



WELLNESS • RECOVERY • RESILIENCE



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## Commission Packet

Commission Meeting  
August 23, 2018

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Call-in Number: 1-866-817-6550  
Participant Passcode: 3190377



Mental Health Services  
Oversight & Accountability Commission



WELLNESS • RECOVERY • RESILIENCE

John Boyd, Psy.D.  
Chair  
Khatera Aslami-Tamplen  
Vice Chair

1325 J Street, Suite 1700  
Sacramento, California 95814

## Commission Meeting Agenda

August 23, 2018  
9:00 AM – 4:30 PM

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Call-in Number: 866-817-6550; Code: 3190377

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### Public Notice

The public is requested to fill out a “Public Comment Card” to address the Commission on any agenda item before the Commission takes an action on an item. Comments from the public will be heard during discussion of specific agenda items and during the General Public Comment periods. Generally an individual speaker will be allowed three minutes, unless the Chair of the Commission decides a different time allotment is needed. Only public comments made in person at the meeting will be reflected in the meeting minutes; however, the MHSOAC will also accept public comments via email, and US Mail. The agenda is posted for public review on the MHSOAC website <http://www.mhsoac.ca.gov> 10 days prior to the meeting. Materials related to an agenda item will be available for review at <http://www.mhsoac.ca.gov>.

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order to accommodate speakers and to maintain a quorum.

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**John Boyd, Psy.D.**  
Chair

**AGENDA**  
**August 23, 2018**

**Khatera Aslami-Tamplen**  
Vice Chair

**Approximate Times**

**9:00 AM Convene and Welcome**

Chair John Boyd, Psy.D., will convene the Mental Health Services Oversight and Accountability Commission meeting and will introduce the Transition Age Youth representative, Peter Elias. Roll call will be taken.

**9:05 AM Announcements**

**9:20 AM Action**

**1: Approve July 26, 2018 MHSOAC Meeting Minutes**

The Commission will consider approval of the minutes from the July 26, 2018 meeting.

- Public Comment
- Vote

**9:25 AM Action**

**2: Senate Bill 1004 (Wiener and Moorlach) and Senate Bill 192 (Beall) Update**

**Presenters:**

- Angela Hill, Representative, Senator Wiener's Office
- Adrienne Shilton, Government Affairs Director, Steinberg Institute
- Greg Cramer, Representative, Senator Beall's Office

The Commission will hear an update on Senate Bill 1004 (Wiener and Moorlach) and Senate Bill 192 (Beall).

- Public Comment
- Vote

**10:25 AM Action**

**3: Monterey County Innovation Plans**

**Presenters:**

- Amie Miller, Ph.D., Behavioral Health Director, Monterey County
- Wesley Schweikhard, MPP, Management Analyst, Monterey County

The Commission will consider approval of \$1,240,000 to support the Activities for Increasing Latino Engagement Innovation Project, and \$1,234,000 to support the Transportation Coaching by Wellness Navigators Innovation Project for Monterey County.

- Public Comment
- Vote

**11:45 AM Information**

4: Executive Director Report Out

**Presenter:** Toby Ewing, Ph.D., Executive Director

Executive Director Ewing will report out on projects underway and other matters relating to the ongoing work of the Commission.

**Enclosures:**

(1) The Motions Summary from the July 26, 2018 Meeting; (2) Evaluation Dashboard; (3) Innovation Dashboard (4) Presentation Guidelines; (5) Calendar of Commission activities; (6) Department of Health Care Services Revenue and Expenditure Reports status update; (7) Legislative Report to the Commission

- Public Comment

**12:00 PM Lunch Break**

**1:15 PM Action**

5: Santa Clara County Innovation Plan

**Presenters:**

- Toni Tullys, MPA, Director, Behavioral Health Services, Santa Clara County
- Steve Adelsheim, MD, Director, Stanford Center for Youth Mental Health and Wellbeing
- Cha See, Ph.D., Program Manager, School Linked Services, Santa Clara County

The Commission will consider approval of \$14,960,943 to support the Santa Clara County *headspace* Innovation Project.

- Public Comment
- Vote

**2:05 PM Action**

6: San Diego County Innovation Plan

**Presenters:**

- Alfredo Aguirre, LCSW, Behavioral Health Services Director, San Diego County
- Yael Koenig, LCSW, Behavioral Health Services Deputy Director, San Diego County
- Dean Sidelinger, MD, MPH, Child Health Medical Officer, San Diego County

The Commission will consider approval of \$4,773,040 to support the San Diego County Accessible Depression and Anxiety Postpartum Treatment (ADAPT) Innovation Project.

- Public Comment
- Vote

**2:55 PM**

**Action**

7: San Luis Obispo County Innovation Plans

**Presenters:**

- Frank Warren, MPP, MHSa Coordinator, San Luis Obispo County
- Nestor Veloz-Passalacqua, MPP, Innovation Coordinator, San Luis Obispo County

The Commission will consider approval of \$554,729 to support the Affirming Cultural Competence Education and Provider Training: Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access (SLO ACCEPTance) Innovation Project, and \$859,998 to support the 3-by-3 Developmental Screening Partnership Parents and Pediatric Practices Innovation Project for San Luis Obispo County.

- Public Comment
- Vote

**4:15 PM**

**General Public Comment**

Members of the public may briefly address the Commission on matters not on the agenda.

**4:30 PM**

**Adjourn**

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# AGENDA ITEM 1

**Action**

**August 23, 2018 Commission Meeting**

**Approve July 26, 2018 MHSOAC Meeting Minutes**

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**Summary:** The Mental Health Services Oversight and Accountability Commission will review the minutes from the July 26, 2018 Commission meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

**Presenter:** None.

**Enclosures (1):** (1) July 26, 2018 Meeting Minutes.

**Handouts:** None.

**Proposed Motion:** The Commission approves the July 26, 2018 Meeting Minutes.

John Boyd, Psy.D.  
Chair  
Khatera Aslami-Tamplen  
Vice Chair  
Toby Ewing, Ph.D.  
Executive Director

**State of California**

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting  
July 26, 2018

MHSOAC  
Darrell Steinberg Conference Room  
1325 J Street, Suite 1700  
Sacramento, CA 95814

**Members Participating:**

John Boyd, Psy.D, Chair  
Khatera Aslami-Tamplen, Vice Chair  
Mayra Alvarez  
Lynne Ashbeck  
Sheriff Bill Brown

Keyondria Bunch, Ph.D.  
Mara Madrigal-Weiss  
Gladys Mitchell  
Tina Wooton

**Members Absent:**

Reneeta Anthony  
Jim Beall  
Wendy Carrillo

Itai Danovitch, M.D.  
David Gordon  
Larry Poaster, Ph.D.

**Staff Present:**

Toby Ewing, Ph.D., Executive Director  
Filomena Yeroshek, Chief Counsel  
Norma Pate, Deputy Director, Program,  
Legislation, and Technology

Brian Sala, Ph.D., Deputy Director,  
Evaluation and Program Operations

**CONVENE AND WELCOME**

Chair John Boyd called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:04 a.m. and welcomed everyone.

Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

Chair Boyd reviewed the meeting protocols.

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### Announcements

Chair Boyd reported that he worked with staff, per Commissioner Danovitch's request, to find time when Commissioners can get together quarterly to discuss strategy and focus, to ensure that the work reflects the will of the Commissioners, and not translated through staff. He stated he was advised by counsel that those discussions cannot be done in closed session according to the Bagley-Keene Open Meeting Act.

Chair Boyd stated he is committed to giving time during Commission meetings for Commissioners to dialogue on priorities, where the Commission is in moving forward, where the Commission is in designing future agenda items, and the focus of the Commission.

### Youth Participation

Chair Boyd stated the Commission made a commitment to include a young person around the table at every Commission meeting to learn the Commission process and to give their perspective on issues. He asked Christina Parker to introduce herself.

Christina Parker, California Youth Connection (CYC), stated she advocates for youth who experience mental health issues and foster youth.

### New Personnel

Brian Sala, Ph.D., Deputy Director, introduced four new staff members: Michelle Adams, Research Program Specialist II; Rachel Hefley, AGPA; Anna Naify, PsyD, Consulting Psychologist; and Chan Saeturn, Student Assistant.

Toby Ewing, Ph.D., Executive Director, introduced new staff member Vivian Cazanis, Director of Communications.

[Note: The recognition of Commissioner Emeritus Linford Gayle was taken out of order. These minutes reflect these agenda items as listed on the agenda and not as taken in chronological order.]

## **ACTION**

### **1: Approve May 9, 2018, and May 24, 2018, MHSOAC Meeting Minutes**

Action: Commissioner Ashbeck made a motion, seconded by Commissioner Madrigal-Weiss, that:

*The Commission approves the May 9, 2018, and May 24, 2018, Meeting Minutes.*

Motion carried 5 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Ashbeck, Bunch, Madrigal-Weiss, Mitchell, and Chair Boyd.

The following Commissioners abstained: Commissioners Alvarez, Brown, and Wooton.

### **Recognition of Commissioner Emeritus Linford Gayle**

#### **Presenters:**

- Vice Chair Aslami-Tamplen
- Jairo Wilches, Committee Member, California Mental Health and Spirituality Initiative
- Suzanne Aubry, Director, Office of Consumer and Family Affairs



- Claudia Saggese, Coordinator, Office of Consumer and Family Affairs
- Abit Aleman, Linford Gayle's husband

Commissioners and members of the public commemorated Commissioner Emeritus Linford Gayle's life and many years of service in mental health.

Vice Chair Aslami-Tamplen presented Abit Aleman with a resolution from Senator Beall in appreciation for Linford Gayle's contributions and steadfast dedication to the engagement, empowerment, and wellbeing of consumers and family members in the field of mental health.

Chair Boyd asked that the minutes reflect that today's meeting is dedicated to Linford Gayle and his husband, Abit Aleman.

## **INFORMATION**

### **2: Stakeholder Contract Update: California Youth Connection (CYC)**

#### **Presenters:**

- Joy Anderson, Policy Coordinator, California Youth Connection
- Kimberly Coronel, Representative, "No Stigma, No Barriers"
- Smitha Gundavajhala, Representative, "No Stigma, No Barriers"
- Cecelia Najera, Representative, "No Stigma, No Barriers"
- Christina Parker, Representative, "No Stigma, No Barriers"

Joy Anderson, Mental Health Advocacy Coordinator, CYC, discussed the CYC deliverables, logistics, target population, and the transition age youth (TAY) engagement process to meet those deliverables for the youth-led "No Stigma, No Barriers" initiative. She stated a larger social media campaign to raise awareness of TAY mental health needs, how to debunk stigma, and how to receive services will be implemented next year.

Smitha Gundavajhala, Representative, "No Stigma, No Barriers," stated she is a youth advocate for mental health. She asked for a moment of silence in recognition of a young woman who was recently murdered. She reviewed the Hart's Ladder of Youth Participation handout, which was made available to meeting participants, and how it is reflective of the processes CYC uses to engage TAY.

Cecelia Najera, Representative, "No Stigma, No Barriers," stated she is a youth advocate for mental health and the disability community. She discussed what supporting TAY looks like in practice.

Kimberly Coronel, Representative, "No Stigma, No Barriers," discussed youth engagement and the foundation for building competent youth leaders. She suggested keeping TAY engaged, comfortable, and feeling like they have a voice at the table by holding events and meetings where TAY are free to walk around, having music in the background, including chart-writing and other visuals, and making fidgets available to help TAY use up some of their energy and to fully process thoughts. These things help bridge the generational gap.

Ms. Coronel discussed Generation Z, individuals who were born after 1995 – the first generation that was fully immersed in technology. She stated technology is the best way to contact Generation Z TAY. She stated Generation Z is the most ethnically diverse generation. This needs to be considered when thinking about how to bring TAY to the table. She stated the need for adults to facilitate, not teach – not talk at them, but get them involved in the conversation.

Christina Parker, Representative, "No Stigma, No Barriers," stated it is important for adults to think about the generation they are from and the generation they will engage with and how to

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bridge the gap. Significant events shape values – those values and perspectives are significantly different with each generation. Millennials and Generation Z value diversity, inclusion, and participation. Baby Boomers value family, integrity, and duty. It is important to have youth present to provide feedback when thinking about engaging with youth.

### **Commissioner Questions**

Chair Boyd stated the Commission is working to include a governor-appointed youth Commissioner on the MHSOAC.

Ms. Najera asked if one youth Commissioner is enough. She asked if the applications are being spread throughout youth-led organizations.

Chair Boyd stated two open positions on the Commission are opportunities for youth. It is not limited to one.

Commissioner Bunch stated the handout indicates that youth are not interested in talk therapy. She asked what youth are looking for. Ms. Parker suggested implementing different therapeutic resources, such as poetry, sports, and animals. Youth are interested more in things that are hands-on and where they can express themselves in different ways.

Ms. Gundavajhala added that some youth are not comfortable going to a clinic or a formal clinical setting to receive care. She suggested youth centers and other spaces where youth can be youth. She suggested art and other holistic ways of reaching young people.

Ms. Najera agreed that talk therapy and feelings charts are not always effective. She stated insurance coverage is a barrier to new innovative therapeutic approaches.

Ms. Coronel stated therapeutic resources are often not available to foster youth so they receive isolated services. She stated youth want engagement, to be a part of something, and to engage in activities that will help mental wellness. Many times, foster youth do not want to talk to one person because they lack the community they need to help them.

Commissioner Bunch asked the TAY advocates to develop a list of the things youth would prefer to do as opposed to what is generally offered.

Commissioner Ashbeck stated it is a good idea for Commissioners to hear update reports on the stakeholder contracts as was listed on the agenda. Learning about TAY issues is important, but it is also important for the Commission to hear about the outcomes of the work that has been done, where the contractors are in the process, and what was learned.

Chair Boyd stated, as it relates to TAY issues, the Commission has the Child/Adolescent Crisis Report, which will be completed this year, the innovation summit focused on TAY, and has focused engaging the youth voice more as a Commission. He asked Commissioners if that is the direction they want to go or if they had suggestions about what to factor in the work moving ahead.

Commissioner Wooton stated her appreciation for Chair Boyd's leadership in having a TAY representative around the table at each Commission meeting and in asking the advocacy contractors for update reports.

Commissioner Madrigal-Weiss stated she liked the direction the Commission is going, that Commissioners are being thoughtful about it and engaging staff and the Commission on what would be the next best steps, and that the Commission is moving forward with dedication.

Commissioner Mitchell stated the Commission is on the right track. Staff does a great job carrying out the work the Commission creates for them. She stated she likes including the TAY representative and a person with lived experience in the meetings.

Commissioner Bunch stated the Commission is on the right path. She suggested thinking what the Commission can do to take some of the recommendations made by TAY and move forward to do something that is concrete.

Ms. Parker stated the need to be mindful with the language used such as the term "TAY representative." She stated she is not representative of all TAY. She suggested the term "young professional" or "representative of 'No Stigma, No Barriers'" to ensure it is correctly reflective of the person who is in the seat.

### **Public Comment**

Pete Lafollette stated the Mental Health Service Act (MHSA) recovery model involves health care, humanities, relationships, club houses, and socialization models, which are in some ways separate from the text generation. How to cross over the text generation and social media into personal relationship dynamics is an important part of today's culture.

Susan Gallagher, Executive Director, Mental Health America of Northern California (NorCal MHA), stated the TAY presentation today and the Hart's Ladder handout are a strong reminder to stop tokenizing and manipulating youth. She stated this also goes for the other communities being served in the mental health system. She challenged the Commission to adopt the general standard of 51 percent client and family representation on the Commission.

### **ACTION**

#### **3: Budget Overview**

##### **Presenter:**

- Norma Pate, Deputy Director

Norma Pate, Deputy Director, provided an overview, with a slide presentation, of the fiscal year (FY) 2017-18 budget and FY 2018-19 budget allocations. Ms. Pate stated that she was asking for contract authority for the contracts listed on the slides and that the contracts listed as pending would be brought back to the Commission for specific expenditure authorization.

### **Public Comment**

Poshi Walker, LGBTQ Program Director, NorCal MHA, Co-Director, Out for Mental Health, stated concern that \$795,000 in ongoing dollars for criminal justice involvement mental health coordination will be used for stakeholder advocacy contracts and was given to the Council on Criminal Justice and Behavioral Health (CCJBH) instead of to the MHSOAC. The speaker also stated concern that, at the time the vote was taken, there was no discussion that funding might be given to the CCJBH. The speaker encouraged moving the funding back to the MHSOAC and that it just be the \$670,000 that was approved and not the additional \$125,000.

Pete Lafollette stated he received \$32 last month from his county's MHSA funds for his duties traveling to and from Sacramento.

Vice Chair Aslami-Tamplen asked Executive Director Ewing to explain the criminal justice stakeholder funds that went to CCJBH.

Executive Director Ewing stated the Commission submitted a funding request to the Legislature for stakeholder advocacy dollars on behalf of immigrants and refugees and strategies to reduce criminal justice involvement. The intent was that those funds would be available to support advocacy at the community and state levels to implement the recommendations of the criminal justice and mental health report. Staff testified at both houses multiple times. The Legislature supported the funds for immigrants and refugees but determined to turn the criminal justice funding over to the CCJBH. Staff has spoken with the executive director of the CCJBH, offered to partner

with the CCJBH, and suggested opportunities to integrate the work of the Commission on the other stakeholder funds with the work that the CCJBH is doing.

Action: Commissioner Brown made a motion, seconded by Commissioner Wooton, that:

*The Commission authorizes the Executive Director to implement the 2018-19 spending plan.*

Motion carried 7 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Brown, Bunch, Madrigal-Weiss, Mitchell, Wooton, Vice Chair Aslami-Tamplen, and Chair Boyd.

The following Commissioners abstained: Commissioners Alvarez and Ashbeck.

## **ACTION**

### **4: Triage Grant Funding**

#### **Presenter:**

- Norma Pate, Deputy Director

Deputy Director Pate provided an overview, with a slide presentation, of the reduction in the triage funding and available options to allocate funding for triage grants.

#### **Commissioner Questions**

Commissioner Alvarez asked what the reduction in funds would mean for the county projects under Option 1. Deputy Director Pate stated it would be a reduction to the counties' proposals. Staff would work with counties to ensure the peer component is not eliminated.

Chair Boyd asked about timing requirements and if the Commission needed to act on this today. Executive Director Ewing stated that there technically is not a deadline; however, the reason the Department of Finance (DOF) and the Legislature reduced the funding is because there was \$117 million in unspent funds in the last round of triage grants due to delays in getting programs started.

Vice Chair Aslami-Tamplen asked if the \$83 million option in Option 1 will give the counties an additional year to spend down the funds. Executive Director Ewing stated it will because the funds technically will not be available until the fourth year. Staff will work with each county based on the way they choose to move forward.

Commissioner Brown asked if counties have been queried to determine the impact of Option 1 to determine the number of counties that will be unable to do what they are doing now, based on the reduced amount. Executive Director Ewing referred to a letter sent to the Commission from the County Behavioral Health Directors Association (CBHDA) encouraging Option 1, which was included in the meeting packet.

Commissioner Mitchell shared her frustration that funds were left unspent when there is such great need. The need does not go away because bureaucrats cannot get it together. She asked how to ensure that this round of triage grant funds is spent and how the Commission can hold counties accountable to do what they need to do.

Vice Chair Aslami-Tamplen stated she shared Commissioner Mitchell's frustration over unspent funds for these important services. She stated there are underspent funds across all systems. It is important that the Commission better understand why funds are left unspent so, rather than

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unintentionally setting up more barriers, opportunities can be found to move through the barriers to get services to the individuals who need them.

Commissioner Ashbeck asked if the reduced funding in Option 1 would support the counties' proposals. A scaled-down version of the original proposals may not work.

Commissioner Alvarez stated evaluating something that is funded at a lower level than intended sets the counties up for failure. She asked how to ensure this does not happen.

Commissioner Bunch suggested that each county inform the Commission how the reduction in funding will impact their proposal. She asked if the Commission can add on to staff's options requiring counties to inform the Commission how they will make the reduced funding work or even if they will be able to.

Commissioner Ashbeck asked if the reduction in funds also applies to the \$10 million for UC Davis and UCLA for the evaluation. Executive Director Ewing stated it does.

Commissioner Ashbeck asked if it is unreasonable to ask the grant awardees in advance what will work for them and which awardees will opt out to help the Commissioners make the decision on the available options. None of the options presented are right across-the-board option without input from the individuals who will receive the funding.

Chair Boyd stated all awardees are in attendance and will provide their input during public comment.

Executive Director Ewing stated, even when fully funded, there is often a mismatch between the amount of funding sought versus the amount that is available. The standard practice is to fully fund counties in the higher rankings, and to give whatever funds are left to the next county in the ranking, which necessitates a modification of that county's spending plan. The intent of Option 1 is to recognize, on a case-by-base basis, some counties will choose to make up for the missed revenue and do 100 percent of what was proposed, some counties will choose to scale back their proposal, and some counties will choose not to receive the funding. This naturally happens, even when fully funded.

### **Public Comment**

Maureen Bauman, County Behavioral Health Directors Association of California (CBHDA), spoke in support of Option 1 at the higher level of \$83 million. The speaker suggested suspending the first quarterly report due to the work necessary to modify spending plans and making the funding of the counties that opt out available to other counties.

Cindy Claflin, NorCal MHA, spoke in support of Option 1. The speaker stressed the importance of the peer component to these programs and suggested making the funding of the counties that opt out available to other counties.

Michaele Beebe, Family Advocate, NorCal MHA, spoke in support of Option 1 and echoed the comments of the previous speakers.

Uma Zykofsky, representative of Sacramento County, spoke in support of Option 1 at the higher level of \$83 million.

Poshi Walker spoke in support of Option 1 at the higher level of \$83 million. Peer specialists should be the last thing cut due to lack of funding. She requested including stakeholders in the loop, especially with the budget process.

Susan Gallagher spoke in support of Option 1 at the higher level of \$83 million and seconded the comments of the previous speakers.

Lanetta Smyth, Program Manager, Triage Program and Crisis Programs, Merced County Behavioral Health, spoke in support of Option 1 at the higher level of \$83 million.

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Sharon Mendonca, Assistant Director, Merced County Behavioral Health, spoke in support of Option 1 at the higher level of \$83 million.

Pete LaFollette stated this is a systemic policy challenge.

Kiran Sahota, Senior Behavioral Health Manager, Ventura County, spoke in support of Option 1 at the higher level of \$83 million.

Lindsay Walter, Deputy Director, Administration, Santa Barbara County Behavioral Wellness, spoke in support of Option 1 at the higher level of \$83 million.

### **Commissioner Discussion**

Commissioner Ashbeck made a motion to adopt Option 1 including suspending the county first quarterly report but instead presenting a revised proposal. Commissioner Brown seconded.

Commissioner Bunch asked if the motion was to ask counties to come back and tell the Commission how they will make the reduced funds work instead of presenting the first quarterly report.

Commissioner Ashbeck stated counties do not need to come in person but can work with staff.

Chair Boyd suggested amending the motion to include that staff would present a high-level summary of the counties' revisions at a future Commission meeting. Commissioners Ashbeck and Brown agreed.

Action: Commissioner Ashbeck made a motion, seconded by Commissioner Brown, that:

*The Commission adopts Option 1 that reduces each of the Round 2 Triage grant awards and the evaluation contracts evenly at the \$83 million funding level, suspends the first quarterly report, and directs staff to present, at a future Commission meeting, a high-level summary of the revisions submitted by the grantees.*

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Ashbeck, Brown, Bunch, Madrigal-Weiss, Mitchell, Wooton, Vice Chair Aslami-Tamplen, and Chair Boyd.

### **INFORMATION**

#### **5: Innovation Dashboard and Presentations**

This agenda item was tabled to the next Commission meeting.

Chair Boyd directed Commissioners' attention to the Innovation Dashboard and Presentation Chart created by Sharmil Shah, PsyD, Chief of Program Operations, which was included in the meeting packet.

### **ACTION**

#### **6: Ventura County Innovation Plans**

##### **Presenters:**

- Kiran Sahota, MA, Senior Behavioral Health Manager, Ventura County
- Hilary Carson, MSW, Innovations Administrator, Ventura County
- Kelly Brown, 2-1-1 Program Director, Interface Children and Family Services

Suicide Prevention Project: Bartenders as Gatekeepers

Kiran Sahota, Senior Behavioral Health Manager, Ventura County, provided an overview, with a slide presentation, of the goal and community planning process of the Suicide Prevention – Bartenders as Gatekeepers Project.

Hilary Carson, Innovations Administrator, Ventura County, continued the slide presentation and discussed the current issues, the proposal, evaluation, and budget of the Suicide Prevention – Bartenders as Gatekeepers Project.

**Commissioner Questions**

Commissioner Bunch asked about the Question, Persuade, and Refer (QPR) piece of the program. Ms. Carson stated it is an hour staff training.

Commissioner Bunch asked what it looks like when an individual makes a comment to the trained bartender. Ms. Carson stated the bartender will engage the individual in conversation and make a referral to the hotline, website, or other crisis service.

Ms. Parker asked if bars will push back because bartenders' time may be taken from serving other customers. Ms. Carson stated the county initially discussed the proposed project with bar owners and received a warm reception. Bar owners suggested training other staff in their establishments, not just the bartenders. There were no concerns with posting materials or having their staff interact with consumers.

Ms. Sahota stated QPR is an online tool, which is great for sustainability because it gives bar owners the opportunity to train new staff as they come on.

Commissioner Wooton suggested reviewing Redding's campaign that addresses middle-aged men.

Commissioner Ashbeck asked if there is an opportunity for the Commission to capture and aggregate the work happening in different counties so counties can share ideas and practices. She gave the example of Fresno County's discussion of going into bars and hair salons. She suggested including information on these innovative ideas on the website. Executive Director Ewing stated information on the Innovation Incubator Project will be shared later in the agenda and speaks to that idea. The issue has come up that there are not good, accessible ways of sharing knowledge across the whole system. Staff is building out a Program Inventory Tool so counties can see what other counties are doing.

Commissioner Ashbeck suggested accelerating this for suicide prevention in particular. She stated she does not want to reinvent the bartender program in Fresno when Ventura is already doing it. She stated, while staff continues work on the Program Inventory Tool and Innovation Incubator Project, it could be as simple as posting descriptions and who to call on the website.

Commissioner Madrigal-Weiss asked if the county looked at what was happening in 2016 to cause the suicide rate to decline and if QPR was happening then. She asked if the proposed project was shared with community stakeholders. She stated San Diego County has saturated the community with the QPR and *It's Up to You* campaigns. She stated San Diego trains teachers along with service providers. She asked if bartenders will feel stretched and uncomfortable because these are not five-minute conversations. She questioned how the bartenders can remove themselves from the bar and stop serving to address these issues.

Ms. Sahota stated the anomaly in 2016 was the increased economy but, as the economy plateaued, the typical numbers returned. The county has done other suicide training with teachers such as SafeTALK. Bar owners are willing to provide staff time to help their patrons.

Commissioner Bunch shared her concerns on what the proposed project looks like logistically.

Push Technology Project

Ms. Sahota continued the slide presentation and discussed the goal and community planning process of the Push Technology Project.

Ms. Carson continued the slide presentation and discussed the current issues, the proposal, evaluation, and budget of the Push Technology Project.

**Commissioner Questions**

Commissioner Alvarez asked how the county will know there is a downward trend, which is listed as Step 4 on the flowchart slide, if the individual is not responding. Ms. Carson stated the model proposed uses the Likert Scale. Individuals will be asked if they would like to opt out or if they would like additional services if they do not respond.

Kelly Brown, 2-1-1 Program Director, Interface Children and Family Services, stated the proposed project will be modeled after other text message campaigns that push texts out to individuals. The difference in the proposed project is that there is a real person behind them watching. When there is an anomaly, the person would know to act immediately and offer intervention.

Commissioner Ashbeck asked about the target population of ages 6 to 59. She stated the younger ages will probably not be texting and texting may not be the means of communication for the older ages. She asked about beginning with a smaller subset target such as 18 to 30 or 45. Ms. Carson stated the ages were preset by the ages that hospitals accept.

Commissioner Bunch asked if the proposed project can be tailored to the parent of the young child who was discharged from the hospital. Ms. Carson stated that was how the program was initially designed.

Vice Chair Aslami-Tamplen asked how individuals can participate in the program who do not have cell phones. Ms. Carson stated they cannot. The program cannot be sustained past the innovation period if the county must provide cell phones for individuals. Ms. Sahota stated the homeless population has access to free cell phones so they will also have access to the proposed project.

**Public Comment**

Maureen Bauman spoke in support of Ventura County's two proposed projects.

Pete Lafollette encouraged the Commission to interact with the Ventura County Client Network. The speaker stated concern that too much emphasis is being placed on online interactions and not relationship dynamics.

**Commissioner Discussion**

Action: Commissioner Wooton made a motion, seconded by Commissioner Ashbeck, that:

*The MHSOAC approves Ventura County's Innovation project as follows:*

*Suicide Prevention Project: Bartenders as Gatekeepers*

*Amount: \$241,367*

*Project Length: Three (3) Years*

Motion carried 7 yes, 2 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Ashbeck, Brown, Mitchell, Wooton, Vice Chair Aslami-Tamplen, and Chair Boyd.

The following Commissioners voted "No": Commissioners Bunch and Madrigal-Weiss.



Action: Commissioner Ashbeck made a motion, seconded by Commissioner Bunch, that:

*The MHSOAC approves Ventura County's Innovation Project as follows:*

*Push Technology Project*

*Amount: \$438,933*

*Project Length: Three (3) Years*

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Ashbeck, Brown, Bunch, Madrigal-Weiss, Mitchell, Wooton, Vice Chair Aslami-Tamplen, and Chair Boyd.

## **LUNCH BREAK**

## **GENERAL PUBLIC COMMENT**

Theresa Comstock, President, California Association of Local Behavioral Health Boards and Commissions (CALBHBC), stated the CALBHBC is made up of 59 mental and behavioral health boards and commissions in California. The CALBHBC provides support, training, resources, and opportunities for organized issue advocacy.

Jan McGourty, Mendocino County citizen, asked about the purpose and objectives for the MHSA Program Review Pilot protocol that Mendocino County has been selected to participate in, and the criteria for selecting the counties that will participate. The pilot project, which was imposed on the county, has come at a time when the county is focused on four audits and is understaffed. The speaker asked if this can be delayed.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked the Commission for responding to REMHDCO's April 13<sup>th</sup> and subsequent correspondence regarding the prevention and early intervention (PEI) policy paper. The Commission's response stated the recent PEI regulations replaced the PEI policy paper. This has not been publicly declared or noticed. The principles and values stated in the PEI policy paper are not in conflict with the PEI regulations. The question is whether any legislation is in conflict with the values of the PEI policy paper and regulations. The Commission's response indicated that its vote on legislation related to PEI was based on Commissioner research projects and public engagement through these projects. The REMHDCO does not see this connection and does not agree that the public engagement that was part of the special projects can be substituted for a robust, open dialogue with community stakeholders specifically regarding legislation that would substantially alter the PEI regulations.

Poshi Walker suggested taking a more realistic look at agenda items and giving them greater amounts of time on the agenda. Too often the agenda is packed with too many things and items are tabled to the next meeting that stakeholders specifically showed up for. The speaker suggested a two-day meeting schedule to give more time for thorough discussion and to not have to rush the process. One of the items skipped today was the Innovation Dashboard. The speaker referred to the Commission Meeting Recommendations, which was included in the meeting packet, Item 4(a)(i) under Presenters and Biographies and suggested that counties not be allowed to extend their panel time by bringing many county representatives to public comment. The county already has a panel and has time to present their project. This cuts into public comment time, especially for those voices who may have a critique or questions about the plan.

