SAN BERNARDINO COUNTY

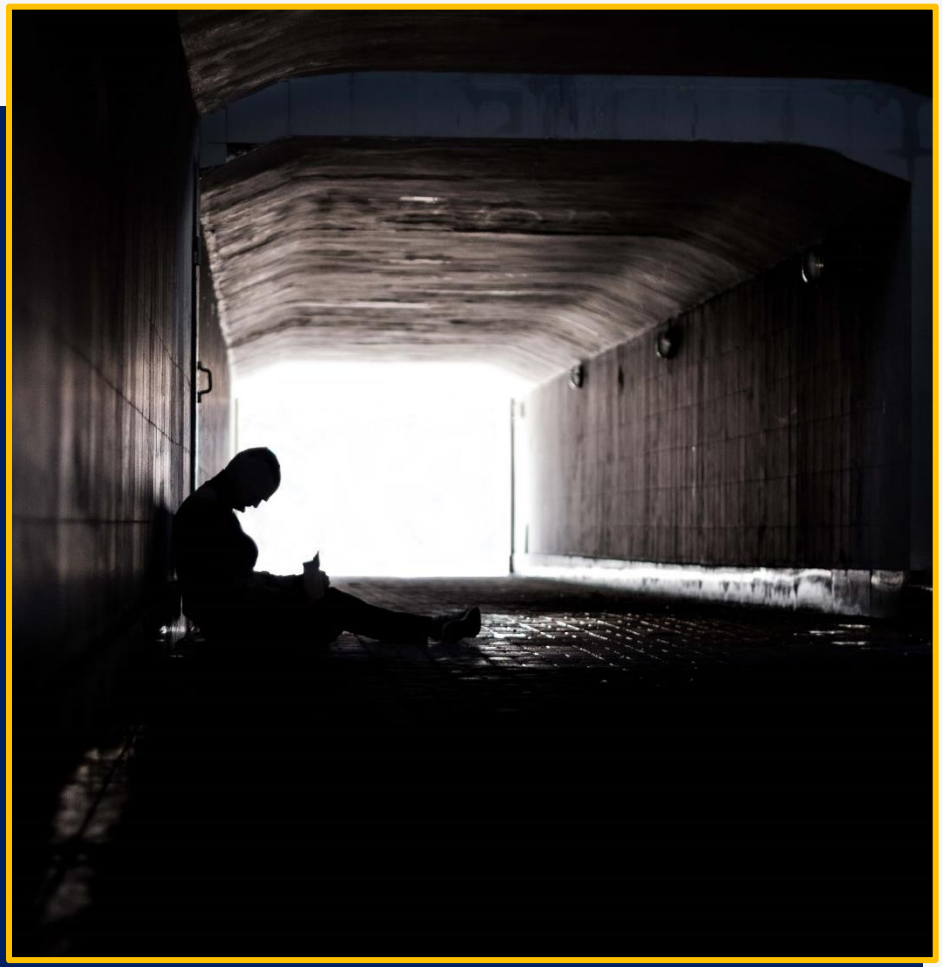
Behavioral Health

Innovative Project Proposal

InnROADs

Innovative Remote Onsite Assistance Delivery

MHSA Plan to Spend Reverted/Reallocated Funds per Assembly Bill 114



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Thank you for your interest in the San Bernardino County Department of Behavioral Health's (DBH) Mental Health Services Act (MHSA) Innovation Plan. Since the passage of the MHSA in 2004, the mental health system in the State of California has undergone a transformation in the services and treatment options available for individuals living with mental illness. Across San Bernardino County, an extensive network of services have been established through the guidance of the MHSA Components: Community Services and Supports, Prevention and Early Interventions, Innovation, Capital Facilities and Technological Needs, and Workforce Education and Training.

The Innovation Component of MHSA provides counties with the opportunity and challenge to think outside the box and implement projects that encourage learning in the field of behavioral health. The purpose of Innovation projects is to enhance quality of services, improve outcomes, promote interagency collaboration, and increase access to services, especially for underserved groups. Innovation projects are time-limited and are an opportunity to creatively improve any aspect of the community mental health system. Innovation projects may introduce a mental health practice or approach that is new to the mental health system, make a change to an existing practice, or apply an existing non-mental health approach or promising community driven practice to mental health.

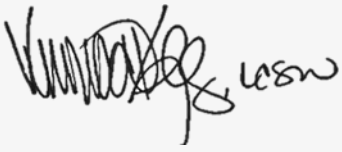
This plan provides in-depth information about the proposed project, Innovative Remote Onsite Assistance Delivery (InnROADs) and the innovative approach to assist individuals experiencing mental illness and homelessness in remote areas of our County.

The proposed project is an interagency effort that seeks to disrupt the existing model of engagement and treatment that require individuals to "come to" services and supports the creation of a system where the needed services and supports "go to" the individual in need.

In the Community Program Planning section you will find a description of the extensive and diverse stakeholder process that took place related to Innovation project planning. It is only after extensive conversation and careful consideration that the project is proposed to be funded under the Innovation Component of the MHSA.

We also find this project falls in line with the San Bernardino Countywide Vision by promoting wellness through improving collaboration and partnerships to better treat the whole person. I invite you to read the project plan and provide feedback at MHSA@dbh.sbcounty.gov. Your time and feedback is greatly appreciated.

Thank you.



Gracias por su interés en el Plan de Innovación de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) del Departamento de Salud Mental (DBH por sus siglas en inglés) del Condado de San Bernardino. Desde que la MHSA fue aprobada en el 2004, el sistema de salud mental en el estado de California ha experimentado una transformación en las opciones de servicios y tratamientos disponibles para individuos que viven con enfermedades de salud mental. A través del Condado de San Bernardino, se ha establecido una cadena extensiva de servicios bajo la orientación de los componentes de MHSA: Servicios y Apoyos Comunitarios, Prevención e Intervención Temprana, Innovación, Obras de Infraestructura y Necesidades Tecnológicas, y Educación y Capitación de la Fuerza Laboral.

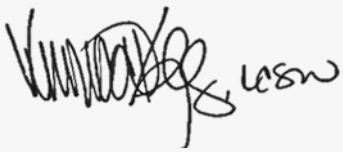
El componente de Innovación de la MHSA le proporciona a los condados la oportunidad y reto de pensar fuera de la caja e implementar proyectos que estimulan el aprendizaje en el campo de salud mental. El propósito de los proyectos de Innovación es de aumentar la calidad de servicios, mejorar resultados, promover colaboración interinstitucional, y aumentar el acceso a servicios, especialmente para los grupos desatendidos. Los proyectos de Innovación son por tiempo limitado, y ofrecen la oportunidad para mejorar con creatividad cualquier aspecto del sistema de salud mental comunitario. Proyectos de Innovación pueden introducir una práctica o estrategia nueva al sistema de salud mental, hacer un cambio a una práctica existente o aplicar una estrategia existente no relacionada con salud mental o practica prometedora de salud mental usada por la comunidad.

Este plan proporciona información en profundidad sobre el proyecto propuesto, Innovative Remote Onsite Assistance Delivery (InnROADs) (por su nombre en inglés) y el enfoque innovador de ayudar a las personas que sufren enfermedades mentales y la falta de vivienda en zonas remotas de nuestro condado.
El proyecto propuesto es un esfuerzo interdepartamental que procura interrumpir el modelo existente de divulgación y tratamiento que requieren que individuos “vengan a” servicios y apoya la creación de un sistema donde los servicios necesarios y los apoyos “van” al individuo necesitado.

En la sección de Planificación de Programas Comunitarios (Community Program Planning, por su nombre en inglés) encontrará una descripción sobre el extensivo y diverso proceso de reuniones de las partes interesadas que se llevó a cargo relacionadas a planificación de proyectos de Innovación. Es solamente después de conversaciones extensivas y consideración que el proyecto propuesto es considerado a ser fundado bajo el componente de Innovación de la MHSA.

Encontramos también que este proyecto está en línea con la visión del Condado de San Bernardino a manera de promover salud a través de colaboración y asociaciones para tratar la persona entera. Los invito a leer el plan del proyecto y proporcionar sus sugerencias a MHSA@dbh.sbcounty.gov.
Se le agradece su tiempo y sugerencias.

Gracias.



MHSA Plan to Spend Reverted/Reallocated Funds per Assembly Bill (AB) 114 and Information Notice (IN) 17-059

On December 28, 2017, the Department of Health Care Services (DHCS) released Mental Health & Substance Use Disorders Services (MHSUDS) Information Notice (IN) No. 17-059 to California Counties to provide guidance concerning:

- The process DHCS will use to determine the amount of unspent MHSA funds subject to reversion as of July 1, 2017;
- The appeal process available to a county regarding that determination; and
- The requirement that by July 1, 2018, counties have a plan to expend the reverted funds by July 1, 2020.

IN 17-059 further instructs every county to develop a plan to spend any reallocated funds and post the Plan to the county's website. The Plan is to include:

- An expenditure plan to account for the total amount of reverted and reallocated funds for all FYs, as indicated in the applicable notice of unspent funds that was provided to the county OR in the final determination on an appeal;
- An overview of the Plan to Spend Funds as part of the County's Three Year Expenditure Plan or Annual Update, or as a separate update to the County's Three Year Program and Expenditure Plan, and comply with WIC Section 5847(a);
- How the reallocated funds are going to be spent on the component for which they were originally allocated;
- Acknowledgment that the use of Innovation Component funds must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC); and
- An overview of the Community Program Planning process required as identified in WIC Section 5848.

At the time of the development of this Plan, San Bernardino County Department of Behavioral Health (SBC-DBH) did not believe it had any funds subject to reversion to spend. In accordance with the instructions received in IN 17-059, SBC-DBH submitted a formal appeal to the Department of Health Care Services on January 23, 2018. The appeal included a detailed account of San Bernardino County's adherence to Department of Mental Health (DMH) Information Notice 09-16, a Prevention and Early Intervention (PEI) Prudent Reserve Funding Request, the approval of the request from the Mental Health Services Oversight and Accountability Commission, the approved MHSA Agreement No. 07-77336-000 (contract) between the State and County that validates the actions taken by San Bernardino County, and direction from DMH concerning when the MHSA reversion timeclock begins.

In a letter dated March 09, 2018, SBC-DBH received an appeal determination from DHCS. The

determination reported agreement that no PEI funds are subject to reversion. However, $2.7 million of Innovation funds have been identified as reverted.

This response from DHCS resulted in SBC-DBH starting an Innovation stakeholder process in February 2018 and developing this stakeholder supported Innovation project to present for approval to the MHSOAC. The Innovation project development timeline is included as part of this Plan and will conform to the timelines and standards outlined in IN 17-059.

Innovative Project Concept

San Bernardino County is committed to systematically addressing the issue of homelessness and the lack of services sought out by individuals who are homeless due to their mental illness as well as other barriers. For San Bernardino County the issue of homelessness in our communities has become a priority issue as the rate of homelessness has increased specifically in the unsheltered category. These concerns have resulted in the San Bernardino County Department of Behavioral Health (SBC-DBH), in collaboration with our community partners and fellow County agencies, creating an innovative project to identify and test more effective means of outreach, engagement, and treatment within the County's homeless communities. This project is called the **Inn**ovative **R**emote **O**nsite **A**ssistance **D**elivery or InnROADs.

According to the *2017 Annual Homeless Assessment Report (AHAR)* conducted by the U.S. Department of Housing and Urban Development (HUD) and prepared for Congress, California is home to 25% of the nation's homeless population with the largest one year (2016 to 2017) increase in homelessness: 13.7% (or 16,136 individuals.) In California, 34 people per 10,000 are experiencing homelessness compared to the national average of 17 people per 10,000. More importantly, California accounted for nearly half of all unsheltered homeless in the nation in 2017 (Annual Homeless Assessment, 2017). The unsheltered homeless population is defined by the HUD as the following:

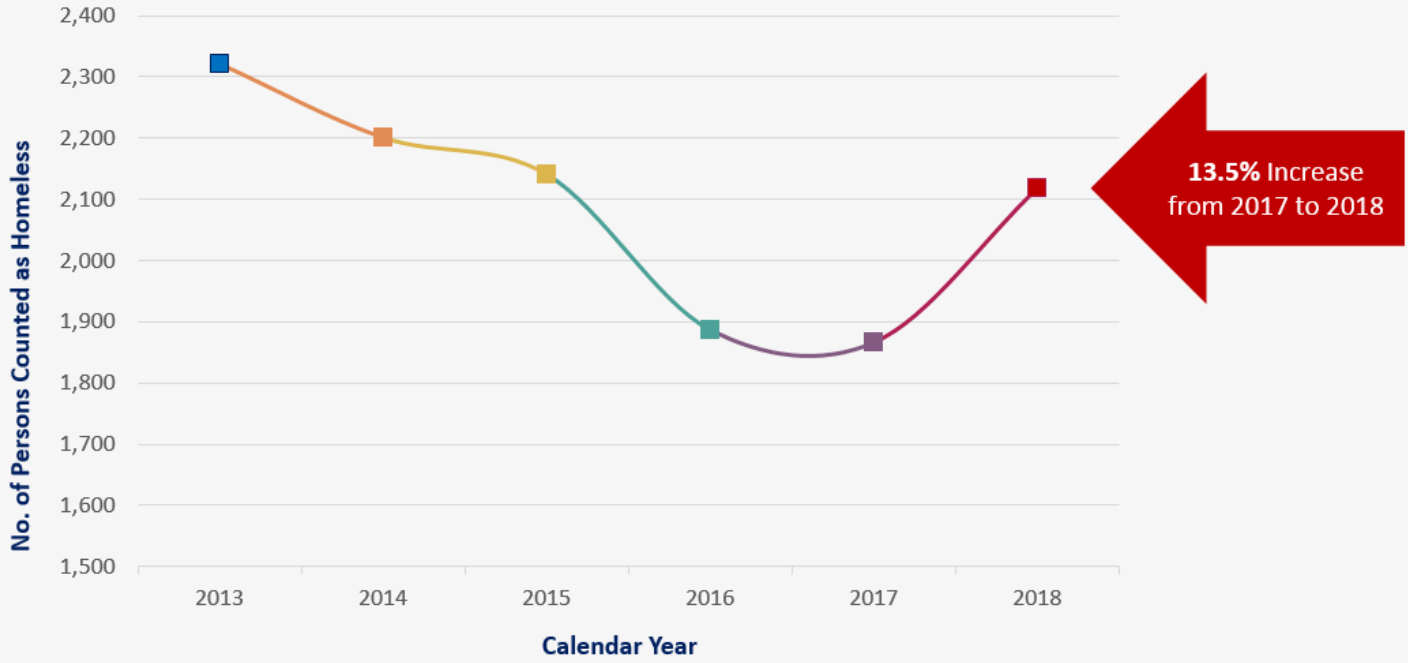
> *An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.*

San Bernardino County is one of 58 counties that comprise California and is geographically the largest county in the contiguous 48 states, covering 20,105 square miles. Like all counties in California, San Bernardino County has been impacted by the increases in the homeless population. According to the *San Bernardino County 2018 Homeless Count and Subpopulation Survey Final Report*, the increase to San Bernardino's homeless population was solely in the unsheltered category (2018). The unsheltered homeless population is of particular concern for this County because the majority of territory within San Bernardino County is considered rural or frontier, as opposed to suburban or urban classifications. Even within areas that can be considered urban, there still exists large undeveloped tracts of land where homeless communities may be located, to include the Santa Ana

In California, 34 people per 10,000 are experiencing homelessness compared to the national average of 17 people per 10,000.

River basin which offers a large area of undeveloped land that runs through San Bernardino City into Riverside County. These large undeveloped areas of land are remote and can be away from standard public services, transportation, and assistance. These areas tend to be attractive to larger homeless communities because of their secluded nature, leading to the description of individuals experiencing homelessness in rural and/or unincorporated areas being called the "hidden homeless" (Murakami, K. (2016). *HIDDEN HOMELESS: Rural homelessness a national challenge*. CNHI Washington Bureau).

SAN BERNARDINO COUNTY: CHANGES IN THE HOMELESS POPULATION 2013 – 2018



Source: *San Bernardino Point-In-Time Homeless Count (2013-2018)*

Traditional forms of engagement and outreach to homeless communities that are effective in urban and suburban areas often do not work in the same manner with the rural homeless population (Office of Community Planning and Development. (2009). *Rural Continuums of Care*. U.S. Department of Housing and Urban Development.) Some differences between the urban and rural homeless populations that impact outreach and engagement strategies are that individuals within rural homeless communities are:

More Likely to. . .	And Less Likely to. . .
• Be employed, but typically in temporary jobs with no benefits	• Have access to medical and mental health care due to the long standing shortage of practitioners in rural areas

More Likely to. . .	And Less Likely to. . .
• Receive income assistance from friends	• Receive assistance from traditional public safety-net programs, except for Veterans' Benefits and food stamps
• Be without medical care and insurance, even after the advent of the Affordable Care Act	• Have access to homeless shelters and/or other traditional shelter services options
• Have higher rate of incarceration as a barrier to full-time employment	• Be known and active within the existing continuum of care
• Face increased stigmatization associated with governmental help because of community attitudes of "taking care of their own" and self-reliance	• Use and/or have access to homeless shelters and more likely to use Forest Service campgrounds or abandoned vehicles/homes for temporary shelter
• Describe their homelessness as a choice to live "off-grid"	• Be female, a minor, or a transitional-aged youth (TAY)
• Experience criminalization of homelessness	• Receive treatment for mental illness
• Have higher rates of substance use without treatment	• To go to walk-in clinics, either for physical or mental health, where assistance would "normally" be expected and provided

(Post, P. (2002). *Hard to Reach: Rural Homelessness & Health Care.* National Health Care for the Homeless Council)

For these reasons, and the increased interest from our community stakeholders, San Bernardino County believes that this is the best time to design an innovative way to engage and provide services to the County's rural homeless populations.

