



MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

INN-01: Transportation Coaching by Wellness Navigators

Innovation FY 2019-21 Plan Proposal



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Program Name: Transportation Coaching by Wellness Navigators

Primary Problem

At nearly every opportunity for collecting consumer feedback on mental health systems in Monterey County, transportation challenges are one of the most frequently cited barriers to receiving services. This was true in each of the community planning sessions held when developing the Monterey County Behavioral Health Strategic Plan in 2014, and during the community planning processes involved in drafting the FY2015-17 and FY2018-20 MHSA 3-Year Program and Expenditure Plans and Annual Updates. Some of the cited transportation challenges include a consumers' inability to obtain a license and/or vehicle, drive, receive timely transportation via family and friends, and afford and/or navigate the public transit system. Monterey County Behavioral Health (MCBH) has responded by allowing staff to provide transportation services, and currently provides transportation to at least 150 consumers a week in the Adult System of Care. However, demand for transportation services continues to exceed the capacity of transportation services currently made available through MCBH.

The negative consequences of this strained system are then two-fold. First, transportation needs of existing and potential consumers of mental health services going unmet means they are experiencing prolonged suffering and recovery. Second, to alleviate these transportation barriers and promote accessibility to services, qualified mental health professionals are now spending an inordinate amount of time in providing transportation services instead of providing more meaningful therapeutic services. A more efficient and effective transportation assistance program needs to be developed to improve the independence and recovery of mental health service consumers, while also improving the volume and quality of therapeutic services provided by MCBH staff.

What Has Been Done Elsewhere to Address the Primary Problem?

Like many other counties in California, Monterey County has incorporated transportation assistance services into its CSS, PEI and/or other non-MHSA funded mental health services. In Monterey County, transportation assistance programs have included either transportation provided directly by MCBH staff or disbursement of bus and taxi vouchers. Monterey County has yet to institute a transportation coaching program with a complete focus on developing the independent transportation skills of a client, so they can navigate their way to appointments and other recovery activities.

The Counties of San Diego and Contra Costa have previously initiated Innovation projects specifically addressing the independent travel skills of consumers. San Diego County has previously implemented an Innovation project from FY2010-13, called the "Mobility Management Program." This project supported travel training and travel coordination in a peer-based model. Among the findings of this project in San Diego, navigation training was associated with moderate rates of success in getting consumers to travel independently using the public transit system, and schedule and attend more appointments.



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Beginning in FY2017, Contra Costa County has implemented an Innovation project called “Overcoming Transportation Barriers.” In this project, three Peer Specialists are employed to help build a transportation infrastructure that supports greater accessibility, system navigation and more independent living and self-management skills among clients. This project is assessing appointment adherence, perceived safety and barriers, and resource utilization.

Monterey County recognizes the similarity with projects from San Diego and Contra Costa Counties, in that Monterey County seeks to bolster the independent transportation skills and service utilization rates of clients by way of peer-based navigation coaching. However, whereas these previous projects emphasized building an infrastructure to support client transportation skills, the proposed MCBH project will expand upon this training model to include the development and evaluation of a transportation needs assessment tool that will inform and/or prescribe the coaching methodologies to be applied and provide a measure of the return on investment for navigation coaching models. Through the development of a transportation needs assessment we will be able to assess each person’s base line needs and work with our peer navigators to develop need specific interventions. By re-administering the needs assessment, we can then measure client progress and assess the average level of intervention needed to help our clients move to the next level of independence.

The Proposed Project

The “Transportation Coaching by Wellness Navigators” program will be focused on developing and evaluating the effectiveness of a transportation needs assessment tool that will guide the coaching activities of Wellness Navigators as they assist consumers in becoming more independent. The project will include five distinct phases: 1) Develop the transportation needs assessment tool, 2) Contract with a local vendor to hire and train Wellness Navigators, 3) Enroll consumers in the program, 4) Implement transportation coaching activities, and 5) Evaluate program impacts to uncover the effective practices with a demonstrated ability to promote client resiliency and a significant return on labor investments.