Kathryn Keitzman, UCLA Center for Health Policy Research, distributed a policy brief on a study contracted by the Commission, and stated this represents the first study that examines how older adults are being served through the public mental health system with MHSA dollars. While there was variation across counties and some evidence of promising programs, the study found that older adults are largely underserved and underrepresented in outreach, stakeholder engagement, and receipt of appropriate and effective services, especially PEI programs. There are a number of publications about the findings from this work that can be used to inform the work of the Commission.

## **INFORMATION**

### **7: Executive Director Report Out**

**Presenter:** Toby Ewing, Ph.D., Executive Director

This agenda item was tabled to the next Commission meeting.

## **ACTION**

### **8: Imperial County Innovation Plan**

**Presenters:**

- Maria L. Wyatt, Behavioral Health Manager, Imperial County
- Jose Lepe, Behavioral Health Manager, Imperial County

Jose Lepe, Behavioral Health Manager, Imperial County, provided an overview, with a slide presentation, of the expected outcomes of the First Steps to Success Innovation Project.

Maria L. Wyatt, Behavioral Health Manager, Imperial County, discussed the reason for the county's extension request and new strategies for a smoother transition and implementation that can be replicated to other school districts.

### **Commissioner Questions and Discussion**

Commissioner Alvarez asked how the school has responded to the federal climate and the impact on children of immigrant families, whether the county has seen an increase in need, and if there is a greater school buy-in as a result of an awareness of the national climate and its impact on children. Ms. Wyatt stated county residents are aware that the county provides services regardless of immigration status.

### **Public Comment**

Maureen Bauman stated CBHDA supports the extension of the proposed project.

Action: Commissioner Alvarez made a motion, seconded by Vice Chair Aslami-Tamplen, that:

*The MHSOAC approves Imperial County's request for \$531,120 additional funding and extension of time for its First Step to Success previously approved by the Commission on March 27, 2014, as follows.*

*Name: First Step to Success*

*Additional Amount: \$531,120 for a total Innovation Project budget of \$2,568,465*

*Additional Project Length: Thirteen (13) months for a total project duration of four (4) years and one (1) month.*

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Ashbeck, Brown, Bunch, Madrigal-Weiss, Mitchell, Wooton, Vice Chair Aslami-Tamplen, and Chair Boyd.

## **ACTION**

### **9: Del Norte County Innovation Plan**

#### **Presenters:**

- Jack Breazeal, Clinical Services Manager, Department of Health and Human Services, Mental Health Branch
- Angela Glore, Ph.D., Executive Director, First 5 Del Norte

Angela Glore, Ph.D., Executive Director, First 5 Del Norte, provided an overview, with a slide presentation, of the goals and objectives, learning questions, and sustainability of the Text2GROW innovative project.

#### **Commissioner Questions**

Commissioner Mitchell stated the salaries seem low for the proposed project. Dr. Glore stated the cost of living is lower in Del Norte County.

Commissioner Mitchell stated concern that the county is being too conservative in their estimates. She encouraged them to ask for a livable wage.

Commissioner Bunch asked how long participants will be followed. Dr. Glore stated Ready4K goes from birth to age five with participants receiving three texts per week. Jack Breazeal, Clinical Services Manager, Department of Health and Human Services, Mental Health Branch, added that there will be text protocols related to contact information as a mechanism to outreach to the appropriate agency.

Commissioner Ashbeck asked if the proposed project touches on the physical health side because that often leads to mental health challenges. Dr. Glore stated links will be provided to resources within the county.

Vice Chair Aslami-Tamplen asked if the proposed project addresses bullying. Dr. Glore stated it has not specifically come up but there is a lot of social/emotional content around all kinds of development. Mr. Breazeal stated county mental health wants to ensure that early signs and symptoms and stigma reduction are addressed with this program.

Commissioner Ashbeck asked staff to look for opportunities to aggregate similar innovative projects such as today's text messaging projects.

Commissioner Alvarez asked for more detail on the process of creating the content by testing it out in the communities. Dr. Glore stated the county has already begun working with the tribal education, language, and culture departments and the Hmong community. The idea is to do focus groups to determine the information the communities are looking for, what information has been missing, and what programs were helpful.

Ms. Parker asked if the county has thought about content for foster, adoptive, and young parents and how that content would differ. Dr. Glore stated the county has not traditionally had many services for teen parents. She stated the county has been working with the CalWORKS program for CalLEARN to learn what services they would want. The county has also run teen-only groups out of its traditional parenting classes. The proposed project will include focus groups from this group. Foster and adoptive parenting groups are something that could be pulled together.

Mr. Breazeal stated the Department of Health of Human Services covers the social services branch. Much of that content will be driven through the director of the Department.

### **Public Comment**

Maureen Bauman stated CBHDA heartily supports the proposed innovation project.

Action: Vice Chair Aslami-Tamplen made a motion, seconded by Commissioner Ashbeck, that:  
*The MHSOAC approves Del Norte County's Innovation Project as follows:*

*Name: Text2GROW*

*Amount: \$262,846*

*Project Length: Three (3) Years*

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Ashbeck, Brown, Bunch, Madrigal-Weiss, Mitchell, Wooton, Vice Chair Aslami-Tamplen, and Chair Boyd.

### **Commissioner Discussion**

Chair Boyd stated the Commission heard public testimony today about the agenda and flow of the meetings. He asked for feedback from Commissioners on managing the agenda moving forward.

Commissioner Alvarez suggested allowing additional time for discussion of these complex issues. Commissioners need to make informed, educated decisions. It does a disservice to the people the Commission is trying to serve by not having that discussion. She suggested having additional meetings or alternative formatting to increase the discussion time so the time can be spent in the most productive way possible.

Commissioner Ashbeck agreed. She stated she voted no on the Budget Overview item because she could not vote for \$40 million in two minutes. She agreed that the agenda either needs to contain fewer items, a consent calendar, or a way to manage the length of presentations.

Commissioner Madrigal-Weiss agreed. Commissioners are sometimes pressured to make decisions. She stated the experts around the table need to have time to ask questions and need to be better informed before making these decisions.

Commissioner Wooton stated her concern that counties may be delayed if they cannot get into the queue fast enough.

Commissioner Ashbeck stated the representatives of Del Norte County drove 10 hours one way for their 20-minute agenda item. She suggested a teleconference option to relieve the burden on counties.

[Note: Agenda items 10 and 12 were taken out of order. These minutes reflect these Agenda items as listed on the agenda and not as taken in chronological order.]

### **ACTION**

#### **10: Legislation**

##### **Presenters:**

- Norma Pate, Deputy Director
- Gregory Cramer, Policy Consultant, Senator Beall's Office
- Adrienne Shilton, Government Affairs Director, Steinberg Institute

Senate Bill 1004

Adrienne Shilton, Government Affairs Director, Steinberg Institute, summarized the need for Senate Bill (SB) 1004, the recent amendments, and why the Steinberg Institute gives its full support.

**Commissioner Questions**

Vice Chair Aslami-Tamplen stated she had to leave but wants to speak on SB 1004. She stated her appreciation for the changes made to the bill so far but the bill needs more development. She stated her concern that local control needs to continue and not be eliminated. The bill needs to put local control back.

Commissioner Ashbeck asked about the comment made about the strategic lack of vision and leadership. She stated SB 1004 will not solve problem they are trying to solve. Ms. Shilton stated the Steinberg Institute agrees with the state auditor's recommendations which mention the Department of Health Care Services' (DHCS) lack of oversight and leadership of the MHSA. She stated Prevention and Early Intervention (PEI) is a key area to focus on.

Commissioner Ashbeck stated it is unusual to ask the Commission to take a position on a bill that tells the Commission what to do. Ms. Shilton stated the Steinberg Institute has been in consultation with staff during the development of this bill. It makes sense for the MHSOAC to take the lead since it has PEI regulatory and legal authority.

Commissioner Alvarez asked what about the Commission's role regarding PEI and if this bill would add responsibility to the Commission. Executive Director Ewing stated that an earlier version of the bill required the Commission to approve PEI plans. That provision is no longer in the bill. The current version identifies key priority focus areas and authorizes the Commission over time to identify other areas of priority focus.

Chair Boyd stated over \$400,000 million is invested annually without a focus plan for California. This bill is designed to set those priorities and gives the Commission the ability to help centralize this work to address the significant gaps in the state's infrastructure of much-needed PEI programs.

Ms. Shilton added that this bill specifically asks the MHSOAC to lead on PEI for a statewide strategic vision about how best to utilize PEI funding with outcome-based evaluation.

Commissioner Brown stated his concern that this bill would impose a mandate on this Commission without additional resources. Ms. Shilton stated the Commission indicated to the Legislature that the requirements of this bill do not impose a resource burden. The Steinberg Institute's interest is that the Commission has the resources necessary to implement this bill.

Commissioner Brown stated the California Commission on Aging's letter represents concern of the fact that there is a high suicide rate for older Americans, but this bill excludes PEI for that demographic and focuses exclusively on children and youth. He asked how shifting resources to include this will affect the overall outcome and how it will affect groups that perceive they are disaffected. Ms. Shilton stated the Steinberg Institute has been working with stakeholders specifically on issues raised by older adult advocates and is including clarifying and technical amendments to add suicide prevention programming for older adults.

Commissioner Ashbeck stated this bill does not solve the leadership and accountability problem mentioned in the state auditor's report. She questioned whether a bill from the Legislature is the way to do it. California does not need more prescriptive laws; it needs a plan, vision, leadership, and accountability. Ms. Shilton stated the bill is trying to strengthen PEI. The call from the Legislature is growing for accountability and what is being done with these dollars.

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Commissioner Ashbeck asked what the timing of the process was for SB 1004 and if a decision needed to be made by the Commission by the end of the meeting. Ms. Shilton stated that the Legislature is in its summer recess and will be returning on the second week of August. The bill is currently in the Assembly Appropriations Committee and will likely not reach the Governor until late August or early September. Ms. Shilton stated that it would be ideal that they receive support from the Commission on this bill now, but they can return to the August Commission meeting if needed.

Ms. Parker asked how this bill will affect TAY. Ms. Shilton stated the bill particularly addresses TAY in the outreach and engagement category and in innovative partnerships with schools and school-based health centers.

Commissioner Alvarez stated she supported having a concrete plan but was concerned that most of the Commissioners had left and others need to leave due to the late hour. She asked to wait on making this decision until the valid concerns that have been expressed have been addressed and further amendments have been made to this bill.

### **Public Comment**

Stacie Hiramoto spoke in support of the amendments put forth by the California Commission on Aging. SB 1004 prioritizes programs for youth enrolled in college over youth who are unable to go to college. Youth who are disproportionately not in college are youth of color, youth who have been in foster care, youth from the LGBT community, and youth who come from families in poverty. Furthermore, youth with mental health challenges are often not able to enter or reenter college because of their mental health issues. The speaker spoke in opposition to the bill without these amendments.

Maureen Bauman stated the CBHDA continues to work with the authors and hopes to make amendments so that it can support the legislation.

Mandy Taylor agreed with the concerns about prioritizing college students. Youth that are least likely to go to college are those that are marginalized. All TAY need PEI programs as well as the other diverse communities discussed today. It puts a burden on counties that choose to include programs that are not on the list to come up with the metrics by which the program effectiveness will be measured. The speaker suggested allocating additional resources to the MHSOAC to implement the PEI plans that are already in place and develop measurements.

Cecelia Najera agreed with the concerns about prioritizing college students. Oftentimes, individuals who are undiagnosed or underserved are the ones being left out of the equation to suffer in silence.

Darlene Prettyman, former Commissioner, stated she was the original chair of PEI committee of the Commission. The committee was comprised of consumers, family members, and TAYs, which was all the representation needed for PEI. Letting counties make the decision for what they will do with PEI is great. She stated she does not understand a bill that will legislate PEI – it cannot be done. California stands to lose what has been gained because of this bill. Also, the elderly cannot be written out. This bill puts the Commission in a terrible bind because it is being asked to do something that it does not have the resources to do it with. The Commission has the Client Family Leadership Committee, the Cultural Linguistic Committee, and stakeholders who know what they are talking about but the Commission is not using them.

Ventrisha Grant, Mental Health Clinician, Project Hope Program, Stanislaus County Department of Aging and Veteran Services, stated concern that services for seniors are declining and their needs are being overlooked and not seen as a priority.

Eduardo Aguilar, First 5 Association of California, spoke in support of SB 1004.

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Marisol Reyes read a letter from Open House in San Francisco in support of SB 1004 only if the amendments put forth by the California Commission on Aging are included.

Jane Adcock, Executive Officer, California Behavioral Health Planning Council (CBHPC), spoke in opposition to SB 1004. These decisions should be made at the local level. The PEI regulations already require 51 percent of the PEI funds be spent on services for youths to 25 years old.

Jan McGourty stated this law would not have a positive influence on Mendocino County. A standardized approach cannot be applied to this diverse state. Early diagnosis requires a psychiatrist and the lack of psychiatrists in this state is a huge problem. The speaker suggested that staff research and advocate for finding psychiatrists and psychiatric beds throughout the state.

Poshi Walker agreed with previous speakers including the concern for prioritizing college students.

Leza Coleman, Executive Director, California Long-Term Care Ombudsman Association, stated this bill continues to pit youth against older adults.

Carol Sewell, Legislative Director, California Commission on Aging, stated her organization remains unhappy with the way the bill is worded. She brought up a couple of points that Kathryn Kietzman from UCLA had intended to say before she had to leave to catch her flight. There is research out of the University of California Center on Families and Communities of UC Berkeley that shows that, while 51 percent of the PEI dollars are to be spent on children and youth, in actuality 80 percent go to those communities and only 1.5 percent of the funding goes to older adult programming. This bill needs to be amended to better balance the focus.

Monica Miller, Alzheimer's of Greater Los Angeles, spoke in opposition to SB 1004 but stated she hoped to move to a neutral position with amended language. The speaker noted that Cliff Berg, Jewish Public Affairs Committee of California, had to leave but planned to make the same comment.

Allan Bortel, Senior Senator, California Senior Legislature (CSL), stated the CSL has not taken an official position on this bill, but he was personally opposed to the bill because it ignores seniors. Seniors cannot be overlooked.

Eleanor Bloch, Senior Assembly Person, CSL, stated she echoed the comments of Ms. Prettyman and the Commission on Aging.

Elizabeth Oseguera, Senior Policy Analyst, CaliforniaHealth+ Advocates, spoke in support of SB 1004.

Nicole Gutierrez, Alzheimer's Association, stated the need for SB 1004 to be reflective of other populations including the aging community.

Hellan Roth Dowden, Teachers for Healthy Kids, spoke in support of SB 1004.

Ken Fleming, citizen of Butte County, a retired health professional, stated, after watching the state system develop from the time of 19 state hospitals to where it is today, California is largely grappling with the same kinds of problems it has all along. He stated SB 1004 will probably not be helpful. There is a structural problem with the behavioral health system in California because of the county-by-county approach. Realignment dollars are underspent; there are plenty of resources to do the work, but it will not be done if California keeps trying to do it the same way.

### **Commissioner Discussion**

Chair Boyd stated that some of the comments made during public comment will be addressed more specifically during the September strategic planning session Commission meeting. Chair

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Boyd recognized that there are only two other Commissioners present and asked them for their feedback.

Commissioner Madrigal-Weiss stated there seems to be a sense of urgency with regard to losing the funding; however, she respects the expertise of the Commissioners and informed decisions are needed with discussion around legislation. Seeing that many of the Commissioners have left the meeting, she suggested tabling this agenda item and asking the Steinberg Institute to present their amended language based on today's discussion at a future meeting to better inform the Commission.

Commissioner Wooton felt that Commissioners had enough time to review the information provided in their meeting packets with regard to the legislation. In her time as a Commissioner she has seen funding that has either been lost or ended up staying stagnant and not utilized. Commissioner Wooton states that she prefers to make a motion today. She hopes that Ms. Shilton takes back the amendments with her and includes older adults and keeps the stakeholder process intact.

Commissioner Madrigal-Weiss stated she did not want to lose the opportunity to provide support, but would like to include the amendments to SB 1004 discussed earlier.

Executive Director Ewing stated if the Commissioners vote today to support the bills, then staff will prepare letters of support to the legislative Committees where each bill is located. If a vote happens in August instead, it will most likely be that either bill will be in the signing process—which means that the opportunity to provide support or opposition on record on the bill analysis will be gone. However support can be provided to the Governor during the signing process. Executive Director Ewing explained that the Commission, at a prior meeting, voted to support SB 1004 in concept with the understanding that more refinement of the language was needed.

Chair Boyd asked the Commissioners if they wanted to make a motion. Chair Boyd asked if it is possible to make a motion to continue the support for the bill with the understanding that more refinements will be made and updates will be included at the August Commission meeting.

Action: Commissioner Wooton made a motion, seconded by Commissioner Madrigal-Weiss, that:

*The Commission supports SB 1004 and directs staff to communicate that to the Legislature and the governor's office and to receive an update report at the August Commission meeting.*

Motion carried 3 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Madrigal-Weiss and Wooton, and Chair Boyd.

### Senate Bill 192

Gregory Cramer, Policy Consultant, Senator Beall's Office, provided an overview of the background, objectives, contents, and current status of SB 192.

### **Commissioner Questions**

Chair Boyd asked about the response from county stakeholders on SB 192. Mr. Cramer stated stakeholders are neutral and are prepared to support with technical amendments.

Chair Boyd asked if the cap on reversion is the same for all counties. Mr. Cramer stated yes, it is a statewide standard.

Chair Boyd asked, by level-setting the percentage for every county, how counties will engage the author to ensure they have protections. Mr. Cramer stated the author's office has been discussing some of the major projects that are underway and considering issues that come up



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in the counties. The focus is with CSS funds and the general reserves. Since the reserves have accumulated so greatly, Senator Beall feels the amount is the appropriate path forward. The feedback from the association of counties is moving toward a support position.

Chair Boyd asked how the bill proposes to deal with the fluctuation of MHSA revenues and the fact that some counties rely on those reserves to meet their need. Mr. Cramer stated MHSA funds ebb and flow based on economic times. This bill reassesses the cap every five years and will provide some flexibility for the counties.

Chair Boyd asked both presenters how the broken system factors into the other things that are being considered for California moving ahead when it comes to this issue.

Ms. Shilton noted that both bills addresses a specific recommendation from the state auditor and do address the larger system issues.

Chair Boyd stated the bill references the reversion fund. He asked what the dollars would be used for as part of that reversion fund. Mr. Cramer stated the funds would go into an account within the reversion fund to capture the unspent funds and be subject to existing reversion laws.

Executive Director Ewing stated the bill is silent on what would then happen to those funds. He asked how the money would be released from the reversion account within the state fund. The Commission's recommendation was that the funds be captured to be used for strategic needs giving purpose to those funds. Mr. Cramer stated Senator Beall does not foresee utilizing those dollars in ways that are inconsistent with existing laws under the reversion fund.

Executive Director Ewing stated the Commission should consider two pieces the bill addresses. One is that there are no guidelines to help counties make decisions for how much money should be in the prudent reserve fund. The other is that there are also large balances of dollars that are not in prudent reserves that should have been subject to reversion that counties should have returned under the law. Legislation was passed two years ago to reset the clock on those dollars that were subject to reversion last year. There will be dollars subject to reversion this year that did not get that one-time waiver under last year's legislation.

Executive Director Ewing stated SB 192 does two things: it creates a framework to cap the amount of money that counties can put into the prudent reserve fund and it creates the reversion account. If counties did not spend their money or do not have a plan to spend their money, those funds would go into the reversion account, but SB 192 does not say what happens to that money in the reversion account. These funds would be subject to legislation or budget allocation at a later date.

Commissioner Wooton stated she was not ready to vote on this because input has not been heard from the other Commissioners and the public.

Chair Boyd stated this bill deals with the issue of reversion funds, which the Commission has had concern about for quite a while. This bill starts the conversation with the public process and the Legislature and back to the Commission on meaningful dialogue on dealing with the level of accountability and reserve funds that have been sitting at the county level. This bill reflects the input from fellow Commissioner Beall that there needs to be a legislative fix to ensure the current situation does not happen again.

Executive Director Ewing stated the bill is in line with a position the Commission took in adopting the Reversion Report, which was to establish a reversion fund to capture those dollars. The Commission has not taken a position on the prudent reserve balance but the bill responds to the state auditor's recommendations. Senator Beall asked for the audit in response to the Reversion Report that showed large levels of unspent funds and that the state had not enforced the reversion policy. There is a good alignment between the Commission's intent and the intent of the author. Like SB 1004, there are issues with the specifics and the author's office is working on amendments.

Chair Boyd suggested having a motion similar to the first motion on SB 1004 that supported in concept and authorized the Chair and Executive Director to continue working with the author's office. By nature of this motion the bill would come back automatically to the Commission in August or September before sending a support letter to the Governor. The Governor does not want a support in concept letter. The bill would come back and the full Commission would weigh in before sending a letter to the Governor.

Commissioner Madrigal-Weiss stated she appreciated the concept of the cap. While Commissioners did not have an opportunity to weigh in today, it has been a topic of much discussed in past meetings. She stated she felt comfortable voting on this bill today and authorizing the Executive Director to continue to work with the author's office.

Commissioner Wooton stated she would need to know what happens to counties that do not have money lying around, and also where that money will go prior to the final vote in August.

Chair Boyd stated that the bill will come back automatically to the Commission.

The Chair asked if there were any members of the public who wanted to comment on the bill. No comments were made.

Action: Commissioner Madrigal-Weiss made a motion, seconded by Commissioner Wooton, that:

*The Commission supports SB 192 (Beall) in concept and authorizes the Executive Director to work with Chair and the author's office to continue dialogue.*

Motion carried 2 yes, 1 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioner Madrigal-Weiss and Chair Boyd.

The following Commissioner voted "No": Commissioner Wooton.

## **INFORMATION**

### **11: Innovation Incubator Draft Business Plan**

#### **Presenters:**

- Toby Ewing, Ph.D., Executive Director
- David Smith, Consultant, X-SECTOR LAB

This agenda item was tabled to the next Commission meeting.

## **INFORMATION**

### **12: Technology Suite Collaboration Innovative Project Update**

#### **Presenters:**

- Karin Kalk, Project Manager, Los Angeles County
- Tom Insel, M.D., Co-founder, Mindstrong Health, Advisor, 7 Cups
- Bill Walker, LMFT, Director, Kern County
- Ronald (Ronnie) Gilbert, Operations Manager, Sunrays of Hope

Bill Walker, LMFT, Director, Kern County, provided an overview, with a slide presentation, of the project goals, intended impact, progress to date, and key concerns.

Karin Kalk, Project Manager, Los Angeles County, continued the slide presentation and discussed the key infrastructure and collaborative development and the diversity of county needs, goals, and objectives.

Tom Insel, M.D., Co-founder, Mindstrong Health, Advisor, 7 Cups, continued the slide presentation and discussion the apps and the opportunity.

Ronald (Ronnie) Gilbert, Operations Manager, Sunrays of Hope, continued the slide presentation and discussed the end-user experience and the peer role.

### **Commissioner Questions and Discussion**

Vice Chair Aslami-Tamplen asked about the peer positions. Ms. Kalk stated the full-time benefit peer positions will be employed positions through the California Mental Health Services Authority (CalMHSA).

Debbie Innes-Gomberg, Ph.D., Deputy Director, Program Development and Outcomes Bureau, Los Angeles County Department of Mental Health, stated Los Angeles County will contract with 7 Cups, which is currently in the process of interviewing for five peer positions to do peer chatting and to interface with the county. They will be employed by 7 Cups through the Department of Mental Health.

Mr. Walker stated Kern County currently has seven full-time peers. The Tech Suite has been embedded into the Peer Navigation program.

Vice Chair Aslami-Tamplen asked if the proposed project will create new peer positions in Kern County, since the proposed project is being added to the current peer position job descriptions. Mr. Walker stated new peer positions will be created because of the proposed project but they will not be siloed to the project. Kern County is growing its own peer positions internally and then embedding them into the Tech Suite. The August budget will add five new peer positions.

Glen Moriarty, Psy.D., Founder, 7 Cups, stated peers will be playing a key part in designing the content of the app and there are peer-driven user testing groups for different topics.

Chair Boyd suggested creating a peer career ladder and different types of span and scope of their work. He stated the need for the right individuals with expertise to be engaged to do the work.

Commissioner Wooton asked about privacy and security. Mark Elson, Ph.D., Principal, Intrepid Ascent, stated Intrepid Ascent works with technology vendors to ensure they meet their obligations and has brought in expert legal resources to this effort that have specialized knowledge in this area to provide legal advice. There is also a security expert on the team. He stated the proposed project bridges cultures; Intrepid Ascent hosted a call for all privacy and security officers in the participating and additional counties to help them with that translation.

Ms. Parker asked how youth-friendly the panelists feel 7 Cups is. Mr. Moriarty stated 7 Cups is very youth-friendly. The largest demographics are 18 to 25 years of age, then younger teens, and then beyond 25 years of age. 7 Cups has the largest teen and young adult emotional support system on the Internet.

Ms. Parker asked what barriers the panelists feel they face with the name 7 Cups. She stated she originally downloaded the app thinking it would direct her to the nearest coffee service. Mr. Moriarty agreed that the name can be confusing but it is memorable in that the name comes from a Chinese poem where each cup of tea shared with a friend brings another level of healing.

Ms. Parker asked if focus groups made up of young people have been held and if there are young people in the designing or technology process with lived experience. Mr. Moriarty

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answered affirmatively and stated 7 Cups is largely a community made up of individuals with lived experience.

Ivy Levin, Program Development and Outcomes Bureau, Los Angeles County Department of Mental Health, stated Los Angeles County is working to develop TAY and older adult peer roles and TAY and older adult peer ambassadors. She stated sharing with older adult groups the concept that 7 Cups is like sitting down with someone and having a cup of tea was the bridge for their understanding the possibilities with the 7 Cups program.

Ms. Parker asked if 7 Cups is information-based. She asked if 7 Cups is youth-friendly visually and linguistically and if any individuals giving advice come from the younger generation. Chair Boyd asked that the county include these things in their program.

Commissioner Mitchell stated the county has not mentioned diversity within the proposed project. Sharon Ishikawa, Ph.D., MHSA Coordinator, Orange County Health Care Agency, Behavioral Health Services, stated she can address both Ms. Parker's and Commissioner Mitchell's questions. She stated student-run National Alliance on Mental Illness (NAMI) focus groups were held in the high schools in the most ethnically-diverse school districts as part of the community planning process and they will resume after the summer break to continue to gather diverse perspectives specifically from the TAY community.

Mr. Walker stated Kern County included diverse individuals with lived experience from the TAY, adult, and older adult communities around the table during the vendor selection process. A diverse TAY group is currently reviewing materials for the TAY population. He noted that Kern County already has a peer employment ladder. It is not just a peer ladder – the county has peers in those positions because they qualify for those positions. There are peer doctors, therapists, and administrative personnel. The county advocates for peers in all roles.

Chair Boyd asked Commissioner Mitchell to partner with Ms. Kalk on the diversity issue.

Chair Boyd asked the panelists to put together a solid, robust diversity inclusivity engagement plan that is not based on tokenism or one person prior to their next report to this Commission.

Commissioner Ashbeck asked what has been learned by having some of the largest and smallest counties collaborating on this project and how that will apply to other counties looking to join the partnership. She asked what has been learned about capacity that can be scaled or spread to other counties to speed up implementation.

Rhonda Bandy, Ph.D., MHSA Coordinator, Modoc County Behavioral Health, stated Modoc County does not have the capacity to devote one person to the Tech Suite but has a team who share those tasks, which brings enrichment to the program. The county has contracted with a peer organization to help build capacity and to help bring the tech suite items to the community. She stated Modoc County can use what the larger counties have already put together. More counties added to the pool serves to strengthen the small counties in the network. Dr. Bandy stated she can share with other small counties that come on later how Modoc County is making it work for them.

Commissioner Ashbeck asked if the larger counties have the capacity to help Modoc County. Ms. Kalk stated that is how they operate daily.

Commissioner Bunch stated she cannot find specific community resources for Los Angeles County in the app materials. Mr. Moriarty stated individuals can navigate through the 7 Cups app by clicking on the popup box, which is based on geolocation that will go to a landing page with information about resources in each county. Every county has a code.

Commissioner Bunch asked what the consumer response has been to Mindstrong Health; some of the comments at the launch stated concern about it being potentially intrusive. Dr. Innes-Gomberg agreed that digital phenotyping is scary for some individuals. The plan is to link

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Mindstrong Health to the dialectical behavior therapy (DBT) at Harvard/UCLA where individuals can work with clinicians on the DBT team or full-service partners to help clients use the data and tracking on a daily basis to monitor mood swings.

Commissioner Brown asked what passive sensory data is. Dr. Insel stated passive monitoring is part of digital phenotyping to address the chronic problem of the lack of measurement in mental health care. No content is collected; the pattern of typing is sufficient to monitor an individual's daily mental state in this measurement-based care approach.

Commissioner Brown asked why some counties do not want to utilize the full suite of programs. Ms. Kalk stated not all counties choose to participate in all Tech Suite options because it is a community-driven decision-making process. The Tech Suite is not a one-size-fits-all solution. Apps will be added to provide more choice to counties.

Vice Chair Aslami-Tamplen stated her concern about privacy. She stated the hiring of peers is critical. She asked how to ensure that counties are not just joining the Tech Suite because it is fast and they can jump on board as opposed to going through a stakeholder process with an open question such as what is innovative about the issues communities are dealing with and what are the gaps in the system to address those issues. She suggested dropping the word "technology" and honoring the stakeholder process and open dialogue. Mr. Walker stated open questions are asked of the focus groups.

Chair Boyd stated the Commission will want to hear more about shared learning opportunities and connectivity from small- and large-county perspectives. He stated the counties could have done a better job on diversity, the youth component, and the stakeholder process in the Tech Suite project.

Ms. Kalk stated counties that are interested in joining are seeking solutions to a need. The idea for using technology starts organically, but the identification of a need is the common denominator.

Stephen Scheuller, Ph.D., Assistant Professor of Psychology and Social Behavior, University of California, Irvine, stated he is part of the evaluation team. He stated the question about individual county-level goals and needs of stakeholders is critical and is part of the evaluation plan. Each county has developed an evaluation plan that targets the outcomes specified and contextualized in those counties.

Commissioner Madrigal-Weiss stated the need to be thoughtful in the process of how to address individual county needs. She stated her concern that seeing 11 different representations of counties saying the same thing makes it hard to continue to see this as innovative. Mr. Moriarty stated what is learned in one county can be generalized in other counties and can be scaled so individual counties can develop their own innovative structure based on the needs being addressed.

### **Public Comment**

Mandy Taylor, Health Access, California LGBT Health and Human Services Network, stated her organization is working with NorCal MHA to develop sample policies for counties and the MHSOAC around the Tech Suite. The speaker will provide copies to Commissioner Mitchell. She highlighted items from the sample policy letter.

Sue Bergeson, Peer Lead, 7 Cups, introduced herself.

Heather Connaway, Volunteer Listener, 7 Cups, shared her experience with 7 Cups.

Kenneth Jew shared his experience with 7 Cups.

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Poshi Walker stated the idea of innovations is that the project may fail and stated concern about unforeseen problems. The speaker asked why the innovation is being expanded when it has yet to be evaluated. Innovation is supposed to be a small trial.

Sylvia Pagan, San Mateo County Behavioral Health and Recovery Services Total Wellness Program, shared her experience as a peer wellness coach in the Total Wellness Program.