What Has Been Done Elsewhere to Address this Problem?

In 2008, the County of San Bernardino drafted a 10-year strategy to end homelessness (http://hss.sbcounty.gov/sbchp/docs/Final_Draft.pdf). One of the 25 recommendations was the creation of the Interagency Council on Homelessness (ICH), which occurred in August 2009. ICH membership includes two members of the San Bernardino County Board of Supervisors and elected officials from 12 cities in San Bernardino County. SBC-DBH is an active member of the ICH along with other county departments and agencies, to include the Department of Probation, Public Health, Aging and Adult Services, Children and Family Services, Community Development, Housing

Authority, and the Sheriff's Department, and the County Workforce and Development Department. Non-county entities that are active members of the ICH include: the Veteran's Administration Health Care System, Inland Empire Health Plan (IEHP), Molina Healthcare, California State University San Bernardino (CSUSB), Loma Linda University, Chaffey Community College, California Department of Rehabilitation, Superintendent of San Bernardino Schools, United Way, Inland Empire 2-1-1, and community-based Homeless Provider Network (HPN) representatives.

The ICH is a policy-making body for the HPN. ICH, HPN, and the Office of Homeless Services work together to ensure that the recommendations listed in the County's 10-Year Strategy to End Homelessness are realized. The ICH meets monthly and establishes the policy to develop a permanently sustainable system of housing and homeless prevention, plans permanent and supportive housing, establishes performance targets, and evaluates outcomes, and oversees the Coordinated Entry System for San Bernardino County. In June 2018, the ICH and HPN reached a major milestone in reducing homelessness by transitioning the 1,000th veteran into permanent supportive housing.

Additionally, SBC-DBH directly offers assistance to individuals who are at-risk of homelessness, chronically homeless, or are homeless and living with a serious mental illness, including substance use, through a quartet of focused programs grouped into our larger Homeless Assistance Resources and Treatment (HART) initiative with funding provided by the Community Supports and Services (CSS) Mental Health Services Act (MHSA) component.

The four component programs are:

- Community Reintegration Services
- Homeless Intensive Case Management and Outreach Services (HICMOS)
- Homeless Stabilization and treatment conducted by the Homeless Outreach Support Teams (HOST)
- Housing and Employment Program

Each of these programs have been successful in engaging, linking, and providing assistance to individuals living with a serious mental illness, who are at-risk of homelessness, chronically homeless, or are homeless, and living in the County's suburban and urban areas. **The learning achieved from each of these programs speaks to the need for additional tools to improve both outreach and engagement strategies and an expansion to field capable treatment services targeting the**

rural homeless populations, to include youth, adults, and families, which will allow for better outcomes associated with transitioning the rural homeless population to permanent supportive housing.

Though SBC-DBH's direct outreach and engagement activities, the department has learned the value of having collaborative relationships with any agency or group with consistent contact with the homeless population. The best example of the opportunities found in collaborative relationship can be seen with SBC-DBH's partnership with the San Bernardino County Sheriff Department. The collaborative work that has been done with the Homeless Outreach and Proactive Enforcement (HOPE) program focuses on a proactive approach (i.e. the HOPE team looks for opportunities to engage individuals and does not wait until an individual experiencing homelessness seeks assistance or the community member calls for law enforcement involvement) to outreach with individuals experiencing homelessness. The HOPE program aims to balance proactive outreach with enforcement of the law, while connecting members of the homeless population with resources that may help transitions out of homelessness. The HOPE team sees each interaction with an individual experiencing homelessness as having the potential to help that individual access treatment and/or housing resources, as appropriate.

Based on the lessons learned through this partnership SBH-DBH has learned that all too often in our communities across the state, citizens call law enforcement to address an individual experiencing homelessness who might be intimidating, frightening, or a public nuisance. Law enforcement is often the first encounter for homeless individuals with the county's system of care. Encounters between law enforcement and the homeless can often be a negative experience for the homeless individual and the opportunity for a safe, helpful resolution missed. Often times the complexities of dealing with an individual experiencing homelessness offer "no-good" options for resolution to law enforcement. Without better options, law enforcement is left with making an arrest or writing a citation; neither of which would help the individual access services and move off the street.

Although the HOPE program reduces homeless related crime and gets some individuals off the streets, there are not enough personnel and resources within the Sheriff's Department to engage long term and consistently to accurately assess an individual's barriers, needs, and abilities in order to provide a permanent solution to ending their homelessness. This has been especially problematic in rural areas where the services suggested by Law Enforcement are not readily available and travel is not feasible. Additionally, individuals experiencing homelessness are often protecting their space and belongings, which results in them constantly evaluating the intentions of the people they encounter. This defensive demeanor dictates an adversarial relationship with law enforcement, with the individual experiencing homelessness expecting arrest rather than assistance. However, the HOPE program, through positive engagement, has opened the door to building a better rapport and enabled better trust of Law Enforcement by those who are experiencing homelessness.

The Housing and Employment Program reported in the *Mental Health Service Act Annual Update for the Fiscal Year 2018-19* that a lack of adequate public transportation in the County's remote areas combined with the large geographic area of the County, made accessing the community and treatment resources and job searching difficult. Narrative reports from these programs also indicate that even when jobs are available and/or transportation is not an issue, often available employment opportunities do not match the consumer skill level or the pay is limited, making the job unstainable.

The Proposed Project

San Bernardino County does not accept the myth that the homeless population within our communities is from somewhere else. Individuals who become homeless more often than not are from the community in which they are experiencing homelessness. Too often these individuals fall out of their social support network but still remain in the community that they are familiar with. It is in support of this belief that this proposed project seeks to effect system-wide transformative change by utilizing lessons learned from previous Innovation projects to craft a modified model of engagement for those individuals who are experiencing homelessness in the County's rural and unincorporated communities. San Bernardino County ***does not see*** homelessness as a criminal offense. **The focus of the project will be the creation of an intensive, field-based engagement model that supports multidisciplinary/multiagency teams that meet, engage, and provide treatment to youth, adults, and families experiencing homelessness where they live and are comfortable within homeless communities.** Simply put, this project will seek to disrupt the existing model of engagement and treatment that requires individuals to "come to" services and supports in favor of the creation of a system where the needed services and supports "go to" the individual in need, no matter where they are located within San Bernardino County. When working with these communities, the goal will be to begin engagement with the necessary services needed to increase health, reduce risks to health and safety, and transition these individuals from the streets into housing.

This project concept was developed in collaboration with diverse community stakeholders and by working directly with the formerly homeless population, homeless advocates, and the learning from an ongoing Innovation Project, the Recovery Based Engagement Support Teams (RBEST). RBEST focused on engaging individuals in the community who are "resistant to care" but are in need of mental health services. RBEST staff have used the "unconditional" approach, informed by learning associated with the Listen, Empathize, Agree, and Partner (LEAP) model, to engage the individual as many times as needed in conjunction with helping the individual with any barriers to care they may be encountering. When the individual is ready for services, RBEST staff ensure there is a linkage made before fully transitioning the individual to the appropriate system of care. Through RBEST, we have learned that most individuals we consider "resistant to care" are faced with personal and systemic barriers that they are unable to navigate without assistance/guidance. SBC-DBH believes that same is true for our homeless communities. Often, the prevailing myth of individuals "choosing to be on the street" is provided as a reason to limit mobile services so as not to encourage homelessness. This

myth is often generated by the reluctance of homeless individuals in accepting services and help. Often these individuals are skeptical that the offer is "too good to be true." These same individuals also experience a great deal of emotional and physical trauma. Instead, based on feedback from individuals that have experienced homelessness, their homeless state was perpetuated by personal and systemic barriers that they were unable to navigate without additional assistance (i.e. they were not "choosing to stay homeless"), very similar to the individuals participating in the RBEST program.

The determination to use a modified LEAP model as part of the project's engagement strategy was made based on the positive outcomes from RBEST. Those outcomes include:

- Individuals that previously were not accessing the needed outpatient treatment increased utilization by 189%. These individuals are now successfully linked and engaged in routine outpatient services (Source: MHSA Annual Update Fiscal Year 2018/19).
- RBEST consumers no longer used local hospitals as their primary source of mental health care. The RBEST project has seen a decrease of psychiatric hospital utilization, in both the number of psychiatric hospital days (34% decrease) and by the number of psychiatric hospital admissions, which occurred after RBEST engagement (Source: MHSA Annual Update Fiscal Year 2018/19).

This project will test the idea that since the homeless population has the same barriers to system navigation and treatment readiness as RBEST consumers, then similar trust-building and engagement activities will be successful in transitioning these individuals into permanent supportive housing. Research for this Innovation plan also identified an additional barrier to treatment and transition to supportive housing that is unique to the homeless population: pets. Strong bonds are formed between individuals experiencing homelessness and the pets that they care for. Often the "hidden homeless" will turn down assistance or shelter because they are reluctant to enter treatment or supportive housing unless there is also a plan for the care and/or housing of their non-human family member. This project intends to organize a network of resources to care for these non-human family members until they can be reunited with their owners. This project will also test that instead of pets being a barrier to services, pets may be the catalyst to the opening to establish a connection with homeless individuals and ultimately result in their acceptance of assistance and shelter. This project believes that individuals will reach out or accept help because their non-human family member needs assistance, providing an opportunity to finally offer support to both the animal and its owner experiencing homelessness. Ideally by providing individuals options for not only their care, but also the care of their non-human loved ones, additional trust will be built and transition into housing will be quicker with better outcomes.

ENGAGEMENT/MOBILE TREATMENT TEAMS

The InnROADs innovative model will be comprised of engagement and mobile treatment teams. InnROADs will also test a multi-agency case management model to provide outreach and engagement to homeless individuals in San Bernardino County. Teams will be stationed regionally throughout the county in conjunction with added service of a Mobile Treatment Team that will provide counseling, medication and basic physical health screenings.

The proposed structure of the Engagement Teams will be comprised of the following job classifications and/or County Agencies:

Job Classification	County Agency/Department
Social Service Practitioners	Aging & Adult Services
Peer and Family Advocate	Behavioral Health
Licensed Clinician	Behavioral Health
Public Health Nurse	Public Health
Alcohol and Other Drug (AOD) Counselor	Behavioral Health
Law Enforcement Representative	Sheriff's Department

The Mobile Treatment Team will be comprised of the following:

Job Classification	County Agency/Department
Driver	TBD
Mental Health Nurse	Behavioral Health
Medical Assistant	Behavioral Health
Nurse Practitioner	Behavioral Health

The project will start with two Engagement Teams with a goal of scaling up to four teams no later than year three of the project.

Both Engagement and Mobile Treatment Teams will work in conjunction in the following phases:

Target Population

The population to be served by this project includes youth, adults, older adults (60+), and families that are:

- Prevented from accepting the Housing First model due to traumatic experiences as a result of homelessness, which has either led to substance use and mental illness or exacerbated a pre-existing condition.
- Experiencing homelessness in San Bernardino County's rural and unincorporated communities.
- Experiencing unsheltered homelessness within San Bernardino County.

Based on San Bernardino County's 2018 Homeless Count, there were approximately 1,443 individuals (68.1% of the County's total homeless population) experiencing unsheltered homelessness within San Bernardino County. It should be noted that this number may lack an accurate accounting of those individuals experiencing homelessness within the County's rural communities.

Pre-Engagement Phase

This phase will be the initial introduction of the InnROADs project into a specific homeless community. The Engagement Teams will build rapport, get to know and use incentives as a means to encourage future participation with engagement and physical/behavioral treatments by engendering the trust of individuals experiencing homelessness and the larger homeless community. Utilizing the Sheriff's Department in these efforts brings about a united front between Law Enforcement, County Public Services, and Community Partners in regard to how the issue of homelessness is being tackled. According to surveys done nationwide between 1993 and 2018, the community believes it is up to the police to bring about change in issues surrounding homelessness, many of the individuals experiencing homelessness have mental health issues, and many of those experiencing homelessness also have barriers surrounding alcoholism and other substance abuse (Forum).

A benefit to having the Sheriff's Department on the InnROADs team is that they have already done a lot of the legwork in locating individuals experiencing homelessness in our rural areas and can help the team get to these areas in a safe and effective way so that we can bring services to those individuals. With engagement and interactions having already been established through the HOPE program, the Sherriff's Department will enable our InnROADs teams to take the next step to fully engage, on a long term basis, the individuals who are homeless in San Bernardino County. The Sheriffs have been an instrumental piece in reducing the rate of recidivism and costs associated to homeless related crime. Now, with the partnership of our Sherriff's Department, InnROADs can help to bridge the gaps that exist to fully engage our rural population experiencing mental illness and homelessness and build the long-term trust needed to get individuals off the streets, in regular treatment, and in a stable environment.

The incentives used for this project will be non-traditional and service-based. Many of the service-based incentives will be provided or coordinated by collaborating County agencies and community partners, to include faith-based organizations. Examples of service-based incentives include, but are not limited to: animal care services (such as grooming or vaccines), haircuts/barber services, and health screenings (dental and eye care

included), and access to mobile hygiene services. The ability to provide a service will be open to all County Departments and community partners and would only be limited by the identified needs of the homeless community and the individuals experiencing homelessness.

ENGAGEMENT PHASE

Phase two of the InnROADs engagement model is the Engagement Phase. Activities during this Phase will be handled by two different types of teams: 1) Mobile Engagement, and 2) Mobile Treatment Team.

All teams will be trained in the use of the Listen-Empathize-Agree-Partner (LEAP) model of engagement, a Substance Abuse Mental Health Services Administration (SAMHSA) best practice. The LEAP model was specifically created to train behavioral healthcare professionals on how to quickly gain trust. This training focuses on a voluntary collaboration of addressing needs, and honoring the individual's preferences and strengths by listening and engaging in ways that convey respect for the person's point of view. LEAP focuses on transforming the relationship first so that later recommendations concerning treatment are trusted. LEAP was originally created for mental health care professionals and family members, but with this project the training will be adapted to be used by everyone working in the field as part of the InnROADs project.

The engagement during this phase will primarily be comprised of "housing problem solving." Housing problem solving (sometimes called "diversion" or rapid resolution) involves a conversation to explore a household's current housing crisis, provide concrete problem solving advice, and is creative about housing options. This practice explores every available resource to keep the household housed or finding housing for those that are homeless. This includes having frank conversations about the realities of shelter living, homeless services, and the likely options for assistance. Often this type of engagement can be helpful in finding temporary housing solutions outside of the traditional homeless shelter. According to the Homeless Management Information System (HMIS), many individuals who enter homeless shelters and other homeless programs self-resolve and often have options to stay with family and friends, even after spending significant time on the street (National Alliance to End Homelessness (2011). *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*). In fact, communities that have advanced problem solving practices divert up to 50% of the people seeking assistance in finding temporary shelter (Gale, Katherine (2015). *DIVERSION: Best Practices for Preventing Homelessness*. National Conference on Ending Homelessness). **All engagement and conversations will be <u>voluntary</u> and problem-solving decisions will be client-driven.**

Engagement teams will also focus on providing education and support on the housing process, information on navigating medical benefits for both physical and mental needs, and navigating County services. This phase will also include assistance with acquiring any paperwork or identification

necessary to apply for available benefits. Much of the focus will be on treatment readiness and increasing system understanding so individuals can understand and make informed decisions about their "care path" and the additional supports that may be available to them.

Another significant part of the model will be the linking of the individual experiencing homelessness and the appropriate treatments offered by the Mobile Treatment Team. An individual's voluntary participation in the InnROADs project need not depend on leaving their community to receive certain treatments and/or services. Possible treatments and services offered by the Mobile Treatment Team are: telepsychiatry, counseling services, substance use disorder (SUD) services, and medication management services. Location and times of mobile treatment will be coordinated by members from the Engagement Team. The goal of providing mobile treatment will be to have dependable (as to times and locations) and consistent services. Stakeholder feedback and learning from previous Innovation projects has shown that reliability is key to increasing the trust factor within a community.

TREATMENT PHASE

Based on the Engagement Team's pre-identification during the intensive engagement, the Mobile Treatment Team will meet the homeless individual where they are "comfortable" and/or as close as possible to the homeless community. **The Mobile Treatment Team unit will consistently offer both voluntary services and/or treatment.**

Possible Mobile Treatment options:

- Telepsychiatry
- Counseling Services
- Substance use disorder (SUD) services
- Medication Services
- Linkage to other local resources as needed for the individual and their families

How is this project Innovative?

- The development of a multi-agency approach and collaboration to provide outreach and engagement that will allow for real-time multi-agency problem solving and referrals for those experiencing homelessness in San Bernardino County.
- The use of *Listen, Empathize, Agree, and Partner* (LEAP) training by other service systems. The model was originally developed as a means to gain the trust of individuals suffering from mental illness, who believed they were not mentally ill and did not need help, as a means of quickly gaining the trust of individuals suffering from homelessness, who may also believe that they do not need help or are reluctant to accept services and help due to the emotional and physical trauma experienced as part of being homeless.
- Creation of a field-based engagement and treatment model that does not require the individual to "go-to" treatment and services, rather treatment and services will "go-to" the individual in need, no matter where the individual is located within San Bernardino County.
- Collaborating with critical partners such as animal welfare organizations, and providing assistance to pets will lead to increased opportunities for successful engagement and acceptance of services
- Augmenting the existing practice of "Housing Problem-Solving" by:
    - Incorporating the listening and mediation skills learned from LEAP training to be able to better facilitate the problem-solving conversation, and
    - Utilizing the "Housing Problem-Solving" techniques as proactive engagement strategy to assist individuals out of homelessness vs. a reactive response to a request for homeless services.

