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MHSOAC

Mental Health Services
Oversight & Accountability Commission

July 26, 2018
PowerPoint Presentations and Handouts

Tab	Type	Title
Tab 2:	• PowerPoint:	No Stigma, No Barriers: A Transition Age Youth Mental Health Collaborative, Stakeholder Contract Update
Tab 3:	• PowerPoint:	MHSOAC Budget Overview
Tab 4:	• Handout:	Triage Grant Funding Revised Tab Summary
	• PowerPoint:	Triage Grant Funding Presentation
	• Handout:	Position Letters Regarding Triage Grant Funding (6 Letters)
Tab 5:	• Handout:	Innovation Dashboard Details
Tab 6:	• PowerPoint:	Ventura County Innovation Plan: Suicide Prevention – Bartenders as Gatekeepers Presentation
	• PowerPoint:	Ventura County Innovation Plan: Push Technology Project Presentation
Tab 8:	• PowerPoint:	Imperial County Innovation Plan: First Step to Success Presentation
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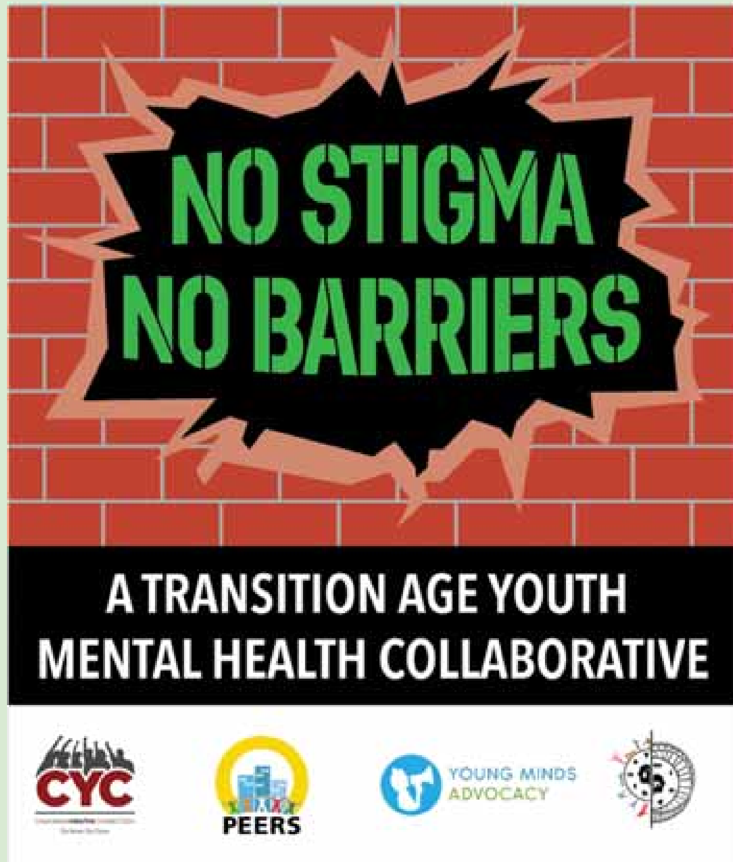
Tab 10:	• Handout:	Position Letter Regarding SB 1004 Legislation
Tab 11:	• PowerPoint:	Report: Building an Incubator for Mental Health Innovation in California
	• Handout:	Position Letter Regarding Innovation Incubator
Tab 12:	• PowerPoint:	The Technology Suite: Project Update Presentation
	• Handout:	Position Letters Regarding Technology Suite Project



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A Transition Age Youth Mental Health Collaborative

Presentation To The
Mental Health Services Oversight and Accountability Commission (MHSOAC)

July 2018

YJCV#KU#QWT#XKUKQPA

- The **No Stigma No Barriers Collaborative**, guided by transition age youth (TAY) ages 16 to 25, was formed to end stigma towards mental illness and break down barriers to care for young people in California.

- We do this through trainings, outreach, and advocacy at the county and state level.

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- ★ “Actual youth at the table! Speaking, engaging, and leading the conversations as we are the experts!”
- ★ “Trust, power-sharing, equity and opportunity!”
- ★ “Connection and community”
- ★ “Allowing pride to decrease to create and improve rapport with the youth in order to build community and safe spaces for them. Allowing the youth to be their authentic selves and not questioning whatever that looks like.”
- ★ “Giving the youth a comfortable environment to feel secure in their role as a youth, while teaching them how to speak and advocate well enough so they can transfer those skills to new youth, so they can ultimately become professionals.”

Slide 5

1 I was planning to use this to start the conversation about youth engagement. We've done a few "do's and don'ts of engagement.
Joy Anderson, 5/24/2018

2 _Marked as resolved_
Joy Anderson, 5/24/2018

3 _Re-opened_
Joy Anderson, 5/24/2018

1 from who's perspective? youth and adults? - might need to frame where this was gathered from - not sure a FB post is going to work but it may.
Haydee Cuza, 5/24/2018

4 And these are only quotes from youth.
Joy Anderson, 5/24/2018

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Trainings

- Statewide and Local
  - CMHACY, NAMI, CYC regional council meetings, summit
- Youth developed curriculum
- Youth led workshops and trainings and events

Outreach

- Youth friendly/designed outreach materials
  - Youth Survey, factsheets
- Social Media
- Blogs, Videos

Advocacy

- Topics: Stigma as a barrier, education and mental health
- Statewide and local
- Elevated youth voice

Slide 6

2	What do you mean by "mental health" - what is the advocacy topic - what part of mental health. Thanks. Haydee Cuza, 5/24/2018
5	access to mental health services in schools settings. I was using consistent language from this past year. and was planning on elaborating as part of the presentation. Joy Anderson, 5/24/2018
4	is this county? Haydee Cuza, 5/24/2018
7	yes, this is how it is shared via the contract language I have. Joy Anderson, 5/24/2018
3	Please be prepared to list out the trainings and what counties they were in - that's an important detail for them. You can write notes in the bottom section where it says Speaker Notes - it won't show to the audience Haydee Cuza, 5/24/2018
6	Ok, sounds good :) They advised me to keep it high level and broad. And its good to list them out so I know and can answer them quickly. Joy Anderson, 5/24/2018

IGV#KPXQNXGF

LQKP#WU

- Contact us at: info@nostigmanobarriers.org
- Visit our website at www.nostigmanobarriers.org starting
- Sign up for our newsletter at: calyouthconn.org/youth-mental-health

Budget Overview

Norma Pate, Deputy Director

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Fiscal Year 2017-18 Budget

FY 2017-18	Budget	Encumbered/ Expenditures	Balance
Triage	$32,000,000	(-12,000,000)	$20,000,000
Stakeholder Contracts	$4,860,000	$4,860,000	0.00
Children's Triage	$3,000,000	0.00	$3,000,000
Suicide Prevention	$100,000	$100,000	0.00
Evaluation/IT	$4,304,745	$4,304,745	0.00
Operations	$6,284,988	$6,270,534	$14,454

Fiscal Year 2018-19 Budget Allocations

FY 2018-19	Proposed Budget	Pending Approval
Fellowship Program	$145,000	
Facilities	$330,000	
Administration	$7,325,000	
Information Technology/Data	$1,134,000	
Triage	$20,000,000	$20,000,000
Stakeholder Contracts	$5,530,000	$670,000
Innovation Incubator	$2,500,000	$2,500,000
Evaluation/Policy Projects	$1,602,000	$1,602,000
EPI Program (AB 1315)	$0.00	
Totals	$38,566,000	$24,772,000

Proposed Motion

The Commission authorizes the Executive Director to implement the 2018-19 spending plan.

AGENDA ITEM 4

Action

July 26, 2018 Commission Meeting

REVISED July 24, 2018 **Triage Grant Funding**

Summary: Earlier this year, the Commission awarded Triage grants through three Request for Applications: 1) Adult/TAY ($48 million); 2) Children/Youth ($29.6 million); and 3) School-County Collaborative ($30 million), for a total of $107.6 million. The Commission reviewed 54 applications for funding opportunities and awarded funds to 30 recipients. The grants are intended to support efforts to provide crisis mental health intervention and targeted case management for individuals who are experiencing a mental health crisis.

Additionally, the Commission authorized the Executive Director to execute a statewide evaluation contract for no more than $10 million to the UC Davis and UC Los Angeles Behavioral Health Centers of Excellence to evaluate the programs and also to sustain these investments. The grants and statewide evaluation were to be supported through three sources of funding:

1. The Commission's annual Triage budget of $32 million per year ($96 million from fiscal years 2017/18, 2018/19, and 2019/20)
2. SB 833 funds, which were a one-time allocation of $3 million meant for crisis intervention services for children and youth and training for parents and caregivers of children and youth in crisis
3. Unspent Triage funds from Round I, about $28.6 million[1] (FY 2013/14: $5,010,508.55; 2014/15: $5,903,251.42; 2015/16: $913,709.51; 2016/17 $16,843,657)

Total: $127,671,126

It was estimated that these three sources of revenue would allow the Commission to provide over $117 million to fund Triage programs and $10 million to evaluate them. There was $10,671,127.27 in additional Triage funds which could have been used to fully fund additional counties in the Adult/TAY and/or the Children/Youth components.

In response to negotiations with the Governor's Departments of Finance, the Commission delayed signing contracts with the awardees to receive their funding. More specifically, the re-appropriation of prior years' funding ($31,671,127.27) for this purpose required new budget authority.

On June 27, 2018, Governor Brown signed the 2018/19 budget which reduced funding for Triage programs in the following ways: reduced base funding from $32 million to $20 million in FY 2017/18, and in future years and denied the Commission's request to re-appropriate unspent funds from Round I of Triage.

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[*] Uncertain due to Round I program dollars still being spent down

As a result, the Commission has $63 million in funds available – or 53 percent of the initial awards –$20 million from FY 2017/18, 2018/19, and 2019/20 and the $3 million from SB 833.

The Commission has the option of using FY 2020/21 Triage funds ($20 million) to support the program, increasing available funds from $63 million to $83 million – or 71 percent of the initial awards. Doing so would expand access to funds but would delay by one year the next round of Triage funding.

To address this funding shortfall, the Commission should consider the following options:

Option #1: Reduce awards for all recipients and statewide evaluation by an even percentage.

Component	Released for	Applied/ Awarded	Award: 53%	Award: 71%	Award
Adult/TAY	$48,000,000	20/15	$25,440,000	$34,080,000	15
Children/Youth	$29,600,000	17/11	$15,688,000	$21,016,000	11
School-County Collaborative	$30,000,000	17/4	$15,900,000	$21,300,000	4
Evaluation	$10,000,000	N/A	$5,300,000	$7,100,000	N/A
Total	$117,600,000	54/30	$62,328,000	$83,496,000	30

Option #2: Reduce available funding for each component (Adult/TAY, Children/Youth, and School-County Collaborative) and award available funds based on rank of proposals.

Component	Released for	Applied/ Awarded	Award 53%	Award	Award 71%	Award
Adult/TAY	$48,000,000	20/15	$25,440,000	8	$34,080,000	12
Children/Youth	$29,600,000	17/11	$15,688,000	9	$21,016,000	11
School-County Collaborative	$30,000,000	17/4	$15,900,000	2	$21,300,000	3
Evaluation	$10,000,000	N/A	$5,300,000	N/A	$7,100,000	N/A
Total	$117,600,000	54/30	$62,328,000	19	$83,496,000	26

Option #3: Cancel the current procurement and release new RFAs.

Presenter: Norma Pate, Deputy Director

Enclosure: None.

Handout: A PowerPoint will be presented at the meeting.

Proposed Motion: The Commission adopts one of the options outlined by staff and directs Commission staff to implement it including notify grantees from the recent procurement process of the option impact.

Triage Grant Funding

July 26, 2018

Norma Pate, Deputy Director

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Pre-Budget Triage Funding

- Over $117 million for Round II grants and evaluation
  - Adult/TAY
    - Total: $48,000,000
  - Children 0-21
    - Total: $29,600,000
  - School-County Collaborative
    - Total: $30,000,000
  - Evaluation
    - Total $10,000,000

Post-Budget Triage Funding

- June 27, 2018: 2018-19 Budget
  - Reduced baseline funding $32 million to $20 million per year
  - Did not approve prior year reappropriations
- Reduced funding from $117 million to $63 million

Option to

- Increase funding from $63 million to $83 million using FY 2020/21 funds

Option 1

- Reduce all awards evenly, based on $63 million or $83 million.

Component	Released for	Applied/ Awarded	Award: 53% /or $63 million	Award: 71% /or $83 million	Award
Adult/TAY	$48,000,000	20/15	$25,440,000	$34,080,000	15
Children/Youth	$29,600,000	17/11	$15,688,000	$21,016,000	11
School-County Collaborative	$30,000,000	17/4	$15,900,000	$21,300,000	4
Evaluation	$10,000,000	N/A	$5,300,000	$7,100,000	N/A
Total	$117,600,000	54/30	$62,328,000	$83,496,000	30

Option 2

- Reduce number of awards and fund based on rank of proposals.

Component	Released for	Applied/ Awarded	Award 53 %/or $63 million	Award	Award 71 %/or $83 million	Award
Adult/TAY	$48,000,000	20/15	$25,440,000	8	$34,080,000	12
Children/Youth	$29,600,000	17/11	$15,688,000	9	$21,016,000	11
School-County Collaborative	$30,000,000	17/4	$15,900,000	2	$21,300,000	3
Evaluation	$10,000,000	N/A	$5,300,000	N/A	$7,100,000	N/A
Total	$117,600,000	54/30	$62,328,000	19	$83,496,000	26

Option 3

- Cancel the current procurement and release new RFAs

July 20, 2018

John Boyd, Chair
Mental Health Services Oversight and Accountability Commission (MHSOAC)
1325 J Street, Suite 1700
Sacramento, CA 95814

SUBJECT: SB 82 Triage Grants Reduction in Funding: Governor's Budget

Dear Chair Boyd:

On behalf of the County Behavioral Health Directors Association of California (CBHDA), which represents the public mental health and substance use disorder program authorities in counties throughout the state, we are urging the Mental Health Services Oversight and Accountability Commission to reduce the awarded grant amounts for SB 82 triage grants by an equal percentage for all grants awarded. The Governor cut the budget for triage grants from $32 million per year to $20 million per year in the FY18-19 State Budget and tough decisions will need to be made. Counties rely upon this money to fund needed crisis response and intervention services. Furthermore, this is the best option to make sure that each county awarded still receives a portion of the funding.

