster asked if a representative group of counties will be part of a demonstration project. Dr. Sherin stated he would like to see the first phase be representative of a very large and a very small county to set up a platform for statewideness. If this is set up properly in the beginning, other counties could join in.

Commissioner Poaster stated the best platform is to have a highly successful demonstration project. He stated it is a great idea with many innovative ways of dealing with contracting.

Chair Wooton stated this is a powerful tool for individuals to access needed services, but she is looking for a transformative idea, which seems like it would happen when individuals are able to access services. She stated she was skeptical because she has seen ideas come and go and sometimes they do not get off the ground.

Commissioner Ashbeck stated this is not a three-year venture but could be a three-year pilot. Everything about it is innovative. She stated this provides an opportunity for the Commission to test out the things the Commission has been discussing, beginning with the process. She asked about the lessons learned from health care data. She cautioned that the medical community would need to buy in to the concept, because data can be collected but needs someone to engage with it.

Commissioner Van Horn stated it is a different world out there. Individuals are constantly on their cellphones but they do not use them to talk to people - they text or snapchat. He thanked the presenters for making the trip to open this topic. He asked what other counties are interested in this idea. Dr. Sherin stated Sonoma, Santa Clara, Inyo, and others are interested.

Public Comment

Adrienne Shilton, Government Affairs Director, Steinberg Institute, spoke in support of the concept presented by LACDMH and the ensuing discussion about statewide implementation and how to bring more counties into the discussion that has already begun via the MHSOAC Subcommittee on Innovation. She suggested adding Monterey and Yolo Counties to the list of interested counties. She stated the importance of the innovative concept of intervening prior to Stage 4. The Steinberg Institute is excited

about the learning possibilities that this project can show the state and the nation and stands ready to support the Commission and the counties in this process.

Mr. Leoni began with the caveat that he may change his mind after further study, but cautioned that, although he wants to find positive answers, he initially has three concerns with this concept:

- Collecting client data without informed consent shatters therapeutic alliance and breaks trust. This would be a good tool as long as everyone is aware that their data is being collected, although it can easily be misused.
- The electronic process may become a substitute for individuals learning to sense the state of their own wellbeing within themselves.
- There has been no real discussion in the client community of any kind on this at the statewide level. That needs to happen before forging ahead.

He stated not every innovation is a good one.

Commissioner Discussion

Commissioner Van Horn stated the point Mr. Leoni raised is interesting. Clients' permission to use passive data would be critically important. He agreed that care must be taken in how passive data collection is gathered. Permission is the key.

Dr. Sherin stated the importance of a willing partnership. He stated that is why he proposed doing this in partnership with a clinician, peer, family member, or client. He stated getting more and more disconnected from humanity through the smartphone is an important point. He stated Los Angeles has a robust stakeholder process and this concept is currently on the docket.

INFORMATION

8: Executive Director Report Out

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

Executive Director Ewing presented his report as follows:

Personnel

Fred Molitor, Ph.D., Director, Research and Evaluation, will be moving on to other opportunities. New positions are being filled that the Commission was given in the last budget update.

Budget

Staff is working with Administration in response to their information requests.

Committees

The Commission is in the process of refocusing the Committees. Staff is speaking with the chairs of each Committee.

Legislation

AB 860 was vetoed by the governor.

AB 462 is being amended.

AB 1134 will be heard on the Senate floor on Monday.

Staff is working with Commissioner Thurmond on AB 254.

Staff is working with the author on technical amendments for AB 1135.

Project Updates

Children's Crisis Services

Work continues on this project.

Fiscal Reporting Tool

The Fiscal Reporting Tool launched on the website this past Monday.

Fiscal Reversion

Progress has been made on fiscal oversight. The majority of the Commission's work has been done and now it is about technical assistance through the DHCS and the counties and monitoring that.

In response to AB 114, Commissioner Beall and a coalition of Assembly Members and Senators asked the state auditor to look into the issue of fiscal reporting. The audit covers the MHSOAC and the DHCS. The state auditor will provide a report at the end of the process.

New Project Topics

Staff continues to consider proposals for future projects.

Issue Resolution

Work continues on this project.

PEI and INN Regulations

The regulations have been filed and are in the formal public review period, which will end on September 28th. Opportunity will be given to the public to provide comments at the September 28th Commission meeting.

Suicide Prevention Plan

A proposal will be presented at the next Commission meeting.

Technical Assistance for Small Counties

The Commission has contracted with a company to help small counties overcome their unique challenges. That work is just getting started.

Schools and Mental Health

A proposal for research and evaluation funds to support this project is planned for the September meeting.

Strategic Planning

Staff is still searching for the right consultant for the strategic planning process. Please let us know if you have any recommendations.

Commission Meeting Calendar

Elections are typically held at the September or October Commission meeting.

GENERAL PUBLIC COMMENT

Ms. Hiramoto stated the presentation by LACDMH today and the presentation on 7Cups of Tea at the last meeting were interesting. She suggested putting the context of these informational items on the agenda, such as whether the Commission wants to fund this and who requested that these items be put on the agenda.

Ms. Hiramoto asked that someone with racial/ethnic expertise be put on the Subcommittee on Innovation. PEI and INN is where solutions will be found to reduce disparities. She suggested looking at the California Reducing Disparities Project Phase 2.

ADJOURN

There being no further business, the meeting was adjourned at 3:50 p.m.

AGENDA ITEM 2

Informational

September 28, 2017 Commission Meeting

Proposed Amendments to Prevention and Early Intervention (PEI) and Innovation (INN) Regulations

Summary: This is the official public hearing on the proposed amendments to the Prevention and Early Intervention (PEI) and Innovation (INN) regulations. Any person may present statements, arguments and comments orally or in writing, for or against the proposed amendments. This is not an action item and the Commission will not be responding to the public comments at this meeting. The Commission will provide written responses to the public comments at a later Commission meeting.

Background: At the July 27, 2017 meeting the Commission approved proposed amendments to the PEI and INN regulations. In August 2017, those proposed amendments were submitted to the Office of Administrative Law (OAL) for publication in the California Regulatory Notice Register, and were posted on the Commission's website and sent out on the Commission's listserv.

Under the California Administrative Procedure Act, the Commission must provide a 45-day public comment period on the proposed amendments. The official public comment period began on August 11, 2017, and closes at 5:00 p.m. on September 28, 2017. This public hearing is part of the required 45-day public comment period.

In addition to presenting statements at this public hearing any interested person may submit written comments relevant to the proposed amendments to the PEI and INN regulations to the address set forth in the "Notice of Proposed Rulemaking" located on the MHSOAC website, http://mhsoac.ca.gov/laws-and-regulations. The official public comment period began on August 11, 2017, and closes at 5:00 p.m. on September 28, 2017.

The MHSOAC will take under submission all comments on the proposed amendments to the regulations submitted during the official public comment period, including oral and written statements made during this hearing. At the October or November 2017, meeting the Commission will be presented with all of the comments received during the public comment period and staff recommendations on responses to the comments.

Enclosures: None

Handouts: None

Recommended Action: None. This is an informational item.

Facilitator: Filomena Yeroshek, Chief Counsel

AGENDA ITEM 3

Action

September 28, 2017 Commission Meeting

No Place Like Home Service Contract

Summary: Representatives from the California Health Facilities Financing Authority (CHFFA) and the California Department of Housing and Community Development (HCD) will present for the Commission's review a Service Contract to implement the No Place Like Home Program related to permanent supportive housing. In accordance with statute, the Service Contract provides for CHFFA to pay HCD to develop, administer, and operate the No Place Like Home Program. Welfare and Institutions Code (WIC) Section 5849.35 requires CHFFA to submit this contract to the Commission for review.

In July 2016, Governor Brown signed legislation enacting the No Place Like Home program to dedicate $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA).

Background:

WIC Section 5849.35 authorizes CHFFA to enter into one or more contracts with HCD to implement the No Place Like Home Program. Section 5849.35 also provides for the Commission to review the contracts as follows:

> Prior to entering into any contract pursuant to this paragraph, the executive director of the authority [CHFFA] shall transmit to the commission a copy of the contract in substantially final form. The contract shall be deemed approved by the commission unless it acts within 10 days to disapprove the contract.

Under this provisions the Commission is not required to take action to approve the service contract. The contract will be deemed approved by the Commission unless the Commission specifically disapproves it within 10 days. Generally, "deemed approved" language signals an intent that disapproval should be reserved to situations where there is an egregious problem with the contract.

In accordance with section 5849.35, on September 19, 2017, Ronald Washington, Acting Executive Director of CHFFA, transmitted to the Commission the Service Contract between CHFFA and HCD. A copy of that contract is enclosed. Exhibit A of the Service Contract is the No Place Like Home Program Program Guidelines. These Guidelines are 77 pages long and are not included in the copy of the contract. An excerpt from the Program Guidelines containing the table of contents, and the Supportive Services (Section 203) and Reporting (Section 214) requirements. The link

to the full Program Guidelines as referenced as Exhibit A of the Service Contract is below.
http://www.hcd.ca.gov/grants-funding/active-unding/docs/NPLHGuidelines082519-v1.pdf

Presenters: Filomena Yeroshek, MHSOAC Chief Counsel; Ronald Washington, Acting Executive Director, California Health Facilities Financing Authority (CHFFA); Zachary Olmstead, Deputy Director of Housing Policy Development, Department of Housing & Community Development (HCD); Angela Kim, Attorney, (HCD); Monique Pierre, Section Chief, Division of Financial Assistance, Program Design and Development Branch (HCD); Matthew Wise, Deputy Attorney General, Attorney General's Office; Jenna Magan, Bond Counsel.

Enclosures: (1) Service Contract for the Development, Administration and Operation of the No Place Like Home Program; (2) Excerpt from Program Guidelines; and (3) Part 3.9 of Division 5 of Welfare and Institutions Code (commencing with section 5849.1), known as the No Place Like Home program.

Handouts: None.

Recommended Action: Approve the Service Contract.

AGENDA ITEM 1

Action

September 28, 2017 Commission Meeting

Approve August 24, 2017 MHSOAC Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will review the minutes from the August 24, 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: August 24, 2017 Commission Meeting Minutes.

Handouts: None.

Recommended Action: Approve August 24, 2017 Meeting Minutes.

Proposed Motion: The Commission approves the August 24, 2017 Meeting Minutes.

NO PLACE LIKE HOME PROGRAM

As of August 31, 2017

Part 3.9 of Division 5 of Welfare and Institutions Code

§ 5849.1. Legislative findings and declarations

(a) The Legislature finds and declares that this part is consistent with and furthers the purposes of the Mental Health Services Act, enacted by Proposition 63 at the November 2, 2004, statewide general election, within the meaning of Section 18 of that measure.

(b) The Legislature further finds and declares all of the following:

(1) Housing is a key factor for stabilization and recovery to occur and results in improved outcomes for individuals living with a mental illness.

(2) Untreated mental illness can increase the risk of homelessness, especially for single adults.

(3) California has the nation's largest homeless population that is disproportionally comprised of women with children, veterans, and the chronically homeless.

(4) California has the largest number of homeless veterans in the United States at 24 percent of the total population in our nation. Fifty percent of California's veterans live with serious mental illness and 70 percent have a substance use disorder.

(5) Fifty percent of mothers experiencing homelessness have experienced a major depressive episode since becoming homeless and 36 percent of these mothers live with post-traumatic stress disorder and 41 percent have a substance use disorder.

(6) Ninety-three percent of supportive housing tenants who live with mental illness and substance use disorders voluntarily participated in the services offered.

(7) Adults who receive 2 years of “whatever-it-takes,” or Full Service Partnership services, experience a 68 percent reduction in homelessness.

(8) For every dollar of bond funds invested in permanent supportive housing, the state and local governments can leverage a significant amount of additional dollars through tax credits, Medicaid health services funding, and other housing development funds.

(9) Tenants of permanent supportive housing reduced their visits to the emergency department by 56 percent, and their hospital admissions by 45 percent.

(10) The cost in public services for a chronically homeless Californian ranges from $60,000 to $100,000 annually. When housed, these costs are cut in half and some reports show reductions in cost of more than 70 percent, including potentially less involvement with the health and criminal justice systems.

(11) Californians have identified homelessness as their top tier priority; this measure seeks to address the needs of the most vulnerable people within this population.

(12) Having counties provide mental health programming and services is a benefit to the state.

(13) The Department of Housing and Community Development is the state entity with sufficient expertise to implement and oversee a grant or loan program for permanent supportive housing of the target population.

(14) The California Health Facilities Financing Authority is authorized by law to issue bonds and to consult with the Mental Health Services Oversight and Accountability Commission and the State Department of Health Care Services concerning the implementation of a grant or loan program for California counties to support the development of programs that increase access to, and capacity for, crisis mental health services. It is therefore appropriate for the authority to issue bonds and contract for services with the Department of Housing and Community Development to provide grants or loans to California counties for permanent supportive housing for the target population.

(15) Use of bond funding will accelerate the availability of funding for the grant or loan program to provide permanent supportive housing for the target population as compared to relying on annual allocations from the Mental Health Services Fund and better allow counties to provide permanent supportive housing for homeless individuals living with mental illness.

(16) The findings and declarations set forth in subdivision (c) of Section 5849.35 are hereby incorporated herein.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 2, eff. Sept. 13, 2016.)

§ 5849.2. Definitions

As used in this part, the following definitions shall apply:

(a) "At risk of chronic homelessness" includes, but is not limited to, persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings, including, but not limited to, jail and mental health facilities, who were homeless prior to admission, transition age youth experiencing homelessness or with significant barriers to housing stability, and others, as defined in program guidelines.

