



INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

| COMPLETE APPLICATION CHECKLIST | |
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| <p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p> | |
| <p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p> | |
| <p><input checked="" type="checkbox"/> Local Mental Health Board approval</p> | <p>Approval Date: __ 9/6/23__</p> |
| <p><input checked="" type="checkbox"/> Completed 30-day public comment period</p> | <p>Comment Period: _ 8/7/23-9/6/23_</p> |
| <p><input type="checkbox"/> BOS approval date</p> <p style="text-align: right;">Approval Date: _____</p> <p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: ____To be determined____</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p> | |
| <p>Desired Presentation Date for Commission: ____08/22/24____</p> <p><u>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all</u> requirements have been met.</u></p> | |

County Name: Shasta County

Date submitted: 07/25/2024.

Project Title: Supporting Community-Driven Practices for Health Equity

Total amount requested: \$999,977.52.

Duration of project: 2 years with option for 1 year renewals after the initial 2 years.

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☒ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

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

- ☒ Increases access to mental health services to underserved groups
- ☒ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

This INN project takes an equity-driven community practice to reduce health disparities and promote health equity in underserved and marginalized communities challenged by cultural and linguistic barriers. While Shasta County has one of the more diverse populations in our region, the ability to offer culturally appropriate services and programs has been limited with few, if any, agencies in the county able to offer culturally appropriate services for residents with cultural and linguistic barriers.

A number of factors contribute to an overall lack of awareness about mental health and behavioral health, including cultural barriers and stigmas, linguistic barriers to being able to understand what mental health is and the services available, and socioeconomic barriers from poverty and low education. This INN project has been prioritized as a promising, community-driven practice that has been successfully proven to improving health equity to underserved groups.

Comprising the largest ethnic populations in Shasta County, the Hispanic/Latino and Asian communities are historically difficult to reach. This INN project was developed out of a need to provide culturally appropriate services for our community's underserved populations that the county has struggled to reach and provide services to.

Shasta County's efforts to address the health disparities have been to hire individuals who speak the language or come from the culture. These efforts have largely not been successful as there is a general distrust in government and its representatives. Current INN projects do not address health equity needs due to cultural or linguistic barriers for ethnic minorities to understand and access services. Language lines have proven to be a disservice due to limited access in language needs, understanding of cultural needs, and lack of appropriate training from language line staff, with some languages not available through language lines. Outside of these efforts, there have

been minimal programs or services that address equitable access in programs and services for individuals with cultural or linguistic barriers. Supporting Community-Driven Practices for Health Equity will address both cultural and linguistic barriers for ethnic minorities in accessing programs and services while providing wrap around services with bilingual/bicultural staff trusted within the community. Current mental health and INN programs do not have capacity or staffing to meet the language or cultural needs for ethnic minorities to understand and access services. Supporting Community-Driven Practices for Health Equity will work with county and mental health providers to ensure these barriers are addressed.

BHSA was considered during the program design process of this INN proposal. With BHSA this proposal is also modernizing Shasta County. Its bringing a unique need and changed approach to health equity that has not been practiced here in Shasta County with the Latin X and Southeast Asian population which is heavily underserved in this rural region of Northern California.

PROPOSED PROJECT

Provide a narrative overview description of the Project, how the Project is being/will be implemented, the relevant participants/roles within the project, what participants typically experience, and any other key activities associated with Project development and implementation.

Level Up NorCal staff have a combined 30+ years of experience providing outreach, education, information dissemination, and advocacy to some of our community's most hard to reach members. Cultural and language barriers combined with a distrust of the government within the low-income underserved members of these communities often make outreach difficult if not impossible.

Staff will be bicultural and bilingual with shared lived experiences with the communities of focus and will be trained on understanding the mental health and behavioral health resources available to community members and how to access those resources to better support and improve health equity for these underserved communities. The proposed program is a more expansive wraparound program that addresses the whole needs of the individual. Training will vary and depends on the program and service needs of each specific individual. Training will include working with providers to understand their programs so that we can effectively educate and communicate the services available to members. Below are the types of trainings available to staff: HIPAA, Mandated Reporter, Sexual Harassment, Cultural Competency, Translation/Interpretation Services, Working with Providers, Person Centered Training, Youth Mental Health First Aid, Adult Mental Health First Aid, Applied Suicide Intervention Skills.

Based in Redding, Level Up NorCal's team has extensive local ties throughout Shasta County. Their team members are bicultural and bilingual, and able to speak to, understand and build a rapport with the target population.

Outreach and marketing are a core component of Level Up NorCal's efforts and have allowed their team to provide referrals to local agencies and assist with translation, information dissemination, education on programs, conduct workshops, case management, and accessing services.

Level Up NorCal's experience includes working with low-income individuals and families from underserved and minority populations. Led by a bicultural and bilingual executive director with a juris doctorate degree, Level Up NorCal's outreach staff have worked with and for community agencies providing outreach, education, information and advocacy for low income and underserved residents residing in Shasta County. Their team brings a deep understanding of the target population combined with the ability to reach into communities that are traditionally difficult to penetrate.

Level Up understands the struggles of the unserved, underserved and inappropriately served because we lived it--providing an unparalleled insight and depth of understanding into the struggles and challenges of this population from their shared lived experience.

