March 23, 2017
PowerPoint Presentations and Handouts

Tab 2:  • Handout  Supporting Document Links

Tab 3  • PowerPoint:  San Diego County Behavioral Health Services MHSA Innovation Change Requests

Tab 4:  • PowerPoint:  Orange County Innovation Plan

Tab 5:  • PowerPoint  Ventura County Innovations: Mixteco Project

Tab 6:  • PowerPoint  Award of Stakeholder Contracts
Supporting document links:

Written presentation: Stephen Amos, Chief of Jail Administration, National Institute of Corrections (NIC)

- *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*

- *Evidence-Based Decision Making in State and Local Jurisdictions* Power Point Presentation

- Accomplishments Shared by the EBDM Sites

Written presentation: Jennie Simpson, Ph.D., Substance Abuse and Mental Health Services Administration (SAMHSA)

- *Community-based alternatives for justice-involved individuals with severe mental illness: Diversion, problem-solving courts, and reentry*

- *Sequential Intercepts for Developing CJ–BH Partnerships*

- *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*
Presentation Outline

1. *Live Well San Diego*

2. San Diego Demographics & Population Characteristics

3. San Diego Community Planning Process

4. Cycle 3 Requests
   a) Caregiver Connection
   b) Family Therapy Participation
   c) Peer Assisted Transitions
   d) Urban Beats
   e) Crest Mobile Hoarding
• Total SD County Population: Over 3 Million
• Total Medi-Cal Population: over 820,000
• SD County Land Area: 4,206.63 Square Miles
Population Characteristics

- Black or African American: 5.6%
- American Indian and Alaskan Native: 1.3%
- Asian: 12.1%
- Native Hawaiian and Other Pacific Islander: 0.6%
- Hispanic or Latino: 33.4%
- White, Not Hispanic or Latino: 46.3%
COMMUNITY PROGRAM PLANNING PROCESS

Regional Forums
Stakeholder Focus Groups
Client & Family Venues with Client Facilitators
Special Population Venues
Internal Experts & Other Sources

WORKGROUPS/COUNCILS
Inclusive of clients & family, that focus on priorities for children, adults & older adults

INPUT
Two-way communication, information on the MHSA & collection of community input

Unserved & Underserved
Evaluation/Outcomes
Evidence Based Practices

San Diego County Mental Health Services Act
Community Program Planning Process

Behavioral Health Advisory Board
Reviews plan, provides recommendations & support; Hosts public hearing

BOARD of SUPERVISORS
Reviews and approves annual update (expenditure plan)

Rev. 3/9/2017
COMMUNITY PROGRAM
PLANNING PROCESS

COMMUNITY ENGAGEMENT
Bright Future

CO-CREATED BY THE COMMUNITY FOR THE COMMUNITY
Cycle 3 Change Requests

- Today’s presentation covers our Cycle 3 projects which were approved by the MHSOAC in February, 2015

- BHS is requesting expansions and/or extensions of these projects

- The proposed changes would expend more funds than originally approved. Proposals do not change the purpose of any of the projects.

- Why expand and extend?
  - Strategically selected only projects presenting enhanced learning opportunity
  - Sample Size expansion presents a learning opportunity
  - Population Demographics expansion adds underserved populations

- At a future MHSOAC meeting, BHS will present five new proposals that will be our Cycle 4
Caregiver Connection

**Purpose:** To support caregivers of children with serious emotional disturbance receiving outpatient clinical services by screening them for mental health needs, providing group support and treatment services and connecting them to their own individual treatment. By identifying, acknowledging and addressing caregiver mental health needs, caregivers will be empowered to more effectively address needs of their children and thrive.

**Proposed Change:** extends the existing child (0-5 years old) program by 1 ½ years and explores the impact of expanding support to caregivers of both latency age youth (6-12 years old) and adolescent youth (13-17 years old). These changes will allow for a greater number of caregivers to be served, allowing a more comprehensive ability to understand how to best support caregivers of various racial, ethnic, cultural and linguistic backgrounds. By expanding to support caregivers of older children, there will be an opportunity to examine how support of the caregiver impacts the outcomes of treatment for youth of varying ages.
Research Questions:

• Will these new approaches lead to improved access to mental health services for unserved and underserved caregivers?

• Will caregiver connection to education, resources and treatment lead to improved outcomes for the children who depend on them?

• Identification of best practices for supporting caregivers of varying cultural, racial, ethnic and linguistic backgrounds.