(b) "Authority" means the California Health Facilities Financing Authority established pursuant to Part 7.2 (commencing with Section 15430) of Division 3 of Title 2 of the Government Code.

(c) "Chronically homeless" has the same meaning as defined in Section 578.3 of Title 24 of the Code of Federal Regulations, as that section read on May 1, 2016.

(d) "Commission" means the Mental Health Services Oversight and Accountability Commission established by Section 5845.

(e) "Committee" means the No Place Like Home Program Advisory Committee established pursuant to Section 5849.3.

(f) "County" includes, but is not limited to, a city and county, and a city receiving funds pursuant to Section 5701.5.

(g) "Department" means the Department of Housing and Community Development.

(h) “Development sponsor” has the same meaning as “sponsor” as defined in Section 50675.2 of the Health and Safety Code.

(i) “Fund” means the No Place Like Home Fund established pursuant to Section 5849.4.

(j) “Homeless” has the same meaning as defined in Section 578.3 of Title 24 of the Code of Federal Regulations, as that section read on May 1, 2016.

(k) “Permanent supportive housing” has the same meaning as “supportive housing,” as defined in Section 50675.14 of the Health and Safety Code, except that “permanent supportive housing” shall include associated facilities if used to provide services to housing residents.

(*l*) “Program” means the process for awarding funds and distributing moneys to applicants established in Sections 5849.7, 5849.8, and 5849.9 and the ongoing monitoring and enforcement of the applicants' activities pursuant to Sections 5849.8, 5849.9, and 5849.11.

(1) “Competitive program” means that portion of the program established by Section 5849.8.

(2) “Distribution program” means that portion of the program described in Section 5849.9.

(m) “Target population” means individuals or households as provided in Section 5600.3 who are homeless, chronically homeless, or at risk of chronic homelessness.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 3, eff. Sept. 13, 2016.)

§ 5849.3. Establishment of No Place Like Home Program Advisory Committee; membership; duties

(a) There is hereby established the No Place Like Home Program Advisory Committee. Membership on the committee shall be as follows:

(1) The Director of Housing and Community Development, or his or her designee, who shall serve as the chairperson of the committee.

(2) The Director of Health Care Services, or his or her designee, and an additional representative.

(3) The Secretary of Veterans Affairs, or his or her designee.

(4) The Director of Social Services, or his or her designee.

(5) The Treasurer, or his or her designee.

(6) The Chair of the Mental Health Services Oversight and Accountability Commission, or his or her designee.

(7) A chief administrative officer of a small county or a member of a county board of supervisors of a small county, as provided by subdivision (d) of Section 5849.6, to be appointed by the Governor.

(8) A chief administrative officer of a large county or a member of a county board of supervisors of a large county, as provided by subdivision (b) of Section 5849.6, to be appointed by the Governor.

(9) A director of a county behavioral health department, to be appointed by the Governor.

(10) An administrative officer of a city, to be appointed by the Governor.

(11) A representative of an affordable housing organization, to be appointed by the Speaker of the Assembly.

(12) A resident of supportive housing, to be appointed by the Governor.

(13) A representative of a community mental health organization, to be appointed by the Senate Committee on Rules.

(14) A representative of a local or regional continuum of care organization that coordinates homelessness funding, to be appointed by the Governor.

(b) The committee shall do all of the following:

(1) Assist and advise the department in the implementation of the program.

(2) Review and make recommendations on the department's guidelines.

(3) Review the department's progress in distributing moneys pursuant to this part.

(4) Provide advice and guidance more broadly on statewide homelessness issues.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 4, eff. Sept. 13, 2016.)

§ 5849.4. Creation of No Place Like Home Fund; payments into fund

(a) The No Place Like Home Fund is hereby created within the State Treasury and, notwithstanding Section 13340 of the Government Code, continuously appropriated to the department, the authority, and the Treasurer for the purposes of this part. Accounts and subaccounts may be created within the fund as needed. Up to 5 percent of the amount deposited in the fund may be used for administrative expenses in implementing this part.

(b) There shall be paid into the fund the following:

(1) Any moneys from the receipt of loan proceeds by the department derived from the issuance of bonds by the authority under subdivision (b) of Section 15463 of the Government Code.

(2) Any other federal or state grant, or from any private donation or grant, for the purposes of this part.

(3) Any interest payment, loan repayments, or other return of funds.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 6, eff. Sept. 13, 2016.)

§ 5849.5. Adoption of guidelines or regulations

The department may adopt guidelines or regulations, including emergency regulations to expedite the award of moneys pursuant to this part, in consultation with the California State Association of Counties and other stakeholders, as necessary to exercise the powers and perform the duties conferred or imposed on it by this part. Any guideline or regulation adopted pursuant to this section shall not be subject to the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The department shall consult with key stakeholders, including, but not limited to, counties.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 7, eff. Sept. 13, 2016.)

§ 5849.6. Organization of counties into competitive groupings; distribution of funding

For the purpose of administering Sections 5849.7 and 5849.8, the department shall organize counties into the following competitive groupings based on population:

(a) The County of Los Angeles.

(b) Large counties with a population greater than 750,000.

(c) Medium counties with a population between 200,000 to 750,000.

(d) Small counties with a population less than 200,000.

The competitive program shall distribute funding among the groupings based on a calculation made by the department that shall include the number of homeless persons residing within each county, as determined by the department, and considers minimum funding levels necessary for a permanent supportive housing development. The department, at its discretion, may consider other factors in the calculation if it supports the objectives of this part.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016.)

§ 5849.7. Service contracts to provide permanent supportive housing; competitive program guidelines

(a) In order to finance permanent supportive housing for the target population, the department may enter into one or more contracts with the authority as authorized pursuant to Section 5849.35 to provide services for the benefit of the people of the state as described in this section and Sections 5849.8 and 5849.9. The department shall use its best efforts to provide or cause to be provided permanent supportive housing for the target population in consideration for service contract payments to be received from the authority.

(b) Under any service contract with the authority, the department shall administer a competitive program, pursuant to Section 5849.8, and distribution program, pursuant to Section 5849.9, for awarding a total amount not to exceed two billion dollars ($2,000,000,000) among counties to finance capital costs including, but not limited to, acquisition, design, construction, rehabilitation, or

preservation, and to capitalize operating reserves, of permanent supportive housing for the target population. For purposes of this section and Sections 5849.8 and 5849.9, measurement of the dollar limit on amounts to be distributed by the department shall be based on the principal amount of bonds issued by the authority and loaned to the department, exclusive of any refunding bonds but including any net premium derived from the sale of the bonds, for deposit in the fund. There shall be no dollar limit on the distribution of moneys in the fund derived from the sources described in paragraphs (2) and (3) of subdivision (b) of Section 5849.4.

(c) For the competitive program established by Section 5849.8, the following shall apply:

(1) A county may apply as the sole applicant if it is the development sponsor or jointly with a separate entity as development sponsor.

(2) Funded developments shall integrate the target population with the general public.

(3) Funded developments shall utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.

(4) The guidelines may provide for alternative housing models, such as shared housing models of fewer than five units. Integration requirements may be modified in shared housing.

(5) Funds shall be offered as deferred payment loans to finance capital costs including acquisition, design, construction, rehabilitation, or preservation, and to capitalize operating reserves of, permanent supportive housing for the target population.

(6) The department shall adopt guidelines establishing income and rent standards.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 8, eff. Sept. 13, 2016.)

§ 5849.8. Competitive program; development of application process; eligibility restrictions and criteria; alternative process for allocation; form of loans; default cure or aversion; regulatory agreements; monitoring and reporting; technical assistance

(a) Under any service contract entered into pursuant to Section 5849.35, the department may allocate an amount not to exceed one billion eight hundred million dollars ($1,800,000,000) from the fund for the purposes of the competitive program described in this subdivision and the alternative process described in subdivision (b). The department shall develop a competitive application process for the purpose of awarding moneys pursuant to this section. In considering applications, the department shall do all of the following:

(1) Restrict eligibility to applicants that meet the following minimum criteria:

(A) The county commits to provide mental health supportive services and to coordinate the provision of or referral to other services, including, but not limited to, substance use treatment services, to the tenants of the supportive housing development for at least 20 years. Services shall be provided onsite at the supportive housing development or in a location otherwise easily accessible to tenants. The county

may use, but is not restricted to using, any of the following available funding sources as allowed by state and federal law:

(i) The Local Mental Health Services Fund established pursuant to subdivision (f) of Section 5892.

(ii) The Mental Health Account within the Local Health Welfare Trust Fund established pursuant to Section 17600.10.

(iii) The Behavioral Health Subaccount within the County Local Revenue Fund 2011 established pursuant to paragraph (4) of subdivision (f) of Section 30025 of the Government Code.

(iv) Funds received from other private or public entities.

(v) Other county funds.

(B) The county has developed a county plan to combat homelessness, which includes a description of homelessness countywide, any special challenges or barriers to serving the target population, county resources applied to address the issue, available community-based resources, an outline of partners and collaborations, and proposed solutions.

(C) Meet other threshold requirements including, but not limited to, developer capacity to develop, own, and operate a permanent supportive housing development for the target population, application proposes a financially feasible development with reasonable development costs.

(2) The department shall evaluate applications using, at minimum, the following criteria:

(A) The extent to which units assisted by the program are restricted to persons who are chronically homeless or at risk of chronic homelessness within the target population.

(B) The extent to which funds are leveraged for capital costs.

(C) The extent to which projects achieve deeper affordability through the use of non-state project-based rental assistance, operating subsidies, or other funding.

(D) Project readiness.

(E) The extent to which applicants offer a range of onsite and off-site supportive services to tenants, including mental health services, behavioral health services, primary health, employment, and other tenancy support services.

(F) Past history of implementing programs that use evidence-based best practices that have led to the reduction of the number of chronic homeless or at risk of chronic homelessness individuals within the target population.

(b) The department may establish an alternative process for allocating funds directly to counties, as calculated in Section 5849.6, with at least 5 percent of the state's homeless population and that demonstrate the capacity to directly administer loan funds for permanent supportive housing serving the target population and the ability to prioritize individuals with mental health supportive needs who are homeless or at risk of chronic homelessness, consistent with this part and as determined by the department. The department shall adopt guidelines establishing the parameters of an alternative process, if any, and requirements for local administration of funds, including, but not limited to, project

selection process, eligible use of funds, loan terms, rent and occupancy restrictions, provision of services, and reporting and monitoring requirements. Counties participating in the alternative process shall not be eligible for the competitive process and shall be limited to funds in proportion to their share of the percentage of the statewide homeless population, as calculated by the department in Section 5849.6. Funds not committed to supportive housing developments within two years following award of funds to counties shall be returned to the state for the purposes of the competitive program. The department shall consider the following when selecting participating counties:

(1) Demonstrated ability to finance permanent supportive housing with local and federal funds, and monitor requirements for the life of the loan.

(2) Past history of delivering supportive services to the target population in housing.

(3) Past history of committing project-based vouchers to supportive housing.

(4) Ability to prioritize the most vulnerable within the target population through coordinated entry system.

(c) The department shall set aside 8 percent of funds offered in Rounds 1 through 4, inclusive, for the competitive program for small counties as provided in subdivision (d) of Section 5849.6.

(d) The department shall award funds for the competitive program in at least four rounds as follows:

(1) The department shall issue its first request for proposal for the competitive program no later than 180 days after the effective date of a final judgment, with no further opportunity for appeals, in any court proceeding affirming the validity of the contracts authorized by the authority and the department pursuant to Section 5849.35 and any bonds authorized to be issued by the authority pursuant to Section 15463 of the Government Code and any contracts related to those bonds.

(2) The second round shall be completed no later than one year after the completion of the first round.

(3) The third round shall be completed no later than one year after the completion of the second round.

(4) The fourth round shall be completed no later than one year after the completion of the third round.

(5) Subsequent rounds shall occur annually thereafter in order to fully exhaust remaining funds and the department may discontinue the use of the competitive groupings in Section 5849.6, the alternative process in subdivision (b) for any funds not awarded by the county, and the rural set aside funds as set forth in subdivision (c).

(e)(1) Any loans made by the department pursuant to this section shall be in the form of secured deferred payment loans to pay for the eligible costs of development. All unpaid principal and accumulated interest is due and payable no later than completion of the term of the loan, which shall be established through program guidelines adopted pursuant to Section 5849.5. The loan shall bear simple interest at a rate of 3 percent per annum on the unpaid principal balance. The department shall require annual loan payments in the minimum amount necessary to cover the costs of project monitoring. For the first 15 years of the loan term, the amount of the required loan payments shall not exceed forty-two hundredths of 1 percent per annum.

(2) The department may establish maximum loan-to-value requirements for some or all of the types of projects that are eligible for funding under this part, which shall be established through program guidelines adopted pursuant to Section 5849.5.

(3) The department shall establish per-unit and per-project loan limits for all project types.

(f)(1) The department may designate an amount not to exceed 4 percent of funds allocated for the competitive program, not including funding allocated pursuant to subdivision (b), in order to cure or avert a default on the terms of any loan or other obligation by the recipient of financial assistance, or bidding at any foreclosure sale where the default or foreclosure sale would jeopardize the department's security in the rental housing development assisted pursuant to this part. The funds so designated shall be known as the "default reserve."

(2) The department may use default reserve funds made available pursuant to this section to repair or maintain any rental housing development assistance pursuant to this part to protect the department's security interest.