We also respectfully urge the Commission to suspend the first quarter reporting under the stipulations of the grants. Counties will have to adjust their budgets to incorporate the cut in funding, and it will take time to make the adjustments needed.

We value the partnership with the MHSOAC and look forward to continuing to work together.

Sincerely,

Thomas Renfree
Interim Executive Director
CBHDA

cc: Toby Ewing, Mental Health Services Oversight and Accountability Commission
Tom Orrock, Mental Health Services Oversight and Accountability Commission

Electronic Communication from Colleen Toste, Northern Humboldt School Board Member
Re: Triage Grant Funding

Honored members of the Mental Health Oversight and Accountability Commission:

As a Humboldt County native, Northern Humboldt school board member, former employee of the Humboldt County Office of Education, and current Vice President at Coast Central Credit Union which serves nearly 70,000 members, I feel qualified and motivated make this request of you. Please proceed with funding for much-needed school-based mental health services.

Please take note:

- Humboldt has California's highest Adverse Childhood Experience (ACEs) rate: **30.8% of adults report experiencing four or more ACEs, versus 13% statewide**.
- Low income communities are particularly prone to ACEs, and **Humboldt's poverty rates are much higher than the state average**.
- **Humboldt's exceptionally high Special Education rates (nearly 20% vs. a state rate of 12.5%) are a direct result of students traumatized by their home life** arriving at school unable to focus on learning.

Personally, I have seen first-hand numerous children who are so deserving of your support on this issue, and I am confident that if you also witnessed first-hand the need, you would emphatically vote to support them. Thank you so much for your time and consideration.

Colleen Toste
VP, Marketing & Communications
coastccu.org

2650 Harrison Avenue
Eureka, CA 95501
Tel: (707) 445-8801 ext. 309

Electronic Communication from Ann Lawlor, Educator in Humboldt County
Re: Triage Grant Funding

As an educator in Humboldt County, I am asking you to support this mental health grant. We are a rural community facing many mental health issues as well as generations of substance abuse. We are overwhelmed by the need for mental health providers in our county. Please help us provide our students the future they deserve.

Thank you,
Ann Lawlor
2nd Grade
Blue Lake Elementary School
scsbond@aol.com
707-601-1527

Electronic Communication from Terry Gordon, Educator in Humboldt County
Re: Triage Grant Funding

Dear MHSOAC Members:

Mental Health Services provided at schools provide much needed support. These services provide preventative and crisis care. School is a safe place for children and often that is the only place they can be reached. **Please fully fund the mental health services grant for Humboldt County Schools.** We desperately need these services.

Thank you,

Terry Gordon
Elementary School Teacher
Hoopa Valley Elementary School

Electronic Communication from Gayle Olson-Raymer, Humboldt State University
Re: Triage Grant Funding

Dear MHSOAC Commissioners - I am writing in support of the recently-awarded $7,500,000 grant to Humboldt County Children's Mental Health. Educators throughout the 31 school districts in Humboldt County are thrilled that the grant will fund 22 positions consisting of a mix of mental health clinicians, case managers and family/child support personnel. The children in our districts are in great need of such support.

Thus, I - along with many other teachers - was alarmed to hear that on June 21st, County Mental Health was notified that this funding was at risk. Please, please do not cut this grant. It may save the emotional and physical well being of hundreds of our local children.

Should you have any questions, please do not hesitate to contact me.

Sincerely - Gayle Olson-Raymer

Gayle Olson-Raymer, Ph.D.
Humboldt State University
Department of History
go1@humboldt.edu

Electronic Communication from Gayle Olson-Raymer, Humboldt State University
Re: Triage Grant Funding

Dear MHSOAC Commissioners,

I am writing to you to express how important school-based mental health services are to our community. I currently work at Pacific Union Elementary and Arcata Elementary, and I frequently work with students with high ACEs scores (Adverse Childhood Experiences) and whose struggles to deal with these experiences negatively impact their education. These students would benefit from the Mental Health Wellness Act School Focused Triage Grant.

Earlier this year we were thrilled to receive notification that Humboldt County was selected to receive one of the four county-level School Focused Triage grants. This notification validated the hard work the schools, County Mental Health, and other partners had done over the past 20+ years to serve the needs of local children. The Humboldt proposal would place 22 mental health clinicians and case managers/student and family support personnel in schools countywide to serve all students based upon their need.

However, on June 21 our county was notified that the Commission had less available funding than planned and that the Commission will determine how best to expend the available funds at its July 26, 2018 meeting. I encourage you to still invest in Humboldt County schools.

Funding for the School Focused Triage Grants is incredibly important because the School Focused Triage Grants are **preventative.** These four awards will pilot **innovative** programs intended to help children succeed in school and life and thus not become involved in the mental health system. They will offer preventative triage support to youth and their families and in doing so, provide evidence of the effectiveness of school based early intervention.

As described in the application, Humboldt has California's highest Adverse Childhood Experience (ACEs) rate: 30.8% of adults report experiencing four or more ACEs versus 13% statewide. This is of particular importance because low income communities are particularly prone to ACEs and Humboldt's poverty rates are higher than the state average.

Locally, we believe Humboldt's exceptionally high Special Education rates (nearly 20% vs. a state rate of 12.5%) are a direct result of students traumatized by their home life arriving at school unable to focus on learning.

These factors negatively affect student success in school. A 2013 study by the Area Health Education Center of Washington State University found students with three+ ACEs are 3x as likely to experience academic failure, 6x as likely to have behavioral problems, and 5x as likely to have poor attendance.

While all Triage Grants programs are important, the preventative School Focused program can change the trajectories of children's lives, put them on the path towards independence, and in doing so keep them out of the adult mental health system. Please, support our Humboldt County schools with this grant!

Sincerely,
Elizabeth Simovich

STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
CALENDARED	Imperial	First Step to Success	$531,120	15 Months	3/8/2018	4/18/2018	**JULY**
CALENDARED	Ventura	Suicide Prevention Project: Bartenders as Gatekeepers	$241,367	3 Years	3/5/2018	6/8/2018	**JULY**
CALENDARED	Ventura	Push Technology Project	$438,933	3 Years	3/5/2018	6/8/2018	**JULY**
CALENDARED	Del Norte	Text 2 Grow-Giving Resource Outreach & Wellness	$262,846	3 Years	5/2/2018 5/22/2018	6/18/2018	**JULY**
CALENDARED	San Luis Obispo	Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increased LGBTQ Mental Health Care Access (SLO ACCEPTance)	$554,729	4 Years	4/20/2018	6/8/2018	**AUGUST**
CALENDARED	San Luis Obispo	3-by-3 Developmental Screening Partnership Parents and Pediatric Practices	$859,998	4 Years	4/20/2018	6/8/2018	**AUGUST**
CALENDARED	Santa Barbara	Resiliency Interventions for Sexual Abuse (RISE)	$2,600,000	2 Years	N/A	4/12/2018	**AUGUST**

<u>CALENDARED</u>: County has met all the minimum regulatory requirements for Innovation - Section 3580.010, and three (3) local approval steps; 30 day public comment, Local Mental Health Board/Commission hearing, and Board of Supervisor (BOS) approval

STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
DRAFT	Tuolomne	Building a Compassionate Response to Trauma in a Rural Community	$1,248,073	5 Years	3/26/2018	6/19/2018	
DRAFT	Santa Clara	headspace Implementation Project	$5,388,913		6/21/2018	Expected 7/16/2018	
DRAFT	San Diego	ADAPT (INN 18)	$4,773,040	5 years	1/3/2018	6/21/2018	
DRAFT	Kings	The Multiple-Organization Shared Telepsychiatry (MOST) Project	$1,663,631	3 Years	6/13/2018		
DRAFT	Monterey	Activities for Increasing Latino Engagement	$1,240,000	3 Years	5/2/2018		
DRAFT	Monterey	Transportation Coaching by Wellness Navigators	$1,234,000	3 Years	5/2/2018		
DRAFT	Los Angeles	Enhancing Workforce Training through Mixed Reality Approaches	$6,683,164	5 Years	6/22/2018		
DRAFT	Los Angeles	Therapeutic Transportation	$7,463,576	3 Years	6/22/2018		
DRAFT	Los Angeles	Ongoing Focused Support to Imporve Recovery Rates for Conservatees Living in the Community	$13,888,914	5 Years	6/22/2018		
DRAFT	Tehama	TECH SUITE	$118,088	2 Years	3/28/2018	4/6/2018	
DRAFT	Tri-City	TECH SUITE	$1,674,755	4 Years	4/5/2018		
DRAFT	City of Berkeley	TECH SUITE	$462,916	3 Years	4/24/2018		
DRAFT	Riverside	TECH SUITE	$25,950,000	4 Years	4/9/2018		

STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
DRAFT	Monterey	TECH SUITE	$2,526,000	3 Years	5/2/2018		
DRAFT	San Mateo	TECH SUITE	$3,872,167	2 Years	5/9/2018	6/4/2018	
DRAFT	Marin	TECH SUITE	$638,000	21 Months	4/30/2018		
DRAFT	San Francisco	TECH SUITE	$2,273,000	5 Years	5/17/2018		
DRAFT	Santa Barbara	TECH SUITE	$4,912,852	5 Years	6/6/2018		
DRAFT	Santa Clara	TECH SUITE	$4,373,886				
DRAFT	Inyo	TECH SUITE	$448,757	3 Years	7/2/2018		
DRAFT	Alameda	Cannabis Policy and Education Project	$1,484,375	3 Years, 3 months	3/12/2018	Expected Late June	
DRAFT	Alameda	Community Assessment and Transport Team (CAT)	$9,916,894	5 Years	3/22/2018	Expected Late June	
DRAFT	Alameda	Transitional Age Youth Emotional Emancipation Circles	$454,907	2 Years, 6 Months	3/22/2018	Expected Late June	
DRAFT	Alameda	Introducing Neuroplasticity to Mental Health Services for Children	$1,734,813	4 Years	4/18/2018	Expected Late June	
DRAFT	San Francisco	Wellness in the Streets	$1,750,000	5 Years	5/17/2018		
DRAFT	Tulare	Addressing Metabolic Syndrome and Its Components in Consumers Taking Antipsychotic Medication	$1,382,734	5 Years	12/15/2017		
DRAFT	Tulare	Connectedness2Community	$765,175	5 Years	12/15/2017		
DRAFT	Calaveras	Enhancing the Journey to Wellness/Peer Navigator Program	$710,609	5 Years	6/6/2018		
DRAFT	City of Berkeley	Trauma-Informed Care for Educators	$0		6/29/2018		

DRAFT: A County plan submitted to the OAC that contains some of the regulatory requirements, including but not limited to a full budget and budget narrative; still may require technical assistance and is considered the last version before the FINAL is submitted

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

July 26, 2018

VENTURA COUNTY INNOVATIONS:

Suicide Prevention – Bartenders as Gatekeepers Project

Kiran Sahota, MHSA Sr. Manager, Hilary Carson INN Administrator

Suicide Prevention – Bartenders as Gatekeepers

Program Goal: To reduced suicide rates in middle age men though a short-term selective prevention program that consists of targeted advertisements and mental health gatekeeper training for bartenders and alcohol servers focused on this population.

Time Limited: 3 Years

Primary Purpose: To increase access to mental health services and supports for middle age men in Ventura County.

Community Planning Process: Submitted and reviewed by the community during the summer of 2016.

VENTURA COUNTY
BEHAVIORAL HEALTH

Middle Age Men and Suicide: Current Issues

- Suicide disproportionately affects men in the middle years and older. Although they represent 19 percent of the population of the United States, they account for 40 percent of the suicides in this country.
- Reaching men can be a challenge. Warning signs may be missed, or misinterpreted.
- More than one-third of suicide victims used alcohol just prior to death.
- Bartenders are in a unique role that is well suited to such gatekeeper functions as referrals and limited crisis intervention.

Suicide Rates in Ventura County

	2014		2015		2016		2017**	
Age	Count	%	Count	%	Count	%	Count	%
0-24	5	5%	9	9%	9	1%	14	14%
25-44	24	25%	16	16%	20	25%	18	18%
45-64	43	46%	47	48%	25	31%	44	44%
65+	21	22%	25	25%	26	32%	23	23%
Total	93		97		81*		99	

* One Unknown Age

** Numbers have been updated since proposal was approved

VENTURA COUNTY BEHAVIORAL HEALTH

Middle Age Men and Suicide: Proposal

Testing the Theory

- ❖ Targeted Media Campaign-Designed by Peers
- ❖ Interactive website
- ❖ Feature story of local celebrity with lived experience
- ❖ Meeting men where they are comfortable
- ❖ Suicide prevention training for bartenders and alcohol servers
- ❖ Follow up surveys to measure effect

Evaluation: Questions and Measurable Outcomes

Research Question	Indicator	Measures (considered)
1. Will a targeted outreach campaign increase the traffic on the local suicide prevention site?	Increased website traffic- suicide prevention	Website analytics
2. Will a targeted outreach campaign increase the number calls to the local crisis line for men ages 45-64?	Increase in use of crisis hotline	Local Suicide Prevention Hotline total calls by age group
3. Does a suicide prevention training increase the knowledge, skills, and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?	Improved assessment scores on pre vs. post test on perceived knowledge and self-efficacy	Question Persuade Refer pre and post curriculum survey
4. Are alcohol servers an appropriate population to target in suicide prevention training?	Number of times participants identified and intervened six months post training.	Survey to evaluate any change in behavior post training modeled off previous findings of QPR research
5. Long-term: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?	Lower rates of completed suicides among men ages 45-60	Annual Medical Examiners Statistics

Budget

BUDGET TOTALS	FY 18-19	FY 19-20	FY 20-21	Totals
Personnel				
Direct Costs	$117,557	$46,163	46,163	$209,883
Indirect Costs	$17,634	$6,925	6,925	$31,484
Non-recurring costs				
Other Expenditures				
TOTAL INNOVATION BUDGET	$135,191	$53,088	$53,088	$241,367

Evaluation	$41,450	$41,450	$41,450	$124,350

Sustainability Plan: If successful, Project will be continued as a PEI program

VENTURA COUNTY
BEHAVIORAL HEALTH

Questions?