MCBH will work with the local Consumer Advisory Task Force to develop the transportation needs assessment tool. MCBH anticipates this tool to function like a survey that will assess the current transportation skills, knowledge and barriers of a client. The assessment may be self-administered, or completed with the assistance of clinical staff, a peer or family member. Results will be shared with the Innovation project staff. The tool will be critical to this Innovation project, as it will be used to initially register the level of transportation coaching services to be provided, and be utilized at future dates to evaluate the level of progress achieved by consumer. The participation of the Consumer Advisory Task Force is important for ensuring the language and choices on this transportation assessment tool are culturally competent from a consumer-perspective. Additionally, the tool will be culturally and linguistically appropriate for Spanish-speaking Latino individuals. In Monterey County 75% of our target population is Latino.



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The design and content of the transportation needs assessment tool will also inform the development of a web based training for Wellness Navigators, enabling them in helping clients get their transportation needs met and develop skills to become more independent.

Monterey County will contract with a local mental health services provider to employ Wellness Navigators with lived experience. Wellness Navigators will work out of each regional MCBH clinic, ensuring clients are able to come to both behavioral health and primary care appointments. Wellness Navigators will help the client access alternative approaches for getting to their appointments, such as utilizing transportation benefits for Medi-Cal beneficiaries and public transportation assistance programs, acquiring bus tickets and taxi vouchers, and taking their own car. As an example of the level of training to be provided for Wellness Navigators, they will be trained on taking the bus with clients, educating clients on how public transit system works, and helping reduce fears associated with using this public system. Wellness Navigators will also provide a range of peer support services to encourage increased recovery activities and connections to community resources. These enhanced recovery services will focus more on supported employment, supported education, mental health and substance use recovery groups, cultural and community events; as well as a range of social and fun activities.

Clients of the Transportation Coaching by Wellness Navigators program will be referred through MCBH. Specifically, all clients currently participating in Adult System of Care programs, along with clients entering into these same programs during the project timeline, will be given the transportation needs assessment tool and the transportation coaching services will be made available to them. Participation in this project will be voluntary. Transportation coaching activities will occur for each client on an as-needed basis, for the duration of the specified timeframe of this Innovation project. We will re-administer the transportation needs assessment every three months to quantify progress made.

The Innovative Component

The innovative component of this project is the introduction of a new approach to the mental health system, with the inclusion of a new transportation needs assessment tool to guide and articulate the value transportation coaching and Wellness Navigator activities in the mental health context. While the benefits of peer support and Wellness Navigators are already accepted and understood, this project seeks to test a new tool that may be used to enhance the delivery of these services and further quantify the benefits received by both clients and mental health services system. Our project differs from others in that we will be able to quantify the level of intervention needed to help our clients move towards further levels of independence with the transportation needs assessment tool. Additionally, we will be able to do a robust evaluation to identify if there is a good return on investment.

Learning Goals / Project Aims

This Innovation project aims to develop a transportation needs assessment tool that may increase the independent transportation skills of MCBH clients and identify cost effective strategies for promoting those transportation skills that result in client resiliency and recovery. While the service



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goals in the project are to increase access to services and improve rates of recovery, the primary Innovation learning goals of this project are focused on measuring the impact and value of the transportation needs assessment tool to be developed. By creating a valuable tool and identifying best practices for promoting client independence, this Innovation project may offer valuable knowledge to the broader mental health services community.

Specific learning goals of this project are to:

1. Assess whether the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating clients.
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery.
3. Quantify the staffing costs/investment associated with improving a clients' level of independence (i.e. "step-down" in level of transportation coaching needs).
4. Assess the recovery outcomes and increased engagement in non-emergency care with the treatment group compared to a group of clients not receiving the service.

Evaluation or Learning Plan

The MCBH Epidemiologist will lead evaluation efforts associated with this project, including the development of the transportation needs assessment tool and corresponding evaluation measures like client satisfaction surveys and focus group questionnaires. They will also lead the evaluation of measured impacts for clients and staff. Additionally, the MCHB epidemiologist will evaluate the group of clients compared to a group of similar clients not receiving the service. A series of recovery and engagement measures will be evaluated.

The scores observed on the transportation needs assessment tool will be central to evaluating the learning goals of this project. The transportation needs assessment tool will inherently survey the "levels of independence and recovery" referenced in first learning goal. As the tool will gauge the challenges and barriers incurred by a client, their levels of transportation-related knowledge and comfortability, and transportation-related activity levels like attending appointment and participating in community events, etc., along a spectrum of severity or need. A client scoring less severe needs over the course of the project will indicate the occurrence and level of improved independence and recovery. An initial "baseline" assessment will be gathered for all participating Adult System of Care clientele. Individuals that go on to receive transportation coaching services will then be re-assessed by Wellness Navigators at 3-month intervals.