(3) The payment or advance of funds by the department pursuant to this subdivision shall be exclusively within the department's discretion, and no person shall be deemed to have any entitlement to the payment or advance of those funds. The amount of any funds expended by the department for the purposes of curing or averting a default shall be added to the loan amount secured by the rental housing development and shall be payable to the department upon demand.

(g)(1) Prior to disbursement of any funds for loans made pursuant to this section, the department shall enter into a regulatory agreement with the development sponsor that provides for all of the following:

(A) Sets standards for tenant selection to ensure occupancy of assisted units by eligible households of very low and low income for the term of the agreement.

(B) Governs the terms of occupancy agreements.

(C) Contains provisions to maintain affordable rent levels to serve eligible households.

(D) Provides for periodic inspections and review of year-end fiscal audits and related reports by the department.

(E) Permits a developer to distribute earnings in an amount established by the department and based on the number of units in the rental housing development.

(F) Has a term for not less than the original term of the loan.

(G) Contains any other provisions necessary to carry out the purposes of this part.

(2) The agreement shall be binding upon the developer and successors in interest upon sale or transfer of the rental housing development regardless of any prepayment of the loan.

(3) The agreement shall be recorded in the office of the county recorder in the county in which the real property subject to the agreement is located.

(h)(1) The department shall monitor county compliance with applicable program regulations, loan agreements and regulatory agreements and any agreements related to the program that designate the

department as a third-party beneficiary, and enforce those regulations and agreements to the extent necessary and desirable in order to provide, to the greatest degree possible, the successful provision of permanent supportive housing.

(2) The department shall annually report to the authority the status of its efforts pursuant to this section and Section 5849.9, as set forth in Section 5849.11.

(i) The department may provide technical assistance to counties or developers of supportive housing to facilitate the construction of permanent supportive housing for the target population.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 9, eff. Sept. 13, 2016.)

§ 5849.9. "Over-the-counter" funding of permanent supportive housing; administration of funds

(a) Under any service contract entered into under Section 5849.35, in addition to the competitive program established by Section 5849.8, the department may distribute an amount not to exceed two hundred million dollars ($200,000,000) from the fund on an "over-the-counter" basis to finance the construction, rehabilitation, or preservation, and to capitalize operating reserves, of permanent supportive housing for individuals in the target population with a priority for those with mental health supportive needs who are homeless or at risk of chronic homelessness. Funds to be awarded pursuant to this section shall be available to all counties within the state proportionate to the number of homeless persons residing within each county as calculated in Section 5849.6 or in the amount of five hundred thousand dollars ($500,000), whichever is greater. A county receiving these funds shall commit to provide mental health supportive services and coordinate the provision of, or referral to, other services, including, but not limited to, substance abuse treatment services, to the tenants of the supportive housing development for at least 20 years. Services shall be provided onsite at the supportive housing development or at a location otherwise easily accessible to the tenants.

(b) Funds not awarded within 18 months following the first allocation of moneys in accordance with subdivision (d) shall be used for the purposes of the competitive program.

(c) The moneys described in subdivision (a) shall be administered either in accordance with the procedures for awarding funds to local agencies established by the existing Mental Health Services Act housing program administered by the State Department of Health Care Services and the California Housing Finance Agency or alternative procedures developed by the department for distributing these moneys that enhance the efficiency and goals of the distribution program.

(d) The department shall make the first allocation of moneys pursuant to this section as soon as reasonably practical and in any event no later than 150 days after the effective date of a final judgment, with no further opportunity for appeals, in any court proceeding affirming the validity of the contracts authorized by the authority and the department pursuant to Section 5849.35 and any bonds authorized to be issued by the authority pursuant to Section 15463 of the Government Code and any contracts related to those bonds.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 10, eff. Sept. 13, 2016.)

§ 5849.10. Appropriation from Mental Health Services Fund for technical and application preparation assistance; eligible activities; funding amounts

(a) The sum of six million two hundred thousand dollars ($6,200,000) is hereby appropriated from the Mental Health Services Fund to the department to provide technical and application preparation assistance to counties.

(b) Eligible use of technical and application preparation assistance shall include, but is not limited to, assistance in performing one or more of the following activities:

(1) Applying for program funds.

(2) Implementing activities funded by moneys distributed pursuant to this part, including the development of supportive housing for the target population.

(3) Coordinating funded activities with local homelessness systems, including coordinated access systems developed pursuant to Section 578.7(a)(8) of Title 24 of the Code of Federal Regulations, as that section read on May 1, 2016.

(4) Delivering a range of supportive services to tenants.

(5) Collecting data, evaluating program activities, and sharing data among multiple systems, such as the Mental Health Services Act, enacted by Proposition 63 at the November 2, 2004, statewide general election, the Medi-Cal Act (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9) and implementing regulations, and homelessness systems.

(c) The department shall provide funds to a county upon application as follows:

(1) To a large county and to the County of Los Angeles, the department shall provide one hundred fifty thousand dollars ($150,000).

(2) To a medium county, the department shall provide one hundred thousand dollars ($100,000).

(3) To a small county, the department shall provide seventy-five thousand dollars ($75,000).

(d) If a county does not expend the moneys allocated pursuant to subdivision (c) by June 30, 2020, those moneys shall be used to augment the funding pursuant to subdivision (e).

(e) The department may contract for expert technical assistance and application preparation assistance. The department shall deploy such assistance to counties based upon a process to be defined in guidelines.

(f) The department may establish a unit for the purpose of providing technical assistance to counties.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016.)

§ 5849.11. Annual report by counties; submission to Legislature; report to authority

(a) The counties shall annually report to the department on activities funded under this part, including information on the funded supportive housing development. Reported information shall include

location of projects, number of units assisted, occupancy restrictions, number of individuals and households served, related income levels, and homeless, veteran, and mental health status.

(b) The department shall submit a report on the program to the Legislature by December 31 of each year, commencing with the year after the first full year in which the program is in effect. The report shall contain the following:

(1) The processes established for distributing funds.

(2) The distribution of funds among counties.

(3) Any recommendations as to modifications to the program for the purpose of improving efficiency or furthering the goals of the program.

(c) The report required to be submitted by subdivision (b) shall be submitted in compliance with Section 9795 of the Government Code.

(d) The department shall submit a report to the authority by December 31 of each year, commencing with the year after the first full year in which the program is in effect, that contains the information described in subdivision (a) and paragraphs (1) and (2) of subdivision (b) for all counties participating in the program and the services that have been provided pursuant to any service contracts entered into pursuant to Section 5849.35.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 11, eff. Sept. 13, 2016.)

§ 5849.12. Evaluation of program by university

(a) Upon an appropriation of funds for the purpose of this section, the department shall contract with a public or private research university in this state to evaluate the program. The department shall develop the research design and issue a request for proposal for a contract for the evaluation, with the assistance of the Legislative Analyst's Office and the Department of Finance.

(b) The department shall submit the final research design and request for proposal required by subdivision (a) to the Chairperson of the Joint Legislative Budget Committee no more than 30 days prior to executing a contract for the evaluation.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016.)

§ 5849.13. Action to determine validity of contract, loan, or bond

An action to determine the validity of any contract or loan authorized pursuant to Section 5849.35 or of any bond authorized to be issued pursuant to Section 15463 of the Government Code, and any contracts related to those bonds, may be brought in accordance with Section 17700 of the Government Code.

(Added by Stats.2016, c. 322 (A.B.1628), § 13, eff. Sept. 13, 2016.)

§ 5849.14. Loans from the General Fund to the No Place Like Home Fund; conditions

The Department of Finance may authorize one or more loans from the General Fund to the No Place Like Home Fund for cashflow purposes in an aggregate amount not to exceed two million dollars ($2,000,000) subject to the following conditions:

(a) The loans are for either of the following purposes:

(1) To allow the department to begin program implementation activities, including, but not limited to, drafting program guidelines and regulations.

(2) To allow the department, the authority, and the Treasurer to implement Section 5849.35 of this Code and Section 15463 of the Government Code, including, but not limited to, payment for financial advisory and legal services to prepare for, and in connection with, any validation action pursuant to Section 5849.13 or any other court action regarding this part or Section 15463 of the Government Code.

(b) The loans are short term, and shall be repaid within 30 days after the deposit of bond proceeds into the fund pursuant to paragraph (1) of subdivision (b) of Section 5849.4.

(c) Interest charges may be waived pursuant to subdivision (e) of Section 16314 of the Government Code.

(Added by Stats.2016, c. 43 (A.B.1618), § 5, eff. July 1, 2016. Amended by Stats.2016, c. 322 (A.B.1628), § 14, eff. Sept. 13, 2016.)

§ 5849.35. Service contracts related to permanent supportive housing; powers of authority; powers of department; legislative findings and declarations; covenant regarding bonds issued by authority; applicability of other laws

(a) The authority may do all of the following:

(1) Consult with the commission and the State Department of Health Care Services concerning the implementation of the No Place Like Home Program, including the review of annual reports provided to the authority by the department pursuant to Section 5849.11.

(2) Enter into one or more contracts with the department for the department to provide, and the authority to pay the department for providing, services described in Sections 5849.7, 5849.8, and 5849.9, related to permanent supportive housing for the target population. Before entering into any contract pursuant to this paragraph, the executive director of the authority shall transmit to the commission a copy of the contract in substantially final form. The contract shall be deemed approved by the commission unless it acts within 10 days to disapprove the contract.

(3) On or before June 15 and December 15 of each year, the authority shall certify to the Controller the amounts the authority is required to pay as provided in Section 5890 for the following six-month period to the department pursuant to any service contract entered into pursuant to paragraph (2).

(b) The department may do all of the following:

(1) Enter into one or more contracts with the authority to provide services described in Sections 5849.7, 5849.8, and 5849.9, related to permanent supportive housing for the target population. Payments received by the department under any service contract authorized by this paragraph shall be used,

before any other allocation or distribution, to repay loans from the authority pursuant to Section 15463 of the Government Code.

(2) Enter into one or more loan agreements with the authority as security for the repayment of the revenue bonds issued by the authority pursuant to Section 15463 of the Government Code. The department shall deposit the proceeds of these loans, excluding any refinancing loans to redeem, refund, or retire bonds, into the fund. The department's obligations to make payments under these loan agreements shall be limited obligations payable solely from amounts received pursuant to its service contracts with the authority.

(3) The department may pledge and assign its right to receive all or a portion of the payments under the service contracts entered into pursuant to paragraph (1) directly to the authority or its bond trustee for the payment of principal, premiums, if any, and interest under any loan agreement authorized by paragraph (2).

(c) The Legislature hereby finds and declares both of the following:

(1) The consideration to be paid by the authority to the department for the services provided pursuant to the contracts authorized by paragraph (2) of subdivision (a) and paragraph (1) of subdivision (b) is fair and reasonable and in the public interest.

(2) The service contracts and payments made by the authority to the department pursuant to a service contract authorized by paragraph (2) of subdivision (a) and paragraph (1) of subdivision (b) and the loan agreements and loan repayments made by the department to the authority pursuant to a loan agreement authorized by paragraph (2) of subdivision (b) shall not constitute a debt or liability, or a pledge of the faith and credit, of the state or any political subdivision.

(d) The state hereby covenants with the holders from time to time of any bonds issued by the authority pursuant to Section 15463 of the Government Code that it will not alter, amend, or restrict the provisions of this section, subdivision (f) of Section 5890, subdivision (b) of Section 5891, Section 19602.5 of the Revenue and Taxation Code, or any other provision requiring the deposit of the revenues derived from the additional tax imposed under Section 17043 of the Revenue and Taxation Code into the Mental Health Services Fund in any manner adverse to the interests of those bondholders so long as any of those bonds remain outstanding. The authority may include this covenant in the resolution, indenture, or other documents governing the bonds.

(e) Agreements under this section are not subject to, and need not comply with, the requirements of any other law applicable to the execution of those agreements, including, but not limited to, the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code).

(f) Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code shall not apply to any contract entered into between the authority and the department under this section.

(Added by Stats.2016, c. 322 (A.B.1628), § 5, eff. Sept. 13, 2016. Amended by Stats.2017, c. 21 (A.B.119), § 14, eff. June 27, 2017.)

AGENDA ITEM 4

Action

September 28, 2017 Commission Meeting

Elect Chair and Vice-Chair for 2018

Summary: Elections for the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Chair and Vice Chair for 2017 will be conducted at the September 28, 2018 Commission Meeting. The MHSOAC Rules of Procedure state that the Chair and the Vice-Chair shall be elected at a meeting held preferably in September but no later than during the last quarter of the calendar year by a majority of the voting members of the MHSOAC. The term is for one year and will start January 2018.

This agenda item will be facilitated by Chief Counsel, Filomena Yeroshek.

Enclosures: Commissioner Biographies

Handout: None

Mental Health Services
Oversight & Accountability Commission

Commissioner Biographies

Reneeta Anthony, Fresno
Joined the Commission: January 2016
Reneeta Anthony has been executive director at A3 Concepts LLC since 2013. She was principal staff analyst at the Fresno County Department of Social Services from 2005-2012, at the Fresno County Department of Behavioral Health from 2004-2005 and at the Fresno County Human Services System from 2001-2004. Anthony was principal staff analyst at the Fresno County Department of Children and Family Services from 2000-2001, where she was senior staff analyst from 1999-2000. Commissioner Anthony fills the seat of a family member of an adult child with a severe mental illness.