Lindsay Walter spoke about the process Santa Barbara Behavioral Wellness took to become a 21<sup>st</sup> Century Health Care agency. She spoke in support of the Tech Suite.

Teresa Yu, MHSOAC Program Manager, City and County of San Francisco, provided an overview of her county's stakeholder process to date. She spoke in support of expanding the Tech Suite.

Laura Gregorio, 7 Cups, spoke in support of the Tech Suite.

Heather Nelson, 7 Cups, shared her experience with 7 Cups.

Nancy Pena, Consultant, California Institute for Behavioral Health Solutions (CIBHS) and CalMHSA, spoke in support of the Tech Suite.

Gail Zwier, Inyo County, stated her county has chosen Mindstrong and building on strengths. Innovations mean something different in different communities.

Adrienne Shilton, Steinberg Institute, spoke in support of the Tech Suite.

Cecelia Najera questioned whether the Tech Suite is innovative. Individuals cannot be put into subcategories without learning more about their background. The speaker stated the importance that the apps be accessible to individuals who are visually or hearing impaired.

Darren Jackson, 7 Cups, shared his experience with 7 Cups.

### **GENERAL PUBLIC COMMENT**

There were no questions or comments from the public.

### **ADJOURN**

There being no further business, the meeting was adjourned at 5:45 p.m.

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# AGENDA ITEM 2

Action

August 23, 2018 Commission Meeting

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## Senate Bill 1004 (Wiener and Moorlach) and Senate Bill 192 (Beall) Update

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**Summary:** The Commission voted to support SB 1004 and SB 192 at the July 26, 2018, Commission meeting and requested that an update on both bills be provided at the August Commission meeting. As directed by the Commission, staff has been working with the offices of both bills to address the concerns discussed at the July meeting.

**Presenters:**

- Angela Hill, Representative, Senator Wiener's Office
- Adrienne Shilton, Government Affairs Director, Steinberg Institute
- Greg Cramer, Representative, Senator Beall's Office

**Enclosures (1):**

- SB 1004 (Wiener and Moorlach)
  - Bill Text
  - Committee Analysis
  - Department of Finance Analysis
- SB 192 (Beall)
  - Bill Text
  - Committee Analysis
  - Department of Finance Analysis

**Handouts:** None.

AMENDED IN ASSEMBLY JUNE 13, 2018

AMENDED IN SENATE MAY 25, 2018

AMENDED IN SENATE APRIL 16, 2018

AMENDED IN SENATE MARCH 22, 2018

**SENATE BILL**

**No. 1004**

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**Introduced by Senators Wiener and Moorlach**

(Principal coauthor: Assembly Member Mullin)

**(Coauthor: Senator Portantino)**

(Coauthors: Assembly Members Arambula, Chiu, Eggman, Kiley,  
Maienschein, Mayes, and Waldron)

February 6, 2018

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An act to add a heading to Chapter 1 (commencing with Section 5840) of, and to add Chapter 2 (commencing with Section 5840.5) to, Part 3.6 of Division 5 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1004, as amended, Wiener. Mental Health Services Act: prevention and early intervention.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters by Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on annual incomes above \$1,000,000. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified. Under the MHSA, funds are distributed to counties to be expended pursuant to a local plan for specified purposes, including,



but not limited to, prevention and early intervention. Existing law specifies that prevention and early intervention services include outreach, access, and linkage to medically necessary care, reduction in stigma, and reduction in discrimination. The MHSA permits amendment by the Legislature by a  $\frac{2}{3}$  vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA.

This bill would require the commission, on or before January 1, 2020, to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill would require the commission to establish a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives, metrics, data collection, and reporting strategy. The bill would amend the Mental Health Services Act by requiring the portion of the funds in the county plan relating to prevention and early intervention to focus on the priorities established by the commission. The bill would authorize a county to include other priorities, as determined through the stakeholder process, either in place of, or in addition to, the established priorities. If the county chooses to include other programs, the bill would require the plan to include a description of why those programs are included and metrics by which the effectiveness of those programs are to be measured. The bill would require the commission to review the plans and approve them if they meet specified requirements. This bill would declare that its provisions further the intent of the MHSA.

By requiring counties to include additional information in their local plans, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) Mental illness affects one in four people in the United States  
4 and is the leading cause of disability worldwide.

5 (b) Every year, 100,000 young adults in the United States  
6 experience their first psychotic episode, frequently involving  
7 debilitating hallucinations and delusions.

8 (c) The average delay in receiving appropriate diagnosis and  
9 treatment is an astonishing 18.5 months after the illness takes root  
10 and the patient suffers their first psychotic break.

11 (d) The longer a mental illness goes untreated, the more likely  
12 it is that a young person will spiral down a damaging course and  
13 find themselves unable to graduate, form relationships, or hold a  
14 job.

15 (e) Fifty percent of all mental illness begins by 14 years of age  
16 and 75 percent by 24 years of age, yet young people are often  
17 reluctant and afraid to seek help.

18 (f) One in 10 college students has considered suicide. Suicide  
19 is the second leading cause of death among college students,  
20 claiming more than 1,100 lives nationally every year.

21 (g) The Adverse Childhood Experiences Study, an observational  
22 study of the relationship between trauma in early childhood and  
23 morbidity, disability, and mortality in the United States,  
24 demonstrated that trauma and other adverse experiences are  
25 associated with lifelong problems in mental health, addiction, and  
26 general health.

27 (h) *Toxic stress, which is the result of frequent or prolonged*  
28 *biological responses to adversity, can damage a developing brain*  
29 *and increase the likelihood of significant mental illness and*  
30 *problems that may emerge immediately or in years to come.*

31 (i) *In California, nearly one in 7 children have experienced*  
32 *abuse or neglect.*

33 (~~h~~)

34 (j) In the United States, more than 6 in 10 young people have  
35 been exposed to violence within the past year, including witnessing  
36 violence, assault with a weapon, sexual victimization, child  
37 maltreatment, and dating violence. Nearly one in 10 was injured.

38 (~~i~~)

1 ~~(k) Older adults are also at risk of experiencing a number of~~  
 2 ~~symptoms associated with mental health conditions, such as face~~  
 3 ~~a significant risk of mental health conditions due to failing health,~~  
 4 ~~isolation, economic insecurity, and vulnerability to exploitation,~~  
 5 ~~often leading to depression, anxiety, and psychological traumas.~~

6 ~~(j)~~

7 (l) Early intervention in mental illness comes with a measurable  
 8 cost benefit. A joint analysis by the National Academies of  
 9 Sciences, Engineering, and Medicine determined that every \$1  
 10 invested in prevention and early intervention for mental illness  
 11 and addiction programs yields \$2 to \$10 in savings related to health  
 12 costs, criminal and juvenile justice costs, and low productivity.

13 ~~(k)~~

14 (m) A multiyear review by the National Institute of Mental  
 15 Health found that patients with first episode psychosis who  
 16 received early intervention, with coordinated specialty care,  
 17 experienced greater improvement in their symptoms, relationships,  
 18 and quality of life. They were also more involved in work or school  
 19 compared with patients who did not receive these services.

20 ~~(j)~~

21 (n) A report conducted by the University of California at Los  
 22 Angeles Center for Health Policy Research in 2015 states that  
 23 more than 70 percent of behavioral health conditions are diagnosed  
 24 and treated within the primary care setting, underscoring the critical  
 25 role of primary care in linking clients to ~~care~~. *care across their*  
 26 *lifespans.*

27 (o) *As documented in “Mental Health: A Report of the Surgeon*  
 28 *General” and its supplement, “Mental Health: Culture, Race, and*  
 29 *Ethnicity,” racial and ethnic minorities have less access to mental*  
 30 *health services, are less likely to receive needed care, and are*  
 31 *more likely to receive poor quality care when treated.*

32 SEC. 2. The heading of Chapter 1 (commencing with Section  
 33 5840) is added to Part 3.6 of Division 5 of the Welfare and  
 34 Institutions Code, to read:

35

36 CHAPTER 1. PREVENTION AND EARLY INTERVENTION PROGRAMS

37

38 SEC. 3. Chapter 2 (commencing with Section 5840.5) is added  
 39 to Part 3.6 of Division 5 of the Welfare and Institutions Code, to  
 40 read:

1 CHAPTER 2. PREVENTION AND EARLY INTERVENTION PROGRAM  
2 PLANNING

3  
4 5840.5. It is the intent of the Legislature that this chapter  
5 achieve all of the following:

6 (a) Expand the provision of high quality Mental Health Services  
7 Act (MHSA) Prevention and Early Intervention (PEI) programs  
8 at the county level in California.

9 (b) Increase the number of PEI ~~programs~~, *programs and systems*,  
10 including those utilizing community-defined practices, that focus  
11 on reducing disparities for unserved, underserved, and  
12 inappropriately served racial, ethnic, and cultural communities.

13 (c) Reduce unnecessary hospitalizations, homelessness, suicides,  
14 and inpatient days by appropriately utilizing community-based  
15 services and improving timely access to prevention and early  
16 intervention services.

17 (d) Increase participation in *community activities*, school  
18 attendance, social interactions, physical and primary health care  
19 services, personal bonding relationships, and rehabilitation,  
20 including employment and daily living function development for  
21 clients.

22 (e) Create a more focused approach for PEI requirements.

23 (f) Increase programmatic and fiscal oversight of county  
24 MHSA-funded PEI programs.

25 (g) *Encourage counties to coordinate and blend funding streams*  
26 *and initiatives to ensure services are integrated across systems.*

27 (h) *Leverage innovative technology platforms.*

28 ~~(g)~~

29 (i) Reflect the stated goals as outlined in the PEI component of  
30 the MHSA, as stated in Section 5840.

31 5840.6. For purposes of this chapter, the following definitions  
32 shall apply:

33 (a) *“Commission” means the Mental Health Services Oversight*  
34 *and Accountability Commission established pursuant to Section*  
35 *5845.*

36 (b) *“County” also includes a city receiving funds pursuant to*  
37 *Section 5701.5.*

38 (c) *“Prevention and early intervention funds” means funds from*  
39 *the Mental Health Services Fund allocated for prevention and*

1 *early intervention programs pursuant to paragraph (3) of*  
 2 *subdivision (a) of Section 5892.*

3 ~~(a)~~

4 (d) “Childhood trauma prevention and early intervention” refers  
 5 to a program that targets children exposed to, or who are at risk  
 6 of exposure to, adverse and traumatic childhood ~~events.~~ *events*  
 7 *and prolonged toxic stress in order to deal with the early origins*  
 8 *of mental health needs and prevent long-term mental health*  
 9 *concerns. This may include, but is not limited to, all of the*  
 10 *following:*

11 (1) Focused outreach *and early intervention* to at-risk and  
 12 in-need populations.

13 (2) Implementation of appropriate ~~trauma-related~~ *trauma and*  
 14 *developmental* screening and assessment ~~tools.~~ *tools with linkages*  
 15 *to early interves.*

16 (3) Collaborative, strengths-based approaches that appreciate  
 17 the resilience of trauma ~~survivors.~~ *survivors and support their*  
 18 *roles as parents and caregivers when appropriate.*

19 (4) Support from peers and community health workers trained  
 20 to provide mental health services.

21 ~~(5) Family education and support.~~

22 (5) *Two-generational family engagement, education, and support*  
 23 *for navigation and service referrals across systems that aid the*  
 24 *healthy development of children and families.*

25 (6) Linkages to primary care health settings, including federally  
 26 qualified health centers, rural health centers, and school-based  
 27 health ~~centers.~~ *centers and programs.*

28 (7) Leveraging the healing value of traditional cultural  
 29 connections, including policies, protocols, and processes that are  
 30 responsive to the racial, ethnic, and cultural needs of individuals  
 31 served and recognition of historical trauma.

32 ~~(b) “Commission” means the Mental Health Services Oversight~~  
 33 ~~and Accountability Commission established pursuant to Section~~  
 34 ~~5845.~~

35 ~~(e) “County” also includes a city receiving funds pursuant to~~  
 36 ~~Section 5701.5.~~

37 (8) *Coordinated and blended funding streams to ensure*  
 38 *individuals and families experiencing toxic stress have*  
 39 *comprehensive and integrated supports across systems.*

40 ~~(d)~~

1 (e) “Early psychosis and mood disorder detection and  
2 intervention” has the same meaning as set forth in paragraph (2)  
3 of subdivision (b) of Section 5835 and may include programming  
4 across the age span.

5 ~~(e)~~

6 (f) “Outreach and engagement” means strategies that target  
7 *secondary school and* transition age youth, with a priority on  
8 partnerships with college mental health programs that educate and  
9 engage students and provide either on-campus, off-campus, or  
10 linkages to mental health services not provided through the campus  
11 to students who are attending colleges and universities, including,  
12 but not limited to, public community colleges. ~~This *Outreach and*~~  
13 ~~*engagement* may include, but is not limited to, all of the following:~~

14 (1) Meeting the mental health needs of students that cannot be  
15 met through existing education funds.

16 (2) Establishing direct linkages for students to community-based  
17 mental health services.

18 (3) Addressing direct services, including, but not limited to,  
19 increasing college mental health staff-to-student ratios and  
20 decreasing wait times.

21 (4) Participating in evidence-based and community-defined best  
22 practice programs for mental health services.

23 (5) Serving underserved and vulnerable populations, including,  
24 but not limited to, lesbian, gay, bisexual, transgender, and queer  
25 persons, victims of domestic violence and sexual abuse, and  
26 veterans.

27 (6) Establishing direct linkages for students to community-based  
28 mental health services for which reimbursement is available  
29 through the students’ health coverage.

30 (7) Reducing racial disparities in access to mental health  
31 services.

32 (8) Funding mental health stigma reduction training and  
33 activities.

34 (9) Providing college employees and students with education  
35 and training in early identification, intervention, and referral of  
36 students with mental health needs.

37 ~~(f) “Prevention and early intervention funds” means funds from~~  
38 ~~the Mental Health Services Fund allocated for prevention and early~~  
39 ~~intervention programs pursuant to paragraph (3) of subdivision (a)~~  
40 ~~of Section 5892.~~

1 (10) *Interventions for youth with signs of behavioral or*  
2 *emotional problems who are at risk of, or have had any, contact*  
3 *with the juvenile justice system.*

4 (11) *Integrated youth mental health programming.*

5 (12) *Suicide prevention programming.*

6 (g) *“Culturally competent and linguistically appropriate*  
7 *prevention and intervention” refers to a program that creates*  
8 *critical linkages with community-based organizations, including,*  
9 *but not limited to, clinics licensed or operated under subdivision*  
10 *(a) of Section 1204 of the Health and Safety Code, or clinics exempt*  
11 *from clinic licensure pursuant to subdivision (c) of Section 1206*  
12 *of the Health and Safety Code.*

13 (1) *“Culturally competent and linguistically appropriate” means*  
14 *the ability to reach underserved cultural populations and address*  
15 *specific barriers related to racial, ethnic, cultural, language,*  
16 *gender, age, economic, or other disparities in mental health*  
17 *services access, quality, and outcomes.*

18 (2) *“Underserved cultural populations” means those who are*  
19 *unlikely to seek help from any traditional mental health service*  
20 *because of stigma, lack of knowledge, or other barriers, including*  
21 *members of ethnically and racially diverse communities, members*  
22 *of the gay, lesbian, bisexual, and transgender communities, and*  
23 *veterans, across their lifespans.*

24 5840.7. (a) On or before January 1, 2020, the commission  
25 shall establish priorities for the use of prevention and early  
26 intervention funds. These priorities shall include, but are not limited  
27 to, the following:

28 (1) Childhood trauma prevention and early intervention to deal  
29 with the early origins of mental health needs.

30 (2) *Early psychosis and mood disorder detection and*  
31 *intervention, including mood disorder programming that occurs*  
32 *across the lifespan.*

33 ~~(2)~~

34 (3) Outreach and engagement strategies that target *secondary*  
35 *school and transition age youth, with a priority on partnership with*  
36 *college mental health programs.*

37 ~~(3) Early psychosis and mood disorder detection and~~  
38 ~~intervention.~~

39 (4) *Culturally competent and linguistically appropriate*  
40 *prevention and intervention.*

1     ~~(4)~~

2     (5) Other programs the commission identifies, with stakeholder  
3 participation, that are proven effective in achieving, and are  
4 reflective of, the goals stated in Section 5840.

5     (b) On or before January 1, 2020, the commission shall develop  
6 a statewide strategy for monitoring implementation of this part,  
7 including enhancing public understanding of prevention and early  
8 intervention and creating metrics for assessing the effectiveness  
9 of how prevention and early intervention funds are used and the  
10 outcomes that are achieved. The commission shall analyze and  
11 monitor the established metrics using existing data, if available,  
12 and shall propose new data collection and reporting strategies, if  
13 necessary.

14     (c) The commission shall establish a strategy for technical  
15 assistance, support, and evaluation to support the successful  
16 implementation of the objectives, metrics, data collection, and  
17 reporting strategy.

18     (d) The portion of funds in the county plan relating to prevention  
19 and early intervention shall focus on the priorities established by  
20 the commission. A county may include other priorities, as  
21 determined through the stakeholder process, either in place of, or  
22 in addition to, the established priorities. If the county chooses to  
23 include other programs, the plan shall include a description of why  
24 those programs are included and metrics by which the effectiveness  
25 of those programs is to be measured.

26     (e) If the commission requires additional resources for these  
27 purposes, it may prepare a proposal for consideration by the  
28 appropriate policy committees of the Legislature.

29     5840.8. Notwithstanding the rulemaking provisions of the  
30 Administrative Procedure Act (Chapter 3.5 (commencing with  
31 Section 11340) of Part 1 of Division 3 of Title 2 of the Government  
32 Code), the commission may implement this chapter without taking  
33 regulatory action until regulations are adopted. The commission  
34 may use information notices or related communications to  
35 implement this chapter.

36     SEC. 4. The Legislature finds and declares that this act furthers  
37 the intent of the Mental Health Services Act, enacted by  
38 Proposition 63 at the November 2, 2004, statewide general election.

39     SEC. 5. If the Commission on State Mandates determines that  
40 this act contains costs mandated by the state, reimbursement to



- 1 local agencies and school districts for those costs shall be made
- 2 pursuant to Part 7 (commencing with Section 17500) of Division
- 3 4 of Title 2 of the Government Code.

O

Date of Hearing: August 8, 2018

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Lorena Gonzalez Fletcher, Chair

SB 1004 (Wiener) – As Amended June 13, 2018

Policy Committee: Health

Vote: 15 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

**SUMMARY:**

This bill requires the Mental Health Services Oversight and Accountability commission (commission) to establish priorities, a statewide data collection and monitoring strategy for, and a strategy for technical assistance to support the successful implementation of, prevention and early intervention (PEI) funds provided by the Mental Health Services Act (MHSA).

Specifically, this bill:

- 1) Requires, on or before January 1, 2020, the Commission to establish priorities for the use of PEI funds. Requires these priorities to include, but not be limited to, the following:
  - a) Childhood trauma prevention and early intervention.
  - b) Early psychosis and mood disorder detection and intervention;
  - c) Outreach and engagement strategies that target transition-age youth, with a priority on partnership with college mental health programs;
  - d) Culturally competent and linguistically appropriate prevention and intervention.
  - e) Other programs the Commission identifies, with stakeholder participation, that are proven effective in achieving, and are reflective of, the goals of PEI programs to prevent mental illnesses from becoming severe and disabling.
- 2) Requires the commission to develop a statewide strategy for monitoring implementation of this bill and the commission to analyze and monitor the established metrics using existing data, if available, and propose new data collection and reporting strategies if necessary.
- 3) Allows the commission to prepare a proposal for consideration by the appropriate policy committees of the Legislature for additional resources if necessary.
- 4) Allows the commission to implement necessary provisions without taking regulatory action until regulations are adopted and permits the commission to use information notices or related communications to implement the provisions of this bill.
- 5) Declares that this act furthers the intent of the MHSA.

**FISCAL EFFECT:**

\$500,000 in contract costs to the commission for meeting facilitation support and consultation with subject matter experts (MHSA state administrative funds).

**COMMENTS:**

- 1) **Purpose.** According to the author, this bill aims to standardize and scale up high-quality PEI programs funded by the MHSA, ensuring access to effective, quality care for young people in counties across the state. This bill establishes a strategic, statewide focus for how counties utilize funds generated by the MHSA for prevention and intervention in the early stages of mental illness. This bill helps ensure that all children, transition-age youth, and young adults have access to effective, research-based treatment that can stem the progression of a serious brain illness well before it becomes disabling.
- 2) **Background.** Proposition 63, the MHSA, was passed by voters in November 2004. The MHSA imposes a 1% income tax on personal income in excess of \$1 million to fund counties for a broad continuum of mental health prevention, early intervention, and other services. It also charges the commission with overseeing MHSA implementation and authorizes up to 5% of revenues for state administrative functions.

MHSA requires each county mental health department to prepare and submit a three-year plan to DHCS that must be updated each year and approved by DHCS after review and comment by the commission. In their three-year plans, counties are required to include a list of all programs for which MHSA funding is being requested and identify how the funds will be spent and which populations will be served.

Currently, local priorities are decided at the county level. This bill would require the commission to set priorities at the state level, while giving counties the ability to fund programs that are local priorities as long as their inclusion is described, and metrics by which their success will be measured are included.

- 2) **Support.** The Steinberg Institute— sponsor of this bill—and other supporters, including mental health and youth advocates, students, colleges, and health care providers, argue that this bill will establish a strategic, statewide focus for how counties use PEI funds from the MHSA.
- 3) **Opposition.** The California Behavioral Health Directors Association, California Women's Law Center (CWLC), California Association of Area Agencies on Aging, California Commission on Aging, and others state in opposition that focusing PEI programs almost exclusively on children and youth will be detrimental and result in a fewer number of programs serving other populations, including older adults and underserved minority groups. Opponents argue the bill would direct counties to focus their PEI dollars primarily on students, even though outreach and engagement are essential approaches to overcoming stigma and bringing services to underserved populations of all ages. Most groups seek amendments to address their concerns.

**Analysis Prepared by:** Lisa Murawski / APPR. / (916) 319-2081

DEPARTMENT OF FINANCE BILL ANALYSIS

AMENDMENT DATE: 06/13/2018
POSITION: Oppose
SPONSOR: Steinberg Institute

BILL NUMBER: SB 1004
AUTHOR: Wiener, Scott

BILL SUMMARY: Mental Health Services Act: prevention and early intervention.

This bill requires the Mental Health Services Oversight and Accountability Commission, by January 1, 2020, to establish priorities for the use of Mental Health Services Act Prevention and Early Intervention funds, and to develop a statewide strategy related to the monitoring, support, and evaluation of these programs.

FISCAL SUMMARY

The administrative staff and contracting costs needed to implement the bill are estimated to total approximately \$1 million in Mental Health Services Funds, and the Commission reports that this level of workload is absorbable within existing resources.

Initial financial statements indicate that the Commission had savings totaling approximately \$38.8 million in 2017-18, however it is unclear what proportion of that amount that has been encumbered. The 2018 Budget Act included \$20 million reappropriation of that amount and a \$12 million reduction of the Commission's annual appropriation. Therefore, it is unclear whether the Commission will continue to have this level of savings in the future and accordingly, it is unclear what existing activities at the Commission would be impacted by this level of resource redirection.

COMMENTS

The Department of Finance is opposed to this bill, as the Commission can provide additional guidance to counties on the use of prevention and early invention funds through updates to their existing regulations.

The Mental Health Services Act, approved by voters in November 2004, imposes a 1 percent tax surcharge on taxpayers with annual taxable income of more than \$1 million for purposes of funding and expanding mental health services. The Act specifies component allocations for county expenditures, but permits each county to develop plans to address their specific needs.

Of the funds allocated to counties, 20 percent is allocated for Prevention and Early Intervention programs and the remaining 80 percent is allocated for community services and supports. Of the total funding for each county, 5 percent is required to support innovation projects. For the Prevention and Early Intervention component, in 2014-15, the Commission promulgated required regulations; and updated the regulations in May 2018. Those regulations provide policy guidance to counties on the use of the Prevention and Early Intervention funds.

This bill requires the Commission to direct the uses of the Prevention and Early Intervention funds toward specified purposes, primarily for children and youth. These priorities are defined by the bill, but could also be changed by the Commission in regulations.

It is unclear whether the bill's direction of funds is appropriate, given that the bill's priorities may not reflect

Analyst/Principal E. Humphreys Date Program Budget Manager Kristin Shelton Date
Department Deputy Director Date
Governor's Office: By: Date: Position Approved Position Disapproved
BILL ANALYSIS Form DF-43 (Rev 03/95 Buff)

**BILL ANALYSIS--(CONTINUED)****Form DF-43****AUTHOR****AMENDMENT DATE****BILL NUMBER**

Wiener, Scott

06/13/2018

SB 1004

**COMMENTS** (continued)

the local needs of each community. To the extent that the Commission's guidance is inappropriate for a county's prevention and early intervention program, these programs may not address the specific needs of a community, and may not achieve their intended purpose. In addition, the bill may not conform to the intent of the Mental Health Service Act, which includes providing local discretion in the provision of mental health services.

The author states that a lack of standardization has resulted in a marked disparity in how counties are spending their Prevention and Early Intervention funds. Therefore, the author states that this bill will establish a statewide strategy for county Prevention and Early Intervention programs.

Code/Department Agency or Revenue Type	SO	(Fiscal Impact by Fiscal Year)						Fund Code
	LA	(Dollars in Thousands)						
	CO	PROP						
	RV	98	FC	2018-2019	FC	2019-2020	FC	2020-2021
4560/MntlHlthSOAC	SO	No	S	--	S	1,000	S	-- 3085
<u>Fund Code</u>	<u>Title</u>							
3085	Mental Health Services Fund							

AMENDED IN ASSEMBLY AUGUST 6, 2018

AMENDED IN ASSEMBLY JUNE 12, 2018

AMENDED IN SENATE APRIL 18, 2017

AMENDED IN SENATE MARCH 28, 2017

**SENATE BILL**

**No. 192**

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**Introduced by Senator Beall**

January 30, 2017

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An act to amend Sections 5892 and 5892.1 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 192, as amended, Beall. Mental Health Services Fund.

Existing law, the Mental Health Services Act (the MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on incomes above \$1,000,000. Existing law requires the State Department of Health Care Services, among other things, to implement specified mental health services through contracts with county mental health programs or counties acting jointly. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified.

Under the MHSA, funds are distributed to counties for local assistance for designated mental health programs according to a specified county plan. The MHSA authorizes a county to maintain a prudent reserve to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The MHSA,

except as specified, requires any funds allocated to a county that have not been spent for their authorized purpose within 3 years to revert to the state to be deposited into the fund and available for other counties in future years. The MHSA permits amendment by the Legislature by a  $\frac{2}{3}$  vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA, and also permits the Legislature to add provisions to clarify procedures and terms of the MHSA by a majority vote.

This bill would clarify that the value of a prudent reserve *for a Local Mental Health Services Fund* shall not exceed ~~the greatest reduction in revenue received pursuant to the MHSA in the last 10 years and 33% of the average community services and support revenue received for the fund, in the preceding 5 years.~~ The bill would require the county to reassess the maximum amount of the prudent reserve every 5 ~~years~~ years and to certify the reassessment as part of its 3-year program and expenditure plan required by the MHSA. By requiring a new assessment and certification to be made by the counties, this bill would impose a state-mandated local program.

This bill would establish the Reversion Account within the fund, and would require that MHSA funds reverting from the counties, and the interest accrued on those funds, be placed in that account.

Existing law deems all unspent MHSA funds that were subject to reversion as of July 1, 2017, as having been reverted and reallocated to the county of origin for the purposes for which they were originally allocated. Existing law requires each county with these reallocated funds, by July 1, 2018, to prepare a plan to expend those funds before July 1, 2020.

This bill would require the counties to submit the plans to expend the reallocated funds to the commission. The bill would require the reallocated funds to revert to the state if a county has not submitted a plan for the expenditure of the reallocated funds by January 1, 2019. Additionally, the bill would require the reallocated funds in the plan that have not been spent or encumbered by July 1, 2020, to revert to the state, as specified.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state,

reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 5892 of the Welfare and Institutions Code  
2 is amended to read:

3 5892. (a) In order to promote efficient implementation of this  
4 act, the county shall use funds distributed from the Mental Health  
5 Services Fund as follows:

6 (1) In the 2005–06, 2006–07, and 2007–08 fiscal years, 10  
7 percent shall be placed in a trust fund to be expended for education  
8 and training programs pursuant to Part 3.1 (commencing with  
9 Section 5820).

10 (2) In the 2005–06, 2006–07, and 2007–08 fiscal years, 10  
11 percent for capital facilities and technological needs shall be  
12 distributed to counties in accordance with a formula developed in  
13 consultation with the County Behavioral Health Directors  
14 Association of California to implement plans developed pursuant  
15 to Section 5847.

16 (3) Twenty percent of funds distributed to the counties pursuant  
17 to subdivision (c) of Section 5891 shall be used for prevention and  
18 early intervention programs in accordance with Part 3.6  
19 (commencing with Section 5840).

20 (4) The expenditure for prevention and early intervention may  
21 be increased in any county in which the department determines  
22 that the increase will decrease the need and cost for additional  
23 services to persons with severe mental illness in that county by an  
24 amount at least commensurate with the proposed increase.

25 (5) The balance of funds shall be distributed to county mental  
26 health programs for services to persons with severe mental illnesses  
27 pursuant to Part 4 (commencing with Section 5850) for the  
28 children’s system of care and Part 3 (commencing with Section  
29 5800) for the adult and older adult system of care. These services  
30 may include housing assistance, as defined in Section 5892.5, to  
31 the target population specified in Section 5600.3.

32 (6) Five percent of the total funding for each county mental  
33 health program for Part 3 (commencing with Section 5800), Part



1 3.6 (commencing with Section 5840), and Part 4 (commencing  
2 with Section 5850), shall be utilized for innovative programs in  
3 accordance with Sections 5830, 5847, and 5848.

4 (b) (1) In any fiscal year after the 2007–08 fiscal year, programs  
5 for services pursuant to Part 3 (commencing with Section 5800)  
6 and Part 4 (commencing with Section 5850) may include funds  
7 for technological needs and capital facilities, human resource  
8 needs, and a prudent reserve to ensure services do not have to be  
9 significantly reduced in years in which revenues are below the  
10 average of previous years. The total allocation for purposes  
11 authorized by this subdivision shall not exceed 20 percent of the  
12 average amount of funds allocated to that county for the previous  
13 five fiscal years pursuant to this section.

14 (2) A county shall calculate an amount ~~to establish~~ *it establishes*  
15 *as the prudent reserve for its Local Mental Health Services Fund,*  
16 ~~not to exceed the greatest reduction in revenue received for the~~  
17 ~~fund in the last 10 years. 33 percent of the average community~~  
18 ~~services and support revenue received for the fund in the preceding~~  
19 ~~five years.~~ The county shall reassess the maximum amount of this  
20 reserve every five ~~years.~~ *years and certify the reassessment as part*  
21 *of the three-year program and expenditure plan required pursuant*  
22 *to Section 5847.*

23 (c) The allocations pursuant to subdivisions (a) and (b) shall  
24 include funding for annual planning costs pursuant to Section 5848.  
25 The total of these costs shall not exceed 5 percent of the total of  
26 annual revenues received for the fund. The planning costs shall  
27 include funds for county mental health programs to pay for the  
28 costs of consumers, family members, and other stakeholders to  
29 participate in the planning process and for the planning and  
30 implementation required for private provider contracts to be  
31 significantly expanded to provide additional services pursuant to  
32 Part 3 (commencing with Section 5800) and Part 4 (commencing  
33 with Section 5850).

