



MONTEREY COUNTY  
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

# **INN-03: Micro-Innovation Grant Activities for Increasing Latino Engagement**

**Innovation FY 2019-21 Plan Proposal**



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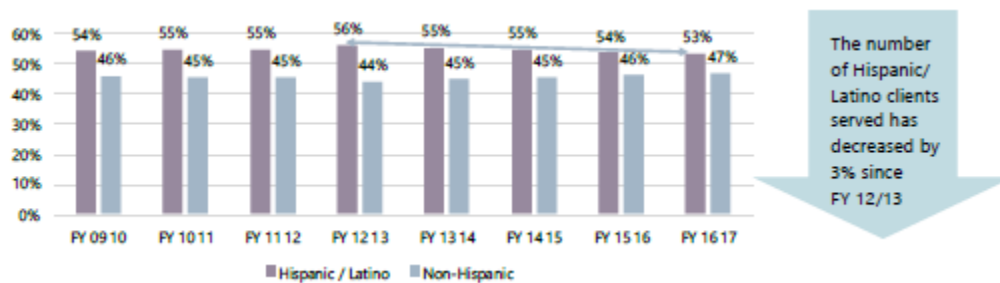


**Program Name: Micro-Innovation Grant Activities for Increasing Latino Engagement**

**Primary Problem**

The primary problem to be addressed by this Innovation project is the relatively low number of Latinos utilizing Behavioral Health services in Monterey County. Monterey County Behavioral Health (MCBH) functions as the “safety net” mental health provider in the county, and therefore sets the demographic profile of the local Medi-Cal eligible population as the benchmark for who mental health services should be designed for and accessed by. In FY2016/17, Latinos made up 75% of the Medi-Cal eligible population in Monterey County, yet comprised roughly 53% of MCBH mental health service consumers. This rate has even been on a slight decline over the past 4 years (Figure 1).

Figure 1: MCBH Client Served - Hispanic/Latino vs. Non-Hispanic



This persistent gap in service penetration has prompted MCBH and the Monterey County Behavioral Health Commission (BHC) to prioritize increasing services to Latinos and set the “health equity” goals of increasing services to Latinos and increasing services to South County, which is an historically underserved region and predominately populated by Latinos. More specifically, in developing the Monterey County FY17-20 Mental Health Services Act 3-Year Program and Expenditure Plan, the Behavioral Health Commission set and approved a goal for MCBH to increase the number of Latinos served in the MCBH systems of care by 7% by the end of FY20. This goal was further endorsed by the Monterey County Board of Supervisors in their approval of that 3-Year Plan. A review of other data from other counties suggests this is a statewide challenge with statewide data suggesting a low penetration rate for the Hispanic/Latino population compared to the general population. This is evident when comparing overall service penetration rates (Figure 2) and penetration rates for Latino / Hispanic populations (Figure 3) across Monterey County, other medium-sized California counties, and statewide.



# INN-03: Micro-Innovation Grant Activities for Increasing Latino Engagement

Figure 2: Overall Penetration Rates

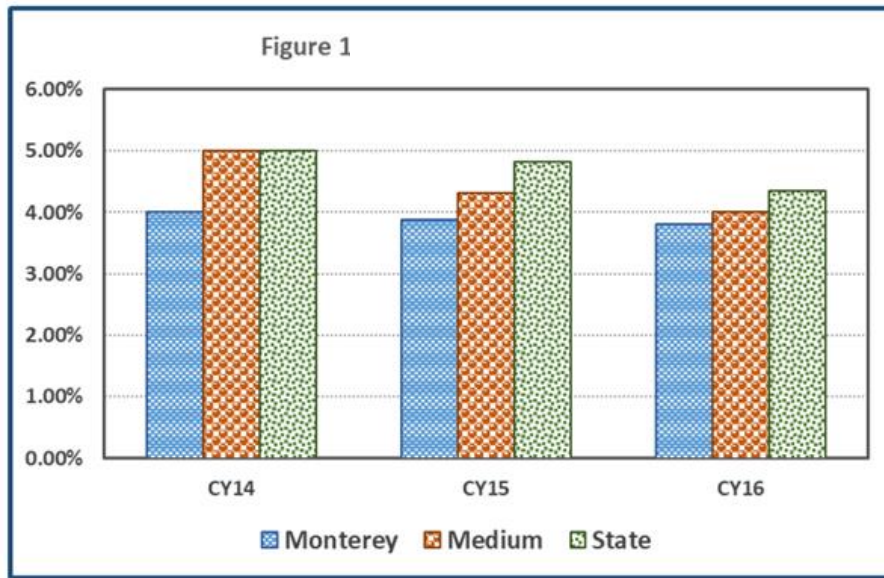
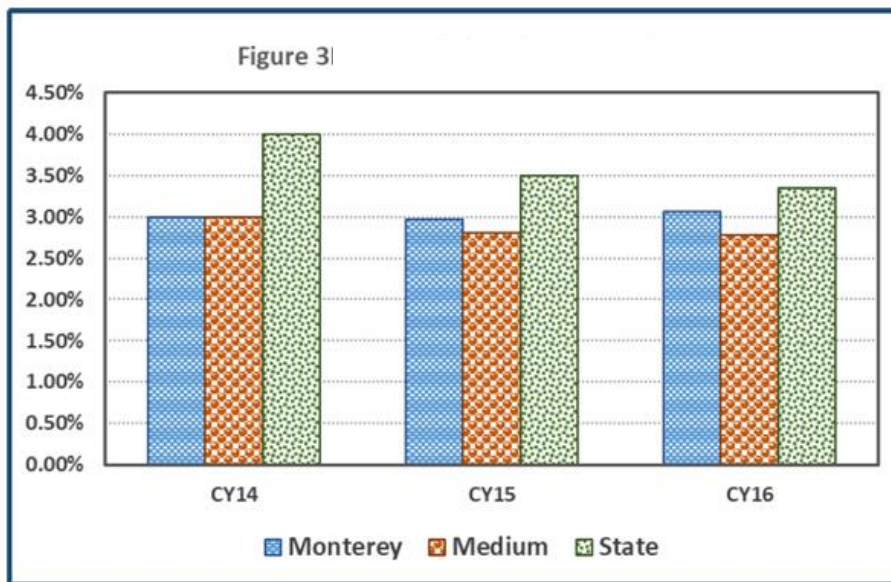