Possible mobile linkages to be offered are:

- Public Assistance Eligibility
- Housing Assistance
- Employment Services
- Probationary Services
- Legal linkage and assistance for those with existing cases with the San Bernardino County District Attorney (DA) and referrals to Legal Aid or the court's Family Law Facilitator for other non-DA related matters
- Linkage to routine vaccinations and/or flu shots
- Linkage to ongoing veterinary care for pets

STABILIZATION PHASE

The final phase of the InnROADs Engagement model is the Stabilization Phase. Individuals enter this phase once they are ready to be transitioned, via warm handoff, to the most appropriate case manager within the existing SBC-DBH system of care or appropriate system of care within the County's continuum of care. The InnROADs teams will transition individuals to case managers who will be responsible for any long-term care coordination and permanent supportive housing placement. These warm hand-offs will be guided with the engagement teams in order to foster relationship building between the consumer, engagement team, and new case manager. To avoid returning individuals to the same system barriers that contributed to their initial isolation, these case managers will be responsible for developing a plan, with individual participation, that will address access barriers to care for those requiring ongoing medical and/or psychiatric care.

Project Implementation

The implementation of the InnROADs project will roll-out in a phased approach with some overlapping elements between phases. The description of each phase is below:

Project Development

Reaching Out, Part I
Months 1-6

During this phase SBC-DBH will be reaching out to other departments within the County for collaboration opportunities. From these early "reach-out" meetings, SBC-DBH will share the project concept with other county departments and solicit input and collaborative opportunities. Preliminary project planning meetings were scheduled to begin shaping the final project proposal.

This phase will also include the research required to identify the mobile treatment needs and determining which services will be contract services, if any.

Phase 1

Reaching Out, Part 2
Months 3-12

During this phase, SBC-DBH will continue to reach out to other departments within the County for collaboration opportunities. The goal is to have input from all collaborative county agencies and to have active involvement during the development, approval, implementation, and evaluation stages of the project. From these early "reach-out" meetings, a steering group will be created to facilitate the shared creation of business processes, ensure applicable county policies are adhered to, and resolve any cross-agency barriers to service.

This phase will also include the continued research required to identify the mobile treatment needs and determining which services will be contract services, if any.

Phase 2

Team Development and Logistics
Months 3-12

During this phase, participating agencies will commit staff for project participation. Permanent office space will be located. Even though the Engagement/Mobile Treatment teams will be comprised of members from different participating agencies, the goal is to house the teams together in a central location. Communal work spaces will allow for networking and on-the-spot problem solving between the various agencies.

During this phase that the actual mobile unit will be acquired and outfitted to meet the mobile treatment needs. Administrative staff will be moving forward with securing contracts for appropriate services.

Phase 3

Final Approval of Initial Business Practices, MOUs, And Evaluation Metrics

Months 6-18

This phase will consist of the finalizing any required Memorandums of Understanding, Scopes of Work, and contracts, as needed.

Evaluation metrics will be presented to all interested stakeholders groups for review and comment. Before the end of Phase 3, any requested updates or revisions to Learning Goals and/or evaluation metrics will be complete. Stakeholder groups will also assist in the identification of "real-time" metrics that will be used to evaluate methods used and will be part of immediate learning that can be incorporated into our larger system of care immediately and assist with SBC-DBH's ongoing departmental improvement processes.

Complete hiring of new staff, as appropriate.

Phase 4

Full Implementation

Months 6-54

Set-up Mobile Engagement and Treatment Teams for community work and begin to engage individuals experiencing homelessness.

Phase 5

Ongoing Collection of Evaluation Data And Project Adjustment based on Learning

Months 6-60

Identify monitoring framework and performance measures for the purpose of evaluating the efficiency of the project. This framework will be separate from the outcomes associated with individual consumers.

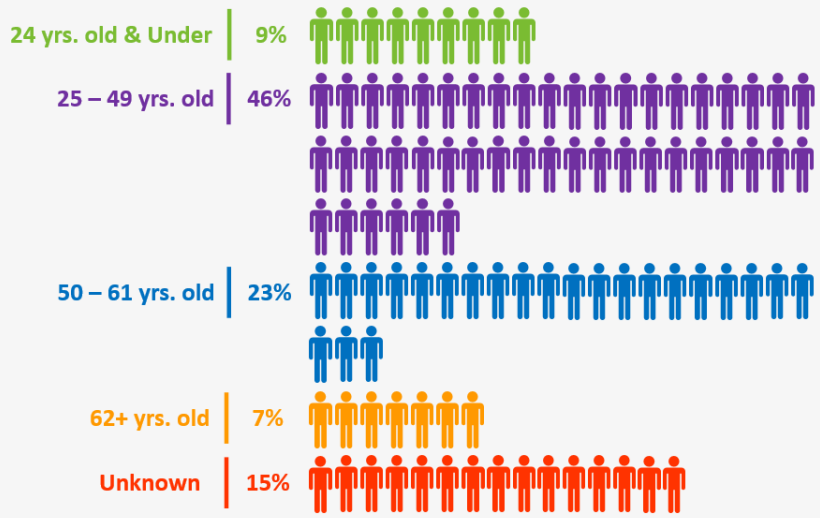
Establish a data committee, specific to this project that will review program outcomes and make recommendations to the InnROADs steering committee.

Keep community stakeholders updated.

San Bernardino County Homeless Population Demographic Breakdown

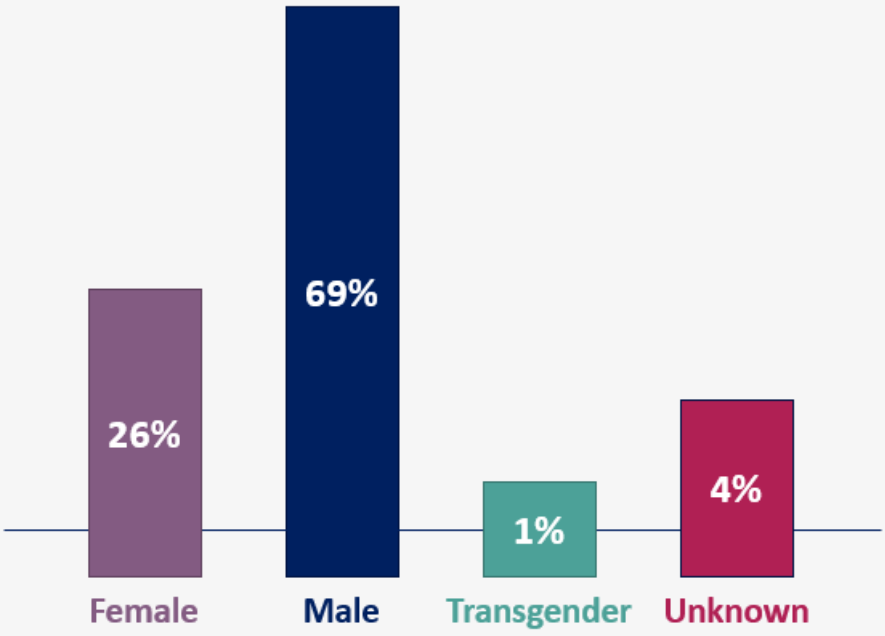
Below is the demographic breakdown of the 1,179 individuals experiencing homelessness within San Bernardino County during the 2018 Point-in-Time Homeless Count:

AGE



Source: *San Bernardino County 2018 Homeless Count*

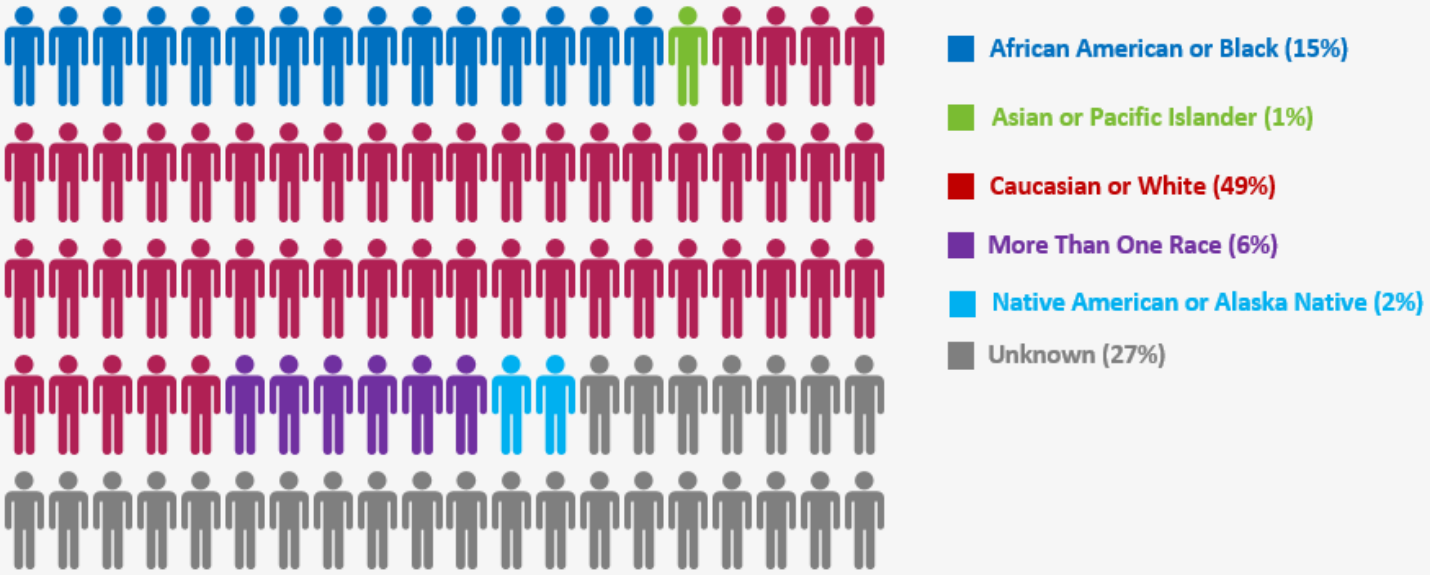
GENDER



Source: *San Bernardino County 2018 Homeless Count*

Note: *All demographic information provided is self-reported by survey during the 2018 Point-in-Time Count. For any category where an individual did not report any information (i.e. did not complete the survey question) the response will be reported as "unknown."*

RACE & ETHNICITY



Source: *San Bernardino County 2018 Homeless Count*

HUD requirements for reporting ethnicity use the same rules and guidelines as the U.S. Census and limit responses concerning ethnicity to either 1) Hispanic or Latino, 2) Non-Hispanic and/or Non-Latino or 3) Unknown. For San Bernardino County's homeless population, 24% (329 individuals) reported as being Hispanic or Latino, 54% (736) reported as being Non-Hispanic and/or Non-Latino and 22% (305) reported as being Unknown.

VETERAN STATUS

9.1% (125 individuals) of the homeless population in San Bernardino County identified as being a veteran.

Source: *San Bernardino County 2018 Homeless Count*

Continuity of Care for Individuals with Serious Mental Illness

Consumers with serious mental illness will receive services from this proposed innovative project. Clients who receive care through this project will continue to receive care when the project ends via the existing DBH system of care. Upon completion of the proposed project, collaborating agencies would continue to provide the services they provided as part of this innovative project.

Innovative Project Timeline

Total time frame (duration) of the innovative project is five (5) years.

The expected Start Date: 07/01/2019; Expected End Date: 06/30/2024.

Deciding Whether and How to Continue the Project without INN Funds

The decision to continue this project will depend on the project outcomes, funding, and stakeholder feedback. If the project is deemed successful, funding could come from Medi-Cal and MHSA Community Services and Supports program expansion in order to deliver services to the identified populations with blended funding in partnership with collaborating agencies and community partners. Continued funding may only require minimal Behavioral Health staff to provide supportive services. This could also include linking funding through the SBC-DBH Homeless Assistance Resources and Treatment (HART) initiative for ongoing funding. Additionally, this project presents the option to explore partnerships with the local health plans for applicable consumers.

Learning Goals / Project Aims

The goal of every Innovation project is learning and, as such, each Innovation project establishes a learning plan, learning goals, and an evaluation of the learning as part of the project design. The learning goals for the InnROADs project are:

This project is estimated to serve **1,400** consumers (approximately 280 consumers per year).

Learning Goal #1	
What makes a mobile, multi-agency team effective in serving and supporting the needs of those individuals experiencing homelessness – as individuals, as family units, and as communities? How does collaboration to address multiple, interrelated needs "save" time, and resources, for both consumers and partner agencies?	

Evaluation Plan	• Engagement Team Record of Engagement:
	  ○ Number of services provided by each agency (analysis of number per encounter, number per consumer, average per consumer)
	  ○ Amount of time (number of days) and number of encounters between engagement team and consumer until linkage/participation in mobile treatment services, housing (if applicable), conventional clinic services (if applicable), partner agency services (if applicable)
	  ○ Linkage to resources for individual and/or family units (if applicable)
	• Engagement Team Notes and Treatment Team Notes
	  ○ SWOT (Strengths, Weaknesses, Opportunities, Threats)-type observations about the community/encampment
	  ○ Linkage to resources for encampment community
	• SBC-DBH System Data: Staff hours on case management and linkage (can compare to other programs such as RBEST); pull from SBC-DBH system data but to create a baseline based on staff narratives/estimates (how much time does it take for Medi-Cal application appointment(s), DMV appointments, etc.)
	• Qualitative: Interviews or focus group with staff, interviews and/or participatory evaluation activity with consumers, interviews and/or participatory evaluation activity with family members (if applicable)

Intended Outcomes	
	• Increased rates of underserved engaging in the project compared to standard services. • Increased collaboration by two or more agencies. • Increase number of clients served.

Learning Goal #2	
What techniques can be used to build trust with those who are experiencing homelessness in order to support/encourage openness to engaging in (behavioral health) services (including overcoming barriers to engagement in services)? What are the different techniques that are particularly well-suited for different age groups, cultural groups, family structures, and diagnoses?	

Evaluation Plan	• Engagement Team Record of Engagement (ROE) and Treatment Team ROE (analysis of patterns through time):
	  ○ Identify engagement techniques used
	  ○ Use of/participation in incentives offered (count of incentives provided)
	  ○ Quality of Life Measure, "Non-Clinical" Functioning Measure, Consumer Satisfaction Measures
	  ○ Analysis by demographic and diagnosis available through InnROADs Client Profile
	• DBH System Data: Patterns between Engagement Team ROE activities and consumer's use of InnROADs treatment team services, use of all DBH routine outpatient services (if applicable)
	• Qualitative: Interviews and/or participatory evaluation activity with consumers

Intended Outcomes	
	• Increased rates of underserved engaging in the project compared to standard services. • Improve project outcomes as compared to standard services. • Increase number of clients served. • Increase service penetration rate.

Learning Goal #3	
What services, treatments, and ways of relating in the field are most effective for those who are experiencing homelessness, including medication, therapy, rehabilitation, and enhancing/strengthening support systems? What are the different services, treatments, and ways of relating that are particularly well-suited for different age groups, cultural group, family structures, and diagnoses?	

Evaluation Plan	• Treatment Team Record of Engagement:
	  ○ Treatments provided
	  ○ "Clinical" Functioning Measure (CANS/ANSA)
	  ○ Analysis by demographic and diagnosis available through InnROADs Client Profile
	• DBH System Data:
	  ○ Continuity between services in the field and services in conventional clinic settings (if applicable)
	  ○ Consumer Satisfaction survey(s)
	  ○ Use of DBH routine outpatient services, use of DBH crisis services, psychiatric bed days and hospitalizations (compare pre and post InnROADs intervention)
	• Qualitative: Interviews and/or participatory evaluation activity with consumers

Intended Outcomes	
	• Increased rates of underserved engaging in the project compared to standard services. • Improve project outcomes as compared to standard services. • Increase number of clients served. • Increase service penetration rate.

Learning Goal #4	
How can geographic information system (GIS) be used as a collaborative tool to better understand patterns, needs, and opportunities for continuous quality improvement by front-line staff, supervisors, administrators, and county-level agencies?	
Evaluation Plan	• Engagement Team ROE and Treatment Team ROE: geolocation of encounters linked with quality of life measures, individual/family-identified SWOT-type observations • Engagement Team Notes and Treatment Team Notes: SWOT-type observations about the community/encampment • DBH System Data: Number of notes (administrative/supervision/staff meeting) added to geocoded sites from engagement and treatment encounters • Qualitative: Interviews and/or focus groups with staff about the use of GIS
Intended Outcomes	
	• Increased rates of underserved participating in the program compared to standard services. • Regular collection, analysis, and reporting of GIS data to improve project outcomes • Improve year-over-year outcomes. • Improved outcomes compared to standard services.

INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

SBC-DBH understands and acknowledges that those who engage in evaluation do so from perspectives that reflect their values, their ways of seeing the world, and their culture. This culture can shape the ways in which evaluation questions are conceptualized, which in turn influences what data is collected, and how data is analyzed and interpreted. To draw valid conclusions, the evaluation must consider important contributors to human behavior, including those related to culture, personal habit, situational limitations, assimilation and acculturation, or the effect that the knowledge of observation can have on the observed (Cultural Competence in Evaluation Task Force. (2011). *Public Statement on Cultural Competence in Evaluation*. American Evaluation Association). Without accounting for the ways in which culture can affect behavior, evaluations can arrive at flawed findings with potentially devastating consequences.

Because of these concerns the SBC-DBH Office of Cultural Competency and Ethnic Service

(OCCES) is a key partner in all Innovation projects to ensure compliance with cultural competency standards and to ensure that the services provided address cultural and linguistic needs. OCCES remains available for consultation and to provide support to the Innovation Team regarding issues of diversity when necessary.

Issues of cultural diversity and the social norms of a specific cultural group may present a barrier to a mentally ill individual participating in psychiatric treatment. These issues will be explored with OCCES as they arise in order to provide services to the community in a culturally and linguistically meaningful and appropriate manner. In addition to working with the OCCES, SBC-DBH Office of Innovation also partners with stakeholder sub-committees in an active way (beyond an advisory capacity) to further ensure effective, culturally-sensitive interactions. These sub-committees are presented with the evaluation questions and results to ensure that the evaluation framework and outcome results are inclusive and foster learning across cultural boundaries while respecting different worldviews. Every effort will be made to staff the Innovation project with individuals that are diverse and representative of the demographics of the Department's consumers.