34 (d) Prior to making the allocations pursuant to subdivisions (a),  
35 (b), and (c), funds shall be reserved for the costs for the State  
36 Department of Health Care Services, the California Behavioral  
37 Health Planning Council, the Office of Statewide Health Planning  
38 and Development, the Mental Health Services Oversight and  
39 Accountability Commission, the State Department of Public Health,  
40 and any other state agency to implement all duties pursuant to the

1 programs set forth in this section. These costs shall not exceed 5  
2 percent of the total of annual revenues received for the fund. The  
3 administrative costs shall include funds to assist consumers and  
4 family members to ensure the appropriate state and county agencies  
5 give full consideration to concerns about quality, structure of  
6 service delivery, or access to services. The amounts allocated for  
7 administration shall include amounts sufficient to ensure adequate  
8 research and evaluation regarding the effectiveness of services  
9 being provided and achievement of the outcome measures set forth  
10 in Part 3 (commencing with Section 5800), Part 3.6 (commencing  
11 with Section 5840), and Part 4 (commencing with Section 5850).  
12 The amount of funds available for the purposes of this subdivision  
13 in any fiscal year is subject to appropriation in the annual Budget  
14 Act.

15 (e) In the 2004–05 fiscal year, funds shall be allocated as  
16 follows:

17 (1) Forty-five percent for education and training pursuant to  
18 Part 3.1 (commencing with Section 5820).

19 (2) Forty-five percent for capital facilities and technology needs  
20 in the manner specified by paragraph (2) of subdivision (a).

21 (3) Five percent for local planning in the manner specified in  
22 subdivision (c).

23 (4) Five percent for state implementation in the manner specified  
24 in subdivision (d).

25 (f) Each county shall place all funds received from the State  
26 Mental Health Services Fund in a local Mental Health Services  
27 Fund. The Local Mental Health Services Fund balance shall be  
28 invested consistent with other county funds and the interest earned  
29 on the investments shall be transferred into the fund. The earnings  
30 on investment of these funds shall be available for distribution  
31 from the fund in future fiscal years.

32 (g) All expenditures for county mental health programs shall  
33 be consistent with a currently approved plan or update pursuant  
34 to Section 5847.

35 (h) (1) Other than funds placed in a reserve in accordance with  
36 an approved plan, any funds allocated to a county that have not  
37 been spent for their authorized purpose within three years, and the  
38 interest accruing on those funds, shall revert to the state to be  
39 deposited into the Reversion Account, hereby established in the  
40 fund, and available for other counties in future years, provided,

1 however, that ~~funds~~ *funds, including interest accrued on those*  
2 *funds*, for capital facilities, technological needs, or education and  
3 training may be retained for up to 10 years before reverting to the  
4 Reversion Account.

5 (2) If a county receives approval from the Mental Health  
6 Services Oversight and Accountability Commission of a plan for  
7 innovative programs, pursuant to subdivision (e) of Section 5830,  
8 the county's funds identified in that plan for innovative programs  
9 shall not revert to the state pursuant to paragraph (1) until three  
10 years after the date of the approval.

11 (3) Notwithstanding paragraph (1), any funds allocated to a  
12 county with a population of less than 200,000 that have not been  
13 spent for their authorized purpose within five years shall revert to  
14 the state as described in paragraph (1).

15 (4) Notwithstanding paragraphs (1) and (2), if a county with a  
16 population of less than 200,000 receives approval from the Mental  
17 Health Services Oversight and Accountability Commission of a  
18 plan for innovative programs, pursuant to subdivision (e) of Section  
19 5830, the county's funds identified in that plan for innovative  
20 programs shall not revert to the state pursuant to paragraph (1)  
21 until five years after the date of the approval.

22 (i) If there are revenues available in the fund after the Mental  
23 Health Services Oversight and Accountability Commission has  
24 determined there are prudent reserves and no unmet needs for any  
25 of the programs funded pursuant to this section, including all  
26 purposes of the Prevention and Early Intervention Program, the  
27 commission shall develop a plan for expenditures of these revenues  
28 to further the purposes of this act and the Legislature may  
29 appropriate these funds for any purpose consistent with the  
30 commission's adopted plan that furthers the purposes of this act.

31 SEC. 2. Section 5892.1 of the Welfare and Institutions Code  
32 is amended to read:

33 5892.1. (a) All unspent funds subject to reversion pursuant to  
34 subdivision (h) of Section 5892 as of July 1, 2017, are deemed to  
35 have been reverted to the fund and reallocated to the county of  
36 origin for the purposes for which they were originally allocated.

37 (b) (1) The department shall, on or before July 1, 2018, in  
38 consultation with counties and other stakeholders, prepare a report  
39 to the Legislature identifying the amounts that were subject to

1 reversion prior to July 1, 2017, including to which purposes the  
2 unspent funds were allocated pursuant to Section 5892.

3 (2) Prior to the preparation of the report referenced in paragraph  
4 (1), the department shall provide to counties the amounts it has  
5 determined are subject to reversion, and provide a process for  
6 counties to appeal this determination.

7 (c) (1) By July 1, 2018, each county with unspent funds subject  
8 to reversion that are deemed reverted and reallocated pursuant to  
9 subdivision (a) shall prepare a plan to expend these funds on or  
10 before July 1, 2020. The plan shall be submitted to the commission  
11 for review.

12 (2) A county with unspent funds that are deemed reverted and  
13 reallocated pursuant to subdivision (a) that has not prepared and  
14 submitted a plan to the commission pursuant to paragraph (1) as  
15 of January 1, 2019, shall remit the unspent funds to the state  
16 pursuant to paragraph (1) of subdivision (h) of Section 5892 no  
17 later than July 1, 2019.

18 (d) Funds included in the plan required pursuant to subdivision  
19 (c) that are not spent as of July 1, 2020, shall revert to the state  
20 pursuant to paragraph (1) of subdivision (h) of Section 5892.

21 (e) (1) The requirement for submitting a report imposed under  
22 subdivision (b) is inoperative on July 1, 2022, pursuant to Section  
23 10231.5 of the Government Code.

24 (2) A report to be submitted pursuant to subdivision (b) shall  
25 be submitted in compliance with Section 9795 of the Government  
26 Code.

27 (f) Notwithstanding Chapter 3.5 (commencing with Section  
28 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
29 the department, without taking any further regulatory action, may  
30 implement, interpret, or make specific this section, Section 5899.1,  
31 and subdivision (h) of Section 5892, by means of all-county letters  
32 or other similar instructions, until applicable regulations are  
33 adopted in accordance with Section 5898, or until July 1, 2019,  
34 whichever occurs first. The all-county letters or other similar  
35 instructions shall be issued only after the department provides the  
36 opportunity for public participation and comments.

37 SEC. 3. If the Commission on State Mandates determines that  
38 this act contains costs mandated by the state, reimbursement to  
39 local agencies and school districts for those costs shall be made

- 1 pursuant to Part 7 (commencing with Section 17500) of Division
- 2 4 of Title 2 of the Government Code.

O

Date of Hearing: August 8, 2018

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Lorena Gonzalez Fletcher, Chair

SB 192 (Beall) – As Amended August 6, 2018

Policy Committee: Health Vote: 15 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: No

**SUMMARY:**

This bill changes counties' management of funds distributed from the Mental Health Services Fund (revenues generated pursuant to Proposition 63, the Mental Health Services Act (MHSA) from a tax on incomes over \$1 million and allocated to community mental health). Specifically, this bill:

- 1) Establishes a maximum county prudent reserve level, not to exceed the greatest reduction in community services and supports revenue received for the fund in the preceding five years and subject to other limits and review, as specified.
- 2) Establishes a Reversion Account within the Mental Health Services Fund, and specifies unspent funds subject to reversion under existing law will be deposited in that account.
- 3) Requires a county with funds subject to reversion to submit a required expenditure plan to the Mental Health Services Oversight and Accountability Commission (commission) for review.
- 4) Requires a county to remit to the state by July 1, 2019, any remaining unspent "reallocated" funds, if a county meets the following criteria:
  - a) The county was reallocated funds that were subject to reversion prior to 2017.
  - b) The county has not submitted a spending plan to the commission as of January 1, 2019.
- 5) Requires a county to remit by July 1, 2020, and deposit in the Reversion Account, any funds subject to reversion and reallocated to the county that are not spent by that date.

**FISCAL EFFECT:**

- 1) Potential minor and absorbable costs to Department of Health Care Services (DHCS) to incorporate statutory requirements into planned regulatory updates (Mental Health Services Fund).
- 2) Minor costs to the commission to review plans (Mental Health Services Fund).

**COMMENTS:**

- 1) **Purpose.** According to the author, under the MHSA, funds allocated to a county that have not been spent within three years of allocation revert to the state fund for reallocation in future years. The purpose of reversion is to incentivize counties to expend their allocations

in a timely manner. In recent years, some counties have withheld spending MHSA dollars, in part to strengthen reserves in preparation for the next economic downturn. The total funds in county reserves vary significantly by county; to date, no standards have been established to prescribe prudent reserve totals. This bill addresses this and other issues by establishing standards for prudent reserves, establishing certain dates upon which funds will be reverted, and clarifying that interest earned on unspent MHSA funds is also subject to existing laws on reversion.

- 2) **Background.** Proposition 63, the MHSA, was passed by voters in November 2004. The MHSA imposes a 1% income tax on personal income in excess of \$1 million to fund a broad continuum of mental health prevention, early intervention, and other services. The majority of revenue is allocated to county behavioral health agencies. The MHSA also charges the commission with overseeing implementation and authorizes up to 5% of revenues for state administrative functions. Under direction from DHCS, counties are required to develop annual revenue and expenditure reports. Projected MHSA revenues are approximately \$2 billion for fiscal year 2017-18.
- 3) **Recent Issues.** The state auditor, county supervisors, and other stakeholders have raised concerns about local behavioral health agencies accumulating MHSA funds. DHCS estimated local agencies statewide had unspent funds of \$231 million—not including reserves—as of the end of fiscal year 2015–16 that should have reverted to the state for reallocation. The auditor also noted local behavioral health agencies had amassed nearly \$2 billion in unspent MHSA funds in excess of reserves as of this fiscal year.

To address these issues, AB 114 (Committee on Budget), Chapter 38, Statutes of 2017, enacted a number of changes intended to enhance fiscal oversight. AB 114 also deemed all unspent funds subject to reversion as of July 1, 2017, to have been reverted to the Mental Health Services Fund and reallocated to the county of origin for their original purposes. This bill clarifies some aspects of this reversion and imposes new oversight and spending requirements.

- 4) **Staff Comments.** Provisions specifying the county prudent reserve level should be clarified such that the level is based on the reduction in revenue to the individual county, not to the fund overall.

**Analysis Prepared by:** Lisa Murawski / APPR. / (916) 319-2081

DEPARTMENT OF FINANCE BILL ANALYSIS

AMENDMENT DATE: 08/06/2018  
POSITION: Oppose  
SPONSOR: Author

BILL NUMBER: SB 192  
AUTHOR: Beall, Jim

**BILL SUMMARY: Mental Health Services Fund.**

The bill establishes a methodology for determining a prudent reserve of county Mental Health Services funds. The bill also establishes a state Reversion Account for remittance of county Mental Health Services funds and the associated interest that are subject to reversion.

**FISCAL SUMMARY**

The Department of Health Care Services estimates that the workload generated from the bill would be minor and absorbable.

The bill has been coded as creating a state mandate, as it imposes new requirements on counties. However, given that funds are provided to counties for the purpose of implementing the Mental Health Services Act, the bill would not create a reimbursable mandate.

**COMMENTS**

The Department of Finance is opposed to this bill, as Department of Health Care Services already has authority to determine a prudent reserve for county Mental Health Services Funds and the establishment of a Reversion Account is incongruous with Chapter 38, Statutes of 2017 (AB 114).

Proposition 63 (Mental Health Services Act) was approved by the voters in November 2004, and imposes a one percent tax surcharge on taxpayers with an income over \$1 million for the purpose of funding and expanding mental health services. Currently, counties are allocated 95 percent of revenue from the Mental Health Services Fund, which is primarily used at the local level for community services and support, prevention and early intervention, and innovation programs. Existing law requires counties to expend these components within three years of their allocation, with some exceptions. The Department of Health Care Services has broad authority related to the fiscal oversight of the Mental Health Services Fund.

This bill memorializes a methodology to establish a prudent reserve at the county level. Currently, the Department of Health Care Services can issue guidance to counties related to the calculation of a prudent reserve. In response to a finding in a 2017 California State Auditor's Report, the Department has set a timeline to establish a prudent reserve amount methodology.

The Department reports that the related fiscal regulations have been drafted in collaboration with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California to address levels of prudent reserves, including the minimum and maximum level of funding a county would be permitted to maintain. These regulations are expected to be submitted to Office of Administrative Law for public notice in early 2019. This bill would be inconsistent with the process undertaken by the Department to set the prudent reserve amount in coordination with the Commission and the California Behavioral Health Directors Association.

Analyst/Principal E. Humphreys	Date	Program Budget Manager Kristin Shelton	Date
Department Deputy Director		Date	
Governor's Office:	By:	Date:	Position Approved _____ Position Disapproved _____
BILL ANALYSIS			Form DF-43 (Rev 03/95 Buff)



Beall, Jim

08/06/2018

SB 192

**COMMENTS** (continued)

It is unclear whether the bill's establishment of a state level Reversion Account is appropriate, given the recent adoption and implementation of AB 114. A state level Reversion Account may not maintain the initial purposes of the reverted county funds, which is currently required by existing law. Also the bill's establishment of a Reversion Account may be unnecessary, as there is existing authority for the reversion of county funds to the Mental Health Services Fund.

Proposition 63 allows for the Legislature, after a majority vote, to amend the Act to further its intent; however, the Proposition already gives the Department the authority to revert county funds and set a prudent reserve. To the extent that this bill alters these provisions, which may deviate from the intent of the Proposition to provide mental health services at the local level, the bill may require a two-thirds vote.

Existing law reset prior unspent Mental Health Services funds subject to reversion prior to July 1, 2017 by extending the availability of those county funds until July 1, 2020. In addition, by July 1, 2018, existing law required that counties with unspent funds subject to reversion be deemed reverted and reallocated. Counties were required to prepare a plan by July 1, 2018, to expend these funds by July 1, 2020.

The author's office states that many Mental Health Services Act dollars remain unspent and significant sums of interest continue to accumulate, with minimal oversight from the Department of Health Care Services.

Code/Department Agency or Revenue Type	SO	(Fiscal Impact by Fiscal Year)						Fund Code
	LA	(Dollars in Thousands)						
	CO	PROP						
	RV	98	FC	2018-2019	FC	2019-2020	FC	2020-2021
4260/Hlth Care	SO	No		-----	No/Minor Fiscal Impact	-----		3085
4260/Hlth Care	LA	No		-----	No/Minor Fiscal Impact	-----		3085
<u>Fund Code</u>	<u>Title</u>							
3085	Mental Health Services Fund							

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# AGENDA ITEM 3

Action

August 23, 2018 Commission Meeting

Monterey County Innovation Plans

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**Summary:** The Commission will consider approval of Monterey County's request to fund the following Innovative projects for a total amount of \$2,474,000.

- **Micro-Innovation Grant Activities for Increasing Latino Engagement - \$1,240,000**
- **Transportation Coaching by Wellness Navigators - \$1,234,000**

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

- Monterey County proposes to provide mini grants to any constituency who meets the requirements of the granting process to increase Latino engagement with mental health services. The county proposes to utilize the services of a fiscal administrator to award and distribute the grant funds and will establish a review committee to ensure that the proposed mini grants meet various innovation regulatory criteria.
- Monterey County proposes to establish a more efficient transportation assistance program for its mental health consumers by adding Peer wellness navigators to provide one to one support and transportation training. Additionally, the County believes that this program will have the secondary benefit of improving consumer confidence not only in terms of transportation to and from therapeutic and other health appointments, but also in areas of employment, life skills, and ultimately, recovery.

**Presenters:**

- Dr. Amie Miller, Ph.D., Director, Monterey County Behavioral Health
- Wesley Schweikhard, M.P.P., Management Analyst, Monterey County Behavioral Health

**Enclosures (3):** (1) Biographies for Monterey County’s Innovation Presenters;  
(2) Micro-Innovation Grant Activities for Increasing Latino Engagement Staff Analysis;  
(3) Transportation Coaching by Wellness Navigators Staff Analysis

**Handout (1):** PowerPoint will be presented at the meeting for both Projects.

**Additional Materials (1):** Links to the County’s Innovation Plans are available on the MHSOAC website at the following URLs:

<http://mhsoac.ca.gov/document/2018-07/monterey-county-inn-project-plan-micro-innovation-grant-activities-increasing>

<http://mhsoac.ca.gov/document/2018-07/monterey-county-inn-project-plan-transportation-coaching-wellness-navigators-august>

**Proposed Motion:** The MHSOAC approves Monterey County’s Innovation Projects, as follows:

**Name:** Micro-Innovation Grant Activities for Increasing Latino Engagement  
**Amount:** \$1,240,000  
**Project Length:** Three (3) Years

**Name:** Transportation Coaching by Wellness Navigators  
**Amount:** \$1,234,000  
**Project Length:** Three (3) Years



MONTEREY COUNTY  
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Dr. Amie Miller is the Behavioral Health Director for Monterey County overseeing mental health and substance use disorder services. She has worked with Monterey County for 13 years. During this time she oversaw Quality Improvement and the implementation of the electronic medical record. She is a licensed mental health clinician who has worked with Transition Age Youth as well as our Access Services in the South County region of Monterey.

Wesley Schweikhard, M.P.P., is a Management Analyst II with Monterey County Behavioral Health. He is an active member of their MHSA team, supporting strategic planning and reporting efforts. His prior work experience related to MHSA includes serving as a consultant to CalMHSA and coordinating the implementation and evaluation of Innovation projects in San Luis Obispo County.



## STAFF ANALYSIS— MONTEREY COUNTY

<b>Name of Innovative (INN) Project:</b>	<b>Transportation Coaching by Wellness Navigators</b>
<b>Total INN Funding Requested for Project:</b>	<b>\$1,234,000</b>
<b>Duration of Innovative Project:</b>	<b>Three (3) Years</b>

### **Review History:**

Approved by the County Board of Supervisors:	June 12, 2018
County submitted Innovation (INN Project):	July 10, 2018
MHSOAC consideration of INN Project:	August 23, 2018

### **Project Introduction:**

Monterey County proposes to establish a more efficient transportation assistance program for its mental health consumers by adding Peer wellness navigators to provide one to one support and transportation training. Additionally, the County believes that this program will have the secondary benefit of improving consumer confidence not only in terms of transportation to and from therapeutic and other health appointments, but also in areas of employment, life skills, and ultimately, recovery.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:

- What is the unmet need that the county is trying to address?
- Does the proposed project address the need?
- Are there clear learning objectives that link to the need?
- Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?

*In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and*

*increases access to services, including, but not limited to, services provided through permanent supportive housing.*

### **The Need**

The County reports that behavioral health staff provide transportation to about 150 Adult Services consumers on a regular and weekly basis. Further, the County reports that at “nearly every opportunity for collecting consumer feedback” (INN, page 3) transportation barriers or inability to get to services because of lack of transportation is identified. The County’s concern is twofold; transportation needs continue to exceed the County’s ability to meet the need and access to therapeutic services is being diverted since behavioral health staff cannot provide timely services and are spending an inordinate amount of time providing transportation (page 3). In order to improve the quality and timeliness of services, the County proposes to establish this transportation coaching service.

### **The Response**

The County reports that in order to address transportation barriers it will first develop a needs assessment tool. This tool will not only assist the peer navigators with specific consumer training needs, but will also be the platform from which the navigator and the consumer will begin to develop other transportation needs (jobs, grocery shopping, socialization activities).

It is the development and use of the assessment tool that distinguishes Monterey County’s innovative proposal from those of either San Diego or Contra Costa County. In its research for identifying if this type of proposal is/was being done elsewhere, the County looked at the transportation projects of these two other Counties. Based on this review, the County states that the other counties intend to establish an infrastructure for transportation, while Monterey is primarily focusing first on an assessment tool that will serve as a platform for peer training and then will inform specific coaching methodologies and objectives that peers will use with consumer riders. The tool will be developed with the support and help from the Consumer Advisory Task Force and can be self, family, clinical staff administered and will be culturally and linguistically appropriate for the population, including the Spanish speaking population.

The concept of coaching/navigator is not new – for years employment opportunities became more accessible to persons with disabilities through the use of job coaches. The Affordable Care Act provided navigators to assist new or never been insured enrollees in getting through the process of signing up for insurance services. The concept of believing or having more confidence in someone who has “been there”, developed in the early 1930’s through the alcoholism recovery movement, has been a very successful recovery model. The Homeless Intervention Program (HIP) of the 1990’s served not only as a precursor to the MHSA, but also introduced the concept of former consumers acting as peer coaches/navigator for other homeless consumers. HIP program peers served as liaisons for the homeless person and facilitated access to all aspects of their life. With the onset of a new way of providing services through the MHSA, the concept of coaches, navigators was strengthened with the introduction of peers providing more than just basic services. In this case, it is anticipated that these Transportation Coaches/Wellness

Navigators will assist with not just transportation needs, but all recovery goals identified on the assessment tool.

As an example of the level of training to be provided for the wellness navigators, they will be trained on taking the bus with the clients, educating clients on how public transit systems work and helping to reduce fears associated with using public systems. Wellness Navigators will also provide a range of peer support services to encourage increased recovery activities and connections to community resources, supported employment, supported education, mental health and substance use recovery groups, and cultural and community events (page 5).

### **The Community Program Planning (CPP) Process**

The CPP for this Innovation was completed in conjunction with the County's Three Year Program and Expenditure Plan planning process. The County conducted 13 focus groups with 232 participants and distributed a community survey, which garnered 214 respondents. Feedback from these groups and surveys indicated that there was a need and desire for more community oriented activities (page 16). Some respondents felt that there was a lack of culturally relevant communication and some respondents felt that due to gang activities they were afraid to go out of their neighborhood.

After this particular proposal was refined, the County held four work group sessions where strategies for implementation and learning goals were better quantified. One of the four work groups was conducted in Spanish. An additional 114 persons participated in the work groups. The project received favorable support from the workgroup and was then presented to the Cultural Relevancy and Humility Committee and the Recovery Task Force. Both of these committees supported the proposal. The County anticipates ongoing community feedback since the grantees will be required to report their activities and that this feedback may help to improve quality of services and other ideas.

Monterey County's 30-day public comment period was held from March 23-April 22, 2018, and the MHSOAC shared this Innovation Project with stakeholders beginning July 20, 2018. It is unknown if any comments or letter were received at the County; however, no letters of opposition or support were received at MHSOAC in response.

### **Learning Objectives and Evaluation**

Monterey County has proposed implementing a project to increase the independent transportation skills of Monterey County Behavioral Health (MCBH) clients as informed by a transportation needs assessment tool. The transportation needs assessment tool will be created in cohorts with the local Consumer Advisory Task force, and will inform how elements of this project will be defined and evaluated. The County will target TAY, adults, and older adults receiving services in MCBH Adult System of Care programs that face transportation barriers. **The County may wish to estimate the number of individuals that may be served annually through the project.**

In order to guide their project, the County has identified 3 learning goals, which include:

1. Assess whether or not the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating clients
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery, and
3. Quantify the staffing costs/investment associated with improving a clients' level of independence.

According to the County, the transportation needs assessment tool will not only gauge transportation challenges and barriers experienced by the client, but also their level of transportation-related knowledge and level of comfort. Individuals that go on to receive transportation coaching services will be re-assessed every 3-months by Wellness Navigators. At the outset, baseline data will be created from all participating Adult System of Care clients, and scores from the assessment tool will be utilized to evaluate increases in levels of “independence and recovery.”

Additionally, the County will use a qualitative assessment to evaluate which coaching activities are associated with increases in independence among clients. Lastly, to evaluate the investment in improving client independence, the County will track time and costs associated with each coaching activity. Results from the project and lessons learned will be shared annual MHSA update reports, during presentations to the Monterey County Behavioral Health Commission, as well as with community service providers.

**In an effort to promote cross-county learning and collaboration, the Commission may wish to encourage Monterey County to share lessons learned from this project with other counties that may be struggling with similar issues.**

### **The Budget**

The County proposes to use \$1,234,000 MHSA Innovative funds over three years for this transportation coaching proposal. County staff costs average about \$65K (including indirect costs) per year for the salaries of an Epidemiologist and the Management Analyst. The budget narrative describes half the Analyst time and all of the Epidemiologist time being allocated for Evaluation activities, equaling \$138,907 over the 3 years.

A community-based organization will receive \$1,009,000 that will be utilized to provide services required in the assessment tool, training, marketing, outreach, service provision and interagency communication. It is anticipated staffing will include a project coordinator and three or more wellness navigators. Additional costs for the CBO include vehicle maintenance fuel, public transportation costs, office expenses, material design and implementation. Peer navigators will be paid between \$16 and \$22 per hour.



## Staff Analysis—Monterey County August 23, 2018

In reference to Assembly Bill 114, the County intends to use funds subject to reversion from the following fiscal year for the following dollar amount:

- FY 11/12 - \$407,256 (half will be applied towards FY 18/19 and the remaining half will be applied towards FY 19/20).

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

### **References**

<https://www.tpcp.org/programs/peer-navigators/>

<https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-peer-navigation-facilitators-guide.pdf>

### **Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2018-07/monterey-county-inn-project-plan-transportation-coaching-wellness-navigators-august>



## STAFF ANALYSIS— MONTEREY COUNTY

<b>Name of Innovative (INN) Project:</b>	<b>Micro-Innovation Grant Activities for Increasing Latino Engagement</b>
<b>Total INN Funding Requested for Project:</b>	<b>\$1,240,000</b>
<b>Duration of Innovative Project:</b>	<b>Three (3) Years</b>

### **Review History:**

Approved by the County Board of Supervisors:	June 12, 2018
County submitted Innovation (INN Project):	July 10, 2018
MHSOAC consideration of INN Project:	August 23, 2018

### **Project Introduction:**

Monterey County proposes to provide mini grants to any constituency who meets the requirements of the granting process to increase Latino engagement with mental health services. The county proposes to utilize the services of a fiscal administrator to award and distribute the grant funds and will establish a review committee to ensure that the proposed mini grants meet various criteria discussed further in this analysis.

*In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and*

*increases access to services, including, but not limited to, services provided through permanent supportive housing.*

### **The Need**

The County reports that while Medi-Cal eligible Latinos make up 75% of the County's population, there are only 53% documented as requesting or receiving behavioral health services. Further the County indicates that over the last four years, the number of Latinos being served has decreased slightly. During the community engagement processes for both the Three Year Program and Expenditure Plan as well as solicitation for Innovation proposals, the County reports that Latino engagement has been a priority. In fact, the County indicates that the Behavioral Health Commission as well as the County Board of Supervisors has set the goal of increasing services to Latinos and increasing services to the South County. The Commission has set the goal of increasing Latino participation by 7% by the end of fiscal year 2020.

### **The Response**

The County reports that despite utilizing liaison services through the Promotores de Salud program to perform outreach services as well as providing translations services, the impact in terms of Latino penetration has not been significantly impacted. It is now anticipating that by providing micro-innovation grants to design locally specific activities that due to their community/regional/cultural specific nature, will generate more Latino involvement.

The County will first establish a Micro-Innovation Grant Review Board comprised of behavioral health administrative staff, the cultural competency oversight staff from the public health department and stakeholders (who will not be eligible to apply for grants). This Board will be charged with reviewing proposals.

Proposals must demonstrate that the projects meets the minimum qualifications of meeting the innovation criteria, (new practice or approach, change to an existing practice, or apply a promising practice that has been successful in a non-mental health setting and address the following:

- Demonstrate the activities and staffing for the proposal
- Show a budget for implement and evaluating the activities
- Show a timeline for the activity
- Identify the characteristics of the population it is intending to serve
- Provide a hypothesis for why the community is not currently engaged and how this activity will address the need
- Provide a plan for sustaining or growing this proposal to a larger population/region
- Demonstrate how participant will be recorded, how referrals will be recoded and how other information will be recorded (INN proposal page 6)

The opportunity to submit a grant proposal will be “advertised” throughout the County to reach as many cultural communities as possible, and through various standing committees (I.e. The recovery Taskforce, the Cultural Relevancy and Humility Committee, etc.). Proposals will be for six months, and if successful, may be extended for another six months. Service agreements will be established for those awarded grants and timelines for deliverables, reporting, evaluation methodology and communication requirements will be negotiated with awardees. It is anticipated that grants will be awarded in \$1K to \$5K amounts to allow for as many opportunities as possible so that the County can begin to get a feel for most needed services or best way to address this population .

A community-based organization will serve as the fiscal manager for distribution of the funds and will allow a 15% administrative fee. **The County may wish to clarify if the 15% administrative costs are calculated per grant or for the entire grant amount.**

Like on-line “go fund me” accounts, project specific micro/mini grants are increasingly used by numerous governmental, private and public entities. Cities and counties have used them for specific neighborhoods, schools have used them for faculty as well as students for various purposes (tuition costs, project costs). What remains common for all of these types of grants is that they are short term and project specific. They are used to engender new and innovative thinking for an identified problem. As part of its research, the County looked into the grant awards process established by Alameda County. Because Alameda’s mini grant awards are for establishing any innovative idea, Monterey County believes that its culture/population specific micro/mini granting process is innovative.

### **The Community Program Planning (CPP) Process**

The CPP for this Innovation was completed in conjunction with County’s Three Year Program and Expenditure Plan planning process. The County conducted 13 focus groups with 232 participants and distributed a community survey which garnered 214 respondents. Feedback from these groups and surveys indicated that there was a need and desire for more community oriented activities (page 16). Some respondents felt that there was a lack of culturally relevant communication and some respondents felt that due to gang activities they were afraid to go out of their neighborhood.

After this particular proposal was refined, the County held four work group sessions where strategies for implementation and learning goals were better quantified. One of the four work groups was conducted in Spanish. An additional 114 persons participated in the work groups. The project received favorable support from the workgroup and was then presented to the Cultural Relevancy and Humility Committee and the Recovery Task Force. Both of these committees supported the proposal. The County anticipates ongoing community feedback since the grantees will be required to report their activities and that this feedback may help to improve quality of services and other ideas.

Monterey County’s 30-day public comment period was held from March 23-April 22, 2018, and the MHSOAC shared this Innovation Project with stakeholders beginning July 20, 2018. It is unknown if any comments or letter were received at the County; however, no letters of opposition or support were received at MHSOAC in response.

## **Learning Objectives and Evaluation**

Monterey County has proposed implementing a project to determine if micro grants are an effective method in engaging Latino populations with mental health service needs. Specifically, the County will target Hispanic/Latino residents, individuals who have not participated in mental health service activities in Monterey County in the past, Medi-Cal eligible individuals, as well as residents within particular zip codes that correspond to low penetration rates (**see pg. 14 of County plan**). While populations will vary by project, **the County may wish to provide an estimate of the number of individuals that may be served through the project.**

In order to guide their project, six learning goals have been identified, and include determining:

1. How many Latinos have never engaged in or received a referral for mental health services
2. How many Latinos followed through on a referral and received services
3. The total number of Latinos served increased through the Innovation project
4. Whether or not each individual project is sustainable
5. If and how cultural barriers were addressed by each project, and
6. If there were any additional lessons learned that were unique to each project.

