

San Benito County Behavioral Health PROPOSED MHSA INNOVATIVE PROJECT

COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:

Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.
(Refer to CCR Title 9, Sections 3910-3935 for Innovation Regulations and Requirements)

Local Mental Health Board Approval Date: July 30, 2018

Completed 30-day Public Comment Period Date: June 29, 2018 - July 28, 2018

BOS Approval Date: August 21, 2018

If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled:

Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.

Desired Presentation Date for Commission: January 24, 2019

Note: Date requested above is not guaranteed until MHSOAC staff verifies that all requirements have been met.

Innovative Project Overview

County Name: San Benito County

Date submitted: Original: Monday, August 27, 2018
Revision: October 18, 2018
Revision: November 22, 2018

Project Title: Behavioral Health-Diversion and Reentry Court

Total amount requested: \$2,264,566

Duration of project: 5 Years

Innovative Project definition: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovative Project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports.” As such, an Innovative Project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovation Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, 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 a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- 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, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

San Benito County (SBC) has a high proportion of persons in the jail who are Hispanic. The San Benito County Jail currently has a maximum capacity for 143 beds. Most days, the jail is at or near capacity census. There are 142 beds in the jail with a full census on most days.

Approximately 76% of the inmates are Hispanic (N=108). Of these 143 inmates, it is estimated that over 20% are known to have an identified mental health and/or substance use disorder (N=29) and an additional 30% (N=34) are probable to have a need for mental health or substance use treatment (personal correspondence with Sheriff personnel). The jail staff are limited to conducting an initial basic screening at the time of booking to assure that individuals with mental health and substance use disorders are identified. Those that are identified through the booking screening process are referred to County Behavioral Health Services at the time of booking. This process may identify some, but not all, individuals that could benefit from Behavioral Health treatment.

There is an immediate need to develop a culturally responsive program for persons in the jail and/or prior to release from the jail. This program would enhance coordination and collaboration between partner agencies, including the courts, Behavioral Health, jail, probation, and social services, as well as inmates and family members. The development of a Behavioral Health - Diversion and Reentry Court (BH-DRC) would identify innovative, culturally responsive methods for engaging individuals at the time of booking as well as those who are current inmates. The BH-DRC Team would develop a process for screening individuals to identify those with behavioral health disorders, develop and strengthen models of engagement with inmates to link them to needed services, develop a BH-DR Court to reduce recidivism, and identifying evidence-informed strategies to improve outcomes for these high-risk, high-need individuals.

The BH-DRC will serve persons 18 years and older who have been arrested, charged, or convicted of a crime and have mental health issues. The target population will be individuals who have been arrested, charged, or convicted of an offense AND have mental health issues.

A court defendant, or jail inmate who meets the criteria for participation in the BH-DRC, will enroll in the BH-DRC process as a voluntary option in lieu of jail incarceration through either the diversion of placement in jail or as a condition for early release from jail. Whenever possible, the BH-DRC Project will divert individuals from jail incarceration who have a mental illness and who have encountered legal difficulties. These individuals, with the assistance of mental health treatment, would be better served in the community.

Statewide, it is common in jails to have such individuals incarcerated, and while in jail, these individuals might receive mental health care; and subsequently their mental health improves. However, when released from jail, these individuals may not have the incentive to continue to access ongoing behavioral health services without additional case management services to help them engage and access outpatient services.

The US Department of Justice just completed a nine (9) year study on recidivism to jails. <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6266>. This study included 401,288 state prisoners released in 2005 (in several states in the United States). The State of California was one of the states included in the study and represented approximately 25% of the entire sample with 104,000 California prisoners included in the study. The study followed the prisoners for nine years. Of the 401,288 prisoners, there were 1,994,000 re-arrests during the 9-year period, with an average of five arrests per released prisoner. Sixty percent of these arrests occurred during years 4 through 9.

Most relevant to this INN project, this study found that an estimated 68% of released prisoners were re-arrested within 3 years, 79% within 6 years, and 83% within 9 years. This is compelling data that clearly demonstrates the need to develop strategies to help reduce recidivism to the jails and prisons.

Developing a culturally-responsive program that develops innovative strategies for working with the Hispanic community, identifying evidence-informed strategies, and training staff across the system of care is essential for improving outcomes for high-need, high-risk individuals in the criminal justice system in SBC.

SBC is a small county, with a population of 55,269 (2010 U.S. Census). This county is predominantly Hispanic, at 56% (31,186). Caucasians represent 38% of the population (21,154). All other race/ethnic groups each represent less than 6% of the population. Approximately 36% of the households speak Spanish at home (19,550) (2012-2016 American Community Survey 5-Year Estimates).

Similarly, persons served by the SBC Behavioral Health (SBCBH) program show a comparable proportion of Hispanic clients. In FY 2016-17, a total of 1,282 individuals accessed SBCBH clinic-based services. Those accessing services were predominantly Hispanic, at 60% (774), and/or Caucasian, at 34% (434). All other race/ethnic groups each represent less than 4% of those accessing services.

However, the SBC jail population shows a higher proportion of Hispanics. Between 2012 and 2016, the percent of Hispanics in the jail varied between 76.6% in 2012, 71.6% in 2014, and 77.6% in 2016. (California Sentencing Institute data, Center on Juvenile and Criminal Justice, www.casi.cjcj.org, 2016). It is estimated that at least 64% of the local jail population, 56 % of state prisoners, and 45 % of federal prisoners have symptoms of serious mental illnesses (U.S. Department of Justice's Bureau of Justice Statistics (BJS)).

The high proportion of Hispanics in the jail may indicate that law enforcement disproportionately arrests people who are Hispanic. This trend may be exacerbated by the higher

proportion of Hispanics who are low income and the possibility that Caucasians may be able to afford a higher quality, more attentive attorney advocacy to help them avoid incarceration. Also, the issue of affordability of bail, resulting in spending time back in the community, as opposed to incarcerated while awaiting trial, could be another contributing factor to the demographic descriptions of those who are incarcerated in San Benito County. Training may also be an issue, with law enforcement not trained in de-escalation skills and/or motivational interviewing.

A high recidivism rate to jail may also indicate failures of the existing system. San Benito County has only two (2) judges and a small number of court clerks. This small system creates an environment where it is difficult to develop creative programs with the court, such as Behavioral Health-Diversion and Reentry Court (BH-DRC), when court calendars are full. Only one of the two judges is available to provide leadership to the BH-DRC, which further limits the availability of the courts and the number of persons who can be served at any one time.

Another failure in the current system is the jail system practice of discharging inmates at unpredictable hours, sometimes even in the early morning hours (e.g., 3:00 a.m.), without providing notice to partner agencies and facilitating coordinated linkage/ discharge planning. This strategy may be due to current jail capacity issues with new detainees needing a space, so others who are close to being released are released early. However, unpredictable, uncoordinated release time creates a complex series of events.