• **Is there a correlation between the age of the child receiving services and the ability to support and connect caregivers to services?**

• **Does providing support to caregivers of a specific age group lead to different treatment outcomes?**
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Family Therapy Participation

**Purpose:** To provide education to caregivers regarding the importance of family involvement in treatment and motivate caregivers to participate regularly. Trained Parent Partners provide short-term support through interventions, including Motivational Interviewing, to increase engagement of parents/caregivers in their children’s therapy.

**Proposed Change:** The initial approved plan was limited to just one program in each of San Diego County’s six regions. While preliminary results have demonstrated increased engagement in family therapy services, expansion of services will allow for more meaningful outcomes for the learning objectives stated. Greater numbers will be particularly important to understand the racial/ethnic, cultural and linguistic variables to family participation. The proposed change expands to an additional six locations, one in each region, and extends the existing program for 1 ½ years.
Family Therapy Participation cont.

Research Questions:

• Will Parent Partner support increase engagement of parents/caregivers in their children’s therapy (as compared to the traditional model of clinician outreach to families)?

• What specific strategies and best practices can Parent Partners utilize to successfully assist the caregiver in seeing the value of consistently participating in family therapy?

• What are the barriers to family participation in treatment?

• Which intervention strategies successfully increased engagement in treatment?

• What are best practices for engaging families of varying racial/ethnic, cultural and linguistic backgrounds?
## Family Therapy Participation cont.

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Peer Assisted Transitions

**Purpose:** To increase the depth and breadth of services to persons diagnosed with serious mental illness who use acute, crisis-oriented mental health services but are not effectively connected with community resources through the provision of peer specialist coaching incorporating shared decision-making and active social supports. Peer coaching incorporates shared decision-making and social supports.

**Proposed Change:** Services are currently provided at 2 crisis houses and 2 hospitals in the County. This proposed change would expand the existing services to a 3rd crisis house where services will be provided by individuals who do not have lived experience to test the effectiveness of Peer Specialist Coaches.
Peer Assisted Transitions cont.

Research Questions:

• Does incorporating a major shared decision-making element into this program, by utilizing resources such as SAMHSA’s Shared Decision-Making tools and/or other shared decision-making tools (e.g., elements of the web-based application CommonGround), result in improved outcomes?

• Can Peer Specialist Coaches at psychiatric hospitals, with the addition of the shared decision-making and social/recreational components, be effectively used to link unconnected patients with an SMI diagnosis to a variety of services and supports in the community?

• Does the project’s focus on providing a peer coach/mentor support, welcome home backpack, and experiences in social/recreational outings increase client engagement, improve well-being, level of functioning and promote the continuation of social activities after their involvement with this program ends?

• Does the specific usage of individuals with lived experience (PSC) increase outcomes or can individuals without lived experience yield the same results?
## Peer Assisted Transitions cont.

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Urban Beats

**Purpose:** To assist transition-age youth (TAY) in engaging or investing in behavioral health services and/or identifying mental health symptoms and reducing stigma by connecting with TAY through artistic expression.

**Proposed Change:** To increase staffing by 3 FTE to expand and extend services to additional clients in the North Central region, provide a therapist on staff to provide assessment, linkage and short term treatment and funding to provide transportation to enhance outreach and performance venues for clients. Additionally, add a third academy track through a subcontract for the East African TAY Community.
Urban Beats cont.

Research Questions:

• To learn whether engaging TAY in a youth friendly and artistic manner improves outcomes by enhancing wellness, coping strategies, access to care, ILS, and ability to socialize in a positive healthy manner, while imparting a message of wellness to other TAY.

• To learn if the purposeful integration of elements of artistic expressions and culture facilitated in a therapeutic setting increases access or acceptance of services and increases the level of functioning by participating in meaningful activities.

• To evaluate alternative strategies that can be integrated into our traditional TAY service array and used to engage SMI and at-risk TAY in mental health services more consistently and effectively.

• To evaluate whether the inclusion of a therapist on staff increases connection to services.

• To evaluate if this innovative model will work with specific populations (East African TAY)
## Urban Beats cont.

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Cognitive Rehabilitation and Exposure Sorting Therapy (CREST) Mobile Hoarding

**Purpose:** Improve health, safety and quality of life, decrease hoarding behaviors, and decrease housing instability in older adults. Hoarding program employs mobile clinicians to test in-home interventions with older clients.

**Proposed Change:** Change adds staffing to expand to the South region to serve an additional 20 clients that will better meet the cultural needs of the San Diego population and will provide Spanish/English bilingual services and to extend the current program by one and one-half years.
CREST Mobile Hoarding cont.