Lynne Ashbeck, Clovis
Joined the Commission: February 2016
Lynne Ayers Ashbeck is the senior vice president of community engagement and population wellness for Valley Children's Healthcare. She has also served as vice president at Community Medical Centers; regional vice president at the Hospital Council of Northern and Central California; director of Continuing and Global Education at California State University, Fresno; and director of education at Valley Children's Hospital. She is an elected Councilmember in the City of Clovis, first elected in 2001. She is also a member of the California Partnership for the San Joaquin Valley Board of Director and the Maddy Institute Board of Directors. She received her Master of Arts degree from Fresno Pacific University and a Master of Science degree from California State University, Fresno. Commissioner Ashbeck fills the seat of a representative of a health care service plan or insurer.

Khatera Aslami-Tamplen, Pleasant Hill
Joined the Commission: June 2013
Khatera Aslami-Tamplen has been consumer empowerment manager at Alameda County Behavioral Health Care Services since 2012. She was executive director at Peers Envisioning and Engaging in Recovery Services from 2007-2012 and served in multiple positions at the Telecare Corporation Villa Fairmont Mental Health Rehabilitation Center from 2002-2007, including director of rehabilitation. Aslami-Tamplen is a founding member of the California Association of Mental Health Peer Run Organizations, on the Board of Directors for Sutter Health Sutter Care at Home, and Board President of the Copeland Center for Wellness and Recovery. Commissioner Aslami-Tamplen represents clients and consumers.

Senator Jim Beall, San Jose
Joined the Commission: February 2015
Jim Beall was elected to the California State Senate in 2012 and represents the 15th Senate District. He was elected to the State Assembly in November 2006, representing District 24. He is the chairman of the Senate Transportation and Housing Committee, in addition to serving on several other committees. He

has spent three decades in public service as a San Jose City Councilman, a Santa Clara County Supervisor and an Assembly member. On the Commission, Senator Beall represents the member of the Senate selected by the President pro Tempore of the Senate.

John Boyd, Psy.D., Folsom
Joined the Commission: June 2013
Vice Chair John Boyd is Sutter Health's Chief Executive Officer of Mental Health Services. He has an extensive background in healthcare administration and mental health. Prior to joining Sutter in 2008, he served as Assistant Administrator for Kaiser Permanente Sacramento Medical Center and has worked as both an inpatient and outpatient therapist in several organizations. He is a Board Member of National Mental Health America; he has also served in other appointed capacities, including City of Sacramento Planning Commissioner. Boyd is a Fellow with the American College of Healthcare Executives. He earned his doctorate in psychology at California School of Professional Psychology and his MHA from USC. Commissioner Boyd represents an employer with more than 500 employees

Bill Brown, Lompoc
Joined the Commission: December 2010
Bill Brown was first elected as sheriff and coroner for Santa Barbara County in 2006. He had previously served as chief of police for the city of Lompoc from 1995-2007, and chief of police for the city of Moscow, Idaho from 1992-1995. He was a police officer, supervisor and manager for the city of Inglewood Police Department from 1980-1992, and a police officer for the city of Pacifica from 1977-1980. Prior to his law enforcement career, Sheriff Brown served as a paramedic and emergency medical technician in the Los Angeles area from 1974-1977. Sheriff Brown holds a master's degree in public administration from the University of Southern California and is a graduate of the FBI National Academy and the Delinquency Control Institute. Commissioner Brown fills the seat of the county sheriff.

Keyondria Bunch, Ph.D., Los Angeles
Joined the Commission: August 2017
Keyondria Bunch, Ph.D., has been a clinical psychologist for the Emergency Outreach Bureau at the Los Angeles County Department of Mental Health since 2016, where she has served in several positions since 2008. These include clinical psychologist for the Specialized Foster Care Van Nuys Co-Located Program, clinical psychologist for juvenile justice mental health quality assurance and a clinical psychologist for Valley Coordinated Children's Services. She was also an adjunct lecturer at Antioch University in 2015. Commissioner Bunch fills the seat of a labor representative.

Itai Danovitch, M.D., Los Angeles
Joined the Commission: February 2016
Itai Danovitch has been chair of the Psychiatry Department at Cedars-Sinai Medical Center since 2012, where he has held several positions since 2008, including director of addiction psychiatry clinical services and associate director of the Addiction Psychiatry Fellowship. He is a member of the American Society of Addiction Medicine and the American Psychiatric Association and past president of the California Society of Addiction Medicine. Danovitch earned a Doctor of Medicine degree from the University of California, Los Angeles School of Medicine and a Master of Business Administration degree from the University of California, Los Angeles School of Management. Commissioner Danovitch fills the seat of a physician specializing in alcohol and drug treatment.

David Gordon, Sacramento
Joined the Commission: January 2013
David Gordon has been county superintendent at the Sacramento County Office of Education since 2004. He served at the Elk Grove Unified School District as superintendent from 1995-2004. He worked at the California Department of Education as deputy superintendent from 1985-1991. He earned a Master of Education degree from Harvard University. Commissioner Gordon holds a seat as superintendent of a school district.

Mara Madrigal-Weiss, San Diego
Joined the Commission: September 2017
Mara Madrigal-Weiss is the Lead Coordinator of the Student Services and Programs Division and lead manager of the Student Mental Health and Well-Being Team for the San Diego County Office of Education. Her experience includes working with school communities as a Family Case Manager, Protective Services Worker and Family Resource Center Director. Madrigal-Weiss received her M.A. in Human Behavior from National University; a M.Ed in counseling and a M.Ed in Educational Leadership from Point Loma Nazarene University. She was part of the California Department of Education's Student Mental Health Policy Workgroup that supported recently-passed AB 2246 requiring all school districts in California to adopt a suicide prevention policy. Commissioner Madrigal-Weiss fills the seat of designee of the State Superintendent of Public Instruction.

Gladys Mitchell, Sacramento
Joined the Commission: January 2016
Gladys Mitchell served as a staff services manager at the California Department of Health Care Services from 2013-2014 and at the California Department of Alcohol and Drug Programs from 2010-2013 and from 2007-2009. She was a health program specialist at California Correctional Health Care Services from 2009-2010 and a staff mental health specialist at the California Department of Mental Health from 2006-2007. She was interim executive officer at the California Board of Occupational Therapy in 2005 and an enforcement coordinator at the California Board of Registered Nursing from 1996-1998 and at the Board of Behavioral Science Examiners from 1989-1993. She is a member of the St. Hope Public School Board of Directors. Mitchell earned a Master of Social Work degree from California State University, Sacramento. Commissioner Mitchell fills the seat of a family member of a child who has or has had a severe mental illness.

Larry Poaster, Ph.D., Modesto
Joined the Commission: July 2007
Larry Poaster served as a private consultant to government agencies in the field of health care delivery by public entities from 2002 until the Governor appointed him to the Commission in 2007. He previously served as the Director of Behavioral Health Services for the Stanislaus County Department of Behavioral Health Services from 1980-2002 and was the Director of Clinical Services for that department from 1970 to 1980. He was President of the California Conference of Mental Health Directors, twice president of the California Mental Health Directors Association, and president of the Board of Directors of the California Institute of Mental Health. Commissioner Poaster fills the seat of a mental health professional.

Assemblymember Sebastian Ridley-Thomas, Los Angeles
Joined the Commission: February 2015
Sebastian Ridley-Thomas was elected to represent California's 54th Assembly District in December 2013. Assemblymember Ridley-Thomas is committed to improving the quality of life in South Los Angeles. His work has included authoring legislation to prohibit consumer racial profiling, increasing public contracting opportunities for minority business enterprises, advancing the deployment of clean energy, and expanding access to mental health care. On the Commission, Assemblymember Ridley-Thomas represents the member of the Assembly selected by the Speaker of the Assembly.

Deanna Strachan-Wilson, Atascadero
Joined the Commission: August 2017
Deanna Strachan-Wilson has been program manager at the Transitions Mental Health Association since 2006. She held several positions for Court Appointed Special Advocates of Santa Barbara County from 2005-2006, including grants manager and executive assistant. Strachan-Wilson was a clinic manager at Santa Barbara Neighborhood Clinics from 2000-2005 and a program coordinator at the Mental Health Association of Orange County from 1995-2000. She served as a disability advocate representative for the State Rehabilitation Council from 2013-2017. Commissioner Strachan-Wilson represents an employer with fewer than 500 employees.

Tina Wooton, Santa Barbara
Joined the Commission: December 2010
Tina Wooton has worked in the mental health system for 23 years, advocating for the employment of consumers and family members at the local, state, and federal levels. Since 2009 she has served as the Consumer Empowerment Manager for the Santa Barbara County Department of Alcohol, Drug, and Mental Health Services. From 2005 through 2009 she worked as the Consumer and Family member liaison for the California State Department of Mental Health and was staff to the state Mental Health Services Act Implementation Team. Between 1997 and 2005 she served as Consumer Liaison for the Mental Health Association / County Mental Health of Sacramento and as service coordinator for Human Resources Consultants from 1994-1997. Wooton is Vice President of AMP (Arts Mentorship Program) for Santa Barbara Dance Arts and a Santa Barbara Elks member. Commissioner Wooton represents clients and consumers.

AGENDA ITEM 05

Action

September 28, 2017 Commission Meeting

Mono County Innovation Project

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Mono County's request to fund a new Innovative project: Eastern Sierra Strengths Based Learning Collaborative (ESSBLC): A County Driven Regional Partnership for a total of $259,046 over two (2) Years. Mono County proposes to promote interagency and community collaboration, by creating a cross-county learning collaborative with three of the smallest counties – Mono, Inyo, and Alpine.

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.

Presenters:

- Robin K Roberts, MA, MFT, Director of Mono County Behavioral Health;
- Amanda Fenn Greenberg, MPH, MHSA Coordinator.

Enclosures (3): (1) Biographies for Mono County Innovation Presenters (2) Staff Innovation Summary, Eastern Sierra Strengths Based Learning Collaborative and (3) County Project Brief; ESSBLC.

Handout (1): PowerPoint Presentation

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

http://mhsoac.ca.gov/document/2017-09/mono-county-inn-plan-description-eastern-sierra-strengths-based-learning

Proposed Motion: The MHSOAC approves Mono County's Innovation plan as follows:

Name: Eastern Sierra Strengths Based Learning Collaborative
Amount: $259,046
Project Length: Two (2) Years

Mental Health Services
Oversight & Accountability Commission

Biographies for Mono County Presenters

Robin K. Roberts, MA, MFT

Robin K. Roberts has served as the Director of Mono County Behavioral Health since 2012. She is also the co-chair of the CBHDA Small Counties Committee.

Amanda Fenn Greenberg, MPH

Amanda Fenn Greenberg has served as the MHSA Coordinator of Mono County Behavioral Health since 2016.

Salvador Montanez

Salvador Montanez serves as Mono County's Behavioral Health Services Coordinator. He started with Mono County Behavioral Health as a client in 2009 and was brought onto the team for his talent in breaking down barriers and helping others access services. He is a leader in integrating strength-based practices in agencies throughout Mono and Inyo Counties.

STAFF INNOVATION SUMMARY— MONO COUNTY

Name of Innovative (INN) Project: Eastern Sierra Strengths Based Learning Collaborative: A County Driven Regional Partnership

Total Requested for Project: $259,046

Duration of Innovative Project: 2 Years (10/1/17-10/1/19)

Review History

Approved by the County Board of Supervisors: September 5, 2017

County Submitted Innovation (INN) Project: August 24, 2017

MHSOAC Consideration of INN Project: September 28, 2017

Project Introduction:

Mono County proposes to develop a regional collaborative called the Eastern Sierra Strengths Based Learning Collaborative with the neighboring Counties of Inyo and Alpine as well as the following community partners: Mammoth Hospital, law enforcement, and the Wild Iris Crisis and Counseling Center. In this INN project the collaborative will focus on training County staff and partners on the Strengths Model, developed by the University of Kansas School of Social Welfare. Nine (9) sessions will be facilitated by an expert trainer/coach from the California Institute for Behavioral Health Solutions (CIBHS) over a period of 18 months to assist in skill development for staff in order to provide improved services to clients, prevent staff burn out and integrate the best practice in the three counties. Through this partnership they hope to learn how to implement a successful collaborative among three of the smallest counties, improve client outcomes and how the lessons learned might be applied in other counties.

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? In addition, 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, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

The Need

The Counties making up this new collaborative have prioritized this INN project because staff retention, skill development and providing more effective services are challenges in these small counties.

Mono County states that it is common for staff to become burned out and either 1) move away, resulting in position being vacant for up to 12 months at a time, or 2) remain in the position because other work opportunities are not available in the area, but become disengaged from the work. Furthermore, Mono County is often forced to hire less experienced staff members because the applicant pool for open positions is so small. With this in mind, it is critical to provide skill development opportunities. Additionally, Mono County Behavioral Health (MCBH) staff have been slowly drifting away from strengths-based models of care and into more deficit-based models.

Mono County employs fifteen (15) people in its Behavioral Health Department, Inyo has twenty-three (23) staff members and Alpine has sixteen (16) staff members. The three counties may wish to provide information on vacancy and turnover rates in their counties as additional support for the need of this project.

This collaboration with community partners which proposes to service mutual clients, promote a change towards a more strengths based culture, and improve the overall outcomes will meet the documented needs in these counties. Furthermore, this INN project proposes to service those clients who are geographically isolated. This regional approach allows clients to access services where they are needed most.

The Response

Mono, Inyo and Alpine Counties each identified multiple barriers to providing skill development to staff in order to increase staff engagement and improve client outcomes. Because these three counties are small and rural, staff turnover, retention and recruitment all cause enormous challenges for the Behavioral Health Departments.