Participants in the project will receive wrap around case management support that is culturally and linguistically responsive to address the whole needs of the client and the family. Whether the client or family needs support or assistance with understanding and comprehension about a program or service, both related to mental health or unrelated, project staff will assist families with accessing and obtaining those services. Oftentimes, mental health is de-prioritized when other needs seem more immediate and pressing, such as housing insecurity, food insecurity, economic insecurity, etc. This project will assist clients and families with their whole needs, removing stressors and allowing for increased focus on mental health and well-being for the client and family when they know that someone is there to help them with their other needs.

| Challenge/Problem | Potential Solution |
|---|--|
| Current programs and services in place do not address cultural and linguistic barriers. | Level Up will provide culturally and linguistically appropriate staff to work with families to ensure understanding, comprehension and utilization of programs and services or alternatives. |
| Translation services (in-house and tele-translations) are not well received well with the communities. | Level up will provide trusted staff within the community to provide translation services to open dialogue between providers, comprehension, and understanding. |
| Families with language barriers would rather use children with limited language skills in their native language than onsite or tele-translation services. | Level Up will provide trusted staff within the community that have an understanding of cultural and linguistic barriers. |
| Limited understanding of cultures served and why they do or do not utilize services. | Level Up will provide trusted staff within the community who have an understanding of cultural needs that prevent access and utilization of programs and services. |

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| Families with cultural or linguistic barriers do not understand how or what case management services are. | Level Up will provide case management services with bilingual/bicultural staff to ensure understanding and comprehension. |
| Staff are not culturally competent in understanding the needs of families with cultural or linguistic barriers. | Level Up will provide case management services with bilingual/bicultural staff to ensure services are culturally and linguistically responsive. |
| Current programs within Level Up are contract based. Only the entity contracted with Level Up is able to utilize services. | Services in INN proposal will allow communities in need to access Level Up services. |

RESEARCH ON INN COMPONENT

The communities of focus are historically difficult to reach and do not typically access traditional behavioral health services. According to an article in the American Psychological Association’s Science Brief, utilization of behavioral health services by people of color and underserved/unserved communities is one of the most persistent health disparities. The communities of focus are less likely to seek behavioral health services due to cultural stigma, lack of culturally appropriate and responsive services, and lack of culturally appropriate staffing by providers. This Project supports the accepted concept that people are more likely to see services that are aligned with their cultural beliefs and values and offered by members of their community.

The California Reducing Disparities Project’s Strategic Plan (“California Strategic Plan”), developed for the California Department of Public Health, identifies community-driven and culturally based solutions as the key to transforming California’s behavioral health system and addressing disparities in the communities of focus. Community-driven and culturally based solutions are typically offered by local agencies trusted by the community with staff that have similar cultural ideology of the communities they serve. The California Strategic Plan provides a framework and roadmap for reducing health equity disparities in the approach for behavioral health in underserved communities such as the populations of focus. The promotoria model is a community-driven, culturally responsive solution that has proven to work to reduce health disparities in public health. Level Up is a community-based agency that serves as a trusted third-party messenger with unparalleled understanding of the cultural needs and values to the communities of focus with bicultural and bilingual staff that are reflective of the communities served.

Several INN plans were reviewed during the development of this project plan. We reviewed INN plans there were closely related to this plan to assist us in developing this project plan. Monterey County, Stanislaus County, Contra Costa County, and Tuolumne County INN plans were reviewed. All four had similar targeted communities indicated in need. Contra Costa County’s proposal was the closest, however their plan was to regrant to external agencies to perform these services, whereas this project plan is to provide the services themselves.

There has not been a past or similar program to this proposed in Shasta County as there are few, if any providers able to offer culturally responsive bilingual and bicultural services such as this.

LEARNING GOALS/PROJECT AIMS

Supporting Community-Driven Practices for Health Equity aligns with the modernization of behavioral health by being innovative in strengthening Shasta County's approach in outreach and engagement to provide wrap around services to individuals and families which will connect our most underserved and hard to reach populations to services. Supporting Community-Driven Practices for Health Equity will apply the framework of a proven community-defined evidence-based practice that has been successful in addressing health equity in other fields. The target populations for the project are the Hispanic/Latino and Asian/Native Hawaiian/Pacific Islander, and mixed races (collectively the "target populations"). The project also aligns with the current Behavioral Health Services Oversight and Accountability Commission (BHSOAC) Strategic Plan goals of advocacy for system improvement, supporting universal access to mental health services, and elevating the perspective of diverse communities.

Supporting Community-Driven Practices for Health Equity is client- and family-driven and will be implemented through a combination of direct outreach to our target populations through our extensive network in the ethnic minority communities, social media, and referrals from agencies and partnerships with local businesses. The goals of the project are to increase understanding and access to underserved groups about the new promotora program for Shasta County families seeking or needing behavioral health or mental health support and resources, and to provide promotora program support to individuals and families to address the whole needs of the individual and/or family in support of their goal of improving their mental health and well-being.

The project will apply the model of the Promotores de Salud program first implemented in the Hispanic/Latino community using community health workers. Using the promising framework of the Promotora Program, the project would conduct: 1) culturally appropriate outreach to the target populations educating them on the signs of mental health distress and for the new promotora program; 2) case management in a culturally and linguistically appropriate manner to assist in accessing and obtaining services and understanding programs; and 3) providing culturally appropriate family support to help families with wraparound assistance.

Culturally Appropriate Outreach – Level Up will leverage their extensive network in the immigrant community of Shasta County to reach the most difficult and oftentimes most isolated of our community. Level Up intends to educate and help individuals and families understand the programs available for mental health in the county, focusing on the new promotora program.