Kiran Sahota
805-981-2262
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Hilary Carson
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hilary.carson@ventura.org

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

July 26, 2018

VENTURA COUNTY INNOVATIONS:

Push Technology Project

Kiran Sahota, MHSA Sr. Manager, Hilary Carson INN Administrator

Push Technology Project

Program Idea: The County seeks to explore whether technology can aid in reducing the need for psychiatric hospital beds by offering mobile bridge support post-discharge to reduce rates of re-hospitalization.

Time Limited: 3 Years

Program Goal: To improve post-discharge outcomes through the employment of mobile ecological momentary interventions (EMI) through automated push technology provided in partnership our local 211 services provider.

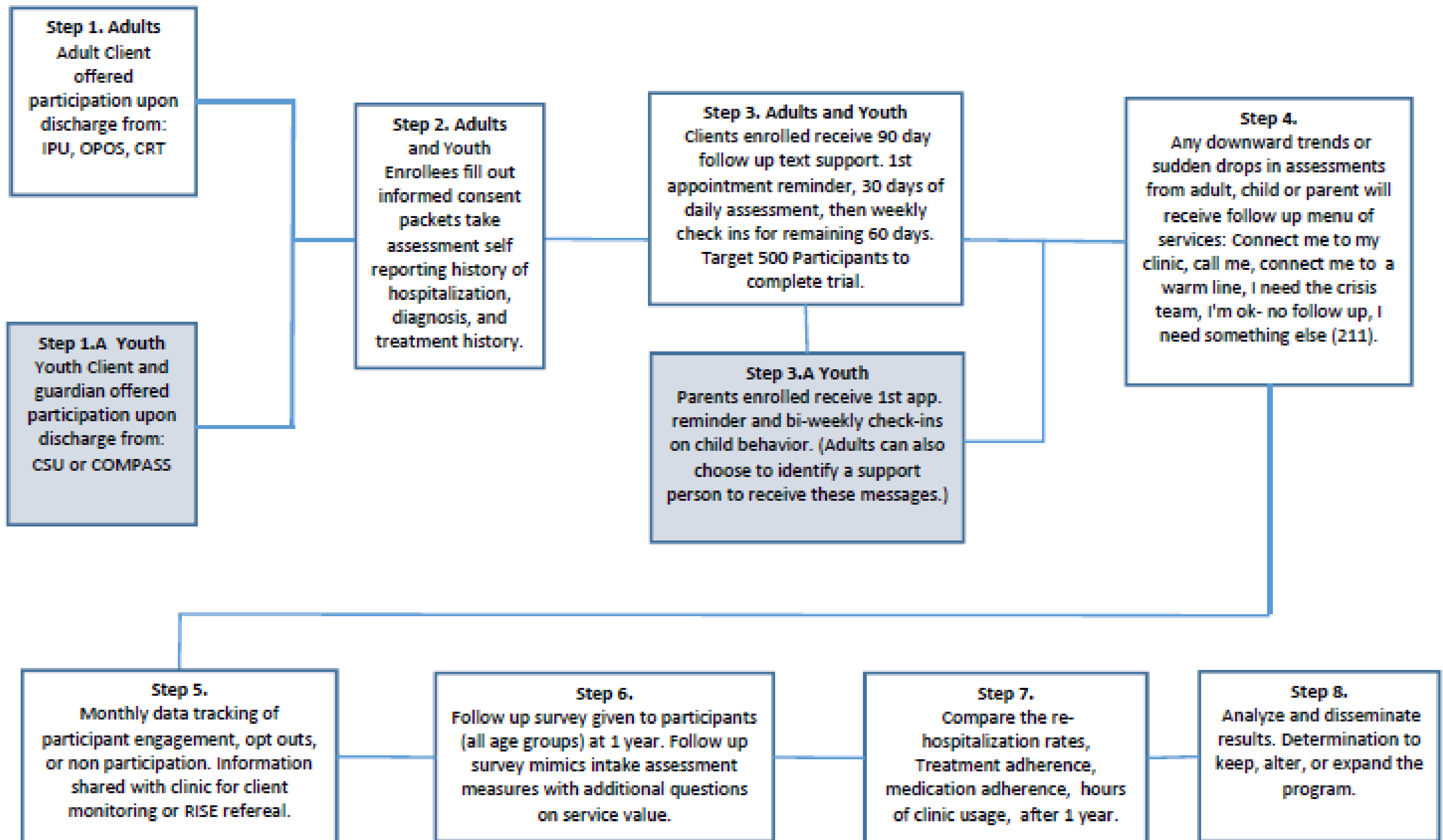
Community Planning Process: Submitted and reviewed by the community during the summer of 2016

Lessening the Burden: Current Issues

- In 1955, the nation was served by roughly 337 state beds per 100,000 persons, by 2016, there were fewer 12.
- A lack of available hospital beds leads to shorter inpatient rates of stay and prolonged emergency department waiting times
- Locally over 700 adults were unable to be served in FY 16/17 due to capacity.
- Thomas Fire impact-100% of youth in need of hospitalization must go out of county.
- TAY are an especially high needs group outpace statewide averages by 10% or more
- Increase risk of suicide post discharge

VENTURA COUNTY BEHAVIORAL HEALTH

Lessening the Burden: Proposal



VENTURA COUNTY BEHAVIORAL HEALTH

Evaluation: Questions and Measurable Outcomes

Research Question	Indicator	Measures (considered)
1. Are clients satisfied with EMI technology and do they find it valuable in their mental health recovery?	Participant engagement rates and positive response to survey	Text survey designed by Evalcorp measuring satisfaction and value
2. Do participants make it to their follow up appointment more frequently with text support?	First appointment attendance rate increases	Comparison group utilizing electronic health records (EHR) (pending IRB) or benchmark
3. Does using mobile EMI increase treatment adherence?	Higher services utilization rates and medication compliance.	Services tracked in the EHR records and compared with participants and individuals in comparison group (pending IRB approval) or benchmark
4. Does using mobile EMI reduce the rate of re-hospitalizations?	Lower recidivism rates one year post	Recidivism rates tracked by EHR records and self-report surveys with participants and comparison group or with participant's previous EHR history.

Budget

BUDGET TOTALS	FY 2019	FY 2020	FY 2021	Totals
Personnel				
Direct Costs	$108,234	$110,430	$124,636	$343,300
Indirect Costs	$30,535	$31,274	$33,824	$95,633
Non-recurring costs				
Other Expenditures				
TOTAL INNOVATION BUDGET	$138,769	$141,704	$158,460	$438,933

Evaluation	$25,333	$25,163	$36,933	$87,429

Sustainability Plan: If successful, Project will be continued as a CSS-SD program

VENTURA COUNTY BEHAVIORAL HEALTH

Questions?

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PROPOSED MOTION

MHSOAC approves Ventura County's two (2) innovation projects as follows:

1. **Push Technology Project**
   Amount: $438,933
   Project Length: Three (3) Years

2. **Suicide Prevention Project: Bartenders as Gatekeepers**
   Amount: $241,367
   Project Length: Three (3) Years

VENTURA COUNTY
BEHAVIORAL HEALTH

Extension Request for Innovation Project: First Step to Success

Jose Lepe, Behavioral Health Manager
Maria Wyatt, Behavioral Health Manager,
Children and Adolescents Programs

County Profile

- County Characteristics
  - 182,830 residents
  - 4,597 square miles - 7 cities and8 unincorporated communities
  - 23.6% live in poverty
  - 14% attain a Bachelor's Degree or higher
  - $42,560 median household income
  - 84% of the population is Hispanic

- Behavioral Health Services
  - FY 17/18 provided services to 5,402 unduplicated clients

- Mental Health Challenges
  - Isolated communities
  - Lack of transportation
  - Staffing issues

*2017 US Census

Community Needs

- Children under the age of 6 are identified as an unserved/underserved population in Imperial County.
- There is no established networks or collaborative systems in place to coordinate services for children ages 4 to 6
- Current system for young children is crisis driven.

Innovation Project – FSS Expected Outcomes

- Develop and sustain a collaborative relationship between education and mental health to increase access to services for young children at risk of serious mental illness and their families;
- Increase access to services to young children by providing services in non-traditional settings to:
  - Increase awareness of mental illness
  - Increase awareness of available resources
  - Reduce stigma associated with mental illness;
- Provide services tailored to young children at risk of developing serious mental illness.

FSS: What is Innovative?

- First Step to Success (FSS) is an evidence-based, early intervention model that was developed for the education system and implemented by school personnel . In this Innovation Project, mental health staff lead the interventions in the classroom.
- FSS is utilized to develop, establish and sustain a collaborative relationship between mental health and education.
- ICBHS staff is co-located in schools.
- ICBHS and school staff participate in joint activities.

Reason for Extension Request

- FSS was implemented for three years in 14 schools, however, modifications to original approach were made because of the following barriers:
  - School Administrators presented program to teacher once a decision had been made.
  - Timing – Implementation coincided with Common Core.
  - Different school districts' structure preventing joint meeting.
- Unable to replicated lessons learned from the first three years of implementation as modifications were required each year.

FSS – Learning Objectives

* Develop and maintain a new approach to collaborative relationships between mental health and education to improve access to services to unserved and underserved population of children in TK and Kindergarten.
* Develop an effective system that can be duplicated when developing a collaborative relationship between mental health and education.
* Identify the strategies to effective collaborative relationships that can be replicated in different school districts in Imperial County.

FSS – Learning Objectives (Cont.)

* Identify the organizational supports at all levels needed that contribute to effective collaborations.
* Identify mental health and education staff's strengths, attitudes and character that contribute to effective collaborations.
* Through the development of this collaborate relationship; expand parents and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health.

First Step to Success: Budget

Revenue	Total
MHSA FY 15/16	$300,371
MHSA FY 16/17	$230,749
Total MHSA Revenue	**$531,120**
Other Revenue	
Realignment	$23,030
Federal Medical	$498,215
Other	$17,734
Total Other Revenue	**$539,979**
Total Revenue	**$1,070,099**

Expenses	Total
Total Personnel	**$824,899**
Operating Exp.	
Training	$33,000
Evaluation	$35,000
Contracted Services	$11,340
Program Exp.	$68,578
Total Operating Exp.	**$147,918**
Administrative Exp.	**$97,282**
Total Expenses	**$1,070,099**

First Step to Success: Sustainability

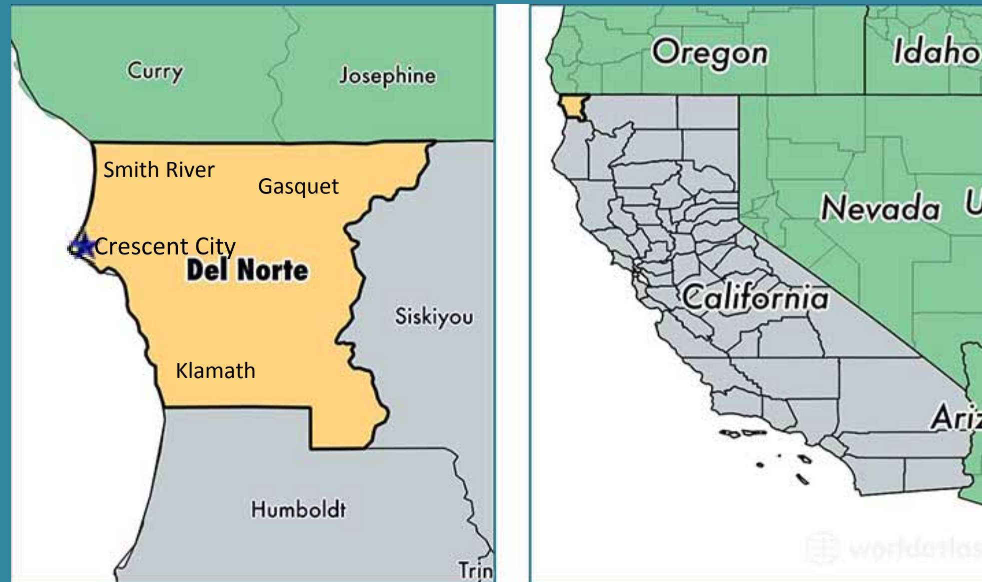
Upon successful completion of this Innovation Plan, the program will be transitioned into the Prevention and Early Intervention (PEI) component. Eligible services will be billed as Specialty Mental Health Services.

Proposed Motion:

The MHSOAC approves Imperial County's request for $531,120 additional funding and extension of time for its First Step to Success previously approved by the Commission on March 27, 2014 as follows:

* **Name:** First Step to Success
* **Additional Amount:** $531,120 for a total INN project budget of $2,568,465
* **Additional Project Length:** (13) thirteen months for a total project duration of (4) four years and (1) one month.