For all the reasons listed above, SBC-DBH maintains a commitment to meaningful stakeholder participation in the evaluation process. Based on the continuous feedback from our community stakeholders, SBC-DBH has designed a meeting to address outcomes and evaluation in a setting that involves stakeholders. This Innovation project will be presented at the monthly meetings to each cultural sub-committees to ensure that the community planning process includes the voices of individuals who reflect the cultural, ethnic, and racial diversity that exists within San Bernardino County.

Mental Health Services Act (MHSA) Requirements

Community Program Planning

SBC-DBH began engaging stakeholders in 2005 in an effort to solicit community ideas, feedback, and participation in the designing of MHSA programs. As a result, a continuous stakeholder engagement process has been established that includes a series of ongoing monthly stakeholder meetings from diverse groups that weigh in on program design and development, evaluation, policy, funding, and program improvement. Special sessions focusing on the development of Innovative concepts are systematically hosted as part of this process.

During this process, housing and homelessness was identified as one area of concern for community stakeholders. Based on an analysis of all the feedback, community concerns were categorized into three groupings as follows:

- Support for the development of supportive housing and employment services that leverage multiple funding sources and work across SBC-DBH programs and county agencies.
- Treating the symptoms of undiagnosed mental health issues that prevent individuals from accepting support to transition out of homelessness.
- Reducing barriers to and lack of awareness of the resources available to prevent and/or transition individuals out of homelessness.

In their own words….

"We need more homeless shelters or something like crisis interim homes."

"There is a huge need for emergency shelters. The most underserved population is single men. We lack ways to link these individuals with available resources."

"MHSA funds should be used to help San Bernardino's homeless populations. I see too many people living on the streets."

"You should be looking at <u>all</u> options for getting people off the streets and into some type of supportive housing."

"The system needs to do a better job at helping homeless people that have mental health issues that are stopping them from getting jobs and housing."

"How can we help people with mental health problems when they don't realize they have a problem? And sometimes that problem is preventing them from getting a job and keeping a house."

Based on this initial stakeholder feedback, SBC-DBH has addressed these identified community concerns through the Homeless Assistance Resources and Treatment (HART) initiative which includes the following programs:

- Community Reintegration Services

- Homeless Intensive Case Management and Outreach Services (HICMOS)
- Homeless Stabilization and treatment conducted by the Homeless Outreach Support Teams (HOST)
- Housing and Employment Program

SBC-DBH also works collaboratively with the San Bernardino County Sheriff Department's Homeless Outreach and Engagement (HOPE) Team, a team formed by the Sheriff's Department that embodies the philosophy that a community cannot arrest its way out of homelessness.

Since the implementation of these programs, SBC-DBH has continually provided the outcomes to our community stakeholders as part of the SBC-DBH's continuous CPP process. As part of this process SBC-DBH completed an updated stakeholder feedback analysis which reviewed all feedback received from 2005-2014. The result of this analysis was presented in the Three Year Integrated Plan for Fiscal Years 2014/15 through 2016/17.

While the analysis indicated community satisfaction with the progress made toward the reduction of homelessness within San Bernardino County, **an additional need for expanded engagement strategies was identified.** When stakeholder feedback was reviewed based on region, it became apparent that all engagement strategies used in urban communities were not having the same level of success in the suburban, rural, and frontier regions of the county. These updated findings were presented to stakeholders and it was determined that an additional (targeted) CPP process was needed for the development of an innovation project to explore additional engagement strategies targeted at the County's suburban, rural and frontier regions.

Targeted Community Planning

Beginning in January 2018, the SBC-DBH Innovation Team began community planning process to develop the project outline for the InnROADs project. Ten meetings were held between January 2018 and May 2018.

In order to engage the highest number of consumers possible, community meetings were held at SBH-DBH supported consumer-run Clubhouses throughout the various regions of the County, and at the Cultural Competence Advisory Committee meeting.

From this planning process, the stakeholder comments received revealed overwhelming support for the innovative engagement framework using the lessons learned from the previous Innovation project, RBEST, combined with a multiagency approach to redesign the way in which homeless outreach would be provided.

In addition to the stakeholder meetings scheduled for community members, consumers, and family members, SBC-DBH also scheduled a planning meeting during a regularly scheduled Community Planning Advisory Committee (CPAC) meeting, which extends invitations to all interested community agencies and County departments. These meetings allowed for direct input from the involved participants concerning the project design, implementation, and evaluation of the project.

The format used for the Innovation stakeholder meetings was standardized to ensure each group of participants went through the same process. Each meeting began with an introduction of MHSA and an overview of the Innovation component conducted by a member of the SBC-DBH Office of Innovation. The introduction included a description of MHSA, current funding context, the purpose of the planning process, and an explanation of the Innovation component. Handouts were provided to further explain this same information.

Office of Innovation staff provided an overview of the stakeholder proposed projects, detailing the purpose, population(s) served, and key activities. Throughout the meeting, participants were provided data in a consumer friendly, simple, straightforward manner with handouts, and question and answer periods. Participants had an opportunity to ask clarifying questions directly to the Innovation staff during and after the meeting. Contact information for the Innovation staff was also provided to meeting attendees, in case, the attendee had additional questions later.

An additional opportunity to provide written feedback during the meeting was provided to participants in the form of individual stakeholder comment forms. This was intended to aid in the collection of demographic information and to enable individuals attending the meeting to submit additional input and program ideas they may not have had the opportunity to offer during the small or large group discussions. The form asked a series of questions designed to parallel those asked in the facilitated process in the community meetings.

A Spanish-language interpreter was available at all community participation meetings, as well as American Sign Language (ASL) or any other language, upon request.

Innovation Stakeholder Demographics

WIC § 5848 states that each Plan shall be developed with local stakeholders, including:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of services
- Law enforcement agencies
- Education
- Social services agencies
- Veterans
- Representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests

9 CCR § 3300 further includes:

- Representatives of unserved and/or underserved populations and family members of unserved/underserved populations
- Stakeholders that represent the diversity of the demographics of the county, including but not limited to geographic location, age, gender, and race/ethnicity
- Clients with serious mental illness and/or serious emotional disturbance, and their family members

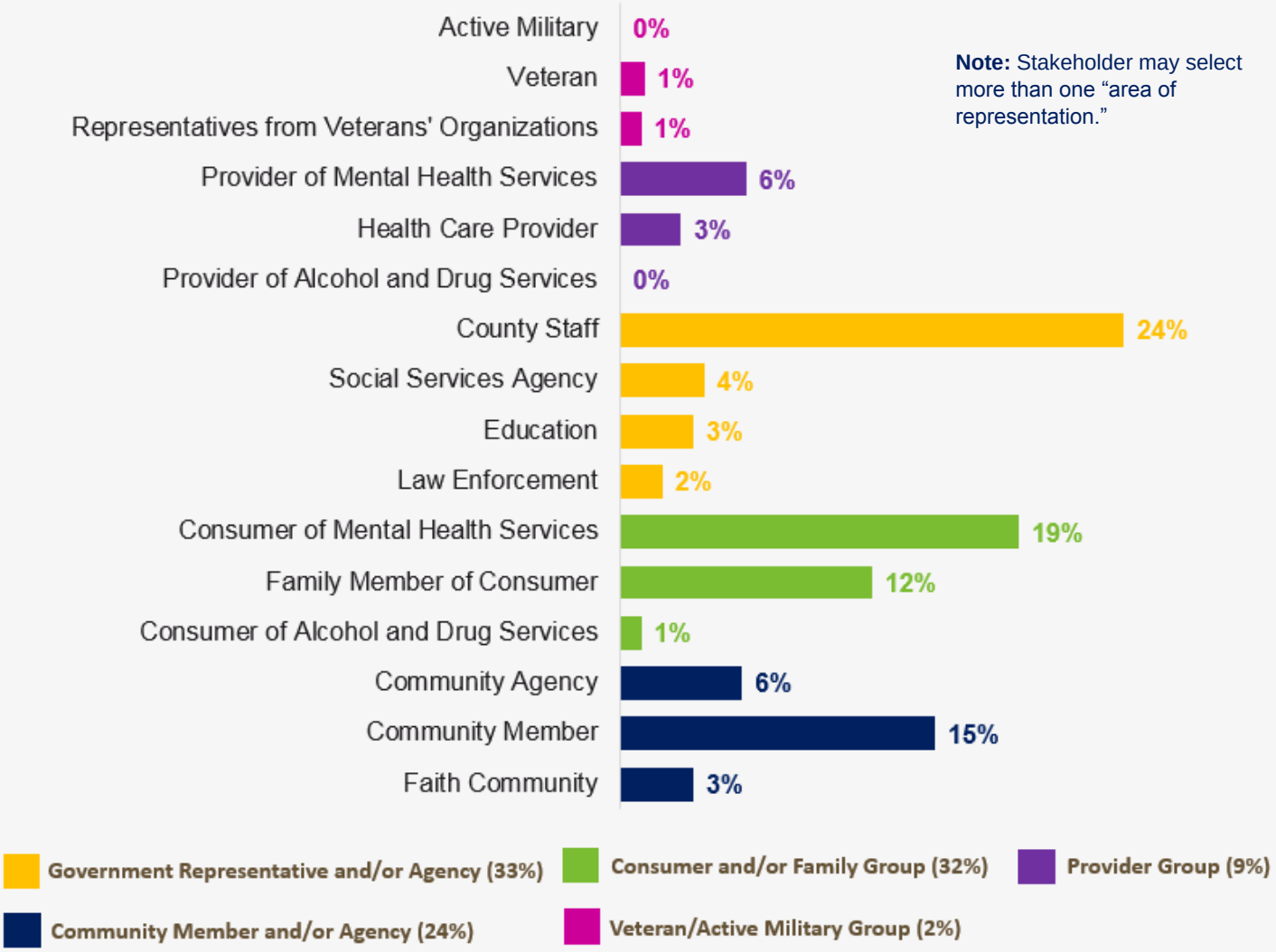
The Innovation (INN) Stakeholder Meetings attracted a diverse array of participants from throughout the County. Stakeholder comment forms were used to collect demographic information on the backgrounds and interests of the participants, their region of origin within the county, stakeholder representation or organizational affiliation, ethnicity, age group, and gender.

Stakeholder meeting participants came from a variety of regions of the county. The greatest number of participants, 32%, identified as part of the East Valley region and 21% identified as part of the Central Valley and West Valley regions, with another 21% coming from the Desert/Mountain region. Twenty-six percent of responses were from stakeholders that lived outside of San Bernardino County, but participated in the stakeholder process because they either work or are family members of consumers in San Bernardino County.

The quality of the discussions which took place in the stakeholder meetings were a result of the diverse backgrounds of participants who attended. People with organizational affiliations were the largest group, with 57% of the responses indicating they were affiliated with either community or government/social service agencies. However, consumers were also well represented, with 32% of the responses indicating an association as a direct consumer and/or a family/caregiver of a consumer.

From the 176 attendees, 137 surveys were returned. Those 137 surveys contained 145 responses due to the participants' ability to select more than one "area of representation."

STAKEHOLDER REPRESENTATION



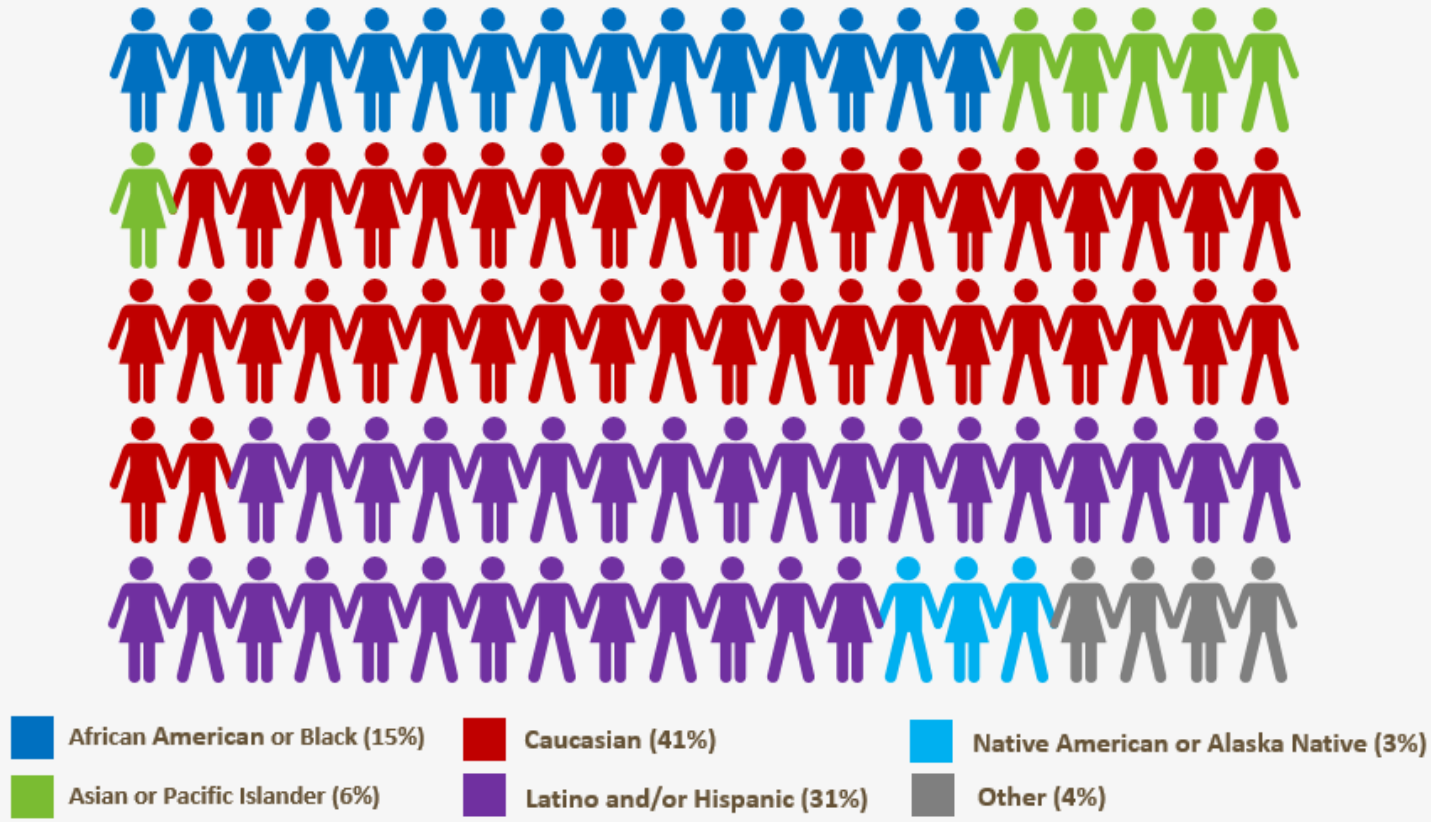
Source: *2018 Innovation Stakeholder Feedback Survey*

The ethnic breakdown of the CPP participants is as follows:

- The group with the largest representation is the Caucasian population representing 41% of participants.
- Participants who identified as Latino and/or Hispanic, the second largest group, represented 31% of the participants.
- Individuals identifying as African-American or Black represented 15% of the stakeholder responses.

- Native-American or Alaska Native, and Asian or Pacific Islander represented the two smallest groups representing 3% and 6% respectively, of the stakeholder responses.

STAKEHOLDER ETHNICITY

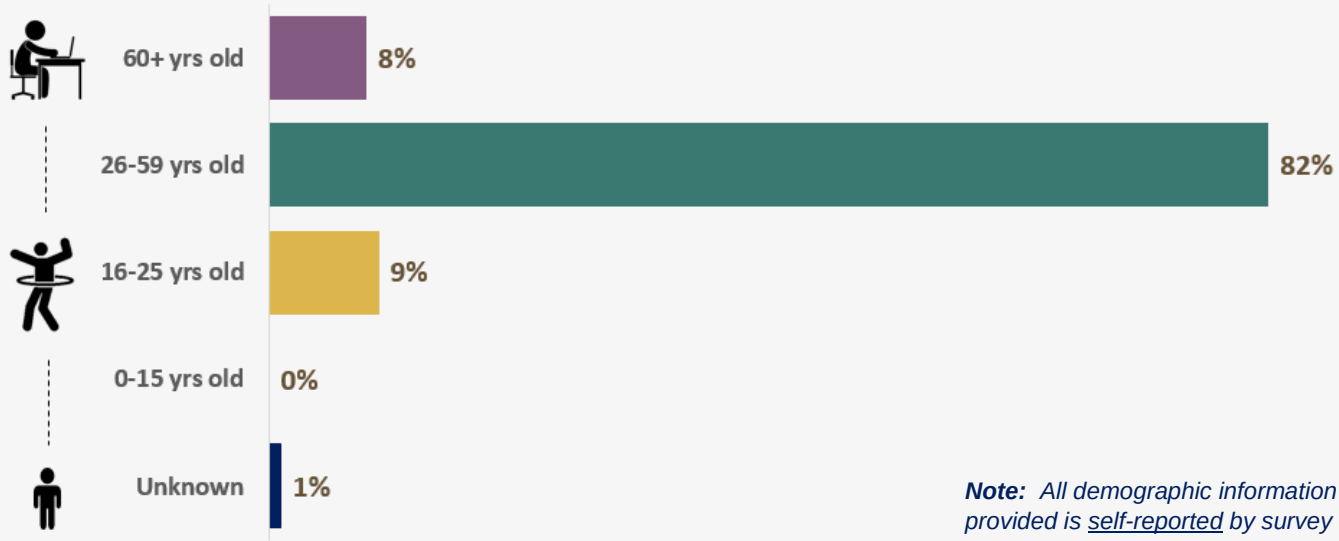


Source: *2018 Innovation Stakeholder Feedback Survey*

Participants varied a fair amount in age. Although the largest portion fell in the age range of 26-59 (82%), there was good representation of older adults over 60 years of age at 8%, and transitional-aged youth 16-25 years at 9%.