The main *outcome* that the County hopes to achieve is increasing the number of Latinos receiving mental health services in Monterey County. In order to determine if this outcome is met, the County will track a number of items to *measure* any increases in Latinos receiving mental health services, such as: (1) total clients served, (2) number of clients that report having never received mental health services, (3) number of referrals, and (4) the number of referrals that led to actual services received.

While exact *methods* will vary by individual project, the County states that these data points will be aggregated in conjunction with the Monterey County Behavioral Health electronic record system in order to assess the overall impact on service penetration rates by Latinos. In order for comparisons to be made, **the County may wish to clarify how baseline data will be established to determine if outcomes are met.** County staff, including the Epidemiologist and Chronic Disease Health Specialist, will provide technical assistance to each individual project relative to data, and also be responsible for data analysis and the completion of the final evaluation report.

At the conclusion of the Micro-Innovations project, the County will use a number of mechanisms to disseminate outcomes and lessons learned, including: an exit summit, through Monterey County MHSA Annual Updates, and made available online.

## **The Budget**

The County proposes to use \$1,240,000 MHSA Innovative funds over three years for this micro-grant proposal. County staff costs average about \$67K (including indirect costs) per year for the salaries of an Epidemiologist and Chronic Disease Health Specialist

assigned to this project. Both of these staff will assist with the overall evaluation of the micro grant project. The balance of the Innovation funds (\$1,009,000) will be used for the grant awards and will be distributed through the county's fiscal agent.

In reference to Assembly Bill 114, the County intends to use funds subject to reversion from the following fiscal year for the following dollar amount:

- FY 10/11 - \$373,737 (half will be applied towards FY 18/19 and the remaining half will be applied towards FY 19/20).

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSAs Innovation regulations.

### **References**

<http://www.flc.losrios.edu/community/foundation/faculty-and-staff-campaign/faculty-and-staff-mini-grants>

<https://www.vcsu.edu/develop/instructional-technology-innovation-mini-grant-program>

[http://www.grassrootsgrantmakers.org/wp-content/uploads/Battle\\_Creek\\_CF-How\\_to\\_increase\\_the\\_success\\_of\\_your\\_grant.pdf](http://www.grassrootsgrantmakers.org/wp-content/uploads/Battle_Creek_CF-How_to_increase_the_success_of_your_grant.pdf)

### **Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2018-07/monterey-county-inn-project-plan-micro-innovation-grant-activities-increasing>

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# AGENDA ITEM 4

Information

August 23, 2018 Commission Meeting

Executive Director Report Out

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**Summary:** Executive Director Toby Ewing will report on projects underway, the Commission calendar, and other matters relating to the ongoing work of the Commission.

**Presenter(s):** Toby Ewing, Ph.D., Executive Director

**Enclosures (7):** (1) The Motions Summary from the July 26, 2018 Meeting; (2) Evaluation Dashboard; (3) Innovation Dashboard; (4) Presentation Guidelines; (5) Calendar of Commission activities; (6) Department of Health Care Services Revenue and Expenditure Reports status update; (7) Legislative Report to the Commission

**Handouts:** None.



**Motions Summary**  
Commission Meeting  
July 26, 2018

**Motion #: 1**

**Date:** July 26, 2018

**Time:** 9:46 AM

**Motion:**

The Commission approves the May 9, 2018 and May 24, 2018 Meeting Minutes.

**Commissioner making motion:** Commissioner Ashbeck

**Commissioner seconding motion:** Commissioner Madrigal-Weiss

Motion carried 5 yes, 0 no, and 3 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Motion #: 2**

**Date:** July 26, 2018

**Time:** 11:07 AM

**Motion:**

The Commission authorizes the Executive Director to implement the 2018-19 spending plan.

**Commissioner making motion:** Commissioner Brown

**Commissioner seconding motion:** Commissioner Wooton

Motion carried 7 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 3**

**Date:** July 26, 2018

**Time:** 12:01 PM

**Motion:**

The Commission adopts Option 1 that reduces each of the Round 2 Triage grant awards and the evaluation contracts evenly at the \$83 million funding level, suspends the first quarterly report, and directs staff to present, at a future Commission meeting, a high-level summary of the revisions submitted by the grantees.

**Commissioner making motion:** Commissioner Ashbeck

**Commissioner seconding motion:** Commissioner Brown

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 4**

**Date:** July 26, 2018

**Time:** 12:34 PM

**Motion:**

The MHSOAC approves Ventura County’s Innovation Project, as follows:

**Name:** Suicide Prevention Project: Bartenders as Gatekeepers  
**Amount:** \$241,367  
**Project Length:** Three (3) Years

**Commissioner making motion:** Commissioner Wooton

**Commissioner seconding motion:** Commissioner Ashbeck

Motion carried 7 yes, 2 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 5**

**Date:** July 26, 2018

**Time:** 12:35 PM

**Motion:**

The MHSOAC approves Ventura County’s Innovation Project, as follows:

**Name:** Push Technology Project  
**Amount:** \$438,933  
**Project Length:** Three (3) Years

**Commissioner making motion:** Commissioner Ashbeck

**Commissioner seconding motion:** Commissioner Bunch

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 6**

**Date:** July 26, 2018

**Time:** 1:23 PM

**Motion:**

The MHSOAC approves Imperial County’s request for \$531,120 additional funding and extension of time for its First Step to Success previously approved by the Commission on March 27, 2014 as follows:

**Name:** First Step to Success  
**Additional Amount:** \$531,120 for a total INN project budget of \$2,568,465  
**Additional Project Length:** Thirteen (13) months for a total project duration of four (4) years and one (1) month.

**Commissioner making motion:** Commissioner Alvarez

**Commissioner seconding motion:** Commissioner Aslami-Tamplen

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 7**

**Date:** July 26, 2018

**Time:** 1:54 PM

**Motion:**

The MHSOAC approves Del Norte County’s Innovation Project, as follows:

**Name:** Text 2 Grow: Giving Resource Outreach & Wellness  
**Amount:** \$262,846  
**Project Length:** Three (3) Years

**Commissioner making motion:** Commissioner Aslami-Tamplen

**Commissioner seconding motion:** Commissioner Ashbeck

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 8**

**Date:** July 26, 2018

**Time:** 5:19 PM

**Motion:**

The Commission supports SB 1004 (Weiner and Moorlach) and directs staff to communicate that to the Legislature and the governor’s office and to receive an update report at the August Commission meeting.

**Commissioner making motion:** Commissioner Wooton

**Commissioner seconding motion:** Commissioner Madrigal-Weiss

Motion carried 3 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 9**

**Date:** July 26, 2018

**Time:**

**Motion:**

The Commission supports SB 192 (Beall) in concept and authorizes the Executive Director to work with the Chair and the author’s office to continue dialogue.

**Commissioner making motion:** Commissioner Madrigal-Weiss

**Commissioner seconding motion:** Commissioner Wooton

Motion carried 2 yes, 1 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Commissioner Alvarez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Vice-Chair Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chair Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# MHSOAC Evaluation Dashboard August 2018

(updated 8/09/18)

## Current MHSOAC Evaluation Contracts & Deliverables



### The iFish Group

#### Visualization Configuration & Publication Support Services (16MHSOAC021)

**MHSOAC Staff:** Brandon McMillen

**Active Dates:** 10/31/16 – 7/27/19

**Total Contract Amount:** \$1,000,000

**Total Spent:** \$610,000

**Objective:** To make data from reports on programs funded under the Mental Health Services Act, available to the public via a Visualization Portal. The portal will provide transparency through the publication of information & statistics to various stakeholders. Resources will be provided to allow MHSOAC staff to evaluate, merge, clean, & link all relevant datasets; develop processes & standards for data management; identify & configure analytics & visualizations for publication on the MHSOAC public website; & manage the publication of data to the open data platform.

### Deliverables & Due Dates

Deliverables		October 2016 – July 2019		
1	Fiscal Transparency Tool 1.0- (Design specs, Configuration & Related Datasets, Test Results, Visualization & Dataset Deployed)	10/31/16		
2	Configuration and Publication for Providers, Programs, and Services Tool 1.0, & Full Service Partnerships Tool 1.0- (Design specs, Configuration & Related Datasets, Test Results, Visualization & Dataset Deployed)		05/30/19	
3	Fiscal Transparency Tool 2.0- (Design specs, Configuration & Related Datasets, Test Results, Visualization & Dataset Deployed)			07/28/18

**Legend:** Deliverable Not Started Deliverable In Progress Deliverable Under Review Deliverable Complete

\*Content italicized and bolded indicates updated information \* Indicates that a deliverable has undergone a status change

# MHSOAC Evaluation Dashboard August 2018

(updated 8/09/18)



## The iFish Group

### Hosting & Managed Services (17MHSOAC024)

MHSOAC Staff: Pu Peng

Active Dates: 12/28/17 - 12/31/18

Total Contract Amount: \$423,923

Total Spent: \$273,943

**Objective:** To provide hosting & managed services (HMS) such as Secure Data Management Platform (SDMP) & a Visualization Portal where software support will be provided for SAS Office Analytics, Microsoft SQL, Drupal CMS 7.0 Visualization Portal, & other software products. Support services & knowledge transfer will also be provided to assist MHSOAC staff in collection, exploration, & curation of data from external sources.

### Deliverables & Due Dates

Deliverables		December 2018
1	Secure Data Management Platform	12/28/17
2	Visualization Portal	12/28/17
3	Data Management Support Services	12/31/18

**Legend:** Deliverable Not Started Deliverable In Progress Deliverable Under Review Deliverable Complete

\*Content italicized and bolded indicates updated information \* Indicates that a deliverable has undergone a status change

# MHSOAC Evaluation Dashboard August 2018

(updated 8/09/18)



## Regents of University of California, Los Angeles

### Population Level Outcome Measures (17MHSOAC081)

MHSOAC Staff: *Michelle Adams*

Active Dates: *July 1, 2018 - July 31, 2020*

Total Contract Amount: *\$1,200,000*

Total Spent: *\$0*

**Objective:** *The purpose of this project is to develop, through an extensive public engagement effort and background research process, support for datasets of preferred (recommended) & feasible (delivered) measures relating to 1) negative outcomes of mental illness, 2) prevalence rates of mental illness by major demographic categories suitable for supporting the evaluation of disparities in mental health service delivery & outcomes, 3) the impact(s) of mental health & substance use disorder conditions (e.g., disease burden), 4) capacity of the service delivery system to provide treatment and support, 5) successful delivery of mental health services, & 6) population health measures for mental health program client populations.*

### Deliverables & Due Dates

Deliverables		September 2019 – June 2020				
<b>1</b>	<b><i>Work Plan</i></b>	<b>9/30/19</b>				
<b>2</b>	<b><i>Outcomes Reporting Draft Report</i></b>		<b>12/31/19</b>			
<b>3</b>	<b><i>Outcomes Reporting Final Report</i></b>			<b>6/01/20</b>		
<b>4</b>	<b><i>Outcomes Reporting Data Library &amp; Data Management Plan</i></b>				<b>6/01/20</b>	
<b>5</b>	<b><i>Data Fact Sheets and Data Briefs</i></b>					<b>6/01/20</b>

**Legend:** Deliverable Not Started Deliverable In Progress Deliverable Under Review Deliverable Complete

\*Content italicized and bolded indicates updated information \* Indicates that a deliverable has undergone a status change

# MHSOAC Evaluation Dashboard August 2018

(updated 8/09/18)



## Mental Health Data Alliance

### *FSP Pilot Classification & Analysis Project (17MHSOAC085)*

MHSOAC Staff: *Rachel Heffley & Pu Peng*

Active Dates: : 07/01/18 - 09/30/19

Total Contract Amount: \$ 234,279

Total Spent: \$0

*Objective: The intention of this pilot program is to work with a three county sample (Amador, Los Angeles, & Orange) to collect FSP program profile data, link program profiles to the FSP clients they serve, & model a key outcome (early exit from an FSP) as a function of program characteristics, service characteristics, & client characteristics.*

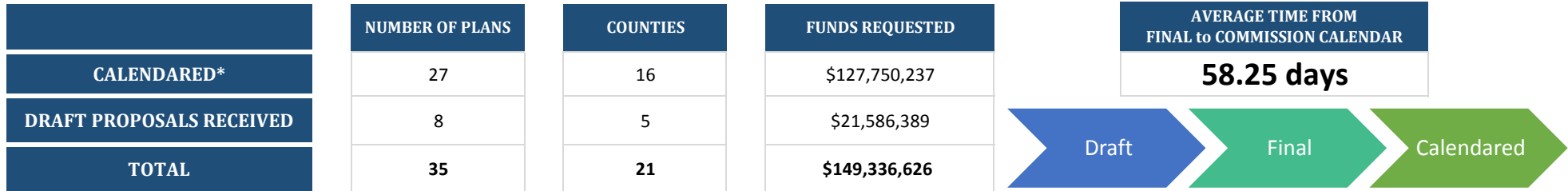
### Deliverables & Due Dates

Deliverables		January 2019- August 2019
1	<i>FSP Program Data Sets</i>	<i>1/25/19</i>
2	<i>FSP Formatted Data Sets</i>	<i>5/06/19</i>
3	<i>FSP Draft Report</i>	<i>6/28/19</i>
4	<i>FSP Final Report</i>	<i>8/30/19</i>

Legend: Deliverable Not Started Deliverable In Progress Deliverable Under Review Deliverable Complete

\*Content italicized and bolded indicates updated information \* Indicates that a deliverable has undergone a status change

## INNOVATION DASHBOARD - AUGUST 2018 (Current)

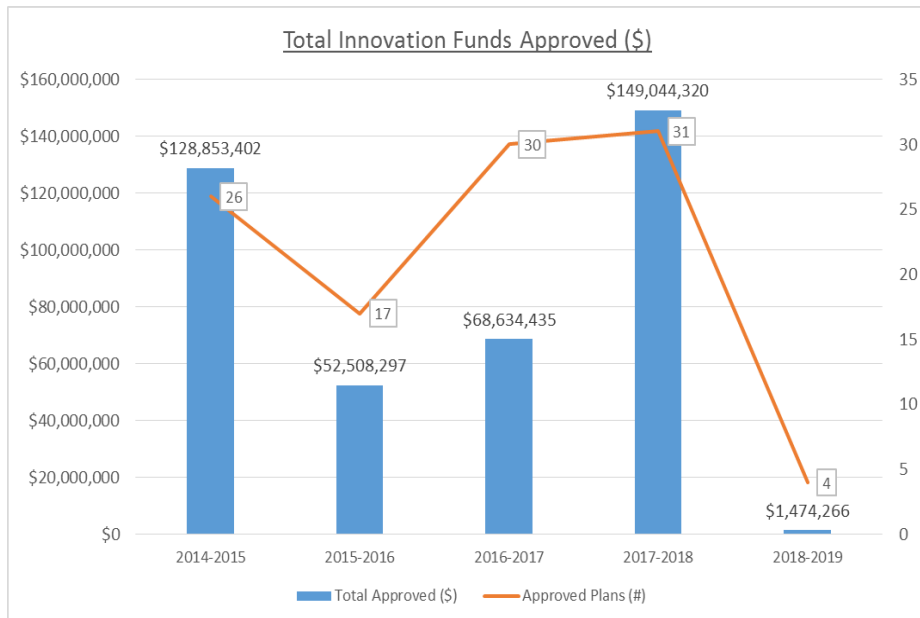


\* **August:** San Luis Obispo (2), Santa Barbara (1 Extension), San Diego (1), Santa Clara (1), Monterey (2)

**September:** Kings (1), City of Berkeley (1), Tehama (1), Tri-City (1), Riverside (1), Monterey (1), San Mateo (1), Marin (1), San Francisco (1), Santa Barbara (1), Santa Clara (1), Inyo (1), Los Angeles (3)

**October:** Alameda (4), San Francisco (1)

### Previous FY Trends:



**2018-2019 (to date)**

- APPROVED Innovation Funds: \$1,474,266
- APPROVED Extension Funds: \$531,120
- Plans Received: 4
- Plans APPROVED: 4 (100%)
- Participating Counties: 3 (5%)
- Participating Counties APPROVED: 3 (100%)

**2017-2018**

- APPROVED Innovation Funds: \$143,871,714
- APPROVED Extension Funds: \$5,172,606
- Plans Received: 34
- Plans APPROVED: 31 (91%)
- Participating Counties: 19 (32%)
- Participating Counties APPROVED: 16 (84%)

**2016-2017**

- APPROVED Innovation Funds: \$66,625,827
- APPROVED Extension Funds: \$2,008,608
- Plans Received: 33
- Plans APPROVED: 30 (91%)
- Participating Counties: 18 (31%)
- Participating Counties APPROVED: 17 (94%)

**2015-2016**

- APPROVED Innovation Funds: \$46,920,919
- APPROVED Extension Funds: \$5,587,378
- Plans APPROVED: 17
- Participating Counties: 15

**2014-2015**

- APPROVED Innovation Funds: \$127,742,348
- APPROVED Extension Funds: \$1,111,054
- Plans APPROVED: 26
- Participating Counties: 16

Number of Counties that have presented an INN Plan to the Commission since 2013:

<b>53 Counties</b>	<b>89%</b>
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Percent of Counties that have NOT presented an INN Plan to the Commission since 2013:

<b>6 Counties</b>	<b>10%</b>
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STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
CALENDARED	San Luis Obispo	Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increased LGBTQ Mental Health Care Access (SLO ACCEPTance)	\$554,729.00	4 Years	4/20/2018	6/8/2018	AUGUST
CALENDARED	San Luis Obispo	3-by-3 Developmental Screening Partnership Parents and Pediatric Practices	\$859,998.00	4 Years	4/20/2018	6/8/2018	AUGUST
CALENDARED	Santa Barbara	Resiliency Interventions for Sexual Abuse (RISE)	\$2,600,000.00	2 Years	N/A	4/12/2018	AUGUST
CALENDARED	San Diego	ADAPT (INN 18)	\$4,773,040.00	5 years	1/3/2018	6/21/2018	AUGUST
CALENDARED	Santa Clara	headspace Implementation Project	\$14,960,943.00	4 Years	6/21/2018	7/16/2018	AUGUST
CALENDARED	Monterey	Activities for Increasing Latino Engagement	\$1,240,000.00	3 Years	5/2/2018	7/10/2018	AUGUST
CALENDARED	Monterey	Transportation Coaching by Wellness Navigators	\$1,234,000.00	3 Years	5/2/2018	7/10/2018	AUGUST
CALENDARED	Kings	The Multiple-Organization Shared Telepsychiatry (MOST) Project	\$1,663,631.00	3 Years	6/13/2018	6/13/2018	SEPTEMBER
CALENDARED	Tehama	TECH SUITE	\$118,088.00	2 Years	3/28/2018	4/6/2018	SEPTEMBER
CALENDARED	Tri-City	TECH SUITE	\$1,674,755.13	4 Years	4/5/2018		SEPTEMBER
CALENDARED	City of Berkeley	TECH SUITE	\$462,916.00	3 Years	4/24/2018	8/3/2018	SEPTEMBER
CALENDARED	Riverside	TECH SUITE	\$25,950,000.00	4 Years	4/9/2018		SEPTEMBER
CALENDARED	Monterey	TECH SUITE	\$2,526,000.00	3 Years	5/2/2018		SEPTEMBER
CALENDARED	San Mateo	TECH SUITE	\$3,872,167.00	2 Years	5/9/2018	6/4/2018	SEPTEMBER
CALENDARED	Marin	TECH SUITE	\$638,000.00	21 Months	4/30/2018		SEPTEMBER
CALENDARED	San Francisco	TECH SUITE	\$2,273,000.00	5 Years	5/17/2018		SEPTEMBER
CALENDARED	Santa Barbara	TECH SUITE	\$4,912,852.00	5 Years	6/6/2018		SEPTEMBER
CALENDARED	Santa Clara	TECH SUITE	\$4,373,886.00				SEPTEMBER
CALENDARED	Inyo	TECH SUITE	\$448,757.00	3 Years	7/2/2018		SEPTEMBER
CALENDARED	Los Angeles	Enhancing Workforce Training through Mixed Reality Approaches	\$11,464,196.00	5 Years	6/22/2018	7/16/2018	SEPTEMBER
CALENDARED	Los Angeles	Therapeutic Transportation	\$9,525,788.00	3 Years	6/22/2018	7/16/2018	SEPTEMBER
CALENDARED	Los Angeles	Ongoing Focused Support to Improve Recovery Rates for Conservatees Living in the Community	\$16,282,502.00	5 Years	6/22/2018	7/16/2018	SEPTEMBER
CALENDARED	Alameda	Cannabis Policy and Education Project	\$1,484,375.00	3 Years, 3 months	3/12/2018	8/6/2018	OCTOBER
CALENDARED	Alameda	Community Assessment and Transport Team (CAT)	\$9,916,894.00	5 Years	3/22/2018	8/6/2018	OCTOBER
CALENDARED	Alameda	Transitional Age Youth Emotional Emancipation Circles	\$454,907.00	2 Years, 6 Months	3/22/2018	8/6/2018	OCTOBER

STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
CALENDARED	Alameda	Introducing Neuroplasticity to Mental Health Services for Children	\$1,734,813.00	4 Years	4/18/2018	8/6/2018	OCTOBER
CALENDARED	San Francisco	Wellness in the Streets	\$1,750,000.00	5 Years	5/17/2018		OCTOBER

**CALENDARED:** County has met all the minimum regulatory requirements for Innovation - Section 3580.010, and three (3) local approval steps; 30 day public comment, Local Mental Health Board/Commission hearing, and Board of Supervisor (BOS) approval

STATUS	COUNTY	PLAN NAME	FUNDING AMOUNT REQUESTED	PROJECT DURATION	DRAFT PROPOSAL SUBMITTED TO OAC	FINAL PLAN SUBMITTED TO OAC	COMMISSION MEETING
DRAFT	Tulare	Addressing Metabolic Syndrome and Its Components in Consumers Taking Antipsychotic Medication	\$1,382,734	5 Years	12/15/2017		
DRAFT	Tulare	Connectedness2Community	\$765,175	5 Years	12/15/2017		
DRAFT	Calaveras	Enhancing the Journey to Wellness/Peer Navigator Program	\$710,609	5 Years	6/6/2018	Expected Early August	
DRAFT	Tuolumne	Building a Compassionate Response to Trauma in a Rural Community	\$1,248,073	5 Years	6/19/2018		
DRAFT	Los Angeles	Removing Barriers to Mental Health Optimization, through a Suite of On-Demand Services	\$6,247,874	3 Years	7/23/2018		
DRAFT	Los Angeles	Utilizing Transportation Network Companies to Optimize Client Outcomes	\$3,765,780	3 Years	7/23/2018		
DRAFT	Los Angeles	Trauma Informed Resilience Leadership Training, A Solution to Community Trauma	\$7,126,144	4 Years	7/23/2018		
DRAFT	City of Berkeley	Trauma-Informed Care for Educators	\$340,000.00		6/29/2018		

**DRAFT:** A County plan submitted to the OAC that contains some of the regulatory requirements, including but not limited to a full budget and budget narrative; still may require technical assistance and is considered the last version before the FINAL is submitted



## COMMISSION MEETING RECOMMENDATIONS

These recommendations for innovation plan presentations have been developed to support the dialogue between the Commission and the counties. Please note that the recommendations below regarding length, the county brief, PowerPoint presentation and presenter information are to ensure that counties and the Commission have ample opportunity to engage in a dialogue to gain a better understanding of the needs in the county, how the innovation plan meets those needs, why it is innovative and how will it be evaluated to support shared learning.

### 1. Length of Presentation

- a. County presentations should be no more than 10-15 minutes in length
- b. The Commission will have received the Innovation Project Plan as well as the Staff Analysis prior to the meeting
- c. The remaining time on the agenda is reserved for dialogue with the Commission and for public comment

### 2. County Brief

- a. Recommend 2-4 pages total and should include the following three (3) items:
  - i. Summary of Innovation Plan / Project
  - ii. Budget
  - iii. Address any areas indicated in the Staff summary

### 3. PowerPoint Presentation

- a. Recommend 5 slides and include the following five (5) items:
  - i. Presenting Problem / Need
  - ii. Proposed Innovation Project to address need
  - iii. What is innovative about the proposed Innovation Project? How will the proposed solution be evaluated (learning questions and outcomes)?
  - iv. Innovation Budget
  - v. If successful, how will Innovation Project be sustained?

### 4. Presenters and Biographies

- a. We request no more than a few (2-4) presenters per Innovation Project
  - i. If the county wishes to bring more presenters, support may be provided during the public comment period
- b. Recommend biography consisting of brief 1-2 sentences for individuals presenting in front of the Commission
  - i. Include specific names, titles, and areas of expertise in relation to Innovation Plan / Project

*Note: Due dates will be provided by Innovation Team upon Commission calendaring for the following items: Presenter Names, Biographies, County Brief, and PowerPoint presentation.*





## Commission Meeting Calendar

### Dates and Locations

August 23, 2018  
MHSOAC, Sacramento, CA  
Business/Innovation Plans

September 26-27, 2018  
Los Angeles County  
Strategic Planning Meeting/Business/Innovation Plans/Elections

October 25, 2018  
Alameda County  
Suicide Prevention Project/Oct. 24th Site Visit (optional)/Business/Innovation Plans

November 14-15, 2018  
Riverside County (Tentative)  
Strategic Planning Meeting/Business/Innovation Plans

January 24, 2019  
Sacramento County  
Business/Innovation Plans/State Budget Presentation/Legislation

February 28, 2019  
Location Tentative

March 28, 2019  
Location Tentative

April 25, 2019  
Location Tentative

May 23, 2019  
Location Tentative  
May Budget Revise

July 25, 2019  
Location Tentative  
Final Budget

August 22, 2019  
Location Tentative

September 26, 2019  
Location Tentative

Agenda Item 6, Enclosure 5: DHCS Status Chart of County RERs Received  
August 23, 2018 Commission Meeting

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated August 9th, 2018.

This Status Report covers the FY 2012-13 through FY 2016-17 County RERs.

For each reporting period, the Status Report provides a date received by the Department of the County's RER and a date on which Department staff completed their "Final Review."

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. MHSOAC staff process data from County RERs for inclusion in the Fiscal Reporting Tool only after the Department determines that it has completed its Final Review.

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page can be accessed at <http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx>. Additionally, County RERs for reporting year FY 2016-17 can be accessed at the following webpage: [http://www.dhcs.ca.gov/services/MH/Pages/Annual MHSA Revenue and Expenditure Reports by County FY 16-17.aspx](http://www.dhcs.ca.gov/services/MH/Pages/Annual%20MHSA%20Revenue%20and%20Expenditure%20Reports%20by%20County%20FY%2016-17.aspx)

Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these reports through its Fiscal Reporting Tool at <http://mhsoac.ca.gov/fiscal-reporting> and a data reporting page at [http://mhsoac.ca.gov/documents?field\\_county\\_value=All&date\\_filter%5Bvalue%5D%5Byear%5D=&field\\_component\\_tid=46](http://mhsoac.ca.gov/documents?field_county_value=All&date_filter%5Bvalue%5D%5Byear%5D=&field_component_tid=46).

On July 1, 2018 DHCS published a report detailing MHSA funds subject to reversion for allocation years FY 2005-06 through FY 2014-15 to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). The report details all funds deemed reverted and reallocated to the county of origin for the purpose the funds were originally allocated. The report can be accessed at the following webpage: [http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/MHSA Reversion Funds Report.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/MHSA%20Reversion%20Funds%20Report.pdf)



## 2018 Legislative Report to the Commission August 13, 2018

### SPONSORED LEGISLATION

#### **Senate Bill 1019 (Beall)**

**Title:** Youth mental health and substance use disorder services.

**Summary:** Current law provides that funds appropriated by the Legislature to the California Health Facilities Financing Authority and the Mental Health Services Oversight and Accountability Commission for the purposes of the Investment in Mental Health Wellness Act of 2013 be made available to selected counties or counties acting jointly, except as otherwise provided, and used to provide, among other things, a complete continuum of crisis services for children and youth 21 years of age and under. This bill would require the commission, when making these funds available, to allocate at least 1/2 of those funds to local educational agency and mental health partnerships. The bill would require this funding to be made available to support prevention, early intervention, and direct services, as determined by the commission.

**Status/Location:** 8/16/18 Assembly Appropriations Committee Hearing

#### **Senate Bill 1113 (Monning)**

**Title:** Mental health in the workplace: voluntary standards.

**Summary:** Would authorize the Mental Health Services Oversight and Accountability Commission to establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma, increase public, employee, and employer awareness of the recovery goals of the Mental Health Services Act, and provide guidance to California's employer community to put in place strategies and programs, determined by the commission, to support the mental health and wellness of employees.

**Status/Location:** 8/13/18 Assembly Third Reading

## **SUPPORTED LEGISLATION**

### **Senate Bill 192 (Beall) – Support in concept.**

**Title:** Mental Health Services Fund.

**Summary:** The MHSA authorizes a county to maintain a prudent reserve to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The MHSA, except as specified, requires any funds allocated to a county that have not been spent for their authorized purpose within 3 years to revert to the state to be deposited into the fund and available for other counties in future years. This bill would clarify that the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average Community Services and Support revenue received, in the preceding 5 years. The bill would require the county to reassess the maximum amount of the prudent reserve every 5 years and to certify the reassessment as part of its 3-year program and expenditure plan required by the MHSA.

**Status/Location:** 8/13/18 Assembly Consent Calendar.

### **Senate Bill 215 (Beall)**

**Title:** Diversion: mental disorders.

**Summary:** Would authorize a court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution of a misdemeanor or a felony punishable in a county jail, and place the defendant in a pretrial diversion program for up to 2 years if the court is satisfied the defendant suffers from a mental disorder, that the defendant's mental disorder played a significant role in the commission of the charged offense, and that the defendant would benefit from mental health treatment. For specified offenses, the bill would condition granting diversion on the consent of the prosecution.

**Status/Location:** 8/13/18 Assembly Third Reading.

### **Senate Bill 688 (Moorlach)**

**Title:** Mental Health Services Act: revenue and expenditure reports.

**Summary:** Current law requires the State Department of Health Care Services, in consultation with the commission and the County Behavioral Health Directors Association of California, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which gathers specified information on mental health spending as a result of the MHSA, including the expenditures of funds distributed to each county. Current law requires counties to electronically submit the report to the department and the commission. This bill would require counties to prepare the reports in accordance with generally accepted accounting principles, as specified.

**Status/Location:** 8/13/18 Assembly Third Reading.

### **Senate Bill 906 (Beall)**

**Title:** Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification.

**Summary:** Would require the State Department of Health Care Services to establish, no later than July 1, 2019, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialists, transition-age youth peer support specialists, family peer support specialists, and parent peer support specialists.

**Status/Location:** 8/16/18 Assembly Appropriations Committee Hearing.

### **Senate Bill 1004 (Wiener)**

**Title:** Mental Health Services Act: prevention and early intervention.

**Summary:** Would require the Mental Health Services Oversight and Accountability Commission, on or before January 1, 2020, to establish specified priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill would require the commission to establish a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives, metrics, data collection, and reporting strategy.

**Status/Location:** 8/16/18 Assembly Appropriations Committee Hearing.

## LEGISLATION UNDER REVIEW

### **Senate Bill 1101 (Pan)**

**Title:** Mental health.

**Summary:** Would require the commission, on or before January 1, 2020, to establish statewide objectives for the prevention, early intervention, and treatment of mental illness, the promotion of mental health and well-being, and innovation as a strategy for transformational change, and metrics by which progress toward each of those objectives may be measured.