Culturally Responsive Case Management - Level Up will provide information to consumers in our target populations in a culturally and linguistically appropriate manner. Our target populations face cultural and linguistic barriers in obtaining services and understanding what programs are available, with families largely comprised of first and second generations, limited English proficiency, and minimal to no formal education. Level Up NorCal's bilingual and bicultural team will work one-on-one with individuals and families to ensure information is provided with consideration to one's cultures and beliefs, help access mental health and other programs and services, provide verbal and written translation of documents and forms, etc.

Improved General Mental Health and Well Being – The project aims to address the whole needs of the client and family to allow the client and family to better focus on their mental health and well-being needs. Cultural and linguistic barriers prevent understanding and access to programs and services, and for clients and families that have limited English proficiency and are experiencing housing insecurity, food insecurity, economic insecurity or another challenge, mental health is often de-prioritized to address the more immediate needs. Supporting Community-Driven Practices for Health Equity will assist and support clients.

Applying the Promotora Program methods to underserved clients with cultural and linguistic barriers provides a promising framework for the mental health field. Supporting Community-Driven Practices for Health Equity will provide bicultural and bilingual outreach and assistance to families struggling with cultural and linguistic barriers in understanding and accessing mental health services, creating building blocks for support that will allow families and individuals to seek and obtain mental health services.

These goals should be prioritized because groups with cultural and linguistic barriers have historically been unserved or underserved and are the largest gaps to health equity. Mental health needs and our understanding of the best practice supports continue to grow and evolve. It is important that the county prioritize healthy equity and access for all community members, not just those that speak, read, and write English. Mental health resources and supports should reflect the communities it serves, and this project offers the opportunity to implement a proven community-defined framework that supports the needs of ethnic minorities in a way that is not currently available or within the current capacity of the county to provide.

Supporting Community-Driven Practices for Health Equity applies a framework that is a culturally and linguistically appropriate community-based approach that is client- and family-driven, to have a deeper reach into an underserved and marginalized community by increasing their social network support and understanding of mental health. The project approach utilizing bicultural and bilingual staff with shared lived experiences from within the target populations gives us a deeper understanding and insight into the barriers that will help the INN Project better understand and develop a more sustainable approach towards mental health for this demographic.

EVALUATION OR LEARNING PLAN

The evaluation plan for this project is closely aligned with the goals of the BHSA, emphasizing health equity and addressing the diverse needs of Californian geographic and demographic communities. By collecting demographic data, including ethnicity, we will assess our effectiveness in reaching our primary target populations, specifically Hispanic/Latino and Asian communities. This will enable us to evaluate the inclusivity of our county services and identify any disparities in access. Furthermore, our project prioritizes early intervention, outreach, and engagement, aligning with BHSA's core focus. We will track the number of programs and services offered and the provision of language assistance, ensuring that our outreach strategies are effective and that early access to behavioral health services is available to all community members, regardless of language or cultural barriers. Through these measures, our project aims to enhance community well-being by fostering timely access to behavioral health services and promoting equity.

National Outcomes Measures (NOMS)

Quantitative:

Success of quantitative measure will be determined based meeting program enrollment numbers and increasing understanding and access to resources.

- Number of individuals served- # of individuals enrolled in the Supporting Community-Driven Practices for Health Equity INN Project.
 - Sexual Orientation
 - Gender Identity
 - Race/Ethnicity
 - Primary/preferred language
 - Age
- Outcomes Measures
 - National Outcome Measures (NOMs)
 - Overall mental health
 - Handling daily life
 - General well-being
 - Social connectedness
- Programs and services- # of programs and services assisted with
 - Access to programs and services
 - Type of program or service
 - Language assistance needs by program and service

Qualitative:

Success of qualitative measures will include assisting families with cultural and linguistic barriers in accessing services.

- Client survey- entry/mid/exit
- Satisfaction survey
- Narrative- from individuals/families participating in the program

Success for this program would mean an increase or utilization of programs or services and an increase in awareness of the resources available for improved equity in access and equity in information. This would include utilization of referrals from providers, follow thru on services, and increasing equity in information to improve equity in access. We track current programs and services at our initial meeting and continually monitor changes and usage of services to gauge increase and/or utilization, including the increase in their knowledge of what resources are available. There will also be a satisfaction survey and completed at entrance and exit of the program to gauge mental health and wellness.

The program evaluation needs will be completed by the program manager at 5% of the budget.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

The Shasta County will be contracting with Level Up NorCal for this Innovation project. Shasta County will build rapport and request monthly reporting to include but is not limited to:

Number of individuals served

National Outcome Measures (NOMs)

- Overall mental health
- Handling daily life
- General well-being
- Social connectedness

Number of programs and services assisted with

Language assistance

Satisfaction survey

COMMUNITY PROGRAM PLANNING

Shasta County has identified addressing the mental health needs of individuals with cultural and linguistic barriers as a priority need through the county's Community Planning Process ("CPP"). Comprising about a third of the population in the county, programs and services in the county largely do not offer or have the capacity to offer culturally and linguistically responsive services. Supporting Community-Driven Practices for Health Equity will provide bicultural and bilingual project staff with shared lived experiences to better meet the needs and understanding of challenges of the target population. This project addresses the two largest ethnic minority populations in the county.

In the Mental Health Services Act (MHSA) Performance Contract Review Report from DHCS on August 12, 2020, Shasta County received a finding that it lacked a narrative analysis that assesses the mental health needs of unserved, underserved/inappropriately served, County residents who qualify for MHSA services. This project plan addresses the very needs raised in this assessment, applying a health equity lens and following the directive from DHCS to assist Shasta County in meeting the needs of unserved, underserved, and inappropriately served County residents by

offering culturally and linguistically appropriate services that will increase utilization that cultural and language barriers have prevented them from accessing in the past.