Research Questions:

• What is an effective model to treat hoarding behaviors in Older Adults with serious mental illness?

• What are the most effective ways to engage an Older Adult to participate in interventions geared for hoarding behaviors?

• Are peer supports and family services effective with Older Adults who have hoarding behaviors either individually and/or as part of an aftercare support group?
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Questions?
Proposed Motion

- Proposed Motion: Pending San Diego County’s Board of Supervisors approval, the MHSOAC approves San Diego’s Innovation Project Extensions, as follows:

  - Name: Innovation 11 Caregiver Connection
  - Additional Amount: $1,485,250 (new project total $2,170,750)
  - Additional Project Length: 18 Months (new project length 4.5 years)

  - Name: Innovation 12 Family Therapy Participation
  - Additional Amount: $4,309,646 (new project total $7,889,000)
  - Additional Project Length: 18 Months (new project length 4.5 years)
Proposed Motion

- **Name:** Innovation 15 Peer Assisted Transitions
- **Additional Amount:** $3,152,591 (new project total $6,486,939)
- **Additional Project Length:** 18 Months (new project length 4.5 years)

- **Name:** Innovation 16 Urban Beats
- **Additional Amount:** $973,059 (new project total $2,183,672)
- **Additional Project Length:** 18 Months (new project length 4.5 years)
Proposed Motion

- **Name:** Innovation 17 CREST Mobile Hoarding Units
- **Additional Amount:** $1,372,162 (new project total $2,704,081)
- **Additional Project Length:** 18 Months (new project length 4.5 years)
- **Amount:** $3,900,000
ORANGE COUNTY
INNOVATION PLAN

March 23, 2017
Orange County Military-Connected Families

Community-level Challenges:
- Military-connected families are often hidden and isolated within their communities
- Nonveteran organizations have limited knowledge and training in military culture

Individual-level Barriers:
- Stigma associated with mental illness
- Difficulty navigating the system
- Distrust of the VA
- VA services rarely serve military families
- VA services are typically not available to veterans with an other than honorable discharge
Continuum of Care for Veterans and Military Families Project

**Project Description**
- Provide veteran-specific services within Orange County Family Resource Centers (FRCs)
- Train nonveteran organizations on how to identify, engage, and serve military-connected families

**Innovative Component:**
- Integration of veteran-specific training and services into FRCs that are traditionally not focused on serving military families

**Primary Purpose:**
- Increase access to mental health services

**Total Requested Budget:**
- $3,083,777
Learning Goals

- **Overall Mental Health System of Care**: How does engagement and retention of military-connected families improve as a result of military peer navigators training FRC staff compare to the best practice of integrating peers at the FRC?

- **Orange County System of Care**: Do military-connected families seeking services within FRCs have different needs across the varying regions?
  - How can behavioral health services and community support organizations utilize this information to better serve military-connected families?
Proposed Motion

- **Proposed Motion:** The MHSOAC approves Orange County’s Innovation Project, as follows:
  
  - **Name:** Continuum of Care for Veterans and Military Families
  - **Amount:** $3,083,777
  - **Project Length:** Five (5) Years
VENTURA COUNTY
INNOVATIONS: MIXTECO PROJECT
Healing the Soul

Kiran Sahota MHSA Manager, Hilary Carson MHSA INN Administrator, Arcenio Lopez MICOP Director

March 23, 2017
Presentation Overview: Healing the Soul

✦ Introductions

✦ Overview
  ❖ Background
  ❖ Need
  ❖ Description
  ❖ Evaluation
  ❖ Budget
Background: Community Planning

- Introduced in 2011/21 as an outreach project.
- Remains an underserved population in the county.
- Planning sessions take place for a new Innovations Project.
Community Need

✧ Over 20,000 living in Ventura County. VCBH received a single bill for treatment translation services in the past three months.

✧ Indigenous Mexicans have different languages, traditions, rituals, and perspectives than the local Mexican community.

✧ MICOP communicated the incompatibility of western therapy within the community.

✧ BH Director posed the question: What would you change about how therapeutic services are provided?
Program Description

- Program Goal: To improve the quality of mental health services provided to the indigenous Mexican population of Ventura County by introducing changes to existing treatment services.
  - Step 1: Information Gathering
  - Step 2: Analyze Strategy(ies) or stop
  - Step 3: Program Planning
Program Description

- Step 4: Pre Test
- Step 5: Participation
- Step 6: Post Test
- Step 7: Results of Evaluation
Program Description

- Step 8: Feasibility of CBT Integration
- Step 9: Cultural Learning Card
- Step 10: Training Workshops
- Step 11: Publication

9. Cultural Learning Card
Advisory Board and VCBH develop a learning card based on results from the structured surveys. Card is a culturally congruent framework designed to be completed in collaboration with the client for psycho-ed purposes, to help establish rapport, and inform both parties on the client’s acculturation process—all essential elements of CBT practice.