Figure 3: Latino / Hispanic Penetration Rates



## What Has Been Done Elsewhere to Address the Primary Problem?

Systemwide, across Monterey County and the State of California, much work has been done by the mental health services community and MHSA programming to engage Latino populations. The primary methodology for engaging Latino and other underserved ethnicities has been to build and maintain “cultural competency” in the development and execution of mental health service programs. This includes the translation of documents and marketing materials into Spanish language, and being mindful of Latino community needs when crafting mental health programs and policies.



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Locally, Monterey County has employed “Promotores de Salud” to serve as liaisons between MCBH and Latino communities within Monterey. These Promotores perform outreach activities, including sharing information on mental health issues and available services, to vulnerable populations such as migrant farmworkers and Non-English speaking individuals. Although Promotores are a valuable community partner, MCBH sees a need to enhance outreach and assessment efforts through community-driven approaches throughout the county to further engage and increase Latino participation in mental health services.

Elsewhere in California, under the auspices of MHS funding, Alameda County Behavioral Health Care Services is currently implementing a similar mini-grants program that invites members of the community to present fresh and new ideas to be funded as future Innovative Projects. In their program, a diverse Innovative Grants Selection Board reviews the applications and recommends promising projects for funding under their Innovative Grants Program. Projects eligible for mini-grant funding under their program may include: Mental health outreach, education and training for mental health and non-mental health providers; New treatment interventions or supports that are expected to improve outcomes among individuals and their families with or at risk for mental health issues; New organizational practices, processes or procedures to improve collaboration, cultural competence, recovery, efficiencies or revenue; Increased mental health advocacy; and, other creative ideas that are expected to improve the public mental health system and reduce the need for longer-term mental health treatment. While this Innovation project in Alameda sounds promising, and similar to the one proposed here by MCBH, it is very far-reaching from prevention to treatment and includes all demographics as populations of interest. The project proposed here by Monterey County is to be completely focused on getting more Latinos into mental health treatment services.

### **The Proposed Project**

Despite the development of a strong Cultural Competence element in all MCBH programming and contracting with Promotores to serve as liaisons in the Latino communities of Monterey County, the ethnic composition of mental health service consumers in Monterey County that utilize Medi-Cal benefits indicate a persistent gap in services being provided to Latino populations. This Innovation project seeks to increase the number of Latinos receiving mental health services in Monterey County by enabling a diffuse network of micro-innovation activities designed specifically by and for local communities, neighborhoods, niche cultural or ethnic sub-groups, etc. These activities may be a one-time activity, or a sustained activity not to exceed an initial 6-month probationary period, with potential to extend an additional 6 months. Parties receiving micro-innovation grant awards will be assigned to cohorts, with the expectation that 3 cohorts will be given the opportunity to test their activities during the proposed Innovation project timeline. Further detail on components and timelines associated with this Innovation Project are discussed below.