To address the staff skill development needs, Mono County is proposing to lead the Eastern Sierra Strengths Based Learning Collaborative along with both Alpine and Inyo counties and several community partners in order to leverage their combined resources to overcome the training challenges and improve client outcomes. Each county will sign an MOU, which will outline funding and other responsibilities clearly differentiating the three separate roles.

The Eastern Sierra Strength Based Learning Collaborative will use a hybrid of the Breakthrough Series Collaborative Model developed by the Institute for Healthcare Improvement and the Strengths Model developed by the University of Kansas School of Social Welfare. County states that combining these two models will promote both system and clinical change. Components of the Breakthrough Model will be used to support system change and include: topic selection, enrolling staff, pre-work and engagement. The Strengths Model will be used to train staff and support clinical change by building learning sessions focused on recovery goals, engagement, and strengths assessment. The County states that this model is proven to improve outcomes in the areas of housing,

employment, education, and increased community involvement, all of which directly correlate to the needs identified in Mono County's Community Program Planning process.

As a result of this Innovation project, Inyo, Mono, and Alpine Counties will all have a common need met through a Collaborative that is specifically adapted to the remote, rural environment and includes both systems change and clinical change elements. Moreover, this Innovation project serves as a learning opportunity for how counties can improve their collaborative work and leverage resources to meet common county-identified needs. Finally, it serves as a way to learn more about working with other community partners and developing a common approach to serving clients across organizational boundaries.

The County acknowledges that professional development and training are common but explains that it is uncommon for counties to work together across funding and bureaucratic barriers to leverage resources to address common needs.

The County identifies some existing projects focused on increasing collaboration but they contend that their project is unique as it is a grassroots, county-driven regional learning collaborative rather than a top-down approach being run by consultants or state/national entities. For example, the CIBHS Workforce Education and Training (WET) Regional Partnership Toolkit 2009 takes a broader look at regional partnerships. Mono County contends that the CIBHS toolkit designates Mono, Alpine and Inyo as part of the Central Region and loses sight of the unique challenges and needs of these three counties. The County also feels that the CIBHS toolkit fails to take into account the bureaucratic and physical barriers associated with collaboration and the challenges related to bringing community partners into the mix and developing common approaches for client service.

The County identifies several bureaucratic barriers including: challenges related to Boards of Supervisors, composing MOUs, project funding, and political differences between agencies and partners. The County may wish to explain their strategies to overcome the identified barriers.

The Community Planning Process

Through its Community Program Planning process, which included distribution of surverys and conducting three (3) focus groups throughout the County, MCBH identified housing, financial stability/employment, and isolation as some of its top needs. Further, MCBH identified that skill development among staff in its department, and among staff employed by its community partners, would help address these needs. The need for skill development was also identified by Inyo and Alpine County Behavioral Health Directors.

MCBH combined its Community Program Planning (CPP) process for its Innovation Plan with the CPP for its 2017-2020 MHSA Three-Year Plan. In the Community Survey, participants were invited to share innovative program ideas. MCBH is still assessing the feasibility of some of these ideas for future Innovation projects since many other needs were identified through the CPP process and these could be met through smaller scale interventions based upon proven practices that fall into other non-Innovative MHSA funding categories.

The county may wish to elaborate on their inclusion of consumers/clients who will eventually benefit from these services..

Learning Objectives and Evaluation

The County identifies three learning goals and corresponding deliverables. First, they plan to learn how to facilitate cross-county and inter-agency collaboration and will produce a template or check-list based on what they learn. Second, they want to better understand which factors serve as facilitators or barriers to cross-county collaboration, specifically from a bureaucratic standpoint and will create a “lessons learned” factsheet and a Feasibility Checklist/Readiness Assessment. MCBH provides the MOU development process as an example of anticipated complex barrier and plans to outline the process used and the lessons learned in its learning goal deliverables. Third, they seek to better understand the benefits of such a collaboration in remote, rural environments and will create a “lessons learned” fact sheet.

MCBH will primarily use a process evaluation to track the implementation of the Eastern Sierra Strengths Based Learning Collaborative. The MCBH MHSA Coordinator and CIBHS facilitators will share responsibility for tracking all activities and outputs and will build out a logic model as the project progresses. This evaluation will also include focus groups and interviews with stakeholders during the project and a debriefing with key stakeholders at the end.

To support the evaluation process, Mono County plans to create an evaluation workgroup and will include staff members from all three counties who represent the cultural and ethnic diversity of the region. The County may wish to discuss why they are focusing on staff only instead of including peers and other community members.

Data to measure the inputs, activities, and outputs will be collected, coded and analyzed by both the MHSA Coordinator and CIBHS facilitators to answer the evaluation questions and facilitate development of the three deliverables identified above.

Mono County will be disseminating information to stakeholders within Mono, Inyo, and Alpine Counties. Intended deliverables include a template to guide future regional collaboration and easy to use check-lists and fact sheets. The County states that their findings and tool kits will be shared with the Behavioral Health Board and will be posted on their website. The County may also wish to specifically discuss how they believe their project will contribute to statewide learning.

Mono County will also track the outcomes of the Strengths Model itself to ensure that the training is impacting client outcomes such as housing, employment, education, and community involvement as a bonus learning opportunity. The County may wish to consider further evaluation of the impact of this collaboration, through the evaluation of the Strengths Model, which is not identified in the current evaluation plan.

The Budget

The Eastern Sierra Strengths-Based Learning Collaborative will begin with a 4 month planning process and the nine training sessions will take place for the following 18 months. The final two months will be dedicated to evaluation and wrap up the 24 month Innovation project.

This collaborative will be funded proportionally by Inyo, Mono, and Alpine Counties. Inyo and Alpine Counties plan to fund their contribution to the Collaborative with Workforce Education and Training (WET) money. Mono County will use Innovation funds instead of WET funds because the department is interested in the learning opportunity and how the exchange of ideas might be applied in other counties. MCBH will take responsibility for creating the regional collaboration work plan, which will also include guidelines, recommendations, and other lessons learned.

The total budget for Mono County is $259,046 of Innovation money. The budget includes: $151,344 for personnel, $22,702 for operating costs, and $85,000 for consultant contracts (includes evaluation). This Innovation Budget will cover the funds expended during the Learning Collaborative and will support the change that Mono County and its regional partners are hoping to attain. Inyo and Alpine counties will be responsible for $110,000 and $55,000 of the training costs, as well as costs related to staff travel and time.

Personnel costs from the Innovation money includes paying the following staff members a percentage of their existing salary based on the amount of time spent solely on work done for the Eastern Sierra Strengths-Based Learning Collaborative: Executive Leader, Team Supervisor/Data Lead, Clinical Supervisor and Direct Service Providers (Clinicians and Case Managers).

County may wish to further explain the percentage of time each staff member is being compensated for and how County staff are carving out time to focus on this project.

Mono County may wish to address the issue of Alpine and Inyo's use of WET funds and the potential issue of reversion. Will Mono County be able to continue leading the collaborative if reversion of WET funds is an issue for their partners?

Outcomes Tracking and Evaluation will be completed by the consulting CIBHS Contractors as well as Mono County's Data Lead. These costs are encompassed by the Consultant Costs/Contracts and the Personnel Costs.

The County does not intend to fund this project after 24 months as they hope that the result of the collaboration will be a stronger, more functional operating collaboration between the three counties and a template that can be applied for future regional collaboration opportunities.

Additional Regulatory Requirements

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

References

Eastern Sierra Innovation and Prosperity: An Industry Cluster Approach to Economic Sustainability in California's Inyo and Mono Counties, September 2012

Mono County FY 17-18 Innovation Plan Brief

MHSOAC Commission Meeting: September 28, 2017

Name of County: Mono County

Name of Innovation (INN) Project: Eastern Sierra Strengths-Based Learning Collaborative

Total INN Funding Requested for Project: $259,046 | Duration of INN Project: 24 months

Brief Introduction to INN Project:

The purpose of this project is to contribute to learning by creating a cross-county learning collaborative. Three of the smallest of the small counties – Mono, Inyo, and Alpine – have identified the need for an 18-month strengths-based training in their departments and communities; however, conducting such an in-depth, on-site training is too costly for any one department to implement. Together, these three tiny, remote counties will create a template to guide the creation of a county-driven learning collaborative, including advice and lessons learned on overcoming bureaucratic barriers.

Summary of the Problem/Need:

When Mono County Behavioral Health (MCBH) conducted its Community Program Planning process, the community identified housing, employment, and social involvement as top needs in the county. To address these needs, MCBH worked with its Behavioral Health Advisory Board; the proposed solution was to pursue an intensive strengths-based learning opportunity for staff. This solution also helps address the challenges of burn-out and disengagement from work that MCBH has recognized among team members. After researching programs, MCBH staff suggested implementing the Strengths Model, an evidence-based staff intervention proven to impact housing, employment, and social involvement outcomes in mental health consumers.

However, bringing a facilitator on-site to implement the Strengths Model was cost prohibitive for MCBH alone, and given the county's remote location, sending the entire department away for the learning sessions was not feasible. MCBH then reached out to the surrounding small counties of Inyo and Alpine and learned that they too had identified strengths-based learning as a need among their staff. However, there is little-to-no guidance on how to create a county-driven regional learning collaborative, specifically in terms of overcoming local bureaucratic barriers.

Summary of the INN Project's Approach: (i.e. How will the project meet the need?)

This INN project will meet the need for specific resources addressing the creation of cross-county learning collaboratives, while providing intensive learning opportunities for staff. As Mono, Inyo, and Alpine Counties create the Eastern Sierra Strengths-Based Learning Collaborative, they will also track all the activities necessary to get the project off the ground, from coming together to identify shared needs, to pushing contracts through Boards of Supervisors, to sharing evaluation results.

This INN project is also unique in that the County Behavioral Health Departments will invite their community partners to attend the learning sessions as well. This approach will not only introduce strengths-based practices to entities like law enforcement and social services, but will also allow MCBH to learn how to include community partners into learning collaboratives.

Strengths Model facilitators from CIBHS will conduct nine learning collaborative sessions; the cost of the consultants will be shared proportionately between the three counties. While Inyo and Alpine Counties will use WET funds for the project, MCBH has opted to use INN funds because the department is very interested in learning how to implement a learning collaborative and how the lessons learned might be applied in other counties. Moreover, the three counties hope that this INN project will help lay a foundation for ongoing collaborative learning and development.

Summary of the Learning Objectives:

1. Our first goal is to learn or better understand how to facilitate cross-county and inter-agency collaboration. We want to learn exactly what steps need to take place for counties to come together and identify needs, identify solutions, and implement those solutions using shared resources. What additional steps need to be taken to include other county partners in such collaboratives? The resulting findings will be used to create a cross-county collaboration template or checklist.
2. Our second goal is to learn or better understand what factors serve as facilitators or barriers to cross-county collaboration, specifically from a bureaucratic standpoint. This will allow MCBH to understand the what systems or resources need to be in place for such a Collaborative to be successful. The resulting findings will be used to create a "Lessons Learned" Factsheet and a Feasibility Checklist/Readiness Assessment.
3. Our third goal is to learn or better understand the benefits of such a collaboration in remote, rural environments. What is the value of "cross-pollinating" staff within these three small departments and their community partners? Will staff be better equipped to leverage resources and make referrals to services across county lines? What other unforeseen benefits might this collaboration have? The resulting findings will be used to create a "Lessons Learned" Factsheet.