The breakdown of participants from the Innovation stakeholder meetings by gender is as follows: 60% of the participants are female, 36% of the participants are male, and 1% identified as transgender.

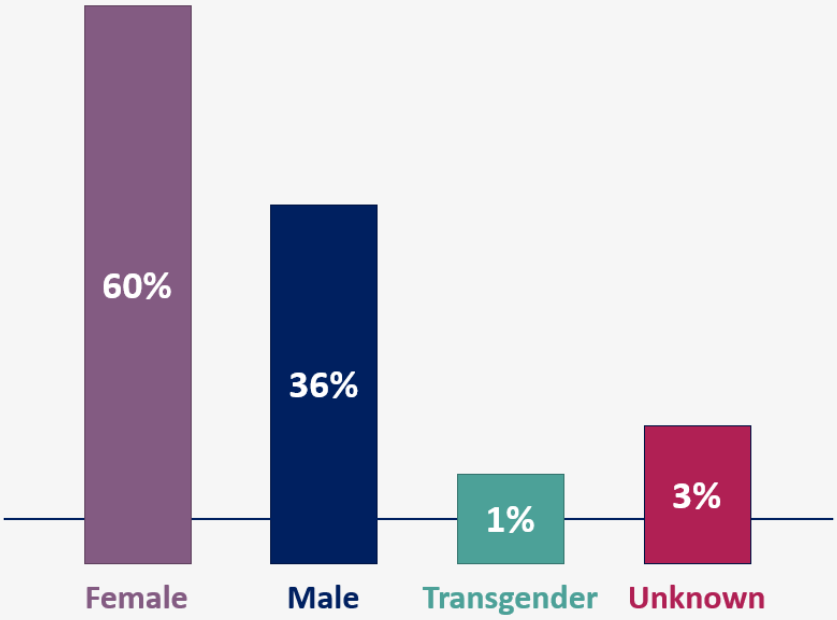
STAKEHOLDER AGE



Source: *2018 Innovation Stakeholder Feedback Survey*

Note: *All demographic information provided is self-reported by survey during the 2018 Innovation Stakeholder process. For any category where an individual did not report any information (i.e. did not complete the survey question) the response will be reported as "unknown."*

STAKEHOLDER GENDER



Source: *2018 Innovation Stakeholder Feedback Survey*

The Department of Behavioral Health's stakeholder engagement process is a continuous year long process where the overall satisfaction of participants is an important measurement to ensure that the diverse voices within our community are being engaged. Over the last year, 92% of meeting participants who completed a stakeholder comment form, were satisfied with the meeting process and community program planning. One percent (1%) of meeting participants were unsatisfied with the stakeholder engagement process. As part of the continuous process improvement, any unsatisfied

stakeholders were given an opportunity to provide contact information for additional follow-up on how the CPP process could be approved on behalf of all community stakeholders.

STAKEHOLDER SATISFACTION

Source: *2018 Innovation Stakeholder Feedback Survey*

Public Review

The InnROADs Innovation Plan was posted on the department's website for stakeholder review and comment from **October 31, 2018 through November 30, 2018,** at http://wp.sbcounty.gov/dbh/admin/mhsa/. The Public Hearing to affirm the stakeholder process took place at the regularly scheduled Behavioral Health Commission Meeting on **January 3, 2019,** which was held from **12:00 p.m. until 2:00 p.m.**

Substantive Comments/Recommendations

An analysis of substantive recommendations is included in the Public Posting and Comment section of the final InnROADS Innovation Plan. Comments/recommendations were submitted via email to the SBC-DBH MHSA email box at MHSA@dbh.sbcounty.gov during the time the InnROADS Innovation Plan draft was posted for public comment. Stakeholders were informed that comments can be received anytime through the year but will not be included in the final plan unless provided during the 30-day comment period. The plan was posted for 30-days, per Welfare and Institutions Code 5848, between **October 31, 2018 and November 30, 2018** at http://wp.sbcounty.gov/dbh/admin/mhsa/.

SBC-DBH encourages and supports community collaboration, particularly the involvement of stakeholders, in all aspects of the MHSA programs provided. To address concerns related to SBC-DBH MHSA program issues in the areas of access to behavioral health services, violations of statutes or regulations relating the use of MHSA funds, non-compliance with MHSA general standards, inconsistency between the approved MHSA Innovation Plan and its implementation, the local MHSA community program planning process, and supplantation, please refer to the MHSA Issue Resolution process located at http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf.

Community members do not have to wait for a meeting to provide feedback to the Department. Feedback can be provided at any time via email at MHSA@dbh.sbcounty.gov or phone by calling **1-800-722-9866**. Program data, outcomes, statistics and ongoing operations are discussed on a regular basis and shared with the community. The Community Policy and Advisory Committee (CPAC) specifically addresses MHSA programs. If you would like to be added to the invite list for CPAC meetings, please email MHSA@dbh.sbcounty.gov.

As feedback is collected from the community, it is analyzed with county demographic information, prevalence, and incidence rates for behavioral health services, specific treatment information collected by programs, consumers served, number and types of services provided, geographic regions served by zip code, data provided to the department by state agencies evaluating access to county services, cultural and linguistic needs, poverty indexes, current program capacity, and demonstrated needs in specific geographic regions and areas within the system of care (e.g.,

inpatient, residential, long-term care, day treatment, intensive outpatient, general outpatient care), and program needs are considered.

Public Posting and Comment

The Department of Behavioral Health (SBC-DBH) would like to thank those who participated in the public comment portion of the stakeholder process. During the 30-day public posting of the InnROADs Innovation Plan, SBC-DBH continued to promote the 30-day posting and provided overviews and information related to the InnROADs Innovation Plan. A press release, in English and Spanish, notifying the public of the posting was sent to 50 media outlets. A series of web blasts were released to all SBC-DBH clinics, contracted provider agencies, the Community Policy Advisory Committee, the Cultural Competency Advisory Committee and all associated cultural sub-committees, the Association of Community Based Organizations, and the Behavioral Health Commission, were included on all SBC-DBH sponsored social media sites, including Facebook and Twitter, and was posted on the main SBC-DBH website.

Printed copies of the plan were available upon request and an electronic copy was available on the SBC-DBH website. As a result, 19 returned surveys were received during the public posting period. All of the comments were received on the Stakeholder Comment Form that was available to all stakeholders. Of the 19 respondents 13 completed the satisfaction portion of the survey. Of those that responded, 100% indicated they were satisfied with the purpose and proposed project plan of this innovation project.

Summary and Analysis of Substantive Comments

A summary and analysis of a sample of comments, along with responses, are included as follows:

Comments received about the InnROADs Innovation Plan and stakeholder process, were supportive of the plan and the SBC-DBH Community Program Planning process. Comments received during the 30-day posting included opportunities to correct wording; positive responses concerning the services provided under MHSA and satisfaction with the positive outcomes of the programs; support for homeless programs and recovery-based support programs, and positive feedback in general.

Nineteen comment forms were received during the 30-day posting and public comment period of the draft InnROADs Innovation Plan. A summary of the comments includes:

- All returned surveys supported the intended purpose of the innovation project.
- Support for the inclusion of additional engagement methods focused on the rural and unincorporated area of San Bernardino County.

- Support for the inclusion of pets into the larger picture when talking about solutions for homelessness.

The following are a sampling of direct questions, comments, or concerns received regarding the InnROADs Innovation Plan posed within the written feedback that was received, along with appropriate responses. Requests for wording and grammar changes have been made and are not included below.

Comment: This is an important program that could change people's lives.

Response: Thank you for your participation. DBH looks forward to learning from this project and sharing the outcomes to improve the delivery of services for this important population.

Comment: Suggestions based on my work supervising a homeless outreach team: 1) Create a Housing Specialist Position whose focus is navigating the complex housing voucher system. 2) Continue care by the 2 Teams post-housing which ensures a more last and successful outcome.

Response: Thank you for your feedback and participation. Your suggestions will be very helpful as we implement and test the engagement and delivery of behavioral health and other services through this multi-disciplinary team. We are hopeful you will remain engaged as we share preliminary findings related to this project.

Comment: Clarification: will InnROADs assist with urban homeless as well? Or only those in rural areas?

Response: Thank you for your question. The current design of the InnROADs project is to target rural and geographically isolated communities of persons living in homelessness.

Comment: How will your Law Enforcement position be filled? An MOU, new HOPE staff member or other?

Response: Thank you for your question and interest in the Innovation project. It is anticipated that the Law Enforcement position will be filled via the development of a Memorandum Of Understanding with the Sheriff's Department. The Sheriff's Department, based on its staffing pattern and available resources, will determine if the position will be part of the existing HOPE team or part of another unit within the Department.

Comment: This is a very helpful plan, can't wait to see it in action.

Response: Thank you for your interest and participation in this project.

Comment: Very informative!

Response: Thank you for your participation.

Comment: Pets: Great idea to include pets since individuals with pets have strong attachments to them. - Will be helpful in gaining trust. - Will be helpful in incentivizing individuals to participate if they do not have to leave their pets behind. - Providing for care and housing for pets is important, but needs to include individuals allowed to keep pets with them opposed to boarding pets somewhere else. *people receive comfort from their pets. *people feel guilty for abandoning their pets. Engagement: Great ideas to provide engagement in the form of barber services, health services (including dental and vision), and mobile hygiene services. Treatment methods: Will individuals be allowed to decide the method of treatments that they wish to consent to? -For example, will individuals be able to participate in services and receive assistance, and maintain rights to withhold consent for specific forms of treatment without negatively affecting eligibility for services?

Response: Thank you for your participation and thoughtful feedback. DBH agrees that pets are a very important part of individuals and families lives. DBH has learned that engagement is very important and key to getting individuals into care. Regarding treatment, all treatment services are voluntary.

Comment: How will this program reduce the time it takes to assist the consumers?

Response: Thank you for your thoughtful question and participation in the community program planning process. InnROADs is targeting individuals who would not normally access any behavioral health care. The focus is engagement and linkage to care in a client centered approach. We are hopeful that the approach we are testing will support increasing access to behavioral health services.

Comment: I would like to emphasize the importance of the stabilization phase, so that the homeless doesn't revert back.

Response: Thank you for your feedback, participation and support of this project. We hope to learn the most effective methods to support engagement, stabilization and access to treatment through this project.

Comment: I am both impressed & grateful for this innovation project! Having known someone who experienced homelessness most of his life it is services like these that are needed more - truly meeting the client where they are at. Our homeless deserve access to treatment & to be acknowledged.

Response: Thank you for your participation and for sharing.

Comment: The lack of transportation makes it very difficult for our mountain homeless population to get "down the hill" to receive county mental health services (or many other services as well). This program would be a huge asset to the homeless in our community.

Response: Thank you for your participation and feedback. It is anticipated that the mobile aspect of the project design will address this barrier.

Comment: I have read the plan and I want to express my overwhelming gratitude for DBH's responsiveness to the needs of the rural high desert community's homeless consumers! I have shared the highlights of the plan with local stakeholders and community service organizations and we are very excited about the opportunities this innovative project presents! We look forward with much anticipation to working with DBH to make this plan a success! Thank you, thank you, thank you again!!!

Response: Thank you for your interest in the Innovation project. Your participation and feedback are appreciated.

MHSA Innovative Project Primary Purpose

Select **one** of the following as the primary purpose of your project. (i.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

☐ Increase access to mental health services to underserved groups

☐ Increase the quality of mental health services, including measurable outcomes

☒ Promote interagency collaboration related to mental health services, supports, or outcomes

☐ Increase access to mental health services

MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

☐ Introduces a new mental health practice or approach

☐ Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community

☒ Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

MHSA General Standards

COMMUNITY COLLABORATION - SBC-DBH has conducted an ongoing extensive Community Program Planning (CPP) process that involved stakeholders within the community which is consistent with MHSA regulations. The project will work in collaboration with all available psychiatric treatment modalities in the County and will promote access to the most appropriate level of care for the individual. These will include SBC-DBH operated programs and outpatient clinics, drug and alcohol programs, fee-for-service providers, faith-based organizations, social service organizations, veteran services, housing programs and alternatives, other County Departments such as the Department of Aging and Adult Services, Transitional Assistance Department, Public Health (to include Animal Control), County Medical clinics and community based organizations. Educational organizations and vocational organizations will be utilized to assist consumers in meeting their personal goals, as well as a means to more fully integrate the consumers

Community Program Planning Meeting

into their surrounding community. Consumers and family members will be linked with regionally based providers to minimize any geographical obstacles to accessing services. Our partnership with the diverse Cultural Competency Advisory Sub-Committees and Community Health Workers program will assist us in bridging the cultural and geographical diversity of our County in a community-driven manner.

CULTURAL COMPETENCE - The SBC-DBH Office of Cultural Competency and Ethnic Services (OCCES) will be involved to ensure compliance with cultural competency standards and ensure that the services provided address diverse cultural and linguistic needs. OCCES remains available for consultation and to provide support to the teams regarding issues of diversity when necessary. Issues of cultural diversity and the social norms of a specific cultural group may present a barrier to a mentally ill individual participating in psychiatric treatment. These issues will be explored with the OCCES as they arise in order to provide services to the community in a culturally and linguistically meaningful and appropriate manner. Partnering with the Sub-Committees in a more active way (beyond an advisory capacity) will further ensure effective, culturally-sensitive interactions. Every effort will be made to staff the teams so that they are diverse and representative of the demographics of the Department's consumers. Efforts will be made to include bilingual staff members, especially in Spanish, which is the threshold language for San Bernardino County. Additionally, materials will be available in threshold languages and interpreter services will be provided as needed.

CLIENT DRIVEN - All services provided through MHSA are committed to a behavioral health treatment approach that places extreme importance on the client taking an active and directive role in his or her treatment decisions. In this model the clinician and support staff take supportive roles in assisting the client in achieving their identified treatment goals and promote self-understanding.

FAMILY DRIVEN - SBC-DBH supports a family driven treatment model where consumer families have a key role in assisting the decision making process of the consumer. While maintaining the appropriate level of confidentiality, as determined by the consumer, SBC-DBH invites and encourages a consumer's family, biological or otherwise, to be an active part in their loved one's treatment and/or treatment decisions. Learning has shown that a consumer's family and loved ones are a valuable asset when determining a consumer's readiness for treatment.

WELLNESS, RECOVERY, AND RESILIENCE - Starting where the individual "is at in their recovery" is a central component of the MHSA. This project promotes wellness, recovery, and resiliency by providing an increased level of access and linkage to a variety of services in a field-based model. The project will work to link the individual and their families to the most appropriate service modalities in their community that will meet their unmet behavioral health and support needs. Outreach and engagement efforts will work towards involving the individual in the types of services and activities that will enable them to remain at the lowest level of care in the community thereby eliminating the

need to use the emergency department as a primary source of behavioral health services. By helping the individual access the necessary and appropriate supportive services and therapeutic services in the community, this Innovation project will assist the consumers on their journey towards greater wellness, recovery and resiliency.

INTEGRATED SERVICE EXPERIENCES FOR CLIENTS AND THEIR FAMILIES - One focus of this project will be the linkage of individuals to culturally appropriate services in the local community and/or bring those services to the individuals via mobile treatment options. These referrals to resources will be coordinated and integrated to most appropriately meet the stated needs and discharge plan of the consumer. It is anticipated that referrals will be made to all venues and modalities of therapeutic and social programs. A holistic approach will be utilized in making referrals for services to the individual and their families in recognition of the need to address the psychiatric treatment needs of the individual but also their many educational, cultural, spiritual, social, and health needs. The project, as designed, will provide educational and supportive services to the individual and their families to increase understanding and awareness of behavioral health disorders, outpatient services, knowledge of how to access services, as well as how to navigate the complicated system of care.

Communication and Dissemination Plan

Project outcomes related to this innovative project will be disseminated to stakeholders in San Bernardino County via the continuous community program planning that currently occurs. Project updates will include participation from project participants. Community invites to these ongoing events are shared via various social media platforms targeting the community at large and stakeholders. Preliminary and final outcomes will be presented at statewide venues, as opportunities are available, to provide learning to other counties. Additionally, a final report will be provided to the Mental Health Services and Accountability Commission for distribution with other counties.

In order to facilitate communication, a list of interested participants and stakeholders will be developed and included in any communication efforts made. Additionally, regular program updates will be provided during the robust stakeholder process already in place allowing for stakeholders to provide input and feedback on the program while it is in progress.

Budget

The total estimated budget for this project is approximately $17 million over the course of five years. Per AB114 and DBH's MHSA Plan to Spend Reverted Funds, the first year of this project will utilize approximately $2.5 million in funds that are subject to reversion from Fiscal Year 2008-2009. Funding will allow for staffing for the inter-departmental engagement teams from the following four county departments, Behavioral Health, Public Health, Aging and Adult Services and Sheriff's. Staff from the four departments will create inter-departmental engagement teams and one Mobile Mental Health Unit. The proposed project design has two (2) engagement teams and the mobile mental health unit starting in the first year, with two additional engagement teams to be added in the third year. This staggered approach is for cost savings as well as establishing rapport in the homeless community.

A Project Manager and an Office Assistant II to oversee coordination and implementation and support the project. A Staff Analyst II will provide ongoing support in the development and collection of data for the evaluation portion of the project.

The mobile unit will consist of full-time Behavioral Health Nurse, Medical Assistant and a driver. The engagement teams will be made up of full-time staff, including a Clinical Therapist II, Alcohol and Drug Counselor, Peer and Family Advocate, Public Health Nurse, Aging and Adult Services Social Worker and a Deputy Sheriff.