To implement this Innovation project, MCBH first plans to establish a Micro-Innovation Grant Review Board. This Review Board will be comprised of MCBH administrative staff, including staff that support Leadership and Civic Engagement programming and Cultural Competency oversight



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for the Monterey County Public Health Department. A community stakeholder representative (that will not be applying for a mini-grant) will also be invited to participate on the review board. The review board will additionally include the Monterey County Behavioral Health Epidemiologist, who will ensure all funded projects have a method to measure impact. Once established, the Review Board will refine and establish the criteria for awarding micro-innovation grants. Grant applicants will be required to submit a “Plan, Do, Study, Act” (PDSA) model to describe their activity and its evaluation methodology (see Appendix I for example of PDSA model). Additional criteria and/or information required of each grant applicant include:

- How the activity will either a) introduce a new practice or approach to engage Latinos into mental health services, b) make a change to an existing practice in the field of mental health to better apply to Latino populations, or c) apply a promising community driven practice or approach from Latino communities/cultures that has been successful in a non-mental health context or setting to the mental health system.
- The staffing and material needs of the activity
- The budget for implementing and evaluating the activity
- A timeline for the activity
- The characteristics and culture of the community/individuals/neighborhood to be served
- A hypothesis for why the target community may not be engaged and how the activity will address this specific need (i.e. micro-innovation activity learning goals)
- A plan for how this activity can be scaled up to reach a broader population or geographic region
- How participant demographics will be recorded
- How referral to services will be recorded
- How other relevant data will be recorded

It is anticipated that MCBH will award 9 to 15 micro-innovation grants per fiscal year. Micro-innovation grants will range in size from \$1,000 to \$50,000. Portions of the grant would be supplied upfront to initiate the grant activities, with installment payments made upon completion of deliverables/benchmarks as set forth in the agreements with each grantee.

Dissemination of the micro-innovation grant opportunity will occur through several channels. A presentation will be made on the final RFP at the Monterey County Behavioral Health Commission Meeting, to which the public and community partners will be invited. The RFP will also be publicized on the Monterey County Contracts/Purchasing and MCBH websites, posted on social media and at the County Libraries and emailed to community stakeholders. Presentations by the MCBH Innovation staff will also be provided to existing stakeholder groups, including, but not limited to: The Recovery Task Force, The Cultural Relevancy and Humility Committee, and Staff meetings. At the conclusion of the RFP application window, the review board will evaluate all received proposals and invite those who submitted promising concepts to in-person interviews prior to awarding grant funds. In-person interviews are to be used for clarifying any additional questions by review board or proposer, and confirm an evaluation plan. Service Agreements will be negotiated to include a timeline for completion of each deliverable, and finalize reporting, project



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evaluation methods and communication requirements. MCBH will also utilize a local organization that will serve as “fiscal agent” for those individuals/groups who do not meet the County’s insurance requirements, thereby mitigating the potential barrier for less sophisticated applicants.

It is estimated that most of the activities will not exceed an initial 6-month timeline. This initial 6-month period will serve as the initial testing phase. If a project has demonstrated a degree of success, with the capacity to scale up in size or impact, the project may be extended for an additional 6-month period. It is anticipated that over the entire project’s timeline that three cohorts of grantees will have the opportunity to test their activities for up to a maximum 12-month period. At the conclusion of this Innovation project, MCBH plans to hold an exit summit, providing all grantees the opportunity to present and share their results. Additional evaluation will be conducted by MCBH staff to assess the mini-grant project model, and synthesize observed impacts of micro-innovation projects for potential implementation with other sources of funding as may be available.

Throughout the duration of this project and micro-innovation activities, MCBH Innovation staff will be available to provide technical assistance related to documenting learning and outcome data that will be required for conducting meaningful evaluation.

### **The Innovative Component**

The innovative component of this project is the use of a diffuse network of small-scale client-driven projects to affect change in the mental health system. The goal of using micro-innovations is to test new ways of doing business in diverse Monterey County communities where Latinos are underserved. MCBH has tried larger scale projects but failed to increase the percentage of Latinos served, despite the demand for services increasing dramatically over the last few years. Overall, the number of clients served by MCBH has increased by 40% in the last two years. MCBH believes that by investing in the ideas of people that are most closely tied to the community, truly innovative approaches to engaging underserved Latinos will emerge. The purple dots in the map (Figure 2) identify areas in the county with a high percentage of underserved Latino communities. Each of the communities identified has a different culture, and in some cases different languages. For example, in Greenfield, many people from Oaxaca speak indigenous languages such as Triqui. By developing programs that respond to local cultures we are confident we will be able to identify innovative programs that will address our health equity goals.



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Figure 4: Service Map



### Learning Goals / Project Aims

This Innovation Project aims to increase the number of Latinos served by mental health services in Monterey County. Therefore, the main learning goal of this Innovation Project is to determine if any of these micro-innovation activities are effective in engaging Latino populations with needed mental health services. Specific learning goals of this project are to:

- For each micro-innovation, identify how many Latino individuals that have never engaged with mental health services received a referral for mental health treatment services.
- For each micro-innovation, identify how many Latino individuals followed through on a referral and received mental health treatment services.
- Identify if the total count of Latinos served increased during this Innovation project.
- Identify if any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding.
- Identify if and how cultural barriers were addressed.
- Additional learning goals unique to target populations will be established in the development and approval of micro-innovation activities.