To evaluate the second learning goal and identify effective transportation coaching activities, a cohort analysis will be conducted on those individuals that demonstrated similar degrees of improvement. This qualitative assessment will evaluate which supports were provided, and take into account the baseline levels of need, demographics, and other variables, to assess whether impacts may also be attributed to alternative explanations.

Evaluation of the third learning goal will consist of time and cost accounting associated with the activities identified as part of the second learning goal. By quantifying the staff investments that



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may be required for progressing a client (or clients) towards greater independence and recovery, according to the transportation needs assessment tool, the potential “return on investment” of this program and its activities may be demonstrated. At the conclusion of this evaluation, MCBH anticipates providing the state with greater insights on effective strategies and investments related to transportation coaching.

Contracting

MCBH will seek a sole source contract with a community-based service provider with demonstrated capacity to provide the Wellness Navigator staffing and services. MCBH places responsibility on the selected vendor to compensate peer staff at an appropriate level. Preliminary inquiry with local vendors indicated pay for peer navigators ranges from \$16 to \$22 per hour. MCBH staff will provide administration oversight of project implementation and evaluation.




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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.

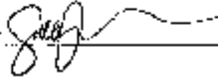
PASSED AND ADOPTED this 7th day of November 2017, by the following vote, to wit:

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





**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



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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
Name: Amie Miller, Psy.D, MFT	Name: Allca Hendricks, MHSA Coordinator
Telephone Number: 831-755-4580	Telephone Number: 831-796-1295
E-mail: MillerAS@co.monterey.ca.us	Email: HendricksA@co.monterey.ca.us
County Mental Health Mailing Address:	
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 (PRINT)


 Signature _____ Date _____

County: Monterey



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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
Name: Amie Miller, Psy.D. MFT	Name: Wesley Schweikhard, MHSA Coordinator
Telephone Number: 831-755-4580	Telephone Number: 831-755-4856
E-mail: MillerAS@co.monterey.ca.us	Email: SchweikhardW@co.monterey.ca.us
County Mental Health Mailing Address: 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

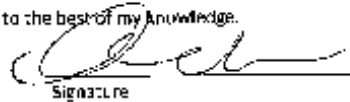
- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

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>mllemm@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 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 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, 2017, 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 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 / City Financial Officer (PRINT)


 Signature 12/5/17
Date

1 Welfare and Institutions Code Sections 5847(e)(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, 5830, 5840, 5847, 5891, and 5897; 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 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 "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)

Amie Miller 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)

Michael J. Miller 7/5/18
 Signature Date

1 Welfare and Institutions Code Sections 5847(b)(9) and 5895(a)
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2018)

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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, LGTBQ adults and teens, older adults. System-impacted adults, homeless individuals, and MCBH consumers from all county regions.

Similar to feedback gathered back in 2014 during the development of MCBH's Strategic Plan, transportation came was a frequently cited area of interest among current and potential consumers. Focus group participants brought up the challenges they encountered in not only getting transportation to clinics, but also the challenge in navigating facilities such as Natividad Medical Center once they arrived. They noted the process of seeking services the first time can be intimidating and discouraging. Additionally, focus group participants cited the value of staff being knowledgeable about the spectrum of mental health services available in the community, relating to them, and making them comfortable by meeting in their community settings. Some focus group participants explicitly requested more extensive investment in wellness navigator activities. This insight indicates that transportation coaching by wellness navigators, aimed at building confidence, knowledge and self-reliance, would be a desirable activity.

The community survey issued in underserved Latino communities found 'transportation' to be the second-most cited barrier to receiving care. Survey respondents requested services like free rides and more dispersed service locations across the county. These findings indicate that transportation coaching, which educates consumers on how they may utilize transportation benefits available for Medi-Cal beneficiaries, obtain bus or taxi vouchers, and build greater self-reliance when using public transit would address currently unmet needs in these underserved communities.