When a person is released at 3:00 a.m., and family and partner agencies are not notified prior to release, the person does not have transportation away from the jail or assistance and a plan for where to go to get support. If the person is released without a referral to Behavioral Health and does not have a prescription or a week's supply of discharge medication from the jail pharmacy, the person may quickly start experiencing acute health and/or mental health symptoms, perhaps even self-medicate with illicit or other substances.

Without prior notification, Behavioral Health staff do not have adequate time to arrange a coordinated (warm hand-off) discharge/release from jail in a planned manner; identify support persons; arrange a temporary or permanent housing option; link to supportive services; and/or schedule an appointment with needed psychiatric and/or medical care. By the time that SBCBH is notified of the release several hours or even days later, SBCBH staff may not be able to find the individual to begin linking them to services.

An unplanned discharge creates a situation where individuals who are taking medications are not given "bridge" medications at the time of release from the jail. The California Forensic Medical Group (CFMG), the jail's contracted health care provider, will not provide medications at the time of release from the jail. If an individual is released without needed medications and/or is not given a prescription for the medication that can be filled on the day of release at a local pharmacy, the individual with a chronic health condition or psychiatric symptoms may quickly decompensate and is at risk for being re-arrested or exhibiting acute psychotic behaviors that result in a psychiatric hospitalization or Emergency Department visit. Without the needed medications and/or scheduled Behavioral Health Clinic appointment on the day of release, the individual is at great risk. This situation may be exacerbated by the lapse in Medi-Cal eligibility

while the individual is incarcerated. Upon release, it may take up to six months to have benefits re-instated or secured. This results in a significant time lapse in accessing needed medications.

This Innovation Plan will develop strategies and assistance to address these concerns and develop innovative strategies to support individuals leaving the jail to access needed services. In addition, the Innovation Plan will specifically develop and design interventions to be culturally sensitive to the Hispanic community. This approach will include involving families in the treatment plan, as well as identifying and involving cultural and faith-based providers in services. The Hispanic community often does not recognize the need to treat mental health problems and may ignore symptoms and not access services; or the family may disown the individual, leaving the person without family supports at a vulnerable time. This Innovation Plan will work closely with the Hispanic community to identify strategies for engaging individuals and their families, sustaining services throughout the three BH-DRC phases, and develop family and community supports to help individuals be successful in achieving positive, lasting outcomes.

This Innovation Plan will also utilize the resources available through a Veteran's Administration Hospital and Outpatient Services Center (VA) from the Bay Area that is interested in supporting the BH-DRC, including providing additional support to any individuals enrolled in the program who are veterans. The VA Justice Services Representative will come to SBC at least once a month to provide supportive services to veterans in SBC. SBC does not currently have VA treatment services, so veterans need to travel to Monterey or Palo Alto in Santa Clara County to access services. The VA Justice Services Representative is very supportive of the plan to expand our BH-DRC model to include veterans as a Vets Court component and will schedule visits to SBC to coincide with scheduled court dates, to support the veteran while in court. In addition, the VA Justice Services Representative will provide additional benefits and linkage to Veterans Administration provided resources to help provide needed treatment to help achieve goals. This may include Residential Treatment, Medication Assisted Treatment, outpatient treatment services, and housing. The expansion of the BH-DRC to include a Veterans Court Component is fully supported by the Sheriff, Judge, Probation, and other allied partners. All of San Benito County's surrounding large neighbor counties have separate and distinct Veterans Courts Judicial System Programs. Because there are such similarities in San Benito's proposed Innovation Court project to the Vets court model, integrating the Vets Court component with this project allows for a feasible manner to offer this special additional resource to the San Benito County Judicial System.

Achieving the vision of this Innovation Plan requires the development of a strong interagency and community collaboration. Designing the strategies to meet the needs of the Hispanic community by implementing culturally competent services will be critical to the success of the project and provide valuable learning to all BH county systems.

This trend is a concern and identifies an opportunity to develop a program that helps divert individuals with behavioral health symptoms from the jail. It will also facilitate early release and community re-entry for individuals who are placed in jail and have a history of mental health treatment. In addition, in SBC, there is a critical need to deliver culturally-competent services to these individuals, given the high proportion of Hispanics in the county jail.

Some larger counties have implemented various models of a Behavioral Health-Diversion and Reentry Court (BH-DRC) in the past few years. This model has been found to be effective at improving access to mental health treatment for persons with a serious mental illness. It has also been found to be effective at reducing recidivism for these high-risk individuals. The majority of BH-DRC type programs have been implemented in large counties primarily because more resources are available, including staffing at all levels (courts, probation, behavioral health, etc.). Also associated with those resources are organizations that may be more willing to accept and implement innovative programs, using less traditional models.

This small county's Innovation Plan will utilize a similar, but not an identical, BH-DRC model that has been implemented in larger counties, such as neighboring Santa Clara County. SBC will adapt the principles found to be effective and apply them to a small, rural county with limited resources, one judge, limited court staff, and a predominately Hispanic population. SBC through this innovative project, in coordination with the Court and Probation Department, will incorporate similar principles to our existing and very successful Drug Court. The same system will be used, where each client makes frequent appearances in front of the court, to monitor the client's progress, and receive rewards and other behavioral reinforcement, for positive progress in the program.

This model will also be adapted to be culturally responsive to persons who are Hispanic. This will include providing culturally relevant training to staff and allied partner agencies including sheriff, probation, courts, and VA project involved staff. These culturally relevant trainings may include topics such as implicit bias, family dynamics, and/or trauma-informed services. Trainings will discuss and help staff understand the Hispanic community, understand the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community, address health issues for refugees and immigrants, and identify strategies for supporting persons who are mentally ill, who have substance use disorders, and who have one or more disabilities.

Persons identified to work on the BH-DRC will be bilingual and bicultural, including Peer Mentors. These individuals will also be trained on strategies to support family members, link them to family therapy, as needed, and help them create a healthy home environment to support the individual throughout the BH-DRC phases.

There is a need to improve services for persons with behavioral health problems; to provide appropriate services in the community with a focus on the Hispanic population in ways rather than the jail; and to help individuals receive the supportive services needed to reduce recidivism and improve access to needed health, mental health, and/or substance use services. This program would also help address public safety concerns and improve services to this vulnerable, high-need population.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will

typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The San Benito County Behavioral Health-Diversion and Reentry Court (BH-DRC) program is an innovative approach to addressing the needs of persons with a primary diagnosis of mental illness or dual diagnosis of mental illness and substance use disorders and are involved in the judicial and/or jail systems. The target population will be persons who have been arrested, charged, or convicted of an offense and have mental health issues.

The BH-DRC utilizes a Multi-Disciplinary Team (MDT) that is comprised of a Superior Court Judge, Superior Court Clerk, District Attorney, Defense Attorney (Public Defender), Police Department, Sheriff's Department, Probation, and Behavioral Health staff. The BH-DRC works collaboratively to identify individuals who have a mental illness and could be eligible for early release or diversion from jail by providing a coordinated system of supervision and treatment through a multi-disciplinary team.