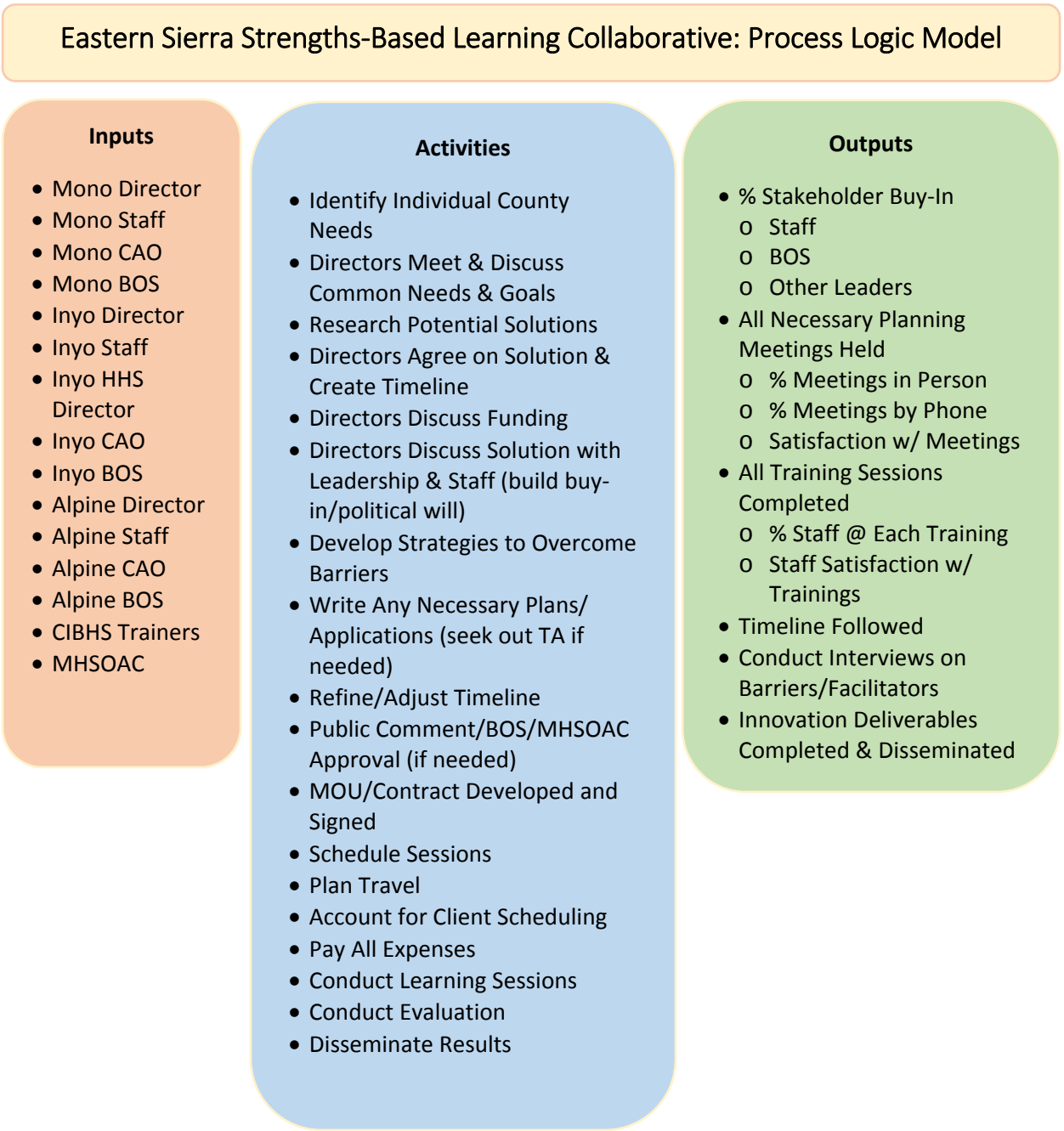
Summary of the Evaluation Plan:

MCBH will use a process evaluation to track and assess the implementation of the Eastern Sierra Strengths-Based Learning Collaborative. The hypothesized process logic model is included below (see Figure INN.1). The MCBH MHSA Coordinator and CIBHS facilitators will share responsibility for tracking all activities and outputs. As the implementation process proceeds, they will also build out the logic model further by adding items to the activities and outputs where necessary.

MCBH and CIBHS will collect data measuring the inputs, activities, and outputs by attending planning meetings and sessions, conducting qualitative interviews and focus groups, and holding a "Harvest" debriefing session once the collaborative is completed. The MHSA Coordinator and CIBHS facilitators will then analyze the findings to develop the cross-county collaboration template/checklist and lessons learned factsheets. These results will then be shared and disseminated.

Please note that MCBH will also be tracking the outcomes of the Strengths Model itself to ensure that the training is impacting client outcomes such as housing, employment, education, and community involvement; however, that evaluation falls outside the scope of this Innovation Plan, which is focused on the development of the learning collaborative.

Figure INN.1.



Budget:

A. New Innovative Project Budget By FISCAL YEAR (FY)*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		**FY 17-18 9 Months**	**FY 18-19 12 Months**	**FY 19-20 3 Months**	**Total 24 Months**
1.	Salaries	**56,754.00**	**75,672.00**	**18,918.00**	**151,344.00**
2.	Direct Costs				
3.	Indirect Costs				
4.	Total Personnel Costs	**56,754.00**	**75,672.00**	**18,918.00**	**151,344.00**
OPERATING COSTS		**FY 17-18**	**FY 18-19**	**FY 19-20**	**Total**
5.	Direct Costs				
6.	Indirect Costs	**8,513.00**	**11,351.00**	**2,838.00**	**22,702.00**
7.	Total Operating Costs	**8,513.00**	**11,351.00**	**2,838.00**	**22,702.00**

NON-RECURRING COSTS (equipment, technology)		**FY 17-18**	**FY 18-19**	**FY 19-20**	**Total**
8.					
9.					
10.	Total Non-recurring costs				
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 17-18**	**FY 18-19**	**FY 19-20**	**Total**
11.	Direct Costs	**31,800.00**	**42,492.00**	**10,708.00**	**85,000.00**
12.	Indirect Costs				
13.	Total Consultant Costs	**31,800.00**	**42,492.00**	**10,708.00**	**85,000.00**

OTHER EXPENDITURES (please explain in budget narrative)	**FY 17-18**	**FY 18-19**	**FY 19-20**	**Total**
14.				
15.				
16. Total Other expenditures				
BUDGET TOTALS	**FY 17-18**	**FY 18-19**	**FY 19-20**	**Total**
Personnel (line 1)	**56,754.00**	**75,672.00**	**18,918.00**	**151,344.00**
Direct Costs (add lines 2, 5 and 11 from above)	**31,800.00**	**42,492.00**	**10,708.00**	**85,000.00**
Indirect Costs (add lines 3, 6 and 12 from above)	**8,513.00**	**11,351.00**	**2,838.00**	**22,702.00**
Non-recurring costs (line 10)				
Other Expenditures (line 16)				
TOTAL INNOVATION BUDGET	**97,067.00**	**129,515.00**	**32,464.00**	**259,046.00**

AGENDA ITEM 06

Action

September 28, 2017 Commission Meeting

Nevada County Innovation Project

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Nevada County's request to fund a new Innovative project: Developing Collaboration to Strengthen the Crisis Continuum of Care (DCSCCC) for a total of $1,000,000 over two (2) Years. Nevada County proposes to promote interagency and community collaboration, by designing, developing and evaluating various referral and linkage approaches to create a coordinated Continuum of Care across different agencies in Nevada County that provide crisis services.

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.

Presenters:

- Michael Heggarty, LMFT, Director of Health and Human Services;
- Rebecca Slade, LMFT, Behavioral Health Director;
- Theresa Hodge, A.A., CADA Program Director, Insight Respite Center;
- Nancy M Callahan, Ph.D., President of I.D.E.A. Consulting

Enclosures (2): (1) Biographies for Nevada County Innovation Presenters (2) Staff Innovation Summary, Developing Collaboration to Strengthen the Crisis Continuum of care.

Handout (1): PowerPoint Presentation

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

http://mhsoac.ca.gov/document/2017-09/nevada-county-inn-plan-description-developing-collaboration-strengthen-crisis

Proposed Motion: The MHSOAC approves Nevada County's Innovation plan as follows:

Name: Developing Collaboration to Strengthen the Crisis Continuum of Care
Amount: $1,000,000
Project Length: Five (5) Years

Mental Health Services
Oversight & Accountability Commission

Biographies for Nevada County Presenters

Michael Heggarty, LMFT

Michael Heggarty is the Director of Health and Human Services in Nevada County, where he worked since May 2006. His responsibilities include overall administration of Behavioral Health, Public Health, Social Services, Veterans Services, Child Support, and Collections; program development and implementation, supervision of senior management staff, budget administration, and contract management and oversight.

He graduated with a BA in Psychology from University of California, Davis. He received his Master's Degree in Psychology from Radford University in Virginia. He is a Licensed Marriage and Family Therapist.

Prior to working in Nevada County, he worked for many years in Santa Cruz County Mental Health as the Adult Program Chief, Quality Improvement Manager, and as a psychotherapist. Mr. Heggarty has more than 40 years of experience working in a variety of community mental health settings, including children and adult programs, substance abuse, and quality improvement.

Rebecca Slade, LMFT

Rebecca Slade is the Behavioral Health Director for Nevada County. She has been a licensed Marriage and Family Therapist for twenty-five years and has worked for Nevada County Behavioral Health for ten years. Previous to being the Director she worked as the Children's Program Manager, where she increased services to Nevada County children fourfold and implemented many new programs. Rebecca was responsible for the community outreach, consensus finding and creation of a number of Prevention programs. She helped to create a Latino Outreach program, the Second Step program in the schools and a Suicide Prevention program. Some of her current goals for Behavioral Health are to create a welcoming health care system with easy access for community members and to increase services to those who are struggling with homelessness.

Rebecca previously worked previously in Child Welfare in San Diego County for sixteen years. Rebecca is actively involved in Big Brothers Big Sisters and has a grown son who lives in Tucson, Arizona.

Theresa Hodge, A.A., CADA

Theresa Hodges serves as Program Director for Insight Respite Center through Turning Point Community Programs, Inc. Insight Respite Center is a peer-run, 4-bed home serving the Nevada County mental health population, in collaboration with Nevada County Behavior Health and Spirit Peer Empowerment Center. Insight Respite Center is primarily staffed by peers with lived experience. Ms. Hodges has provided Substance Use Disorder treatment and recovery services in Nevada County since 2007, working with adults and adolescents and their families, created and implemented an adolescent SUD treatment program, transitioning to working with the adult COD population in 2011. Ms. Hodges is a mental health consumer, grew up in a home with alcoholism and mental illness, and was the mother of a daughter with mental illness and addiction.

Nancy M. Callahan, Ph.D.

Nancy M. Callahan is the President of I.D.E.A. Consulting and has provided consultation services to public health, mental health, drug and alcohol, social services, and health and human service agencies for over 27 years. Dr. Callahan received her Ph.D. in Psychology from West Virginia University. Dr. Callahan worked for three years as Chief of Planning and Evaluation at Sacramento County Mental Health. In 1990, she established I.D.E.A. Consulting and began consulting with state and county mental health, substance abuse, social services, and health care entities. She has conducted several system-wide evaluations of states and counties, as well as assisted counties in implementing managed care, health care integration, Mental Health Services Act (MHSA) Plans, evaluations for Prevention and Early Intervention and Innovation Projects, as well as services to comply with the Katie A. legislation (which mandates coordination between child welfare and mental health services), and Whole Person Care Pilot Projects.

In addition, Dr. Callahan and her company provide consultation with county mental health managed care plans, State Departments of Mental Health and Drug and Alcohol, and other behavioral health organizations. Consultation services include designing comprehensive systems of care; developing outcome measures, performance indicators, and evidence-based practices for improving service delivery; evaluating System of Care programs for MHSA activities; writing and implementing California State- and SAMHSA-funded grants; performing Center for Medicaid and Medicare Services (CMS) Independent Assessments of Access, Quality, and Cost-effectiveness; and developing comprehensive system-wide recommendations for system improvements. Dr. Callahan has written a number of different publications and statewide reports on the evaluation of mental health and substance abuse services. Dr. Callahan has also successfully written over twenty grants for counties in California and has served as the evaluator for these projects.

Mental Health Services
Oversight & Accountability Commission

STAFF INNOVATION SUMMARY—NEVADA COUNTY

Name of Innovative (INN) Project: Developing Collaboration to Strengthen the Crisis Continuum of Care

Total INN Funding Requested for Project: $1,000,000

Duration of Innovative Project: Five (5) Years

Review History

Approved by the County Board of Supervisors: June 13, 2017

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

MHSOAC Consideration of INN Project: September 28, 2017

Nevada County proposes to promote interagency collaboration by designing, developing and evaluating various referral and linkage approaches to create one coordinated Crisis Continuum of Care (CCC) across the different agencies in Nevada County that provide crisis services. With Triage Personnel Grant (Triage) and California Health Facilities Financing Authority (CHFFA) funds (Welf. & Inst. Code, § 5892 and § 5848.5), Nevada County has expanded their crisis care services. The current system has four major components, a respite center, a crisis stabilization center (CSU), crisis workers located in the emergency room and the SPIRIT peer empowerment center. The County hopes to learn how to remove barriers, improve access, and resolve crises more effectively through this Innovation study.

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, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

The Need

According to the National Hospital Ambulatory Medical Care Survey of 2013 the number of visits to the Emergency Departments across the Country was 130.4 million; 4,738,000

of these visits are for mental disorders; 419,000 are for psychoses, excluding major depressive disorder. Nevada County has been working over the last three years to develop a Crisis Continuum of Care (CCC) that meets the needs of persons at risk of needing mental health crisis intervention. The County has been able to add, a respite center, a crisis stabilization center (CSU), crisis workers located in the emergency room and the SPIRIT peer empowerment center through Triage and CHFFA funds, however, the transitions and referrals for clients between these four components is problematic. The County cited that community partners have expressed concern that consumers in need have been denied services within the CCC when they could have been directed to the service appropriate for their needs.

Currently, Nevada County is using Triage funds to 1) expand the on-call crisis capacity, to fund a crisis worker to be on-site at the local Emergency Department, 24 hours a day, and 7 days a week, 2) expand the on-call hours of the SPIRIT Crisis Center Peer Counselors who provide support to individuals and their families during a crisis, at the Emergency Department, 3) fund staff for the Insight Respite Center, and 4) fund a contract with Sierra Mental Wellness Group to co-locate crisis workers (24/7) at the Sierra Nevada Memorial Hospital Emergency Department. Crisis workers call the SPIRIT Peer Empowerment Center to have a Crisis Peer Counselor come to the ED to support individuals and their families as needed. This funding expires on June 30, 2018. Nevada County also utilized CHFFA funds to build the Insight Respite Center, a four-bed home where individuals can stay up to 28 days.

Data taken from the Fiscal Year 2016/2017 Triage Encounter Data, which is inclusive of the first three quarters, show that 824 individuals (unduplicated count) were seen by the Crisis Intervention team, 177 individuals were seen by the Spirit Crisis Peer Counselors, and 77 individuals were seen at the Insight Respite Center. These numbers indicate the need for collaborative crisis services in Nevada County. The County may wish to further explain this need by sharing information on how many clients are either being turned away or not receiving services as a result of the documented non-collaborative environment. The crisis workers coordinate with Behavioral Health and the CSU; Insight respite works with Behavioral Health and SPIRIT but in a limited way with the CSU and Crisis. Since in this proposal the County intends to establish communication protocols between the Triage and CHFFA funded entities it is currently using, they may wish to provide the Commissioners with information on how this Innovation project will be impacted if Nevada does not apply for or is not granted Triage funds in the next round.