Families and Children at Risk and in Isolation



- Parents feel very isolated; have limited support networks; can’t access resources and services
- Parents are concerned about parental and child mental health and access to mental health services
- Parents don’t know how to prepare their children for school and have considerable stress around this issue

Children and Youth at Risk: ACEs by Proxy

Indicator	Del Norte	CA	Hum	Mendo	Butte
Children with two or more ACEs (parent reported)	**??**	18.2%	24.6%	22.9%	23.5%
Percentage of adults who smoke	**20%**	11.7	17.9	13.2	18.2
Alcohol/drug use in last month, in 9th grade	**37.4%**	23.2%	31.9%	35.1%	23.4%
Suicide ideation, in 9th grade	**33.8%**	19.3%	18.4%	17.6%	15.7%
Domestic violence calls per 1,000 calls to police	**45.9**	6.0	8.9	8.4	6.1
Substantiated child abuse/neglect cases per 1,000 residents	**22.8**	8.2	10.7	19.0	9.8

Text2GROW

- Limited transportation makes attending in-person parent support difficult for many families, especially outside of CC
- Traditional parenting classes require parents to be available at specific times of the day and week for multiple weeks
- Parents told us that texting is their preferred way to receive information from schools and other organizations

Learning Questions

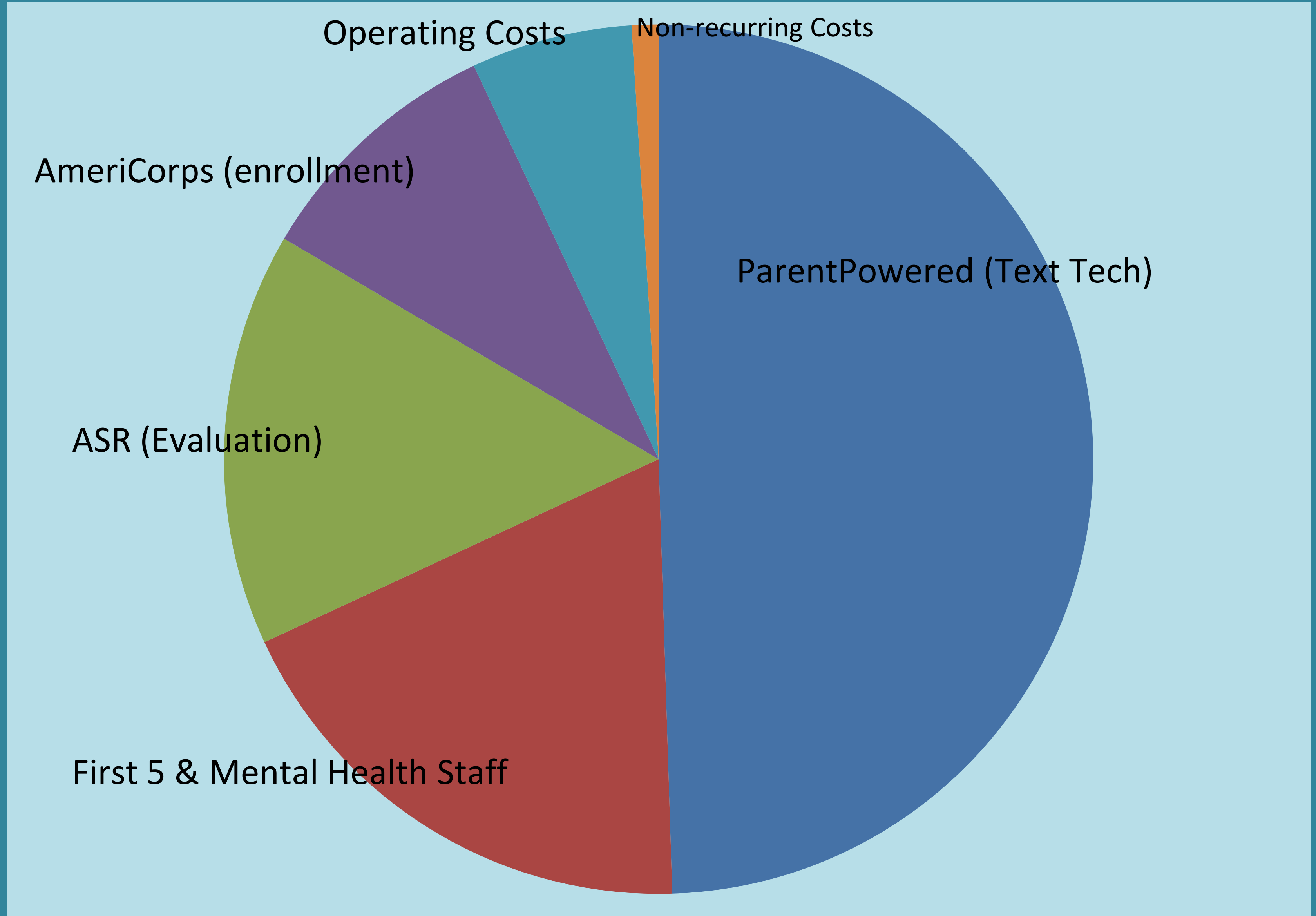
1. Is texting an effective tool for providing preventative mental health services to a county-wide population?

2. Will providing families with specific, purposefully-timed information about available programs and services, especially around mental health, increase participation in those services and increase families' connection to support networks?

3. Will providing families with broad-based, multi-domain support lead to children being better-prepared for kindergarten both academically and social-emotionally?

Del Norte County MHSA Innovative Project
Text2GROW (Giving Resource and Outreach Wellness)

Budget: $262,846



Sustainability and Scalability

If evaluation shows this is an effective program…

- First 5 Del Norte can pay for the minimal funding it will take to maintain enrollment and make annual content updates
- No MHSA funds would be needed, although a long-term partnership with MHSA P&EI programs would be welcome
- First 5 County Commissions (and entities in other states) across California are interested and could use our content as a template for their own localized version of Ready4K

If evaluation shows this is not an effective program…

First 5 Del Norte will continue to offer Ready4K, the base program, which has been shown to increase school readiness and is increasingly focused on social & emotional readiness

PROPOSED MOTION

MHSOAC approves Del Norte County's innovation project as follows:

- Project Name: Text2Grow
- Amount: $262,846
- Project Length: Three (3) Years

california health+ advocates
ADVANCING THE MISSION OF COMMUNITY HEALTH CENTERS

(916) 503-9130
healthplusadvocates.org
1231 I Street, Suite 400, Sacramento, CA 95814

July 24, 2018

Toby Ewing, Executive Director
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: REQUEST TO SUPPORT SB 1004 (WIENER)

Dear Mr. Ewing,

I write today on behalf of California Health+ Advocates, which is the advocacy affiliate of the California Primary Care Association. We represent California's 1,300 community health centers (CHCs), which provide integrated primary and mental health services to California's most vulnerable communities, reaching over 6.5 million Californians each year. It is the mission of California's CHCs to treat everyone who walks through their door, regardless of their ability to pay.

California Health+ Advocates is proud to support SB 1004 (Wiener), which instructs the MHSOAC to establish priorities for the use of prevention and early intervention (PEI) funds. We note that one of the key priorities is to ensure that PEI funds are used to advance culturally competent and linguistically appropriate services for diverse underserved communities through linkages with community-based organizations such as CHCs. **California Health+ Advocates strongly encourages the MHSOAC to support SB 1004 and work with counties to ensure that PEI funds are used to advance the critical and underutilized network of community based organizations and CHCs serving California's diverse communities.**

We also join the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) in encouraging the MHSOAC to re-examine a thoughtful and well-crafted policy document from 2007, titled "*Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction."* (Attached). The priorities presented in this document were developed through a robust stakeholder process, and their importance has not diminished in the years since it was developed. I encourage you – and the staff and board of the MHSOAC – to convene stakeholders to review and build upon this foundational document to further your efforts in ensuring PEI funds are used to serve *all* Californians.

California's CHCs serve as a gateway to reaching our state's diverse populations. Improved collaboration between county behavioral health departments and community-based organizations, like CHCs, will make an enormous difference in the efficacy and reach of PEI programs.

If you have any questions, please reach out to Michael Helmick, michael@healthplusadvocates.org.

Sincerely,

Carmela Castellano-Garcia
President and CEO

Cc: Chair John Boyd
Vice-Chair Khatera Aslami-Tamplen

Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction

Prevention in a mental health context involves reducing risk factors or stressors to prevent the initial onset of a mental illness, building skills, and increasing support. Prevention promotes positive cognitive, social, and emotional development and encourages a state of well being where individuals at risk can function well in the face of changing, and sometimes challenging, circumstances.

The Mental Health Services Act (MHSA) emphasizes prevention and early intervention as key strategies to transform California's mental health system. It is modeled after California Assembly Bill 2034 that combined prevention strategies with treatment services as an innovative approach to improve the public mental health system, and consequently, the quality of life for Californians living with serious mental illness. Through the MHSA Community Services and Supports component, the MHSA provides treatment funding to develop recovery oriented services and supports for children, youth, adults, and older adults living with serious mental illness. The MHSA also provides funding to help prevent the development of serious emotional disorders and mental illness. This component of the MHSA, referred to as Prevention and Early Intervention (PEI), focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) was established by the MHSA and is responsible for approving all MHSA Prevention and Early Intervention expenditures. In fulfilling this statutory mandate, the MHSOAC has established policy direction for the State Department of Mental Health to assist in guiding their development of the Prevention and Early Intervention County Program Requirements. The MHSOAC PEI policies give special attention to the needs of children and youth. In addition, the MHSOAC policies emphasize the need for prevention efforts to be directed toward California's multicultural and multilingual communities where disparities are evident in the community members' access to mental health services, their quality of care received, and the outcomes of their mental health services and supports.

The language of the MHSOAC PEI policies is intentionally broad. Many diverse factors contribute to mental health risk and different communities will frame risk factors in a variety of ways. In order to respond to a target population that goes beyond children and youth with serious emotional disturbance, as well as adults and older adults living with serious mental illness, the MHSOAC PEI policies describe target population broadly, and are inclusive of terminology such as mental health problems, challenges, and trauma-exposed.

The MHSOAC provides policy direction for the Mental Health Services Act Prevention and Early Intervention County Plan Requirements in the following key areas:

1. Key Community Mental Health Needs
2. Priority Age
3. Priority Populations
4. Recommended Prevention and Early Intervention Programs, Interventions, & Strategies
5. Priority Principles & Criteria to Demonstrate those Principles
6. Distinction Between Prevention & Early Intervention and Community Services & Supports
7. Priority Long Term Outcomes

8. Short-term Goals, Evaluation Methods, Accountability Reporting
9. County Planning Process

In addition, the MHSOAC provides policy direction for the Mental Health Services Act Prevention and Early Intervention statewide strategies to address the following:

1. Suicide Prevention
2. Stigma and Discrimination Reduction
3. Statewide Evaluation
4. Statewide Training, Technical Assistance and Capacity Building for Partners
5. Prudent Reserve
6. Ethnically and Culturally Specific Programs and Interventions

The following is a table that identifies and summarizes the MHSOAC Key Prevention and Early Intervention Policies identified above.

KEY POLICY DIRECTION: County Plans

15 AREAS OF POLICY DIRECTION FOR COUNTY PLANS: MENTAL HEALTH PREVENTION AND EARLY INTERVENTION

1) California's 5 Key Community Mental Health Needs

Initial PEI funding will focus on impacting five key community mental health needs in California:

Disparities in Access to Mental Health Services – PEI efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services, or lack of suitability (i.e., cultural competency) of traditional mainstream services.

Psycho-Social Impact of Trauma – PEI efforts will reduce the negative psycho-social impact of trauma- on all ages.

At-Risk Children, Youth and Young Adult Populations – PEI efforts will increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.

Stigma and Discrimination – PEI will reduce stigma and discrimination impacting individuals with mental illness and mental health problems.

Suicide Risk – PEI will increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

2) Priority Age

PEI County Plans will address all age groups and a minimum of 51% of their overall PEI Plan budget must be dedicated to individuals who are between the ages of 0 through 25. Small Counties are excluded from this requirement.

3) Priority Populations

Underserved Cultural Populations-Those who are unlikely to seek help from any traditional mental health service either because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.

Individuals Experiencing Onset of Serious Psychiatric Illness- Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness "first break," including those who are unlikely to seek help from any traditional mental health service[1].

Children/Youth in Stressed Families - i.e., families where parental conditions place children at high risk of behavioral and emotional problems, such as parents identified with mental illness, serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse.

Trauma-Exposed - Those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service[2].

Children/Youth at Risk for School Failure - due to unaddressed emotional and behavioral problems.

Children and Youth at Risk of Juvenile Justice Involvement – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS)[3].

4) Recommended PEI Programs, Interventions, and Strategies

PEI County Plan Requirements would suggest programs, interventions, and strategies. DMH statewide projects would support these selected programs, interventions, and strategies. Counties would have ability to select alternatives so long as they are justified.

5) Priority Principles

Approval of PEI County Plans will be based on demonstration of the Prevention and Early Intervention Principles and Criteria defined in the MHSOAC PEI Recommendations paper (Adopted in October, 2006). The final Principles and Criteria are listed below.

[1] Amended by OAC 7/27/2007
[2] Amended by OAC 7/27/2007
[3] Amended by OAC 7/27/2007

a. **Transformational Strategies and Actions**:

Principle: County and state prevention and early intervention (PEI) efforts align with *transformational values* defined in recent reports such as the Mental Health Services Act, the DMH Vision and Guiding Principles of the MHSA, and the President's New Freedom Commission Report.

Criteria: Transformational values are to be demonstrated in county and state programs, including the following:

i. Strategies for Prevention and Early Intervention are driven by consumers and family/caregivers, with specific attention to those from underserved communities.

ii. Culturally and linguistically competent

iii. Demonstrate system partnerships, community collaboration, and integration

iv. Focused on wellness, resiliency and recovery

v. Include evidence indicating high likelihood of effectiveness and methodology to demonstrate outcomes.

b. **Leveraging Resources:**

Principle: County and state PEI efforts extend MHSA programs and funding by leveraging resources and funding sources, including ones not traditionally identified as mental health, to significantly increase the total resources brought to bear to address mental health issues.

Criterion: In order to extend the impact of MHSA PEI funding, county and state programs demonstrate collaborations that include shared resources or other strategies to leverage additional resources beyond MHSA funds.

c. **Reduction of Disparities:**

Principles: County and State PEI programs shall emphasize the goal of reducing disparities.

Criterion: County and state PEI program designs use promising and demonstrated strategies effective in reducing racial, ethnic, cultural, language, gender, age, economic, and other disparities in mental health services (access, quality) and outcomes.

d. **Stigma Reduction:**

Principle: PEI programs reduce stigma associated with having a mental illness, or a social/emotional/behavioral disorder, or being a parent or caregiver of a youth with an emotional or behavioral disorder, and/or for seeking services and supports for mental health issues.

Criteria:

i. PEI efforts emphasize strategies to reduce stigma associated with having a mental illness or serious emotional/behavioral disorders, or being the parent/caregiver of an individual living with mental illness or a serious emotional disorder.

ii. PEI efforts demonstrate strategies to move toward a positive, non-stigmatized "help first" approach reflective of a society that recognizes and honors its responsibility to assist persons with mental health issues.

iii. PEI efforts include strategies customized for each racial, ethnic or other special population.

e. **Reduction of Discrimination**:

Principle: PEI efforts emphasize strategies to reduce discrimination against individuals living with mental illness or social/emotional/behavioral disorders, including limited opportunities, abuse, various negative consequences, and barriers to recovery.

Criterion: PEI programs use strategies that are promising and have demonstrated effectiveness in eliminating discrimination against children and youth living with serious emotional and behavioral disorders and their parents, caregivers, and families, as well as persons living with mental illness and their families.

f. **Recognition of Early Signs:**

Principle: County and state PEI program plans shall include critical linkages with those in the best position to recognize early signs of mental illness and intervene, including but not limited to, parents and care givers, primary health care providers, early childhood education providers, teachers, faith based providers and traditional healers.