In a community wide survey to gather Innovations Ideas released in April of 2023. As a result of that survey the public identified wanting improvement of culturally appropriate care for all County residents.

While this proposal was open for public comment it received 13 comments of support. One of our long standing local mental health board members commented on how this has been one of the most comments he's ever seen on a project proposal.

Community stakeholders provided feedback throughout the CPP process for INN projects. Priorities were identified through an engaged community planning process and continuation of INN projects will be evaluated with community stakeholder feedback and project participant feedback.

MHSA GENERAL STANDARDS

Supporting Community-Driven Practices for Health Equity supports the underpinnings of the General Standards of the MHSA.

- **Community Collaboration:** Level Up will partner with local community groups and businesses within the target populations to increase outreach. Partnerships will include working with agencies to help them understand and reach this population.
- **Cultural Competence:** The focus of Supporting Community-Driven Practices for Health Equity is to provide culturally and linguistically responsive services that will bridge the health equity disparity gap to equal access to services of equal quality. Current programs and services are not reflective of the diverse population in the county, with community members of the target populations receiving little to no care in many instances. Most organizations and agencies in the county are largely unable to or do not have the workforce capacity to offer culturally and linguistically appropriate services and programs. Through bicultural and bilingual project staff, the project will effectively engage with individuals of diverse racial/ethnic, cultural and linguistic backgrounds that current programs and services are unable to assist.
- **Client-Driven:** Level Up will work with clients on a one-on-one basis, providing case management on their specific needs, including the need for wrap around services for those already receiving government assistance. By addressing the whole needs of the individual, we remove mental health and behavioral health stressors to allow for increased support and focus on their mental health and well-being.
- **Family-Driven:** Level Up understands that family is a large component and motivator for this population, with many living in households containing multiple generations. The project's wraparound promotora services will address the whole needs of the family, allowing for shared

decision-making in determining what supports and services will be most beneficial for them so that support for mental health for the family and child may be prioritized.

- **Wellness, Recovery, and Resilience-Focused**

A more knowledgeable family and social support network that is better educated on wellness, signs of mental health, potential stressors of mental health, etc. will better position family and friends to recognize indicators of mental health distress, strengthening recovery and resiliency. This project takes into consideration the cultural needs of the family to better support their journey to wellness, recovery and resilience.

- **Integrated Service Experience for Clients and Families:** Applying and expanding on the framework of the successful community health worker or Promotora Program model, Level Up will have in place clear processes to ensure that each client and family receives the same consistently high-quality level of service that aligns project goals with the well-being of clients and families.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Level Up will provide bicultural and bilingual staff to implement the INN Project. As each component of Supporting Community-Driven Practices for Health Equity is deployed, each component will be evaluated to ensure cultural competence. After action reviews (“AAR”) will be conducted on each component for potential improvements before the next event. For example, after an outreach event, Level Up will conduct an AAR to see what worked well, what needs to be changed and what improvements can be made for the next outreach event. For provision of promotora services, clients and families receiving services will conduct, pre, mid and post assessments to provide ongoing feedback on their needs and how we can improve the program to better serve their needs.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Individuals with serious mental illness will be eligible to receive services from this project. Through the project’s client and family driven initiatives, the client will receive case management with wrap around services, and families of clients will increase their understanding of mental health and how they can help and obtain assistance for their family members struggling with mental health. The wraparound services will help the family address additional struggles and challenges for the client or family, reducing stressors and allowing for increased focus on the mental health needs of the client. Prior to the project completion date, Level Up will be actively seeking other funding streams to be able to provide continuity of care.

Funding for this program is reliant on MHSA INN funding, and there is currently no other funding available for a project such as this for mental health services. As MHSA funding transitions to BHSA, Level Up will work with MHSA staff to ensure continuity of services for clients and provide services that fall in line within early intervention within BHSA, such as outreach, case management support, referrals, and family and individual skill building.

Barring that, at the end of this project, any clients currently receiving mental health services will be transitioned to agencies providing case management support. Transition will be determined on an individual basis with up to three months of transition time allocated to ensure a smooth transition. Many of the clients and families in our population face cultural and linguistic barriers. Level Up staff will work with the clients and their families to ensure appropriate continuity of care.

COMMUNICATION AND DISSEMINATION PLAN

Level Up will partner with Shasta County Behavioral Health, while leveraging its extensive network to connect with and reach the most difficult and oftentimes most isolated of our community. Level Up intends to educate and help individuals and families understand the programs available for mental health in the county, focusing on the new promotora program.