The combination of Probation supervision and Behavioral Health treatment creates a foundation for the court to implement an innovative treatment model that engages individuals early in the judicial process and offers support and services needed to be successful. The BH-DRC Team is an effective model to meet the unique needs of individuals by creating a supportive environment and reducing barriers to services.

This program will utilize culturally-relevant, evidence-informed strategies to motivate individuals to enroll in the BH-DRC. This includes utilizing a Participant Journey Mapping process which helps to reduce stigma and create awareness of mental health and substance use issues. Many people have found sharing their story a powerful tool for recovery and it has helped people be more actively involved in their treatment planning and setting goals. This is a valuable tool that helps individual understand their role in the family and larger extended family. This is culturally relevant for Hispanic families that may have multiple generations living in one household. Also, if the family has a history of domestic violence, substance use, and/or experienced other traumatic events, this tool will help the individual, and family to understand how these experiences have impacted their lives. This tool is also effective at identifying levels of acculturation across the family's generations and the impact that has on children/young adults who are expected to translate for monolingual adults in the family.

This collaborative BH-DRC model coordinates service delivery, blended with court implemented sanctions and rewards, so individuals have optimal opportunities to meet their treatment needs through access and utilization of the appropriate resources. The BH-DRC is an innovative approach to addressing the needs of individuals in jail who have a diagnosable mental illness and creating culturally responsive services to reduce the negative consequences of incarceration and develop a coordinated system of services to improve outcomes and reduce recidivism.

The BH-DRC will serve persons 18 years and older who have been arrested, charged, or convicted of a crime and have mental health issues. A court defendant or jail inmate meeting the criteria for participation in the BH-DRC will be referred, and if enrolled in the BH-DRC

program, will choose to be voluntarily enrolled in the program in lieu of jail incarceration. This status may occur through either the diversion of placement in jail or as a condition for early release from jail. Whenever possible, the BH-DRC Project will divert individuals from jail incarceration.

The BH-DRC approach merges several elements of treatment and case management concepts proven to be beneficial for this target population. Within the BH-DRC program there are similarities to MIOCR (Mentally Ill Offender Court Referred Treatment); Assisted Outpatient Treatment; the Conditional Release Program (CONREP); and Intensive Case Management. In addition, the BH-DRC provides early engagement with behavioral health services as part of the courtroom process, to begin the connection with the client, and to facilitate enrollment to Medi-Cal while the client is still in jail to minimize the wait time to benefits after release. Early engagement also ensures that bridge medications are provided at the time of jail release, as needed.

A court defendant, or jail inmate meeting the criteria for participation in the BH-DRC, will enroll in the BH-DRC process as a voluntary option in lieu of jail incarceration through either the diversion of placement in jail or as a condition for early release from jail. Whenever possible, the BH-DRC Project will divert individuals from jail incarceration who have a mental illness and who have encountered legal difficulties. These individuals, with the assistance of mental health treatment, would be better served in the community.

The mission of the BH-DRC is:

To utilize a multi-disciplinary BH-DRC Team to deliver a collaborative and coordinated array of mental health services and when required substance use treatment services (dual diagnosed) with a comprehensive judicial supervision program to promote public safety, individual responsibility, harm reduction, and reduction of recidivism.

Through this project, specialized Court supervision, Probation, and Behavioral Health will accomplish their mission by:

- Identifying and enrolling persons who have been arrested, charged, or convicted of an offense AND have mental health issues;
- Providing participants with judicial and probation supervised services as an option to incarceration, or as an option for eligibility for early jail release;
- Training Jail staff and BH-DRC Team in evidence-informed strategies; culturally responsive services including Motivational Interviewing; and Participant Journey Mapping;
- Delivering culturally responsive engagement activities
- Conducting a comprehensive assessment and Participant Journey Map to identify behavioral health service needs, goals, and outcomes;
- Developing a Wellness, Recovery, and Action Plan (WRAP);
- Coordinating services across BH-DRC agencies to deliver client-centered, trauma-informed culturally-responsive MH and SUD treatment and court supervision;

- Coordinating with the VA Representative from the Bay Area to utilize veteran’s resources and to be directly involved in the Court supervised treatment plan processes to help achieve outcomes;
- Providing interventions aimed at reducing high-risk behaviors, promoting responsible behaviors, including the participant’s harm reduction while holding the participant accountable for their actions;
- Providing participants and family members with the services, support, and linkages to resources, to promote wellness and recovery;
- Providing supervision and case management to ensure that each participant utilizes their individual specific tailored treatment, including adherence to their prescribed psychiatric medications, and other behavioral health resources to meet their treatment goals and objectives;
- Communicating participant release across BH-DRC agencies to ensure coordination of services at discharge to meet participants’ needs, including transportation, follow-up health and behavioral health appointments, medications, housing, and linkage to other community services and supports;
- Utilizing court implemented rewards and sanctions to reinforce and promote positive behaviors and healthy lifestyles;
- Evaluating the program through collecting and analyzing data on service utilization, outcomes, and participant and family surveys;
- Evaluating cross-agency collaboration across agencies using an Interagency Collaboration survey; and
- Sharing data and outcomes with management, stakeholders, and community partners.

Project Benefits

The BH-DRC project benefits include at least the following:

- Evidence-based mental health and substance use treatment services
- Participant Journey Maps
- Coordinated multi-agency, court supervised and implemented supportive services to meet program goals
- Increased positive social and family connections
- Pre- and Post-conviction treatment options to reduce or remove charges upon successful completion of the program

The BH-DRC Team is comprised of the following members (bilingual, bicultural whenever possible):

1. Judge
2. Public Defender
3. District Attorney/ Deputy District Attorney
4. *SBCBH Team Leader/Case Manager Supervisor (0.3 FTE)*
5. *SBCBH Case Manager (Peer/Family Advocate) (2.0 FTE)*
6. *Psychiatrist (0.1 FTE: 4 hours per week)*
7. *SBC Probation Officer (0.5 FTE)*

8. *SBC Superior Court Clerk (0.5 FTE)*

The Innovation funding will provide the opportunity to utilize the existing court system as the foundation for creating a collaborative court process, utilizing Behavioral Health specialists to implement a culturally responsive program to achieve positive outcomes. The first three positions listed above will be funded through existing funds from the San Benito County Court system. Positions 4 through 8 (in *italics*) will be funded through Innovation dollars. Some positions are funded as part-time positions for the BH-DRC.

A contract with IDEA Consulting will be utilized to conduct evaluation activities, analyze data, and produce required reports for stakeholders.

A representative from the Veteran's Administration in the Bay Area will support veterans enrolled in the BH-DRC, and will attend court activities at least monthly.