Criteria:

i. County and State PEI plans will include a description of relationships, such as partnerships, collaborations, or arrangements with community-based organizations, such as schools, primary care, etc. Plans must document how those relationships will ensure effective delivery of services and the County's ability to effectively coordinate, manage, and monitor the delivery of services.

ii. County PEI plans will strengthen and build upon the local community-based resources, mental health services, and primary care services.

g. **Integrated and Coordinated Systems:**

Principle: In order to extend the impact of MHSA PEI funding and make PEI services accessible to the diverse people who need them, county and state PEI program design builds integrated and coordinated systems, including linkages with systems not traditionally defined as mental health, which reflect mutually beneficial goals and combined resources to further those goals.

Criteria:

i. County and state PEI program designs demonstrate coordination with all components of the MHSA, including community services and supports, workforce education and training, innovation, and capital improvements/technology.

ii. County and state PEI program designs demonstrate coordination with local and state initiatives that support MHSA outcomes.

iii. County and state PEI programs demonstrate links with community agencies, including those that have not traditionally been defined as mental health, and individuals who have established, or show capacity to establish, relationships with at-risk populations.

iv. PEI approaches emphasize comprehensive community-based and client/family-based approaches.

h. **Outcomes and Effectiveness**

Principle: County and State PEI programs will participate in the development and use of a statewide evaluation framework that documents meaningful outcomes for individuals, families, and communities.

Criterion: County and state PEI plans include well-conceived strategies to assess the effectiveness and outcomes of their programs, and reflect what is learned to all levels of the system in order to improve services and outcomes.

i. **Optimal Points of Investment**

Principle: In order to maximize the effectiveness of MHSA PEI funding, county and state programs invest in optimal points of intervention. Optimal points of investments are defined as those interventions, targeted at a specific population and/or age group, which have the highest probability to divert negative outcomes, and/or generate cost savings.

j. **User-Friendly Plans:**

Principle: County and state PEI Plans will be accessible.

Criterion: County and state PEI program requirements and ensuing plans are written in accessible language that allows for reasonable implementation at all levels and supports the development of culturally and linguistically relevant services.

k. **Non-Traditional Mental Health Settings:**

Principle: County and State PEI programs shall increase the provision of culturally competent and linguistically appropriate prevention interventions in non-traditional mental health settings, i.e., school and early childhood settings, primary health care systems, and other community settings with demonstrated track records of effectively serving ethnically diverse and traditionally underserved populations.

Criteria:

i. Counties will document their efforts to identify, outreach to and collaborate with community-based organizations, primary care providers, mental health providers, parents and care givers, early childhood education providers, teachers, faith based organizations and traditional healers. Plans must document how those relationships will ensure effective delivery of services and the county's ability to effectively coordinate, manage, and monitor the delivery of services.

ii. County PEI plans will strengthen and build upon the local community-based mental health and primary care system, including community clinics and health centers.

iii. Counties shall include in their provider network community-based organizations that meet the identified needs of all consumers, with a specific emphasis on those who are traditionally underserved.

iv. Local PEI plans will be evaluated based on the ability to reach underserved communities and address specific barriers to access faced by underserved communities, including cultural and linguistic barriers.

1. **Prevention and Early Intervention is a Distinct Service from Community Services and Supports**

Principle: PEI funds shall be used to support services that reduce the risk of the initial onset of a mental disorder.

Criteria: For each program funded with PEI funds there shall be a clear explanation of how the service meets the operational definition of prevention and early intervention.

6) Distinction Between Prevention/Early Intervention and Community Services & Supports

PEI interventions will emphasize Prevention & Early Intervention and be distinct from Community Service and Support Services. The PEI Requirements will provide:

- Operational definitions (e.g., early intervention/treatment nexus)
- Counties will have flexibility in their implementation of the operational definitions, with justification.

7) Priority Long Term Outcomes

Priority outcomes defined in the Act (reduction of school failure, homelessness, prolonged suffering, unemployment, incarceration, removal of children from homes, and suicide) will be translated in the PEI Requirements as the Seven Overall Aims of Prevention and Early Intervention and all Counties will be expected to work toward those outcomes.

8) Short-term Goals, Evaluation Methods, Accountability Reporting

DMH will organize another work group with representation from program and evaluation experts in prevention and early intervention, CMHDA, OAC, CMHPC and other critical partners to recommend short-term goals, a set of required outcome indicators and evaluation methods for PEI that are applicable at the State and County levels.

9) County Planning Process

The County PEI Planning process will replicate the logic model used for County Community Services and Support Planning, i.e. within the parameters specified in the PEI Requirements, identify priority community needs, populations, strategies and outcomes.

KEY POLICY DIRECTION: Statewide Strategies

POLICY DIRECTION FOR STATEWIDE STRATEGIES

1) <u>Statewide Suicide Prevention</u>

Statewide set aside dedicated to suicide prevention- $14,000,000 annually up until the implementation of the MHSA Integrated Plan.

Statewide Suicide Prevention Strategic Planning- $500,000 per year for 2 years.

2) <u>Statewide Stigma and Discrimination Reduction</u>

Statewide set aside of $20,000,000 annually up until the implementation of the MHSA Integrated Plan. A Policy Work Group established by the MHSOAC will define the goals and priorities of statewide stigma and discrimination reduction interventions. The Policy Work Group will be representative of multicultural youth at risk of, or living with, serious emotional disturbance; their caregivers, parents, and families; multicultural adults and older adults at risk of, or living with, mental illness; and their caregivers, parents, and families. These strategies will be presented to the full Commission at the May 2007 OAC meeting. Based on OAC recommendations for stigma and discrimination reduction priorities/strategies, DMH then will produce a cost analysis for OAC approval prior to implementing the program.

3) <u>Statewide Training , Technical Assistance, and Capacity Building for Partners</u>

Statewide set aside for PEI training and technical assistance of $12,000,000 annually up until the implementation of the MHSA Integrated Plan. The goal of statewide training and technical assistance is to improve the capacity of partners outside of the mental health system, i.e. education, primary health care, law enforcement officers, primary care providers, to assist in prevention and early intervention efforts. Statewide training and technical assistance will serve as an incentive for counties to improve their strategies in addressing the five priority impact areas of PEI (reducing disparities, addressing trauma, and addressing the emotional/ behavioral/mental health needs of children and youth, reduction of stigma and discrimination, and suicide prevention), not a requirement.

4) <u>Statewide Evaluation</u>

A significant investment of up to 5-8% of the MHSA County PEI fund will be spent annually on statewide PEI evaluation. To the extent possible, the statewide evaluation should be paid for by the MHSA Administrative Budget. Counties need to be intimately involved in the evaluation design to ensure it is effective.

5) <u>Prudent Reserve</u>

Statewide Prudent Reserve for Prevention and Early Intervention will be initially created from 2005-2006 PEI revenue. The prudent reserve will be the equivalent of 50% of the PEI service funds. County-specific amounts will be shown in the County Sub- accounts.

6) Ethnically and Culturally Specific Programs and Interventions

Statewide set aside for up to $15,000,000 per year, up until the implementation of the MHSA Integrated Plan, to support special projects for reducing ethnic disparities based on the results of the Ethnic Stakeholder process. This is in addition to, rather than instead of, expecting Counties to work toward reducing disparities in all County PEI Plans.

REPORT

BUILDING AN INCUBATOR FOR MENTAL HEALTH INNOVATION IN CALIFORNIA

MHSA’S Innovation Projects

The primary purpose is to achieve the following:

1. Increase access to mental health services to underserved groups, including but not limited to, services provided through permanent supportive housing

2. Promote interagency and community collaboration related to mental health services

3. Increase the quality of mental health services and measurable outcomes, including the reduction of:
   - Homelessness
   - Incarceration
   - Suicide
   - Unemployment
   - Other mental health related challenges

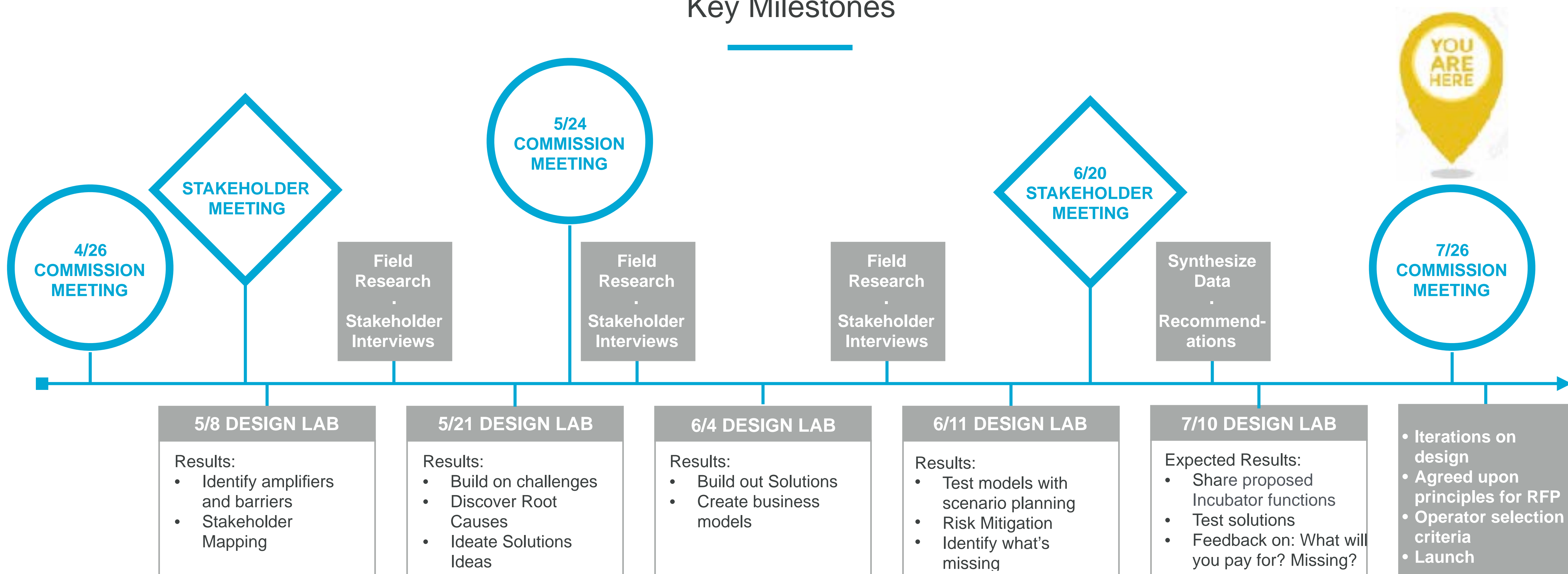
Key Questions

These Design Labs are Intended to Investigate:

1. What are the desired functions of the innovation incubator (challenges, solutions, services delivered, outputs and outcomes)?
2. What is the business model (or set of models) for a sustainable innovation incubator?
3. Which agencies and organizations should be involved and how can they be involved from the beginning to support, own and make it successful and viable?
4. What is the best model for management, governance and operation?
5. What criteria and design principles should be used to decide who runs the incubator over time (operator selection process)?

Project Timeline

Key Milestones



DESIRED OUTCOME:
Build an incubator for mental health innovation in CA.

This incubator will:

Work collectively to **develop partnerships** within their communities and among counties

Secure **technical assistance** and connect the incubation process with the formal community planning process

Design and implement **better community engagement** strategies

Evaluate projects and emerging practices to **encourage replication and continuous improvement**

Disseminate information on challenges and progress through a **community of practice**

Our Ultimate Project Challenge

"How Might We" use an incubator to develop, test and scale innovative approaches to significantly improve mental health and other social outcomes?

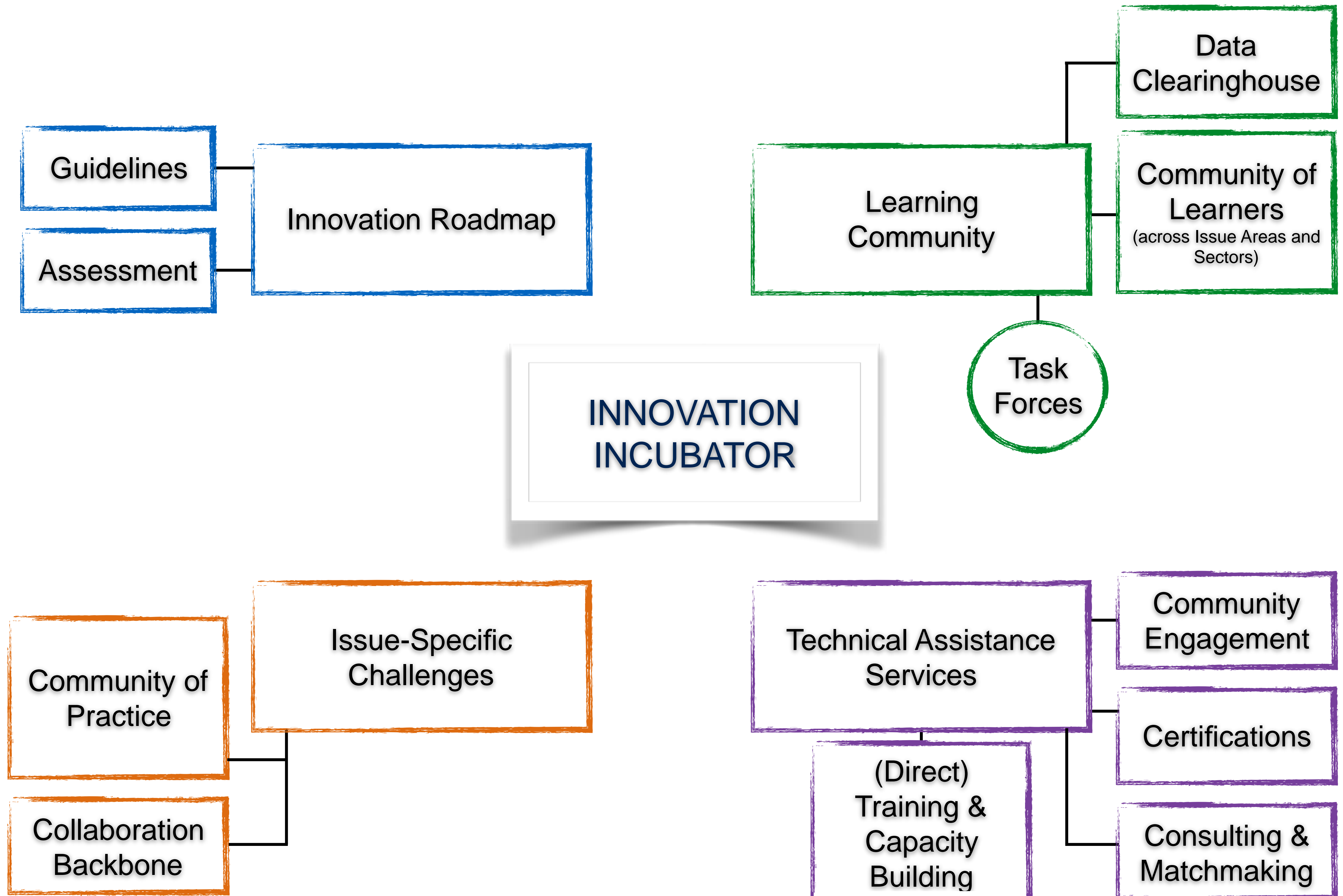
Building Understanding

KEY LEARNINGS

1. *Stakeholders at every level expressed frustration that the current state of innovation is not meeting its promise of being a driver of transformational change, often pointing to the structural, regulatory, and systemic barriers of government.*
2. *Consumers, family members, and other community members often feel disconnected from Counties' innovation processes and that their needs are not being met.*
3. *Stakeholders at every level expressed frustration that there's a lack of a clear definition of transformational innovation, and some county behavioral health departments find it challenging to get their innovation projects approved by the Commission due to the opaque requirements.*
4. *Many county behavioral health departments find it challenging to identify, implement, and robustly evaluate truly innovative projects.*
5. *Many county behavioral health departments find it challenging to learn from each other's experiences and discover applicable ideas and practices from other fields and industries.*