KEYWORDS for search: Culturally Appropriate Outreach, Culturally Responsive Case Management

TIMELINE

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

1/01/2025 – 12/31/2027

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

2 years (with option (with option for 1 year renewals three times after the 2 years)

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

- Y1Q1: Recruit/hire project Staff, hold one outreach event, sign up program participants
 - Milestones: Fully staff project, 1 outreach event completed, sign 20 participants
- Y1Q2: Hold two outreach events, sign up program participants, provide promotora program services
 - Milestones: 2 outreach events completed, signed up 30 program participants, provided promotora program services to 50 participants
- Y1Q3: Hold two outreach events, sign up program participants, provide promotora program services, progress report
 - Milestones: 2 outreach events completed, signed up 40 program participants, provided promotora program services to 90 participants, 6 month progress report submitted
- Y1Q4: Hold two outreach events, sign up program participants, provide promotora program services
 - Milestones: 2 outreach events completed, signed up 50 program participants, provided promotora program services to 140 participants
- Y2Q1: Hold two outreach events, sign up program participants as needed, provide promotora program services, progress report
 - Milestones: 2 outreach events completed, provided promotora program services to 140 participants, one year progress report submitted
- Y2Q2: Hold two outreach events, sign up program participants as needed, provide promotora program services

- Milestones: 2 outreach events completed, provided promotora program services to 140 participants
- Y2Q3: Hold two outreach events, sign up program participants as needed, provide promotora program services, progress report
 - Milestones: 2 outreach events completed, provided promotora program services to 140 participants, 18 month progress report submitted
- Y2Q4: Hold two outreach events, sign up program participants as needed, provide promotora program services, final report
 - Milestones: 2 outreach events completed, provided promotora program services to 140 participants, final report submitted

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

BUDGET NARRATIVE

The budget proposed for this project is necessary for the successful implementation, growth and sustainability of the program. Barriers to health equity in behavioral health and mental health are both cultural and linguistic for the populations of focus. This INN project implements a community-defined evidence-based practice, the promotora peer support model, which has been shown in other fields to successfully serve difficult to reach marginalized populations and improve health equity. Outreach to these target populations in the county typically have little to no turnout from within these communities. Organizations and agencies in the county also typically have little to no bicultural or bilingual staff able to assist, or have the capacity to assist, these unserved populations with comprehension and understanding of services and how to access and obtain those services. There are currently no culturally or linguistically appropriate programs that focus on these populations in the county.

To ensure a culturally and linguistically responsive project, project staff will have to be bicultural and bilingual. Project staffing needs reflect the need linguistic needs of the target populations. Outreach and engagement on the promotora program will be needed to raise awareness of the newly available program with dedicated time assisting families with comprehension and understanding.

PERSONNEL EXPENSES

Wages and benefits for project staff – Wages include a bilingual differential pay and benefits include medical, dental, vision, 401(k), PTO, sick, holidays and payroll taxes.

Program Manager, 50% FTE – Overall INN project management; ensures program goals and objectives are met; project evaluation and data analysis; recruit/hire project staff; prepare, review and submit reports; liaise with agencies and organizations including evaluators; staff outreach events; bilingual in another language and English

Project Manager, 100% FTE – Day-to-day overall project management; daily supervision of project staff; coordinates outreach and engagement with Hispanic/Latino and Southeast Asian communities; liaise with agencies and organizations; collate and analyze data collected; prepare progress reports; staff outreach events; bilingual in another language and English

Promotora, 100% FTE (Spanish) – Provides wraparound promotora support to individuals and families in understanding, accessing, and obtaining services; provides translation and comprehension in Spanish/English to individuals and families; staff outreach events; data collection and pre-post assessment administration; bilingual in Spanish/English

Promotora, 100% FTE (Mien) – Provides wraparound promotora support to individuals and families in understanding, accessing, and obtaining services; provides translation and comprehension in Mien/English to individuals and families; staff outreach events data collection and pre-post assessment administration; bilingual in Mien/English

Promotora, 66% FTE (Hmong) - Provides wraparound promotora support to individuals and families in understanding, accessing, and obtaining services; provides translation and comprehension in Spanish/English to individuals and families; staff outreach events data collection and pre-post assessment administration; bilingual in Hmong/English

DIRECT EXPENSES

Expenses that are directly connected to carrying out the project including wages and benefits, supplies, equipment, phone, and software for the project staff, printing costs of flyers and handouts for the project, and rent and utilities calculated on a percentage basis.

Supplies – General supplies for project staff including copy paper, notebooks, folders, labels, pens, markers, envelopes, clipboards, flags, post-its, storage totes, file cabinets, and outreach supplies.

Rent – Rent calculated based on number of projects currently or anticipated to be concurrently in operation, calculated at 20% of base rent paid monthly.

Travel – Extensive travel throughout the county for outreach and engagement, and provision of promotora program services.

Utilities – Utilities calculated based on number of projects currently or anticipated to be concurrently in operation, calculated at 20% of estimated utilities paid monthly.

Phone – Dedicated phone line for each project staff.

Software – Database and office program for project staff including data collection and tracking.

Printing – Professional printing of flyers and handouts for project.

NON RECURRING COSTS

Equipment – Workstation and computer setup for four project staff including desks, chairs, computer, monitor, printer/copier/scanner.

OTHER EXPENSES

Stipend Incentive - \$200 stipend for each individual participating in program. Stipend will pay for fees that might otherwise be a barrier to access to a service or program, such as application fees.

INDIRECT EXPENSES

Expenses that are necessary to the day-to-day operational and administrative needs of the organization but not directly attributable to a project, including costs for accounting, human resources, information technology, marketing, legal, purchasing, management, internet, payroll services, office equipment, insurance, and allocated indirect non-project personnel expenses such as rent, utilities, etc.

Budget Context

Level Up currently has a MHSOAC grant serving immigrants and refugees (I & R). The I & R grant serves four counties including Shasta, Tehama, Glenn and Butte Counties. I & R focuses on working with county behavioral and mental health departments, local level decision makers, behavioral health boards and cultural competency committees that make policy and program decisions affecting behavioral and mental health priorities and services in the county, to integrate and include culturally and linguistically appropriate programs and services to improve their cultural and linguistic responsiveness to the immigrant and refugee communities in their counties. I & R includes culturally appropriate outreach to increase awareness of behavioral and mental health services available, and training on cultural competency to service providers, clinicians, professionals, interpreters, and peers.