Referral and Admission Processes

Individuals who meet the eligibility criteria may be referred to the BH-DRC. The Judge determines if the individual is eligible, either pre or post-conviction. The Judge determines the severity of offense and if the individual is likely to be successful and motivated to voluntarily consent to participate in the program.

The Judge, with input from the Treatment Team, then makes the final decision to determine if the individual will be admitted into the program. If the individual is admitted into the program, dispositional orders are made placing the participant on probation (if applicable). Additional orders, including participation in ongoing mental health (and substance use, if needed) treatment, are also made at this time. An interim set of basic mental health treatment and probation rules is reviewed and signed by the participant, and the participant receives the date of his/her first status review hearing and meets his/her assigned Treatment Team and Probation Officer (if applicable).

An early, fast-tracked assessment process will be available for individuals eligible for BH-DRC. A BH-DRC Case Manager will conduct a mental health screening at the time of the court hearing, for individuals who will be enrolled in the BH-DRC services. This immediate assessment also provides an opportunity to engage the individual with a behavioral health treatment provider and ensure the initiation of services as quickly as possible. The Case Managers assigned to the BH-DRC project will also be the same behavioral health staff who will provide ongoing support to help the individuals meet their goals. Whenever possible, these positions will be filled by persons who are bilingual and have lived experience. A Participant Journey mapping will be completed with the participant, and family and support persons whenever possible, to help identify goals and services needed. Additional support throughout the program may include providing transportation to appointments and court dates; linkage to other necessary services; and providing supportive services to family members and significant others, as needed.

Participants are expected to be actively involved in the BH-DRC and work toward the goals identified in their BH-DRC Plan. The BH-DRC Team is comprised of individuals who have the

skills and experience to help participants meet their life and health goals, including SBCBH Peer/Family Case Managers, SBCBH Psychiatrist, Probation Officer, and Superior Court Clerk. The BH-DRC Team works closely with each individual to plan services that are tailored to each participant's strengths, needs, and preferences. Services are designed to provide participants with support from the Team to accomplish their goals, including:

- Brief Behavioral Health Screening Tool will be completed by Jail staff for each person at the time of booking, to identify those persons with some mental health and/or substance use indicators (suicide, depression, substance use). Identified persons will be referred to the BH-DRC Team for an assessment;
- Daily New Admit Census Log will be sent each morning to BH-DRC project staff to review the log to identify other persons who have previously received Behavioral Health services, to ensure that these persons are also linked to Behavioral Health Services. This process will add an additional safeguard to prevent people from 'falling through the cracks' and received needed Behavioral Health services.
- Behavioral Health assessment to identify health, mental health, and substance use needs;
- Participant Journey Mapping
- Development of an Individualized Plan;
- Enrollment in services that help develop skills to reduce mental health symptoms and/or substance use and address health needs;
- Coordination between agencies to ensure access to bridge medications when leaving the jail that are immediately available when the individual is released into the community;
- Attending school or training; learning new skills; gaining employment; developing a supportive network of friends;
- Engaging the families of participants to offer them support and help create a strong supportive system for the individual to succeed; and
- Identification and coordination of safe and stable housing options.

The BH-DRC Team will work together with participants to celebrate successes and guide and support them to achieve health, wellness, and hope.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The BH-DRC Innovation Plan promotes interagency and community collaboration related to Mental Health Services, supports, and outcomes. The BH-DRC Team will create collaborative processes across several agencies, including Behavioral Health, the Superior Court Judge, Probation, District Attorney, Public Defender, the county jail, and the sheriff in order improve the continuity of care for persons arrested, in the jail, and eligible to be diverted to the community.

The BH-DRC Team will meet regularly with the Judge, Deputy District Attorney, and the Defense Attorney to discuss client progress toward goals, coordinate services, develop and implement culturally responsive services, and to increase positive outcomes. This multi-disciplinary team will be led by the Judge who makes all final decisions regarding standards and practices. The BH-DRC Team will involve other collaborative agencies, which will be

determined on an individual basis to meet the needs and support the success of each client. The BH-DRC Team will increase interagency and community collaboration through its work with these agencies, by providing and coordinating services to ensure the continuity of care for individuals in San Benito County. Persons who are veterans will be linked to the Bay Area VA representative to ensure linkage to veteran's benefits and resources. The VA Representative will coordinate with the BH-DRC at least monthly to provide ongoing support and linkage to needed services.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

This Innovation Plan will utilize BH-DRC models implemented in larger counties, such as neighboring Santa Clara County, and adapt the principles to a small, rural county with limited resources, one judge, limited court staff, and a predominately Hispanic population. Across the country, it is estimated that 64% of inmates in local jails have mental health issues and 76% met criteria for substance use (U. S. Bureau of Justice Statistics, 2006). There is a need for a program that helps divert individuals with behavioral health symptoms from the jail. In SBC, where the majority of inmates are Hispanic, there is a further need to deliver culturally-competent services to these individuals, given the composition of the county jail population. The BH-DRC is an alternative for individuals to receive supervised treatment and supportive, culturally-relevant services, rather than incarceration.

The existing model will be modified to ensure that services are delivered in a culturally and linguistically appropriate manner. There is also a need to provide culturally relevant appropriate services in the community, rather than the jail and to help individuals receive the supportive services needed to reduce recidivism and improve access to needed health, mental health, and/or substance use services.

The Participant Journey Mapping process will also help identify historical experiences such as trauma and/or substance use, to help identify opportunities to offer client-centered, trauma-informed, culturally-responsive MH and SUD treatment. These programs will also address public safety concerns and improve services to this vulnerable, high-need population. This innovative project will create opportunities to identify additional strategies for improving outcomes for this high-risk population, as well as help identify activities that are most effective for achieving positive results with persons from the Hispanic community. This project will also identify ways to include families in throughout the program and promote strong cultural connections in the community.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

It is estimated that up to ten (10) unique individuals will be served at any one time. The BH-DRC is an intensive court-based program that may last up to two (2) years for each person. Given the limited time that the judge, the court clerk, and probation officer have available, up to 10 people can be served. Across the five project years, it is estimated that the BH-DRC Team

will serve at least 50 adults, ages 18 and older. Successful BH-DRC courts typically have a length of treatment between six months and two years in length. As the BH-DRC Team demonstrates positive outcomes and potentially reduces the number of months needed to achieve positive outcomes, additional individuals may be served by the court system.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The target population for the BH-DRC Team is adults, ages 18 and older, who:

- Are current residents of San Benito County;
- Have been arrested, charged, or convicted of an offense; and
- Have a diagnosis of, or present indications of, one of the following qualifying disorders:
 - Major depression
 - Bipolar disorder
 - Schizophrenia
 - Severe mood or anxiety disorder
 - Other disorders upon agreement by the BH-DRC Team
- May have a pattern of substance use that impacts their daily functioning;
- Will not pose a present danger to staff or other participants; and
- Do not pose a threat to public safety.