Engagement staff's primary responsibilities at the beginning of the project will as follows:

Position	Primary Responsibility
Contract Project Manager *position contracted for this project only	• Oversee coordination and implementation and support the Innovation project. • Prepares, monitors, and enforces contracts with behavioral health service providers. • Provides administrative supervision.
Contract Office Assistant III *position contracted for this project only.	• Performs clerical work in support of the Innovation project.
Staff Analyst II	• Conducts research and analytical studies involving the operations and project outcomes of the Innovation project.
Contract Clinical Therapist II *position contracted for this project only.	• Provides diagnoses and assessments to project participants.

Position	Primary Responsibility
Contract Alcohol and Drug Counselor *position contracted for this project only.	• Provides screening, counseling, detoxification, referral, and outreach services to individuals with substance use problems.
Peer and Family Advocate *Individuals with lived experience or family member of an individual with lived experience as a consumer of behavioral health services and/or experience with homelessness	• Will provide crisis response services, peer counseling, psychoeducation, system navigation assistance, and linkages to services and supports for project participants.
Behavioral Health Registered Nurse	• Providing medication management services to Behavioral Health consumers who have been prescribed medication through SBC-DBH's system of care.
Driver	• Will have and maintain appropriate license to drive Mobile Treatment Vehicle.
Nurse Practitioner	• Responsible for taking medical histories, performing physical examinations, making assessments of medical conditions, administering treatments, advising and counseling patients.
Medical Assistant	• Provides a variety of technical support services and assistance in diagnostic and treatment procedures performed by professional staff.
Social Service Practitioner	• Provides diagnoses, assessment, and case management support to project participants that also qualify for services through the Department of Aging and Adult Services.
Social Worker II	• Provide case management duties, to include linkages and "warm handoffs" to appropriate agencies, for individuals participating in Innovation project.
Nurse Supervisor	• Supervisory responsibility over nursing staff assigned to Innovation project.

Position	Primary Responsibility
Registered Nurse	• Performs health assessments, evaluates and counsels on psychological and social, as well as physical, well-being.
Sheriff Deputy	• Responsible for engagement team's general safety while in the field. • Provides location services in finding and locating "hard-to-find" homeless encampments by using information provided to Sheriff's Department by community residents. • Provide coordination assistance with HOPE and HOST homeless outreach teams. • Serve as point of contact with Sheriff's Department on coordinated engagement activities.

Each engagement team will have two four-wheel drive vehicles, the mobile treatment team will have one four-wheel drive vehicle. Office space for staff to meet will be designated, however units are mobile units and will be performing duties in the field most of the time.

The budget accounts for flexible spending each year. The flexible spending will be utilized to assist the homeless individuals with immediate needs as well as to assist in overcoming barriers for housing such as acquiring needed legal documents like birth certificates and identifications. This funding will also be used in the provision of secondary services that would assist in building trust and rapport.

INNROADS BUDGET

			Year 1	Year 2	Year 3	Year 4	Year 5	
Personnel Costs			**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**5 Year Total**
Salaries & Benefits	**FTE**	**Estimated Cost**						
Behavioral Health								
Contract Project Manager	1.00	$112,734	$112,734	$116,116	$119,600	$123,187	$126,883	$598,520
Contract Office Assistant III	1.00	$52,785	$52,785	$54,369	$56,000	$57,680	$59,410	$280,243
Staff Analyst II	0.25	$91,767	$22,942	$23,630	$24,339	$25,069	$25,821	$121,801
Contract Clinical Therapist II	4.00	$97,329	$194,658	$200,498	$413,025	$425,416	$438,179	$1,671,776
Contract Alcohol and Drug Counselor	4.00	$73,884	$147,768	$152,201	$313,534	$322,940	$332,628	$1,269,072
Peer and Family Advocate	4.00	$51,812	$103,624	$106,733	$219,869	$226,465	$233,259	$889,951
Behavioral RN	1.00	$121,793	$121,793	$125,447	$129,210	$133,086	$137,079	$646,616
Driver	1.00	$41,519	$41,519	$42,764	$44,047	$45,368	$46,730	$220,428
Nurse Practitioner	1.00	$132,784	$132,784	$136,768	$140,871	$145,097	$149,450	$704,968
Medical Assistant	1.00	$54,966	$54,966	$56,615	$58,314	$60,063	$61,865	$291,822
Total Behavioral Health	**18.25**	**$831,373**	**$985,572**	**$1,015,140**	**$1,518,808**	**$1,564,372**	**$1,611,304**	**$6,695,196**
Public Health								
Nurse Supervisor	0.15	$133,671	$20,051	$20,652	$21,272	$21,910	$22,567	$106,452
RN	4.00	$121,793	$243,586	$250,894	$258,420	$266,173	$274,158	$1,293,231
Total Public Health	**4.15**	**$255,464**	**$263,637**	**$271,546**	**$279,692**	**$288,083**	**$296,725**	**$1,399,683**
DAAS								
Social Service Practitioner	2.00	$83,208	$83,208.32	$85,705	$176,551	$181,848	$187,303	$714,616
Social Worker II	2.00	$86,167	$86,167	$88,752	$182,829	$188,314	$193,963	$740,026
Total DAAS	**4.00**	**$169,375**	**$169,375**	**$174,457**	**$359,381**	**$370,162**	**$381,267**	**$1,454,641**
Sheriff's								
Deputy	4.00	$220,875	$441,750	$455,003	$937,305	$965,424	$994,387	$3,793,869
Total Sheriff's	**4.00**	**$220,875**	**$441,750**	**$455,003**	**$937,305**	**$965,424**	**$994,387**	**$3,793,869**
Total Personnel Costs	**30.40**	**$1,477,087**	**$1,860,334**	**$1,916,144**	**$3,095,186**	**$3,188,042**	**$3,283,683**	**$13,343,389**

	Year 1	Year 2	Year 3	Year 4	Year 5	
Operating Costs	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**5 Year Total**
Services and Supplies	$60,116	$60,116	$93,209	$93,209	$93,209	$399,859
Travel	$5,000	$5,000	$10,000	$10,000	$10,000	$40,000
Communications	$1,275	$1,275	$2,175	$2,175	$2,175	$9,075
Lease/Rent	$100,000	$100,000	$100,000	$100,000	$100,000	$500,000
Mileage	$5,000	$5,000	$10,000	$10,000	$10,000	$40,000
Total Operating Costs[1]	**$171,391**	**$171,391**	**$215,384**	**$215,384**	**$215,384**	**$988,934**
One Time Costs	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**5 Year Total**
Computer equipment and Software	$21,777	-	-	-	-	$21,777
Equipment	$700	-	-	-	-	$700
Vehicles	$135,000	-	$108,000	-	-	$243,000
Total One Time Costs	**$157,477**	**$0**	**$108,000**	**$0**	**$0**	**$265,477**
Consultant Costs/Contracts (Clinical training, facilitator evaluation)	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**5 Year Total**
Flexible Spending	$50,000	$75,000	$100,000	$100,000	$100,000	$425,000
Total Consultant Costs[2]	**$50,000**	**$75,000**	**$100,000**	**$100,000**	**$100,000**	**$425,000**
Other	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**5 Year Total**
DBH Admin Fee[3]	$279,050	$287,422	$464,278	$478,206	$492,552	$2,001,508
Total Other Costs	**$279,050**	**$287,422**	**$464,278**	**$478,206**	**$492,552**	**$2,001,508**
Total Proposed Expenditures[4]	**$657,918**	**$533,813**	**$887,662**	**$793,590**	**$807,936**	**$3,680,919**
Total INN Funding Requested	**$2,518,253**	**$2,449,957**	**$3,982,848**	**$3,981,632**	**$4,091,619**	**$17,024,309**

[1]**Operating Costs** consist of all costs needed to operate the program including but not limited to travel, communications, lease rent and all office supplies needed to conduct business.
One-time costs include the cost of communication equipment including computers, smartphones, tablets and vehicles.

[2]**Consultant costs** include the costs for training required for the LEAP model as well as the services needed to house and tend to animals as part of the engagement and trust building with individuals who have pets. Additionally, flexible spending is included in order to purchase items needed in the field such as clothing, food, daily living materials and to pay, if needed, for specific services such as acquiring a birth certificate or personal identification.

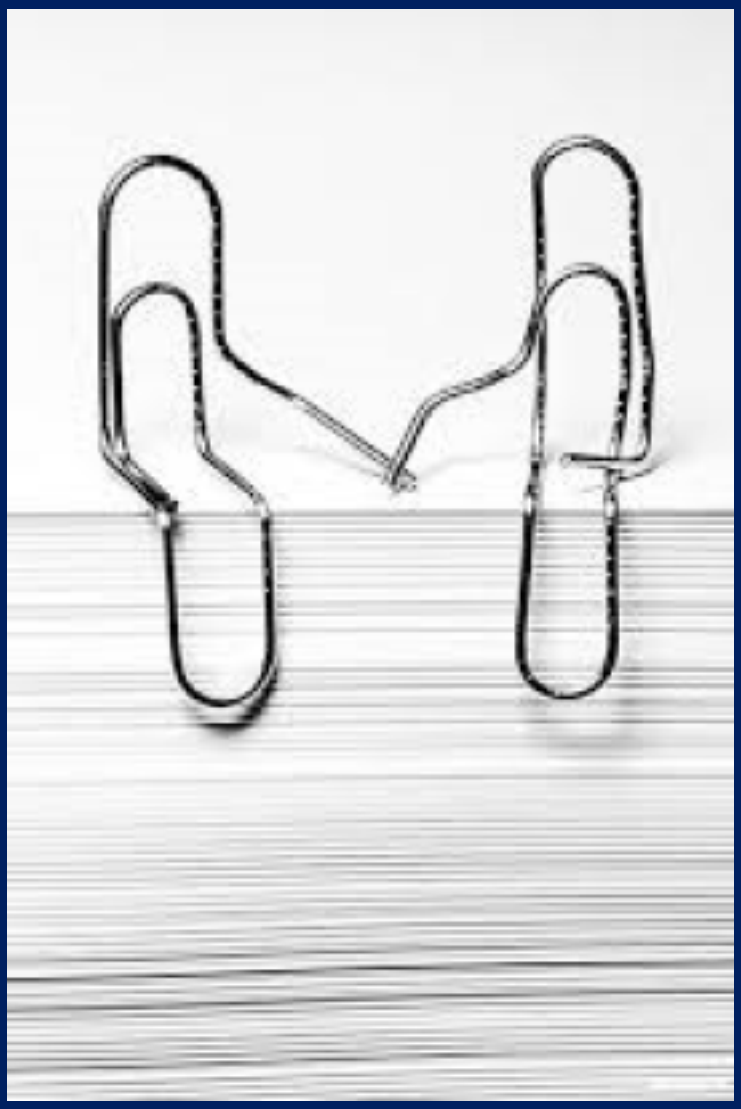
The [3]**administration fee** covers the cost of executive staff and administration cost of the department doing business.

[4]**Total Proposed Expenditures** is a combination of the total of Operating Costs, One-time Costs, Consultant costs and the admin fee combined. The Total Innovation Funding requested is the combination of the Total Personnel Costs and the total Proposed Expenditures.

Certifications

This Innovative Project proposal, submitted for approval by the MHSOAC, includes the following documentation:

Required Action	Date (or Anticipated Date) of Completion
Innovation Plan posted for 30-day Review and Comment	11/2019
Public Hearing	1/3/2019
Approval from County Board of Supervisors	3/2019
County Compliance Certification	After OAC Approval
County Fiscal Accounting Certification	After OAC Approval
Presentation to the MHSOAC	2/28/2018



Attachments

MHSA COUNTY COMPLIANCE CERTIFICATION

County: San Bernardino

Local Mental Health Director	Program Lead
Name: Veronica Kelley, DSW, LCSW	Name: Michelle Dusick
Telephone Number:(909) 388-0801	Telephone Number: (909) 252-4046
E-mail: vkelley@dbh.sbcounty.gov	E-mail: mdusick@sbcounty.gov
County Mental Health Mailing Address: Department of Behavioral Health 303 E. Vanderbilt Way San Bernardino, CA 92415	

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 annual update, including stakeholder participation and nonsupplantation requirements.

This annual update 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 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 board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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 annual update are true and correct.

Veronica Kelley, DSW, LCSW

_____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

County: San Bernardino

Date: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: San Bernardino

☐ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report
X Innovation Plan

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Veronica Kelly, DSW, LCSW	Name: Ensen Mason
Telephone Number: (909) 388-0801	Telephone Number: (909) 382-7000
E-mail: vkelley@dbh.sbcounty.gov	E-mail: ensen.mason@atc.sbcounty.gov
Local Mental Health Mailing Address: County of San Bernardino Department of Behavioral Health 303 East Vanderbilt Way San Bernardino, CA 92415	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report 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 update/revenue and expenditure report is true and correct to the best of my knowledge.

Local Mental Health Director (PRINT) _____ Signature _____ Date _____

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City 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.

County Auditor Controller / City Financial Officer (PRINT) _____ Signature _____ Date _____

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Attachment C

SAN BERNARDINO COUNTY

Behavioral Health

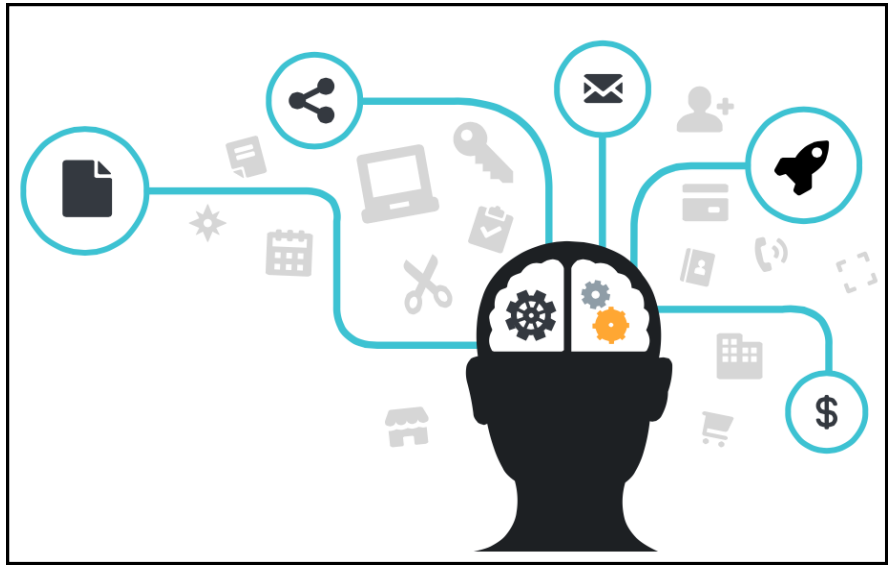
Attend the February

Community Policy Advisory Committee (CPAC)

meeting for a special stakeholder planning session on the

Mental Health Services Act (MHSA)

Innovation Component.



February 15, 2018

9 – 11 a.m.

County of San Bernardino

Health Services Building,

Auditorium

850 East Foothill Blvd., Rialto

Please join us to discuss new innovative ideas to help our community!

For additional information, interpretation services, or to request disability-related accommodations, please call (800) 722-9866 (7-1-1 for TTY users) or email mhsa@dbh.sbcounty.gov.

PIO app 1.18

SAN BERNARDINO COUNTY

Behavioral Health

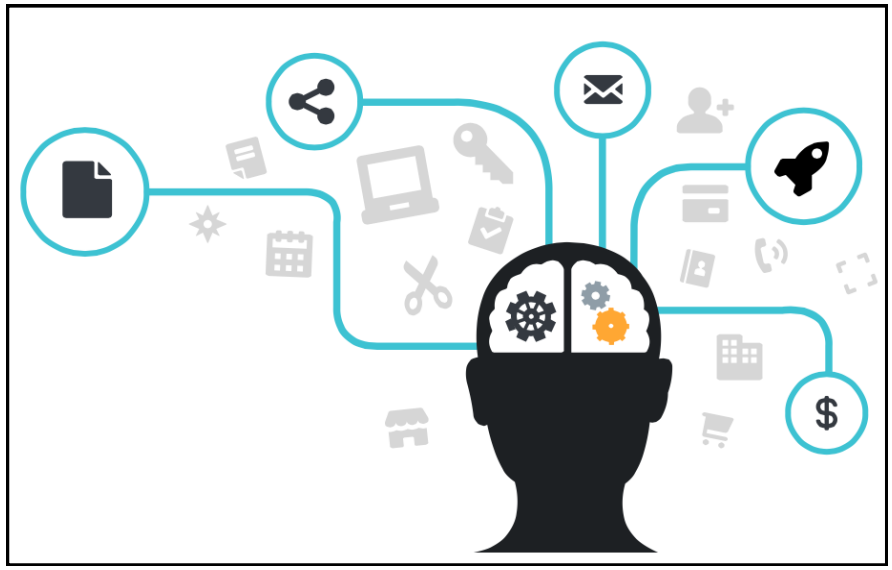
Acompáñenos este febrero en el

Comité Asesor de Política Comunitaria (CPAC por sus siglas en inglés)

para una presentación especial de planificación de todos los interesados sobre el

Componente de Innovación

de la Ley de Salud Mental (MHSA por sus siglas en inglés).



February 15, 2018

9 – 11 a.m.

County of San Bernardino

Health Services Building,

Auditorium

850 East Foothill Blvd., Rialto

¡Por favor acompáñenos para hablar de nuevas ideas innovadoras para ayudar a nuestra comunidad!!

Para más información, preguntas, dudas, servicios de interpretación o para solicitar acomodos relacionadas con alguna discapacidad, favor de llamar a Cheryl McAdam at (800) 722-9866 (7-1-1 para usuarios de TTY), mhsa@dbh.sbcounty.gov.

Mon 2/12/2018 4:33 PM

DBH - Webmaster

MHSA stakeholders planning session at CPAC!

To

Attention DBH staff,

Click here for a printable version.

Webmaster
Behavioral Health
Phone: 909-884-4884

San Bernardino County Department of Behavioral Health

Yesterday at 1:47pm ·

Reminder! Attend February's Community Policy Advisory Committee (CPAC) meeting this Thursday for a special stakeholder planning session on the Mental Health Services Act Innovation component. For more information please call (800) 722-9866.