### Evaluation or Learning Plan

As this Innovation Project will support several diverse small-scale approaches and/or practices to engage specific communities, Latino sub-ethnicities, etc., it is anticipated that a variety of unique and novel learning goals will be developed, and both quantitative and qualitative evaluation methodologies will be used. The PDSA model by which all mini-grants will use in their activity proposal will ensure a viable evaluation methodology and tool will be used to assess project impact data. At a minimum, to evaluate the learning goals stated above, each activity will maintain records on:



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- Total Client Count
- Demographics
- Count of individuals that have not previously received mental health services
- Number of referrals
- Type of referrals
- Number of referrals where individual followed through on appointment

MCBH will provide technical assistance, as needed, to assist individual and organizations in recording valid data, including referral and process data. Service data will be aggregated and evaluated in conjunction with the MCBH electronic health record system (Avatar) to assess the net impact on service penetration rates by Latinos. In addition to evaluation of activities, MCBH will document the process of implementing this project and provide qualitative assessment of challenges and successes experienced.

### **Contracting**


Monterey County Behavioral Health will contract with a community based organization to act as fiscal agent responsible for distributing mini-grant funds. Given the potential volume and variety of mini-grant applicants (community organizations, members of the public, county staff member, etc.), the burden of County purchasing procedures and requirements presented too significant of a challenge to implementation of this project in a timely manner. Therefore, the partnership with a qualified local agency to serve as fiscal agent will be critical. MCBH will solicit and award bids to perform work, and provide administration oversight of this project. The fiscal agent will only be used to distribute funds.



**Certifications**

The Monterey County Board of Supervisors approved this project as part of the FY18-20 MHSA 3-Year Program and Expenditure Plan, and MHSA FY19 Annual Update.

File ID: 17-1073 No. 10



**Monterey County  
Board of Supervisors**

**Board Order**

166 West Alisal Street,  
1st Floor  
Salinas, CA 93901  
831.755.5066

Upon motion of Supervisor Salinas, seconded by Supervisor Alejo and carried by those members present, the Board of Supervisors hereby:

Adopted the Monterey County Fiscal Year 18-20 Mental Health Services Act 3-Year Program and Expenditure Plan.

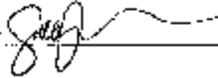
**PASSED AND ADOPTED** this 7<sup>th</sup> day of November 2017, by the following vote, to wit:

**AYES:** Supervisors Alejo, Phillips, Salinas, Parker and Adams  
**NORS:** None  
**ABSENT:** None

I, Gail T. Borzkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 80 for the meeting November 7, 2017.

Dated: December 4, 2017  
File ID: 17-1073

Gail T. Borzkowski, Clerk of the Board of Supervisors  
County of Monterey, State of California

By  Deputy





Legistar File ID 18-577 No. 23

## Monterey County Board of Supervisors

168 West Alisal Street,  
1st Floor  
Salinas, CA 93901  
831 755.3006

### Board Order

Upon motion of Supervisor Parker, seconded by Supervisor Salinas and carried by those members present, the Board of Supervisors hereby:

Adopted the Monterey County Mental Health Services Act Fiscal Year 2018-19 Annual Update.

PASSED AND ADOPTED on this 12th day of June 2018, by the following vote, to wit: \*

AYES: Supervisors Alejo, Salinas, Parker and Adams

NOES: None


ABSENT: Supervisor Phillips

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 81 for the meeting June 12, 2018.

Dated: June 26, 2018  
File ID: 18-577

Valerie Ralph, Clerk of the Board of Supervisors  
County of Monterey, State of California

By

  
Joel G. Pablo, Deputy



**INN-03: Micro-Innovation Grant Activities for Increasing Latino Engagement**

The Monterey County Behavioral Health Director approved this project as part of the FY18-20 MHSA 3-Year Program and Expenditure Plan, and MHSA FY19 Annual Update.

**MHSA COUNTY COMPLIANCE CERTIFICATION**

County: Monterey

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

Local Mental Health Director	Program Lead
<b>Name:</b> Amie Miller, Psy.D, MFT	<b>Name:</b> Alisa Hendricks, MHSA Coordinator
<b>Telephone Number:</b> 831-755-4580	<b>Telephone Number:</b> 831-796-1295
<b>E-mail:</b> MillerAS@co.monterey.ca.us	<b>Email:</b> HendricksA@co.monterey.ca.us
<b>County Mental Health Mailing Address:</b> Monterey County Health Department, Behavioral Health Bureau 1270 Natividad Road Salinas, CA 93906	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this "FY18-20 MHSA 3-Year Program and Expenditure Plan", including stakeholder participation and nonsupplantation requirements.