This INN project will only serve the populations of focus, the Hispanic/Latino and Asian/Native Hawaiian/Pacific Islander and mixed races of Shasta County. The INN project applies the framework of a community-defined evidence-based practice, the wraparound promotora peer support model, to address the whole needs of the family. The focus of I & R is on policy decisions, outreach, and cultural competency training across four counties, while the INN project focuses on a case management wraparound promotora program for just Shasta County. There is no overlap in the proposed activities between the two programs. While both programs offer outreach, I & R outreach is to increase awareness of available behavioral/mental health programs, INN outreach will be for the new program available to address the whole needs of the individual and family to support families on their journey to improving their mental health and wellbeing.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

| EXPENDITURES | | | | | | | |
|--|-----------------------|-----------------|-----------------|-------------------------|--|--|--|
| PERSONNEL COSTS (salaries, wages, benefits) | | FY 25/26 | FY 26/27 | FY 25-27 (Total) | | | |
| 1. | Salaries | \$281,602.80 | \$295,682.94 | \$577,285.74 | | | |
| 2. | Direct Costs | \$91,239.31 | \$96,586.97 | \$187,826.28 | | | |
| 3. | Indirect Costs | \$37,284.21 | \$39,226.99 | \$76,511.20 | | | |
| 4. | Total Personnel Costs | \$410,126.32 | \$431,496.90 | \$841,623.22 | | | |
| | | | | | | | |
| OPERATING COSTS | | FY 25/26 | FY 26/27 | FY 25-27 (Total) | | | |
| 5. | Direct Costs | \$38,494.00 | \$40,919.00 | \$79,413.00 | | | |
| 6. | Indirect Costs | \$3,849.40 | \$4,091.90 | \$7,941.30 | | | |
| 7. | Total Operating Costs | \$42,343.40 | \$45,019.90 | \$87,354.30 | | | |
| | | | | | | | |
| NON RECURRING COSTS (equipment, technology) | | FY 25/26 | FY 26/27 | FY 25-27 (Total) | | | |

| | | | | | | | |
|--|---------------------------|---------------------|---------------------|-------------------------|--|--|--|
| 8. | Equipment | \$15,000.00 | | \$15,000.00 | | | |
| 9. | | | | | | | |
| 10. | Total Non-recurring costs | \$15,000.00 | | \$15,000.00 | | | |
| | | | | | | | |
| CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation) | | FY 25/26 | FY 26/27 | FY 25-27 (Total) | | | |
| 11. | Direct Costs | | | | | | |
| 12. | Indirect Costs | | | | | | |
| 13. | Total Consultant Costs | | | | | | |
| | | | | | | | |
| OTHER EXPENDITURES (please explain in budget narrative) | | FY 25/26 | FY 26/27 | FY 25-27 (Total) | | | |
| 14. | Stipend | \$28,000.00 | \$28,000.00 | | | | |
| 15. | | | | | | | |
| 16. | Total Other Expenditures | \$28,000.00 | \$28,000.00 | \$56,000.00 | | | |
| | | | | | | | |
| BUDGET TOTALS | | | | | | | |
| Personnel (line 1) | | \$281,602.80 | \$295,682.94 | \$577,285.74 | | | |
| Direct Costs (add lines 2, 5 and 11 from above) | | \$129,733.31 | \$137,505.97 | \$267,239.28 | | | |
| Indirect Costs (add lines 3, 6 and 12 from above) | | \$41,133.61 | \$43,318.89 | \$84,452.50 | | | |
| Non-recurring costs (line 10) | | \$15,000.00 | | \$15,000.00 | | | |
| Other Expenditures (line 16) | | \$28,000.00 | \$28,000.00 | \$56,000.00 | | | |
| TOTAL INNOVATION BUDGET | | \$495,469.72 | \$504,507.80 | \$999,977.52 | | | |

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



Letter of Support For Level Up NorCal

August 29th, 2023

MHSA Administration
2640 Breslauer Way
Redding, CA 96001

RE: Letter of Support for Level Up NorCal's Proposal Entitled "Supporting Community Driven Practices for Health Equity"

Dear Sir/Madam:

The Shasta Equal Justice Coalition is pleased to support Level Up NorCal's proposal for the Shasta County Health and Human Services Agency's MHSA Innovations project, entitled "Supporting Community Driven Practices for Health Equity."

We have worked with Level Up in the past and have been impressed by the dedication of their staff and administration in meeting their mission to improve and promote the health, well-being, and advancement of ethnic minorities through education, support, and advocacy.

Throughout the COVID 19 pandemic, Level Up played a critical role in reaching out and forming relationships with communities across cultural and linguistic landscapes, reducing barriers through their connections, the strength of the relationships they formed, and their attention to the multiple needs of those communities. They worked to ensure that residents received timely and accurate information, which has proved to be critical in improving vaccine equity in our county.

If we are to achieve health equity for those whose culture and language are not adequately represented among available services and resources, we need to support and strengthen organizations like Level Up NorCal and fund programs like the one this organization is proposing to MHSA.

As a result, we strongly support Level Up NorCal's proposal to implement community driven practices to increase health equity in Shasta County. We anticipate many opportunities to continue to support Level Up NorCal's efforts on this important endeavor.