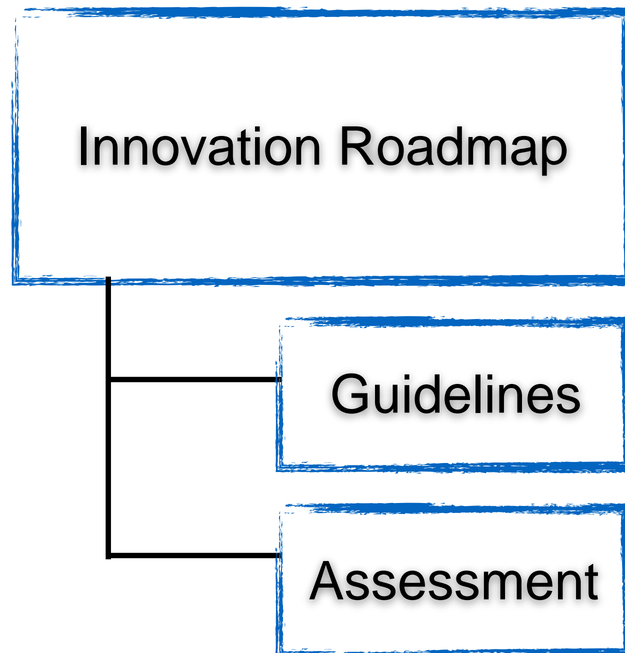
Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



GOAL

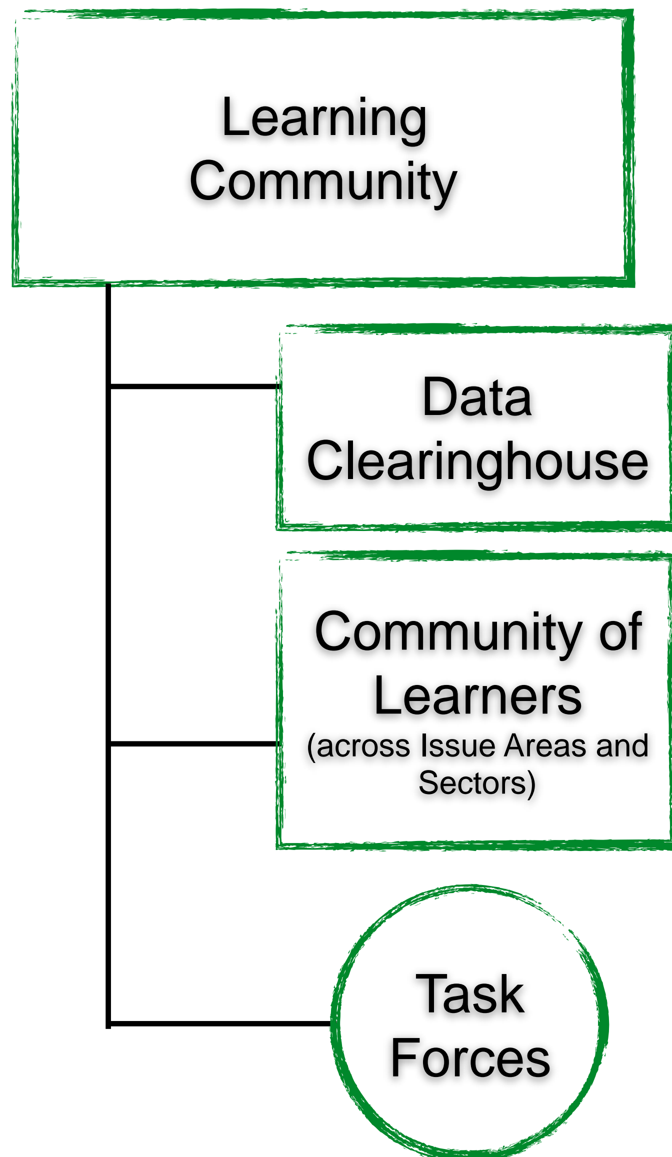
- Provide a clear definition of what processes and capacities are essential to foster transformational innovation, and provide criteria for Commissioners to approve, reject or require additional action for counties to receive an approval to expend innovation funds.

PROPOSED SOLUTION:

- Published Criteria and Rubric
- Proposed (DRAFT) Categories and Standards to assess organization's ability to innovate and recommendations for filling potential capacity gaps

Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



GOAL

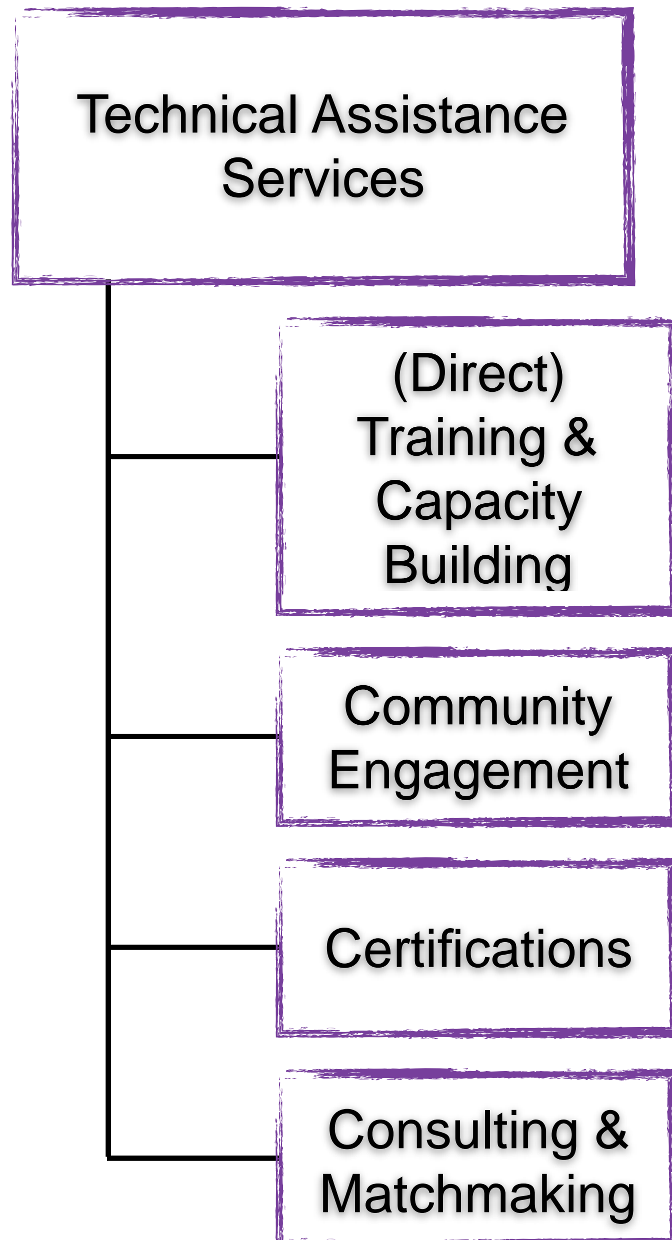
- Build a clearinghouse of information and community of researchers and practitioners to disseminate data and stories on challenges and progress throughout the field and identify opportunities to close potential gaps

PROPOSED SOLUTION:

- Diverse membership communities, including issue-specific
- Online Clearinghouse (well-designed repository of reports, studies, stories, successes, failures, proposals, etc.)
- Publications (newsletters, aggregated digests, journals, articles)
- Events (conferences, webinars, award ceremonies)
- Curated and robust database of partners in the ecosystem

Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



GOAL

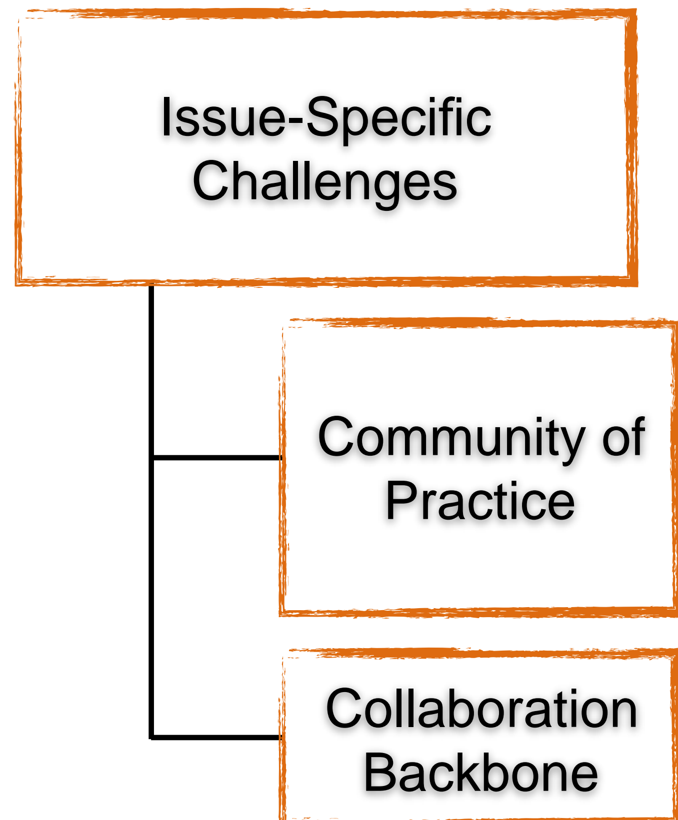
- Provide backbone support and a la carte training, capacity building, and consulting services to county-led collaborations and/or Learning Community members to improve innovation capacity and drive measurable outcomes

PROPOSED SOLUTION:

- Training, Capacity Building, and Certification Services
- Consultative and Matchmaking Services

Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



GOAL

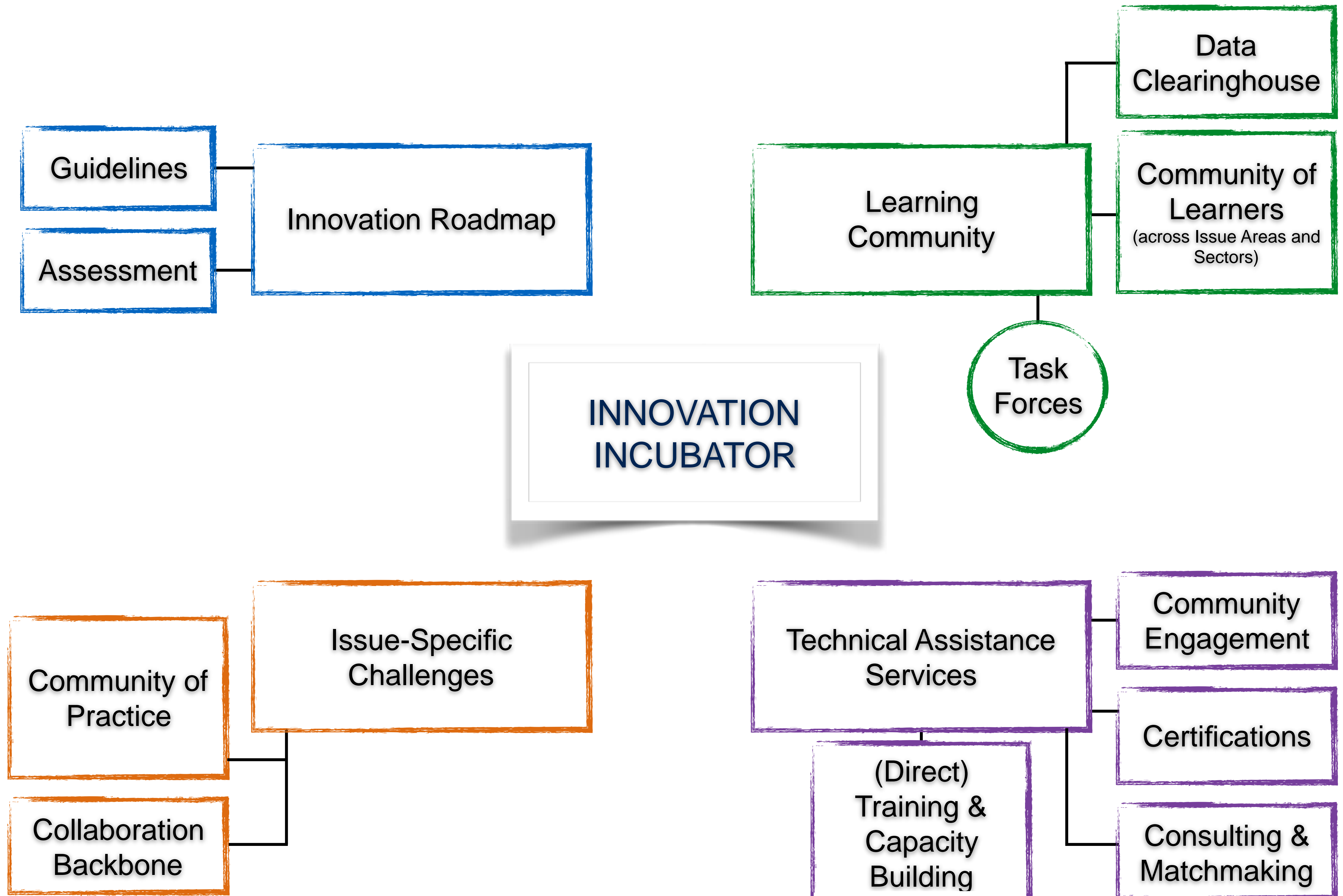
- A Learning Community task force (or potentially other funders) could develop an “investment thesis” based on county-specific and statewide needs, and issue an RFP to attract local collaborations that desire incubator services and participating in a statewide and cross-sector Community of Practice

PROPOSED SOLUTION:

- Request for Proposals
    - (Issue-specific) Community of Practice
- Capacity building: Training, Coaching, Facilitation
- Collaboration Backbone Support
- Co-working space

Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



CPEHN
California Pan-Ethnic Health Network
Advancing health justice and equity for 25 years

California Primary Care ASSOCIATION

#Out4MentalHealth

July 17, 2018

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
(916) 445-8696

Sent via email to MHSOAC@mhsoac.ca.gov

RE: Innovations Incubator

Dear Mental Health Services Oversight and Accountability Commission:

The undersigned organizations are writing to submit comments on the opportunity to address ongoing challenges in the development and implementation of the innovations component. In light of the documented problems regarding the development and approval of innovation projects, we are thankful to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for their focus on improvements to the innovations component. We are also writing to submit comments on the opportunity to direct the proposed $5 million in state funding for the innovations incubator. The innovations incubator presents a unique opportunity to strengthen a number of Mental Health Services Act (MHSA) requirements, including but not limited to the Community Planning Process and Cultural Competency requirements.