**Status/Location:** 5/25/18 Held in Senate Appropriations Committee and under submission.

### **Assembly Bill 1215 (Weber)**

**Title:** Mental Health Services Act: innovative programs: research

**Summary:** Would, if research is chosen for an innovative project, require a county mental health program to consider, but not require, to implement, research of the brain.

**Status/Location:** 8/13/18 Assembly Concurrence.

### **Assembly Bill 2287 (Kiley)**

**Title:** Mental Health Services Act.

**Summary:** Would require the Mental Health Services Oversight and Accountability Commission to develop a local government transparency and accountability strategy for local mental health programs that includes fiscal, program and outcome components, as specified. The bill would also require the commission to develop a transparency and accountability strategy for state government that includes fiscal information, and information on programs and outcomes related to mental health.

**Status/Location:** 5/25/18 Failed Deadline pursuant to Rule 61(b)(8)

### **Assembly Bill 2843 (Gloria)**

**Title:** Mental Health Services Fund.

**Summary:** Would state the intent of the Legislature to enact legislation that would require a county that receives reallocated funds from the Mental Health Services Fund to spend those funds within 2 years of adopting an expenditure plan for those funds. It would further state the intent of the Legislature that any funds not expended by a county within those 2 years would revert to the Mental Health Services Fund to be redistributed to cities, special districts, school districts, or other public entities for the provision of mental health services consistent with the intent of the MHSA.

**Status/Location:** 5/31/18 Read third time. Refused passage. (FAILED).

## **Senate Bill 1206 (de León)**

**Title:** Mental Health Services Fund.

**Summary:** Would enact the No Place Like Home Act of 2018 and provide for submission of that act to the voters at the November 6, 2018, statewide general election. The bill would include any appropriation or transfer to the No Place Like Home Fund from the General Fund or other funds as moneys required to be paid into the No Place Like Home Fund. The bill would specify that the service contracts between the authority and the department may be single-year or multiyear contracts and provide for payments to the department from amounts on deposit in the Supportive Housing Program Subaccount.

**Status/Location:** 6/11/18 Referred to Assembly Committee on Health.



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# AGENDA ITEM 5

Action

August 23, 2018 Commission Meeting

Santa Clara County Innovation Plan

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**Summary:** The Commission will consider approval of Santa Clara County's request to fund the following Innovative project:

- ***headspace* - \$14,960,943**

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

- The County proposes to increase access to services for individuals 12-25 years old by implementing the *headspace* model for treating youth with emerging mental health needs. *headspace*, based out of Australia, is a national network of centers that functions as a 'one-stop-shop' for youth to ensure they have the coping skills and support systems in place to successfully transition into adulthood. The County originally presented the *headspace* plan to the Commission on November 16, 2017 and was approved to begin the initial 8 month ramp up phase of the project which was used for initial startup, planning costs, site visits, and the completion of a feasibility study. The County is now returning to request the augmentation of the budget in order to begin the remaining four (4) years, known as the implementation phase, of the *headspace* project.

**Presenters:**

- Toni Tullys, MPA, Director, Behavioral Health Services, Santa Clara County
- Steve Adelsheim, MD, Director, Stanford Center for Youth Mental Health and Wellbeing
- Cha See, Ph.D., Program Manager, School Linked Services, Santa Clara County

**Enclosures (3):** (1) Biographies for Santa Clara County's Innovation Presenters; (2) *headspace* Staff Analysis; (3) *headspace* Project Brief.

**Handout (1):** A PowerPoint will be presented at the meeting.

**Additional Materials (1):** A link to the County's Innovation Plan is available on the MHSOAC website at the following URL:

<http://mhsoac.ca.gov/document/2018-07/santa-clara-county-headspace-innovation-project-august-23-2018>

**Proposed Motion:** The MHSOAC approves Santa Clara County's Innovation Project, as follows:

<b>Name:</b>	<i>headspace</i>
<b>Amount:</b>	\$14,960,943
<b>Project Length:</b>	Four (4) Years

**Toni Tullys, MPA**  
**Director, Behavioral Health Services Department**  
**Santa Clara County**

Toni Tullys leads an integrated department within the Santa Clara Valley Health and Hospital System, which understands the importance of behavioral health services and provides opportunities to support and expand services for behavioral health clients/consumers. Her work focuses on providing a continuum of care across the lifespan that is grounded in wellness and recovery, prevention and early intervention, and evidence-based and best practices and driven by quality management.

Ms. Tullys has an extensive healthcare background, initially as a registered nurse in clinical, management and administrative roles. Since 1990, she has held senior leadership and executive roles in healthcare organizations. In 2005, she joined the California Institute for Mental Health, and led the Mental Health Services Act Workforce, Education and Training component in the Bay Area and across California. She served as Alameda County's Quality Improvement Director and Deputy Director, before joining Santa Clara.

Ms. Tullys earned her BS at California State University East Bay and her Master's in Public Administration at the University of Southern California.

**Steven Adelsheim, MD**  
**Director, Stanford Center for Youth Mental Health and Wellbeing**  
**Clinical Professor and Associate Chair for Community Engagement**  
**Stanford's Department of Psychiatry and Behavioral Sciences**

Dr. Adelsheim's work focuses on developing and implementing early detection/intervention programs for young people in school-based and community settings, including programs for those with depression, anxiety, and early psychosis, as well as work in youth suicide prevention, mental health policy, tele behavioral health and tribal mental health. Dr. Adelsheim has worked for many years in developing early intervention programs for adolescents and young adults in schools, school-based health centers, via tele video and other community settings. Dr. Adelsheim received his BA from Harvard College, his MD from the University of Cincinnati College of Medicine, and child, adolescent, and adult psychiatry training from the University of New Mexico Health Sciences Center.

**Cha See, PhD**  
**Program Manager, School Linked Services**  
**Santa Clara County**

Cha See is School Linked Services Program Manager with Santa Clara County (SCC) Behavioral Health Services Department. Dr. See collaborates with several school districts, community agencies and County departments to promote positive school climate, social-emotional wellbeing, and family engagement in helping students achieve academic success and health and wellbeing. Dr. See received his Master of Public Health (MPH) from California State University, Northridge, completed his pre-doctoral research at the University of Hawaii, Manoa, and obtained his Ph.D. in Public Health from Walden University while conducting research at the University of California, Los Angeles (UCLA) in the Public Health Department.



## STAFF ANALYSIS - SANTA CLARA COUNTY

<b>Innovation (INN) Project Name:</b>	<b><i>headspace</i></b>
<b>Total INN Funding Requested:</b>	<b>\$14,960,943</b>
<b>Duration of Innovative Project:</b>	<b>Four (4) Years</b>

### **Review History:**

Approved by the County Board of Supervisors: June 19, 2018  
County submitted INN Project: July 16, 2018  
MHSOAC consideration of INN Project: August 23, 2018

This project was previously brought forward to the Commission on November 16, 2017 and was approved in the amount of \$572,273 for the eight (8) month ramp-up phase. Santa Clara County is returning to the Commission to request approval for the implementation portion of the *headspace* project.

### **Project Introduction:**

The County proposes to increase access to services for individuals between the ages of 12-25 years old by implementing the *headspace* model for treating youth with emerging mental health needs. The *headspace* model is an Australian national network of centers that function as a 'one-stop-shop' for youth to ensure they have the coping skills and support systems in place to successfully transition into adulthood. The County states that incorporating the *headspace* model will lead to better identification of the early warning signs of mental illness and suicide. The County originally presented the plan to the Commission on November 16, 2017 and requested funding to support the initial 8 month ramp up phase of the project which was used for initial startup, planning cost, site visits, and the completion of a feasibility study.

The County is now returning to request the augmentation of the budget in order to begin the remaining four (4) years, known as the implementation phase, of the *headspace* project.

*In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and increases access to services, including, but not limited to, services provided through permanent supportive housing.*

Santa Clara County states this Innovation Project meets the primary purpose of increasing access to mental health services and meets the innovation project category by making a change to an existing mental health practice that has not yet been demonstrated to be effective, including but not limited to, adoption for a new setting, population, or community. The County will achieve this innovation by adapting the *headspace* model from functioning in the national healthcare system in Australia to a public/private healthcare system in the United States.

## **The Need**

The County states the Innovation project is a result of the Community Planning Process (CPP). The County solicited ideas for Innovation projects from the community which resulted in four (4) needs that were identified by the community. Two (2) of the areas identified by community stakeholders focused on Transitional Aged Youth (TAY) and their wellness to prevent involvement in the child welfare and juvenile justice system, and ensure successful transitions into the community. More specifically, Santa Clara County states that young people with emerging mental health issues have difficulty accessing timely and appropriate services because the current mental health system is unresponsive to their needs. As a result of the lack of access to mental health systems early on, youth do not receive services until their mental health issues are severe.

There is research that shows that 75% of mental health issues surface in individuals before the age of 25 and it is the County's assertion that providing services for youth in combination with possible early detection and treatment of mental illness may reduce the burden and stigma of mental illness.

Our research validates the County's findings of nationwide identified goals. Studies show that only about half of all children and TAY in need of mental health services receive them. Furthermore, in 2009 the Congressional Research Service published a report with

policy discussion items to address the lack of access to competent services in rural and some urban areas, and the issue of mental health services not being integrated with other services. The report indicates approximately one (1) in four (4) adults, 18 and older, living in the United States suffer from a diagnosable mental illness in any given year and recommends that effective treatment options be offered at a greater availability in order to address society's perception of mental illness.

### **The Response**

As a result of stakeholder input, Santa Clara County has come forward with an Innovation Project which is an adaptation of the *headspace* model, specifically targeting children and Transitional Aged Youth (TAY). Created in Australia, *headspace* was designed to provide early intervention for children and TAY between 12-25 years of age. Australia developed *headspace* in an effort to address mental health in children and TAY as mental health issues were affecting about 1 in 4 children and TAY. As of June 30, 2017, *headspace* indicates they provided over two (2) million services thru its centers and online services, assisting a total of 355,000 young people.

The County intends to create Santa Clara County *headspace* in an effort to support all youth, regardless of their insurance coverage and will follow a “no wrong door approach” with zero exclusion. The County states that bringing the *headspace* model into the United States would be valuable in that it would provide early detection for children and TAY with the hopes of reducing the mental health population, ultimately making 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.

The County has completed the ramp-up period that encompassed in-depth research, site visits, planning and input from the youth advisory group, which will now serve as the foundation for the implementation portion of this project. Due to the conclusion of the ramp-up period, Santa Clara is returning to the MHSOAC with a budget augmentation to seek approval to begin the implementation phase of the *headspace* project. The County states that they estimate that 1,000 children and TAY will seek services from each of the two (2) *headspace* centers, serving a total of 2,000 children and TAY between ages 12 to 25 annually.

With funding from the Robert Wood Johnson Foundation, the Stanford Psychiatry Center for Youth Mental Health and Wellbeing, a feasibility study was conducted in the United States on how to replicate *headspace* in Santa Clara County. The study indicated that developing the model in the United States would be complicated due to the lack of national healthcare in the United States; however, it would be valuable to bring *headspace* into the United States. The feasibility study also exposed the following essential components:

- The *headspace* sites should be stand-alone sites so that youth feel this program is their own independent place for health care and mental health care
- Each *headspace* site should provide integrated care services to treat those with mild to moderate mental health conditions, including but not limited to: substance abuse issues, education and employment support, and access to health care

- Individuals who may need more intensive behavioral health treatment may be referred into the behavioral health system, if needed
- *headspace* sites should be marketed and advertised in an effort to draw in young people to access mental health supports and reduce the overall stigma associated with mental illness

The County will seek to lease two (2) *headspace* sites located in San Jose and the Palo Alto/Mountain View area. Several potential sites were reviewed by the County within the past several months and it is likely the County will enter into contract negotiations by November 2018 to secure both sites. The County indicates the leasing of both sites will not exceed five (5) years, as required per Innovation Regulations. The County indicates that MHS Community Services and Supports (CSS) funds will likely sustain *headspace*; however, **the County may wish to clarify if CSS funds will also be utilized for the leasing of the *headspace* sites or if other funds will be utilized. Also, the County may wish to discuss how they will address any potential NIMBY-ism once the sites have been selected.**

Both *headspace* sites will incorporate the following four (4) integrated and co-located service components:

1. Behavioral health support
2. Primary care services
3. Educational support
4. Employment Support

The County will select Community Based Organizations (CBOs), selected through a bidding process, who will work with the County to provide services and resources for young people. This private-public partnership will allow a range of services that may be provided for youth at each of these sites. Santa Clara indicates that the incorporation of both mental health care and primary health care will assist in providing earlier detection of warning signs which may lead to more effective and preventive care. **The County may wish to clarify the process to ensure that data shared outside of *headspace* is safeguarded. Additionally, County may want to provide information on how they will ensure HIPAA compliance.**

The County, in collaboration with the selected CBOs, Stanford Center, and the Youth Advisory Group, will hire staff who will provide services at both *headspace* sites. Staff recruitment will begin once the plan has been approved by the Commission. In alignment with the feasibility study and in keeping with the conformity of *headspace*, staff will include, but will not be limited to the following: Psychiatrists, Psychologists, Physician/Nurse Practitioners, Substance Use Treatment Counselors, Mental Health Service clinicians, Community Coordinators and Peer Partners (**see pg. 9 for complete list of staff**).

**The selected CBO will provide two (2) staff at each *headspace* site who will work in the capacity of Peer Partners and Case Manager – the County may wish to consider hiring additional staff who will strictly provide youth/peer services, given the large amount of individuals expected to be served.**

The County states the innovative component of this project is bringing the *headspace* model into the United States, which incorporates an early intervention structure for youth that has not yet been introduced. Additionally, developing the financial model of *headspace* in the United States in order to provide services for youth regardless of health insurance is another key innovative component. The County asserts this project will serve youth between the ages of 12-25 regardless of insurance coverage. The County and the Stanford Center has entered into discussions with Kaiser Permanente and professionals from Australia and Canada to seek guidance and input on how to create a blended fiscal model of both private and public insurance.

Santa Clara County indicates there are other states (New York, Michigan, Illinois) who have expressed interest in the development of *headspace* sites in their own state, along with counties here in California (Sacramento, San Mateo, and Santa Barbara) who may wish to replicate this model in their own community. For this reason, the County would like to ensure the building of a sustainable model so that it can be successfully replicated state and nation-wide.

In recognition of lessons learned during the first phase of this project and presentation from the Foundry Youth Mental Health Integrated Care Model on March 7, 2018, the Commission may wish to encourage Santa Clara County to reach out to other counties with similar needs in order to foster cross-county learning as well as possible statewide implementation.

### **The Community Planning Process**

The County has provided details regarding the first phase (ramp up) of the *headspace* project which was inclusive of stakeholders and the public. Beginning in August 2016, Santa Clara held MHSA Stakeholder Leadership Committee (SLC) meetings to explain the Innovation planning process to stakeholders and the public. The *headspace* project was ultimately selected through two (2) separate “submission windows”, where stakeholders and the public electronically submitted their innovation ideas and then provided feedback on which innovation plans should be brought forward.

In continuing its effort of meaningful stakeholder involvement and in preparation of the implementation phase of the *headspace* project, Santa Clara County focused its effort on creating a Youth Advisory Group to assist in the guiding and framing of the *headspace* project. The County states it was important to include youth that mirrored the diversity found within Santa Clara, and as a result, targeted outreach campaigns were held in partnership with over 45 community based organization and service providers including, but not limited to: school districts, high schools, probation departments, and local community colleges.

An application to solicit participants for the Youth Advisory Group was created to recruit youth regardless of race, ethnicity, gender, sexual orientation, lived experience, and socio-economic status. Applications were completed and submitted online; and while questions were general in nature, there were questions that were not required to be answered. For example, applicants had the option of self-disclosing any lived experience



with mental illness and whether they associate or identify with a particular culture and/or group (Asian, Iranian, homeless, LGBTQ, etc.).

In January 2018, a total of 52 youth applied as a result of recruitment efforts; however, the County decided to launch a second round of targeted outreach focusing on the recruitment of foster youth, young men and the LGBTQ community. Youth Advisory Group applicants were interviewed by staff from Santa Clara County Behavioral Sciences and Stanford Center for Youth Mental Health and Wellbeing and as a result, a total of 27 youth representing various backgrounds and life experiences were selected in February 2018 as part of the Youth Advisory Group. The County states the Youth Advisory Group includes, but is not limited to the following cultural groups: Asian, Hispanic, Mexican, Caucasian, Iranian, and Vietnamese. The County states they will continue efforts to ensure the Youth Advisory Group is a fair representation of the cultural diversity found within the County.

**County may wish to provide information as to how they will ensure that the Youth Advisory Group accurately reflects the County's demographic and cultural population. Additionally, County may wish to provide information on whether there are stipends or rewards provided or made available for the Youth Advisory Group volunteers.**

As part of the *headspace* project, Stanford Youth Mental Health entered into contract with IDEO.org, who has worked in collaboration with the Youth Advisory Group to inform the County on possible site locations, site design, branding development, and the future identity of the *headspace* experience.

Once the Youth Advisory Group was selected and formed in February 2018, the Stakeholder Leadership Committee (SLC) began brainstorming ideas surrounding the County's needs, gaps and program development. In March 2018, the County presented detailed information surrounding the *headspace* implementation, soliciting feedback and comments from SLC members and the public. These comments were summarized by staff and shared at the SLC meeting on March 27, 2018, receiving overall positive feedback and interest.

The 30-day public comment period at the county level began on May 11, 2018 and concluded on June 10, 2018, followed by the Mental Health Board meeting held on June 11, 2018. The County indicates their Board of Supervisors unanimously approved the implementation of *headspace* on June 19, 2018. The MHSOAC shared this Innovation Project with stakeholders beginning May 24, 2018 while the project was in the 30-day review at the County level. It is unknown if any comments or letters were received at the County; however, no letters of opposition or support were received at MHSOAC in response.

### **Learning Objectives and Evaluation**

Among the goals of the ramp-up period, Santa Clara County sought to gain insight into how the implementation of the *headspace* project would be evaluated. During this time, the County entered into a contract with Informing Change to assist in the development of the evaluation plan. Informing Change is an organization that works with and supports

other organizations who provide support for youth and young adults. The evaluation plan is not only informed through lessons learned during prior evaluations of the Australian *headspace* project, but also in cohort with the Stanford Psychiatry Center on Youth Mental Health and Wellbeing, as well as the Youth Advisory Group (YAG). The target population for the project will be youth ages 12 to 25, and it is estimated that approximately 2,000 youth will be served annually. The learning goals of the project remain the same, and include:

1. Understand the efficacy of integrating multiple service components to increase youth access and engagement in behavioral health services
2. Distinguish the barriers and facilitators to access *headspace* sites among youth who are currently engaged and not engaged in the integrated care model
3. Understand how to effectively and successfully adopt a financial model that allows all youth to access integrated care services regardless of their ability to pay and insurance coverage
4. Identify best approaches to include youth, family members, and community stakeholders in the development, implementation and evaluation of an integrated care model intended for young people; and
5. Learn the effects of the integrated model on clients' social-emotional, and physical wellbeing, as well as life functioning.

Santa Clara County will evaluate a number of different domains in order to meet the project goals, and include: (1) access and engagement, (2) outcomes for clients, (3) service delivery model, (4) cost effectiveness, and (5) process data. The County has stated three (3) intended outcomes: (1) *headspace* sites will increase access for youth who may need behavioral health, physical health, and other services; (2) empower youth; (3) increased partnership and improvement of service coordination.

Quantitative indicators that are proposed to evaluate these domains include experience and satisfaction, intensity and duration of services, comprehensive service use and need, client-specific outcomes, as well as service costs and uptake. Additionally, qualitative methods will be utilized to explore experience and satisfaction, cultural sensitivity and responsiveness, adherence to principles of recovery, and "least restrictive means," coordination, and partnership. Specific measures for each domain have also been identified, and will be developed in cohort with the YAG (**see pgs. 9-10 of County plan**).

Data will be gathered through the County's BHS Management Information System (MIS), which contains information needed for specific measures, such as: intake information, treatment plan and assessments, CANS assessment information, key events, services, etc. Other information will be gathered through Kessler K10 assessments, client questionnaires, and other self-reported data using interviews and surveys with youth, parents and caregivers, and program partners. In order to evaluate the domains proposed, the County will utilize propensity score matching to establish a comparison group to those not engaged in *headspace*.

The final evaluation will be completed by their contracted evaluator, Informing Change, in cohort with program partners. Findings from the program evaluation will be shared during

quarterly stakeholders meetings, across counties and states that may be interested in implementing a similar program, as well as at local and national conferences.

## **The Budget**

The initial eight (8) month “ramp-up” period for the *headspace* project was presented to the MHSOAC on November 16, 2017 which resulted in the approval of MHSA innovation funds for the amount of \$572,273 (total ramp-up budget: \$704,155).

For the implementation phase of *headspace*, the total MHSA innovation funds being requested is \$14,960,943, and the total project budget is \$16,500,004 and is expected to last four (4) years in duration. In addition to the total amount of innovation funds being requested (\$14,960,943), the County is utilizing \$1,539,061 of other funding which consists of Capital Facilities Technology Needs (CFTN) funds that are subject to reversion from FY 07/08 (total amount subject to reversion for FY 07/08 is \$3,423,132). A total of \$940,000 will come from these CFTN funds and will be for the improvement of the two (2) *headspace* facility sites. The County is also using a total of \$599,061 which still remains from the original ramp-up budget.

The County will be contracting and collaborating with a Community Based Organization (to be selected pending MHSOAC approval) and the Stanford Center for Youth Mental Health and Wellbeing. Innovation funding will be provided to these agencies for staffing at the *headspace* sites which includes, but is not limited to: clinicians, case managers, physicians, clerical staff and education/employment specialists. (See table below for specific staff employed at each of the *headspace* sites). It is anticipated that there will be two (2) *headspace* sites located in San Jose and Palo Alto/Mountain View.

Santa Clara County is allotting a total of \$8,684,734 (53% of total budget) to cover their own County costs. This amount is broken down by personnel costs (\$3,327,331); operating costs (\$4,957,403); and the evaluation component (\$400,000). The operating costs cover items such as the rent of the *headspace* sites (discussed later in section), utilities, program supplies, kitchen supplies, office supplies, training, and administrative costs. The evaluation component (2.4% of total budget) will be contracted out through a Request for Proposal (RFP) process.

The County will select a Community Based Organization (CBO), procured through an RFP process, who will provide case management services, peer support, and community planning. The County will be paying the selected CBO a total of \$3,174,000 (19% of total budget) for the employees who will be providing these services at the *headspace* sites. This amount is broken down between personnel costs (\$2,460,000) and operating costs (\$714,000). The operating costs are for items such as program supplies, office supplies, and professional development.

The County is paying Stanford Center for Youth Mental Health and Wellbeing a total of \$1,660,317 for clinical staff employed at each of the *headspace* sites. In addition, the County will be paying Stanford Center for Youth Mental Health and Wellbeing a total of \$1,441,892 for the technical assistance team. Out of this amount (\$1,441,892), a total of

\$1,049,548 is for personnel costs and the remaining \$392,344 is for operating costs. The operating costs for the Stanford Center are for items such as program supplies, office supplies, training, and professional development.

The County will partner with Stanford and the Youth Advisory Group to locate and secure two (2) *headspace* sites for lease and anticipates entering into contract negotiations by November 2018. The County states they will ensure the leases for both sites will not exceed five (5) years, as mandated by MHPA Innovation funding regulations (**see pgs. 6 & 19 of County plan**). The amount allocated for the leasing of these two (2) sites (3,456,000) is incorporated as part of the County’s total operating costs (\$4,957,403).

In reference to Assembly Bill 114, the County is utilizing funds subject to reversion from Fiscal Year (FY) 08/09: a total of \$1,882,772 will be utilized and will be applied to FY 18/19 (\$1,802,691) and FY 19/20 (\$20,081).

The table below lists the specific personnel that will be provided at each of the *headspace* sites. Innovation dollars requested for this project will be paid by the County to ensure appropriate staffing at the *headspace* sites. Staffing will be provided from either the County, the CBO, or the Stanford Center as identified below:

Location site / Team	Position Title	FTE	Employees provided by:
<b><i>headspace</i> – San Jose</b>	Licensed Clinical Manager	0.50	Santa Clara County
	Clerical Staff	1.00	Santa Clara County
	Licensed Clinician	1.50	Santa Clara County
	Primary Care Physician	0.40	Santa Clara County
	Psychiatrist	0.20	Stanford Center
	Psychologist	0.20	Stanford Center
	Community Coordinator	1.00	CBO
	Case Manager (Youth Partner)	2.00	CBO
	Administrative Assistant	1.00	CBO
	<b><i>headspace</i> personnel @ San Jose</b>	<b>7.80 FTE</b>	
<b><i>headspace</i> – Palo Alto</b>	Licensed Clinical Manager	0.50	Santa Clara County
	Clerical Staff	1.00	Santa Clara County
	Licensed Clinician	1.50	Santa Clara County
	Adolescent Medicine Specialist	0.40	Stanford Center
	Psychiatrist	0.20	Stanford Center
	Psychologist	0.20	Stanford Center
	Community Coordinator	1.00	CBO
	Case Manager (Youth Partner)	2.00	CBO
	Administrative Assistant	1.00	CBO
	<b><i>headspace</i> personnel @ Palo Alto</b>	<b>7.80 FTE</b>	
<b>Stanford Tech Asst Team</b>	Eval Implementation Scientist	0.05	Stanford Center
	Clinical / Medical Director	0.10	Stanford Center
	Program Implementation Manager	0.10	Stanford Center
	Youth Development Specialist	1.00	Stanford Center

Education / Employment Specialist	1.00	Stanford Center
<b>Technical Assistance Team</b>	<b>2.25 FTE</b>	

The County states they will attempt to implement *headspace* with this staffing structure and may refine as the project moves forward or if the utilization of services require additional staffing. **There appears to be a ratio of 4:2000 Youth Partners (Case Managers) for both *headspace* sites – County may wish to consider hiring additional Youth Partners given the large volume of individuals expected to be served annually. Similarly, there is a ratio of 3:2000 licensed clinicians at both *headspace* sites – County may wish to consider hiring additional licensed clinicians given the number of individuals expected to be served annually.**

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

### **References**

<https://www.headspace.org.au/about-us/who-we-are/>

Adelsheim, S., Tanti, C., Harrison, V., and King, R. (2015). *headspace*: US Feasibility Report.

Merikangas, K. R., He, J., Burstein, M. E., Swendsen, J., Avenevoli, S., Case, B., Georgiades, K. Olsson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*. 50(1), 32–45.

<https://fas.org/sgp/crs/misc/R40536.pdf>

<http://informingchange.com/areas-of-expertise/youth-engagement>

### **Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2018-07/santa-clara-county-headspace-innovation-project-august-23-2018>



Title: headspace (INN-13)

### Statement of Need

According to the U.S. Department of Health and Human Services' Office of Adolescent Health, one in five adolescents has a diagnosable mental disorder, and yet less than half of adolescents with these disorders received any kind of treatment in the last year. Santa Clara County is home to 168,420 children between the ages of 11 and 17, and yet the National Center for Children in Poverty report that there are only 8,122 youth ages 0-25 using mental health services in the County, while data suggests that among youth aged 11 to 17 alone over 30,000 youth should be accessing service. The lack of accessible behavioral health services for young people is associated with different factors.

### Proposed INN Project

Santa Clara County's *headspace* Implementation Phase seeks to make 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 {Division 5 of the Welfare and Institutions Code, 5830 (b)(2)(B)}. The project will begin with four integrated, not just co-located, service components, including behavioral health (i.e., mental health and substance use treatment), primary care services, educational support, and employment support. These services will be provided by BHSD, Stanford Medicine, and Community-Based Organizations (CBO). The services will be available to all young people regardless of their ability to pay and health insurance status.

The project will empower peers and young people through the development of the Youth Advisory Group (YAG), who will be involved in the planning, implementation and evaluation of the services and programs, site identification, design and development, and marketing and outreach. The *headspace* centers will be youth-friendly, culturally and linguistically responsive, and accessible to youth. The YAG will provide input and guidance from the ground up. With input of community youth from the initiation of the project, the services will be tailored to best meet the needs of the youth in the community the centers will serve.

The project will also help to mobilize communities by allowing the CBOs, identified through a competitive bidding process, to lead a community planning, mobilization, and empowerment process in partnership with other CBOs and stakeholders. This process will yield a consortium of service providers. Through this consortium of providers, appropriate services and resources for young people in the community will be identified and offered at the *headspace* sites or be available to the site participants through appropriate referrals and linkages. The Youth Partners hired by the CBOs are essential part of the service integration, who will provide support among the young people in understanding the array of services available at the site, as well as service linkage and access to facilitate a seamless service delivery.

### Ramp-Up Accomplishments

1. **Youth Advisory Group:** The first YAG was developed in February 2018 to help inform the *headspace* sites in the County. Stanford Center for Youth Mental Health and Wellbeing (SCYMHW), in partnership with BHSD and over 45 community agencies, including the community-based organizations (CBOs), school districts, and local community colleges, conducted recruitment throughout the County. The recruitment yielded 27 youth respondents. The application process included a completion of an online application, an "optional" self-disclosure about lived experience with mental illness and any particular cultural groups with which the applicants identified (e.g., LGBTQ, homelessness, etc.). However, this information was not required since the team recognized that some youths may not feel comfortable disclosing sensitive information. The age group ranged from 16 to 24 and many members self-identified as a consumer or family member of a consumer. Inaugural YAG includes

participants from the County's diverse cultural and ethnic communities (i.e., Asian, Hispanic, Mexican, Iranian and Caucasian). The implementation planning team is committed to ensuring the County's diverse cultural groups and voices are represented on the YAG and will continue to outreach and engage diverse youth. The team will collaborate with its inaugural YAG to reach and engage members of underrepresented racial and cultural minority groups, including LGBTQ, African-American and Latino. Some of the outreach and engagement activities will occur in partnership with and at the faith-based organizations, schools, and CBOs throughout the County to ensure diverse young people with lived experience are able to participate on the YAG. The YAG members are involved in every step of the way in identifying the branding and marketing ideas including meetings with IDEO.org consultants, contracted to assist in the development of the site design concepts and program branding. Several YAG members have participated in visiting potential *headspace* sites in San Jose to provide their input on site location, building, and neighborhood. Through input from YAG members, the planning team has identified a potential site in San Jose and is reviewing the logistics and legality items in partnership with the County's Facilities and Fleets (FAF) Team. Two YAG members will also attend the on-going data and evaluation planning meeting with BHSD, Stanford and Informing Change, a selected vendor assisting the planning team in developing the evaluation plan during the ramp up phase.