Sincerely,

Sharon Brisolara

Coordinator, Shasta Equal Justice Coalition



MHSA Innovation Plan

The Shasta County Affiliate of the National Alliance on Mental Health is submitting its support for the Mental Health and Services Act Innovation Plan Project 1: Supporting Community Driven Practices for Health Equity.

NAMI Shasta County acknowledges that language barriers adversely impact the ability of those that cannot speak English, or do not speak it well, to receive local services. Ensuring Shasta County public service providers can provide interpreter services and culturally competent strategies to ensure behavioral health needs are being met for all populations in Shasta County is a necessity.

NAMI Shasta would like to extend appreciation to Shasta County HHSA for opening a public comment period on the utilization of MHSA funds. We continue to support our local organizations and government that strive to better Shasta County.

From: [Cherish Padro](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Supporting Community Driven Practices for Health Equity- Letter of Support
Date: Friday, August 18, 2023 11:09:03 PM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

To Whom It May Concern,

As an Associate Marriage and Family Therapist in Shasta County, it's evident in my daily interactions with clients, not enough behavioral health resources or supports are available for Hispanic/Latino and Asian American and Pacific Islander (AAPI) communities in providing health equity.

As a previous Senior Program Manager at United Way of Northern California, I've had the privilege to work alongside Level Up NorCal on multiple occasions and directly saw the impact and trust created in historically underserved and diverse communities. The work Level Up NorCal does in Shasta County is pivotal in providing culturally appropriate and culturally responsive services.

In effort to reach diverse community members in Shasta County for health needs during the beginning of COVID, Level Up NorCal helped to bridge the gap for cultural and language barriers so individuals could feel comfortable, understood, heard, and guided in obtaining needed resources, information, and services. Individuals and families within the Hispanic/Latino and Asian American and Pacific Islander (APPI) communities gathered together by the dozens all throughout a two day event to learn more about vaccinations, available services and supports during COVID.

Level Up NorCal's understanding to approaching cultural diversity and norms and creating trusted dialogue with both underserved communities and communities of color stated in their INN proposal is guaranteed to be an effective model as they have already built trust within these communities. Without the trust in, and staffing of Level Up NorCal to provide culturally and linguistically appropriate services through the "promotora" peer support model, behavioral health services in both communities will continue to be underutilized.

Being a Hispanic/Latina and woman of color, I can attest that behavioral health is not widely accepted or understood within our cultural norms. When others within our community, like that modeled with the "promotora" peer support model, can provide support, linguistically connect, and or understand questions asked without judgement, the likelihood to being more receptive to behavioral health services are higher.

It's imperative to have support systems in place like Level Up NorCal that can work with individuals and families to understand and comprehend available services like case management, access and utilization of services, and act as a neutral/trusted third party. Level Up NorCal effectively lives out its mission of improving and promoting the health, well-being, and advancement of ethnic minorities , through education, support, and advocacy.

I hope to see Level Up NorCal be able to move forward with behavioral health assistance for our diverse communities in Shasta County!

Sincerely,
Cherish Padro, MA, AMFT (138879)
padrocherish@yahoo.com
347-852-4370

From: [Sarah Casia](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Level Up NorCal's MHSA Innovations Project Proposal
Date: Wednesday, August 23, 2023 5:11:52 PM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

Sir/Madam:

This email is in support of Level Up NorCal's MHSA Innovations project proposal, entitled "Supporting Community Driven Practices for Health Equity."

The COVID-19 pandemic put a spotlight on the need for a healthcare approach driven by health equity principles. Level Up's mission is to improve and promote the health, well-being and advancement of ethnic minorities through education, support and advocacy. Throughout the pandemic, Level Up served an integral role as a bridge to communities with cultural and linguistic barriers to ensure they received timely and accurate information, improving vaccine equity in Shasta County. Health equity for those with cultural and linguistic barriers begins with funding of programs like the one proposed by Level Up NorCal.

We enthusiastically support Level Up NorCal's proposal to implement community driven practices to increase health equity in Shasta County. We look forward to the opportunity to continue to support Level Up NorCal's efforts on this important endeavor.

Sincerely,

Sarah Casia

--

Sarah Casia
Organizer, SEIU Local 2015
373 Park Marina Cir, Redding, CA 96001
530-900-2335
[Join Us on Facebook](#)

From: [Eddie McAllister](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Letter of support for Levelup
Date: Friday, August 25, 2023 11:09:02 AM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

To whom it may concern

This email is in support of Level Up NorCal's MHSA Innovations project proposal "Supporting Community Driven Practices for Health Equity."

The COVID-19 pandemic put a spotlight on the need for a healthcare approach driven by health equity principles. Level Up's mission is to improve and promote the health, well-being and advancement of the ethnic unserved through education, support and advocacy for unnatural causes.

Throughout the pandemic, Level Up served an integral role as a bridge to communities with cultural and linguistic barriers to ensure the underrepresented communities receive timely and accurate information, improving vaccine equity in Shasta County. Health equity for those with cultural and linguistic barriers begins with funding of programs like the one proposed by Level Up NorCal.

The Shasta Beloved Community an advocate for Diversity Equality and Inclusion enthusiastically support Level Up NorCal's proposal to implement community driven practices to increase health equity in Shasta County. We look forward to the opportunity to continue to support Level Up NorCal's efforts on this important endeavor.