As the MHSOAC finalizes components of the innovations incubator, we urge the MHSOAC to integrate our (1) general comments regarding the innovation incubator's framework and (2) specific comments regarding improvements to the development and implementation of the innovations component as a whole.

Comments RE: Innovations Incubator

Innovations Incubator

We applaud the MHSOAC's planning and execution of design labs to develop components of an incubator for mental health innovation. We appreciate major components of several proposed incubator prototypes, including the "Backbone Support for Initiatives" prototype and the "Clearinghouse/R&D" prototype. Components of the "Backbone Support for Initiatives," including the support for every stage of an innovation proposal, reflect many of the recommendations the undersigned organizations have put forth below. Components of the "Clearninghouse/R&D" model, including the dissemination of stories and focus on policy/regulation change, also reflect many of the changes the undersigned organizations have put forth below. Communities need (1) the dissemination of learning and (2) greater technical assistance throughout the process to effectively facilitate the introduction of new practices into California's mental health system.

Accountability and Transparency

We are thankful to the MHSOAC for their investments in the formation of an innovations incubator. However, we are concerned about the lack of clear accountability standards of the innovations incubator. We urge the MHOSAC to take a leadership role in the definition and dissemination of clear accountability standards of the final innovations incubator. In addition, it is unclear how the final innovations incubator will impact the workings of the state-county relationship and MHSA regulations. We therefore recommend the MHSOAC present a clear policy evaluation of the final innovations incubator.

The Community Planning Process

The innovations incubator must strengthen the continuity among existing MHSA regulations and build upon the findings of the Community Planning Process. Despite the lack of knowledge regarding the purpose of innovations, the Community Planning Process requires that staff and stakeholders understand the purposes and requirements of the innovations component and participant meaningfully in all phases of innovation projects. Counties may also use up to five percent of its planning estimate for the Community Planning Process[i]. The findings of the Community Planning Process should therefore be a home for potential innovation proposals.

Cultural Competency

We appreciate the design lab's presentation of the "Cultural Brokers" prototype. The planning, assessment and evaluation of mental health services that are cultural and linguistically responsive to the unique needs of communities of color and LGBT communities is a key statue of MHSA. Therefore, cultural competency should inform all stakeholder processes and programming rather than form an isolated proposal.

Comments RE: Innovations Component

Despite the great investments in an innovations incubator, the MHSOAC and counties share purpose and accountability in pioneering new practices in California's mental health system through the innovations component. The undersigned organizations have put forth specific recommendations and action steps to improve the development and implementation of the innovations component as a whole. A detailed summary of the recommendations and action steps accompany the brief proceeding this letter. We recommend the following be included as part of the MHSOAC and counties continuing efforts to improve the innovations component:

- Assign a technical assistance provider to each county
- Initiate technical assistance early in the planning stages of an innovation proposal
- Invest technical assistance resources in the evaluation and/or learning plan standards of an innovation proposal
- Build upon the findings of the Community Planning Process
- Establish equitable and adequately resourced county innovation committees
- Prioritize the discovery and incorporation of community- defined evidence practices
- Ensure a cross-county innovation proposal is based upon a shared needs assessment
- Enhance MHSOAC's consultation role to counties
- Ensure the evaluation of disparities
- Identify opportunities for policy and regulations change

Conclusion

California has recognized the need to improve the innovations component to ensure new practices are introduced into the mental health system. Our recommendations are vital to the successful development and implementation of the innovations component. We therefore urge the MHSOAC align the planning and execution of the innovations incubator with our recommendations. We look forward to working with you to help implement these recommendations. If you have any questions regarding our comments, please contact Carolina Valle at cvalle@cpehn.org.

Sincerely,

Carolina Valle, Senior Policy Associate, California Pan-Ethnic Health Network
Andie Martinez Patterson, Director of Government Affairs, California Health+ Advocates
Amanda Wallner, Director of LGBT Health and Human Services Network, #Out4MentalHealth

CC: Executive Director Toby Ewing

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[i] 9 CCR § 3300

MHSA Innovation Recommendations

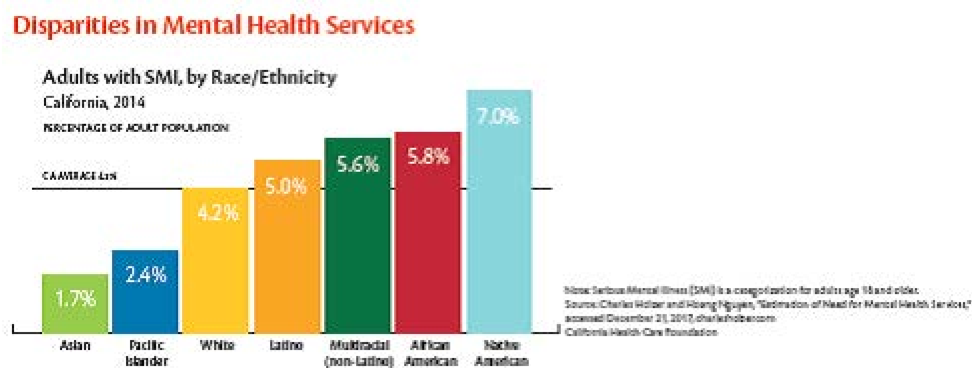
About

The California Pan-Ethnic Health Network and the LGBT Health and Human Services Network have put forward 10 recommendations to improve the development and implementation of the Innovations Component of the Mental Health Services Act (MHSA).

SUMMER 2018

MHSA in California

Communities of color and LGBTQ communities have historically been unserved, underserved, or inappropriately served by California's behavioral health system. Approximately 4% of adult Californians are diagnosed and living with SMI[i]. However, Latino, African American, Native American, and multi-racial adults have rates of SMI above the state average. LGBTQ persons continue to show higher rates of suicide, homelessness, and substance use. Without innovation in local delivery systems, the prevalence of inappropriate treatment or no treatment among communities of color and LGBTQ communities will remain.



Serious Mental Illness (SMI) is a categorization for adults age 18 and older.
Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," accessed December 21, 2017, charlesholzer.com; California Health Care Foundation

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA) to expand mental health service throughout California.

The Act created the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide broad oversight and leadership in the community mental health system statewide, including innovation. The Innovation component of the Mental Health Services Act (MHSA) provides California's communities an important opportunity to introduce either new mental health practices or approaches, or changes to existing practices or approaches with the potential to significantly improve mental health services and outcomes.

The Act specifies allocations for county expenditures but permits each county to develop their own plans to address local needs. Of the total MHSA funding provided to each county, five percent (5%) is required to support innovation projects.

The Innovation component is the only MHSA program that specifically requires state approval by the

[i] California Health Care Foundation. For Too Many, Care Not There. March 2018. Retrieved from https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf

Mental Health Services Oversight and Accountability Commission. Local mental health agencies must undergo a multistep process to receive approval for their Innovation project from the Commission.

Innovations are designed to do one of the following:

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention (PEI).
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

The primary purpose of MHSA's innovation projects is to achieve the following:

- Increase access to mental health services to underserved groups, including but not limited to, services provided through permanent supportive housing.
- Promote interagency and community collaboration related to mental health services.
- Increase the quality of mental health services and measurable outcomes, including the reduction of homelessness, incarceration, suicide, unemployment and other mental health related challenges.

Why Now?

Communities of color and LGBTQ communities continue to report varied and inadequate quality of mental health services. Consumers turn to community defined practices to address gaps in care, and mental health professionals apply creative approaches to address gaps in service delivery.

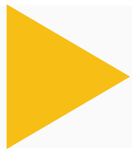
Local mental health agencies have struggled to spend MHSA funds within the required time frames. MHSA legislation requires local Counties to revert funds to the state that have not been spent within the required 3-year time frame for the primary MHSA programs. However, the California Department of Health Care Services (DHCS) has not developed a process to recover these funds. One-time legislation (AB 114) was enacted to allow counties to submit a plan by July 1, 2018 for expending their respective funds that are subject to reversion by June 30, 2020[iii].

Innovations funds makes up $146 million—or 63 percent—of the $231 million in MHSA funds subject to reversion as of the end of fiscal year 2015–16. However, Innovation funds are only 5 percent of the total MHSA funds that local mental health agencies receive[iv].

The MHSOAC has undertaken efforts to provide technical assistance and improve communication with the local mental health agencies regarding the Innovation project approval process. The Governor's 2018-2019 budget includes a proposed $5 million in state funding for an Innovations Incubator to improve how counties use their innovation funds. The incubator will help the counties develop collaborative innovation proposals, provide technical assistance, support enhanced evaluations, and disseminate lessons learned. The MHSOAC has put forth several potential Innovation Incubator "Prototypes"- or models.

[iii] California State Auditor. Mental Health Services Act: The State Could Better Ensure the Effective Use of Mental Health Services Act Funding. February 2018. Retrieved from https://www.auditor.ca.gov/pdfs/reports/2017-117.pdf

[iv] (Same as above)



What is Innovation?

There must be continued to expand the definition of innovation beyond mental health technology programs. Research continues to show that the relationship between a health care professional and a consumer- "the therapeutic alliance"- continues to represent one of the most powerful factors in access and quality in mental health services. Communities of color and LGBTQ communities continue to document their questions and concerns about confidentiality, data collection, and state involvement with regard to existing innovation proposals, including but not limited to the mental health technology suite proposals.

Innovation in access to mental health services should:

- Ensure a greater number of institutions, providers, consumers and programs have the power to facilitate a direct referral to the consumer's treatment of choice.
- Expand and diversify the workforce by training, recruiting, and retaining providers of color and bilingual providers.
- Buffer the impact of long appointment wait times on hard to reach populations through the expansion of relationship-based supports
- Strive to remove access barriers, especially those created by a bifurcated system of care, by promoting collaboration between all mental health providers, including counties and community based organizations, like health centers.

Innovation in quality of mental health services should:

- Aim to address mental health disparities in low-income communities of color and LGBTQ communities through collection and analysis of demographic data.
- Ensure that mental health providers and services are trauma-informed, community-defined, and culturally and linguistically appropriate for the communities they serve.
- Apply a client-centered approach that builds upon community-defined practices, respects consumer's strengths, and addresses barriers to care.

Innovation in interagency and community collaboration related to mental health services or supports or outcomes should:

- Expand the definition of health care professionals to include the work of public health, community health, and health administration; integrate mental health into all levels of the healthcare system, including primary care.
- Reform information-sharing systems while still adequately addressing low-income communities and LGBTQ communities' questions and concerns about confidentiality and state involvement.
- Equip trusted community partners in natural settings, such as churches, daycares, community centers, and clinics etc. with the assessment tools needed to coordinate mental health care.

What Does Innovation Look Like?

The "Healing the Soul- Curando el Alma - Na Sándaeé Inié " Program of Ventura County: Lead by the Mixteco / Indigenous Community Organizing Project, the Healing the Soul - Curando el Alma - Na Sándaeé Inié Program aims to authenticate, validate and integrate indigenous healing practices traditionally used by Mixteco / indigenous communities in Mexico in Ventura County to improve symptoms of mental health associated with stress, anxiety and depression. The learning will provide insight into the mental health status of the indigenous Mexican Community and evaluate the efficacy of chosen intervention strategies based on traditional healing practices.

"Understanding the Mental Health Needs of the American Canyon Filipino Community" Program of Napa County: Born out of the many barriers to understanding the mental health needs in the Filipino community, this project pilots an intergenerational, community-building approve to understanding the mental health needs of Filipino students and their families in American Canyon. The learning will address changes in screenings and supports for Filipino youth and their families administered by school district staff and mental health providers.

The Community-Designed Integrated Services Management (ISM) Model of Los Angeles County: One of the four models of care, the ISM model was designed to improve the quality of services for underrepresented ethnic populations (UREP). The ISM model teams of specially trained and culturally competent "service integrators" that help specific under-represented ethnic populations use the resources of both formal" (i.e., mental health, health, substance abuse, child welfare, and other formal service providers) and nontraditional" (i.e., community defined healers) networks of providers, who use culturally-effective principles and values. The positive findings of the project has led to ongoing funding of the program by the county.

The "Innovation to Activation" Proposal of San Joaquin County: A collaborative of community-based organizations, the Innovation to Activation program aims to provide preventative mental health counseling services for those who have for those who have suffered trauma and are experiencing an escalating mental health crisis. The goal of the innovation proposal is to provide mental health counseling services for those who have experienced trauma and are experiencing an escalating mental health crisis that can still be managed by the county behavioral health system's preventative services.

The Assessment and Respite Center of San Joaquin County: The County's Behavioral Health Services utilization data reveals significant disparities in accessing timely and appropriate mental health services, including low penetration rates amongst Latinos and over utilization of emergency and crisis services by African Americans, and low engagement of individuals experiencing homelessness. To address gaps in access, San Joaquin County partnered with Community Medical Centers, a Federally Qualified Health Center (FQHC), to establish a stand-alone clinic location to screen, assess, and refer individuals for the purposes of providing respite and assessment to those who are unserved and underserved.