10. Training Workshops
In partnership Advisory Board and VCBH provide training to VCBH mental health providers on how to use the cultural learning card to build client rapport with indigenous Mexican clients and learn effective culturally specific strategy(ies) for reducing symptoms of stress, anxiety, and depression in conjunction with CBT.
Evaluation

Learning Goals

1. What is the mental health status of indigenous Mexicans?
2. What are the traditional healing beliefs and strategies of indigenous Mexicans?
3. Does the chosen intervention strategies based on the traditional healing practices have an effect on symptoms of stress, anxiety, and depression?
4. Does providing educational training to VCBH mental health providers improve knowledge and acceptability regarding the integration indigenous healing into the mental health service delivery for indigenous Mexicans?
Outcomes: Perceived Positive Outcomes

**Individual Outcome Objectives**
- Increased leadership capacity among members of the community advisory board
- Improved mental health outcomes for participants
- Increase in resilience though the improvement of cultural connection
- Increase in social supports
- Improved self-efficacy for mental health providers in the effective treatment of indigenous Mexican

**Program Outcome Objectives**
- Prevalence indicators of rates of mental illness within the indigenous Mexican Community
- Improved quality of services for indigenous Mexican clients
- Increased capacity and cultural awareness among VCBH mental health service providers
- Improved relationship and knowledge about the indigenous Mexican community and VCBH
## Contract

The project will be contracted with MICOP, a current contractor with a proven record of success in outreach to the indigenous Mexican population and program implementation.

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Proposed Motion

- **Proposed Motion:** The MHSOAC approves Ventura County’s Innovation Project, as follows:

- **Name:** The Mixteco Project: Healing the Soul
- **Amount:** $838,985
- **Project Length:** Four (4) Years
Award of Stakeholder Contracts

Angela Brand, Project Lead
March 23, 2017
Agenda Item 6
Background

- The Mental Health Services Act (MHSA) provides funds for consumer and family advocacy.

- As directed by the Legislature, the MHSOAC administers advocacy contracts through a competitive bid process for the following seven (7) populations:
  - Clients/Consumers
  - Diverse Racial and Ethnic Communities
  - Families of Clients/Consumers
  - LGBTQ
  - Parents/Caregivers of Children and Youth
  - Transition Age Youth (TAY) – awarded July 2016
  - Veterans
RFP Overview

- Minimum and Desired Qualifications
- Statement of Need
- Scope of Work (Contractor Responsibilities and Proposer-Defined Deliverables)
  - Annual State of the Community Report
  - Training and Education
  - Outreach, Engagement, and Communication
  - Advocacy
- Work Plan and Cost Proposal
- Letters of Support
- References
Timeline

- RFP Release: December 12, 2016
- Bidders Conference: December 19, 2016
  - Bidders Conference offered an opportunity for proposers to get clarification on the RFP
- Deadline to Submit Proposals: February 10, 2017
- Notice of Intent to Award: March 23, 2017
- Intent to Protest Letter: March 30, 2017
- Anticipated Contract Start Date: May 2017
RFP Evaluation Process

Each RFP contained copy of scoring tool and rubric for scoring.

Stage 1: Administrative Submission Review
Stage 2: Technical Review of Proposer’s Qualifications and Project Narrative/Work Plan
A minimum of 220 points must be achieved to move to Stage 3.
Stage 3: Reference Checks
Stage 4: Evaluation of Cost Proposal
Stage 5: Combining Proposer’s Scores
Stage 6: Adjustments to Score for Bidding Preferences
Up to 5% for bidding preference is for proposers utilizing Disabled Veterans and Small Business.

As outlined in the RFP, the proposal with the highest overall score is recommended for an award.
RFP Results

- Clients/Consumers
- Diverse Racial and Ethnic Communities
- Families of Clients/Consumers
- LGBTQ
- Parent/Caregivers of Children and Youth
- Veterans
Proposed Motion

For each of the 6 RFPs, staff recommends the Commission:

- Authorize the Executive Director to issue a “Notice of Intent to Award Contract” to the proposer receiving the highest overall score.

- Establish March 30, 2017 as the deadline for unsuccessful bidders to file an “Intent to Protest” consistent with the five working day standard set forth in the Request for Proposals.

- Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Proposals.

- Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.