Sincerely,

Eddie McAllister
Facilitator /Community Organizer
The Shasta Beloved Community
thebelovedcommunity@yahoo.com

[Sent from Yahoo Mail for iPhone](#)

From: [Sue Kermode](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Supporting Community Driven Practices for Health Equity
Date: Tuesday, August 29, 2023 9:44:02 AM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

Shasta County Mental Health Services
To Whom It May Concern:

This email is in support of Level Up NorCal's MHSA Innovations project proposal, entitled "Supporting Community Driven Practices for Health Equity."

The COVID-19 pandemic put a spotlight on the need for a healthcare approach driven by health equity principles. Level Up's mission is to improve and promote the health, well-being and advancement of ethnic minorities through education, support and advocacy. Throughout the pandemic, Level Up served an integral role as a bridge to communities with cultural and linguistic barriers to ensure they received timely and accurate information, improving vaccine equity in Shasta County. Health equity for those with cultural and linguistic barriers begins with funding of programs like the one proposed by Level Up NorCal.

We enthusiastically support Level Up NorCal's proposal to implement community driven practices to increase health equity in Shasta County. We look forward to the opportunity to continue to support Level Up NorCal's efforts on this important endeavor.

Sincerely,

Sue Kermode
First United Methodist Church Anti-racism Task Force Chairperson

From: [David Chao](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Public Comment - Innovations Proposal: Project 1: Supporting Community Driven Practices for Health Equity
Date: Thursday, August 24, 2023 4:00:30 PM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

I endorse and appreciate the Level Up NorCal proposal in extending outreach and support to Shasta County's Southeast Asian and Latinx communities. The significance of breaking down linguistic and cultural barriers cannot be overstated, as it underpins the achievement of equitable access to behavioral health programs and services. Without assistance, numerous individuals from these communities would encounter substantial challenges in accessing these vital resources. By serving as a conduit between these communities and the county's services, Level Up NorCal has the potential to initiate transformative change for these populations. Its commitment to offering culturally sensitive strategies holds the promise of effecting a profound improvement in the well-being of families and participants in dire need.

David Saechao

From: [David Emery](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Project 1
Date: Thursday, August 24, 2023 6:18:11 AM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

To whom this may concern,

I believe this organization would benefit the communities of the Asian and Latinx population, so these individuals will be able to receive the benefits from the county. These services are needed for this population and so they feel that their needs are being met. This organization is well skilled and is able to reach this population.

Sent from my iPhone

From: [Jen Kagel](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Comment Project 1
Date: Wednesday, August 23, 2023 12:19:32 PM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

I'd love to comment on the two proposals. I support Project 1, with Level Up Norcal. The county has been needing something like this, to help the Asian and Hispanic communities. I feel this would contribute tremendously to the county we are in and would eliminate health disparities and improve mental health equity.

From: [Douglas Stein](#)
To: [Shasta County Mental Health Services Act](#)
Cc: [Mental Health Alcohol and Drug Advisory Board](#)
Subject: MHSA Innovations proposal public comment
Date: Monday, August 21, 2023 6:28:48 PM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

COMMUNITY DRIVEN PRACTICES FOR HEALTH EQUITY:

I (Approve) of the Innovations proposal from Level up NorCal supporting Community Driven practice's for Health Equity using MHSA monies.

I listened to the proposal from Level Up's program manager at the MHSA Stakeholders meeting. How their program is connecting the underserved community to Mental Health Services and the positive outcomes they are having. I am happy to hear members of our underserved community are receiving Mental Health Services, with the help of this program.

Thank you,
Shannon Hunt

Sent from [Mail](#) for Windows

From: [shawn.saetern](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Innovations Proposal
Date: Thursday, August 24, 2023 3:41:58 PM

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

Hello,

I am writing this to comment on the Innovations Proposal number 1- Supporting Community Driven Practices for Health Equity, by Level Up NorCal. The innovations proposed supports the needs of the underserved population in Shasta County. Their mission and goals are in alignment with that of the health and human services of Shasta County. The idea of including Wraparound services is an evidence-based strategy proven to have positive outcomes as it focuses on client centered, strength based, and with a multi-disciplinary team approach. I hope my comments are helpful and I appreciate your time.

Thank you,

Shawn S.

From: [Ted Couch](#)
To: [Shasta County Mental Health Services Act](#)
Subject: Fwd: Level Up NorCal- Letter of Support
Date: Wednesday, August 9, 2023 4:27:45 PM
Attachments: [MH INN Template.docx](#)

EXTERNAL SENDER: Do not follow links or open attachments unless you recognize the sender and know the content is safe.

Sir/Madam:

This email is in support of Level Up NorCal's MHSA Innovations project proposal, entitled "Supporting Community Driven Practices for Health Equity."

The COVID-19 pandemic put a spotlight on the need for a healthcare approach driven by health equity principles. Level Up's mission is to improve and promote the health, well-being and advancement of ethnic minorities through education, support and advocacy. Throughout the pandemic, Level Up served an integral role as a bridge to communities with cultural and linguistic barriers to ensure they received timely and accurate information, improving vaccine equity in Shasta County. Health equity for those with cultural and linguistic barriers begins with funding of programs like the one proposed by Level Up NorCal.

We enthusiastically support Level Up NorCal's proposal to implement community driven practices to increase health equity in Shasta County. We look forward to the opportunity to continue to support Level Up NorCal's efforts on this important endeavor.

Sincerely,

Ted Couch

Steering Committee Co-Chair

Shasta Equal Justice Coalition

From: Karen <karen@levelupnc.org>

Date: Wednesday, August 9, 2023 at 9:06 AM

To: Meuy Lee <meuy@levelupnc.org>

Subject: MH Support LTR