This "FY18-20 MHSA 3-Year Program and Expenditure Plan" has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft "FY18-20 MHSA 3-Year Program and Expenditure Plan" was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health commission. All input has been considered with adjustments made, as appropriate. The "FY18-20 MHSA 3-Year Program and Expenditure Plan", attached hereto, was adopted by the County Board of Supervisors on November 7, 2017.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached "FY18-20 MHSA 3-Year Program and Expenditure Plan" are true and correct.

Amie Miller, Psy.D, MFT,  
Local Mental Health Director/Designee (PRIN)

  
Signature Date

County: Monterey



**INN-03: Micro-Innovation Grant Activities for Increasing Latino Engagement**

**MHSA COUNTY COMPLIANCE CERTIFICATION**

County: Monterey

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

Local Mental Health Director	Program Lead
<b>Name:</b> Amie Miller, Psy.D. MFT	<b>Name:</b> Wesley Schweikhard, MHSA Coordinator
<b>Telephone Number:</b> 831-755-4580	<b>Telephone Number:</b> 831-755-4856
<b>E-mail:</b> MillerAS@co.monterey.ca.us	<b>Email:</b> SchweikhardW@co.monterey.ca.us
<b>County Mental Health Mailing Address:</b> Monterey County Health Department, Behavioral Health Bureau * 1270 Natividad Road Salinas, CA 93906	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this "FY 2018-19 MHSA Annual Update", including stakeholder participation and nonsupplantation requirements.

This "FY 2018-19 MHSA Annual Update" has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5818 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft "FY 2018-19 MHSA Annual Update" was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health commission. All input has been considered with adjustments made, as appropriate. The "FY 2018-19 MHSA Annual Update", attached hereto, was adopted by the County Board of Supervisors on June 12, 2018.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached "FY 2018-19 MHSA Annual Update" are true and correct.

Amie Miller, Psy.D. MFT.  
Local Mental Health Director (PRINT)

*Amie Miller* 6/27/18  
Signature Date

County: Monterey



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The Monterey County Behavioral Health Director and County Auditor-Controller approved this project as part of the FY18-20 MHSa 3-Year Program and Expenditure Plan, and MHSa FY19 Annual Update.

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Monterey

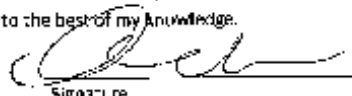
- Three-Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: <u>Amie Miller, Psy.D., MFT</u>	Name: <u>Michael J. Miller</u>
Telephone Number: <u>831-755-4580</u>	Telephone Number: <u>831-755-5303</u>
E-mail: <u>MillerAS@co.monterey.ca.us</u>	E-mail: <u>millemm@co.monterey.ca.us</u>
Local Mental Health Mailing Address: Monterey County Health Department, Behavioral Health Bureau 1270 Natividad Road Salinas, CA 93906	

I hereby certify that the "FY18-20 MHSa 3-Year Program and Expenditure Plan" is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 2400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSa funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached "FY18-20 MHSa 3-Year Program and Expenditure Plan" is true and correct to the best of my knowledge.

Amie Miller, Psy.D., MFT  
 Local Mental Health Director (PRINT)

  
 Signature 11/8/17  
 Date

I hereby certify that for the fiscal year ended June 30, 2016, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated January 30, 2017 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSa distributions were recorded as revenues in the local MHS Fund; that County MHSa expenditures and transfers out were appropriated by the Board of Supervisors and incurred in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Michael J. Miller  
 County Auditor-Controller / City Financial Officer (PRINT)

  
 Signature 10/5/17  
 Date

1 Welfare and Institutions Code Sections 5847(b)(9) and 5891(a)  
 Three-Year Program and Expenditure Plan, Annual Update, and RFP Certification (07/11/2013)



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## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Monterey

- Three Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Amie Miller, Psy.D, MFT	Name: Michael J. Miller
Telephone Number: 831-755-4580	Telephone Number: 831-755-5303
E mail: MillerAS@co.monterey.ca.us	E-mail: millerm@co.monterey.ca.us
Local Mental Health Mailing Address: Monterey County Health Department, Behavioral Health Bureau 1270 Natividad Road Salinas, CA 93906	

I hereby certify that the "FY 2018-19 MHSA Annual Update" is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5850, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5802(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached "FY 2018-19 MHSA Annual Update" is true and correct to the best of my knowledge.