2. **Finalize services/framework that will be provided at the *headspace* centers:** Based on the feasibility study and consultation meetings with the experts from Australia and British Columbia, Canada on the *headspace* and Foundry model, respectively, as well as input from the YAG, BHSD and SCYMHW developed the center framework consisting of the main service components. The services will be integrated and not just co-located, which will create an innovative culture of youth health. Service integration is achieved as any young people entering the site will receive equal services through a streamlined, coordinated system. As identified in the feasibility study, the provision of integrated care services allows for "one-stop shopping", which helps to prevent stigma when accessing mental health services for young people and is essential given the high frequency of comorbid health and mental health related conditions. Service integration fills a significant gap in young people's public mental health service provision. The Youth Partners at the center will help young people to understand the array of available services, as well as help navigate the center and community service linkage.
3. **Identify *headspace* centers:** Several potential sites were reviewed by the planning team and the YAG within the past six months. The project planning team and YAG, have identified potential sites in San Jose and North County. The County's FAF team is assessing the legal items in order to move forward with the letter of interest for both areas. The project planning team has partnered with IDEO.org and the YAG to develop design concepts. The site milieu of *headspace* is another innovative aspect that will contribute to the increased access of mental health service and eliminate stigma. BHSD anticipates to identify a site for contract negotiation by November 2018. Based on the Innovation funding regulations, the lease for these two sites will not exceed 5 years.
4. **Develop Staffing Infrastructure at the *headspace* centers:** The staffing infrastructure for the sites will include, but not be limited to: Psychiatrist, Psychologist, Physician/Nurse Practitioner, Substance Use Treatment Counselors, Mental Health Service clinicians, Community Coordinators and Youth Partners in order to maintain fidelity with the original *headspace* model. This infrastructure is aligned with the feasibility study. Staff recruitment and RFP will be conducted once the implementation plan is approved.
5. **Develop a billing and financing model for the *headspace* project:** The project is intended to provide services to youth ages 12- 25, regardless of insurance coverage, including Medi-Cal, unsponsored, and commercially-insured youth. The planning team, including BHSD and SCYMHW, has engaged in preliminary conversations with local (i.e., Kaiser Permanente) and international experts (i.e., Australia and Canada) related to blending the fiscal model of private and public insurance. The County's Health and Hospital Finance Team is working with BHSD on billing

processes. BHSD is also working with managed care staff related to commercial insurance. This is one of the main innovation components of the project. To this end, BHSD will partner with the evaluation planning vendor to capture evaluation data related to *headspace* billing model for sustainability and replicability purposes. The goal is to employ the new billing and financial model during project implementation.

6. **Develop the Data Management System for the project:** BHSD has identified a vendor from Berkeley, CA to assist with the development of a comprehensive evaluation plan, including plans related to data collection and management. The project planning team also met with experts from Australia and British Columbia about their data systems and minimum data set. These information will be used by our evaluator to develop the evaluation plan and systems. The data management systems should be ready for operation at the early phase of project implementation.

### **Community Planning Process**

In November 2017, BHSD received approval from the MHSOAC to implement the ramp up phase and return to the MHSOAC to submit the implementation plan for approval. BHSD is in the process of completing the ramp up phase, which allowed the team to design a framework for the implementation and sustainability components to adapt and replicate *headspace* in Santa Clara County.

The Youth Advisory Group was formed in February 2018. The group consists of 27 diverse youth in the County. The group has provided valuable input and guidance from the ground up relative to site design concepts and branding development. With their input, the services will be tailored to best meet the needs of the youth in the community the centers will serve.

On February 22, 2018, the SLC began Innovation project development as part of the Community Program Planning process. The public hearing by the Behavioral Health Board occurred on June 11<sup>th</sup>, with the plan being unanimously accepted. The County Board of Supervisors received the plan during the meeting on June 19<sup>th</sup> and provided a unanimous vote of approval.

### **Learning and Evaluation**

The learning goals and intended outcomes of *headspace* are relative to the following four topics (The goals and outcomes are being refined in partnership with the evaluation planning team and the YAG):

#### **1. Innovative Intervention Model**

##### **Learning Goals**

- A. Understand the efficacy of integrating multiple service components to increase youth access and engagement in behavioral health services.
- B. Identify best approaches to include youth, family members, and community stakeholders in the development, implementation and evaluation of an integrated care model intended for young people.

##### **Intended Outcomes**

- A. Integrated services at the sites will increase young people's access to behavioral health services, among other health and wellbeing services such as primary care services and employment and educational support, in Santa Clara County.
- B. The innovative model will help to empower young people to promote behavioral health (services) among their peers and eliminate behavioral health-related stigma through the YAG.
- C. Through the consortium model, the sites will increase partnership and improve service coordination among community providers in improving the health and wellbeing among young people in Santa Clara County.

#### **2. Access and Engagement**

##### **Learning Goals**

- A. Distinguish the barriers and facilitators to access *headspace* sites among youth who are currently engaged and not engaged in the integrated care model.



### Intended Outcomes

- A. Provide services to at least 1,000 young people per site in the County in the first year.
- B. Increase access to behavioral health services among the vulnerable and disadvantaged groups including indigenous, LGBTQI, and homeless youth, as well as those who are not engaged in school or work.
- C. Improve service quality by conducting the following:
  - a. Ensuring culturally appropriate services
  - b. Maximizing open and accessible hours
  - c. Addressing transportation issues
  - d. Reducing wait lists through streamlined services

### 3. Finance Model

#### Learning Goals

- A. Understand how to effectively and successfully adopt a financial model that allows all youth to access integrated care services regardless of their ability to pay and insurance coverage.

#### Intended Outcomes

- A. Develop an innovated, blended finance model that will allow the site to provide integrated services to young people in the County independent of ability to pay and insurance coverage status.
- B. Through the new financial model, analyze the cost of services and the benefits of the blended financial model for young people's integrated care service.

### D. Client Outcomes

#### Learning Goals

- A. Learn the effects of the integrated model on clients social-emotional and physical wellbeing, as well as and life functioning.

#### Intended Outcomes

- A. Young people will demonstrate, through clinical assessments, an improvement in their in social-emotional wellbeing.
- B. There will be a positive outcome on young people's health and wellbeing, including economic and social outcomes (e.g., the number of days spent unable to work or study decreased).
- C. There will be an increase of family involvement in the young people's health and wellbeing.

### Methodologies

Quantitative and qualitative data will be collected to understand the learning goals and conduct project evaluation. Both type of data will be collected in a variety of methods, including via surveys (e.g., paper-based and electronically via iPad or computers), group discussion and interviews (e.g., open-ended questions regarding services and benefits).

### Budget

The INN budget request for *headspace* implementation for **two sites over the span of four years** is approximately \$16.5 million\*. There are three main budget components, as follows:

- **Santa Clara County BHSB Budget:** Approximately \$8.7 million for 3.40 FTE at the San Jose site and 3.0 FTE at the Palo Alto/Mountain View site, as well as the leasing expense and evaluation.
- **Community Based Organization Budget:** Approximately \$3.2 million for 4.0 FTE at each *headspace* site to provide direct services.
- **Stanford University Budget:** Approximately \$3 million for technical assistance team from the Stanford Center for Youth Mental Health and Wellbeing (\$1.4 million) and the clinical staff from Stanford Medicine (\$1.6 million).

\*The remainder of the expense mainly pertains to facility improvement (\$940,000); the one-time County General Fund is \$564,379. BHSB will utilize unspent CFTN dollars (\$470,000 for FY19 and \$470,000 for FY20) to renovate the two clinic sites.

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# AGENDA ITEM 6

Action

August 23, 2018 Commission Meeting

San Diego County Innovation Plan

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**Summary:** The Commission will consider approval of San Diego County's request to fund the following Innovative project for a total amount of \$4,773,040.

- **Accessible Depression and Anxiety Postpartum Treatment (ADAPT) - \$4,773,040**

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

- The ADAPT Project seeks to test if utilizing a partnership between mental health service providers and public health nurses to provide timely, whole-person mental health treatment to parents who screen positive for postpartum depression and/or postpartum anxiety will increase access to care and improve behavioral health outcomes.

**Presenters:**

- Alfredo Aguirre, LCSW, County of San Diego, Behavioral Health Services Director
- Dean Sidelinger, MD, MEd, FAAP, County of San Diego, Child Health Medical Officer
- Yael Koenig, LCSW, County of San Diego, Behavioral Health Services Deputy Director

**Enclosures (3):** (1) Biographies for San Diego County's Innovation Presenters; (2) ADAPT Staff Analysis; (3) ADAPT Project Brief.

**Handout (1):** PowerPoint will be presented at the meeting.

**Additional Materials (1):** Link to the County's Innovation Plan available on the MHSOAC website at the following URL:

<http://mhsoac.ca.gov/document/2018-07/san-diego-county-innovation-project-adapt-august-23-2018>

**Proposed Motion:** The MHSOAC approves San Diego County's Innovation Project, as follows:

**Name:** Accessible Depression and Anxiety Postpartum Treatment (ADAPT)  
**Amount:** \$4,773,040  
**Project Length:** Five (5) Years



## **Biographies for San Diego County Presenters**

### **Alfredo Aguirre, LCSW**

Alfredo Aguirre, LCSW, is the Director of Behavioral Health Services of San Diego County and has served in the capacity of Mental Health Director since 1999. He serves on the Board of Directors of the National Network of Social Work Managers and as a co-chair of the Cultural Competence, Equity, and Social Justice Committee of the California Behavioral Health Directors Association. He also serves on the Child, Adolescent and Family Branch Council, a national advisory committee to the Children's Branch of the Center for Mental Health Services under SAMHSA. Mr. Aguirre has worked in the mental health field for over 37 years as a psychiatric social worker, staff supervisor, manager, and executive. He is the recipient of many prestigious awards, including Mental Health Person of the Year in 2008, the 2011 Hope Award for his leadership in the County of San Diego's Mental Health Stigma Reduction Media Campaign, "It's Up to Us," and the 2014 NAMI California Outstanding Mental Health Director.

### **Dean E. Sidelinger, MD, MEd, FAAP**

Dean E. Sidelinger, MD, MEd, FAAP, is the Child Health Medical Officer for the County of San Diego Health and Human Services Agency (HHS). In this role, he works across programs in behavioral health, child welfare, early childhood, social services, and public health. In addition, Dr. Sidelinger works with multiple partners in the community from the education, health, and social service sectors. Prior to his current position at the County, Dr. Sidelinger was the Deputy Public Health Officer. Dr. Sidelinger is a member of the Pediatric Leadership Alliance workgroup at the American Academy of Pediatrics (AAP), which provides leadership training for pediatricians and others working to improve the health of children. He has also held leadership positions in the AAP at the local, state, and national levels. He was humbled to receive the 2013 AAP Child Health Advocate Award from the American Academy of Pediatrics.

### **Yael Koenig, LCSW**

Yael Koenig, LCSW, is the Deputy Director for the County of San Diego, Health and Human Services Agency, Behavioral Health Services, Children Youth and Families (CYF) System of Care. She has over 20 years of experience working with children, youth and families in a variety of settings, including juvenile justice and mental health. She is responsible for overseeing over 100 contract and County operated programs with a budget of over \$141 million dollars. She received her Bachelors of Arts in Social Work from Michigan State University and a Master of Social Work from the University of Tennessee. She holds a Clinical Social Worker license from the State of California.



## STAFF ANALYSIS— SAN DIEGO COUNTY

<b>Name of Innovative (INN) Project:</b>	<b>Accessible Depression and Anxiety Postpartum Treatment (ADAPT)</b>
<b>Total INN Funding Requested:</b>	<b>\$4,773,040</b>
<b>Duration of Innovative Project:</b>	<b>Five (5) Years</b>

### **Review History:**

Approved by the County Board of Supervisors:	October 10, 2017
County submitted INN Project:	June 21, 2018
MHSOAC consideration of INN Project:	August 23, 2018

### **Project Introduction:**

The proposed project seeks to test if utilizing a partnership between mental health service providers and public health nurses to provide timely, whole-person mental health treatment to parents who screen positive for postpartum depression and/or postpartum anxiety will increase access to care and improve behavioral health outcomes.

*In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSOAC principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration;*

*and increases access to services, including, but not limited to, services provided through permanent supportive housing.*

San Diego County identifies that failure to screen and treat postpartum depression and anxiety has long-term consequences for children, parents and the community as a whole. The County presents statistics from the 2010 Maternal and Infant Health Assessment (MIHA) Survey showing that 14% percent of women giving birth in San Diego County were diagnosed with postpartum depression (PPD) and add that postpartum anxiety (PPA) is often co-morbid with PPD. In addition, the County highlights that at least 10% of fathers also experience PPA and PPD but are often left out of the current treatment models.

The County presents research showing that maternal depression is the most common complication of childbearing, and is associated with mother-child bonding difficulties, increased crying, delays in language development, behavioral problems in children and maternal suicide (Screening, 2015). Underserved communities are disproportionately affected, with African-American and Latina women experiencing depressive symptoms more often during and after pregnancy than other racial/ethnic groups (CDPH, 2018).

The American College of Obstetricians and Gynecologists recommends that clinicians screen patients for depression and anxiety at least once during the perinatal period using a standardized, validated tool. Consistent with the Department of Public Health, San Diego County argues that one screening is inadequate and that clinic-based, gender-specific interventions are not designed to address the complex and interrelated needs of the whole family (CDPH, 2018).

The County acknowledges that existing programs within the County provide in-home nursing services to new parents. These Public Health Nurse (PHN) programs serve approximately 1650 families annually and have shown success in improving health and parenting related outcomes but have struggled with referral and linkage to mental health services for parents. The County states that PHNs provide evidence-based mental health screening in the home as part of their Mother Child health and Nurse Family Partnership programs and refer parents to treatment but states that the County lacks accessible postpartum anxiety and depression specific treatment. In addition, the County believes that stigma, barriers to accessing services such as financial and transportation issues, lack of referral resources specific to PPD and PPA and lack of integrated services pairing mental health clinicians with PHN programs prevent parents from receiving the mental health treatment needed.

## **The Response**

In order to address the stated needs and increase access to mental health services to underserved parents, the County proposes to build upon the existing structure of the Public Health Nurse programs by collaborating and integrating mental health providers with public health nurses to provide timely, convenient and holistic treatment to parents who screen positive for depression and anxiety during the postpartum period.

The ADAPT (Accessible Depression and Anxiety Postpartum Treatment) project will test if utilizing a cross-sector partnership to provide holistic postpartum treatment services to parents will increase access to care and improve behavioral health outcomes.

ADAPT proposes to utilize Public Health Nurses from existing programs to screen and refer parents that screen positive for depression and/or anxiety to a targeted postpartum mental health treatment team that will provide community-based therapy, care coordination, and peer support for parents. The specific treatment modalities will be outlined through the procurement process.

ADAPT staff will consist of six (6) mental health clinicians, three (3) peer partners, one (1) program manager and one (1) office assistant all hired by an outside contractor who has specialized training in mental health care throughout the perinatal period. The peer partners will have lived experience and the County will ask the contractor to prioritize hiring peers with specific postpartum anxiety or depression lived experience. The ADAPT team will be co-located and embedded within the PHN sites and will provide mental health training, support and consultation to PHNs as well as participate in case conferences. ADAPT clinicians will provide appropriate levels of care based on a step system utilizing two level of services depending on parent need (see pages 3-4 for specific program details). The step system will be fluid and parents can move between the levels as needed.

Research supports San Diego County's assertion that PPD and PPA are public health concerns that require new interventions but goes further and shows that postpartum depressive symptoms were reported by 53% of California women who experienced depressive symptoms during pregnancy as compared to 7% of women who did not report prenatal depressive symptoms (CDPH, 2018). This suggests that screenings need to start earlier as symptoms of depression and anxiety occur across the perinatal period. Through consultation with MHSOAC staff, San Diego County committed to expanding the scope of the proposed project to reflect the need to screen for and address mood and anxiety disorders throughout the perinatal period.

As San Diego County presented, mothers in underserved communities experience higher rates of maternal depression. The County indicates that African-American, Latino, refugee and immigrant communities will be prioritized through the referral process and states that the current demographics of the parents utilizing the Public Health Nurse programs reflect this prioritization. By leveraging the existing PHN programs, the County will be reaching a very specific population of parents who are the most vulnerable with the least access to services. In addition, the County states that peer partners will coordinate with the Public Health Nurse staff to identify families in need of linkage to mental health services. **The County may wish to discuss the demographics or the peer partners, PHN's and Mental Health Clinicians and consider prioritizing hiring of staff who reflect the diversity of the community being served.**

In addition, California Department of Public Health data shows that intimate partner violence is a risk factor for perinatal mood and anxiety disorders (CDPH, 2015). The County states that referral pathways are in place to receive referrals from organizations serving victims of intimate partner violence into the Public Health Nursing programs.

The County states that gender-specific interventions are not designed to address the complex and interrelated needs of the whole family but misses an opportunity to highlight the need for increased screenings and interventions for all parents. In addition to biological mothers and fathers, single parents, adoptive parents and same-sex parents also experience perinatal mood and anxiety disorders. Several studies have confirmed the greater prevalence of depression and depressive symptoms among lesbians than among heterosexual women suggesting that the rate of PPD and PPA could be higher among same-sex couples and that more targeted mental health services should be provided (Maccio, Pangburn & Jaimee, 2011). **The County is encouraged to use gender inclusive language as they develop this program in order to include all parents who suffer from perinatal mood and anxiety disorders.**

### **The Community Planning**

San Diego County Behavioral Health Services identified the need for increased screening, treatment and linkage to services for postpartum behavioral health issues as a priority, particularly in underserved communities. The County states that public input at community forums and in the Children’s System of Care (CSC) Council reinforced the importance of new programs to address the unmet mental health needs of new parents.

The CSC Council includes stakeholders from multiple entities: public, private, education, family/youth, health plans, Public Health, Child Welfare Services, Probation, etc. They meet and identify “hot topics” of concern. The CSC and its Early Childhood subcommittee reviewed best practices in parental mental health and identified mental health screening and provision of appropriate and accessible services for parents as an area of need.

The County reports that twelve (12) community forums were conducted countywide to get community input and feedback regarding the Innovative project. The Older Adult, Adult and Children, Family and Youth Councils were also solicited for input regarding the community’s need. After ideas for the Innovation Project was solidified, community members also participated in “conversation cafes” to discuss the proposed project and given opportunity to provide feedback on components needed. The County may wish to discuss the level of representation from diverse communities at the community forums and on the CSC Council to show that the proposed program was designed with input by members of the community it proposes to serve.

### **Learning Objectives and Evaluation**

San Diego County has proposed implementing a project that brings together mental health service providers and public health nurses to provide holistic mental health treatment to parents who screen positive for postpartum depression and/or postpartum



anxiety; these parents also serve as the target population for the project. The County has estimated that approximately 300 individuals will be served annually through the project.

In order to guide their project, The County has identified 7 learning goals, and include:

1. To learn if collaboration with the PHN Home Visiting programs is effective in engaging mothers and fathers in treatment for postpartum depression and anxiety
2. To identify how to best equip the PHN in effectively connecting both mothers and fathers to services related to maternal/paternal depression or anxiety
3. To learn if embedded behavioral health staff can provide effective, short term treatment services that meet the needs of identified mothers and fathers
4. To identify barriers in mothers and fathers' willingness to access treatment
5. To learn if fathers are willing to participate in engagement efforts and to better understand the characteristics of paternal symptomology
6. To evaluate the effectiveness of culturally competent referrals and the outcomes of engagement and efficacy of culturally appropriate interventions, and
7. To learn what percentage of clients are linked to existing resources and identify system gaps, if any.

In order to meet these goals, San Diego County will collect data during each encounter with the client. Specific *measures* are varied, and include number of clients screened for depression (using the Edinburgh Depression Scale and PDQ-9), length of time in ADAPT program, number of clients linked to behavioral health services in the community, number of clients with a reduction in mental health symptoms, number of clients reporting improved physical health (**for full list, see pg. 6 of County Plan**).

To gather the data necessary, the County will use a number of methods, such as surveys, quarterly status report tracking, and tracking changes in screening tool measurements (**see page 7 of County Plan**). **The County may wish to identify baseline data upon which outcomes of the ADAPT program will be compared.** At the conclusion of the program, San Diego County will disseminate findings through their collaborative groups, including the Children's System of Care Council and the Adult System of Care Council.

**In an effort to promote cross-county learning and collaboration, the Commission may wish to encourage San Diego County to share lessons learned from this project with other counties that may be struggling with similar issues.**

### **The Budget**

The total proposed budget for this innovation project allocates \$4,773,040 of MHSA Innovation Funds over five (5) years. The project is proposed to begin January 2019 and conclude December 2024, including six months for evaluation.

The majority of the budget is allocated for contracted personnel, totaling \$3,376,148 and includes the following positions: 1 FTE Program Manager, 1 FTE Office Assistant, 6 FTE Licensed Mental Health Clinicians, and 3 FTE Peer Partners. Rate of pay is estimated based on U.S. Department of Labor and the Metropolitan and Nonmetropolitan

Employment and Wage Estimates for San Diego/Carlsbad, CA May 2016. **The County may wish to ensure that the contractor pays the peer partners a comparable wage to similar positions within the county.**

The County lists total direct costs as \$4,130,258 (91% of the total program budget) and indirect costs as \$416,205 (9% of the total program budget). The evaluation component will be contracted out and the County has allotted \$237,702 (5% of the total budget) for evaluation. **San Diego County is encouraged to identify any funds subject to reversion that are allocated for this project and to identify which fiscal year the funds will be drawn from.**

Regarding sustainability, the County states that they will continuously review the effectiveness of the screening and linkage efforts. If the project is successful, other existing services within the Public Health Nurse Home Visiting Programs will be evaluated for augmentation to incorporate the screening and linkage offered through this program.

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

### **References**

CDPH.2015. Maternal and Infant Health Assessment Survey. Retrieved From <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/SnapshotCoSanDiego2013-2014.pdf>

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Maccio, Elaine M., Pangburn, Jaimee A.2011.The Case for Investigating Postpartum Depression in Lesbians and Bisexual Women. Louisiana State University School of Social Work, Baton Rouge, Louisiana Retrieved from [https://www.whijournal.com/article/S1049-3867\(11\)00030-2/pdf](https://www.whijournal.com/article/S1049-3867(11)00030-2/pdf)

Screening for Perinatal Depression.2015.Committee Opinion No. 630. American College of Obstetricians and Gynecologists.Obstet Gynecol

**Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2018-07/san-diego-county-innovation-project-adapt-august-23-2018>

## **Accessible Depression and Anxiety Postpartum Treatment (ADAPT) (INN 18) Project Overview**

**January 1, 2019 through December, 2023**

### **Proposal**

ADAPT proposes to increase access to mental health services by partnering mental health clinicians and peer partners with Public Health Nurses (PHNs) from the County of San Diego's In-Home Visiting Nurse Programs to provide screening, mental health treatment, and peer services to expecting and new parents to reduce the consequences of untreated postpartum mood and anxiety disorders.

### **How**

ADAPT's flexible, community-based model mitigates known barriers to accessing services, which include financial barriers, transportation, and limited options and availability of treatment. PHNs from the Nurse Family Partnership (NFP) and Maternal Child Health (MCH) program will administer evidence-based screenings for mood and anxiety disorders during the course of their home visitation service. Individuals who screen positive for mood or anxiety disorders will be referred to ADAPT for initiation of treatment services. A licensed or licensed-eligible mental health clinician will provide short term community or in-home mental health treatment to the identified parent(s) and/or partner. ADAPT clients will be treatment matched to either Level 1 (more intense) or Level 2 (less intense) services. Assessment will be continuous and clients can step up or down based upon need. Peer Partners will coordinate with PHN staff to identify families in need of linkage to mental health services and provide advocacy and support. ADAPT would consist of a Program Manager, Mental Health Clinicians, Peer Partners and an Office Support.

### **Why**

Untreated mood and anxiety disorders during the postpartum period have long term consequences on child development, parent-child bonding, and family and partner relationships. This high-impact community health problem has not been well-studied or sufficiently addressed from a holistic lens, particularly as it relates to parents, partners and families. The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) has identified the need for increased screening, treatment and linkage to services for postpartum behavioral health issues as a priority, particularly in underserved communities. County of San Diego Public Health Nurses from the NFP and MCH currently provide in-home prevention and education services to low-income pregnant and parenting women, but struggle with linking clients to mental health services due to multiple factors which include (1) PHNs are not mental health clinicians, and may need additional support to identify and determine behavioral health needs, (2) lack of referral resources providing treatment to parents with PPD and PPA, (3) stigma related to mental health which prevents parents from following through, and (4) other barriers to accessing services including transportation and lack of financial resources. A review of research and literature on this topic indicate community-based interventions that successfully mitigate known barriers are likely to have a significant impact on increasing treatment engagement.

### **Where**

Services will be provided at a location most convenient for the client, which may include the client's home or other community-based setting.

## Who

ADAPT clients will be referred by County of San Diego Public Health Nurses through the Nurse Family Partnership and Maternal Child Health Programs, expanding the target population to include the partners of the mothers.

- 1,560 families were served by the Nurse Family Partnership and Maternal Child Health Programs in FY 16-17.
- African-Americans, Latinos, Refugee and Immigrant families will be prioritized and cultural competency protocols will be implemented.
- Program is expected to serve a minimum of 300 clients annually.

## Innovative Components

- ADAPT utilizes proven and promising elements; in particular 1) Collaboration between BHS and Public Health Nursing and 2) Consideration of fathers and partners with a focus on underserved communities. The collective components of ADAPT are designed to decrease the negative consequences of PPD and PPA by resolving the unique barriers that prevent parents from accessing services during a crucial period of time for child development.
- ADAPT is designed to streamline screening, outreach and engagement efforts across sectors to more efficiently utilize resources and reach the target population. Visiting PHNs primarily conduct home visits and have unique access to parents who may not otherwise have contact with the mental health system, making them well-suited to provide the earliest screening interventions for postpartum mood and anxiety disorder. ADAPT is designed to provide routine training and consultation to PHNs to support and enhance their skill in screening and referring clients with mental health issues, in addition to participating in collaborative Case Conferences with PHNs. This component is expected to strengthen competencies across HHS sectors.
- Consideration of All Parents: Past efforts for screening and linkage to services for perinatal mood and anxiety problems have primarily focused on mothers. ADAPT include fathers, acknowledging emerging awareness of paternal perinatal mood and anxiety disorders. It is hypothesized that assessment and treatment will be more effective if carried out collectively within a family unit, while being inclusive of all caregivers.

## Research Questions

The ADAPT project is designed to utilize a research team that would assist with identifying relevant data collection elements, methods and matrix and provide a Quarterly Evaluation Report to the County, in addition to the ADAPT program level Quarterly Status Report (QSR) that would be required.

Learning Objectives:

- To learn if collaboration with the PHN Home Visiting programs is effective in engaging mothers, fathers and partners in treatment for postpartum depression and anxiety.
- To identify how to best equip the PHNs in effectively connecting both parents/partners to services related to postpartum depression and anxiety.
- To learn if embedded behavioral health staff can provide effective, short-term treatment services that meet the needs of identified mothers and fathers/partners.
- To identify barriers in parents and partners willingness to access treatment.
- To learn if fathers and partners are willing to participate in engagement efforts and to better understand the characteristics of paternal symptomatology.
- To evaluate the effectiveness of culturally competent referrals and the outcomes of engagement and efficacy of culturally appropriate referrals.

- To learn what percentage are linked to existing resources and identify system gaps, if any.

**Budgeting and Timeline**

- a) Total timeframe (duration) of the INN Project: 4.5 years plus .5 year for evaluation (5 years total)
- b) Expected start date and end date: January 2019 to December 2023
- c) Key activities timeline and milestones:

DATES	KEY MILESTONES
2018	Statement of Work developed.
2018	Initiation of contracting process; focus on release of Request for Proposals through Department of Purchasing and Contracting.
2018	Deadline for submittals of contract proposals.
2018	Selection of highest quality, best value proposal through public Source Selection Committee process.
2018	Initiate negotiations with selected provider.
January, 2019	Focus on date to initiate program operations.
2019	Completion of site visit to verify compliance with terms of contract.
2019 - 2023	Continuation of regular contract monitoring activities, including review of invoices, performance, and quality standards.
2020 - 2023	Completion of annual evaluations reviewed by Behavioral Health Services to gauge effectiveness specific to the focus on population and planned interventions.
2024	Evaluation by Behavioral Health Services to determine, results and feasibility of integrating into existing programs or replication.
June, 2023	End of pilot program.
December, 2023	Evaluation concluded. Results to be disseminated.

<b>ADAPT PROGRAM PROJECTED COST</b>							
<b>Total Project Cost:</b>	<b>\$4,773,040</b>			<b>Project Duration: 5 Years</b>			
	<b>FY 18/19 (Half year only)</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>Total</b>
Salaries & Benefits	\$ 370,555	\$ 741,111	\$ 741,111	\$ 741,111	\$ 741,111	\$ -	\$ 3,334,999
Operating Cost	\$ 57,815	\$ 114,270	\$ 114,270	\$ 114,270	\$ 114,270	\$ -	\$ 514,895
Indirect Cost	\$ 65,668	\$ 154,944	\$ 154,944	\$ 154,944	\$ 154,944	\$ -	\$ 685,444
Subtotal							
<b>Annual Program Budget</b>	<b>\$ 494,038</b>	<b>\$ 1,010,325</b>	<b>\$ 1,010,325</b>	<b>\$ 1,010,325</b>	<b>\$ 1,010,325</b>	<b>\$ -</b>	<b>\$ 4,535,338</b>
Annual Evaluation Cost	\$ 23,771	\$ 47,540	\$ 47,540	\$ 47,540	\$ 47,540	\$ 23,771	\$ 237,702
<b>Total Project Budget</b>	<b>\$ 517,809</b>	<b>\$ 1,057,865</b>	<b>\$ 1,057,865</b>	<b>\$ 1,057,865</b>	<b>\$ 1,057,865</b>	<b>\$ 23,771</b>	<b>\$ 4,773,040</b>
S&B Rate to Annual Budget	75%	73%	73%	73%	73%	0%	74%
Operating Cost Rate to Annual Budget	12%	11%	11%	11%	11%	0%	11%
Indirect Rate based on Annual Budget	13%	15%	15%	15%	15%	0%	15%

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# AGENDA ITEM 7

Action

August 23, 2018 Commission Meeting

San Luis Obispo County Innovation Plans

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**Summary:** The Commission will consider approval of San Luis Obispo County's request to fund the following Innovative projects for a total amount of \$1,414,727.

- **3-by-3 Developmental Screening Partnership Parents & Pediatric Practices (3-by-3) - \$859,998**
- **Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access (SLO ACCEPTance) - \$554,729**

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention; (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

- The 3-by-3 Project will test three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methods will include the administration of up to three developmentally-appropriate screening encounters before participants reach the age of 3 years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English or Spanish.
- The proposed SLO ACCEPTance Project aims to provide highly-trained, community-based, and academically-informed mental health services for LGBTQ individuals by implementing an LGBTQ mental health care training program for mental health professionals. The training will be tested with mental health providers in a three-phase training module over the course of 9-months.

**Presenters:**

- Frank Warren, M.P.P., MSHA Coordinator, San Luis Obispo County
- Nestor Veloz-Passalacqua, M.P.P., Innovation Coordinator, San Luis Obispo County

**Enclosures (5):** (1) Biographies for San Luis Obispo County's Innovation Presenters; (2) 3-by-3 Staff Analysis; (3) SLO ACCEPTance Staff Analysis; (4) 3-by-3 and ACCEPTance Projects Brief.

**Handouts (1):** PowerPoint will be presented at the meeting for each Project.

**Additional Materials (2):** Links to the County's Innovation Plans are available on the MHSOAC website at the following URLs:

<http://mhsoac.ca.gov/document/2018-06/san-luis-obispo-county-inn-plan-3-3-developmental-screening-partnership-parents-and>

<http://mhsoac.ca.gov/document/2018-06/san-luis-obispo-county-inn-plan-slo-acceptance>

**Proposed Motion:** The MHSOAC approves San Luis Obispo County's Innovation Projects, as follows:

**Name:** 3-by-3 Developmental Screening Partnership Parents & Pediatric Practices

**Amount:** \$859,998

**Project Length:** Four (4) Years

**Name:** Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access (SLO ACCEPTance)

**Amount:** \$554,729

**Project Length:** Four (4) Years



## **Biographies for San Luis Obispo County Presenters**

### **Frank Warren, M.P.P., MHSA Coordinator, San Luis Obispo County**

Frank is the Manager of the Prevention and Outreach Division for the County of San Luis Obispo's Behavioral Health Department, and has been with the Department for 24 years. Frank has led the County's Mental Health Services Act coordination since 2010. Frank's background in grants, community engagement, substance use prevention, health promotion and wellness, and youth development have been utilized to create unique, stakeholder-driven PEI and Innovation plans.