Services will be available to persons who meet the above criteria, regardless of gender, race, ethnicity, sexual orientation, and language. It is estimated that 50% - 70% of the persons served will be Hispanic. Similarly, the majority will be male.

The BH-DRC Team will coordinate services with jail staff to identify high-risk persons ready for release from the jail. The BH-DRC Team will meet with the individual and begin developing a relationship and assess needs for services while the individual is still in jail. This approach will create the opportunity for the BH-DRC Team to develop a trusting relationship with the individuals and family, when appropriate; and will allow the BH-DRC Team time to plan and coordinate services in the community, including housing, coordinate bridge medications, and appointments for other needed services, at the time of release from jail, or when diverted from jail. This strategy promotes wellness and recovery, and reduces recidivism.

The BH-DRC Team will also coordinate services with probation staff to identify high-risk persons on probation. The BH-DRC Team will attempt to develop a trusting relationship with the individuals, while coordinating services in the community to promote positive outcomes and reduce recidivism. Collaboration with the VA Representative will also support veterans and create a foundation of support to help assure veterans have access to the array of Veterans Administration provided services to enrich their abilities and resource choice to meet their goals.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

This Innovative Project will utilize similar BH-DRC models implemented in larger counties, such as neighboring Santa Clara County. The San Benito BH-DRC model will be adapted to fit the needs and restrictions of a small, rural county with limited resources, one judge, limited court staff, and a predominately Hispanic population. A disproportionately high number of those in the SBC jail are Hispanic (71.6-77.6%). This data clearly illustrates the need to develop culturally-relevant services to meet the needs of individuals in the jail and their families.

The BH-DRC will facilitate training for law enforcement and behavioral health staff to deliver evidence informed strategies, including Motivational Interviewing. Training will include delivering culturally-responsive services and to respect different cultures; to understand mental illness and substance use behaviors; to respect family diversity and facilitate family engagement. The BH-DRC is an alternative for individuals to receive supervised treatment and supportive, culturally relevant services, rather than incarceration. These activities will also create the opportunity to identify and document other cultural strategies on how to involve families and provide other cultural supports to help improve outcomes.

The Hispanic community will also be included in this program, whenever possible, to help identify employment opportunities. Services will be delivered in Spanish and treatment plans will be written in Spanish, to help individuals be fully engaged in services.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

A 2011 research analysis on Mental Health Court experimental revealed that a disproportionate number of those referred to Mental Health Courts are Caucasian (Sarteschi, Vaughn, and Kim, 2011)¹. This analysis clearly indicates the needs to modify existing court models used by other counties and programs to modify services to be culturally relevant for the SBC Hispanic population and to update the BH-DRC model to address the need to promote cultural competence.

The BH-DRC will also utilize evidence-based practices to help understand their relevance to the Hispanic community, which will provide valuable information on how to adapt these tools to meet the cultural needs of the Hispanic community. For example, the BH-DRC will utilize the Participant Journey Mapping Tool to help individuals understand their role in the extended family, as well as discuss levels of acculturation and identify traumatic events in their family's lives. This will help identify key events and develop strategies to provide the needed resources and treatment to support the individual's wellness and recovery.

In addition, the majority of Mental Health Diversion Courts have been implemented in larger counties that have more funding and other resources to support this effective court model. This

Innovative Project will adapt relevant components of BH-DRC models found to be effective in larger counties and modify it to meet the needs of this small, rural, and primarily Hispanic county.

To gain additional information about the Mental Health Diversion Court model, SBC staff visited the Santa Clara Behavioral Health Court to witness the Court's operations. SBC staff then met with the Judge and other support staff to discuss the BH-DRC model and how it might be implemented in San Benito County. Observing the Court and Judge during a hearing was an effective learning model to help SBCBH design its program to meet the needs of San Benito County.

¹Sarteschi, C. M., Vaughn, M. G., & Kim, K. (2011). Assessing the effectiveness of mental health courts: A quantitative review. *Journal of Criminal Justice*, 39(1), 12-20.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) *What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?*

The BH-DRC Team will coordinate services with probation and sheriff's officers to screen and identify persons eligible for services. The BH-DRC is an alternative for individuals to receive supervised treatment and supportive, culturally relevant services, rather than incarceration. The BH-DRC Team offers culturally responsive services and resources, including mental health and/or substance use treatment services. These services are designed to help adults stay healthy and stable as they develop the skills needed to achieve their goals.

Participants are expected to be actively involved in the BH-DRC and work toward the goals identified in their BH-DRC Plan. The BH-DRC Team is comprised of individuals who have the skills and experience to help participants meet their life and health goals, including SBCBH Peer/Family Case Managers, SBCBH Psychiatrist, Probation Officer, and Superior Court Clerk. The BH-DRC Team works closely with each individual to plan services that are tailored to each participant's strengths, needs, and preferences. Services are designed to provide participants with support from the team to accomplish their goals, including:

- To deliver services in a culturally and linguistically sensitive manner to meet the needs of each individual and family;
- To assess persons in the jail to identify those with mental health and/or substance use disorder and who could benefit from BH-DRC;
- Utilize the Participant Journey Mapping process to identify historical behaviors, traumatic events, and levels of acculturation, and identify strategies to achieve goals;
- To develop a Culturally Relevant Individualized Plan for each individual receiving BH-DRC services;

- To deliver culturally sensitive and **linguistically relevant** services to reduce mental health symptoms and/or substance use and address health needs;
- To coordinate services between agencies to ensure access to bridge medications when leaving the jail that are immediately available in the community;
- To support positive outcomes including attending school and/or training; gaining employment; developing a positive and supportive network of friends;
- To engage families of participants to offer support and create a strong, culturally supportive system for the individual to succeed;
- To support the individual to find and keep housing;
- To coordinate services for veterans to improve access to benefits and meet goals.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

These goals are consistent with the key elements outlined in this plan to develop and implement a culturally relevant Behavioral Health – Diversion and Reentry Court program that supports the individual to be successful in achieving their goals, promoting community safety, and strengthening the collaboration between agencies to promote positive outcomes.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

The evaluation will have several components:

- a) Individuals will be surveyed periodically to obtain their input to improving services. Staff and client perceptions of access to services, timeliness, and quality of services will be measured.
- b) Service-level data will be collected to measure the number of services, referrals and linkages to services, number of contacts and duration of services, and location of services. Dates of arrests and length of time in jail, including flash incarcerations will be collected, whenever available. This data will provide information on timely access and referrals to services and recidivism to jail. Services will be evaluated to assess the timeliness of services and outcomes over time.
- c) Client perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes. These outcomes will include health, mental health, substance use, living situation, and other key elements.
- d) Periodic surveys of staff, clients, and partner agency staff will help to inform the progress of the Innovative Project on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from each organization, as well as stakeholders, of the success of the project.