Amie Miller, Psy.D, MFT  
 Local Mental Health Director (PRINT NAME)

[Signature] 6/25/18  
 Signature Date

I hereby certify that for the fiscal year ended June 30, 18, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated JAN 16, 2018 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

MICHAEL J MILLER  
 County Auditor Controller (PRINT NAME)

[Signature] 7/5/18  
 Signature Date

1 Welfare and Institutions Code Sections 5817(b)(9) and 5895(a)  
 Three-Year Program and Expenditure Plan, Annual Update, and RFR Certification (07/22/2013)



## **Community Program Planning**

Innovation project planning efforts began in the spring of 2017, in conjunction with the FY18-20 MHSa 3-Year Program and Expenditure Plan community program planning process. Through a series of 13 focus groups with 232 participants and a community survey with 214 respondents, feedback was solicited from stakeholders and community providers on issues to be addressed through innovative programming efforts. Members of the community that were represented during this planning process included underserved Latino communities, Latino women, teens and youth, LGBTQ adults and teens, older adults. System-impacted adults, homeless individuals, and MCBH consumers from all county regions.

Lessons from 3-year planning process focus groups and survey contributed to the development of this Innovation project. Focus group participants communicated a need or desire for more community oriented activities. Many felt restricted in receiving services due to the clinical environment and lack of culturally relevant communication of services, or even felt restricted in going out into public spaces because of issues like gang violence. The proposed Innovation project would enable individuals to design custom activities that would engage their peers, neighborhoods and communities, and communicate mental health opportunities in more culturally sensitive and relevant terms.

After MCBH staff refined the proposed model for this Innovation project, an additional four MHSa workgroup sessions were held. The workgroup sessions began with a presentation on MHSa and the Innovation component, a description of the proposed project learning goals, strategies for implementation and evaluation, and then proceed to spend most the time gathering feedback from participants. A session was held in each of the four regions of the county, with three conducted in English (with Spanish translation services available) and one conducted in Spanish (with English translation services available). A total of 114 individuals participated in these workgroups, and represented community members, clients and their family members, underserved Latino communities, elected state and county representative offices, community-based service providers and county staff.

The consensus of MHSa workgroup participants was favorable support for the project as proposed in this plan, and could see themselves or someone in their network wanting to act on a viable idea to engage Latino communities. Workgroup participants very much liked the idea of how a consumer or family member, with their unique perspective, may inform the mental health system by acting on their ideas at a small-scale. Some participants had concerns about the mini-grants being taken advantage of, with work not being completed once mini-grant funds were received. MCBH has already planned for this risk, and will only award mini-grants to qualified applicants, as well as issue payments only upon deliverables.

A presentation of this Innovation project was also provided to the MCBH Cultural Relevancy and Humility Committee and the MCBH Recovery Task Force. Both committees expressed support for the proposed Innovation project. Throughout the implementation and evaluation of this Innovation





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project, MCBH will continue to encourage community engagement and feedback that may improve the quality of services to be provided.

**MHSA Innovative Project Category**

	Introduces a new practice or approach to the overall mental health system, including prevention and early intervention.
	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
X	Applies a promising community driven practice or approach that has been successful in non-mental health context or setting to the mental health system.

**Primary Purpose**

X	Increases access to mental health services to underserved groups
	Increases the quality of mental health services, including measured outcomes
	Promotes interagency and community collaboration related to Mental health Services or supports or outcomes
	Increases access to mental health services

**MHSA General Standards**

Briefly describe how INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards below:

- A. Community Collaboration
  - a. This Innovation Project will encourage community collaboration by eliciting Micro-Innovation Grant proposals from all community members. Additionally, activities supported by this Innovation Project are to be designed for engaging previously unserved populations, through creative community and culture driven concepts.
- B. Cultural Competency
  - a. Cultural competency will guide the implementation and evaluation of this Innovation Project. This Innovation Projects seeks to better understand and resolve issues experienced by Latino communities, which prevent them from obtaining any needed mental health services. Activities supported by the Innovation Project will be designed specifically for unserved and underserved communities.
- C. Client-Driven
  - a. This project will encourage participation and feedback from clients in the mental health system when reviewing and monitoring activities to be funded through this Innovation Project. Activities may be implemented by clients and families as well.
- D. Family-Driven
  - a. This project will encourage participation and feedback from family members of mental health consumers when reviewing and monitoring activities to be funded through this Innovation Project.
- E. Wellness, Recovery and Resilience-Focused
  - a. This project is focused on identifying and breaking down barriers that prevent members of Latino communities from seeking treatment, with the goal of promoting wellness and recovery. This project will track service referrals and utilization.
- F. Integrated Service Experience for Clients and Families
  - a. Activities supported by the Innovation Project will be integrated into the larger MCBH systems of care so that individuals and families will have a seamless



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transition into services and programs. This will be done in partnership with MCBH staff and micro-innovation grantees so that there is clear communication and coordination of care.