### **Nestor Veloz-Passalacqua, M.P.P., San Luis Obispo County**

Nestor is the Innovation Coordinator for the County of San Luis Obispo Behavioral Health Department. He manages Prevention & Early Intervention, and Innovation contracts. He is also part of the Mental Health Services Act Administrative Team that oversees all the different components implemented in the county. Nestor worked with the MHSA Administrative Team and local stakeholders to initiate the new round of innovation projects, and provided technical assistance as requested.





## STAFF ANALYSIS— SAN LUIS OBISPO COUNTY

<b>Name of Innovative (INN) Project:</b>	<b>3-by-3 Developmental Screening Partnership between Parents &amp; Pediatric Practices</b>
<b>Total INN Funding Requested:</b>	<b>\$859,998</b>
<b>Duration of Innovative Project:</b>	<b>Four (4) Years</b>
<b>Review History:</b>	
Approved by the County Board of Supervisors:	June 5, 2018
County submitted INN Project:	June 8, 2018
MHSOAC consideration of INN Project:	August 23, 2018

### **Project Introduction:**

San Luis Obispo County proposes an innovation project designed to test three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methods will include the administration of three developmentally appropriate screenings before the age of 3 years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English and Spanish. The three methods to be tested include: screening administered by an in-clinic Health Educator, screening by Self-Administration (parent/guardian), and screening by a Child Care Provider.

*In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and increases access to services, including, but not limited to, services provided through permanent supportive housing.*

## **The Need**

San Luis Obispo County states that California is behind the curve on providing timely screening and identification that can catch and address mental health, behavioral, or developmental challenges early and facilitate access to treatment. The state is 43rd in the nation, with less than 30% of children receiving comprehensive and recurring screenings. The County goes on to cite a report that 70% of children with delays go undetected until kindergarten (Bethell C., et al., 2011). The County provides the following details demonstrating the local need for this proposal:

In San Luis Obispo 30% of children ages 0-3 are assigned to the main safety net clinics, which do not have a comprehensive screening in their electronic health record or a protocol in their procedures. Only one private pediatric practice bills Medi-Cal for screening and their screening specifically targets autism and attention-deficit/ hyperactivity disorder. Additionally, surveys of private pediatricians reveal infrequent use of validated tools.

In addition, the County states that they are lacking a comprehensive system to capture data of 0-3 years olds who may be at risk of developing behavioral health symptoms or who have developmental disabilities and identify that 0-3 year olds are an underserved population.

## **The Response**

To address the needs of 0-3 year olds and their families, San Luis Obispo County is proposing to make a change to an existing practice and promote collaboration by testing three methods of delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methods will include the administration of up to three developmentally-appropriate screening encounters before the age of three years old. The three methods to be tested are:

1. Screening administered by an in-clinic Health Educator prior to child's appointment with their pediatrician;
2. Screening self-administered by parent/guardian prior to an appointment by the parent/primary caregiver;
3. Screening completed by a child care provider at the child's Child Care Provider site and given to the pediatrician.

The County acknowledges that the American Academy of Pediatrics (AAP) already recommends that pediatricians conduct three (3) mental health screenings by age 3 but reports that pediatricians are not completing the screenings and the safety net clinics do not have a protocol in place. The County believes that this Innovation proposal will identify a method to effectively administer the screenings and increase communication between pediatricians and parents while increasing knowledge of mental and social-emotional development. The County hopes that the increase in knowledge and communication between pediatricians and parents will result in appropriate referrals for those children in need of services. The AAP recommends family-focused therapies to reduce the symptoms of emotional, behavioral, and relationship symptoms (AAP, 2016). **Does the County have capacity to provide therapeutic support for children and families in the 0-3 age range? If not, can building the therapeutic capacity be a part of this proposal?**

**The County may also want to discuss how pediatricians will facilitate referrals and “warm handoffs” to the Tri-Cities Regional Center or other appropriate provider if developmental delays, neurological disorders or developmental trauma are indicated by the ASQ.**

The County also acknowledges that some pediatricians utilize a self-administered method of taking the ASQ but did not identify any formalized models for child care partnerships and health educator delivery.

The County does discuss the Help Me Grow movement and its focus on increasing communities’ developmental screening and referral system through outreach to pediatricians and communities, developing a centralized access point for referrals, screenings and care coordination, and compiling data on screening and referral activity.

The County contends that this innovation project can be an added component of the Help Me Grow movement because “it employs a 3-method testing to better understand what practices are effective for comprehensive and recurring screenings”. They further state that, “[i]t is understood that at the national level there is also a need for a new model to fully incorporate mental health screening directly into the well-child visit conversation...” and “[t]here is currently no approach like the 3-by-3 Project concept that tests the relative efficacy of multiple methods”.

**The County may wish to discuss why they are testing the three methods in order to identify the most effective method instead of promoting a “no wrong method” approach to administering the screenings.**

### **The Community Planning Process**

Over a 6-month period, the San Luis Obispo Behavioral Health Department worked collaboratively with local stakeholders, including consumers and family members, to develop this innovation proposal.

The County's Innovation Planning Team is a stakeholder group consisting of between 10-20 representatives of different community groups including consumers, family members and underserved communities. The Innovation Planning Team met two times between September 2017 and March 2018 and will oversee the launch and participate in the evaluation of the innovation project, if approved. A comprehensive list of the diverse stakeholders that participated in the innovation planning process can be found on pages 7-8.

The County reports that the stakeholder group and meetings were designed with the purpose to encourage the development of learning projects, and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field. Stakeholders and the Innovation Planning Team were provided with an online project development toolkit consisting of innovation definitions and guidelines with a worksheet to walk them through the creation and development of the Innovation project.

The goal for the stakeholder group was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval. In order to determine the level of prioritization for each proposed project, the County provided stakeholders with an online tool for ranking purposes. This process resulted in two proposals for this round and two proposals for a future fiscal year.

This Innovation project was shared with MHSOAC stakeholders on May 15, 2018 and no letters of support or opposition were received in response.

### **Learning Objectives and Evaluation**

San Luis Obispo County has proposed implementing a project that will test three screening methods for young children. Specifically, the County will utilize the Ages and Stages Questionnaire (ASQ-3) and the ASQ Social-Emotional (ASQ: SE-2) tools, using the following three *screening methods*:

4. Screening will be administered by an in-clinic Health Educator prior to child's appointment with their pediatrician
5. Screening will be self-administered prior to an appointment by the parent/primary caregiver (control group)
6. Screening will be completed by a child care provider at the child's Child Care Provider site and given to the pediatrician (**See pg. 14 of County Plan**).

Screening will take place at three points in time—9 months, 18 months, and 24 to 30 months. The target population for the 3-by-3 project will be children under the age of three and their primary caregivers, and the County estimates that the project will serve approximately 450 children annually. In order to guide their project, the County has identified several *learning goals*, and include:

1. Learn more about specific practices that will be most likely to increase behavioral health screening in early childhood

2. Learn what methods increase conversations with parents/primary caregivers that allow increases mental health knowledge
3. Learn how specific settings can integrate mental health screenings into their location
4. Learn more about screenings and strategies that would increase referrals
5. Learn more about how specific strategies support recurring mental health screenings for children and allow increased parent/primary caregiver engagement, and
6. Learn which specific screenings and strategies allow increased mental health knowledge for pediatricians.

In addition to these learning goals, San Luis Obispo County hopes to meet six *outcomes* through the project, including:

1. Increase parent/primary caregiver knowledge of age-appropriate social emotional development as established by best screening method
2. Increase parent/primary caregiver mental health knowledge as established by best screening method
3. Increase pediatric setting's mental health knowledge as established by best screening method
4. Increase appropriate referrals for behavioral health needs of a child and family members as established by best screening method
5. Determine the preferred screening method that allows greater engagement of parents/primary caregivers, and
6. Determine the screening method and strategy preferred by pediatricians.

In order to determine if outcomes are met, the County will use a pretest-posttest method using surveys with parents/primary caregivers, as well as pediatricians. To test increases in knowledge, surveys will be given before and after screenings are completed with clients among parents/primary caregivers. It is unclear, however, and **the County may wish to clarify: how surveys will be developed, if they will incorporate the necessary best practices to ensure increases in knowledge are attained, and at what time points surveys will be administered.**

In order to examine changes in referrals, the County will track the number of referrals connected to each survey method. Lastly, pediatricians will be surveyed at 6-months and then annually to determine their preferred method of survey administration.

Data for the 3-by-3 project will be maintained by a program researcher who will also create reports for a contracted evaluator whom will be responsible for the overall coordination of the project evaluation and completing the final evaluation report. Findings and lessons learned from the project will be shared through several avenues, such as: San Luis Obispo Board of Supervisors, Behavioral and Public Health Departments, MHSA Advisory Committee, Help Me Grow Campaign, First 5, Central Coast Medical Society, California AAP District, among others.

**The County may wish to consider working with the local physician’s association to encourage pediatricians to adopt this model should it prove successful.**

### **The Budget**

The total proposed budget for this innovation project allocates \$859,998 of MHSA Innovation Funds over four (4) years.

The County states that they will utilize \$184,860 of unspent AB 114 funds from fiscal year 2008/09 in the first year. They will utilize projected fiscal year 2017/18 funds in the second year, fiscal year 2018/19 funds in the third year, and fiscal year 2019/20 funds in the fourth year.

Personnel costs total \$97,051 and funds the salary and benefits of a (0.4) FTE Project Coordinator for all four years responsible for logistics and acts as a liaison with contracting partners and Behavioral Health.

Other expenditures total \$60,000 for the complete project and include costs for the County Innovation Evaluator.

Operating expenditures total \$37,500 include the costs associated with the Ages and Stages Questionnaire (ASQ-3 and ASQ-SE) in English and Spanish; tablet data subscription and a stakeholder focus group/ annual event. **The County may wish to discuss the purpose of the annual event as it relates to this project.**

Non recurring Costs total \$10,750 and include the costs of a work station for Project Coordinator, Data System Setup and Child Care Provider tablet library.

Contracts (Consultants and Trainers) make up the majority of the budget totaling \$654,131 and include: costs to test the method of delivering the screenings at child care centers, a FQHC Safety Net Clinic and a private Pediatric Clinic (**see pages 24-25 of the County plan for full details**).

Brief breakdown of consultant costs:

<b>Who</b>	<b>Materials</b>	<b>Staff</b>	<b>Total (approximate)</b>
Child Care Planning Council	ASQ Training Workshops for Health Educators \$5,000	Stipends for Child Care Staff \$3,500	\$8,500
FQHC Safety Net Clinic – Community Health Centers of the Central Coast	Work Stations \$4,000	Project Clerk (\$12/hour at 20 hours per week with COLA increase every year)  Health Educator (1FTE at \$18 per hour with COLA increase every year)	\$224,164 (based on year one costs, will increase with COLA)
Private Pediatric Clinic	Work Stations \$4,000	Project Clerk (\$12/hour at 10 hours per week with COLA increase every year)  Health Educator (1FTE at \$18 per hour with COLA increase every year)	\$178,488 (based on year one costs, will increase with COLA)
Program Researcher			\$79,000
Indirect Costs			Approximately \$20,000

The County addressed potential questions regarding Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds stating:

MHSA funds will be used to provide resources to help parents complete the screenings, as well as to support scoring and data collection; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds do not pay for these services. EPSDT funds pay for the child’s medical examination; no MHSA funds will be used to pay for medical examinations. Screenings facilitated with MHSA funding will augment medical examinations, providing pediatricians with additional information from the parent’s perspective.

## **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

## **References**

Addressing Early Childhood Emotional and Behavioral Problems (2016). Council on Early Childhood, Committee on Psychosocial Aspects of Child and Family Health and Section on Developmental and Behavioral Pediatrics. *Pediatrics*. Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/138/6/e20163023.full.pdf>

Bethell C., Reuland C., Schor E., Abrahms M., Halfon N. (2011). Rate of parent-centered developmental screening: Disparities and links to services access. *American Academy of Pediatrics*, 128.

**Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2018-06/san-luis-obispo-county-inn-plan-3-3-developmental-screening-partnership-parents-and>





## STAFF ANALYSIS— SAN LUIS OBISPO COUNTY

<b>Name of Innovative (INN) Project:</b>	<b>Affirming Cultural Competence Education &amp; Provider Training: Offering Innovative Solutions to Increased LGBTQ Mental Health Care Access (SLO ACCEPTance)</b>
<b>Total INN Funding Requested:</b>	<b>\$ 554,729</b>
<b>Duration of Innovative Project:</b>	<b>Four (4) Years</b>

### **Review History:**

Approved by the County Board of Supervisors:	June 5, 2018
County submitted INN Project:	June 8, 2018
MHSOAC consideration of INN Project:	August 23, 2018

### **Project Introduction:**

The Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increased LGBTQ Mental Health Care Access (SLO ACCEPTance) Innovation project aims to provide highly-trained, community-based, and academically-informed mental health services for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) individuals by implementing an LGBTQ mental health care training program for mental health professionals. The training will be tested with mental health providers in a three-phase training module over the course of 9-months. The three phases of training are: Phase I, Cultural Sensitivity: Language/Awareness; Phase II, Clinical Issues for Client and Phase III: Potential Provider Issues.

*In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*

- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and increases access to services, including, but not limited to, services provided through permanent supportive housing.*

### **The Need**

San Luis Obispo County states that the local community lacks a number of culturally competent and LGBTQ-affirming providers needed to work with the underserved LGBTQ community. The County further explains that the local Marriage and Family Therapist (MFT) training program, does not offer specific courses about working with LGBTQ individuals, couples, or families and that many LGBTQ community members travel outside of the county to find support.

A 2014 Community Survey Report shows that LGBTQ community members identified supportive mental health services and youth services as two of the most important service needs in SLO County (Kenyon, Elfarissi, Wolf, Axelroth, 2015).

The County states that they are in desperate need of proper training to build an infrastructure of well-trained professionals that can meet the mental health and wellness needs of the LGBTQ community in San Luis Obispo.

### **The Response**

In order to address the lack of culturally competent and LGBTQ-affirming providers, the SLO ACCEPTance project will test a possible solution through community-based trainings to help develop an infrastructure of well-trained and affirming mental health professionals (MHP).

The County states that the project builds on existing training approaches to provide an innovative model for 50 mental health professionals and peers through a 9-month intensive training program. This program will help to provide empirical evidence for an innovative training program by combining current empirically-based multicultural training models and community-based practices into an intensive LGBTQ-affirming mental health training program for professionals.

Key components of the training program:

- Comprehensive and empirically-based (but not yet tested) training program delivered across three intensive 2-3 day trainings for MHP and peers with lived experience.

- Professional case consultation meetings with trainers provided between each of the three trainings.
- Three phases of training: Phase I, Cultural Sensitivity: Language/Awareness; Phase II, Clinical Issues for Client and Phase III: Potential Provider Issues (**See pages 29-30 of County Plan for more detail**).
- Development of a network of providers who can consult with each other and others in the community after the training program ends.

The County states that they were unable to identify any similar training programs that provide an intensive LGBTQ training for mental health professionals. The County acknowledges that some training modules do exist that provide a day or weekend-long training about transgender issues but that none of those provide a comprehensive 9-12 month training program with the depth offered by this proposal.

### **The Community Planning Process**

The County states that this project design comes from collaborative work between Community Counseling Center (CCC), Queer Gay and Lesbian Alliance (GALA); Tranz Central Coast (TCC); Queer Community Action, Research, Education, and Support (QCARES); Access Support Network (ASN); Cal Poly Pride Center; on-campus middle and high school Gay Straight Alliance clubs (GSA), the Central Coast Coalition for Inclusive Schools (CCC4IS), and mental health affinity agencies, including Transitions Mental Health Association (TMHA), RISE, Stand Strong/Women's Shelter Program, Community Action Partnership of San Luis Obispo County (CAPSLO), and the County of San Luis Obispo Behavioral Health Agency.

Over a 6-month period, the San Luis Obispo Behavioral Health Department worked collaboratively with local stakeholders, including consumers and family members, to develop this innovation proposal.

The County's Innovation Planning Team is a stakeholder group consisting of between 10-20 representatives of different community groups including consumers, family members and underserved communities. The Innovation Planning Team met two times between September 2017 and March 2018 and will oversee the launch and participate in the evaluation of the innovation project, if approved. A comprehensive list of the diverse stakeholders that participated in the innovation planning process can be found on pages 7-8.

Stakeholders and the Innovation Planning Team were provided with an online project development toolkit consisting of innovation definitions and guidelines with a worksheet to walk them through the creation and development of the Innovation project.

The goal for the stakeholder group was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval. In order to determine the level of prioritization for each proposed project, the County provided

stakeholders with an online tool for ranking purposes. This process resulted in two proposals for this round and two proposals for a future fiscal year.

The County reports receiving ten letters of support for the SLO ACCEPTance project. Letters of support came from Cal Poly, The Community Foundation Growing Together Initiative, Sierra Vista Regional Medical Center, Community Counseling Center, Transitions-Mental Health Association, Tranz Central Coast, the Gay and Lesbian Alliance of the Central Coast, and community members.

This Innovation project was shared with MHSOAC stakeholders on May 15, 2018 and no letters of support or opposition were received in response.

### **Learning Objectives and Evaluation**

San Luis Obispo County has proposed implementing an LGBTQ mental health care training program in order to help increase access to mental health services for LGBTQ individuals. The target population of the project will be two “A-Teams” each consisting of 25 mental health professionals, for a total of 50 participants. In order to guide their project, the County has identified three main learning goals:

1. Determine the best approaches for teaching and training therapists to work with LGBTQ clients in a rural setting
2. Develop a team of professional and peers who can provide critical LGBTQ-affirming therapy and services for an underserved community in a rural setting, and
3. Identify better methods to increase access to the underserved LGBTQ community.

In addition to these learning goals, the County hopes to meet four outcomes through the ACCEPTance project, including:

1. Increase therapist knowledge, awareness, and skills as established by the nine-month training period
2. Increase the overall level of LGBTQ competency and attendees’ learning outcomes as a result of the nine-month training curriculum and timeframe structure
3. Increase the number of services that engage LGBTQ-identified clients by 10% as established by the nine-month training period, and
4. Increase the number of LGBTQ-identified clients served in the community by 10% as established by the nine-month training period.

In order to determine if outcomes are met, San Luis Obispo County will use a pretest-posttest design, and will establish a group of 50 individuals upon which those who have received training will be compared. Data for the evaluation will be gathered through a variety of collection *methods*, such as pretest and posttest surveys, focus groups, and interviews with participants.

Specific *measures* that will be used to determine changes in knowledge, awareness, skills, self-efficacy, and interpersonal apprehension include: LGBTQ-adapted Personal

Report of Interpersonal Communication Assessment (PRICA), LGBTQ-affirming Law Enforcement Self-efficacy Inventory adapted for mental health therapists, multiple choice measure of knowledge, self-assessment of behavior and behavioral change, and case conceptualization measures. Focus groups will also be used to gain insight into levels and utilization of LGBTQ knowledge, awareness, and skills among mental health professionals and peers in working with LGBTQ clients.

Lastly, San Luis Obispo County will explore access and barriers among LGBTQ community members prior to the implementation of the ACCEPTance project, as well as at its conclusion of the project in order to assess the program's impact on service delivery for the LGBTQ community. The County states that a contracted evaluator will be tasked with data analysis as well as the final evaluation report.

All project findings and lessons learned will be shared in a variety of ways, including forums, websites, presentations to partner boards of director, at various conferences, as well as to other organizations, such as the California LGBTQ Health and Human Services Network, and through #Out4MentalHealth. **The Commission may wish to encourage San Luis Obispo County to reach out to other counties with similar needs in order to foster cross-county learning and collaboration, as well as the possible implementation of a statewide training program.**

### **The Budget**

The total proposed budget for this innovation project allocates \$554,729 of MHSAs Innovation Funds over four (4) years.

Personnel costs total \$160,000 and funds the salary and benefits of a (1) FTE Project Manager for all four years who will implement the project work plan in coordination with the stakeholders, trainers, and an evaluator.

Operating expenses total \$150,000 for the complete project and include: program supplies, rent for training room space, program incentives for participants, student assistants, and the ongoing multiphase evaluation. The operating expenses also include a contracted Project Researcher who is responsible for developing measurement tools, monitoring instruments, data collection, analysis and submission to the Innovation County Evaluator.

Other expenditures total \$142,729 for the complete project and include costs for project evaluator of \$15,000 per year and indirect costs at the rate of 20.08%.

Contract costs total \$100,000 and include the costs associated with trainers and consultants.

The County states that they will utilize \$107,461 of unspent AB 114 funds from fiscal year 2008/09 in the first year, projected fiscal year 2017/18 funds in the second year, fiscal year 2018/19 funds in the third year, and fiscal year 2019/20 funds in the fourth year.

## **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

## **References**

Kenyon, Elfarissi, Wolf, Axelroth. 2015. 2014 Community Survey Report. San Luis Obispo, CA: Growing Together Initiative. Retrieved from <http://www.cfsloco.org/images/cms/files/2014%20Community%20Survey%20Report%20-%20FINAL.pdf>

**Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2018-06/san-luis-obispo-county-inn-plan-slo-acceptance>

# COUNTY OF SAN LUIS OBISPO MENTAL HEALTH SERVICES ACT

Proposal for the Innovation Component  
of the Three-Year Program And  
Expenditure Plan



Innovation Plan Brief | FY 2018-2022

County of San Luis Obispo | Behavioral Health Department

## Innovation Plan County Brief

### Executive Summary

The County of San Luis Obispo’s Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. Over a six-month period, the SLOBHD worked collaboratively with local stakeholders, including consumers and family members, to develop the County’s INN Plan. The County of San Luis Obispo’s INN Plan consists of two distinct projects with an average duration of 36 months and a projected cost of \$1.4 million. The table below depicts the projected expenditures for each project and for administration from FY 18-19 through the first half of FY 21-22.

<b>INN Project Budget</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>TOTAL</b>
3-by-3 Developmental Screening	\$184,860	\$215,428	\$223,184	\$236,526	<b>\$859,998</b>
SLO ACCEPTance	\$107,461	\$177,108	\$177,108	\$93,052	<b>\$554,729</b>
<b>TOTAL INN Budget</b>	<b>\$292,321</b>	<b>\$392,536</b>	<b>\$400,292</b>	<b>\$329,578</b>	<b>\$1,414,727</b>

MHSA funds will be used to implement these two new projects with planning and services expected to begin once OAC approval, after any procurement processes have been completed. AB 114 will be used first to fund these projects. The projects were selected based on MHSA’s required outcomes, the community’s input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC).

The first Innovation Stakeholder meeting took place in September 21<sup>st</sup>, 2017 and new Innovation Stakeholders were assembled to review guidelines and begin developing innovative ideas. Several technical assistance meetings took place throughout the process. The Innovation proposals were finalized on April 13<sup>th</sup>, 2018 and a draft was made public for a 30-day review on April 16<sup>th</sup>, 2018. A public hearing was held as part of the Behavioral Health Board’s (BHB) May 16<sup>th</sup>, 2018 and the Innovation Plan was approved. The plan was submitted to the County’s Board of Supervisors on June 5<sup>th</sup>, 2018 and it was approved. The Innovation Work Plan was finally submitted to the MHSOAC for review in June.

### **3-by-3 Developmental Screening Partnership Between Parents & Pediatric Practices**

**Primary Problem:** The lack of comprehensive and recurring behavioral health screenings for children 0-3 contributes to the fact that according to the Centers for Disease Control (2006), “of the 15 million children affected by mental illness, less than 20-25% receive any treatment (Robey-Williams, 2014; Early Screening and Identification of Preschool Children Affected by Serious Emotional Disorders)”. Currently our county does not have data or programs dedicated to measure and capture information relevant to children 0-3 that may be at risk of behavioral health issues and development delays.

**Proposed Project:** The 3-by-3 Project will test three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English and Spanish. All hired staff will abide by clinic protocol and by HIPAA and will only release de-identified data of the clients served. The three testing methods are: 1) Health Educator Screening: provided as an education encounter with a 30-minute meeting prior to the appointment with the physician; 2) Self-Administration Screening: provided prior to the appointment with the physician by the parent/primary caregiver; and 3) Child Care Provider Screening: proctored at the child care provider site and given to the physician. The County hopes to understand which is the most effective method; none of the methods are considered inadequate. We hope that our findings will allow for a more nuanced understanding of the efficacy of the three approaches. All sites being part of the test will have been approved by a Memorandum of Understanding (MOU) clarifying and ensuring adherence to HIPAA policy. Following each experimental implementation method, the physician will review and discuss screening results with parent/primary caregiver and make timely referrals, as



appropriate. SLOBHD will reinforce existing channels for referrals, as well as pressing for expansion of services. Existing channels include Martha's Place, the (County's child assessment center) and private providers. Martha's Place will provide the necessary capacity for therapeutic support of children and families. A solid referral process and relationship between pediatricians and local behavioral health partners will be established. Upon completion of each child assessment and review, the pediatrician will explain the results to parents/primary caregivers and provide the referral. The project will benefit from and employ the referral mechanism and centralized access point that has currently under implementation locally. The project will use the validated, parent-led screening tool, Ages and Stages Questionnaire (ASQ-3) and ASQ Social Emotional (ASQ:SE-2). This tool has been translated into over 35 languages and dialects and research on validity in different cultures and communities has been conducted in 20 countries worldwide.

**Learning Goals/Project Aims:** The County and its stakeholders hope to learn more about what specific screening method: increases behavioral health screenings, increases conversation with parent/caregivers to increase mental health knowledge, increases referrals, supports recurring mental health screenings, and increases mental health knowledge for pediatricians. The main objectives include: increase knowledge of age-appropriate emotional children development, increase mental health knowledge for parents and pediatric settings, increase the number of appropriate referrals, and increase preferred screening method. The test will collect the following data: the number of each screening method, the de-identified screening results and referrals by method type, including the number of children identified with symptoms, and the number/percentage of referrals made; and parent and pediatrician surveys. Surveys will be developed in collaboration with stakeholders, pediatricians, and the program researcher to incorporate appropriate language that is meaningful to the client. Surveys will be provided before and after the completion of the screening.

**Contracting:** The County plans to select a contract provider who will best execute the 3-by-3 project. The County will conduct a fair and successful procurement process and expedite a contract to ensure the innovation timeline is met.

**Community Program Planning:** The project is part of a larger collaboration in San Luis Obispo County led by First 5, which held a local convening with broad geographic, ethnic, professional, and mental health representation.

**Sustainability & Dissemination:** Once final evaluation indicates one model or all models are effective, the County will work collaboratively with Community Health Centers and Child Care Providers that have been part of the project to help coordinate a larger effort to determine the best public and private funding sources. The information will be presented to local stakeholders to make a decision. Stakeholders are involved in every step of the planning, implementation, and evaluation process of the project.

**Timeline & Budget:** The project begins upon OAC approval. Through December 2018 the County's provider will establish hiring, recruitment protocols, screening methodologies, training, and workflow design. The project begins the testing in January 2019 through Dec. 2021, as well as quarterly reporting due to the County. The program begins compiling information for final report in January 2022, and presents findings in June 2022. For this project, AB 114 will be used in the first year and projecting FY 17-18 in the second year, FY 18-19 in the third year, and FY 19-20 in the fourth year. The total budget for all fiscal years is \$859,998. This comprises personnel expenses that include a project coordinator and a program researcher as a consultant. Operating costs include assessment tools, screening materials, focus groups, and office expenses such as copying. Other costs include set up costs for work stations, tablets, contracts with Child Care Planning Council, Community Health Centers, and Pediatric offices. Stakeholder focus groups and annual events will provide direction and a review of program implementation to ensure testing and evaluation is consistent. This should also attract the interest of additional pediatric practices.

the County Innovation Evaluator responsible for the overall coordination, evaluation, and auditing process of all innovation projects.

**Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access (SLO ACCEPTance)**

**Primary Problem:** San Luis Obispo County lacks the number of culturally competent and LGBTQ-affirming providers needed to work with this underserved community. Many LGBTQ community members travel outside of the county to find support. According to the local Growing Together Initiative survey conducted in 2003, LGBTQ members report that there are insufficient services for transgender clients and LGBTQ youth in this community. A follow up survey in 2015 indicated that LGBTQ community members identified supportive mental health services and youth services as two of the most important service needs.

**Proposed Project:** The SLO ACCEPTance project will test an LGBTQ mental health care training program based upon quantitative and qualitative research. The training program has not yet been tested in the Mental Health field. The components of the training include delivery in three intensive two/three-day trainings for Mental Health Professionals and peers with lived experience, professional case consultation meetings with trainers, and development of a network of providers to offer consultation. The training program provides didactic learning, experiential activities, role plays, and case consultation in three training phases 1) cultural sensitivity, 2) clinical issues for client, and 3) potential provider issues. Phase I introduces participants to language, terminology, statistics, and other relevant information to build cultural awareness and clinical sensitivity. Phase II focuses on common clinical issues, gender affirmative clinical models and affirming therapy, assessment, diagnosis, insurance, and provider responsibilities. And phase III focuses on potential provider issues, addressing biases and stigma with providers and in the mental health field.

**Learning Goals/Project Aims:** The County and its stakeholders hope to learn about the best training approach for therapist to work with LGBTQ clients; as well as a team of professionals and peers that provide critical LGBTQ-affirming therapy, and to seek to learn better methods to increase access to mental health services. The main objectives include: 1) increase therapist knowledge, awareness, and skills; 2) increase the overall level of competency and learning outcomes; 3) increase the number of services that engage LGBTQ clients by 10%; and 4) increase the number of LGBTQ-identified clients served in the community by 10%.

**Contracting:** The County plans to select a contract provider who will best execute the SLO ACCEPTance project. The County will conduct a fair and successful procurement process and expedite a contract to ensure the innovation timeline is met.

**Community Program Planning:** The project is part of a larger collaboration between local organizations around a comprehensive training model to better engage the LGBTQ community. The project design comes from a collaborative work between mental health providers, consumers and their loved ones, non-profits, higher education institutions, and county departments.

**Sustainability & Dissemination:** During the course of the project, the County will assess the continuation of the training based on efficacy, need, and resources. The County will work collaboratively with non-profits and community based organizations to determine the best source of funding and continuation. The findings of the project will be made available via a final report to the County, as well as stakeholder presentation and local media distribution. Results and the training curriculum/model will be available to other counties upon completion of the project.

**Timeline & Budget:** The project begins upon OAC approval. Through December 2018 the County's provider will establish hiring, criteria selection for attendees, outreach plan, development of methodology and evaluation tools, training, and workflow design. The project begins the testing in January 2019 through Dec. 2021, as well as quarterly reporting due to County alongside continued evaluation. The

program begins compiling information for final report in January 2022, and presents findings in June 2022. For this project, AB 114 will be used in the first year and projecting FY 17-18 in the second year, FY 18-19 in the third year, and FY 19-20 in the fourth year. The total budget for all fiscal years is \$554,729. This comprises personnel expenses that include a project coordinator and a contracted project researcher. Operating costs include program supplies, rent for training room space, program incentives, student assistants, and ongoing multiphase evaluation. Other expenses include the purchase of a computer, as well as the County Innovation Evaluator responsible for the overall coordination, evaluation, and auditing process of all innovation projects.