SAN BERNARDINO COUNTY | Behavioral Health
Office of Innovation

Community Policy Advisory Committee (CPAC)

Mental Health Services Act (MHSA), Innovation Component

Michelle Dusick, MHSA Coordinator
Karen Cervantes, MPA, Innovation Program Manager I

February 15, 2018

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Presentation Overview

Today's Topic:
Innovation Project Concepts

1. Mental Health Services Act Overview
2. Innovation Project Recap
3. New Innovation Project Concepts
4. Group Dicussion

Mental Health Services Act

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over $1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.

Purpose of MHSA

Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)

To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.

Components of MHSA

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- **Innovation (INN)**
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)

Purpose of the Innovation Component

Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including measurable outcomes.
- To promote interagency & community collaboration.
- To increase access to services.

WIC § 5830 (b)(1)(A-D)

Goals of Innovation Component

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Support innovative approaches by doing at least one **(1)** of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

WIC § 5830 (b)(2)(A-C)

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Innovation Legislative Requirements

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- An Innovation project is defined as one that **contributes to learning rather** than a primary focus on providing a service.
- County mental health programs shall expend funds for their innovation projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

WIC § 5830(e)

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Innovation Legislative Requirements

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Time-limited Pilot Project

- Maximum of five **(5)** years from the start date of the project.
- Successful parts of the project **may** continue under a different funding source or be incorporated into existing services.
- Projects may be terminated prior to planned end date.

9 CCR § 3910.10

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Community Program Planning

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WIC § 5848 (a) states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- Evaluation
- Budget Allocations

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Local Stakeholder Engagement

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The Department of Behavioral Health (DBH) has been successful in the ongoing engagement of stakeholders during the design, implementation, and evaluation of MHSA programs and Innovation projects since 2005.

Stakeholder feedback has been captured and projects developed around identified themes according to the four (4) Innovation primary purposes.

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Innovation Project Recap

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Innovation Projects to Date

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There have been seven (7) Innovation projects implemented since 2010.

Lets take a quick look and recap the Innovation projects that were implemented to meet one of the **primary** learning purposes identified for the Innovation component.

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Innovation Projects Timeline

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	2010	2011	2012	2013	2014	2015	2016	2017	2018
Online Diverse Community Experiences (ODCE)	SEPT ←								→ JUN
Coalition Against Sexual Exploitation (CASE)	SEPT ←								→ JUN
Community Resiliency Model (CRM)	DEC ←								→ DEC
Holistic Campus	OCT ←								→ JUN
Interagency Youth Resiliency Team (IYRT)	MAY ←								→ JUN
TAY Behavioral Health Hostel	JUL ←								→ MAR
Recovery Based Engagement Support Teams (RBEST)	MAR ←								→ OCT

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Future Innovation Projects

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The MHSA Innovation component offers an opportunity to work with community stakeholders to develop, implement, and evaluate ideas for addressing the behavioral health needs of the unserved, underserved, and inappropriately served populations in San Bernardino County using "innovative" approaches.

Innovative approaches are considered to be novel, creative, and/or ingenious behavioral health practices that contribute to learning rather than having a primary focus on providing specific behavioral health services.

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New Innovation Project Concepts

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Innovative Concept 1: New Service Delivery Model

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Target Population:
- Individuals with eating disorders

Basic Concept:
- Create a comprehensive service delivery model for all patients with eating disorders.
- Provide funding two multi-disciplinary teams to consult with families and individuals affected with eating disorders that have high mortality risks.
- Teams will be responsible for developing a continuum of services that include:
  - Specialty placements
  - Partial hospitalizations
  - Behavioral health interventions
- Provide education and therapeutic support to the family.

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Innovative Concept 2: Remote On-site Service Delivery

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Target Population:
- Individuals living with mental illness and experiencing homelessness

Basic Concept:
- Develop methods of providing behavioral health, medication, and other health related services on-site to homeless encampments, including those in remote and rural areas of the county that are difficult to reach with traditional transportation.
- Use mobile vehicle, equipped to travel over off-road terrain, to provide an on-site setting for evaluation and examination including psychiatric service via telepsychiatry.
- Use learning from other Innovation projects to expand the use of family engagement strategies to include non-traditional family constructs (i.e. pets as family members).
- Engagement and treatment teams will include non-traditional partners, such as veterinarians to support engagement activities.

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Innovative Concept 3: Wellness University

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Target Population:

- Consumers of DBH Services, including the family and loved ones of consumers
- Children (K-12)
- First Responders

Basic Concept:

- Creation of curriculum that provides education to consumers and loved ones on mental health and substance abuse.
  - To encourage participation, childcare and supper (for evening classes) will be provided.
- Orientation to assist consumers and family members on how to navigate behavioral health services.
- Design a mental health wellness education campaign targeting K-12 population.
- Certification program for First Responders that better equips them to handle individuals living with mental illness.

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Innovative Concept 4: Supportive Services for Foster Families

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Target Population:

- Children, foster parents, and families involved with, or recently involved with, the Department of Children and Family Services (i.e. foster care)

Basic Concept:

- Create a service team of clinical staff and parent partners to provide support to children and families involved with the Department of Children and Family Services.
- Clinical and support services will be provided for children and foster families to help manage the difficulties associated with the removal of a child from their home.
- Project will provide services to children who would normally not receive these service because they did not meet medical necessity (i.e. the child's emotional distress and/or behavioral issues are not severe enough for clinical support and service to be paid for by Medi-Cal).
- Supports and services will be provided with the goal of increasing placement stability and the overall improvement of the functioning and strengths of the child.
- Services will include a "warm line" designed to allow foster families and children to connect with support staff when needed.

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Future Innovation Projects: Stakeholder Feedback

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Discussion Timer

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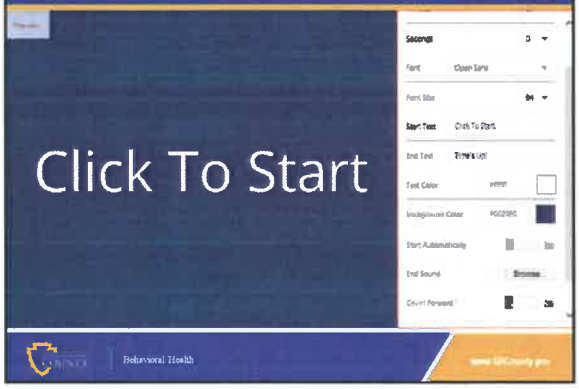

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Next Steps: Where do we go from here?

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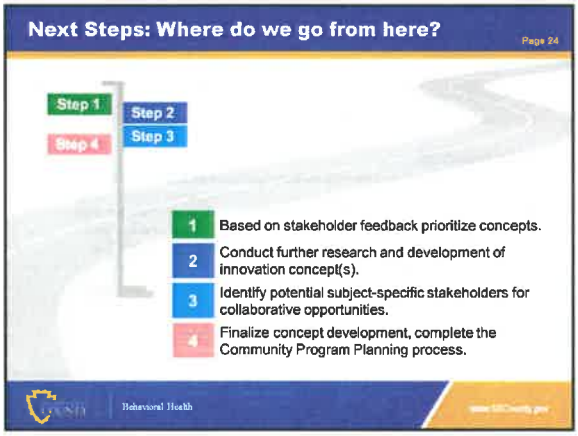

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Closing

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Thank you for your thoughtful participation!

Your feedback is important to us.

Please ensure that you have completed your comment forms.

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Contact

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For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:

(909) 386-8256
Toll Free 1 (800) 743-1478
or 7-1-1 for TTY users.

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Concerns

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To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:

http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf

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Questions

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For questions or comments, please contact:

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MHSA@dbh.sbcounty.gov
(909) 252-4017

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Department of Behavioral Health
Community Policy Advisory Committee
Innovation Project Concepts
Stakeholder Comment Form

What is your age?

☐ 0-15 yrs ☐ 26-59 yrs
☐ 16-25 yrs ☐ 60+ yrs

What is your gender?

☐ Female ☐ Male ☐ Other: _____
☐ Female to Male (FTM) / Transgender Male / Trans Man
☐ Male-to-Female (MTF) / Transgender Female / Trans
☐ Genderqueer, neither exclusively male nor female
☐ Questioning or unsure of gender identity
☐ Other (please specify): _____
☐ I do not wish to answer this question

What region do you live in?

☐ **Central Valley Region**

Bloomington, Colton, Fontana, Grand Terrace, Rialto

☐ **Desert/Mountain Region**

Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley

☐ **East Valley Region**

Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa

☐ **West Valley Region**

Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland

☐ **Neighboring California County**

What group(s) do you represent?

☐ Family member of consumer
☐ Consumer of Mental Health Services
☐ Consumer of Alcohol and Drug Services
☐ Law Enforcement
☐ Education
☐ Community Agency
☐ Faith Community
☐ County Staff
☐ Social Services Agency
☐ Health Care Provider
☐ Community Member
☐ Active Military
☐ Veteran
☐ Representative from Veterans Organization
☐ Provider of Mental Health Services
☐ Provider of Alcohol and Drug Services

What is your ethnicity?

☐ African American/Black ☐ Asian/Pacific Islander ☐ Latino/Hispanic
☐ American Indian/Native American ☐ Caucasian/White ☐ Other:_____

What is your primary language?

☐ English ☐ Spanish ☐ Vietnamese ☐ Other:_____

Were you satisfied that this meeting met its goals and/or objectives?

☐ Very Satisfied ☐ Satisfied ☐Neutral ☐ Unsatisfied ☐Very Unsatisfied

1. **Based on the information presented please rank (1-4) the project concepts in order of importance to you, with 1 being the most important and 4 being the least important.**

   _____ New Service Delivery Model for Individuals with Eating Disorders

   _____ Remote On-site Service Delivery

   _____ Supportive Services for Foster Families

   _____ Wellness University

2. **Based on the information presented are there any other project ideas or concepts that should be considered?**

Thank you again for taking the time to review and provide feedback on the Community Policy Advisory Committee in San Bernardino County.

SAN BERNARDINO COUNTY
Behavioral Health

Departamento de Salud Mental
Comité Asesor de Políticas Comunitarias
Conceptos de Proyectos de Innovación
Formulario de Comentarios de las Partes Interesadas

¿Cuál es su edad?

☐0-15 años ☐26-59 años
☐16-25 años ☐60+ años

¿Cuál es su género?

☐Femenino ☐Masculino ☐ Otro: _____
☐Femenino a Masculino (FTM)/Hombre Transgénero/Hombre Trans
☐Masculino a Femenino (MTF)/Mujer Transgénero/Mujer Trans
☐Indeterminado, ni exclusivamente masculino ni femenino
☐Con dudas o incertidumbre de la identidad sexual
☐No deseo contestar esta pregunta.

¿En cuál región vive usted?

☐ **Región de Valle Central**

Bloomington, Colton, Fontana, Grand Terrace, Rialto

☐ **Región de Desierto/Montañas**

Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley

☐ **Región al Este del Valle**

Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa

☐ **Región al Oeste del Valle**

Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland

☐ **Condado de California vecino**

¿Qué grupo(s) representa usted?

☐ Familiar del consumidor
☐ Consumidor de Servicios de Salud Mental
☐ Consumidor de Servicios de Alcohol y Drogas
☐ Autoridad Policial
☐ Educación
☐ Agencia Comunitaria
☐ Comunidad Religiosa
☐ Personal del Condado
☐ Agencia de Servicios Sociales
☐ Proveedor de Atención Médica
☐ Miembro de la Comunidad
☐ En el Servicio Militar Activo
☐ Veterano del Servicio Militar
☐ Represente de Organización de Veteranos
☐ Proveedor de Servicios de Salud Mental
☐ Proveedor de Servicios de Alcohol y Drogas

¿Cuál es su grupo étnico?

☐ Afroamericano
☐ Amerindio/Nativo Americano
☐ Asiático/Islas del Pacífico
☐ Caucásico/Blanco
☐ Latino/Hispano
☐ Otro:_____

¿Cuál es su idioma principal?

☐ Inglés ☐ Español ☐ Vietnamita ☐ Otro:_____

¿Fue usted satisfecho que esta reunión logro en obtener sus metas y/o objetivos?

☐Muy Satisfecho ☐Algo Satisfecho ☐Neutral ☐Insatisfecho ☐Muy Insatisfecho

1. **Basándose en la información presentada, por favor clasifique en orden de importancia para usted, del 1 al 4, con 1 siendo más importante y 4 siendo menos importante los conceptos de proyectos.**

   _____ Nuevo Modelo de Prestación de Servicios Para Individuos con Trastornos Alimenticios.

   _____ Entrega de Servicios en Sitios Lejanos

   _____ Universidad de Bienestar

   _____ Servicios de Apoyo a Familias Adoptivas

2. **Basado en basándose en la información presentada, ¿Hay otras ideas o conceptos de proyecto que deben ser considerados?**

Gracias nuevamente por tomarse el tiempo para revisar y proporcionar información sobre el Comité Asesor de Políticas Comunitarias del Condado de San Bernardino.

Innovation Concept

InnROADs

Innovative Remote Onsite Assistance Delivery

Target Population

Individuals that are:

- Prevented from accepting the Housing First model due to serious and persistent mental illness
- Experiencing homelessness in San Bernardino County's rural and unincorporated communities
- Experiencing unsheltered homelessness within San Bernardino County

Basic Concept

The focus of the project will be the creation of an intensive, field-based engagement model that supports multidisciplinary/multiagency teams that meet, engage, and provide treatment to consumers and their families where they live within homeless communities. Simply put**, this project will seek to disrupt the existing model of engagement and treatment that requires individuals to "come to" services and supports in favor of the creation of a system where the needed services and supports "go to" the individual in need, no matter where they are located within San Bernardino County**.

The InnROADs innovative model will be comprised of four main components:

- Pre-Engagement
- Engagement and Treatment
- Stabilization
- Mobile Treatment and Services

InnROADs will also test a multi-agency case management model to provide innovative outreach and engagement to individuals experiencing homelessness in San Bernardino County. Teams will be stationed regionally throughout the county in conjunction with services provided by a Mobile Treatment Unit, possible treatment could include counseling, medication and basic physical health screenings. A mobile Hygiene Unit will also be a part of the team to provide basic hygiene, a critical component to wellness.

	Proposed Position/Job Classification	County Agency/Department
Ideal Multi-Agency Engagement Team	Social Service Practitioners or Social Worker II	Aging & Adult Services
	Peer and Family Advocate	Behavioral Health
	Licensed Clinician	Behavioral Health
	Public Health or Registered Nurse	Public Health
	Alcohol and Other Drug (AOD) Counselor	Behavioral Health
	Law Enforcement Representative	Sheriff's Department

	Proposed Position/Job Classification		County Agency/Department
Ideal Mobile Treatment Unit	Driver	Possibility one position could fill both roles (e.g. EMT)	TBD
	Medical Assistant		TBD
	Mental Health Nurse		Behavioral Health
	Nurse Practitioner		Public or Behavioral Health

Proposed Position/Job Classification should be considered descriptive and not directly referencing a specific classification within a department.

Pre-engagement Phase

This phase will be the initial introduction of the InnROADs project into a specific homeless community. Incentives will be used by the engagement teams as a means to encourage future participation with engagement and physical/behavioral treatments by engendering the trust of individuals experiencing homelessness and the larger homeless community that they might reside in. The incentives used for this project will be non-traditional and service-based. Many of the service-based incentives will be provided or coordinated by collaborating County agencies and community partners, to include faith-based organizations. Examples of service-based incentives include, but are not limit to: animal care services (such as grooming or vaccines), haircuts/barber services, health screenings (dental and eye care included), and access to mobile hygiene services. The ability to provide a service will be open to all County Departments and community partners and would only be limited by the identified needs of the homeless community and the individuals experiencing homelessness.

Possible Learning:

1. Determine if service-based incentives are effective in quickly building trust within a homeless community, allowing for a quicker transition to the Stabilization Phase of the project for an individual experiencing homelessness?
2. Does having an engagement team with permanent members (vs. a rotating roster) provide the consistency needed to quickly build trust that allows for an individual's quicker transition to the Stabilization Phase of the project?

Team Assigned and Possible Responsibilities:

- Mobile Engagement and Case Management Team
    - Initial relationship building within the community
    - Identification of community-level needs
    - Identification and referral for those individuals who are immediately ready and receptive of the Housing First model and/or other treatment
    - Facilitate the delivery of incentive services

Engagement & treatment Phase

Phase 2 of the InnROADs engagement model is the Engagement & Treatment Phase. Activities during this Phase will be handled by two different types of teams: 1) Mobile Multiagency Engagement & Case Management Team, and 2) Mobile Treatment Unit.

All teams will be trained in the use of the Listen-Empathize-Agree-Partner (LEAP) model of engagement. The LEAP model was specifically created to train behavioral healthcare professionals on how to quickly gain trust. This training focuses on not trying to convince the other person that they are wrong or misguided and to instead listen in ways that convey respect for the person's point of view. LEAP focuses on transforming the relationship first so that later recommendations concerning treatment are trusted. LEAP was originally created for mental health care professionals and family members, but with this project the training will be adapted to be used by everyone working in the field as part of the InnROADs project.

The activities in this phase will primarily be comprised of intensive case management. This will include education on the housing process, navigating medical benefits for both physical and mental needs, and navigating County services. This Phase will also include assistance with acquiring any paperwork or identification necessary to apply for available benefits. Much of the focus will be on treatment readiness and increasing system understanding so individuals can

understand and make informed decisions about their "care path" and the additional supports that may be available to them.