### **Population**

The goal of this Innovation Project is to engage Latino communities that have demonstrated low penetration rates into the local mental health system. Specific characteristics of individuals and communities that will ideally be served through this Innovation Project include:

- Hispanic/Latino Monterey County residents
- Individuals that not previously participated in mental health services activities in Monterey County
- Medi-Cal eligible individuals
- Residents of the follow zip codes that have demonstrated low penetration rates in our mental health system: 95012, 95076, 93905, 93912, 93915, 93925, 93926, 93927, 93930, 93960

### **Cultural Competence and Stakeholder Involvement in Evaluation**

The Micro-Innovation Grant award process, to be implemented by the Mini-Grant Review Board that includes the MCBH Epidemiologist and Cultural Competency liaison, culturally competent and statistically useful evaluation methodologies will be a required activity for grantees. Stakeholders will be included in the evaluation with the opportunity to review and provide feedback on micro-innovation activities at the planned Exit Summit.

### **Innovation Project Sustainability and Continuity of Service**

In being consistent with the MHS Innovation guidelines, activities funded by this Innovation Project will be time-limited. As such, a referral plan will be in place at the conclusion of the pre-determined activity timeline, to appropriately provide continuity of care, as needed. Projects that demonstrate significant ability to generate consumer access to services will be considered for future funding through PEI, CSS and/or additional funding sources, with stakeholder support. An evolution or adaptation of an activity with demonstrated success may be considered for review in future rounds of Innovation planning.

### **Communication and Dissemination Plan**

When MCBH and the Micro-Innovation Grant Review Board requests the initial round of proposals, MCBH staff will present the opportunity at the BHC, and communicate the opportunity to community providers and stakeholders via email. Additionally, a link to the application will be made available on the MCBH website. All subsequent proposal requests will be communicated to the MCBH network via email, and post a link on the MCBH website.

At the conclusion of this Innovation Project, the process and outcome lessons will be shared through multiple methods:

- An exit summit will be held to share results directly with providers and community members.



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- On an on-going basis, activities and results of this project will be disseminated in the Monterey County MHSAs Annual Updates.
- A Final Innovation Report will be provided to MHSOAC at the conclusion of the project.
- A matrix of activities and outcomes will be made available online.
- A Final Innovation Report to be submitted to the MHSOAC.

### **Timeline**

The total timeframe (duration) of this Innovation project is 3 years, with an anticipated start date of January 1, 2019 and end date of December 30, 2021.

The timeline for key phases / deliverables is as follows:

- January 2019 – March 2019 (3 months): Form Micro-Innovation Grant Review Board and establish Micro-Innovation Grant application criteria. Establish agreement with county purchasing department and Action Council of Monterey County for issuing grant payments.
- April 2019 – June 2019 (3 months): Issue announcement requesting first round of Micro-Innovation Grant proposals for in October 2018. Perform review process, awarding grants before end of calendar year.
- July 2019 – June 2020 (1 year): Cohort #1 implements micro-innovation activities.
- October 2019 – December 2019 (3 months): Issue announcement requesting second round of Micro-Innovation Grant proposals. Perform review process, awarding grants before end of June 2019.
- January 2020 – December 2020 (1 year): Cohort #2 implements micro-innovation activities.
- April 2020 – June 2020 (3 months): Issue announcement requesting third round of Micro-Innovation Grant proposals. Perform review process, awarding grants before end of December 2019.
- July 2020 – June 2021 (1 year): Cohort #3 implements micro-innovation activities.
- July 2021 – December 2021 (6 months): Review evaluation findings and hold ‘Exit Summit’ to share results and lessons learned.

### **Budget Narrative**

Personnel Costs: This sum includes the \$67,000 average annual salary costs for the 0.3 FTE Management Analyst II, 0.2 FTE Epidemiologist, and 0.18 FTE Chronic Disease Health Specialist assigned to this project. Time allocated for the Management Analyst will be equally split between Administration and Evaluation activities. Time allocated for the Epidemiologist will be dedicated to Evaluation activities. Time allocated to the Chronic Disease Health Specialist will be used for Community Outreach as part of project administration. The salary includes a 3% annual increase over the course of the project to reflect cost of living and step raise increases. Indirect costs associated with these positions are calculated at 16.92% of salary.

Consultant Costs / Contracts: The costs budgeted for in this section account for the \$1,009,000 to be made available through “mini-grants” over the three-year term of this project, to fund micro-innovation activities. MCBH will engage with a community-based organization to serve as fiscal



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agent in distributing these funds, with administrative fees for performing these services not to exceed 15%. Additional consultant contracts of up to \$10,000, annually, will be utilized for translation services in the administration, dissemination and evaluation phases of this project.

The proposed project is estimated to cost \$1,240,000 over the course of the three-year period. The average cost annually will be \$413,333 and includes all service delivery, data evaluation and dissemination costs. The project will utilize Innovation funding for the duration of the project.