After MCBH staff refined the proposed model for this Innovation project, an additional four public 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 proceeded 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, consumers and their family members, underserved Latino communities, elected state and county representative offices, police officers, community center staff, community-based service providers and county staff. One workgroup session was held at the consumer wellness center where a very diverse group of consumers provided thoughtful feedback. They reported being excited about the potential increased job opportunities to support their peers.



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The consensus of MHSa workgroup participants was favorable support for the project as proposed in this plan. Specific suggestions included ensuring that transportation coaching services are offered in Spanish language and that Wellness Navigators receive background checks to provide secure and trustworthy environments. The ability to offer bi-lingual services and demonstrate appropriate hiring practices will be a requisite of the selected vendor providing services for this project. Some workgroup participants viewed this project as a chauffeur service and requested drivers be available at all hours. Comments such as this reiterate the need to communicate to project participants that there is a goal for building self-reliance and conditions will need to be established to prevent abuse of available resources. And finally, one participant suggested MCBH leverage the recent passage of Measure Q, which provides Monterey-Salinas transit (MST) with approximately \$7 million dollars per year to provide special services and routes to accommodate older adults and individuals covered under the American Disabilities Act (ADA). This project will leverage local programs and resources where appropriate.

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. Members cited their belief of Wellness Navigators benefiting from this program just as much as project participants. They also felt the transportation coaching efforts should leverage available MST programs, bus and taxi voucher programs, engage “potential clients” along with existing MCBH consumers, and devise a strategy for accommodating individuals that live in remote areas of the county.

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

MHSa Innovative Project Category

X	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
	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

- A. Community Collaboration



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- i. Development of this project was informed by extensive community feedback expressing a need for transportation assistance. Navigation strategies taught by Wellness Navigators will be informed by cultural and geographic circumstances of communities, and safety will be taken into consideration with respect to active gang areas.
- B. Cultural Competency
 - i. Cultural Competency will be assured across all activities in this project, with additional assistance provided as needed for individuals restricted by language barriers, disabilities or other concerns related to gender, ethnicity, race or sexual orientation. As part of Navigation coaching, efforts are to be made for reducing stigma associated with mental health issues and utilizing public transportation.
- C. Client-Driven
 - i. Navigation strategies to be developed and advocated through this project will be specific to client needs.
- D. Family-Driven
 - i. Navigation strategies to be developed and advocated through this project will be specific to client needs and will be informed by family input. This will also include involving family members as appropriate so they can have knowledge of available supports and assist their family member in accessing resources and maintaining gains.
- E. Wellness, Recovery and Resilience-Focused
 - i. This program is aimed at building resilience and enabling improved rates of recovery by building the capacity of consumers to receive meaningful services and participate in community activities.
- F. Integrated Service Experience for Clients and Families
 - i. Navigation strategies to be developed and advocated through this project will be integrated with available local resources and networked with relevant benefits for Medi-Cal beneficiaries.

Population

The population of focus for this project are those individuals, located countywide, that are unserved or underserved as a result of being unable to find transportation to services as a result of severe emotional disturbance or other debilitating mental illness, lack of information and/or financial resources, or geographic isolation. This project will be focused on serving TAY, Adults and Older Adults that are receiving services in MCBH Adult System of Care programs. Currently, 75% of our target population is Latino and 18% of the target population lives in our south county region which has been historically underserved.

Cultural Competence and Stakeholder Involvement in Evaluation

All evaluation materials developed and employed for evaluation purposes will be informed by Culturally Competent strategies, with translation services provided as needed. Stakeholder involvement in evaluation will be required in some instances. For example, stakeholders will inform this project when their transportation needs are assessed. Also, to evaluate if/how this project has improved independence of consumers, they will be surveyed on if/how they have independently utilized navigation strategies for participating in service appointments or other



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community activities related to their recovery. All materials will be developed and employed using non-stigmatizing and non-discriminatory languages and approaches.

Innovation Project Sustainability and Continuity of Service

This project will not be responsible for direct mental health treatment services, therefore dissolution of this project at the end of its defined timetable will bear no direct consequence on mental health treatments being received. Rather, the focus of this project is to build the capacity of a consumer to attend appointments. In this process of education and training, the consumer (and their family/support team) will be provided with documentation on their specific transportation strategies, preparing to continue independent navigation skills during and after this project. If elements of this project demonstrate significant value, they may be continued under MHSA funding components or other Non-MHSA funds.