Another significant part of the mobile case management model will be the linking of the individual experiencing homelessness and the appropriate treatments offered by the Mobile Treatment Team. Individual participating in the InnROADs project need not wait or leave their community to receive certain treatments. Possible treatments offered by the Mobile Treatment Team are: Telepsychiatry, Counseling services, Substance Use Disorder (SUD) services, Medication Management Services, Mobile recovery meetings (e.g. Alcoholics Anonymous and Al-Anon), and NAMI meetings. Location and times of mobile treatment will be coordinated by members from the Mobile Engagement and Case Management Team. The goal of providing mobile treatment will be to have a dependable (as to times and locations) and consistent services. Stakeholder feedback and learning from previous Innovation projects has shown that reliability and dependability are key to increasing the trust factor within a community.

POSSIBLE LEARNING:

- How many contacts are needed to "activate" an individual experiencing homelessness into the Stabilization Phase of the project?
- What other social barriers are quickly removed by having multiagency teams with representatives or established (vs. informal) contacts from other County departments?
- Does the number of contacts decrease with the engagement strategies provided in LEAP training?
- Does the support of the larger homeless community improve efforts to get an individual into the Stabilization Phase of the project?
- Is a multi-agency case management model more effective in providing outreach to individuals experiencing homelessness?

TEAM ASSIGNED AND POSSIBLE RESPONSIBILITIES:

- Mobile Engagement and Case Management Team
    - Provide field-based psychoeducation, system navigation training, health navigation training, and other types of individual and community education as needed
    - Evaluate an individual's readiness for treatment, to include assessments, intake, and care plans with consumer input
    - Identify individuals that would benefit from visits from the Mobile Treatment Team
    - Establish a consistent schedule for mobile treatment visits
    - Establish a link for the individual into the Coordinated Entry System

- Mobile Treatment Team
    - Coordination with Mobile Engagement and Case Management Team on providing treatments at designed locations for identified individuals
    - Responsible for the medication delivery, as needed
    - Link consumers to services within the SBC-DBH and other systems of care, as appropriate

STABILIZATION PHASE

The final phase of the InnROADs Engagement model is the Stabilization Phase. Individuals enter this phase once they are ready to be transitioned, via warm handoff, to the most appropriate case manager within the existing SBC-DBH system of case. The InnROADs teams will transition individuals to case managers who will be responsible for any long-term care coordination and permeant supportive housing placement. These hand-offs will be guided with the engagement teams in order to foster relationship building between the consumer, engagement team, and new case manager. To avoid returning consumers to the same system barriers that contributed to their initial isolation, these

case managers will be responsible for developing a plan, with the consumer, that will address access barriers to care for those requiring ongoing medical and/or psychiatric care.

POSSIBLE LEARNING:

- From a whole system perspective (all public services offered by county government), what does it take to get a chronically homeless individual into permanent supportive housing?
- Does providing treatment services in the field reduce the use of other emergency services, such as treatment in the emergency departments?
- Does getting a qualified behavioral health diagnosis while still in the field expiate needed service delivery? If so, by how much?
- Does having multiple County agencies problem-solving, as part of an established team for the benefit of a shared consumer, produce better outcomes?
- Does access to unconditional mobile services lead to increased participation in mental health services?
- Can working with communities of people without homes, in addition to working with the individual, help build resiliency related to individual and community mental health issues?
- Does addressing basic needs help access mental health services? And what is the relationship between basic needs, mental health needs, and housing readiness?

TEAM ASSIGNED AND POSSIBLE RESPONSIBILITIES:

- Mobile Engagement and Case Management Team
    - Facilitate the transition from an InnROADs case manager to a case manager within the existing SBC-DBH system of care. Focus will be given to establishing a trusting relationship between the consumer and his or her new case manager.
    - Collaborate with new case manager to develop a care plan for the consumer that will address access barriers to care for those requiring ongoing medical and/or psychiatric care.

Attachment J
For Immediate Release

www.SBCounty.gov

SAN BERNARDINO COUNTY

NEWS RELEASE
Behavioral Health

CONTACT:
Monica Rosas
Mental Health Specialist
(909) 388-0942
mrosas@dbh.sbcounty.gov

October 31, 2018

Public comment requested for homeless program

The San Bernardino County Department of Behavioral Health (DBH) encourages community members to review and provide feedback on the latest Mental Health Services Act (MHSA) Innovation proposed project plan, Innovative Remote Onsite Assistance Delivery, or InnROADs.

The goal of the project is to find effective methods of outreach, engagement, and treatment for homeless people of diverse backgrounds living in rural areas in hope of increasing overall wellness, reducing health and safety risks, and transitioning individuals into permanent supportive housing.

The InnROADs project will allow DBH to work with community resources and other county agencies to provide much needed services and support to people living in rural and isolated areas and experiencing homelessness. By joining forces with community partners, services and support can be brought directly to where homeless individuals experiencing mental illness are staying. "DBH is dedicated to ensuring people with mental illness who are homeless get the care and treatment they need and deserve. InnROADs allows us to collaborate with other county departments to ensure we do everything we can to help support them in their recovery," said DBH Director Veronica Kelley.

Feedback on the InnROADs plan is welcome. The plan and comment forms are available at http://wp.sbcounty.gov/dbh during the public posting of this plan from Oct. 31 through Nov. 30.

For more information, please call (800) 722-9866 or dial 7-1-1 for TTY users.

DBH, through the MHSA, is supporting the Countywide Vision by providing behavioral health services and ensuring residents have the resources they need to promote wellness, recovery and resilience in the community. Information on the Countywide Vision and on DBH can be found at www.sbcounty.gov.

-XX-

For Immediate Release

www.SBCounty.gov

SAN BERNARDINO COUNTY

NEWS RELEASE

Behavioral Health

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mrosas@dbh.sbcounty.gov

31 de octubre del 2018

Programa para personas sin hogar solicita comentario público

El Departamento de Salud Mental (DBH, por sus siglas en inglés) del Condado de San Bernardino anima a miembros de la comunidad a revisar y proporcionar retroalimentación sobre el proyecto propuesto de Innovación de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) llamado Innovative Remote Onsite Assistance Delivery (por su nombre en inglés) o InnROADs (por sus siglas en inglés).

El objetivo del proyecto es encontrar métodos eficaces de divulgación, participación y tratamiento para las personas sin hogar de diversas procedencias que viven en las zonas rurales con la esperanza de aumentar el bienestar general, reducir los riesgos de salud y seguridad, y la transición de los individuos a una vivienda de apoyo permanente.

El proyecto InnROADs permitirá a DBH trabajar con recursos comunitarios y otras agencias del condado para brindar servicios y apoyo muy necesarios a las personas que viven en áreas rurales y aisladas que están sin hogar. Al unir fuerzas con socios comunitarios, los servicios y el apoyo se llevaran directamente al lugar donde se alojan las personas sin hogar que sufren enfermedades mentales. "DBH se dedica a asegurar que las personas con enfermedades mentales que no tienen hogar obtengan el cuidado y el tratamiento que necesitan y merecen. InnROADs nos permite colaborar con otros departamentos del condado para asegurarnos de que hagamos todo lo posible para ayudarlos en su recuperación ", dijo Verónica Kelley, Directora de DBH.

Comentarios sobre el plan de InnROADs son bienvenidos. El plan y los formularios de comentarios están disponibles en http://wp.sbcounty.gov/dbh durante la publicación pública de este plan desde el 31 de octubre hasta el 30 de noviembre.

Para más información, por favor, llame al (800) 722-9866 o marque 7-1-1 para usuarios de TTY.

DBH, a través de las MHSA, apoya la Visión del Condado brindando servicios de salud mental y asegurando que los residentes tengan los recursos necesarios para promover el bienestar, la recuperación y la resiliencia en la comunidad. Se puede encontrar información sobre la Visión del Condado y sobre DBH en www.sbcounty.gov.

-XX-

San Bernardino County Department of Behavioral Health

32 mins ·

Dear Community Partners,

Please see the press release below regarding a proposed Innovation Project Plan. Your feedback to the Plan is greatly appreciated.

Public comment requested for the homeless program... See More

For Immediate Release

www.SBCounty.gov

SAN BERNARDINO COUNTY

NEWS RELEASE
Behavioral Health

CONTACT:
Monica Rosas
Mental Health Specialist
(909) 388-0942
mrosas@dbh.sbcounty.gov

October 31, 2018

Public comment requested for homeless program

The San Bernardino County Department of Behavioral Health (DBH) encourages community members to review and provide feedback on the latest Mental Health Services Act (MHSA) Innovation proposed project plan, Innovative Remote Onsite Assistance Delivery, or InnROADs.

The goal of the project is to find effective methods of outreach, engagement, and treatment for homeless people of diverse backgrounds living in rural areas in hope of increasing overall wellness, reducing health and safety risks, and transitioning individuals into permanent supportive housing.

The InnROADs project will allow DBH to work with community resources and other county agencies to provide much needed services and support to people living in rural and isolated areas and experiencing homelessness. By joining forces with community partners, services and support can be brought directly to where homeless individuals experiencing mental illness are staying. "DBH is dedicated to ensuring people with mental illness who are homeless get the care and treatment they need and deserve. InnROADs allows us to collaborate with other county departments to ensure we do everything we can to help support them in their recovery," said DBH Director Veronica Kelley.

Feedback on the InnROADs plan is welcome. The plan and comment forms are available at http://wp.sbcounty.gov/dbh during the public posting of this plan from Oct. 31 through Nov. 30.

For more information, please call (800) 722-9866 or dial 7-1-1 for TTY users.

DBH, through the MHSA, is supporting the Countywide Vision by providing behavioral health services and ensuring residents have the resources they need to promote wellness, recovery and resilience in the community. Information on the Countywide Vision and on DBH can be found at www.sbcounty.gov.

From: DBH - Webmaster
Sent: Friday, November 02, 2018 2:01 PM
Subject: PRESS RELEASE - Public comment requested for homeless program

Public comment requested for homeless program

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Programa para personas sin hogar solicita comentario público

El Departamento de Salud Mental (DBH, por sus siglas en inglés) del Condado de San Bernardino anima a miembros de la comunidad a revisar y proporcionar retroalimentación sobre el proyecto propuesto de Innovación de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) llamado Innovative Remote Onsite Assistance Delivery (por su nombre en inglés) o InnROADs (por sus siglas en inglés).

El objetivo del proyecto es encontrar métodos eficaces de divulgación, participación y tratamiento para las personas sin hogar de diversas procedencias que viven en las zonas rurales con la esperanza de aumentar el bienestar general, reducir los riesgos de salud y seguridad, y la transición de los individuos a una vivienda de apoyo permanente.

El proyecto InnROADs permitirá a DBH trabajar con recursos comunitarios y otras agencias del condado para brindar servicios y apoyo muy necesarios a las personas que viven en áreas rurales y aisladas que están sin hogar. Al unir fuerzas con socios comunitarios, los servicios y el apoyo se llevaran directamente al lugar donde se alojan las personas sin hogar que sufren enfermedades mentales. "DBH se dedica a asegurar que las personas con enfermedades mentales que no tienen hogar obtengan el cuidado y el tratamiento que necesitan y merecen. InnROADs nos permite colaborar con otros departamentos del condado para asegurarnos de que hagamos todo lo posible para ayudarlos en su recuperación ", dijo Verónica Kelley, Directora de DBH.

Comentarios sobre el plan de InnROADs son bienvenidos. El plan y los formularios de comentarios están disponibles en www.sbcounty.gov/dbh durante la publicación pública de este plan desde el 31 de octubre hasta el 30 de noviembre.

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Click here for a English/Spanish printable version.

Webmaster
Behavioral Health
Phone: 909-884-4884

SAN BERNARDINO COUNTY

Our job is to create a county in which those who reside and invest can prosper and achieve well-being.
www.SBCounty.gov

SAN BERNARDINO COUNTY
Behavioral Health

Mental Health Services Act (MHSA)

Innovation Plan

Stakeholder Comment Form

What is your age?

☐ 0-15 yrs ☐ 26-59 yrs
☐ 16-25 yrs ☐ 60+ yrs

What is your gender?

☐ Female ☐ Male ☐ Other: _____
☐ Female to Male (FTM) / Transgender Male / Trans Man
☐ Male-to-Female (MTF) / Transgender Female / Trans Woman
☐ Genderqueer, neither exclusively male nor female
☐ Questioning or unsure of gender identity
☐ I do not wish to answer this question

What region do you live in?

☐ **Central Valley Region**

Bloomington, Colton, Fontana, Grand Terrace, Rialto

☐ **Desert/Mountain Region**

Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley

☐ **East Valley Region**

Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa

☐ **West Valley Region**

Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland

☐ **Neighboring California County**

What group(s) do you represent?

☐ Family member of consumer
☐ Consumer of Mental Health Services
☐ Consumer of Alcohol and Drug Services
☐ Law Enforcement
☐ Education
☐ Community Agency
☐ Faith Community
☐ County Staff
☐ Social Services Agency
☐ Health Care Provider
☐ Community Member
☐ Active Military
☐ Veteran
☐ Representative from Veterans Organization
☐ Provider of Mental Health Services
☐ Provider of Alcohol and Drug Services

What is your Ethnicity?

☐ African American/Black ☐ Asian/Pacific Islander ☐ Latino/Hispanic
☐ American Indian/Native American ☐ Caucasian/White ☐ Other:_____

What is your primary language?

☐ English ☐ Spanish ☐ Vietnamese ☐ Other:_____

Rev 10.24.18

How satisfied are you with the Innovation Plan?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Unsatisfied
- ☐ Very Unsatisfied

If unsatisfied, please specify: _____

Would you like to know more about the progress of the InnROADs? How would you like to be informed?

- ☐ Yes
  - ☐ Email: _____
  - ☐ Mail: _____
  - ☐ Social Media (add us on Facebook, Twitter, Instagram)
- ☐ No
- ☐ Other: _____

Which part of the project did you find most innovative?

- ☐ Interagency collaboration
- ☐ Taking mental health treatment and services to homeless encampments
- ☐ Focusing on engagement with homeless individuals
- ☐ Client-centered approach
- ☐ None
- ☐ Other: _____

Were you satisfied with the format of the Innovation Plan (visual, readability, organization)?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Unsatisfied
- ☐ Very Unsatisfied

If unsatisfied, please specify: _____

Is there anything else you would like to include?

_____

_____

_____

Thank you again for taking the time to review and provide input on the MHSA Innovation Plan in San Bernardino County.

SUBMIT

Rev 10.24.18

Plan de Innovación de la Ley de Servicios de Salud Mental

(MHSA por sus siglas en inglés)

Formulario de Comentarios para Personas Interesadas

¿Cuál es su edad?	**¿Cuál es su género?**
☐ 0-15 años ☐ 26-59 años ☐ 16-25 años ☐ 60 + años	☐Femenino ☐ Masculino ☐ Otro: _____ ☐ Femenino a Masculino (FTM) / Transgénero Masculino / Hombre Trans ☐ Masculino a Femenino (MTF) / Transgénero Femenino / Mujer Trans ☐ Géneroqueer, ni exclusivamente masculino ni femenino ☐ Cuestionar o no estar seguro de la identidad de género ☐ No deseo responder a esta pregunta

¿En cuál región vive usted?

☐ **Región del Valle Central**

Bloomington, Colton, Fontana, Grand Terrace, Rialto

☐ **Región del Desierto/Montañas**

Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley

☐ **Región del Valle Este**

Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa

☐ **Región del Valle Oeste**

Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland

☐ **Condados vecinos de San Bernardino**

¿Qué grupo(s) representa usted?

☐ Familiar del consumidor
☐ Consumidor de Servicios de Salud Mental
☐ Consumidor de Servicios de Alcohol y Drogas
☐ Autoridad Policial
☐ Educación
☐ Agencia Comunitaria
☐ Comunidad Religiosa
☐ Personal del Condado
☐ Agencia de Servicios Sociales
☐ Proveedor de Atención Médica
☐ Miembro de la Comunidad
☐ En el Servicio Militar Activo
☐ Veterano del Servicio Militar
☐ Representante de Organización de Veteranos
☐ Proveedor de Servicios de Salud Mental
☐ Proveedor de Servicios de Alcohol y Drogas

¿Cuál es su Grupo Étnico?

☐ Afroamericano ☐ Asiático/Isleño del Pacífico ☐ Latino/Hispano
☐ Amerindio/Nativo Americano ☐ Caucásico/Blanco ☐Otro:_____

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¿Cuál es su idioma principal?

☐ Inglés ☐ Español ☐ Vietnamita ☐ Otro:_____

¿Qué tan satisfecho esta con el Plan de Innovación de la MHSA?

☐Muy Satisfecho

☐Satisfecho

☐Neutral

☐Insatisfecho

☐Muy Insatisfecho

Si fue insatisfecho, por favor especifique: _____

¿Le gustaría saber más sobre el progreso del proyecto InnROADs? ¿Cómo le gustaría ser informado?

☐Si

☐Correo Electrónico: _____

☐Correo: _____

☐Redes Sociales (agréguenos en Facebook, Twitter, Instagram)

☐No

☐Otro:_____

¿Cuál parte del proyecto encontró ser el más innovador?

☐Colaboración entra agencias

☐Llevar tratamiento y servicios a donde están las personas sin hogar

☐El enfoque de crear concordancia con personas sin hogar

☐El enfoque centrado en el cliente

☐Ninguno

☐Otro:_____

¿Fue satisfecho con el formato del Plan de Innovación de la MHSA (visual, legibilidad, organización)?

☐Muy Satisfecho

☐Satisfecho

☐Neutral

☐Insatisfecho

☐Muy Insatisfecho

Si fue insatisfecho, por favor especifique: _____

¿Hay algo más que le gustaría incluir?

_____

_____

_____

Gracias de nuevo por tomar el tiempo de revisar y proveer su opinión sobre el Plan de Innovación de la MHSA en el Condado de San Bernardino.

ENVIAR

Rev 10.24.18

From: DBH - Webmaster
Sent: Thursday, December 20, 2018 7:16 AM
Subject: Behavioral Health Commission Meeting Thursday, January 3

Greetings DBH Staff,

Webmaster
Behavioral Health
Phone: 909-884-4884

Department of Behavioral Health, Office of Innovation
January 14, 2019