The Response

The County identifies that one of the lessons learned from the implementation of the Triage Personnel Grant is the importance of collaboration across agencies. Nevada County explains that the individual components of their CCC are operational but that the agencies are not working together to ensure that clients experience continuous treatment and “no wrong door” entry. The County identifies that they are experiencing a communication barrier between the providers resulting in a lack of flow in the CCC. The lack of cohesive understanding of how to coordinate patient care is resulting in clients being denied services at different steps in the CCC.

The proposed Innovation project will bring together staff from each provider in the current Crisis Continuum of Care to identify and problem solve issues regarding access, quality and timeliness of services and improved outcomes. The goal of this program is to develop strategies for: 1) integrating services into the community, 2) training first responders to know when, where and how to access services, and 3) developing clear processes for referring clients from one level of service to another, in order to support clients to receive the right level and intensity of services, and at the right time to meet their needs.

In order to encourage robust participation, County plans to pay existing staff members to participate in the collaboration outside of their current scope of work. County states that staff will reduce direct service billing hours in order to dedicate time to work with other participating groups to strengthen the Crisis Continuum of Care.

This project will partially fund the lead nurse for the 4-bed Crisis Stabilization Unit, Project Manager for the Respite Center, Crisis Worker, SPIRIT Crisis Peer Counselor Supervisor and the Nevada County Behavioral Health (NCBH) Program Manager. These positions will work closely together to develop strategies for improving communication and interagency collaboration. In addition, clear referral, admission and discharge criteria for each organization will be developed to promote effective access to services.

The County states that they will explore Anthony M. Creswell's *Modeling Intergovernmental Collaboration: A System Dynamics Approach.* The County may wish to further discuss how they will adapt existing collaboration model(s) to reach their goal of improving their CCC.

The County may also wish to consider engaging in discussions with other counties who are also interested in or currently working to improve their own CCC programs.

The Community Planning Process

Nevada County stated that it held 11 meetings throughout the County and received input from stakeholders including consumers, family members, homeless population, Latino population, seniors, veterans, service providers and County staff. During their presentation, the County may wish to provide the Commissioners with more detail about their community planning process and stakeholder participation.

The County reports that stakeholders will be actively involved in all components of the Innovation Project, including planning, implementation, evaluation, and ongoing funding via quarterly meetings with stakeholders and organizations to discuss implementation strategies, opportunities to strengthen services and data received on access to services, service utilization and client outcomes. The County may wish to provide the Commissioners with further details as to how the quarterly meetings will be utilized to involve stakeholders in the implementation and evaluation of this project if it is approved.

The Learning Goals and Objectives

The goal of the learning objective is to develop collaborative cross-agency crisis services to increase access to each level of service, improve the quality of services and ensure there is no wrong door for accessing the various crisis services.

The County maintains that the opportunity to learn how to integrate and coordinate services will also help identify how to sustain these services after the five year funding cycle. The County may wish to elaborate on this further in their presentation to specifically address the issue of their Triage grant ending in 2018 and how that will affect this proposal.

The County states that it needs five years to complete this project. County staff feel that while ideas for strengthening collaboration can be identified relatively quickly, the County states that it will take much longer to implement identified changes into the system. The County proposes to conduct Plan-Do-Study-Act (PDSA) projects to identify what works well; and then fully implement new concepts into the continuum structure. In a small County, small changes in management can have a significant impact on cross-agency collaboration, so being conservative with time estimates allows them to accommodate potential setbacks.

The County may wish to further explain how they will utilize the PDSA tool throughout their proposed project to support the goal of improving interagency collaboration.

The County will contract with I.D.E.A. Consulting to complete the evaluation of this project. The evaluation will provide an assessment of project effectiveness as well as, client level and system-level outcomes that are achieved as a component of the collaboration across agencies (p.16). Service-level data will also be collected to evaluate if the enhanced collaboration results in more timely access to services and improved client outcomes. The County may wish to explain how and when they will measure improved client-outcomes.

The development of interagency collaboration will be measured through administrator, staff and client surveys. Surveys will be utilized to measure strengths and barriers to cross organizational services and to measure client perception of services and outcomes. Client and family satisfaction with services will also be surveyed and utilized to demonstrate transformational change to the CCC.

Weekly and monthly calls with participating providers will be held to discuss learning opportunities, strategies for resolving issues and identify opportunities to improve services. The County may wish to explain how the information gathered from these calls will be measured against a baseline to determine if the communications improve perception or services.

The County may wish to discuss how their intended project deliverables will contribute to statewide learning.

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 Nevada County's Innovative Project is $2,285,810 over 5 years. The project is funded through Innovative MHSA funds ($1M) and other revenues ($1,285,810). Nevada County is anticipating $1,285,810 in revenue from Medi-Cal (FFP), MHSA CSS and/or PEI funding, realignment dollars and any other source of funding available. As the project progresses it is anticipated that revenues will increase and the need for INN dollars will decrease.

The total budget breakdown includes: $198,306 for Personnel, $104,430 for County Administration, $1,833,074 for Consultant Costs/Contracts and $150,000 for Evaluation. The Innovative MHSA funds will partially fund each of the above categories.

The Contracts category includes partial salaries and benefits for the lead nurse for the 4-bed Crisis Stabilization Unit, Project Manager for the Respite Center, Crisis Worker, and SPIRIT Crisis Peer Counselor Supervisor. The Personnel category includes the .20 FTE County Manager position. A combination of INN funds and other funding will be used to cover the full amount of each of these expenditures. The County may wish to discuss in their presentation what percentage of time they anticipate funding the contract workers for this Innovation project.

County states that the successful implementation and operation of the CCC will be self-sustaining and that the savings from reduced inpatient services can then be used to support the CCC (p.9). The County may wish to discuss any specific communication as to how the cost savings from avoided inpatient stays would be used to support the CCC.

In the most recent Triage Grant evaluation submitted to the OAC, the County states that it would be difficult to sustain the Insight Respite Program and the Crisis Peer Counselors from the SPIRIT Center without the Triage funding source, as neither program can be fully supported with Medi-Cal reimbursement. The County may wish to address how they will fund the CCC after 2018 if Triage funds are not renewed.

The County may also wish to discuss if they would choose to return to the Commission to request additional funding if the other revenues were not available as indicated.

Additional Regulatory Requirements

While Nevada County's Innovation proposal appears to have met the minimum regulatory requirements for Innovations; the Commission staff suggests this proposal could benefit from additional clarity as stated throughout the staff analysis.

References

Accessed on July 31, 2017
http://healthcarecomm.org/wp-content/uploads/2011/05/SIC-workshop-overview_5-27-14.pdf

Accessed on July 31, 2017
http://journals.lww.com/aenjournal/Citation/2002/12000/Emergency_Room_Communication_Issues__Dealing_with.8.aspx

Reever, Marghani M. MSW; Lyon, Deborah S. MD, Emergency Room Communication Issues: Dealing with Crisis, Topics in Emergency Medicine December 2002 - Volume 24 - Issue 4 - pp 62-66

National Hospital Ambulatory Medical Care Survey: 2013 Emergency Department Summary Tables.

AGENDA ITEM 07

Action

September 28, 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) **Work 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 platform where employers, supported employment providers and individuals with SMI create shared measures of success, change how they relate to each other and develop and test ideas for measuring shared success

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;

Enclosures (6): (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/2017-09/napa-county-inn-plan-description-adverse-childhood-experiences-aces

http://mhsoac.ca.gov/document/2017-09/napa-county-inn-plan-description-native-american-historical-trauma-and-traditional

http://mhsoac.ca.gov/document/2017-09/napa-county-inn-plan-description-understanding-mental-health-needs-american-canyon

http://mhsoac.ca.gov/document/2017-09/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.

Mental Health Services
Oversight & Accountability Commission

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, LBGTQ 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.

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 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 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/acestudy.pdf

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

Mental Health Services
Oversight & Accountability Commission

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 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 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 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 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.

The Suscol Intertribal Council has been educating individuals in the County about historical trauma since 1992 (p. 63). With the passage of the MHSA, 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 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 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 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 MHSA funds and it should be

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

Mental Health Services
Oversight & Accountability Commission

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 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 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

Mental Health Services
Oversight & Accountability Commission

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

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: September 28, 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.

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).

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.

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

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 heath 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

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: September 28, 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:

- 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: September 28, 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

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:

- 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: September 28, 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 tests 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

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.

AGENDA ITEM 8

Action

September 28, 2017 Commission Meeting

Contract Authorization for Strategic Statewide Suicide Prevention Plan

Summary: Section 18 of Assembly Bill 114 (Chapter 38, Statutes of 2017, enclosed) appropriates to the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) $100,000 “for the purpose of developing a strategic statewide suicide prevention plan.”

The Commission will consider authorizing the Executive Director to enter into a contract to develop the strategic statewide suicide prevention plan mandated by Assembly Bill 114.

Presenter: Brian R. Sala, Ph.D., Deputy Director for Evaluation and Program Operations

Enclosures: Assembly Bill 114, Chapter 38, Statutes of 2017

Handout: None

Proposed Motion: The Commission authorizes the Executive Director to enter into a contract to develop a strategic statewide suicide prevention plan, per Section 18 of AB 114 (Chapter 38, Statutes of 2017).

AGENDA ITEM 09

Information

September 28, 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 August 24, 2017 Commission Meeting; (2) Evaluation Dashboard Summary; (3) Evaluation Dashboard; (4) Calendar of Commission activities; and (5) Innovation Review Outline.

Handout: None

Recommended Action: Information item only

Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Motions Summary

Commission Meeting
August 24, 2017

Motion #: 1

Date: August 24, 2017

Time: 9:14 AM

Text of Motion:

The Commission approves the July 27, 2017 Meeting Minutes.

Commissioner making motion: Commission Ridley-Thomas
Commissioner seconding motion: Commissioner Aslami-Tamplen

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

Name	Yes	No	Abstain
1. Chair Wooton	☒	☐	☐
2. Vice-Chair Boyd	☒	☐	☐
3. Commissioner Anthony	☐	☐	☒
4. Commissioner Ashbeck	☐	☐	☒
5. Commissioner Aslami-Tamplen	☒	☐	☐
6. Commissioner Beall	☐	☐	☐
7. Commissioner Brown	☐	☐	☐
8. Commissioner Danovitch	☐	☐	☐
9. Commissioner Gordon	☐	☐	☐
10. Commissioner Lynch	☒	☐	☐
11. Commissioner Mitchell	☒	☐	☐
12. Commissioner Poaster	☒	☐	☐
13. Commissioner Ridley-Thomas	☒	☐	☐
14. Commissioner Strachan Wilson	☐	☐	☒
15. Commissioner Van Horn	☒	☐	☐

Motion #: 2

Date: August 24, 2017

Time: 11:02 AM

Text of Motion:

(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 with the following changes: (a) clarify that the triage funds include unencumbered and unspent funds; and (b) no less than 50 percent of these funds shall be made available for programs targeting children and youth 21 years and under.

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

Commissioner making motion: Commissioner Boyd
Commissioner seconding motion: Commissioner Ashbeck

Motion carried 5 yes, 3 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Wooton	☒	☐	☐
2. Vice-Chair Boyd	☒	☐	☐
3. Commissioner Anthony	☐	☐	☐
4. Commissioner Ashbeck	☒	☐	☐
5. Commissioner Aslami-Tamplen	☒	☐	☐
6. Commissioner Beall	☐	☐	☐
7. Commissioner Brown	☐	☐	☐
8. Commissioner Danovitch	☐	☐	☐
9. Commissioner Gordon	☐	☐	☐
10. Commissioner Lynch	☐	☒	☐
11. Commissioner Mitchell	☒	☐	☐
12. Commissioner Poaster	☐	☒	☐
13. Commissioner Ridley-Thomas	☐	☐	☐
14. Commissioner Strachan-Wilson	☐	☐	☐
15. Commissioner Van Horn	☐	☒	☐

Motion #: 3

Date: August 24, 2017

Time: 11:47 AM

Text of Motion:

The Commission approves the proposed outline of the TAY RFP scope of work and minimum qualifications.

The Commission authorizes the Executive Director to initiate a competitive bid process.