Communication and Dissemination Plan

At a minimum, results and successful practices related to this project will be shared with the public via Annual MHSA Update reports, through a presentation at the Monterey County Behavioral Health Commission, and through a Final Innovation Report to be submitted to the MHSOAC. Successful practices may also be shared with community service providers that support independent transportation skills development.

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): MCBH will develop Transportation Needs Assessment Tool, and sequence vetting and approval of a final product through the Mental Health Commission, Cultural Relevancy and Humility Committee and Recovery Task Force.
- January 2019 – March 2019 (3 months): Source vendor, negotiate contract terms, and process contract through county purchasing procedures.
- April 2019 – June 2019 (3 months): Develop transportation coaching curriculum for Wellness Navigators. Complete trainings before end of calendar year.
- July 2019 – June 2021 (2 years): Begin assessments of new and existing clients in Adult System of Care programs. Continue providing assessment and re-assessments through June 2021. Collect assessment data and provide technical assistance throughout implementation timeline.
- July 2021 – December 2021 (6 months): Conduct evaluation, including evaluation of assessment data and gathering qualitative data from staff and participants.

Budget Narrative

Personnel Costs: This sum includes the \$65,000 average annual salary costs for the 0.3 FTE Management Analyst II and 0.2 FTE Epidemiologist assigned to this project. Time allocated for the Management Analyst will be equally split between Administration and Evaluation activities. Time



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allocated for the Epidemiologist will be dedicated to Evaluation activities. 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 include the \$1,009,000 three-year contract MCBH will have with a community-based organization to provide the services laid out in the project design. These services include administration, training, marketing and outreach, service provision, interagency coordination, accounting, evaluation and reporting. Direct costs will include one FTE Project Coordinator and three or more FTE Wellness Navigators, collateral material design and implementation, vehicle fuel and maintenance, public transportation costs, office expenses and additional incidentals. An additional consultant contract 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 \$1,234,000 over the course of the three-year period. The average cost annually will be \$411,333 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, FY 2011/12, 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

New Innovative Project Budget By FISCAL YEAR (FY)*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 2019	FY 2020	FY 2021	Total
1.	Salaries	\$58,088	\$58,908	\$59,587	\$176,583
2.	Direct Costs				
3.	Indirect Costs	\$6,139	\$6,139	\$6,139	\$18,417
4.	Total Personnel Costs	\$64,228	\$65,046	\$65,725	\$195,000
OPERATING COSTS		FY 2019	FY 2020	FY 2021	Total
5.	Direct Costs				
6.	Indirect Costs				
7.	Total Operating Costs				
NON RECURRING COSTS (equipment, technology)		FY 2019	FY 2020	FY 2021	Total



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8.					
9.					
10.	Total Non-recurring costs				
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 2019	FY 2020	FY 2021	Total
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

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

BUDGET TOTALS					
Personnel (line 1)		\$58,088	\$58,908	\$59,587	\$176,583
Direct Costs (add lines 2, 5 and 11 from above)		\$346,334	\$346,333	\$346,333	\$1,039,000
Indirect Costs (add lines 3, 6 and 12 from above)		\$6,139	\$6,139	\$6,139	\$18,417
Non-recurring costs (line 10)					
Other Expenditures (line 16)					
TOTAL INNOVATION BUDGET		\$410,562	\$411,379	\$412,058	\$1,234,000

*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.

A. Expenditures By Funding Source and FISCAL YEAR (FY)					
Administration:					
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2019	FY 2020	FY 2021	Total
1.	Innovative MHSA Funds	\$364,726	\$365,081	\$365,285	\$1,095,092
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Administration	\$364,726	\$365,081	\$365,285	\$1,095,092



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Evaluation:					
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2019	FY 2020	FY 2021	Total
1.	Innovative MHSA Funds	\$45,837	\$46,298	\$46,773	\$138,907
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Evaluation	\$45,837	\$46,298	\$46,773	\$138,907
TOTAL:					
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 2019	FY 2020	FY 2021	Total
1.	Innovative MHSA Funds	\$410,562	\$411,379	\$412,058	\$1,234,000
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Expenditures	\$410,562	\$411,379	\$412,058	\$1,234,000
*If "Other funding" is included, please explain.					