- e) Conduct a Collaboration Survey at least annually across partner agency staff to help identify levels of collaboration, and improvement in collaboration across the five years of this project.
- f) Conduct a Participant Survey and a Family Survey at least every six months to identify level of involvement with family and other support persons in each aspect of service.

Please see the Evaluation Chart on the following pages for key learning questions, outcomes, measures, and data sources.

San Benito Behavioral Health

Innovation Plan – Behavioral Health Diversion and Re-entry Court (BH-DRC)

Evaluation Chart

Learning Question	Outcome(s)	Measurement Metric	Data Source(s)
1. To what extent does BH-DRC lead to improved outcomes?	<ul style="list-style-type: none"> - Increased utilization of mental health services - Culturally relevant, individualized treatment plan - Employed and/or in school - Linkage to services - Reduced mental health symptoms - Reduced substance use - Reduced time spent in jail or diversion from jail - Reduced recidivism 	<ul style="list-style-type: none"> - Mental health service utilization - Case management - WRAP plan developed - Participation in BH-DRC - Participation in individual and group services - Adherence with prescribed medication(s) 	<ul style="list-style-type: none"> - Anasazi (Cerner) - BH-DRC Tracking Forms - Jail Census Report - Participant Perception of Care Survey - Family member questionnaire
2. To what extent does enrollment in BH-DRC lead to improved wellness and recovery outcomes for person in jail and/or arrested?	<ul style="list-style-type: none"> - Culturally relevant, individualized treatment plan - Reduced mental health symptoms - Reduced substance use - Employed and/or in school - Decreased incarcerations - Decreased time spent in jail or diversion from jail - Reduced recidivism 	<ul style="list-style-type: none"> - Number of arrests - Number of re-arrests - Number of days spent in jail - Enrollment in BH-DRC - Length of time spent in BH-DRC - Completion of BH-DRC phases - Graduation from BH-DRC 	<ul style="list-style-type: none"> - Jail Census Report - BH-DRC Tracking Forms
3. To what extent does enrollment in BH-DRC lead to improved wellness and recovery outcomes for veterans?	<ul style="list-style-type: none"> - Increased Mental Health service utilization - Culturally relevant, individualized treatment plan - Reduced mental health symptoms - Reduced substance use - Employed and/or in school - Linkage to services & benefits, including veterans - Decreased incarcerations - Decreased time spent in jail or diversion from jail - Reduced recidivism 	<ul style="list-style-type: none"> - Mental health service utilization - Number of arrests - Number of re-arrests - Number of days spent in jail - Enrollment in BH-DRC - Length of time spent in BH-DRC - Completion of BH-DRC phases - Graduation from BH-DRC - Veteran’s Services 	<ul style="list-style-type: none"> - Anasazi (Cerner) - BH-DRC Tracking Forms - Jail Census Report - Participant Perception of Care Survey - Family member questionnaire

Learning Question	Outcome(s)	Measurement Metric	Data Source(s)
4. To what extent does implementation of the BH-DRC contribute to improved collaboration 1.) between SBCBH, the Sherriff, Courts, and Probation, and 2.) between consumers and their families?	<ul style="list-style-type: none"> -Improved coordination and communication among SBCBH, the Sherriff, Courts, and Probation -Coordinated and individualized mental health and substance use treatment -Timely data collection and analysis of key health, mental health, substance use, arrests, and recidivism indicators -Shared reports to track outcomes and improve services over time -Family members are involved in treatment 	<ul style="list-style-type: none"> -Interagency Collaboration Activities Scale (IACAS) 	<ul style="list-style-type: none"> -Anasazi (Cerner) -IACAS Collaboration Survey -Participant Perception of Care Survey -Family member questionnaire
5. To what extent was the program implemented as planned?	<ul style="list-style-type: none"> -Program implemented -Eligible participants referred/enrolled -Strengthened and increased support for individuals who have a mental illness and/or Substance Use Disorder and could be eligible for early release or diverted from jail 	<ul style="list-style-type: none"> -Staff hired or designated to BH-DRC program -Number of individuals screened and assessed -Number of individuals enrolled in BH-DRC -Number of individuals who graduate from BH-DRC -Coordination and Collaboration across agencies, including Veteran’s Affairs 	<ul style="list-style-type: none"> -Anasazi (Cerner) -BH-DRC Tracking Forms -IACAS Collaboration Survey -Participant Perception of Care Surveys -Family member questionnaire

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

This project will be an SBCBH program, with resource-sharing MOUs executed, as may be necessary, with Probation and the county Administration to cover the part-time Probation Officer and Superior Court Clerk. The evaluation component of this Innovation Plan will be contracted out to IDEA Consulting. IDEA Consulting has been providing exemplary consultation and evaluation services to SBC for the past 28 years, and works closely with the Director, Deputy Director, and management team. As a result, there is an established relationship that ensures quality and compliance with regulations.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Stakeholders have been and will continue to be actively involved in all components of the BH-DRC Innovative Project. For the planning process, we obtained input from several different stakeholder groups, including clients; Adults; Older Adults; TAY; individuals involved with our Sober Living Environment home; consumers who utilize the Esperanza Wellness Center; Probation; law enforcement agencies; veterans; and the Court. With input and planning meetings with stakeholders, we were able to identify the unique needs of our community and an Innovative Project that is well designed for our county.

There has been significant diversity in stakeholders involved in the development of the Innovative Project. Approximately 30-50% of stakeholders are Hispanic. Stakeholder diversity also includes participants of various ages (16 and older), gender, LGBTQ, veteran status, and consumer status. This broad diversity in stakeholders provides important input and feedback throughout the planning and evaluation activities. The proposed Innovation Plan integrates stakeholder input, results from a community survey, and input from planning meetings with the Judge, Probation, and law enforcement to identify needs and develop a BH-DRC that will be successful in this small county. The planning process also involved discussions at the Behavioral Health Board; Quality Improvement Committee; Cultural Competence Committee meetings; AB109 Committee; and at staff meetings, to obtain input and strategies for designing a BH-DRC process that will be successful in our small community. All stakeholder groups and boards are in full support of this MHSIA Innovation Plan. These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality Improvement; evaluation; and budget.