Commissioner making motion: Commissioner Poaster
Commissioner seconding motion: Commissioner Aslami-Tamplen

Motion carried 4 yes, 3 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Wooton	☐	☐	☒
2. Vice-Chair Boyd	☒	☐	☐
3. Commissioner Anthony	☐	☐	☐
4. Commissioner Ashbeck	☐	☒	☐
5. Commissioner Aslami-Tamplen	☒	☐	☐
6. Commissioner Beall	☐	☐	☐
7. Commissioner Brown	☐	☐	☐
8. Commissioner Danovitch	☐	☐	☐
9. Commissioner Gordon	☐	☐	☐
10. Commissioner Lynch	☐	☒	☐
11. Commissioner Mitchell	☒	☐	☐
12. Commissioner Poaster	☒	☐	☐
13. Commissioner Ridley-Thomas	☐	☐	☐
14. Commissioner Strachan-Wilson	☐	☐	☐
15. Commissioner Van Horn	☐	☒	☐

Motion #: 4

Date: August 24, 2017

Time: 12:30 PM

Text of Motion:

The MHSOAC approves Contra Costa County's Innovation Projects as follow:

Name: Cognitive Behavioral Social Skills Training in Board and Care Facilities (CBSST)
Amount: $1,247,200
Project Length: Five (5) Years

Name: Center for Recovery and Empowerment (CORE)
Amount: $2,502,022
Project Length: Five (5) Years

Commissioner making motion: Commissioner Van Horn
Commissioner seconding motion: Commissioner Wooton

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

Name	Yes	No	Abstain
1. Chair Wooton	☒	☐	☐
2. Vice-Chair Boyd	☒	☐	☐
3. Commissioner Anthony	☐	☐	☐
4. Commissioner Ashbeck	☒	☐	☐
5. Commissioner Aslami-Tamplen	☐	☐	☐
6. Commissioner Beall	☐	☐	☐
7. Commissioner Brown	☐	☐	☐
8. Commissioner Danovitch	☐	☐	☐
9. Commissioner Gordon	☐	☐	☐
10. Commissioner Lynch	☒	☐	☐
11. Commissioner Mitchell	☒	☐	☐
12. Commissioner Poaster	☒	☐	☐
13. Commissioner Ridley-Thomas	☐	☐	☐
14. Commissioner Strachan-Wilson	☐	☐	☐
15. Commissioner Van Horn	☒	☐	☐

AGENDA ITEM

Information

September 28, 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: Contract active end date changed. Deliverable 5 due date changed. Deliverable 5 status changed to In Progress. Total budget changed.

- **Community Services and Supports (CSS) Tracking, Monitoring, and Evaluation System Toolkit** *The Regents of the Univ. of California, University of California, San Diego*
  Update: Contract Complete

Enclosures: MHSOAC Evaluation Dashboard

Recommended Action: None

Presenter: None

Motion: None

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Current MHSOAC Evaluation Contracts & Deliverables

Mental Health Services
Oversight & Accountability Commission

The Regents of the University of California, University of California, Los Angeles

Assessment of System of Care for Older Adults (14MHSOAC016)

MHSOAC Staff: Brian Sala

Active Dates: 06/01/15 – 06/30/18

Total Budget: $460,000

Total Billed To Date: $368,292

Objective: Assess progress made in implementing an effective system care for older adults with serious mental illness & identify methods to further statewide progress. This assessment shall involve gauging the extent to which counties have developed & implemented services tailored to meet the older adult population's needs, including un/underserved diverse older individuals, recognizing the unique challenges & needs faced. In order to bolster the State's ability to promote improvements in the quality of services for older adults, a series of indicators shall be developed specifically on mental health issues for older adults; these indicators shall be developed with the intention of incorporating them into future data strengthening & performance monitoring efforts. The Contractor shall also document the challenges & barriers to meeting the unique needs of this population, & strategies to overcome these challenges. Lessons learned, resultant policy & practice recommendations for improving & support older adult mental health programs at the State & local levels shall be developed & presented to the Commission.

Deliverables & Due Dates

Contract Duration		September 2015 – June 2018				
1	**Proposed Research Methods**	**09/07/15**				
2	**Data Elements, Indicators, Policy Recommendations**		**06/30/16**			
3	**Summary/Analysis of Secondary/Key Informant Interview Data**			**02/28/17**		
4	**Focus Group Data Summary & Policy Recommendations**				**05/30/17**	
5	**Policy Brief & Fact Sheet(s)**					**11/15/17**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

*Material highlighted in red indicates updates to the information * Indicates that a deliverable has undergone a status change

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

The Regents of the University of California, University of California, San Diego

Community Services & Supports (CSS) Tracking, Monitoring, & Evaluation System Toolkit (16MHSOAC016)

MHSOAC Staff: Brian Sala

Active Dates: 08/15/16 – 08/14/17

Total Contract Amount: $99,000

Total Spent: $99,000

Objective: Assist county behavioral health departments in assessing the feasibility of adopting & implementing a Community Services & Supports (CSS) Tracking, Monitoring, & Evaluation System designed to enable providers, counties, & the State to understand the clinical & functional status of clients within individual CSS programs/services, & determine whether clients are in appropriate services. The evaluation effort seeks to improve the MHSOAC's capacity to provide ongoing technical assistance to county behavioral health departments to track, evaluate, & compare CSS program outcomes.

Deliverables & Due Dates

Contract Duration		October 2016 – July 2017			
1	**Work Plan**	**10/02/16**			
2	**Draft County Toolkit**		**02/15/17**		
3	**Regional Meetings Report**			**05/15/17**	
4	**Final County Toolkit Implementation/Report on Recommendations**				**07/31/17**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

*Material highlighted in red indicates updates to the information * Indicates that a deliverable has undergone a status change

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

Mental Health Data Alliance

Enhanced Partner-Level Data (ELPD) Templates (16MHSOAC018)

MHSOAC Staff: Pu Peng

Active Dates: 09/01/16 - 06/30/17

Total Contract Amount: $58,000

Total Spent: $58,000

Objective: Provide individual counties with the ability to import, link, view, and generate reports for Full-Service Partnership Data Collection and Reporting System data. The EPLD template, originally designed with MS Access, had data limitations of 2GB, which made processing of statewide FSP DCR data challenging and inefficient. MHSOAC seeks to have the existing EPLD template data migrated from MS Access to MS implementation of Structural Query Language server. This would allow for automation of the data reporting processes such that statewide and county-level reports could be created by the MHSOAC.

Deliverables & Due Dates

Contract Duration		December 2016 – May 2017		
1	**Migration of EPLD data from MS Access to MS SQL**	**12/30/16**		
2	**Migration of EPLD Queries, Scripts & Reports from MS Access to MS SQL**		**05/26/17**	
3	**Automating reports to produce Statewide reports for ten (10) selected, existing EPLD reports- EPLD Report Automation**			**05/26/17**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

*Material highlighted in red indicates updates to the information * Indicates that a deliverable has undergone a status change

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

Mental Health Data Alliance

DOJ Criminal Data Linkage & Analysis (16MHSOAC027)

MHSOAC Staff: Pu Peng & Ashley Mills

Active Dates: 01/01/17 - 12/31/17

Total Contract Amount: $98,450

Total Spent: $0

Objective: The purpose of the project is to (1) identify the level of criminal justice involvement among those served in public mental health programs; (2) evaluate the quality of self-report of arrests for individuals who participate in the Full Service Partnership programs; and (3) evaluate longitudinal changes in criminal justice involvement for populations served by public mental health programs.

Deliverables & Due Dates

Contracts		October 2017 – March 2018				
1	Statewide Criminal Justice Data Linkage Report	10/31/17				
2.1	County Participation Confirmation Report		11/30/17			
2.2	Select County-Specific Criminal Justice Data Linkage Report			03/01/18		
3.1	Quarterly Progress Report 1Q2017				01/15/18	
3.1	Quarterly Progress Report 2Q2017					03/15/18

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

*Material highlighted in red indicates updates to the information * Indicates that a deliverable has undergone a status change

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

Mental Health Data Alliance

CSI & DCR Data Analysis & Standardize Reporting (16MHSOAC036)

MHSOAC Staff: Pu Peng

Active Dates: 02/15/17 - 02/14/18

Total Contract Amount: $149,980

Total Spent: $123,156

Objective: The purpose of this project is to (1) develop an SQL server database backup and recovery strategy for Full Service Partnership (FSP) data collection and reporting and Client and Service Information (CSI) data and (2) provide training and guidance to support MHSOAC staff in analyzing FSP and CSI data for standardized reporting and evaluation.

Deliverables & Due Dates							
Contracts		March 2017 – February 2018					
1.1	**SQL Server Environment Specification Report**	**03/31/17**					
1.2	**SQL Server Environment Specification Recovery Model Implementation Report**		**05/31/17**				
1.3	**Training and Documentation**			**06/30/17**			
2.1	**Initial, Updated, & Final Knowledge Transfer Report**				**04/07/17**		
2.2-2.10	**9 monthly updates to the Initial Knowledge Transfer Report (4) Complete**					**01/15/18**	
2.11	**Final Knowledge Transfer Report**						**02/14/18**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

*Material highlighted in red indicates updates to the information * Indicates that a deliverable has undergone a status change

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

Mental Health Data Alliance

Classify FSPs & Provide Evaluation Support (14MHSOAC008)

MHSOAC Staff: Marijoyce Naguit

Active Dates: 11/01/14 - 06/30/17

Total Contract Amount: $548,938

Total Spent: $221,625

Objective: The purpose of this evaluation effort is to assess Full Service Partnerships (FSPs) on a statewide level in order to classify them in a meaningful and useful fashion that should ultimately enable clients, family members, providers, counties, other stakeholders, and the State to further understand the diversity of FSPs across California and com pare those that are comparable.

Deliverables & Due Dates

Contracts		February 2015 – April 2017								
1	**Preliminary Statewide FSP Classification System Presentation From Focus Groups &/or Interviews**	**02/27/15**								
2	**Report of Proposed Statewide FSP Classification System Based on Stakeholder Input**		**08/31/15**							
3	**Report on Final Statewide FSP Classification System Based on Public Comment**			**10/30/15**						
4	**Report on Online Statewide FSP Classification System Website 1.0 Design Specification**				**02/29/16**					
5	**OAC Web Application Configuration Support & Documentation- 10 Progress Reports**					**09/30/16 - 06/30/17**				

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

*Material highlighted in red indicates updates to the information * Indicates that a deliverable has undergone a status change

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

6	**Fiscal Transparency Component Acceptance Support**						**10/31/16**			
7	**NAMI Data Augmentation – Program Addresses**							**03/24/17**		
8	**NAMI Data Augmentation – Program Providers**								**03/31/17**	
9	**NAMI Data Augmentation – Three-Year Plan & Annual Update Data Element Extraction**									**04/30/17**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

*Material highlighted in red indicates updates to the information * Indicates that a deliverable has undergone a status change

MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

The iFish Group

Cloud Platform for SAS & Performance Monitoring (14MHSOAC012)

MHSOAC Staff: Pu Peng

Active Dates: 05/07/15 - 12/31/17

Total Contract Amount: $777,239

Total Spent: $607,094

Objective: The contract was executed for the iFish Group, Inc. as the Contractor to provide a Cloud Platform as a Service (PaaS) to the MHSOAC. The PaaS should include support for SAS Office Analytics, Microsoft SQL Server, as well as other software as deemed necessary by the MHSOAC for data reporting activities.

Deliverables & Due Dates		
Contracts		December 2017
1	**PaaS Virtual Private Cloud Environment With Supported Software Programs**	**12/31/17**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

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MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

The iFish Group

Visualization Configuration & Publication Support Services (16MHSOAC021)

MHSOAC Staff: Marijoyce Naguit

Active Dates: 10/31/16 - 12/31/17

Total Contract Amount: $1,000,000

Total Spent: $250,000

Objective: To make data from reports on programs funded under the Mental Health Services Act, available to the public via a Visualization Portal. The portal will provide transparency through the publication of information and statistics to various stakeholders. Resources will be provided to allow MHSOAC staff to evaluate, merge, clean, and link all relevant datasets; develop processes and standards for data management; identify and configure analytics and visualizations for publication on the MHSOAC public website; and manage the publication of data to the open data platform.

Deliverables & Due Dates

Contracts		October 2016 – July 2018			
1	**Fiscal Transparency Tool 1.0- (Design specs, Configuration & Related Datasets, Test Results, Visualization & Dataset Deployed)**	**10/31/16**			
2	**Full Service Partnerships Tool 1.0- (Design specs, Configuration & Related Datasets, Test Results, Visualization & Dataset Deployed)**		**1/27/18**		
3	**Providers, Programs, and Services Tool 1.0- (Design specs, Configuration & Related Datasets, Test Results, Visualization & Dataset Deployed)**			**04/28/18**	
4	**Fiscal Transparency Tool 2.0- (Design specs, Configuration & Related Datasets, Test Results, Visualization & Dataset Deployed)**				**07/28/18**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

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MHSOAC Evaluation Dashboard September 2017

(updated 09/20/17)

Mental Health Services
Oversight & Accountability Commission

The iFish Group

Web-based Tools & Advice (16MHSOAC022)

MHSOAC Staff: Marijoyce Naguit

Active Dates: 12/20/16 - 12/20/17

Total Contract Amount: $325,000

Total Spent: $225,000

Objective: To provide Virtual Private Cloud Visualization Portal (VP) Platform as a Service(PaaS) which includes the design, development, integration, test, and operations services to support and maintain visualization applications developed for MHSOAC. Services to extract, transform, and validate data from external data sources will also be provided prior to making it available to MHSOAC visualization applications.

Deliverables & Due Dates		
Contracts		**December 2017**
1	**Support of Maintenance & Operations of PaaS**	**12/20/17**

Legend: Deliverable Not Started | Deliverable In Progress | Deliverable Under Review | Deliverable Complete

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Mental Health Services
Oversight & Accountability Commission
1325 J ST STE 1700
SACRAMENTO CA 95814
(916) 445-8696
www.mhsoac.ca.gov

Commission Meeting Schedule 2017

Meeting Date and Location	Group / Topic
Thursday, October 26, 2017 Los Angeles	**Commission Meeting** TBD
Thursday, November 16, 2017 Sacramento	**Commission Meeting** TBD
Thursday, December 28, 2017 No Meeting	**Commission Meeting** TBD

rev 09/20/2017

Mental Health Services
Oversight & Accountability Commission

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