Use of Reversion Funds: The Monterey County Behavioral Health Commission and Board of Supervisors have approved a plan to spend to funds subject to reversion, in association with AB114. This plan specifies spending these funds on planned Innovation projects, including this one, and will draw in order from FY 2010/11, FY2011/12, and FY 2012/13. The total sum of funds subject to reversion across all 3 years is \$1,437,968.

**Budget by Fiscal Year and Specific Budget Category**

<b>New Innovative Project Budget By FISCAL YEAR (FY)*</b>					
<b>EXPENDITURES</b>					
<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
1.	Salaries	\$59,890	\$60,729	\$61,430	\$182,049
2.	Direct Costs				
3.	Indirect Costs	\$6,350	\$6,301	\$6,301	\$18,951
4.	Total Personnel Costs	\$66,239	\$67,030	\$67,731	\$201,000
<b>OPERATING COSTS</b>		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
5.	Direct Costs				
6.	Indirect Costs				
7.	Total Operating Costs				

<b>NON RECURRING COSTS (equipment, technology)</b>		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
8.					
9.					
10.	Total Non-recurring costs				
<b>CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)</b>		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
11.	Direct Costs	\$346,334	\$346,333	\$346,333	\$1,039,000
12.	Indirect Costs				
13.	Total Consultant Costs	\$346,334	\$346,333	\$346,333	\$1,039,000



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<b>OTHER EXPENDITURES (please explain in budget narrative)</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
14.				
15.				
16. Total Other expenditures				

<b>BUDGET TOTALS</b>				
Personnel (line 1)	<b>\$59,890</b>	<b>\$60,729</b>	<b>\$61,430</b>	<b>\$182,049</b>
Direct Costs (add lines 2, 5 and 11 from above)	<b>\$346,334</b>	<b>\$346,333</b>	<b>\$346,333</b>	<b>\$1,039,000</b>
Indirect Costs (add lines 3, 6 and 12 from above)	<b>\$6,350</b>	<b>\$6,301</b>	<b>\$6,301</b>	<b>\$18,951</b>
Non-recurring costs (line 10)				
Other Expenditures (line 16)				
<b>TOTAL INNOVATION BUDGET</b>	<b>\$412,573</b>	<b>\$413,363</b>	<b>\$414,064</b>	<b>\$1,240,000</b>

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

<b>A. Expenditures By Funding Source and FISCAL YEAR (FY)</b>					
<b>Administration:</b>					
<b>A.</b>	<b>Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
1.	Innovative MHSA Funds	<b>\$366,737</b>	<b>\$367,065</b>	<b>\$367,291</b>	<b>\$1,101,093</b>
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
<b>6.</b>	<b>Total Proposed Administration</b>	<b>\$366,737</b>	<b>\$367,065</b>	<b>\$367,291</b>	<b>\$1,101,093</b>
<b>Evaluation:</b>					
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
1.	Innovative MHSA Funds	<b>\$45,837</b>	<b>\$46,298</b>	<b>\$46,773</b>	<b>\$138,907</b>
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				



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<b>6.</b>	<b>Total Proposed Evaluation</b>	<b>\$45,837</b>	<b>\$46,298</b>	<b>\$46,773</b>	<b>\$138,907</b>
<b>TOTAL:</b>					
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
1.	Innovative MESA Funds	\$412,573	\$413,363	\$414,064	\$1,240,000
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
<b>6.</b>	<b>Total Proposed Expenditures</b>	<b>\$412,573</b>	<b>\$413,363</b>	<b>\$414,064</b>	<b>\$1,240,000</b>
*If "Other funding" is included, please explain.					



Appendix I: Model for Improvement - PDSA Form for Testing a Change

<p><b>Team:</b> (insert proposed project name 1)</p>	<p><b>Cycle 1 Number:</b></p>	<p><b>Date:</b></p>
<p><b>Change or Idea Being Tested</b></p>	<p>Outline the idea we want to test to increase behavioral health services to the Latino population here.</p>	
<p><b>Objectives for this PDSA Cycle:</b></p>		
<p><b>What question(s) do we want to answer with this PDSA cycle?</b></p>		
<p><b>Plan</b>   <b>Plan to answer questions</b> (test the change): What, Who, When, Where   <b>Plan for collection of data</b> needed to answer questions: What, Who, When, Where   <b>Predictions</b> (For each question listed above, what will happen when plan is carried out? Discuss theories):</p>		
<p><b>Do:</b>           Carry out the plan; document problems and unexpected observations; collect data and begin analysis.</p>	<p>This section will be filled out after we try out the innovation idea.</p>	
<p><b>Study:</b>           Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)? Summarize what was learned.</p>		



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<p><b>Act:</b> Based in the new knowledge, plan for the next cycle.</p>	<p>If we are moving the idea to another round of larger scale implementation, we will outline that plan here.</p>
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