SBCBH utilizes planning and stakeholder input throughout the year, during regularly scheduled meetings and events. This is an ongoing process and includes consumers, family members, SBCBH direct service staff, allied partners, and community members. These stakeholders reflect the demographics of the general population, which includes persons who are Hispanic, Transition Age Youth, adults, older adults, the LGBTQ community, and persons with experience in jails and prisons. These stakeholders continue to raise concerns about the need for more supportive services and supports for SBCBH consumers before and after incarceration. In reviewing this plan, stakeholders unanimously supported development of the BH-DRC type services. Entities involved during the MHSA Annual Update and Innovation Planning Process include the following:

- 1) Behavioral Health Board – appointed community representatives; meetings held 6/21/18, 7/30/18, 9/20/18, and 10/18/18
- 2) Board of Supervisors approval on 8/21/18
- 3) Community Corrections Partnership with representatives from the Sheriff’s Office, Probation, County Administrator, District Attorney’s Office, and Behavioral Health Staff which meets every three months
- 4) Superior Court Judge Sanders, District Attorney, and Behavioral Health staff met several times to discuss BH-DRC programming and details of the phases
- 5) Veterans Affairs of Palo Alto – Veterans Service Office - meeting on 12/12/18
- 6) MHSA Community Input at the Farmer’s Market during Mental Health Month from May 9, 2018 and May 16, 2018. San Benito County’s threshold language is Spanish. Case Managers were utilized during mental health month to support get community feedback for our Spanish speaking population. We also had the support of the LGBTQ Peer Mentors in getting input from stakeholders and the community.
- 7) SBCBH staff meetings including substance abuse counselors, case managers, clinicians and supervisor – 8/1/18, 9/5/18, 10/3/18, 11/7/18, and 12/5/18
- 8) Community Transition Center
- 9) California Forensics Medical Group (CFMG), San Benito County Jail staff, and Behavioral Health staff
Meetings with the VA representative from the Bay Area

In addition to the comprehensive planning process and developing the BH-DRC model to meet our needs, stakeholders will continue to be involved by providing ongoing input into planning and design of the program; prioritizing services for those in or just released from jail; developing creative methods for engaging, assessing, and meeting the needs of these high-risk individuals; designing the implementation; and participating in evaluation design and review of outcomes.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- a) *Community Collaboration*
- b) *Cultural Competency*
- c) *Client-Driven*
- d) *Family-Driven*
- e) *Wellness, Recovery, and Resilience-Focused*
- f) *Integrated Service Experience for Clients and Families*

The BH-DRC services will reflect and be consistent with all of the MHSA General Standards. Enhanced community collaboration and coordination of culturally-competent services across county agency partners is one of the primary goals of our Innovative Project. These activities closely align with the General Standards. The BH-DRC Team will be multi-disciplinary and foster collaboration and communication across the several agencies involved in this Innovative Project. As a component of the evaluation, a Collaboration Survey will be utilized to demonstrate improvements in communication and collaboration across the various agencies involved in the project.

All services will be culturally and linguistically competent. It is our goal to hire bilingual, bicultural Case Managers to meet the needs of our Hispanic community. In addition, we will strive to provide culturally-responsive services to the various cultural groups served, including but not limited to persons who are Hispanic, the LGBTQ community, adults and older adults, consumers, and family members, to support optimal outcomes. Wellness, recovery, and resilience will be the foundation for all services to deliver culturally responsive services. Beginning with the assessment and Participant Journey Mapping process, individuals will begin to understand how family history and culture have shaped their life experiences and influenced life choices. This process helps each person, and family, to better understand past behavioral and identify goals and strategies to support wellness and recovery. Each person will also be supported in developing a dynamic Wellness and Recovery Plan (WRAP) to help support their individual resiliency skills to achieve positive outcomes.

Families, and other support person, will also be integrated into all components of the program to provide encouragement, strengthen relationships, and support the individual's goals.

Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. The BH-DRC Team will strive to provide appropriate, individualized services to each unique client engendering hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery-oriented and promote choice, self-determination, flexibility, and community integration to support wellness and recovery. Through collaboration across agencies, the BH-DRC Team will provide an integrated service experience for clients and

their families. The BH-DRC Team will collaborate and communicate across the several agencies involved in this Innovative Project, facilitating the continuum of care for the client and their family.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

It is our goal to hire bilingual, bicultural Case Managers to meet the needs of our Hispanic community. We will strive to provide culturally-sensitive services to the LGBTQ community, adults and older adults, consumers, and family members, to support optimal outcomes. The BH-DRC Team will facilitate training for law enforcement and behavioral health staff to deliver culturally-relevant services and to respect different cultures; to understand mental illness and substance use behaviors; and to respect family diversity and facilitate family engagement.

This program will be adapted to be culturally responsive to persons with specific cultural needs. This will include providing culturally-relevant training to staff and allied partner agencies including the Sheriff's Office, probation, courts, and VA. These culturally-relevant trainings may include topics such as implicit bias, family dynamics, and/or trauma-informed services. Trainings will focus on identifying strategies for supporting various cultural communities, such as the Hispanic community, the Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+) community, persons who are mentally ill, persons who have substance use disorders, and persons who have one or more disability, among others.

In addition, this program will utilize culturally-relevant, evidence-informed strategies to motivate individuals to enroll in the program. For example, the BH-DRC Team will utilize a Participant Journey Mapping process which helps to reduce stigma and create awareness of mental health and substance use issues. This is a valuable tool that helps individual understand their role in the family and larger extended family. This is particularly culturally-relevant for Hispanic families that may have multiple generations living in one household. Also, if the family has a history of domestic violence, substance use, and/or experienced other traumatic events, this tool will help the individual and their family to understand how these experiences have impacted their lives. This tool is also helps to identify levels of acculturation across the family's generations and the impact that has on children/young adults who are expected to translate for monolingual adults in the family.

Stakeholders have been and will be actively involved in all components of the BH-DRC Innovative Project. This involvement includes ongoing input into planning; prioritizing services for those in or just released from jail; developing creative methods for engaging, assessing, and meeting the needs of these high-risk individuals; designing the implementation and evaluation activities; and through ongoing funding. Meetings will be held at least quarterly with stakeholders and organizations to discuss implementation strategies, identify opportunities to strengthen services, and celebrate BH-DRC Team successes. Data on access to services, service utilization, and client outcomes will also be reviewed with stakeholders to provide input on the

success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

The successful implementation of the BH-DRC Team will be self-sustaining. If all components of the team are successful, clients will receive services in a timely manner, at the most appropriate level of care. Key outcomes will show improvement over time and services will be accessible to individuals needing this level of support.

INNOVATIVE PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The BH-DRC project will create the opportunity to develop and strengthen services to individuals who become or are currently involved in the criminal justice system and have a mental health and/or substance use issue. Some of these individuals may have a serious mental illness. BH-DRC will address each person's health, mental health, and/or substance use needs. Promoting mental health and recovery will be a high priority, as well as the ongoing support necessary to helping the individual remain stable in their mental wellness and recovery over time. The opportunity to learn how to meet the whole health needs of the individual will also help to identify how to sustain these services after the five-year funding cycle for this project. Services will continue to be available through MHSA funds, county realignment and Medi-Cal funding, so that high-risk individuals will continue to receive services to meet their needs.