Recommendations

01 Assign a technical assistance provider to each county

It is clear that local communities would like greater technical assistance to develop and execute innovation proposals. The Technical Assistance Providers and Statewide Evaluator of the California Reducing Disparities Project Phase II is an excellent model of the State's investments in the local planning and introduction of community-defined practices into the mental health system.

MHSOAC Action Step

Sponsor investments in technical assistance providers for every county; ensure any investments in technical assistance bolster local planning and implementation of innovation proposals.

Counties Action Step

Invest in a contract for a technical assistance provider.

Opportunities for Technical Assistance in Innovations

- Ongoing training and tools for better local community engagement/stakeholder involvement
- Ongoing training and tools for effective facilitation
- Ongoing support with research and development
- Ongoing training and support in communications with local approval bodies
- Ongoing training and support in communications with the MHSOAC
- Coordination of collaboration among local programs, institutions, primary care providers, and departments
- Ongoing trainings to identify and transform local community-defined practices into innovation proposals
- Collection and dissemination of data and stories

02 Initiate technical assistance early in the planning stages of an innovation proposal

We appreciate the research and development component of the "Backbone Support for Initiatives" model because it reflects the need to invest in technical assistance early on. Currently, technical assistance is formally available to counties once an innovation proposal has entered the state approval process. However, counties have expressed the need for greater technical assistance prior to the state approval process.

MHSOAC Action Step

Provide formal technical assistance to counties prior to the local approval process; Ensure any investments in technical assistance are targeted in the earliest stages of an innovation proposal.

Counties Action Step

Invest technical assistance resources early on in the planning stages of an innovation proposal.

03 Invest technical assistance resources in the evaluation and/or learning plan standards of an innovation proposal

The evaluation and/or learning plan component of innovation proposal is essential the integrity of Innovations projects. Innovations offers an important opportunity for new practices including community-defined practices to build and disseminate outcomes. However, the creation of a strong evaluation and/or learning plan is a barrier to the advancement of an innovation proposal.

MHSOAC Action Step

Ensure that any technical assistance resources are dedicated to the development of the evaluation and/or learning component of an innovation proposal; develop and disseminate specific models of evaluation and/or methodologies suited to their proposal (e.g. community base participatory research, focus groups, pre/post surveys, etc.).

Counties Action Step

Invest technical assistance resources into the development of the evaluation and/or learning component of an innovation proposal.

04 Build upon the findings of the Community Planning Process

Counties should draw upon the community planning process to develop innovation proposals. It is essential that existing stakeholder process are improved or leveraged to establish continuity among existing MHSA requirements.

MHSOAC Action Steps

Offer technical assistance and support to counties in the research and transformation of findings from the Community Planning Process into innovation proposals.

Work with DHCS to create standards for the Community Planning Process to increase stakeholder involvement and provide counties a framework for how to successfully conduct community outreach and engagement.

Counties Action Step

Build the design and substance of an innovation proposal upon a specific and widespread disparity presented during the annual Community Planning Process.

05 Establish equitable and adequately resourced county innovation committees

Counties should continue to work with stakeholders to develop innovation proposals. However, there is a lack of innovation workgroups across the state similarly charged with the development of innovation proposals. It is essential that every community invests equitable representation of stakeholders, including licensed mental health professionals and community based organizations.

MHSOAC Action Step

Provide ongoing technical assistance to communities on the purpose of county innovation committees, including the discovery and incorporation of community defined practices into innovation proposals.

Counties Action Step

Target investments in the formation of county innovation committees with equitable representation from directly operated facilities, community based organizations, primary care and mental health providers and consumers.

06 Prioritize the discovery and incorporation of community-defined evidence practices

The Innovations component represents a unique opportunity for community-based organizations serving communities of color and LGBTQ communities to expand access, build evidence, and improve the service delivery of community-defined evidence practices. It is unclear if CBOs have the opportunity to initiate innovation proposals. CBOs often represent cultural brokers of hard to reach populations and community-defined evidence practices. CBOs including mental health sub-contractors and primary care providers have extensive experience in the development and implementation of creative approaches to service delivery.

MHSOAC Action Step

Equip counties with essential tools to discover and incorporate community-defined practices, including trainings on effective facilitation, community asset mapping, and strategies to expand community engagement of new partners beyond the "usual suspects."

Counties Action Step

Conduct targeted outreach to community-based organizations to advise and evaluate innovation proposals.

Community Defined Evidence Practice

"A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community." Source: National Network Eliminate Disparities.

d Accountability Con

07 Ensure a cross-county innovation proposal is based upon a shared needs assessment

The state has recommended counties collaborate to disseminate learning and implement shared innovation projects. The current trend of cross-county adoption of one innovation project must demonstrate the value of a shared innovation project. The opportunity to test and evaluate a practice in one community before adoption in another is essential to the integrity of the Innovation Component's learning standards.

MHSOAC Action Step

Ensure counties who adopt the same innovation proposal provide a shared needs assessment and clear rationale for the shared project, including but not limited to regional similarities.

Counties Action Step

Assess and put forth a shared needs assessment and rationale behind the adoption of a cross-county innovation proposal.

08 Enhance MHSOAC's consultation role to counties

Communication pathways between the state and counties regarding innovation proposals is essential to the successful introduction of potential new mental health practices into local communities. The state must outline the key milestones of an innovation proposal's progress towards state approval and implementation. Milestones may include the establishment of the partnerships, contracts, and the State report backs.

MHSOAC Action Step

Advise counties on the status and progress of an innovation proposal before the state approval process.

09 Ensure the evaluation of disparities

A number of innovation proposals include an evaluation of the differences in effects of the project by demographic, ethnographic, condition, intervention, strategy, and/or delay in receiving interventions. All counties should include a disparities evaluation.

MHSOAC Action Step

Ensure the inclusion of disparities assessment as part of the evaluation component of an innovation proposal; Provide technical assistance and research and development support to counties on the development and evaluation of a disparities assessment.

Counties Action Step

Establish a timeline of a disparities assessment as part of its evaluation and/or learning standards to address potential disparities found during the implementation stage of an innovation project.

10 Identify opportunities for policy and regulations change

Potential ideas for innovation proposals may face the constraints of existing state and local policies. There is a recognition of the need to work directly with the MHSOAC and legislature to identify systemic needs, policy/regulation change, and capitol flow adjustments. The opportunity to test and evaluate innovations presents a unique opportunity to identify opportunities for policy and regulations change.

MHSOAC Action Step

Issue guidance to the Innovations Incubator on a timeline to present policy/regulation change; Work directly with counties to identify opportunities for policy change presented during the innovations process.

Counties Action Step

Provide recommendations for policy change during the presentation of an Innovation proposal to the MHSOAC and at the conclusion of an Innovations project.

MHSA Innovation Recommendations

Summer 2018

The Technology Suite

Project Update

Thursday, July 26, 2018

Tech Suite Presenters & Panelists

- Panelists/Presenters
  - Bill Walker, LMFT, Director, Kern County Behavioral Health and Recovery Services
  - Karin Kalk, Tech Suite Project Manager
  - Thomas R. Insel, MD, Co-founder and President, Mindstrong Health; 7 Cups Advisory Board Member
  - Ronald Gilbert, Peer and End-User, Modoc County Behavioral Health; Operations Manager, Sunray's of Hope, Inc.
- Panelists
  - Sharon Ishikawa, Ph.D., MHSA Coordinator, Orange County Health Care Agency, Behavioral Health Services
  - Debbie Innes-Gomberg, Ph.D., Deputy Director, Program Development and Outcomes Bureau, Los Angeles County Department of Mental Health
  - Ivy Levin, LCSW, Program Development and Outcomes Bureau, Los Angeles County Department of Mental Health
  - Stephen Scheuller, PhD, Assistant Professor of Psychology and Social Behavior at the University of California, Irvine
  - Mark Eslon, PhD, Principal, Intrepid Ascent
  - Scott Rose, Principle and Public Affairs Director, RSE
  - Paul Daugum, MD PhD, Founder and CEO, Mindstrong Health
  - Glen Moriarty, Psy.D., Founder, 7 Cups

Introduction and the County Experience

- Project goals and intended impact in participating counties
- Summary of progress to date: vendor selection, soft launch, peer involvement, shared learning
- Key concerns to be addressed
  - Procurement: vendor capabilities to serve local needs
  - Evaluation: plan to evaluate the collaborative innovation
  - Collaboration: adding value to the innovation as counties join
  - Stakeholder and Peer Involvement: peers and end-users driving the innovation

Presenter: Bill Walker, LMFT, Director, Kern County Behavioral Health and Recovery Services

Project Update

- Key infrastructure and collaborative development:
  - Procurement: 7 Cups and Mindstrong selected via a structured procurement process, including end user feedback
  - Evaluation: UCI selected to be the evaluator; diverse and experienced team has developed an initial framework
  - Collaboration: Targeted and shared activities have leveraged the vendors' support of local needs while generating efficiencies through a shared platform
  - Peer Role: Peers to be the largest labor force in the Tech Suite (including a Lead Peer, Tech Suite Paid Peers and engagement of existing peer networks); paid peer recruitment is planned and/or underway in each county
  - Privacy and Security: Extensive due diligence is building an appropriate privacy and security framework, including local sign-off and approval

- Supporting the diversity of county needs, goals and objectives
  - The Tech Suite as an innovation platform: addition of counties represents opportunities for more innovation that will increase reach and impact of selected apps
  - Additional innovation will be possible in two categories: customization and tailoring for additional, highly specified target populations; and expanded app functionality

Presenter: Karin Kalk, Tech Suite Project Manager

About the Apps and the Opportunity

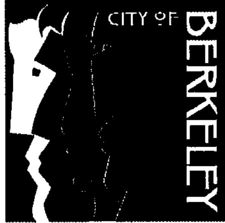
- The need: In MHA survey, California ranks #30 in access to care, #37 in substance abuse, and #31 in youth prevalence of mental illness (June, 2018). More than 50% of people in need are not in care. Those who seek care are often in crisis following long delay.
- Technology: Digital tools can improve access, engage people not in "brick and mortar" care, identify those who need care, deliver care at an early stage to preempt a crisis. Technology Suite delivers all of this and more.
- Innovation: Iterative development fed by continual feedback creates a learning health system. Think process not products. The future will be high tech and high touch together. Technology Suite is a process to get there.

Presenter: Thomas R. Insel, MD, Co-founder and President, Mindstrong Health; Advisor, 7 Cups

The End-User Experience & Peer Role

- Personal, long-time experience with 7 Cups and how it helps
- The power of the peer role, from supporting end-users to advancing the design of apps

Presenter: Ronald Gilbert, Peer and End-User, Modoc County Behavioral Health; Operations Manager, Sunray's of Hope, Inc.



Health, Housing &
Community Services Department
Mental Health Division - Administration

July 23, 2018

Dear Mental Health Oversight & Accountability Commissioners,

This letter is to support expanding the Innovations Technology Suite Collaborative Project to include additional mental health jurisdictions. While a representative from the City of Berkeley is not able to attend the Commission meeting today, I will be listening in by phone, and have sent this letter to convey what would have been spoken during the Public Comment segment of the Technology Suite Collaborative agenda item.

Expanding the Technology Suite Project to include additional mental health jurisdictions would result in new learning opportunities that are unique to each area. For instance, one community need that the City of Berkeley would like to address through implementing the Technology Suite Project is the coordination of accessible information of mental health resources and ancillary services. Having an accessible app containing information on all Berkeley resources available will result in increased access to mental health and other ancillary services and better mental health outcomes.

The City of Berkeley also sees the potential benefits and learning opportunities through the availability of the Technology Suite Apps to individuals who, due to eligibility criteria, are not able to access services at Berkeley Mental Health, and for populations who may be socially isolated, such as older adults and individuals who live with one or more disabilities.

The City of Berkeley's Innovation Technology Suite Project Plan was approved by City Council on June 26, 2018, and there is much local community support and excitement regarding the potential benefits of being a part of the Technology Suite Collaborative Project.

Thank you for your time and consideration!

Karen A Klatt

Karen Klatt, MHSA Coordinator
City of Berkeley, Mental Health Division

A Vibrant and Healthy Berkeley for All

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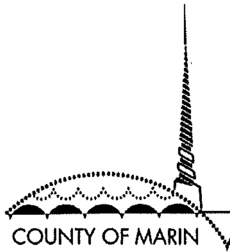

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEHAVIORAL HEALTH AND RECOVERY SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

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July 24, 2018

Toby Ewing
Executive Director
Mental Health Services Oversight and Accountability Commission
1325 J St., Suite 1700
Sacramento, CA 95814

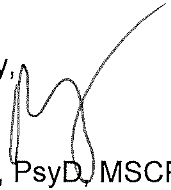
Dear Mr. Ewing,

This letter is to express Marin County Department of Health and Human Services, Behavioral Health and Recovery Services' enthusiastic support of its MHSA Innovation proposal: *Utilizing Technology to Increase Access to Mental Health Services and Supports for Older Adults in Marin County.* The proposal was developed after a nine-month community planning process involving consumers, family members, providers and other stakeholders. As a county of 261,000 people, this provides a rare opportunity to partner with counties across the State to learn a great deal about how to utilize technology in mental health services with each county targeting different populations and using different implementation strategies. Our community stakeholders are excited about the in depth and informative evaluation this unique set-up will allow for. Stakeholders identified a need for additional mental health resources to support the growing older adult community in Marin County and expressed interest in enhancing access to technology that could provide supports for older adults exhibiting signs of mental illness.

With a focus on reaching older adults that are underserved because of geographic, cultural or economic barriers, this project will aim to expand access and linkage to mental health resources and reduce stigma associated with seeking treatment. The groups, chat rooms and evidenced based tools available through the technology "suite" will bring supports to Marin County older adults and their caregivers that they may not otherwise have access to. This proposal was presented to Marin's MHSA Advisory Committee, the Commission on Aging and the Mental Health Board and was well received by committee members and other attendees.

Marin County is hopeful that we will have the opportunity to present our proposal in more detail to the MHSOAC in the coming months and we look forward to continued collaboration with your office, our community stakeholders and other counties as this exciting project unfolds.

Sincerely,



Jei Africa, PsyD, MSCP, CATC-V, Director
Department of Health and Human Services
Behavioral Health and Recovery Services