This project will also identify and highlight key components of the program that were effective at meeting the needs of individuals and family members who are Hispanic and, potentially, monolingual Spanish speakers. Levels of engagement and length of stay, reason for leaving the program early, and other elements will be analyzed to improve and sustain services and continuity of care across providers.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

Meetings will be held at least quarterly with stakeholders and organizations to discuss implementation strategies, identify opportunities to strengthen services, and celebrate BH-DRC Team successes. Data on access to services, service utilization, and client outcomes will also be reviewed with the team and various stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Criminal justice; probation; mental health; substance use; serious mental illness; superior court

TIMELINE

A) Specify the expected start date and end date of your INN Project

SBCBH anticipates that the BH-DRC Team will begin engaging eligible individuals by April 1, 2019. This date will allow time for MHSOAC approval; MOU development and execution; staff hiring and training; and collaborative implementation of the policies, forms, and protocols necessary to the project. Innovation funding for this project will end on March 31, 2024. (Dates may vary depending upon the date of MHSOAC approval.)

B) Specify the total timeframe (duration) of the INN Project

It is anticipated that the BH-DRC project will be funded through MHSOAC Innovation funds for five (5) years.

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Please refer to the timeline, included on the next pages. Please note that the following timeline shows the order of the implementation of the various activities. The actual start date will be based upon the date the Innovative Project is approved by the MHSOAC.

San Benito County BH-DRC
 Timeline of Key Implementation Activities

KEY IMPLEMENTATION ACTIVITIES	YEAR 1				YEARS 2-5			
	2018-2019				2019-2023			
	1	2	3	4	1	2	3	4
Staffing and Pre-Implementation Activities								
Hire/identify BH-DRC Supervisor, Case Managers; hire/contract for Probation and Court Clerk	●							
Contract with Evaluator	●							
Purchase materials for selected evidence-based practice(s), if needed	●							
Meet with BH-DRC Team to discuss step-by-step process	●							
Training and Supervision								
Train new BH-DRC Team members on recovery, wellness, court process, resources, evidence-based practices (EBPs), documentation standards, and HIPAA regulations	●	●						
Train new BH-DRC Team members to implement the core elements of the BH-DRC manual	●	●						
Provide ongoing supervision of the BH-DRC model (principles, techniques, outcomes)	●							→
BH-DRC Team develops process for engaging, motivating, and implementing program	●							→
Engage Clients								
Identify adults living in SBC who have current involvement in the criminal justice system and have a mental health and/or substance use issue that impacts their daily functioning	●							→
Enroll clients in BH-DRC	●							→
Assess each person's health, mental health, and substance use status	●							→

KEY IMPLEMENTATION ACTIVITIES	YEAR 1				YEARS 2-5			
	2018-2019				2019-2023			
	1	2	3	4	1	2	3	4
Engage family members in program (as feasible)			●					→
Deliver Services								
Deliver BH-DRC person-centered behavioral health services, including substance use services	●							→
Collect baseline data on key indicators; periodically track progress	●							→
Link clients to other services, as needed	●							→
Involve family members in services, when appropriate	●							→
Provide service coordination and ensure continuity of care to improve outcomes	●							→
Deliver culturally-appropriate services in the client’s preferred language, when feasible	●							→
Offer trainings and workshops to clients and family members on health, wellness, and recovery	●							→
Attend court; collaborate with Judge to change phases and frequency of court visits	●							→
Collaboration and Information-Sharing Between Agencies								
Develop an MOU between key agencies to provide coordinated, collaborative services to BH-DRC clients	●							
Develop Releases of Information and Consent for Treatment forms to share information between appropriate BH-DRC providers, and implement procedures for collecting forms	●							→
Hold quarterly BH-DRC meetings, with key partners to identify and improve continuity of care	●							→

KEY IMPLEMENTATION ACTIVITIES	YEAR 1				YEARS 2-5			
	2018-2019				2019-2023			
	1	2	3	4	1	2	3	4
Create and maintain the capacity to share key health indicators across a client's range of services	●							▶
Data Collection, Evaluation, and Reporting								
Develop evaluation data collection forms to collect evaluation data	●							
Train BH-DRC staff to reliably collect data and submit it in a timely manner	●	●						
Develop summary data reports on service deliver and client outcomes to BH-DRC Team and other stakeholder groups.		●						▶
Share summary data reports with BH-DRC consortium, county Quality Improvement Committee, clients, and family members		●						▶
Submit required reports to MHSOAC		●		●		●		●

Section 4: INN Project Budget

San Benito BH-DRC Project Budget

Note: All listed expenses are funded through MHSA Innovation dollars.

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Personnel/Benefits	\$ 174,641	\$ 232,855	\$ 232,855	\$ 232,855	\$ 232,855	\$1,106,060
2	Operating Costs	\$ 63,582	\$ 84,776	\$ 84,776	\$ 84,776	\$ 84,776	\$ 402,686
3	Contracts	\$ 69,618	\$ 92,824	\$ 92,824	\$ 92,824	\$ 92,824	\$ 440,914
4	Evaluation	\$ 23,024	\$ 30,698	\$ 30,698	\$ 30,698	\$ 30,698	\$ 145,816
5	Other Expenses	\$ 15,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 95,000
6	Administrative	\$ 11,699	\$ 15,598	\$ 15,598	\$ 15,598	\$ 15,598	\$ 74,091
Total INN Funds Requested		\$ 357,563	\$ 476,751	\$ 476,751	\$ 476,751	\$ 476,751	\$2,264,566

INN Reversion Funds Plan

Available MHSA Reversion funds (\$766,396) will be used to cover the startup costs in Year 1 and a portion of the expenses in Year 2 of the BH-DRC project, as follows:

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
a	Innovation Reversion	\$ 357,563	\$ 408,833	\$ -	\$ -	\$ -	\$ 766,396
b	Innovation	\$ -	\$ 67,918	\$ 476,751	\$ 476,751	\$ 476,751	\$1,498,170
Total INN Funding							\$2,264,566

Budget Narrative

1. Personnel/Benefits – This line items includes salaries and benefits for the SBCBH members of the project team, including a Team Leader/Case Manager Supervisor (0.3 FTE); Case Managers/Peer Advocates (2.0 FTE); and a Psychiatrist (0.1 FTE: 4 hours per week). Staff are bilingual and bicultural, as available. Expenditures in this category are based on current County Personnel Salary tables.
2. Operating Costs – This category includes support staff time; project-related facility costs, such as rent; and other operating expenses including communications, office supplies, utilities, IT, and janitorial services. In addition, costs are included related to dissemination of lessons learned to other counties and interested stakeholders. Expenditures are based on historical costs.
3. Contracts – This category covers the expenses associated with the Probation Officer (0.5 FTE) and the Court Clerk (0.5 FTE) assigned to the project.

4. Evaluation – This line items covers project evaluation, which will provide an assessment of project effectiveness and client-level outcomes achieved as a result.
5. Other Project Expenses – This category includes funding to support essential expenses to support the project, including paying for medication costs when an inmate is released from jail without needed psychiatric medications (i.e., ‘bridge medications). This funding will help supply these needed medications after they leave the jail until the individual can be enrolled in Medi-Cal or receive other benefits.
6. Administrative – This category includes administration costs, including A-87, associated with the project.